

Family Drug Help

Spring 2004

www.familydrughelp.sharc.org.au

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 1242 Glenhuntly Road
 Glenhuntly VIC 3163
 Tel: 03 9572 2855
 Fax: 03 9572 3498

Welcome

On Thursday night, the 26 August, 30 members of the Family Drug Help community come together to remember, to grieve and to celebrate their many journeys of related to alcohol and drug use. A simple ceremony focused on people lighting a candle and sharing words, music and their intense feelings, developed into a very moving event that had a profound effect on all of us fortunate enough to be present. For more details see the article in the newsletter. The following day I attended the launch of Overdose Day at the Port Phillip Town Hall. Sally Finn from the St Kilda Crisis Centre spoke on the day. I have included an extract below of Sally's speech.

'Many might criticise those who indulge, certainly in drugs known to be dangerous, say they are weak, or damaged, say that they have brought about their disturbance, their addiction through their own actions. But how can one individual vouch for another in this way. How can one point of view, one taken from one person who has one life, judge for another. We must start to account for the complex array of possibilities the human condition throws up? We are of age, surely as a community, to extend our hand, to widen our boundaries, to encompass rather than exclude'. I felt a very strong connection with Sally's message. We need to change, to be compassionate and inclusive of people who are dependent on alcohol or drugs. Only then will people feel free to seek treatment without risk of being stigmatised and only then will families and friends continue on their journey without shame and judgement.

Since our last newsletter, the editor of this newsletter, Leigh Fisher has left Family Drug Help. Leigh's contribution will be missed. However in taking a position with The Mirabel Foundation he continues working in support of families. We wish him the very best in his new position.

I am very glad to announce the appointment of two new part time staff. Claire Jones has been a committed supporter of Family Drug Help as a volunteer over the last 2 years. Claire's new roles will include that of editor of this newsletter, and supporting the establishment of new support groups.

Ruth Nolan has also joined the staff. Ruth will focus on supporting existing family groups. Welcome to both of you. We are excited to have you on board and look forward to working and learning with you.

Alan Murnane, Manager

A Hero's Journey.

This is an account from the depths of sorrow, the edge of numbing fear but also from joyous celebration. If the journey were a degree course at university it would result in high distinction however society does not reward my kind of hero with any such accolade. Sadly, the journey through and to beyond addiction is one rarely discussed in the success stakes. The strength, conviction, commitment, growth and maturity required are, I believe, beyond any scholastic endeavour.

The day that I discovered the syringe behind my son's bed I developed an eye infection so severe I had to take a week off work. It was, I conclude, a symptom of the impact of this discovery on my organism. My eyes could not bear the sight so "closed down function" in this way. The infection was so bad I was virtually unable to open my eyes for several days, let alone go out into the sunlight.

Unable to ignore the subconscious inclinations I had that my son was using hard drugs, I began a roller coaster ride of disbelief, panic, depression, dashed hopes and chaos. In fact, my whole world kind of imploded in that week. The very foundation on which my life existed; my philosophy, my moral code and values, my achievements, seemed to crumble under my feet. My child rearing practices were scrutinised; had I been too lax, given the children too much freedom of choice, had I been too open with them? I punished and berated myself taking, if not all, the bulk of the blame and responsibility for what had happened. I was after all "the Mother" and as such had learnt, a product of parenting through the seventies and eighties, to internalise this kind of guilt. There was absolutely no doubt in my mind that I had caused this. Of course it was now up to me to "fix" it also. All through this time, a second child out of our three, was experiencing difficulties with drug use. She is still now on her road towards recovery. I have often wished I had kept some kind of

written account of the past three to five years, the material sure is there for a thesis. However I never did. I am just not disciplined enough. But some defining moments will always rest in my memory though the years of out of control behaviour i.e. the using, the anger, the overstepping of boundaries, the blaming, the stealing etc., have all become "a bit of a blur".

Our road to recovery, as a family, began with my partner and I joining a parenting support group based on the BEST model. Sadly I have just learnt that the State Government has recently scrapped this program. The program confirmed what I knew but could not practice due to my "dysfunction". It also put my (former now) partner and myself on a course of co-operation and alignment in the face of our enormous challenge. Our BEST group incidentally still meets once a month for an informal dinner out and a catch-up about our kids.

At one point during "the nightmare years" we had an inkling that "things" were starting to disappear from our homes. For a number of months we had our share of giving out cash and doing "the Cash Converters routine" i.e. buying back goods hocked in order to finance the purchase of drugs. However we woke up after a while. Was this actually helping us? What messages were being sent to our children by doing this? Where would this spiral eventually lead us? Etc. etc. We realised "downwards fast" without a doubt.

A moment I will always remember occurred at my work. It was an ordinary day at the centre for small children where I was employed. Another staff member came out of the building with the telephone for me. My son was at the other end of the line. "I have to talk to you. Something really serious has happened and I have to leave home". All I could think about at that moment was that he had contracted the AIDS virus while sharing needles. I said

A Heros' Journey, continued...

this but was assured it was not the case. Instead he proceeded to tell me he had "stolen several items from his Dad's place, was out of control and had to leave". I needed to trust that he had the situation in hand. At that moment started the hero's journey for my son. Though relapsing a couple of times in the ensuing months (normal) he made an unflinching about-turn at that time, a commitment to recovery, and has not looked back. For this I am immensely proud of him and of his achievement.

