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Family Drug Support

PO Box 7363

Leura NSW 2780

Ph: (02) 4782 9222; Fax: (02) 4782 9555

Website: www.fds.org.au

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Bill Crews In South Africa

Bill Crews (22/8/08)

I have just returned from spending ten days overseas. The first five days I spent in England, the highlight of which for me was speaking for 2 hours at Speakers Corner in Hyde Park. I am proud to say I gathered quite a crowd from my soapbox and encouraged furious debate about religion, politics and the like. We all had great fun insulting one another. Of course I did a lot of other things in England, mainly of a potential fundraising nature, which in due time, I hope will bear fruit.

After spending that time in England I headed to Johannesburg in South Africa and there met with Michael Crews, Manager of our Overseas Department and Gerry Graham, Chairman of our congregation and Treasurer of Exodus. Together we visited several of the townships surrounding Johannesburg.

We were hosted there by Ma Africa Tikkun, a South African welfare organisation with a similar approach to life as ourselves. Its CEO is Marc Lubner.

Following is, in many ways, a very personal, a bit disordered and very

subjective account of what happened there. What you read is basically what I dictated at the time. I have only minimally edited it as it is very precious to me.

I left a big part of my heart there.

Johannesburg 2008

I've just come from a little shack in the middle of Orangetown. In the shack is a grandmother really ill with diabetes. Her ankles are swollen and she has open sores on her legs. Her daughter has died as has her son-in-law. They both died of AIDS. The old lady, very ill, is looking after her two grandchildren who must be about 6 years old. At least one of the grandchildren has AIDS and the effects are very visible. The child's body is covered with scabs of ruptured blisters and on his body are many blisters that have 'unexploded'. He lifted his shirt to show us his wounded body and I patted him on the head. His head, in various parts was shaved where blisters had erupted and the scabs remained.

The shack was made of corrugated iron and fabric and had a wooden floor. They had no light, no electricity, no water and no food. The only food they had was given to them by 'Ma Africa Tikkun'. Without the food they would surely starve to death and Gerry and Michael and I stood around looking helpless. The carers come and bring the food but the atmosphere is one of intense depression. The old lady shows me the scabs on her feet from diabetes.

The great tragedy was I had no money to give them. I had already given it to an earlier family who I will talk about in a minute. The carer lady who took us there told us it was one of many and often all she could do was cry. She would give away all her pay to help 'often all we can do is cry' she said 'and we cry often'. Sometimes, many times a day.

We had just come from a family of an old lady and her daughter. They too lived in a corrugated iron and fabric shack. Where the corrugated iron was missing, fabric and cardboard would be used. Once again there was no electricity and no water. The old lady also suffered from diabetes and had the legs to show it along with hypertension and lived with her daughter who had Aids. Her daughter had two children who the carers tried to get them to go to the local school. Once again they had no water and no electricity. Cooking was carried out on a large metal pot on a wheel (yes, a car wheel). In the pot were hot coke and coal. The toilet was a hole in the ground at the back. It cost 500 rand to have the water turned on and then water would flow freely for ever. All we had was 500 rand and I gave it to the carer to give to pay for water. At least our visit there would leave a lasting impression.

In both shacks there was no light and so it was very gloomy inside. In Australia you wouldn't keep your cows in there. In both shacks mats covered the floor and there were a few old chairs and tables. In both shacks everyone old, young, sick or not

shared the same bedroom and many the same bed.

In Orangetown where we were, there was almost the population of Sydney in an area less than 10 square kilometres. People basically lived jammed up beside one another in shacks which they had cobbled together. The shacks were all sorts of shapes and sizes and materials. Yesterday we went to Alexandra. This is similar to the size of Orangetown with a similar population. As far as the eye could see, you could see shacks and humpies and shelters. Roads meandered between them and all sorts of vehicles were there. Every now and then a shack would be a shop or an outlet or a car repair yard or a printer. People basically lived there. People lived where they worked. In Alex we went to the community centre where I saw the children dancing. The drums and the African music were incredibly positive in a really, for me, sad environment. I stayed and listened to the children for a long time. Ma Africa Tikkun employ carers to look after needy people in the townships. These carers cook food, counsel and provide all the help they can. Ma Africa Tikkun prepared food for needy families and cooked it on the premises. They also ran schools, after school activities and programs for the elderly. The person in charge of the centre at Alex was an ex ANC member and he thought I was a saint because I came and listened to the children. Many of the people just come and look and move on. He was impressed because I

stayed and played and talked with the kids and listened to them.

Basically many of these people had moved into the township and lived there. AIDS is rife. Probably 90% in Orangetown. The little child I held will obviously not live long and I took his photograph which sometime I will use somewhere. Michael and Gerry have taken lots of photos and I need to get them so that I can use them. The whole experience has been daunting. We were looking at three million people in just two townships and God knows how many townships there are. I kept remembering the saying 'you can't change the whole world – but if you change the life of one person, for that person, the whole world has changed.' It's my hope that in providing water for that first family, their life will be better. At least from now on they won't have to go begging water. I could have given away a billion dollars and not made any difference overall. That's the scope of the problem and we are just dealing with one area of one town in South Africa let alone the rest of the world. Obviously the best way to help is to provide employment and the economy will need to expand dramatically to do that.

Whilst we were in the centre at Orangetown, a crisis occurred where a young mother of two was run over and killed. Her children, only young, now have no-one. There are so many orphans like that that they are left in the house and given the resources to survive. It has been found it is better to leave them and help them with all

sorts of support rather than adopt them out. But there are many, many, many such children.

Ma Africa Tikkun employ carers to look after needy people in the townships. These carers cook food, counsel and provide all the help they can. I can't say enough good about them. They are all fine young people. Many are in their 20's and absolutely committed to what they do. They are the hope and really seem magic in what they are doing. One carer had actually gone to New York with the children and was very moved by that experience. They also talked about providing spiritual support for these families. When I asked what that was, the young woman who had gone to New York told me it was a mixture of things, some religious some spiritual including meditation. These townships are everywhere. Yesterday I left my wallet and passport at the hotel and had to go back to get them. I caught a taxi in the middle of the night. The taxi was an old red kombi van. I talked a lot to the driver. He told me that often if cars stopped at traffic lights, people would come and hijack the car. If the doors were locked, they would smash the windows and get in. For that reason he would not stop at traffic lights. We simply drove across Johannesburg through all the red lights to get from A to B and then get back to A. I wasn't scared one bit. I actually love it here. I don't feel scared in the villages at all. It reminds me of that passage in Isaiah where he talks about his body being marked for the sins of the world. That little boy with all the scabs is marked for the sins of the world, isn't he?

There are enough resources in the world to fix all those little boys and they aren't used. That's what bearing the scars of the world means today.

I find Marc is a saint and so are his carers. Marc told me his family had been hijacked a couple of times and yet he stays. He stays because he believes in what he is doing. Even though he comes from one of the wealthiest families in the world, he had given it away to work for the people. In fact, in most townships, Marc's organisation is the one that does the most work. I actually feel very humbled by this African experience. There is so much suffering here and yet so much positiveness. The children are bright and happy and dance and sing. With so many of them having Aids, I imagine these townships will be almost wiped out in a few years time. People who come from other countries don't have identification and can't get anti retroviral drugs and even others find it difficult. The task is horrendous. South Africa itself is, particularly Johannesburg, I find a place of hope. Everything gets done in its own way and nothing quite works but everything does quite work. When I first arrived my shower didn't work and 8 people turned up to fix it. One with the overalls and 'maintenance' on his back couldn't work out what to do. They called a plumber who couldn't work out what to do. Eventually I moved to another room. I insisted on having a sleep first and went to sleep without having a shower. I then moved to another room.

I can't get the picture of that little boy out of my mind. The townships, villages and cities must get full of kids like him and I suppose it means we have to do all we can to make a difference. Johannesburg seems a really big area. It was very difficult to find the centre but we eventually did. It would be difficult to live here without a car. The roads are much like Zimbabwe only not full of potholes. Once again you see many many people walking down the roads.

When I arrived at South Africa airport, there were large crowds everywhere and I realised Africa was a huge place where you queued for everything. You have all the little shops on the side of the road and people selling everything. People hang around the traffic lights selling sun glasses, transistor radios, clothes, anything. There are little fruit shanties everywhere.

I was really sad to leave England as I felt I had felt at home there. I have to confess I shed a tear as I walked up to Piccadilly Circus to catch the train to leave. However nothing prepared me

for what I have seen here in Johannesburg, and this is just one city of one country.

The little boy with AIDS couldn't get to school because he was too sick. He didn't really seem sick just listless but I imagine his body would be very ravaged.

All his stomach was distended and all around his belly button were terrible sores. The place that had originally given him life (i.e. the umbilical cord, his belly button) was now where the disease was raging from.

That night Gerry and Michael and I had been invited to tea. We all went to a pretty good restaurant. However the experience of the day had deeply affected us all and there wasn't really much to talk about. In fact, we were really ready to come home then as the experiences we had shared had been so strong.

What else is there to say and do after all of what we had experienced? For me to leave Africa was as big a wrench as to leave England.

A Great Trip To Melbourne

As a volunteer, I was thrilled when Tony invited me to a part of the FDS group at the recent National Drug and Alcohol Awards in Melbourne.

Heartiest congratulations to Tony on winning the top award – the Prime

Minister's Award for Excellence in Drug and Alcohol Endeavours!

This award was a well earned (and long overdue) recognition, of the fantastic work done by Tony, Sandra and the FDS 'family' over the past 11 years. A 'salute' to Tony, for his ability to turn such a devastatingly

negative life experience into something positive for so many other families.

Tony, your acceptance speech really touched me, 'I'd give up all of this to have just 10 minutes with Damien'. I really needed to hear those words. Just the week before this award dinner, our family were dealing with yet another crisis situation. I remember thinking 'I'm so tired of this. I don't want to do this anymore'. Your courage inspires me to keep going on the journey.

The excitement and fun we had at the dinner, our 'girls shopping trip' the next day and the friendship shared that weekend was exactly what I needed to give me a boost. It's a reminder to me that the journey gets much easier when you have the right support in place. Thank you so much for inviting me to share that special evening with you.

Thank you for all you have done to establish FDS, thank you for 'Stepping Stones', but most of all thank you, for being you.

My Experiences At Mulgoa

Martina Rich

Mulgoa seemed to be perfect timing for me. Just a week earlier I had been offered a position with FDS and this was a wonderful opportunity to meet some of the people involved in FDS, get a sense of the organisation and a glimpse of how I may fit in and contribute in a purposeful and productive way.

I attended with few expectations, an open mind and a few flickering apprehensions. My experience at Mulgoa proved to be warm, welcoming and inspiring. The volunteers and staff were willing and enthusiastic. I got a sense that most people felt supported and valued by the organisation and this demonstrated to me how FDS provide continuing development and have a

strong emphasis on cohesion and inclusion.

The small group activities enabled me to build a level of trust, feel at ease and gain confidence.

Tony mentioned the book, *The Velveteen Rabbit* and 'Becoming Real' which developed from this story, this had a special significance for me as since my children were small this book has been a treasured family favourite. I took these messages during the weekend as positive signs I had joined the right organisation and my connection was meant to be.

I look forward to getting to know Family Drug Support and attending Mulgoa next year.

INSIGHTS OUT

The last time I wrote this column we had just returned from the Barcelona Harm Reduction Conference. This seems such a long time ago now and so much has happened since.

Receiving the Prime Ministers Award for Excellence was a great honour – and also a positive sign that with a new government we might get more positive attitudes towards our organisation at a Commonwealth level. The evening was very enjoyable and we had a table of ten staff and volunteers at the event.

