



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, July 24
meeting 7:30pm**

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

Editorial

It strikes me that there is a great deal of delay in the drugs area. Whether that is because the decisions are too difficult or whether it is because of fear of a possible backlash as a result of decisions, it is difficult to tell.

The supervised injecting room in the ACT is a good case in point. Legislation was passed in the Legislative Assembly in November 1999 for a trial of an injecting room. The injecting room issue soon became entangled with the budgetary supply process and the then Labor opposition took their eye off the ball with a futile blocking of supply.

The Liberal government made a trade-off with the independents by excising the SIP funding and delaying the start time for the SIP until after the next election in 2001 in return for their support to pass the budget.

In the election campaign that followed Labor said it would consider the outcome of the Kings Cross injecting room before committing to implementation. The Liberal party campaigned on first having a referendum to decide if they would have an injecting room. This despite it being the party that introduced and fought very hard for the legislation in the first place. There was little to commend either party's position.

In the event the ALP gained government and it has waited for the Kings Cross trial report. A report which was delayed for 6 months beyond its due date. Now that the report is to hand, and has shown very positive results, one would expect that the injecting room would be ready to start. That is not the case. The ACT Health Minister has indicated that it will take him a further 6 – 8 weeks to make recommendations to cabinet before the Government will make a decision.

While I have used the ACT Government to illustrate the point, one has to say that this affliction is not peculiar to the ACT. Most governments, where drug issues are involved, have difficulty making decisions about the way forward.

The Federal Government has been holding an enquiry into drug abuse for over three years. The enquiry started in March 2000; submissions were called for, oral evidence was heard and an interim report was produced. The interim report was necessary because an election was called and following the election a new committee would carry on with the inquiry.

The new committee which comprised some, but not all members of the old committee, gathered more evidence and took more oral evidence. Despite the mountain of evidence, the time and cost, there has still been no report emerging from that committee.

The WA government is grappling with changes to the cannabis laws. Those changes pretty much bring it into line with ACT, SA and NT. Nothing new in that, and there have been few problems in those states and territories. (What problems there have been have usually related to cross-border traffic to those states with the harsher cannabis laws.) The bill has reached the upper house but there are problems with it and in 3 weeks (at least) it will be returned to the lower house with proposed amendments.

The Victorian Government, in the election before last campaigned on injecting rooms (5 to be precise). The legislation was blocked by the then upper house where the government did not have a majority. The government now has a majority in the upper house but the legislation, according to the parliamentary website has had no action since September 2000.

We attempted to deal, in part, with problems related to heroin by proposing a heroin trial. It had, and still has the potential to deal with the severely addicted, reduce drug-related crimes such as burglary, and undercut the black market. Work on that trial started in 1989 and despite agreement from the majority of Australian health and police ministers, it is unlikely to be implemented until a more enlightened federal government takes power.

But it is interesting to note that the Swiss drew heavily on the work undertaken in Australia on heroin trials and are reaping the benefits from having the courage to undertake the trial.

In all of this it can easily be forgotten that lives are at stake and families continue to suffer. The health and welfare of people and the community is at stake and drug related crime continues. And of course while little or nothing is done for families involved or at risk a new generation of the marginalised and stigmatised is being created.

The problem with this stretching out of decisions and enquiries is that when and if a decision is finally made, the drug scene will have changed and opportunities to reverse problems is lost. Suppliers of drugs are not just passive observers – they are clever business people who are well cashed up and thus have the resources and resourcefulness to circumvent any such slow moving decision making process.

Any decisions that come from this process, because of the delay, deal only with yesterday's problem.

Evaluation Report Of The Sydney Medically Supervised Injecting Room

The Kings Cross injecting room commenced operations on 6 May 2001.

The facility was recommended in the report of the Wood Royal Commission into Police Service in 1997. The recommendation was then examined by a joint parliamentary select committee, of which the majority failed to support it. An injecting room, called a Tolerance Room, was established in the Wayside Chapel by concerned community members in May 1999 but was – closed by police after a short period. Following the NSW Drug Summit later in May 1999 the NSW Government committed to a trial of an injecting room. Legal challenges by the Kings Cross Chamber of Commerce delayed the opening of the centre for a period of 22 months after the legislation was passed.

The report of that trial is now available and can be found at the following internet website:

<http://druginfo.nsw.gov.au/druginfo/reports/msic.pdf>.

