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FDS Insight

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Tony Trimingham: *Not My Family, Never My Child*

Donald Matthews (Don's Review)

It's nearly a decade now since my wife and I turned up at one of Tony's early meetings in Burwood. I guess we were sort of sussing him out, after an initial phone call I had made. The call had been answered by one of the patron saints of FDS, St. Patsy, who had displayed a level of understanding and genuine compassion that the uninitiated could never understand. It didn't take very long for us to warm to Tony and especially to his wonderful 'other half', now his wife, Sandra, she of the '*endless patience and kindness and empathy*' (p 27). Personally, I discovered I had a great deal in common with Tony, and we became the firmest of friends. He is indeed a man of many parts and possesses a vast range of talents, some on open show (yes, he wears his heart on his sleeve) and some which you have to delve for. My suspicion is that there are lots more I haven't yet uncovered.

Anyway, the bottom line is that Australians should be very, very grateful for Tony Trimingham,

grateful that he came out on the ten quid immigration program, grateful that he stayed and raised his family here, and so very grateful for his establishment and maintenance of Family Drug Support, which has established such firm social roots and political backing across the country. A tireless worker, quite probably a workaholic, everything he does is done at breakneck speed, and with 110% input. This book is no different from everything else that he puts his hand and mind to: clearly accessible, always encouraging and optimistic, and the work of a naturally gifted raconteur.

It commences with the sombre, personal account of the events leading up to Damien's death. You almost hear the muted drum in the background. The outcome has the overtones of classical tragedy in that its inevitability is on show. As usual, the 'heart on the sleeve' style is in evidence. Those of us familiar with a Trimingham 'confession' have run through this tragedy and others with him, but, you know, it still manages to cut deep and to draw the tears. Implied '*what if's*' and '*why me's*', with their corollary, '*this is only supposed to happen to other people*', permeate both the personal story and the anecdotes related, as the narrative progresses.

When I first met Tony I had no idea of his background: he could have been anything, come from anywhere (well, anywhere in the area ruled by the White Rose of York), and so I brought no preconceptions by which to judge either the man or the work. I use my own situation here because, of course, it's the one I understand best (most of the time anyway) and I've realised over the past several years that my experience would be quite a common one for many newcomers, to the full-on Trimingham magic. A little quotation from the end of the initial and deeply personal 'After the First Death' chapter will put it all in perspective for good friends, acquaintances and newcomers alike:

'*Grief has a way of making you feel that you are the only one suffering, but I soon realised that what had been such a shocking death for me and my family was far from an isolated incident. All over Australia, other fathers, other mothers, other brothers and other sisters were feeling that pain. For many, the added pain comes from knowing that so many more are yet to feel it. Because still to this day, drugs don't discriminate.'*

The title of the chapter will hold more than passing significance for many readers of this book. '*After the first death, there is no other*' wrote the tragic Welsh poet, Dylan Thomas, in a beautiful poem designed to protect and sustain forever the beauty of a life, a child's life, snuffed out before its time. Thomas, a hopeless alcoholic, knew about 'life' and knew about mental anguish and suffering. It was his terrible tragedy, and that of the literary world, that he couldn't cope with what he saw, unless he could put the dead child's brief existence into some kind of meaningful permanent perspective. On a very personal level, Tony's presentation of the young Damien,

gone from this world at 23, as being attainable for him and his family by this human extension into the eternal, is something that FDS members and friends are very familiar with. It has given so many parents and other family members a touchstone, something to hold onto, a sense of hope.

Words like 'vulnerability' and especially 'risk' are with the reader as the book progresses. An awareness of our human fragility is something the reader will take from the book, if it wasn't already present in the mind. The old Irving Berlin line '*you can't escape, it's in your memory*' hits hard here, that sensation of an omnipresent threat. The drug threat. Not merely to you and your loved ones, but to people, especially young people, all over Australia (and for that matter all over the world). To lose a child to an early death is devastating, we read, but to find that the death was totally preventable is tragic. And that's the message. That's the driving force behind the man in the book, that's why the deeply personal account of his (conversion?) and his awakening to the magnitude of the issues and the problems involved are universally important.

The early contacts made prior to Family Drug Support's establishment are fascinating reading, if at times a little harrowing. They're shockingly harrowing actually. A '*caring, non-religious and non-judgemental organisation*' is how Tony Trimingham designed his FDS prototype and it remains that today. It shows no signs of losing its freshness. It has been adorned by such a range of talented and dedicated (not to mention devoted and downright kind) supporters that its prognosis must surely be prodigious. *Building Bridges, Building Strength*, the fifth chapter in the book, extends the personal into the more general, even though many readers may- will- find that it speaks to them on a very personal level. It's subtle, this shift, and when Tony showed me an advance copy of the book and modestly indicated that it had been put together quite quickly, he didn't really make the far more important point that it represented a kind of encapsulation of so much that the organisation stands for, couched within a series of deeply significant chapters, each of them reflecting a vital aspect.

The very positive tones of the long anecdotal chapter '*You Can Do It*', will bring encouragement to all who 'pick and flick' on the bookstands. It's been cleverly bordered and highlighted so that a cursory flip through the pages is going to halt the reader somewhere during this section, or during the other highlighted chapter, '*Bereavement*'. These chapters are heavily motivational, carefully selected and deftly placed by a trained counsellor of many years in practice. Open the book at either of those sections and it will walk out the door with you, regardless of any other reading material one may really have come looking for.

After that latter chapter, we're drawn back to the more intimate and

personal level of the Trimingham narrative. Talk about a man with a thousand stories! And somehow, regardless of the related tragedies and heartbreak, he continues to find Eric Bogle's small star somewhere out there. It's inspirational writing along with its informational body. I'm sure the publishers knew that. The crusade for Harm Minimisation is sustained throughout the book (and of course it is the central focus of FDS). Like the star that shines through. It has its own chapter, but it infiltrates into everything else, focusing squarely on the sadness and the frustration which accompanies failure to cope.

For people who know a bit about the subject area, the appendix which occupies the final sixty pages of the book will still provide a very handy back up and support system (*and* it's up to date). For people who are seeking help through the book, this will be absolutely vital. However much you thought you knew, you'll know more after a few hours with this book.

Letter To The Editor

Dear Tony,

You may remember me and my daughter A. who came to FDS meetings when you were in the Ashfield premises. I thought you might like to hear about how our story has progressed.

As you know we came regularly to meetings for some years and I have to say that those visits on a Monday night were what gave me the strength to keep on going through the chaos that heroin addiction brings into the family.

Some family members wanted nothing to do with B. and have maintained that unforgiving position. However as a mother one doesn't really have the option of abandonment. Of course I was fortunate to have the support of my oldest daughter and my many friends.

For years we continued to pray unceasingly for B. and to let her know that we had faith that one day she would beat it.

About 18 months ago she left Sydney and went to a place where access to drugs was, if not impossible, at least very difficult. Although a talented girl, she took whatever job was available, serving food and beverage.

There were a couple of glitches where she came home for a couple of days and we feared that a relapse was imminent.

However she went back and her potential was recognised by her employers. She is now very involved in a fairly responsible management role. I visited her recently and was amazed at the difference. Her self esteem has been restored, she looks wonderful and she has good friends.

How do I feel about it all? Your tribute to your friend David reminds me that I must be grateful for all the good days but not take anything for granted.

Today is a good day and for that I give thanks. For the support of FDS, my family and friends, I also give thanks. I know that the war has not been won but perhaps another battle has been successfully negotiated.

I weep for all the young people caught up in this terrible cycle and pray for them all.

With regards to you all – SC

INSIGHTS OUT

Well, another New Year! Many are predicting doom and gloom as the economic situation worsens. I prefer to be optimistic that Australia will ride the situation out but there is no doubt that there will some negative effects, especially on unemployment and debt. This could lead to more drug and alcohol use, consequently more affected families and more work for us at FDS. This is inevitable and we need to be prepared.

You will have seen from Don's review on the front page that my book is finally published and available. This has been a long time coming but we are very happy with the end result. It is not quite the book I first envisaged but I have been guided by the publisher on what is best for the market. We are having a launch in February and details will appear on our website.

Copies of the book are available at a discounted price for FDS members and details of how to order a copy appear on page 24 in the newsletter. I will even sign a copy if you wish.

Subscriptions for 2009 are due and you will need to renew if you wish to receive your next Insight, as well as access to our events. Please continue to support us by renewing.

I am also appealing for volunteers for the telephone helpline. You work the shifts from home at your convenience and you don't need to be an expert or a counsellor. All you need is to be trained. There is a separate brochure in this newsletter containing information about the next course.

I hope everyone had a merry Christmas and peaceful holiday time and look forward to talking to many of you in 2009.

Tony T

Truce On Hardline Sentencing

A. West, *Sydney Morning Herald* (8/1/09)

The NSW Opposition has pledged to end the 'law and order auction' in a dramatic break with the tradition of promising to increase punishments and fill jails that has characterised every state election campaign since 1988.

The Coalition's justice spokesman, Greg Smith, who entered Parliament in 2007 with a reputation as a tough criminal prosecutor, said hardline sentencing and prisons policies – including those of his own party – have failed.

In an exclusive interview, Mr Smith told the *Herald* he would invest more money and resources in rehabilitation to break the cycle in which almost half of all NSW criminals re-offend after their release.

'I know that for a series of elections there was one side bidding against the other in what they called a law and order auction,' Mr Smith said.

'While I think there are some areas where the law could be even tougher, such as showing more concern for the families of victims of homicide, in terms of the harm done to them, there are other areas where I am concerned that prisoners are not properly being rehabilitated, not given a chance to go straight in a community that really would want them to go straight.'

Mr Smith likened his move to 'Nixon in China'. Just as it took an anti-communist US president, Richard Nixon, to open relations with communist China in 1972, it might take a politician with Mr Smith's conservative credentials to push for a bipartisan position on criminal justice.

Before becoming the Liberal MP for Epping, Mr Smith was the state's deputy director of public prosecutions for five years. Three years ago he persuaded an appeal court to keep the notorious killer Katherine Knight, who stabbed, decapitated and skinned her partner, locked away forever. He also led a successful appeal to increase the sentence of a paedophile murderer from 30 years to the term of his natural life.

