



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

committed to preventing tragedy that arises from illicit drug use

PO Box 36, HIGGINS ACT 2615, Telephone (02) 6254 2961

Email [mcconnell@ffdlr.org.au](mailto:mcconnell@ffdlr.org.au) Web [www.ffdlr.org.au](http://www.ffdlr.org.au)

**NEWSLETTER**

**March, 2003**

**ISSN 1444-200**

## Next Meeting

**Thursday, March 27**

**at 7:30pm**

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

**Guest Speakers at 8pm**

**Topic: Update on Drug Diversion  
in the ACT**

Jamie Koloamatangi, Illicit Drug Diversion  
Officer with the AFP and  
Glenda McCarthy, Manager, Diversion  
Services Unit, ACT Community Care who  
will speak on this topic.

### **Editorial**

#### **One policy Australia cannot afford to abandon**

Prime Minister Howard is opposed to it. Bronwyn Bishop says that it is dead. Bureaucrats have tried to define it away. Philip Emafo, President of the International Narcotics Control Board says it is a distraction from ridding the world of drugs.

But harm minimisation is far from dead. It is part of everyday life. For example we have road rules to reduce the harm from motor vehicles (ie drive on the left, driver licensing, seatbelts), helmets for cyclists, safety education in the home, temperature limiters to prevent scalding, etc.

In everyday life harm minimisation is common-sense and automatically accepted but when related to illicit drugs it draws strong opposition.

Australia's illicit drug policy is founded on prohibition, ie imposing strong criminal penalties for use, possession, selling and manufacture of drugs. Prohibition policies emerged in the 1930s through international pressure and continue today. Harm minimisation was introduced into

Australia (and possibly conceived by Australia) much later in 1985 in an attempt to limit the spread of blood born viruses by issuing clean syringes to injecting drug users. By and large harm minimisation has been an attempt to ameliorate the harsh effects of prohibition.

Some argue that the introduction of the harm minimisation practice of issuing clean syringes has promoted drug use. But the facts show this not to be true. For example statistics show a steady exponential upward trend for overdose deaths from 1979 to 1999 – on average doubling about every 5.8 years. That upward trend has been unaffected by any policy introduced during that time, including harm minimisation. (Noting of course the reduction in deaths since 1999 caused by a shortage of heroin which was caused by ...– but that is another issue and something for a different discussion.)

Meanwhile Australia can boast one of the lowest HIV infection rates because of its needle and syringe program (NSP). A recent report commissioned by the Commonwealth Department of Health and Ageing said: “In cities that had ever had NSPs, there had been an average annual *decrease* in HIV prevalence of 18.6%, compared with an average annual *increase* of 8.1% in cities without such programs.” (My emphasis.)

There are many harms caused by drug use. Some are directly related to the drugs themselves and others are from attempts to stop their use. Identifying harms in these two groups spotlights implications for drug policies.

The intrinsic harms of the drugs include addiction, overdose, the long and short term effects on the brain and body, family disintegration and so on.

Harms caused by prohibition laws include the lack of quality control (because the black market is unregulated) contributing to overdose or to consequential health problems, using in risky b-cations, risky methods of use, transmission of blood born viruses, high drug price leaving little money for food and shelter and leading to finan-

cial ruin, imposition of criminal records which affect users' future. There are also harms to society such as crime and corruption, diversion of resources away from health and welfare to law enforcement, family disintegration and so on.

The prejudicial effects of prohibition are even more insidious. Judge Judy when visiting Australia advocated handing out dirty syringes to infect and kill drug users. Major Watters, Chairman of the Australian National Council on Drugs wants to lock up the drug addicted until they are cured: "It's surprising what a wake-up it is when the cell door clangs shut. It's a great motivation," he said in February 1999. Overseas, death squads in Thailand (thought to comprise Thai police but denied by that government) have so far murdered over 1,400 suspected drug traffickers which the United Nations Drug Control representative in that country appears to condone. Talk-back-radio callers want the same to apply in Australia. Despite what one thinks about drug dealers, the rule of law, should prevail.

So far Prime Minister Howard's "Tough on Drugs Strategy" has not adopted any of these extreme approaches. Although it did have a brief flirtation with zero tolerance in schools - and some schools, with government applauding from the sideline, expelled children caught with illegal drugs.

