

Men's Health Peer Education



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Can I have some more please, doctor?



Dr Warren K Harrex
Senior Medical Advisor

The story goes about the woman who went to a new doctor for a repeat of a prescription for her sedatives. When advised by the doctor that he was unwilling to prescribe them because they were addictive, she indignantly replied that she had been taking them for 25 years and she could assure the doctor that they definitely were not habit forming!

Dependency on some medications has become a common problem in medical practice. There are very effective mood

altering medications now available, including sedatives (for anxiety), hypnotics (for sleep) and analgesia for pain relief. In order to be effective, these medications need to act on the brain. Consequently, they all have the ability to alter mood states and hence become addictive.

Many people are aware that cessation of sleeping tablets can result in two-three weeks of disturbed sleep before sleep patterns return to normal. Not surprisingly, there is a tendency to want to continue with medication because of this interim poor sleep.

Prolonged use of pain relieving medication has long been recognised as a potential problem. There used to be a saying (when I was young): 'A cup of tea, a Bex and a good lie down'. Sadly, one of the ingredients in Bex, phenacetin, caused kidney damage and I remember seeing cases of renal failure from this when I was a young doctor (last century).

Most patients are aware that morphine and related strong pain medications are addictive, but many do not realise that the tablet forms of these and codeine are also highly addictive. When these medications are clinically required, good medical practice is to advise patients that the use of such strong medication is for short term use only (a few days to perhaps a couple of weeks) until

the immediate crisis is over. The risk of addiction should be explained when the medication is prescribed. The strong medication should then cease or be replaced with alternative medications such as paracetamol. It takes time and trust to assist patients with mood and pain disorders to find alternative, safer and less addictive ways of coping, but this is worthwhile as it is in the best long term interests of patients.

The non-prescription nicotine, alcohol and gambling addictions are all regularly seen in medical practice. As most spouses learn, there is no point in telling an addict to cease their habit or trying to make them do it. In my experience, most patients with an addiction have a low self esteem and abusing them makes them feel even worse. There are a couple of non-judgemental questions that I have found over the years are useful in helping patients look at their own behaviours and making informed choices. For smokers, I ask: "Would you rather you did not smoke?", and for those who overindulge in alcohol, I ask: "Do you drink more than what is good for you?". The responses to these non-judgemental questions usually open up different conversations which can be of assistance to the afflicted individual.

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editorial

Naomi Blundell
National Coordinator Men's Health Peer Education



Naomi Blundell
Acting National MHPE
Coordinator

Welcome to the Addictive Behaviours Issue

I am very pleased to be back in MHPE after returning from maternity leave. I will be acting in this role, and as the editor of the MHPE magazine, for a short time until Naomi Mulcahy returns from leave later in the year, and then I will be the NSW State MHPE coordinator.

With Christmas upon us and New Year's resolutions in the making, the addictive behaviour theme of this issue is a timely one. For many of us the temptations, stresses, misadventures and excesses of the silly season can be more than a passing hazard. If you have a problem with addictive behaviour you might wonder why other people seem to enjoy a drink, a bet or a party without their behaviour escalating out of control.

I have heard it said that happiness is a series of good habits. I have often thought that this idea is a very useful way of motivating yourself to make some of those small life changes that all add up to impact on the big picture of happiness and quality of life. Any positive change in life starts with a series of small changes to our daily habits. A healthy diet starts with breaking poor eating habits, and starting good ones. Once these eating habits become your normal way, you hardly even notice the change. An exercise regime starts with the small habits of including activity in your daily life like getting up early to go for a walk, taking a swim at the local pool, or joining a regular fitness group. Anyone who has ever gotten hooked on jogging, swimming laps or going to the gym

can tell you that these things can become powerful habits. Again, once you make the small changes part of your life, they become positive habits and a normal part of your routine, which all adds up to improving your overall health and happiness.

If happiness is a series of good habits, the reverse can also be said to be true, that unhappiness is a series of bad habits. While addiction is a big problem, and one which impacts on individuals, families, workplaces and the community in general, the solution usually starts with series of small steps. The Alcoholics Anonymous starting point is that to make a change you need to face 'one day at a time'. Quit smoking campaigns also advocate stopping one cigarette at a time, and tell us that every cigarette is doing us

damage. Often addictive behaviour is tied together with social habits, and the daily routines which keep diverting people back to situations where risky behaviour is more likely to occur. Without downplaying the difficulty of turning around a negative addiction, changing some of your small daily habits, and looking at where they take you, is certainly a good starting point. Changing a lifetime of behaviour is a daunting prospect. Changing a series of small habits in your day just might be possible.

Good luck with those New Year resolutions. If you need professional or medical help see the list of contacts on the back of this magazine.



letters to the editor

What we're looking for . . .

Letters should be no more than 100 words and relate to articles or topics discussed in the magazine or regarding men's health generally

Please send your letters to The Editor

**menshealth@dva.gov.au, or
c/ - Department of Veterans' Affairs
Men's Health Peer Education
magazine
PO Box 9998
Sydney NSW 2001**

MHPE MAGAZINE AND REPRODUCTION OF CONTENT

Just a reminder to our readers, if you would like to include an article that's appeared in an edition of the magazine in your own publication, please contact the Editor to confirm if there are any restrictions on the re-publication of the material.

New Look MHPE Magazine

Following on from the review of the MHPE magazine in 2010 were changing our look! You will have noticed many of these changes already in the past few editions. We've had a lot of positive comments from readers already and hope that you like the final product. The new look will be complete in 2012 and will include the following:

- **Three magazines each year to be released in March, July and November**
- **Longer magazines to give more in-depth cover to the health topic**
- **Inclusion of the lift-out section to provide reusable health information**
- **Increase the health promotion focus**
- **Continue to provide the magazine in printed form**
- **Continue to support men's health by making the magazine available to the non-veteran community**

Time with Australia's "first bloke"



Tim Mathieson

I'm a country boy at heart. I grew up in Shepparton in regional Victoria and still enjoy the community spirit I find whenever I'm on the road.

I learned from an early age that being a bloke in Australia has two sides. We can be tough and dependable. But we can also be our own worst enemy – things like drinking too much, driving too fast, taking risks on the job and not watching our health.

But I also learned, probably starting at Scouts, that blokes getting together and looking after each other is a special part of Australian culture.

That idea never left me, because a decade ago while living on the Gold Coast I formed the Terrace Club.

There was no map or handbook – it was just a group of friends getting

together each week to talk and enjoy mateship with each other. A Men's Shed without the shed.

So in 2008, when the Health Minister Nicola Roxon asked me to become a Men's Health Ambassador, I said yes straight away because it was already what I was doing. And when I received my first formal briefing, the official stats were even worse than I had suspected.

Men's life expectancy is four years less than women. We experience 70% of the harm that comes from injuries; 78% of suicides and 73% of road accidents. We are three times more likely to die of heart disease. It was a real wake-up call and so I thought it was time to hop on the road and get the message out there.

I knew the traditional ways of engaging with health and

community services that work well for so many women don't always work for men. Blokes need to be spoken to in their language and in a way that builds trust.

That's why I'm so passionate about Men's Sheds and honoured to be one of AMSA's Patrons. The Sheds are achieving more than fixing old furniture and building toys – they are fixing men and building communities. They provide an environment where blokes can be blokes and feel comfortable enough to share and reach out for help if they need it.

The Shed movement appears to be hitting the right chord because there are now over 650 Men's Sheds registered with AMSA and three new ones are opening every day.

Continued on page 21

STOP SMOKING



"The toxins in cigarette smoke cause disease in nearly every organ of the body. Stopping smoking at any age has immediate and long-term health benefits. There are effective support services to help you quit."

The toxins in cigarette smoke go everywhere the blood flows, causing disease in nearly every organ of the body, at every stage of life. If you smoke – you put at risk your own health and the health of others around you. Stopping smoking has immediate as well as long-term benefits, reducing your risk of disease and improving your health in general – regardless of age and even if you have already developed an illness through smoking. The good news is that there is support for those who need it – you don't have to go it alone. And help is only a phone call away – 137 848.

CANCER COUNCIL AUSTRALIA RECOMMENDS:

- Choose a method that is safe, effective and suits you;
- Be sceptical of methods that seem too good to be true – they usually are;
- Nicotine is highly addictive and, while various products can assist a person to quit smoking, there is no easy fix;
- If you are taking medications, are pregnant, or have suffered from depression, anxiety or other mental illness, speak to your doctor before quitting;
- Don't be shy about getting help with quitting – it can improve your chance of quitting successfully;
- If you are a heavily addicted smoker, your chances of quitting successfully may be greater if you combine counselling support and stop-smoking medications;
- Quitting takes practice – those who succeed are those who keep trying.
- 'Heavily addicted smoker' is generally defined as someone who smokes more than 15 cigarettes a day, smokes within 30 minutes of waking and/or suffered withdrawals during previous quit attempts.

Information sourced from Cancer Council Australia and Quit Victoria.

Cancer Council Australia,
GPO Box 4708, Sydney NSW 2001
Ph: (02) 8063 4100
Fax: (02) 8063 4101
Helpline 131 120
Website: www.cancer.org.au
or go to: www.facebook.com/cancercouncilaustralia

STOP SMOKING *continued*

APPROACHES TO QUITTING

There are different methods for quitting smoking and products you can use to help you cope with cravings for a cigarette. Choose something that is safe and suits you. Stick with the tried and tested approaches and be very wary of methods or products that seem too good to be true. No matter what method you use, get the support you need and always plan and prepare for your quit attempt. This will improve your chances of success.

