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I've Seen Prisoners Weep At The Prospect Of Being Discharged

A. Stephens, SMH (8/10/08)

Incarceration is not necessarily a bad thing for the mildly mentally ill and the drug addicts in today's unforgiving climate (Letters, 6 October).

As a former prison officer I have known good men, and some not so good, who repeatedly commit offences with the single purpose of receiving a custodial sentence which will ultimately provide them with warmth, a sense of security, basic medical care, a bed and three meals a day. And, importantly, contact with the only real people they know or who care about them: other prisoners. Many went through foster homes and juvenile detention together. They're mates who, sometimes, will look after them.

To be sure, jail is not an ideal environment. There is the violence, intimidation and, let's face it, the other inmates. But it appeals to some as a better alternative to the streets. I have seen grown men weep at the prospect of being discharged.

The turnaround is often referred to as the 'revolving door', cited by welfare workers and sociologists to explain that repeat offenders are socially and demographically deprived. There is no denying that. But John O' Connor would probably still be alive had he been in jail instead of on the streets. It is a sad indictment on our society when jail is the better option.

Jails provide a social security system that is seldom available to the broader community. It is a lifeline for some, providing one-on-one access to psychologists and welfare workers, catering for every need, including AA for those not on the methadone program – which probably includes one-third of inmates. There are formal education programs – and informal ones provided through peers (perhaps we shouldn't delve too much into that). There are medical, dental and optical services not freely available to many people on the outside. However, jails are for the containment of bad

people sentenced to incarceration. Surely, if some of the prison system's huge budget was placed elsewhere, directed at people before they entered jail, some could be much better off.

Vulnerable Neglected

If Allan Stephens (Letters, October 8) is right – and, sadly, I think he might be – that jail is the best and safest option for Australia's mentally ill and drug addicted, then what does it say about our community?

We have condemned the marginalised to a life of despair, discrimination and lack of care, where choosing prison is a better option than life in the community. This demands nothing less than a royal commission.

Families of drug users and the mentally ill know the way our loved ones are treated in the system. It's time for action.

Tony Trimmingham
Family Drug Support, Leura

Heroin

Death is a rider on a pale horse,
Honey.
Yah roll up your sleeve and yah lay
down your money.
Death is a rider on a pale horse.
A cord around your arm and the
needle hunts your vein.
You'll starve in your dreams with the
lotus in your brain.
Death is a rider on a pale horse.

There's blood in your eyes, and your
time's not free.
Selling it like that will get yah HIV.
Death is a rider on a pale horse.
Death is a rider on a pale horse,
Honey.
Yah roll up your sleeve and yah lay
down your money.
Ya, death is a rider on a pale horse.

Lynn Rowe

INSIGHTS OUT

What a time of activity, new ventures, money troubles and sadness. Another Remembrance Ceremony and the death from an overdose of Damien's best friend – see article 'Vale – David B'.

The new 'Bridging the Divide' program will support families of people in treatment. We welcome new project team members, Theo, Lesley, Jonathon and Martina. More of this will come in the next *Insight* magazine.

The financial state of NSW has put our funding at risk and we are again battling to keep afloat our core business of the telephone line, website and support groups. We remain ever hopeful that there will be good news to come.

We welcome our new chair – Dr Ingrid Van Beck who for the past eight years was the clinical director of the Medically Supervised Injecting Centre

and continues to be Director of the wonderful Kirketon Road Centre in Kings Cross. We look forward to her having a long and happy association as Chair of FDS.

I have been elected to the board of the Alcohol and Other Drugs Council of Australia (ADCA) as well as my position on the board of the Network of Alcohol and Drugs Agencies (NADA). I'm just not busy enough!

It's also time to renew subscriptions so please us by renewing early. Your continued support is needed and welcomed.

Thanks to all our wonderful volunteers, facilitators, group leaders, Board and staff.

Finally, as the time rolls around again we wish all our members a happy and peaceful Christmas and a better 2009.

Tony T and the crew of FDS

Vale – David B

David B was my son Damien's best friend. They knew each other from childhood and shared many adventures. When Damien died David spoke movingly at his funeral. David struggled with his own battle with heroin for many years. Mostly successful but never completely victorious David passed away from an overdose on the morning of November 2nd. He was 32 years old – much too young.

David was a great footballer and a wonderful friend to many. He was a kind and beautiful soul. He leaves a wife, child, grieving parents and brother.

To John, Jim and all of David's family, we extend our thoughts and sorrow. I feel so sad.

TT

Letter To The Editor

Four years ago, I wrote to tell you of my 10-year journey through heroin addiction with my son Stephen. When I last wrote, my husband and I had just returned from interstate. We went to see Stephen marry the girl of his dreams.

Two years ago, they came here to visit us. Stephen wanted his wife to meet his family and friends. I must admit I was a little nervous! He intended to show his wife where he had lived. So off the four of us went driving past each house. After a while, I realised he had come to confront his demons and he was okay. Later that evening, he said (as he smiled), 'It's great when you can see clearly, isn't it Mum?' We hugged.

In the past four years, Stephen had been written up in the newspaper as being top of his field. They have just bought their first home. At Christmas, we went

to visit them. But in November they will be a family of three.

Needless to say, I am very excited. Don't let the uneducated upset you. What do they know? Believe me, what doesn't kill you does make you stronger.

I think of you all often and have written in the hope that my story can bring you hope. Hang on for as long as you can. Miracles do happen. Dreams can come true. The day my son left, I told him to go interstate and prove to himself he was the person I knew he was. Later, he told me he made the decision that day it was sink or swim and he had already done sinking so swimming seemed the only option.

To everyone, I say try to believe in yourself and them.

Vicky

Help Needed – Telephone Volunteers

Bob Lorsch, FDS Board Member

At the Volunteer Training weekend at Mulgoa in August, volunteers were asked to see if you could get one person to undertake the volunteer training to grow our numbers. I am advised that this strategy has been a failure – there have been no additional telephone volunteers undertake the training as a result of this appeal!

Can you help? Can you please see if any of your family, friends or acquaintances would be prepared to undertake the training? We are getting

to the desperate stage and Sandra is finding it very difficult trying to think of solutions and to keep the roster covered.

Do you have any suggestions that will help us grow the pool of telephone volunteers? Are we doing anything that discourages you from doing more shifts that we can change?

Your urgent consideration of this problem would be appreciated and any suggestions would be appreciated.

Board Member Profile

E. Thomas, Deputy Chair, Family Drug Support

It may surprise some volunteers that FDS has a Board. Like public and private companies, incorporated not-for-profit organisations are legally obliged to have such a body. Essentially the Board establishes policy and has legal responsibility for FDS meeting regulatory and financial responsibilities.

I am the deputy chair of the FDS Board and have been since the beginning. At its last meeting the Board agreed that each member should provide a short piece describing any relevant background details that led to them offering their services to FDS. As I made the suggestion I was persuaded that I should go first.

I am something of a political tragic and as retirement approached I became more involved in political matters.

In the mid-1990s drug abuse appeared to be becoming more prevalent and governments were spending more and more money attempting to stem the problem, yet the problem was getting worse and worse.

In others fields, if governments were so ineffective there would have been a media and public outcry, yet there was no media storm, no outcry. So I

resolved to investigate by writing letters to government and party leaders and asking questions at meetings. I soon realised that politicians were shamefully ignorant, and worse gave misleading answers to questions. I decided that to become effective in the political arena I needed to know a great deal more about this complex subject.

Coinciding with these events Tony lost his son to an overdose. He wrote a piece for the *Sydney Morning Herald* describing his traumatic experience.

The article was spotted by my wife who occasionally played bridge with Tony; she suggested that she take a copy of one of my letters to politicians to Tony, who promptly rang and suggested I [amongst others] address a public meeting at Bill Crew's Uniting Church in Ashfield. This I did and signed up as a volunteer and have carried on in that role ever since. Along the way, I have certainly learnt a great deal more about drugs by being a volunteer and from many other sources.

Prior to my retirement I worked in marketing and sales. These disciplines have been helpful in understanding the perspectives of volunteers, users and possible benefactors and I believe may have been helpful in your Board's deliberations.

Rozelle Support Group

Pam and I have been facilitating the Ashfield Support Group Meeting for a couple of years. We have been attending Support Group meetings Weldon Street at Burwood and then Ashfield since 2001. For a couple of years I worked as a telephone support line volunteer but now do the Support Groups.

There are similarities between the support group and the telephone line and there are two major differences. One is that it is a 'group' session so we operate on the collective wisdom of the group and the other is that we get 'repeat business' in that some carers come for many months. I know that some callers to the support line call back again but they rarely get the same phone line support volunteer. We also 'suffer' the frustration of some carers who only come once you can see their need and feel that the group would provide them with so much support, however they elect not to come back.

It is very encouraging when we have carers attend who refer to 'their call to the line when they were told about the support group'. Your diligence in providing them with that information helps them but it also helps our group continue.

The size of the group tends to be quite seasonal. Winter is the worst time with low numbers due to the cold and dark nights. We have been averaging about five to eight through this winter. During the summer we have had up to sixteen a couple of times. This is a real test for my time management skill which is often found wanting. The group is scheduled to complete by 9pm but sometimes we run over a bit. Punctual arrival at 7pm helps me in time

management as sometimes when the group starts we only have a couple of participants so they get plenty of time to tell their stories but then others arrive and we have to move it along toward the end of the evening.

The format of the meeting is a 'sharing' time - carers say how their week has been and by the time we work around the group the evening is gone. Although the conversation often concentrates on the drug affected person, the meeting is about the carer, their well being and their ability to cope. We encourage all of our carers to join FDS and to attend Stepping Stone Courses.

We have a range of carers attend the meetings; parents, siblings, relatives, children, partners and friends; some of the stories are truly inspiring and some are heartbreaking (just like the phone line). Often the family is in crisis when they first attend. The first time they tell their stories it can be quite a shock to find that they have recently lost a loved one or have been through the most dramatic trauma. We like to think that all are helped by the group meeting environment and we encourage all to participate. Some carers come once and some come fifty times and more.

