



April - June 2018

Insight



International Family Drug Support Day 2018

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Alcohol v. marijuana



Why alcohol makes people violent



Groovin the Moo pill-testing trial



Trump pushes death penalty

INSIGHTS OUT



Well, we are well into the new year and things have been really busy at FDS. At the beginning of February, we held our annual staff and volunteers workshop which was held at a very nice venue in Blacktown. Seventy-two staff members and volunteers attended, and they all agreed that it had a good balance of skills-updating, information, guest speakers and networking with other members of the FDS community. You can read some testimonials from people who attended in this newsletter. The annual Evan Thomas, Michael Dawson and Brian McConnell oration was jointly presented by Annie Madden and Greg Fleet, who related their own personal journey. Their stories included a combination of struggle, sadness, challenge and humour. This is a very important annual event that means a lot to the FDS volunteers.

Following this workshop, we had to prepare for the International FDS Day events. In Australia, events were held in Cairns, Rockhampton, Brisbane, Gold Coast, Sunshine Coast, Ipswich, Narrabri, Sydney, Canberra, Melbourne and Adelaide. International events were

held in several locations in the United States, Macau, Hong Kong and Pakistan. A report on the events is included in this newsletter. The theme for 2018 is 'Support the Family – Improve the Outcome', and we are now involved in organising and presenting workshops around Australia. All these activities require a great deal of organisation and preparation and my thanks go to the FDS office staff, family workers and project officers who organised the interstate events. We also thank those family members and guest speakers whose presentations made the events so interesting.

Our next major activities will centre around remembrance ceremonies to be held on or around 21 July 2018 to coincide with the International Remembrance Day which remembers the lives lost to drugs. The Sydney event will be held on Saturday 21 July at 6:00pm at the Ashfield Uniting Church. Other interstate events will be notified on the website as soon as they are organised.

At the Canberra International FDS Day event, the Minister, Dr David Gillespie, launched our online resource. You can access this via the website. Sandra and I have been invited to Japan to speak at a Japanese Families conference at the end of May 2018. I think that is all for now, until next time.

Tony T

International Family Drug Support Day 2018: Speech from a mother

Becky Avenell

On 20 October 2012, my 18 year old daughter, Paris Wednesday Avenell, was found dead in her bed. She died from an accidental drug overdose.

Paris ought not to have died and I ought not to be here now grieving her. The sudden senseless and avoidable loss is an unqualified tragedy and it does her memory a disservice to pretend otherwise. She was at once boisterous and gentle – a free spirit at the threshold of life with everything to look forward to. My daughter was not given the opportunity to reach out or be protected, largely due to both the current law and the lack of available resources for drug users.

Both our politically driven laws and the general stigmatisation of drug users, meant my daughter had no alternative but to use in secret. In her need to keep her painful plight and struggle with addiction concealed, she felt impelled to take very unsafe and extreme risks. I continue to question, where was the availability to resources and assistance when she was in dire need of help? Why was there no opportunity for her to have access to a safe space that could well have saved her life?

If Paris had died due to a recognised medical condition or in a car accident people would cry out with words of kindness and support. The death and loss of a beautiful, young, vibrant girl would be deeply and sincerely

recognised and acknowledged as a loss to the world. Even if she had sadly suicided the societal response both privately, publicly and legally would be to embrace her worthiness: she would have been deemed to be suffering from a mental illness. Her death would fall under the mental health banner. Instead her addiction relegates her to being seen as a victim of a self-inflicted choice.

I have at times felt the need to have to justify my daughter, myself and my grief. This was highlighted and displayed at the time of Paris's death. When I sought answers from the police regarding the circumstances surrounding her overdose, I was told that any further investigations into her death would be a waste of time and their resources. I should accept that nothing they found would bring her back. It appears that even the police authority's perspective was that she was merely a drug addict.

My daughter was not a criminal, nor was she just a waste of space 'junkie'. She silently suffered the anguish of a very debilitating and, in the end, life destroying illness.

The only crime that exists, lies in the fact that she had to become just another statistic within our society. Others like Paris will continue to die because those with the power to make changes, to implement strategies for better outcomes, are not moving to reform

current drug laws with the determination so urgently needed. These vulnerable people are our children. They are our loved ones and friends. We all need to contribute to creating a community dedicated to saving lives.

After Paris died I realised that, grieving the loss of a child is a lifelong journey of soul-destroying pain, anxiety, confusion, isolation, exhaustion, and eternal heartbreak. It is a path of all-consuming despair that completely alters every aspect of our lives, as well as who we thought we were.

Child loss is an indescribable and unimaginable event that no parent or family expects to go through. Every child counts, and no matter what the age of the child or the circumstance surrounding the death, the sense of loss, sadness and tragedy remains the same. Every child is the world to his/her parents and the family members. When that loss takes place it impacts and changes all family dynamics, as well as impacts upon the child's peers and at times the community at large.

When a child dies it leaves a lifetime of unfinished business for the parents and families left behind. There is the constant reminder of the child's unfulfilled life accomplishments and milestones that one expects or hopes to relish. Now all that has been suddenly stripped from both the child and families' futures.

The passage of time doesn't change, heal or alter the depth of the loss. The moments of shock and sadness are still overwhelming. Everything about that

child in an instant stops. All hopes and dreams are torn away and we are left with the reality and constant reminder of what will never be again, both in the present and in our futures. It is an inexplicable sense of having a piece of our life puzzle suddenly lost and forever gone. It leaves a raw, incurable trauma. An empty void remains for all family members. The devastating impact upon siblings is a tremendous burden to bear.

Following Paris' death I felt I would never take another breath. My entire world had in one moment been completely destroyed.

After several weeks of feeling incredibly scared and alone, I decided to look at what resources or community assistance there was in relation to loss. I assumed there would be enormous support surrounding bereavement and child-loss in particular. However to my amazement I found no groups available. I needed to be around other people who were living and enduring the pain and loss first hand. So I started my own child-loss support group. I wanted to give myself and other grieving parents and families the opportunity of helping one another to grieve the loss of our children in our own unique ways. It allowed us to find the strength to grow through friendship, support and empathy in a safe, non-judgemental environment. It allowed us to honour our children.

So in May 2013 the group PAFFS (Parents and Families Finding Strength) was created. PAFFS was also my daughter's nickname. The group

has continued to provide ongoing support.

Due to the fact that Paris' tragic death was from an accidental drug overdose, I was contacted by Tony Trimingham from Family Drug Support (FDS) who offered me guidance, friendship and support. Tony and FDS have continued to provide me with ongoing personal care. I remain eternally grateful for this.

Because of lack of Government assistance FDS has needed to become an organisation engaged in preventative

and educative programs, and to fight for the implementation of law reform in relation to drug-use and addiction. This has unfortunately led to a reduction in its capacity to focus on bereavement as well.

I would like to thank FDS and the organisers of this event for the opportunity to speak to you today. I implore Governmental funding authorities to make immediate allocation of funds to assist in the vital work outlined by speakers at this conference.

Annual Volunteer Workshop 2018

Tony Trimingham & Volunteers

Seventy-two staff members and volunteers of Family Drug Support gathered at a venue in Blacktown for the Annual Volunteer Workshop. As usual, it was a packed weekend with a mixture of skills exercises, self-awareness, group work and entertainment. Feedback regarding the event was excellent and people obviously enjoyed the facility and food. The highlight of the weekend was the oration honouring Evan Thomas, Michael Dawson and Brian McConnell. Delivering the speeches were Annie Madden and Greg Fleet who gave moving accounts of their personal journeys. Following are testimonials of attendees.

Tony Trimingham



On the first weekend in February I attended my first Family Drug Support workshop. Being pretty new to the organisation I didn't really know what to expect but I was excited at the prospect of an intensive training experience as well as an opportunity to meet staff members, fellow volunteers, and benefit from the collective wisdom of the group.

The weekend was jam packed with many activities and presentations. I found Tony's presentation regarding statistics for 2017 interesting as it provided insight into demographics and the most common drugs discussed on the phone line. This added perspective to my view of FDS and highlighted the relevance of the organisation in the community, as well as the scope of support it provides for many families affected by drug use.



Training workshops were also a focus of the weekend and from my perspective these were the highlight of the experience. I found it invaluable to work through case study calls with fellow members. Sharing each other's perspectives regarding handling difficult issues on the line was a way for each other to build on our counselling skills and develop rapport with fellow group members. While challenging, I learned a lot and had loads of fun in these sessions.

On Saturday afternoon we had two guest speakers, Annie Madden and Greg Fleet. They both provided raw accounts of their own stories and touched on current issues regarding negative public stigma surrounding drug users in society. I found both speakers and their contrasting styles fascinating and engaging. Greg provided a 'double act' and shifted gears to provide us with a comedy routine after dinner on Saturday night. He was hilarious.

It is impossible to fit all aspects of the workshop into this short article. To sum up, I left feeling uplifted and motivated (and exhausted!). FDS really is an amazing organisation filled with amazing people and I'm proud to be a part of it. After being involved for only a few months prior to attending I was greeted with warmth and made to feel comfortable from the moment I was picked up from the airport.

An extra special thanks goes out to Tony, Sandra, James and the rest of the FDS staff as they worked tirelessly to make the weekend a remarkable success. Bring on next year I say!

Matthew Tooley

I would like to start off by extending my thanks to Tony, Sandra and all the staff at FDS for the wonderful job that they did of organising the volunteers weekend workshop on the 3rd and 4th February 2018. As a new volunteer, I must admit that I had absolutely no idea what to expect and it was with some feelings of both excitement and nerves that I arrived at the Atura Hotel and Conference Centre, Prospect, on Saturday morning. These feelings quickly subsided, well at least the nervous ones did, as we started to engage in the activities.

With a busy agenda and lots of things to get through, it was amazing how smoothly everything flowed from a reminder of our telephone lines procedures to the skills sessions, the empathy session and our very inspiring guest speakers Annie Madden and Greg Fleet. In between all of that it would be remiss of me not to mention the lovely food that was served at very regular intervals, I know I certainly ate a lot more than I normally would and somehow instead of making me feel tired, it kept me feeling energised.

Sunday was just as much fun, and it was a bonus to catch up with some of the other volunteers I had met on our training weekend as well as getting to know and work with other volunteers who all provided a rich input to the workshop. With the workshop coming to an end, we all stood in a big circle, holding hands and singing *The Circle* by Harry Chapin. It was a beautiful way to end the weekend, speaking for myself, I left feeling like I was part of one big supportive family.

Frederique Forbriger



Dear Sandra & Tony,
Congratulations on another marvellous annual conference. You have installed a wonderful team of amazing people in the FDS Office under your combined brilliant leadership – so everything flowed happily without a hitch.

It is so worthwhile to have the opportunity to meet the ‘video’ stars and put faces to the names I speak with in the office and on the phone line. I enjoyed getting to know many new volunteers as well.

The segments were all most beneficial – thank you – and the layout for these perfect with the round tables all together in one spacious air conditioned room.

Hope you are both enjoying a welcome rest – well deserved.

Virginya Andrew



Hello, my name is Sally Bolte, and I am an FDS Volunteer Support Group Facilitator for the Bendigo region in Victoria. In early February, 2018 I was given the honour of attending the annual FDS Workshop in Blacktown, along with seventy other workers and volunteers from around the country. Before I proceed to tell you how and why this workshop was life changing for me on a personal and professional level, I just wanted to give you a brief outline of who I am and how I came to be here. I guess my journey really started when I commenced volunteering on the phones as a crisis counsellor at Lifeline,

Melbourne in the late nineties, and later on in regional Victoria. I remember at the time being such a young and idealistic woman. I knew through my experiences working on the phones that I wanted to choose a career in the helping professions, this in turn led me to enrol in the Bachelor of Social Work at the University of Melbourne. After graduating from the degree, I decided I wanted to focus my efforts working therapeutically within the drug and alcohol rehabilitation sector, where I was fortunate enough to get roles in England, Darwin and Melbourne. I remember feeling so hopeful when I heard of the plans to open a safe injecting room at Wesley Central Mission in Melbourne, and then being equally devastated when that plan was blocked by the government. I have since learnt at the Blacktown conference that much to my relief, a Richmond pilot programme has been approved – this should have been done over 20 years ago, so many lives would have been spared.

So now to Blacktown – why was this conference life changing for me? It was an honour and a privilege to attend. To be surrounded by so many selfless individuals who come from all walks of life, experiences and circumstances who give of their time and energy volunteering to promote Family Drug Support is indeed humbling. To hear tragic stories of grief and loss, and the personal, lived experiences of those in the room who have lost their loved ones to drugs is heartbreaking, and the fact that these people have chosen to turn this around and help others in similar situations is what makes Family Drug Support so special. I was moved

to the core listening to our guest speakers who spoke so candidly and with raw emotion about their journey through the minefield known as addiction, and the opportunity to participate in the academic side of the conference through role plays and group learning exercises was both enriching and challenging. Finally, I wanted to say that I feel so incredibly fortunate to be part of FDS. I believe so strongly in the therapeutic power of support groups, to allow people a safe

and confidential space in which to express themselves – to grieve, to mourn, and to release some of the burdens which they may carry around, and to share their experiences with others, in the hope that they may share the burden together. I wish to thank all the amazing individuals who form part of FDS, and I shall continue the honour of volunteering my time in the quest to help others. Thanking you.