THE QUITLINE: 137 848

The Quitline provides access to self-help resources, advice, support, and confidential telephone counselling for smokers who want to quit. Quitline staff can help you to understand why you smoke, assist you in making a plan to quit, and provide you with encouragement and information to help you stick quitting. You can also ask to use the Quitline call-back counselling service: meaning you can ask staff to make follow-up calls, at convenient times, to see how you are going with quitting. The Quitline is answered 24 hours a day. Counselling is provided by trained and experienced professional telephone counsellors/advisors. Research has found that using this kind of service can increase the chances of quitting successfully.

DO-IT-YOURSELF

Making an attempt to quit by yourself is a good way to start and there are resources, such as the national Quit booklet, available to increase your chances of success. Self-help materials are available to help people to understand why they smoke and offer advice and practical strategies on stopping smoking and staying stopped.

GRADUAL APPROACHES

Gradual approaches are not recommended unless they are part of a well-structured program. Some people think that switching to low tar cigarettes will reduce their health risks from smoking and make it easier for them to give up. There is no evidence that this is the case. It has been shown that lung cancer risk is similar for people who smoke medium-tar cigarettes, low-tar cigarettes or very low-tar cigarettes.

COURSES

If you have tried to quit a number of times before without success, you may find it useful to attend a course. Courses offer extra support for those who need help in getting ready to quit and staying stopped.

RESEARCH ON PROPERLY EVALUATED COURSES SHOW THAT:

- around 70% of people who complete the course will be non-smokers at the end of the course;
- at least 15% of people who complete the course will still be non-smokers after 12 months.
- Effective, quality courses generally:
- provide details of the course when asked, such as number and length of sessions, or type of information provided and costs;
- have trained experienced staff conducting the courses.

BE VERY WARY OF COURSES THAT:

- make exaggerated claims of likely rate of success;
- charge costs that appear high given the length of the program, skills of the staff and resources provided;
- do not offer or provide follow-up advice or support after the course ends.

ALTERNATIVE METHODS

You may be interested in acupuncture, hypnotherapy, herbal and homeopathic preparations. While there is currently insufficient evidence of the effectiveness of such methods to recommend their use as an aid to quitting, the counselling that may accompany them can be helpful.

NICOTINE REPLACEMENT THERAPY (NRT)

Nicotine replacement therapy (NRT) products can assist highly dependent smokers who are motivated to quit. They are designed to reduce nicotine withdrawal symptoms while the person quitting concentrates on breaking the habit. It is important if you choose to use NRT that you read and follow the instructions on how to use these products in order to maximise their effectiveness. There are several different forms of NRT, including patches, gum, inhalers, lozenges and tablets. A doctor or pharmacist can help determine the best NRT for you and explain how to use the products. Research shows that nicotine replacement products are most helpful for people who smoke more than 15 cigarettes per day.

Nicotine replacement therapy is now covered under the Pharmaceutical Benefits Scheme.

OTHER DRUG THERAPIES

The drug bupropion, is available only on prescription, and is approved by the PBS. Its active ingredient is bupropion hydrochloride, which is also present in certain anti-depressant medicines. The tablets do not contain nicotine. This drug must be prescribed by a doctor, as it is not suitable for all people. Using bupropion can reduce some nicotine withdrawal symptoms and, together with counselling, can increase your chances of quitting successfully.

If you are taking medications, are pregnant, or have suffered from depression, anxiety or other mental illness, speak to your doctor before commencing any drug therapy for quitting smoking.

TALKING TO YOUR LOCAL HEALTH PROFESSIONALS

Doctors, pharmacists, nurses, and other health professionals can be a good source of advice and information to help smokers to quit. Your GP or pharmacist is best-placed to advise on whether NRT or other drug therapies are suitable for you.

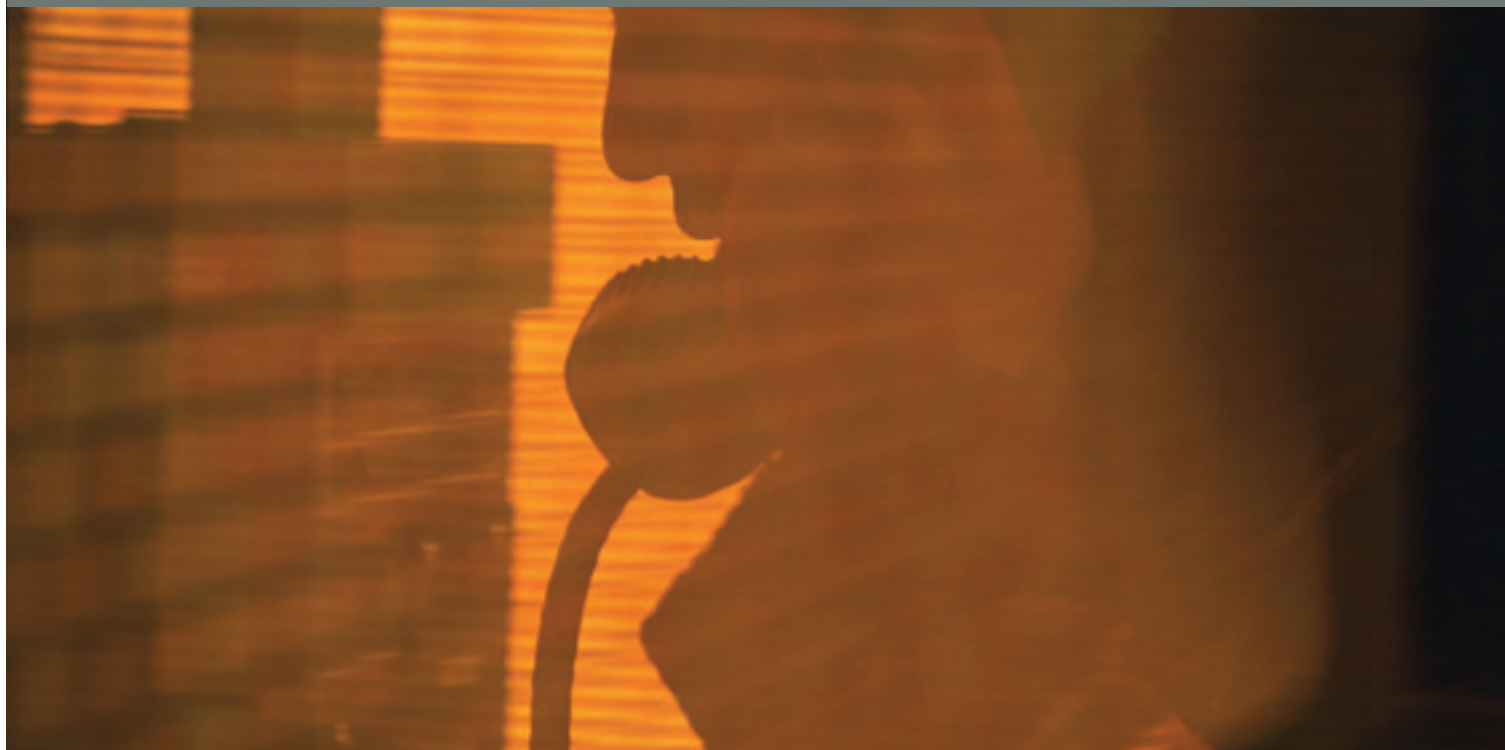
FURTHER HELP OR INFORMATION ON QUITTING SMOKING **CALL THE QUITLINE – 137 848** (available 24 hours a day, 7 days a week).

Contact your State Quit Campaign or Cancer Council, and ask about resources or courses they may offer for smokers wanting help to quit, or training for health professionals on supporting their clients to quit.

- NSW Health – www.health.nsw.gov.au/public-health/health-promotion/tobacco/index.html
- Cancer Council Queensland – www.qldcancer.com.au/reduce_risk/prevention/tobacco.asp
- Quit SA – www.quitsa.org.au
- Quit Tas – www.quittas.org.au
- Quit Victoria – www.quit.org.au
- Cancer Council WA – www.cancerwa.asn.au

The criteria for selecting smoking cessation courses are adapted from guidelines developed jointly by the Australian Medical Association (AMA) and the Australian Council on Smoking and Health.

ADDICTION



Donald J Thomson

former MHPE Volunteer Victoria

You can often tell a drunk just by looking at him, but how do you identify a compulsive gambler on sight?

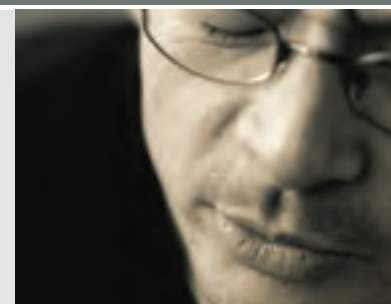
Five gets you ten, you can't! They don't look any different to anyone else. May even be better dressed than most. A sign of the times seems to be that the last bastion of the hat, three piece suit, collar and tie is found on race tracks and the high roller rooms in casinos.

