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

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NEWSLETTER

February, 2003

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Next Meeting

Thursday, February 27 at 7:30pm

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

Subject for discussion: International Harm Reduction Conference 2004

Editorial

I hope members have had a pleasant break and are efreshed enough for the challenges that the new year 2003 will bring.

During the past couple of months since FFDLR meetings have been in recess is was good to see that members continued to have letters to the editor published.

During that time also we have responded to the ACT Government's request for comments on their "Sentencing Review" issues paper. That submission will be placed on our website shortly.

However, much of the drug related news is being pushed back in the newspapers by the brinksmanship related to the Iraq war.

The last war in Afghanistan may well have resulted in a regime change but one has to ask if Afghanistan and its people are any better off? Or is the world any better off? The Taliban did impose some controls on opium production whereas the current regime has allowed opium growing to recommence.

Newspaper reports indicate that not only has heroin eturned, but that it is also coming from a source new to Australia - Afghanistan.

If readers cast their minds back they will recall that the Howard Government had claimed that their Tough on Drugs Strategy had been the primary cause for the heroin drought. Now that the heroin drought is over will the Government accept responsibility for the return of heroin?

Bill, Marion and I were invited to attend the National Democrats conference in Sydney. Unfortunately this was the same day as the bushfires in Canberra and we had to cut our attendance short and return home. The time spent with the Democrats was however worthwhile, connections were made and we have a meeting arranged with Senator Lyn Alison, the deputy leader and health spokesperson.

Regrettably two of our members in Canberra have had their houses destroyed by the fires. Our thoughts and best wishes for the future are with them.

In 2004 the International Harm Reduction Conference will be held in Melbourne in April. It will be jointly organised by the Australian Drug Foundation and the Centre for Harm Reduction. The president of the conference will be Bill Stronach and Nick Crofts will be the director.

Nick Crofts would like to have a series of informal reference groups from different sectors of interest to advise and guide him to put the program together to ensure that the interests and needs of all the key stakeholders are met as far as is possible, and that it will promote involvement, especially for people who don't usually have much of a say in how these conferences happen.

Families and Friends for Drug Law Reform has therefore been asked to participate on a reference group on behalf of families and friends. This is a matter we will discuss at out February meeting.

Project Survival

The ACT branch of St John's Ambulance is to be congratulated for its initiative called Project Survival.

The project aims to:

- teach basic life saving skills to young people who have substance abuse problems and who would not normally access a first aid course; and
- boost the self confidence of the target group so that they feel comfortable enough to 'have a go' in an emergency.

Project Survival is run in refuges, de-tox centres, needle exchange centres, and at an outdoor soup kitchen. Currently, the program services eight sites around Canberra. The target audience is not restricted and ages have ranged from 12 to 72. The program is designed to give the target group necessary skills to be able to resuscitate a peer in the event of a drug overdose, confidence to apply basic first aid, and to call an ambulance without fear of getting into trouble.

More information can be obtained from:

Project Survival, St John Ambulance Australia (ACT)

14 Thesiger Court Deakin ACT 2600

Tel: 02 6282 2399

WAR ON DRUGS IS FUTILE, STUDY SAYS

Source: National Post (Canada) Pubdate: Tue, 21 Jan 2003

Strategy Keeps Police Busy, Prisons Full, Researchers Say The government is wasting hundreds of millions of taxpayers' dollars every year on a drug strategy that's not working, according to a paper published in today's issue of the Canadian Medical Association Journal.

In fact, Canada's drug strategy, which the authors say keeps police busy and prisons full, has done nothing to eliminate the problem of drug addiction and exists at the expense of "proven and effective interventions."

Martin Schechter, the study's senior author and head of the department of health care and epidemiology at the University of British Columbia, says the government's "war on drugs" is actually to blame for many of society's drugrelated problems.

"If you look at all the harms associated with drug use, you need to ask, 'Is the harm caused by the drug or the war on drugs?' " he said. "As a drug, heroin gives a euphoric reaction and is highly addictive. You can say that but if you look at the other problems -- HIV, hepatitis C, bacterial infections of the heart -- all of those things are caused by dirty needles because the activity is confined to alleys. The violence is caused by money. Corruption and crime aren't a function of the drug, they're a function of the war on drugs."

