

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

committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER

October 2004

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NEXT Meeting

Thursday 28 October, 2004

Meeting commences at 7:30pm,

Venue: St Ninian's Uniting Church, cnr
Mouat and Brigalow Sts, Lyneham.

Please come along and join in the discussion on possible future strategies for drug law reform following the recent elections.

Refreshments will follow

FFDLR's 9th Annual Remembrance Ceremony

for those who lose their lives to illicit drugs'

Monday 1st November, 12.30pm

at our memorial at Weston Park.

Speakers:

- The Rev'd. Canon Simon Wooldridge
- Kerrie Tucker
- Anne & Michael Gardiner

Choir: A Chorus of Women

BRING CHAIRS OR RUGS FOR SITTING
and umbrellas if wet

Please see enclosed invitation for details.

Let Marion or Brian know if you would like a loved one remembered by name at the ceremony.

Help needed

Please let Marion know (6254 2961) if you can bring sandwiches, cakes or slice for refreshments.

Flowers to be placed at the memorial rock are also needed. Again let Marion know if you can supply some flowers.

Other Remembrance Ceremonies

Saturday 30th October at 6pm

Ashfield Uniting Church 180 Liverpool Road.

Enquiries: 02 9798 001

Friday 5th November at 10.30am

Fairfield Uniting Church Harris/William St.

Enquiries: Lindsay 02 8707 0649

Saturday 16 October at 11am

Emma Miller Park, Roma St, Brisbane.

Enquiries: Tamara 07 3371 3708 or 0438 173 559

November Meeting

To be held on Thursday 25th November.

This will be the **Annual General Meeting** where annual reports will be received and office bearers for 2005 will be nominated and elected.

Speaker: Following the AGM David Hambly will speak about the role of the Parole Board and the extent to which those who come before it are or have been affected by drugs.

Editorial

The dust has just about settled on the Federal elections and the ACT elections. The granting of a majority to Liberals in the Federal arena and the opposite of granting a majority to the ALP in the ACT is interesting.

The outcomes of the elections will occupy commentators for many months to come.

Do any of the results improve the potential for drug law reform? Probably not!

The Howard government has its 'Tough on Drugs Strategy' which is not friendly to harm minimisation. Heroin on prescription will never be undertaken by a Howard government. Supervised Injecting Places are also out. Judging by his attack on the Greens' drug policy he does not think much of any progressive idea but would rather have more of the same prohibitionist/tough on drugs approach.

The ACT Stanhope government claims to support harm minimisation and prior to the last election promised a medically supervised injecting room but did not deliver. More recently it introduced a legislative amendment to the Criminal Code Serious Drug Offences Act which had the effect of widening the net and potentially catching more drug users. Under the changes for example, a teenager at a dance party who resells to a friend one of two ecstasy tablets that he has bought for a night out is now regarded as a "serious drug offender" and can receive a penalty of \$100,000, 10 years or both.

The Act also wound back the Simple Cannabis Offence Notice which has served the ACT well for many years. The net result has been to make it easier for police to prosecute. No not drug dealers, drug users.

If these two elections represent a trend by Australian governments where does it leave those of us who wish to reduce the harm from problematic drug use?

Most, if not all experts and professionals support harm minimisation and many would like to see it extend further. Most also agree to evidence-based approaches. But to date it has not been the experts influencing drug policy.

The ACT government took advice from the police in respect of the changes to the Criminal Code, and it would seem took advice from no-one else.

In other arenas it seems that public opinion and the leaders of public opinion have most effect. If psychologist and social researcher Hugh Mackay is correct when he said on the 11 October 2004 7:30 Report “people would prefer to watch home renovation programs than current affairs programs on television” then we should be concerned.

Clearly from comments in media and letters to the editor across Australia few understand the issues fully. Much of the debate does not take us forward. For example the claim that harm minimisation has caused all our drug problems – a debate that circulates uselessly on “DRUGTALK” an email debating system – has been well and truly debunked (the drug problem was here well before harm minimisation). And similarly the notion of a “Drug Free Australia” will never happen in my lifetime, nor yours, nor even your grandchildren. (One only has to consider whether alcohol should be the first drug to be free of, to see that it will not happen.)