Gamblers also exhibit sterling traits of courage when facing odds unknown since the day Daniel took on the lions. They cheerfully face astronomical odds on a daily basis that would terrify the faint hearted. Consider the following:

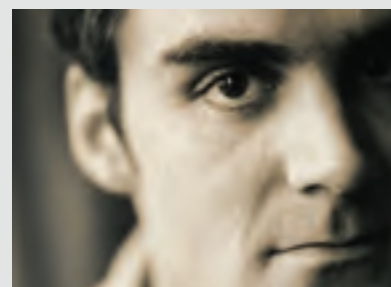
| | |
|---------------------------------------|-----------------|
| THE ODDS OF WINNING SATURDAY'S LOTTO: | 1 in 2,036,265 |
| SUPER 7 OZ LOTTO | 1 in 45,379,620 |
| POWERBALL | 1 in 27,489,620 |
| CASINO GAMES | Astronomical |
| DYING OF SNAKE BITE | 1 in 3,000,000 |
| STRUCK BY LIGHTENING | 1 in 6,000,000 |

Undaunted gamblers take on bookmakers, TABS (Totally Absurd Behaviour) and betting agencies. They also have unlimited opportunities on the internet twenty-four hours a day, seven days a week to bet on anything that moves.

Being a nation of gamblers few see anything wrong with a flutter on the cup or the odd lotto ticket for birthday presents, but we fail utterly to comprehend there could even be such a thing as a compulsive gambler. That it could lead to crime, despair, broken homes, lost jobs and suicide. Something has to give, usually honesty, lifestyle and self respect.



For a long time no one gave it any thought. At best the numbers were so few it didn't seem to matter. Then came unlimited access to casinos, clubs and their pokies. The trickle became a flood. Courts were overcrowded with crimes committed for gambling money. Even children were having their money boxes pilfered by parents. The gambling craze was alive and well and claiming victims in their thousands.



This was not one of those problems that 'if pain persists, see your doctor.' Even your shrink, if you had one, couldn't always help. The clergy could only pray for you and the best advice you could get from the control freaks was to get yourself together and pull your sox up. Oddly enough this didn't work either.

So what was a compulsive gambler, in full flight, to do if they wanted to get the monkey off their back? The solution for many was found to be to follow our greatest need, our need of other people.



In America they once tried to cure all their citizens of the curse of the demon drink. First through the churches and then through government legislation. They passed the Prohibition Act. Not only did they fail to cure a single drunk, they turned an entire nation against law and order and made heroes of the mob. To this day 'bootleggers' are still glorified in movies and on television.

Then, two alcoholics sat in a kitchen one day and planned how to beat it. They shared their experiences, hopes and coping strategies with one another. From this meeting came Alcoholics Anonymous. From this humble beginning emerged the most successful self help group in history.



Their principles have been found to be just as effective on compulsive disorders as for alcoholics, and others have followed their lead with excellent results. All that is required to join such a group is a desire to stop and to admit you need help.

I commend this verse to you, whatever your problems may be:

I sought my soul, but my soul I could not see.

I sought my god, but my god eluded me.

I sought my brother and found all three.



Bad Habits, Good Habits and Addictive Behaviour



DR GRAEME KILLER AO
PRINCIPAL MEDICAL ADVISER

From time to time we all develop bad habits of a sort. It really goes with being human. Having a drink or two when we come home after another frustrating day in the traffic. Missing lunch and gulping down three chocolate bars while we wait for dinner to heat up in the microwave. The other situation that is all too common is, when the stresses of the world seem to be tumbling in and at four in the morning, on most mornings we are just having those black thoughts. In response, the old pill bottle becomes the solution and if we are not careful, the solution becomes a habit and the habit an addiction. In contemporary terms, I often see young men and women and sometimes not so young men and women, involved in a so called good habit, exercise. But even a good habit can become an addiction and in the addiction to exercise and the consequent highs, we see the enormous wear and tear on hips, knees, backs and joints. I guess it is all too easy and we often don't see what's ahead. Bad habits are one thing and may lead to health problems but when they become addictive, it so often impacts on our health, our family relationships and our job. There can be a mixture here of physical addiction as in the case of alcohol and with other behaviours like compulsive gambling, a level of psychological dependence. I guess we keep doing these things because our brain secretes beta/endorphins that make us feel good.

Of course bad habits and addictive behaviour are not confined to the adult population. Excessive use of the internet, sometimes called "cyber addiction" or "internet addiction" disorder can be very damaging to both our health and our relationships. Children and younger adults are more likely to be at risk with this addiction and retaining a healthy balance in life with exercise and outside interests is really a must.

Wise old Billy Field summed all this up in his song some of you may know, called "Bad Habits"...

*When I get the urge
I just got to splurge
I'm a slave to all my desires
Well I'm in a mess
Because I can't repress all of these
Bad habits*

Without overstating the blooming obvious, it's really all about doing things in moderation, keeping some sort of control on the so called good habit or bad habit and not letting it become an addiction.

Tips for managing your medicines



Mitchell Claes
Director of Veterans' Affairs Pharmaceutical
Advisory Centre VAPAC

VAPAC provides a prior approvals service for DVA beneficiaries, and provides information services to pharmacies and the veteran community about all aspects of pharmaceutical treatment. VAPAC has provided the following advice on managing your prescription medicines.

- **Be aware that all doctors and pharmacists involved in your care need to know ALL the medicines you take.**
- **Ask your doctor or pharmacist to help you to complete a list of all your medicines (MediList) including medicines bought at pharmacies, health food shops and supermarkets.**
- **If you want more help with your medicines ask your doctor about a Home Medicines Review.**

Multiple medicines

You may take more than one medicine for one or more of the following reasons:

- **You have more than one health condition that needs treatment with a prescription medicine.**
- **You need more than one prescription medicine to treat the same condition. This might be because each medicine works in a different way, or because one medicine may help another work better.**
- **You buy non-prescription medicines from pharmacies, health food shops or supermarkets.**

Avoiding unwanted effects

Any new unwanted effects can be caused by a medicine. Medicines can cause unwanted effects (side effects) when used alone or together.

Unwanted effects include: nausea, headache, rash and change of bowel habits.

Other unwanted effects include: poor control of urination, dizziness, falls, anxiety and sweating.

Medicines bought at pharmacies, health food shops and supermarkets may also have unwanted effects and can affect the way your prescription medicines work.

Alcohol can interact with many medicines and increase side effects. It can also affect your ability to drive or operate machinery, so please check with your Doctor or Pharmacist before mixing any medicine with alcohol

Don't leave it to chance. You can avoid unwanted effects with medicine by talking to your doctor and pharmacist about ALL of your medicines.

Do not stop taking any medicine suddenly. Talk to your doctor if you wish to stop or change your medication.

For further information contact VAPAC on 1800 552 580, or Medicines Line on 1300 888 763

PROBLEM GAMBLING

Facts & Myths about problem gambling in Australia

www.problemgambling.gov.au

THE FACTS

There is already a lot of debate in our community about the changes the government plans to make in gambling venues. So it's important Australians have the facts on what is being proposed. These changes are designed to help protect problem gamblers and their families and are based on the expert recommendations of an independent economic advisory body—the Productivity Commission.

GAMBLING IN AUSTRALIA

- For most people, gambling is a form of entertainment that is enjoyed responsibly.
- Many Australians gamble in some form at least once a year, whether it's an occasional flutter at the races, buying a lottery ticket, playing the pokies or a night out at the casino.
- In 2009, 70 per cent of Australians participated in some form of gambling.
- Australians spent more than \$19 billion on gambling in 2008–09; around \$12 billion of which was spent playing the pokies.

PROBLEM GAMBLING

- Some people can experience significant harm from gambling. Up to 500,000 Australians are at risk of becoming, or are, problem gamblers.
- The social cost to the community of problem gambling is estimated to be at least \$4.7 billion a year.
- The actions of one problem gambler negatively impacts the lives of between five and 10 others. This means there are up to five million Australians who could be affected by problem gambling each year, including friends, family and employers of people with a gambling problem.
- Only around 15 per cent of problem gamblers seek help.

PROBLEM GAMBLERS AND POKER MACHINES

- One in six people who play the pokies regularly has a serious addiction.
- Problem gamblers lose around \$21,000 each year. That's one third of the average Australian salary.
- Some poker machines can be played at extremely high intensity—a gambler could lose more than \$1,500 in just one hour.
- Young people (18–24 year olds) spend more on poker machines than any other age group. Many adult problem gamblers report having developed gambling problems during their teenage years.¹
- Three-quarters of problem gamblers have problems with poker machines. It's even higher for women—in 9 out of 10 cases poker machines are identified as the cause of problems for women.²

IMPACT OF PROBLEM GAMBLING

- Problem gamblers are six times more likely to be divorced than non problem gamblers.³
- Problem gamblers are four times more likely to have problems with alcohol and four times as likely to smoke daily than non problem gamblers.⁴
- Children with a parent who is a problem gambler are up to 10 times more likely than children with non-gambling parents to develop problem gambling behaviours.⁵

1. DeFabra, P. *Gambling Research Australia: A review of Australian Gambling Research*, August 2008, p61.
 2. Ibid, p67.
 3. Shane Thomas and Alan Jackson, *Report to BeyondBlue: Risk and Protection Factors: Depression and comorbidities in problem gambling*, 2008.
 4. Ibid.
 5. The Problem Gambling Treatment and Research Centre, *Children at risk of developing problem gambling*, May 2010.

Images are for illustrative purposes only and are not of a real life person with a gambling problem.

MYTHS AND FACTS

MYTH: Problem gambling is easy to recognise.