While he remains 'very keen on punishment and deterrents' for crimes of cruelty, especially against children, Mr Smith said with 10,000 inmates in NSW jails and a recidivism rate of 43.5 per cent, the punitive approach was not working.

'So far as enforcement of the law and prisons are concerned, I think I am a pragmatist, based on the experience I have gathered over the years as a prosecutor. Prosecutors generally try to be as fair as possible so we're not likely to just want head-kicking decisions all the time. It seems to me that our prisons are full of people who suffered learning difficulties in their youth or had a deprived upbringing or have drug addiction or mental problems. There's a lot of those people in our jails. I am not

excusing the conduct that got them into jail but I think that some of them need more of a kick along from the system.

‘I think you need to be, society needs to be, conscious of the fact that unless you do something for them after they get out of jail, the more likely they are to hurt society again and commit more crime.

‘That's where my pragmatic view comes in. Our recidivism rates are far too high and this harsh line that we have been taking, with the Government almost proud of the size of the prisons, and proud to build more, in my opinion, shows a lack of care for people in prisons, their families and the community generally, because it is short-sighted.’

An expert on justice policy, the Emeritus Professor in Criminal Law at the University of NSW, David Brown, said that after the Unsworth government lost the 1988 election to Nick Greiner, the new ALP leader, Bob Carr, bought into the law and order auction. ‘Once Carr let the law-and-order genie out of the bottle, it became standard political competition to posture over who was toughest on crime, setting up a dynamic that no-one, up to now, has had the courage to end,’ Professor Brown said

‘If Greg Smith can get the genie back in the bottle, negotiate an end to the auction and secure a bipartisan approach, so that each side gives up on scoring cheap political points … and looks to researched policies that reduce crime, recidivism and imprisonment, then he will be making one of the greatest contributions to justice and real community safety this state has seen.’

The NSW Council for Civil Liberties also hoped Mr Smith's stand signals an end to the ‘auction’.

‘Greg Smith is not a softie,’ said the council president, Cameron Murphy. ‘He's a tough-minded conservative. But the fact that someone like him is questioning the line shows just how absurd it's become.’

As attorney-general in a Coalition government, Mr Smith would increase funding for drug and alcohol rehabilitation schemes, the Custody-Based Intensive Treatment program for sex offenders; education programs that teach inmates trades and skills; and post-release accommodation, such as halfway houses.

Last month, Mr Smith quietly released a critique of the Rees Government's law and order policies, headed: ‘More jails not the best answer: money better spent on rehabilitation.’

He argued then: ‘While the NSW Liberals/Nationals adhere to the view that punishment must fit the crime, there needs to be far more emphasis by the State Labor Government on rehabilitation programs, which give the prisoner a better chance of going straight, once released. Rehabilitation is cheaper than the cost of building more prisons and far more effective in helping our community to become a more peaceful place.’

Mr Smith, a traditional Catholic who was president of the anti-abortion NSW Right to Life, described himself as ‘a conservative on moral issues’. But he strongly opposed the death penalty ‘because you might make a mistake, and I still don't believe in an eye for an eye and a tooth for a tooth’.

He conceded his attempt to emphasise rehabilitation over retribution was politically risky. ‘I am conscious of the importance of the media, especially the talkback programs as they affect politics in this state,’ he said.

After becoming deputy DPP, Mr Smith grew increasingly angry at the way political debate was compromising criminal justice, especially appeals. The repeated calls to ratchet up sentences did not strengthen the law, he said. ‘Certainly they [Labor and Coalition] have annoyed me because they have made the law more complex, particularly sentencing,’ he said. ‘That leads to more error, which leads to more waste of time and more expense.’

He has also jettisoned the Coalition's policy of grid-sentencing, which used a strict matrix to prescribe sentences that judges had to impose. ‘I don't go along with any of that. It was something [the Coalition] looked at but they lost. Let's face it, these things did not win them elections.’

For Mr Smith, there is also a personal dimension to the debate. He has five children and some of their friends have committed offences, such as ‘pinching cars, things like that’. He has even been a character witness for some of the offenders. ‘The kids generally have been able to recover and they've haven't turned into criminals,’ he said. ‘If you can get them young and they realise the seriousness of the situation they're in, you often will turn them back to leading a decent life.’

On Grieving

L. Maciver, *Carers News NSW* (Dec 08 / Jan 09)

‘Though nothing can bring back the hour of splendour in the grass, of glory in the flower, we will grieve not, rather find strength in what remains behind’ – from *Intimations on Immortality* by William Wordsworth

Recently, l was interested to learn that the English word ‘grieving’ comes from the Old French ‘grave’; meaning a heavy burden.

How many carers have felt this heavy burden, even though the loss we experience may not be the death of someone we love?

Our challenge as carers is coping creatively after accident, disability or disease has changed a loved one, and our relationship, forever. Losing

someone, or aspects of them, is heart-breaking, but we can help our hearts to heal.

In 1969, based on her years of working with terminal cancer patients, psychiatrist Elisabeth Kubler-Ross introduced what became known as the 'Five Stages of Grief':

- Denial: *This can't be happening to me.*
- Anger: *Why is this happening? Who is to blame?*
- Bargaining: *Make this not happen, and in return I will …*
- Depression: *I'm too sad to do anything.*
- Acceptance: *I'm at peace with what is going to happen/has happened.*

Are these stages as familiar to you as they are to me?

In her last book before her death in 2004, Kubler-Ross said of the five stages: ‘They were never meant to help tuck messy emotions into neat packages. Our grieving is as individual as our lives.’

As individuals, getting involved in something that was previously important to either or both may help to lessen the sadness.

My husband now paints with his left hand, although previously right-handed. We attend public art exhibitions and lectures, given the financial constraints to which we are now subject.

Being a keen sailor and amateur ship-builder in his former life, my husband has enjoyed sailing with Sailability for those with disabilities. His obvious enjoyment has helped me to remember him as he was an active outdoor man, rather than passive spectator.

Active involvements have potential for healing, strengthening and enriching our changed relationship and enjoyment of life; be it writing a journal, painting a picture or planting a garden.

As carers, we really need to look after our own health by getting enough sleep, eating sensibly, and also engaging in regular exercise. After experiencing heart failure myself earlier this year, l try to get to a women's gym three times a week and walk with a friend whenever possible.

Healthy habits will help you with grieving, but substance use will impede recovery and can lead to long-term dependence. Your own health is your responsibility.

Your grief is also your own, and no one else can tell you when it's time to ‘move on’ or ‘get over it’.

At the same time, it's okay to be angry with the changed situation, to cry every day if you need to, to howl at the moon without being embarrassed. At the end of the day, probably the best medicine is to laugh whenever and wherever possible to restore emotional balance, and to dance your cares away.

The Cannabis Controversy

Pastor Graham

Cannabis has been used for medicinal, religious, or recreational purposes in various cultures for centuries; but since the mid-twentieth century, it has remained outlawed in most countries.

Australian federal and state laws declare cannabis illegal yet estimations suggest almost one third of Australians partake of cannabis.

Cannabis has become the most widely consumed illicit drug in Australia.

Like many other herbal remedies, medicinal use of cannabis declined with the advent of modern medicine.

Various faiths have espoused the ritual use of cannabis with differing emphasise, and today some claim the freedom of worship as justification of their cannabis usage; however the courts in Western Society have traditionally rejected religious claims as exemptions to the cannabis law.

A significant resurgence of the recreational use of cannabis commencing some fifty years ago, has produced increasing demand for this easy-to-grow but prohibited herb.

The humble cannabis plant has divided opinions within our government and community with rather outrageous claims being made from the extremes of both divides.

The demand for cannabis has led to an extensive illegal business, with the purchase price varying from about $200 upwards per ounce in South Australia; and the potent hydroponically grown cannabis commands the better price.

Indoor hydroponic techniques have become very popular because of the plants superior quality, rapid growth under lights, and the perception that such hidden-plantings reduce the risk of theft and detection.

Today there are many questions being asked of cannabis and the discussion is equally marked by a determined 'no comment' -approach of some, who are rigidly supporting the traditional status quo; and such a quiescent approach fuels the passions of those who hold opposing viewpoints.

The illegality of cannabis is now under serious interrogation.

A spokesperson from Drug and Alcohol Services South Australia, in politely declining being interviewed, clarified the illegality of cannabis: 'Possessing, using, cultivating, selling, or dealing in cannabis is illegal.'

Nevertheless, the cannabis supply and trade is big business – illegal but

extensive; perhaps some is even growing near you.

The cannabis plant itself epitomizes controversy as botanists argue over its classification; some believe it is a single species with many varieties, while others claim it is a family of different species.

The names *cannabis sativa*, *cannabis indica* and *cannabis ruderalis* are used to describe the tall plant of the warmer lowland climate, the shorter plant of the cooler highland climate, and the shortest variety from Europe, respectively.

Varieties of *cannabis sativa* and *cannabis indica*, or their crossbreeds, or their amalgam, constitute the supply of recreational cannabis.

Of the Cannabaceae family, the Cannabis genus, an annual flowering herb, is intriguing in appearance; *cannabis sativa* has slender leaves while *cannabis indica* has shorter, broader and darker-green leaves and the serrated leaves palmate from leaf stems arranged somewhat mathematically along the main stalk.

Sexuality also divides the cannabis plant; normally a cannabis plant only produces single sex flowers – either male or female.

The carbon alkaloids are the chemicals recreational users crave and these cannabinoids are more concentrated in the female flowers; hence the popularity of 'lady' cannabis.

The dried flowers may retain some shades of their colouring.

There are many nicknames given to cannabis: marijuana, dope, hooch, weed, grass, hash, pot, ganja, mull, yarndi, skunk, hydro, and numerous others; 'marijuana' usually refers to the dried flowers and leaves and 'cannabis' to the plant itself as well as any derivatives produced from it.

Cannabis is sometimes called the 'hemp plant' or 'Indian hemp' as a non-psychoactive strain of *cannabis sativa* is grown commercially; while some Australian states issue licences for growing industrial hemp, several countries ban industrial hemp crops because of their policy toward the illicit cannabis drug trade.

Hemp has been somewhat replaced by synthetic materials but industrial hemp advocates are vigorously promoting the environmentally friendly aspects of their products.

Hemp is a legal crop in the United Kingdom and the hemp seed is valued for its nutritional and health imparting properties.

