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

committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER **November 2005** **ISSN 1444-200**

Next Meeting

Thursday 24 November 2005

7:30pm

Annual General Meeting

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

This will be the **Annual General Meeting** where annual reports will be received and office bearers for 2005 will be nominated and elected. **Please come along and join us for the final meeting of the year.**

Next meeting will be Thurs 23 Feb

Editorial

Plans are well underway for the building of a new prison in the ACT. It is expected to be completed in two year's time. The ACT government and the opposition have said that they want it to be a model prison.

At a forum organised by CAHMA (Canberra Alliance for Harm Minimisation and Advocacy) and sponsored by Greens MLA Deb Foskey the question of a needle exchange program (NEP) in the prison was discussed.

In the broader community the benefit of a needle and syringe program has been acknowledged. Although many in the community would prefer people did not inject street drugs, the use of clean injecting equipment is a protection for those who do inject drugs. It is a protection against virulent and often deadly blood born viruses such as HIV and HepC.

But it is also a protection for the community. HepC can be contracted simply by blood-to-blood contact such as infected blood contacting an open wound on an uninfected person.

A recent study that examined the cost/benefit of the NSP in the community cost the service at $150 million, which saved the community health system in excess of $2.4 billion – a sixteen fold saving. And what price could be put on the suffering of a person who contracted the virus.

The evidence is clear. NSP programs are effective.

As for prisons – we know that drugs are available and injected in prisons. At the forum we heard of personal experiences with drugs in prison and more particularly that syringes in a cut-down form are smuggled into prisons. Syringes become currency. A syringe is not used once and discarded as in the general community; it is rented out and often not adequately cleaned between uses.

The rate of HepC in the general community is between 1% and 2%. In NSW prisons the rate is 43% for males and 58% for females, in Vic it is 58% for both males and females.

A partial explanation for the higher rates in prisons is that most people in prisons are there for drug related causes and may have contracted the virus before entering prison. However that is only a partial explanation – many contract the virus while in prison from sharing syringes.

There is a general concern that HepC infections in prisons could lead to increased rates of infections in the community because the prisoner when released could spread the infection. Thus the provision of clean syringes in prisons like the provision in the general community would act as a protection for the community.

Bill Stefaniak, Liberal MLA and opposition spokesman for prisons stated clearly that he supported the principle that the provision of health services to prisoners should be the same as for people in the general community – "subject to security and safety issues", he said, leaving himself a little wriggle room. However in a later report in The Canberra Times, and despite Mr Stefaniak saying the opposition did not yet have a policy on the matter, the ACT opposition said they oppose an NEP in the new prison.

Deb Foskey was less equivocal saying that people in prison, in respect of their health and human rights should not be treated differently. Being imprisoned was their punishment.

The safety issue for both prisoners and prison staff is a real issue to consider. A guard in Long Bay jail in NSW was stabbed with a blood filled syringe and died of AIDS some years later. (Ironically the Carr government as a result introduced laws making the possession of a syringe in prison illegal, but that has not stopped the practice.) Shops are occasionally held up by a person wielding what appears to be a blood filled syringe. Prison guards are sometimes accidentally stuck by a syringe when undertaking cell searches.

Five overseas countries have needle exchange programs. Switzerland implemented it in 1992. Other countries include Germany, Spain, Moldova, and Kurdistan. There have been no reported injuries or threats of violence in any of those prisons since its introduction. Nor have there been reports of accidental needle stick injuries.

It was encouraging that at the end of the meeting, although the Health Minister could not attend, a spokesperson on behalf of the minister, advised that the matter of health in prison would be the responsibility of the Health Department, rather than Corrections and that the Minister would propose the introduction of a trial of a needle exchange program in the new prison.

The less-than-good news came finally from James Ryan, the Director, ACT Corrective Services, who during the course of the forum had asked of speakers generally, if the evidence is there, why English speaking countries such as Great Britain and Canada had not adopted the practice. (He was not convinced that the adoption by the Lothian and Borders Police (in UK) who provide syringes to police detainees was sufficient.)

He was invited to make a final comment near the close of the forum and he advised that he had heard nothing at the forum that convinced him but reiterated that his officers were open to discussion.

He also expressed a view (that was later by a member of the audience likened to *Yes Minister)* that if the government proposed introducing a needle exchange program in the new prison it should also introduce injecting facilities and also provide the drugs. There was a gasp of surprise from the audience and a smattering of applause from those who erroneously thought that he was supporting such a proposal.