Talking about positives from the Commonwealth, we have just received some funding to help treatment services provide support to families. We have employed three new people, Jonathan, Lesley and Martina to work with Theo to liaise with treatment services on how to best offer that support. This will be a huge step forward for FDS and will take us to another level. We will be offering in-services for treatment staff and will have a special dedicated telephone line for both the families and staff of treatment services. More information will be available in the next Insight.

I have also had a flying visit to Canada – three forums in six days – helping to try and save their injecting centre in Vancouver which is under

threat from their Conservative government. The forums in Ottawa and Toronto were reasonably well attended whilst the Montréal one was a small but supportive group. Canada has an interesting range of views which vary across the country. Vancouver is very supportive, Ottawa is quite anti, Quebec wants a site of its own and Toronto is divided. We received lots of media coverage and did what we could to raise awareness of the need for these facilities.

We have our Remembrance Ceremonies in October and would like to see them well supported. If you know anyone who has lost someone to drugs, these are very healing events and it would be good to see a big crowd there to remember those who have paid the ultimate price for drug use and the way we have dealt with drug use as a country.

It is good to come along and offer support even if you haven't lost someone. We remember them as our sons, daughters, partners, brothers, sister, grandchildren, friends and parents. We acknowledge them as people and remember their talents and qualities – not just the drugs they use.

Do come along and give your support.

Tony T

Thanks To Tony & FDS

Dear Tony, Sandra and all staff,

Two weeks ago I resigned from my eight years of volunteering once per fortnight on the telephone lines. It was a difficult decision for me, but after lots of consideration I decided it was time to move on.

The purpose of my letter is to put in writing my very profound thanks to FDS, Tony Sandra and the amazing and lovely people I have been privileged to meet though the FDS organisation.

Initially I heard Tony speaking with James Valentine on ABC radio about FDS. When I heard that support for parents was available I was instantly on the phone and talking to Sandra. I was in a very down state coping with drugs in the family for many years without any avenues of information or help for myself, my husband and family.

What ensured was training for the telephone lines. But it was the support, the understanding, the relief, that I wasn't alone. The knowledge that I 'belonged' with a group of people who understood where I was coming from was such a relief. I did not have to explain myself, I was accepted. Tony gave me the time back in my head. 'Look after myself' was a new concept, but I was finally able to embrace it, and life (still difficult) became less of a battle and I was more able to spread myself around.

'The time on the lines has been wonderful, the learning and sharing with other parents, siblings, friends of drug users has been one of the biggest learning experiences of my life. I have fully appreciated the opportunity to listen and offer support to callers.'

Maureen

A Letter From A FDS Member

Hi Tony,

I know you have heard it all before, 'it's' like a broken record which most parents of heroin addicts can chant. At the moment I am a little scraped for cash however when I get back on my feet I will send in some money for FDS. Every time I think we are getting on top, or in front financially

something else happens. That's life and we accept it! Last week it was my car (driven by my daughter) totalled when she slammed into the back of a 4 wheel drive; at least she was not seriously injured ... yes, you guessed it ... No comprehensive insurance only 3 party cover. That's another loss of property but we take every thing in our stride because our children's lives

are our most treasured gift. We continue to live each day as it comes and we thank God for the gift of our children's life, and with our faith we pray God will watch over them while we continue to hope they will grow into people who no longer need heroin in their lives to feel complete.

The sad part now; we have entered our 9th year of suffering. I feel incredibly sad for my 2 children because this drug has already robbed them of their life; they may be alive but they are not living. My son is morbidly sad since 'it' all started and has a constant death wish; he doesn't seem to grow in maturity and remains that 14 year old boy struggling with his feelings. My daughter can't even come to visit us without wanting to score (as now we and the house) are triggers for her drug use. Both don't live at home anymore because they have too many sad memories in this house. We have tried repainting and changing furniture but nothing works! The next step would be (my husband and I) moving from our family home of 24 years; not to get away from drugs (as this seems impossible) just to have a new environment to start over. My niece is in jail finishing 6 months of a 18 month sentence with (9 months parole when she is released) and what's even sadder is she just celebrated her 24th birthday inside and only found out she was two weeks pregnant after she was readmitted into jail after being bailed. All 3 contracted Hep C and my son is the only one who has cleared the virus (without any treatment) so far.

I found this in my Word documents; I was devastated when I first read it knowing my daughter was pouring her heart out to her teacher in an attempt to receive assistance which was never offered and her teacher didn't bring this to anybody's attention that I know of because she definitely didn't tell us. I still have the hand written copy 'corrected with red biro' that I found a year or so after my daughter left school. It was one of my daughter's papers written and submitted while she was in Year 12 (2000 or 2001 copied in blue), whereas mid last year before going into rehab my daughter added the other written in black.

Many years ago a life began of sorrow and pain with an unforsaken hold on my life; I cannot escape its torturous grip on what life I have left. For as long as it has grasped the very blood that runs through my veins is as long as it will future hold. I could never have imagined the unrelenting fact that it now and would always be the most important thing in my life, not to me but to all it created, all that is spoken, all that my life revolves around, for the change it has created deep inside my sole altering all that my life will be forever more' and so a story begins.

A young naive girl in a room in her aunties abandoned house watches from around the corner; her brother and cousin stand over an old tiled cupboard, herbal teas and fresh sea salts in antique jars and tins are on shelves above their heads. A face turns towards me and without saying a word draws me near. What are they

doing? I was the oldest out of the three but the least experienced. A piece of foil is being burnt, small white crushed rocks are placed on the foil and burnt, through a small hand made tube it is inhaled, then a ciggie is smoked, I stand in disbelief, I feel so dumb not knowing what is happening. Do you want one? I feel an urge, hesitate, and then take the piece of charcoaled foil. A small rock is placed and I inhale it the bitterness is unbearable but the ciggie helps. I spit trying to rid the taste but it lingers in the back of my throat like the after taste of lemon rind. Not knowing what I had just had, I took it in trust that my own family were trust worthy and it must be safe. Heroin had entered my body and there was no turning back. An addictive and lethal substance that would dominate and ruin my life. As a 17 year old I didn't foresee the consequences of my actions. I was to loose the trust of my family and friends, sell my possessions, and start a life of torment. It's hard to describe the addiction but for me it was like a bond, a dependence, the small white rock was always there to cure my pain, it never spoke back and made me feel good, both physically and mentally. When I say bond, I mean the way a child clings to its mother, they know they can depend on it for comfort. It sounds like an impossible comparison, but for an addict it's perfect. My daily routine from then on consisted of scrounging what little money I could find to chip in, so I could score and 'burn'. Soon the money died down and in order to score I started selling my possessions, ed's, watches anything I could pawn

in. Then I sank to an all time low and started stealing from my own family. In six months I had gone from a trust worthy normal drug free teenager into a lying, deceiving, drug addict and seeing myself decay this way made me smoke more, to forget, to escape my chosen life style. I was so embarrassed about what I had become that I avoided my friends, fell behind in school work, eventually dropping out, and kept to myself. Although I blamed my brother for starting me, the stupidity of myself sickened me. I knew it was an addictive drug, I had seen friends go downhill. But I believed I was stronger that I had a will power that I wouldn't get addicted. Not only do you get addicted physically but mentally also. And for me, mentally getting rid of the drug was the hardest part. All my associates started using and I lived with my brother, so being asked if I wanted to go for a smoke with them was not uncommon. In fact it was every day, everyday until that day when my mum was approached by a user asking about me! She came home and spoke to me about it; surprisingly she was very understanding and tried to help. At least three times a week I would go for a urine test at the doctors, but it wasn't mine. I either had someone else's or used warm water with saffron, no-one ever knew and I continued using. Then one day I decided to stop or at least cut down. This happened for a few months, but my brother had never attempted to stop and when I found out he had gone from burning to shooting up, I did it as well. I wanted to know what made him take the step. The biggest mistake I had ever made. It was the

best high, the best feeling, apart from sex that I had ever felt.

For two months I shot up, risking my life with every prick of the needle. I had a mate from primary school who I still saw and used with, my mum also saw him, and well, she found out. I was sitting on my bed when my mum barged in and pulled my sleeve up looking for needle marks, she found them! For the first time in a long time I felt life was worth living; that despite what had happened people still cared, that I was still loved.

It goes on ... and believe it or not; I wrote this story for my year 12 exams and was never questioned about the content by my teacher. Instead she assisted me with confidentiality and she changed all the I's to She and the Me's or My's to Her. What a kind hearted person; no offer of assistance or off telling my folks to help me, just a deadly cover-up to keep the name of the school clean. 8 years later I am now in a long term rehab after trying to stay clean without any long term success. Wish me luck please!

Dianna, Maribrnong

FundWorthy



FundWorthy is an on-line shopping facility that donates a percentage of sales to charities. Family Drug Support is registered with *FundWorthy* and is now on the recipients list.

You can register free with *FundWorthy* (www.fundworthy.com.au) and be notified of the monthly SALE of quality products at great prices.

By joining and making a purchase you will receive a great product delivered to your door and *FundWorthy* will donate 20% of the sticker price to *Family Drug Support*.

Ritchies Supermarkets & Liquor Stores

Ritchies Supa IGA runs a loyalty program with its customers whereby customers nominate an organisation and Ritchies will pay that organisation 1% of all customers total spend.

Some customers have nominated FDS which has qualified us to receive a payment. So if you or any of your friends shop at a Ritchies would you please consider nominating FDS as part of this loyalty program.

Wendy's Poem

Don't form opinions on what you see.
I have many faces and layers, covering the true heart of me.
I smile when I am unhappy, I laugh while inside full of tears.
I look busy and manic and active, with my body just aching for sleep.
And yes, I dress in contentment, while inside my heart gently weeps.
Sometimes I appear to be peaceful, while within me a storm starts to rage.
If you think I am nice just be careful, of what's lurking behind a locked cage.
I will make jokes about things that matter, while my heart just aches to speak out
and though I might seem bold and assured inside I am riddled with doubt.
I make fun of myself in good humour, because I'm scared what another might see,
there are failings and faults all around – let me be the first to point fingers at me.
When I'm loud it's because I'm longing, for some quietness to draw me in.
When I speak too much or too quickly, my resolve is worn a bit thin.
If you slowly take time to go deeper, you'll find a sincere source of pride.
For beneath all the faces, facades and the lies, Is a real person who longs to be loved,
to be seen, to be heard, recognized. There is a soul that is holding the wisdom,
and the knowledge of all that is real, there is love and light and compassion,
there is truth in these things that I feel.
I would love to just be myself, but I've hidden so long I've forgot, which layer
represents who I am, and whether it is me, or is not.
I sometimes don the clothes of a sinner, when too afraid of the robes of the saint,
then the whore and hippy and gypsy mix the colours that I myself paint.
I play at the hero and the housewife; I'm the hypocrites and philosopher too,
These are some of the many guises that I wear when I stand before you.
I spend time soul searching as a woman, fording joy as a mother and child,
Yet can still revel in the crone's wisdom or be the pagan untamed and wild.
I celebrate my role as a nurturer, echoing the calling of true mother earth,
Being the lover is my greatest moment, as my heart reflects my own self worth.
I am the victim, warrior, artist, seeker of spiritual freedom and wealth.
But nowhere is the play acting stronger than- when I try to examine myself
But please, don't let all fool you.
Don't let this enigma drive you away.
If you take the time to look deeply, such faith will be rewarded both ways.
I will cry if you hurt or reject me.
If you cut me, I surely will bleed.
For inside me is a place full of feelings, of questions, of longings of need.
And I am no different to you. You must know in your depths how I feel.
I seek the oneness of home and belonging.
My humanness is all that is real.
Such mystery might fool myself and others, but reality is at home in my soul;
Beneath the surface compassion lays waiting, in the me that is perfect and whole.

