



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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Next Meeting

**Thursday, August 28
meeting 7:30pm**

at St Ninians Uniting Church,
Cnr Brigalow and Mouat Streets,
Lyneham

The speaker at 8:00pm will be from the Alcohol and Other Drugs Council of Australia - the peak, national, non-government organisation representing the interests of the Australian alcohol and other drugs sector, providing a national voice for people working to reduce the harm caused by alcohol and other drugs.

Editorial

Recently ABC's Background Briefing carried a story about Kava in the Northern Territory. Contained in this story is a comedy of errors made by the then Northern Territory and federal governments in an attempt to control the use of Kava.

Kava is the ground powder of a pepper plant which is mixed with water and drunk. Its effects have been described as giving rise to "a pleasant, warm, and cheerful, but lazy feeling".

It has been used in the Pacific Islands for ceremonial and recreational purposes for at least 3,000 years, and is today used widely in Vanuatu, Fiji, Tonga, Western Samoa and Micronesia and was introduced into the Arnhem Land Yirrkala community in 1981 following a visit to Fiji by members of that community. Over the next two years, use of Kava spread to a number of other coastal and island communities in Arnhem Land. All of these communities had previously banned the supply and consumption of alcohol, and looked to Kava as an alternative recreational substance which, in contrast to alcohol, did not lead to violence.

Initially, the Northern Territory Government took the position that Kava should not be defined or treated as a drug and that communities should be left to make their own decisions about the introduction of the substance. But in 1990, the Northern Territory Government prohibited sale and supply of Kava except as approved by the Minister. In communities that did not wish to retain

Kava, its sale and supply became prohibited. In the others, Kava was to be sold only through the local council or some other non-profit making, accountable body.

This, one might say was a reasonable approach and one that had a good chance of success. From the 1980s Kava use had risen steadily from an average 166 kilograms per month to 2,287 kg per month in 1990. Sales fell away for about six months following the introduction of controls, after which they climbed steadily back to their previous levels.

But we should not forget that the substitution of Kava for alcohol provided a net benefit to the community and the NT government was making an objective attempt to manage problematic drug use.

However the Federal Government felt a need to become involved. In 1994 it declared Kava as a 'prohibited botanicals', the importation and commercial supply of which was thereby prohibited. This was in conflict with the NT's regulation and it was forced to suspend licences for the sale of Kava.

The black marketeers flourished – there was no longer any legal source of Kava in the NT and in a deal between the NT and the Commonwealth, for a temporary period there was no enforcement by the Commonwealth on its the new prohibition on importing Kava. This meant that black marketeers were immune from prosecution.

By 1997 the black market Kava business was estimated to be worth \$6-million to \$8-million a year. In this one can see a microcosm of all other prohibitions. The profits of that size bought corruption and influence, including those of tribal elders.

The NT government then introduced the Kava Management Act in 1998, imposing a blanket banning of Kava in the Northern Territory except as provided for by a licencing system. The theory was that this total ban could be used to rid the NT of black marketeers by strong police action (which incidentally netted 4,500kg of seized Kava) and then after about a year, the regulation component could be introduced and thus the market would be regulated and controlled.

The unregulated trade was not destroyed. Background Briefing put it this way:

"The black market's still going gangbusters in unlicensed communities. In communities where Kava can be bought legally, the illegal trade has been hit hard.

Newsreader: *Police in Nhulunbuy have seized 39 kilograms of Kava at the Gove airport. The seizure*

was made last night while police were making random luggage checks and found four unattended bags that had arrived on a flight from Cairns.

Ross Duncan: *Guaranteed quality Kava is available legally for about a fifth of the black market price. But resilient and entrepreneurial as ever, the black marketeers have found a niche. In Yirrkala the black market now offers 24-hour home delivery, very convenient for those who didn't make it to the Kava shop during opening hours."*

There are clear lessons to be learned. The regulation of and controlled availability of a previously prohibited drug is effective – not perfect – but effective in reducing the black market and managing use.

This is also a clear example of the concept of “less net harm”. Kava, while not without its problems, causes less net harm to the community and individual than alcohol. Of course one could argue that abstinence from both drugs would be best, but if that is not possible (we know this to be true from experience and a mountain of evidence) what is the next best option?

Transcript of the Background Briefing report can be found at www.abc.net.au/rn/talks/bbing/stories/s922610.htm.