About one third of all current school children have tried cannabis. Thus "zero tolerance" in schools could have meant about 400,000 Australian children separated from a vital tie with their community, under-educated, unemployable, and with a great deal of time on their hands. Fortunately that heavy handed aspect of the 'zero tolerance' in schools policy has been withdrawn.

Prohibition policies are counter-productive. Prohibition of drugs created the black market. Its enormous profits now drive the drug market and promote drug use. The lack of past success in stopping this black market suggests that it is beyond the ability of governments to control.

Any progress made in finding better ways of dealing with drug problems has not been by additional prohibition measures but by harm minimisation strategies. Harm minimisation is a philosophy that is protecting all Australians from the excesses of prohibition policies. It is one which Australia cannot afford to abandon nor to allow to be removed by stealth.

## **High Society. By Ben Elton. Bantam. pp 216. \$29.95**

*Reviewed by Geoff Page*

At one level, Ben Elton's new novel, High Society, could be seen as a 346 page pamphlet for drug law reform -- humorous, sardonic, even hilarious (as the back cover tells us) but a pamphlet nevertheless.

What eventually makes this not quite the case is the satire directed at the book's hero, Peter Paget, who one day (not far off) moves a private member's bill in the House of Commons to legalise and regulate all illicit recreational drugs and begins, for various unpredictable reasons, to succeed to the point where his proposal is eventually taken up as government policy. As readers might suspect the proposal is eventually dropped but not before we are treated to a very sardonic Cook's Tour of the world created (or at least partly created) by the illegality of these substances.

The attractions along the way include a seriously 'out of it' pop star, Tommy Hanson, who does many more drugs than is good for him; a winsome young Scottish prostitute, Jessie; an assortment of appalling pimps and white slavers; an idealistic police commander who initially supports Paget's radical reforms and Paget's attractive young personal assistant, Samantha, with whom he has a very ill-judged affair.

In the process of a reasonably ingenious plot, Elton manages to give a persuasive summary of the arguments for radical drug law reforms and effectively speculate on their short to medium term consequences. There is a little too much 'speechifying' but the book does, generally, make interesting reading at this level. As a literary novel it is rather slight on characterisation, setting, psychological insight etc and never really addresses such crucial issues as why Paget, a rather conservative Labour back-bencher, should have developed his radical convictions in the first place. As a portrayal of celebrity deludedness and self-absorption it is highly effective - likewise as an exposé of the horrific world of sexual slavery. The story of Jessie, the little Scots whore with a heavy habit, would make a powerful novella just on its own.

Ultimately, however, Elton's novel seems to make two main points - on top of its arguments for radical drug law reform. These are the importance of the media in any such campaign and, following from that, the importance of reform advocates not having anything in their 'cupboard' that the press can exploit. Elton is saying that in this world of sensationalist journalism the argument counts for almost nothing and the charisma -- and impeccability -- of the advocate counts for everything. Whether we are made superficial by our media or get the superficial media we seem to deserve is left an open question.

### **Pot for patents**

The Canberra Times, 19/3/2003, p15

AMSTERDAM: Just what the doctor ordered? Starting on Monday, pharmacies in The Netherlands were legally authorised to fill prescriptions for marijuana as a medicine.

## Why we should legalise hard drugs

### Online commentary: It is time to end a dangerous and unwinnable war

Observer Comment Extra, Henry McDonald

Sunday February 23, 2003

I was having lunch last week with a senior member of the Garda Siochana or Irish police in Dublin. He is a man with 32 years of service fighting crime in the Irish capital. Throughout his career he has witnessed three major drug waves in the Irish Republic - the first heroin epidemic of 1980; the explosion of ecstasy and cocaine use in the mid 1990s and now the introduction of crack cocaine at the start of the 21st century. He is a superintendent with some major successes under his belt including the operation against

John Gilligan, the drugs baron who ordered the murder of my colleague, the reporter Veronica Guerin. He has seen millions of pounds of euros in drugs seizures. But the officer was highly modest about the scale of his achievements in the fight against drugs.

In his most candid moment of the afternoon he came across with a startling statistic - the police only seize about ten per cent of the drugs that come into the state at any time. When you press him about the success of the war on drugs he is dismissive. This is a war, he states, that cannot be won.