The decision for an NEP in the ACT's new prison will be a political one and the public servant, the administrative arm of government will have the role of implementing the decision. Such a decision would be reasonable and responsible for a government and in so doing would just be providing prisoners with the same access to health services as those in the general community.

Prism of political correctness still distorting drugs issue

by Bill Bush

Published in the Canberra Times today, Wednesday, November 9, 2005

If drug addiction is best understood as a psychological problem than a lifestyle issue, why do we continue to treat drug abuse primarily in a criminal law rather than primarily in a health context?

Senator Gary Humphries asked this question on Monday at the 10th remembrance ceremony for those who have lost their lives to illicit drugs. It was the question family members asked at the meeting in 1995 which founded Families and Friends for Drug Law Reform.

It was new for parents to recognise that the criminal law contributed to the overdose death of their children. Contradicting the expectation that parents wanted tougher laws opened political ears, but politics have changed.

In 1995 Liberal leadership in the ACT and Victoria was serious about change. The Carnell Government proposed a heroin trial. In Victoria, Jeff Kennett's Drug Advisory Council under Professor Penington supported the heroin trial and decriminalisation of cannabis. The high water mark of reform was probably the interministerial agreement of July 1997 to support the ACT's trial. Within three weeks Prime Minister Howard backtracked and vetoed it.

In the ACT and Victoria, where there had been leadership, polls showed majorities in favour of change. Ironically, the election of the Bracks Government in Victoria in 1999 stands as the strongest affirmation that drug reform is not an electoral liability. Labor's promise of five injecting rooms was a key issue, Kennett having by then retreated from his forward position.

Initiatives of the 1990s failed to move drug policy from a law enforcement to a thoroughly public health approach. Even so, the elements of harm minimisation that Australian governments had introduced from the mid-1980s, have remained and even grown: sterile syringes, buprenorphine as well as methadone as substitution therapies.

All governments, including the Commonwealth, have committed themselves to a continuation of "harm minimisation" in the National Drug Strategy for 2004-2009. Indeed, the Commonwealth has strongly supported diversion schemes which acknowledge the harmful effect that enforcement of the criminal law can have.

Even so, the Commonwealth's "Tough on Drugs" approach, adopted following the rejection of the heroin trial, added ambivalence to "harm minimisation". Its three arms of "supply reduction", "demand reduction" and "harm reduction" allow agencies to do their own thing with a minimum of coordination.

"Harm minimisation" is also being attacked. John Howard says he does not believe in it, and last month he announced a $600,000 grant to Drug Free Australia "to continue their work in uniting individuals, organisations and government representative bodies to advocate abstinence-based approaches to drug issues". This is code for opposition to any drug policy that fails to give pre-eminence to abstinence.

This ethical point is at the heart of the drug debate. Is it right to place abstinence before measures that will keep addicted people alive and stabilise their lives?

The disagreement is not about the desirability of abstinence but that that goal should not marginalise people and endanger their health and lives.

Inevitably this places religion at the centre of the drug debate. [This is reflected in the Uniting Church stepping forward to sponsor the Kings Cross medically supervised injecting room after the Vatican ordered the Sisters of Mercy not to do so. Before the last federal election, the Australian Christian Lobby identified "reject heroin trials and drug injecting rooms" as a "Christian value" against which the parties should be judged.]* There is nothing in Christian texts that supports singling out some addictions to the harsh treatment of the criminal law.

Illicit drugs are implicated in Australia's most serious social problems, from mental health to child protection and poverty. Since 1995, the average daily occupancy of Belconnen Remand Centre has grown by over 100 per cent to accommodate drug problems. The ACT Government is spending many millions to build a large prison for the same reason. ACT deaths were 17 in 2003, as high as they ever have been.

The research community quietly supports harm minimisation, for which there is strong evidence of effectiveness, but a vocal defence of it cannot be expected from them. There is greater reluctance now than there was 10 years ago to speculate on the policy implications of research. This is because of the political sensitivity and reliance on governments to fund research.

Those who gathered 10 years ago were prepared to challenge political correctness. The need is even greater now.

Bill Bush is a member of Families and Friends for Drug Law Reform.

** Words omitted from published text for lack of space.*

Prison health: a threat or an opportunity?

