

Families and Friends for Drug Law Reform (ACT) Inc.

committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER

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IMPORTANT - PLEASE NOTE: Our normal monthly meeting will **NOT** take place in June. Rather it will be replaced by our Drug Action Week Forum on Tuesday 24th June. Details of this meeting follow.



22-28 JUNE

There are many events happening throughout Australia during Drug Action Week. Please check the ADCA website www.drugactionweek.org.au for events that are happening in your State. Families and Friends for Drug Law Reform and Community Coalition on Corrections is holding an important forum in the ACT concerned with syringes and work safety in the new ACT Prison which is to open later this year. There are also information evenings being run for parents and young people. Find them on the website.

Community Coalition on Corrections and Families and Friends for Drug Law Reform
Invite you to a

Public Forum

Sponsored by ACT Greens MLA, Dr Deb Foskey

CAN NSPs REDUCE OH&S RISK IN THE AMC?

Speaker: Mr John Ryan, CEO of ANEX, leading community-based organisation promoting and supporting Needle and Syringe Programs

There will be time for questions and discussion

Tuesday 24 June
12.30pm – 2.00pm

in the Reception Room, the Legislative Assembly
Civic Square, London Circuit, Canberra.

Light refreshments will be provided.

Editorial

Roadside Drug Testing

The ACT is considering the introduction of Roadside Drug Testing (RDT). Such schemes have been introduced or are being trialled in all Australian states. Victoria in particular has a well-advanced system for testing presence of cannabis, methamphetamines and MDMA. A special screening saliva test is being used and a mobile laboratory is on site wherever tests are being carried out to undertake a lengthy more accurate test.

Last month's newsletter indicated some principles that should be adopted in respect of RDT. FFDLR has made a submission based on those principles that are as follows:

1. The objective for RDT should be to improve road safety and not be a new form of drug law enforcement.
2. Testing should only be introduced for any substances ie pharmaceutical and legal or illegal drugs, following research which shows substantial evidence that:
 - use impairs driving capacity; and
 - tests are available that can measure impairment and not just the presence of the substance. The measures should not undermine the credibility of safe driving messages directed at those who consume drugs by, for example, implying any consumption is a danger when the evidence shows that impairment is for only a short period above a particular level.
2. Rational, proportional and cost effective approach to improving road safety should be adopted.

The ACT Government is to be commended because it has not jumped immediately onto the RDT bandwagon but has delayed and has allowed investigation and public discussion on the matter. It produced a discussion paper and had organised a forum with several speakers. In addition the minister responsible for this matter has made a clear statement that RDT is "about road safety and not about catching drug users and punishing them for using drugs".

While the Government has delayed, the opposition has not. It has introduced a private member's Bill, which has some serious shortcomings that do not match the principles that we have outlined. Amongst other things it provides for detection of any level of illicit drugs irrespective of any degree of impairment. Thus it is about the use of illicit drugs rather than road safety.

There is little or no evidence to support the view that RDT improves road safety. It is true that some drugs, illegal, legal and pharmaceuticals can impair driving ability. But of course it depends on the quantity consumed and the time elapsed since consumption. And then there are the not so small matters of:

- determining the level of impairment that correlates to quantity consumed,
- the technological development of ways of testing and detecting,
- the cost, and
- the effectiveness of the measures in respect of improved road safety.

There are many reasons why a government may introduce RDT but which have nothing to do with road safety. These include:

- availability of the technology,
- political convenience,
- demands of an uninformed public (it is Government's responsibility to inform),
- other states are doing it, so the ACT should too,
- negative attitudes towards illegal drug users, or
- a desire to criminalise non-mainstream behaviour.

While the ACT Government has taken a cautious approach the pressure is building to introduce RDT. This is evidenced, not only because of the opposition bill but also in the discussion paper and the discussion forum. Both of which presented errors of fact and evidenced bias toward RDT rather than being totally objective. Perhaps the most blatant was the statement by one of the presenters that a newspaper report and photograph on 6 June 2008 of a driver ploughing into a bike race in the US, about which she said the driver had taken marijuana and had fallen asleep. Thus demonizing the use and user of cannabis. This was not what the news report said; it said that the driver was drunk and had fallen asleep.

