



info@lifeskillsaustralia.com.au | www.lifeskillsaustralia.com.au | 9361 9092

## Editorial

### LEE PAGANA

Director, Counsellor & Facilitator  
Dip. Prof. Couns, MAIPC, PMACA,  
PCAWA



Hi Everyone,

I hope you have all had a great Christmas and Happy New Year.

We certainly did, the couple of extra kilos proved that.

I was the first to see Wendy our Naturopath when we all lined up at her door like naughty kids at school

We have revamped Life Skills Centre. Yes after 8 years in Victoria Park we thought it was "TIME FOR CHANGE." We put new carpet down, painted the stairwell - yes the mural is gone - and got the body corporate to paint the corridor down stairs. Its looks fresh, clean and ready for business.

Barb, our wonderful office manager, and her husband John, our graphic designer, together have redesigned our brand. We are still called Life Skills Centre, still kept our logo but everything else has had a revamp,

have a look and let us know what you think.

We will have new signage out the front, pretty up the corridor and launch a brand new website (for those of you who have a look we are not quite finished BUT changes are on the way).

### Lets talk about Drugs - Dope

I want to talk to you about drugs. I have had a influx of parents who's children are on Meth. I sit here and hear the pain and anguish these parents go through. I had a parent ring me to tell me that his son burgled his house and had all his fathers trophies and coins in a bag ready to be taken to the hock shop. Another parent rang me to tell me that his son had just beaten the crap out of him because his son is a Meth addict.

Why am I telling you this, because these kids started smoking DOPE. Yes Dope, the natural plant that is "not harmful", "its only dope", "Mull" whatever you want to call it and this has lead them to Meth. These kids are immature and do not know what the effects are from smoking this crap. Yep - I HATE DRUGS - in every way. I have sat here for 20 years watching the destruction it brings to family and friends. I have been told on many occasions "Oh Lee get off your high horse, its only recreational."

I'm sure that is what these kids - and I call them kids because they lack education and maturity - told

themselves so that they could justify smoking dope, now they are Meth addicts.

Don't underestimate dope, don't think that it is not harmful because it is.

If your teenager is smoking it, get them help now, educate them on the effects of dope.

Talk to them now before they start smoking or can be influenced by their friends.

Ignorance is NOT bliss!

If you feel that you can't talk to them or they are blocking you out, please feel free to bring them in to see us and we can have a chat with them.

Stay in touch,

Cheers

Lee x

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**We are not given a good life or bad life. We are given life. And its up to YOU to make it good or bad**

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## Meet the middle-class face of methamphetamine

### Counselling

#### Vee Vinci Counsellor & Facilitator



Taking a cue for Lee's introduction and in light of the work we do here I recently found an article that would break the heart of every parent. But more than that – it should serve as a warning!!

A broken heart is what you end up with after your child is addicted.

Its easy to say "you need to recognise the early warning signs". How do you do that?? It simply means plugging into your children from an early age and educating them about what is out there. Protecting our children from the "horrors" of the world does them no favours. Sometimes the hardest conversations are the ones we need to have.

**"MEET Jessica\*. She's 25, has a degree from a good university and holds down a full-time job writing for a student training website.**

And she's an ice addict.

Jessica is one of a growing number of middle-class methamphetamine users, who look perfectly normal to the outside world, but are deep in the grip of addiction.

Unlike the ravaged faces normally shown in the media, covered in sores from frenzied

scratching, people like Jessica have their own homes and cars, dress well and maintain careers.

But two weeks ago, this mother-of-one from southeast Melbourne tried to drive off a cliff.

She has a home, drives a car and has full-time professional job.

The Australian Crime Commission warned in April that the nation's ice problem was reaching pandemic proportions. Meth use is thought to have increased by 10 per cent in the past two years, and at least seven per cent of Australians over the age of 14 have tried the drug.

The problem is more pronounced in certain areas. The Medical Journal of Australia said last year that hospitalisations for the drug in Melbourne had leapt by 318 per cent in 12 months.

The mundanity of Jessica's introduction to meth is what makes it even more terrifying.

She wasn't a drug taker. She had smoked marijuana once, when she was 16.

When a female colleague invited her to "have a puff", it didn't seem like a big deal.

"We were just chilling at her place, she's a professional woman as well," Jessica tells news.com.au. "I wanted to try it."