Wendy Slee

Extract From *Shantaram*

by Gregory David Roberts

Heroin is a sensory deprivation tank for the soul. Floating on the Dead Sea of the drug stone, there's no sense of pain, no regret or shame, no feelings of guilt or grief, no depression, and no desire. The sleeping universe enters and envelops every atom of existence. Insensible stillness and peace disperse fear and suffering. Thoughts drift like ocean weeds and vanish in the distant, grey somnolency, unperceived and indeterminable. The body succumbs to cryogenic slumber: the listless heart beats faintly, and breathing slowly fades to random whispers. Thick nirvanic numbness clogs the limbs, and downward, deeper, the sleeper slides and glides toward oblivion, the perfect and eternal stone.

That chemical absolution is paid for, like everything else in the universe, with light. The first light that junkies lose is the light in their eyes. A junkie's eyes are as lightless as the eyes of Greek statues, as lightless as hammered lead, as lightless as a bullet hole in a dead man's back. The next light lost is the light of desire. Junkies kill desire with the same weapon they use on hope and dream and honour: the club made from their craving. And when all the other lights of life are gone, the last light lost is the light of love. Sooner or later, when it's down to the last hit, the junkie will give up the woman he loves, rather than go without; sooner or later, every hard junkie becomes a devil in exile.

I levitated. I floated, upraised on the supernatant liquid of the smack in the spoon, and the spoon was as big as a room. The raft of opiate paralysis drifted across the little lake in the spoon, and the rafters intersecting over my head seemed to hold an answer, some kind of answer, in their symmetry. I stared at the rafters, knowing that the answer was there and that it might save me. And then I closed my eyes of hammered lead again, and lost it. And sometimes I woke. Sometimes I was wide-awake enough to want more of the deadening drug. Sometimes I was awake

The dose sat in the syringe for almost an hour. I picked it up and put the needle against a fat, strong, healthy vein in my arm five times, only to put it down again unused. And for the whole of that sweating hour I stared at the liquid in the syringe. That was it. The damnation drug. That was the big one, the drug that had driven me to commit stupid, violent crimes; that had put me in prison; that had cost me my family, and lost my loved ones. The everything-and-nothing drug: it takes everything, and gives you nothing in return. But the nothing that it gives you, the unfeeling emptiness it gives you, is sometimes all and everything you want.

I pushed the needle into the vein, pulled back the rose of blood that confirmed the dean puncture of the

vein, and pressed the plunger all the way to the stop. Before I could pull the needle from my arm, the drug made my mind Sahara. Warm, dry; shining, and featureless, the dunes of the drug smothered all thought, and buried the forgotten civilisation of my mind. The warmth filled my body as well, killing off the thousand little aches, twinges, and discomforts that we endure and ignore in every sober day. There was no pain. There was nothing.

And then, with the desert still in my mind, I felt my body drowning, and I

broke the surface of a suffocating lake. Was it a week after that first taste? Was it a month? I crawled onto the raft and floated there on the lethal lake in the spoon, carrying the Sahara in my blood. And those rafters overhead: there was a kind of message in them, a message about how and why we all intersected, Khader and Karla and Abdullah and I. Our lives, all of us, in the link to Abdullah's death, intersected in some uniquely profound way. It was there, in the rafters, a key to the code.

Opinions & Letters To The Sydney Morning Herald

Opposition Should Pay Heed To Binge Drinking Legacy

For 11 years the Howard government did nothing about the problems of alcohol, despite mounting evidence that binge drinking was out of control. I sat on campaign reference groups and despite advice from experts, Howard's office removed references to alcohol from booklets distributed to households (titled Our Strongest Weapon Against Drugs – Families).

It is therefore disappointing, but not surprising, that Brendan Nelson and Tony Abbott are ridiculing the Government's attempts to rein in the problem. How many drinks constitute

a binge is not the point, nor should alcohol itself be the direct target. But we need to address the harm that comes from overuse of alcohol.

It is responsible for more deaths of people under 30 than any other cause, and is implicated in one in three drownings, one in five hospital admissions, one in three divorces and 75 per cent of assaults, as well as contributing to domestic violence and traffic accidents.

If Nelson and Abbott think this is trivial, we need a different opposition.

Tony Trimmingham Chief Executive
Family Drug Support, Leura

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Nothing Evil About Minimising The Harm Done By Cannabis

While I fully agree with Associate Professor Gordon Fulde that hydroponic pot is ‘a completely different breed of nasty cat’, the pre-release of the National Cannabis Prevention and Information Centre’s study does not show that smoking cannabis causes mental health problems (‘Dope smokers not so mellow any more’, July 30). The same centre’s keynote publication (the 90-page Cannabis And Mental Health: Put Into Context) states in both the executive summary and the conclusion that there is no conclusive evidence that cannabis causes psychotic disorders, but that it contributes to them in otherwise predisposed individuals.

Some of the other messages that it makes are: that demand cannot be stamped out; that the next alternative is probably alcohol (far more damaging to the community); that the individual consumer is probably in the best position – when armed with appropriate knowledge – to identify and manage or prevent a slide to serious mental health problems.

When the Department of Health and Ageing’s cannabis research centre is telling the world these things, politicians need to get off their high horse and accept that harm minimisation is necessary and not evil. If they really wanted to protect the community they would follow the advice of Alex Wodak and others:

license crops with much lower tetrahydrocannabinol levels; restrict the access of the young most at risk; package it with real harm minimisation advice; use the tax income to increase our woeful mental health services.

The undoubted violence cited in your article is due to mental health problems, so treat it as that rather than as a drug problem. If you strip out underlying mental health problems, I’m confident that Blind Freddy could see that alcohol abuse causes far more gross presentations and overall harm and cost to everybody than pot does.

What is the use of gathering real evidence if it is ignored?

Bernard Kealey Camperdown

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Ecstasy Is Just Another In The Long Line Of National Pastimes

World record hauls of ecstasy have occurred in Australia since 2004 but nothing approaches the 4.4 tonnes detected in tomato cans in June in Melbourne with a street value of \$440 million. It seems that despite extensive education and interdiction, Australia’s youth have embraced this drug like no other. The market remains buoyant.

As a GP in Kings Cross, I have seen hundreds of ecstasy users over the past decade, and despite horror stories in the press most take this drug with

impunity. The phenomenon of 'Eckie Monday' (the weekend 'come-down' from a binge requiring a medical certificate for work absence) is common. So, too, is the weight loss and lack of vitality in habitual users who dance themselves into exhaustion and grind their teeth in clubs all over Sydney.

Early mornings in the Cross provide a cavalcade of burnt-out E users heading home after an all-nighter. But for the most part they do not suffer serious medical problems. A few may develop overheating or hyperthermia and require a short admission for hydration with a litre of fluid or two intravenously in an emergency department. Seizures and drug-induced psychosis do happen, but at a very low rate. Even this outcome does little to dissuade users to quit their drug of choice.

Sure there are horror stories of PMA (para methoxy amphetamine), a cheaper, dangerous substitute for ecstasy causing sudden death, but this is so rare as to not affect demand. Ecstasy testing kits are now available over the internet. These testing kits are common in Europe outside clubs and should be encouraged here.

Young people are educated on the risks and dangers of all illicit drugs. Most schools now have excellent drug education programs covering all illicit drugs in Australia. Children use the internet to plug holes in their knowledge and successive government programs portraying ecstasy as a danger have done little to reduce ecstasy use in Australia.

Most young users have observed their friends taking the drug without adverse effects. Combine this with the boundless optimism of youth and an unshakeable belief that they are bulletproof and you have a recipe for an explosion in demand.

Drug use follows fashion cycles, and in many ways governments' demonisation, with their horrific video footage, entrenches the inevitable generational warfare between the young and their parent's generation. It is unusual in my experience for a young person to request treatment for ecstasy abuse unless they are dragged kicking and screaming by a concerned parent. They do not want treatment if their recreational use is limited to weekend recreation, and will show a therapist bored disinterest.

Price is a keen indicator of availability and none of my patients ever complain of difficulty obtaining ecstasy. So we can conclude that despite these huge hauls by federal police and the national crime authority, significant stockpiling must occur around the country.

Drug trafficking will go on as long as there is demand. Australia has always been at the forefront of illicit drug use worldwide. In 1936 we had the highest use per capita in the Western world of cocaine and heroin. And now we appear to have won a gold medal for ecstasy. Very little has changed.

Raymond Seidler
Addiction medicine specialist, Potts Point

Drugs Campaigner Heads Overseas To Spread Message

Blue Mountains Gazette (23/7/08)

Tony Trimingham, who lost his son Damien to a heroin overdose, flew to Canada last weekend to speak at forums in major cities in an attempt to prevent the closure of the Vancouver injecting centre.

Mr Trimingham founded the Leura-based Family Drug Support (FDS) after his son's death in 1997 and is a co-winner of the 2008 Prime Minister's Award for Excellence and Outstanding Contribution to Drug and Alcohol Endeavours.

FDS provides a 24-hour Australia-wide help line (1300 368 186), runs support meetings and produced a parent education kit for families coping with the negative effects of drug abuse.

'The Insite centre in Vancouver has been an outstanding success,' Mr Trimingham said.

'There are many more users of the facility than in the Sydney (equivalent) and the improvement in the downtown eastside has been remarkable. 'It would be a step into the past and a tragedy if it were to close.'

A Canadian parent group, From Grief to Action, established itself after a visit by Mr Trimingham in 2002 and followed the FDS model.

'When my son died he was one kilometre from where the Sydney injecting room now stands – if it had been there and he had used it, he would not have died,' Mr Trimingham said.

'People need to know that although not desirable, these places are essential to keep people alive.'

Saving Lives, But Injecting Centre Chief Quits In Anger

Ruth Pollard, Sydney Morning Herald (7/7/08)

The medical director of Australia's only legal injecting centre has resigned, frustrated that after eight years of saving lives

and funnelling people into drug treatment programs, the NSW Government seems determined to keep the service on an indefinite trial.

‘This service has made contact with a particularly socially marginalised group of people – many of whom have had no contact with the health system whatsoever,’ said Ingrid van Beek on the eve of her departure from the Medically Supervised Injecting Centre.

‘About one-third of people we refer to a drug treatment program have never been to a treatment program and we know the sooner we get people into those programs the more effective they are.’

Yet the centre has always been politicised – from its inception at the 1999 NSW Drug Summit to its controversial opening two years later – and that, Dr van Beek said, is part of the problem.

‘The fact that the trial periods are tagged to the four-year political terms means the survival of the service is never assured and that it is always political.’

Over the past eight years, 10,514 drug users have registered at the centre in Kings Cross and of those, 7080 have been referred to treatment services, Dr van Beek said.

In that time, staff have treated 2458 overdoses – which otherwise have happened in parks, toilets or back lanes, in public view and without medical support.

‘Rather than walk out of here with your clean needle and syringe and injecting in a person’s back garden, or

a back alley ... and then being at risk of overdose, we are saying ‘stay on our premises’,’ Dr van Beek said. ‘We have trained staff who in the event of an overdose are able to respond promptly and effectively and [can] better engage with people and hopefully over time direct them into drug treatment and rehabilitation services.’

