

# 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 <http://www.ffdlr.org.au>

NEWSLETTER

June 2005

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## JUNE Meeting

Thursday 23 June 2005

The Drug Action Week Debate will  
replace our normal meeting

See below for details

## JULY Meeting

Thursday 28 July, 2005

John Paget, Director, the ACT Prison  
Project will be our guest speaker

## DRUG ACTION WEEK 20-24 June

Drug Action Week is a national week of activities to raise awareness about alcohol and other drug issues. It is an initiative of the Alcohol and other Drugs Council of Australia (ADCA)

Families and Friends for Drug Law Reform  
invites you to a

### PUBLIC DEBATE

The prohibition of the recreational use of drugs  
is based on good principles – featuring the world  
class ANU Debating Society

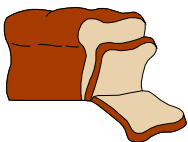
and chaired by the Editor in Chief at the  
Canberra Times,

Mr Jack Waterford

on Thursday 23<sup>rd</sup> June, 12 midday – 2pm

in the Reception Room at the Legislative  
Assembly

**PLEASE NOTE: THIS EVENT WILL REPLACE  
OUR MONTHLY JUNE MEETING. THERE WILL  
BE NO MEETING THAT EVENING.**



**HELP NEEDED:** Sandwiches and  
slice will be provided for a light lunch.  
If you can help by making sandwiches  
or a slice please phone Marion on 6254  
2961.

## FFDLR Stall 25 June

FFDLR will operate a stall in Garema Place Canberra on  
Saturday 25 June from 10am to 2pm as part of Drug  
Action Week events.

Come along and visit us at the stall.

If you would like to help on the stall please contact Brian  
or Marion on 6254 2961.

## Editorial

### Are we comforted by the latest drug busts or can we do better

In recent months there have been many arrests of persons allegedly trafficking in illegal drugs. But while police, who have been given an impossible task, may eliminate a couple of trafficking rings and prevent some drugs from reaching the streets, they are still as far away as they have ever been from eliminating drugs.

The void created by these arrests will, as history shows, be quickly filled and the trade continued. About 15,000 providers (traffickers) are regularly arrested each year with no indication that the drug trade has stopped or even slowed down. The promise of easy money is the great incentive – the promise of a holiday and \$10,000 is enough to tempt some to risk even the death penalty.

Heroin has returned to Australia's streets, methamphetamines are more available, and ecstasy use is increasing. Even the heroin drought of 2000, which many wrongly attribute to law enforcement action, has neither been sustained nor repeated.

The problem for all of us is that we just do not know what the real truth is. We have little knowledge of the easy availability of drugs unless our children tell us. We have no idea about the impact of police arrests and seizures. Blind faith and a belief that our government is being completely honest lead some of us to believe that they must be making a big impact - but the unending arrests and seizures may start us wondering.

And, unless we have been touched by it, we have no idea of the significant collateral damage of this war on drugs. In 2003/4 some 78,000 persons were arrested in relation to illicit drugs with 80 percent of those arrested being consumers, not traffickers.

At the end of June 2004 some 24,000 were in prisons, a growing population mostly to the benefit of the prison industry. Of those 24,000 a conservatively estimated 9,000 would admit that their illicit drug use attributed to their incarceration at a yearly cost to governments of at least \$450 million. And on release this is a mostly unemployable group who are not likely to have been rehabilitated from drugs, some of whom will have contracted an infectious blood born virus from using drugs with dirty syringes in prison.

The cost for illicit drugs of law enforcement including police, customs and courts was estimated to be about \$1.2 billion in 1998/9 and property crime was estimated to be \$364 million.

But not all drug users end up in the criminal justice system. Some, despite the activity being illegal, are not problematic drug users. Some seek treatment - for example the 40,000 persons on daily methadone or buprenorphine treatment programs or the 56,000 who had other treatments in 2002/3. Others unfortunately, die or have

serious social and health problems as a result of their drug use.

Research tells us that providing treatment for problematic drug users can be up to seven times more effective in reducing drug supply and drug use than law enforcement. This is a logical and obvious conclusion.

