

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

NEWSLETTER

October 2005

ISSN 1444-200

Next Meeting

Thursday 27 October 2005

7:30pm

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

Please come along and join in the discussion and help with strategies to continue our struggle for better drug policies.

Refreshments to follow

FFDLR's 10th Annual Remembrance Ceremony

for those who lose their lives to illicit drugs'

Monday 7th November, 12.30pm

at our memorial at Weston Park.

Speakers:

- The Rev'd. Peter Walker
- Senator Gary Humphries
- Jan Lee, whose daughter Neri took her own life after struggling with heroin addiction

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 29 October, Christ Church Cathedral, NEWCASTLE at 5pm. Enquiries: Jim 4942 5197 or Judy 4958 5589

Friday 4 November, St Andrews Cathedral Church, Macquarie St, SYDNEY at 10.30am

Saturday 5 November, Uniting Church, Liverpool Road, ASHFIELD at 6.30pm

Editorial

The headline in a page 7 article in the Canberra Times cried out for applause: "Record drug busts for the AFP".

During the financial year 2004/5, 182.7kg of heroin was seized, almost three times that seized the previous year, 172.8kg of cocaine was seized, almost 50 percent more than the previous year, 147.2kg of amphetamine type substances were seized. The AFP has constructed and applied a "Drug Harm Index" from these (and previous seizures) which they say saved the Australian community from \$668 million worth of harm.

This is good news that shows that the war on drugs is being won, right?

Well, not exactly. These measures are only of police activity and are indicators of the size of the drug market. They tell us little about the effectiveness of the AFP in respect to control of the supply of drugs.

Examining a number of year's worth of seizures gives an indicator whether the market is increasing or reducing but it is easy to put the best spin on such figures and convince the casual reader that progress is being made.

The illicit drug market is by its nature a hidden market and in many ways is not unlike fish population in a given body of water – we do not know with certainty the size of the fish population nor the size of the drug market. However if we were to cast our fishing net into the sea and pull in a large catch we could assume that there are many fish in that body of water. If we went back to the same place at a later time and cast our net and hauled in more fish we could presume that the fish population in that area was increasing. If, on the other hand, with every cast of the net we got less and less fish then we would presume the fish population was declining.

It is a similar situation with the illicit drug market. If law enforcement cast its net about and seized more and more drugs each year, would it not be reasonable to assume that the size of the market was growing?

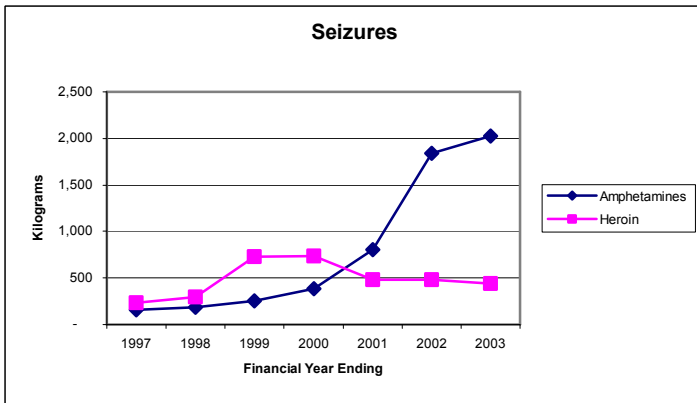
The following chart shows seizures from 1997 to 2003. It shows a growth in the amphetamine market. For heroin it shows after a growth period, the sharp decline in the heroin market coinciding with the heroin shortage of 2000 and then a stable or possible small decline in the market from 2001 to 2003.

The intention of supply reduction by law enforcement is of course to cause the drug market to shrink, not grow.

There are other indicators that suggest that the drug market is growing. These are regularly published data such as price, purity and availability.

If supply control is working, price should increase, purity should decrease and availability should reduce. But with the exception of heroin immediately following the heroin drought, published

data shows that price is reducing, and purity and availability are increasing. This also suggests that the market is growing. And now that the heroin drought is over, its purity is gradually increasing.



There are statistical methods for estimating fish population sizes and so too there are methods for estimating the size of the drug market.

In March 2004 the AFP published annual consumption estimates for the year 1998 for cannabis (132,024kg), opioids (2,366kg), and stimulants (11,319). The National Crime Authority in year 2000 estimated the heroin market to be 6.7 tonnes. Thus it is not an impossible task nor is it a difficult one to estimate the size of the drug market. The NCA had, in addition, identified its methodology for any to use in the future.