The study, by researchers at the British Columbia Centre of Excellence in HIV/AIDS and the University of British Columbia, looks at one of the country's biggest heroin seizures -- 100 kilograms of uncut heroin seized more than two years ago in Vancouver's Downtown Eastside -- and what effect it had on drug use and drug prices. The size of the bust was not far from the total amount of heroin seized by U.S. officials along the border with Mexico, where most of it comes into North America, for all of 2000.

And the conclusion? The bust had zero impact.

The researchers had ready access to users because they are taking part in an ongoing study of the drug population in this dangerous district. Every six months, they interview subjects about their real-life drug situations. They ask about price, quality and use.

When the heroin seizure took place during their study, they used it as a way of measuring the impact it had on the drug's availability on the streets. They interviewed more than 100 subjects before the seizure and more than 100 during the month following the seizure. But contrary to the arguments put forth by proponents of the war on drugs, the seizure had no effect on supply or quality.

"Our data show that the market for heroin in Vancouver's Downtown Eastside was totally unaffected by the seizure," said Evan Wood, a researcher at the B.C. Centre of Excellence in HIV/AIDS. After the seizure, the price of heroin actually went down and overdoses increased slightly, he said.

U.S. studies have shown similar results, though the U.S. government continues to spend US\$18-billion a year on efforts to control the supply of drugs.

But those efforts appear to be futile, Wood said, because prices for drugs have reached an all-time low and drug purity has reached an all-time high.

Wood and Schechter advocate treatment, prevention, education and harm reduction over enforcement strategies. The authors point out that while Sheila Fraser, the Auditor-General, recently estimated the annual cost to Canadian society from illicit drug use at \$5- billion, 95 per cent of the \$500-million spent on drug strategy goes toward enforcement.

"It's unfortunate that the government wants to spend the money in that way," Wood said. "Our study shows there's no evidence these methods are effective. Any economist will tell you that you can't control a market from the supply side. You have to control it from the demand side."

Schechter said he thinks the general population is ahead of the politicians on this issue.

"Fifty years from now, I can tell you for sure, these approaches will have stopped," he said. "The question is when. I'm optimistic because I see signs of rational behaviour happening."

He pointed to the recent election of Vancouver Mayor Larry Campbell, who won the vote solely on a "harm-reduction" platform.

Schechter said politicians need to start looking at drugs as a public health issue, accept that drug addiction exists and that it will never go away. He'd like to see it treated similarly to alcohol addiction.

The researchers say incarceration exacerbates the problem because diseases are transmitted in jails. Canadian prisoners addicted to cocaine and heroin are at increased risk of HIV.

Prevalence and incidence of bloodborne viral infections among Danish prisoners.

Christensen PB, Krarup HB, Niesters HG, Norder H, Georgsen J of the Department of Clinical Immunology, Odense University Hospital, Aalborg Hospital, Denmark conducted a prospective study in a Danish medium security prison for males to determine the prevalence and incidence of bloodborne viral infections among prisoners.

They concluded that IDUs in prison have an incidence of hepatitis B and C 100 times higher than reported in the general Danish population. They recommended prisoners should be vaccinated against hepatitis B and new initiatives to stop sharing of injecting equipment in and outside prison is urgently needed.

'YOU CAN'T DETOX IF YOU'RE DEAD'

National Post (Canada) Wed, 05 Feb 2003

Author: Mark Hume

Activists Open Safe Injection Site For Drug Users VA N-COUVER

Leaning against the wall outside the Skyluck Jewelers, one of the dozens of businesses closed on East Hastings Street because of the corrosive influence of epidemic drug use, the bone-thin woman asks a passerby: "You got a rig to spare? Got a rig?" Here she is, on a bright spring-like day, ready to shoot up anything, with anybody's needle. And in the process she may contract HIV, or overdose on the spot,

perhaps dying in a nearby alley, curled up in a fetal position as convulsions rack her body. Hundreds have.

Just a few doors up the street from where the desperate addict is panhandling for a rig, a door opens from Canada's bleakest sidewalk into a room filled with light, music -- and, just maybe, hope.

In an unusual event yesterday, a group of social activists in the Downtown Eastside opened what they want to become North America's first safe injection site for drug users.

In-Site, as the facility is called by Health Quest, is not much to look at. There is a bright, freshly painted waiting room and signs that advise you to take a number and wait until called. Through a second door is a shooting gallery -- six stainless steel counters with adjacent sinks and mirrors -- where up to 300 addicts a day are expected to inject heroin or cocaine.