The following are highlights from the report of the 18 month trial period:

- 3,810 individuals registered to use the MSIC
- clients made 56,861 visits to the centre, an average of 15 visits per client, but visits ranged from 1 to 646 visits per client
- 61% of visits were for injecting heroin and 31% for cocaine
- for one in every four visits health care services were provided
- 1,385 referrals were made for further assistance by other service providers
- 409 drug overdoses were attended to, 80% were for heroin overdose and 15% for cocaine
- it is likely MSIC staff prevented overdose fatalities. The report says at least four deaths were estimated to have been prevented although media reports indicate that MSIC management dispute this and claim that the number is higher.
- there was no increase in risk of blood borne virus transmission
- there was no increase in crime
- Kings Cross local residents and business people reported sighting fewer episodes of public injecting and syringes discarded in public places

- syringe counts in the area were generally lower after the MSIC opened than before
- no honey-pot effect was noticed
- community agreement to the MSIC rose to 78% at the end of the trial
- future operations of the MSIC could provide benefits over costs between 20% - 97%, ie \$1.00 invested in the MSIC would return \$1.20 - \$1.90, which is comparable to some other widely accepted public health measures.

Youth and Illicit Drugs

Perspectives on Drug Use Youth and Illicit Drugs

an essay by Jim Bright, one of our Newcastle members

Most young people are on drugs you know, is a line often heard when older generations congregate. All too often this stereotype is then adopted throughout society and reinforced by the tabloid media. An excellent stereotype of this generational bias is illustrated in the following cartoon from the Australian Rationalist of Autumn 1999 in an article Heroin, the real challenge. (Crofts, Nick Dr, 1999, pp5.)

This cartoon, more than anything else illustrates the generational stereotype of 'drugs' being something sinister that young people use, and that alcohol and tobacco are not drugs in the real sense. In this essay I will look at how young people are regarded as vulnerable to drug misuse yet are discriminated against by drug treatment programs.



To place all drug use in perspective and referring to the cartoon we need to look at the cost of alcohol and tobacco abuse to the community which is ignored as the media dramatises the crimes 'young people' commit to support illicit drug use. As an example the costs of drug abuse in 1992 were for alcohol \$4495 million, tobacco \$12736 million and all illicit drugs \$1684 million. (Collins and Lapsley, 1996 pp vii).

This generational stereotype contributes to many young people feeling alienated and possibly further contributing to their illicit drug use.

In his article 'Heroin, the real challenge', Nick Crofts refers to the attitude of society toward injecting drug users.. " AIDS only gets on the social and political agenda in most countries when it has affected babies, rock or movie stars, or the relatives of royalty. Hepatitis C does not make it that far, because it is basically a disease of injecting drug users-junkies."

He goes on to refer to the "need to do things differently when good kids from good families are affected". And the "uncaring attitude by those in authority", the "lack of meaning and hope" that affects the lives of so many young people. In a final reference to Dr Nick Crofts article in the Australian Rationalist I find this paragraph most compelling, "Punitive responses, such as escalating the 'war on drugs' and zero tolerance policing, simply reflect society's view of these young people as expendable, and confirms the young person in his or her view that they are not wanted." (Crofts, Dr Nick, 1999, pp6)

Defiance, rebelliousness and illicit drug use by young people is not so surprising in these circumstances. In May of 1999 the NSW government convened a drug summit mainly in response to the constant prodding from the front line troops in the 'war on drugs' and the refusal of the drug issue to go away quietly. A spiralling increase in the number of heroin overdose deaths also helped keep the drug issue on front pages and in everyone's face. In the Governments plan of action on Page 11 section 2 'Young People and Drug Abuse we again find reference to the issue of alienation.. "It should be recognised that the reasons that young people use drugs are complex and varied, **including the alienation** (my emphasis) of some young people from society and their belief that society does not value them. An effective response to illicit drug use by young people has to be a holistic approach as complex as the needs it addresses. It must seek to prevent, minimise and manage harm caused by drug use and must be provided to and involve young people in the context of their family, peer group, school and community, and not in isolation from these factors." (NSW Government Plan of Action, 1999, pp11)

Further on in this page 11 the Government supports this recommendation and then goes on to refer to "assessing the needs of vulnerable young people..." and "guidelines for working with vulnerable young people..." ,and even " ...no matter where a vulnerable young person makes contact...". Then just to make sure we've received the message that vulnerable young people are involved the last paragraph refers to "...integrated services for vulnerable young people..."(NSW Government Plan of Action 1999 pp11).

Now we find these vulnerable young people subjected to

sniffer dogs , bag and body searches and workplace drug testing. When a school student admits to a school counsellor that they have tried marijuana or some other illicit drug, the school counsellor is required by law to notify the police. It did not take long for those in authority to resume their old habit of alienating the expendables.

However in any discourse on Youth and Illicit Drugs we should look at how many young people are not on drugs. We can look too, at how many have tried various drugs and apparently did not like the experience. In a 1996 study of 31,529 secondary school students age 12 to 17 over 80% had not used tranquillisers, 63% had not used cannabis, 98% had not used steroids and 96% had not used opiates, cocaine or ecstasy. Of the 20% who had used tranquillisers ,14% had not used them in the last month and of the 3.6% who had tried heroin, cocaine or ecstasy 2.4% had not used any in the last month. So instead of most young people being on drugs we find that most are not. Of the illicit drugs in the survey only 12% of 12 to 17 year olds had used cannabis in the past week and heroin, cocaine and ecstasy use in the past week was 0.8%. (Letcher and White, 1996 pp 55-64).