Being trapped in a constant trial phase diminished the centre’s ability to attract and retain staff, Dr van Beek said. Caring for clients was also impeded because the centre had to operate separately from other health services in the area.

‘Despite the increasing weight of evidence that it is meeting its public health goals, the MSIC’s initial 18-month trial period has instead been extended on three subsequent occasions to become what is now a 10.5-year trial.’

The Reverend Harry Herbert is the executive director of Uniting Care, the licensing operator of the centre, and has no doubt about its value. He, too, is deeply critical of the NSW Government’s refusal to lift the trial phase.

‘We have operated smoothly and successfully, we have dealt with many overdoses with no fatalities, we have been able to refer a considerable number of people to both treatment and other services and we have contacted a group of injecting drug users who were outside the system previously,’ Mr Herbert said.

'I never had a moment's trouble in the church over the injecting centre – the church has had many debates over the years on abortion and homosexuality, but never any great debate about this issue because ... people saw stopping people from doing harm to themselves as an important principle'.

An evaluation of local attitudes to the centre conducted by the National Centre in HIV Epidemiology and Clinical Research and released in 2006 found overwhelming support from residents and businesses alike, beyond the independent evaluations that have counted the lives it has saved, the incidence of infectious disease it has prevented and the amount of public injecting it has avoided.

The NSW Government, however, remains unconvinced, saying although

there is 'no doubt that the centre has been very successful and it continues to meet the Government's objectives', it is also 'contentious and divisive'.

'There is an ongoing need to build independent evidence about the centre's effectiveness, particularly regarding its capacity to get clients into treatment,' a spokeswoman for the Health Minister, Reba Meagher, said yesterday. 'The Government is committed to the continuation of the trial.'

Dr van Beek will return to her position as director of the Kirketon Road Centre, a Kings Cross-based service providing health care to young people at risk, sex workers and injecting drug users. She will be replaced by Dr Marianne Jauncey.

Wish I'd Said That

From Whitstable Oyster

I took my dad to the mall the other day to buy some new shoes. We decided to grab a bite at the foot court. I noticed he was watching a teenager sitting next to him.

The teenager had spiked hair in all different colours: green, red, orange and blue.

My dad kept staring at him. The teenager would look and find him staring every time. When the teenager

had enough, he sarcastically asked, 'What's the matter, old man, never done anything wild in your life?'

Knowing my Dad, I quickly swallowed my food so that I would not choke on his response; knowing he would have a good one.

And in classic style, he did not bat an eye in his response: 'Got drunk once and had sex with a peacock. I was just wondering if you were my son.'

AIRC Decision On ‘Implementation Of Random Drug Testing: Use Of Oral Fluids Or Urine As Specimen For Testing’

On 25 August 2008 in the Australian Industrial Relations Commission, Senior Deputy President Jonathan Hamberger, handed down his decision in the case of Shell Refining (Australia) Pty Ltd, Clyde Refinery versus the Construction, Forestry, Mining and Energy Union regarding the matter of ‘Implementation of random drug testing: use of oral fluids or urine as specimen for testing’.

In a private arbitration, which both parties agreed to waive confidentially, and consented to the decision being made public, Senior Deputy President Jonathan Hamberger, said the question at stake was:

‘Whether it would be unjust or unreasonable for the company to implement a urine-based random testing regime with its wide “window of detection”, with all that implies for interfering with the private lives of employees, when a much more focussed method is available, where a positive test is far more likely to indicate actual impairment, and is far less likely to detect the use of drugs at a time that would have no consequential effect on the employee’s performance at work.’

In his conclusion: ‘... that the implementation of a urine based random drug testing regime in these circumstances would be unjust and

unreasonable ...’, Senior Deputy President Hamberger gave two qualifications to his decision. The first was that no Australian laboratories were yet accredited for oral fluid testing under the relevant standard [not-for-profit company RASL gave evidence that it would shortly seek accreditation], and Shell could not be expected to implement its system until they were.

The second was that there were drugs (such as benzodiazepines) for which the relevant standard did not contain target concentration levels. Shell, he said, again could not be expected to implement an oral fluids based regime until it had the agreement of the union and the laboratory it would use on what other drugs it wished to test for and what would be an appropriate target concentration level.

Senior Deputy President Hamberger said that once these two issues were satisfactorily resolved, any random drug testing should be conducted using oral fluids. Until then, it would not be unreasonable for the company to implement a urine-based testing regime on an interim basis.

For the full Decision, log onto www.airc.gov.au and under All Decisions scroll down to Shell Refining (Australia) Pty Ltd, Clyde Refinery v Construction, Forestry, Mining and Energy Union – re Implementation of random drug testing; use of oral fluids or urine as specimen for testing – [2008] AIRC 510 – 25 August 2008 – Hamberger SDP.

My Name 'Is Meth'

I destroy homes. I tear families apart.
I take children and that's just a start.
I'm more valued than diamonds, more precious than gold.
The sorrow I bring is a sight to behold.
If you need me, remember, I'm easily found.
I live all around you, in school and in town.
I live with the rich, I live with the poor.
I live just down the street, and maybe next door.
I'm made in a lab, but not one like you think.
I can be made under the kitchen sink.
In your child's closet, even out in the woods.
If this scares you to death, it certainly should.
I have many names, but there's one you'll know best.
I'm sure you've heard of me. My name is Crystal Meth.
My power is awesome. Try me. You'll see.
But if you do, you may never break free.
Just try me once, I might let you go.
Try me twice and I'll own your soul.
When I possess you, you'll steal and you'll lie.
You'll do what you have to, just to get high.
The crimes you'll commit for my narcotic charms
Will be worth the pleasure you'll feel in my arms.
You'll lie to your mother, you'll steal from your dad.
When you see their tear, you must not feel sad.
Just forget your morals, and how you were raised.
I'll be your conscience. I'll teach you my ways.
I take kids from parents. I take parents from kids.
I turn people from God. I separate friends.
I'll take everything from you, even your good looks and pride.
I'll be with you always, right by your side.
You'll give up everything. Your family, your home.
Your money, your friends, you'll be all alone.
I'll take and I'll take till you've no more to give.
When I finish with you, you'll be lucky to live.
If you try me, be warned – This is no game,
If I'm given the chance, I'll drive you insane.
I'll ravage your body. I'll control your mind.
I'll own you completely. Your soul will be mine.
The nightmares I'll give you when you're lying in bed,
And the voices you'll hear from inside your head.
The shakes, the sweats, the visions you'll see.
I want you to know, these are your gifts from me.
By then it's too late, and you'll know in your heart,
That you are now mine, and we shall not part.

You'll regret that you tried me. They always do.
But you came to me, not I to you.
You knew this would happen, many times you were told.
But you challenged my power and chose to be bold.
You could have said 'no' and just walked away.
If you could live that day over, now what would you say?
I'll be your master, you will be my slave.
I'll even go with you when you go to your grave.
Now that you have met me, what will you do?
Will you try me or not? It's all up to you.
I can show you more misery than words can tell.
Come, take my hand and let me lead you to hell.

Anonymous

This was written by a young Indian girl who was in jail for drug charges, and was addicted to meth. She wrote this while in jail. As you have just read, she fully grasped the horrors of the drug, as she tells in this simple, yet profound poem. She was released from jail, but true to her story, the drug owned her. They found her dead not long after, with the needle still in her arm.

'Hillbilly Heroin' Makes Its Mark On Australian Streets

Michael Edwards, ABC News (23/6/08)

There are any number of illegal drugs on Australian streets at any one time, but a relative newcomer, known as 'hillbilly heroin', is becoming more popular – subsidised by taxpayers.

There are increasing fears that the use of drugs such as oxycodone is growing and becoming a serious problem in Australia. Oxycodone and similar drugs such as morphine are restricted and only available by prescription, but ABC Radio's AM program has discovered the legitimate market is being rorted by drug dealers.

Twenty-two-year-old Steven – not his real name – moved to Sydney from the United States several years ago.

He brought with him an addiction to the painkiller oxycodone, which is mostly sold under the brand name OxyContin.

In the United States, drugs like OxyContin and morphine, usually sold as MS Contin, are widespread. They are called 'hillbilly heroin'.

However, when Steven got to Australia, he initially found it hard to find them. But he says that situation changed very quickly.

'I knew that it was prescribed here, but it just wasn't very prevalent. Over the time since getting here, it became more and more, and I heard about it and finally found people selling it

down in Melbourne. It has become much more prevalent and people do know what it is now and it is definitely growing.'

In the United States, the abuse of oxycodone and morphine is rampant and they cause large numbers of overdose deaths.

In Australia, the drugs are restricted and obtainable only with a prescription from a doctor in cases of severe pain. But there are strong indications the illegal use of these drugs is increasing in Australia. The Australian Crime Commission's recent Illicit Drug Data Report stated morphine use was rising in Queensland and the ACT.

The director of Sydney's Medically Supervised Injecting Centre, Dr Ingrid Van Beek, says she noticed a change about two years ago.

'Of course these medications have always been injected over the years by injecting drug users, but it was about two years ago that we started to see quite a significant increase.'

On average, around 220 people use the centre each day. Dr Van Beek says now up to 45 per cent of these people report using either oxycodone or morphine. They get them from people like Sammy, a long-time drug dealer in Sydney's Kings Cross.

He says oxycodone and morphine are more popular than heroin. 'Heroin only holds you for four hours before it starts coming out of your system; where oxycodone or morphine

sulphate holds you for 48 hours and one is cheaper than the other,' he said.

Sammy gets his supply by what he calls 'doctor shopping' – that is roving from surgery to surgery conning doctors into believing he needs the drugs for medicinal purposes.

'They'd give me what I needed because I looked respectable. If I went in with tracksuit pants and a t-shirt and an Adidas jacket or something like that you know, typical bogan basically, then they would have had second thoughts about prescribing them to me,' he said.

Sammy show he has dozens of used packets of OxyContin and MS Contin that he obtained doctor shopping. These were often bought for less than \$5 for a packet of 20 tablets – a price subsidised by the Pharmaceutical Benefits Scheme.

Dr Andrew Byrne is an addiction specialist operating out of Redfern in inner-city Sydney. He says almost all of his patients now report using either oxycodone or morphine, often to the exclusion of heroin. He says it is far too easy to obtain legal drugs for illegal purposes.

'Given that the doctor doesn't believe that the patient is a drug addict, the doctor is allowed to write a prescription for strong opiate drugs at any quantity and with any number of repeats that they feel is appropriate,' he said.

Dr Byrne says it is effectively an illegal drug trade subsidised by the taxpayer.