The debate needs to move forward. In that debate we need non-return valves so that when a theory such as a drug free Australia has been thoroughly debunked it is no longer debated and the debate moves forward to consider things that will make a real difference.

Some of those new things could include:

- evidence-based policies,
- dealing with the social determinants of problematic drug use,
- taking the drug market out of the hands of organised crime and placing it with democratically elected governments,
- monitoring and evaluation of treatments,
- trials of new treatments unhindered by US style driven dogma,
- using a “whole of government approach”,
- factual (propaganda-free) information about drugs to school children and the public, and
- perhaps introducing a policy of “less net harm” where **all** factors are weighed up before introducing a policy and only policies that cause less net harm than current arrangements are introduced.

In the ACT the Government expended a great deal of time preparing long term plans and strategies. Two important ones are the Social Plan and the Alcohol and Other Drugs Strategy. This term should see the

implementation of those plans and there have been processes established to monitor and evaluate their implementation. The task of the people of the ACT will be to ensure that they are implemented and evaluated.

Yes there certainly is a lot to be done and for this term of government. A major task will be to inform the public. This can be achieved by members looking for opportunities to move that information process forward. This can be by writing letters to the editor or identifying opportunities where FFDR members could address community groups

HIV rates among injecting drug users

Radio National’s Health Report on 11 October 2004 with Norman Swan held an interview with Anthropologist Professor Philippe Bourgois and Dr Carla Treloar. The following is summarised version of that interview. A full copy of the transcript can be found at

www.abc.net.au/rn/talks/8.30/helthrpt/stories/s1214764.htm.

Dr Carla Treloar is from the National Centre in HIV Social Research at the University of New South Wales.

Anthropologist Professor **Philippe Bourgois** from the University of California, San Francisco, has studied the occurrence of HIV in drug users in the United States and discovered that there is a big geographical variation of HIV among injection drug users. People in California seem much less affected than their counterparts in New York for example.

Professor Bourgois lived in the neighbourhood of drug users to find some answers why this might be so. He first started in New York and later had a project that took him to San Francisco. He noticed that the floors of the shooting galleries were wet in San Francisco, and they were mostly dry in New York City. He noticed also that HIV rates among injecting drug users in New York were much higher than those in California.

Rates of HIV in New York went up as high as 60% but are now down to 30% whereas in Los Angeles the rates were 4%. Australia by comparison has a rate of less than 2%.

Australia's low rate can be explained by the needle and syringe program (NSP). In New York there was only one needle exchange in the whole of New York City, it was next to the police station and there was a really punitive attitude towards drug users. The attitude of police helped drive the activity underground. A factor which Norman Swan noted was evident when comparing Edinburgh which was high with Liverpool which was very low but had a better attitude by police.

Professor Bourgois discovered that the low rates of infection in Los Angeles was not because of any NSP.

At that time there were basically no needle exchanges anywhere in the United States, so we just had no explanation, and we thought it was just a question of time. ...

Injection drug use is a dangerous activity, and you still get thrown in jail for carrying needles, that’s something that people find maybe hard to believe in Australia, but in the United States in the cities where needles are illegal, you get thrown in jail

and most judges will actually throw it out, they're sick and tired of the war on drugs; they don't want their prisons filled up uselessly with addicts who need treatment. But the problem is, when you're addicted physically, you go into withdrawal. So by the time you see the judge it's been a few days and you're in full-blown withdrawal symptoms, so the punishment by the police is just arresting someone for carrying too many needles.



He found that the different type of heroin available in Los Angeles made washing of syringes an effective way of cleaning. Here is what he had to say about the heroin market in the US:

we have the same war on drugs going on in California, as a matter of fact California has the worst war on drugs than any other State in the country. We started the war on drugs in California. We incarcerate a higher proportion of our population than any other State in the country, and we have the cheapest, most highest quality drugs in the country, which shows you how badly the war on drugs works. ...

we started looking more systematically at where the rates were epidemiologically across the country, and we saw this pattern that you have black-tar heroin, it's called Mexican black-tar, it's produced by the Mexican mafia as opposed to the Colombian mafias or the South East Asian mafias that bring in the white powder in the United States....

