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

committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER September, 2003 ISSN 1444-200

Next Monthly Meeting

Thursday, September 25
7:30pm

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

Join in the discussion on the recently released House of Representatives Standing Committee on Family and Community Affairs report on its inquiry into substance abuse in Australia, entitled "Road to Recovery" and progress report on the event to mark the 50th anniversary of heroin prohibition in Australia as well as other issues. Your involvement is much appreciated. Please try to come along.

Families and Friends for Drug Law Reform has organised a PUBLIC MEETING on

Wednesday 24th Sept, 2003

4.30pm – 6.30pm

in the Reception Room,
the Legislative Assembly
Civic Square, London Circuit, Canberra

Dr Ingrid van Beek
will speak on the
Sydney Medically Supervised Injecting Centre

Please try to come along to this meeting and invite others who may be interested.

More details on enclosed brochure!

Dates for your diary

Mon 27th Oct - Remembrance Ceremony
12.30pm, at our memorial at Weston Park. Bishop George Browning has agreed to be one of our speakers.

Tues 28th Oct – Event to mark the 50th anniversary of the prohibition of heroin in Australia. 11.30am for 12 midday in the main committee room at Parliament House. Details of this event still to be finalised.

Annual General Meeting
Thursday 27th November, 2003

Editorial

On Monday 8 September the House of Representatives Standing Committee on Family and Community Affairs tabled the report on its inquiry into substance abuse in Australia, entitled *"Road to Recovery"*.

The inquiry spanned two parliaments, and as is normal for such committees, the 39th Parliament's committee was prorogued and a new committee for the 40th Parliament was appointed.

Any who presented before both committees would have noted a different feel between the two committees. For the most part the original committee was genuinely interested and took great pains to educate themselves.

There were many more in the most recent committee who appear to have come to the task with preconceived views. One can see this from the recommendations made in respect of illicit drugs, from the press conference that followed and the debate on the report which commenced 3 days after the tabling, on 11 September.

FFDLR issued a media statement on the day of tabling, condemning the report as a "Litany of Lost Opportunities". The report refused to recommend life saving measures such as prescription heroin and supervised injecting rooms. Instead it proposed that Harm Minimisation in the National Drug Strategy be replaced with what they saw as the magic bullet solution of "Prevention". Readers will know that prohibition was the granddaddy of all prevention measures, and it has not worked. In 1953 – 50 years ago this year – Australia, under US and UN pressure, prohibited heroin. At that time Australia used 5.25 kg per million of population, mostly for pain relief and in cough mixtures. According to National Crime Authority figures (and with heroin prohibited) Australia in 1998/99 used 350 kg per million. A 67 fold increase in drug use, which has been accompanied by an increase in drug related crime.

Annette Ellis (ALP) in debate said: *I am very sad about the outcome of this inquiry, knowing how hard, how determined and how genuine we felt at the beginning in order to get the inquiry. I really thought, at the be-*

ginning of this process, that the committee could have produced a report that would be useful. But we have not. We now see a much divided out-come; we see a partisan outcome and a sad outcome.

The report pushes a zero tolerance, drug free Australia and proposes that the National Drug Strategy adopt that approach. Dangerously too, the committee put itself above doctors, professionals and experts by prescribing how drug addiction was to be dealt with. This, like brain surgery, is a matter that is best **not** dealt with by politicians or lay-people.

That stance flies in the face of the evidence – the Committee has disregarded any evidence contrary to its preconceived opinions. If one had doubts, the debate that followed would have removed those doubts. Here are some selected quotes from Hansard (11 Sept 2003) (full text can be seen on the Parliament House website www.aph.gov.au):

> ***Peter Dutton (Lib):*** *we do not park people onto methadone for evermore ....If we can provide an outcome of drug-free status for people, that should be the outcome, and that is our debate surrounding harm minimisation.*
>
> ***Trish Draper (Lib):*** *methadone drug substitution programs should not simply be a heroin substitute program .... 'parking' of drug users in methadone programs was of particular concern to committee members ... there should be a review of clients on methadone drug substitute programs after 12 months ... with a view to being drug free after a period of 24 months. The objective .... is to eliminate the effects of drug addiction through abstinence .... our positive belief that we can win the war on drug use and abuse .... Stopping the importation of illegal substances, educating people about the terrible effects of drug use and abuse and providing practical assistance, support and rehabilitation to help them overcome their addiction is the way forward to a drug-free Australia.*

There is little doubt that the agenda that has driven the illicit component of the report is for a "drug free Australia". An agenda that, no matter how praiseworthy, will never be achieved. But what must be of concern is that despite the evidence presented, and despite the committee stating in recommendation 125 that:

> *the Commonwealth, State and Territory governments: ● ensure that the programs and policies of the National Drug Strategy continue to be evidence-based;*

the committee ignored the evidence in its pursuance of an unachievable ideology.

However having said that the report is not all bad and does pick up a number of issues that we would support.