Spencers of Yorkshire specialize in supplying bulk seed for industry; Ria Spencer said 'the hemp seed oil, rich in Omega 3, 6, and 9, is healthier than olive oil; the seed is used in place of other grains to manufacture a range of biscuits, bread, and pasta – all non-psychoactive.'

Oil is extracted from the seed for skin care products, which are particularly

sought after for treating eczema and arthritis.

The analgesic potency of cannabis led to early civilizations using cannabis medicinally, and while medicinal use of cannabis is legal in several countries today, it is not without controversy.

The New South Wales government has indicated support for medical cannabis to be available for the seriously ill; the Working Party on the Use of Cannabis for Medical Purposes completed their report in 2000, then in 2004 the government reaffirmed their commitment for their medicinal cannabis strategy but there has been no significant governmental response since.

Limited medicinal usage is now being trialled in the United Kingdom yet current proposed legislation for increasing penalties for cannabis possession is causing considerable political disagreement in the UK.

However, the complexities of the cannabis question transcend politics and national borders.

Cannabis is a narcotic; that is, it reduces pain and deadens the senses; while there are many chemicals in cannabis, the predominant active ingredient is delta-9 tetrahydrocannabinol, which is often referred to as THC.

Although it is a central nervous system depressant, increased doses of THC are also mildly hallucinogenic.

So with the variables of THC concentrations in cannabis supplies and human individuality, a considerable range of effects may be experienced.

Cannabis readily enters the blood stream if it is smoked, so the psychoactive reaction is achieved within ten minutes; THC is fat-soluble so it is subsequently released slowly from the body over three weeks or more.

Cannabis, when used as a recreational drug, comes in three forms.

Firstly, in a dried herb mode where originally only the leaves were processed, now predominantly the buds and flowers of the female plant are dried and prepared, so the herbal form is marginally more potent than the product of the previous generation.

In appearance the dried form looks similar to any greenish, roughly-cut, dried herb from the kitchen cupboard with a sweet aroma and a THC content up to 10%.

Secondly, cannabis comes as quasi-solid or solid portions of resin.

The plant is compressed to extract a resin, which is dried and made into blocks of ‘hashish’ with a texture varying from hard to soft and a colour from a pale yellow to dark brown; resin has an intensified THC content – up to 15%.

Thirdly, cannabis comes as a viscous liquid.

A thick oil is made from the resin; a solvent is used to dissolve the resin and then that solution is reduced to form ‘hash oil’ with a pungent odour and a high THC content, up to 60% – hash oil is rarely found in Australia.

The different forms are ingested in various ways, firstly, orally, such as when cooked in hash-biscuits, prepared and used as a mouth spray, or in a drink.

Secondly, some medicinal users find a rectal suppository very effective.

Thirdly, inhaled; such as when using a vaporiser, or by smoking; smoking is the most hazardous to health and has become the most popular.

A spokesperson for the Cancer Council of New South Wales, while declining an interview, confirmed that the risks of smoking, whether tobacco or cannabis, are very well documented.

Where cannabis was once mostly used in hand-made cigarettes, called ‘joints’ now the water-pipe or ‘bong’ seems to be the most preferred method of smoking.

A bong may be an intricate apparatus or a very crude construction, frequently a discarded plastic soft-drink bottle or similar container, with a short length of garden hose angled into the side of the bottle, to hold the ‘cone’, the brass thimble-like object in which the cannabis is burnt.

Made within moments, the bong is used to draw the smoke through the water to cool it and so the effect of the THC is maximized as the smoke is drawn into the lungs without side-stream loss into the atmosphere.

With the cannabis debate raging around us, we need to be informed of the facts as empowering decisions must grow out of understanding the issues and realities.

Is cannabis a panacea or a poison – with so many of our population having used or using cannabis, what evidence is emerging?

Tony Trimingham, the founder and Chief Executive Officer of Family Drug Support, answers: ‘Probably ninety percent of users cope well with any arising problems, about ten percent develop problematic issues; they develop a dependency, or it impacts their finances, health, sex life and/or family relationships, and of this ten percent, about two percent face serious consequences.’

Consider the issues this marginal percentile face in their daily experiences.

Police Sergeant Rick O’Dea, the Drug Action Team Coordinator for the Riverland area, says: ‘Different people react differently when they use cannabis as it exaggerates moods.’ Happiness can be elevated and depression intensified; some may

develop a dependence upon cannabis, and face times of turbulent emotions which can be devastating to their personal and family life.

Numerous people try cannabis once and never use it again, others try it and feel they cannot live without it, and some develop a tolerance to cannabis quite rapidly, so they have to keep having more to get high.

It is commonly believed that cannabis is much more potent and dangerous now than it was years ago – has cannabis changed?

Trimingham explains that the difference is less than conjectured as the greater impact is largely due to how the cannabis is used: 'the more potent female buds and flower heads are now used instead of the leaf, and bongs are often used for smoking instead of joints' – the bong does not lose any sidestream smoke into the air.

Hydroponics may also introduce other chemicals to compound the effects of cannabis and the strongly psychoactive cannabis is often sold as 'skunk'.

Colin Bunnett, spokesperson from *Focus on the Family Australia* (producers of the popular seminar, 'How to Drug Proof Your Kids') points out an extreme reaction, a loss of energy and enthusiasm to become 'totally devoid of hope and motivation.'

Bunnett adds that there is a definite link to disruption of cognitive processes, again, subject to individual variables; this has led to suspected inferior academic performance among cannabis users and while the two factors have commonality their relationship is still being questioned.

Those who become heavy users, typically miss time at work and become unreliable in their daily commitments.

They may withdraw from interacting with family and friends and become 'spaced out' or 'stoned' regularly, and continue to deny cannabis is negatively impacting their life until circumstances force them to admit they need help.

Cannabis may also impair coordination, bring on nausea and some dehydration, and even low dosages may trigger psychotic episodes; research indicates those with a predisposition to psychosis face a high risk of psychotic episodes and the psychosis generally disappears when cannabis usage is ceased.

It is sad when cannabis users become psychotic.

The unstable emotions, paranoia, lethargy, depression, or verbal outbursts of a psychotic episode can range from disturbing to rather frightening; and may impact family members as much as the cannabis user, lasting for hours or days.

'Riverland headspace' is part of the Australia wide initiative to empower young persons aged from 12 to 25 to deal with a whole range of contemporary issues – combining driving and drug use is one such issue.

Headspace spokesperson said that 'driving under the influence of cannabis increases the risk of having an accident by two to three times' while the cannabis user may feel their skill level has been accentuated. In reality their reaction time is slower and their concentration powers reduced.

Cannabis is readily available in our society and users may also be exposed to the supply of other illicit drugs; peer pressure may lead to trying other drugs with cannabis.

The strength and purity of illicit drugs is mostly an unknown factor so the health risks of such concoctions are enormous.

The mixing of other drugs with cannabis intensifies the effects of either drug and must be considered as extremely dangerous, the use of cannabis with Ecstasy or Amphetamines is particularly harmful for some drugs mixed with cannabis may lead to hallucinations, immobility, unconsciousness, or even a heart attack.

Smoking cannabis and drinking alcohol together leads to some dehydration, nausea, vomiting, possible violent behaviour, and may leave a severe hangover.

Trimingham says cannabis is not a 'direct gateway drug', that is, users of cannabis do not just involuntary or necessarily go on to use other drugs such as heroin, however, cannabis users become targets for those who are pushing other drugs.

Mark Ferry from the Ted Noffs Foundation agrees: 'Many young people are polydrug users,' but cannabis cannot be identified as the causative factor.

'Though it has not been ruled out by research … the causal link has not been fully explained,' said Headspace spokesperson. There is a similar association between cannabis and crime.

Not every cannabis user becomes a criminal, but a number do turn to petty crime to support their habit, and many cannabis users become addicted but the extent of that addiction varies greatly; O'Dea said experience shows cannabis use attracts criminal types, violence, home invasions, and stealing.

You may know some persons experiencing similar serious issues associated with cannabis but how many other young Australian men and women are struggling with cannabis and what will be their outcomes?

Some people claim cannabis is completely harmless, others claim cannabis has enormous medicinal benefits, many others counter these claims with charges of health

destroying propensities, so what does cannabis actually do?

The controversy of the medical use of cannabis is particularly acute, even though research undertaken by the United States of America, the United Kingdom, and several European countries, gives some evidence of benefits.

Firstly, cannabis counters the nausea and vomiting experienced by patients following chemotherapy and radiotherapy.

Secondly, in cases of AIDS related wasting, cannabis not only reduces nausea but stimulates appetite.

Thirdly, cannabis has been found to reduce intraocular pressure; thus bringing relief to some glaucoma patients.

Fourthly, cannabis has some anti-convulsive properties; so may benefit in the treatment of epilepsy, spinal cord injuries, multiple sclerosis and Tourette's syndrome.

Fifthly, cannabis has a significant analgesic effect upon chronic pain.

While these are impressive benefits, it is not all good news, for cannabis is not a magical panacea.

The above-mentioned benefits, predominately helping those with some advanced health problems, are offset by research uncovering reasons for concern in using cannabis.

The harmful links have been so clearly established that the World Health Organization warns of the following hazards associated with cannabis.

Cannabis impairs cognitive development, including memory; cannabis reduces psychomotor performance, having a definite negative impact on coordination, vehicle driving and machinery operation, prolonged use of cannabis increases these effects; cannabis dependence can be as real as any other drug dependence; cannabis is known to enhance psychosis development in those persons who are susceptible; cannabis smoking also injures the bronchi and lungs; cannabis used during pregnancy impairs foetal development; and finally, there is a warning of possible links to some rare postnatal cancers.

The relationship between cancers and cannabis is still being investigated and debated; cannabis smoke must affect the airways and lungs as the tar from cannabis smoke is more carcinogenic than the equivalent of tobacco smoke and cannabis smoke is not filtered like cigarette smoke.

Cannabis psychosis may include depression, paranoia or schizophrenia; so there is considerable emotional debate concerning the actual harm that comes with the use of cannabis.

Clearly, cannabis does affect the human body in several ways; medicinally beneficial in some

specific instances, but harmful generally.