Each person in treatment represents a reduction in the demand for drugs and a reduction in demand on other services including the criminal justice system and prisons. For every person, in treatment, who acted as a low level dealer to support their drug use, the demand for the drug is reduced further by the number of clients he or she had supplied. For every person, in treatment, that could not support their drug use from their own legitimate income there is a reduction in burglaries, car thefts, break and enters, holdups, etc. Thus there would be a net reduction to black market sales - as research results of a Swiss criminologist demonstrate.

According to the latest household survey Australians would like to see more money spent on education and treatment programs than law enforcement.

Methadone and buprenorphine are two such treatments for heroin addiction. Both have proven results as indicated. Medically supervised heroin on prescription has arguably had even better results.

But governments have limited the places available for such programs and in the case of heroin prescription Prime Minister Howard has refused that medical treatment. With 2.5 million recent drug users and more than 100,000 urgently needing additional treatment places, with increasing enforcement and incarceration costs but little progress being made in eliminating drugs, and with increasing social costs, it is clear that governments are not acting in our best interests.

Governments need to treat their own addiction to failed policies and reduce their reliance on the blunt instrument of the criminal law and the penal system. They must look to alternative approaches to reduce the illicit drug market. A good start would be to invest more funds in society's health and social fabric. Until they do, governments must be held responsible for the continuation of the very profitable black market for organised crime and its social consequences.

## **US DARE program does not use science**

PLYMOUTH -- Plymouth schools should have a Drug Awareness Resistance Education program again this coming school year, a top administrator said on Thursday night.

But, he told Plymouth's school board, the corporation will not be able to pay for the program using the grant money it has in the past.

Tyree said that in the past, a Drug-Free Schools and Communities grant has paid for Plymouth's DARE program. But now, he said, the money cannot be used to fund DARE, since DARE does not use scientifically based research.

Vicar General of the Melbourne Archdiocese, Les Tomlinson, said needle dispensers would not win the fight against drugs but could help.

## **500+ Economists Call for Marijuana Regulation**

### **Debate as New Report Estimates Savings**

Milton Friedman, June 2, 2005

BOSTON, MASSACHUSETTS -- In a report released today, Dr. Jeffrey Miron, visiting professor of economics at Harvard University, estimates that replacing marijuana prohibition with a system of taxation and regulation similar to that used for alcoholic beverages would produce combined savings and tax revenues of between \$10 billion and \$14 billion per year. In response, a group of more than 500 distinguished economists -- led by Nobel Prize-winner Dr. Milton Friedman -- released an open letter to President Bush and other public officials calling for "an open and honest debate about marijuana prohibition," adding, "We believe such a debate will favor a regime in which marijuana is legal but taxed and regulated like other goods."

Using data from a variety of federal and state government sources, Miron's paper, "The Budgetary Implications of Marijuana Prohibition," concludes:

*"Replacing marijuana prohibition with a system of legal regulation would save approximately \$7.7 billion in government expenditures on prohibition enforcement-\$2.4 billion at the federal level and \$5.3 billion at the state and local levels.*

*"Revenue from taxation of marijuana sales would range from \$2.4 billion per year if marijuana were taxed like ordinary consumer goods to \$6.2 billion if it were taxed like alcohol or tobacco."*

Dr. Miron's full report, the open letter to public officials signed by more than 500 economists, and the full list of endorsers are available at <http://www.prohibitioncosts.org>.

### **Comment by Bill Bush**

The issue the economists raised is not directly whether harm reduction is better or worse than abstinence but whether economic principles should be applied in the formulation of drug policy.

Whether we like it or not, economics are at centre stage. The Executive Officer of the Australian National Council on Drugs agrees when he writes "we in this field are obligated to educate the public and decision makers to ensure we are resourced to provide programs, services, policies and opportunities for people to access assistance". The fact is that the drug field "prevention", law enforcement, education, treatment, is hopelessly underfunded and will never conceivably be funded to achieve the objectives of its constituent parts. I challenge anyone to produce a state or territory budget that has provided anything like enough funds to do a quarter of what their rhetoric has committed them to. Unmet demand is rampant.