Sally Bolte

Police make scores of drug arrests at Sydney dance parties

thenewdaily.com.au (25/2/18)

Almost 100 people have been charged with drug offences at two Sydney dance parties overnight. Seven people were charged with supplying ecstasy to patrons attending the Supremacy dance party at Sydney's Olympic Park.

Another 26 people at the Saturday night event were charged with possessing MDMA while three others were busted carrying drugs other than ecstasy, NSW Police said in a statement on Sunday.

'There was a high instance of drug affected and intoxicated people observed during the operation with over 60 people requiring treatment by

medical staff,' a police spokesperson said, adding one patron was taken to Concord Hospital for a ketamine overdose.

Meanwhile, 62 people were charged with possessing a prohibited drug at the Sydney City Limits music festival held at Centennial Park on Saturday. One person was taken to Prince of Wales Hospital suffering a suspected overdose.

'Police remain concerned that people continue to risk their health and a criminal record by taking illicit drugs to events like this one and will continue to conduct similar operations at future events,' the police spokesperson said.



'Sanction' sounds like blackmail

A. Madden, *Sydney Morning Herald*, NSW Parliamentary Library (21/12/99)

'Sanction' sounds like blackmail

Perhaps the faceless and unaccountable bureaucrats of the International Narcotics Control Board (INCB) could let the Australian people know the difference between a "sanction" and blackmail (*Herald*, December 18).

The provision of medically supervised injection facilities by various State and Territory governments does not breach any international treaties to which Australia is a signatory. Yet the INCB is threatening to apply "sanctions" to Australia's opium poppy industry if we dare go ahead and attempt to save the lives of people suffering from heroin addiction by establishing such facilities.

The INCB is a fractious child of the League of Nations' 1931 International Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs. Two of the INCB's "duties" are to regulate world opium poppy production and to oversee the "removal of heroin from the face of the earth". It has failed dismally on both these fronts and should be disbanded forthwith.

The INCB, like the League of Nations, is an anachronism and has no place in the modern world. The INCB and its failed policy of heroin prohibition should be consigned to the rubbish bin of history alongside the USSR and its failed policy of communism.

Dr Michael Dawson,
Senior Lecturer,
Department of Chemistry,
Materials and Forensic Science,
University of Technology,
December 20 Sydney.

The UN International Narcotics Control Board and the Prime Minister, John Howard, are short-sighted when they say that the new proposed shooting gallery in NSW is contrary to Australia's treaty obligations.

Australia's international obligations under the Single Convention will still be fulfilled when a medically supervised injecting room is opened. The assumption is that this treaty is capable of only one interpretation: that Australia under this treaty is obligated to continue the broad criminal prohibition of, and zero-tolerance approach to, drug use. This assumption, however, is false. Other interpretations are equally relevant: in particular, these treaties allow parties to these conventions the scope to adopt measures that move away from the policy of criminal prohibition towards that of harm reduction.

The purpose of the safe injecting room is to save lives, reduce unsafe public injecting and improve the health of drug users, their families and the community in general. It is *not* to encourage drug use. The operators are not supplying drugs, but a safe place to inject.

The community cannot turn its back on drug users simply because we have been unable to stop their demand for illicit drugs or prevent illicit drugs from being so readily available. The International Covenant on Social, Cultural and Economic Rights, ratified by the Australian Government, states that governments must recognise the right of all individuals "to the enjoyment of the highest attainable standard of physical and mental health", whether a drug user or not.

Research into medically supervised injecting rooms established in Germany, Switzerland and the Netherlands has shown they reduce the number of drug overdose deaths, the spread of viral infections from drug users to the general population, the marginalisation and vilification of drug users and the level of injecting in public places. This will benefit the whole community.

Aunle Madden,
Co-ordinator, NSW Users
and Aids Association,
December 20 Bondi Junction.

Your life story

Maybe love is all anybody
Ever should believe in
Maybe life is just something
That employs us till we die
Maybe all we know
Is that the sun will come up every
morning
Maybe time can choose
Whether to be earthbound or to fly
Everybody thinks they've got it down
I won't worry, the truth's always been
found
In your life story

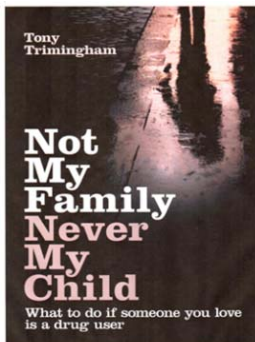
Maybe you're the one waiting
For the ship to find your harbor
Maybe you're the one looking
Past the forest to the trees
Maybe you still think
The older that you get
Life just gets harder
Maybe you would trade everything
For just one moment's peace
Everybody strains to hear the sound
Of their heart's calling
Now you can write yours down
It's your life story

Gather up your telegrams
Your faded pictures, best laid plans
Books and postcards, 45s
Every sunset in the sky

Carry with you maps and string,
flashlights
Friends who make you sing
And stars to help you find your place
Music, hope and amazing grace

Maybe what we leave
Is nothing but a tangled little mystery
Maybe what we take
Is nothing that has ever had a name
Maybe love will fade
Like the parchment pages of our
history
Maybe life is made of flickers
From some brilliant, burnished flame
Everybody's waiting for a sign
I won't worry, I think we'll be just fine
In your life story
It's your life story
And my life story
This is our life story
In your life story

Mary Chapin Carpenter



Not My Family Never My Child **A guide for families affected by drugs**

Members \$20; Non-members \$24.95 plus \$6.60 postage

Please phone/fax or email/mail us in the office.

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Signed copies are available upon request.

The simple things

Joe Cocker

Somewhere along the way
I got caught up in the race
I kept spinning and turning
Lost myself my hope my faith

We're always wanting more than what
we have
And what I've learned is all I really
need are ...

The simple things
That come without a price
The simple things
Like happiness joy and love in my life
I've seen it all from so many sides
And I hope you would agree
The best things in life
Are the simple things

Hey everybody don't get me wrong
You got to understand
Ambition and knowledge
Are the seeds of every woman and man

It's good to work ... work hard and
prosper
As long as you take time to find ...

The simple things
That come without a price
The simple things
Like happiness joy and love in my life
I've seen it all from so many sides
And I hope you would agree
That the best things in life
Are the simple things

This world moves so fast
Sometimes you got to slow down,
down, down
To find out what it's all about

We're always wanting more than what
we have
What I've learned, is what I really need
are.

The simple things
That come without a price
The simple things
Like happiness joy and love in my life
I've seen it all from so many sides
And I hope you would agree
That the best things in life
Are the simple things



FDS welcomes your ideas,
articles, etc.

Please email them to James
at james@fds.ngo.org.au

Act now before more lives are lost to drugs

Comment, *The Courier* (29/1/18)



It is unfortunate drug use and, sadly, the consequences of that use/misuse, is almost becoming the ‘norm’ in today’s society. Unless it is happening to you or someone you love, there are many who see the prevalence of drugs highlighted in the media when talking about associated deaths or drug-related violence, as nothing more than just another news headline.

The time has come for Victorians to take a stand to prevent serious harm and death from illegal drugs and that’s exactly what Buninyong MP Geoff Howard is doing about pill-testing at events like music festivals.

Many will see Mr Howard’s stance as a double-standard, almost condoning the use of drugs. But the chairman of state inquiry into drug law reform, who attended the weekend’s Rainbow Serpent Festival at Lexton to witness first-hand how bad the problem may be, is actually looking at saving lives.

Mr Howard believes pill-testing at events like Rainbow will help prevent hospitalisation or even deaths of people

who really don’t know what substances they are putting in their mouths.

An example of how dangerous these manufactured illegal drugs are came at the weekend, when nine people were taken to hospital, some of them in a critical condition, after being treated for suspected drug overdoses at the I Am Hardstyle event in Melbourne.

Mr Howard said he would welcome pill-testing on a trial basis, at the very least. While he said pill-testing was overdue, he understood how it could be perceived as sending a double-message ‘that you can’t take drugs into a festival in first place, but we will provide a service to check them’.

‘We need to keep having this discussion and people who have a viewpoint need to share them with the government and eventually change will happen,’ said Mr Howard.

However, it seems his view is not being shared Premier Daniel Andrews, who said he would not reconsider his opposition to recreational drug testing despite the mass overdose at the Festival Hall rave in Melbourne.

‘There is no safe levels at which these substances can be taken and there was proof positive of that yesterday,’ Mr Andrews said. ‘We are not having pill testing in this state, not under a government I lead anyway.’

But whether it’s under the Andrews Government or not, a stance needs to be taken to save lives.

Alcohol v. marijuana: Which one is safest?

A. Grace, *New York Daily* (11/10/17)



Whether alcohol or marijuana is safer is still up for debate, but experts agree the safest option is to avoid both drugs altogether. Photo: REZ-ART/GETTY IMAGES/ISTOCKPHOTO

There are few battles as heated as the discussion as to what's safer – alcohol or marijuana?

Like a professional tennis match, the lobs volley back and forth. Alcohol is legal, marijuana is not (in most states). You can't overdose on marijuana, you can on alcohol. You know what you're getting with alcohol, not so much with marijuana.

On and the discussion goes, so we decided to look deeper and see what the science says.

Alcohol

Alcohol may be legal, but there's no denying it's dangerous. In fact, the CDC reports that nearly 88,000 alcohol-related deaths occur each year. Binge drinking accounts for about half of these deaths as death can occur within five minutes of binge drinking.

Alcohol is also linked to considerable long-term health issues – over seven

types of cancer, type 2 diabetes, cardiovascular issues, obesity and more.

Reckless and criminal behaviour increases with alcohol use. Up to 50% of all domestic violence incidences occur when alcohol is involved. The odds of being in a car accident increase by more than 2,200% when drinking alcohol.

Alcohol use can also lead to risky sexual behaviour, increasing incidences of sexual violence, lack of protection or infidelity.

Concerning as well are the cases of alcohol-induced blackouts. Drinking heavily can even lead to the brain's inability to create new memories.

Marijuana

Marijuana is often touted as the most misunderstood miracle drug out there – but is it really? While marijuana is often used to treat a variety of diseases such as cancer and multiple sclerosis, some studies have linked marijuana to an increased risk of developing certain cancers, especially lung cancer. Further studies are being conducted to establish the veracity of those links.

Death caused by marijuana use is almost zero. According to a recent study, a fatal dose of TCH, the main chemical in marijuana, is between 15 and 70 grams. That equates to smoking between 238 and 1,113 joints in a

single day in order to overdose on marijuana.

That's not to say that other health risks do not exist. Marijuana use has been linked to anxiety, depression, increased heart rate, increased risk of heart attack (within the first hour of smoking) and suicidal thoughts in teens.

Most criminal incidences with marijuana use has to do with the possession or distribution of it due to its banned status. Studies show that driving under the influence of marijuana increases the odds of being in a car accident by 83%.

Marijuana use has also been linked to risky sexual behaviour, including a marked increase in the number of sexual partners, increased risk of STIs and unwanted pregnancy.

Most concerning with marijuana is its effects on the developing brain and long-term brain changes. Adolescents using marijuana have been shown to have lower connectivity and reduced brain activity.

Long-term marijuana use has shown significantly reduced memory and cognitive abilities.

So what does science say in the long run? On the surface, marijuana use appears to be safer than alcohol use. However, both substances come with risks and potential long term health risks, in addition to potential legal and relationship complications that can come from using both.

Which one is safer is still up to debate, but experts do agree that the safest option is to avoid both drugs altogether.

Let's help Canberra's drug addicts help themselves

Canberra Times (12/2/18)

If you believe the hype on the ACT Government's websites and in its various glossy brochures, Canberra's recovering drug addicts have never had it so good.

ACT Health, we are told, offers 'information, advice, referral, intake, assessment and support 24-hours a day'.

There are services for 'individuals, family members, friends, general practitioners and other health professionals' just ready and waiting to be tapped.

The Alcohol and Drug Service is, according to its brochures, well placed to meet the needs of drug users trying to kick the monkey off their backs.

These apparently include 'induction and ongoing care for clients (on opiate replacement) with complex needs', medicated withdrawal programs for inpatients and outpatients and the provision of a 'secure and supportive environment' for safe, medically-supervised withdrawal from alcohol and other drugs'.

All it takes, according to the marketing, is 'just one phone call' for a user to put themselves on the road to recovery.

Unfortunately, as is so often the case, when something sounds too good to be true it usually is.

The reality is that Canberra's detoxification and rehabilitation services are in a state of crisis. The residential rehabilitation system is at capacity and there are apparently significant waiting lists.

This is because the ACT Government has failed to increase funding levels in line with the city's growing drug problem over many years.

