

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 28, April 2005

meeting at 7.30pm

speaker at 8.00pm

Speaker: Rev'd Greg Thompson

**Former Chaplain to the
Kings Cross Medically Supervised
Injecting Centre**

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

Refreshments will follow

Editorial

During the past week three members of FFDLR met with the ACT's Chief and Deputy Police Officers. We raised issues of concern, and sought reassurance of police policy on attendance at drug overdoses and on drug users.

We were pleased that the Chief Police Officer (CPO) confirmed that it was still police policy not to attend ambulance callouts to drug overdoses, unless there were exceptional circumstances. The CPO observed that in such circumstances it was a health issue and the health agencies would be left to deal with the matter.

In a previous newsletter FFDLR expressed concern about new ACT legislation that would widen the net and catch more users, particularly in relation to cannabis offences. The CPO advised that it was not the intention of police to arrest people for simple drug use offences. Despite the legislation allowing arrest and prosecution for growing cannabis indoors, he advised that if a person was simply growing for his/her own use they would not be arrested.

It was pointed out that the statistics in the Illicit Drug Report indicated that about 75% of arrests for drug offences were for illicit drug use, not for provision of drugs. According to ACT figures we examined after the meeting 97% of arrests for drug offences were for drug use. That matter is being followed up with the Deputy Chief Police Officer.

Concern was expressed by police about the proportion of police time spent on drug matters and of their desire to have the matter of drug use and consequential matters that can flow from it to be dealt with at the cause, thereby making more time available for police to deal with other issues.

We found ourselves in agreement with them on this issue. It is a view that we have long held.

The police reaffirmed their willingness to issue warnings when they become aware of stronger drugs becoming available, eg strong batches of heroin, such as the Victorian Police do and the ACT police have done in the past. The police observed that, particularly as they do not attend overdoses, they are less often the first to become aware of new batches of drugs on the streets. This underlies the importance of health and police agencies working closely together in the issue of such warnings. For example, the ambulance service, may well be the first to become aware of new batches of particularly dangerous drugs.

The police also expressed concern about drink spiking and the need to get accurate information from young people and families. Very often investigations of complaints suggest that only alcohol was involved. It is important that parents and young people be aware of the dangers of alcohol alone.

The meeting was a useful exchange on a range of other drug issues; and FFDLR is very grateful to the Chief and Deputy Police Officers for their time on what was for them a very busy day. FFDLR recognises that the police have a very difficult task in balancing enforcement of criminal law against illicit drugs and what will best promote the health and general welfare of the many young people who use these drugs.

It is FFDLR's intention to maintain the dialogue with police.



The most recent Household Survey was released a few days ago. A copy of the accompanying media release and one of the significant tables have been included in this newsletter.

The reduction in the number of people using some drugs is most welcome.

The Survey does however show some increases – in alcohol and ecstasy consumption. There is an upward trend in the use of these drugs. And although there is no significant difference (a technical statistical term to determine whether a difference between two figures is real or perhaps due to errors of sampling) between amphetamine use in the last two years there is an upward trend in the use of that drug also.

The other point to note from the figures is that in 1993 21 percent of the population used none of the drugs listed in the table, in 2004 that figure had reduced to 13.7 percent.

Thus 7.3 percent more Australians are using drugs than in 1993.

Household Survey Released

Media release by the Australian Government Institute of Health and Welfare

Tobacco and marijuana use fall

There have been significant falls in the last three years in the number of people smoking tobacco and using marijuana, according to a new Australian Institute of Health and Welfare report released today by the Minister for Health and Ageing, Tony Abbott.

The report, *2004 National Drug Strategy Household Survey: First Results*, launched by Mr Abbott at the Ourimbah Campus of the University of Newcastle, shows that there were declines in reported usage across a range of different types of licit and illicit drugs, but the most significant falls were for tobacco smoking and marijuana.

The proportion of the population aged 14 years and over who smoked [tobacco] daily declined from 19.5% to 17.4% between 2001 and 2004.

AIHW report author Amber Summerill said that the 17.4% daily smoking figure was the lowest ever reported in Australia, and among the lowest reported rates in the world.

'Between 1991 and 2004, daily tobacco smoking rates declined by almost 30%', Ms Summerill said. 'And in 2004, as in 2001 when the last survey was conducted, more than one quarter of Australians aged 14 years or older were ex-smokers who had quit smoking altogether.'