Later the same evening we went to visit him at Hanover Housing in Southbank, a concrete bunker under an enormous construction above, that is a freeway. Though the environment there is anything but conducive to nurturing a wounded spirit or aiding someone's recovery from the illness that addiction is, I found myself immensely grateful that we live in a time and place that can provide emergency shelter at short notice. I don't know where my son would have ended up otherwise. I remember thinking what a difference a simple poster or bunch of flowers would have made to that room that became my son's for a few days. He, and we, survived this time. To our great relief he then entered the youth unit at Moreland Hall for detox. We visited there too on a few occasions. He did well opting for "cold turkey" with minimal pharmaceutical intervention. He started going to gym, steered the staff towards healthier shopping and eating and produced simple artwork in the recreation program. Towards the end of 2002 my son was assured a rehabilitation program through Tandana in Glen Waverly. A moment of renewed terror came on one of my visits to Tandana. We had been given permission to go out for a couple of hours, so we headed back towards Monash university in Caulfield so I could be shown the campus where my son had commenced studies earlier that year. In my naivete I accepted his suggestion that he take a walk on his own while I would wait at the car. He insisted that he craved the exercise that rehab now put restrictions on i.e. exercise at certain set times only. His craving was of a different kind and of course he did not come back to the car. I waited for an hour while that all too familiar sinking feeling washed over me once again. I drove back to Tandana at speed limit and collapsed in tears in the reception room with one of the D&A workers on duty. I was devastated thinking "overdose", "he's gone interstate", no money and hopelessly out of control. Later that evening I received a phone call to say my son had returned to Tandana, stoned but otherwise well. He had two or three more relapses but is now, in early August, coming up to a year clean after spending 18 months or so with SHARC. For anyone who has not travelled this road it is impossible to imagine the joy at the prospect of this. However I would never say relief. One

learns on this journey never to take anything for granted (again). We only know what we have or are dealing with NOW and we cherish this. For every day my son is drug free, and all my children are alive and as well as can be expected, I give Thanks.

What has it taken/ does it take, to achieve recovery?

- An enormous strength of character; there is nothing "spontaneous" about it, though some "experts" will have us believe that recovery not involving pharmacology is some kind of coincident or accident. This is a theory that shamefully robs the recovering individual of any credit in the process.

- Programs that strike the fine balance between personal responsibility/involvement in the rehabilitation, and intervention.

- Peer support and guidance are vital. I am convinced now that programs should be lead and directed by people who have "walked the walk" but have turned their own experiences into serving others. In fact I believe that "work for the common good" is a very important factor in the spiritual growth that so promotes ongoing, long-term recovery from any kind of dependency. Narcotics Anonymous has been instrumental in the recovery of our son. He still attends meetings several times per week at different locations around Melbourne.

- Long-term view is vital by all involved. Detoxing, rehabilitation, finding new meaning, activity and community, re-building foundation and self-esteem all take time. We must somehow convince the power brokers and funding bodies of this, as some programs are still too short sighted. Ongoing support and gradual re-integration must be guaranteed.

- Empowerment of the consumer is another strategy for ensuring that programs are relevant. Believe it or not prejudice and stigma are rife even within provider organisations. This is institutionalised to such an extent that it may only be through consumer activism that there is any hope of change. Substance users seeking help ought to be encouraged to evaluate the services there to assist them.

- Family support, I feel is another vital ingredient in successful recovery from dependence. (I acknowledge that this often is not there or not appropriate). However, we don't have to agree with everything that our family member does to communicate our love for them. We have rights too. Substance use does not excuse every behaviour!!! Some uncomfortable decisions may have to be taken at times. We need to be honest and set boundaries. In dealing with the fallout from drug addiction there will be an inevitable "shake-up" of all relationships around the user. In my (our)

case this has been largely positive. Old assumptions had to go. We now have more honesty, more is negotiated rather than assumed. We are more assertive without having lost the caring. We have all been exposed of course, which at first can feel very threatening but has lead to more trust and strength between us.

Why did this have to happen to us? Why me?

We are all presented with challenges in life. Sooner or later everyone will be tried in some way. Michael Leunig (another hero) said in a recent interview "When things go wrong, we experience difficulties, crises, what choices have we got? We can throw our arms up in horror, complain, panic, become immobilised, but what does this achieve?" He advocates instead an attitude of adjustment. We don't like change but according to Leunig this is one response we can aim for. Looking at and assessing the positives is another counter action we can choose in the process of adjustment. In my own case this consists of a broad, new and thorough understanding of addictions and dependence and the global context that these fit into. With this perspective I conclude that this issue is the most far-reaching, costly and potentially destructive one facing Western civilisation today. I view drug-dependence to exist on a continuum of an existential challenge we are all facing in a postindustrial, largely materialistic era. We all grasp for that which will give us a little relief from the harsh realities of life. We busy ourselves with all manner of distractions: Work, sport, consumption, status, entertainment, TV, gambling, alcohol, drugs. We seek this "sustenance" in the hope that it will avert the inevitable. The state has shamelessly "plugged" into this human frailty and is milking it for all it's worth. I feel deeply disappointed in our society's inability to protect our young from the scourge that is the dependence economy.

It has helped me significantly to contextualise my family's experiences in this way. Unless we take the big picture into consideration and analyse the underlying universal factors involved in dependence behaviour, we are missing important clues to all of our recovery.

By: A mother from within the FDH Community

A Parent's Thoughts
Instead of struggling, trust
Instead of speaking, listen.

New FDH Staff Members

Hi everyone!

Well, Winter has nearly left us and Spring is in full bloom! I thought I would introduce myself to those who don't know me already and say a big hello to those who do!

My name is Claire Jones and I am the new Support Group Development and Information Coordinator of Family Drug Help. Although I have been a volunteer at FDH for about 2 years now, I have been working in the area of homelessness and crisis support as a Social Worker for a few years. I thought it was time that I spread my wings and take up another challenge so here I am!!!

My role will be focused on the creation and support of upcoming and new family support groups as well as looking after the newsletter each quarter. With this in mind, I would like to encourage as many of you to send me (either by email or snailmail) any writings, news etc that you would like to share with us. I would love to hear from you. I would also like to hear about your opinions, ideas or suggestions for future newsletters- that would be great!

I am really excited about what the future holds for Family Drug Help. Hoepfully, over the next short while I will get the opportunity to meet many of you face-to-face. Until then, if you would like to drop me a line, my direct number is 9572-1777. Would love to hear from you!

Claire Jones

Hello everyone,

My name is Ruth, and I will be working alongside Claire assisting Support Groups with Meetings Facilitation Coaching, and developing a Meetings Handbook. I'm looking forward to meeting you face-to-face to gather your experiences and insights into the successful aspects of Support Group Meetings, and find out about any directions for improvement you'd like to see.