Events Diary

STEPPING STONES TO SUCCESS

(Course runs over two consecutive weekends)

Sat 11 & Sun 12 Oct

PORT MACQUARIE

Sat 18 & Sun 19 Oct

Venue: Division of GPs, 53 Lord St, Port Macquarie

9.30 am – 4 pm

Enquiries: (02) 4782 9222 or Pam 0438 994 269

Sat 25 & Sun 26 Oct

CANBERRA

Sat 8 & Sun 9 Nov

Venue: Canberra Hospital, Alcohol & Drug Program
Building 7, Palmer St, Garren

9.30 am – 4 pm

Enquiries: (02) 4782 9222

Sat 15 & Sun 16 Nov

NEWCASTLE

Sat 22 & Sun 23 Nov

Venue: Neighbourhood Centre, Maryland Drive, Maryland

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

DRUG & ALCOHOL INFORMATION FORUM

Wed 22 Oct

NEWCASTLE

Time: 7 pm

Topic: *What Families Need To Know*

Venue: Cardiff Panthers, Munibung Rd, Cardiff

Enquiries: Jim 0439 322 040 or Theo 0402 604 354

VOLUNTEER TRAINING

Sat 27 & Sun 28 Sep

CANBERRA

9.30 am – 4 pm

Venue: Canberra Hospital, Alcohol & Drug Program
Building 7, Palmer St, Garren

Enquiries: (02) 4782 9222

Sat 15 & Sun 16 Nov

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

REMEMBRANCE CEREMONIES

Sat 18 Oct

SYDNEY (followed by a light supper)

6 pm

Venue: Uniting Church, Liverpool Rd, Ashfield

Enquiries: (02) 4782 9222

Mon 20 Oct

CANBERRA – Family & Friends for Drug Law Reform
(followed by a light supper)

12.30 – 1.30 pm

Venue: Memorial Rock, Weston Park, Yarralumla

Enquiries: Brian or Marion (02) 6254 2961

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
Melanie	Barasso	21/02/1975	23/09/1993	18
Dean	Berg	03/04/1976	10/09/1997	21
Gena	Brown	11/08/1965	13/10/2000	35
Justin	Byrne	07/08/1954	08/09/1998	44
Ronnie	Byrne	27/04/1976	16/10/2003	27
Christopher	Cameron	22/09/1975	09/10/1999	24
Jennifer	Campbell	29/10/1960	17/09/1998	37
Phillip	Daley	23/05/1958	17/09/1994	36
Andrew	Doyle	08/10/1975	08/09/1998	22
Jesse	Dunbar-Kittel	18/11/1973	28/10/1999	25
Graeme	Flanagan	30/11/1960	29/09/1998	37
Timothy	Green	09/10/1957	21/10/1984	27
Ben	Hatten	09/08/1979	03/10/1997	18
Anthony	Hill	20/07/1972	21/09/1995	23
Lawerence	King	23/10/1983	10/09/1997	13
Noeline	McGregor	09/01/1977	07/10/1998	21
Naomi Blanch	McLernon	22/03/1974	12/10/1995	21
Paul	Mowbray	18/04/1963	27/10/1997	34
Lauri	Mujunen	21/06/1961	05/10/2001	40
Rohan	Murphy	25/03/1969	20/10/1999	30
Luke	Paton	03/05/1974	13/09/1998	24
Miranda	Ranks	20/12/1981	11/10/1998	16
Yasmine	Roberts		21/10/2002	17
Jeremy	Rose	05/02/1975	06/10/2000	24
Jay	Rosen	02/07/1982	10/07/2007	25
Ryan McKaig	Santos	07/06/1973	13/09/1998	25
Gregory	Schultz	28/11/1976	22/09/1997	20
Randy	Walker	14/01/1960	22/09/2002	42
David	Wilson	15/03/1977	27/09/2000	23
Trevor	Wilson		01/09/1998	26

NEWS FROM OVERSEAS

United States

Obama Proposes ‘Shifting The Model On The Drug War

The War on Drugs has cost taxpayers \$500 billion since 1973. Nearly 500,000 people are behind bars on drug charges today, yet drugs are as available as ever. Do you plan to continue the War on Drugs, or will you make some significant change in course?

Obama: ‘Anybody who sees the devastating impact of the drug trade in the inner cities, or the methamphetamine trade in rural communities, knows that this is a huge problem. I believe in shifting the paradigm, shifting the model, so that we focus more on a public-health approach. I can say this as an ex-smoker: We’ve made enormous progress in making smoking socially unacceptable. You think about auto safety and the huge success we’ve had in getting people to fasten their seat belts.’

‘The point is that if we’re putting more money into education, into treatment, into prevention and reducing the demand side, then the ways that we operate on the criminal side can shift. I would start with nonviolent, first-time drug offenders.

The notion that we are imposing felonies on them or sending them to prison, where they are getting advanced degrees in criminality, instead of thinking about ways like drug courts that can get them back on track in their lives -- it’s expensive, it’s counterproductive, and it doesn’t make sense.’

Interview in *Rolling Stone* (21/7/08)

India

India Is Largest Opiate Market in South Asia

India is the largest opiate market in South Asia and enjoys the dubious distinction of having 61.3 per cent of drug users in the region, the latest UN report points out.

Also, besides Afghanistan and Morocco, which produce the largest chunk of Cannabis, India too is an important producer of the contraband along with Nepal.

‘India is the largest opiate market in the sub-region with an estimated opiate using population of around 3 million persons,’ says the 2008 World Drug Report compiled by United Nations Office on Drugs and Crime (UNODC).

It states that the average annual prevalence of opiate consumption in South Asia was 0.4 per cent in 2006.

The only reason to cheer for the anti-narcotic agencies in the country is that the report mentions that India seized one of the highest quantity of drugs in the region.

In 2006, Indian agencies seized 157,710 kg of cannabis, 2,826 kg of opium and 1,218 kg of heroin.

But according to UNODC officials, India has emerged as a major transit point for drug traffickers with neighbouring countries like Pakistan, Afghanistan and Myanmar accounting to more than 97 per cent of the Opium production the the world.

'India is an important transit point for drug traffickers. It is being used for routing drugs from the neighbouring countries to other Southeast Asian countries and many European countries,' Rajiv Walia of UNODC told PTI.

The report warns that stabilisation in the world drugs market for the last few years is under threat. It said a surge in opium and coca cultivation and the risk of higher drug use in developing countries threaten to undermine recent progress in drug control.

The report claims that less than one in every twenty people (age 15-64) have tried drugs at least once in the past 12 months and added that about 26

million people in the world are people with severe drug dependence.

Officials pointed out that the crackdown by anti-narcotic agencies have resulted in a 'check' on the drug market in India.

'Even as developing countries are under threat from drug syndicates, Indian agencies are strict enough to keep a check on them but more can be done,' said Ashita Mittal of UNODC.

She also had a word of appreciation for the government, which has now tied up with UNODC to fund the agency's programme to strengthen drug enforcement in Southeast Asia.

'India has become a donor country. We have received donations from the government to help strengthen drug enforcement in the region. The other country which has donated to this programme is US,' Mittal said.

NewKerala.com (22/7/08)

China

China Will Crack Down On Illegal Drugs During Olympics

Beijing: China plans to crack down on illegal drugs in Beijing and other cities that will host Olympic events, a top police official said Wednesday.

Authorities will target drug use at nightclubs and other entertainment

venues, as well as smugglers supplying major cities, said Yang Fengrui, director of the Bureau of Narcotics Control under the Public Security Ministry.

While most Olympic events are taking place in Beijing and its suburbs, the nearby cities of Tianjin and Qinghuangdao will host soccer matches, along with the business hub of Shanghai and north-eastern industrial center of Shenyang. The coastal city of Qingdao will host sailing events.

Yang told a news conference that the crackdown would be accompanied by a publicity campaign aimed at raising 'public awareness of the hazards of drug use.'

China's main response to illegal drug usage is to lock up addicts, although local governments have taken increasingly active measures to deal with the growing problem. Hundreds of methadone clinics have been opened to help heroin addicts quit, and some cities have launched needle exchange programs aimed at preventing the spread of HIV and other infectious diseases through syringe sharing.

China's Communists nearly wiped out drug addiction after the 1949 revolution, executing traffickers and confining addicts to treatment centres.

But the trade has flourished as social controls have been loosened in the past two decades and the government says the number of known addicts in

China rose by 35% to 1.2 million during 2000-05, the latest period for which data are available. That included 700,000 heroin users, more than two-thirds of them under age 35.

China has attached enormous national prestige to holding a successful Olympics and has enacted stiff security measures to prevent crime, political protests or terrorist attacks.

Authorities have hinted at more forceful measures to deal with drug problems, including placing Beijing's entire population of addicts into rehabilitation programs ahead of the August Olympics. It was not known how many addicts the capital has.

Yang was speaking on the eve of the U.N. International Day against Drug Abuse and Illicit Trafficking, which is usually marked in China with large-scale executions of convicted drug dealers. No such executions have been reported this year, although Yang said China had cracked 144,000 drug-related cases involving 174,000 people over the past three years.

Authorities seized 17.5 tons of heroin, 19.7 tons of methamphetamine and 5 million Ecstasy tablets over that time, he said. Almost 13 tons of heroin and 9.3 tons of methamphetamine were seized in Yunnan province along China's southern border with the heroin-producing 'Golden Triangle' of Thailand, Myanmar and Laos, where drugs are relatively cheap and plentiful.

BBC News (9/6/08)

France

Cannabis Use Trebles

French teenagers see wine and alcohol as ‘old France’ and are increasingly turning to cannabis to let their hair down, according to a national study on its consumption.

Jean-Michel Costes, head of the French drugs and addiction watchdog, OFDT, said yesterday that French cannabis use has soared in the past 15 years and is now almost on a par with Britain.

While the French drink half the amount they did in the 1960s, cannabis consumption among the 18- to 35-year age group has more than trebled since the early 1990s, the report found.

France is now just behind Britain, Spain, Switzerland and Europe’s heaviest cannabis users, the Czech Republic.

‘There is a big cultural difference between France and England,’ said Mr Costes. ‘Everyone drinks a bit in France, but as part of a meal, not in order to get merry. To do that, the young are turning to cannabis,’ he said.

A nationwide drink-driving awareness campaign and stricter controls have helped change drinking habits in favour of cannabis smoking.

‘Young people who want to rebel don’t want the ‘old-fashioned’ image associated with wine and alcohol,’ said Mr Costes. ‘Unlike in the UK, binge-drinking is very uncommon – the French steer clear of hangovers or feeling ill.

‘Our studies show that they are turning to cannabis because its effects reinforce their state of mind without fundamentally altering it. They don’t want to get wasted.’

His report found that in 2005 about a quarter of French people and half of 17-year olds said they had tried cannabis. More than a million are regular users and half a million smoke a ‘joint’ every day.

Among the young, the number of regular cannabis users is now almost the same as regular alcohol drinkers.

Breton youths leave the rest of France behind in consumption of cannabis, and the western region also comes top of the alcohol consumption league.

‘We think this has something to do with the Celtic connection,’ said Mr Costes.

His findings also appeared to shatter the stereotype of the French leading a stress-free life with short working hours and plenty of holiday, as he pointed out that the French lead the world in the consumption of tranquillisers.

‘There is a general rise in the amount of anti-depressants taken in France

and the precursor to this in the young is cannabis,' he said.

Cocaine use has also doubled in the past five years. Part of the rise in cannabis use is due to falling prices, while the number of French who grow their own at home has risen to at least 200,000.

But experts say its harmful effects were long underestimated in France.

Marie Choquet, research head of the medical body Inserm, said yesterday that anti-cannabis legislation had only been in force since 2004.

'Cannabis was long seen as a recreational drug, linked to partying. Today we know better the risks of dependency and its harmful effect on mental health,' she said.

H. Samuel, *UK Daily Telegraph* (12/7/08)

Do Drug Policies Undermine AIDS Efforts?

HIVPlusMag.com (24/6/08)

The United Nations should ensure that policies to control illicit drugs do not impede access to lifesaving HIV services, a group of public health and rights organizations said today in a joint letter to U.N. secretary-general Ban Ki-moon and other key U.N. officials.

'The U.N. has stated that drug control must be carried out while respecting human rights and fundamental freedoms,' said Rebecca Schleifer, advocate with the Health and Human Rights Program at Human Rights Watch, in a press release. 'But governments all over the world commit egregious human rights abuses in the name of drug control. Not only are these abuses horrific, they also undermine efforts to fight HIV and AIDS.'