She admits she "had that fear" but "it was only going to be that one night."

The pair stayed up chatting into the early hours, and Jessica said it didn't feel like a crazy experience.

"It was just sociable," she says. "There were no restrictions. It brings out your honesty."

The next day, she didn't even have a comedown.

Reassured, she continued to catch up with her colleague occasionally, for a smoke and a chat.

One day, her friend said she didn't have time to meet, but Jessica could come and pick up a bag. Soon, the pair weren't smoking

together at all.

"She became my drug dealer," says Jessica. "I don't talk to her any more. I don't understand how you can light someone else's pipe. I would never do that to anyone."

But it was too late for the 25-year-old. Soon she was out of control. "It's a sneaky drug," she says.

Five months ago, her primary school-age son went to live with her parents. "I just dropped him off and never came back."

Jessica says her son's smile has disappeared.

He doesn't know about her problem, but she admits it may not be long until he finds out.

Recently, she took him on a trip for the weekend. The drive should have taken four hours, but it took 10. Jessica "had to keep stopping for a puff", and everything somehow took much longer.

You get "on shard time", she says, and everything else goes out the window.

Her son regularly calls her at midnight, asking where he is. She might say she'll be there in an hour, knowing she won't — and can't — turn up in her current state.

Later on, when the comedown comes, "it doesn't matter any more". All that matters is getting another fix.

"He doesn't understand, he thinks I work a lot," says Jessica. "He says, 'you don't have to work so hard, mum'. I bring him presents, and he says he doesn't want them, 'I just want my mummy'."

Her voice breaks. "You must think I'm a horrible person."

Her mother now looks after her little boy.

What I'm really thinking is, if she feels so terrible, can't she quit?

"I'd like to think I'll get off it, but I know I won't," she says.

"I got clean for six weeks and life was really crappy. I couldn't function, I couldn't do my job, I was lonely. I don't have any friends who don't do drugs."

Many people in her line of business take drugs, so it's easy for Jessica to carry on. She can work flexible hours, smoking ice and then staying up all night writing, as long as she gets her work done.

She and her friends never go out. You can't take a pipe, and they'd probably just fall asleep, she says.

She's "cut down" to half a gram a day, which costs about \$350 in Melbourne. Australia is a world leader in price per kilo, making it a lucrative market for dealers.

But now it takes Jessica that much just to stop the shakes, and make her feel normal.

The Department of Health reports that at first, ice users experience a feeling of exhilaration, increased arousal and activity levels. The receptors in the brain are flooded with monoamines.

But as more meth is taken, these receptors can be destroyed, until it reaches the point where the user no longer feels pleasure without using.

Eventually, the effects could catch up with Jessica, causing major health problems including permanent damage to the vessels of her heart and brain, high blood pressure and respiratory difficulty.

Her best friend since Year 7 has given up on her. She understands. The friend has children of her own, and Jessica usually cancelled their plans at the last minute anyway.

While her mother still has hope, her father's "heart is breaking", she says. They don't really speak. "There's not much to say."

Jessica looks normal most of the time, but just two weeks ago, she tried to kill herself.

On one occasion, Jessica and a friend decided to drive to Queensland to get clean together. They "puffed all the way there", with a plan to sober up on the drive back.

After that, "there was no way we were driving back without it."

They didn't know anyone in the area, and bought some dodgy gear that was cut with something, probably acid, they think.

Heading home, Jessica says, "We thought we were dead. We thought that over the

son. It seemed like the right decision. Now he wouldn't always be waiting up for her anymore.

But she never got there. The cliff top was surrounded in barricades and she was found and taken to hospital for an overdose.

As soon as she was able, she rang her dealer. She told the hospital she wanted to go outside for a cigarette, and jumped in his car. "You justify it," she says. "You're not hurting anyone. But I am hurting someone, my son."

She knows it would have killed him if she had succeeded in her suicide attempt.

"Most puffers I know are like me," she says. "We're professional, we have degrees, we don't steal, we drive cars."

Meth is everywhere, she warns. It doesn't discriminate.

The number of arrests for use of amphetamine-type stimulants in 2012-13 was 22,189, the highest on record.