Problem illicit drug use affects only a small proportion of the population yet, as the Collin's & Lapsely's study shows

in connection with crime costs, that proportion of the population is linked to community costs out of all proportion to its size. The truth is, Collins & Lapsley captured only a fraction of the costs involved. Read through the 376 submissions to the Senate's inquiry into mental health. It is a catalogue of lack of money and crisis. Submission after submission will tell you that illicit drug use is right in the middle of it as a cause or aggravating factor somewhere in the psychosocial background of the patient. More and more people with serious mental illnesses are having recourse to illicit drugs, placing demands on services that are impossible to meet and ending up in prison where they each cost the community some \$65,000 a year.

It is the same in pretty well all the other big ticket social problems that governments are falling behind in budgeting for - homelessness, school drop out, child protection, unemployment. Drugs may be hidden under the label "clients with complex needs" but they're there.

Take child protection as an example. Is there a jurisdiction in this country that has not had a string of inquiries or political crises about child protection that have collapsed under the demand for services? Drug using parents are involved in an overwhelming number of cases. You can't avoid the economic implications of alternative models of drug treatment in this one. The choice between an approach of abstinence first or stabilisation has much more than economic implications if we are to avoid a lot more stolen generations.

We are continually told that we must break down silo mentalities. Keeping economists at the edge of the drug debate is not achieving that. I don't see myself as an economic rationalist but the whole area of drug policy would do well to have a thorough dose of economic rationalism.

As John Hyde wrote in the Institute of Public Affairs' Review in 2001, the enormous illicit drug industry is run on rational business lines. There is what he terms a "wedge" between import (or production) and street prices that those in the market will seek to maintain. *"It is virtually inevitable"*, Hyde writes, *"that such huge profits will be employed in their own preservation, by corrupting the enforcement authorities and influencing the political system."* (And this includes putting at risk of death by firing squad venal and gullible young Australians.) Concerned as it is with a commodity, drug policy just has to recognise economic realities.

Hyde back in 2001 saw heroin prescription as a way of taking the economic wind out of the illicit drug market. This was interesting from a libertarian free marketeer. He was not advocating commercialisation of heroin as the American economists are suggesting for cannabis. Heroin, if not cannabis, is highly addictive and as a depressant its use can too easily lead to overdose and death.

This points to another important issue raised by the American economists - the extent to which social policy should be guided by the same individualistic libertarian objectives as underpin economic rationalism.

I don't sign up to the unqualified libertarian position. In that I am comforted to know that, in the case of children neither did J.S. Mill, the doyen of libertarianism. Those on whom children depend and, if necessary, the State, have a

responsibility to intervene to protect children against the self-harming consequences of their own actions.

It would help if politicians adopted a consistent position rather than having a bet both ways. The Hon Christopher Pyne MP, Parliamentary Secretary to the Minister for Health and Ageing in an address to the Press Club last year asserted that government had a minimal role to combat binge drinking by children. According to him: *"The role of government is, and will remain, one of support. Government must not usurp the role of families by substituting heavy-handed and ill-considered regulation for individual responsibility."* **This is the reverse of the position of governments towards illicit drugs.** Indeed, governments condemn as outrageous pretty much the same argument when voiced by those like NORML in favour of cannabis legalisation.

I would also accept that there are situations where we are justified in taking measures to dissuade adults and not just children from engaging in self-harming activity. We do this to combat smoking but we need to think very carefully before we take coercive measures. So long as adults support those dependent on them, pay their taxes and otherwise fulfil their obligations as citizens what purpose is served by charging them with a crime and otherwise disrupting their life for the sake of saving them from a drug that they may consume?

On the other hand, given what we know about the danger of heavy cannabis use on still growing minds, we should be very active in doing what we can to prevent twelve year olds developing a cannabis habit.

This brings us back to economics in designing measures to make cannabis less available to young kids. What will remove the financial incentive of making cannabis available to the peer group of those kids? To continue with the existing system is to live with all the harms of cannabis use and the black market plus those harms documented in studies published in the National Drug Strategy series comparing the Western Australian criminal law approach with the South Australian expiation system.