FACT: Only 15 per cent of problem gamblers seek counselling and support for their problem. Many can go on for years hiding their gambling problem from others.

MYTH: Problem gambling only affects older people.

FACT: Research shows that the majority of problem gamblers are young people between 18–24 years of age. Many of these are men, some with young families to support.

MYTH: If you want to play the pokies you will have to be fingerprinted.

FACT: The Government will not implement a system that would require invasive personal data collection such as fingerprinting and biometrics. The pre-commitment system will use a card, like club membership and loyalty program cards many players already have.

MYTH: Problem gambling is not really a problem if the gambler can afford to still pay bills.

FACT: The impact of problem gambling is not only financial. Spending excessive time gambling means less time spent with family and friends. For those with a severe problem, it can cause relationship and family breakdown. If it is in conflict with the things in life that are important, then it is a problem.

MYTH: Children are not affected by problem gambling.

FACT: Children with a parent who is a problem gambler are up to 10 times more likely to develop problem gambling behaviours themselves than children with non-gambling parents.⁶ A significant proportion of adult gamblers report being raised in families where someone had a problem with gambling.

MYTH: You have to gamble every day to be a problem gambler.

FACT: It's not so much about how often people gamble; it's about the harm their gambling causes. If gambling is causing someone financial, emotional or psychological difficulties, or they are experiencing stress, guilt or relationship issues because of their gambling, then they may be at risk of, or have, a gambling problem.

MYTH: Other types of gambling cause more harm than poker machines.

FACT: Three-quarters of problem gamblers have problems with poker machines, but the Australian Government is also concerned about harm caused by other forms of gambling.

In addition to pre-commitment, electronic warnings and ATM withdrawal limits, the Australian Government will work with the sporting and betting industries to reduce and control the promotion of live odds during sports coverage, through amendments to their existing industry codes. If satisfactory amendments are not in place by the end of June 2012, the Government will consider the need for legislation.

The Australian Government is also undertaking a review of the operation of the *Interactive Gambling Act 2001*, including examination of the effectiveness of the current provisions, the enforcement of existing prohibitions on certain types of online gambling and the way the Act applies to the growing number of Australian consumers gambling online in an unregulated environment.

6. Ibid.
 Reference are from the Productivity Commission Inquiry Report *Interactive Gambling*, Number 58, 25 February 2010, and the Productivity Commission *Australian's Gambling Industries Inquiry Report*, Number 10, 26 November 1995, unless otherwise specified.

For further information visit:
www.problemgambling.gov.au

Changing the Mix



Changing THE MiX
Alcohol Correspondence Program

1800 1808 68

As Australians, alcohol is an important part of our culture and lifestyle. We like to relax, socialise, play sport, be with our family and friends but like all good things in life, moderation is the key.

Alcohol allows us to relax, unwind and de-stress but drinking too much may have serious implications for your general health and quality of life. It is important that we manage our drinking to preserve our physical and mental health, no matter what age we are. Drinking to excess can have serious consequences to our relationships, finances, employment and many other aspects of our lives.

It is important to help you get the right mix of alcohol so that your lifestyle and health is balanced out and you can enjoy alcohol without the risks. If you think you may be at risk or would like to work on managing your alcohol intake then the VVCS Changing the Mix Program is for you.

What is Changing the Mix?

This Alcohol Correspondence Program is a 10 week program that will give you the skills you need to change your drinking patterns from the comfort and privacy of your own home, anywhere in Australia. There are many benefits to Changing the Mix as healthy alcohol consumption can help you lead a happier and healthier lifestyle.

The program's modules are sent to participants throughout the 10 weeks. Participants complete the modules, monitor their drinking and assess their progress with the support of the Changing The Mix team. Modules cover a range of topics including: balancing alcohol, health and lifestyle; decision making; solving problems; managing moods; planning for the future and maintaining changes.

Who is Eligible?

Veterans, peacekeepers and their partners; current serving ADF personnel; ex-ADF personnel with an accepted disability; Gold card holders and the sons & daughters of Vietnam veterans are all eligible with eligibility NOT dependant on DVA entitlements.

To find out more information or to register for this program, contact the Changing The Mix team on 1800 1808 68.

My Narrow Escapes



Chris Clarke

It started when I was five, and my father was a smoker. I grew up with backyard bonfire smoke, which you avoided breathing. 'Smoking' was an inexplicably stupid thing grownups did that made you hope you somehow stayed a kid.

Nevertheless, my brothers and I had to have a go. So we rolled pine needles in a rhododendron leaf, lit it, and inhaled. The word 'acrid' was put in the English language just for this. I recommend it as aversion therapy for primary schools – certain to halt smoking by any future generation.

A few years later when I was nine I won a bottle of Kummel liqueur in a raffle at a country fair. I was about to drink it, when my uncle deftly stepped in.

However, at fifteen at a party in Austria, the older kids offered me schnapps. I knew what it was, and that it was drunk in small shots. So I said yes. But being kids of that age, they filled a beer stein. "Right," I thought, being also that age, "I'll show them." So I skulled it. More drastic aversion therapy. Many years later a persistent Glaswegian flat mate finally talked me into being in the same room as an opened bottle of whiskey. Now I can even sip a thimble-full of spirits now and then.

When the wind was in the right direction, I could hear the roar from the Ascot Racecourse Grandstand from my childhood bedroom window. But that scene for me was a carnival of tic-tac men signaling the odds, gaily coloured silks, majestic horses, and eccentric on-course characters with names like 'Prince Monolulu'. Betting was for those with money to spare. We had enough for an icecream, if we were lucky.

Sex may have offered more addictive promise, until my first real date at seventeen. During the drive to the party in a friend's car, my well-mannered date began to turn into about five very different and scary women. Just before we left, I suspect she had made a first large trial of her mother's vodka, to steady her nerves.

As she would never live down being seen like that, my friend gave us a cover story while I took her for a long walk to sober up. The next couple of hours were a crash course in women and alcohol. Among the highlights were her vomiting in front yards, trying to sleep on the road, and telling passersby that I had kidnapped her. Were they all like this, I wondered? Being raised on chivalry I took no advantage of her vulnerability (though the bit when she hung round my neck pretending she couldn't walk was OK). We did get her back home sober and safe, just under her mother's radar, though I still got the third degree as the suspect boy.

My late teens were in the late Sixties, flower power, psychedelia, and an uninhibited youth culture. I spent time in a commune of street performers known as 'The Exploding Galaxy'. In such stimulating and colourful surroundings, why would anyone distort their perception of it? So to polite offers of sense-altering substances I would reply that I was 'high' on reality, thanks.

Thus may we pass through all, innocent of harm and with crystal-clear recollections.

A TOOLBOX FOR MENTAL FITNESS

The Wellbeing Toolbox is an on-line interactive tool to help those making the transition from the Australian Defence Force to civilian life. It can also be used by any current or former serving member or their family members who feel they're not travelling too well.

The Wellbeing Toolbox is being piloted for 12 months from March 2011 and is a partnership between DVA and the Australian Centre for Posttraumatic Mental Health (ACPMH). In the first six months about 20 new people a day have been exploring the toolbox. Most users are men, the oldest being 88! The site is designed to be family friendly and is certainly not only for men, so if you know others who could benefit, pass it on.

Self-assess your mental health needs

The Wellbeing Toolbox allows you to self-assess your mental health needs and work through a plan to help you adjust to post-military life. The Wellbeing Toolbox provides health advice in six key areas:

- problem solving,**
- building support,**
- helpful thinking,**
- getting active,**
- keeping calm, and**
- sleeping better.**

Based on international best practice, each module takes you through a series of information panels where you complete interactive tasks and worksheets. You can work through all six modules or pick individual modules of particular interest. An evaluation of the first six months of use has recently been completed. The self management plan along with modules on Solving Problems, Sleeping Better, and Keeping Calm appear the most popular tools so far.



Register and track your progress

By registering on the Wellbeing Toolbox you can save, revisit and update worksheets and a Self Management Plan. Saving your Self Management Plan allows you to identify goals and track your progress over time. Un-registered users can also complete worksheets and develop a Self Management Plan but will not be able to save and revisit their work.

Registration for the Wellbeing Toolbox is free and anonymous and can be cancelled at any time. To register, go to the website and click on the log-in button, or alternatively you can start working through the site and the option to log in will come up when it's time to save your work.

More information and feedback

The Wellbeing Toolbox is available by visiting the At Ease website: www.at-ease.dva.gov.au, the post-ADF information portal touchbase: www.touchbase.gov.au, or directly at www.wellbeingtoolbox.net.au.

ACPMH will be undertaking an evaluation of the Wellbeing Toolbox and if you would like to be informed about opportunities to assist with this evaluation, please register your interest by going to the website at www.wellbeingtoolbox.net.au and clicking on the feedback tab. You can choose to complete a brief survey or add your e-mail address to the evaluation register.

In the meantime, if you are visiting your GP, don't forget to let them know that you have served with the ADF. Partners and children should also tell their GP that they are from a veteran or ex-serving family. GPs need to know this to provide treatment that best meets your needs and the needs of your family.

Mental Health and Wellbeing after Military Service

By Jacqui Vaccaro, Mental Health Policy, Department of Veterans' Affairs

The Department of Veterans' Affairs (DVA) encourages and supports veterans, ex-serving personnel and their families to look after their mental health and wellbeing.