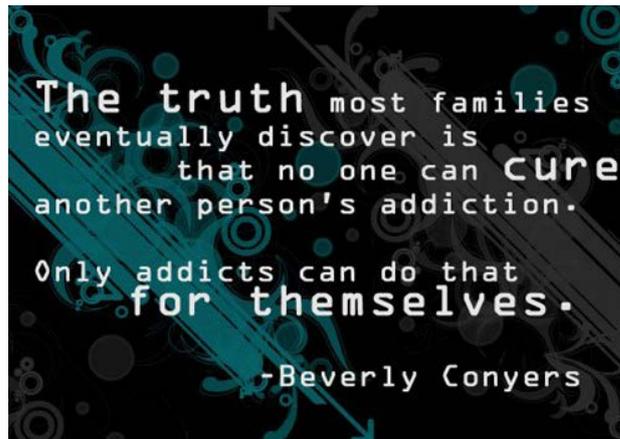
"People look at me and think, she'd never be a user. She's clean, she's got her teeth."

Jessica says she looks at the faces in the news, the ones with the broken teeth and emaciated bodies, and doesn't recognise them from her own drug-fuelled existence.

"I look nowhere near that," she says. "But inside, I'm exactly that."

\*Name has been changed to protect identity.

**The above excerpt was sourced from news.com.au and written by Emma Reynolds November 28, 2014"**



next hill we would get to heaven. I was crying.

"What frightens me is that I was behind the wheel of a car. What if I'd killed a child?"

"You lose all the morals you build yourself on. You look back and say, 'that's not me at all.' But then you do it again a few days later."

A few weeks ago, she reached her low point and tried to drive off a mountain in the Dandenong Ranges.

Jessica says she doesn't recognise the person she's become.

She had written a goodbye letter to her

# Benefits of Bacteria

## Wellbeing

**Wendy Brissenden**

Naturopath



It is so refreshing to see that the basic naturopathic principles of good health are finally starting to come to the fore in the mainstream media. The big one from my perspective is the role our gut plays in our health and well-being.

It's important to remember that the digestive tract is actually the interface between our bodies and the external world and therefore one of the first lines of immune defence. The digestive tract has a number of different strategies to support the immune system, one of which is the bacterial make-up within the gut.

This article highlights the different ways in which bugs in the gut influence our health.

### What The Bacteria In Your Gut Have To Do With Your Physical And Mental Health

Strange but true fact: Our bodies are made of more bacteria than human cells, and the gut alone contains trillions of microbes (bacteria and fungi). In fact, it's estimated that the body is composed of 10 times more bacteria than human cells.

And the intestines are home to more bacteria than any other part of the body, including the skin. Now, scientists are devoting increasing amounts of time and resources to understanding the gut 'microbiome,' as the massive collection of bacteria and microbes is called -- and the influence it may exert on the brain and body. The National Institute of Health's Human Microbiome Project, for instance, is devoting millions of research dollars to understanding the microorganisms living within the human ecosystem.

Of particular concern among scientists and the public is the effect that gut flora may have on mental health, as a mounting body of research suggests that gut bacteria can have a significant impact on the way we think, feel and behave, and also on the development of neurological conditions. Last year, a major neuroscience symposium called the investigation of gut microbes a "paradigm shift" in brain science.

A number of diseases and disorders have been linked to abnormalities or instability in gut flora, and the microbiome is an important area of research

for these conditions. However, it's important to note that while research has linked these conditions to alterations in the microbiome, it does not mean that in every case gut bacteria is the cause of the problem.

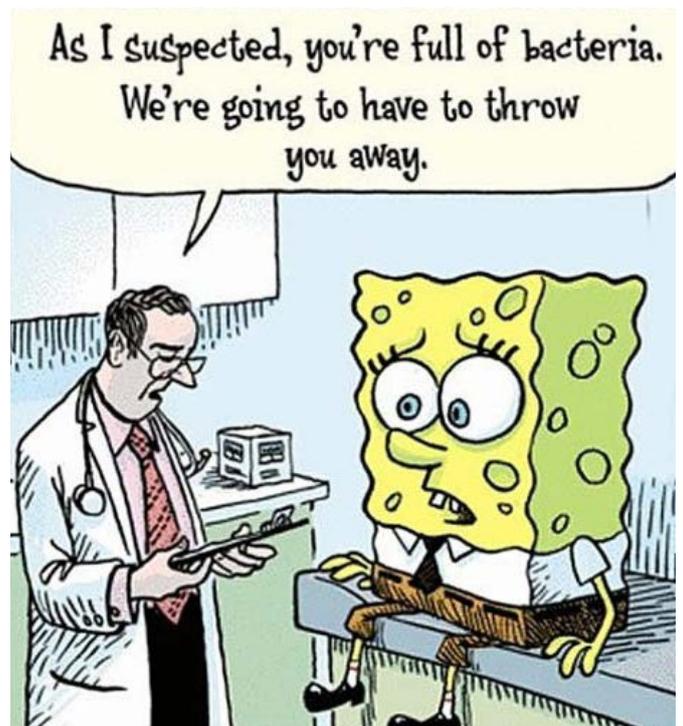
Article provided by:

