

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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August Meeting

**Thursday 25 August, 2005
at St Ninians Uniting Church
Cnr Mouat and Brigalow Sts
Lyneham**

Meeting 7:30 pm

**Speaker 8:00 pm – Michelle Malouf of the
Domestic Violence Crisis Service will speak
on the association between drug use and
violence in families and other relationships.**

refreshments to follow

Editorial

Lying in bed on Saturday morning, half dosing but listening to the radio I heard Steven Levitt being interviewed about his book "Freakonomics".

The promo went something like this:

"The essential philosophy of Freakonomics is that morality represents the way that people would like the world to work, economics represents how it actually does work. In other words people lie, numbers don't! Levitt places his faith in the gods of data. He believes there's a serious lack of interesting questions being asked in the world of economics. He's come up with several questions that have aroused his own curiosity and used economic tools to answer them. For example, if drug dealers make so much money, why do they still live with their mothers?"

It was at that point that I came wide awake and listened. The street drug dealers in US apparently do not make a lot of money. They only make the minimum wage and have to live with their mothers because they cannot afford anything else.

And the reason why they make so little is because there are many people waiting in the queue to become dealers because it is a career path – the only way to become a big-time dealer is to start at the bottom and work your way up.

The interview concluded with Levitt saying that it was the profit motive that drove the drug trade and that there were only two ways to stop the drug problem. The first was to shoot every drug user on sight and the second was to legalise the drugs. He saw no other possibilities.

While most would think that the first option was rather drastic, there are concerning indications that Australia is heading down that path.

We are locking drug users away in our jails, no matter that they may also have a mental illness, and we provide little in the way of rehabilitation or mental health care.

The Government's "Tough on Drugs" strategy is also taking us down that path. The latest instalment is the Bill currently before the Senate on Serious Drug Offences.

Families and Friends for Drug Law Reform have grave concerns about the Bill's characterisation as "serious drug offences" of a host of activities among users at the bottom of the drug distribution pyramid. In plain language these may be "drug offences" but not "serious drug offences." They are offences involving possession and dealing in small quantities.

The Bill is far from being confined to serious drug offences by large scale suppliers. It is a radical and heavy handed extension of Commonwealth legislative authority into state jurisdictions with potential application to every drug user in the country.

By way of example, a young person who has grown just one mature cannabis plant weighing at least 250g that he has grown could be found guilty of trafficking and liable to imprisonment for 10 years, fined \$220,000 or to suffer both. Given the quantity, the onus of proof would fall on him to prove he did not intend to sell any of it. The reversal of the onus of proof takes that hard won legal protection away. A legal protection that, until now, been a recognition that Governments with all the resources at their disposal, put the accused person at a serious disadvantage.

The young woman who buys ecstasy tablets for herself and a few friends for a night out would face similar draconian penalties.

Such minor offences are not serious drug offences. Parents do not want their children's life chances destroyed by a conviction for a "serious drug offence".

The whole point of drug law should be to protect our young people, but the Bill does not do that. Much of the Bill is for the convenience of police and prosecutors without regard to the welfare of those involved in drugs whom law and policy should be there to help.

Bill Bush, to whom I am grateful for the preparation of the submission to the Senate inquiry into this Bill, and I, made these points orally to the Senate inquiry.

We also pointed out that there was nothing in the Bill that was likely to reduce the drug trade, that it was driven by the profit motive and that there was nothing in the Bill that would undercut the black market profits.

If one still thought that we were not going down the path of harsher penalties for those involved in the drug trade, one only had to listen to the interchange between the Senators and witnesses that followed our presentation.

In particular the Australian Federal Police (AFP) were questioned closely on cooperation between countries on exchange of information on drug trafficking cases.

The AFP has a Memorandum of Understanding (MOU) with some countries on exchange of such information.

When there is no MOU the AFP relies on written guidelines. Both of these documents would clearly say that information sharing will cease when the person charged could face the death penalty.

The problem is that there is no MOU between Australia and Indonesia and the AFP guidelines do not apply in cases that relate to Indonesia. The situation turns on the matter of when the person is charged and as we know from the media, Indonesian justice is to first apprehend, then gather evidence, hear submissions on proposed sentencing and then charge the person. It is only at the end that the person is charged - and the AFP may have provided evidence that, contrary to Government policy of opposition to the death penalty, could condemn a person to death.

So it is with the Bali 9. Information was provided by the AFP that led to their arrest and almost inevitably will lead to a charge that will attract the death penalty.

Whether the reason is a lack of foresight by the AFP, or the AFP simply being cooperative with a neighbouring country, or some other reason, the result is that Australia has effectively exported the death penalty.