Marijuana use also dropped significantly between 2001 and 2004, from 12.9% to 11.3%.

'This represents roughly 180,000 fewer recent marijuana users in that time period, and this reduction was significant across most age groups', Ms Summerill said.

People aged in their twenties were most likely to be marijuana/cannabis users, and almost 1 in 5 teenagers had used marijuana/cannabis in the last 12 months.

The 2004 survey was the eighth and largest ever of a series which began in 1985. Just under 30,000 Australians aged 12 years and over responded to questions about their knowledge of and attitudes towards drugs, their drug consumption histories and related behaviours.

Between 2001 and 2004 there was a decline in the proportion of population who had used an illicit drug in the past 12 months, from 16.9% to 15.3%.

'This equates to 150,000 fewer recent illicit drug users in general for the time period,' says Ms Summerill. 'Interestingly, we also saw an increase in the average age at which new users first tried illicit drugs from 18.6 years in 2001 to 19.4 years of age in 2004.'

Drugs that respondents said they most associated with a drug 'problem' were heroin (39.4%), marijuana/cannabis (29.2%) and alcohol (10.0%).

The report also showed falling support for the legalisation of cannabis between 2001 and 2004 (from 29.1% down to 27.0%), and rising support for banning smoking in workplaces (from 81.1% up to 82.3%) and pubs/clubs (from 60.8% up to 68.1%).

Other findings from the survey included:

- There were declines in reported steroid use (0.2% in 2001 to less than 0.1% in 2004), cocaine use (1.3% to 1.0%), and hallucinogen use (1.1% to 0.7%).
- Increases were reported in recent ecstasy use (2.9% in 2001 to 3.4% in 2004)
- Almost two in five people who used an illicit drug in the past month reported high or very high levels of psychological distress.

Canberra, 7 April 2005

[Copies of the report can be found on the AIHW website: www.aihw.gov.au.]

Extract from report:

Drugs recently used (in the last 12 months)

Between 1993 and 2004, the proportions of persons aged 14 years and over recently using alcohol increased and the proportions using illicit drugs declined with few exceptions.

Comparison of recent use of tobacco is possible only for 1998, 2001 and 2004 due to a change in definition.

Table 2.1: Summary of recent^a drug use: proportion of the population aged 14 years and over,

Australia, 1993 to 2004 (per cent)

Drug/behaviour	1993	1995	1998	2001	2004
Tobacco	n.a.	n.a.	24.9	23.2	20.7 #
Alcohol	73.0	78.3	80.7	82.4	83.6 #
Illicits					
Marijuana/cannabis	12.7	13.1	17.9	12.9	11.3 #
Pain-killers/analgesics ^(b)	1.7	3.5	5.2	3.1	3.1
Tranquillisers/sleeping pills ^(b)	0.9	0.6	3.0	1.1	1.0
Steroids ^(b)	0.3	0.2	0.2	0.2	— #
Barbiturates ^(b)	0.4	0.2	0.3	0.2	0.2
Inhalants	0.6	0.6	0.9	0.4	0.4
Heroin	0.2	0.4	0.8	0.2	0.2
Methadone ^(c)	n.a.	n.a.	0.2	0.1	0.1
Other opiates/opioids ^(b)	n.a.	n.a.	n.a.	0.3	0.2
Meth/amphetamine (speed) ^(b)	2.0	2.1	3.7	3.4	3.2
Cocaine	0.5	1.0	1.4	1.3	1.0 #
Hallucinogens	1.3	1.8	3.0	1.1	0.7 #
Ecstasy ^(d)	1.2	0.9	2.4	2.9	3.4 #
Ketamine	n.a.	n.a.	n.a.	n.a.	0.3
GHB	n.a.	n.a.	n.a.	n.a.	0.1
Injected drugs	0.5	0.6	0.8	0.6	0.4
Any illicit	14.0	17.0	22.0	16.9	15.3 #
None of the above	21.0	17.8	14.2	14.7	13.7 #

(a) Used in the last 12 months. For tobacco and alcohol, 'recent use' means daily, weekly and less-than-weekly smokers and drinkers respectively.

(b) For non-medical purposes.

(c) Non-maintenance.

(d) This category included substances known as 'Designer drugs' prior to 2004.

2001 result significantly different from 2004 result (2-tailed ≤ 0.05).