I enjoy working with groups of all kinds, and I'm very interested in the art of facilitating. I particularly enjoy facilitating for singing groups and art groups, and I have a background in Creative Arts Therapy. I've been involved with Community Houses and self help groups for many years and I look forward to assisting you in this community project of developing resources for Support Groups. I'm relying on you, the experts, for your input so please don't hesitate to contact me at FDH. I'll usually be there on Mondays and Tuesdays, so call me on 9572-1777, or on other days talk to Claire, as we will be working together on this project.

It's been great to meet the team at FDH and I look forward to meeting you too, both at meetings and on the phone.

Leigh Clark Foundation Memorial Match 13-08-2004

A crowd estimated at between 1000 and 1500, witnessed a spirited and entertaining match between the Melton Bloods and Melton South Panthers under 15 teams last Friday night. The match played as a memorial to Leigh Clark, who died 5 years ago as a result of an alcohol overdose, was seen as a fitting tribute to the Melton teenager. Melton South won the match 8-17-65 to 5-7-37. Leigh's parents, Lorraine and Bruce presented a perpetual trophy to the winning team and medals to the best player from each team. Proceeds from the match will assist the Leigh Clark Foundation in it's objective to raise awareness on alcohol related harm among teenagers, their parents, sporting and social organisations.

The chairman of the Leigh Clark Foundation, Mr Stephen Bartlett, congratulated both clubs on the level of cooperation shown in putting on the match and thanked the many sponsors and organisations that gave their support. The match was played as the last game of the home and away season with the support of the Riddell District Junior Football League, the Riddell District Umpires Association, the Good Sports Program and local businesses.

That so many Melton people turned out on a cold winter night to watch a junior football match demonstrates the level of concern in our community with respect to alcohol related harm among young people. The Leigh Clark Foundation seeks to build on the success of this match to raise alcohol awareness in the sporting and general community. Football Clubs, even at the highest level, have not had a good record recently when it comes to alcohol and alcohol related problems. It is encouraging that two junior clubs are taking positive steps to address what is seen by drug and alcohol experts as the biggest drug problem among the youth of today.

Excessive alcohol is a major factor in:

- 30 percent of all road deaths;
- 50 percent of violent crime;
- 25 percent of mental health disorders; and

- 50 percent of cases of domestic and sexual violence;
- 70 – 80 percent of night time assaults;
- 12 percent of suicides.

Source: Alcohol Education and Rehabilitation Foundation, 2004.
<http://www.aerf.com.au/media/drugactionweek04.asp>

Bruce Clark
Leigh Clark Foundation

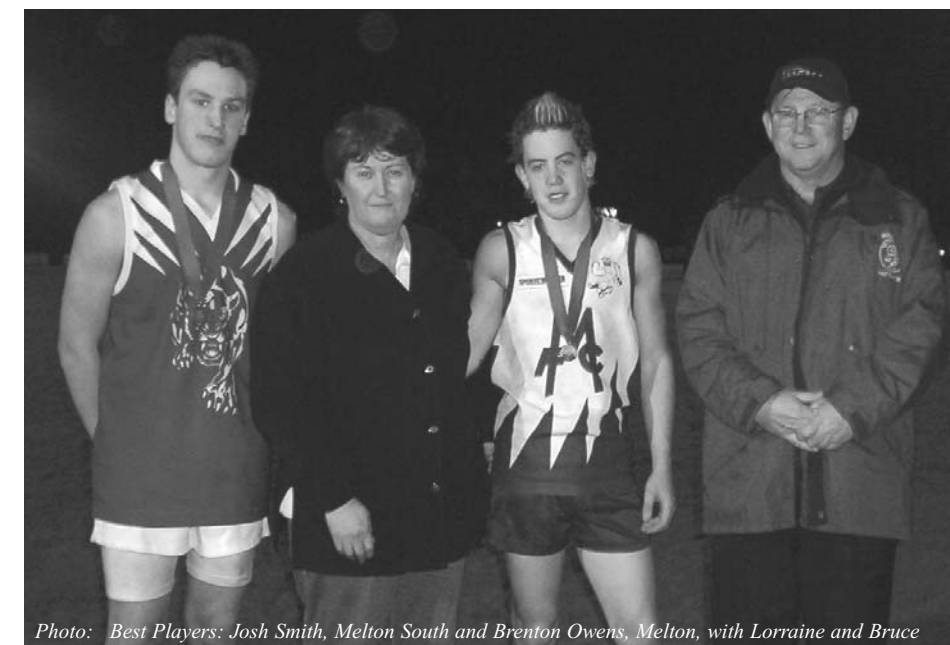


Photo: Best Players: Josh Smith, Melton South and Brenton Owens, Melton, with Lorraine and Bruce

*The Herald Sun, 17 August 2004,
Journalist, Patrick O'Neil*

Australia, the dopey country

Australians use more cannabis than people in the United States, Britain and the Netherlands. One in five young adults uses cannabis weekly and one in 10 users becomes dependent on the drug. Australia's top drug researchers found.

Women have also caught up to men in their cannabis smoking. Twenty-five years ago, three times more men than women were cannabis users. International experts presented their findings at the National Cannabis and Mental Illness Conference at Royal Melbourne Hospital yesterday.

The former head of the National Drug and Alcohol Research Centre, Dr Wayne Hall, said cannabis use had steadily increased since the 1970s. "We are probably a bit higher than the UK and the US," he said. "We are a lot higher than the Netherlands, for example, which is a favourite comparison given their policies on cannabis."

Studies show 60 per cent of Australian adults have tried cannabis and about 2 per cent are considered dependent upon it, Mr Hall said. He blamed a lack of activities for young people as a factor in increasing cannabis use. "It think it is to do with bored youth culture, which has been fairly favourable towards cannabis and the increased availability of it," he said.