Medicinal cannabis has not been an easy pill to swallow, literally; *Nabilone*, which is THC in a capsule form and available in the United Kingdom, and *Dronabinol*, a synthetic THC and available in the United States, have not been as popular as expected as persons using the capsules for treatment of nausea or vomiting, often cannot take medication orally – they simply vomit it up.

The *Nabilone* capsule has also proved to release the THC in an erratic manner. Sometimes the psychoactive result has been excessive, so measuring the dosage has proven to be difficult.

With quality control measures and other processing, the manufactured form is quite expensive; a year's supply of *Nabilone* in Canada costs about US$4000 and for the cannabis extract *Sativex*, the annual cost is about US$10,000.

Medical opposition to cannabis has several thrusts; firstly, the number of related health issues, although it has been suggested these would be largely negated if patients would used a vaporiser or ingest the cannabis in an edible form.

Secondly, there is a reluctance to endorse a medical use of cannabis where there is no professional supervision and the drug is open to abuse.

Thirdly, the pharmaceutical companies have no control on the street marketing of cannabis and the strength, purity, and integrity of the supply become an issue.

Finally, if the governments grant legal status to medical usage, and subsequent users develop serious health damage relating to cannabis, public liability issues come to the fore.

Most people, especially youth, use cannabis for a variety of reasons other than medicinal purposes.

Burnett adds: 'Boredom, rebellion, low self-esteem, peer group pressure, risk-taking behaviour' but there are other reasons and many begin using through curiosity but continue because they enjoy the 'high'.

Getting 'stoned' may also be an escape mechanism from the harsh reality of life.

The question of cannabis use is not just controversial, it is also confusing with so many voices crying out to be heard; and a common belief is that the cannabis plant, being a product of nature, must naturally be beneficial for human use.

Others claim any negative health issues of cannabis are no worse than those associated with synthetic drugs, and still others point to the legality of alcohol and tobacco despite their many related deaths, and they claim cannabis is safe compared to alcohol and tobacco.

However, it is important to put emotions and biases aside to make a fair evaluation, our decisions must be based on authentic reasoning.

While naturally grown herbs are vital to good health, there are many plants that are toxic to animals and mankind; so justifying the smoking of one, which happens to have psychoactive properties, is an excuse rather than a valid argument.

While many synthetic drugs have some serious side effects, they are prescribed with caution and used by specific patients; synthetic drugs are not prescribed for recreational purposes so that is an improper comparison.

Furthermore, comparing cannabis to alcohol and tobacco begs the question; such equating suggests that alcohol and tobacco should be illegal, rather than supporting the question of the legality of cannabis.

When all factors are considered, the medicinal benefits of cannabis appear limited to treating symptoms for those already suffering from a few severe illnesses, and the Hemp plant, a non-psychoactive strain of cannabis, appears to hold considerable health and nutritional value, but researchers often emphasize the need for further investigation.

Religious and welfare organizations mostly take a strong stand against cannabis, as they generally view cannabis in a very negative light, and they claim any softening of the law will be seen as condoning cannabis harm – a few radical faith groups take a pro-cannabis stand.

With hindsight into the alcohol and tobacco industries, and the now proven links to serious health problems and premature deaths, legalizing the smoking of cannabis seems an impossibility.

The legal treatment of patients with cannabinoids would have to include a safe and measured modus operandi for administration of the medication, other than smoking; furthermore, the evidence clearly indicating that cannabis use causes harm, albeit in varying degrees among different individuals, cannot be overlooked.

A 40-year-old male who has been smoking cannabis for 23 years shared his insights; he uses cannabis every day and finds it very calming and there are two things he particularly mentioned.

'I wish I could have my money back' and when asked why he smokes, he simply said, 'It's very addictive.'

Asked what was most significant about his experience with cannabis: 'cannabis consumed me ... I went without food and clothes just so I could have cannabis.'

Further discussion reflected upon health issues: 'cannabis ruins your health,' but he doubted he could quit using cannabis.

Mark Ferry from the Ted Noffs Foundation in Sydney tells of their

work in helping young people break free from cannabis; the Ted Noffs Foundation runs residential programs with individual counselling, group work to develop living skills, communication, and vocational counselling.

'There is no simple band aid solution,' Ferry said; 'We run three-month residential programs, with an alcohol and drug free environment, providing good food, suitable exercise activity, and thorough counselling and follow up is maintained for twelve months.'

While Ferry confirmed the difficulty of being liberated from cannabis, he explained it must be their personal choice; drug educators have found that people often take about seven attempts before they have taken ownership of the decision and so can be successful.

'It is a lifestyle issue – they must change their daily lives,' Ferry said.

Trimingham is passionate about his work in supporting families whose members are impacted by illicit drugs, and in a measured tone, he shared why: 'I lost my son to drugs.'

Tony's son had used cannabis and then moved on to other drugs, he died aged 23 years; 'Sometimes I feel we are fighting a war that can never be won,' Trimingham said.

Perhaps you are wondering what you can do to help your family understand cannabis and to be safe from cannabis harm:

Sergeant O'Dea gives the following advice: Show your children that they can solve life's problems without drugs; be actively involved with your children; and listen, value and support your children.

Colin Bunnett has a similar list: Set boundaries; communicate well; know your children; spend time with them; be a positive role model; and have an active and real faith in God.

Mark Ferry mentioned four vital points: communicate with your children about all their issues; develop a relationship with your children, be a close friend; have information that you can share, offer resources, don't just say 'no, don't do that' and trust your children and they will return that trust.'

In interviewing organizations and people of differing opinions for their perspectives, the nature of the cannabis controversy was well illustrated: a few did not wish to discuss cannabis, some declined to respond for legal reasons, and strict policy generally prevented government departments from giving interviews.

A few even took offence at the topic of cannabis, several just ignored my phone messages and email enquiries.

Such attitudes, such policies, such responses, are draconian; surely open discussion will identify where legal, community, and social improvements can be made.

The questions need to be asked and answered, everyone is involved, illicit drugs are present in our society, we cannot ignore the questions and simply imagine our family will be safe.

'Education is a big part of decision making and this is not just the opinions of your mates,' said Riverland headspace spokesperson; there must be a proactive attitude to dig out the realities and Ferry concurs: 'Educating young people so they can make good choices' is the essence of harm minimization.

Yes, young teenagers especially need to know the facts so they can make appropriate decisions and parents have a responsibility to make quality time for meaningful conversation with their child/ren on a daily basis.

If that means adjusting your normal routine, such as turning off the television so there can be family communication, so be it.

Youth need to experience some real 'highs' in life, natural 'highs' such as physical activities which release endorphins into the system and promote good health and well being.

Walking among nature, amidst the parks and gardens, along the river, or through the countryside, can be especially invigorating; such physical exercise, and some sports, balances the mental strain of study and breathing the oxygen-rich fresh air energizers the brain and mind.

Children need to interact with parents to facilitate personal development and communication skills, and to generate a bond of trust; these proficiencies will stand youth in good stead in making responsible decisions relating to peer pressure and illicit drugs.

The role-modelling of parents is of vital consequence too, for what if parents are regularly using or addicted to other drugs, even legal drugs such as tobacco, alcohol, caffeine, sleeping medication etcetera?

Surely then it will be very difficult for the children to accept or understand parental admonition not to smoke cannabis.

The cannabis controversy raises many questions, especially the question of cannabis and the legal system.

Law simply informs us what is right and wrong, it is our individual choices which bring quality to our life; our decisions must be based on understanding, maturity, and reality.

Our laws are a part of that reality; no doubt there will be people who will use cannabis whether it is legal or illegal.

The questions of cannabis cannot be answered without considering the potential for harm.

What do you think – What will you do? – That is the crux of the cannabis controversy.

Memorial Corner

To remember loved ones who have lost their lives to illicit drugs

For inclusion on this list, please call the office on (02) 4782 9222

Given Name	Family Name	Date of Birth	Date of Death	Age
Christopher	Blake	15/06/1970	29/01/2000	29
Terry	Bliss	24/12/1964	15/01/1997	33
Michael	Coats	1975	Jan 2004	29
Edward	Dittman	02/09/1970	26/01/1996	25
Les	Ewen	30/10/1968	23/01/2002	31
Sallie	Ford	15/08/1973	26/01/2001	27
Andrew	MacAlpine	28/08/1970	08/01/2000	29
Melissa Anne	Owen	07/08/1971	04/01/1993	21
Brendon	Ramage	12/02/1970	26/01/1997	26
Ted	Riley	22/07/1977	29/01/2000	22
Jim	Sanders	12/09/1979	15/01/1999	19
Michael	Serrafis	04/02/1968	16/01/2002	31
Grant	Small	06/10/1967	13/01/1999	31
Nicole Louisa	Thurn	16/10/1981	13/01/2007	25
Lee	Bailey	11/12/1976	27/02/1998	21
Adrian	Bateson	28/08/1971	16/02/1999	27
Malu Mark	Bellear	22/10/1972	02/02/1996	23
Zoe	Burger	27/99/1976	01/02/2001	22
Ian	Campbell	13/10/1967	20/02/1998	30
Rebekah	Carrodus	30/93/1964	14/02/1984	19
Samuel	Harrison	12/01/1970	10/02/1997	26
Paul	Markus	10/05/1958	15/02/1997	36
Stephen	Marshall	25/07/1963	13/02/1999	35
Anthony	McGoldrick	22/08/1965	03/02/1997	31
John	Millar	25/11/1965	22/02/1997	31
Adam	Morris	31/07/1964	28/02/1995	30
Warren	Penny	20/01/1973	12/02/1999	26
Kingston	Rosewood	29/06/1965	21/02/1990	24
Victor	Shive	09/08/1957	06/02/2000	42
Lea Marie	Spencer	28/03/1968	06/02/1995	26
Guy	Tremain	05/04/1970	14/02/1997	26
Damien	Trimingham	01/09/1974	24/02/1997	23
Matthew	Walden	20/09/1976	05/02/1996	19
Peter	Walsh	15/09/1970	16/02/1997	26
Shaun	Western	1970	18/02/2000	30

Lilyfield's First Christmas Celebration: A Night of Hope

Our new premises Broughton House at Lily field have enabled us to have a Christmas Celebration. We are situated in the old Callan Park Mental Health facility at Rozelle. We love the very old building and the beautiful gardens. It is a great setting for our support meeting and other functions.