Between 1998 (24.9%) and 2004 (20.7%) there was a decline in the proportion of persons who had recently smoked tobacco.

The proportion of the population recently using alcohol increased over the 11-year period, from 73.0% in 1993 to 83.6% in 2004.

Recent use of marijuana/cannabis rose and fell over the period, with the proportion of recent users in 2004 (11.3%) dropping to the lowest proportion seen over the 11-year period.

Can law enforcement protect Australia from drugs?

By Bill Bush

That the best efforts of police may not serve to protect the community from drugs is the stuff of nightmares. A recent study commissioned by governments on “The causes, course and consequences of the heroin shortage in Australia” examines this dark possibility.

The study documents the severe heroin shortage that affected Australia at the beginning of 2001 leading to a most welcome fall in overdose deaths.

It concludes cautiously that “the heroin shortage was probably caused by changes in heroin supply to Australia related to Australian drug law enforcement.”

But how can law enforcement have been so successful with heroin yet so unsuccessful in stemming the import of methamphetamines, cocaine and ecstasy?

A sister study on methamphetamines explains that “the more potent forms of 'base' and 'ice' methamphetamine were first detected in 1999. Since 2001 all forms of methamphetamine (i.e., 'ice', 'base' and powder methamphetamine or 'speed') appeared to be readily available to users”.

It is vital to ask the right question. Law enforcement is one of the constant factors in the illicit drug economy. It is not enough that it contributed to the shortage. The question that must be asked is whether law enforcement would have brought about the drought in the absence of other novel factors.

The study confirms that in the lead up to 2001 there were a lot of unusual factors. It tells us that “there was a continuing downwards trend in opium cultivation from the mid-1990s in the South East Asian cultivation regions” - the source of Australia’s heroin. This trend was large. Production declined by about a half over this period.

From this smaller harvest traffickers were supplying a new booming market in China. During the 1990s the study tells us that “the number of opiate dependent people registered in China - 80% of whom are heroin dependent - increased almost ten-fold.”

In contrast to heroin, the region was producing increasing amounts of potent methamphetamines. The study speaks of their production by “large-scale groups who were already involved in heroin production. These people already had connections, trafficking routes, money and power.”

It adds that “some traffickers previously involved in heroin production and trafficking to Australia are now involved in methamphetamine production and trafficking.”

The study also revealed that key financiers of major heroin imports to Australia in the 1990s, “had withdrawn from the financing and facilitating these imports in the late 1990s”.

Clearly there were a lot of unusual factors coming together in the lead up to the 2001 heroin drought. No wonder the study was so cautious in its conclusion about the role of law enforcement.

Indeed, after initially dismissing the decline in heroin production as unrelated to the drought, it affirms its relevance: law enforcement “probably” influenced supply but “this occurred against a backdrop of gradually declining production in South East Asia.”

The facts presented by the study invite the conclusion that Australian law enforcement would not have contributed to a heroin drought in the absence of these unusual factors.

The message to be drawn from this is disturbing - traffickers rather than law enforcement have the capacity to determine the availability of drugs in Australia.

It is unfortunate that the National Drug and Alcohol Research Centre should have agreed to report on the causes of the heroin drought as well as its impacts. Investigating the causes demands a combination of judicial and intelligence assessment skills such as might be found in a Royal Commission.

The study itself acknowledges that its method of approaching key informants “to analyse a reduction in heroin supply has the potential to be biased because the reduction in supply is itself an aim of drug law enforcement and is actively pursued.”

The lack of rigour of the study may flow from this. The following are some examples. It puts much store on Canada not experiencing a heroin shortage even though it too is supplied from South East Asia. There are obvious commercial reasons why traffickers would have chosen to reduce heroin supply to Australia. Much less heroin is used in Canada - in 1999 between one and two tonnes according to Canadian police compared to between 6.7 and 8 tonnes in Australia according to the National Crime Authority. Heroin diverted from Australia would go a long way in Canada. Moreover, reduction of supply to Canada would almost certainly have meant that their market would have been poached by competitors as happened in 1994 in the west coast of the United States.

In the same way the study does not take into account the fact that the 600 kg of heroin seizures in the year before the drought amounted to little more than a month’s supply. Earlier seizures of similar magnitude did not reduce availability. Nor does the study explain why law enforcement was so unsuccessful in stemming the flood of stimulants through similar channels. It makes no mention of the prediction of these events by the Office of Strategic Crime Assessment or why, the since abolished National Crime Authority at the height of the drought, declared that tackling drugs demanded “a co-ordinated and holistic approach.”