Carolyn Gregoire

[http://www.huffingtonpost.com/2015/02/12/gut-bacteria-health\\_n\\_6480580.html](http://www.huffingtonpost.com/2015/02/12/gut-bacteria-health_n_6480580.html)

For anyone interested that hasn't already seen it, check out the ABC Catalyst documentary first broadcast in August 2014: Gut Reaction, which can be viewed at: [http://www.abc.net.au/catalyst/gut\\_reaction\\_part\\_1/](http://www.abc.net.au/catalyst/gut_reaction_part_1/)

This is a fascinating two-part documentary that covers the subject in an easy to understand manner and well worth the hour of screen time; and a good way to measure up how your diet could be contributing to the way you feel.

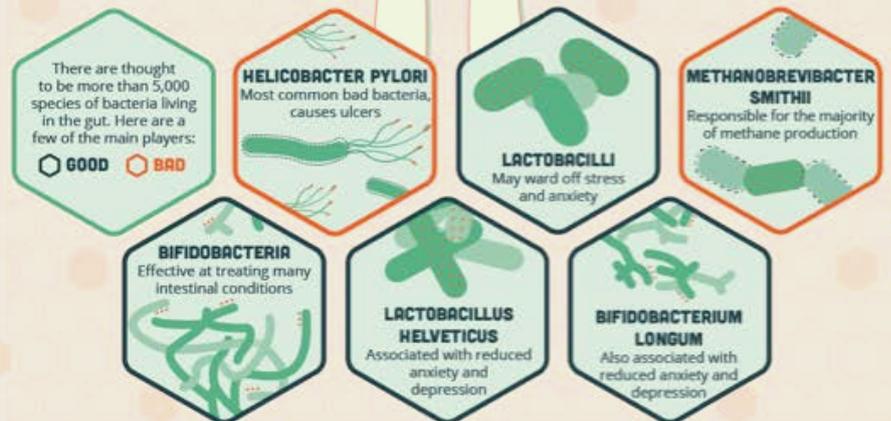
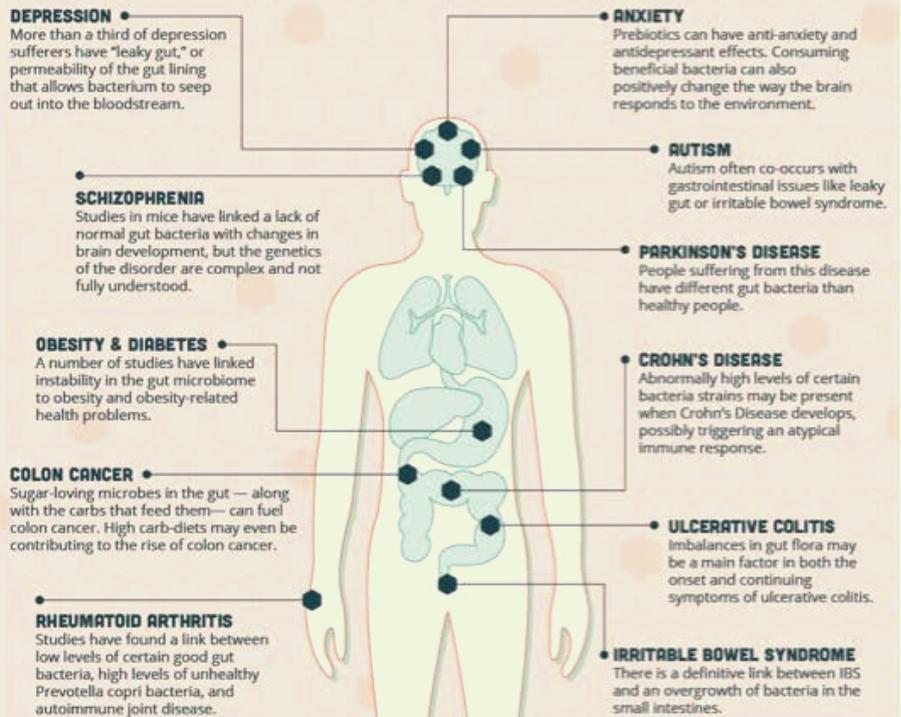