While this problem is not unique to the Territory, it is particularly disheartening when you consider this jurisdiction has been run by left-of-centre politicians who have claimed to put a high value on looking after the disadvantaged for decades.

Such aspirations sit very oddly with the Territory Government's well-documented failure to provide funding for additional residential detoxification or rehabilitation places for the last eight years.

This is despite a 36 per cent increase in the demand for such services between 2010 and 2014 and a 27 per cent increase, from 327 to 418, in the number of offenders charged with drug offences as a principal offence in 2016-2017.

The funding fail, which has been condemned by Alcohol, Tobacco and Other Drugs ACT executive director

Carrie Fowlie, is in line with this government's sub par performance on homeless services and Emergency Department treatment times.

While the ACT Labor/Greens coalition seems to be happy to talk the talk on key social welfare issues it is less willing to walk the walk by funding services for our most marginalised and vulnerable people.

This, given the Canberra community's well-demonstrated willingness to help the less fortunate, is hard to fathom. It is highly unlikely there would ever be a voter backlash against spending money on helping drug users kick their habits and move back into mainstream society.

The same goes for helping the homeless get back on their feet.

Given the cost benefit ratio for helping a drug user go clean is said to be about seven to one, beefing up residential rehabilitation programs makes excellent economic sense as well.

If the ACT Government is truly committed to adopting a harm minimisation approach to Canberra's growing drug problem then the time has come to sign the cheques.



**If you have a facebook page,
please 'LIKE' Family Drug.
Support and help us reach more
people.**

Why alcohol makes people violent, solved by scientists

S. Knapton, *The Telegraph* (12/2/18)



Alcohol can trigger extreme emotions because it dials down a part of the brain which controls temper

The mystery of why alcohol makes people violent has finally been solved. Scientists recruited 50 young men and asked them to consume either vodka or placebo drinks which were alcohol free.

They found that after just two drinks activity diminished in the prefrontal cortex of the brain – an area which is involved in tempering a person’s level of aggression.

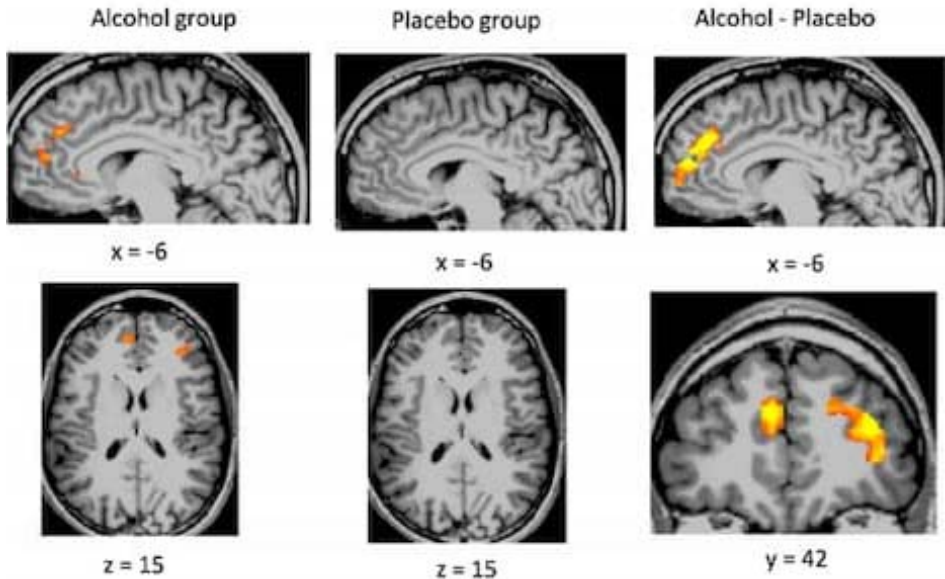
Dr Thomas Denson of the University of New South Wales in Australia, said: ‘Although there was an overall dampening effect of alcohol on the prefrontal cortex, even at a low dose of alcohol we observed a significant positive relationship between dorsomedial and dorsolateral prefrontal cortex activity and alcohol-related aggression.

‘These regions may support different behaviours, such as peace versus aggression, depending on whether a person is sober or intoxicated.’

To find out the real-time effects of alcohol on the brain, scientists used magnetic resonance imaging (MRI) scans that measure blood flow and show which areas are most active.

Participants were given alcohol or placebo then asked to complete a provoking task while lying in the scanner to gauge their levels of aggression.

Being provoked was found to have no influence on participants’ neural responses. However, when behaving aggressively, there was a dip in activity in the prefrontal cortex of the brains of those who had consumed alcoholic drinks.



Changes were seen in the prefrontal cortex of drinkers but not for the placebo group when provoked during the experiment. Credit: University of New South Wales

This dampening effect was also seen in the areas of the brain that involved reward. Also, heightened activity was noted in the hippocampus, the part of the brain associated with people's memory.

'We encourage future, larger-scale investigations into the neural

underpinnings of alcohol-related aggression with stronger doses and clinical samples,' added Dr Denson. 'Doing so could eventually substantially reduce alcohol-related harm.'

The research was published in the journal, *Cognitive, Affective & Behavioural Neuroscience*.

Stepping stones

Shared into the river.
 It's a struggle to breathe
 Tormented
 Enough! I want it to stop
 Please help.
 Private made public
 Inside, Insight, Introspection
 Not able to go back. Never
 Going forward. A goal just for me.

Shared steps. Sacred speak
 Together
 Our guides so open, gentle and true.
 Ownership
 New meanings, new life, not the same me.
 Emerging
 Shalom,
 To those sails who journey with me.
 Shalom again to those whom we carry.

Letter to FDS

Having worked in the Justice System for nearly 20 years and having come in contact with persons from all walks of life from trivial traffic offences to crime, murder and drugs, my heart went out to both the victim and the offender, and to a greater extent in the Juvenile Court.

I had empathy on both sides as a mother and as a child who grew up with not much luxury and trappings but lots of love, closeness and talking. When relatives visited us, we sat around and told stories and jokes or even played cards. No TV, games, i-pad and i-phone.

The book **NOT MY FAMILY NEVER MY CHILD** was lent to me by a friend by chance, and they say a book sometimes finds you. It was very interesting as during this time a friend of mine was going through a difficult time with her adult child who was and is involved in drugs. A mother who has not been through this heartache, I found this book outstanding and from the heart. I got information from this book that I was able to pass onto my friend.

As a volunteer in a local radio station (99.7FM) I was even able to talk about the book very briefly and give out FDS contact details on two occasions.

As a yoga instructor I come in contact with diverse persons and have met quite a few who inspire me who are or who have been on this journey within their families.

In a nutshell, where there is compassion and love the roller coaster gets slower through high winds.

As Mother Theresa said:

In the West we have a tendency to be profit-oriented, where everything is measured according to the results and we get caught up in being more and more active to generate results. In the East – especially in India – I find that people are more content to just be, to just sit around under a banyan tree for half a day chatting to each other. We Westerners would probably call that wasting time. But there is value to it. Being with someone, listening without a clock and without anticipation of results, teaches us about love. The success of love is in the loving – it is in the result of loving.'

As Richard Hurley, *The BMJ* (19/4/17) stated:

We need to move beyond fear, discrimination and punishment, and towards drug laws that are centred around honesty, compassion and health.

Sometimes it's hard for the 'Old School' parents to get a grip on, and for this reason, we need to be educated more and more on TV, Radio, Signage what is available and how FDS can assist. The sort of empathy, compassion and care we need to exercise and be aware that our child, friend or someone else's IS SICK.

Life doesn't have to be perfect to be wonderful

I think I had lost sight of who my son IS and over the years I have become negative and over critical of his choices in life. I came to this course with the hope of learning more about addiction and communication, to be able to open the door to a more open and honest dialogue with my son and being able to listen more and react less.

I work in childcare where we advocate understanding of difference and diversity. This course has opened up many questions for me, like 'why do I not apply these thinkings to addiction, they still apply' ... don't they?

Perhaps I have been conditioned to the prejudices imposed and implied in our culture that surround addiction with intolerance and terms like ... 'typical junkies', 'scum', 'low life's', which on reflection only leads to ostracising our

addicts and sends them into the arms of like minded individuals.

This course has helped me to break down the myths associated with addiction and my role in it. I am now able to digest the process into manageable steps that will enable deeper reflection of self views ... opinions ... and perceptions. I am finally gaining clarity and can now begin to see my son again for the person he is and not just the addiction. Thank you so much, this seminar has been well thought out in terms of giving maximum benefit for families supporting someone with addiction.

The following lyrics resonated with me, and I'd like to share them with you, it's about people like us ... who, when faced with adversity struggle with the concept of 'Fight or Flight.'

Airfield – Song by Enter Shikari

A field, desolate
And underfoot, a tarmac river flows
I wait to depart, an inconceivable aught
When you're no wings and all elbows

Oh, it's so cold
I watch my breath unfold
It wraps us in a cloud of gloom
Through adversity
Hope must not become the casualty

It's common for people to believe
Everything happens for a reason
I'm sorry that's false, and it's poison
Even if there is no purpose

To the things that you have gone
through
An ordeal can reveal an airfield
Stop, disown fear
And I'll be here
If you need a friend, my dear
So you're down on your luck
But that don't mean you're out

When the wind's against you
Remember this insight
That's the optimal condition
For birds to take flight
Now the wind's against you
Don't give up the fight

Language matters: Language is powerful

Language matters

Language is powerful—especially when discussing alcohol and other drugs and the people who use them. Stigmatising language reinforces negative stereotypes. “Person-centred” language focuses on the person, not their substance use.

When working with people who use alcohol and other drugs...

 try this	 instead of this
substance use, non-prescribed use	abuse misuse problem use non-compliant use
person who uses/injects drugs	drug user/abuser
person with a dependence on...	addict junkie druggie alcoholic
person experiencing drug dependence	suffering from addiction has a drug habit
person who has stopped using drugs	clean sober drug-free
person with lived experience of drug dependence	ex-addict former addict used to be a...
person disagrees	lacks insight in denial resistant unmotivated
treatment has not been effective/chooses not to	not engaged non-compliant
person’s needs are not being met	drug seeking manipulative splitting
currently using drugs	using again fallen off the wagon had a setback
no longer using drugs	stayed clean maintained recovery
positive/negative urine drug screen	dirty/clean urine
used/unused syringe	dirty/clean needle dirties
pharmacotherapy is treatment	replacing one drug for another

Adapted from *Language Matters* from the National Council for Behavioural Health, United States (2015) and *Mātua Kōi*, New Zealand (2016).



Person-centred language in non government AOD services

About this resource

Person-centred language focuses on the person, not their substance use. It is a simple and effective way of showing you respect a person's agency, dignity and worth.

This resource has been developed for people working in non government alcohol and other drugs (AOD) services. It has been developed in consultation with people who use drugs.

The purpose of this resource is to provide workers with guidelines on how to use language to empower clients and reinforce a person-centred approach.

Why have we developed this resource?

Our attitudes towards AOD use and how we respond rests on the concepts and language we use.

Words like 'addict', 'clean' and 'dirty' reinforce negative stereotypes and encourage judgement, blaming and shaming.

Fear of stigma and being labelled as a 'drug user' can and does prevent people from accessing treatment and support. Use of such language also contributes to poorer treatment outcomes.

Being mindful about the words we use is not about being politically correct. Language is powerful and it is the power of language which makes it an important practice tool; a tool to empower clients and fight stigma.

What this resource is not

This resource is not an exhaustive list of 'dos' and 'don'ts'. Language is complex. What is considered 'person-centred' will depend on the individual and the context. Terms, like 'recovery' for example, might be stigmatising for some, while others may prefer such terminology. There is no one-size-fits-all approach. What is important is that we are respectful and person-centred in our approach.



To learn more, visit the International Network of People who Use Drugs website: www.inpud.net.

References

International Network of People who Use Drugs (2011). Statement and Position paper on Language, Identity, Inclusivity and Discrimination.
International Network of People who Use Drugs (2015). Drug User Peace Initiative: Stigmatising People Who Use Drugs.
Matua Raki (2016). Language Matters.
Mental Health Coordinating Council (2015). Language of Mental Health Recovery.