It is also of concern that the drugs for which the testing is being conducted are cannabis, methamphetamines and MDMA. All are fashionable drugs at the moment but are not strongly implicated in affecting road safety. There has been no mention of benzodiazepines, a prescription medication, nor opioids, which UK research believes are the drugs that, after alcohol, most affect road safety.

There is no doubt that it is important to improve road safety, but measures must be introduced on the basis of available evidence. And governments must consider the cost and lost opportunities of the actions they take.

Would introducing RDT at a quite considerable cost improve road safety? At present there is no evidence to show that it would, or has in those jurisdictions in Australia or overseas where it has been introduced.

"Would introducing RDT reduce road safety?" is perhaps a more interesting question. It is highly likely not to be the case. The cost would mean that funding would have to be found to pay for it and if it came from other road safety measures, or reduced the number of roadside breath tests, then road safety could be adversely affected.

It is a matter that the ACT Government will have to consider very carefully.

Reference websites for more information:

www.tams.act.gov.au/move/review_of_alcohol_and_drug_driving_laws
www.socialresearch.com.au/news.html
ffdlr.org.au
adf.org.au

Children pay the price of our addiction to prisons

SYDNEY MORNING HERALD 7 June 2008

A few years ago it was discovered that around one in every 25 children in this country had experienced the pain of having a parent in prison at some time in their lives. This means that, on average, one child in every classroom around the country is affected, as Michael

Moore from the Public Health Association recently put it. The figures for Indigenous children, like all our corrections data on Indigenous people, shows an even worse picture of one in five having a parent in prison at some time.

Already Australia has more than 27,000 adults in prison and more than 40,000 people pass through the prison system each year. Now this week the NSW government has committed nearly \$100 million to expanding prisons, including building a new, 500 bed prison in Nowra.

While it may be easy to say 'lock em up' and 'throw away the key' in response to news of a crime I wonder how many people would be as quick to say that if it were their child, father, mother or sibling who was facing a stint in prison. But as we blindly nod in agreement for tougher sentences I doubt many of us stop to see the incredible damage that having one of your parents in prison can have on a child, particularly their distress from the separation, their shame, the stigma and their need to undergo torturous weekend visits to see them. In the end we must realise that the impact of prison reaches far beyond those inside them - the children of prisoners are truly innocent victims.

Children of prisoners are more likely to end up in prison themselves. When the background of juvenile detainees was examined in one study, it was discovered that one in 10 had a parent in prison at the same time they were imprisoned themselves and that one in every four of the juveniles had a parent who was or had been in prison.

We have to ask whether we are doing enough to prevent future generations being potentially cast into a life of crime. If we are insistent on using prisons as our frontline response to reduce crime then the evidence on re-offending clearly says we are not.

Some may recall a cult Japanese television show called the Phantom Agents whose catchphrase was "a gun is our last resort". Well, it is time we adopted a similar catchphrase of "a prison is our last resort". Otherwise we face the prospect of following the United States, which is home to 25 per cent of all the prisoners in the world even though the country only accounts for 5 per cent of the world's population. With more than 2 million prisoners, United States prisons are bursting at the seams, becoming an incredible financial and social burden.

All of this is not to devalue the work done in prisons under trying and stressful conditions but rather to acknowledge that an environment that is characterised by violence, sexual assault, boredom and intimidation is far from being the most conducive path to rehabilitation.

Recently, Federal, State and Territory Ministers released the first National Corrections Drug Strategy, a truly remarkable achievement of co-operation. The strategy acknowledges the need to have a balance between strategies and programs that reduce the supply of drugs in correctional settings, reduce the demand for drugs by prisoners, detainees and parolees through treatment and education but also to reduce the harm that drug use can cause, particularly the transmission of HIV and hepatitis C. The strategy has been rightly welcomed by many and the commitment of the governments to implement this strategy is a real step forward.