There are good elements in recommendations 4 – 7 which are to do with school based drug education. The main point to note however is that school drug education outcomes (if measured in terms of reduced drug use or drug uptake) have been very poor but that does not mean they cannot be improved significantly. Perhaps even to the extent of defunding those that do not work.

Recommendations 72 and 81 are also good. They call for *evaluation of law enforcement efforts*, and *development of robust performance measures for supply reduction strategies*.

While I believe the latter recommendation should have been more explicit and specified the measures, eg captured rates as a proportion of estimated quantities on the street, it is a step in the right direction. This of course would give greater transparency to the effectiveness of supply reduction strategies. A highly desirable measure but will the evaluated think it to be in their best interest?

Time will tell but I suspect the effective dealing with illicit drug issues will be destined to remain on the *Road to Recovery* for quite some time.

Submission to the Inquiry into Support Services For Families of People in Custody

Families and Friends for Drug Law Reform forwarded its submission to the standing committee on community services and social equity of the Legislative Assembly for the Australian Capital Territory this week.

From the list of recommendations made (see below), readers will see that the main thrust of the submission is that prisons must do all that is necessary and possible to keep the person connected with their family and community. Most prisoners will one day be released, and prisons must keep in mind that it would be far better if when a person is released they can be rehabilitated and reintegrated into society.

We are indebted to Bill Bush for this well thought out and comprehensive submission.

Recommendation 1:
Programmes for the support of families of those in detention should be consistent with the following principles:

(a) the hardship of family members dependent on the member detained should be minimised;
(b) the family's support for the detained person during the detention should be maximised;
(c) the capacity of the family to assist in the reintegration of the released member into the community should be reinforced;
(d) the capacity of the family to bring up children should be strengthened; and
(e) the health of the detained family member should be protected.

Recommendation 2:
Support should be provided:

(a) to meet the crisis and longer term material needs of families whose life is disrupted by the detention of a members; and
(b) to assist the family to cope with the non-material stresses associated with detention, notably where these are compounded by substance abuse and mental disorder of the member in custody.

Recommendation 3:
Procedures should be in place to make a prompt assessment of the needs of the family of everyone who is detained

Recommendation 4:
Strategies should be developed for relevant government and non-government agencies to provide a coordinated range of support to the families of those detained.

Recommendation 5:
Obstacles arising from the regime of remand centres and prison that serve to limit reasonable access of families to members detained should be removed.

Recommendation 6:
Where necessary, assistance with transport should be provided to families to enable them to visit detained members.

Recommendation 7:
A dignified and congenial human and physical environment should be provided for families to visit detained members.

Recommendation 8:
Leadership, support and training is required to bring about recognition among custodial staff of the need to enhance family support for prisoners and on how this can best be brought about.

Recommendation 9:
In order to maximise the support from families for the transition of detainees to the community:

(a) the needs should be assessed of the family as a whole as well as the released member; and
(b) community programmes providing the support required should be coordinated.

Recommendation 10:
Where a family is able to provide useful support falling short of accommodation for a member released from detention, help should be provided to enable the member to secure accommodation convenient to the family.

Recommendation 11:
People with serious mental disorders should not be detained in remand centres or sent to prison.

Recommendation 12:
Concern for some interests of those with mental disorders should not undermine the capacity of those willing to provide support.

Recommendation 13:
Interventions should not focus on blame and separation of someone with a mental disorder from his or her family but should focus on enhancing the capacity of the family to provide support.

Recommendation 14:
Support should be provided for families seeking to support a member who has a mental disorder. In particular a scheme of treatment plans should be established. These plans should involve the person with a mental disorder and all those closely involved in the life of that person including the family and professional helpers.

Recommendation 15:
Policies for admission to psychiatric service units and attendance by the Mental Health Crisis Assessment and Treatment Team should be adjusted or coordinated with other services to permit early intervention in the case of each new relapse rather than when the relapse has reached crisis proportions

Recommendation 16:
One or more facilities with necessary separations should be established to provide a caring environment for those with a mental illness including those under 18:

(a) to head off a crisis before it occurs and to provide relief for family and other carers; and
(b) as an alternative to remand or prison for those who may have become caught up in the criminal law.

Recommendation 17:
Mental health services should be integrated with other support for those with a mental disorder and their family.

Recommendation 18:
All measures available in the community at large should be taken to maintain and improve the physical health of those detained. In particular:

(a) every effort should be taken to ensure that people do not emerge from detention with infectious blood borne diseases contracted in detention;
(b) effective interventions should be implemented that are known to reduce or eliminate the dangerous public health risk of blood borne disease within remand centres and prisons.

Recommendation 19:
Recognising the reality of availability of illicit substances in corrective institutions, detention regimes should be framed around effective drug strategies that maximise the health and welfare of those detained

Recommendation 20:
Sterile syringes should be provided in corrective institutions where ACT prisoners are sent.