Better practice guidelines

When working with people who use drugs:

- Don't define a person by their substance use or diagnosis—emphasise the person first. For example, say 'person who injects drugs' instead of 'injecting drug user' or 'person living with hepatitis C' instead of 'they're infected with hep C.'
- Don't impose your language on others. Where appropriate ask the person what language they prefer and respect their wishes.
- Choose terms that are strengths-based and empowering. Avoid terms like 'non-compliant'; use terms like 'chooses not to' or 'decided against' which affirm a person's agency, choice, and preferences.
- Be mindful of the implications of your language. Avoid terms like 'clean' and 'dirty' when talking about urine drug screen results. Consider also the implications of referring to opioid pharmacotherapies as 'substitution' or 'replacement' treatment.
- Avoid expressions like 'has a drug habit' or 'suffering from addiction' which can disempower a person by trivialising or sensationalising their AOD use.
- Use language that is accessible. Don't speak above a person's level of understanding or assume that a person is not capable of understanding. Avoid slang and medical jargon which can be misinterpreted or cause confusion when used incorrectly.
- Don't make assumptions about a person's identity—be inclusive. For example, ask about a person's preferred gender pronouns or, if you are unsure, use gender neutral terms like 'their', 'they' or 'them'. Better still, avoid unnecessary references to gender altogether by using the person's name.
- Be aware of the context of the language being used. Some terms are ok when used by members of a specific community as a means of claiming identity; the same terms can be stigmatising when used by people outside that community.
- The community of people who use drugs, like all communities, can suffer from lateral discrimination. Be careful not to take on the biases of others. Your language should respect a diversity of experience and empower the person who is looking to you for help.
- Remember, we don't just use words to communicate. Use non-verbal cues, like eye contact, tone of voice and body language to demonstrate you respect the dignity and worth of all people.

Inquiry into drug laws in Victoria recommends exploring legal cannabis

R. Smith, news.com.au (27/3/18)

Victoria could follow in the footsteps of US states Colorado and California by legalising recreational cannabis use.

The parliament's drug law reform inquiry released a 680-page report on Tuesday considering 230 submissions and recommending 50 changes for how to tackle illicit drug use.

Within the report is a section dedicated to cannabis and, specifically, 'adult use' of the drug. The report notes that cannabis is 'the most popular of the recreational illicit drugs' but also 'one of the less harmful substances when compared to other drugs such as alcohol or heroin'. It declares legalising cannabis is 'an area ... worthy of further investigation'.

The inquiry recommends recreational cannabis be researched by a new government advisory council. Members of the committee visited Colorado, California and Uruguay during their overseas study tour. Uruguay was the first country to legalise the sale of marijuana across its entire territory in 2017.

Other recommendations include further evaluation of prison alcohol and drug programs, pill testing at festivals, the development of guidelines for GPs around prescribing opioids and reviewing Victoria's current needle and syringe program.



Cannabis remains the most popular drug among Victorians. Source: Supplied

Dr Alex Wodak, who helped establish the first medically supervised injecting centre in 1999 and is the director of the Alcohol and Drug Service at Sydney's St Vincent's Hospital, said today was about addressing a 'miserable failure'.

He said the focus has for too long been on treating drug dependence as a crime, rather than a health issue.

'We've relied almost exclusively on efforts to cut the supply of drugs, probably well intentioned, but the market force is very powerful,' he told AAP. 'The next step has to be redefining the drugs problem as a health and social issue.'

Fiona Patten started the inquiry in 2015. Today she said she wished the report went further but was pleased with many of the recommendations.

'While I would have liked to see the report go further, I believe that this report and its recommendations

accurately reflect community attitudes to drug policy today,' the Reason Party MP said.

'We now understand that drug use is a health and social issue that law enforcement cannot solve. We need root and branch change.'

Jarryd Bartle, a criminal justice policy consultant and sessional lecturer at RMIT in Melbourne, said the report is a step in the right direction, albeit 'not revolutionary'.

'Overall the report is a good, comprehensive summary of evidence-based drug policy and I hope it will be used in the future to guide lawmakers,' he told news.com.au.

He said it was 'great to see that committee recognise that problematic drug use is primarily a health problem,

not something our criminal justice system is well suited to address' and that he was pleased to see the recommendation for increased diversion programs for people found in possession of drugs.

'(It's) a slight wink towards potentially implementing a Portugal-style decriminalisation model in the future,' he said.

The report found the most commonly used drugs in 2017 were cannabis (9.9 per cent), pain killers or opioids (3.4 per cent), cocaine (2.5 per cent), ecstasy (2.4 per cent), sleeping pills (1.7 per cent) and methamphetamines (1.5 per cent). It also found that Victorians in their 40s were much more likely to use cannabis recreationally in 2016 than they were in 2013 and that use increased among those aged 60 or older, too.

Groovin the Moo pill-testing trial given the thumbs up by university

E. Scott, *ABC News* (22/3/18)

The University of Canberra has paved the way for a pill-testing trial to take place at next month's Groovin the Moo festival.

It comes after a proposal to hold a trial at last year's Spilt Milk festival was pulled by the promoter weeks before the event, despite having the backing of the ACT government, police and health officials.

Spilt Milk festival was held at Commonwealth Park, which is federal

government land, requiring a license from the National Capital Authority.



Groovin the Moo will be held at the University of Canberra in April. Photo: Supplied

But Groovin the Moo will be held at the University of Canberra, land owned by the ACT Government.

A spokeswoman for the university confirmed it was supportive of the trial.

‘The University of Canberra is open to supporting a pill-testing trial at a festival held on university grounds, providing the main stakeholders and relevant authorities are all in agreement,’ she said in a statement.

It is not yet clear whether the promoter of Groovin the Moo, Cattleyard, has signed on to the trial and calls to the promoter by the ABC have not been returned.

A proposal for the latest trial was submitted to the ACT government by the consortium behind the initiative STA-SAFE earlier this year.

Groovin the Moo is an all-ages event.

Government still supportive of trial

The ACT Government gave the green light to a pill-testing trial at Spilt Milk in September, alongside ACT Health officials and the consortium behind the initiative.

The trial was also supported by ACT Policing, which played a role in its development.

A spokeswoman said the Government continues to back a pill-testing trial in Canberra.

‘The ACT Government supports a controlled trial of pill testing, conducted by an independent

consortium, as was proposed for the Spilt Milk Festival last year,’ she said.

‘The current proposal for Groovin the Moo will undergo the same cross-government evaluation that occurred last year for Spilt Milk, and the relevant working group has been reconvened.’

Shortly after the Spilt Milk trial fell over last year, STA-SAFE member and emergency room doctor David Caldicott told the ABC he believed the promoter had been pressured to ditch the plans.

The NCA denied any pressure had been applied on the promoter.



With the latest spate of overdoses in Queensland, attention has inevitably turned again to the issue of ‘pill testing’, to inform drug users of the substances they’re ingesting.

What is pill testing and how does it work?

Under the Spilt Milk proposal, festival-goers could take their pills to a medical-like tent to have them tested by STA-SAFE staff for chemicals known to cause problems if taken. Staff would require patrons to fill out a survey about their consumption habits but would not collect any identifying information.

Police and other stakeholders, including the Government, would get access to anonymous data on drugs and behaviours.

ACT Health’s website labels pill testing as a ‘harm-reduction service (also known as drug checking) that analyses the contents of drugs and helps you avoid taking unknown and potentially dangerous substances often found in illicit drugs.’

‘The evidence shows that pill testing can help to keep young people safe,’ the website states.

‘Available evidence indicates that providing consumers with information about the content of illegal drugs they intend to ingest can reduce rates of overdose of toxicity from unknown substances.’

ACT Health also notes pill testing is available in 20 countries in Europe, the Americas and New Zealand. However, it also notes that pill testing does not make taking drugs safe.

No legislation changes would be required for the trial to take place.

ACT must show leadership in pill testing debate

Canberra Times (26/3/18)



The ACT must show leadership when it comes to the debate around pill testing

After a disappointing false start last year, the time has come for the ACT to break new ground by holding Australia’s first pill testing trial.

It is an opportunity for the territory to earn its reputation as a forward-thinking jurisdiction while displaying leadership on a nationally-relevant issue.

The ACT must show leadership when it comes to the debate around pill testing. The University of Canberra should be applauded for backing a proposal, however tentatively, to allow on-site pill testing at a music festival on university land next month.

Long dismissed by anti-drug campaigners as a means to legitimise illicit drug use, pill testing has steadily gained support among academics, doctors and even police.

The notion, which has been around since the 1990s, is simple and supported by a strong body of evidence.

Festival goers can test drugs for the presence of toxic and potentially-lethal contaminants and make an informed choice about whether or not they want to take them.

Common in European countries such as the Netherlands, Austria and Spain, the pill testing concept has been hamstrung in Australia by moral concerns.

Critics say the aim should be to hold events that are completely drug-free, but this is an unrealistic expectation. Contrary to fears that pill testing might encourage a drug-taking free-for-all, research has shown it actually discourages drug use.

An Australian study published earlier this year found more than 50 per cent of respondents would not take pills that tested positive to harmful substances such as methamphetamine or ketamine. The same study found almost 90 per cent of respondents were likely to make use of pill testing if offered at a festival.

According to ACT Health Minister Meegan Fitzharris, a vocal supporter of the pill testing proposal, there were five deaths linked to festival drug overdoses in 2015.

Last year a Canberra woman was hospitalised after taking a substance that had been unknowingly laced with a drug called 25CNBOMe. The same substance had been sold as the popular party drug ecstasy in Melbourne and was linked to three deaths earlier in 2017.

These are examples of exactly the sort of harm pill testing seeks to address. It is not the first time pill testing has gained some traction in the ACT.

Last year the territory government put its weight behind a proposal to offer pill testing at the popular Spilt Milk festival, held on Commonwealth land. Initially promising, the idea was scuppered without warning as rumours swirled of federal government interference.

There is nothing wrong with an informed debate about the pros and cons of pill testing, which is far from a flawless system.

Risks are present any time illicit substances are taken, and just because a pill has been tested, does not mean it is 100 per cent safe to take. But it is hoped debate can be had this time around without the hint of political point scoring that marred last year's attempt to trial the initiative.

Pill testing does not offer a foolproof system and its drawbacks need to be acknowledged.

But surely, when the presence of a toxic substance could have fatal consequences, some information is better than none.

Family Drug Support website

www.fds.org.au

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

Family Support Meetings

Meetings are non-religious and open for family members and others affected by drugs and alcohol. They provide opportunities to talk and listen to others in a non-judgemental, safe environment.

Please phone the facilitator (listed below) to check on dates prior to attending.



General enquiries: FDS Head Office (HO) (02) 4782 9222

Meetings are not held on public holidays

No support meetings in your area? Check out the new FDS online video resource here:

<http://www.fdsonline.org.au/>

FDS support groups (in alphabetical order)

New South Wales

Every Monday

7 pm – 9 pm

BURWOOD NSW

Venue: Burwood Council Library, Meeting Room (upstairs), 2 Conder St, Burwood

Enquiries: Janet 0414 531 272 or Raewyn 0457 260 079

1st Tuesday of month

1 May, 5 Jun

6pm – 8pm

BATHURST NSW

Venue: Bathurst Base Hospital Education Centre, 361 Howick St, Bathurst (venue is left of main entrance through double doors, then turn left to first room on the left)

Enquiries: Julie 0400 113 422 or HO (02) 4782 9222

Coming soon

BLACKTOWN NSW

Please contact Julie 0400 113 422 or HO (02) 4782 9222 for further details

This meeting is cancelled until further notice

BYRON BAY NSW

Please contact Margaret on 0427 857 092 to arrange a convenient time for one-on-one support

1st Monday of month

7 May; 4 Jun

6 pm – 8 pm

CAMPBELLTOWN NSW

Venue: Odyssey House Aftercare Office, Level 2, 121 Queens St, Campbelltown

Enquiries: Raewyn 0457 260 079 or HO (02) 4782 9222

2nd Wednesday of month

11 Apr; 9 May; 13 Jun

6 pm – 8 pm

CHATSWOOD NSW

Venue: Chatswood Youth Centre, 64 Albert Ave, Chatswood (parking behind the Centre or in Westfield Car Park)

Enquiries: Ann 0478 317 399 or Raewyn 0457 260 079

New South Wales ...

1st / 3rd Monday of month

**16 Apr; 7 & 21 May;
4 & 18 Jun**

7 pm – 9 pm

COFFS HARBOUR NSW

Venue: Early Childhood Centre, 29 Park Ave, Coffs Harbour

Enquiries: Theo 0402 604 354 or Joy 0448 526 280

2nd Thursday of month

12 Apr; 10 May; 14 Jun

6 pm – 8 pm

GOSFORD NSW

Venue: Wyoming Community Centre, 147 Maidens Brush Rd, Wyoming (located left after the shops)

Enquiries: Julie 0400 113 422 or HO (02) 4782 9222

2nd Monday of month

9 Apr; 14 May

6 pm – 8 pm

HORNSBY NSW

Venue: Hornsby Uniting Church, 24 Williams St (cnr Frederick St), Hornsby

Enquiries: Raewyn 0457 260 079 or HO (02) 4782 9222

4th Monday of month

23 Apr; 28 May; 25 Jun

6 pm – 8 pm

MANLY VALE NSW

Venue: Pioneer Clubhouse, 2 Quirk Rd, Manly Vale

Enquiries: Raewyn 0457 260 079 or HO (02) 4782 9222

3rd Monday of month

16 Apr; 21 May; 18 Jun

6 pm – 8 pm

MERRYLANDS/PARRAMATTA NSW

Venue: Youth off the Streets, 102 Kenyons Rd, Merrylands West (drive through housing estate, follow signs to Youth off the Streets, turn left at the end and car park is on the right)

Enquiries: Julie 0400 113 422 or HO (02) 4782 9222

Meeting has changed locations

MT DRUITT NSW

**** Please refer to Blacktown listing**

4th Wednesday of month

23 May; 27 Jun

6 pm – 8 pm

NEWCASTLE NSW

Venue: Adamstown Uniting Church, 228 Bruncker Rd, Adamstown (enter gate at back of church from Glebe Rd)

Enquiries: Julie 0400 113 422 or HO (02) 4782 9222

This meeting has changed location

ORANGE NSW

Please refer to Bathurst listing

2nd Tuesday of month

10 Apr; 8 May; 12 Jun

6 pm – 8 pm

PENRITH NSW

Venue: Salvation Army, 223 High St, Penrith (entry/parking behind building next to Aldi)

Enquiries: Julie 0400 113 422 or HO (02) 4782 9222

New South Wales ...