So thank you for the referrals – keep up the good work. You will have read that we have moved the meeting from Ashfield to Lilyfield into Broughton Hall, near the corner of Church Street and Wharf Street from Monday 22 September. Lilyfield is between Rozelle and Leichhardt. We meet each Monday night (other than Public Holidays) from 7pm until 9pm – you are all welcome to come along and participate.

Pam & Bob Lorsch

ACT Backs Supervised Drug Use For Addicts

D. Cronin, *Canberra Times* (30/8/08)

Canberrans are the strongest supporters of supervised injecting rooms, providing heroin on prescription and allowing the medicinal use of marijuana, a new report reveals. The findings are from the Australian Institute of Health and Welfare's study on drug use in all states and territories.

More than 23,000 Australians, aged 12 or older, were asked last year about their drug-taking behaviour as well as their beliefs and attitudes.

Almost 73 per cent of ACT residents supported the medicinal use of marijuana and about 56 per cent were in favour of supervised injecting rooms. More than 38 per cent would back a trial where drug users received heroin on prescription. These were the highest levels of support in the country.

About 9 per cent had recently used cannabis and less than 5 per cent had taken another illicit drug, which was on par with the national average.

The ACT had the lowest level of tobacco use only 14.7 per cent of residents were daily smokers. Most backed measures to crackdown on smoking, including bans in workplaces, pubs and clubs, tougher penalties for retailers who sold cigarettes to minors and higher taxes on tobacco.

Only one in four supported increasing the price of alcohol and most were against raising the legal drinking age, reducing the number of liquor outlets and imposing new restrictions on

trading hours for pubs and clubs. But most respondents backed increasing the number of 'dry' zones and public events, serving only low-alcohol drinks at sporting events and strengthening penalties for drink driving.

About 48 per cent were weekly drinkers, which was the highest in the country but less than 7 per cent drank alcohol daily.

About one in 10 consumed alcohol at risky or high risk levels, which was close to the national average.

Health Minister Katy Gallagher welcomed the report. '[It] shows across a range of measures, the ACT Government's initiatives are reducing the use of tobacco, illicit drugs and alcohol,' she said.

'While the rate of those 14 years and older reporting to be drinking at risky or at high risk levels is up both locally and nationally from 2004, it is pleasing that the ACT rate however continues to remain lower than the national rate.

'The ACT Department of Justice and Community recently released a public discussion paper on liquor licensing laws that has flagged a number of areas to address problematic rates of or behaviours relating to risky drinking.

'They include sales to intoxicated persons, mandatory responsible service of alcohol training for all staff involved in the service of alcohol, stronger infringement notices for licensee breaches.'

Nimbin Hemp Bar Shut Down

Media Release, *Hemp Embassy* (27/8/08)

The Police have turned their focus to the landlords of two iconic Nimbin tourist attractions. Letters were hand delivered to the landlords of the Museum and HEMP Bar giving them only a couple of days to act (copy below).

'We are at the end of a very long journey,' said Max Stone of the H*E*M*P Bar. 'A journey that started in the NSW Governments back yard at the 1999 Drug Summit. Pot smokers, alienated across Australia, will remember our colourful Cannabis with the Big Joint on the roof leaving Nimbin after the MardiGrass with a mandate from the people: To get cannabis law reform onto the agenda of the Drug Summit.'

Max went on, 'Who can forget the cannabis blocking the F1 peak hour traffic when it broke a universal joint at sunrise on the morning of Bob Carrs Summit opening. Or the amazing sight of the Big Joint floating on Sydney Harbour during the 2000 Sydney Olympics right outside Kirribilli house?'

Max said, 'At the Drug Summit we pleaded to be allowed to implement a cannabis café model for Nimbin. We wanted to take a world leading approach to the cannabis conundrum, to create the model which would be the envy of the world. And it worked

way beyond expectations! Hundreds and thousands of people from all cultures and countries on earth showed their support for our stance on law reform and most importantly street dealing was reduced to an unnoticeable level.'

It worked so well, that the local Member of Parliament Thomas George went to the Police Minister who ordered the raids which finished the vulnerable protest, but the point had been made and remains clear today. The illegal trade of cannabis is a dominant force in Nimbin and as we saw during the latest MardiGrass, closing the HEMP Bar and Museum will do little to help. It will, however, have a big impact on Nimbin's international tourist reputation and daily visitation.

H*E*M*P Bar evolved into a cannabis activist information portal which occupies a unique position in Australian Internet History, truly one of earths most enduring and loved websites featuring live web cameras since April 20th in 2000.

The H*E*M*P Bar will formally end its 8 year live protest at 4.20 Friday afternoon so as not to compromise the position our landlords are in. The protest will continue outside the premises with talk even of a barefoot activists walk to carry the Big Joint to Canberra ... further info www.nimbinHEMPbar.com

6689 0391 Embassy 6689 1842 or
6689 0326 Museum 6689 1123
www.bigjoint.com
www.hempembassy.net

Nimbin Museums landlord is in Sydney, he's never been to Nimbin, waiting to hear from him ... Michael Balderstone says, 'It's extremely disappointing the Police have chosen this direction, with no consultation

and not really dealing with the issue which is causing the problems.

The Museum will be a real loss to a lot of people. It is the nearest thing to a home many have and certainly means a lot to many as a daily meeting place. Hopefully we can negotiate keeping the Museum alive ... maybe I have to go.' ph a/h 6689 7525.

Parents Will Supply Alcohol For Schoolies

S. Vogler, *Courier Mail* (14/9/08)

One-third of parents plan to supply their children with alcohol at this year's Schoolies Week even though most believe binge drinking among teenagers is a problem.

A survey on alcohol and Schoolies found parents were scared of what could happen to their teen but planned to help them party anyway.

Schoolies Week, which starts on November 22, attracts up to 100,000 young people for end-of-Year-12 celebrations on the Gold Coast, and tens of thousands to other Queensland party hotspots.

Last year, 526 schoolies were arrested on the Gold Coast, most for public nuisance and alcohol offences. Police issued a record 555 liquor infringement notices for drinking in public.

The survey, conducted by *The Sunday Mail* on behalf of the Queensland Government, found that two out of every three parental respondents were worried about their child attending the annual festival famous for under-age drinking and debauchery.

Of most concern was whether or not their child would become the victim of assault or drink-spiking.

The survey found parents planned to supply their children with alcohol because they trusted them; by supplying the booze, they believed they could control how much their schoolie had to drink.

This is despite more than 80 per cent of respondents indicating they believed binge-drinking was a problem and a serious risk to the health of teens aged between 15 and 18.

Police Minister Judy Spence said yesterday: 'Parents who provide their children with cartons of alcohol and send them away for a week of drunken behaviour will be targeted.'

Police would watch for any adult who supplies alcohol to underage teens. New \$6000 fines come into force this month.

Parental supply of alcohol has been linked to alcohol abuse, with a Murdoch Children's Research Institute study finding children who have been supplied on 'special occasions' were more likely to binge-drink in later years.

About 65 per cent of those parents planning to supply their teens with alcohol indicated in The Sunday Mail survey they would buy them pre-mixed or RTD (ready to drink) beverages.

Gold Coast police Acting Chief Superintendent Jim Keogh said he was surprised so many parents planned to supply their child with alcohol for Schoolies.

'The majority of parents worry (about their child at Schoolies),' Chief Supt Keogh said. 'Why worsen the situation by providing them with alcohol? If you want to avoid drink-spiking and accidents, I'd avoid giving them alcohol.' The survey found many parents chose to provide their teen with alcohol because they trusted them, but Chief Supt Keogh

said behaviour often changed once the child reached Surfers Paradise:

'Parents have watched their teenager consume alcohol on previous occasions such as in the home. They don't go berserk ... don't slam down shots in front of Mum and Dad.'

Chief Supt Keogh said that at Schoolies the situation was completely different. '(They think) it's 'my one, my only Schoolies. This is where I step out',' he said.

State Treasurer Andrew Fraser said: 'New laws ... create a new offence of 'irresponsible supply to minors'.

'Unless parents are exercising judgment and intend to supervise their kids while they are at Schoolies, they should be aware that these (\$6000) fines now apply.'

Opposition police spokesman Vaughan Johnson said: 'If parents are foolish enough to provide alcohol then they deserve that fine and they deserve to cop the full brunt.'

The survey also found parents were struggling with a lack of information on the event.

More than 40 per cent of parents said they had not received any information on Schoolies from their child's school, with many of them turning to their teen for help in understanding the event.

Alcohol Industry Should Focus On Health, Not Profit

Brian Flanagan, ADCA

The Alcohol and other Drugs Council of Australia (ADCA) today called on the alcohol industry to focus on health issues caused by Ready-to-Drink (RTDs) alcohol beverages, and identify alternatives to help halt excessive alcohol consumption across communities in Australia.

‘Conducting surveys of liquor retailers simply to produce statistics aimed at stopping the Government’s proposed RTD tax increase does nothing to constructively address alcohol-fuelled incidents that are now a daily occurrence,’ ADCA Chief Executive Officer, David Templeman said. ‘The hiring of independent research consultants by the Distilled Spirits Industry Council of Australia (DSICA) is just another form of self-regulation and fails to take into account the views of alcohol and other drugs (AOD) sector frontline workers faced with the fall-out of industry marketing.’

Mr Templeman said if the industry was serious about alcohol problems in Australia, it should be looking to develop strategic partnerships with the AOD sector to work in a collective way to make people more aware of alcohol-related health harm, and to contribute support for prevention and treatment services.

‘In March this year, ADCA welcomed commitments by the Fosters Group and Lion Nathan Australia to reduce the alcohol content of Ready to Drinks

(RTDs) to two standard drinks in their products,’ Mr Templeman said. ‘Unfortunately, the industry as a whole has not followed-up on this positive step which demonstrated that Fosters and Lion Nathan were at least willing to make it clearer to their customers the levels of alcohol they are consuming.

‘The Australian Hotels Association is also to be applauded for its initiative in New South Wales (NSW) on the ‘responsible service of alcohol’ in relation to the ‘traditional mad Monday’ end of season celebrations of sporting teams.’

Mr Templeman said that over the past 24 hours, NSW Police had placed limits on the amount of alcohol that can be taken legally to the Bathurst 1000 in October, the Queensland State Coroner had noted a person dies at licensed premises every two months from alcohol-related violence. Also, Australian school principals believe one in five students need mental health support because of alcohol and other drugs abuse.