This situation demands immediate and urgent attention. A first step would be to get a Memorandum of Understanding with Indonesia and all other neighbouring countries.

I have written to the Prime Minister on this matter.

Up in Smoke

By Stephen J. Dubner and Steven D. Levitt

New York Times August 7, 2005

Developing a Crack Index

If you rely on the news media for your information, you probably think that crack cocaine is a thing of the past. If you rely on data, however, you reach a different conclusion.

Measuring the use and impact of a drug like crack isn't easy. There is no government Web site to provide crack data, and surveying dealers is bound to be pretty unreliable. So how can you get to the truth of crack use? One way is to look at a variety of imperfect but plausible proxies, including cocaine arrests, emergency-room visits and deaths. Unlike the volume of news coverage, the rates for all of these remain shockingly high. Cocaine arrests, for instance, have fallen only about 15 percent since the crack boom of the late 1980's. Cocaine-related deaths are actually higher now; so are the number of emergency-room visits due to cocaine. When combined in a sensible way, these proxies can be used to construct a useful index of crack.

And what does this index reveal? That crack use was nonexistent until the early 1980's and spiked like mad in 1985, peaking in 1989. That it arrived early on the West Coast, but became most prevalent

in the cities of the Northeast and Middle Atlantic States. And that it produced a remarkable level of gun violence, particularly among young black men, who made up the bulk of street-level crack dealers. During the crack boom, the homicide rate among 13- to 17-year-old blacks nearly quintupled. But perhaps the biggest surprise in the crack index is the fact that, as of 2000 -- the most recent year for which the index data are available -- Americans were still smoking about 70 percent as much crack as they smoked when consumption was at its peak.

If so much crack is still being sold and bought, why aren't we hearing about it? Because crack-associated violence has largely disappeared. And it was the violence that made crack most relevant to the middle class. What made the violence go away? Simple economics. Urban street gangs were the main distributors of crack cocaine. In the beginning, demand for their product was phenomenal, and so were the potential profits. Most crack killings, it turns out, were not a result of some crackhead sticking up a grandmother for drug money but rather one crack dealer shooting another -- and perhaps a few bystanders -- in order to gain turf.

But the market changed fast. The destructive effects of the drug became apparent; young people saw the damage that crack inflicted on older users and began to stay away from it. (One recent survey showed that crack use is now three times as common among people in their late 30's as it is among those in their late teens and early 20's.) As demand fell, price wars broke out, driving down profits. And as the amount of money at stake grew smaller and smaller, the violence also dissipated. Young gang members are still selling crack on street corners, but when a corner becomes less valuable, there is less incentive to kill, or be killed, for it.

So how can it be that crack consumption is still so high? Part of the answer may have to do with geography. The index shows that consumption is actually up in states far from the coasts, like Arizona, Minnesota, Colorado and Michigan. But the main answer lies in the same price shift that made the crack trade less violent. The price has fallen about 75 percent from its peak, which has led to an interesting consumption pattern: there are far fewer users, but they are each smoking more crack. This, too, makes perfect economic sense. If you are a devoted crackhead and the price is one-fourth what it used to be, you can afford to smoke four times as much.

But as crack has matured into a drug that causes less social harm, the laws punishing its sale have stayed the same. In 1986, in the national frenzy that followed the death of Len Bias, a first-round N.B.A. draft pick and a cocaine user, Congress passed legislation requiring a five-year mandatory sentence for selling just five grams of crack; you would have to sell 500 grams of powder cocaine to get an equivalent sentence. This disparity has often been called racist, since it disproportionately imprisons blacks.

In fact, the law probably made sense at the time, when a gram of crack did have far more devastating social costs

What do you do with your Newsletter when you have read it?

Do you put it in a stack for future reference? Do you discard it?

Why not put it to an extended use by sharing it with others after you have finished with it?

In this way the benefit of the Newsletter is spread even further and you will be helping to raise awareness in the community. And it will multiply the effectiveness of the work that is put in to the preparation of the Newsletter.

Who knows, it may even encourage new members into FFDLR.

than a gram of powder cocaine. But it doesn't anymore. Len Bias would now be 40 years old, and he would have long outlived his usefulness to the Boston Celtics. It may be time to acknowledge that the law inspired by his death has done the same.

Comments by Andrew Byrnes

Dr Andrew Byrne MB BS (Syd) FChAM (RACP),
Dependency Medicine

Degenhardt L, Day C, Dietze P, Pointer S, Conroy E, Collins L. et al. Effects of a sustained heroin shortage in three Australian States. *Addiction* (2005) 100, 908–920

This is the latest and probably most comprehensive description of the so-called heroin 'drought' or shortage starting in early 2001 in Australia. There are detailed figures for crime, treatment entries, street prices, etc from three states. While NSW saw a temporary increase in crime, this was not seen in other states. The most dramatic effect was on overdoses which dropped by up to 75% from their high points around 1999. There appeared to be less injecting as shown by fewer syringes distributed. Treatment places were increased at the same time as the 'drought' began while Sydney's highest overdose area saw the opening of an injecting room which attracted thousands of injectors.