# Benefits of Bacteria

Here are a handful of physical and mental health problems that have been linked to imbalances and abnormalities gut bacteria

## HOW GUT BACTERIA AFFECTS THE BRAIN AND BODY

We are more bacteria than we are human. Mounting research has suggested that the bacteria living in our digestive tract play a significant role in our overall health. Here are some of the physical and mental health conditions that have been linked to imbalances in gut flora.



# AISHM Conference 2014



## Sexology

**Annika Knudsen**  
Sexologist



The Australasian Institute of Sexual Health Medicine (AISHM) held their annual conference in Melbourne last year and Lee and I were lucky enough to attend. Among us were other counsellors, sexual health practitioners, teachers, nurses, psychologists and doctors all looking to freshen up on what is going on in the world of sexology.

On the Friday we attended the pre-conference workshops. These included Senior Sexuality, Hypnosis In Sexology, Working With Sex Offenders And Treating Premature Ejaculation. Each workshop was presented for two hours and allowed us to interactively join in the discussions and activities. Senior sexuality was of particular interest as so many of our older clients are still very sexually active, but may not have the right language to discuss their concerns with us or the right education to continue having safe sex lives. Did you know that the rates of herpes and chlamydia are sky rocketing in the senior community? This is due to increased partner changing and the lack of condom use...they can't fall pregnant so don't think they need to use condoms!

Treating Premature Ejaculation was also a very helpful workshop. Just the term premature ejaculation (PE) can be confusing and daunting for individuals. So many male clients seek help because they have self-diagnosed themselves with PE but what we want to ask them is "what is your definition of premature?" More often than not their beliefs of what is premature, is actually completely normal. It all comes down to working with the client to achieve their goals, and if they have a partner, working with their expectations too.

We left Friday's conference tired, but excited for what Saturday was going to bring!

Saturday was run differently from the previous day with 30min-60min presentations throughout the day. We started off with Sexually Compulsive Behaviour: Cybersex. This was extremely useful for us to take home with us as so many of our clients are concerned about their, or their partners, internet sex usage. This might include pornography,

chat rooms, dating apps and erotic literature. There were two education based presentations, one centred around Sexual Education For Youth With Disabilities. Internalised Homophobia (when an individual is gay but behaves homophobically towards themselves and others) was a topic that probably goes unnoticed by many practitioners. As counsellors and therapists, we are given a lot of personal information every day and we need to develop strategies to deal with the sad, depressing and traumatising scenarios that we help people work through. The next topic, Internalised Traumatization is when we do not process others trauma well.

## Sexual Desire: We can help clients work through the changes that their body and mind goes through as they go through all stages of life.

Male sexual health was discussed widely with doctors presenting information about Penile Implants, Penile Conditions and Erectile Dysfunction. Women's sexual health was next explored with topics such as Vaginal Problems, Dating for Seniors, and Women's Low Desire and Libido. As we and our relationships age, our libido and sex drive usually lessens. But it

does not have to! We can help clients work through the changes that their body and mind goes through as they go through all stages of life. Finally the day concluded with a panel of experts addressing the medical and therapy based horizons for Australian Sexual Therapy.

By the end of the weekend, Lee and I were mentally exhausted. We had met some amazingly talented professionals, developed new skills to take into our practice, and are up to date with future sexological practices. If any of the topics mentioned earlier are of interest to you, please don't hesitate to ask!

**Annika Knudsen**



# Fly-in, fly-out jobs strain families and work loyalty



## Article



**fly-in, fly-out workers - which now numbers around 200,000 people in the mining sector - suffer from severe stress on their family relationships, and many believe their companies don't care about them, new research has found.**

Mining is the main employer of fly-in, fly-out workers in remote locations around the nation, many of whom work up to four weeks away from home, for pay rates usually at least double those in the big cities.