1st / 3rd Monday of month

**16 Apr; 7 & 21 May;
4 & 18 Jun**

6 pm – 8 pm

PORT MACQUARIE NSW

Venue: Port Macquarie Neighbourhood Centre, cnr Dodd & Muston Sts, Port Macquarie

Enquiries: Pam 0438 994 269 or Julie 0400 113 422

3rd Wednesday of month

18 Apr; 16 May; 20 Jun

6 pm – 8 pm

RANDWICK NSW

Venue: Old Post Office, 206A Alison Rd, Randwick (cnr Avoca St – enter via car park). Street parking available

Enquiries: Raewyn 0457 260 079 or HO (02) 4782 9222

3rd Monday of month

16 Apr; 21 May; 18 Jun

6 pm – 8 pm

SUTHERLAND NSW

Venue: Sutherland Uniting Church, cnr Flora & Merton Sts, Sutherland

Enquiries: Beth 0416 078 209 or Raewyn 0457 260 079

1st Wednesday of month

2 May; 6 Jun

6 pm – 8 pm

WOLLONGONG NSW

Venue: Orana Centre, 2 Rawson St, Wollongong

Enquiries: Raewyn 0457 260 079 or HO (02) 4782 9222

South Australia

2nd Tuesday of month

10 Apr; 8 May; 12 Jun

6 pm – 8 pm

BAROSSA VALLEY SA

Venue: St Jakobi Lutheran Church, Lyndoch Valley Way, Lyndoch

Enquiries: Chloe 0428 271 743, Brendan 0457 030 805 or Simon (Barossa Valley Alliance) 0439 509 207

Monday fortnightly

**16 & 30 Apr; 14 & 28 May;
25 Jun**

7 pm – 9 pm

BROMPTON SA

**** Replaced Woodville from March**

Venue: 19 on Green, Bowden Brompton Community Centre, 19 Green St, Brompton

Enquiries: Kath 0401 732 129 or Chloe 0428 271 743

Monday fortnightly

**9 & 23 Apr; 7 & 21 May;
4 & 18 Jun**

7 pm – 9 pm

ELIZABETH SA

Venue: DASSA Northern Service, 22 Langford Dr, Elizabeth

Enquiries: Kath 0401 732 129, Chloe 0428 271 743 or Brendan 0457 030 805

Wednesday fortnightly

**18 Apr; 2, 16 & 30 May;
13 & 27 Jun**

7 pm – 9 pm

HALLETT COVE SA

Venue: Hallett Cove Baptist Church, 1 Ramrod Ave, Hallett Cove

Enquiries: Kath 0401 732 129, Chloe 0428 271 743 or Kerry 0457 033 940

South Australia ...

Wednesday fortnightly

**11 Apr; 9 & 23 May;
6 & 20 Jun**

7 pm – 9 pm

LEABROOK SA

Venue: Knightsbridge Baptist Church Hall, 455 Glynburn Rd, Leabrook

Enquiries: Brendan 0457 030 805, Kath 0401 732 129
or Chloe 0428 271 743

Last Tuesday of month

24 Apr; 29 May; 26 Jun

6 pm – 8 pm

RENMARK SA

Venue: Chaffey Community Centre, 86 Nineteenth St, Renmark

Enquiries: Brendan 0457 030 805, Chloe 0428 271 743
or Kerry 0457 033 940

Thursday monthly

19 Apr; 24 May; 21 Jun

6 pm – 8 pm

WHYALLA SA

Venue: Girls Guides Hall, cnr Whitehead St & Darling Tce, Whyalla

Enquiries: Brendan 0457 030 805, Chloe 0428 271 743
or Kerry 0457 033 940

Queensland

**Meeting has changed
location**

CABOOLTURE QLD

**** Please refer to Redcliffe listing**

1st Tuesday of month

1 May; 5 Jun

7 pm – 9 pm

GYMPIE QLD

Venue: Gympie Community Place, 18 Excelsior Rd, Gympie

Enquiries: Devushka 0484 000 806 or HO (02) 4782 9222

3rd Thursday of month

19 Apr; 17 May; 21 Jun

6.30 pm – 8.30 pm

IPSWICH QLD

Venue: EACH, 24 East St, Ipswich (rear parking access via Wharf St)

Enquiries: Devushka 0484 000 806 or HO (02) 4782 9222

3rd Wednesday of month

18 Apr; 16 May; 20 Jun

7 pm – 9 pm

MAROOCHYDORE QLD

Venue: Community Focus, 3/2 Ann-Maree Cl, Maroochydore

Enquiries: Sue/Barry 0419 020 603 or HO (02) 4782 9222

2nd Wednesday of month

11 Apr; 9 May; 13 Jun

7 pm – 9 pm

MITCHELTON QLD

Venue: Picabeen Community Centre, 22 Hoben St, Mitchelton

Enquiries: Krystal 0484 002 178 or HO (02) 4782 9222

Queensland ...

1st / 3rd Monday of month **NERANG QLD**
16 Apr; 21 May; 4 & 18 Jun **Venue:** Girl Guides Hall, 40 Ferry St, Nerang
7 pm – 9 pm **Enquiries:** Devushka 0484 000 806 or HO (02) 4782 9222

1st / 3rd Tuesday of month **NORTHGATE QLD**
17 Apr; 1 & 15 May; 5 & 19 Jun **Venue:** Northgate Meeting Room, Northgate Hall, cnr Scott & Ridge Sts, Northgate
7 pm – 9 pm **Enquiries:** Krystal 0484 002 178 or HO (02) 4782 9222

1st Monday of month **PADDINGTON QLD**
4 Jun **Venue:** Paddington Hall Annexe, 10 Moreton St, Paddington
7 pm – 9 pm **Enquiries:** Krystal 0484 002 178 or HO (02) 4782 9222

1st Wednesday of month **REDCLIFFE QLD**
2 May; 6 Jun **Venue:** Lives Lived Well, Level 1, 3 Violet St, Redcliffe
6.30 pm – 8.30 pm **Enquiries:** Chrissie 0484 002 181 or HO (02) 4782 9222

Last Tuesday of month **REDLAND BAY QLD**
24 Apr; 29 May; 26 Jun **Venue:** The Cage Community Centre, 882 German Church Rd, Redland Bay
7 pm – 9 pm **Enquiries:** Devushka 0484 000 806 or HO (02) 4782 9222

Victoria

4th Wednesday of month **BENDIGO VIC**
25 April; 23 May; 27 Jun **Venue:** Olinda Centre, 8 Olinda St, Bendigo
7 pm – 9 pm **Enquiries:** Sally 0421 831 067 or Debbie 0448 177 083

Thursday fortnightly **CHADSTONE VIC**
12 & 26 Apr; 10 & 24 May; 7 & 21 Jun **Venue:** Link Health & Community, 94 Batesford Rd, Chadstone (enter park off Batesford Rd opposite Woonah St)
6 pm – 8 pm **Enquiries:** Debbie 0448 177 083

Tuesday fortnightly **FERNTREE GULLY VIC**
17 Apr; 1, 15 & 29 May; 12 & 26 Jun **Venue:** Knox Community Health Service, 1063 Burwood Hwy, Ferntree Gully
6.30 pm – 8.30 pm **Enquiries:** Kelly 0431 993 621 or Debbie 0448 177 083

Victoria ...

Thursday fortnightly
19 Apr; 3, 17 & 31 May;
14 & 28 Jun
6 pm – 8 pm

FOOTSCRAY VIC
Venue: Co-Health Building, 215 Nicholson St, Footscray
Enquiries: Debbie 0448 177 083 or Anne 0408 384 518

Tuesday fortnightly
10 & 24 Apr; 8 & 22 May;
5 & 19 Jun
6 pm – 8 pm

FRANKSTON VIC
Venue: Frankston Community Health Centre, 2 Hastings Rd, Frankston
Enquiries: Tracy 0413 710 238 or Debbie 0448 177 083

Wednesday fortnightly
11 & 25 Apr; 9 & 23 May;
6 & 20 Jun
7 pm – 9 pm

GEELONG VIC
Venue: Swanston Centre, cnr Myers & Swanston Sts, Geelong
Enquiries: Kevin 0487 949 745 or Debbie 0448 177 083

Wednesday fortnightly
18 Apr; 2, 16 & 30 May;
13 & 27 Jun
6 pm – 8 pm

HAWTHORN VIC
Venue: Access Health & Community, 378 Burwood Rd, Hawthorn (cnr Kent St. Enter from back door behind building in Kent St)
Enquiries: Debbie 0448 177 083

Monday fortnightly
16 & 30 Apr; 14 & 28 May;
25 Jun
6.30 pm – 8.30 pm

MORNINGTON PENINSULA VIC
Venue: MCOG Community House, 18 Pitt St, Mornington
Enquiries: Debbie 0448 177 083 or Sally 0498 077 676

Non-FDS support groups (in alphabetical order)

Wednesday fortnightly
Please call to confirm dates
5.30 pm – 7.30 pm

CANBERRA ACT
Venue: Compass Directions ACT, Level 6, Cosmopolitan Centre, Bowes St, Woden
Enquiries: Switchboard (02) 6132 4800

Every Thursday
10 am – 11.30 am

MANDURAH WA
Venue: South Metropolitan Community Drug Service, 22 Tuckey St, Mandurah
Enquiries: (08) 9581 4010

Tuesdays: 10 Apr, 1-3 pm
**** After 10 April, meeting will be run by FDS on last Tuesday of each month,**
6 pm – 8 pm

RENMARK SA
Venue: Renmark Community Health Building, Ral Ral Ave, Renmark (near the hospital)
Enquiries: Kath 0401 732 129

Events Diary

STEPPING STONES COURSES

Unless indicated, courses run over two (2) consecutive weekends

www.fds.org.au

Contact the facilitator (see below) or Head Office (02 4782 9222) for more information

21-22 & 28-29 April 9.30 am – 4 pm	MOOROODUC VIC Venue: 981 Moorooduc Hwy, Moorooduc Enquiries: Debbie 0448 177 083 or HO (02) 4782 9222
16-17 & 23-24 June 9.30 am – 4 pm	GYMPIE QLD Venue: Gympie Community Place, 18 Excelsior Rd, Gympie Enquiries: Devushka 0484 000 806 or HO (02) 4782 9222
16-17 & 23-24 June 9.30 am – 4 pm	ROZELLE NSW Venue: TBC Enquiries: Liz 0417 429 036 or Raewyn 0457 260 079
16-17 & 23-24 June 9.30 am – 4 pm	GOODWOOD SA Venue: Safe Place Training, 147 Goodwood Rd, Goodwood Enquiries: Kerry 0457 033 340 or HO (02) 4782 9222
23-24 June & 7-8 July <i>*1 week break in-between*</i> 9.30 am – 4 pm	YERONGA QLD Venue: Yeronga Services Club, 391 Fairfield Rd, Yeronga Enquiries: Dom 0419 689 857 or HO (02) 4782 9222
21-22 & 28-29 July 9.30 am – 4 pm	PORT MACQUARIE NSW Venue: TBC Enquiries: Theo 0402 604 354 or HO (02) 4782 9222
4-5 & 18-19 August <i>*1 week break in-between*</i> 9.30 am – 4 pm	TOOWOOMBA QLD Venue: Toowoomba Hospital, Unara Room 1, 154 Pechey St, South Toowoomba Enquiries: Chrissie 0484 002 181 or HO (02) 4782 9222
18-19 & 25-26 August 9.30 am – 4 pm	COFFS HARBOUR NSW Venue: C.ex Coffs Ex-services, 2-6 Vernon St, Coffs Harbour, Northside Room (private room opposite from main building entrance) Enquiries: Theo 0402 604 354 or HO (02) 4782 9222

STEPPING FORWARD INFORMATION SESSIONS

Session 1: Stages of Change and Balance Pole

Session 2: Effective Communication

Session 3: Alcohol and Other Drugs Information

Separate modules can be provided for the following:

- Treatment and Recovery
- Boundary Setting and Dealing with Conflict
- ICE Presentation
- Engaging with Families Workshop

Each session runs for approximately two hours and are open to the public.

Cost is free, however, donations are welcome (unless specified otherwise).