Most interesting are commentaries from 6 or 7 experts, each agreeing that a sustained drug shortage of this nature has never been reported before and that the cause was not an obvious alteration in drug policies (although some mention a 'tough on drug' strategy without documenting any substantial changes in customs, policing, treatment, etc).

Gossop [commenting on the paper] points to police crackdowns in Canada and London resulting in enormous drug seizures and arrests, neither of which had any reported effect on illicit markets. None of the wise commentators speculates on China 'opening up' and causing opiates to be diverted from the relatively much smaller Australian market. The 'drought' began within weeks of the start of the so-called 'Chinese century' in January 2001.

Ironically a commentator [on the paper] from the People's Republic writes in critical terms about 'harm reductionists' as though they were a pest to be eradicated. He is apparently proud that China 'has experienced a drug-free society for more than 30 years' without mentioning how this was achieved by the deprivation of civil liberties, travel, etc! And then he has the temerity to suggest that methadone and needle services should only be used as a last resort! Does he mean only when the HIV rates exceed 10% of the population? Or 20%? Hao then quotes a proverb using cats and mice to describe the drug war! His views, which some term 'zero tolerance', are so nauseating that they well plead the contrary case!

Brugal MT, Domingo-Salvany A et al. Evaluating the impact of methadone maintenance programmes on

mortality due to overdose and AIDS in a cohort of heroin users in Spain. *Addiction* (2005) 100:981-989

This study followed over 5000 heroin users in a variety of treatment settings in Barcelona over a 6 year period, looking at mortality, HIV and other demographics. In 23,000 patient years of treatment there were just over 1000 deaths, one third from overdose, one third from HIV and another third from 'all other causes'. Only 11 overdose deaths occurred in patients currently receiving methadone treatment (50% were on MMT during the study period - mean dose 71mg daily). Being in methadone treatment conferred a 'protection' reducing the risk of death by a factor of 7. This also reduced the risk of contracting HIV.

Reported death rates dropped from 3.1/100 to 0.6/100 between 1992 and 1999 and the authors state: "the protective effects of methadone treatment was proved to have played a significant role." The overall decline is similar to that reported for France during the late '90s, where the drop in overdose deaths is attributed to massive increase in buprenorphine availability. Further, they estimate "that 86% of the overdoses and 38% of the AIDS deaths occurring among non-methadone users could have been avoided had they been in treatment."

This is not to say that all addicts should be on methadone for life. However, only a very experienced professional, after a complete assessment and probably knowing the patient for a time, should ever recommend a course of abstinence based treatments over supervised medical maintenance with psychosocial supports.

Despite containing possibly some of the most valuable lessons in the 40 years of methadone treatment, *Addiction*, true to type, gives this Spanish item no particular prominence. No editorial appears on the anniversary this month of this life-saving treatment. Methadone (along with related public health measures) has probably saved Australia from the HIV epidemic suffered in most other comparable countries. It also addresses addictions in a humanitarian manner for those unable or unwilling to go directly down the abstinence pathway. Even Australians who express disapproval of methadone treatment can still share in the multi-million dollar savings they have from its use in this country. Most New South Wales patients who were approved for methadone treatment are now off treatment (over 50,000 approved, ~17,000 currently).