The Lancet 2005; 366:1, Sat, 15 Oct 2000

Sarah Green

Last week, WHO distributed to all European ministries of health one of the most important documents on prison health ever published. The report, Status Paper on Prisons, Drugs

and Harm Reduction <http://www.euro.who.int/document/e85877.pdf>, brings together the wealth of evidence that shows that infectious disease transmission in prisons can be prevented and even reversed by simple, safe, and cheap harm-reduction strategies. Perhaps most importantly, the paper affirms WHO's commitment to harm reduction, despite opposition from many governments who view such approaches as a tacit endorsement of illegal behaviour. The public-health case for action is strong, but political commitment to this method of combating health problems in prisons remains elusive.

Indeed, health problems in prisons are numerous. Prisoners are often from the poorest sectors of society and consequently already suffer from health inequalities. Being in prison commonly exacerbates existing health problems. Incarcerating anyone, especially vulnerable groups such as drug users and those with mental illness, has serious health and social consequences.

High rates of injecting drug use, risky sexual practices, and overcrowding have made prisons a perfect habitat for the spread of infectious diseases. In parts of Europe and the USA, up to 20% of inmates are HIV-positive; and in some prisons tuberculosis infection rates are 100 times that of the civilian population. A study by Anna Shakarishvili and colleagues <http://linkinghub.elsevier.com/retrieve/pii/S0140-6736(05)66828-6> in this week's Lancet highlights the need for interventions targeting vulnerable groups in detention centres to curtail the rapidly growing HIV epidemic in Russia.

Harm-reduction efforts in prisons aim to prevent or reduce the negative health effects associated with certain behaviour patterns, imprisonment, overcrowding, and adverse effects on mental health. Initiatives such as needle-exchange programmes are effective and viable for controlling the spread of HIV, and do not obstruct the safety or effectiveness of drug-use prevention policies. However, the prison systems that have achieved the most success in preventing the spread of HIV have promoted harm reduction and treatment strategies together ‹making bleach, condoms, methadone maintenance, needle exchange, and other drug treatment available>.

Despite these positive outcomes, the response to the HIV/AIDS epidemic in prisons has been slow and piecemeal, and most governments continue to ignore the strategic importance of prison health care to public health. Most strategies for dealing with HIV in prisons focus on a zero-tolerance approach to drug users. The fact that infection rates are still climbing confirms that this approach does not work, but governments have been reluctant to endorse alternative strategies.

Rather than a lack of evidence that key interventions work, the prevention of infectious disease transmission in prison is hampered by a bizarre denial of governments of the existence of injecting drug use and sexual intercourse. Sadly, prison health is not high on the list of the public's concerns, so there is also little domestic pressure to address the problem. Some UN agencies, such as the United Nations Office on Drugs and Crime, still question the efficacy of harm-reduction measures, despite much scientific evidence to the contrary. The influential role played by the UN's four major donors, the USA, Sweden, Italy, and Japan, which all favour prohibitionist approaches to drug use in prisons, means that harm-reduction measures have not been given the credit and status they deserve.

The failure of governments around the world to implement measures that have repeatedly been shown to reduce harm wastes a vital opportunity to improve the health of a population that is often beyond the reach of public-health efforts. This failure is utterly shameful. Prisoners, a captive group, present a crucial opportunity to address behaviours that pose a high risk of disease transmission in society in general as well as in prisons, with proven, easy, and cheap harm-reduction measures.

It is important to remember that these health issues do not remain confined to prisons: the high level of mobility between prison and the community means that the health of prisoners should be a fundamental issue of public-health concern. Infectious diseases transmitted or exacerbated in prison inevitably become public-health issues when prisoners return to their communities.

It is time for a global approach: to acknowledge the contribution of prison health to health inequalities; and to make prison health a priority by convincing governments that health policy must be based on evidence and not political prejudice.

Annual Remembrance Ceremony

Address by Rev'd Peter Walker, 7 Nov 2005

I am not here to make a political statement. Though drug related deaths are a public tragedy that grieves us all, and I strongly believe that the only thing that should grieve us more is that we are not tyring all approaches and treatments available to us in the face of preventable suffering and death.

It should be a matter of deep public concern that we cannot overcome our apathy, and governments cannot find the courage, to risk trialing something new. It is not right that the Families and Friends for Drug Law Reform need to battle to get just a snap-shot for this issue on the news once each year. We must re-claim space for this issue in the public and the political domain. It is not something to be ashamed of. Governments can act swiftly and spend up big on the perceived threat of terrorism. How we long for the day when they will act swiftly and spend up big on the immediate risk of preventable deaths from unintentional over-doses, from toxic mixtures of drugs, from shared needles, because we do not have a safe and supervised place to help people cope with and, hopefully, overcome their addiction.