But while the pay is better, there is high turnover - one in three mine workers don't last a year in the job, a parliamentary inquiry was told last year - and a growing body of evidence on the social impacts.

Libby Brook is a researcher at Murdoch University's school of psychology and is looking at the effects of fly-in work on families. "Fly-in fly-out workers don't feel very much emotional attachment to their employers," she said, citing results from research released before Christmas.

A concurrent study on partner satisfaction found that while workers were generally happy being away for extended periods of work, their spouses - particularly those with children aged between six and 12 - suffered.

"Partners in couples with no children [also] had high levels of dissatisfaction, higher overall in fact than those with children," Ms Brook said. "This may be because they are lonelier when their partners are away."

A federal parliamentary inquiry will early this year release its report on fly-in, fly-out workforces. Among those to make submissions was the Australian Mines and Metals Association. The chief executive, Steve Knott, said 80 per cent of mining workers were employed on a fly-in, fly-out basis, and the workforce of about 200,000 was only going to get bigger.

There was demand for another 100,000 workers, Mr Knott said, pointing to huge skills shortages, particularly for engineers and geologists prepared to fly into remote areas. He said the big mining firms were "very much alive" to the issues that made fly-in, fly-out work potentially tough on workers and their families.

"The jobs are not in Chapel Street in Melbourne, or Martin Place in Sydney. They are in the Pilbara, or offshore in gas [fields]," where working conditions were often tough, he said.

Federal Department of Infrastructure and Transport figures given to Parliament last year show flights from Brisbane to mining towns jumped 582 per cent from 2001 to 2011, and from Perth grew by 713 per cent.

Nicole Ashby runs a website supporting families of fly-in, fly-out workers. She and her husband have three small children and live in Perth. He has spent more than four years working at an oil and gas field near Karratha in Western Australia's Pilbara region, working four weeks on, then four weeks off.

"We got into it purely for the financial gain," Ms Ashby said. "He was working as a truck driver in the city, and we were going backwards with our mortgage and two young boys."

When the couple had a third child, the pressure on Ms Ashby as a solo mum for 28 days at a time was immense. "I don't have a lot of extended family here [in Perth], so I found it very challenging."

Ms Ashby said companies employing large fly-in workforces were slowly recognising

they needed to do more to support workers and their families.

The initial adjustment period, when workers returned home after up to 35 straight days' work, was particularly hard, she said.

"When you are on a rig it's like a foreign environment where the focus is on safety - so to come back to a non-fly-in, fly-out environment, you have to make a physical and psychological shift," she said.

Article provided by:

<http://www.smh.com.au/national/flyin-flyout-jobs-strain-families-and-work-loyalty-20130104-2c8wk.html>



Lifeskills Centre is affiliated with FIFO Families and we support each other in helping families/individuals who are in need of advice and guidance when it comes to all aspects of the FIFO lifestyle. If you need more information please contact our office 9361 9092.



## Lifeskills Seminars

Our Lifeskills Seminars have been running for many years now and are hugely successful for our participants.

Lifeskills Seminars help you to take the first steps to learn more about who you are and how you fit into the world that surrounds you... and sometimes engulfs

you. Lifeskills Seminars are designed to help you to draw the line and make positive, long-lasting changes in your life.

Seminars are held on our premises and run over 4 days from Thursday to Sunday, starting at 9am each morning and running into the late afternoon. Numbers

are limited to ensure you get the best possible attention from our facilitators.

We provide a 30 minute FREE consult before each Seminar to ensure it is the most appropriate option for you.

Here are just some of our participants testimonials from our previous Seminars:

### I walked out of the Lifeskills Seminar feeling .....

.....“Light, strong, brave and happy for the first time in a long time. I feel like I can see a clear positive path for my future”.

.....”With a clearer head, having understood how I became to be who I am, and how I can change my behaviour’.

..... “That I can have a more fulfilling life and relationship. I understand the reasons for my unacceptable behaviours and how I can change them. I am looking forward to the days, weeks ahead!”

## 2015 LIFESKILLS SEMINAR DATES

**March 19th -22nd**

**April 30th - May 3rd**

**June 18th - 21st**

**July/Aug 30th - 1st**

**September 10th - 13th**

**October 22nd - 25th**

**Dec 3rd - 6th**