Other experts examined the link between cannabis and mental illness. Mental Health Research Institute professor David Castle described cannabis as the straw that breaks the camel's back, saying there appeared to be a link between the drug and psychosis, but only for those already predisposed towards the illness. "Most people who use cannabis and get psychosis have an underlying vulnerability," he said.

There was consensus among the experts that occasional users who did not have a predisposition towards mental illness were unlikely to suffer long-term effects. But regular, heavy use could affect people's jobs and relationships.

Cannabis authority Professor Markus Leweke, of Cologne University in Germany, said cannabis was three times stronger than it used to be.

"Cannabis today is totally different than cannabis 20 or 30 years ago," he said, pointing to a boost in the active ingredient, tetrahydrocannabinol. Despite the risks, marijuana was nowhere near as addictive as nicotine, he said.

The Age, August 17, 2004

That touch of magic

A hospital program puts drug-addicted babies in the arms of cossetting volunteers, writes Jennifer Verrall.

The Madonna cameo of the maternal mother cooing softly to a tiny babe in arms is a scene played out so often in the nurseries of the Royal Women's Hospital that it should be unremarkable.

But in the small nurseries where specialist nurses care for premature, struggling or at-risk babies, this maternal scene can be enacted by women who are neither the nurses nor mothers. They might know nothing more about the baby than its first name and the fact that it is an infant in need. They might suspect that it is a baby undergoing a torturous withdrawal from narcotic addiction. But they will never know for sure.

All the women - and the very occasional man - who are part of the hospital's volunteer Cuddlers' Program know is that at very least, their intense and intimate interaction with a tiny human might stop it crying and take some of the load off the nursing staff.

At the other extreme, they might be one more positive factor in the touch-and-go struggle to help a baby at extreme risk maintain its grasp on life.

The hospital's Cuddlers' Program is not a first. Several other Victorian hospitals have similar programs. What distinguishes it, however, is the fact that a significant number of the babies have been born to women with, as paediatrician Dr Philip Henschke puts it so carefully, "ongoing issues with drug dependency".

Most of the 200-300 drug-dependent mothers who have their babies at the Royal Women's each year, are, he emphasises, stabilised on methadone treatment programs. "They have taken that bold step."

Henschke's state-funded unit based at the hospital, the Women's Alcohol and Drug Service, is usually aware of which birthing women are dependent. It is critical knowledge because narcotics pass through the placenta. When that supply line is severed at birth, "the babies are exposed to the same withdrawal processes that the mum is. It's a trial by ordeal for them. They go cold turkey."

Everyone needs someone to put their arms around them . . . especially, a little struggling baby.

Dr Henschke says of these hundreds of babies born to such mothers, some 75 per cent will get through without medication. As the process of withdrawal builds to an uncomfortable climax over three or four days, however, the rest "will demonstrate significant signs of withdrawal and will need medication to manage it". (Medication is a morphine syrup, which is given in decreasing amounts over a three-to-four-week period).

They will also need lots of cuddles.

Significant signs of withdrawal in an infant include poor sleeping patterns, difficulty in feeding, increased muscle tension and significant irritability. "They will be very jittery."

Rosalie Vaccari, a former nurse turned social worker - and, incidentally, a mother of four grown children - knows exactly how it feels to hold one of these tiny, vulnerable babies. "They are usually extremely agitated."

By being tightly swaddled, held and gently rocked, they can sometimes be lulled into a healing sleep. "Everyone needs someone to put their arms around them," says Vaccari. "But most especially, a little struggling baby who needs to establish a trusting bond. That special touch and feeling of security that is magic for the child."

Vaccari doesn't do much of the physical cuddling at the hospital herself. Being a wheelchair-bound paraplegic as the result of a horse-riding accident at 42, she doesn't trust her physical balance capabilities. What she does

instead is to organise the 20 volunteers on the cuddling rosters. The volunteers go in to the nurseries for three-hour shifts to sit and rock babies they will never know beyond the glass nursery walls.

Vaccari was instrumental in setting up the program. For several years she had badgered her friend Jane Rowe, CEO of the Mirabel Foundation, which helps children whose lives are affected by a parent's illicit drug use, "to give me a project. Jane wanted to set up a pilot cuddlers' program for babies born to withdrawing mothers." Vaccari took it on.

The paperwork - the details of cuddler profiling and behaviour, and the protracted negotiations with both the hospital hierarchy and the mothers for permission to allow total strangers to hold their babies - took two years to refine.

"Big bureaucracy is very complicated and we thought it was important to extend the program to benefit all babies in the special needs nurseries. We recognised that all babies need cuddling so the program was extended to all mothers who would consent."

Vaccari says most mothers who know about the program, which has been going for a year, are happy to have the extra interaction for their infants. Some of these mothers have other children at home, she says. Or, they live in the country and can't always get to babies who might have to stay in hospital for long periods. Vaccari says one baby was in the special nursery for 100 days last year.

The nursing and medical staff have also widely supported it as an excellent initiative. "Nurses are always grateful for a helping hand," says Vaccari. "And I know from my own experience that nurses can't always find time to cuddle when they are on the ward. When there is an unsettled baby and nobody to attend to it, the distress (in the ward) becomes explicit. The wards are crowded and among all the equipment and noise, all the clattering and banging and fuss, there is only room for a chair between the cribs."

"It's such a normal human nature thing to do, isn't it?" says Henschke. "That drive to settle a crying baby. All babies have a desperate need for someone to hold and touch them. To have that

human-to-human interaction with someone over a long period of time. They need it to develop normally." It is more mutual than that, says Vaccari. "Very rewarding. Quite a magical contact."

*The Cuddlers' Program has developed through word of mouth. It is looking for more volunteers, all of whom will be security screened. Anyone interested in more information should apply in writing to:
Veronica Love,
Volunteer Cuddlers' Program,
Royal Women's Hospital,
132 Grattan Street, Carlton, 3053.*



ABC Online, 20 August 2004 –

Study questions cannabis-schizophrenia link

There is no scientific proof that cannabis use induces schizophrenia, Dutch scientists say, questioning recent research and an argument the Dutch Government uses to crack down on marijuana-selling "coffee shops".