Bookings are essential. For bookings or enquiries, please phone the facilitator listed against the relevant session or Head Office on (02) 4782 9222.

7 April

WYOMING NSW

9.30 am – 4.30 pm

Venue: Wyoming Community Centre, 147 Maidens Brush Rd, Wyoming

Module: Stages of Change and Balance Pole; Effective Communication; Alcohol and Other Drugs Information

Enquiries: Julie 0400 113 422

11 April

REDLAND BAY QLD

6.30 pm – 8.30 pm

Venue: The Cage, 882 German Church Rd, Redland Bay

Module: Effective Communication

Enquiries: Devushka 0484 000 806

12 April

STRATHPINE QLD

6 pm – 8 pm

Venue: Strathpine Library Meeting Room, 1 Station Rd, Strathpine

Module: Stages of Change and Balance Pole

Enquiries: Krystal 0484 002 178

12 April

DARWIN NT

6.30 pm – 8.30 pm

Venue: Mauna Loa Room, Admin Apartment & Vibe Hotewl, 7 Kitchener Drive, Darwin

Module: Stages of Change and Balance Pole

Enquiries: Chrissie 0484 002 181

Stepping Forward Information Sessions ...

16 April 6.30 pm – 8.30 pm	KATHERINE SOUTH NT Venue: Red Cross Regional Office, 74-84 River Bank Dr, Katherine South Module: Stages of Change and Balance Pole Enquiries: Chrissie 0484 002 181
18 April 6.30 pm – 8.30 pm	REDLAND BAY QLD Venue: The Cage, 882 German Church Rd, Redland Bay Module: Alcohol and Other Drugs Information Enquiries: Devushka 0484 000 806
19 April 6.30 pm – 8.30 pm	ALICE SPRINGS NT Venue: Training Room Holyoake, 1 Musgrave St (cnr Bloomfield St), Alice Springs Module: Stages of Change and Balance Pole Enquiries: Chrissie 0484 002 181
19 April 6 pm – 8 pm	STRATHPINE QLD Venue: Strathpine Library Meeting Room, 1 Station Rd, Strathpine Module: Effective Communication Enquiries: Krystal 0484 002 178
28 April 9.30 am – 12.30 pm	BATHURST NSW Venue: Bathurst RSL Club, Courtyard Room, 114 Rankin St, Bathurst Module: Alcohol and Other Drugs Information Enquiries: Julie 0400 113 422
2 May 6.30 pm – 8.30 pm	STRATHPINE QLD Venue: Pine Rivers Probation & Parole, Level 1, 199 Gympie Rd, Strathpine Module: Stages of Change and Balance Pole Enquiries: Chrissie 0484 002 181
5 May 9.30 am – 4 pm	ELIZABETH SA Venue: DASSA Northern Services, 22 Langford Dr, Elizabeth Module: Stages of Change and Balance Pole; Effective Communication; Alcohol and Other Drugs Information Enquiries: Chloe 0428 271 743
12 May 9.30 am – 12.30 pm	LITHGOW NSW Venue: Lithgow Workmen's Club, Waratah Room, 3-7 Tank St, Lithgow Module: Alcohol and Other Drugs Information Enquiries: Julie 0400 113 422

Stepping Forward Information Sessions ...

12 May 12 noon – 4.30 pm	CHATSWOOD NSW Venue: Chatswood RSL Club, Fisher Room, 446 Victoria Ave, Chatswood Module: Stages of Change and Balance Pole; Effective Communication Enquiries: Raewyn 0457 260 079
14 May 3 pm – 5 pm	WYNNUM WEST QLD Venue: Gunda-Pa, 20 New Lindum Rd, Wynnum West Module: Stages of Change and Balance Pole Enquiries: Krystal 0484 002 178
15 May 6.30 pm – 8.30 pm	MULLUMBIMBY QLD Venue: 1/64 McGougans Lane, Mullumbimby Module: Effective Communication Enquiries: Chrissie 0484 002 181
21 May 3 pm – 5 pm	WYNNUM WEST QLD Venue: Gunda-Pa, 20 New Lindum Rd, Wynnum West Module: Effective Communication Enquiries: Krystal 0484 002 178
22 May 7 pm – 9 pm	UPPER MOUNT GRAVATT QLD Venue: Westfield Garden City, Library Meeting Room, cnr Kessels Rd, Upper Mount Gravatt Module: Stages of Change and Balance Pole Enquiries: Krystal 0484 002 178
22 May 6.30 pm – 8.30 pm	TOOWOOMBA QLD Venue: Lives Lived Well, 63 Neil St, Toowoomba Module: Stages of Change and Balance Pole Enquiries: Chrissie 0484 002 181
26 May 9.30 am – 12.30 pm	BATHURST NSW Venue: Panthers Bathurst, Boardroom, 132 Piper St, Bathurst Module: Alcohol and Other Drugs Information Enquiries: Julie 0400 113 422
28 May 3 pm – 5 pm	WYNNUM WEST QLD Venue: Gunda-Pa, 20 New Lindum Rd, Wynnum West Module: Alcohol and Other Drugs Information Enquiries: Krystal 0484 002 178

SFU study finds methadone treatment helps reduce crime rates by third

Contributor, *Nelson Daily* (19/3/18)



This 17-year longitudinal cohort study, published in the leading journal, *Addiction*, is the first comprehensive study to analyse the links between medication and crime.

A study led by SFU's Somers Research group has found that opiate drug treatments are linked to significantly lowering the risk of violent and non-violent crimes – by about a third – among patients diagnosed with opioid dependence and with prior convictions a media release by the university communications department said Monday.

This 17-year longitudinal cohort study, published in the leading journal, *Addiction*, is the first comprehensive study to analyse the links between medication and crime.

The research team led by SFU health sciences professor Julian Somers utilized big data computing power to analyse every single person in British Columbia's criminal justice system from 1998-2015.

This also includes all transactions of methadone in the tens of millions.

The researchers discovered that patients in the B.C. criminal justice

system were taking methadone for less than 50 percent of their doctor prescribed length.

In addition, for the time the patients were maintaining their methadone treatments, violent and non-violent crimes dropped by 33 percent and 35 percent, respectively.

'Patients in the justice system with substance and mental health issues costs tax payers \$60,000 year over year,' says Somers.

'Our findings suggest that if we don't support these patients with maintaining methadone treatments the public's investment in helping these people will be completely lost.'

SFU was founded more than 50 years ago with a mission to be a different kind of university – to bring an interdisciplinary approach to learning, embrace bold initiatives, and engage with communities near and far.

Today, SFU is Canada's leading comprehensive research university and is ranked one of the top universities in the world.

With campuses in British Columbia's three largest cities – Vancouver, Burnaby and Surrey – SFU has eight faculties, delivers almost 150 programs to over 35,000 students, and boasts more than 150,000 alumni in 130 countries around the world.

NEWS FROM OVERSEAS

United States

WHY IT'S NOT 'ENABLING' TO MAKE DRUG USE SAFER



In the face of an unabating overdose crisis that has already killed more than a half-million people, San Francisco, Philadelphia and Seattle have announced plans to do what was once unthinkable: open centres where people can inject illegal drugs under medical supervision. Many other cities are also debating so-called safe injection facilities (SIFs) – but unfortunately, a common misconception about addiction stands in the way.

SIFs, also known as Overdose Prevention Sites or Supervised Consumption Centres, have operated for years in at least 66 cities in Europe, Canada and Australia. They reduce overdose mortality, cut transmission of HIV and hepatitis C, decrease public injecting and the presence of dirty needles in streets and parks, and even reduce local crime and violence rates – all while improving health. Despite millions of injections carried out by

thousands of people, no one has ever died of an overdose at an SIF, according to Brandon Marshall, an associate professor of epidemiology at Brown University, who has studied these programs.

Instead, opponents argue that SIFs 'enable' addiction – and that by mitigating risk, they prolong drug use by preventing people with addiction from suffering the consequences needed to motivate them to recover. In 2017, anti-SIF residents and politicians in Seattle organized a ballot initiative to block the city's SIF plans, which garnered more than 47,000 signatures and qualified it for a vote. (The referendum was later blocked by a judge for procedural reasons).

In an op-ed laying out his opposition, Redmond, Wash., city council member David Carson put it this way: 'It's difficult to see how enabling addicts to continue a terribly destructive lifestyle is compassionate. Every recovering addict will tell you that they had to hit rock bottom before they wanted to change and that desire must drive their recovery.' Similar comments have been heard from opponents in San Francisco, Philadelphia and elsewhere.

The concept of 'enabling' comes from 12-step recovery, based on the self-help group Alcoholics Anonymous. The idea is that friends and family must not support loved ones while they continue to use drugs or help them avoid dangerous consequences – otherwise,

they might delay ‘rock bottom.’ The vast majority of addiction treatment providers in America teach this perspective, even though there’s no research to support the idea that ‘enabling’ is harmful.

Gigabytes of real-world data show the opposite. In the 1990s, the ‘enabling’ argument was used to fight clean needle programs to prevent the spread of disease – and it helped delay their implementation. Even today, states with growling levels of IV drug use, such as Indiana and Florida, continue to have fights over these programs. Officials in Indiana have shut down several because of moral fears about enabling.

People not wanting centres in their back yards and arguments about the example such programs might set for children also were common. However, European countries that didn’t have strong opposition from a treatment system imbued with the belief ‘enabling’ is bad implemented programs far more quickly.

Cities that moved forward found – and research repeatedly demonstrated – that syringe exchanges neither encourage children to take up drugs nor deter those who are already addicted from recovery. On the contrary, people who participate are more likely to seek treatment, not less.

Yet concern about ‘enabling’ persists, even as syringe access programs are shown to reduce the spread of HIV. New York state saw its infection rate among IV drug users plunge from 50 percent to less than 3 percent after expanding these programs.

While the United States continues to fret over SIFs, countries in Europe in Canada have moved on to other measures, including providing free, pharmaceutical grade heroin to people who are addicted. If recovery isn’t possible unless someone is forced to ‘hit bottom,’ free heroin should keep people from even bothering to try to quit. But that’s not what happens. A review of the now-abundant literature on heroin prescribing in the United Kingdom, Germany, Holland and Canada shows that they improve health, employment and yes, treatment and abstinence rates in these otherwise-intractable cases.

If making life worse for people is the best way to spur recovery, poor folks, homeless people and prisoners should be the most likely to succeed in treatment. But again, research shows that people with more resources and support do better – not those who are in the direst straits.

This shouldn’t be counterintuitive: Addiction is defined by the National Institute on Drug Abuse and psychiatry’s diagnostic bible, the DSM, as compulsive drug use that continues despite negative consequences. The problem is not an absence of suffering but a deficit of hope and alternatives. If stigma, isolation and being ostracized fought addiction, we wouldn’t be having the worst overdose crisis in history now. If horrible experiences made people kick drugs, no one would ever relapse after one bout of cold-turkey opioid withdrawal.

It’s long past time to retire the ideas of ‘enabling’ and ‘hitting bottom’ and let

drug policy be guided by data, not a desire to punish perceived immorality. As a person who once struggled with cocaine and heroin addiction, I know that being treated with kindness and respect can feel like a complete novelty during active addiction – and rather than responding by becoming more self-destructive, people typically become less so.

When people feel valued rather than judged, regardless of whether they continue to take drugs, they begin to value themselves more. Once people feel safe and cared for, it's much easier to make changes that otherwise frighten them. As with needle exchange and heroin prescribing, frequent SIF users are more likely to seek further help, not less.

In medicine, there's no other group of patients for whom 'disabling' and social rejection is a treatment goal: If we truly believe that addiction is a health problem, not a moral weakness, we need to treat it like one and allow SIFs and other harm reduction programs to enable recovery by saving lives.

M. Szalavitz, *Washington Post* (13/3/18)



TRUMP PUSHES DEATH PENALTY FOR DRUG KINGPINS IN NEW HAMPSHIRE

Only executions and my wall will stop the opioid crisis, says Trump, as he launches full-throated push for drug-dealer death penalty in the state he once called 'a drug infested den'

- President Trump travelled to Manchester, New Hampshire on Monday to talk about the nation's opioid addiction crisis
- Trump called for the death penalty to be imposed on drug kingpins during his speech, delivered at a community college
- First lady Melania Trump introduced her husband, as she's also been vocal on the issue of preventing drug addiction
- President said that without capital punishment 'for the really bad pushers and abusers, we are going to get nowhere'
- He dismissed 'blue ribbon committees' and said without the ultimate punishment 'we're wasting our time'
- Trump also claimed 90 per cent of the heroin in the nation comes across the U.S.-Mexico border
- 'Eventually the Democrats will agree with us and we'll build the wall to keep the damn drugs out,' he said

With opioid overdose levels skyrocketing, President Donald Trump unveiled a strategy Monday to counter the impact of deadly drugs nationwide – including capital punishment for high-level traffickers

In a direct message to dealers and traffickers, he threw down the gauntlet.