In the conclusion to this survey it was found that the most widely used drugs among Australian secondary students were analgesics, alcohol and tobacco, all legal drugs in Australia. (Letcher and White, 1996. Pp 33)

In the small 3.6% who had ever tried heroin, cocaine or ecstasy at least two thirds had not used any in the last month. It is likely they did not enjoy the experience.

It would be very difficult to conclude cannabis was a gateway drug to 'hard drug use' with these statistics. I note too that this study only covered those who are attending

school and excludes the marginalised and alienated vulnerable young people referred to previously who do not or cannot attend school.

In the initial Draft Action Plan of the Lake Macquarie Community Drug Action Team (CDAT) much reference was made to "zero tolerance for minors" in many of the submissions for an Action Plan. Fortunately zero tolerance seems to have disappeared from all subsequent CDAT documents along with most of its proponents.

Needle and Syringe Program (NSP) policies exclude young people (those obviously under 16) and they are to be refused clean injecting equipment and condoms. For example, in the magazine Insight of March-May 2002 is a reprint of a Sydney Morning Herald Article of 25/2/02 titled 'The Needle, The Damage, One Small Step' by Linda Curtis and a reference to the Medically Supervised Injecting Centre at Kings Cross. "On my way to the shops, I would often take a short cut through Kellett Way during the day. Before the injecting centre opened, this was far too dangerous. It used to be a favourite spot for injecting drug users to shoot up.

In brief

BMJ 2003;326:1414 (28 June)
Report suggests heroin for addicts not responding to methadone: A report commissioned by the Dutch government has said that heroin should be prescribed to long term users who fail to respond to methadone, under medical supervision. It recommends expanding this approach from six experimental sites in major cities to 15 centres throughout the Netherlands, treating up to 1500 patients.

Recently I was surprised to see two young female users there when the injecting centre was open only metres away. It was a hot day and they were both in short sleeves. They had obviously just shot up. One woman had blood smeared all over her left arm. Her friend was still holding the needle. I stopped and asked them why they didn't use the injecting centre. The reply?. "Yeah, we would, but we're under aged. It sucks".

The law restricts the injecting centre's facilities to people **over 18**. (my emphasis) . While these two kids showed that the injecting centre can't help all injecting drug users, their attitude to the service was positive". (Curtis Linda, 2002,pp36)

This suggests that immunity to addiction, Hepatitis C , HIV and other blood borne viruses must disappear at the age of consent.

Society and those in authority with responsibility need to acknowledge that vulnerable young people of any age can become addicted and that if they were allowed the same treatment as the rest of the injecting drug using community and not actively discriminated against there is a strong possibility of further preventing the spread of HIV/AIDS and hepatitis C as well as referring the young drug user into effective treatment before they embark on a career of illicit drug use, dealing and the crimes necessary to support that lifestyle.

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Heroin deals end needle program The Weekend Australian

Sat 12 Jul 2003, Page 4

By Monica Videnieks

CABRAMATTA - arguably Australia's most notorious heroin hotspot - has lost its only drug support and needle exchange program.

The Carr Government has ordered the Drug Intervention Service Cabramatta be shut down from the end of the month, after police surveillance revealed the centre had a "honeypot effect" and attracted illegal drug deals, which were taking place outside on the footpath.

A government source yesterday said police also suspected drug deals were taking place - or were at least being organised - by clients within the premises.

The decision to close the government-owned service came just days after the NSW Government released a final, positive evaluation of the Kings Cross heroin in-

jecting room, which now looks set to become a permanent fixture in Sydney's red light district.

The independent report on the Kings Cross trial concluded there was no "honeypot" effect in the area. The honeypot effect is the theory that criminals and bad elements are attracted to a drug centre. This was one of the major reasons given against setting up an injection room in Cabramatta in the past.

While the Government has no plans to expand the program into other drug-plagued areas of NSW, Canberra now appears likely to host the nation's second supervised injecting room.

Since the injecting room was opened in Kings Cross 18 months ago, several NSW health and community groups have called for a similar program in Cabramatta.

NSW Health Minister Morris Iemma said the Cabramatta services will be redirected to other drug services in southwest Sydney.

Fairfield counsellor Thang Ngo said the decision to close the centre was illogical and inconsistent, especially when the state Government was on the verge of making the medically supervised injection room in Kings Cross permanent.

"It is outrageous that they would look at closing the (DISC) service down rather than policing the problem," Cr Ngo said yesterday.

"This is just a cop out."

He said Cabramatta could be a candidate for another injection room.

But Cabramatta Chamber of Commerce spokesman Ross Treyvaud said only a "no tolerance" attitude to drugs would work.

"Harm minimisation does not work in Cabramatta, there is definitely a honeypot effect there, the street prostitution and drug deals are all up where the (drug centre) is," Mr Treyvaud said.

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