What Would Constitute Failure Then?

A letter to the British Medical Journal by Robert B Haemmig, Director of Integrated Drug Service, University Psychiatric Services Bern, 3010 Bern, Switzerland

The greatest failure in drug policy was the establishment of prohibition and therapy as the sole strategies, disguised as demand and supply reduction. It led to unnecessary additional misery for thousands if not millions of addicts and their families over the last approx. 50 years. The drug users were forced for consumption into shooting galleries, public toilets, back alleys and other places connected with needle sharing, where they experienced maximisation of drug related harm. The only acceptable way out of addiction in these strategies, abstinence treatment, is not without dangers as well, and is correlated with a high mortality⁽¹⁾. There are no predictors today that would indicate, who will succeed and who will fail in abstinence treatment, so reserve in advocating this kind of treatment is mandatory.

In recent years, more and more policy makers could be persuaded that the addition of harm reduction measures to drug policy are useful in reducing the overall damage. So harm reduction is eg. part of the official drug policy in Switzerland, but also part of the strategy of UNODCCP (United Nations Office for Drug Control and Crime Prevention). There are a number of harm reduction measures that can be taken to improve the fate of drug addicts. One of them is the safe injecting facility. However, the attempt to show the benefits of the institution by scientific research is a difficult task, as can be seen in the evaluation of the Sydney room. First of all, it is impossible to create a proper control group, because drug users are under current conditions a hidden population. So many of the so called results are purely speculative calculations, eg. fatalities prevented.

There is not much immediate effect of a safe injecting facility aside prevention of fatalities and permanent brain damages. Despite the fact that 18 months are a long period for research projects, they are only a short time in an addict's life. Safe injecting facilities have as a main benefit a high educational effect. They are a good opportunity to spread knowledge on risks in the target population of drug users. Many of the users cannot be reached otherwise. But to know a thing is only the first step of a change of behaviour. Changing the behaviour takes time. However, according to the high number of referrals the Sydney safe injecting facility staff was able to motivate the clients for changes and this seems to be the crucial point of the evaluation. Safe injecting facilities are not a panacea for a society's drug problems, but they are a useful tool in association with substitution and abstinence treatments.

Basically, safe injecting facilities use a humanitarian approach and function on a background of medical ethics (reducing mortality, reducing morbidity, alleviating the suffering, trying not to damage the patients by the measures taken). In contrast, critics of the safe injecting facilities vote for the exact opposite of a medical ethic. It is difficult to explain why always and everywhere the opponents of the safe injecting facilities origin from a Christian background.

⁽¹⁾ Strang J, McCambridge J, Best D, Beswick T, Bearn J, Rees S, Gossop M. Loss of tolerance and overdose mortality after inpatient opiate detoxification: follow up study. *BMJ*. 2003 May 3;326(7396):959-60.

<http://bmj.com/cgi/eletters/327/7407/122-a#34710>

Remembrance Ceremony

Put this important date in your diary

MONDAY 27TH OCTOBER, 2003

12.30pm at the memorial site at Weston Park,
Yarralumla, ACT

Other ceremonies will take place throughout Australia on this weekend. Times will be made known when available.

Internet 'cookbook' fuels drug wars

Steve Barrett and Natalie O'Brien, *The Australian*, July 30, 2003

AS a special murder task force investigates the bloody amphetamines drug war erupting in Victoria, police around the country have uncovered dozens of clandestine laboratories and copies of an illegal "cookbook" found on the internet on how to make the illicit drugs.

It is believed the recent murders in Melbourne are linked to drug wars that are being fuelled by the availability of internet recipes and a manual called *Secrets of Methamphetamine Manufacture*, written by an underground chemist known as "Uncle Fester".

The 183-page book, available on the internet, tells how to set up backyard kitchens right through to large-scale

productions rivalling the traditional crime syndicate operations.

A special police task force has been set up to look at the murders of Melbourne's underworld figures - 16 in five years - and the underground amphetamines trade.

One of the leads being pursued by Victorian homicide investigators is the battle for control of the cut-throat amphetamines market.

Authorities are also concerned about would-be chemists swapping recipes for illicit drugs in internet chat rooms.

A spokesman for federal Justice Minister Chris Ellison said the Government knew of the Uncle Fester manual and warned possession of it was an offence in some states. The Government, he said, was reviewing internet use for "promoting criminal offences".