‘Alcohol-related harm continues to be a serious community problem. It’s high time the alcohol industry started to get involved in examining the dangers and the harms involved with the misuse of their products,’ Mr Templeman added.

Enquiries: Brian Flanagan, Manager Strategic Communications and Policy, Phone - 02 6215 9802

Jail Mum To Be Reunited With Baby

M. Rae, *The Mercury* (29/8/08)

Attorney-General David Llewellyn has intervened to reunite a Risdon prisoner with her newborn baby, who remains in hospital under a child protection warrant with a drug addiction.

The mother, who cannot be named for legal reasons, had the baby taken from her within 11 hours of giving birth. She was refused housing at the jail's mothers' unit after assaulting another woman.

Mr Llewellyn told Parliament yesterday that separating a mother from her newly born baby was a very traumatic situation that should not occur. 'I have asked my staff to contact the prison to make sure the mother is reunited with the baby,' he said.

Ombudsman Simon Allston is also investigating the matter after a complaint was made to his office.

Late yesterday afternoon Health Minister Lara Giddings said the baby was under observation in the special-care nursery at the Royal Hobart Hospital. 'This is a very difficult and sad case but our primary obligation is to ensure that this child gets the medical care that it requires,' she said. The baby's grandmother said the child was coming off the drugs that were in her mother's system and doing much better. 'She's brighter than what she was,' she said.

She has been told the baby is likely to be discharged in a week. The baby will live with its grandmother.

She said the baby's mother had been punished for slapping a woman – even though it had been reported to prison officers that there was tension between them and nothing was done about it,

'They push you back up against a wall. It's no wonder they hang themselves,' she said.

Prison Action Reform legal adviser Greg Barns said despite the child's health issues, it should not have been taken from its mother. 'The conduct of Tasmanian Government officials in this case was reminiscent of the stolen generation days,' he said.

Mr Barns, also a *Mercury* columnist, said it was cruel to remove the heavily pregnant woman from the mothers' unit. The removal of the child soon after it was born exacerbated the punishment and broke international conventions to which Australia was a signatory, he said.

'Even if they had grounds to look after the child, they should not have done what they did,' he said. 'They should have kept them together as long as possible and then sent them back to prison together.'

Opposition justice spokesman Michael Hodgman said that for a mother and newborn child to be separated was cruel and inhumane and Mr Llewellyn must take steps to ensure proper processes were in place and were being followed.

Suburban Mums Taking Ecstasy

A. Tucker-Evans & S. Hinde, *Courier Mail* (14/9/08)

Suburban mums are among the over-30s who have emerged as the new users of the illicit drug ecstasy, a national study has found.

Once considered a 'young person's drug', ecstasy has a new following in more mature users who see it as a harmless alternative to alcohol.

Drug and Alcohol Research and Training Australia's Paul Dillon described the results as shocking. 'Everyone is stunned. Everyone is thinking it's a really young person's drug but it's not,' he said.

The recently released 2007 National Drug Strategy Household Survey has revealed that since 1995, the number of people aged 30 to 39 using ecstasy has increased 5.7 per cent to 6.3 per cent for men, and 2.8 per cent to 3.2 per cent for women.

Mr Dillon said mature people were turning to the drug because of misinformation about its effects.

'I talked to two women in their 30s two weeks ago and these were both divorcees, they have recently split from their husbands, they've got 15 and 16-year-old kids and they've basically discovered their second childhood,' he said.

'The reason they're taking ecstasy is because they don't want to drink, because with drinking they get out of control.'

The study also revealed that ecstasy was the second most popular illegal drug, behind cannabis, in Australia.

Mr Dillon said the only way to reduce people's use of drugs was through education, including making them aware of penalties under the law.

Relationships Australia vice-president Anne Hollonds said she was not surprised to hear that divorced mothers were turning to ecstasy, but warned against using the substance to 'rebuild' their lives.

'These are people who sometimes haven't had involvement with substances the first time round, but second time round they might, particularly to reinforce their youthfulness, to be able to fit in and all of those things because they're often quite emotionally vulnerable,' she said. 'There's also a lot of risks associated with that in relation to the care of the children.'

Royal Brisbane Hospital director of addiction psychiatry Dr Mark Daghish said an increase in use among the 30 to 39-year age group was 'expected' as this was the group taking ecstasy 15 to 20 years ago.

He said methylene-dioxy-methamphetamine (MDMA) should be the main ingredient of ecstasy, but a Queensland Police Service report had found a lot of the tablets

circulating in the state were actually methamphetamines.

Detective Inspector Marty Mickelson, operations manager of the State Drug Investigative Unit, said police had found instances of dealers distributing 'fake ecstasy', which contained high amounts of amphetamines, ketamine (a horse tranquiliser) and caffeine rather than MDMA. Dr Daghlish said MDMA was a neurotoxin which kills

brain cells and users could suffer permanent brain damage. He said that ecstasy depleted the brain's stores of the neurotransmitter serotonin, which affects brain functions including mood, sleep, appetite and impulse control.

There have been very few studies into the long-term effects of ecstasy.

Hillbilly Heroin Hits Our Streets

C. Weaver, *Sunday Telegraph* (19/10/08)

The NSW drugs watchdog is launching a crackdown on doctors who prescribe high amounts of 'hillbilly heroin' which is flooding the black market.

It comes as new figures reveal that prescriptions for high-dose oxycodone have surged by 61 per cent to a record high over the past two years. More than 40,000 taxpayer-subsidised prescriptions were issued for the powerful and addictive narcotic in NSW in 1007/08, according to data from Medicare.

Amid a national heroin drought, junkies are increasingly turning to prescription drugs as an alternative 'hit'.

Oxycodone – which was one of the drugs taken by the late actor Heath Ledger before he died – has gained notoriety for hooking celebrities in

the US. Alex Bafrilovic of the NSW Pharmaceutical Services Branch, said he was concerned by the sharp increase in prescriptions for drugs such as oxycodone and morphine, known as 'hillbilly heroin'.

'The concern that we have is that because it's a prescription medication, the large bulk must be being prescribed by a doctor somewhere. The next thing we want to do is find out who they are and provide some advice.'

Tip-offs from policy, pharmacists and other informants revealed the drugs were being sold on the streets and injected at the medically Supervised Injecting Centre at Kings Cross, he said.

Oxycodone is typically prescribed to cancer patients and for those in chronic pain.

Woman Charged Over ‘Hillbilly Heroin’

V. Morello, *Nine MSN* (19/9/08)

A 47-year-old woman may be the first person charged in NSW for selling a large quantity of Oxycodone, a prescription drug also known as ‘hillbilly heroin’. The woman from Young, in western NSW, allegedly bought up to 10,400 tablets of prescription medicine, including 2,500 Oxycodone pills, in the past 12 months, police said.

The drug is a derivative of opium and is in the same family of drugs as morphine.

Police arrested the woman in Young on Friday, charging her with four counts of supplying a prohibited drug and one of the ongoing supply of a prohibited drug. They said the woman had a medical condition and allegedly went ‘doctor shopping’, using legitimate scripts to obtain the drugs. It’s alleged she bought the Oxycodone tablets for \$1.50 each and illegally sold them for \$50 a tablet.

Cootamundra Police Superintendent Shane White said the woman was the third person arrested in the region as part of an ongoing operation.

Two other women have been charged and convicted over stolen and forged scripts and obtaining or attempting to obtain prohibited drugs.

‘Police will allege the accused person has been at the highest level of the supply chain within the Young area

for some time,’ Supt White said in a statement.

‘The woman purchased the medication using legitimate scripts but then allegedly disposed of the tablets illegally for financial gain.’

He said police were continuing their investigation and would refer the matter to the NSW Health Care Complaints Commission and the Health Department.

It’s believed to be the first time in NSW a person will face charges of engaging in large-scale supply of a prescription drug for financial reward.

State Crime Command Drug Squad Commander Greig Newbery said police were aware of an increase in the illegal use of prescription medication such as Oxycodone.

‘Police work closely with health officials and we have identified an increase in the misuse of prescription medication in the drug-using community,’ Supt Newbery said. ‘While we have charged a number of persons with illegal possession of these prescription drugs, today’s arrest would appear to be the first time a person has been charged with large-scale supply.’

The woman was refused bail by police and will appear in Wagga Wagga Local Court on Saturday.

Heroin Flow Prompts Theft Warning

D. Welch, *Sydney Morning Herald* (12/9/08)

The beginning of the end of the heroin drought may be around the corner says the state's top crime statistician, and he fears there will be a corresponding rise in burglaries and armed robberies.

A 23 per cent jump in the possession and use of heroin over the past two years has been recorded by the Bureau of Crime Statistics and Research, and its boss, Don Weatherburn, is concerned.

'It's of concern, more of the portent it might carry – more than it being the end of the heroin shortage – and we're awash in property crime again,' Dr Weatherburn said.

'But you wouldn't want it to happen, and the nature of epidemics is your best chance of stopping them is early on, because once they get a head of steam they feed on themselves.'

Heroin use began to decline in 1999. As the war in Afghanistan and tougher policing in Australia took effect, the market tightened further still.

In 1999 NSW police recorded more than 3000 incidences of heroin use.

By 2001 that number had dropped to 1100. By 2006 the number dipped below 600 for the first time since heroin took hold in the state.

And as the use of heroin dropped, so did the rates of property crime. In the late 1990s there were more than 400,000 incidents of property crime a year. But as the heroin drought continued through the 2000s, the incidences fell to about 300,000.

Property crime is a term that includes offences such as theft from houses and shops, armed and unarmed muggings and handling stolen goods.

The rise of amphetamine use during the heroin drought did not keep property crime high, as they were generally consumed by different people.

'It's the heroin where they get addicted and they have to shoot up four times a day that really starts to generate a surge in robberies,' Dr Weatherburn said. 'I think a lot of people who use amphetamines are using it on weekends, paying for it out of their own money.'

'Whereas heroin, it's just a steady progression from casual to dependent use and once you're using that much, it can be quite damaging.'

The director of emergency services at St Vincent's Hospital, Gordian Fulde, said while the return of heroin had been felt in emergency departments, so far it had been a 'trickle, not a flood'.