It is of the gravest concern that the Federal Government should regard this study as recognising “the pivotal role

of law enforcement in reducing the availability of heroin". It did not do anything of the kind.

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 Louisa Degenhardt, Carolyn Day and Wayne Hall (eds.), *The causes, course and consequences of the heroin shortage in Australia*, NDLERF Monograph Series no. 3 (Funded by the National Drug Law Enforcement Research Fund, an initiative of the National Drug Strategy, 2004) summary at <http://www.ndlerf.gov.au>

The impact of heroin prescription on heroin markets in Switzerland

by Martin Killias and Marcelo F. Aebi

University of Lausanne, Switzerland, 2002

[The following article contains an abstract, the conclusions and one very significant table from the work of Killias and Aebi. The article is significant because it is the first such article undertaken by criminologists showing that the heroin prescription program in Switzerland is having a significant and reducing effect on the heroin market in Switzerland. This article is a pointer to one possible way to undercut the drug market by taking the profit out of that market and reducing the number of user-dealers out of the market without the need to resort to severe and draconian approaches to try and achieve the same result. Ed]

Abstract: A program of heroin prescription was introduced in Switzerland in 1994. This initially targeted 1,000 heavily dependent heroin users, most of whom were also involved in drug dealing and other forms of crime. It has recently been extended to cover 3,000 users.

Evaluation of its impact on users shows large reductions in use of illicit drugs and in drug-related crime. The evaluations were not designed to assess the program's impact on drug markets, but some data can shed light on this. It seems likely that users who were admitted to the program accounted for a substantial proportion of consumption of illicit heroin, and that removing them from the illicit market has damaged the market's viability. Before involvement in the program, a large proportion of users sold drugs to finance their own use, since the illicit drug market in Switzerland relies heavily on users for retail drug selling. It is likely, therefore, that the program additionally disrupted the function of the market by removing retail workers. The workers no longer sold drugs to existing users, and equally important, no longer recruited new users into the market. The heroin prescription market may thus have had a significant impact on heroin markets in Switzerland.

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 In Table 6, police records confirm this trend showing the prevalence rate of police contacts for drug trafficking during the first six months of treatment decreased by 63% in comparison to the six months preceding treatment, while the incidence rate decreased by 58%.

When the comparisons are extended to periods of 24 months before and after admission to the program, the decrease is 61% for the prevalence rate and 80% for the incidence rate.

Table 6: Drop in Prevalence and Incidence Rates of Police Contacts Related to Drug-trafficking, by Matched Periods of Time Before and After Admission to the Program

	Observation Period			
	6 months before vs. 6 months after (N=604)	12 months before vs. 12 months after (N=336)	18 months before vs. 18 months after (N=153)	24 months before vs. 24 months after (N=108)
<i>Prevalence</i>	-63%	-51%	-61%	-61%
<i>Incidence</i>	-58%	-50%	-73%	-80%

Conclusions and new priorities for the Research agenda

The Swiss heroin prescription program was targeted at hard-core drug users with very well established heroin habits. These people were heavily engaged in both drug dealing and other forms of crime.

They also served as a link between importers, few of whom were Swiss, and the — primarily Swiss — users. As these hard-core users found a steady, legal means for addressing their addiction, they reduced their illicit drug use. This reduced their need to deal in heroin and engage in other criminal activities. Thus, the program had three effects on the drug market:

- * It substantially reduced the consumption among the heaviest users, and this reduction in demand affected the viability of the market.
- * It reduced levels of other criminal activity associated with the market.
- * By removing local addicts and dealers, Swiss casual users found it difficult to make contact with sellers.

So far, very little is known about habits of consumption, ways of recruitment and initiation, and distribution networks. Therefore, one future research priority should be to look more carefully into these factors in order to anticipate potential effects of substitution programs on drug markets. Another priority should be the study of market responses to reduced drug prices. How has the market absorbed the tremendous drop in drug prices in many Western countries? How did trafficking organizations manage the increased internal strain and conflict? Eventually, did some traditional organizations (such as Italian and Turkish mafias) leave this market to new ones, e.g., from Albania, for reasons related to insufficient profitability? Or, as recent research suggests (Nett, unpublished), did Turks lose their market position because more and more of their local offspring became addicted themselves?