Our Christmas party was attended by 18 people, plus Bob and I. The idea was to meet at 6.30pm and finish at 9pm our normal time. We arranged one big long table with Christmas cloths, decorations, serviettes etc. and everyone sat around the table. The food was magnificent: Assorted sandwiches from Susie and Carol. Chicken from Tony, decorations from Chrissy. Paul provided nice wine, Tracey and Sam brought beautiful Lebanese cakes. Bev decorated exquisite Christmas petit fours; Lee cooked up a beautiful home made carrot cake. Maureen provided a cheese platter; Robin home made vanilla slices. Jane gave chocolate Santa's to everyone, also a fruit platter and dips appeared. A lovely candle, a gift from Maureen lit the table.

We welcomed our friends Leonard and Margo who haven't been for over a year their boy Shannon is doing well. Their story is a story of hope for the other parents. Also Geoff and Lesley who have been away on holidays and welcome to Graham, Robins husband.

We held our support meeting, as we ate and drank, sharing our stories in a wonderful supportive environment. People were willing to help each other and provide suggestions if they think it will be of benefit. Jane who was singing in a choir thought she couldn't be available, but came along as she felt that it was more important to be with us. People were immensely grateful for the support that they had received over the past year.

After our sharing, John produced his karaoke machine and crooned a few songs. Some of us had a go but not very successfully, although Carol was one of the best.

The feeling of love and caring in the room was amazing, everyone was full of hope, even though we had had three families with court appearances during the week. People were surprised when we said we had never done it before. They said that they really wanted to do it again next year.

Thank you to the people who gave gifts to Bob and me. It was unexpected but very gratefully received. Also, thank you to Chrissy and Tony who donated a pre-loved coffee table for our meetings.

I thought I would share this with the readers as a Story of Hope at Christmas.

Pam and Bob Lorschy

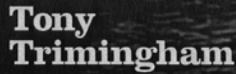
Events Diary

STEPPING STONES TO SUCCESS

Sat 7 & Sun 8 Mar **Sat 14 & Sun 15 Mar** **9.30 am – 4 pm**	**SYDNEY** (course runs over two consecutive weekends) **Venue:** Broughton Hall Estate, Recreation Hall 132, cnr Wharf & Church Sts, Rozelle (entry via laneway in Church St) **Enquiries:** (02) 4782 9222 or Antonia 0421 886 173
Mondays **4 May – 29 June** **7 pm – 10 pm**	**PORT MACQUARIE** (course runs over nine weeks) **Venue:** TBA **Enquiries:** (02) 4782 9222
Sat 1 & Sun 2 Aug **Sat 8 & Sun 9 Aug** **9.30 am – 4 pm**	**PORT MACQUARIE** (course runs over two consecutive weekends) **Venue:** TBA **Enquiries:** (02) 4782 9222
Sat 31 Oct & Sun 1 Nov **Sat 8 & Sun 9 Nov** **9.30 am – 4 pm**	**KEMPSEY** (course runs over two consecutive weekends) **Venue:** TBA **Enquiries:** (02) 4782 9222
March/April 2009 **7 pm – 10 pm**	**CANBERRA** (proposed nine week course – details to be finalised) **Venue:** TBA **Enquiries:** (02) 4782 9222

VOLUNTEER TRAINING

Sat 14 & Sun 15 Feb **9.30 am – 4 pm**	**SYDNEY** **Venue:** Broughton Hall Estate, Recreation Hall 132, cnr Wharf & Church Sts, Rozelle (entry via laneway in Church St) **Enquiries:** (02) 4782 9222
Sat 28 & Sun 29 Mar **9.30 am – 4 pm**	**BALLARAT** **Venue:** TBA **Enquiries:** (02) 4782 9222



Not My Family, Never My Child

A guide for families affected by drugs

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Signed copies are available upon request.

NEWS FROM OVERSEAS

United States

Obama Drug Czar Pick: No Recovery From War On Drugs?

On paper, Jim Ramstad -- who is rumoured to be Obama's choice for drug czar -- looks like the ideal man for the job. He's a recovering alcoholic himself and a Congressman who championed legislation recently passed to provide equal insurance coverage for addictions and other mental illnesses.

To top it off, he's a Republican, giving Obama what looks like a relatively harmless way to make his cabinet more bipartisan. Choosing Ramstad would appear to make a powerful statement about addiction as a medical, not a moral issue.

Unfortunately, Ramstad may be a drug warrior in recovering person's clothing. There is one issue that has consistently separated those who put science and saving lives in front of politics. That is needle exchange programs for addicts to prevent the spread of HIV and other blood borne illnesses.

Even President Clinton now says he was ‘wrong’ when he ignored the recommendations of every scientific and medical organization in the world that has examined the question -- from the AMA to the World Health Organization -- and refused to lift the federal ban on funding.

Needle exchanges have been shown repeatedly to reduce HIV and contrary to the claims of opponents, they help addicts get into treatment.

But Bill Clinton had a drug czar -- Barry McCaffrey -- who said that needle exchange ‘sent the wrong message,’ and would make him seem soft on drugs. McCaffrey fought against it and Clinton now says he ‘regrets’ caving in to drug war politics.

While Obama has said that he favours federal funding, the last thing we need is another drug czar to talk him out of it.

Ramstad looks like that person. I am awaiting comment from his office to see if he has changed his position, but his history on the issue isn't good. In 1992, he said, ‘Federal funds should be used to get people off drugs not facilitate drug abuse … let's support programs that save lives, not destroy lives.’ By then, dozens of studies from around the world already suggested that clean needle programs not only reduce HIV, but attract addicts into recovery.

When I was injecting drugs in the '80s in New York, when 50% of IV drug users were HIV positive, a friend

taught me to use clean needles. She probably saved my life -- she certainly didn't destroy it. I have now been free of cocaine and heroin for 20 years.

But people like Ramstad believe that it would have been better to deny me the information and equipment I needed to protect myself than to risk ‘enabling’ my addiction. And they push this view that risks addicts' lives regardless of evidence that shows that their fears are groundless!

In 1999 -- with the data now overwhelming -- Ramstad voted to prevent Washington DC from using its own money to fund syringe exchange.

DC has the country's highest HIV rate. Not coincidentally, until after that provision was repealed late last year, it had no publicly funded needle exchange. African Americans have been the group most affected by the failure to prevent the spread of HIV amongst IV drug users, their partners and children.

New York, by contrast, started needle exchange relatively early and saw infection rates cut in half over the following years, according to a 1998 study.

Ramstad also -- again, against the evidence -- opposes medical marijuana and supports federal policing and prosecution of providers and patients in the states that have made it legal. These states have not seen the rise in teen drug use that opponents like the Congressman predicted.

The opposite, in fact, happened -- as is the case in countries that have decriminalized marijuana like Holland. The UK's ‘downgrading’ of cannabis offense to a lesser status was also accompanied by a drop in use.

There's simply no evidence that allowing sick people to get needed medication conflicts with helping addicts. Obama has said he does not support these prosecutions -- will Ramstad push him in the wrong direction here, too? In an economic crisis, do we really want to spend federal time and money locking up medical marijuana providers and sick people?

While Ramstad has opposed some interdiction efforts and called for more treatment funding, someone who doesn't even believe that addicts have a right to life if they aren't in treatment is not the kind of recovering person that I want representing me as drug czar.

That's not change, President Obama -- that's more of the same. Don't make the mistake that Bill Clinton did and install a drug czar who will ignore science and push dogma.

While it's great to have a recovering person as an example, just having a disease and talking with others who've recovered the same way you did does not make you an expert. We need someone who knows the science, recognizes that there are many paths to recovery -- and understands that dead addicts can't recover.

M. Szalavitz, *Huffington Post* (21/11/08)

Victory! Voters Make Michigan The 13th Medical Marijuana State

We did it! The Associated Press has called Proposal 1. After months of furious campaigning and an inspiring outpouring of support from patients, caregivers, and other concerned citizens across the state, it's now official: Michigan is the 13th medical marijuana state and the first in the Midwest! With the passage of Proposal 1, sick and suffering Michiganders who use medical marijuana with their doctors' recommendations will no longer fear the threat of arrest and jail.

Michigan voters have clearly signalled in no uncertain terms their support for a compassionate medical marijuana law. The new law will go into effect by December 4, and the Department of Community Health will have an additional 120 days to issue regulations for a medical marijuana registry.

Michigan's new law allows patients with debilitating medical conditions to register to use marijuana according to their doctors' recommendations. Patients will be allowed to possess up to 2.5 ounces of usable marijuana without facing arrest. They will also be allowed to grow up to 12 plants in an indoor, locked facility, or to designate a caregiver to cultivate for them.

Our state is home to 10 million people and, with the enactment of this law, nearly 25% of all Americans now live in a medical marijuana state. This in and of itself is historic, and we have the good people of Michigan to thank for it.

But some particular individuals need to be thanked for their passion, dedication, and inspiring commitment to seeing this sometimes gruelling effort through to victory. Thank you to the brave patients and caregivers who spoke out on this vital issue; people like Dr. George Wagoner; Deb Brink, RN; Charles Snyder III; Stephanie Annis; Lynn Allen; Lyle Imel; Jane Stewart; Ken Shapiro; and Rochelle Lampkin.

We'd also like to acknowledge a special debt of gratitude to the countless local activists who made this victory possible. In particular, we'd like to thank those who went above and beyond in this campaign: Matt Abel; Christopher Chiles; Zach Jarou; Melody Karr; Christeen and John Landino; Dave Light; Kelsey Maniez; Brian Morrissey; Bill and Trena Moss; Greg Piasecki; Dr. Bob Pizzamenti; Anne Renaud; Leeor Schweitzer; and the Rev. Steve Thompson.

Our opposition threw the kitchen sink at us, hoping one of their false claims and outright lies would cost enough votes to tank this effort. But Michigan voters saw through the deception, and soon numerous seriously ill patients across the state will no longer need to live in fear for taking their doctor-recommended medicine.

Once again, thank you all for your passion and support throughout this historic campaign.

Michigan Coalition for Compassionate Care, *Associated Press*

Switzerland

Swiss Vote Backs Free Heroin Plan

The free provision of heroin to addicts has won the overwhelming support of Swiss voters, but the decriminalisation of marijuana was rejected.