‘We are now starting to see heroin trickle back but nothing like before the [heroin] drought, when there were overdoses every other day.’

Professor Fulde said the early 2000s had shown a big spike in patients affected by amphetamines, particularly methamphetamine, or ‘ice’, but that had subsided. ‘Ice has not maintained its initial surge.’

The return of heroin to Sydney’s streets was a serious concern for health professionals, he said.

‘We were very, very happy when heroin disappeared from the streets because of the health issues,’ Professor Fulde said.

‘Heroin is a killer. If you asked me about amphetamines, I’d say no [they’re not killers], but with heroin users, they stop breathing, they get fatal blood-borne diseases very easily through injection.’

But other health professionals questioned whether alarm bells were ringing too early.

The medical director of the Kings Cross injecting centre, Marianne Jauncey, said as far as the centre could see, heroin use was still at record lows. ‘The [bureau’s] statistics don’t seem to represent the availability of heroin in Kings Cross,’ she said.

Message To Kevin Rudd From Vietnamese Prime Minister

We would like to thank the Australian Government and people for giving a happy home to the Vietnamese community in Australia, helping them to integrated and contribute to the prosperity of Australia.

And I commend the contributions of the Vietnamese community here to the furtherance of our friendship and our cooperation.

We have also agreed to work together and Australia will apply necessary

and appropriate measures to prevent such acts that might harm our bilateral ties.

And, building upon the excellent friendship between our two countries and on humanitarian grounds, I’ve informed the Prime Minister, the Vietnamese President has decided to grant clemency to two Vietnamese Australians charged with drug trafficking.

And besides, we also touched on various other areas of cooperation.

Melbourne City Losing War Against Heroin

L. Nowell, *Herald Sun* (21/9/08)

Victoria's illicit drugs crisis is worsening, with a study finding Melbourne is the nation's new drug capital. The research, comparing key police lock-ups across the country, found more than half those detained in Footscray were heroin users.

The Australian Institute of Criminology study found the next highest rate of heroin use was 15 per cent at Brisbane central, then 12 per cent at Parramatta and Adelaide. The study also found more than 73 per cent of detainees at Footscray tested positive to an illicit drug – mostly heroin or benzodiazepines (tranquillisers).

All those arrested for robbery, car theft, possession of drugs or as a result of a warrant tested positive to illegal drugs. And 80 per cent of those arrested for selling drugs were users.

Half of violent offenders tested positive for drugs – 38 per cent to heroin – and half of drink drivers also tested positive to illegal drugs.

The study found drug use among Footscray detainees had increased more than 12 per cent in the past year.

Youth worker Les Twentyman said many parts of Melbourne were 'awash with heroin'. 'It's back with a vengeance,' he said. 'We haven't seen so much on the streets since the late 1990s, when we were seeing more than 300 lethal overdoses each year.'

'Footscray, the CBD and Fitzroy, Dandenong, Frankston, Richmond, Collingwood, St Albans have all become beats again where users are going to score.'

An institute of criminology spokeswoman said the study would continue over four years. 'The Footscray figures obviously show that heroin is becoming available again,' she said.

The *Sunday Herald Sun* revealed last month soaring use of heroin, amphetamines and cannabis in Victoria.

Study Puts Illicit Drug Trade At \$12b A Year

M. O'Brien & N. McKenzie, *Brisbane Times* (27/9/08)

Up to \$12 billion in illicit drug money is flowing out of Australia annually – an amount 10 to 30 times greater than official estimates – according to the nation's most powerful and secretive crime-fighting agency.

The Australian Crime Commission's estimates suggest authorities are drastically underestimating the quantity of drugs passing over the nation's borders without detection.

It is expected that senior law enforcement officials will brief the

Federal Government in the coming weeks about the need for revised strategies to confront the huge supply and demand for drugs such as ecstasy in Australia.

The Crime Commission chief executive, Alastair Milroy, said the commission believes between \$4 billion and \$12 billion of drug money is being sent offshore annually.

The figure dwarfs estimates provided by Australia's anti-money-laundering agency, AUSTRAC, and the Australian Institute of Criminology.

The crime commission's estimates flow from a secretive international operation, codenamed Gordian, which has led to the seizure of drugs worth more than \$1.5 billion and the launch of a sophisticated anti-money-laundering strategy.

The commission's work has also led to the arrest of more than 70 suspects over drugs and money laundering offences since 2005. Those charged with smuggling money out of the country include international pilots, money remitters and figures connected to Asian organised crime and triad syndicates in Asia, North America and Europe.

The commission's estimates suggest a continuing huge demand for ecstasy and other illegal drugs in Australia and that traditional policing is failing to detect most importations.

'Certainly we think that current estimates of the size of [drug] money leaving Australia might be conservative,' Mr Milroy said.

He said Australian policing agencies were involved in some impressive drug seizures but it was difficult to measure their impact. 'How do you quantify that impact? Clearly there are still drugs in the street and drugs that are getting through,' he said.

Associate Professor John Walker, a criminologist who conducted a study on money laundering in 2007 for the Australian Institute of Criminology and AUSTRAC, estimated that \$382 million was generated from drug trafficking in 2004. The figure is the most recent official public estimate.

Associate Professor Walker said the crime commission's new estimates should ring alarm bells in police agencies and the Federal Government. He said it indicated that many more drug importations were entering Australia than were being detected.

'If all police ever do is chase individual importations, they never see the big picture. I think what the ACC is doing, by looking at transnational organised crime as economists would, is a big breakthrough in law enforcement thinking in Australia,' he said.

'If the ACC is right, then Australia would have the most profitable market for illicit drugs on the planet.'

The crime commission is using sophisticated systems to track high-risk money movements out of Australia. It is also working to identify and gain evidence against the senior overseas crime bosses controlling the flow of drugs to Australia.

Now Gillard Admits She's Gone To Pot

M. Franklin, *The Australian* (27/9/08)

Julia Gillard has tried marijuana. But it was a long time ago. And she didn't like the drug.

The Acting Prime Minister revealed her university experimentation yesterday after Malcolm Turnbull admitted on Thursday night he had tried marijuana, but now believed it was a mistake.

In what has become a stock question for aspiring politicians, the Opposition Leader, appearing on ABC television, admitted to having tried cannabis as a young man.

'Yes, I've smoked pot,' Mr Turnbull told the ABC's Q&A television program. 'There you go. It is a serious issue. It was a mistake to do so.'

Ms Gillard, interviewed on ABC radio, joined the confession brigade yesterday. 'At university,' she said. 'Tried it, didn't like it.'

'I think many Australian adults would be able to make the same statement, so I don't think it matters one way or the other.'

Asked whether it was important whether Mr Turnbull had smoked pot, Ms Gillard said it did not matter in any shape or form.

Mr Turnbull's admission could bring down the curtain on the ritual questioning of politicians over the issue, and signal the passing of the baton to a new generation.

While political leaders of the generation of former prime minister John Howard might have been scandalised if they had encountered illicit drugs, even during their university days, Mr Turnbull and Ms Gillard seemed to indicate the presence of cannabis was commonplace when they were young, as highlighted by Ms Gillard's statement that most Australian adults would have encountered the drug.

Cabinet members Wayne Swan and Peter Garrett have confessed to having smoked cannabis.

However, Kevin Rudd apparently defies the trend. The Prime Minister told an interviewer last July he had 'a unity ticket' with Mr Howard.

'Let me answer that directly in case you think I'm ducking, weaving – never, never, never,' Mr Rudd said.

Jan Copeland, director of the National Cannabis Prevention and Information Centre in Sydney, said Mr Turnbull's candour was credible, responsible and not typical of politicians.

Howard Suited To His Times

J. Hirst, *The Australian* (29/10/08)

Liberal Party senator George Brandis ('The Howard paradox', *Opinion*, October 23) is right to claim that John Howard was the first prime minister to identify as conservative and that Robert Menzies was an exponent of liberal principles. On this basis he criticises the social conservatism of Howard as a departure from the principles of the Liberal Party.

The best answer to this is that Menzies governed in the 1950s and early 1960s. He had no experience of the social dissolution that has followed since. The threats that he faced were external aggression and internal subversion by the Communist Party. The threat of the communists tried his liberal principles and finally he proposed unsuccessfully that the Communist Party should be banned.

When Menzies came to office in 1949, there were 1200 people on the dole and his government was in danger if unemployment rose above 1 per cent.

Does Brandis not think that Menzies, who believed in hard work and individual responsibility, would have become a touch conservative had he seen a 4 per cent unemployment rate when employers were crying out for workers?

Or if he had been told that it was impossible to think that these unemployed people might stir themselves to work and that fruit could be picked only if we imported labour from the Pacific Islands?

What would Menzies think of drug addicts being supported by welfare and producing children who are addicts at birth? Of the classics of English literature being denounced as the work of dead white males, and not by some fringe group but by the people who design the curriculum of our schools? Of homes that can be protected from robbery only by an elaborate security apparatus and the employment of private security guards? Of the fear of crime impairing the freedom of movement of so many citizens?

Menzies was, as he said, British to the bootstraps. No one had a higher regard for what Britain had bequeathed to Australia with its parliamentary institutions and the rule of law. He did not live long enough to be told that the Anglo-Celts were simply one of many contributors to our multicultural society, and the most suspect, as it was they who gave Australia its racism and sexism, from which all non-Anglos are supposedly free.

Would he not have wanted to reassert the value of our British heritage against a mindless multiculturalism?

Howard had a sense that the nation needed to be more respectful of those who gave the country its enduring institutions and that social dissolution needed to be confronted by an insistence on social discipline and responsibility.

But not just Howard. On the day that Brandis's essay appeared, federal Indigenous Affairs Minister Jenny Macklin, from the Labor Party's Left, announced that Howard's intervention in the Northern Territory was to continue: and specifically that bans on alcohol and pornography would be retained and welfare would be quarantined to ensure women could spend money on food for their children instead of being stood over by their men, who wanted to spend it on drugs and booze.

To do this the Racial Discrimination Act had to be suspended, a problem that is to be solved by extending the quarantining of welfare payments to the wider population where children are being neglected by parents.

The decline of Aborigines into dysfunctional communities may, one have thought, have given some pause to those who think that the good society can be created by promoting individual rights.