The 9th – 15th October 2011 was Mental Health Week. In the lead up to this week the Minister of the Department of Veterans' Affairs, the Hon Warren Snowdon, fittingly launched the innovative booklet *Mental Health and Wellbeing after Military Service*.

"We are now doing more than ever to help current and former serving members identify and manage mental health issues before they escalate." Minister Snowdon said at the book's launch on Friday 7th of October 2011.

"It is our hope that resources such as the *Mental Health and Wellbeing after Military Service* booklet will encourage ADF members and veterans to consider their mental health and seek assistance, should they require it, from one of the many professional support structures available to them."

Mental Health and Wellbeing after Military Service was developed by the Australian Centre for Posttraumatic Mental Health.

The easy to follow booklet provides veterans, ex-serving personnel and their families with information about mental health conditions and advice on how to recognise the early signs, so that people can get appropriate and effective help. The booklet also provides advice on effective coping and protective strategies as well as useful links to self-help resources, treatment services and support networks.

While this booklet has a focus on the possible challenges faced when transitioning from military to civilian life, it also holds relevance for veterans who have been out of service for many years. Mental health conditions can be challenging at any stage of life.

This booklet is also helpful for those who are not experiencing mental health difficulties but want to generally improve their mental wellbeing. The booklet encourages people to recognise their own strengths and provides advice on how they can maximise their sense of wellbeing.

DVA recommends *Mental Health and Wellbeing after Military Service* as an excellent resource for veterans, other ex-service personnel and their families.

Visit www.at-ease.dva.gov.au to either download *Mental Health and Wellbeing after Military Service* or to order the free publication to be delivered to your door.

How drug use can impact on your life

Making an informed decision

When making a decision about whether to take drugs it is important for you to know the facts about the drug you choose, and understand the risks related to taking that drug. Feeling confused about whether or not taking drugs is the right choice for you is not unusual.

Drugs can appear initially to have positive effects – lifting your mood, relaxing you or even giving you more energy. However, they can also have negative impacts on your mental and physical health, your relationships, and your life in general.

When you are making your decision, consider the following points:

- Do you know what you are really taking? For example, most ecstasy is not actually MDMA.
- What do you know about the person who's selling you the drug?
- Are you taking anything else (alcohol, illicit drugs, over the counter or prescribed medication) that might interact with the drug?
- How likely is it that you will have a positive experience?
- How do you know that the next experience is also going to be a positive one?
- Do you know that you will be able to control your drug usage and that it will be safe?
- Can you really afford it?
- Do you know the safest method of use?
- Are you in the right environment – is there someone to help if something goes wrong?
- It is your choice to decide whether or not the risk of taking the drug is worth it for you.

Consider the long-term effects

If you are taking drugs it is possible you believe that you can manage the effects of the drugs and that you can deal with the impact it has on your life. Taking drugs might make you feel good, and there may not even appear to be any immediate consequences to taking the drug.

Sometimes some of these impacts might appear over time and as circumstances in your life or your use of drugs changes. It may be useful to stop and re-examine the impact of your drug use on your life now and see whether the negatives are outweighing the positives.

You may find it useful to go through the list of possible life impacts below as a prompt. It may also be helpful to talk with someone you trust, for example, a friend, counselor or family member.

In general – your drug use might have impact on your life in ways you might not expect. What were things like before you started using? How does using affect your life now? How would you like things to be different in the future?

Your relationships – are you finding that there has been any negative changes in your relationships? When drug use is an ongoing problem, conflict between friends and partners, and family breakdown can be more common.

Safety – do you ever find yourself in situations where you do not feel entirely in control of your actions? Being under the influence of drugs could put you at risk of being in danger in certain circumstances. Buying drugs or trying to get the money to buy them can also put you at risk of harm.

School / TAFE / university – do you feel you are managing your study commitments? You might not immediately notice the impact that your lifestyle is having on your study. Keeping up with your assignments and concentrating in class are two examples of how your study can be affected by drug use.

Employment – have you or a friend lost a job recently as a result of not being able to do your job because you were drug-affected? The after effects of using drugs (coming down or feeling scattered) can reduce your ability to work in a job, they often place you in danger of hurting yourself or others at work, and can reduce your job prospects too.

Financial pressures – have you found yourself struggling to pay bills or buy necessities because you have spent your pay or allowance on drugs? Have you ever thought about just how much you would save if you didn't use drugs?

NATIONAL DRUGS CAMPAIGN continued

Dependence – are you finding it difficult to function without taking drugs? When you take drugs there is a risk that you will become dependent on them. This means that you might feel like you can not operate without it or that you are spending a lot of time and energy finding and using the drug. Another sign of dependence can be when you start taking more of the drug as a way to cope, or avoid, the symptoms related to comedown.

Violence – have you done something you would not normally do when not taking drugs? Some drugs, like amphetamines, can increase the likelihood of acting in a violent way, or being the victim of violence.

Homelessness – have your parents threatened to kick you out of home, or are you finding it hard to pay your rent? If you are spending your money on drugs you might find that there is not much money left for living (paying rent, buying food, or having the money to see a doctor or buy medicine when you get sick).

Stress – feeling stressed instead of relaxed after taking drugs? You might think that using certain drugs will help you relax and forget about the things that are causing you stress. However, changing the way the body and mind work with drugs is a stress in itself, and you could experience tension, anxiety, paranoia and other symptoms which only increase the feelings of stress.

Psychosis – have you or anyone you know ever lost touch with what is real? A number of drugs can trigger psychosis, which is a mental disorder where you lose touch with reality.

Depression – have you ever felt depressed after taking drugs, or felt that taking drugs worsens existing depression? Feeling low after using some drugs is common (including alcohol). This can be due to the effect of the drug itself or because of things that happened when you were using them.

Injuries and accidents – ever had an accident after taking drugs? When you are under the influence of drugs you might find yourself doing things that you would not normally do, which can increase your chance of getting hurt or having an accident.

Sexually Transmitted Infections (STI's) or unwanted pregnancy – ever forgotten to use a condom when you were under the influence of drugs? Under the influence you are less likely to remember to use protection which can result in you or the person you have sex with contracting and STI or getting pregnant.

Damage to internal organs – have you considered the impact on your body? Heavy use of some drugs can damage the liver, brain, lungs, throat and stomach.

Risk of infectious disease – have you considered the risk of disease through drug paraphernalia? Sharing needles is a major risk for getting diseases like hepatitis B or C, or HIV, which are all spread through blood-to-blood transmission.

Time with Australia's "first bloke" CONTINUED

One of the great pleasures I get in my role is visiting Sheds whenever I'm on the road, because each one is unique – a true reflection of the community-driven nature of the movement.

The Men's Shed movement isn't just a success story on its own, but rather shows what can be done when you work with people at the grassroots and listen to them. The same applies to the Indigenous communities, and I've been lucky to be involved in the last two diabetes symposia in Alice Springs. I also visited a number of remote communities to see first-hand the prevalence of diabetes and other serious health issues in these areas. Having experienced diabetes in my family it is an area I'd like to take a more active role in the future.

It's a privilege to be in this position as I get to meet the most amazing people. I recently had the honour of launching Veteran's Health Week in Rockingham, WA during CHOGM.

The theme for the week was on mental wellness, and activities reinforced the messages of offering a hand and helping others, reconnecting with old mates, and being physically active. I spoke with a number of veterans about their lives and issues, and felt inspired by their friendships, community mindedness, resilience and leadership.

It also shows what we can achieve when we put the old 'strong and silent' stereotype to one side and instead reach out to look after each other. It doesn't mean losing our masculinity, but just being the best possible men we can be for our partners, our families and our mates.

The Australian Men's Sheds Association (AMSA) National Conference

21–23 August 2011 – Brisbane

Kevin Moss, MHPE Volunteer Representative, QLD Sth



L to R - Kerry Boyce (MHPE Volunteer NSW); Kevin Moss (MHPE Volunteer representative Sth QLD); Lester Leaman (MHPE Volunteer representative WA); Bob McInnes (MHPE Regional representative QLD) and Bruce Reedman (MHPE Volunteer QLD)

The 4th AMSA National Conference was held in Brisbane from the 21st to 23rd of August 2011. DVA was a major sponsor of the event and as such, we had an MHPE display and information booth plus delegate registrations.

A team of five MHPE QLD volunteers manned the display and responded to enquiries over two days. The booth attracted considerable interest from the 350+ attendees, and we had the opportunity to do some serious networking with the other 19 exhibitors.

Guest speakers facilitated a range of sessions on different facets of Shed Management ranging from setting-up; funding; skills training; health and safety; through to mentoring; social inclusion and what Men's Sheds will look like in 30 years time. Perhaps the most interesting wish list discussed was for the production of a mobile Men's Pit Stop mounted on a semi-trailer to follow the V8 Super Cars around Australia and conduct men's health checks at the major venues.

The Conference offered the MHPE volunteers who attended the opportunity to network with other organisations and individuals involved, as well as to understand the considerable advances being made in the promotion of men's health. The conference focused on promoting the spread of Sheds throughout the nation and showcased the Australian Men's Shed Movement to countries such as New Zealand, the USA, Canada, Japan, the UK and Ireland.

Continued on page 22

9th National Men's Health Gathering

Peter Harvey
MHPE Volunteer

What a privilege it was to be able to attend the 9th National Men's Health Gathering held in Perth for our 19th to 22nd September, 2011. At the same time the 6th National Aboriginal and Torres Strait Islander Male Health Conference and the 5th Men & Family Relationship Forum was also held in Perth.