The drug sub-culture still fills me in equal parts with disgust and ennui, but there seems to no logic to prolonging what is arguably the most futile conflict in human history: this so-called war against drugs. This war, equivalent to fighting a thousand Vietnams at once, can never be won. Even the United States, with its superpower monopoly and infinite military resources, has failed to stem the narcotics flood. Dictatorships, whether of the Islamic fundamentalist variety as in Saudi Arabia or the Leninist-capitalist model in China, have employed brutal methods to suppress drugs, respectively beheading or blowing the brains out of alleged dealers. The latter means of dispatching drug peddlers is also used by the IRA on the streets of Belfast, Derry and even Dublin.

But neither the Saudi and Chinese cliques nor the IRA can put an end to the production or consumption of drugs. That is because since the time of the ancient Greeks - and quite possibly even before - the iron laws of economics have operated: a permanent demand creates an inevitable supply. Dealers are prepared to continue risking their lives on the streets of Belfast, Beijing and Riyadh to meet that demand.

Prohibition, as the Americans found with alcohol in the 1920s and 1930s, is counter-productive and only gives rise to a vast criminal sub-culture. The monopolisation of supply in criminals' hands hikes up the price of drugs to the point where consumers can only feed their habit through larceny or prostitution, thus further fuelling crime.

Then there is the enormous and totally unnecessary cost to the state of prosecuting those individuals who choose freely to take drugs as a means of entertainment or escapism. The Economist magazine has estimated that between 1996 and 2000 the British taxpayer paid out £36 million to lock up people who were tested positive for cannabis. The figures for jailing those consuming hard drugs are reckoned to be even higher.

Then there is the one drug which is widely available, legal and socially acceptable. Families are ripped apart and lives shattered through the fermentation, advertising and distribution of the most popular legal drug in the free world - alcohol. How many young men for instance will end up in the casualty wings of Irish and British hospitals this weekend due to obscene bouts of boozing? What are the odds of someone getting mowed down on an Irish or British road by a drunken driver?

Despite this we persist in glamorising drink while demonising drugs. In Ireland more people are killed by drink and cars than drugs. These are indisputable facts yet we never hear calls for the prohibition of alcohol or driving. Nor does society ban dangerous sports such as hang-gliding, air boarding, bungee jumping and so on. These activities are taken up by individuals exercising personal freedom and choice. The state does not intervene in these choices.

Opponents of legalisation claim that drug takers are not free individuals. This is because the moment they consume a drug, any drug, their minds are altered and thus their ability to act as free thinking individuals. But if you

apply this logic consistently then what about the moment that someone takes a sup of his first pint, then his second, third, fourth and so on? That individual's mind is also being altered by chemicals. Are our opponents seriously suggesting that we should therefore ban alcohol because it stops us from being rational individuals the moment we put pint or glass to our lips? I think not.

Legalisation of course contains inherent dangers. The sale of narcotics should be regulated but definitely not controlled by the state. The prospect of the state selling drugs to consumers brings to mind Aldous Huxley's Brave New World, where the regime kept the masses docile by doling out Soma. Nor should legalisation imply hedonistic license. The minimum age should range from between 16 for soft drugs and 18 for harder substances; those who sell to children must suffer the maximum penalties.

There are pitfalls over price fixing. An exorbitantly taxed product will result in what has already happened with tobacco in Ireland, where the paramilitaries have flooded the market with cheaper illegal foreign cigarettes. Tax revenue from drugs should be funnelled into drug treatment programmes and preventative education aimed at demystifying drugs.

### Training - Family Drug Support Volunteers

Learn ... Communicate ... Help Others

Family Drug Support offers 2 day training in listening, support and motivational skills

Saturday 3 and Sunday 4 May 2003 from 10am to 4pm at Calvary Hospital.

We need volunteers to commit to help out for just a few hours a month on the support HOTLINE talking to family callers. You do not have to be affected by alcohol or other drug use to participate.

For Bookings phone 6205 4515.

Suggested donation \$30.00

**FDS** - Family Drug Support in collaboration with



None of this is to suggest a solution to the drugs problem because there is no solution, only the pragmatic management of it. A reasonable tax on narcotics can help fund education programmes aimed at reducing demand for drugs. Furthermore, decriminalisation would wipe out far more effectively than the Criminal Assets Bureau the profits earned by loathsome beings, such as John Gilligan, who control supply.

With apologies to The Verve: the drugs don't work but the ban on them just makes us all worse.