Noel Pearson is busy trying to find a way to re-establish social discipline and responsibility. Meanwhile, Brandis treats responsibility and social order almost as dirty words, as a departure from true liberalism. It

would be instructive to hear from Brandis how his liberal principles would motivate the underclass, reduce crime and drug addiction, and revitalise Aboriginal communities.

Liberal principles work well in a well-ordered, law-abiding, self-reliant society, which is the world as Menzies knew it. When society loses those characteristics, liberalism simply adds to the decline through its stress on individual rights.

If Liberals want a small state they have to become conservatives as well and encourage those habits and values that lead to self-restraint, self-reliance and respect for others. Otherwise the state and its instrumentalities become the only support for a society in which everyone insists on their rights and entitlements.

Brandis seems to be following his leader, Malcolm Turnbull, in thinking that the Liberal Party on social policy can outflank Labor from the Left.

I doubt if this approach will be a success. It may win votes in inner-city constituencies, but further out, where parents bring up children and are worried about crime and drugs and discipline in schools, they will not be persuaded that careful attention to the principles of John Stuart Mill will produce the world they want.

John Hirst's most recent book is *Freedom on the Fatal Shore*.

Events Diary

STEPPING STONES TO SUCCESS

(Course runs over two consecutive weekends)

Sat 15 & Sun 16 Nov **NEWCASTLE**
Sat 22 & Sun 23 Nov **Venue:** Maryland Neighbourhood Centre, Maryland Drive,
Maryland
9.30 am – 4 pm **Enquiries:** (02) 4782 9222

Sat 29 & Sun 30 Nov **BALLARAT**
Sat 6 & Sun 7 Dec **Venue:** TBA
9.30 am – 4 pm **Enquiries:** (02) 4782 9222

Sat 29 & Sun 30 Nov **SYDNEY**
Sat 6 & Sun 7 Dec **Venue:** Broughton Hall Estate, Recreation Hall 132, cnr
Wharf & Church Sts, Rozelle (entry via laneway
in Church St)
9.30 am – 4 pm **Enquiries:** (02) 4782 9222

VOLUNTEER TRAINING

Sat 17 & Sun 18 Jan **SYDNEY**
9.30 am – 4 pm **Venue:** Broughton Hall Estate, Recreation Hall 132, cnr
Wharf & Church Sts, Rozelle (entry via laneway
in Church St)
Enquiries: (02) 4782 9222

NEWS FROM OVERSEAS

United States

Take Handcuffs Off The Economic Recovery

A month ago, who would have thought that the Bush Administration would order the partial nationalization of the nation's

banks to fix credit markets and support the economy? Maybe other innovative, even 'radical,' ideas are in order. Unless we come up with new ideas to sell cars and durable goods to fire up the economy, collapsing domestic auto sales threaten tens of thousands of jobs.

In addition, the recession will cause shrinking government revenue at every

level. Even last spring 18 states were predicting reduced budgets in FY 2009. Unless new revenues are found, we will soon see the furloughs and wholesale firing of teachers, nurses, and emergency first responders; closed schools, libraries and hospitals; crumbling roads unfixed; and broken bridges closed to traffic.

Clichés about the auto industry's problems blame workers' and retirees' health care costs and management for making the wrong kinds of cars. But to sell cars we need to abandon clichés, old myths, and the blame game.

Consider these facts. Last year, we had 2.3 million Americans in prison and jail. How many American cars did these men and women buy last year? That's right, none. That 2.3 million is about ten times greater than the 250,000 prisoners in America during the auto industry's glory days of the 1960s and 1970s. There are another 8 million Americans who got a felony conviction for possessing or selling drugs in the last twenty years. With their convictions, these people rarely have jobs. They don't have a legal income and they don't have credit.

The economic effect of more than ten million American adults who can't buy cars, houses, furniture, appliances, or other durable goods is like 9-11, Katrina, and every other hurricane combined. Even with a job, many are without a credit card and are shut out of the marketplace. From Ticketmaster to Amazon.com

to the local shore store, American businesses are losing sales. Economically, our criminal justice policies are cutting our throat.

Aside from the economic cost, is imprisonment of all of these 2.3 million Americans good anti-crime policy? Not according to the research. Effective crime fighting uses smart police strategies, adequate mental health care, good schools, recreation for youth, jobs and focused rehabilitation. The criminological consensus is that imprisonment has been responsible for about one-quarter of the crime decline in the past 15 years. Most of those in prison are there for non-violent offenses like drugs or theft, or because they violated probation by committing a 'technical' violation like drinking or using drugs. Most of those in prison are there much longer than they need to deter crime, to justly punish them, or to protect society from future crime.

We certainly need to imprison dangerous offenders – to protect us and to punish them. But we need to get a lot smarter about why we imprison and who we imprison. Remarkably, in the last thirty years, the largest increase in imprisonment has been due to prohibition drug policy.

Even though drug enforcement leaders have warned for more than twenty years that 'we can't arrest our way out of the drug problem,' every year we arrest more people for drug offenses than the year before. Last year we arrested over 1.8 million Americans, more than three times the number

arrested for all violent crimes combined. Now about one-quarter of those in prison are serving drug sentences. As the centrepiece of our anti-drug strategy, arrests and imprisonment have failed: high school seniors report that drugs are easier for them to get now than in the 1970s and 1980s.

Scientists and drug treatment specialists – even police chiefs, judges and prosecutors – agree that drug addiction is a disease. But in almost every city it is hard for people to get good treatment for their addictions. Waiting lists – often very long ones – to enter programs are the rule. According to the White House, about 20 million Americans need substance abuse treatment but don't get it. Why put drug addicts in prison for using drugs when what they need, and deserve, is good drug treatment? Why do we tolerate the police arresting drug addicts for using drugs? Isn't the definition of the disease of addiction that you can't stop using drugs? When you think about it, isn't it wrong to prosecute a person because of their disease?

But in fact, most drug users are not addicts, they are adult marijuana smokers. Why do we arrest them? To tell them that marijuana is harmful? To 'send a message' to children that they should not use drugs or that drugs are dangerous? Isn't that the job of parents, schools, and public health authorities?

Drowning is the second-leading cause of unintentional injury-related death for children ages 1 to 14 years. The rate of drowning has declined, but we not because we jail swimmers, or swimming pool contractors and operators, to warn children about the hazards of swimming. Of course, in most parts of the country the government hires life guards at beaches and pools to save swimmers in the face of the ever-present danger.

In fact, we don't arrest anyone to warn about most dangerous behaviours. To teach the safer use of dangerous behaviours involving firearms, alcohol, tobacco, automobiles, motor cycles, private airplanes, or ski resorts, we use education, insurance, regulation and taxation to reduce injuries and save lives. With most activities, we recognize that doing dangerous things is not 'wrongful' and does not deserve punishment. Why is arresting people a good way to send a message about health and public safety when it comes to drug use?

Almost everyone agrees that our 'convict-the-users' anti-drug strategy is a costly failure. According to the government's studies of drug use attitudes and trends, millions of criminal convictions have had little to do with the decline in drug use.

Naturally, a compassionate society has 'to do something' about drug abuse, but a century ago we got misled that drug abuse is a crime problem. As we have seen repeatedly in our history, by adopting the prohibition approach we have made it more of a crime problem.

Sadly, the idea that the danger in drug use is 'bad' and 'wrongful,' and is therefore fundamentally different from the sometimes lethal dangers of skiing, sky diving, auto racing, hunting or many other activities remains a deeply embedded and very expensive myth. Can we justify why we punish drug users on any terms other than it is against the law? This law is unjustifiable and only survives on the myth that drug use is 'bad' as opposed to risky.

It is now time to think about the opportunity cost of this myth. Even in the smallest town or county, drug arrests generate thousands of dollars in police overtime pay. In a big jurisdiction, it costs taxpayers hundreds of thousands or millions of dollars to arrest drug users. About one-third of the time of prosecutors, judges and court personnel is spent handling drug cases. Housing, guarding and feeding 500,000 drug prisoners pays prison employees and contractors. These folks benefit, but for the rest of us, these millions of drug cases mean unemployed workers and lost customers that bleeds our jobs out of the economy.

Police need to focus on violent offenders, child molesters, DUI cases, and the white collar frauds who steal millions. Prison needs to be reserved for the dangerous.

Non-violent drug offenders need to be let out of prison. Those who are addicted need treatment, which is much less expensive than prison. Their drug-related criminal records

need to be sealed so they can get jobs. Thieves and burglars who are drug addicts need abstinence-based supervision to prevent re-offending.

Seventy-five years ago, on 5 December 1933, in the depths of the Great Depression, we amended the Constitution to abandon alcohol prohibition to generate jobs and to tax alcohol to fund the government. It's time to end the marijuana prohibition. Non-commercial, home growing of marijuana should be regulated like hunting. Hunters are killed accidentally every year, including minors, but licences are easily obtained, not terribly expensive, and largely self-enforcing. Non-commercial marijuana growing license ought to be sold at garden centres, with prohibitions on commercial sale and distribution to minors. Commercial marijuana growing and selling should be licensed and taxed like alcohol, with its panoply of local regulatory varieties, and evolving cultural controls.

In 2005, federal, state and local taxes collected on tobacco and alcohol totalled \$35.1 billion. America's 20 million marijuana smokers paid no taxes on their marijuana. Depending on rates, \$5 to \$15 billion could be raised from marijuana taxes. America's illegal marijuana sellers are the beneficiaries of both a government subsidy (no taxes) and a government price support mechanism. That's absurd! We need to tax the underground marijuana commerce. As we study state and local budgets that will fire teachers, police and fire-

fighters, reduce care to the ill, the blind, and the handicapped, and shutter hospitals, recreation centres and schools, we can ask if we want to keep throwing away the potential marijuana taxes.

One way we could sell a million American cars is to get drug users out of prison, freed of their crippling criminal records, and back into the economy.

How hard are these choices: Lay off school teachers or stop subsidizing the illegal marijuana business with a billions of dollars in tax breaks? Lay off workers and close factories or let non-violent offenders out of prison and provide treatment to drug addicts?