The Vision of National Men's Health is that: 'All Men and boys have an optimal quality of life.' Their Mission is to 'Improve the health, social wellbeing and quality of life of all men and boys in Australia.' Their Key Objectives are: 'Inter agency co-operation; community interaction and representation; awareness and education; policy and advocacy; services to professionals.'

The guest speakers included: Tim Mathieson – Men's Health Ambassador and Patron of Men's Shed; Professor Seng Fah Tong – National University of Malaysia; Professor John MacDonald – Director Men's Health, Care University Western Sydney

Some of the session which I attended were: Gathering Opening – Professor John MacDonald; Official Opening by Governor Western Australia – Malcolm McKuskar; Opening Speaker – Tim Mathieson; Men's Health on Radio – Mark Bin Baker; Getting the Health Message to Construction Workers – Oz Help Foundation; Tradies Tune Up (form of Pit Stop) – Caitlin Scott;

Is there a role for community volunteer groups in Men's Health Promotion?

Who is Improving Male Health in Australia? Greg Millan

It was nice to hear that Greg Millan (Who is Improving Male Health in Australia) said that MHPE program by DVA was by far the leader in male health promotion with our volunteer training and Health Promotion Books and resources.

Department Veterans' Affairs own Jumae Atkinson, and our MHPE Volunteer State Rep from WA Lester Leaman also presented a session on Building on the strengths of the Veteran Community. This was a great session and well delivered by both.

I enjoyed the conference and feel I have brought back a few ideas which I may be able to use in my role as an MHPE. It also provided a great opportunity to network.

The Australian Men's Shed
National Conference

CONTINUED

The MHPE volunteers had the opportunity to attend selected Plenary Sessions over the two days. Perhaps the most notable quote that I took away from the sessions that I attended was from Chuck Peters, from the Lightning Ridge Shed, who said "You don't need a million dollars to build a shed. To build a shed you just need a passionate bunch of blokes. We built our shed from the inside out, with passion and dedication – we got the men before the shed, and we engaged those men before they got bored with waiting for the shed'.

The messages from all speakers were well delivered and received, with particular focus on Australian Men's Sheds playing a key role in the growth and encouragement of healthy male ingenuity and positive mental outcomes for all Australian males. On the last afternoon of the conference, it was announced that, an International Men's Sheds Association had been formed. The Australian Men's Sheds model was adopted as the basis of the International Association.



Keeping your mind active SUDOKU

Game 1 – Level 1

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 7 | 6 | | 9 | | 5 | | 8 | |
| 4 | | | | 6 | | 9 | | 1 |
| | | | 4 | 1 | | | | |
| | | 8 | | | 9 | 1 | 2 | |
| 2 | | 9 | | 8 | | 3 | | 7 |
| | 1 | 7 | 3 | | | 8 | | |
| | | | | 5 | 7 | | | |
| 1 | | 4 | | 9 | | | | 8 |
| | 2 | | 1 | | 3 | | 7 | 9 |

Game 2 – Level 2

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | 9 | 7 | | | 5 | | | |
| | | 6 | | | | 3 | | 5 | 4 |
| | | | 5 | | | | 8 | | 7 |
| 4 | 8 | | 2 | | 1 | | | | |
| | | | | 8 | | | | | |
| | | | 3 | | 4 | | 9 | 8 | |
| 9 | 8 | | | | | 4 | | | |
| 6 | 1 | | 5 | | | | | 8 | |
| | | | 4 | | | 7 | 1 | | |

Game 3 – Level 3

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 1 | | | | | | |
| | 8 | 7 | 1 | | 6 | | | 5 | |
| | | | | | 8 | | | 1 | 7 |
| | 5 | | 4 | | 7 | | | 9 | |
| | | 9 | | 3 | | 5 | | | |
| | 4 | | 5 | | 1 | | | 7 | |
| 1 | 7 | | | 5 | | | | | |
| | 3 | | 8 | | 4 | 9 | 2 | | |
| | | | | | | 7 | | | |

THE RULES OF SUDOKU: The classic Sudoku game involves a grid of 81 squares divided into nine blocks, each containing nine squares.

The rules of the game are: each of the nine blocks has to contain all the numbers 1–9 within its squares. Each number can only appear once in a row, column or box.

The difficulty lies in that each vertical nine-square column, or horizontal nine-square line across, within the larger square, must also contain the numbers 1–9, without repetition or omission.

Every puzzle has just one correct solution.

Below are three Sudoku puzzles, they range from easy to harder (levels 1, 2 and 3). Good luck.

Answers are on page 35

Volunteer Reps' Corner



Kevin Moss – South Queensland MHPE Volunteer Representative

Kevin Moss – Qld Sth MHPE Volunteer Representative

I spent 23 years in the military and know well the physical and mental health impacts that are part of service life. My ten year commitment to the MHPE Program stemmed from working with veterans over a number of years as a volunteer pensions and welfare officer. I was often shocked at the lifestyles of many who were grossly overweight, drank excessively and did not exercise. I attended the funerals of many who died too young leaving behind shattered families. General ignorance of lifestyle impacts on health and life span was obvious, and when I became aware of MHPE in 2001 I did not hesitate to get involved to be part of the education bandwagon.

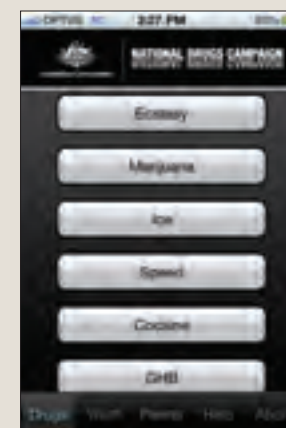
I have a special interest in the health and welfare of rural and remote veterans who I believe are disadvantaged by being geographically isolated, as we tend to be coastline community focused. In 1998 I established *Vet-Treks Australia* and over the years I have taken veterans and partners into remote areas. This has resulted in establishing networks and relationships with many isolated veterans by facilitating health care events and initiating pension benefits for them. I hope to expand on past efforts and continue this initiative in other targeted rural and remote communities, and promote the men's health message to the various veteran groups in these areas.

I look forward to networking, supporting and mentoring the MHPE volunteers in those regions where I have representative responsibilities. Together we continue to promote the objectives of the program and encourage a healthier lifestyle within the veteran community.

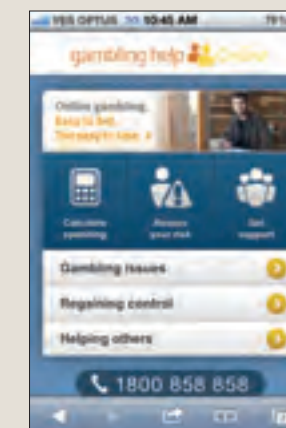
I have two married children who have blessed me with four beautiful grand children. I love them all dearly and hope to be part of their lives for as long as possible. They are my main motivation for looking after my health which will reflect in my own longevity – I hope to enjoy my family as long as possible.

MHPE Magazine – Apps

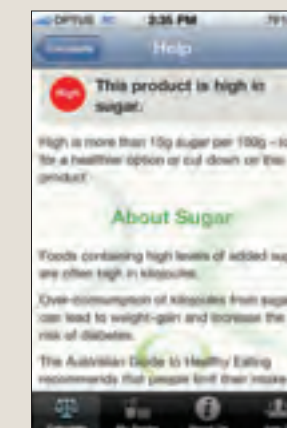
John Hall



NATIONAL DRUGS CAMPAIGN – APP



GAMBLING HELP ONLINE



TRAFFIC LIGHT – FOOD TRACKER APP

National Drugs Campaign

Substance abuse and addiction to drugs is a harsh reality for some, providing family and friends of those affected with many challenges. However, you can now instantly access illicit drug facts and advice using the National Drugs Campaign iPhone app. While the campaign (an initiative of the Commonwealth government) has a major focus on younger adults, the information in this app is useful for anyone wanting expert information and advice.

Available free from your iTunes store, the app includes a range of useful resources: facts on many illegal drugs; consequences of drug use; advice for people on avoiding drug use and helping friends; tips for parents on talking to their teens about drugs; and support contacts.

The app aims to raise awareness about the harmful effects of drug use and encourage and support decisions not to use (or minimise) these. A range of illegal drugs are listed, as well as those legal items that can be purchased such as alcohol, tobacco and inhalants. The major drugs highlighted each have their own section featuring: signs and symptoms; consequences; physical effects; problems; getting help. Featuring GPS functionality, the app will also help you find support services based on your location.

Traffic Light Food Tracker

For those amongst us who have cravings and addictive behaviours towards sweet and/or fatty foods, help is at hand. There is a growing movement to introduce 'traffic light' labels on processed foods, and this app will show you in an instant whether the item has a high (red), medium (orange) or low (green) content for: total fat; saturated fat; sugar, and sodium.

This app (partially in partnership with the Victorian chapters of the Cancer Council and Diabetes Australia) will then allow you to make healthier choices for food (it does not apply for drinks) by examining the fat, sugar and salt content. It's very easy to use and worth a look, especially if, like myself, you like the sweet things in life. This is available from the iTunes store as well.