In New York City it's a white powder heroin, absolutely no black tar on the street... We have organised crime in the United States.... They've carved up the United States, and this is all well documented by our drug enforcement agency, there's no ambiguity about this. You can map out where the drugs go and everyone knows it, it's common knowledge.

Norman Swan inquired about the findings from an anthropological point of view.

Philippe Bourgois: *One thing is that they're all American in the very deep, profound US sense, in that they believe in the American Dream, and this was the tragedy of the crack dealers. And they felt very stupid about being poor. Most of them dropped out of High School, they were not going to get ahead in the legal economy, so they were attracted into the underground economy and the thing that you can make the most money off is, unfortunately, drug dealing. So as a result that's where in a very ironic and tragic way, a lot of the best and the brightest of the very poor in the US inner city, get attracted into the excitement and possibility of getting rich quick.*

And has there been a heroin drought in the US like Australia?

Philippe Bourgois: *No, we've never had cheaper and higher quality heroin. We have the absolute cheapest, highest quality heroin that we've ever had. And it's a complete mystery, because how has*

heroin gotten cheaper and higher quality on the street, with all the money that we've spent trying to repress it.

Although Australia has a good record in respect of HIV infections there are still concerns about other blood born viruses and the effectiveness of the NSP.

Carla Treloar reminded listeners that even though Australia funds harm minimisation practices the services and the clients are vulnerable to political pressure.

Needle and syringe programs are closed and drug use services are closed, because their local

community decides for whatever reason they don't like that service, and the politician responsible for that area bends to community opinion, without embracing the ideas the principles and the evidence for harm minimisation services.

Discussion moved to how police in Australia could make a difference. Norman Swan commented that:

in Cabramatta in New South Wales my understanding is that if they police drugs in a different way and recognised that small-time users made their money out of selling drugs, if they actually relaxed a bit in the policing of that, burglaries went down, because they didn't have to make money out of robbing people's homes.

Carla Treloar noted that such a sophisticated approach was not always adopted by police:

You can see in Sydney the sniffer dog initiative, that's not targeting drug dealers, it's targeting end level users and creating extra harm. So instead of people saying 'Well I have four things to take tonight, I'm going to space them responsibly and take them over time, with care'. People are forced to take all their stuff at once because they don't want to be carrying drugs on the streets and be subjected to a search by a sniffer dog.

So there are these local initiatives that hit hard with lots of publicity, obviously they're vote winners in some areas, but really marginalise further people who choose to use drugs in whatever form, and create extra harms for those people, and then the community is around them as well. Not just in Cabramatta, but other local police commands decide that they would like to do something in response to whatever pressure and sit outside for example needle and syringe programs, watching people go in and out, which is perhaps an intimidation tactic.

And that really places the people trying to run those services, minimise harms for the people who use drugs, at extraordinary pressure to try and still deliver services to meet those goals, but obviously recognising the sensitive areas in which they're operating with really quite intimidating police presence. So it comes and goes with political fashion and favour and what needs to happen to sort that out for local areas at the time.

The interviews concluded with Philippe Bourgois responding to a question about what Australia could learn from the US:

You know an even simpler answer to your question, what can Australia learn from the United States? Don't imitate the United States. The United States has clearly and unambiguously failed from a scientific perspective. There's no ambiguity about this. We've tried the war on drugs, and it's made our drug problem worse rather than better. The solutions are in public health, they're not in law enforcement. And in the United States we've been completely hijacked and manipulated by our politicians, who get themselves elected through the rhetoric of the war on drugs, and so please don't follow our example.

[Readers are urged to read the full transcript of the interviews which can be found at the web address given above.]