As the U.N. marks the International Day against Drug Abuse and Illicit

Trafficking on June 26, it should be aware that efforts to control the use and trafficking of drugs are denying drug users vital services aimed at preventing HIV and AIDS, said Human Rights Watch, the International Council of AIDS Service Organizations, the Global Network of People Living with HIV/AIDS, and a group of more than 400 leading HIV, public health, and human rights organizations.

The letter urges the U.N. to 'speak with one voice' and promote rights-based drug policies, stating that protecting the human rights of people who use drugs is a prerequisite to effective HIV and AIDS programs.

According to the Joint United Nations Program on HIV/AIDS, nearly one-third of all new HIV infections outside of Africa are due to injection drug use. U.N. member states have committed

to providing 'universal access' to HIV prevention, care, and treatment by 2010.

Yet contradictions between U.N. approaches to HIV and AIDS, grounded in public health and human rights protections, and U.N. drug control policies, which focus on punitive measures, undermine efforts to provide HIV and other public health services to people who use drugs.

Member states often mark the U.N.-sponsored anti-drug day with drug seizures, executions, arrests, and imprisonment of alleged drug users to showcase their drug control efforts.

But harsh drug enforcement policies undercut HIV prevention, care, treatment, and support for people who use drugs. Laws or policies that deny key harm-reduction interventions, such as methadone replacement therapy and access to sterile syringes, put people who use drugs at unnecessary risk of HIV. Crackdowns and increased enforcement targeting people who use drugs create a climate of fear for drug users, driving them away from lifesaving services.

In recent years, for example, China has marked June 26 with public executions of drug users. In 2002, the government carried out 64 public executions across the country, the largest of which was in the southwestern city of Chongqing, where 24 people were shot. Amnesty International recorded 55 executions

for drug offences during the two-week period before June 26, 2006.

In Thailand, anti-drug campaigns -- including its brutal 2003 'war on drugs,' which resulted in more than 2,500 extrajudicial killings, and the April 2008 launch of a new 'war on drugs' -- have driven many people who use drugs away from effective HIV prevention and AIDS treatment, out of fear of arrest and police violence.

'Thailand has acknowledged that the HIV infection rate among people who use drugs is 'unacceptably high' and its official policy is to treat drug users as 'patients' not 'criminals,' said Paisan Suwannawong, director of the Thai AIDS Treatment Action Group. 'But in reality, police collect information about drug users from health clinics. And the government's decision to revive the drug war has made many people who use drugs afraid to seek public health services that are theirs by right.'

Russia is facing an explosive HIV epidemic, driven largely by unsafe injection drug use. But Russian law explicitly prohibits the use of the most effective and best researched treatment approach for opiate dependence -- methadone or buprenorphine maintenance treatment. Although U.N. agencies strongly endorse the use of these medications as an integral part of HIV prevention and treatment programs, top Russian health and law enforcement officials oppose them.

'Methadone is critical for treatment of opiate dependence as well as to prevent HIV for people who use drugs,' said Vitaly Djuma, executive director of the Russian Harm Reduction Network. 'Denying this medication to people in need is like sentencing them to serious suffering or even death for injection drug use.'

'We will not achieve universal access to HIV/AIDS prevention, care, and

treatment without protecting the human rights of people who use drugs,' the letter warns.

The letter calls on governments and the U.N. system 'to recognize that good AIDS policy requires sound drug policy -- measures that address the drugs problem without impeding access to lifesaving HIV services.'

New Data Shows Alcohol Industry Cannot Be Trusted

Media Release (3/8/08)

New data obtained by the Australian Drug Foundation (ADF) shows the alcohol industry has been deliberately misleading the public about the impact of the Federal Government's alcopop tax. John Rogerson, CEO of the ADF, says:

'These figures prove the alcohol industry has been trying to mislead the Australian community on the alcohol issue, just like the tobacco industry did in the 1980s: The alcohol industry can no longer be trusted and should have no role in developing more effective policy to reduce alcohol related harm in Australia.'

The Nielsen ScanTrack Liquor data, which is derived from direct sale of liquor products in Coles and Woolworths outlets (representing 46% of the total alcohol market in

Australia) shows the alcopops tax is working contrary to information provided by the alcohol industry last week.

The data obtained by the Australian Drug Foundation shows the sales of RTDs have plummeted by 36% and sales of spirits have hardly changed, increasing by only 3.4%, a far cry from the 46% increase in the Liquor Merchants Association of Australia data last week. Overall, this new data shows an overall decrease in all alcohol) of 11.4% when compared to the same period last year, a very strong indicator that the alcopop tax is having a very positive impact.

The commercial data obtained by the Australian Drug Foundation is released regularly to the alcohol industry by AC Nielsen, and means the alcohol industry knew this more

substantial data was showing a very different trend to their other 'evidence' released last week.

'This new information proves the alcohol industry deliberately misled the public, politicians and policymakers. The data they put forward last week was totally misleading because they had the more comprehensive AC Nielsen data all along. This was a deliberate attack on the Government to try and remove a health policy that is against their commercial interest' says Mr Rogerson

'It is important the Government urgently set up a new body to approve and monitor alcohol advertising independent of the alcohol industry who can no longer be trusted with this important role.'

'This new information also affirms research from all over the world that taxation is a major way to reduce alcohol harm and provides the Rudd Government with great confidence that a total overhaul of alcohol taxation in Australia will have a significant influence in changing the alcohol culture in this country'.

Mr Rogerson says that, while many in the public health field were suspicious about the alcohol industry's intentions behind their recent media blitz, he is shocked that they went so far as to try to hide evidence contrary to what they were saying.

'This means that the alcohol industry just can't be trusted.'

RTD Tax Background

The RTD tax is aimed at making RTD products less attractive and accessible to young people. Research shows that RTDs are the most popular alcoholic beverages for 12-15 year old drinkers, who are especially vulnerable to the long-term effects of alcohol use. Use of RTDs among young people is increasing, with ABS data showing 60% of female drinkers aged 15-17 consumed an RTD in 2007 compared to 14% in 2000. Alcopops are also the drink of choice for both male and female binge drinkers aged 14-19.

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

Youth On The Binge: Search For Meaning

Canberra Times (14/7/08)

In more than 20 years of working in the alcohol, drug and mental health fields, I have never forgotten the first principle I learnt when I began work at the Australian Drug Foundation: there is no such thing as a drug problem, there are only people problems.

We are all drug users. We grow up in a drug-using culture. We quickly learn that drugs are good for us. In every household in Australia there are dispensing policies, ways of using prescribed drugs, over-the-counter drugs and recreational drugs including tea, coffee and alcohol.

Drugs enable many of us to live longer lives, to manage symptoms of disease; to cope with temporary emotional or physical pain; to relax, have fun and maintain our lives. Even the supposedly evil illicit drugs often have real benefits if used in exact doses to address specific symptoms. Heroin was historically used as a painkiller in childbirth in Australia.

Knowing drugs are generally good for us does not mean we shouldn't tackle the harm that comes from drug abuse, whether it is the harm from short-term excess such as binge drinking and amphetamine-related violence, or the physical and emotional harm from longer-term dependence. What is important to remember is that, if we focus solely on the drugs without

focusing on the people using the drugs, any success will be limited.

As a former CEO of Odyssey House, I know that getting people to give up drugs is not the biggest challenge in drug treatment. Ensuring that people have meaning and value in their lives, good physical and mental health, stable housing, employment or training options, a realistic income, positive relationships, a sense of being valued and belonging, opportunities for enjoyable expression and recreation: these are the big challenges for people who have drug problems.

The recent debate about youth binge drinking, alcopops tax and the harm associated with alcohol is a very important one. Substantive Australian and international research literature spanning several decades already exists, highlighting what works and what doesn't. I live in hope that this broader evidence base informs policy decisions, but I also know the realities of vested economic interests and politics, where evidence alone is rarely enough for real change.

Binge drinking by young women has been a concern for over a decade. In the mid-1990s, young women not only caught up to, but passed, young men in the binge-drinking stakes. In many ways this should not have surprised us. Young women had already gained the lead in smoking rates. Concerns had also emerged

about the mental health of young women, including levels of self-abuse and body image problems.

The danger in recent debates is that we are ignoring young women and their needs, and focusing solely on one measure for one form of one drug. As a community, we need to lift our gaze and begin to ask the more important questions: why have young women overtaken young men as binge drinkers and smokers, why are surveys indicating high levels of mental health problems among young men and women, why is the burden of mental illness falling more heavily on our young people, why do we have increasing concerns about obesity and sexually transmitted diseases among our young people, what is the role of young people in our society, given longer lifespans and delayed parenting?

Our young people are experiencing life quite differently to previous generations. They face a range of challenges and complex life options. Within this context, we need to think about their health and wellbeing in different ways.

I am often dismayed by our tendency to focus attention only on the problems of young people. In some ways this reinforces problem-atic behaviour by distorting what is normal.

My experience is that the current generation of young people are remarkably resilient and adaptable, highly intelligent, confident,

concerned about their environment and seeking positive roles in their communities. These are positive attributes that we should embrace, promote and build on. Of course there are many young people who are overly commoditised; some are clearly disenchanted; some are lost or disconnected from the broader community. I am not sure that we have made a serious attempt to re-engage these young people.

Youth binge drinking is a real concern. It is hurting many of our young people. We need to respond to this problem. We need to draw upon the best available evidence about what works.

This must include addressing the hypocritical role models and images we provide to young people about adult binge drinking. It must also include addressing underlying mental health and wellbeing issues.

At the same time we also need to be brave enough to consider that youth binge drinking is not just about a single product or a single drug. There is a danger that we succeed in reducing binge drinking only to see an increase in other risky behaviour, possibly illicit drug use.

Binge drinking is part of the bigger picture of how some of our young people seek meaning in their lives. If we are serious about addressing binge drinking, it is worthwhile to remember the first principle there are no drug problems, only people problems.

The Health Minister has talked about not only wanting to address the very serious problems associated with youth binge drinking, but also about the need for an increased emphasis on prevention.

If we are to achieve a more physically and mentally healthy community, a good place to start is by focusing the new prevention agenda clearly on adolescents and young adults.

Young people should be prioritised, not just because some have a tendency

to binge drink, but because we know the value of prevention and early intervention. More important, we understand the benefits of actively including young people in our community.

Now is the time to develop a major prevention strategy that reaches out to young people and addresses issues far beyond their patterns of drinking.

David Crosbie is a member of the Australian National Council on Drugs and Chief Executive of the Mental Health Council of Australia.

Cocaine Use Grows As More Women Turn To Drugs

Daily Telegraph (29/8/08)

NSW has the highest number of cocaine users in the country and young women and girls are taking more drugs than their male peers, according to a new survey to be released today.

The 2007 National Drug Strategy Household Survey of 23,000 Australians shows that in the 12 months to 2007, 5 per cent of the female population in NSW aged 14-24 had tried illicit substances – excluding marijuana – whereas only 3.3 per cent of males had done the same.

‘Substances’ include cocaine, ecstasy, heroin, methamphetamines and hallucinogens.

Two per cent of the NSW population aged 14 or older – about 113,000 people – used cocaine in the 12 months to 2007 – a higher proportion than any other state.

Another worrying trend is that more teenage girls (14-19) smoke on a daily basis than their male counterparts (7.1 percent) compared with 6.6 per cent).

One in 10 males and one in 10 females in NSW aged 14 or older drink at risky or high risk levels that could cause long-term harm.

Health Minister Nicola Roxon said binge-drinking was a ‘problem right across the community.