In an article in this week's Magazine for Psychiatry, a peer-reviewed journal, the three authors say that on the basis of currently available data "there is no justification for the proposed closure of coffee shops".

Often the first symptoms of schizophrenia occur during adolescence, when people start to experiment with drugs, but the scientists believe cannabis use only has a negative effect on people already genetically predisposed to the mental illness.

"It is therefore advisable that youngsters with a family history of schizophrenia and patients with a schizophrenic disorder be discouraged from using cannabis," the report said.

Subsequent Dutch governments have tightened rules on the sale of marijuana in government-regulated coffee shops, resulting in a significant reduction in the number of cannabis cafes.

A ban this year on alcohol in coffee shops will be followed by a ban on tobacco in 2005, outlawing all smoking on the premises.

There are around 780 coffee shops in the Netherlands of which 270 are in Amsterdam, according to 2002 figures.

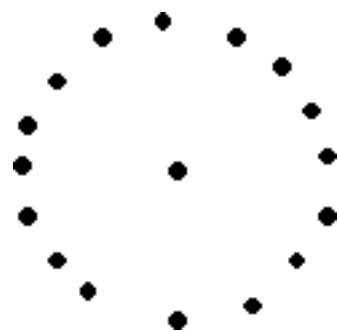
*Ms Jade Bilardi
Project Officer
Victorian Alcohol and Drug Association (VAADA)
35 Smith Street, Fitzroy Vic 3065
p 9416 0899 f 9416 2085 m 0400 107 626*

FDH Dots May 04

Early in our search for helpful information about addiction, my wife and I attended a program for parents. The first two sessions appeared to me to be just talks about the different drugs, statistics, and the drug scene. I was impatient and just wanted to know how I could fix the mess our child was in – not waste time on all this general background stuff.

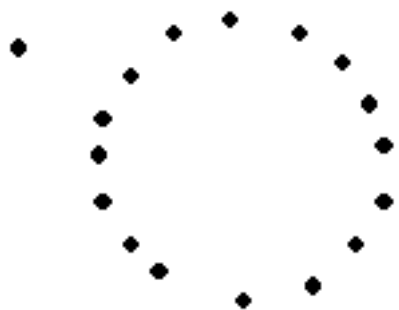
My frustration got the better of me and I blurted something like “I am sick of going over all this general information. When am I going to learn how to deal with our child?” I realize now that our program leader had been gently leading us to this point, but too gently for me.

He drew a circle of dots on the board with one dot in the middle.



He said that the dot in the middle represented our child, surrounded by family and friends who were doing their best to give help and protection. The encircling supporters were paying the rent, bills, fines, and those hyenas in the pawnshops – what I later came to understand as enabling behaviours. Our program leader showed us that the focus of our attention and energy was inward on the person and there was no incentive for that person to change.

He then drew another circle of dots, but this time the dot in the middle was moved outside the circle.



The circle still represents the family and friends, this time supporting one another. The focus of attention is now outwards on the addicted person and what that person needs to do to come back into the circle of family and friends. This simple concept now reminds me to be aware of who is in or out of the circle of support (and sometimes it is me) and what needs to be done about it.

Our program leader went on to say that there are many things that trigger a desire to change in the addicted person. I was “all ears”, this is what I came to learn. He said there were five main things:

1. The addicted person has no money and no ability to earn money and is in serious debt.
2. The addicted person has no good friends, they have all abandoned him or her.
3. The addicted person has lost their self respect.

This is good stuff I think, I have ticks in the first three boxes and I can keep the pressure on. Then it got really scary for me.

4. The addicted person has serious health problems e.g. HIV, Hepatitis C, mental health problems as a consequence of drug/alcohol abuse.
5. The addicted person is in prison or going to prison.

I could cope with the no money, no friends and no self-respect. But the prospects of permanent illness and prison really frightened me. I began to understand the unhelpful aspects of being a helping parent – being an enabling parent – and the importance of supportive family, friends and networks. I learned to understand the difference between loving and liking, and to say that I never stop loving even though I don't like what is happening. It took me a long time to get better at saying “No” but once I did and found it worked, and I felt better about myself.

By: FDH Community member

Tales Of The Unexpected

Monday April 26, 2004

The Guardian

A lawyer in Nicaragua who is defending a man facing cocaine charges told prosecutors that the drugs were in the possession of a rooster and two hens and did not belong to his client.

Police found 67.3kg of cocaine hidden in the birds' cage outside a cockfighting den controlled by Francisco Armando Rivera. He was charged with cocaine possession, but his lawyers argued that the birds were at fault as "the law is very clear that whoever is in possession of the drugs is the one who should be accused".

Prosecutors dismissed the claims, and Mr Rivera will remain in prison while the judge investigates the case.

Spotted in El Nuevo Diario, Managua, Nicaragua, April 21

Spring Light Ceremony

The Idea

The Spring Light Ceremony was conceived as a vehicle by which the Family Drug Help community could formally acknowledge the collective journeys undertaken by families of those with problematic drug use.

This is indeed a heroic journey.

It requires courage, determination, energy and a belief in the indomitable nature of the human spirit.

Some of us have survived the death of our drug-using family member. Some of us fear, on a daily basis, that our drug-using member may die.

All of us have had to confront the pain and anxiety that a fear of loss entails, along with the day to day grief that we experience in relation to a loved one's substance misuse. All of us have been changed as a result.

The Ceremony

On Thursday 26th August, 2004, thirty of us gathered at our proposed new premises in the Old Church, to support each other in an atmosphere of warmth and understanding.

Candles were given to every participant and all were invited to light a candle as a way of representing our personal experience of our very individual pathway to this point. For some it has been a journey of many years and much hardship. For others it has been a rocky and narrow path. For all of us it has taken us to higher ground, with a view across the places where we stopped, rested, or fell. From this vantage point we can see how far we have come.