*Henry McDonald is Ireland Editor of The Observer. This piece is extracted from a speech at the Cambridge Union on Thursday in support of the motion "This House would legalise hard drugs". The motion was defeated by 80 votes to 44.*

### **Swiss Extend Legal Prescription of Heroin Until 2009**

[http://www.drugpolicy.org/news/03\\_04\\_03swiss.cfm](http://www.drugpolicy.org/news/03_04_03swiss.cfm)

Tues, March 4, 2003

The National Council voted 110-42 to extend Switzerland's pioneering program to provide heroin to severely addicted people until 2009 despite attempts by right-of-center parties to end the public health initiative.

Around 1,300 Swiss drug addicts benefit from the legal prescription of heroin under medical control. The government maintains the heroin program benefits health and reduces crime and death associated with the drug scene.

The council vote came shortly after the United Nations' International Narcotics Control Board criticized heroin maintenance programs in its annual report. Countries providing such programs were said to be "aiding and abetting drug abuse and possibly illicit drug trafficking, through drug injection rooms and similar outlets."

Switzerland's experiment with drug distribution began in 1994 with the first government-authorized distribution of heroin, morphine and methadone in the world. Initially funded by the government, the programs are currently funded by health insurance companies.

Heroin maintenance programs lower the risk of overdoses and other medical complications as well as the motivation and need for addicts to commit crimes to support their habits. Addicts involved in such programs are more likely to maintain contact with drug treatment and other services, and more able and likely to stabilize their lives and become productive citizens. The promising results of the Swiss trials have led to ongoing pilot projects involving heroin maintenance in Germany, Spain and the Netherlands. Similar initiatives have been proposed in Canada and Australia.

### **Medically supervised injecting centre**

*A report published in the Uniting Church Interchange, March 2003*

At the end of the 18 month trial of the injecting room [October 2002], 3818 individuals have been registered to use the facility and a total of 56,861 visits had been made. Approximately 1 in 41 visits resulted in a referral for further assistance. Among the 1,385 referrals for further assistance, 43% were for treatment of drug dependence, 32% were to primary health care facilities and 25% were to social welfare services. 424 drug overdose incidents occurred at the Centre, requiring clinical management, a rate of 7 overdoses per 1000 visits. No deaths occurred at the Centre during the 18 month trial period.

The Centre remains open under amended legislation which provides for a further 12 months of operation [to October 2003] beyond the 18 month trial period. The report of the independent Evaluation Committee will be available later this year. [Expected in April 2003]

### **Stepping Stones Course**

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

- Topics covered include:**
- Coping with stress and anger,
  - Tips about communication and about boundary/limit setting to maximise the help getting to the substance user.
  - Focus is on what the family can do
  - Philosophy of harm minimisation is used

**When:** Fri 16<sup>th</sup> May, 5.30pm – 9.00pm, Sat 17<sup>th</sup> May, 9.30am – 5.00pm, Fri 23<sup>rd</sup>, Sat 24<sup>th</sup> May (at the above times) & a follow up evening on 28<sup>th</sup> May.

**Where:** Calvary Hospital, Function Room, cnr Hayden Drive & Belconnen Way, BRUCE.

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

**Application** Register soon by phoning 6205 4515  
Run by Alcohol & Drug Program and Ted Noffs Foundation

### **OTHER PROGRAMS AVAILABLE IN THE ACT**

**Family & Carers Support Meetings** about alcohol and drug issues in the family held at the Ted Noffs Foundation, 350 Antill St, Watson on Wednesdays fortnightly (public service pay week) at 7pm.

Philosophy revolves around harm reduction and maintenance of life. Phone 6123 2400 for more information.

---

**Effective Weed Control** – a free group program for adult cannabis users wanting more information or who want to change their cannabis use. Conducted by the ACT Alcohol & Drug Program.

Thursdays, 6-8pm at the Junction, Cnr Marcus Clarke and Rudd Streets, Civic.

Register by phoning 6205 4545

---

**Relapse Prevention and support groups** for anyone who wants to cut out or cut down on their drug and alcohol intake, and learn skills to make positive life changes.

Thursdays from 1 – 3pm at the Junction, Cnr Marcus Clarke and Rudd Streets, Civic. Cost: Free

For more information phone Josette on 6244 2591 or Louise on 6205 4515