Nelson's Binge Drinking Forum A Fizzer

L. Shanahan, *The Age* (20/8/08)

Brendan Nelson is sticking to his promise to try to block the Government's alcopops tax – despite some experts at his own forum on binge drinking urging that it be supported.

The meeting came as Dr Nelson stuck to opposing key budget measures, a stance Labor claims will blow a \$3.7 billion hole in the budget over five years. The Coalition will definitely vote against lifting the threshold of the Medicare surcharge, and is expressing doubt about the rise in the luxury car tax.

Dr Nelson's decision will leave the Government needing the support of the Greens, Family First's Steve Fielding and independent Nick Xenophon to get the measures through the Senate.

Geoff Munro, chief executive of the Australian Drug Foundation, made it clear after attending the Opposition forum that he supported the tax. David Templeman, chief executive of the Alcohol and Other Drugs Council of Australia, who also supports the tax, said the Opposition offered no alternatives to it.

'It came round to broader understanding of the issue and that it needed to be tackled in a national

way, but there was really nothing new that came out of there today,' he said.

The tax was applied in April – and has been paid ever since – but still needs to go before Parliament. If the legislation is defeated, tens of millions of dollars will have to be returned to alcohol producers.

But Dr Nelson, who refused to reveal details of the forum's discussion of the tax, said there was evidence that it led to an overall increase in alcohol consumption.

'Having examined the evidence which led to this particular budget initiative we have made a decision that we will not be supporting it,' he said.

Dr Nelson said he had taken away from the forum 30 ideas that would go towards formulating a more precise Coalition policy on binge drinking.

He also said he would not negotiate a smaller rise to the Medicare Levy Threshold than the Government's proposed \$100,000 for singles and \$150,000 for couples.

The position on luxury cars appears more flexible. 'We're looking very closely at the luxury car tax and the consequences for the tourism sector, for large families,' Dr Nelson said.

Defending Cheap Grog For Girls Is A Disgrace

A. Horin, *SMH Weekend Edition (17-18/5/08)*

I don't know when getting blind drunk became an equal opportunity issue. Before the advent of 'alcopops' girls wiped themselves out on rum and coke or whatever was going around.

But only imbeciles could dispute the dramatic impact of sweet pre-mixed drinks on girls' alcohol consumption. The marketers knew exactly what they were doing in pitching their potent but bland-tasting products to young women who are now seen all too often vomiting in parks and tumbling inebriated out of pubs.

Teenage girls are more than three times as likely as boys to drink alcohol at least once a week, according to a study by the Australian Institute of Health and Welfare, and more girls than boys drink at levels regarded as harmful, with almost 30 per cent putting themselves at some risk at least monthly.

The long-term risks to young women are growing daily, with persuasive research now showing the link between even moderate alcohol consumption and breast cancer.

And how do alcopops come into the picture? Well, the Bureau of Statistics says consumption has leapt by 15 per cent in the past 12 months alone. And between 2000 and 2004 the proportion of girls aged 12-17 who chose alcopops as their preferred drink

jumped from 23 per cent to almost half.

In light of the disturbing facts about teenage girls' alcohol consumption, Brendan Nelson's opposition to the Government's proposed alcopops tax is a disgrace, and the sign of a desperate man. Of all the issues on which he could take a stand, defending cheap grog for girls ranks as one of the worst.

It reveals why the former government did so little to curb binge drinking, allowing a serious health and social problem to grow under its watch (with considerable help from some state governments). It steadfastly refused to use the tax system to control alcohol consumption despite the entreaties of the public health lobby and the mountain of evidence showing the market works like a charm in this area, as in most others. If you increase the price of an item, demand for it falls.

Australia has experienced two dramatic examples of the effect of alcohol taxes on consumption. The introduction of lower-taxed light beer in the 1980s saw a significant switch to the product until more recent times, when wine and spirit-based drinks made inroads.

The introduction of alcohol taxes by a Northern Territory government about 15 years ago, and the use of the revenue for public health, had a

significant and measurable impact on reducing alcohol-related problems, including in indigenous communities. Then someone of a Brendan Nelson cast of mind lifted the tax and cheap grog flooded back.

Labor has not gone as far as public health experts would like. They have long lobbied for the introduction of a tax on all alcoholic products based on the volume of alcohol. Labor has singled out what it deems to be the biggest culprit – spirit-based drinks.

It is a significant start, and sends a message the alcohol industry should not ignore. Neither the public nor the Government would tolerate the industry trying to evade the consequences by flogging sweetened wine-based drinks, for example, in an attempt to hook another generation of young women into heavy drinking.

Girls may switch to champagne as the ebullient Joe Hockey, the Opposition health spokesman, implied when he brought a bottle of bubbly – and an alcopop – into Parliament, to make the point the champagne had twice the alcohol but attracted half the tax.

It is a possibility, and adjustments may be needed down the line. But one of the country's foremost experts on adolescents and alcohol, John Toumbourou, professor in health psychology at Deakin University, says the price increase will moderate the alcohol consumption of a significant number of those girls who have fixed drinking preferences.

'In the absence of a tax based on alcohol volume, this is a step in the right direction,' he said. 'It is easy to ridicule such measures but they tend to be surprisingly effective.'

More can and should be done, and not just by government. Parents have a huge responsibility in trying to change the binge-drinking culture. One of the worst things parents can do is introduce alcohol to their children at an early age in the hope they will end up drinking sensibly, like Italians.

Though counter-intuitive, the research is persuasive that, in the Australian context, the earlier children are introduced to alcohol, even in the home, the more likely they will drink heavily in their teens and 20s.

This year the National Health and Medical Research Council changed its guidelines to reflect the weight of this evidence, recommending that children 15 and under be given no alcohol, ever. Some health experts feel so strongly about the importance of delaying children's introduction to alcohol that they want state governments to make it illegal for anyone, including parents, to give children and young teens a taste.

Dr Nelson needs to be part of the solution to binge drinking, not part of the problem. He could get the message out about parents and early drinking. And he should drop his opposition to Labor's tax, or else commit a future Coalition government to being fairer and more effective by imposing a volumetric tax on all alcoholic products.

Ecstasy Helps Us Deal With Drunks

R. Ironside, *PerthNow* (9/8/08)

If it was not for the prevalence of ecstasy in Brisbane's Fortitude Valley, understaffed police say they would struggle to cope with the drunken violence.

Last Saturday night only 15 officers were rostered on to deal with up to 60,000 people in the entertainment precinct – one officer for every 4000 people.

A Central District officer who did not want to be named said they had about the same number of police rostered on Saturday nights as they did weekday mornings.

'We're at the point where we're saying thank God 80 per cent of them are using an illegal drug rather than alcohol, even though in 10 years they'll be suffering manic depressive disorders,' the officer said.

'But we just couldn't deal with that many people affected by alcohol.'

He said police were not able to deliver a satisfactory 'level of service' and were flat out responding to calls rather than undertaking preventative actions.

'It is embarrassing. We've sworn an oath to do certain things and we're not being given the resources to achieve that,' the officer said.

Drug Arm national communications manager Josie Loth said it was well

known that illicit drugs such as ecstasy were much more prevalent in the Valley than other parts of Brisbane.

'It's deemed more acceptable than in the city because the Valley's the alternative scene and always has been,' Ms Loth said.

She said although ecstasy was a stimulant it tended to relax people but alcohol had the opposite effect. 'When certain people drink ... it brings out more of a violent tendency, often leading to problems,' Ms Loth said.

Australian Medical Association Emergency Department spokeswoman Alex Markwell said alcohol definitely contributed to a lot more injuries than drugs.

'Young men especially can become aggressive on alcohol and get involved in fights and assaults,' she said.

'The really common things that we see at the Royal Brisbane and Women's Hospital are head injuries where they've fallen over and hit their heads and we see lots of people with broken hands after hitting people.'

'It really is very frustrating from a medical perspective because it chews up our resources. If people didn't drink we wouldn't see anywhere near as many patients as we do.'

Police said that although drug users tended not to cause as many problems as binge drinkers, they were 'competing horrors'.

'The big thing a lot of us feel is that one of the most dangerous and insidious things about 'e' (ecstasy) is that most young people think it's not hurting them but every time they use it, it's hurting them a little,' the officer said.

'We deal with them all the time; these kids who are now 30 or 40 who are suffering serious mental health

problems as a result of their drug use in their 20s. Often it ends in suicide.'

Queensland Police Union president Cameron Pope declined to comment on the drug use in Fortitude Valley but he said the staffing shortages in the district were not an isolated issue.

A Queensland Police Service spokesman said an 'intelligence based' roster system was used in the Central District of the Valley and CBD which made public safety the primary objective. 'Officers are rostered during peak periods to respond to calls for service,' the spokesman said.

Book Review: *Scattered – The Inside Story Of Ice In Australia*

Ted Bassingthwaighte

Author: Malcolm Know
Publisher: Allen & Unwin
Price: \$32.95

The war on drugs is not a war at all. It is a politically motivated, systematic campaign to polarise the debate in this country into moral paradigms that have little efficacious effect on prevention and treatment of illicit drug users.

There are only two sides to the debate about how best to deal with the insipid problem of illicit drug abuse by a small percentage of Australians. In one corner are those perched firmly on the moral high ground of zero tolerance and opposing them in the

more vulnerable position are the harm minimisers. The zero tolerance position is predominately espoused by politicians and religious zealots who, on any logical assessment of all the medical, criminological and custodial evidence cannot see the forest for the trees in their rabid demand to lock up drug users and throw away the keys.

One can only wonder how many young men and women have died as a consequence of the shaming effect of zero tolerance. These innocent victims of their own personality flaws suffered unnecessarily by their own addicted hand because they were too ashamed to seek help and support from family and the wider community.

The other side of the debate are the harm minimisation exponents who, unsurprisingly, are most prominent in the caring professions such as medicine. These brave warriors in the war on drugs are often only supported by non government organisations such as Family Drug Support. As the problem of methamphetamine abuse escalated in Australia in the past decade the harm minimisers may be solely responsible for keeping the ice epidemic that hit Australia in some context by putting their professional heads on the chopping block of public opinion.

Dr Alex Wodak, the director of the Alcohol and Drug Service at the St Vincent's Hospital, Sydney is one such man. The influence of this man on the development and preservation of logical, non-judgemental and effective public policy health outcomes is immeasurable. His story is for another time though.

There is, of course voyeuristic conjecture about what it is that is so appealing about methamphetamine that resulted in an increase in Ice detections by Australian Customs from around 70 per year in 2001 to 423 in 2006. Ice does something that other illicit drugs such as cocaine and ecstasy do not. On the one hand it caused a truck driver who was long hauling from Sydney to Melbourne to report how he saw a jogger running alongside his truck all the way to Melbourne. Conversely, the injection of the drug intravenously was described by one user as feeling like 1000 orgasms. The potency and the

hedonistic effects predating the serious psychological and physiological harm of the drug are sufficient to demonstrate the powerful attraction the drug has for users.

Malcolm Knox in *'Scattered – The Inside Story of Ice in Australia,'* has taken sides in the debate. This book is truly amazing. Not solely for the gut-wrenching detail of the pathetic lives of many, many ice abusers he reveals throughout the book but more importantly for the balance he provides to the reader about the realities of the abuse of methamphetamine or Ice.

Any effective examination of the illness that is drug addiction begins with dry facts and figures about the toxic mind muddling drug that is amphetamine. There is plenty of detail for the statistician and the objectively interested reader to digest. But what is so very clever in this book is how Malcolm Knox bonds the dry facts with the real life tragedy that can only come from any poor fool who succumbs to the temptation of drug use.