Detective Inspector Paul Willingham, a chemical operations manager in the NSW drug squad, warned that apart from the bloodshed in Melbourne, there were many other dangerous spin-offs to underground manufacturing.

"The dangers of the hazardous waste and the potential injuries ... are immense. Just last week ... chemists using pseudoephedrine tablets along with flammable solvents blew the roof right off a flat."

Uncle Fester's book, which has been found in most Australian states, is one of at least four illegal publications police have stumbled across. While it tells readers the book is not for criminal use, it gives tips on how not to get busted and to keep ahead of the "narco swine". It also has detailed instructions on how to make drugs including amphetamines, methamphetamines, Ice and Ecstasy.

Amphetamine labs are a growing problem around the country, with West Australian police reporting a 35 per cent increase this year on the number of labs found. Victorian police were unable to answer questions about the amphetamine market in that state. But the Queensland Crime and Misconduct Commission tabled a report last week revealing amphetamines were still the biggest drug threat, with 162 labs found last year.

In NSW in the past 18 months, 72 clandestine labs have been unearthed. Gang task force officers smashed a criminal network linked to the Nomads outlaw motorcycle gang resulting in 51 arrests, 304 charges and the discovery of seven drug labs. One man was charged with manufacturing amphetamines worth about \$49 million.

Extracts from This Week Online – DRCNet, July 25 2003

The Opium Files -- Afghanistan at a Record Pace This Year

<http://www.drcnet.org/wol/297.shtml#opiumfiles1>

Afghanistan, the world's largest opium producer in recent years, is preparing for a bountiful harvest, according to various press reports. The US-backed government of President Hamid Karzai has banned the production of opium, but with little apparent impact. Last year, Afghanistan supplied 75% of the world's opium,

according to the United Nations, and this year it appears ready to exceed that figure.

The Washington Post reported earlier this month that "Afghanistan appears poised to produce another bumper crop. In rural areas where wheat has historically been the dominant crop, fields of brilliant red, pink and white poppies are proliferating. Many poor farmers, who complain that the Afghan government and other countries have failed to ease their economic woes through legal means, say that they are growing illegal opium poppies for the first time."

Last year, Afghans produced about 3,400 tons of opium, already putting the country ahead of the record 3,250 tons harvested in 1999. The Taliban government banned opium production in 2000, reducing the crop by 90% that year.

While the United States has given lip service to Afghan opium eradication, US drug war goals are in conflict with US geo-strategic goals of maintaining a friendly regime in the country, once the main base for Osama bin Laden's Al Qaeda network and still a country where US armed forces come under almost daily attack from Taliban and Al Qaeda remnants. According to the Post, "many well-placed politicians, police officers and military officials already are profiting from the drug trade."

"This is just outrageous," one disgruntled drug warrior told the Jewish newspaper the Forward in May, as the Senate examined the explosion in Afghan opium production under the US-created and backed regime. "If any other country was in the position we are and allowing this to happen, we would accuse them of being complicit in the drug trade. The Bush administration is showing benign neglect," said former State Department and CIA official Larry Johnson.

Most Afghan opium is destined to become heroin delivered to the thriving markets of Europe, and for this reason Britain has said it is taking a lead role in attempting to suppress Afghan production. So far, the impact is less than nil.

Spanish Government Okays Heroin Maintenance in Catalonia

<http://www.drcnet.org/wol/297.shtml#catalonia>

The Spanish Medical Agency has approved a request from the regional government of Catalonia to begin a heroin maintenance pilot program, according to wire service reports Wednesday. A similar program has been in effect in Andalusia for the past year. The Catalonia program should be up and running by the end of September, health spokesman Xavier Pomes told reporters.

Aimed at hard-core users not amenable to methadone or other treatments, the Catalonia program will try two different approaches. Some 45 subjects will be hospitalized at the St. Paul and Valley of Hebron hospitals in Barcelona and the Mutual Hospital in Terrassa for 90 days. One-third will receive heroin, one-third morphine, and one-third methadone. In the second study, 90 heroin users will come to the hospitals daily for their walk-in drugs. As in the first study, users will receive either heroin, morphine or methadone.