Candles burned in coloured glass lamps around the walls of the building, ivy (to symbolize Spring and growth) hung on the lovely old pews, which had been placed around a table on which a green (signifying healing) lamp shone. People came to the jasmine covered table on which sat a small statue of Sirius, the Egyptian god who was said to guide the souls of the dead to their place in the afterlife and told their story.

Participants were invited to share a part of their story with the group. Their willingness to speak about their journeys far surpassed our expectations. Virtually everyone who came shared their feelings, their pain and their love for their family member who struggled once, or who is still struggling with their addiction.

We learn much about ourselves through our relationships with others. Often it is the painful experiences in relationships that teach us the most valuable lessons. Becoming familiar with our personal responses to things that affect us means that we become more aware of ourselves. Self-knowledge is an important piece of equipment for our journey in life. One of the aims of the ceremony was to provide an opportunity for greater self-knowledge.

Having the experience of someone in our family with problematic drug use teaches us very quickly that we cannot change other people. This is a very hard lesson for us. We tend to focus on our drug-using family member and lose sight of ourselves, when, in fact, the only one we can change is us. We are in charge of our feelings.

When I reflect on the participation of those who attended the ceremony, the aspect that stands out most for me is the courage embodied in our people's determination to go the distance, regardless of the uncertainty of the outcome and irrespective of the personal cost. It seems that love endures beyond most other human capacities. It fuels even the longest and most arduous of journeys.

Anne Rosewood

Adulthood

As the mother of two adult daughters I was very interested to read an article in the media recently in which a writer observed the differences between today's 20 and 30 year olds and the 20 and 30 year olds of my (baby-boomer) generation.

The male writer observed that many young people are now delaying decisions about marriage, mortgage debt, career commitment and independent living until their 30s, unlike those of us who married and had children in our early twenties. In another article, a female writer stated that 30 is the new 18. Seems to be a pattern here – this 'age and stage' phenomenon, to coin a phrase, is one which occupies many parents today, as we try to calculate what and when is reasonable for our children, in terms of age appropriateness, around certain activities.

Sally Morrell, writing in the Herald-Sun this week quotes recent research from Britain and the United States which found that less than one third of 30 year olds have passed the three big milestones of adulthood: finishing education, leaving home and becoming financially independent.

Not really surprising when you consider the different societal and cultural contexts we find ourselves in today. My generation of peers, growing up in country Victoria in the 1960s and 70s, experienced the fairly vague perception that there were two sorts of people in the world – communists and us. Apart from that naïve political mindset,

there was little social chaos to distract us from the generally simple lifestyle we led.

The Vietnam war seemed remote and 'foreign' and unless your family had an older brother who had been called up, it didn't seem to impinge on our country lives, which involved swimming in the local river in summer, or braving the winter depths, which used to freeze my hair as I walked to school on frosty mornings.

In the early 1970s the drug of choice for young and old was alcohol. In fact, when I was an adolescent, during this period, there was one youth in our country town (pop.15,000) who would be able to access marijuana, because he was a pupil at a private school in Melbourne and for a while, he was the sole provider in our district of illicit substances to the adventurous amongst the local student population.

Alcohol was then, as it is now, ubiquitous. Interestingly though, among my peer group anyway, the parental disapproval about under-age drinking originated more from the taboo against law-breaking rather than from any concern about the health risks associated with immoderate use.

Today we are far more educated about drugs and their effects. However, just as our awareness has increased over the last 30 years, so have the pressures and demands facing young people today. When I consider the social and cultural options available to me at 14, they were relatively few. It was almost unheard of, among my socio-economic peer group, not to proceed to some form of post-secondary education. Leaving home

was virtually compulsory for country kids because there were so little educational or career opportunities available in country towns and we tended, of necessity, to gravitate to the city.

This meant adjusting to living away from home from the age of 17 and 18 years of age and consequently managing meagre budgets and juggling jobs to pay for our schooling. Rarely, there were parents who paid for living expenses, but they were few and far between, as the majority of parents that I knew believed it was necessary for us to adopt adult responsibilities if we were living as young adults, with all the attendant autonomy that went with this status. Today, there are educational centers in most regional country centers, precluding the need for young adults to leave the nest and head for the big city.

Credit cards didn't exist and the youth culture was yet to be exploited to the degree it is today. So, while the need to feel accepted by one's peers was strong, there were nowhere near the number or seemingly endless variety of 'must have' status symbols that confront young people today.

When I consider the increasing difficulties of accessing tertiary education, the lack of financial support available to students via government allowances, the myriad of recreational drugs and their easy accessibility, the pressure from the media to look a certain way, I sometimes wonder how young people manage their lives at all!

Life in the 3rd millennium is complex and often stressful. Young people can be vulnerable because the stressful encounters they face,

Misfortune is easily cultivated.



around peer relationships, acceptance, success or failure at school are new and their inner personal resources often unknown and un-tested. Are we surprised that many young people falter and resort to chemical 'crutches'?

One thing that baffles me is that the social values that determine curricula in primary schools don't seem to privilege skills acquisition amongst young people. Daniel Goleman, in his ground-breaking book 'Emotional Intelligence' notes that children can be assisted in attaining happy life outcomes, if they are trained to recognize their feelings and those of other people, when they are still at primary school age. The ability to know how we feel, then allows us to process that identified feeling and take appropriate action to manage it.

This simple process means a reduction in playground conflict for children and an increased ability to resolve difficulties as they arise in children's peer groups, throughout their lives. Instead of self-medicating painful feelings through inappropriate drug use, for example, young people can be personally equipped to meet their feelings and take remedial action, in constructive and healthy ways.

Let's hope our education system can be encouraged to utilize these common-sense tools to assist tomorrow's adolescents.

Anne Rosewood

SELF-ESTEEM

The concept of 'self-esteem' can be thought about this way:

An individual may be likened to a bank account and that individual's good feelings about him/herself may be likened to the amount of savings contained in it.

SO...

If I have been fortunate enough, in early life, to have had many positive ideas about myself 'deposited' into my head by my carers, I will have a high/healthy self-esteem 'balance' with which to operate my life.