'We will find you, we will arrest you, and we will hold you accountable,' he said to applause during a speech in Manchester, New Hampshire.

And his version of ‘toughness,’ he said, ‘includes the death penalty.’

In a confusing moment on Monday, Trump stepped on his own messaging.

‘Unless you have really, really powerful penalties – led by the death penalty – for the really bad pushers and abusers, we are going to get nowhere,’ he said, appearing to equate drug ‘abusers’ with the dealers who supply them.



President Trump shared ideas he had for solving the nation’s opioid crisis, like putting drug kingpins to death and building his border wall with Mexico

But most of his pitch was a brushback pitch to the criminals who fuel between one- and three-quarters of a trillion dollars in U.S. illicit drug sales each year.

‘Some of these drug dealers will kill thousands of people during their lifetimes ... and they’ll get caught, and they’ll get 30 days in jail, or they’ll go away for a year, or they’ll get fined,’ the president said.

Yet ‘if you kill one person, you get the death penalty or you go away for life.’

Unless that lopsided equation is righted, he said, ‘we are just doing the wrong thing. We have got to get tough.’

Part of Trump’s task on Monday was to dove-tail his drug addiction policy with his long-stated immigration goals.

He said in New Hampshire that 90 per cent of the heroin in the U.S. comes through the Mexican border.

‘Eventually the Democrats will agree with us and we’ll build the wall to keep the damn drugs out,’ he said, with a partisan audience whooping and cheering.

Sounding more like a campaign rally crowd than a group witnessing a presidential address, they shouted: ‘Build that wall! Build that wall!’



Tragic overdose: President Donald Trump listens as Jeanne and Jim Moser of East Kingston, N.H. speak about their son, Adam, who died of an opioid drug overdose in 2015, during a speech about his plan to combat opioid drug addiction at Manchester Community College, Monday, March 19, 2018, in Manchester, N.H.

The president raised eyebrows when he first floated the idea of making the death penalty available to federal prosecutors in some drug trafficking cases.

That national head-scratch split into a serious policy debate last week when a leaked copy of a policy blueprint included the idea of capital punishment for kingpins.



Trump travelled to New Hampshire, the first-in-the-nation primary state, for the speech. During the campaign, he referred to New Hampshire as a 'drug infested den'.

Presidential counsellor Kellyanne Conway told reporters aboard Air Force One that the policy proposal 'is about drug traffickers. This is high-level, very specific cases.'

A senior administration official said Sunday night during a conference call with journalists that the Justice Department would only seek that penalty to the degree it is permitted 'under current law.'

American Civil Liberties Union objected loudly on Monday, with Jesselyn McCurdy, deputy director of its Washington legislative office, condemning Trump for endorsing 'draconian law enforcement provisions.'

McCurdy said in a statement that capital punishment for drug dealers would be 'unconstitutional and absurd.'

'Drug trafficking is not an offense for which someone can receive the death penalty. The Supreme Court has repeatedly and consistently rejected the use of the death penalty in cases where there has been no murder by the convicted individual,' she said.

But Attorney General Jeff Sessions, who appeared on stage with Trump on Monday – but did not speak from the podium – thanked the president for his 'strong leadership.'

'At the Department of Justice, we have made ending the drug epidemic a priority,' Sessions said. 'We will continue to aggressively prosecute drug traffickers and we will use federal law to seek the death penalty wherever appropriate.'



First lady Melania Trump watches as her husband, President Donald Trump speaks to supporters, local politicians and police officers at an event at Manchester Community College on 19 March 2018 in Manchester, New Hampshire.

The White House has sought to de-emphasize the criminal justice aspects of the president's rollout, focusing instead on prevention and treatment.

Trump played to that priority early in his speech Monday, declaring that 'failure is not an option. Addiction is not our future.'

‘It will stop,’ he promised.

‘We will liberate our country from this crisis,’ Trump said, pledging that Americans ‘will raise a drug-free generation of American children.’

Trump also dipped his toe Monday into the unique political pond he’ll need to master a second time in the 2020 presidential primary season.



President Trump spoke about the nation’s opioid epidemic Monday in Manchester, New Hampshire, a state that he heralded for his primary win, but also called a ‘drug infested den’.

A 2017 poll of Granite State residents found that the scourge of illicit drugs was the single biggest problem they faced – scoring higher than jobs, taxes, health care and immigration.

It was the first time a majority of New Hampshire residents ever told pollsters that any one issue outweighed all other concerns combined.



First lady Melania Trump gave the introduction Monday for her husband, President Donald Trump, in Manchester, New Hampshire.



US President Donald Trump and First Lady Melania Trump visit Manchester Central Fire Station in Manchester, New Hampshire on 19 March 2018.

First lady Melania Trump introduced her husband Monday in New Hampshire, decrying the impact of opioid abuse on young mothers and children.

She said she hopes especially for a greater nationwide focus on educating women about the impact of opioids on unborn babies.

Trump’s overall approach blends attacks on illicit drug traffickers and over-prescribing doctors with greater funding of addiction counselling and treatment.

But it remains unclear just how much money the administration will ask Congress to devote to treating what has become a national cancer.

Whatever the amount is, Democrats are likely to claim it amounts to a drop in the bucket.

One aide to a Democratic senator said Monday that the left side of Capitol Hill's aisles is afraid the funding scheme for Trump's new 'drug war' will resemble 'his laughable plan for infrastructure.'

'This White House has basically told all the states that it'll get some seed money out there for bridges and tunnels, but they're going to have to raise most of it themselves,' the Senate staffer said.

'If that's the way this opioid program is going to be built, it'll barely make a ripple in a gigantic pond.'



President Donald Trump is applauded prior to delivering remarks on 'combatting the opioid crisis' in a speech at Manchester Community College in Manchester, New Hampshire, U.S., March 19, 2018. Applauding (L-R): U.S. Surgeon General Jerome Adams, White House Senior Counsellor Kellyanne Conway; Kirstjen Nielsen, Secretary of the Department of Homeland Security; Alex Azar II, Secretary of the Department of Health and Human Services; and U.S. Attorney General Jess Sessions.

The White House says that, like international crises in Iran and North Korea, America's illicit narcotics boom is a deep-seated sickness that Barack Obama left for him to cure.



Keep clapping: Attorney General Jeff Sessions(L) applauds as US President Donald Trump speaks about combating the opioid crisis at Manchester Community College in Manchester, New Hampshire on March 19, 2018.

The senior administration official suggested Sunday that deadly variants of opioid painkillers like Fentanyl have been allowed to proliferate because of Obama's soft-glove approach to criminal justice.

'I think it's a shame that we've seen the prior administration did not prioritize enforcing the law as related to drugs,' the official said.

'That, I think, has been directly attributable to the rise and increase of Fentanyl, and the resulting overdose deaths.'

Conway said Monday that mandatory minimum sentences should be triggered at a different level for Fentanyl than for other drugs because just a 'trace' amount of it can kill.

Fentanyl is 100 times as powerful as morphine and 50 times the strength of heroin.

According to current sentencing guidelines, mandatory minimums in place don't kick in unless a trafficker is caught with 20,000 doses.

Some states have decriminalized marijuana in recent years, sensing a willingness of the Justice Department to leave the overriding federal laws against the drug unenforced.

But Trump's DOJ has signalled a willingness to crack down, even where less potent 'gateway drugs' are concerned.



Before his speech, President Trump (right) and first lady Melania Trump (left) visited the Manchester Central Fire Station, where he held onto a fireman's hat.

'For states that are choosing to follow that path, it is a terrible mistake to not vigorously enforce the law as it relates to illicit drug use,' the senior administration official argued.

Some experts say the same international pathways used by marijuana smugglers provide a conduit for harder drugs, including heroin, Fentanyl and cocaine.

A second administration official told DailyMail.com on Monday that 'sealing the border with Mexico' and 'getting tougher at [sea] ports' would have an impact on every facet of the illicit drug trade.

'Even if you build the president's wall, the problem isn't going to dry up overnight,' the official conceded, noting that some Drug Enforcement Administration figures indicate more narcotics come into the U.S. via ocean routes than by land.

'But the last White House did a lot of nothing,' the official claimed. 'it feels like we're starting from zero.'



President Trump and first lady Melania Trump listen as Daniel Goonan, Manchester City Fire Chief, speaks during a visit the Manchester Central Fire Station on Monday.

One direction out of the starting blocks is cutting back on the drug channels that don't break any laws, Health and Human Services Secretary Alex Azar said Monday morning.

Appearing on 'Fox & Friends,' he said his agency wants to slash legal prescriptions of opiates like OxyContin and Percocet by one-third in the next three years.

Azar compared the 'over-prescription' of those painkillers to a similar overuse of antibiotics, which has made some infectious diseases resistant to the medicines.

And he said the president's openness to seeing major drug traffickers put to death shows his 'seriousness.'



President Trump and first lady Melania Trump seen leaving the White House Monday en route to Manchester, New Hampshire.

‘If you are involved in the distribution of illicit drugs – or if you are improperly using, selling, distributing even legal opioids – there should be serious penalties attached and serious enforcement,’ he said.

A different official said Sunday that the U.S. opioid addiction epidemic ‘is a very tricky thing. It starts often in the family medicine cabinet, the little bottle there has a label with the local pharmacy and the family doctor.’

Many people find themselves addicted to painkillers that were covered under Medicare or Medicaid, only to learn that the same programs won’t fund treatment programs.

The White House denies that choosing New Hampshire for Monday’s speech has a political component, even though long-time Ohio Republican Gov. John Kasich has already visited the state and a parade of other water-testers is sure to follow.

‘It doesn’t carry any political weight tomorrow,’ a senior administration official insisted on Sunday, noting that

the White House invited New Hampshire’s entire Senate and House delegations – all Democrats – to appear with the president in Manchester.



President Donald Trump holds first lady Melania Trump, who lost her footing while walking across the South Lawn of the White in Washington, Monday, March 19, 2018, before boarding Marine One helicopter for the short trip to Andrews Air Force Base, Md. They travelled to New Hampshire for Trump’s event on the opioid crisis.

‘We would like them to attend,’ the official said. ‘I don’t think they are.’

Attorney General Jeff Session, who has been upbraided by Trump for his handling of the Russia probe, accompanied the president to New Hampshire but did not speak at the event.

He issued a statement praising Trump and promising to prosecute dealers ‘aggressively.’

‘Drug dealers show no respect for human dignity and put their own greed ahead of the safety and even the lives of others. Drug trafficking is an inherently violent and deadly business: if you want to collect a drug debt, you collect it with the barrel of a gun. As surely as night follows day, violence and death follow drug trafficking, and

murder is often a tool of drug traffickers,' said Sessions.

'At the Department of Justice, we have made ending the drug epidemic a priority. We will continue to aggressively prosecute drug traffickers and we will use federal law to seek the death penalty wherever appropriate,' Session added.

'I want to thank the President for his strong leadership on this issue and I join him in sending the message that business as usual has ended,' Sessions concluded.

D. Martosko, Dailymail.com (20/3/18)

Norway

NORWAY HAS A PLAN TO DECRIMINALIZE ALL DRUGS



Norway will become the second country in the world where the use and possession of anything from cocaine to heroin will not be a criminal offense.

As the U.S. government tightens drug legalization policy, a consensus is developing in Europe. Norway – run by a coalition of right wing parties – is decriminalizing all drug use and

possession following the successful Portuguese model.

Despite efforts for over a decade to make drug-use safe in Norway, the Scandinavian country has one of the highest overdose mortality rates in Europe. With around 9,000 high risk heroin users in Norway, many find themselves living in and out of jail. By treating drug use as a health issue, rather than a criminal one, Norway hopes to bring drug users into the healthcare system so they can get the treatment they were not able to before.

Ben Ferguson, *Vice News* (30/1/18)

New Zealand

FORMER PM HELEN CLARK: NZ NEEDS TO RETHINK DRUG POLICY

Pakuranga MP Simeon Brown talks about his private member's bill which aims to crack down on the sellers of synthetic drugs.

The war on drugs has failed and it's time for New Zealand to take a fresh look at its policy, says former prime minister Helen Clark.

On Thursday Clark told a conference at Parliament that the passing of a private member's bill – calling for an increase in the maximum penalty for suppliers of drugs like synthetic cannabis – was a step in the wrong direction and wouldn't work.

'That is heading in the war-on-drugs direction which isn't going to work, but going to a select committee to a bill is

one thing, it's what will come out the other end,' Clark said.

'And I think all the people who know about drug policy, who know what's happening around the world, need to come to the [select] committee and spell it out how it is.'



Helen Clark was the minister for health in the late 1980s, and says 'you never lose that thinking'.

Clark, who last year lost her bid to become the next secretary-general of the United Nations, is a member of the Global Commission on Drug Policy, which aims to reform drug policy in order to reduce societal harm.

Clark has previously advised the evidence lies with countries like Switzerland and Portugal, where decriminalisation and extensive social policies have reduced Portugal's rate of drug users from the highest in western Europe to the lowest.