Projections based on early results indicated that 69 per cent of voters approved the heroin program, the first of its kind in the world, in a poll called under the country's system of direct democracy.

Crime by heroin addicts has fallen 60 per cent since the initiative to allow health clinics to administer controlled doses of the drug began 14 years ago, according to the Swiss Federal Office of Public Health.

The support for the plan came in a referendum called by opponents of a government policy that treats hardened drug users as patients rather than criminals.

Critics object to the annual cost of 26 million Swiss francs ($33 million) covered by the health insurance that all citizens pay and the Government covers for those who cannot afford it.

While the Swiss have a more tolerant attitude towards drugs, a parallel referendum to legalise small-scale cannabis growing and use was soundly rejected by a margin of about two to one.

The heroin scheme was introduced in response to a public outcry over the sight of addicts openly injecting the drug in public parks, as well as a rise in HIV and hepatitis infection. About 1300 addicts are on the program of carefully supervised doses, measured to satisfy their cravings yet avoid the risks of overdose and catching infections from dirty needles.

The addicts attend one of the country's 23 heroin centres and, in groups of four, inject themselves under the watchful eye of a nurse. They leave after a few minutes – those with jobs going back to work.

Daniele Zullino, of the Geneva University Hospitals, one of the heroin centres, said: ‘The aim is that the patients learn how to function in society. Heroin prescription is not an end in itself.’ Dr Zullino added that after two to three years in the scheme, a third of patients started abstinence programs and another third changed to methadone treatment, a much cheaper option.

David Charter, *The Australian* (2/12/08)

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Horse (A Heroin Poem)

You are now larger than life
Tens of thousands screaming your name
Too much too fast
You are not sure this undeserved success will last

The pain that fuelled your art
Is still tearing you apart
What you need is a friend
One who will be with you until the end

I am the Horse
I don't care
About your fortune or fame
I am the Horse
I don't care
About your family or name

Hop on my back for a free ride
Don't believe them about slow suicide
Together we will go and hide
Our bond will last a lifetime

I'll ease your pain
I'll numb your brain
Your friends and family will not understand
How we can be such intimate friends

Who else makes you feel this way
As I take your troubles away
I have removed all your doubt
Isn't this what love is all about

You are young and strong
Can handle anything
To an empty God
You are now praying
It is now too late
You have sealed your fate
Once more push the needle in
Once more inject the venom

My will is stronger than yours
Now that I am under your skin
You are flying so high
Who is listening as your children cry

I am the Horse I don't care
I have many pretty names
I am the Horse I don't care
I have always been the same

Riding in the back of a limousine
A spoon, a syringe and a full magazine
Whether you're in a penthouse suite
Lying in an alley or a shooting gallery

To me they are all the same
As long as I own your veins
You thought you had no innocence left to lose
At first, you chose me, now it's me that chooses you

You thought that money
Was the only price to pay
You will do whatever I require
To remain bound in my chains

Call my name
Every time you call
The deeper into me
You will fall

I am the Horse
I don't care
About what you have become
I am the Horse
I don't care
To my power you have succumbed

It was your pain that brought you to me
It was your pain you thought I took away
It is your pain that keeps you with me
Try to leave, I will increase it a thousand-fold everyday

In the end
You will not care about your family or friends

This is the end
Your very last fix
It is time I ford you across the River Styx

I am the Horse
I don't care
Who is the next in line
I am the Horse
I welcome the curious
Hey you, how about a free ride

Steve Giacomini

Will You Marry Me?

Hello my dearest and as for me … I'm from a pretty flower, the opium poppy.

My real name is heroin, I won't let you down … But because of the stigma, just call me brown.

My sister lives in China, she's out-of-site … She's stronger than I, her name is white.

Now that you know me, let's have our first date … Once you inhale me, it'll be too late.

It won't be long and we will be courting … At this point my love, you'll be tired of snorting.

Starting to smoke, we're now engaged … Chasing the dragon, He's now enraged.

When we are married, on our honeymoon … I'll introduce you to the needle and spoon.

I'll then take your will, since you'll be my wife … Stay with me long, I'll even take your life.

I'm your master now, do what I say … Lie, cheat, and steal for me everyday.

When I'm not around, I'll share you with friends … Misery and suicide, it never ends.

You'd better be careful, if you love too much of me … Because I'm a widower, from all the O'dees.

If you try to divorce me, I'll even the score … Plan on being sick, like never before.

Even if you kick me through physical signs … I'll still be there to play with your mind.

I'll haunt you with craving the rest of your life … So what ever you do, stay away from Christ.

Through Jesus' shed blood, I'll be undone … And then we won't have all of our fun.

His deliverance is sure, there is no mistake … But to save you the pain, don't start to date.

Stay a chaste virgin from me and my friends … Because I'm a lie from beginning to end.

I promised you marriage, a beautiful high … But all before you are in prison or die!

A Song For FDS

The following song (lyrics to Silverchair – *Emotional Sickness*) is about a heroin addict, heard on youtube.com.au.

Erupt again ignore the pill
And I won't let it show
Sacrifice the tortures
Orchestral tear cash-flow

Increase delete escape defeat
It's all that matters to you
Cotton case for an iron pill
Distorted eyes
When everything is clearly dying

Burn my knees and
Burn my knees and
Burn my knees and
E-motion sickness
Addict with no heroine
E-motion sickness
Distorted eyes
When everything is clearly dying

Burn my knees and
Burn my knees and pray
Burn my knees and
Burn my knees and pray
(All my friends say)
Get up get up get up get up
Get up get up get up
Won't you stop my pain

E-motion sickness
(To idle with an idol)
Addict with no heroine
Good things will pass
It helps with excess access
Lessons learnt

E-motion sickness
(Lost no friendship)
(Corrosive head pollution)
Lessons learnt

Let’s End Drug Prohibition

E. Nadelmann, *Wall Street Journal* (5/12/08)

Most Americans agreed that alcohol suppression was worse than alcohol consumption.

Today is the 75th anniversary of that blessed day in 1933 when Utah became the 36th and deciding state to ratify the 21st amendment, thereby repealing the 18th amendment. This ended the nation's disastrous experiment with alcohol prohibition.

It's already shaping up as a day of celebration, with parties planned, bars prepping for recession-defying rounds of drinks, and newspapers set to publish cocktail recipes concocted especially for the day.

But let's hope it also serves as a day of reflection. We should consider why our forebears rejoiced at the relegalisation of a powerful drug long associated with bountiful pleasure and pain, and consider too the lessons for our time.

The Americans who voted in 1933 to repeal prohibition differed greatly in their reasons for overturning the system. But almost all agreed that the evils of failed suppression far outweighed the evils of alcohol consumption.

The change from just 15 years earlier, when most Americans saw alcohol as the root of the problem and voted to ban it, was dramatic. Prohibition's failure to create an Alcohol Free Society sank in quickly. Booze flowed as readily as before, but now it was illicit, filling criminal coffers at taxpayer expense.

Some opponents of prohibition pointed to Al Capone and increasing crime, violence and corruption. Others were troubled by the labelling of tens of millions of Americans as criminals, overflowing prisons, and the consequent broadening of disrespect for the law. Americans were disquieted by dangerous expansions of federal police powers, encroachments on individual liberties, increasing government expenditure devoted to enforcing the prohibition laws, and the billions in forgone tax revenues. And still others were disturbed by the spectre of so many citizens blinded, paralysed and killed by poisonous moonshine and industrial alcohol.

Supporters of prohibition blamed the consumers, and some went so far as to argue that those who violated the laws deserved whatever ills befell them. But by 1933, most Americans blamed prohibition itself.

When repeal came, it was not just with the support of those with a taste for alcohol, but also those who disliked and even hated it but could no longer ignore the dreadful consequences of a failed prohibition. They saw what most Americans still

fail to see today: That a failed drug prohibition can cause greater harm than the drug it was intended to banish.

Consider the consequences of drug prohibition today: 500,000 people incarcerated in U.S. prisons and jails for nonviolent drug-law violations; 1.8 million drug arrests last year; tens of billions of taxpayer dollars expended annually to fund a drug war that 76% of Americans say has failed; millions now marked for life as former drug felons; many thousands dying each year from drug overdoses that have more to do with prohibitionist policies than the drugs themselves, and tens of thousands more needlessly infected with AIDS and Hepatitis C because those same policies undermine and block responsible public-health policies.

And look abroad. At Afghanistan, where a third or more of the national economy is both beneficiary and victim of the failed global drug prohibition regime. At Mexico, which makes Chicago under Al Capone look like a day in the park. And elsewhere in Latin America, where prohibition-related crime, violence and corruption undermine civil authority and public safety, and mindless drug eradication campaigns wreak environmental havoc.

All this, and much more, are the consequences not of drugs per se but of prohibitionist policies that have failed for too long and that can never succeed in an open society, given the lessons of history. Perhaps a totalitarian American could do better, but at what cost to our most fundamental values?

Why did our forebears wise up so quickly while Americans today still struggle with sorting out the consequences of drug misuse from those of drug prohibition?

It's not because alcohol is any less dangerous than the drugs that are banned today. Marijuana, by comparison, is relatively harmless: little association with violent behaviour, no chance of dying from an overdose, and not nearly as dangerous as alcohol if one misuses it or becomes addicted. Most of heroin's dangers are more a consequence of its prohibition than the drug's distinctive properties. That's why 70% of Swiss voters approved a referendum this past weekend endorsing the government's provision of pharmaceutical heroin to addicts who could not quit their addictions by other means. It is also why a growing number of other countries, including Canada, are doing likewise.

Yes, the speedy drugs -- cocaine, methamphetamine and other illicit stimulants -- present more of a problem. But not to the extent that their prohibition is justifiable while alcohol's is not. The real difference is that alcohol is the devil we know, while these others are the devils we don't. Most Americans in 1933 could recall a time before prohibition, which tempered their fears. But few Americans now can recall the decades when the illicit drugs of

today were sold and consumed legally. If they could, a post-prohibition future might prove less alarming.

But there's nothing like a depression, or maybe even a full-blown recession, to make taxpayers question the price of their prejudices. That's what ultimately hastened prohibition's repeal, and it's why we're sure to see a more vigorous debate than ever before about ending marijuana prohibition, rolling back other drug war excesses, and even contemplating far-reaching alternatives to drug prohibition.