Gambling Help

If your urge to play pokies, bet on the horses, or buy Lotto gets you into financial trouble help is available on your phone. The Gambling Help Online website has now been optimised for 'smart' phone use. This site allows you to calculate your gambling spending, assess your risk of problem gambling, provides information on how pokies work and suggestions for maintaining change in your gambling. There is also a section on where to get help. This information can be found at: <http://m.gamblinghelponline.org.au/>.

The Black Dog Ride 2011

David Moore - MHPE volunteer South Australia



David Moore – The Can AM Spyder out of petrol near Coober Pedy

Black Dog was a term given by Winston Churchill to describe the depression which he suffered from throughout his life. Depression will personally affect about 4 in 5 Australians, so it's likely that no family will go untouched. By 2030, depression is predicted to be the number one health concern in both developed and developing countries.

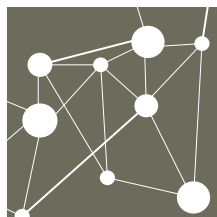
The Black Dog Ride is an awareness program to help to try to remove the stigma of depression in the community, to take notice of the signs and symptoms of depression and, most importantly, the need to seek help.

The Black Dog Ride itself was started in 2010 by Steve Andrews, after suffering a family tragedy. This year's was the second Black Dog Ride held and it attracted almost 200 riders to the cause. This included people from all walks of life with the common theme being everyone was directly or indirectly affected by depression.

My name is David Moore, I have served in the Australian Defence Force for 32 years and I was medically terminated (discharged) in December 2010. I have been involved in the MHPE Program now for several years. For recreation I ride with a military motorcycle riding club called the Patriots. Because of an intensive shoulder I was having great difficulties riding a conventional motorcycle on a daily basis. Fortunately, with a little help from DVA I purchased a Can AM Spyder, so now I ride on three wheels instead of two.

When I first heard about the Black Dog Ride I knew that I had to support this cause since I too suffer from depression. For me the best way to support the cause was to ride with the others to the centre of Australia, but at the same time try and promote the MHPE Program. Our group within the South Australia contingent consisted of Flight Sergeant Gary Brown, our own personal nurse, Robyn Koper from the Mental Health Unit of the Adelaide Repatriation Hospital, and me. So on the 24th of August we headed out on our first leg of the ride which was to Port Augusta. The second day it was Coober Pedy, the third was Alice Springs and the last to Glen Helen Resort. Surprisingly there was not much representation from the military side of the fence amongst the riders. We did come across a Vietnam War veteran who had served with the 8th Battalion of the Royal Australian Regiment and was proudly wearing his Infantry Combat Badge whilst working at a restaurant in Coober Pedy. His only regret was that there were no Vietnam veterans on the run with us. The rest of the ride was fairly routine, although I did run out of fuel between Glendambo and Coober Pedy. The main focus of the ride was not forgotten and everyone on the run had a story to tell.

In the end it took four days to get to Glen Helen and another four days to get home, it was educational and it felt that I had achieved something constructive. It was one of those times when it didn't matter where you came from or what you had done, it was a time when we shared our thoughts and feelings. The ability to support one another whilst dealing with depression and riding together is what I call a golden moment in life. We are already planning for next year's Black Dog Ride. So if you are a motorcycle rider and you have a few days to spare in August next year, come along, you won't regret it. This is one of those times when the term the more the merrier is exactly just that.



Spiders' Webs and Bookworms

www.drugs.health.gov.au/internet/drugs/

Australian Government Department of Health and Ageing website on National Drugs Campaign – facts at a glance, physical effects, problems. Covers illegal drugs, tobacco, alcohol and prescription drugs. Useful information for parents as well.

www.druginfo.adf.org.au/drug-facts/drug-facts

Provides information on different types of drugs, their effects, getting help and strategies for harm reduction.

www.naoz.org.au

Provides information about Narcotics Anonymous, their meetings and events. Their primary purpose is to help people stay clean and to carry the message, that it is possible to stop using drugs, for addicts who suffer in active addiction.

www.aa.org.au

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. Meetings are held Australia wide.

www.relationships.org.au

Family relationships are impacted on the most when someone has a problem addiction. This website contains helpful information to help mend relationships, including the publication for men: How to renovate your relationships, and a practical booklet for problem gamblers.

powerhousemuseum.com/gambling/

Interactive website which lets you calculate the odds of various kinds of gambling.

www.problemgambling.gov.au

Articles, information and support on problem gambling in Australia.

MHPE National Round-Up



Hunter/Newcastle MHPE volunteers Rodney Cleggett, Noel Cartwright, Ken Smith, Lou Micallef, Robert Hicks & Gerry Bailey-made up a stirring team and I thank them for their time freely given. All in all, a great start to spring

Pitt Stop Bunnings

Peter Huber – NSW ACT State Volunteer Representative

On Thursday, September, we held the first Pit Stop in a NSW Bunnings store at Belmont. A Pit Stop is a 'man friendly' process likening health checks and lifestyle questionnaires with car servicing and maintenance. Body parts are given humorous mechanical counterparts. Different stations throughout Pit Stop include Chassis (looking at healthy weight), Exhausts and Fuel Additives (smoking and alcohol consumption), Oil pressure (blood pressure), Duco (skin cancer), Spark Plugs (testicular cancer) and Shock Absorber (emotions) and so on. Our next Pit Stop will be held in 2012 at Bunnings Glendale. Thanks to the WA MHPE team for this idea.

ANSWERS TO SUDOKU

Game 1 - Level 1

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 7 | 6 | 1 | 9 | 3 | 5 | 2 | 8 | 4 |
| 4 | 8 | 3 | 7 | 6 | 2 | 9 | 5 | 1 |
| 5 | 9 | 2 | 4 | 1 | 8 | 7 | 6 | 3 |
| 3 | 4 | 8 | 5 | 7 | 9 | 1 | 2 | 6 |
| 2 | 5 | 9 | 6 | 8 | 1 | 3 | 4 | 7 |
| 6 | 1 | 7 | 3 | 2 | 4 | 8 | 9 | 5 |
| 9 | 3 | 6 | 8 | 5 | 7 | 4 | 1 | 2 |
| 1 | 7 | 4 | 2 | 9 | 6 | 5 | 3 | 8 |
| 8 | 2 | 5 | 1 | 4 | 3 | 6 | 7 | 9 |

Game 2 - Level 2

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8 | 9 | 7 | 6 | 4 | 5 | 1 | 3 | 2 |
| 1 | 6 | 2 | 8 | 7 | 3 | 9 | 5 | 4 |
| 3 | 4 | 5 | 9 | 1 | 2 | 8 | 6 | 7 |
| 4 | 8 | 9 | 2 | 5 | 1 | 6 | 7 | 3 |
| 2 | 3 | 6 | 7 | 8 | 9 | 5 | 4 | 1 |
| 7 | 5 | 1 | 3 | 6 | 4 | 2 | 9 | 8 |
| 9 | 7 | 8 | 1 | 3 | 6 | 4 | 2 | 5 |
| 6 | 1 | 4 | 5 | 2 | 7 | 3 | 8 | 9 |
| 5 | 2 | 3 | 4 | 9 | 8 | 7 | 1 | 6 |

Game 3 - Level 3

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 3 | 6 | 1 | 7 | 2 | 5 | 8 | 4 | 9 |
| 9 | 8 | 7 | 1 | 4 | 6 | 2 | 5 | 3 |
| 5 | 2 | 4 | 3 | 8 | 9 | 6 | 1 | 7 |
| 2 | 5 | 3 | 4 | 6 | 7 | 1 | 9 | 8 |
| 7 | 1 | 9 | 2 | 3 | 8 | 5 | 6 | 4 |
| 8 | 4 | 6 | 5 | 9 | 1 | 3 | 7 | 2 |
| 1 | 7 | 8 | 9 | 5 | 2 | 4 | 3 | 6 |
| 6 | 3 | 5 | 8 | 7 | 4 | 9 | 2 | 1 |
| 4 | 9 | 2 | 6 | 1 | 3 | 7 | 8 | 5 |

MHPE National Round-Up



Ian Healy (ex-cricketer and Channel 9 reporter) at the VHW Healthy Lifestyle Expo at Kedron Wavell RSL

Veterans' Health Week (VHW) 2011

VHW took place from October this year. The theme this year was 'Building on the Strengths of the Veteran Community – Mental Wellness'.

VHW celebrated the strengths of the veteran community by raising awareness of key attributes such as friendship, resilience and leadership which pave the road to mental wellness.

Over 160 events took place across Australia with an estimate of about 12,000 participants nationally. Some of the highlights were:

The Northern Territory's – Operation Connect: a Healthy Lifestyle Expo and Family Fun Day incorporating a Tri-Service (Army, Navy, RAAF) BBQ Challenge. The BBQ Challenge connected past and present diggers with services and support networks, as well as promoting good mental health and lifestyle. The event included MHPE volunteers, the NT Mental Health Network, local ESOs, ADF members and other service providers.

In South Australia at Ardrossan, MHPE volunteers coordinated a Men's Wellness Expo to promote the understanding and availability of resources. Victoria held an enormous number of events, including a Men's Shed Getaway, bus trips and a healthy eating initiative. WA likewise held a number of events attended by MHPE volunteers, such as 'A Recipe of Activities for a Healthy Mind & Body' at Eaton.