However, an important component of wider law enforcement and correctional strategies needs to be the provision of alternatives to prison and detention centres. Prison is no place for a majority of people despite how quick we are to lock them up. That is why so many wealthy individuals will spend vast sums of their money avoiding prison sentences and why groups like the Australian Competition and Consumer Commission know that prison sentences send a real shiver down the business community's collective spine when they are given far more than any financial penalty could achieve. Of course, it's just bad luck for the majority of people for whom access to such resources to fight prison sentences in court is as remote as regular holidays cruising the Caribbean.

If we can divert people committing crimes as a result of their drug and alcohol dependence or mental health problems into treatment and rehabilitation centres it will not only save the community a lot of money, it is also far more likely to lead to fewer people committing crime in the future. Treating the causes of crime is always going to be far more beneficial to the community but that requires a re-think on our almost instinctual response for a prison sentence whenever a crime is committed.

It's time we stopped quickly sacrificing so many innocent children.

Gino Vumbaca is the Executive Director of the Australian National Council on Drugs

Canadian judge backs Sydney's injection rooms

Crikey June 2008

Dr Alex Wodak, President of the Australian Drug Law Reform Foundation, writes:

Sydney and Vancouver are two drop-dead gorgeous harbourside cities with the largest concentration of injecting drug users in their respective countries.

In both cities, concern about the large number of deaths from drug overdose led to the establishment of a medically supervised injecting centre against vehement and relentless opposition. In both countries, a conservative Federal government tried to close down the centre despite strong support from the respective state government, local health authorities and local residents. In both countries, opponents ignored impressive scientific evidence of benefit and cost-effectiveness and the absence of serious unintended negative effects.

Insite, the medically supervised injecting centre established in 2003 in Vancouver, Canada, was given a reprieve on 27 May by the British Columbia Supreme Court. Canadian researchers have published more than twenty scientific papers evaluating Insite in leading peer-reviewed national and international medical journals.

The ruling by BC Supreme Court judge Ian Pitfield gave the Federal government one year to pass legislation making it clear that the facility should be exempt from prosecution.

Judge Pitfield declared that the facility is a place where health care takes place and that drug addiction is a health care issue, making it immune from federal drug prosecution.

The centre was due to close on June 30 when its exemption from federal drug laws runs out.

Judge Pitfield ruled that the policy of harm reduction trumps the illegal possession of heroin and cocaine by persons using the centre. He declared that the country's drug laws conflict with health concerns and that constitutionally they are a responsibility of Canada's Provinces, as well as conflicting with the Canadian Charter of Rights and Freedoms.

In a 59-page decision, the judge said people dependent on illicit drugs deserved the same kind of health care as those dependent on alcohol or tobacco. Judge Pitfield concluded that national laws blocked drug users from a health care facility that could reduce or eliminate their risk of death from an overdose or from contracting an infectious disease, thereby violating their right to life and security.

"While there is nothing to be said in favour of the injection of controlled substances that leads to addiction, there is much to be said against denying health care services that will ameliorate the effects of their condition," said Judge Pitfield.

The federal Conservative government of Stephen Harper has announced that it will appeal the judgment while the Province of British Columbia says that it is considering joining the defence.

Sydney's Medically Supervised Injecting Centre has a licence to continue operating until 2011, but only as a research project. With the next NSW elections due in March 2010, the future of Sydney's Medically Supervised Injecting Centre may well turn on judgments made in Canadian courts.

Approaches to Alcohol and Drugs in Scotland - A Question of Architecture

The following article is an extract of the key findings Scotland's Futures Forum that, on this occasion, promoted a systems mapping approach to how Scotland could reduce the damage to its population through alcohol and drugs by half by 2025.

It was an important project for the Futures Forum, and for Scotland, and has ramifications for the whole of the UK and for Australia.

The Forum set out to bring different voices around the table and produce fresh, evidenced and unique debate around the future of alcohol and drugs in Scotland.

It has done so, through an imaginative systems approach.

The project has taken expert views, opinions and evidence and has produced a challenging piece of work and embodies considerable learning. The full report can be found at:

news.bbc.co.uk/2/shared/bsp/hi/pdfs/09_06_08_drug_futures.pdf

Key Findings

Alcohol and drug use and misuse is an immense and highly complex challenge for policymakers in Scotland which can be addressed coherently.