Perhaps the greatest reassurance for those who quake at the prospect of repealing contemporary drug prohibitions can be found in the era of prohibition outside of America. Other nations, including Britain, Australia and the Netherlands, were equally concerned with the problems of drink and eager for solutions. However, most opted against prohibition and for strict controls that kept alcohol legal but restricted its availability, taxed it heavily, and otherwise discouraged its use. The results included ample revenues for government coffers, criminals frustrated by the lack of easy profits, and declines in the consumption and misuse of alcohol that compared favourably with trends in the United States.

Is President-elect Barack Obama going to commemorate Repeal Day today? I'm not holding my breath. Nor do I expect him to do much to reform the nation's drug laws apart from making good on a few of the commitments he made during the campaign: repealing the harshest drug sentences, removing federal bans on funding needle-exchange programs to reduce AIDS, giving medical marijuana a fair chance to prove itself, and supporting treatment alternatives for low-level drug offenders.

But there's one more thing he can do: Promote vigorous and informed debate in this domain as in all others. The worst prohibition, after all, is a prohibition on thinking.

Mr Nadelmann is the executive director of the Drug Policy Alliance Network.

Youth Drug Support Website

www.yds.org.au

Family Drug Support Website

www.fds.org.au

For up-to-date information on drug support and activities

We Can Afford To Help The Homeless

G. Vumbaca, *The Australian* (15/11/08)

The plight of the homeless was raised to national prominence most recently by the Prime Minister prior to his election in 2007.

Soon, after extensive consultation, we will all get to see the new strategy to help the estimated 105,000 people who are now homeless.

In a commissioned review of the level of substance misuse amongst people who are homeless, the Australian National Council on Drugs found that some reports are highlighting that a person experiencing homelessness is 33 times more likely to have an opiate problem, and six times more likely to have a drug use disorder.

In NSW, almost 15 per cent of people requiring support accommodation had problematic drug and alcohol use, while a Sydney service providing assistance to people who sleep rough reported that over half of its clients have a dependence on alcohol.

To some extent these are not startling figures, as many of us would expect the level of substance use amongst homeless people to be fairly high. But the impact of this homeless number and level of substance misuse is substantial.

For instance, when we talk about the 105,000 people who are homeless, this includes over 12,000 children under the age of 12, and an estimated 1500 families with children sleeping rough or literally living on the streets.

By any measure, that is a lot of kids exposed to the trauma of homelessness and substance misuse at very early ages, and all the consequences that can bring in later life.

Given this worrying data, the real issue is how the new strategy will change this situation and provide people who are homeless, and in particular their kids, with better opportunities.

Firstly, the strategy needs to recognise, and I am sure it will, the people who work within the homeless sector as being very valuable to the community in the work they do to assist their clients in very trying conditions and environments. If you think this is unimportant, then you have never visited or watched the work of people working with the homeless. The good will and spirit of people working with the homeless is at times extraordinary, and exemplified by people such as Professor Ian Webster who for years has provided free medical services at homeless centres.

This sector is at the frontline of helping people who probably have the most complex and serious substance use or mental health problems in our

communities. Staff in this sector are without doubt deserving of greater community recognition and support.

The next step for the new strategy has to be to substantially increase the resources available to the sector and staff. While federal Government investment in housing and rental affordability schemes is welcome, there also needs to be a real boost to the resources and services available at the sharp end of the sector if we are to expect any break in the cycle of homelessness, in which drug and alcohol misuse problems play a major part for many people.

Ensuring there is effective substance misuse and mental health assistance at the right time can make the difference between people regaining the place they seek in our community and a prolonged life on the streets -- or in some cases far worse outcomes, such as prison.

The fact is that homeless services are often being stretched to capacity dealing with the day-to-day crises that people are facing. This makes it very hard for them to then address any underlying issues, and if we can't provide the support and resources necessary then we are simply failing some of our most vulnerable citizens. I don't think there is much doubt that homeless centres are working around the clock and feel frustrated that often they aren't able to address some of these core problems because of a lack of resources.

As Professor Margaret Hamilton, ANCD executive member and chair of the Victorian Government's Multiple and Complex Needs Panel recently said, safe and secure accommodation is a fundamental requirement for all of us, and yet for many people in trouble with their alcohol and drug use, this is one of the hardest things to achieve.

'People and organisations who provide services to people experiencing homelessness should be seen as providing one of the prime sites for our drug and alcohol interventions and treatments,' she said.

'Care, support, professional responses and treatment should be the right of any person in the community suffering with drug and alcohol trouble and dependence. Those who are experiencing homelessness are citizens who are no different. The likelihood of them needing this type of response is even greater than the general community.'

The simple truth is that as an affluent society we can and should do much better, and the new homelessness strategy will represent the final hope for many that we will see a renewed commitment and greater investment for those experiencing that most traumatic troika of homelessness, substance misuse and mental illness.

Gino Vumbaca is the executive director of the Australian National Council on Drugs.

Party Drug Fatality 'Just A Matter Of Time'

B. Smith, J. Medew & K. Northover, *The Age* (23/12/08)

Paramedics and drug education groups have warned revellers of the deadly risk of party drug GHB, after more than 30 people were treated for seizures and respiratory problems at a dance party at the weekend.

Saturday's emergency was the most significant GHB (gamma hydroxybutyrate) overdose since 2004 with drug-affected revellers suffering fits, dehydration and breathing problems during the Festival Hall dance party. At least 25 people were admitted to hospital.

Ambulance Victoria operations manager Paul Holman said the overdoses could be a sign of things to come over the New Year period when tens of thousands of people will attend dance parties in the city.

'We haven't seen this for a long time. If these drugs are out on the streets a week away from New Year's Eve, I'm pretty concerned they will get into these other events. Add heat, alcohol and other drugs to dance parties and that's the perfect storm for us … It's only a matter of time before someone dies,' he said.

Mr Holman, who tended to some of the overdose cases on Saturday night, said the patients, aged between 17 and 30, were seriously ill, with some requiring sedation and airway management to prevent choking.

'Some of them were extremely agitated and one of them was fitting … It took eight or nine people to hold one guy down on the stretcher before we could start treating him.'

The acting director of the Royal Melbourne Hospital's emergency department, Dr Glenn Harrison, said hospitals had seen increasing numbers of patients under the influence of GHB in recent years.

He said the drug was more likely to put people into a coma than other amphetamines. It could also cause patients to exhale vomit, causing serious pneumonia.

'We've referred lots of these patients to intensive care over the years,' he said. 'If people want to do this, they have to be prepared for the consequences.'

Paul Dillon from Drug and Alcohol Research and Training Australia said the drug was moving from the gay scene to the mainstream.

'It worries me greatly for the upcoming party season,' he said. 'This is a highly risky drug … every weekend around Australia you see GHB overdoses.'

Mr Dillon also said he suspected the weekend's mass overdose could have been the result of GBL – not GHB. A

similar liquid drug, GBL (gamma butyrolactone), is an industrial solvent used to make plastics. While it has a strong chemical taste and smell – noticeably different to GHB, which is softer and salty in taste – Mr Dillon said inexperienced party-goers ‘wouldn't have had a clue’ they were taking something different.

He said most of the GHB on Australian streets was probably GBL, which becomes GHB once consumed. Although the euphoric effect is similar to GHB, GBL's high is delayed – meaning people risk overdose by taking a second serve, not realising the first hit is still to come. Some suspect the drug is gaining popularity at parties and raves, as sniffer dogs aren't trained to detect GHB and it can be concealed in small containers.

Party organisers have said they will be on full alert. The director of the Sensation New Year's Eve party, Duncan Stutterheim, said 50 security guards and 40 St John Ambulance volunteers would be at the event at Docklands stadium.

‘My advice to people who want to (take drugs) is don't come at all,’ he said.

Future Entertainment director Jason Ayoubi said drug takers would not be welcome at his events, including Summerdaze on New Years' Day, Kiss My Grass on January 25 and the Future Music Festival in March.

Mr Ayoubi said there would be bag searches and identity checks, with sniffer dogs at major events.

‘We've been pretty heavy-handed against people who use drugs and GHB at our events.’

A report released last week by the Australian Institute of Health and Welfare found that in 2007, about 17,300 Australians aged 14 or older had used GHB in the previous 12 months.

GHB A Deadly Drug

- Developed as an anaesthetic, GHB entered the Australian party scene on the Gold Coast in about 1996.

- Individual doses are sometimes sold in fish-shaped soy sauce containers and can trade for $10 to $20.

- Classified as a sedative-hypnotic, GHB has a euphoric effect. Higher doses can cause vomiting, muscle spasms, dizziness and loss of consciousness.

- Sometimes, and if mixed with alcohol, GHB can slow down breathing to a fatally low rate.

- The drug’s effects are usually felt between 10 and 60 minutes after ingestion. The primary effects last about two to three hours.

Ancient Family Heirlooms Used To Snort Hallucinogens

Journal of Archaeological Science

Inhaling bowls – shallow vessels with two adjacent spouts – are artefacts found on many Caribbean islands. Early Amerindians probably used them to snort hallucinogens, liquid or powdered, through the nose.

Now ponder this. Three inhaling bowls unearthed on the island of Carriacou, near Grenada in the Antilles, were made around 400 BC, according to an analysis of radioactive isotopes conducted by Scott M. Fitzpatrick of North Carolina State University in Raleigh and several colleagues. Yet Carriacou was first settled 800 years later, around AD 400. Moreover, one of the bowls was found among archaeological deposits dating from about AD 1000. And the mineral content of the bowls indicates that they probably were not manufactured on Carriacou.

So the bowls must have come from another island – one possibility is Puerto Rico, 465 miles away, where other bowls of similar antiquity have been discovered. And they must have been kept around for at least eight, if not 14 centuries.

What could account for such endurance? The bowls were not buried in the manner of ritual offerings. Fitzpatrick thinks they were probably passed on from generation to generation as useful or treasured heirlooms.

Anti-Smoking Lobby Wants Plain Packets

N. Miller, *The Age* (23/12/08)

Plain cigarette packaging is set to be the next battleground for anti-smoking groups, after they won another series of victories yesterday.

