1300 368 186 FAMILY DRUG SUPPORT

FDS Insight

Nov 2012 – Jan 2013

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Family Drug Support
PO Box 7363, Leura NSW 2780
Ph: (02) 4782 9222; Fax: (02) 4782 9555
Website: www.fds.org.au

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FDS Team Up With febfast

It's with great pleasure that I announce a new relationship for 2013. FDS will be a supporter and beneficiary of the febfast 2013 campaign starting shortly. We'd love your support in raising money for FDS and for other agencies working in our sector. Hopefully, with the help of our dedicated volunteers, we'll achieve the biggest year yet for febfast. We'll present more for those able to attend the forthcoming Volunteers workshop, but here's more info in the meantime. Regards, TT

febfast – Just the tonic for 2013

febfast is a challenge for all drinkers to see if they can take a break from alcohol for the 28 days of February. This short break is both a timely health kick and a vital community fundraiser with money raised supporting programs throughout Australia help families and young Australians tackling serious alcohol and drug issues. febfast has raised over $4.5 million since 2007 supporting over 40 programs. For 2013, funds raised through febfast will:

- Support the vital work delivered by Family Drug Support as it continues to help families via various programs, support groups and the Telephone Support Line.

- Fund Youth Support & Advocacy Service in providing one of Australia's only youth-specific rehabilitation service plus fund youth workers helping vulnerable and at risk youth

Raising money is only half the story. For those fasters that can go 28 days alcohol free, we know you can save money, gain more energy, lose some of those extra Xmas kilos, sleep better and feel sharper all round. febfast is just the tonic to kick start the year ahead.

Like to help?

Reckon you can take on the febfast challenge?! We'd love all volunteers to start their own individual teams. Put a date in the calendar to sign up from 10 December onwards to create a team. When prompted, use the promotional code 'fdsfebfast' and we'll send you a team leader pack in the post.

Find out more at www.febfast.org.au or on facebook (febfastaustralia). Finally, a huge thanks to everyone who can lend the campaign a hand – The febfast team

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Reflection

Reflection – in the mirror I see me
Reflection – in my eyes I see my life
Same happiness, same sadness
A woman, a mother, a wife

Overtime, things have changed
And I wonder
Am I the best I can be now?

The past is just that – it's over and done with
The future is yet to come
The present is my focus
On me, and my two beautiful sons

I have an idea where I am going
My sons … I'm not so sure
I know it's not up to me
But loving them through their trials, is the cure

So when I look in the mirror
If I'm not happy with what I see
I've decided the answer is simple
I choose to change me!

Carol M

INSIGHTS OUT

Well, Sandra and I are back from a really great holiday. We want to thank the FDS staff for keeping the office and support line going whilst we were away. Our special thanks to Jim who did a fantastic job doing telephone change-overs and bookings. Finally, thank you to all our wonderful volunteers, especially those who did extra shifts at short notice.

FDS is an organisation that relies on the goodwill of staff and volunteers being committed to giving families support in dealing with very complex and often distressing problems. A big thank you to the entire FDS 'family'.

I want to take this opportunity to thank Dr Ingrid Van Beek and Nazha Saad for four years' service on the Board of FDS. Both have recently resigned their board positions and have made a great contribution in their time on the board

FDS has so many great heroes and the danger in thanking people is that we miss someone special, but I do want to thank our staff and project officers, support and Stepping Stones group leaders, volunteers and board members.

Our Mulgoa workshop was recently held and it was great to connect with 60 of our volunteers from all parts of Australia. It was a great event.

It is also time to renew your membership. Please do this promptly. Your fee of $20 may be small but being part of our membership is very significant. We want to continue boasting of our one thousand members.

I also want to take this opportunity to wish everyone a happy Christmas and peaceful New Year. For those struggling to deal with drug issues in your families, I hope there will be better times ahead.

Regards and good wishes – Tony T

Youth Drug Support   www.yds.org.au
Family Drug Support   www.fds.org.au

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

Addicts Ill-Treated

Nicky Bath, *Sydney Morning Herald* (23/10/12)

One can only be amazed by the sheer insensitivity of Ross Colquhoun, George O'Neil and their latest political ally Fred Nile in promoting the use of naltrexone implants while the Coroner's tragic findings into the deaths of the three people who were treated at Psych and Soul Clinic in Sydney are still in the news ('Detox clinic reignites implant debate', October 21-22).

The controversy into the use of naltrexone implants is not new and many lives have been lost. Concern about the use of the implants has been raised by well-regarded organisations, including the Australian National Council on Drugs, and the National Health and the Australian Health and Medical Research councils.

We can be sure that the only reason this practice is occurring at all is because our society does not value the lives of people who are drug dependent. When will someone intervene to stop this appalling practice and close these clinics down?

Nicky Bath chief executive officer, NSW Users and AIDS Association.

Getaway Vouchers Travel Club

Are you planning a summer holiday?

Are you looking for a hassle-free way of finding your hotel, flight, etc. from the comfort of your own home?

Become a member of the Getaway Vouchers Travel Club and we will donate $15 to Family Drug Support. In return, you will receive Specials and Guaranteed Best Prices on Hotels (up to 80% off), Flights, Rental Cars and Cruises. Getaway Vouchers will also give you a full 7% off over 2080 Fun Things to do in Australia and New Zealand. You can take advantage of all this as many times as you like during your 12-month membership. Please visit www.getawayvouchers.com.au

Alarming Rise In Drug Use In Jails

Kate Bastians, *The West Australian* (3/9/12)

Drugs are rife in the State's jails, with more than 1000 drug tests returning positive in 2011-12, according to new figures from the Department of Corrective Services.

Of 8839 tests targeted at inmates suspected of drug use, 1051 resulted in positive findings. Figures on random drug testing for the first eight months of this year show drug taking is increasing, with 79 positive findings – an average of 9.9 per month – from 8.4 a month last year.

The new figures come in the wake of a national report that found the Department of Corrective Service's focus on stopping drugs from getting into the system was ineffective and failed to prevent reoffending on release.

The Australian National Council on Drugs report questioned the value of urine drug testing and of spending an increasing amount of public money providing dogs to search prisons for illicit drugs.

The report suggested education and drug rehabilitation would be more effective in stemming drug use in jails. It found there was no needle exchange in WA prisons and no access to bleach, which could help clean needles to prevent the spread of infections such as hepatitis C and HIV.

A department spokesman defended the strategies used to reduce the supply of drugs in prisons.

'DCS runs a number of education and health programs for offenders, including Health in Prisons, Health Outta Prisons, which looks at issues that increase the risk of contracting and spreading blood-borne viruses, including unprotected sex, unclean tattooing and needle sharing,' he said.

But the department was sticking to its zero tolerance policy.

'As such, we do not supply sterile injecting equipment and do not plan to introduce needle exchange programs into the State's prisons,' he said.

Other strategies to keep drugs out of prisons included searches of cars, buildings, visitors, departmental staff and offenders, the use of electronic detection technologies and networking with police.

Visitors' eyes are screened for drugs and visitors who are suspected of trafficking drugs into prisons are sanctioned.

No Drugs In Prison A Big Ask

David Biles, *Canberra Times* (3/9/12)

One hesitates to publicly disagree with such a distinguished scholar as Clive Williams, but his opinion piece in this journal ('How to make jail drug-free', August 29, p17) which suggested that a jail could be made drug-free by making a few simple changes to management practices is simply naive. His proposal ignores the fundamental reality of correctional management in Australia.

Of course it is technically possible for this goal to be achieved by imposing a management regime which is so strict that it would not be possible for any contraband to ever find its way inside the walls or external fence of the jail. The consequence of installing such a regime, however, could be harm that is much more serious than the harm done by the occasional drug-taking by prisoners.

The first step suggested by Williams in achieving a drug-free status would be to ban all smoking and he cites the fact that New Zealand made its prisons non-smoking environments from June 2011 because of concerns about the health effects of tobacco on inmates and prison officers. This major policy change has, he claims, led to no major incidents and in fact has created a calmer environment and fewer 'standover' incidents.