A unifying framework of theory and practice on the use of alcohol, tobacco and other substances will be necessary if we are to achieve a significant reduction in damage by 2025. Action, however, in many areas must

be taken in the near future as well as the medium and long term.

The challenge to reduce alcohol and drug damage by half is manageable if there is willingness to use current understanding of what is effective.

Evidence and Research: Transparent evidence should underpin all policy and practice addressing alcohol and drug use and misuse and should be scrutinised in the public domain reporting to the Scottish Government.

A greater proportion of resources should be allocated to treatment research, monitoring and evaluation.

...

There is a need for more evaluation of community approaches so as to establish a rolling evidence base to ensure that continuing investment follows the evidence of what is effective and efficient.

Communities: Research literature shows a high association of alcohol and drug problems with inequality and that where relative inequality is lower, so are alcohol and drug problems.

The narrowing of inequality in Scotland should be a major plank of alcohol and drug damage prevention policy.

Greater accountability for making a significant contribution to preventing alcohol and drugs damage should be accepted by those responsible for developing and implementing mainstream policies aimed at reducing inequalities of income, employment, housing and social support for the most vulnerable people in Scottish communities.

There should be a long-term commitment to prevention of alcohol and drugs harm by large-scale investment in early years. For example, investing in child protection, promoting good parenting, teaching parenting at school, encouraging preventive media advertising, establishing more children's centres for play, promoting good learning environments at home, encouraging educators to help parents and children under 7 to learn how to play.

There is a need for more consistency and continuity of care between treatment and rehabilitation services within prison and community-based services.

...

Public Health: The scale of alcohol and drug use requires that a population wide approach to improving public health be adopted which recognises that, for a large majority, the use of alcohol and drugs may result in no harm. Many of the 20-30% whose use is risky or highly risky can change their behaviour with appropriate information and advice.

There should be more understanding of, and support for, the processes of natural self change from substance use problems.

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Interventions and Recovery: Treatment interventions and recovery networks make one of the most significant contributions to reducing alcohol and drug harm and should be strengthened over the short and medium term.

The quality and range of treatment and social support offered in Scotland needs to be much improved. The Forum notes that currently not one area in Scotland

offers the comprehensive range of treatment interventions that international good practice suggests are needed.

To meet the high levels of drug-related death and hepatitis C in Scotland, additional harm reduction methods effective in other countries should be considered, such as Drug Consumption Rooms and Heroin Assisted Treatment, with a view to establishing pilots within the coming years.

...

Service interventions need to work more closely with community and family networks to ensure successful and sustained recovery from alcohol and drug problems.

Enforcement: There are substantive questions to be answered about the effectiveness of the current heavy bias of resources towards enforcement and there needs to be a counter-balancing of resources in prevention, health and social well-being.

Historically, we have seen, in particular, drug use mainly as a justice issue. This is mistaken and alcohol and drugs should be seen predominantly as a health, lifestyle and social issue to be considered along with smoking, obesity and other lifestyle challenges.

The current level of enforcement activity tackling low level use of illegal drugs may not be the most effective deployment of enforcement resources and is likely to fail in reducing drug and alcohol related damage by half by 2025.

It should be recognised that sending people to prison for low-level alcohol and drug-related crime is unproductive and probably unsustainable.

...

The criminal justice system would be more effective, including as a setting for alcohol and drug treatment, if community alternatives were successfully established to reduce ineffective use of prison.

...

Governance: Further discussion in the public domain should examine whether there is a fault-line in global and national governance that could be addressed by rebalancing the continuum of regulation-prohibition for each substance.

By 2025, there should be in place a new approach to regulation in Scotland and elsewhere, based on evidence, whereby the regulation of all psychoactive substances, including currently illegal drugs, alcohol, tobacco, prescribed medicines and other legal drugs will be governed by a single framework, which takes into account their different levels of potential risk.

In the future, cannabis may be taxed and tightly regulated as part of that wider regulatory framework, if this is shown to reduce drugs availability and harm.

The Scottish Government and Local Licensing Boards, supported by the drinks industry, should seek to end irresponsible alcohol promotions in all licensed premises.