The intention of the programs is to "improve the quality of life of the heroin users who have not succeeded in detoxifying themselves from their addiction," said Pomes, adding that methadone maintenance programs had a failure rate of about 10%. Those who will participate in the heroin maintenance studies, said Pomes, "are a habitually marginal group who have failed to obtain results with methadone on one or more occasions."

Stepping Stones Course

A practical course to help family members cope with drug and alcohol issues.

Next Course:

Fri 7th Nov, 5.30pm – 9.00pm and

Sat 8th Nov, 9.30am – 5pm and

Fri 14th & Sat 15th Nov at the above times and

a follow up evening on 19th Nov.

Where:

Calvary Hospital, Function Room, cnr Hayden Drive & Belconnen Way, BRUCE, ACT

Application: Register soon, phone 6205 4515

Cost: \$30 per family (includes booklet GUIDE TO COPING)

Recent News From Around The World, July 2003

Australia: Dogma Impervious to the Facts

An exhaustive independent evaluation of the Sydney, Australia, supervised injection facility found it to be a great success, including the determination "that at least four lives were saved" in the first 16 months, and documentation of referral to treatment of 1,385 "frequent attenders". It also found that 300 overdose cases were treated without a single fatality, and that drug-related crime in the vicinity of the facility fell.

Yet the response of Australian Prime Minister Howard remains: "I've never supported heroin injecting rooms, and this government never will."

For the complete article found in the British Journal of Medicine <http://bmj.com/cgi/content/full/327/7407/122-a>

For the actual study (200+ pages available in pdf): <http://opiateaddictionrx.info/sydney>.

Greece: Heroin Overdose Deaths Decline for First Time Since 1990: Officials Credit Methadone Treatment

Agence France Presse reported that heroin overdose deaths have declined in Greece for the first time since 1990 and Greek officials are crediting the decrease mainly to methadone treatment.

An official report released on

Wednesday July 9th cites a 20% decline in drug overdose deaths in 2002 from the previous year, the first decline after more than 10 consecutive years of increases. (Source: (Agence France Presse, International News; July 9, 2003)

Aids In Southeast Europe: Stigmatization and Harrassment of Drug Users Contribute to the Problem - Case Studies from Bulgaria, Croatia and Romania

World Bank statement warns of complacency in the region. "Without an iota of doubt, we have a problem," according to the World Bank's leading health authority for the region. A major hurdle: stigmatization and harassment of drug users who, as a result, resort to the most clandestine - and risky - patterns of use.

For a more comprehensive review of the World Bank report <http://wbln0018.worldbank.org/ECA/ECSHD.nsf/ECADocbyUnid/07849DF9AD6426B685256D5D0075D12D?Opendocument>

Canada: "Low Threshold" Methadone Treatment Attracts, Retains and Benefits Long-Term Otherwise Unreachable Heroin Addicts

Low threshold methadone treatment successful in otherwise unreachable heroin addicts. This is the experience in Montreal, Canada, as reported by M. Perreault and colleagues in Canada Journal of Public Health, 2003 May-June; 94(3):197-200.

For Article in FRENCH with English abstract: <http://www.cpha.ca/shared/cjph/archives/abstr03.htm#197-200>

Carrot and Stick Drug Law Switch

The West Australian 16 August 2003

CANNABIS users could face a penalty and reward system similar to driver demerit points after a turnaround yesterday by the State Government.

Health Minister Jim McGinty's parliamentary secretary, Sue Ellery, conceded the Government was considering a significant shift on legislation easing cannabis laws.

It would, among other things, set a limit on the number of infringement notices before a person was charged.

Under the legislation, which passed through the Legislative Assembly in April, recreational users caught with two cannabis plants will not be treated as criminals but issued with infringement notices with fines of up to \$200.

An amendment before the Upper House from Liberal MLC Peter Foss suggested a person could get just two notices in 10 years before being charged. A third notice could be given if the person voluntarily attended an education lecture.

Family Drug Support (FDS)

A two day program to train volunteers for the FDS telephone line.

This is a 24 hour, 7 day week Australia wide telephone support service for families affected by alcohol and other drug use.

Next Course:

Sat 18th & Sun 19th October, 2003

10am – 4pm (both days)

Location: Calvary Hospital Function Rm, Lewisham Bldg., BRUCE ACT.

Trainer: Tony Trimmingham

Application forms available from Families and Friends for Drug Law Reform (6254 2961) or phone Sandra on 9798 0001.