Nor, despite the fact that I am a Christian Minister, am here to make a statement about the church; although I

want you to know that I am very proud of the Uniting Church's operation of the supervised injecting facility in King's Cross. Very pleased that we have been involved in that ground breaking trial, and that we continue to serve those in need by providing a place where lives are saved. Saved, not only because it is safer to inject in a supervised room than in a alley-way, or a park; saved not only because it seems so important (and so self-evident) to view addicts as human beings in need of health services rather than criminals in need of corrective services; but saved, also, by bringing addicts into an environment where they receive respect, are offered dignity, and from that platform of support, have an opportunity to seek guidance that may help them overcome their addiction.

Despite the fact that the new leader of the opposition in NSW has chosen to make the closure of the King's Cross facility one of his priorities, I feel confident that the Uniting Church's commitment to the operation of the supervised injecting room will remain resolute.

How we deal with those addicted to illicit drugs should not be looked upon with the question, "Which policy, at the next election, might win us votes". It should rather be, "Which policy on this matter will save us lives". It needs to be said that the Church, sadly, is far from blameless, for it is often the very conservative Christian voice that responds loudest of all when support for an end to this approach is called for. I confess before you that we have much work to do ourselves.

So, I am not here to make a political statement, or to speak about the church – though I have taken some liberties in those directions. What I am in fact here to do is to make a statement about hope. And by hope I don't mean a fairy-tale, which ignores the reality of life; but a persistent, determined hope, that looks at both the good and the bad of life – as you have had to do - and still wants to say, in the words of Desmond Tutu:

Goodness is stronger than evil;

love is stronger than hate;

light is stronger than darkness;

[and] life is stronger than death.

Bishop Tutu knows that we cannot be free of the evil, the hate, the darkness, and the death. But he also knows that the goodness, the love, the light, and the life are stronger than them all. How he must have had that hope tested – and yet he still holds to it firmly.

We are here because, in one way or another, we have been touched by the devastation of drug-dependence and the sometimes overwhelming suffering it brings. Perhaps we are people who have known, in our inner being, the incalculable pain of losing someone we love – a daughter or a son, a sister or brother, a granddaughter or grandson, a cousin, a friend. Or we may be among those who are here to support others, as they try to see light for themselves at the end of that tunnel.

For me personally, I am here because I have a conscience. My conscience leads me to know that we all must take responsibility for a society in which lives are lost to drug addiction. It is tempting to say, "But the world is thus, there is nothing you can do about it". Yet the conscience responds, "No. Thus have we made the world, and we are the ones who can change it".

Despite our coming to this ceremony with different perspectives and experiences, we form something of a coalition of conscience; and that is where the hope is found. By our determination to do what we can to see that our community embraces the need for drug law reform, and our determination to stand with those who have suffered through the death of a loved one, or who suffer each day with the fear of that possibility, the evil, the hate, the darkness, and the death to which Bishop Tutu refers can be overcome by the goodness, the love, the light, and the life, which are stronger than them all. Those strengths are found in people…people like you and me, when we have the courage to listen to our conscience. Let us commit ourselves to be counted among them for more than just this one day in the year.

For those of you who have come because you are grieving, please do not make this the only occasion when you seek a community of support. If this is the first occasion, do not make it the last. You have brothers and sister here who are ready to help, as best we can. We all know the simple truth of the statement: Strength is found in numbers. Grief and sadness, when shared, are made more easy to carry. They will remain; they do not go away. But they are made lighter when others are standing along side you.

Knowing that a special part of this ceremony involves placing flowers around this tree, I turned to that wonderful person of the Spirit, Michael Leunig, and his book "The Prayer Tree".

In the introduction to this book of prayers he writes:

A person kneels to contemplate a tree and to reflect upon the troubles and joys of life. It is difficult to accept that life is difficult; that love is not easy and that doubt and struggle, suffering and failure, are inevitable for each and every one of us….Nature requires, however, that we form a relationship between our joy and our despair, that they not remain hidden or divided from one another. For these are the feelings which must cross-pollinate and inform each other in order that the soul be enlivened and strong.

As we remember, with love, those who have lost their lives to illicit drugs, we stand before this tree and contemplate both the troubles and the joys of life.

I pray that you will be able to know that the lives we remember today knew not only trouble, but also joy; and that this is therefore not only a time of sadness but also of thankfulness. More than that, it is also a time of hope – for their lives remain joined to yours, and their memory can inspire you to make a difference to the world in which we live.

We wish all our members a safe and peaceful Christmas and a happy New Year

The next newsletter will be issued in Feb 2006