This approach has been tried in Australia, when in April 1967 a major riot occurred in the Woodford Correctional Centre, north of Brisbane, following the announcement of a new non-smoking policy. Following that announcement 120 prisoners managed to escape from the security unit by 'melting' the lexen walls with toasters and by starting fires. These prisoners then joined hundreds of other angry low-security prisoners who were also protesting the new policy.

I happened to visit the Woodford facility a few weeks after the riot and destruction, and it was clear that the non-smoking policy had been the trigger for the negative consequences and the many hundreds of thousands of dollars required for the repairs to the facility. Predictably, the non-smoking policy was quietly forgotten when the prison was reopened for normal use some months later, and similar approaches have not been tried in Australian jails since then.

It has to be said that it is obvious that the New Zealand policy was much more carefully planned (over a 12-month period) than was the case in Queensland, and it is also true that public and political attitudes to smoking have changed significantly in the past 50 years, but the major point that must be made here is that there is a major difference between creating a smoke-free prison and one which is drug-free.

Williams is quite right to observe that the most likely avenue for drugs to enter the Canberra prison is through visitors, but he goes on to suggest that this 'avenue could be blocked by physically separating prisoners and visitors, or strip and body-cavity

searching prisoners leaving the visiting area'.

Here I have to decisively part company from Williams as I regard strip searching and the searching of body cavities as equivalent to major sexual assault, certainly a major breech of human rights.

He then describes a Japanese prison that he visited which allowed one 15-minute visit a day, one visitor per visit, with physical separation of the prisoner by a glass panel, and a prison officer with each prisoner during the visit.

I too have visited many Japanese prisons but I have never seen anything as blatantly inhumane as the scenario that he described and which he clearly sees as a model for us to follow.

It seems that Williams puts all his eggs in the supply-reduction basket without any acknowledgment of the need for demand-reduction and harm-reduction, to say nothing of his apparent belief that what may be acceptable in Japanese culture should also be acceptable in Australia.

Williams can be forgiven for not having read the lengthy report by the Australian Nation Council on Drugs which appeared just one day before his own article was published under the title 'Supply, demand and harm reduction strategies in Australian prisons, an update'.

Even a quick reading of this report reveals the complexity of the subject and the need for very careful consideration of the adequacy of the resources that would be required to even approach the goal of a drug-free jail.

For example, the report makes it clear that enormous numbers of professional personnel are required to provide sufficient support for offenders undergoing detoxification.

Also at a more mundane level, it must be recognised that to operate a methadone maintenance program in a prison (as is currently the case in all Australian states except Queensland) is extraordinarily labour-intensive as far as prison officers and nurses are concerned.

Similarly, the seemingly simple task of conducting urine testing for drugs in a prison, on either a random or targeted basis, is a much more complex, controversial and demanding subject than is generally recognised.

Finally, it must be said that the reason that all Australian jurisdictions make provision for contact visiting for prisoners is the belief that rehabilitation or return to a normal life after prison is more likely if family bonds are strengthened rather than weakened.

It is already the case that most Australian jurisdictions require prisoners to wear pocketless clothing for visits and to subject themselves to pat-down searching by prison officers after each visit.

David Biles is a Canberra-based consultant criminologist. The advice of corrections consultant, Dr John Paget, is acknowledged.

Australia 21 Report On Drugs

Families welcome and endorse recommendations from the latest Australia 21 report on drugs. Family Drug Support today welcomed the latest Australia 21 report on illicit drugs. Family Drug Support was started in 1997 after the founder – Tony Trimingham's 23 year old son, Damien, died of a heroin overdose. Tony Trimingham said today, 'The first Australia 21 report emphasised that the War on Drugs was a failure and that prohibition doesn't work. This new report comes up with realistic and achievable goals which will be far more effective'.

Some of the recommendations include:

- There should be a National Australia drug summit in 2013
- Australia should follow the policies recently implemented in countries such as Portugal, The Netherlands and Switzerland which have introduced reforms and decriminalised drug use.
- More financial resources should be applied to prevention, education and treatment and less money wasted on law enforcement and the criminal justice system.

Mr Trimingham also said, 'We need to listen to the voice of youth who will have to live with our drug policies into the next decade. I like the idea of a National Summit because we need to debate these issues. As family members we neither support, condone nor promote drug use but more than anything we want to keep our family members and the rest of our community safe. We hope our politicians will be brave enough to seriously consider these recommendations and take a bi-partisan approach to these matters'.

Detox Clinic Reignites Implant Debate

Deborah Snow, *Sydney Morning Herald* (20/10/12)

Behind a glass shopfront in one of Ultimo's quieter streets, a receptionist sits behind a curved desk, facing a floral arrangement and keeping watch over a narrow corridor leading to a door marked 'Treatment Room'. A curious passer-by might notice a sign proclaiming it to be the home of the Addiction Treatment Foundation and its stablemate, the Psych n Soul clinic.

Surfing the web, you might come across the clinic's director, Ross Colquhoun, self-described as an 'acknowledged world leader in the neuroscience of addiction'.

What visitors to the website won't be told is that Colquhoun and his clinic have been the subject of damning findings by the state coroner and adverse evidence in three different

disciplinary tribunals of the medical, nursing and psychology professions over the past three years.

They won't learn of coroner Mary Jerram's conclusion late last month that 'the medical and nursing staffing of the clinic was extremely inadequate', or that it 'appears to have been run on a minimal expense basis, with patient care and staff skills very low in priority'.

Nor will they read on the Psych n Soul website the coroner's finding that 'Ross Colquhoun and the medical staff seem to have ignored the need for training or policy and protocol adherence' and that 'it appears that a patient had only to present at the clinic to be enthusiastically recommended' for his more controversial forms of treatment.

Dr Colquhoun – who is not a medical doctor but holds a doctorate in health sciences – specialises in treating addiction, particularly addiction to heroin, morphine and methadone, known collectively as opioids.

The trigger for the coroner's findings was the deaths of three of Colquhoun's former patients, who underwent Rapid Opioid Detoxification (ROD) in conjunction with an experimental treatment using surgical implants of the chemical naltrexone. ROD is a procedure which tries to rid an addict's body of opioids over hours rather than days or weeks.

As the Herald discovered after publishing a story on Colquhoun this week, the coroner is not the first to have had serious doubts about the clinic's modus operandi.

There has been a steady flow of complaints over the years from hospital emergency departments which have treated patients discharged from Psych n Soul, or from dissatisfied patients.

Dr William Huang, an addiction medicine specialist now in private practice in inner Sydney, recalls treating another patient of Colquhoun's who turned up at St Vincent's hospital in a delirious state with potentially fatal electrolyte imbalances as a consequence of Psych n Soul's rapid detox.

The man was an impoverished market gardener, ill-equipped to pay the thousands of dollars Colquhoun habitually charged for the treatment.

Dr Huang told the Herald: 'There were at least two others I treated in the emergency department at St Vincents who were in a serious condition after being patients at Psych n Soul.'

Others have rung the Herald to complain of what they alleged was overcrowding in the Psych n Soul treatment room, poor English spoken by some of its doctors, inadequate aftercare, and pain, scarring or inflammation after the surgical procedure to implant the drug.

Colquhoun would not respond on the record, though he did make available for interview a 28-year-old former patient who said she had travelled from Queensland for the procedure and was very happy with the results.

Colquhoun maintains the clinic plays a vital role for addicts desperate to get off methadone – a legally prescribed alternative to heroin which must be collected daily from a chemist.

In one blog entry he writes ‘those who suggest that being on methadone is better than being drug-free are imposing a very biased and destructive set of values on those who want other alternatives’.

But this week’s fresh scrutiny of his record could hit some raw political nerves. Over the years, he has received quasi-support from both federal and state governments.

Tony Abbott approved a grant of $50,000 to Colquhoun’s clinic in 2005 as federal health minister. The federal attorney-general’s department directed grants worth $200,000 his way between 2007 and 2009.

The federal Therapeutic Goods Administration confirmed it had issued regular licences to Colquhoun to import naltrexone implants from China and Hong Kong.