If, however, these deposits were not made by others and my self-esteem 'balance' is correspondingly low/unhealthy, the good news for me now is that I can make up the shortfall, **by making the required 'deposits' myself.**

How we do this will depend on individual preference: e.g.
positive self-talk

reading books on how to increase self-esteem

making healthy choices about:

*what we eat

*who we mix with

*whether we put toxins in our bodies

*whether we get enough exercise

*whether we get enough rest

In other words, any sort of action that enables us to begin to appreciate our own unique qualities.

My good feelings about myself can be likened to the current 'balance' in my own personal self-esteem 'account'. The interesting thing about this concept is that if I have a very high balance and someone else 'knocks off' a few dollars, the loss of a few dollars is not a very big deal, if I still have thousands of dollars in my account...

...BUT

It's a very different story if I only have minimal 'funds' in the self-esteem 'account', because any encounter with someone or something which may deplete the 'account' can create an anxiety for the individual, as s/he feels the supply of funds is too low.

The bottom line is **that any person who feels that they would prefer to be able to operate their life with a surplus, rather than a shortfall, can create their own increase in self-esteem, by taking responsibilities for one's feelings and one's level of well-being.**

Anne Rosewood

"Successful people aren't supermen and women. They fail, but they fail forward. Success is not about perfection, it's about progression."

Siimon Reynolds

Cannabis 'preferred to other medications'

By Miranda Wood, Health Reporter
August 15, 2004
The Sun-Herald

Nearly two-thirds of people using marijuana for medical reasons had decreased or stopped taking other medications early, results of a State Government survey show.

The survey, an Australian first, was conducted by the National Drug and Alcohol Research Centre.

Participants reported cannabis was useful in preventing side effects caused by conventional medicines.

The most common medical conditions the cannabis users suffered were arthritis, chronic pain, depression, nausea, muscle spasms and weight loss.

More than 70 per cent were concerned about marijuana's illegality and 54 per cent were scared of being arrested, but were willing to take the risk for the benefits of the drug.

The centre's information manager, Paul Dillon, said: "Some say they believe that if they get caught it won't be that bad because they are

using it for a medical condition."

Preliminary findings show that 70 per cent of those using medical marijuana would be willing to be involved in a trial of an alternative form of cannabis, such as a spray.

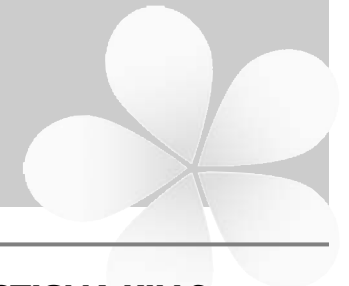
Mr Dillon said some believed a tablet or spray would be less effective than natural cannabis, but they wanted to experiment because of their concerns over smoking it.

He said a young man suffering fibromyalgia, a chronic illness causing muscle aches and fatigue, said in the survey: "I would rather risk being arrested than not being able to function in a normal state."

"The drugs that I take for pain are bad enough as it is. If cannabis helps and I can function a hell of a lot better, then I am going to use it and continue to use it."

Last year NSW Premier Bob Carr announced a trial of the therapeutic benefits of cannabis.

The survey was one of the recommendations of the NSW working party on the medical use of cannabis.



Social workers to be in police stations

Martin Bright, home affairs editor
Sunday May 9, 2004
The Observer

Crime-busting social workers with a mission to target problem families could be based in police stations across the country as part of government plans to shake up the police service.

The revolutionary scheme is based on a successful experiment in the American city of Boston, where social workers were sent into the toughest housing projects to help tackle gang and drug culture.

It is the idea of former Boston police chief Paul Evans, who was appointed head of the Police Standards Unit by Home Secretary David Blunkett last September.

Allowing clinical social workers to work alongside officers is likely to prove controversial as the two professions have been traditionally hostile, but it is hoped that the move will allow the police to take pre-emptive action before neighbourhoods spiral out of control. Blunkett was impressed by the Boston project when he visited the city last year.

The Home Office has plans for a Community Justice Centre in Liverpool, where drug treatment, debt counselling and restorative justice projects are held under one roof.

Plans for reform will dominate this week's Association of Chief Police Officers conference. Acpo President Chris Fox said that hostility between 'tough' cops and 'soft' social workers was 'a dated concept'.

Senior police officers have cautiously welcomed the Police Reform Act, which saw the introduction of uniformed Community Support Officers. Despite initial reservations among the police, ministers have hailed the new officers, designed to boost the presence of law enforcement officers on the streets, as an unqualified success. There are now 3,538 police community support officers across Britain.

A cross-party group of MPs including shadow Home Secretary David Davis have signed an early day motion calling on the government to rethink its plans to merge the prison and probation services. The new National Offender Management Service is designed to streamline the work of the services and reduce the prison population - rapidly approaching 80,000 - by 13,000 by 2009.



STIGMA KILLS

On the 24th June at 12.30 pm the SHARC community comprising family members, staff, Helpline volunteers, residents of the rehabilitation program and Committee members along with friends and supporters converged on the steps of Parliament House in Melbourne to raise awareness about the negative effects of stigma, prejudice and discrimination on people significantly affected by alcohol and other drug use, including their family members.

It was a call to action to address stigma and discrimination of people who have alcohol and drug use issues. We were there to raise awareness of the fact that people do recover and that families can survive and manage the experience.

Why is it that we label people rather than looking at whom the person is? People with alcohol and drug related problems

are labeled as drunkards and druggys, and outsiders very quickly take the opportunity to judge and label them, and their families. This labeling and the associated stigma hurt. In a very direct sense, stigma discourages people from getting help – the risk of being labeled as a drug user, an alcoholic or a family member where drug use occurs is too high, leaving people hesitant to seek support. Stigma also leads to fear, mistrust and isolation. This can happen by association alone. Family members are often judged by association.

Our messages were simple. We promoted positive messages indicating that recovery is a reality.

