

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

*committed to preventing tragedy that arises from illicit drug use*

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**NEWSLETTER**

**March 08**

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**NEXT Meeting**  
**Thursday 28 March 2008**  
at 7.30pm

**Venue:** St Ninian's Uniting Church, cnr  
Mouat and Brigalow Sts,  
Lyneham.

**Refreshments will follow**

## Editorial

### *Change comes through people*

In preparing for a talk to the University of the Third Age I came across some interesting items:

- In 1988 US Congress passed a resolution proclaiming its goal of "a drug-free America by 1995."
- In 1998 the UN Under-Secretary-General, Pino Arlacchi launched a slogan entitled "A Drug Free World - We Can Do It!", claiming that a drug-free world could be achieved in 10 years, that is by 2008.

As goals to be achieved they are both failures.

Granted that 2008 is not yet over but one only has to look to the resurgence of heroin which is adding to the sum total of drugs already available.

We must of course view resolutions and pronouncements like those above with a great deal of scepticism. They may appear to be good ideals and there exist today organisations that proclaim a goal of a drug free society. Will they achieve their goal? An individual may achieve the status of being drug free but for the country as a whole it is highly unlikely.

Such pronouncements are easy to make but they usually have little in common with reality or objective thinking. There is rarely any concrete proposals on how it might be achieved nor any reference to evidence that might point the way. And history is against them as the above two examples show.

The past federal government made many pronouncements like those and based policies, not on evidence but on their moral or emotional grounds. Recall the claim that they stopped heroin from coming into Australia when in reality Asian crime gangs switched from shipping heroin to shipping amphetamines.

We expect great things from our political leaders. We expect them to have the courage to undertake the promises they make. But why do many political leaders

shy away from making policy based on evidence, opting instead for the easier and perhaps more populist, but less effective, emotive answer. Recall again the zero tolerance of drugs in school policy that lead to children being immediately expelled from some schools for minor breaches, stigmatising them and potentially damaging their future life chances.

One needs to remember that members of parliament are human like the rest of us, with all the faults and frailties that we possess, but they are also subjected to many pressures. Pressures from constituents, lobbyists, their own party, the wish to retain their seat and so on.

Considering all those pressures, how does one get change to happen? One possible way is to make it as easy as possible for those who have to make the changes.

This can be done by presenting the evidence, by explaining one's own experience, whether that be personal or professional experience. But at the same time one needs to be consistent and insist that drug policies need to be based on the evidence. That such evidence does not have to be self grown – other countries have experiences and evidence that can be drawn upon.

A number of members will have seen and read the open letter that I sent on behalf of FFDLR to the Prime Minister. It was sent by email to those members for whom I have an email address. The letter is again published in this newsletter to ensure that all have a chance of reading it and responding to it.

Australia is entering a new era with a Prime Minister who has said that he would look to the evidence to make policy and who has even in this short time in office shown that

he is a compassionate and understanding man. But he needs input and he needs to be supported to take the right decisions.

Some members have already contributed. They have written to the Prime Minister telling of their personal experience and their professional experience.

Please take the time to write to the Prime Minister in support of the open letter, perhaps even send a copy to your local MP. Change will only come through people, people like us with the courage to tell their story or to relate their experience, people who will add momentum to the movement.

## **Statement by the Joint United Nations Programme on HIV/AIDS**

10-14 March 2008 [an edited version]

Vienna

### **New FFDLR Brochures**

Enclosed with the last Newsletter were FFDLR's new brochures. We are grateful to Bill Bush and his son Thomas who designed and arranged their printing.

If you know someone who is interested in drug law reform, put the brochure to good use and pass it on to them.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is pleased to have this opportunity to address the Commission on Narcotic Drugs to seek your support in breaking the dangerous link between injecting drug use and the HIV epidemic. As measures to control drugs and measures to control HIV are critically intertwined, the steps governments take in drug control are likely to have significant impact on progress against HIV. In most regions of the world, unsafe injecting drug use is a major vector of HIV transmission. It has been estimated that up to 10% of all HIV infections worldwide result from injecting drug use, up to 30% of infections in Sub-Saharan Africa are excluded. Once HIV enters a community of people who inject drugs, it can move to the rest of the population if appropriate steps are not taken.

UNODC, WHO and UNAIDS recommend a comprehensive set of measures for people who use drugs that includes the following:

- (1) needle and syringe programmes;
- (2) opioid substitution therapy;
- (3) voluntary HIV counselling and testing;
- (4) anti-retroviral therapy;
- (5) prevention and treatment of sexually transmitted infections;
- (6) condom programming;
- (7) targeted information, education and communication;
- (8) hepatitis diagnosis, treatment and vaccination; and
- (9) tuberculosis prevention, diagnosis and treatment.

The efficacy of these interventions is supported by overwhelming evidence. Yet in spite of the fact that we know how to address the close links between HIV infection and unsafe injecting drug use, many countries fail to provide this comprehensive set of measures to drug users, who instead continue to face discrimination and other human rights violations. In 2006, fewer than 20% of people who inject drugs received some type of HIV prevention service, with coverage of less than 10% reported in Eastern Europe and Central Asia. Even fewer have access to opioid substitution therapy, needle and syringe programmes, or anti-retroviral therapy, despite the fact that people who use drugs can achieve the same levels of adherence to treatment as other patients with HIV.

In the 3:1 ratio mentioned by Mr. Costa – where enforcement receives three times the resources that prevention and treatment receive – it is clear that many countries take an approach to drug use that focuses on criminalization while neglecting a public health response. A public health response would provide treatment to people who evidence drug dependency and illness and would employ health and social interventions, which have been shown to reduce the harms associated with drug use. Instead, legal and social barriers severely impede access to such health and social interventions. For instance, many countries criminalize possession of syringes without prescriptions and continue to classify methadone and other opioid substitutes as illegal. In many countries, imprisonment and forced treatment with ineffective methods are the

primary responses to drug use, with little to nothing being done about HIV. And in some countries, imprisonment is compounded by killings, rape, unwarranted use of force, arbitrary arrests, harassment, extortion, and violation of medical privacy and confidentiality.

.....

UNAIDS is working hard to support governments to fulfil these commitments, and much progress is being made. In this context, we ask that those engaged in drug control efforts:

- (1) respect and protect human rights, including the rights of people who use drugs
- (2) ensure access to HIV and health and social services to people who use drugs and remove impediments to such access, and
- (3) allow people who use drugs or their representatives to participate in the design and delivery of HIV and harm-reduction services so that programmes will be as effective as possible.

..... In order to provide leadership and guidance to governments in the area of HIV and drug use, UNAIDS urges the consideration by the Commission of measures to:

- Help establish a process by which States' obligations relating to drug control are clarified to ensure that they conform to human rights obligations, and indeed support the achievement of public health and human rights, including universal access to HIV prevention, treatment, care and support.
- Support States to enact and implement domestic legislation and policy in the area of drug control that will protect human rights and the public health, including that of people who use drugs, either vulnerable to HIV or already infected.
- Finally, encourage States to use the High Level Meeting on HIV/AIDS in June and the current review based on the UNGASS on Drugs (1998) to consider and intensify their efforts to address HIV in the context of drug use, including greatly increasing voluntary and effective HIV prevention, treatment, care and support programmes for people who use drugs.

## **ACT to reconsider jail needle exchange**

ABC News Posted Sat Mar 15, 2008 9:50am AEDT

ACT Health Minister Katy Gallagher says the Government will reconsider a needle exchange program at Canberra's new jail 18 months after it opens.

The Alexander Maconachie Centre is due to open later this year and will have a focus on human rights.

Some health advocates want the program to be available as soon as the prison opens, but the Government has ruled that out.

Instead Ms Gallagher says researchers will gather data after the jail opens to determine whether the service is needed.

"We're certainly not taking it off the table, but we're saying give us 12 to 18 months, come back to

Government with your own data around our own prison population, their health needs and some of the issues that may arise in the Alexander Maconachie Centre and based on that we'll make a decision," she said.

"ACT Health are very supportive of collecting this data and making this ... **an informed decision based on our own circumstances rather than using evidence collected overseas.**" [my emphasis ... Ed]

## Danish parliament approves heroin prescription scheme

Tue, 26 Feb 2008, Agence France Presse

Danish parliament approves heroin prescription scheme

DATELINE:  
COPENHAGEN, Feb 25 2008

The Danish parliament approved Monday a pilot medical scheme to prescribe heroin to some of the worst addicts in the Scandinavian country, the health ministry announced. The programme will see 70 million Danish kroner (9.4 million euros, \$US14 million) spent on treating about 500 of the worst affected and most marginalised addicts in the country in 2008 and 2009.

Heroin is to be prescribed in combination with methadone, an anti-addiction treatment for heroin, with the aim to rehabilitate and reduce the criminal activity of addicts, the ministry said.

The Danish initiative is inspired by a similar programme in Switzerland.

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The Hon Kevin Rudd MP  
Prime Minister  
Parliament House  
CANBERRA ACT 2600

## An open letter seeking evidence-based drug policies

Dear Prime Minister,

A number of days ago you said that you were preparing to make an announcement on illicit drugs. You have also said that you are determined to tackle homelessness, mental health, education, child protection, and other social problems and that you would bring evidence to bear in policies of your government.

Evidence shows that drugs are a potent factor in a high percentage of all these social problems. No substantial headway in removing the social problems that you have so clearly identified will ever be made unless drug

policy is seriously examined. Priority must be given to improving functionality of people with drug problems. But should not necessarily be making them drug free nor attempting to rid Australia of all drugs.

It is these latter issues that has formed the core of thinking about and the implementation of Australia's drug policy.

The outcome of that policy has been somewhat different from that which was expected. We now have a very large profitable black market that has more and better resources than law enforcement; we now have more potent concentrated drugs that are easier to smuggle, some of which need to be injected or inhaled for effect – practices that are not without their extreme dangers. The black market appears to be unstoppable and when squeezed responds like a balloon, bulging with a new more potent drug or the emergence of a new, more cunning Mr Big.

There have been costs - financial costs of in excess of \$7 billion a year for governments and business. Despite the best evidence saying that \$1 spent on drug treatment is up to seven times more effective in reducing supply of drugs, Australian governments spend three times more on law enforcement.

And yet we do not evaluate the effectiveness of our law enforcement approach. The national Crime Authority, shortly before it was abolished, stated that law enforcement only captured about 13% of the heroin that came into the country. Thus failing to capture 87% of the imported heroin in that year. Experts have indicated that a capture rate of better than 60% is needed to have any impact on the drug market – a figure that is unlikely to be achieved under current practices.

Laws have been tightened and harsher penalties introduced and yet we have the worst epidemic of the drug "ice" coupled with the resurgence of heroin. The outcome of those laws has not affected the market but has widened the net, potentially capturing more users, not dealers, and expanding the population of our jails of which about 80% are there for drug related reasons.

But there are social costs also of our present approach to dealing with illicit drugs. There is an incalculable cost to families. We also know that treatment services are needed yet they are under-resourced. The potential clients of those services have been marginalised and ostracized by society such that many are reluctant to use those services. They are treated punitively by many services that should be there to help and often without thought of the consequences – in the case of my own

### For Your Diary

Please make a note of the following events in your diary:

1. **Thurs 27 March 2008**, 5.00 pm at the Bob Douglas Lecture Theatre, National Centre for Epidemiology and Population Health, Eggleston Rd entrance, ANU  
**A seminar on Prisoner Health presented by Dr Michael Levy.**  
Enquiries Hassan Vally 6125 0446
2. **Tues 15 April 2008** 12:30 at the ACT Legislative Assembly  
**Launch of paper on Mental Health by the ACT Community Coalition on Corrections**
3. **Thurs 8 May 2008**, 7:30pm at the Australian Centre for Christianity and Culture, Kings Ave Barton, ACT  
**The ACT prison: A defacto mental institution**  
Speakers: Senator Gary Humphries and Ron Cahill, President Mental Health Tribunal  
Organised by the Christians for an Ethical Society
4. **22 – 28 June Drug Action Week**

son, at the time a recent university graduate, who had overdosed and awoke in hospital to the police at the end of his bed eager to make a bust. My son panicked, took a hurried holiday and overdosed and died away from the treatment and family support that he desperately needed. It was an opportunity and a life unnecessarily lost. Many families have similar tragic stories.

Prime Minister, let me be clear, I am not saying that drugs are without danger. They all have dangers, including alcohol as you have noted. It is simply that our attempts to stop their use have not been as effective as it could be and that our approach has introduced many more dangers, sometimes more dangerous than the drugs themselves. Addictive substances whether they be illicit drugs, alcohol or tobacco are not ordinary commodities and should not be treated as such. Nor am I saying all those who use drugs are saints. Many are foolish or reckless young people. But they do not deserve to die because of our indifference to the need to provide the right services. Nor do they deserve to have their life chances destroyed because they have attracted a criminal record for their foolishness.

I know that finding the right balance of solutions will not be easy. We have yet to find that balance. Illicit drug policies need to be based on evidence and importantly all such policies need to be objectively evaluated from a broad perspective at regular intervals. The results of that evaluation would inform the next iteration of drug policy.

Before making your policy announcement on illicit drugs I ask, no plead, that you subject it to at least the following tests:

- Does it provide the best return on investment, in social as well as economic terms, and does it cause the least possible harm to individuals as well as society?
- Has the past primary focus on the elimination of supply been the most effective means of reducing harms or is there a better and more balanced alternative?
- Does this policy response best address problems associated with those who are dependent on illicit drugs and those users who are not?
- Are these measures likely to be most effective in reducing availability?
- Does it adopt different strategies to deal with particular drugs having regard to their different harms?

Prime Minister I am at your disposal should you wish to discuss these matters further.

Yours sincerely  
Brian McConnell  
President

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## Letters to the Canberra Times editor

Simon Corbell is reported in the Sunday Canberra Times ("No hard cell", March 2, p1) as saying that the design

of the new prison is "vital to rehabilitating Canberra's prisoners and breaking the cycle of crime". Fine, but how will we know that?

The ACT is the only jurisdiction that does not provide recidivism figures to the Productivity Commission for its reports on government services.

This is put down to the fact that ACT prisoners serve their term in NSW.

This is not a good reason at all.

The Government has or has access to all the information required to measure current recidivism rates yet does not do so.

A consistently maintained set of recidivism rates over several years for ACT prisoners in NSW is an essential benchmark for assessing the performance of the new prison, not the national recidivism rate that the minister told the Legislative Assembly on December 6<sup>th</sup> that the Government will use.

Bill Bush, 4 March

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### Recidivism data

Bill Bush is quite right to draw attention (Letters, March 4) to the importance of recidivism data in measuring the effectiveness of prisons.

It is possible, however, that Bush, as well as many others, may not realise the complexities involved with this subject.

For example, as the ACT has by far the lowest imprisonment rate of any Australian jurisdiction, it must be the case that only the most serious, as well as most repetitive, offenders in Canberra are sentenced to prison. One consequence of this is that those offenders who do end up in prison are probably more likely to reoffend than are less serious offenders who are imprisoned elsewhere in Australia.

May that always be the case.

Professor David Biles, Charles Sturt University, 6 March

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Professor Biles says obtaining recidivism rates for prisoners sentenced in the ACT is problematic (CT letters 6/3/2008). If all other states and the NT can provide the data to the Productivity Commission then it cannot be too hard. Yet the ACT does not disclose its recidivism rate.

It is important to measure like with like if the effectiveness of the prison is to be evaluated – that is the recidivism rate before and that after the new prison. Perhaps the government already knows the before figure?

Nevertheless the more serious issue that Professor Biles has alluded to, is that ACT courts consider jail – particularly NSW jails - to be the last resort and they have searched for and found alternative solutions. But with the new human rights jail conveniently nearby, all that may change. I hope, like Professor Biles that it will not change, but I fear that it will.

The result may be better recidivism rates, but the ACT will be all the poorer because of it.

B McConnell, 8 March