And the NSW Health Department allowed Psych n Soul to operate virtually unscrutinised until mid- 2010, when it wrote to Colquhoun saying he should cease ROD procedures because he was unlicensed to carry them out.

Despite this direction, Colquhoun resumed the treatments while still unlicensed between July and September of that year, only desisting when Grace Yates, a 23-year-old with a five-month-old baby, was given ROD and naltrexone at the clinic on September 29, 2010. She suffered a heart attack and died two months later, having never regained consciousness.

Colquhoun’s request for a licence to resume performing ROD remains in limbo, while further disciplinary proceedings against him grind through the health care complaints machinery.

About 2000 of his patients have received naltrexone implants over the years and a clinic source says implants are still being provided, though now on the basis that patients have to detox elsewhere first.

Revelations about Psych n Soul have re-ignited the long debate over naltrexone implants, with supporters and opponents divided in an almost ideological battle over the method’s efficacy and safety. Most senior clinicians in the field continue to regard naltrexone implants with scepticism. Supporters are drawn to naltrexone because they see it as supporting opioid abstinence.

The few doctors in Australia who continue to prescribe naltrexone implants do so legally, despite lack of official approval from the Therapeutic Goods Administration. Mostly they use a clause known as the Special Access Scheme, which allows a medical practitioner to prescribe experimental medicine if he or she believes it might help a patient with a condition ‘from which premature death is reasonably likely to occur in the absence of early treatment’.

Colquhoun was not a medical doctor. But he hired others who were to insert the implants, write the prescriptions and fill out the required forms.

Prominent addiction treatment specialist Dr Alex Wodak, an emeritus consultant at St Vincent's, says this distorts how the special access scheme should be used.

'The mortality of heroin injecting is roughly 1 to 2 per cent per annum, 15 to 20 times the mortality rate of people the same age and sex not using heroin. But it is not a condition from which 'premature death is reasonably likely to occur in the absence of early treatment.' I want a full and independent inquiry into how the TGA special access scheme is being used, because there is no proper monitoring of it.'

Four months ago, the Australian National Council on Drugs expressed similar concerns, saying the use of naltrexone sustained release products through the TGA special access scheme was 'ethically problematic'.

Among the most contentious aspects of the treatment is that, while the federal and state governments have poured millions of dollars into trials, mainly being conducted in Western Australia, it still hasn't cleared the hurdles required to prove clinical effectiveness.

Consequently it is available at only a handful of clinics around Australia.

The biggest is Fresh Start in Western Australia, a reputable service run by Dr George O'Neil who also owns a company which makes naltrexone implants. Asked how many patients have received his implants, he says ' I believe 5000.'

O'Neil has reservations about how Psych n Soul was run, but remains a strong advocate of naltrexone implants as an alternative for people desperate to break their heroin habits or get off methadone.

'I am committed to improving access to services to take people off prescribed and illegal opiates,' he said.

O'Neil also maintains the naltrexone implants safety record is coming up well from the research being done in Western Australia.

But Wodak says that while naltrexone implants are 'theoretically effective, after more than 10 years of research the evidence of efficacy and safety is still too limited'.

Two days ago O'Neil met the Premier, Barry O'Farrell, and addressed a meeting at State Parliament convened by the Reverend Fred Nile, who wants an implant trial funded in NSW.

Meanwhile, Dr Huang believes the Medicare rebate for specialists such as himself is so low that it actively works against the provision of well-run services for addicts.

It's a situation, he says, which has 'contributed to such unsafe and under-regulated clinics being able to flourish'.

Fear Drug Dogs Will Drive Users From Injecting Centre

Sean Nicholls, *Sydney Morning Herald* (20/10/12)

The medical director of the supervised drug injecting centre in Kings Cross has warned that new laws that make it easier for police to use drug sniffer dogs in the area risk driving away clients from the centre and could lead to more overdose deaths.

The powers were announced by the Premier, Barry O'Farrell, last month as part of the government's plan of management for Kings Cross in response to the fatal assault in July on teenager Thomas Kelly.

The powers allow police to deploy sniffer dogs on the streets of Kings Cross and the metropolitan rail network without first having to obtain a warrant.

But the injecting centre's Dr Marianne Jauncey said she was concerned that if sniffer dogs were deployed near the entrance of the injecting room – where drug users can inject in a safe environment – they might act as a deterrent.

'People are often, but not always, coming to the centre with a pre-purchased amount of an illicit substance,' Dr Jauncey said.

'I would be very concerned about anything with the potential to impede access. Inevitably what you will see is people using [drugs] elsewhere at greater risk.'

Dr Jauncey said management at the centre, which was established to reduce overdose deaths among injecting drug users, got on well with the local police but were not consulted before the bill was introduced.

She said the centre was licensed by the NSW Police Commissioner, Andrew Scipione, and the Director General of NSW Health, Mary Foley.

'So they clearly support our service,' Dr Jauncey said. 'We operate a public health service and we do so in partnership with the community and the police. The last thing any of us want to see is reduced access.'

Dr Jauncey said she would raise the matter with the Kings Cross local area command.

The NSW Greens were proposing an amendment to the bill that would ensure the new law 'does not authorise the use of a dog to carry out general drug detection in the vicinity of the medically supervised injecting centre in the Kings Cross precinct so as to discourage persons from attending the centre'.

The Greens MP David Shoebridge said the law had 'the real potential to be used as an under-handed way to shut the centre' and argued the amendment was 'a modest but rational way to

protect the centre and allow it to continue to do its life-saving work'.

However, the Police Minister, Mike Gallacher, said the government would not support the amendment.

'There is already an exemption provided for individuals travelling to and from the Medically Supervised Injecting Centre under the relevant act,' he said.

Under the Drug Misuse and Trafficking Act, police had the discretion to not charge someone who was travelling to or from the injecting centre for illicit drug use.

'The government does not believe it is appropriate to draw an arbitrary line around the injecting centre when such an exemption is already in place,' Mr Gallacher said.

How To Reduce Opioid Overdose Deaths In Australia

Alex Wodak, *The Conversation* (25/10/12)

Once again, overdose deaths from opioids are increasing in Australia. And once again, we are in danger of ignoring effective, evidence-based interventions.

According to the National Drug and Alcohol Research Centre, there were 360 opioid overdose deaths in 2007 but 500 in 2008 – a 40% increase. These overdose figures have been carefully checked.

Preliminary figures suggest that there were 612 such deaths in 2009, a 22% increase from 2008, and 705 in 2010, a 15% increase from the year before. Increases in overdose deaths occurred in all of the major states but were most marked in Victoria where such deaths increased 133% from 73 in 2001, to 170 in 2008.

Most of these deaths are due to heroin but an increasing number have recently been due to pain relieving prescription opioid drugs. Most involve men in their early 30s.

And for every fatal overdose, there are many more non-fatal overdoses. Non-fatal overdoses can result in severe physical and mental damage, expensive ambulance call outs and admissions to hospital emergency departments and intensive care units. So the health and financial costs of non-fatal overdoses to individual young Australians and the community are anything but trivial.

Recent Trends

Heroin is produced from opium and most of the heroin reaching Australia originates from Burma. The last time opium production peaked in Burma was in the mid-1990s. That increase resulted

in a glut of heroin in Australia and annual opioid overdose deaths peaked at 1,116 in 1999.

Opium production in Burma decreased 82% from 1,760 metric tonnes in 1996 to 312 metric tonnes in 2005. Annual opioid overdose deaths in Australia fell to 938 in 2000 and then to 386 in 2001. Opioid overdose deaths then remained below 400 until 2008.

In recent years, Burma's opium production has increased 88% from 312 metric tonnes in 2005 to 586 metric tonnes in 2010. If this trend continues, Australia could once again experience the extremely high levels of overdose deaths that occurred in the 1990s.

The shortage of heroin in Australia that began in 2000 (and also affected some other countries) coincided with the sharp decline in opium production in Burma between 1996 and 2005. This decline was probably due to a combination of factors including the retirement of a major Burmese opium warlord (Khun Sa), a shift from outdoor opium cultivation (easily detected by aerial and satellite surveillance) to indoor amphetamine production, increasing consumption of heroin in China en route to Australia and local climatic changes.