Thailand vows to send drug dealers to hell

By Richard S Ehrlich, Asia Times

An edited version of the article from:
www.atimes.com/atimes/Southeast_Asia/FJ07Ae05.html

BANGKOK - Thailand has declared a fresh war on drugs, vowing to send dealers and smugglers to "hell", despite complaints by human-rights groups that a similar crackdown last year left 2,500 people dead, mostly in unsolved murders.

Prime Minister Thaksin Shinawatra launched the campaign on Monday by declaring that "drug dealers and traffickers are heartless and wicked". In his speech announcing the fresh campaign, "The War on Addictive Drugs", he pushed for harsh new measures to stop the traffickers, who "ruin lives" and "damage the country".

"All of them must be sent to meet the 'Guardian of Hell', so that there will not be any drugs in the country," he demanded, referring to a fanged demon who metes out eternal punishment to sinners, according to Thailand's mix of Buddhist and animist beliefs.

Senator Thongbai Thongpao scolded Thaksin for the comment: "It seems that he is sending a clear message to encourage anyone to freely silence those suspected of being involved in drugs," Thongbai said, according to the Bangkok Post.

The new crackdown aims to destroy drug networks and seize the assets of more than 1,000 influential dealers and 28,000 smaller-scale peddlers, the government said in a statement. It is due to run until next September and will focus on communities along the borders with Myanmar and Malaysia.

Last year Thaksin declared the country free of drugs after a 10-month operation that sparked immense criticism from international and local human-rights groups who castigated the prime minister for the unexplained deaths of about 2,500 people. Activists claimed many of them fell victim to extrajudicial executions by police competing to fill quotas under pressure to perform or lose their jobs. Complaints also focused on allegedly innocent people who were

fingered by enemies, bribe-seeking officials, or sloppy investigations, and later found dead.

Police and officials said most of the deaths resulted from warfare between drug gangs who killed one another to silence potential informers and decimate rivals. When only a handful of the 2,500 cases were investigated, critics then insisted that the government focus on the shocking number of unsolved murders instead of harping on drugs.

The new campaign will start by cracking down on Bangkok's squalid Klong Toey slum along the Chao Phraya River where entire families consume - and sell - methamphetamines and other drugs to one another in a worsening spiral of addiction and misery. Police were told to nab and frisk motorcyclists because they often transport drugs through the slum's narrow, winding alleys.

Despite an earlier "war on drugs" campaign that Thaksin claimed had removed drugs from the country, methamphetamines and other types of narcotics are once again flooding into Thailand.

"Ecstasy has been smuggled from Malaysia, while cocaine has been flown in by Africans," Thaksin, a former police officer, announced at the meeting on Monday.

Relatively high prices for ecstasy and cocaine - popular at indoor discos and "raves" on beaches - have resulted in dealers targeting middle- and upper-class customers, causing alarm among the nation's elite.

Heroin kits on demand for Scots prisoners

Kate Foster Home Affairs Correspondent, Scotland on Sunday, 17 October 2004

SCOTTISH jails will give heroin injection kits to prisoners under a hugely controversial plan to combat the spread of deadly diseases.

Hundreds of inmates will be handed clean syringes and swabs on a 'no questions asked' basis as a result of the scheme, which was condemned by some as the ultimate surrender in the war on drugs.

Prison health managers openly admit the drugs problem is so rife they have no alternative but to help inmates take highly addictive Class A drugs safely, even if that means turning a blind eye to rampant law-breaking within jail. The admission prompted widespread anger and disbelief from politicians and health professionals.

It is estimated that 80% of convicted criminals entering prison are on drugs, 40% of whom use heroin. One in 10 Scottish prisoners receives methadone.

Dr Andrew Fraser, head of healthcare for the Scottish Prison Service (SPS), fears an epidemic of Hepatitis C, and other dangerous diseases, will sweep through jails and beyond unless urgent safety measures are taken.

Other steps being considered under the £10m health plan included prescribing heroin to prisoners as well as increasing the amount of methadone handed out.

The full article can be found at:

<http://scotlandonsunday.scotsman.com/scotland.cfm?id=1207582004>