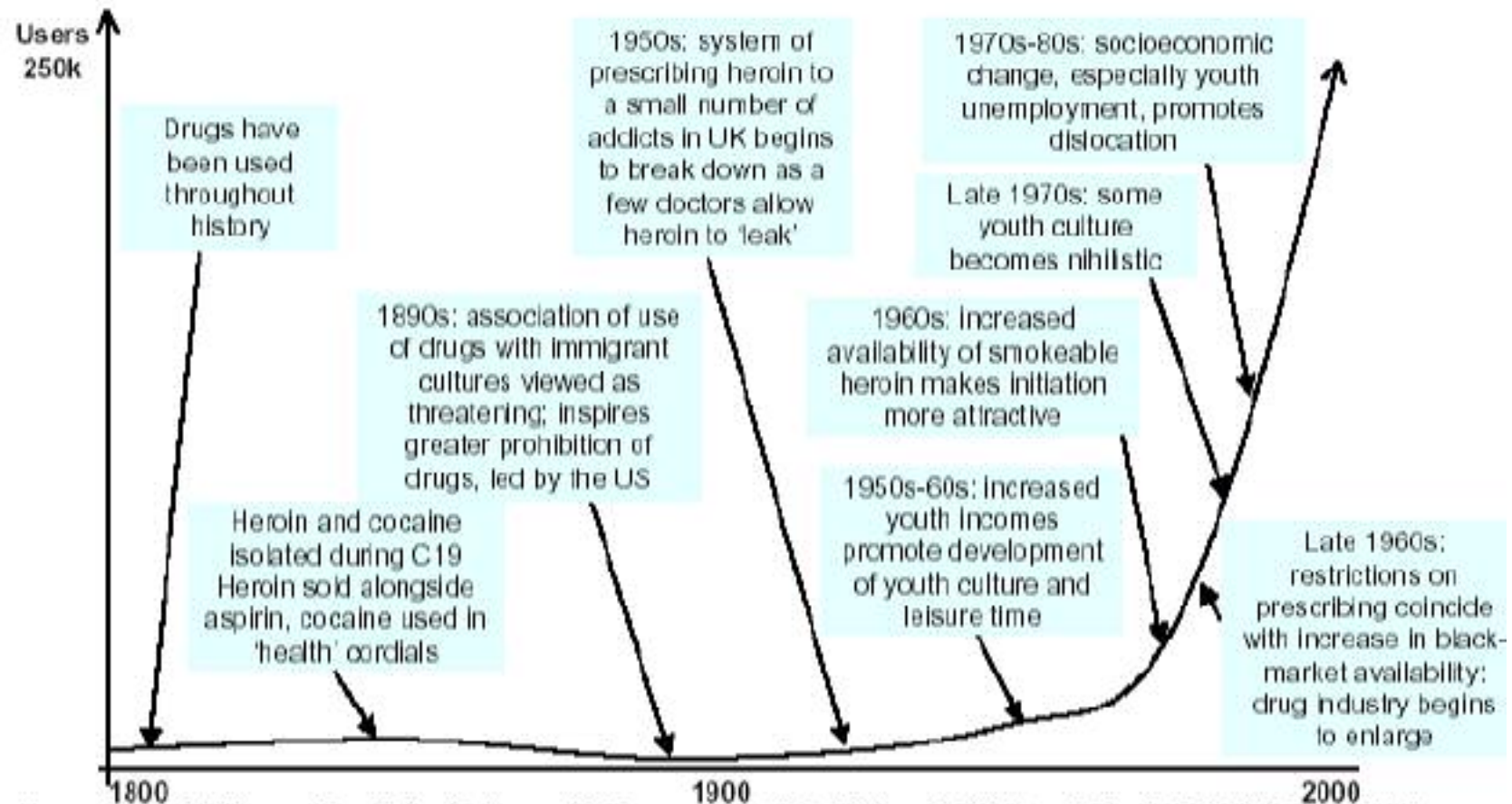
Rehm J, Frick U, Hartwig C, Gutzwiller F, Gschwend P, Uchtenhagen A. Mortality in heroin-assisted treatment in Switzerland 1994-2000. *Drug and Alcohol Dependence* (2005) 79;2:137-144

These authors report on the continuing success of the heroin prescription trial in Switzerland. Death rates have declined to rates comparable with other drug treatment subjects at around 1% per year, having been over 2.5% in the 1990s across the spectrum of drug users. This is all the more remarkable, they say, because only 'treatment refractory' subjects were admitted for heroin prescription, and these probably had a much higher expected mortality than the 2.5% estimated for opioid users generally in Switzerland in the 1990s.

The chart below has been extracted from page 7 of the confidential Lord Birt report referred to in the last newsletter. It shows the growth of heroin use in the UK from 1800. Of particular interest is the point from 1950 where the system of prescribing heroin begins to break down. There was some leakage of the drug to the black market but importantly the restrictions on the prescribing also increased. At that point in the 1960s use increased exponentially. Had the UK not restricted prescription and managed the leakage better, perhaps the boom in the black market heroin and escalated use may not have occurred.

Far more drugs are used now than in the past, though they have been used for centuries

Indicative numbers of dependent users of heroin and cocaine/crack in the UK from 1800



Source: *Heroin Addiction and Drug Policy*, J. Strang and M. Gossop, 1994; 'A Brief History of British Drugs Policy 1950-2001', R. Yates, 2002; 'Social and Historical context of drug policy in UK', G. Stimson, 1991; 'Cocaine: global histories' P. Goetsch, 1990; *The Pursuit of Oblivion* R. Davenport-Hines 2001, and others. Pre: 1890s, numbers reflect opium rather than heroin use.