Inevitably, some Australian politicians claimed at the time the shortage was due to the then new 'tough on drugs' policy; they were less enthusiastic about accepting responsibility for the increase in amphetamine use that followed the heroin shortage.

Treatment Options

There are several things we can do to address this looming problem. First, we could expand and improve our drug treatment system and reduce the barriers to entering and remaining in treatment. There's copious high-quality evidence that methadone and buprenorphine treatments are effective and safe. For every $1 spent on these treatments, there's a community saving of $4 to $7.

Methadone and buprenorphine reduce the excess risk of death among people who inject heroin by about 80%. And a recent study suggests that these treatments reduce the risk of HIV by over 50%. They also reduce property crime substantially.

But most people who enrol in methadone or buprenorphine programs have to pay at least $50 per week from what is usually a very low income. And there's far more demand than supply of such treatments in most parts of Australia.

What's more, the treatments are very stigmatised, especially methadone. Many patients enrolled in methadone and buprenorphine treatment complain that staff don't treat them with respect. Many don't even bother trying to enter treatment and others leave far too early.

Stigma is one of the nasty side effects of our punitive approach to illicit drugs. The experimental and unapproved drug naltrexone is also advocated by some as something of a panacea but a recent NHMRC review concluded that there was insufficient evidence that this drug is effective or safe.

Safer Injecting

Safe injecting facilities (like the Kings Cross Medically Supervised Injecting Facility) also reduce the risk of fatal and non-fatal opioid overdoses. They mainly cater for the most disadvantaged subset of an already very disadvantaged population of people who inject drugs.

Many of the people who attend the 90 safe injecting facilities around the world have severe physical and mental illnesses, are homeless and very isolated. Many have had little or no previous contact with health or social agencies, including those providing drug treatment.

Safe injecting facilities are only needed near or within large drug markets (where most overdose death occurs) that spill over into surrounding neighbourhoods. Australia only needs a few such facilities in half a dozen major cities in the country.

New South Wales accounts for almost half of Australia's drug overdose deaths and a fifth of these deaths occur within two kilometres of Kings Cross. Safe injecting facilities also improve neighbourhood amenity so they're usually very popular with local residents.

Trying to repair the severe and multiple problems that have developed over the many years of injecting drugs takes a lot of time and a lot of effort. People who use drugs, their families and communities often look for a magical quick-fix solution that will instantaneously sort everything out perfectly. So too do our politicians.

Unfortunately, there are no quick fixes. But there are effective and pragmatic interventions that will save hundreds of lives and millions of dollars. What we need to do is ask ourselves if we are ready to think about these interventions for people who are someone's son or daughter, sister or brother, father or mother.

Dr Alex Wodak is Director, Alcohol and Drug Service at St Vincent's Hospital in Sydney. He is a Conjoint Senior Lecturer at UNSW.

A Guide To Coping

Would you like a new/replacement/spare copy of 'A Guide to Coping'?

Copies are available for the discount price of $5 (normally $15) plus postage of $3 per copy. If extra copies are ordered, please ring the office for the cost of postage.

For purchases, please contact the office on (02) 4782 9222 or send a cheque or money order to PO Box 7363 Leura NSW 2780.

Events Diary

STEPPING STONES COURSES

Sat 2 & Sun 3 Feb 2013 **Sat 9 & Sun 10 Mar 2013** **9.30 am – 4 pm**	**BYRON BAY** (Course runs over two consecutive weekends) **Venue:** Guide Hall, Caryle St, Byron Bay (behind tennis courts) **Enquiries:** Theo 0402 604 354 or Margaret 0407 857 092
Sat 16 & Sun 17 Feb 2013 **Sat 2 & Sun 3 Mar 2013** **9.30 am – 4 pm**	**BENDIGO** (Course runs over two weekends with break in-between) **Venue:** Neighbourhood House, 21 Neale St, Bendigo **Enquiries:** Theo 0402 604 354 or (02) 4782 9222
Sat 16 & Sun 17 Mar 2013 **Sat 23 & Sun 24 Mar 2013** **9.30 am – 4 pm**	**CANBERRA** (Course runs over two consecutive weekends) **Venue:** Level 1, Training Room 2, Building 5, Canberra Hospital, Garran (Staff Development and Family Carers Residence) **Enquiries:** Theo 0402 604 354 or (02) 4782 9222
Sat 23 & Sun 24 Feb 2013 **Sat 2 & Sun 3 Mar 2013** **9.30 am – 4 pm**	**SYDNEY** (Course runs over two consecutive weekends) **Venue:** TBA **Enquiries:** (02) 4782 9222

VOLUNTEER TRAINING

Sat 1 & Sun 2 Dec 2012 **9.30 am – 4.30 pm**	**ADELAIDE** **Venue:** Training Room, 90 Fourth Ave, Joslin **Enquiries:** Kath 0401 732 129 or (02) 4782 9222
Sat 16 & Sun 17 Feb 2013 **9.30 am – 4.30 pm**	**SYDNEY** **Venue:** TBA **Enquiries:** (02) 4782 9222

NORTHERN BEACHES PUBLIC FORUM

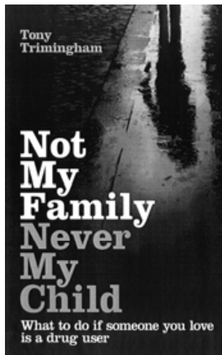
My Family, Drugs, Alcohol and Adolescence

Are you worried about your children experimenting with drugs and/or alcohol?

Mon 26 Nov 2012 **6.30 – 9 pm**	**SYDNEY** **Venue:** Pittwater High School, Mona St, Mona Vale **Enquiries:** Carol 0400 113 422 or (02) 4782 9222

Learning

After a while you learn the subtle difference
Between holding a hand and changing a soul
And you learn that love doesn't mean leaning and company doesn't mean security
And you begin to learn that kisses aren't contracts
And presents aren't promises-
And you begin to accept your defeats with your head up and your eyes wide open
… and with the grace of an adult, not the grief of a child.
And you learn to build all your roads on today
Because tomorrow's ground is too uncertain for your plans.
After a while you learn that even sunshine burns if you get too much.
So plant your own garden and decorate your own soul
Instead of waiting for someone to bring you flowers …
And you will learn that you really can endure,
That you really are special,
And that you really do have worth.
So live to learn and know yourself.
In doing so, you will learn to live.



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United States

PREVENTING OVERDOSE: OBAMA ADMINISTRATION DRUG CZAR CALLS FOR WIDER ACCESS TO OVERDOSE ANTIDOTE

Speaking on Wednesday at a North Carolina overdose-prevention program, the Obama administration's drug czar Gil Kerlikowske called for increased action to prevent drug overdose deaths. Notably, Kerlikowske urged wider distribution of a medication called naloxone, an antidote to overdoses of opioid drugs, including prescription pain relievers and heroin, saying that 'naloxone can be expanded beyond public health officials.'

Currently, naloxone is available only by prescription and is otherwise accessed easily only by health professionals and some law enforcement officers. Kerlikowske's comments mark the first time the drug czar – who is more formally known as the director of the Office of National Drug Control Policy – has voiced support for broadening access to naloxone by addicted people, pain patients and their families. On Wednesday, he spoke with officials and others involved with Project Lazarus, a North Carolina program that pioneered wider distribution of the medication and is seen as a model prevention program for its comprehensive approach to fighting overdose and prescription drug misuse.

'As valuable as naloxone is, it's only a small piece of the broad spectrum of drug use prevention,' Kerlikowske stressed, adding, 'We're very serious about removing the legal impediments that can mean the difference between life and death. The odds of surviving an overdose, much like the odds of surviving a heart attack, really depend on how quickly the victim receives treatment.'

To illustrate that point, Kerlikowske recounted the story of a young woman who survived an overdose thanks to the quick administration of naloxone. Her brother, who was enrolled in a drug treatment program participating in Project Lazarus, used the naloxone kit he had received from his treatment provider to save his 26-year-old sister's life, when he found her 'unresponsive and not breathing and her face was blue,' as Kerlikowske put it.