They will bring their own drugs, but the rigs -- clean needles, tourniquets and alcohol swabs -- will be provided by trained staff, who will stand by in case someone gets sick or has an overdose.

In-Site seems like a simple solution, given that 2,200 people have died of overdose deaths in British Columbia since 1994, and the spread of HIV has reached epidemic proportions in the Downtown Eastside.

But getting even this far -- the site is merely a proposed location, without government sanction to operate -- has been a monumental task for the harm-reduction proponents advocating safe injection sites.

Kirsten Stuerzbecher, a member of the Health Quest board, said one of the things that first struck her when she moved to Canada was that there weren't any safe injection sites -- even in Vancouver, where drug addiction and related problems have ravished the Downtown Eastside.

"When I came over here the question I was asking myself was, 'Why is this so hard? What's the problem?' " Ms. Stuerzbecher said safe injection facilities have long been accepted in Germany. "What I came to understand is that it is fear," she said of Canada's reluctance to embrace the concept. "Here we are -- it's a sink, it's a chair, it's a table. It's nothing really, but people are afraid of it.

"Ultimately it's a fear that having a site like this will send a message that says, 'It's okay to use drugs.' "Of course that's not what this is all about at all. It's about saving lives. It's about getting drug addicts off the streets, out of the back alleys and into a supervised place like this, where they can get help.

"The vision of the perfect society is for no one to use drugs. But until we get there, then the goal is to save the lives of those who do. I think that makes sense." Liz Edwards, a former nurse who is one of the forces behind In-Site, said addicts manage to quit drugs only when they decide to help themselves.

"But right now people aren't even being able to get to that place ... You can't detox if you're dead," she said.

Thousands of tulips were strewn around the In-Site facility yesterday. Each one represented an overdose victim. The flowers -- more than 2,000 of them -- spilled off the counters and lay in stacks along the floor.

Ms. Edwards said Health Quest is not condoning the use of drugs. It is just looking for "another piece in the puzzle" to

combat the use of heroin, cocaine and other illicit substances. "For us the issue is that people are dying," she said.

Health Quest opened the facility to the media yesterday, to let the public see what a safe injection site looks like, and to prompt the government to take action.

The Vancouver Coastal Health Authority is currently working on a proposal to the federal government, that will seek clearance to operate a safe-injection facility.

Larry Campbell, the recently elected Mayor of Vancouver, has endorsed the concept. He campaigned on a promise to have a facility in operation by Jan. 1. The city was unable to get its proposal together in time for that date, however, and now hopes to have filed one by the middle of this month.

Sometime this spring the In-Site facility could become legally operational. Between now and then, an unknown number of drug addicts will cage rigs from strangers -- and overdose in the street.

Other world news

The Times in the UK has reported that zero tolerance may mask drug usage. (Tue, 04 Feb 2003, Richard Ford, Home Correspondent)

ZERO tolerance drug policies used by schools may be counter-productive because pupils simply conceal their drug problems, according to a Home Office report. A study of the drug abuse habits of 300 young offenders concluded that low or zero tolerance strategies in schools "may not be helpful" for the youngsters. "It encourages children to conceal rather than deal with their drug use and can lead to the exclusion of those caught," the report, published yesterday, said.

Finnish Green MPs have signed an appeal for review of UN conventions on drugs. (Helsingin Sanomat International Edition (Finland), Thu, 13 Feb 2003, Helsingin Sanomat)

An international appeal calling for a revision of the United Nations Conventions on Drugs has sparked intense reactions in a political climate already heated up by the upcoming elections.

The focus of the appeal is the perception that drug policy based on prohibitions and criminal sanctions has been a worldwide failure.

Finnish Green Members of the European Parliament Heidi Hautala, who is opposed to punishments for drug users, and that the focus of criminal justice should be on drug trafficking, said that a change in policy would make it possible to introduce heroin maintenance programmes for the most hard-core addicts. She described Finnish debate on illegal drugs as "paranoid", and disproportionate to the measures needed to fight the problems related to alcohol.

She said that the harm caused by alcohol and illegal drugs should be examined by the same criteria. "In this respect, the UN Conventions have a completely unscientific basis", Hautala says.