Eric E. Sterling, president of the non-profit Criminal Justice Policy Foundation in Silver Spring, MD, was counsel to the US House Judiciary Committee, principally responsible for anti-drug legislation, from 1979 to 1989.

E. E. Sterling, *Huffington Post* (22/10/08)

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Presidential Candidates And Needle Exchange

Barack Obama

Q: DC has the highest infection rate. How can we address that?

A: I think it is important that we are targeting HIV/AIDS resources into the communities

where we're seeing the highest growth rates. That means education and prevention, particularly with young people. It means that we have to look at drastic measure, potentially like needle exchange in order to insure that drug users are not transmitting the disease to each other.

And we've got to expand on treatment programs. And all of that is going to cost some money and some time. But again, if we think about the enormous costs of homelessness, or the enormous cost of HIV/AIDS, over the long term, as people visit emergency rooms, etc.

The more we are investing in that ounce of prevention the better off we're going to be.

Source: 2008 Politico pre-Potomac Primary interview 11 February 2008.

John McCain

According to CQ HealthBeat, any chance of lifting the ban on federal funds for needle-exchange programs 'faces a difficult partisan battle' in Congress. Bill McColl, political director for AIDS Action, said, 'I consider this a nonpartisan issue, but the change in administration will certainly help' lift the ban.

Democratic presidential candidates Sens. Hillary Rodham Clinton (NY) and Barack Obama (Ill.) both have said they support using federal funds

for needle-exchange programs. Republican presidential candidate Sen. John McCain (Ariz.) has not given an official position on the issue, CQ HealthBeat reports.

However, McColl said he has not dismissed the possibility that McCain would support efforts to repeal the ban.

Source: <http://www.medicalnewstoday.com/articles/99627.php> 06 Mar 2008

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IQ At Age 10 May Be Linked To Adult Alcohol Use

NEW YORK: Contrary to expectations, higher intelligence scores at age 10 may be associated with higher levels of alcohol intake and alcohol-related drinking problems during adulthood, study findings suggest.

Moreover, these associations appear 'markedly stronger among women than among men,' Dr G. David Batty, from the University of Glasgow in Scotland, and colleagues report in the American Journal of Public Health.

However, 'given that these findings ran counter to our expectations,' the investigators call for further examination of this relationship.

Batty's team assessed associations between mental ability scores obtained when 8,170 boys and girls were 10 years old and their alcohol

intake and alcohol problems when they were about 30 years old.

Of the 3,895 men and 4,148 women who reported drinking alcohol as adults, those with higher average scores on childhood mental ability tests were also more likely to have indications of alcohol problems in adulthood.

The association between higher mental ability in childhood and adulthood problem drinking became stronger among women than among men after allowing for socioeconomic factors such as social class during both childhood and adulthood.

Specifically, for every 15-point increase in childhood mental ability score, the likelihood of drinking problems increased 1.38 times for women, and 1.17 times for men

These unexpected findings, and the lack of other research in this area, indicate the need for 'further examination of the relation between childhood IQ and adult drinking patterns,' the investigators conclude.

South Africa

Warning Labels On Alcoholic Drinks Soon Law

In less than four months' time all alcoholic drinks will come with a warning label.

Anti-alcohol lobby groups are happy about the move, but industry insiders

fear it is just the tip of the iceberg in the government's fast-tightening grip on the multi-billion rand industry.

As with the tobacco industry – which first was forced by law to put warning labels on all cigarette packets, followed by a ban on advertising – the alcohol industry is scrambling to prepare itself for a marketing blackout which they believe is only 'a matter of time'.

Already major retailers have started receiving liquor supplies with the warning labels which read: 'Alcohol reduces driving ability – don't drink and drive' and 'Drinking during pregnancy can be harmful to your unborn baby'.

By the end of February, alcoholic drinks must carry warning labels.

The ANC Youth League has stepped up its call from March this year for a total ban on alcohol advertisements, as well as the re-introduction of the ban on selling liquor on a Sunday.

National ANCYL spokesman Floyd Shivambu told *Weekend Post*: 'This is a resolution adopted at the Youth League's 23rd national congress (earlier this year). We want to see this happen.'

But, say analysts, the expected ban will force the industry to adopt clandestine marketing techniques, such as the controversial cigarette promotion 'smoking parties' organised by companies which then

aggressively push their products on party-goers.

'If the government tightened on cigarettes the way they did, they'll do it to the alcohol industry for sure,' said Ray Edwards, Spar national buyer for their liquor outlet Tops. 'We are all bracing ourselves for it.'

Already many companies have begun investigating ways to use the internet to sell their products. It would not count as advertising since visitors to such websites would willingly view them.

'We call it the darkening period – the darkening of the ability to sell our product,' said Edwards.

Industry executives agree the ban will only be enforced after soccer's 2010 World Cup, as the government has already committed to a deal with one of the major Fifa sponsors, US beer Budweiser.

SA Breweries said the ban would hurt consumers, inhibiting them from making the choices they wanted.

'There is no convincing evidence that advertising influences total (alcohol) consumption, or has an impact on levels of alcohol abuse,' said spokesman Janine van Stolk.

'Advertising of alcohol beverages is aimed at people who are above the legal drinking age. SAB does not advertise its products on television before 5pm during the week or 1pm

over the weekend, and advertisements are only placed at times when at least 70% of the audience is 18 years or older.'

But groups aimed at curbing alcohol abuse say the ban will ease the societal bane of alcoholism.

'Alcohol adverts makes it look as if not having a cold beer is a major disaster and many adverts are targeted at the youth,' said Trixie Pereira, head of prevention at The South African National Council on Alcoholism and Drug Dependence (Sanca) in Port Elizabeth.

'A lot of youngsters are influenced by what they see, so a ban would be a good thing, with fewer youngsters experimenting with alcohol.'

According to Medical Research Council substance abuse epidemiologist and policy analyst Professor Charles Parry, the government's attitude towards the abuses associated with alcohol was hardening, with increasing recognition of the need to take more decisive action.

But, he said, it would only drive the industry to other forms of selling drinks. 'I am sure that if above-the-line alcohol advertising were banned the industry would look for other forms of promotion as the tobacco industry has done. This, however, should not be a deterrent to action.'

B. Hayward, *Weekend Post* (25/10/08)

Norway

Closure Of Injection Room

The Norwegian injection room will be closed from 1 January 2009. The Oslo City government decided last night to terminate the trial injection room in Oslo. The final decision rests with the city parliament but given its majority it should be easily endorsed.

The decision was not a surprise given the negative evaluation report and the fact that several key bodies and experts came out against prolongation. Not least the Norwegian Medical Association that previously was positive changed position. Actis and other NGOs criticized the injection room for being too expensive, producing more ethical dilemmas than it solved and being a distraction of resources and attention. Actis did however acknowledge the importance of caring for the user's health and dignity but that the injection room was simply not the answer.

The injection room was evaluated by the Norwegian Institute for Alcohol and Drug Research; a short version in English here:
<http://www.sirus.no/internet/publication/397.html>

The key result is that the room was not really used, and that it did not reach many of the objectives. According to the researches the situation has improved somewhat since they finalized their assessment, but it is still a very small proportion of the registered users that in fact use the

room. The relative number of actual injections in the room was and is still very low.

The greatest victory is the fact that it was possible to conduct a pragmatic and balanced discussion. The debate was largely conducted without this being a battle about drug liberalization etc. but about priorities, effectiveness and not least cost effectiveness. This time around the media did not really care much, whereas the media pushed the issue in 2004 when it was rushed onto the agenda. However, the issue will not

go away entirely. There will be discussions about alternatives since the open injection drug scene in Oslo remains unresolved and there are still about 200 deaths caused by overdose a year. We have averted a slippery slope-situation, we have reached broader consensus and we are seeing a more restrained debate less vulnerable to quick fixes, I hope.

The room cost about 1.5 mill Euros a year. More than half of this will now be used for other low threshold services (shelters etc) and for in patient treatment of dual diagnosis.

Poll Backs Alcopops Tax

Townsville Bulletin (24/9/08)

Most Australians want the hefty alcopops tax to stay and would support increased tobacco tax if proceeds went to disease prevention, a Newspoll shows.

A survey commissioned by health and anti-smoking groups has found the 70 per cent tax increase on pre-mixed alcoholic drinks is supported by 57 per cent of adults irrespective of how the money is used. But support rose to 84 per cent if most of the revenue funded programs to help prevent diseases such as heart disease and cancer.

'Eighty-four per cent is an extraordinary majority, particularly for an issue like paying more tax,' said Professor Ian Olver, chief executive of Cancer Council Australia, which funded the research with the Heart Foundation, Public Health Association of Australia and Action on Smoking and Health.

'It sends a strong message to politicians.'

The poll of 1200 people showed 88 per cent would back increased tobacco tax under the same circumstances.

Maurice Swanson, tobacco control spokesperson for the Heart Foundation, said the tobacco tax, which had not increased in real terms for a decade, had been shown to reduce smoking rates significantly.

'Increased tobacco tax would also raise much-needed revenue for public health programs,' Mr Swanson said.

'Tens of thousands of Australians die each year from preventable diseases, yet less than 2 per cent of health system expenditure goes towards prevention programs.'

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
Adam	Gray	5/12/69	27/12/1997	28
Benjamin	Gosling	23/07/80	15/11/2000	20
Bradley	Rochford	18/08/60	31/12/1992	32
Christina	Parnell	13/06/79	19/12/2001	21
Craig	Condon	23/03/65	23/11/1999	34
Craig	Miller	27/05/70	28/11/2000	30
Craig	Rosewood	02/04/68	11/11/1989	21
David	Beecroft	1976	11/02/2008	32
Darryl	Webster	14/10/71	06/11/2000	29
Donna	Greenbank	19/08/60	18/11/1996	36
Emily Kate	Rinder	18/10/78	19/11/1999	21
Erika	Von Cerva	4/07/57	18/11/1987	30
Erin	O'Brien	19/08/66	04/11/1997	31
Gavin	Caley	31/03/69	23/12/1993	24
Glenn	Thomas	19/12/65	23/11/2001	35
Jade	Tanner	15/08/81	21/12/1997	16
James	Williams	16/05/61	11/11/1991	30
James	Morgan	25/04/82	03/12/2007	25
Jamie	Valentine	12/10/73	26/11/1997	24
Jye	Osbourne	20/06/79	02/12/1999	20
Kane	Sleeman	25/07/75	02/12/2002	27
Marc	Poynton	21/10/66	31/12/1999	33
Marcus	Baldoni	06/04/71	06/12/1998	27
Mark	Fussell	27/07/75	14/11/1999	24
Melissa	Vreeken	12/09/70	25/12/2001	31
Michael	Deane	26/06/80	21/11/1998	18
Robert	Groves	30/08/63	20/12/1999	36
Russell John	Gordon	01/09/75	23/11/2000	25
Simon	O'Grady	10/05/74	16/12/1994	20
Susan	Fry	14/12/68	23/12/2001	33
Tony	Terroni	13/05/75	01/11/1997	22
William	Thompson	29/08/60	22/11/2000	40

Keelty's Drug Demand Comments Amazing

ABC News (16/10/08)

A drugs educator says Australian Federal Police commissioner Mick Keelty would not have made remarks regarding the effectiveness of strategies to curb illegal drug demand under the previous federal government.