VicHealth chief executive Todd Harper said anti-smoking groups would lobby the Federal Government next year to legislate for plain cigarette packaging, which would show nothing but a large, graphic health warning and the name of the brand.

The State Government yesterday announced bans on smoking in cars containing children and in schoolyards. Retailers will also have to put cigarettes in a cupboard or under the counter, announced only by a plain sign and a price board.

Mr Harper said packaging would be the next focus. 'The packet is where

the tobacco industry positions a lot of the image and attributes that they want to appeal to existing and new smokers,' he said. 'This would be resisted very strongly, but that shows how important it would be to achieve low levels of smoking.'

Under Victoria's tobacco control strategy, a record $22 million in advertising will ensure that every month Victorians will see at least four anti-smoking ads.

The strategy also boosts services to help high-risk groups such as pregnant women to quit. It aims to reduce adult smoking rates by 20 per cent by 2013.

Health Minister Daniel Andrews defended a more than two-year reprieve he has given retailers before the cigarette display ban would be enforced. When similar laws were introduced in NSW last month, retailers were given six months to a year.

Victorian retailers would not face penalties until 2011, which Mr Andrews said was a 'more balanced approach'. Smoking bans on motorists with children will also be delayed, coming into force in 2010.

About $1.5 million of the anti-smoking media campaign funds will come from the Victorian Health Promotion Foundation.

Punishment Does Not Fit This Crime

A. Wodak, President Australian Drug Law Reform Foundation, Darlinghurst, *Sydney Morning Herald* (9/12/08)

The excessive use of incarceration is an increasing problem in most developed countries ('NSW prisoners keep coming back', 8 December). Bad policy has been clever politics for far too long. A problem that began in the media can only end in the media.

At least 50 per cent of NSW prisoners are serving sentences for drug-related offences. NSW will not be able to reduce the size of its prison population without policies to reduce the number of injecting drug users entering and returning to prison.

This means the heavy reliance on drug law enforcement to control illicit drugs will have to be replaced by an approach which accepts that drugs are primarily a health and social problem.

About 38,000 Australians are enrolled in methadone or buprenorphine treatment and another 41,000 are estimated to be waiting to enter these treatments. Many have to pay 20-30 per cent of their general low incomes to fund the treatment. Until it is easier for drug users to enter drug treatment than it is to buy illicit drugs, our prison population will keep growing. Drug treatment is a much cheaper and more effective way of controlling crime than imprisonment.

PMA – Also Known As 'Death'

***NSP Forum* (December 2008)**

PMA (paramethoxyamphetamine), also known as 'Death,' is similar to ecstasy in both clinical effects and symptoms of overdose.

In one study in Australia, many patients presenting to an emergency department with reported ecstasy poisoning actually had PMA noted in urine drug screens [23]. In addition to tachycardia, hyperthermia, coma, seizures, arrhythmias, and a prolonged QT interval that can be seen with ecstasy overdose, findings unique to PMA overdose included hypoglycemia and hyperkalemia.

Clinical effects – The physiologic and psychologic effects of the various amphetamine analogs are similar; some drugs also possess mild hallucinogenic effects. These psychedelic effects are the reason that glow-in-the-dark chemical 'light sticks' and laser light shows are so popular with ravers and at clubs where amphetamine analogs are used.

Users usually experience a heightened energy level; increased ability to concentrate; and feelings of euphoria, relaxation, empathy, closeness with others and enhanced sense of pleasure [24]. They may be impulsive and paranoid and may have increased risk-taking behaviour.

Similar to other amphetamines, designer amphetamines suppress appetite, thirst, and the need to sleep, so much so that some users suffer from dehydration and heat exhaustion. Many users combine designer amphetamine use with 'smart drinks' (drinks containing amino acid mixtures) in an attempt to maintain hydration and counteract some of the untoward effects. In some cases, however, fluid intake is markedly increased, possibly resulting in symptomatic hyponatremia [25-27]. (See 'Causes of hyponatremia').

Other effects include tachycardia, hypertension, hyperthermia, tremors, and pupillary dilatation. The cardiovascular effects of MDMA (1.5 mg/kg) were documented in a double-blind, placebo-controlled trial and include increased mean heart rate (by 28 beats per minute), systolic blood pressure (by 25 mmHg), diastolic blood pressure (by 7 mmHg), and cardiac output (by 2 L per minute) [28].

The effects of MDEA (140 mg), demonstrated in a double-blind placebo-controlled crossover study, include long-lasting increases in serum cortisol, prolactin, systolic blood pressure, and heart rate, as well as increased psychomotor drive, feelings of relaxation, diminished anxiety, and depressed mood [29].

Need Help?

Family Drug Support – Office (02) 4782 9222; fax (02) 4782 9555

Family Drug Support – Helpline 1300 368 186

ADIS (Alcohol & Drug Information Service) (NSW)
Provides 24 hour confidential service incl. advice, information and referral
(02) 9361 8000 / 1800 422 599 *country callers*

AIDS HIV Info Line (02) 9206 2000 / 1800 063 060 *country callers*

Directions ACT (02) 6122 8000

Drugs in the Family (Canberra) (02) 6257 3043

Families & Friends for Drug Law Reform (Canberra) (02) 6254 2961

Family Drug Support (Adelaide) (08) 8384 4314 / 0401 732 129

Family Drug Help (Melbourne) 1300 660 068

Hepatitis C Info & Support Line (02) 9332 1599 / 1800 803 990

Nar-Anon (02) 9418 8728

Narcotics Anonymous (02) 9565 1453 / 0055 29411
Self-help for drug problems

NCPIC (Information & Helpline) 1800 304 050

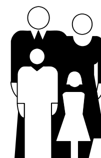
NUAA (NSW Users & Aids Association) (02) 8354 7300
1800 644 413 *country callers*

Parent Drug Information Service WA (08) 9442 5050
1800 653 203 *country callers*

Ted Noffs Foundation (02) 9310 0133
Centre for youth and family drug and alcohol counselling services

Contributions to FDS Insight do not necessarily reflect the opinions of FDS or its Board

Family Support Meetings Jan/Feb 2009



Non-religious, open meetings for family members affected by drugs and alcohol. Open to anyone and providing opportunities to talk and listen to others in a non-judgemental, safe environment. ***General enquiries:*** **FDS Office (02) 4782 9222**
Note: **NO MEETINGS HELD ON PUBLIC HOLIDAYS.**

NSW – Rozelle .... every Monday (7 – 9 pm)
Meeting Hall, 132 cnr Wharf & Church St, Rozelle (entry into estate via laneway Church St)
Enquiries: Bob 0400 362 667 – ***Note: 26 January is a public holiday***

NSW – Penrith .... 1st & 3rd Wednesday of month: 4 & 18 Feb; 4 Mar
Drug & Alcohol Services Bldg, Nepean Hospital **(7 – 9 pm)**
cnr Gt Western Hwy & Somerset St, Kingswood. *Enquiries:* Jonathan 0400 113 422

NSW – Chatswood .... 1st & 3rd Wednesday of month: 21 Jan; 4 & 18 Feb; 4 Mar
Dougherty Community Centre Studio, 7 Victor St, Chatswood **(7 – 9 pm)**
Enquiries: Liz 0417 429 036 or Michelle 0402 122 563

NSW – Kincumber.................. 1st & 3rd Tuesday of month: 20 Jan; 3 & 17 Feb; 3 Mar
Arafmi Cottage, 6/20 Kincumber St, Kincumber. *Enquiries:* Marion 0439 435 382 **(7 – 9 pm)**

NSW – Cessnock .... every Monday (7 – 9 pm)
198-202 Vincent St, Cessnock. *Enquiries:* Cristeen 0411 238 706 – ***Note: 26 January is a public holiday***

NSW – Newcastle, Windale .... every Tuesday (10 am – noon)
Windale Public School (Alcazar), Kilfera St, Windale. *Enquiries:* Jim 0439 322 040

NSW – Port Macquarie .... Monday every fortnight: 19 Jan; 2 & 16 Feb; 2 Mar
Education Rooms, rear of Community Health Centre (next to water tank) **(6 – 8 pm)**
Morton St, Port Macquarie. *Enquiries:* Pam (02) 6583 1704

NSW – Byron Bay............................ 2nd & 4th Monday of month: 8 & 23 Feb; 9 Mar
Guide Hall, Carlyle St, Byron Bay (behind tennis courts across from Byron PS) **(7 – 9 pm)**
Enquiries: Margaret 0427 857 092 – ***Note: 26 January is a public holiday***

NSW – Coffs Harbour............ 1st & 3rd Monday of month: 19 Jan; 2 & 16 Feb; 2 Mar
The Mudhut, Duke St, Coffs Harbour. *Enquiries:* Theo 0402 604 354 **(7 – 9 pm)**

SA – Leabrook .... Wednesdays: 21 Jan; 4 & 18 Feb; 4 Mar
Knightsbridge Baptist Church Hall. 455 Glynburn Rd, Leabrook **(7.30 – 9 pm)**
Enquiries: Kath (08) 8384 4314 or 0401 732 129

SA – Hallett Cove.................................... Wednesdays: 28 Jan; 11 & 25 Feb; 11 Mar
Cove Youth Services, Suite 11, 1 Zwerner Dr, Hallett Cove **(7 – 9 pm)**
Enquiries: Kath (08) 8384 4314 or 0401 732 129

SA – Salisbury .... Mondays: 9 & 23 Feb; 23 Mar
Shopfront Health Services, 3-4/72 John St, Salisbury **(7 – 9 pm)**
Enquiries: Kath (08) 8384 4314 or 0401 732 129

VIC – Geelong .... Wednesday every fortnight: 21 Jan; 4 & 18 Feb; 4 Mar
Glastonbury, 222 Malop St, Geelong. *Enquiries:* Linda 0400 106 358 **(7.30 – 9.30 pm)**

VIC – Ballarat ....2nd Monday of month: 19 Jan; 2 & 16 Feb; 2 Mar (7 – 9 pm)
Kohinoor Community Centre, 417 Errard St, South Ballarat. *Enquiries:* Linda 0400 106 358

QLD – Brisbane .... 1st & 3rd Wednesday of month: 21 Jan; 4 & 18 Feb; 4 Mar
New Farm Community Centre, 967 Brunswick St, New Farm **(7 – 9 pm)**
Enquiries: Emily 0407 743 033