The man had initially called his counsellor, who told him to hang up and dial 911 and use the naloxone. Within about a minute or two of receiving the drug, his sister woke up. Four days after 'her near death experience,' Kerlikowske said, 'she entered treatment. Without naloxone, she wouldn't have had that choice.'

Naloxone, sold under the brand name Narcan, immediately reverses overdoses of heroin and prescription pain medications like Oxycontin, even if these opioids are combined with alcohol or other sedatives. The

medication is non-addictive and does not cause harm if used in error, although it can induce non-life-threatening withdrawal symptoms in people who are dependent on opioids.

This spring, the FDA held a meeting to discuss making naloxone available over the counter, but such a move would require a manufacturer to seek approval to do so, which would in turn require expensive drug testing – that does not appear to be forthcoming. There are other regulatory paths to over-the-counter status that would bypass this hurdle, but it is not clear whether Obama administration officials will pursue them; neither Kerlikowske nor his office provided further specifics.

Dr Nora Volkow, director of the National Institute on Drug Abuse, has supported broader distribution of the overdose antidote.

Earlier this month, a bill to provide federal grants to expand naloxone programs like Project Lazarus, known as the Stop Overdose Stat (SOS) Act, was introduced in the House by Rep. Mary Bono Mack (R-Calif.) and Rep. Donna Edwards (D-Md.), with bipartisan support from two dozen other members, but its chances of passage and the amount of funding it would receive are also not known.

‘I welcome Director Kerlikowske’s announcement today to expand the availability of naloxone, proven to be an effective treatment in reversing drug overdose,’ Rep. Edwards said in an email. ‘This is a critical component of H.R. 6311, the Stop Overdose Stat (SOS) Act.’

On Wednesday, officials from Project Lazarus, which is based in Wilkes County, NC, presented information on the program’s effectiveness and its collaborative, cross-disciplinary approach to overdose prevention. In addition to naloxone distribution, the program involves physician and widespread community education, law enforcement efforts to fight illegal prescribing, pill take-back days and use of the state’s prescription drug monitoring program. Unlike other efforts to reduce prescription drug misuse, it actively involves chronic pain patients and those who care for them.

Two years after Project Lazarus began, overdose death rates in Wilkes County dropped 67%, after having risen steadily for years, according to a presentation by Rev. Fred Brason, project director of the program. The program also appeared to reduce problem prescribing without harming legitimate pain patients: in 2008, 80% of overdose death victims had received at least one prescription for their medications from a local prescriber; in 2011, none did.

As a mother who lost her daughter to overdose said at Wednesday’s meeting, crying as she spoke, ‘If I had known there were things out there like naloxone, I could have helped her. I wouldn’t be here today talking to you all. I could have had my daughter.’

M. Szalavitz
Time Healthland (22/8/12)

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Marijuana Legalisation Wins Solid Majority Support In HuffPost Poll

A solid majority of Americans support legalizing marijuana, either with or without taxes and regulations similar to those imposed on alcoholic beverages, according to a new survey conducted by YouGov for The Huffington Post.

The poll found that 51 percent of adults support legalizing, taxing and regulating marijuana like alcohol, while another 8 percent support legalizing pot but don't want it taxed and regulated like alcohol. Only 26 percent of respondents said that marijuana should not be legalized, and another 15 percent said they weren't sure.

Support for allowing doctors to prescribe medical marijuana for their patients was even higher than support for legalizing marijuana. Sixty-four percent of respondents said they either somewhat or strongly favoured permitting doctors to prescribe small amounts of pot, and 23 percent said they were opposed. Support was highest among people aged 45 to 64-74 percent of whom said they favoured allowing doctors to prescribe marijuana – and lowest among younger adults – only 56 percent of whom favoured it.

Most other polls have found lower percentages of Americans in favour of legalizing marijuana, although they have shown a trend toward support and a few have found a majority in support. A Gallup poll released a year ago showed a bare 50 percent majority support for marijuana legalization. But a Public Religion Institute survey conducted this September found more opposed to than in favour of legalizing it. Other surveys last year, such as those by CBS News and Pew Research Centre, also found higher levels of opposition than support.

The difference in the results from the HuffPost/YouGov survey and other polls may be partly explained by their methodologies. While most of the other polls used live interviewers over the phone, the HuffPost/YouGov poll was conducted online.

Differences in question wording may also be part of the explanation. Whereas most surveys have asked only whether respondents favoured or opposed marijuana legalization, the HuffPost survey offered a third option of legalizing pot and then taxing and regulating like alcohol. That option may have garnered support from those inclined to favour legalization but concerned about the consequences, for example, when young people smoke it or when individuals use marijuana and then drive a car.

In the HuffPost/YouGov survey, support for legalizing, taxing and regulating marijuana was steady across age groups, ranging from a low of 49 percent among those between ages 45 and 64 (roughly the Baby Boom generation) to 53 percent among those age 65 and older, with younger groups falling in between. Support for legalizing without taxes and regulations showed more variation. Those under

age 29 and between ages 45 and 64 were most likely to support legalization pure and simple – 9 percent and 13 percent, respectively – while those between ages 30 and 44 and those age 65 and older were less likely to support it – 5 percent and 3 percent, respectively. Those age 65 and older were most likely to oppose legalizing marijuana altogether, with 38 percent saying no.

The poll found more variation among people of different political parties. Sixty-four percent of Democrats, 41 percent of Republicans and 47 percent of independents said they supported legalization with taxes and regulations. Eleven percent of independents, 6 percent of Republicans and 5 percent of Democrats supported legalization without regulations. Overall, opposition was highest among Republicans, but even so, more Republicans favoured one of the two legalization options (47 percent) than opposed legalization entirely (44 percent).

More respondents supported some form of legalization than said they had used pot themselves. A majority (54 percent) said they had never used the drug, while 38 percent said they had. Eight percent preferred not to say. Marijuana use was higher among male than female respondents. Forty-five percent of men said they had used marijuana in their lifetime, and 44 percent said they had not. By contrast, 33 percent of women said they had used marijuana, and 62 percent said they had not.

The HuffPost/YouGov survey was conducted online on Oct. 23 among 1,000 US adults and has a 4.2 percentage point margin of error. It used a sample drawn from YouGov's opt-in online panel that was selected to match the demographics and other characteristics of the adult US population. Factors considered include age, race, gender, education, employment, income, marital status, number of children, voter registration, time and location of Internet access, interest in politics, religion, and church attendance.

Huffington Post (24/10/12)

South America

How Latin America May Lead The World In Decriminalising Drug Use

Guatemalan President Otto Pérez Molina has never been soft on crime. The 30-year military veteran rose to power last year on the wings of his law-and-order platform, crystallized in his campaign slogan: 'Iron fist, head and heart.' And he recently approved the creation of two military bases, outfitted with 2,500 soldiers, to guard against the growing presence of drug cartels that have turned Guatemala into a trafficking corridor and fuelled some of the world's highest murder rates.

Since February, though, Pérez has coupled his tough talk on crime with calls for a drastic change in crime-fighting tactics centred on the legalization and decriminalization of drugs. Legalization, he insists, should supplement military build-up to stem

drug-related violence in Latin America. In September, Pérez proposed drug legalization at the UN General Assembly. The move angered Washington but was championed by the Presidents of Mexico and Colombia, who appealed to the General Assembly with a similar message. And last week, Pérez repeated calls for a shift in the global war on drugs during a UN-sponsored gathering of regional leaders in Antigua, Guatemala. 'The current plan,' he told the press, 'is not going to give us results.'

In the past few months, Latin American Presidents across the political spectrum have joined Pérez in spearheading a hemispheric debate on drug legalization – unprecedented for sitting heads of state. Traditional drug policy focused solely on prohibition – a method dictated by the US since Richard Nixon created the Drug Enforcement Administration 40 years ago – has run its course, they argue. In its place, Latin America has proposed a series of measures focusing on alternative strategies, emerging as the key player in the global reform movement.

'The genie has escaped from the bottle and it isn't going away,' Hannah Hetzer tells TIME. Hetzer, Latin America coordinator for the US-based Drug Policy Alliance, recently returned from Uruguay, where she addressed members of parliament on the drug-legalization movement in the US. 'More and more countries in Latin America are following their own diverse set of drug-policy reforms.'

While no Latin American nation has legalized drugs yet, several have taken steps to decriminalize narcotics. Argentina introduced a measure in Congress this year that would decriminalize the possession of all drugs for personal use. Chile's Congress, meanwhile, is contemplating a bill that would decriminalize the cultivation of marijuana for personal use. And a Colombian court recently upheld a law that decriminalizes the possession of small amounts of cocaine. Like Mexico, Colombia has also decriminalized the possession of small amounts of marijuana.

But no country has proposed more drastic reform than Uruguay. President José Mujica's centre-left Broad Front party introduced a measure this summer that would not only legalize marijuana consumption but also place the government at the helm of production and distribution. The bill, which would allow citizens to purchase up to 40 g of cannabis per month, materialized as the tiny nation of 3.5 million inhabitants scrambles to battle drug-related violence.

'Our central concern is how narcotics trafficking is progressively altering certain aspects of Uruguayan culture and society,' Julio Calzada, secretary general of Uruguay's National Committee on Drugs, tells TIME. 'The proposal aspires to regulate the marijuana market with strict state control, which would allow us to guarantee users marijuana access without being in contact with the criminal world.'

The measure, which would permit the government to regulate the estimated $40 million marijuana market, will be debated in Uruguay's Congress for the next six months. Although party divisions exist, Calzada believes there is enough political support to approve some form of the bill next spring. Most opposition to the bill, Calzada points out, has come from marijuana users who worry about excessive government control and from physicians who fear increased rates of drug addiction.

The US, meanwhile, has resisted any alternatives to its prohibitionist drug policy. But signs of a possible shift are starting to bubble. Earlier this year at the Summit of the Americas in Colombia, the Obama Administration said that legalization was worthy of debate. And during a visit to Mexico in March, Vice President Joe Biden called the debate over drug legalization 'legitimate,' but he underlined that the Administration would not alter its stance opposing legislation.

Latin America has also encountered a roadblock in the UN, despite repeated calls for the global organization to arrange an international conference on drug-policy alternatives that go beyond mere prohibition. Just last week, the governments of Guatemala, Colombia and Mexico issued a joint statement calling for the UN to exercise leadership in the war on drugs, 'including regulatory and market measures, with the goal of establishing a new paradigm that keeps resources from flowing into the hands of organized crime.' There has been no response from the UN.

While Latin America insists that policy change must be the focus of a coordinated global effort, the region seems bent on advancing reform, with or without international support. 'There is a political and global need to advance the mechanisms of drug regulation that don't rely exclusively on prohibition,' Calzada says. 'We have systematically called for ample discussion on these matters on the international stage, but we have only found obstacles. Ultimately, Latin America has the autonomy to advance measures that we feel are most pertinent for our citizens.'

A. Serrano
World Time (9/10/12)

Denmark

HEROIN PILLS ON THE WAY

Health Minister Astrid Krag (Socialistisk Folkeparti) has proposed that heroin in pill form be made available to addicts. Heroin abusers can currently receive the drug free from the state, but only as an injection.

Citing a new report from Sundhedsstyrelsen, Krag said it was time to offer a choice.

'With tablets, we get a tool that lessens the risk of incorrect dosages, injuries and incidences of cancer,' Krag told Politiken newspaper. The health minister expects that the pills could be available in 2013.

The current system of state-prescribed heroin was adopted in 2008. Following years of legal wrangling, a home for the first legal injection room was found earlier this year, to the disconcertion of many Vesterbro residents. There, the government will supply the drug, clean needles and provide supervision by health professionals. Copenhagen's mobile injection room – an old ambulance that drives around town servicing the city's addicts – is a common sight, especially in the Vesterbro area.

The idea was that by controlling the drug-taking environment, the risk of infection by shared and reused needles would be partially eliminated. Krag said that the professionals cited in the Sundhedsstyrelsen report believed that making heroin available in pill form would lessen the risks of disease and overdose even more.

Venstre spokesperson Sophie Løhnde said her party isn't sure where the money for the proposed heroin pills would come from.

'We are completely open to the proposal, assuming, of course, that the health minister tells us where she is going to find the money,' Løhnde told Politiken. 'The current plan receives nearly 64 million kroner every year and only covers injection. It is irresponsible to propose a plan without explaining how it will be funded.'

Jonas Dahl, the health spokesperson for Socialistisk Folkeparti, downplayed the criticism.

'It is remarkable that Venstre says that financing must be in place before you make a proposal, 'Dahl told Politiken. 'The working procedure has always been that we first get a professional recommendation from Sundhedsstyrelsen and then find the money.'

The Sundhedsstyrelsen report included recommendations from the doctors that work at the nation's five heroin clinics. It also looked at the latest research and international recommendations regarding the use of heroin pills.

'This will be an improvement of the current system,' said Krag. 'It clearly needs to be in place by 2013.'

R. Weaver
Copenhagen Post (3/9/12)

Serbia

FAITH-BASED DRUG TREATMENT IN SERBIA: IN THE NAME OF THE FATHER

Despite the violent abuses that came to light against people who use drugs, the Serbian Orthodox Church (SOC) has been recognized by the Serbian government as an important partner in treating people with addictions. NGOs working in the field have expressed serious concerns about the SOC's ambitions in this area.

You could say that this story originated in a recommendation from the EU; but this would be far from being the complete truth.

The European Commission did indeed recommend to Serbia, that the government should involve civil society in its National Strategy Against Drug Abuse (2009-2013). In addressing this issue, however, the Belgrade government seems to have put political considerations ahead of scientific ones. Instead of calling on professional harm reduction and drug therapy experts for assistance, they have chosen to work with the SOC. But even this choice of the Church as a civil partner would have been acceptable to the expert NGOs, if the SOC had not been guilty of committing major errors in its drug treatment programs.

Sadly, in Serbia, the SOC's aspirations in this field came to public knowledge via a video clip leaked in May 2009. The clip shows scenes of inmates at the church-run Crna Reka 'Spiritual Rehabilitation Centre' being severely beaten. One of the people administering those beatings, was Archpriest Branislav Peranovic, manager of the spiritual centre over the last six years.

After the video incident, the Crna Reka centre was closed down. But the criminal case against the priest is still pending, while his accomplices (who also faced charges of sexual assault) received sentences below the statutory minimum.

All this did not lead to the end of the SOC's involvement in treating drug users. Under its aegis, six new spiritual communities were opened, in which drug users were required to abstain from drug use in a strict monastic environment, characterised by heavy physical work and prayer. One of these centres is the 'Land of the Living' spiritual and therapeutic community in Čenej, often portrayed in the media as an example of good practice.

On 22 July 2011, Health Minister Zoran Stankovic and the Serbian Church Patriarch Irinej signed a Memorandum of Co-operation, which sets out the respective obligations of the SOC and the Ministry of Health, in respect of the treatment of drug users in the 'Land of the Living' therapeutic community: The Serbian Ministry of Health announced, 'The 'Land of the Living' therapeutic community project aims to physically and mentally rehabilitate people with drug addictions, in order to promote and develop a healthy lifestyle. The goal is to protect and improve the health of young people, and also to support them in influencing other individuals and groups through peer education, in order to protect young people and prevent substance misuse.'

This role of the SOC in treating drug users subsequently received further support from the then Minister of Internal Affairs (currently Prime Minister) Ivica Dacic. On March 18th 2012, he signed a Memorandum of Co-operation between the SOC and Ministry of Internal Affairs, regarding implementation of the National Strategy Against Drug Abuse.

'In the fight against this evil the whole of society must be included. The police must cover the enforcement side, the Ministry of Health is in charge of the

treatment domain, and all others who can help in any way are more than welcome. May God help us to boost the cure rate, so that we can save the lives of our children,' said Dacic, in recommending the Čenej spiritual centre. He also stressed that this centre has nothing to do with the 'Crna Reka' case, which was an example of abuse.

Questions arise, however, about the contents of these Memoranda, since their text is not available on the official websites of Serbian ministries. The media have only published official statements from the signatories to these agreements, not the agreements themselves. As a result, the general public has had no access to information about the obligations and commitments made between Serbian ministries and the SOC, regarding the treatment of drug users.

While government officials were promoting the rehabilitation centres run by the SOC (which, according to the Constitution of the Republic of Serbia, is supposed to function separately from the state government), another side of the story continued: While the courts delayed in processing the case against the accused Archpriest Branislav Peranovic, he moved to another part of Serbia and opened a new 'Sretenje' rehabilitation centre, in order to 'treat' drug users with his already tested methods.

According to information from their official website the centre performs its humanitarian activity under the jurisdiction of the Eparchy of Sabac and the SOC. The rehabilitation centre claims that the treatment program being used is based on fifteen years of extensive experience working with thousands of addicts.

Even so, the centre came under the media spotlight on 7 August 2012, after Nebojsa Zarubac, one of the centre's inmates, was found dead in one of its facilities. According to the official autopsy report, Zarubac died due to inhalation of vomit leading to asphyxiation. Furthermore, the marks of 50-100 strokes from a blunt object were found on his body. Autopsy results indicate that he passed away after a long and agonizing death.

Archpriest Branislav Peranovic was arrested once again, the 'Sretenje' rehabilitation centre was closed down, inmates were sent home, and one young man's life ended brutally. All this happened because the Serbian government authorized priests to manage the treatment of drug users, instead of cooperating with professionals in the field of drug therapy.

The most hypocritical aspect of this whole story, is that the Belgrade government and the Serbian Orthodox Church have both attempted to distance themselves from the Archpriest's acts, while other SOC treatment centres continue, unsupervised, to provide 'services' to drug users.

Gyfolk, *Drug Policy Website of Hungarian Civil Liberties Union* (29/10/12)

Memorial Corner

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

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

Given Name	Family Name	Date of Birth	Date of Death	Age
Adam	Gray	12/05/1969	27/12/1997	28
Andrew	MacAlpine	28/08/1970	08/01/2000	29
Benjamin	Gosling	23/07/1980	15/11/2000	20
Bradley	Rochford	18/08/1960	31/12/1992	32
Brendon	Ramage	12/02/1970	26/01/1997	26
Brett	Schuyler	16/10/1955	05/01/2005	50
Christopher	Blake	15/06/1970	29/01/2000	29
Craig	Condon	23/03/1965	23/11/1999	34
Craig	Miller	27/05/1970	28/11/2000	30
Craig	Rosewood	04/02/1968	11/11/1989	21
Daniel	Wren	22/03/1982	17/11/2008	26
Darryl	Webster	14/10/1971	06/11/2000	29
David	Beecroft	08/03/1974	01/11/2008	34
Donna	Greenbank	19/08/1960	18/11/1996	36
Edward	Dittman	02/09/1970	26/01/1996	25
Emily Kate	Rinder	18/10/1978	19/11/1999	21
Erika	Von Cerva	07/04/1957	18/11/1987	30
Erin	O'Brien	19/08/1966	04/11/1997	31
Gavin	Caley	31/03/1969	23/12/1993	24
Jade	Tanner	15/08/1981	21/12/1997	16
James	Williams	16/05/1961	11/11/1991	30
James	Morgan	25/04/1982	03/12/2007	25
Jamie	Valentine	10/12/1973	26/11/1997	24
Jamie Dene	Johns	21/03/1971	01/11/2005	32

Given Name	Family Name	Date of Birth	Date of Death	Age
Jim	Sanders	12/09/1979	15/01/1999	19
Joshua	Martin	12/08/1980	28/12/2010	30
Jye	Osbourne	20/06/1979	02/12/1999	20
Kane	Sleeman	25/07/1975	02/12/2002	27
Les	Ewen	30/10/1968	23/01/2002	31
Marc	Poynton	21/10/1956	31/12/1999	33
Marcus	Baldoni	04/06/1971	06/12/1998	27
Mark	Fussell	27/07/1975	14/11/1999	24
Matthew	Baldwin	14/12/1974	10/12/2009	34
Melissa	Vreeken	09/12/1970	25/12/2001	31
Melissa Anne	Owen	07/08/1971	04/01/1993	21
Michael	Deane	26/06/1980	21/11/1998	18
Michael	Coats	1975	Jan 2004	29
Michael	Serrafis	04/02/1968	16/01/2002	31
Michael Jeffery	Kirchner	27/07/1971	01/01/2007	35
Nicole Louisa	Thurn	16/10/1981	13/01/2007	25
Robert	Groves	30/08/1963	20/12/1999	36
Russell John	Gordon	09/01/1975	23/11/2000	25
Ryan	Pearson	21/03/1977	10/11/2011	34
Sallie	Ford	15/08/1973	26/01/2001	27
Simon	O'Grady	05/10/1974	16/12/1994	20
Simone	Chalmers	30/05/1905	17/11/2000	23
Susan	Fry	14/12/1968	23/12/2001	33
Ted	Riley	22/07/1977	29/01/2000	22
Terry	Bliss	24/12/1964	15/01/1997	33
Tony	Terroni	13/05/1975	01/11/1997	22
William	Thompson	29/08/1960	22/11/2000	40

Rise In Prescription Drug Deaths Highlights Issue Of Chronic Pain

Lesley Brydon, *Sydney Morning Herald* (30/10/12)

The recent National Drug and Alcohol Research Centre report raising alarm about increasing numbers of deaths from prescription opioids, reflects a much bigger issue: the millions of Australians whose lives are severely affected by chronic pain.

At least one in five Australians, including children, lives with chronic pain; among people aged over 65, it's one in three. The report's revelation there were more than 500 opioid-related deaths in a year – the majority from prescription drugs such as oxycodone – is indeed tragic. In 2008 deaths from prescription drugs were more than double the number of accidental overdose deaths from heroin. But the number of young people whose lives are ruined because of chronic pain is devastating on an even bigger scale.

Opioid drugs such as oxycodone play a valuable role in treating acute pain, especially after surgery or trauma. However, they may not be suitable for the treatment of long-term chronic pain from a disease or injury.

Among the vast majority of people with chronic pain, other measures such as cognitive behavioural therapy, exercise, physio or occupational therapy and meditation, can actually be more effective in managing, if not eliminating the pain.

However, such programs are not covered by Medicare or health insurance so are available to relatively few people who could benefit from them. Plus waiting times at pain clinics may range from six month to two years.

The Royal Australian College of General Practitioners and the federal government are pushing for a nationwide electronic system that would allow pharmacists, doctors and state health authorities to monitor the prescribing and dispensing of addictive drugs.

But it is not helpful to call for further restrictions on prescribing opioids. A more rational and strategic approach to managing pain in a holistic and enlightened manner, is by far the best way to tackle this problem.

We need to transform the way doctors, and their patients, think about pain. The experience of pain is subjective, and is influenced by physical, psychological and environmental factors. I have lived with chronic pain from osteoarthritis since my 30s, which forced me to retire from my work and sports I loved, such as tennis, golf and sailing. I have had two hip replacements and a shoulder replacement, but continue to live with pain from arthritis in my spine and other joints. I manage it with non-opioid medication, hydro and physiotherapy but now have difficulty walking and even swimming. I have

used opioids including oxycodone for post-surgical pain but as a pharmacist I knew I could not continue this long term.

Pain is the most common symptom reported by people visiting a GP. Pain-relieving medications are the most frequently requested over-the-counter medication in pharmacies.

About 20 per cent of suicides are linked to physical problems, often associated with chronic pain. The most common reasons for people of working age to drop out of the workforce are back problems and arthritis – both associated with severe, debilitating chronic pain.

The National Pain Strategy, developed by more than 150 healthcare professionals and consumers at a 2010 national summit, recommended chronic pain be recognised as a priority health issue and constitute a disease in its own right. Yet it remains one of the most neglected areas of healthcare.