In Queensland the week was officially launched by the Minister for Veterans' Affairs, The Hon Warren Snowdon MP, in Brisbane in October at the Sunnybank RSL. The launch was attended by members of the sub-branch including Bruce Turnbull who in addition to being a MHPE volunteer is also Secretary of the Qld Branch of the Australian Men's Shed Association.

The major event in Queensland was a Health Lifestyle Expo in October. This was a joint initiative between DVA and Kedron Wavell RSL Sub-branch and was a huge success. It included over twenty exhibitors and guest presenters, and was attended by almost 300 members of the veteran community. A 'surprise' special guest was Ian Healy (ex-cricketer and Channel 9 reporter) who commended DVA and the sub-branch on the success of the VHW initiative. He also very generously donated vouchers for complimentary car washes for veterans in line with Remembrance Day in November. This is modeled on a similar promotion that operates in the USA.



Mental First Aid Course attendees: left to right Vassil Andryc, Graham Drews, Allan Britt (Course Organiser), Michael McBride, Charles Nicholson, Mark Hills, Peter Cucilovic, Andrew Little (Course Facilitator), Merv Stevens, Brian Griffin

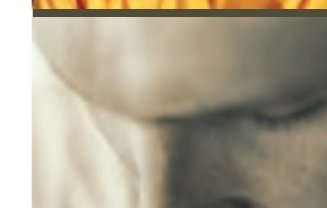
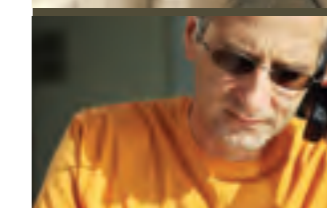
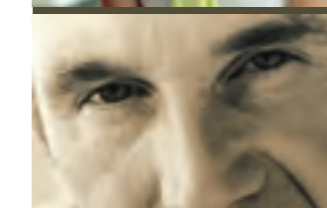
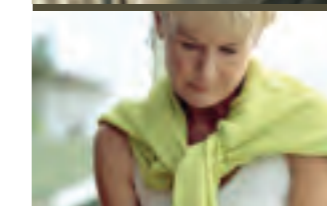
Mental Health First Aid

Allan Britt – MHPE Volunteer Lismore

As the Veterans' Health Week theme this year was Mental Wellness, I thought it was appropriate to organise a course surrounding that theme. I contacted and talked to a consultant from the Northern NSW Local Health District Mental Health Services to discuss the possibility of providing such a course for the local area MHPE group and for Welfare Officers from local ex-service organisations (ESO). A two day certificate course called Adult Mental Health First Aid was held at the Lismore Veterans Access Network Office.

The areas discussed during the course were: Depression; Suicide; Non-suicidal self injury; Anxiety; PTSD; Obsessive-Compulsive Disorder; Panic Disorder; Generalised Anxiety; Psychotic Disorders and Substance Use Disorders. Each discussion area examined signs and symptoms, aetiology & intervention. It was an interactive programme with participation of attendees encouraged. The facilitator's excellent presentations gave the participants a sound understanding of each of the mental disorders. I highly recommend this course to all MHPE & ESO Welfare Officers as a useful tool, as 'Knowledge is Wealth'.

Getting Help: addictive behaviour



The following organisations may be able to assist you to change addictive behaviour

Drugs and Alcohol

ALCOHOL AND DRUG INFORMATION SERVICE (ADIS)

The Alcohol and Drug Information Centres are state and territory-based services that offer information, advice, referral, intake, assessment and support 24-hours a day.

AUSTRALIAN CAPITAL TERRITORY (02) 6207 9977

24-hour Alcohol and Drug Telephone Line, go to: www.health.act.gov.au

NEW SOUTH WALES (02) 9361 8000 1800 422 599 (rural)

Alcohol and Drug Information Service, go to: www.druginfo.nsw.gov.au/home

NORTHERN TERRITORY 1800 131 350

Darwin (08) 8922 8399
Alice Springs (08) 8951 7580
Alcohol and Drug Information Service, go to: www.health.nt.gov.au

QUEENSLAND 1800 177 833

Alcohol and Drug Information Service, go to: www.health.qld.gov.au/atod/

SOUTH AUSTRALIA 1300 131 340

Adelaide (08) 8363 8618
Alcohol and Drug Information Service, go to: www.dassa.sa.gov.au

TASMANIA 1800 811 994

Hobart (03) 9416 1818
24-hour Alcohol and Drug Information Service, go to: www.dhhs.tas.gov.au

VICTORIA

DirectLine 1800 888 236
DrugInfo 1300 858 584
Family Drug Helpline 1300 660 068

Youth Substance Abuse Service (03) 9418 1020 or 1800 014 446 (rural Vic)

go to: drugsandalcohol.dhs.vic.gov.au

WESTERN AUSTRALIA

Alcohol and Drug Information Service (08) 9442 5000 or 1800 198 024
Parent Drug Information Service (08) 9442 5050 or 1800 653 203
www.dao.health.wa.gov.au/

Smoking Quitline: 131 848 or 13 7848

Quitline is a telephone information and advice or counseling service for people who want to quit smoking. You can phone the Quitline confidentially from anywhere in Australia for the cost of a local call only. National Tobacco Campaign 2011.

Gambling 1800 858 858 TTY 1800777 706

Telephone counselling and online gambling support: visit Gamblers Help Online www.gamblershelponline.org.au or ring the free 24-hour anonymous counselling referral service.



The following organisations may be able to assist you to change addictive behaviour



**Veterans and Veterans Families Counselling Service
1800 011 046***

The VVCS – Veterans and Veterans Families Counselling Service provides counselling and group programs to Australian veterans, peacekeepers and their families. It is a specialised, free and confidential Australia-wide service.

VVCS staff are qualified psychologists or social workers with experience in working with veterans, peacekeepers and their families. They can provide a wide range of treatments and programs for war and service-related mental health conditions including post traumatic stress disorder (PTSD).

1800 180 868 – Changing the Mix – Alcohol Correspondence Program go to www.therightmix.gov.au

* Free local call. Calls from mobile or pay phones may incur charges. 24 hour a day service.

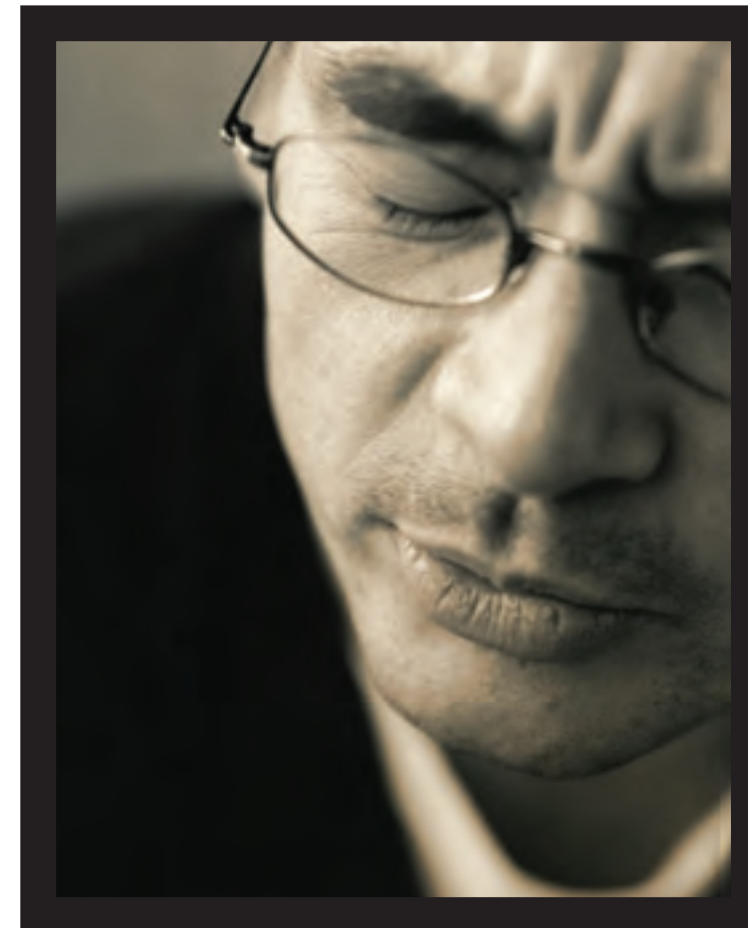


For specific information about the MHPE program in your state or territory, please contact the relevant DVA MHPE Coordinator below:

| NAME | LOCATION | PHONE NUMBER | EMAIL ADDRESS |
|-------------------|--------------------|--------------|------------------------------|
| Mary Andrew | Queensland | 07 3223 8325 | Mary.Andrew@dva.gov.au |
| Jumae Atkinson | Western Australia | 08 9366 8355 | Jumae.Atkinson@dva.gov.au |
| Kerry Jay | Victoria | 03 9284 6199 | Kerry.Jay@dva.gov.au |
| Sue Filipovich | Northern Territory | 08 8935 1424 | Sue.Filipovich@dva.gov.au |
| Margie Gutteridge | South Australia | 08 8290 0375 | Margie.Gutteridge@dva.gov.au |
| David Stevens | Tasmania | 03 6221 6711 | David.Stevens3@dva.gov.au |
| Naomi Blundell | New South Wales | 02 9213 7661 | Naomi.Blundell@dva.gov.au |



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Department of Veterans' Affairs
Men's Health Peer Education



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Deadline for articles or ideas for the next issue is **6 February 2012**

Your local contact is: