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

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

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**NEWSLETTER February, 2002 ISSN 1444-200**

## Next Meeting

**Thursday February 28th**

**at St Ninian's Uniting Church**

**Cnr Mouat & Brigalow Sts, Lyneham**

**7.30pm**

**Guest Speakers:** Kylie Lawson, Illicit Drug Diversion Officer with the ACT Police and Glenda McCarthy, Manager from Diversion Services, Alcohol and Drug Program, ACT Community Care

**Topic**: ACT Policing Early Intervention and Drug Diversion Program which began in Canberra in December 2001.

A cuppa will follow the meeting giving a time for informal chat. Do hope you can all attend our first meeting for 2002.

### *Editorial*

Welcome back for a new year which promises to have plenty of challenges. I hope everyone has had a peaceful and restful Christmas.

What have we been doing for the last few months? Even though we have had no meetings since November when the AGM was held a lot has been going on.

- Geoff Page in an opinion piece in the Canberra Times on 29 January 2002, says "It is crucial for all Australians that the issue of substance abuse by Aborigines be a top priority" in an article titled "Zero tolerance is not an effective solution".
- In response to an article in the Sunday Canberra Times by AFP Commissioner Mick Keelty entitled "Heroin clinics: Keelty's view on a fight for a [drug-free] generation", we were able to meet with the Deputy AFP Commissioner John Davey, and to make an appointment for a later date with Commissioner Keelty.
- Bill Bush investigated the public statements of law enforcement agencies and members of the federal government in respect of the heroin drought and produced a report. The report concluded that on the basis of what was disclosed there was a strong indication that the drought arose from a marketing decision of Asian crime syndicates in the context of a shortage of opium from a string of poor harvests. The Commissioner of the AFP himself disclosed in June 2001 that crime syndicates had decided to promote drugs like methamphetamines rather than heroin and that they had done marketing research which showed that there was a much bigger market for these orally ingested drugs.
- FFDLR's media release launching Bill's report, concluded that because the cause of the heroin drought was uncertain and because its cause was of such significance to effective drug policy, a judicial enquiry was required. A press conference was called on this issue.
- Following the media release the AFP Commissioner, with whom we had an appointment the next day, deferred the meeting and subsequently wrote disputing the methodogy and conclusions of the report. Bill has considered that letter and reviewed his report and is still convinced that a judicial enquiry is necessary to determine the real reason for the heroin drought.
- The Netherlands completed and reported on their heroin trial. This trial added to the Swiss trial results and overcame some of the claimed shortcomings of the Swiss trials by establishing a control group. The control group was prescribed methadone and this was compared to an experimental group that was prescribed methadone and heroin. The trial showed clearly that the prescription of heroin improved health, social functioning and reduced crime. FFDLR's media release on this issue said that there can now be no doubt that prescription of heroin can be an effective treatment and should be included in the kit-bag of heroin addiction treatments.
- John Ley has been working on the Advisory Committee on The Opiate Program established by the ACT Division of General Practice. His report is in this newsletter.
- Marion and I were invited to participate in the ACT Government's Health Summit. We were able to input through this summit, some views about attitudes towards and effective treatment for drug addiction and drug use. Those views were heard and are expected to be incorporated into the health planning processes and strategies.
- Peta Blackford in Queensland has been working very hard trying to get effective treatment in prisons in that state.
- ADCA has been reviewing its policies and we are helping with the review of two of those policies: Law Enforcement and Parents and Carers policies. Our review of the Law Enforcement has been completed and suggested changes have been referred to ADCA. The following is a summary of the suggested policy which we hope ADCA will adopt:

  *Drug law enforcement can be considered in two parts: national and local. The primary purpose of national drug law enforcement relates to drug supply control*

*which aims to reduce availability. The local level includes drug supply control, but involves such other issues as: dealing, personal possession and personal use and other drug related crimes.*

*Local law enforcement may be directly involved with a drug user because of criminal activities or because of consequences of drug use. Local law enforcement often requires a partnership approach involving health professionals requiring a broader knowledge of alcohol and other drug issues. Drug Diversion programs are examples of this partnership where officers can help to connect drug users with treatment options and thereby utilise harm minimisation principles to ensure the well-being of drug users.*

*At both national and local level and particularly for policy makers, research, evidence and intelligence should be the underpinning for drug law enforcement activities. However there are very few indicators currently in use that determine the effectiveness of drug law enforcement and the related policies. This policy document suggests some effectiveness indicators.*

Recommendations include:

- *Law enforcement should be maintained and promoted as an active key partner in reducing drug related harm in Australia.*
- *Appropriate harm reduction and alcohol and other drugs education and training should be systematically included in the pre-entry and in-service programs of agencies involved in the law enforcement and criminal justice system.*
- *Recognising that addiction and consequences of drug use are primarily health problems law enforcement should*
  - *Not attend drug overdoses*
  - *Not interfere or hinder health workers in treating drug related problems*
  - *Contact appropriate health workers where there is a drug related incident*
  - *Exercise discretion when deciding on appropriate action where personal drug use is involved.*
- *Recognising that the severity of the law is ineffective in deterring drug use, law makers should remove criminal sanctions for personal use of currently illicit drugs.*
- *The Ministerial Council on Drug Strategy should develop national performance indicators for drug law enforcement along the lines indicated above.*
- *Funding for drug law enforcement should be based on effectiveness and balanced to other harm reduction options.*

- I have submitted an opinion piece to The Canberra Times which questions whether we can have a drug free society. I am also running a short education course for the University of the Third Age entitled “The drug war – but what about the victims?”
- Our website has been updated and copies of media releases about the causes of the heroin shortage and about the Dutch heroin trial have been posted.
- Just to hand is the report on opioid overdoses in Australia for the year 2000 (see details in this newsletter). Of significance is the drop in overdose deaths for that year. This reduction in deaths was not attributable to the heroin shortage because the data precedes that shortage. Some of the causes attributed to that reduction - the increase in treatment options and the other initiatives - must also be attributed to the advocacy of families, particularly members of FFDLR, who have raised awareness of these issues in the community.

And to things planned: we have planned a meeting with Anne Deveson. Many will remember Anne from our National Families and Community Conference. We will be talking to Anne about arranging a seminar for media representatives to raise awareness of drug issues and reporting approaches.

## *Stepping Stones to Success Training Course: 22nd - 24th March*

| | |
|---|---|
| Friday 22nd March | 5.30pm - 9.00pm |
| Saturday 23rd March | 9.30am - 5.00pm |
| Sunday 24th March | 9.30am - 5.00pm |

Follow up evenings on 8th and 15th April, 5.30pm - 9.00pm.

**Venue**: Seminar Room, Lewisham Building, Calvary Hospital, Cnr Hayden Drive and Belconnen Way, Bruce.

**Cost:** $25

Book early as there may be a heavy demand for this group and some applicants could be placed on a waiting list. Other courses in May, August and November 2002.

**Application**: Please send your details to Stepping Stones at ADP, PO Box 825, CANBERRA, ACT 2601 with your name, address and relevant telephone numbers.

This is a weekend experiential course to help family members cope with drug and alcohol issues. This course is for family members who have a drug using member and is intended to assist the family to grow and adapt and to shift the focus from problems to solutions.

## *Invitation from the Australian National Council on Drugs (ANCD)*

An invitation has been extended to this organisation for members to attend an Alcohol and other Drug Agency consultation 'WHERE TO FROM HERE?"

ON Thursday 14th March, 2002-02-20 9am - 11.30am

'Corinthian Room'

the Masonic Centre

279 Castlereagh Street, Sydney.

This is an informal session to allow people working in the drug and alcohol field an opportunity to discuss issues with members of the Council. The ANCD is very keen to ensure a wide range of participation occurs at this forum.

**RSVP: immediately 02 6279-1650**

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## Especially for Victorian Members

Talking Point Alcohol and Drug Issues Seminar Series

Booking essential. Call Turning Point on 03 8413 8413

***Friday 15 March*** ***1-2pm***

**Outreach - more than a walk in the park**?

Collaboration, Care & Innovation, Turning Point Alcohol & Drug Centre.

***Friday 12 April*** ***1 - 2 pm***

**Are drugs the solution?**

David Crosbie, CEO, Odyssey House

***Friday 10 May*** ***1-2pm***

**Dual diagnosis, the chicken and the egg: who really benefits from the struggle over client ownership?**

The Northern Dual Diagnosis Team, St Vincent's Hospital and Turning Point Alcohol and Drug Centre.

***Friday 14 June*** ***1-2pm***

**Exploring issues around peer administration of naloxone**

Kate Cantwell, Metropolitan Ambulance Service & Department of Public Health, University of Melbourne

Stephen Burgess, Paramedic Services, Victoria University.

## Kings Cross injecting room report

Ingrid Van Beek was invited to Canberra by the Australian Parliamentary Group for Drug Law Reform to speak about the Kings Cross Injecting Room.

She commenced with a little history reporting there were 47 injecting rooms in 4 countries in Europe. And locally that Kings Cross, prior to the injecting room, had a proliferation of illegal shooting galleries in commercial sex premises since 1990.

The injecting room commenced operation on 6 May 2001 and she was able to report on the first 9 months of an 18 month trial. The table below shows the results:

| Quarter | Registerations | Visits | Individual clients per month | Other services provided | Referrals | Overdoses |
|---|---|---|---|---|---|---|
| 1 | 799 | 2,911 | 308 | 1,253 | 240 | 31 |
| 2 | 704 | 8,326 | 548 | 2,789 | 370 | 56 |
| 3 | 638 | 10,327 | 653 | 3,129 | 282 | 59 |
| **Total** | **2,141** | **21,564** | | **7,171** | **892** | **146** |

Geographic data on distribution of clients is being collected and will be reported at the end of the trial but Dr Van Beek advised that most came from the local area. Of those who travelled they obtained their drugs in Kings Cross. She said it was important to locate any injecting room close to where the drug market was.

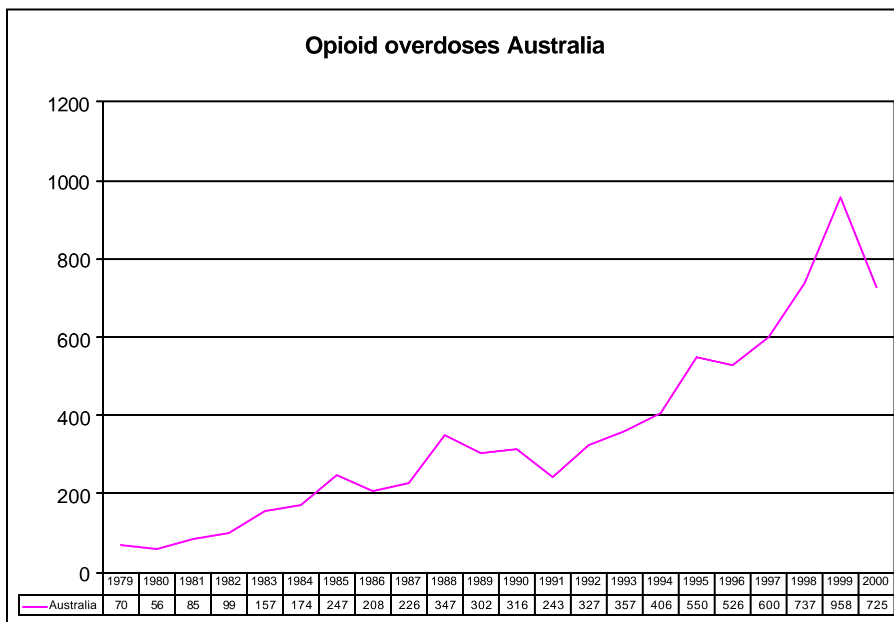
Clients used the facility for an average of 26 minutes at each visit.

She observed that there was no increase in dealing around the facility nor was there any congregation of dealers around the facility.

Of the 146 overdoses 98 were from heroin and Narcan was used in only 24 of those cases. In only 6 cases was it necessary to call an ambulance. For these Valium was mostly implicated in the overdose. Procedures in the centre were very strict and they actively attempted to prevent overdoses by asking what drugs are to be used and flagging a client file if that client had overdosed before.

## Opioid Overdoses

The National Drug and Alcohol Research Centre in conjunction with the Australian Bureau of Statistics have released opioid overdose data for the years from 1988 to 2000. The attached chart shows the results. In addition the report made these comments about the reduction in overdoses in 2000:




*It is unlikely that there was a single factor responsible for the reduction in opioid overdose deaths. We believe it is a combination of factors:*

- *Increases in access to treatment, and to a wider range of treatments for opioid dependence. This includes methadone maintenance treatment (MMT), other opioid replacement therapies, as well as services such as detoxification. For example, in 2000, just over 30,000 persons were enrolled in MMT across Australia. This was a 10% increase relative to the number in MMT in 1999. MMT is known to reduce the risk of overdosing by a factor of four.*
- *User education initiatives, and innovative strategies to reduce the risk of overdosing. For example, users have been provided with education on how to respond to an opioid overdose, and efforts have been made to increase users' awareness that police will not be called to overdose situations. Efforts such as this may have led to faster response times in the case of overdose, reducing the number of deaths.*
- *These numbers do not reflect the effects of the heroin shortage in Australia, which is thought to have begun only in December 2000.*

## The opiate program - assistance to GPs and their opiate dependant patients – a progress report

By John Ley

The Advisory Committee on The Opiate Program established by the ACT Division of General Practice has met three times since it was created in October 2001. As a representative of the FFDLR I am a member of the Committee, which comprises the Chairman, Professor Nick Glasgow, the head of the ACT Alcohol and Drug Program, two general practitioners, a nominee of the Winnunga Aboriginal Health Service, a pharmacist, a representative of CARMA and myself.

The purpose of the program is to provide specialised nursing support to GPs and their opiate dependant patients who choose to enrol in the TOP program and, generally, to provide more effective treatment for drug dependant people by enhancing the effectiveness of the GPs who provide medical services to them.

The actions taken to date under the auspices of the Committee include:

- considering and developing the terms of reference of the committee
- developing an assessment policy and a set of eligibility criteria for participants in the program
- formulating guidelines and a code of ethics for the nurses involved
- developing a consent form and grievance procedures for patients
- formulating a pilot program involving a small number of GPs who see a number of opiate dependant patients and are willing to participate
- recruiting suitably qualified and experienced nurses for the program
- arranging for the official launch of the program.

The Committee has already developed into a cohesive and effective group. Two nurses have been recruited for the pilot program and five GPs have agreed to participate in the program. The keynote speaker at the official launch of the Program on 30 April 2002 is Dr Andrew Byrne, a Sydney GP who has a strong interest and involvement in developing and promoting the most effective ways of using methadone treatment for opiate dependant people.

I mention that on 14 May 2002 there is to be a seminar presented by Prof. Glasgow on the results of a recent pharmacological study, by a team he has headed, comparing the effectiveness of methadone, buprenorphine and LAAM in the treatment of people with opiate dependency.

## The Australian heroin drought: The case for an inquiry into its causes and the flood of methamphetamines

by W.M. Bush

*Summary*

The article disputes the claim by the Federal Government that Australian law enforcement financed by its *Tough on Drugs Strategy* was primarily responsible for the heroin drought and resulting fall in overdose deaths. Law enforcement agencies – notably the Australian Federal Police through its Commissioner – have revealed intelligence to the effect that Asian crime syndicates have assessed that there is a large and very profitable market in Australia for amphetamine-like drugs and that they have made a marketing decision to promote them rather than heroin.

The paper analyses carefully these and other contributing factors of the drought, including law enforcement, put forward by the Australian Federal Police. The evidence made available by enforcement agencies suggests strongly that the prime causes of the drought were a series of poor opium harvests in Burma and the marketing decision of crime syndicates. No other explanation fits the known facts including:

- the drought being confined to Australia;
- a big rise in availability of amphetamine-like drugs imported through the same channels as heroin;
- the known large rise in recent years in production in South East Asia of these artificial drugs;
- the greater profit derivable from them than from heroin; and
- their lower vulnerability to law enforcement interdiction.

If Australian law enforcement had an effect it was probably only a subsidiary factor. The evidence is strong that there would have been no drought in the absence of the other factors. In that case the Government is taking credit for a decision of criminals.

## Summary conclusions of results of Dutch Heroin Trial

The Dutch heroin trial took place in the period between July 1998 - December 2001.

Conclusion 1. The study was conducted and analysed successfully.

Conclusion 2. Supervised co-prescription of heroin to chronic, treatment-resistant heroin dependent and methadone treated patients is more effective than the continuation of methadone alone.

Conclusion 3. Supervised co-prescription of heroin to chronic, treatment-resistant heroin dependent and methadone treated patients yields clinically relevant health benefits.

Conclusion 4. The beneficial effects of supervised co-prescription of heroin are linked to the continuation of treatment.

Conclusion 5. Supervised medical co-prescription of heroin is practicable with no excess of serious medical adverse events and with a limited number of controllable public order problems.

Conclusion 6. The costs of the medical prescription of heroin are dependent on the type of treatment implementation.

*Study population:* "chronic, treatment-resistant heroin dependency in the study population (mean age 39 years; mean duration of heroin use 16 years; mean duration of methadone use 12 years; high levels of physical, mental and social dysfunctioning)."