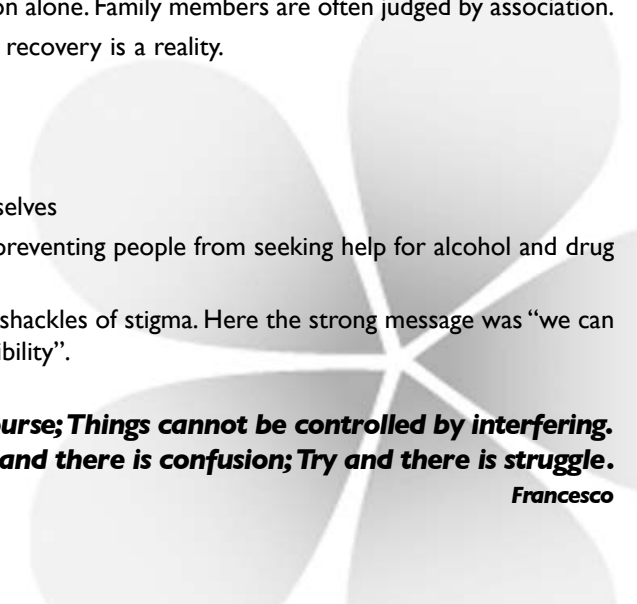
- We do recover – recovery is a living reality!
- Families are important in the recovery process.
- We are living proof that there are real solutions to addiction
- By our silence we let others define us
- To recover we need the support of the community – help us to help ourselves

We carried a coffin that had a wreath on it indicating that "stigma kills" by preventing people from seeking help for alcohol and drug related problems.

There was also a small 'street theatre' presentation where people shed the shackles of stigma. Here the strong message was "we can end stigma and then access to appropriate help and recovery is a real possibility".

**Let everything take its own course; Things cannot be controlled by interfering.
Speak and there is confusion; Try and there is struggle.**

Francesco



Seminars/ courses/ interesting things on...

Families in Focus
 FADNET
 9.30AM-11.30AM
 Wednesday 6th Oct 2004
 seminar focus: Drug and Alcohol Issues in Culturally and Linguistically Diverse Communities
 More information, call Judy Cain on 9495-6144
 Dandenong Drug Action Committee
 this group meets up once a month to come up with ways to reduce the impact of drugs in the area- they want your input!
 If you are a resident, business owner, teacher or a concerned citizen, please come along!
MEETING TIMES:
 3rd Wed each month
 2-4pm
 Council Offices
 39 Clow Street
 Dandenong Vic 3175
 1 Sept Mood 7.30pm Mental Health House
 270 Church St Richmond
 -please phone 9427-0406
 Disorders Support Group- depression and substance abuse presented by Dr. Alan Gijbsters, Medical Director of the Drug and Alcohol Consultation Service Royal Melbourne Hospital

Youth Homelessness Forum
 9th Sept 2004
 8.30am-4.30pm
 Ashburton Baptist Church
 8 Y Street Ashburton
 Cost is \$38.50 which includes lunch, morning and afternoon tea
 Contact Gay Hayley at Camcare on 9882-2216
 Separated Parents Seminars 2004 by Southern Families
 Bookings are essential- call Leigh Ford on 95982133 \$5 per person
 4th Oct- The Family Court Process
 18th Oct- Settlement and the Family Court
 1st Nov- Legal issues around Child Support
 15th Nov- Your Children: Helping them through separation and divorce
 29th Nov- The Future, Moving On
Free Seminar series by Moreland Hall
 all at 12.30-1.30pm- refreshments at 12 noon
 To register call Liz on 9384-8836
 17th Sept- Where does the self help model fit in drug treatment?
 David O'Halloran

29th Oct- Parenting and Substance Abuse- what are the issues and what are we doing about it? Lynda Campbell
 10 Sept- Escape or Lifestyle? An exploration of the links between drug use, homophobia and sexual diversity in young people by Lynne Hillier
 Venue: Training Room, 142 Gertrude Street Fitzroy
 Bookings essential: 8413 8413
 12 Oct- The Too hard basket: smokers with other dependencies by Dr. Renee Bittoun
 For all information, call Dr. Richard Hallinan or Dr. Andrew Burns on 02 9319 5524
 19 Nov- Fluidity in a street-based drug market by Robyn Dwyer
 Venue: Training Room, 142 Gertrude Street, Fitzroy
 Bookings essential: 8413 8413
 30 Nov- Sexual Problems in opiod users: what about hormone replacement? by Dr. Chris MacMahon
 For all information, please call Dr. Richard Hallinan or Dr. Andrew Burns on 02 9319 5524

Fun events....

Please feel free to let Claire know of any events you would like to see added in future editions....

Collingwood College Spring Fair
 Hoddle Street Collingwood (opp. Town Hall) on Sat 12 Sept 2004- 11am-4pm FREE

Needle Feltworking Class- Selby Sat 20 November 2004
 Learn to make your very own feltworking Santa for the festive season! A day class, all materials, expert tuition, lunch, coffee/ tea included for only \$75!
 For further information or bookings, please call
 Bev on 9761-8031

1000 Chopsticks Luncheon hosted by the Chinese Restaurantuers Association of Victoria- Celebrating 150 years of Chinese Settlement in Melbourne- Chinatown Melbourne Lt. Bourke Street Melbourne- Sat 18th Sept 2004 at 11am
 Bookings essential on 0418-589-778- \$38 a head

Eugenie Lee and Murray Bird Exhibition
 31 Aug-26 Sept 20004
 2A Waltham Street Richmond FREE
 Enquiries: 9429-1569

Craft Demonstrations- Tural Dye
 The Royal Botanical Gardens
 EVERY Tuesday between 10.30am-2.30pm
 browse at art and craft and stroll through the cottage garden. Bookings/ Info: 9650-3235

Please put me on the Family Drug Help Mailing List

Name:

Organisation:..... Email:.....

Address:.....

Suburb:..... State:..... Postcode:.....

Send back to Claire Jones Coordinator Network and Information Services
 Family Drug Help 1242 Glenhuntly Rd Glenhuntly 3163

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