Rocky Mountain News reports that Judge John Kane says current policies only cause more abuse, and that America's war on drugs is costly, ignorant and doesn't work. (Rocky Mountain News (Denver, CO), Wed, 29 Jan 2003, Karen Abbott)

Denver U.S. District Judge John Kane Jr., who has been speaking and writing against the nation's drug policy for about five years, won a standing ovation from a packed City Club luncheon at the Brown Palace Hotel.

"I don't favor drugs at all," Kane said.

"What I really am opposed to is the fact that our present policies encourage children to take drugs." Ending the present policy of interdiction, police action and imprisonment would eliminate the economic incentives for drug dealers to provide drugs to minors, Kane said.

He said the government has no real data and no scientific basis for its approach to illegal drug use.

Since the policy began in the early 1970s, drugs have become easier to obtain and drug use has only increased, he said.

Last summer, Kane said, a friend in his 60s was being treated for cancer. The man joked to his family that he wished he knew where to get marijuana to help him bear the effects of chemotherapy.

The next day, the man's 11-year-old grandson brought him three marijuana cigarettes, Kane said.

"Don't worry, Grandpa - I don't use it myself, but if you need any more just let me know," the judge quoted the boy as saying.

Counting the cost: estimates of the social costs of drug abuse in Australia in 1998-9

This is a new report commissioned by the federal Department of Health and authored by David J.Collins of the Macquarie University and Helen M.Lapsley of the University of New South Wales.

The report is the third study by the present authors of the social costs of drug abuse in Australia. It presents estimates of the costs of alcohol, tobacco and illicit drugs for the most recent year for which all relevant data are available, the financial year 1998-9.

The report again uses aetiological fractions which were revised from previous fractions and which form the basis of

the health cost calculations. Other newly available data have enabled a broader scope of estimation, including the costs of absenteeism, pharmaceuticals, ambulances, fires and crime. The costs presented are net costs and, consistent with previous studies, a conservative approach to estimation was adopted. In general, lower cost alternatives were always selected where appropriate alternatives existed.

The tables below provide a summary of the overall results of this study.

The social costs of drug use, 1998-9

	Alcohol	Tobacco	Illicit Drugs	All Drugs
	\$m	\$m	\$m	\$m
Tangible	5,541.3	7,586.7	5,107.0	18,340.8
Intangible	2,019.0	13,476.3	968.8	16,099.0
Total	7,560.3	21,063.0	6,075.8	34,439.8
Proportion of total	22.0%	61.2%	17.6%	100.0%

Selected tangible drug abuse costs, 1998-9

	Alcohol	Tobacco	Illicit Drugs	Alcohol and II- licit Drugs Com- bined	Total
	\$m	\$m	\$m	\$m	\$m
Crime	1,235.3		2,500.4	582.3	4,318.0
Health (net)	225.0	1,094.9	59.2		1,379.1
Produc- tion in the workplace	1,949.9	2,519.5	991.2		5,460.7
Produc- tion in the home	402.6	6,880.0	344.8		7,627.5
Road ac- cidents	1,875.5		425.4		2,300.9
Fires		52.1		-	52.1

Copies of the full report can be obtained from the Department of Health website of by telephoning the Department and asking for the report from the National Drug Strategy section, quoting the title and saying that it is monograph number 49.

Notices

ACT family & carers support (about family drug & alcohol issues)

These meetings are held at the Ted Noffs Foundation, 350 Antill St, Watson, ACT fortnightly on Wednesdays commencing 12 Feb 2003 at 7pm.

The meetings are non-religious, open meetings for family members of those affected by alcohol and other drugs. Open to anyone, the meetings provide opportunities to talk and listen to others in a non-judgemental, safe environment.

For more information ring 6123 2400. It would be handy to ring beforehand to advise attendance.

Training program for the volunteer telephone support line

The weekend training program will enable selected applicants to handle incoming calls from families affected by illicit drugs. The course will focus on listening, support and motivational skills.

Date: Saturday & Sunday 3 & 4 May 2003 Location: Calvary Hospital, Function room

For more information ring 02 9715 2632 or log on to www.fds.org.au

Drugs in the Family

Meet fortnightly at the Junction in Civic.

Contact 6257 3043

ACT relapse prevention and support program

A free 6 week group program for adults wanting to maintain a healthy lifestyle, free from substance dependence.

For more information contact 6205 4515