One may suggest that illicit drug use is a victimless crime. The user is only harmed by his or her personal peccadillo against a statute that was formed, not from a logical, compassionate perspective but from the moralistic influence of dispassionate politicians and their fervour to satisfy the noisy moral minority. That said, a society without laws is anarchy which oddly enough is what happens to the meth abusers

life in a very short space of time. It is at this point that the crimes of the psychotic user become crimes against others.

This begs the question that, if as a society we treated the drug abuser as a patient rather than a criminal, would the destruction they self-inflict and by default inflict on others be minimised? Malcolm Knox's detailed examination of the Ice problem goes some way to answering that proposition, not in a subjective way but through the objective detailing of the outcomes of the behaviours of a multitude of drug users, dealers, importers and victims.

Vicki and Mark are the leading actors in Malcolm Knox's story. They were normal young adults living life to the fullest when they first experimented with shabu or ice on an Asian holiday. Not content like arguably most young people who experiment with illicit drugs, they developed, over time, a habit for Ice. This habit directly led to the self-inflicted loss of a successful legal career for each of them. It fractured their relationship and caused possibly irreparable damage to their relationships with their children and family.

Why are they the stars and not some other person addicted to Ice?

Well, neither Vicki nor Mark were ever arrested for drug use or possession or robbery or offences of violence which is always present in most other Ice users antecedents.

The chilling resonance that rings out in their story is denuded of the voyeuristic and judgemental response that arise in an subjective reader premised on their own prejudices of the typical drug user. The Vicki and Mark story, in a sense, humanises the issue of Ice addiction allowing for a more balanced judgement in the realisation that it is not just the lower socio-economic, uneducated male who succumbs to drug abuse.

This clever effect of humanising the issue makes *'Scattered – The Inside Story of Ice in Australia'* essential reading for parents, police officers, educators and politicians although the zero tolerance prophets will not be clever enough to see the benefits that they may derive from this exceptional piece of public policy writing.

The last word is best left to Malcolm Knox:

'The advent, growth, peak, plateau and decline of ice use, all in the last decade, have each had their causes ... to do with the economics of drug supply, social and cultural factors, education, law enforcement, hospital treatment, criminal justice and the magical X-factor of the spoken word that is passed from person to person in homes, workplaces, nightclubs, pubs and on the street. How all these factors interlock, and what they tell us about our country in this decade, is the subject of this story.'

Don's Reviews

The After Life

by Kathleen Stewart
(Vintage Australia, 2008)

Beautiful Boy

by David Sheff
(Houghton UK, 2008)

Tweak

by Nic Sheff
(Pocket Books UK, 2008)

Kathleen Stewart, an accomplished novelist and poet, is unlikely to write anything more revealing than this astounding book of nearly 300 pages. It's best described as an autobiography, a memoir of school, some 30 years back, which appears to have been jam-packed full of everything except study. It's an unnerving book, with a kind of lurching progress as her imagination runs in and out of reality. She flirts with death early on via an incident with a sharp knife; and other menacing experiences really leave you feeling agitated, frustrated, cold and probably most of all, helpless.

Her sixth grade teacher, a certain Mr Oaks, who would later be dismissed in disgrace (as against thrown into jail for life, which he deserved) started the ball rolling well and truly. If you want a vivid and most convincing depiction of paedophilia at its nastiest, do meet Mr Oaks: a total creep who fondled the breasts of the more developed 11-

year-old girls in his care. Kathleen tells her mother, and as has happened in the past all too sadly and all too frequently, she is not believed.

Reflecting on this from a distance of 30 years, Kathleen, in her own words, cracks jokes about Mr Oaks.

Ironically, Mother acts as though she never heard anything of the situation at the time, and even tries to deflect the blame by indicating her disappointment that the girl, all of 11 years old at the time, did not "tell" her about it.

"Of course you didn't, or I would have done something" she insists. It's not so easy today, with what is a quite demonstrably changed attitude towards these things, to have a concept of the social situation that constrained the woman at the time. Ghastly, but true. When I think of my early teaching days, which are to me in many cases as real as yesterday, I find myself reassessing some of the situations that, at that time, I was totally unaware of, but may well have been happening virtually under our noses (if not in that specific situation, then in others and involving other children and other schools). I guess this is why they can never go too far, in my view, with enquiries into paedophilia. Children are least being listened to now, and their work is being taken seriously, primarily because the 42-years-old Kathleen Stewarts of this world are coming out of the woodwork and spelling out the truth.

The descriptions of the psychiatric hospital add to our dread of the child's life. The sex and the heroin sort of roll along in a numbing narrative: she is back dating the man she tried to kill herself over but she's also looking for what she calls a "revirgination" behind the secluded walls (much later, this same man will describe making love to her as "*like fucking an old shoe*"). She regards herself, looking back, as very much akin to a helpless, hopeless addicted child or animal, keeping her feelings and emotions to herself "*where they were safer, and to wait for punishment or reprieve*".

That's probably enough to set the mood without revealing the many vitally important aspects of the narrative (for example I haven't even mentioned the abortion -- but I have now-- is an indication that there is so much more very important material in this autobiographical novel). Even when you are 250 pages in, you are ready to be surprised, and it will happen with a pretty stark revelation and the return of one of the book's major disturbing forces. In some past instances in my reviews, I've indicated a certain serious doubt as to authenticity, some sixth sense that has led me to a strong ("healthy" is not exactly the word, is it?) scepticism about what is being dished up. This isn't one of the occasions. *The After Life* rings true in every detail. Frighteningly so. God help the children.

When I came across the other two books on today's list, as usual I went straight to the publication page in

each case. I noticed that one of the two John Lennon song excerpts being used one book was, in fact, also being used as the title of the other book. Then of course I looked at the authors, and then I quickly established that they were father and son. The story told by Nic Sheff (*Tweak*) commences, by coincidence, at the same stage of his life that Kathleen Stewart chose to highlight, 11 years old. Nic's father, David Sheff, is responsible for *Beautiful Boy*: "*What happened to my beautiful boy? What happened to our family? What did I do wrong?*"

Sounds familiar, doesn't it, if you happen to be a member of FDS, and even more poignant if you've looked into a mirror in the dark of night and asked yourself those same questions. Over and over again. I recall a fleeting friendship with an FDS member some years back, before he felt he couldn't take any more of the pain he was suffering and left the organisation. This was a kind man, a man who would do anything for his son, a man who walked the extra yards and very nearly had himself thrown into jail because of those yards. He got his child "clean", got him away from the drug scene that had threatened to destroy his whole life, and then the sad and equally unfortunate creature who had been responsible for his son's near-destruction turned up at the front gate, offering his wares. Our member, who was an army man and strong as they come, just about disembodied the dealer and proceeded to issue a general warning which was pretty quickly heeded around the dealing

community. However, you can't really take the law into your own hands and, as I say, he was probably lucky to avoid a spell inside.

Beautiful Boy, written by a loving father, will open up a lot of those old wounds for many members of our organisation. The perseverance in the face of every kick in the head will probably bring tears to your eyes. Things just get worse and worse. One of the most important revelations of this book for many readers begins on page 283 (chapter 25) and culminates with the scene in medical therapist's rooms, where David's family is told that all this is not about blaming, and that we are so very often both innocent of, and responsible for, our mistakes, and even at the same time.

The word that comes like a bolt out of the blue from the mouth of the therapist is "ambivalence".

Yes, David says, it is totally ambivalent to be able to love and hate somebody at the same time, and we so often hide our guilt for such feelings behind a facade of "*We don't really hate the afflicted person at all; that would be such a terrible thing to do because we all love them so much*". Well, I've got news for you. Read this chapter and what

follows. My attitude took an important position shift, and whilst the Sheffs sought out John Lennon for their significant quotes, my mind travelled to another singer of the same period, this time an American, Harry Chapin. At the end of the sequel to one of his most famous songs, *Taxi*, he provides for the now more experienced, and far more mature, female character, a magnificently telling line:

"I finally learned to like myself."

A book that can provide such beautiful insights has to be on your "must read" list. *Beautiful Boy*, true, but equally *Beautiful Dad*.

(We'll have a look at Nic's book in the next issue, but as you can see, and for obvious reasons, I got more wrapped up in the dad's account. Incidentally, David Sheff is a much-published journalist. His article "*My Addicted Son*", published in no less a prestigious magazine than the one produced under its own banner by the New York Times, won an award from the American Psychological Association for "*Outstanding Contribution to Advancing the Understanding of Addiction*".

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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 <i>country callers</i>
AIDS HIV Info Line	(02) 9206 2000 / 1800 063 060 <i>country callers</i>
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 <i>country callers</i>
Parent Drug Information Service WA	(08) 9442 5050 1800 653 203 <i>country callers</i>
Ted Noffs Foundation	(02) 9310 0133
Centre for youth and family drug and alcohol counselling services	

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Family Support Meetings Sep/Oct 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

- NSW – Ashfield** every Monday (7 – 9 pm)
Office 3, Suite 1, 251 Liverpool Rd, Ashfield
PEASE NOTE THAT FROM MONDAY 22/9/08, NO FURTHER MEETINGS WILL BE HELD AT ASHFIELD. The new venue will be held at Meeting Hall Building 132, cnr Wharf & Church Sts, Rozelle (entry into estate via laneway on Church St)
- NSW – Penrith** 1st/3rd Wednesday of month: 17 Sep; 1 & 15 Oct; 5 Nov
Drug & Alcohol Services Bldg, Nepean Hospital (7 – 9 pm)
cnr Gt Western Hwy & Somerset St, Kingswood
- NSW – Chatswood** 1st/3rd Wednesday of month: 17 Sep; 1 & 15 Oct; 5 Nov
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: 16 Sep; 7 & 21 Oct, 4 Nov
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 – Newcastle, Maryland** .. 1st/3rd Wednesday of month: 17 Sep; 1 & 15 Oct; 5 Nov
Maryland Neighbourhood Centre, Maryland Dr, Maryland (7 – 9 pm)
Enquiries: Jim 0439 322 040
- NSW – Port Macquarie** Monday every fortnight: 15 & 29 Sep; 13 & 27 Oct; 10 Nov
Education Rooms, rear of Community Health Centre (next to water tank) (6 – 8 pm)
Morton St, Port Macquarie. *Enquiries: Pam (02) 6583 1704*
- NSW – Byron Bay** 2nd/4th Monday of month: 8 & 22 Sep; 13 & 27 Oct; 10 Nov
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*
- ACT – Canberra** every 2nd Wednesday: 10 & 24 Sep; 8 & 22 Oct; 12 Nov (7 – 9 pm)
Ted Noffs Foundation Bldg, 350 Antill St, Watson. *Enquiries: Prashant (02) 6123 2400*
- SA – Leabrook** Wednesdays: 17 Sep; 1, 15 & 29 Oct, 12 Nov (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: 10 & 24 Sep; 8 & 22 Oct; 5 Nov (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: 8 & 22 Sep; 6 & 20 Oct; 3 Nov
Shopfront Health Services, 3-4/72 John St, Salisbury (7 – 9 pm)
Enquiries: Kath (08) 8384 4314 or 0401 732 129
- VIC – Geelong** Wednesday every fortnight: 17 Sep; 1, 15 & 29 Oct; 12 Nov
Glastonbury, 222 Malop St, Geelong. *Enquiries: Linda 0400 106 358* (7.30 – 9.30 pm)
- QLD – Brisbane** 1st/3rd Wednesday of month: 17 Sep; 1 & 15 Oct, 5 Nov
New Farm Community Centre, 967 Brunswick St, New Farm (7 – 9 pm)
Enquiries: Hera 0423 860 717