If coercive measures against drug use jigger up the life of many drug users as described in those and many other studies, how can one be neutral between approaches that insist on abstinence as a priority and those that take people as they find them and tackle the most urgent problems in their life which may not, initially at least, be their substance abuse?

When addiction is involved (by definition a relapsing condition), an abstinence first approach disempowers the user and their family - the very people whom Mr Pyne tells us should shoulder responsibility in the case of binge drinking.

Stabilisation, not abstinence, is most likely the first priority. It certainly will be for the drug dependent parent. More than likely, though, that parent will be punished if she continues using - have her child taken from her because her urine still shows up as "dirty" or because she gets caught dealing in order to pay for her own habit.

Similarly parents who see support and stabilisation as top priority become criminals if they purchase illicit drugs and dole them out to their child or even if they let their child use (and have drugs) at home. Both users and family are

treated as if they are unable to make basic decisions about their own life.

Economics come in again here too. Suppose we are to insist on an abstinence first strategy, what will that entail? At the very least it would entail having a case worker, detox bed or rehab bed for every drug dependent user in the country. More realistically, it would mean a further explosion of the prison population with or without super costly drug court procedures for a few.

Governments are not able to fund services now and they would never be able to fund them to that utopian and probably still ineffective level.

In short we must get real. For the sake of the whole community, that means, in the case of drugs, starting by recognising the force of economic realities and getting government "supporting" and off the back of drug users and their families.

## German heroin trials near completion

In 2002 a trial of heroin on prescription began in seven German cities (Bonn, Karlsruhe, Cologne, Munich, Frankfurt/Main, Hamburg and Hanover). That trial is nearing completion and the report is expected to be issued shortly.

First results of this medical study for drug consumers involved in the study indicate a market improvement in their state of health.

Professor Ingo Flenker estimates that between 4,000 and 6,000 people will benefit from this treatment option if it is introduced as a national heroin addiction treatment.

## Prescription of heroin is less costly for society

British Medical Journal Media Release, 4 June 2005

(Cost utility analysis of co-prescribed heroin compared with methadone maintenance treatment in heroin addicts in two randomised control-led trials)

reference: <http://bmj.com/cgi/content/full/330/7503/1297>

Prescribing methadone plus heroin to chronic, treatment resistant addicts is less costly than methadone alone because it reduces criminal behaviour, finds a study in this weeks BMJ.

The study involved treatment resistant heroin addicts taking part in methadone maintenance programs in six cities in the Netherlands. Prior to study entry, the heroin addicts frequently engaged in illegal activities to acquire money or drugs.

They were randomised to treatment with methadone plus heroin (experimental group) or with methadone alone (control group). After one year, data from 430 patients were analysed.

Co-prescription of heroin was found to be associated with a better quality of life. Although the costs of co-prescription were considerably higher, they were offset by lower costs of law enforcement and reduced costs of crime against property. The mean total net savings amounted to €12,793 [about \$A20,000] per patient per year.

From a societal perspective, supervised medical prescription of methadone plus heroin to chronic, treatment resistant addicts is very efficient.

### What is already known on this topic

Supervised medical prescription of methadone plus heroin is feasible, safe, and effective with clinically relevant improvements in physical health, mental status, and social functioning (including substantial reductions in criminal behaviour) in chronic, treatment resistant heroin addicts.

### What this study adds

From a societal perspective supervised medical prescription of methadone plus heroin is less costly than methadone maintenance treatment.

The medical co-prescription of heroin is beneficial in terms of quality adjusted life years.

Medical co-prescription of heroin is cost effective in patients who have previously failed to respond to methadone treatment.

## MEMBERSHIP PAYMENT

If you have not paid your membership for 2005 it is not too late. We operate on a small budget so your membership is very important to us. If you have overlooked payment please send your \$10 or \$5 (or postage stamps to the same value) to PO Box 36, HIGGINS, ACT, 2615 as soon as possible.

One of Families and Friends for Drug Law Reform's information stall