While committing the resources needed for a strategic national campaign, similar to those for chronic heart disease and cancer, may be a bridge too far for government in the fiscal climate, one option could be a 'Better Outcomes in Pain Management' program. It could be treated nationally through Medicare as we do for mental health.

We would need to provide education and training for health professionals in multi-disciplinary pain management, and introduce strict guidelines on prescribing and managing opioids, including a timeframe for ceasing the drugs.

We should provide better access to integrated approaches to pain management including medical, psychological and physical therapies such as massage and acupuncture appropriately, paid for by Medicare (again, as we do for mental health.)

We need to develop community education and support networks for people living with pain, such as those run by not-for-profit bodies such as the Australian Pain Management Association, with its Pain Link helpline, and Chronic Pain Australia.

The Mackay Pain Support Group in north Queensland is an example where this community approach is working well.

Patients need to be referred seamlessly from primary care through to a specialist pain clinic followed up by ongoing support in the community. Telehealth could help ensure better access to pain management services in regional areas and indigenous communities, which are among the most vulnerable.

The alarm over opioid deaths needs to be considered as part of a much bigger problem requiring a strategic, humane approach to addressing chronic pain in our community.

Lesley Brydon is CEO of the non-profit Painaustralia.

Need Help?

Family Drug Support – Office	(02) 4782 9222; fax (02) 4782 9555
Family Drug Support – Helpline	1300 368 186
ADIS (Alcohol & Drug Information Service) (NSW) Provides 24 hour confidential service incl. advice, information and referral	(02) 9361 8000 / 1800 422 599 *country callers*
AIDS HIV Info Line	(02) 9206 2000 / 1800 063 060 *country callers*
Directions ACT	(02) 6122 8000
Drugs in the Family (Canberra)	(02) 6257 3043
Families & Friends for Drug Law Reform (Canberra)	(02) 6254 2961
Family Drug Support (Adelaide)	(08) 8384 4314 / 0401 732 129
Family Drug Help (Melbourne)	1300 660 068
Hepatitis C Info & Support Line	(02) 9332 1599 / 1800 803 990
Nar-Anon	(02) 9418 8728
Narcotics Anonymous Self-help for drug problems	(02) 9565 1453 / 0055 29411
NCPIC (Information & Helpline)	1800 304 050
NUAA (NSW Users & Aids Association)	(02) 8354 7300 1800 644 413 *country callers*
Parent Drug Information Service WA	(08) 9442 5050 1800 653 203 *country callers*
Parent Line NSW	13 20 55
Ted Noffs Foundation Centre for youth and family drug and alcohol counselling services	1800 151 045

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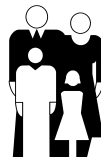
Family Support Meetings Nov 2012–Jan 2013



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

NSW – Ashfield
every Monday
Volunteers Room, Ashfield Uniting Church (down right hand side of church) **(7 – 9 pm)**
180 Liverpool Rd, Ashfield. *Enquiries:* 0410 494 933 ***No meetings 24 & 31 Dec***

NSW – Parramatta
2nd/4th Tuesday of month: 4 & 18 Dec; 15 & 29 Jan; 12 & 26 Feb
Parramatta City Council, Dan Mahoney Room, 2 Civic Pl, Parramatta. *Enquiries:* (02) 4782 9222 **(7 – 9 pm)**

NSW – Chatswood
1st/3rd Wednesday of month: 5 & 19 Dec; 2 & 16 Jan; 6 & 20 Feb
Dougherty Community Centre Studio, 7 Victor St, Chatswood **(7 – 9 pm)**
Enquiries: Liz 0417 429 036 or Hillary 0418 656 549

NSW – Kincumber
1st/3rd Monday of month: 3 & 17 Dec; 7 & 21 Jan; 4 & 18 Feb
Arafmi Cottage, 6/20 Kincumber St, Kincumber. *Enquiries:* Marion 0439 435 382 **(7 – 9 pm)**

NSW – Charlestown
every Tuesday (10 am – 12 noon)
Uniting Church (opp Attunga Park) 24 Milson St, Charlestown. *Enquiries:* Jim: 0439 322 040

NSW – Port Macquarie
1st Monday of month: 3 Dec; 7 Jan; 4 Feb
Education Rooms, rear of Community Health Centre (next to water tank) **(6 – 8 pm)**
Morton St, Port Macquarie. *Enquiries:* Pam 0438 994 269

NSW – Coffs Harbour
1st/3rd Monday of month: 3 & 17 Dec; 7 & 21 Jan; 4 & 18 Feb
The Mudhut, Duke St, Coffs Harbour. *Enquiries:* Theo 0402 604 354 **(7 – 9 pm)**

NSW – Byron Bay
2nd/4th Monday of month: 10 Dec; 14 & 28 Jan; 11 & 25 Feb
Guide Hall, Carlyle St, Byron Bay (behind tennis courts across from Byron PS) **(7 – 9 pm)**
Enquiries: Margaret 0427 857 092 ***No meeting 24 Dec***

ACT – Canberra
Wednesday every fortnight: 12 Dec; 23 Jan; 6 & 20 Feb
Compass Directions ACT, 1 Bradley St, Woden. *Enquiries:* (02) 6122 8000 **(5.30 – 7.30 pm)**
(Light refreshments and gold coin donation) ***No meetings 26 Dec & 9 Jan***

SA – Leabrook
Wednesday every fortnight: 12 Dec; 16 & 30 Jan; 13 & 27 Feb
Knightsbridge Baptist Church Hall. 455 Glynburn Rd, Leabrook **(7 – 9 pm)**
Enquiries: Kath (08) 8384 4314 or 0401 732 129 ***No meeting 24 Dec***

SA – Hallett Cove
Wednesday every fortnight: 5 Dec; 23 Jan; 6 & 20 Feb
Cove Youth Services, Suite 11, 1 Zwerner Dr, Hallett Cove **(7 – 9 pm)**
Enquiries: Kath (08) 8384 4314 or 0401 732 129 ***No meeting 19 Dec***

SA – Woodville Park
Tuesday every fortnight to 21 Jan, then Mondays: 4 Dec; 21 Jan
Diamond Clubhouse, 19 Kilkenny Rd, Woodville Park **4 & 18 Feb (7 – 9 pm)**
Enquiries: Sheryl 0428 271 743 or Kath 0401 732 129

Qld – Carseldine
1st/3rd Tuesday of month: 4 & 18 Dec; 15 Jan; 5 & 19 Feb
Shop 3, 521 Beams Rd, Carseldine (room in Aust Red Cross). *Enquiries:* Dom 0419 689 857 **(7 – 9 pm)**

Qld – Nerang
1st/3rd Monday of month: 3 & 17 Dec; 7 & 21 Jan; 4 & 18 Feb
Girls Guides Hall, 40 Ferry St, Nerang. *Enquiries:* Dom 0419 689 857 or (02) 4782 9222 **(7 – 9 pm)**

VIC – Bendigo
Wednesday every fortnight: 5 & 19 Dec; 2, 16 & 30 Jan; 13 & 27 Feb
Neighbourhood House, 21 Neale St, Bendigo. *Enquiries:* Nathan 0407 450 188 **(7 – 9 pm)**

VIC – Geelong
Wednesday every fortnight: 5 & 19 Dec; 16 & 30 Jan; 13 & 27 Feb
The Swanston Centre, cnr Myers & Swanston Sts, Geelong **(7 – 9 pm)**
Enquiries: Debbie 0412 382 812 ***No meeting 2 Jan***

VIC – Glen Waverley
Thursday: 6 Dec; 10 Jan
MonashLink, cnr Euneva Ave & O'Sullivans Rd, Glen Waverley. *Enquiries:* Debbie 0412 382 812 **(6 – 7.30 pm)**

WA – Northbridge
every Wednesday (6 – 8 pm)
Palmerston Perth, 135 Palmerston St, Northbridge. *Enquiries:* (08) 9328 7355 (neg $5 contribution)