Commissioner Keelty today told an Australian National Council on Drugs discussion on justice issues for drug use that Australia needs to find a better way of curbing the demand for illegal drugs.

Paul Dillon, from Drug and Alcohol Research and Training Australia, says Commissioner Keelty would never have made the remarks under the previous government. 'I think it's really quite amazing that Mr Keelty has come out with these comments,' he said.

Mr Dillon says the demand for illicit drugs does have to change, but media campaigns may have been aimed at the wrong people. 'We really haven't done a great job of looking at how we can reduce demand,' he said.

'Definitely our school drug education is fantastic. We've had some mass media campaigns, but have they been targeted appropriately, are we saying the right things? I think we need to ask those questions.'

Mr Dillon says the previous government concentrated mainly on enforcement, and hopes the commissioner's comment will trigger community debate.

'Every single time they said they were doing anything about drugs, out would come a new police helicopter, or out would come a new customs machine,' he said.

'That's very easy to parade to the media and say, 'Look, we're doing something about drugs'. It's a lot more subtle that that.'

'You can't parade everything out that is demand reduction. Harm reduction isn't particularly palatable to some members of the community, so of course, that's a tough one.'

'And that's going to prove a very, very tough one for the Rudd Government.'

'Time for new strategy.'

Earlier, Commissioner Keelty said now is the time to break the pattern. 'We don't just keep quoting statistics and feeling good about ourselves that we're doing a good job,' he said.

'We actually have to now think of a different strategy, a better way to combine the demand reduction and harm minimisation, as well as the supply reduction strategies, in order to stem the flow of these drugs into our country.'

'It can't be just as simple as saying no to drugs. It has to be more important work in drug education to ensure that future generations are not creating the sort of demand that we have in our country at the moment.'

Top This For A Speeding Ticket

Two Hunter traffic patrol officers from Newcastle were involved in an unusual incident while checking for speeding motorists on the F3 Freeway.

One of the officers used a hand-held radar device to check the speed of a vehicle approaching over the crest of a hill, and was surprised when the speed was recorded at over 800kph. Their radar suddenly stopped working and the officers were not able to reset it.

Just then a deafening roar over the treetops revealed that the radar had in fact latched on to a RAAF

Williamtown FA-18 fighter jet which was engaged in a low-flying exercise over Wyong, approaching from the ocean.

Back at police headquarters the Local Area Commander fired off a stiff

complaint to the RAAF Liaison officer at Williamtown.

Back came the reply in true laconic RAAF style:

'Thank you for your message, which allows us to complete the file on this incident. You may be interested to know that the tactical computer in the Hornet had detected the presence of, and subsequently locked onto, your hostile radar equipment and automatically sent a jamming signal back to it. Furthermore, an air-to-ground missile aboard the fully-armed aircraft had also automatically locked onto your equipment.'

'Fortunately the pilot flying the Hornet recognised the situation for what it was, quickly responded to the missile systems alert status, and was able to override the automated defence system before the missile was launched and your hostile radar installation was destroyed.'

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

2009 Subscriptions Due

Please subscribe early on the enclosed form.

Changing Our Drinking Culture

Prof M. Hamilton, *West Australian* (24/9/08)

Australia has a reputation for glorifying heavy drinking. It has been a part of our mythology since early settlement but in recent times the community has begun to actively notice and complain about the harm this causes.

Over 60 per cent of police time across this country is spent on alcohol-related incidents. Recent studies have reported that alcohol accounts for over 70 per cent of assaults and street offences, up to 40 per cent of domestic violence incidents and is involved in around 90 per cent of late night call outs of police. The cost to our health, social and economic wellbeing is immense and we need to focus on changing our cultural acceptance of intoxicated behaviour.

Perhaps the increasing concern about what might be called 'passive drinking' – akin to passive smoking – is a key. The impact of drunken behaviour on others, including children, accidents, injury and violence will hopefully start to reframe the way we think about alcohol.

Unfortunately, understanding and doing something about drunken behaviour and the public nuisance, noise, violence, accidents, fights and mess it creates; as well as the unprotected and unplanned sex and disruption to our safety and sense of

community is far more difficult than documenting the harms and counting the cost.

We do know the problems arise from many factors. There is the availability of alcohol, a desire for pleasure and intoxication, the means to purchase it, the particular places and circumstances that promote and encourage drinking – all occurring within a culture that is positively disposed toward drinking as a standard part of economic and social life.

The ready availability of alcohol is evident as local governments, in many cases, seek to limit licensed outlets to constrain the social and community impacts resulting from a rampant increase in availability of our favourite drug. The more available alcohol is, the more we will drink and the more we drink the more likely there will be drunken behaviour.

And it remains relatively affordable with the real price of alcohol having remained relatively low compared to other commodities, and having dropped in some cases. For example, a glass of wine costing \$1.00 in June 1999 has dropped in real terms, to \$0.90 in March 2008.

No one is suggesting that we ban alcohol, but we do know that if it is less available and if it costs us more of

our disposable dollars; we are likely to drink less and likely to be drunk less frequently. International experience and research tells us that price is a major determinant of consumption of most products and alcohol is no different. This is why the use of taxation is a sensible lever for governments to modify our drinking patterns.

We have to accept that most adults in Australia drink alcohol, many drinking to a point of intoxication at times. A psychoactive drug, alcohol has the capacity to change our mood, our thinking and our behaviour – the main reason we like it.

The reasons we choose to do this are complex and rest in our biological, psychological, social and cultural origins.

Our world is increasingly fragmented and transitory; employment is increasingly casualised and our leisure time commercialised. Alcohol – quickly consumed in large enough

quantities’ – facilitates quick change. For some who are depressed or anxious or have other troubles and worries, the temporary relief from these feelings and the opportunity to seek momentary oblivion can be attractive.

For others it is merely a matter of being a member of a group where membership ‘requires’ overstatement, overindulgence and over the top behaviour.

For change to happen, effort must also be put into curbing the promotion and advertising of alcohol in the media and through sponsorship of cultural and sporting events.

It is time for us in Australia to wake up and think about what sort of society we want and how we might reduce the significant harm and costs from excessive drinking and drunken behaviour.

Families Reel From Alcohol Abuse

J. Stark, *The Age* (21/10/08)

Alcohol abuse is having a devastating impact on families, with new figures showing one in five Australians has had arguments with family members who were influenced by alcohol, while one in 10 has had physical fights with relatives.

Children are also affected by problem drinking, with 12% being embarrassed or scared by family members affected by alcohol.

Relationship breakdowns, health problems or financial stress were experienced by up to 15% of those

surveyed and a quarter said that alcohol had a negative effect on their lives.

The Roy Morgan survey, for the Salvation Army, also revealed widespread support for restrictions on alcohol advertising, with almost half calling for less marketing and 21% demanding a total ban.

Supported by the Australian Drug Foundation and the Australian Family Association, the Salvation Army has called for alcohol ads to be banned on TV before 9pm. They also want self-regulation replaced with laws requiring all alcohol advertising to be approved by government.

Salvation Army spokesman Major Brad Halse said young people were being exposed to 'inappropriate' messages that linked drinking to sexual, sporting and social success.

'The exposure to alcohol advertising has reached saturation point and the message is you have to get blasted on a weekly basis or there's something wrong with you,' he said.

'Young people are led to believe they'll be more successful with their social relationships and with the opposite sex if they have a few drinks or more, and that sets up some damaging patterns of drinking.'

Recovering alcoholic Glen Collis backed the Salvos' campaign, and is now sober after 20 years battling a drinking problem.

Although he says he was never violent, at his lowest point, the 38-year-old Brunswick father was drinking a cask of wine and a slab of beer every day. Despite suffering permanent liver damage he continued to drink.

It took the threat of losing access to his eight-year-old daughter to shock him into rehabilitation late last year. After almost 100 days of sobriety, he is repairing relationships with family.

'I started drinking when I was about 12. At first it was just a beer here and there, but that's just the Australian culture. My brother drank and my dad drank and if you didn't have a beer in your hand you weren't a man. That's the way the advertisements make it out – if you don't have a beer you can't get the cool chicks or you can't play sport,' he said.

'We've got alcoholics all over the place, the health system's stretched to its limits and the industry thinks we have to be coaxed into drinking. I really don't understand why we need so much advertising.'

Family First leader Steve Fielding said the survey of more than 650 Australians over the age of 14 was further proof that tough action against the alcohol industry was needed.

Senator Fielding has introduced a bill proposing tight restrictions on advertising and warning labels on alcohol products.

Carers Play Vital Role In Managing Comorbidity

Associated with activities during 2008 Carers Week (19-25 October), the Alcohol and Other Drugs Council of Australia (ADCA) has issued its policy position on comorbidity – the term used to describe someone suffering from a mental health condition combined with alcohol and other drugs abuse.

Available research into the effects of comorbidity indicates that the most effective programs are those which are developed locally, and involve input from those affected as well as their carers. The Chief Executive Officer of the Alcohol and other Drugs Council of Australia (ADCA), David Templeman says comorbidity is a significant health issue in Australia, which requires support at all levels.