Recommendation 21:
The guiding principle of corrections should be to strengthen the community links of those subject to corrections and should not be their isolation. This principle should apply even for those deprived of their liberty.

Recommendation 22:
Corrections must own a broader social responsibility that extends beyond the containment of detainees to the integration of support services for families and detainees consistently with the best practices in the community at large

Recommendation 23:
Measures of harm minimisation available in the community for illicit drug use should also be available in prisons and remand centres in conjunction with best practice drug treatments

Recommendation 24:
As part of a broader social responsibility, authorities should not allow efforts to prevent drugs entering corrective institutions to undermine the maintenance and development of family bonds and capacity of the family to support the detained member's reintegration into the community after release.

Recommendation 25:
Consistent with the findings of early intervention research, the Legislative Assembly and Government should take leadership roles in support of the introduction of a consistent set of social policies to address the serious social problems including mental illness and drug abuse presently associated with detention.

Leading Ecstasy Researcher Retracts Critical Study

Fri, 12 Sep 2003 Source: LA Weekly (California)

Not everyone was surprised this past weekend when Dr. George A. Ricaurte of the Johns Hopkins University School of Medicine published a retraction in the journal Science of an earlier paper asserting that MDMA, a.k.a. Ecstasy, negatively affected dopamine function in two species of nonhuman primates. Writing with four other authors, including his wife, Una D. McCann, Ricaurte admitted that "the drug used to treat all but one animal . . . came from a bottle that contained d-methamphetamine [a known dopamine toxin] instead of the intended drug, racemic MDMA." Ricaurte et al. blamed the lab for mislabeling the two drugs, but other experts in the field have raised questions about studies involving Ricaurte before.

According to some scientists, Ricaurte, who gets substantial grant money from the National Institute on Drug Abuse (NIDA), has often omitted data that might undermine his case that even low or occasional doses of MDMA can cause brain damage -- an argument that has been used to halt potentially significant research into MDMA's therapeutic applications.

Safe-injection site opens Monday.

Site will offer addicts a route to healthier lives: Mayor

Jack Keating and Don Harrison, The Province, Vancouver, Monday, September 15, 2003

Mayor Larry Campbell believes today's official opening of North America's first legal safe-injection site is a "significant moment" in the history of Vancouver.

"I think it's a significant moment for the city and for the country," said Campbell, B.C.'s former chief coroner.

"I believe that it's going to make a large difference in the lives of the people who are addicted."

Hundreds of people have died of drug overdoses in the Downtown Eastside, including 37 so far this year.

"I believe that this is going to significantly reduce [the number of drug overdose deaths] and reduce the [spread of] HIV," said Campbell. "And perhaps as importantly, it's going to give people who are addicted an opportunity to get healthy and at least get treatment and be treated responsibly."

There are safe-injection sites in about 50 cities around the world -- in Germany, Switzerland, the Netherlands, Spain and Australia.

"It very much mirrors what I saw in Zurich," said Campbell. "In Switzerland they exist literally in every large city. They're in Frankfurt, Amsterdam, Australia. So this is not an unproven idea. It works."

The facility at 139 East Hastings St. has been approved by Health Canada as a pilot project for three years.

Public-health workers and officials advocate safe-injection sites as a way of reducing drug overdoses and the spread of HIV and hepatitis C.

Canadian Alliance MP Randy White is opposed to safe-injection sites.

"This is a false road to the solution to drugs," said White, vice-chairman of the House of Commons Drug Committee. "It's not the way to get people off of drugs. It's not harm reduction. It's harm extension."

Mike Larson, a former Downtown Eastside resident, believes the site will help revive the neighbourhood.

"It's going to save lives," said Larson. "There's kids using dirty water and dirty rigs on the street corners and back alleys. Things will be clean and safe in there and there will be counsellors to advise those who decide they want to get off drugs."

The Vancouver Coastal Health Authority and the Portland Community Services Society will run the supervised site.

Although the official opening is today, the facility won't open to drug addicts for about a week.

The site will open 18 hours a day for the 800 drug addicts expected to use it. It will be staffed by 16 nurses, four alcohol and drug counsellors and peer counsellors.

"We want people to feel comfortable in there, to get to know the staff, to feel safe there," said Viviana Zanocco of the Coastal Health Authority.

The staff will "make sure they don't OD, they've got a clean needle, to just kind of make a connection.

"And when the time comes that they want to go into treatment, we're there. And they know who to contact. So when they're ready . . . we'll be there."

A study in the Canadian Medical Association Journal says bureaucracy and the police may keep up to 80 per cent of needle drug users away.

The CMAJ study of 458 drug users in the Downtown Eastside found 92 per cent would use the facility. But the number dropped to 31 per cent when users were asked about three restrictions -- mandatory registration, no sharing of drugs and no assisted injections.

It fell to 22 per cent when users were asked if they would be willing to use the facility if police were stationed nearby.

Vancouver Const. Sarah Bloor said officers want the site to succeed but need to police the area to keep drug traffickers away.