'It's a tough issue because it's almost counter-intuitive to what has to be done,' Clark said. 'We've got drug policy wrong, and I very much want to stop treating people who use drugs as criminals.'

'We have to look at the evidence of what works – and if we looked at Portugal or to Switzerland or any number of countries now we see more enlightened drug policies, which are

bringing down the rate of death and not driving up prison populations.'

Clark was responding to Pakuranga MP Simeon Brown's bill, which would amend the Psychoactive Drugs Act 2013, increasing the penalty for dealing the substances from two years' imprisonment to eight years.

While Labour and the Greens opposed it, NZ First has agreed to support it through the first reading, which gets it to the select committee stage. National's 56 votes and NZ First's nine gave it a clear majority in the House, of 65 to 55.

Police Minister Stuart Nash said synthetic cannabis was a real issue in communities but harsher penalties were not the way to go.



Leis Jones, father of Calum Jones, hands a petition to National MP Simeon Brown. The petition calls for harsher penalties for synthetic cannabis suppliers and a select committee inquiry into support for those with addictions.

Longer, harsher penalties are out of sync with the Government's plan to reduce the prison population by 30 per cent in the next 15 years by reviewing bail laws and taking a health-focused – rather than punitive – approach to addiction and drug-related crime.

Last year the NZ Drug Foundation recommended that referrals to health

services should replace criminal convictions for drug possession, cannabis should be strictly regulated, and government spending on drug education and treatment should be increased.

‘Our 42-year-old drug law is based on the flawed but well-intentioned assumption that a punitive response will keep drug use low. By any measure that hasn’t worked,’ said Ross Bell, executive director of the NZ Drug Foundation.

‘We spend millions of dollars to convict thousands of people every year for using drugs but are left with some of the highest rates of drug use in the world, particularly among young people.

‘Our harsh drug law prevents people accessing help when they need it, and leaves thousands every year with a conviction that impacts on employment, relationships and travel.’

Dr Kate Baddock of the New Zealand Medical Association (NZMA) said that drug use was primarily a health problem with social overtones.



Dr Kate Baddock of the New Zealand Medical Association.

‘To treat drug use as criminal is to bypass the important aspects of the problem and its ramifications for health

and societal issues, for all those who use and abuse both illicit or prescription drugs.’

NZMA also supports a change to redefine illicit drugs primarily as a health and social issue, with funding for health and social interventions increased to the same level as that for law enforcement.

Its chief executive Lesley Clark said the NZMA believes addiction should be regarded as a disease, and individuals suffering from drug dependency should be diverted, whenever possible, from the criminal justice system to treatment and rehabilitation.

NZMA supports the recommendations made by the New Zealand Law Commission in its review of the Misuse of Drugs Act 1975, in particular it would like to see drug courts piloted in New Zealand.

Drug laws around the world

Portugal: In 2001, Portuguese law was changed to decriminalise the possession of small amounts of proscribed drugs for personal use. If police discover someone carrying a small dose of a drug, they will confiscate the substance and refer the user to a ‘Dissuasion Commission’. This body assesses their level of addiction, and the appropriate education or treatment required. In other words, the state treats a user less like a criminal and more like a patient. The Portuguese government claims that under the system there has been a decrease in deaths and the number of people being treated for addictions has risen.

Switzerland: The national drug policy of Switzerland was developed in the early 1990s and comprises the four elements of prevention, therapy, harm reduction and prohibition.



Clark: '[Drug policy] is a tough issue because it's almost counter-intuitive to what has to be done.'

Netherlands: Many people believe that some drugs are legal in the Netherlands because of the availability of cannabis – but the reality is it's similar to other European countries. The Dutch system tolerates licensed 'coffee shops', where people can buy small amounts of cannabis for personal consumption. But the trafficking and sale of drugs remains illegal.

United Kingdom: The British system revolves around the Misuse of Drugs

Act 1971, and is similar to New Zealand's. Drugs are classified into three groups – A, B and C. Class A drugs include heroin and cocaine. Class B includes cannabis. Class C includes steroids and some tranquilisers. Drugs which are classified are illegal for sale and consumption. The Psychoactive Substances Act was introduced in May 2016 in a bid to close high street retail outlets, sometimes known as head shops, which sold legal highs.

United States: The federal system in the US is essentially the same as New Zealand – harmful drugs are banned, and possession or trafficking results in a criminal charge. However, the picture is complicated by the power of states to pass their own laws. Certain states, led by California, have decriminalised the consumption of cannabis for medicinal, and in some cases recreational purposes – in some cases the laws conflicts clearly with federal legislation.

B. Flahive, *Stuff.co.nz* (25/3/18)

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

First Name	Surname	Date of Birth	Date of Death	Age
Peter	Allan			30
Erin	Allen	04/03/1976	23/06/1997	21
Nadia	Baillie	04/10/1972	08/06/1999	26
Paula Rose	Bassett	16/01/1980	29/05/1998	18
Alan	Bennett	07/01/1958	06/04/2013	55
Lynette	Boyle	08/02/1974	25/05/2001	27
Naomi	Carden	18/10/1973	13/05/2001	27
Pamela	Carey	11/08/1959	26/04/1991	31

First Name	Surname	Date of Birth	Date of Death	Age
Paul	Carter	04/04/1967	18/05/1991	24
Andrew	Chan	12/01/1984	29/04/2015	31
Rodney	Chevell	01/07/1965	16/04/1989	23
Anthony	Clayton	11/01/1968	25/05/1989	21
Christopher	Clayton	16/04/1974	24/06/1998	24
Andrew	Cornwall	28/07/1968	02/06/1998	30
Justin	Daley	03/12/1959	14/05/1999	39
Paul Godfrey	Davis	28/01/1975	08/04/1998	23
Eric	Davis	17/01/1979	23/06/2000	21
Henry	Dobrowski	10/10/1959	17/04/1994	34
Brad	Domanski	04/07/1977	15/05/1997	19
Michael	Dransfield	18/09/1948	20/04/1973	24
Briohney	Egan	12/03/1985	16/06/2010	25
Lachlan	Etherton		25/06/2004	
Vinton	Field	21/09/1976	30/05/1997	20
Jay	Franklin	14/01/1976	16/04/1998	22
Benjamin	George	17/06/1971	08/06/1993	21
Paul	Goodman	05/03/1958	06/04/1999	41
Kyron	Hansen	01/10/1975	14/04/1999	23
Benjamin	Hayes	26/04/1977	17/04/2004	23
Kane David	Heaton	10/09/1985	09/06/2009	23
Paul	Irvine	21/08/1967	28/04/1999	31
Cecily	Irwin	27/04/1972	28/05/1996	24
Linda	Kealy	05/04/1981	17/06/1999	18
Lee	Kearney	19/05/1960	20/05/2000	40
Katie	Kevlock	08/07/1986	29/06/2003	16
Jessie	Kittell	26/05/1973	21/06/1999	26
John	La Rocca	25/05/1973	25/05/1996	23
Jeremy	Mason	29/11/1978	14/06/1904	25
Paul	McCrae	1975	08/04/1998	23
Timothy	Novelli	13/09/1973	20/04/1999	25
Warren	Owens	8/02/1964	23/06/1998	34
Simon	Perry	26/08/1971	19/06/1998	26
Nathan	Ponczak	01/07/1973	02/06/1999	25
Shawne	Ramsden	29/08/1968	20/05/1995	26
Suzanna	Raper	11/02/1967	01/04/1997	29
Mark Ainsley	Richardson	03/07/1979	06/06/2000	20
Stacey	Rummins	15/05/1980	30/06/1997	17
Cathy	Siefken		03/05/2001	22
Craig	Skeers	09/04/1975	19/05/1997	22
Shane	Spiteri	16/04/1974	03/05/1999	25
Peter	Stephens	20/01/1959	18/04/1996	37
Mark	Stevens	29/06/1975	10/06/1999	23

First Name	Surname	Date of Birth	Date of Death	Age
Damien	Stirling	05/04/1968	09/04/1994	26
Jessica	Stopira	1977	April 2004	27
Preston	Strahan	24/03/1983	24/04/1999	16
Myaran	Sukumaran	17/04/1981	29/04/2015	34
Keith	Tedesco	14/10/1978	06/06/1997	28
Steven	Terry	06/06/1978	18/04/2000	21
Mark	Thomas	19/09/1963	13/06/1990	28
Ross	Tomilson	09/01/1979	07/04/2010	31
Skye	Walton	10/09/1979	17/05/1997	17
Jason	Wargo	13/12/1983	25/04/2000	16
Meg	Warren	20/12/1977	10/06/1998	20
Julian	White	11/12/1975	22/05/1998	22
Luke Anthony	Williamson	03/11/1983	25/06/2003	19
Glenn Leslie	Wilson	14/03/1962	01/06/2003	41
Cameron	Worsley	31/07/1970	10/04/1997	26

Don's Review

MUM, CAN YOU LEND ME TWENTY QUID?

What drugs did to my family by Elizabeth Burton-Phillips

(Piatkus Books 2007)

Given that this book tells of events leading to a death in 2004 and the aftermath, one might perhaps be excused for reading what has already been written about it. I saved that for later but rest assured there's plenty!

After all, in the first year or so of publication the author received more than 17,000 e-mails (in a time when they were slower, and not a matter of a quick two-thumb fifteen second zap and click).

But then, there is no more reason for seeing what others thought about this book prior to my own reading, than there would be by initially checking what early critics thought of a Jane

Austen novel two hundred years ago, before making my own decisions and forming a few attitudes. Attitudes to be strengthened or otherwise, but afterwards. Not first. Perhaps you should even stop right here and get hold of the book first. If you choose to run with me now, I assure you we'll leave much for you to encounter when you do get to the book itself.

Nick, identical twin brother to Simon and sharing a heroin addiction, left us in 2004 to a coroner's open verdict. The harrowing tales of the two boys'/men's several narrow escapes from nasty types (particularly dealers, whom they ripped off unmercifully) and the fears of living or even needing to travel in such communities, are told

with the deep emotional despair of a bereft mother and her immediate family, with Nick's death widening the tragedy's impact to include huge numbers of people, both sufferers and vicarious sympathisers.

Certain phrases and passages stay with me. Perhaps most of all (to be found in the section headed '*Tough Love*', my edition on page 143) is contained within an expose by either Simon or Olivia:

Heroin addiction is so selfish. It's all about getting your gear at the end of the day. You're prepared to do anything to get that money, and the more money you can earn the more gear you can get.

Simon later joined the Lone Twin network and this is credited in having a massive effect on his rehab. What a special and inspired idea this was. It forms a vital part of the Epilogue, along with the postscript and a kind of catharsis (or as near as one can have in such a situation). Burton-Phillips' editor Vera Gissing clearly had much to do with the early confidence necessary to put the text together and deserves much credit. The photographic evidence provided is pretty strong too. No punches are pulled in this account.

I'm sure the Burton-Phillips story and the struggle of mother and foster father will resonate with many members of FDS. Furthermore, the Appendices (especially A, commencing with the predictable 'what are the obvious signs?'), B, C and D have much to offer locally, transcending international boundaries.

Even where the organisations are UK-based, and all are, the later appendices' listings and summarised approaches stimulate the brain and will get you thinking. For example, Appendix C ('Herbal and Harmful') is devoted to the dangers of cannabis and its medical and psychological threats, along with its effects on blood pressure and God only knows what else.

Medical support for decriminalisation is not specifically addressed, but the dangers and negative arguments associated with such a move are subtly offered, providing an awareness of the side that a user may not want to be confronted with. Higher blood pressure was one listed that appears to me (as a mere layman) to have been in some cases swept under the table. It got a guernsey, as they say, in this appendix.

I might add that there is little doubt of the starting point of the twins' journey. We just considered it: their cannabis addictions.

All in all, this is a book to be in every library and certainly it's an essential FDS staple. There's so much more than my summary. Olivia for example hasn't even been mentioned here, as I don't want to cut across what is a very strong narrative. Nor has the stress on Elizabeth herself.

You need to be strong to read it, but then this is true of so much literature we come across these days. The difference between this story and many other strong narratives is, in a nutshell, that this is 100% true. If you feel that the drugs threat has any relevance to your life, this book is essential reading.

Need help?

Family Drug Support – Support Line 1300 368 186

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

Alcohol & Drug Information Service (ADIS) (02) 9361 8000 / 1800 422 599

AIDS HIV Information Line (02) 9206 2000 / 1800 063 060

Compass Directions ACT (02) 6122 8000

Families & Friends for Drug Law Reform (ACT) (02) 6169 7678

Hepatitis Information Line 1800 803 990

Nar-Anon (02) 9418 8728

Narcotics Anonymous (02) 9565 1599 / 1300 652 820

Self-help for drug problems

NSW Users & Aids Association (NUAA) (02) 8354 7300 / 1800 644 413

Parent Line NSW 13 20 55

Ted Noffs Foundation 1800 151 045

Centre for youth and family drug and alcohol counselling services

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Family Drug Support PO Box 7363 Leura NSW 2780