‘There is a widely held view in Australia among frontline workers, other service providers and advocate organisations, within the alcohol and other drugs (AOD) sector that comorbidity is a significant problem which is not managed well. That’s why ADCA has chosen Carers Week to launch its policy position on this issue,’ Mr Templeman said.

ADCA believes there is a clear need for a national approach to the problem, given the evidence of unmet needs, and the inconsistent approaches which operate in different jurisdictions throughout Australia.

‘In order to appropriately address this health issue, ADCA believes initiatives which promote close cooperation between mental health and AOD sectors should be given the highest priority. In addition, support and training of general practitioners and other frontline practitioners must also be considered to ensure this issue is dealt with sufficiently,’ Mr Templeman said.

ADCA recommends that Governments and non-government organisations (NGO) aim to integrate mental health and AOD services as a high priority, and that the Government re-focus their health and related budgets on primary health and community care, rather than on tertiary services which have minimal impact on the outcomes in comorbidity disorders and related conditions.

‘More assistance is needed if the standard of care for people with comorbidity disorders is to match that of more ‘acceptable’ conditions such as diabetes, cancer or mental illnesses in their own right,’ Mr Templeman added.

For a full copy of ADCA’s policy position or a fact sheet on comorbidity please visit our website www.adca.org.au.

Enquiries: Brian Flanagan, Manager
Strategic Communications and Policy –
Phone 02 6215 9802 (w), 0400 860 058 (m)

Geelong Methadone Treatment Clinic

Geelong's methadone treatment clinic is at capacity and has turned away hundreds of heroin addicts looking to reform their lives, a local doctor says.

The Barwon Health Alcohol and Drug program, which prescribes methadone to about 900 patients, refused help to about 150 addicts in the first half of 2008.

Those shunned are forced to Melbourne for treatment or left with a habit typically costing \$100 to \$200 a day.

Despite the demand, a lack of funds means the program cannot expand its service from four doctors to six.

Dr Mark Davies, one of the GPs who gives up time from his own clinic to staff the program, said the skeleton operation did not have the resources to house the two extra doctors.

'It's a shame, really, because there's lots of research to show methadone treatment reduces deaths, reduces the transmission of HIV and hepatitis C, reduces crime associated with drug use burglaries and shoplifting and that it works much better than other forms of detox,' Dr Davies said.

'And there's no guarantee the people will be able to find someone (doctor in Melbourne) anyway not many doctors do it.'

Geelong's methadone treatment program is funded through the Barwon Health budget but does not receive funds directly from the State Government.

Dr Davies said a decade of requests for state funds had fallen on deaf ears.

'We want funding to help fund a room, and funding to help fund a nurse ... we're not talking about hundreds of thousands of dollars here,' he said.

Mental Health Minister Lisa Neville said her preferred approach was to utilise the Department of Human Services to transfer stable methadone patients on to their own GP's.

'This would increase capacity in the greater Geelong area,' she said.

She also highlighted a government program that recruited and trained doctors to prescribe methadone within their own clinics.

Five Geelong GP clinics see a handful of methadone patients, according to Dr Davies.

'Often these clients have lots of other issues and you need to spend more time with them than you can give in a normal clinic,' he said.

'A lot of GPs don't want them in their clinic because they can be disruptive.'

Opposition spokeswoman for drug abuse Mary Wooldridge called on the State Government to support both

dedicated methadone practices and prescribing GPs at their clinics.

Ms Neville said the Government was reviewing its pharmacotherapy services.

Della Bosca Wants Ban On Grog Ads

A. Clennell, *Sydney Morning Herald* (29/9/08)

The new Health Minister, John Della Bosca, says he will argue for a ban on alcohol advertising at a national ministerial council meeting in November, five years after he advocated a similar ban at an alcohol summit hosted by the former premier Bob Carr.

The federal Health Minister, Nicola Roxon, has not ruled out toughening advertising laws in response to Mr Della Bosca's call, saying there needed to be a 'comprehensive response to tackle binge drinking'.

Mr Della Bosca made the announcement after discovering 40,000 drinkers were admitted to NSW hospitals each year with alcohol-related injuries and illnesses. 'I'm not pretending this is a new debate,' he said.

'It's an argument that goes back to governors King and Macquarie, but it's a debate we need to have again Self-regulation isn't working.

'For big multinationals, harm minimisation is all about the impact on the value of their brand.

'A tough regulatory regime is the only thing they will understand.'

The NSW Opposition Leader, Barry O'Farrell, said the statement was an effort to grab attention by a new health minister.

Alcohol became an issue for Mr Della Bosca and his wife, the federal MP Belinda Neal, when they were involved in a verbal brawl with staff at the Iguanas nightclub on the Central Coast.

A spokesman for Mr Della Bosca said there was no relation between the two issues as he was drinking water on the night.

Alcohol Laced Energy Drinks

Recently, the 19-year-old son of a friend of mine was taken to hospital emergency department suffering from respiratory failure. The young man in company with a group of friends had been celebrating football victory with home-made 'Jager-Bombs', a mixture of a well-known 'energy-drink' and Vodka. His BAC was measured at 0.29 and by all accounts is very lucky to be alive today.

Fortunately, his mates still had enough sense about then to realise something was wrong and took him home. His mother is a trained nurse and immediately commenced first aid and summoned help. Information she received from the hospital is that the combination of alcohol and high concentrations of caffeine (Guarana) contained in the 'energy drink' is particularly dangerous as the caffeine

initially masks the sedative effects of the alcohol, leaving the drinker believing he is in better shape than he really is.

Is there any evidence to support that a combination of high levels caffeine and alcohol is more dangerous than alcohol alone?

Curiously, cans of the 'energy drink' display an advisory notice not to consume more than two cans per day but a 300 ml can of 'Vodka Soda and Guarana' at 7% alcohol and containing 26g of caffeine carries no such notice.

Any information would be gratefully received.

Bruce Clark,
Leigh Clark Foundation

Schulz Philosophy – For All The Fans

The following is the philosophy of Charles Schulz, the creator of the 'Peanuts' comic strip.

You don't have to actually answer the questions. Just read straight through and you'll get the point.

1. Name the five wealthiest people in the world.
2. Name the last five Heisman trophy winners.
3. Name the last five winners of the Miss America pageant.

4. Name ten people who have won the Nobel or Pulitzer Prize.
5. Name the last half dozen Academy Award winners for best actor and actress.
6. Name the last decade's worth of World Series winners.

How did you do?

The point is, none of us remember the headliners of yesterday.

These are no second-rate achievers.

They are the best in their fields.

But the applause dies.

Awards tarnish.

Achievements are forgotten.

Accolades and certificates are buried with their owners.

Here's another quiz. See how you do on this one:

1. List a few teachers who aided your journey through school.
2. Name three friends who have helped you through a difficult time.
3. Name five people who have taught you something worthwhile.
4. Think of a few people who have made you feel appreciated and special!!
5. Think of five people you enjoy spending time with.

Easier?

The lesson:

The people who make a difference in your life are not the ones with the most credentials ... the most money ... or the most awards.

They simply are the ones who care the most.

'Be Yourself. Everyone Else Is Taken!'

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

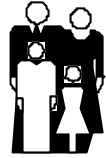
NUAA (NSW Users & Aids Association) (02) 8354 7300
1800 644 413 *country callers*

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 Nov/Dec 2008



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. Due to the Christmas season, some support meetings around 24 December 2008 have been postponed.

- NSW – Rozelle** **every Monday (7 – 9 pm)**
Meeting Hall, 132 cnr Wharf & Church St, Rozelle (entry into estate via laneway Church St)
- NSW – Penrith** **1st/3rd Wednesday of month: 19 Nov; 3 & 17 Dec; 7 Jan**
Drug & Alcohol Services Bldg, Nepean Hospital (7 – 9 pm)
cnr Gt Western Hwy & Somerset St, Kingswood
- NSW – Chatswood** **1st/3rd Wednesday of month: 19 Nov; 3 & 17 Dec; 7 Jan**
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: 18 Nov; 2 & 16 Dec; 6 Jan**
Arafmi Cottage, 6/20 Kincumber St, Kincumber. *Enquiries:* Marion 0439 435 382 (7 – 9 pm)
- NSW – Cessnock** **every Monday (7 – 9 pm)**
Samaritans Bldg, 206 Vincent St, Cessnock
- 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: 10 & 24 Nov; 8 Dec; 5 Jan**
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: 10 & 24 Nov; 8 Dec; 12 Jan**
Guide Hall, Carlyle St, Byron Bay (behind tennis courts across from Byron PS) (7 – 9 pm)
Enquiries: Margaret 0427 857 092
- NSW – Coffs Harbour** **every Monday (7 – 9 pm)**
The Mudhut, Duke St, Coffs Harbour. *Enquiries:* Theo 0402 604 354
- SA – Leabrook** **Wednesdays: 12 & 26 Nov; 10 Dec (7.30 – 9 pm)**
Knightsbridge Baptist Church Hall. 455 Glynbury Rd, Leabrook
Enquiries: Kath (08) 8384 4314 or 0401 732 129
- SA – Hallett Cove** **Wednesdays: 19 Nov; 3 & 17 Dec (7 – 9 pm)**
Cove Youth Services, Suite 11, 1 Zwerner Dr, Hallett Cove
Enquiries: Kath (08) 8384 4314 or 0401 732 129
- SA – Salisbury** **Mondays: 17 Nov; 1 & 15 Dec (7 – 9 pm)**
Shopfront Health Services, 3-4/72 John St, Salisbury
Enquiries: Kath (08) 8384 4314 or 0401 732 129
- VIC – Geelong** **Wednesday every fortnight: 12 & 26 Nov; 10 Dec; 7 Jan**
Glastonbury, 222 Malop St, Geelong. *Enquiries:* Linda 0400 106 358 (7.30 – 9.30 pm)
- VIC – Ballarat** **Monday: 17 Nov; 1, 15 & 29 Dec; 12 Jan (7.30 – 9.30 pm)**
Kohinoor Community Centre, 417 Errard St, South Ballarat. *Enquiries:* Linda 0400 106 358
- QLD – Brisbane** **1st/3rd Wednesday of month: 19 Nov; 3 & 17 Dec; 7 Jan**
New Farm Community Centre, 967 Brunswick St, New Farm (7 – 9 pm)
Enquiries: Emily 0407 743 033