On my estimates the AFP seized only about 13 percent of the heroin consumed in Australia in 2004/5, 1.5 percent of amphetamines and 0.6 percent of cannabis.

According to the AFP Drug Harm Index methodology recent seizures of heroin, amphetamines and cannabis would have saved the community about \$336 million worth of harm. But if one looks at the whole picture even after that saving, the community would still have suffered about \$3,163 million worth of harm.

No one should be surprised by these figures. The United Nations Office of Drug and Crime Control reported that from production in the poppy fields through to the consumer only an average of 18 percent of heroin is seized. (A chart showing this was published in last month's newsletter.)

One however should not be too critical of the AFP for their lack of significant impact on the drug market. (Although one could of course be critical of their PR spin which gives the illusion of effectiveness.) It has been set an impossible task.

Consider for example the enormous tax-free profits that drive the market, the ability of organised crime to corrupt officials, the addictive nature of some drugs that drives the demand. The large profits ensure that organised crime will always have better equipment and facilities than government funded organisations. And it makes little difference to the profit of organised crime if about 10 percent is seized in transit. They seem always to be able to overcome most of the obstacles (such as tougher laws, X-ray machines etc) that are put in their way to get their drugs to the street.

Governments appear as yet, not to recognise these simple truths. Whether or not they believe their own rhetoric that they are making progress in supply control is hard to tell. It certainly appears that there is an inability to be innovative and creative in seeking a solution – particularly when the

only response is to become even tougher on drugs, even if it means that those at the end of the supply line, the users and their families, are made to suffer even more.

However a step in the right direction that might remove the blinkers from the eyes of governments, would be to provide objective measures of effectiveness of strategies that are implemented. The reporting of percentage of drugs seized as a proportion of the drugs available on the street is a simple enough measure that could be understood by all as a measure of performance of supply control strategies.

That measure might cause those that determine strategies to think about more innovative and effective strategies. It might just make a difference.

WAR ON DRUGS 'SPARKS AIDS SPIKE'

The Courier-Mail, Thu, 15 Sep 2005 by Ron Corben, in Bangkok.

AUSTRALIA has told Asian countries that tough tactics in their war on drugs have accelerated the spread of HIV/AIDS in the region.

The warning came during a two-day seminar of senior police officers from 12 Asian nations at the Thai seaside resort of Hua Hin.

Asian countries should pursue alternative harm-reduction programs, such as needle and syringe exchanges, as well as voluntary rehabilitation, Australian officials said today.

Many officers at the conference came from nations that punish drug offenders and traffickers with long prison terms or the death penalty.

But Peter Mahomet, AusAid's Asia regional HIV/AIDS program manager, said Asian police forces could learn from Australia's strategy of reducing the spread of AIDS among injecting drug users.

"We're trying to encourage police to be supportive and allow injecting drug users to access services that help reduce ... the HIV harm of injecting drugs; providing access to clean needles and syringes to avoid HIV transmission," Mr Mahomet said.

Mr Mahomet, who is based in Hanoi, Vietnam, said Asia's "get tough" drug reduction methods were failing.

Up to 80 per cent of those placed in involuntary rehabilitation centres returned to drugs after trying to give up through cold-turkey methods, he said.

"They spend a lot of money at involuntary rehabilitation centres and as soon as they get out they start using again," he said.

In Thailand, South China, Vietnam and Burma, which have drug trafficking routes, as many as 60 per cent injecting drug users have HIV.

"If we carry on with the current drug-supply reduction strategy and drug-demand reduction strategies, HIV will continue to flourish," he said.

TORONTO GOING TO POT?

Toronto Sun, Sat, 15 Oct 2005, Sarah Green

City calls for decriminalization

Decriminalizing pot for personal use and limiting the number of bars in neighbourhoods are part of a sweeping new Toronto drug strategy unveiled yesterday at City Hall.

Also among the 66 broad-ranging recommendations was a proposal to study whether Toronto needs a “supervised consumption site” for heroin and crack cocaine addicts, similar to Vancouver's controversial safe injection site.

“Is it appropriate for Toronto”, asked Councillor Kyle Rae, who chaired the drug strategy advisory committee. “It's a methodology used around the world and we should at least have it on the table”.

Toronto Police -- part of the advisory committee that included officials from public health, school boards and groups working with addicts -- oppose safe injection sites and the federal government's efforts to decriminalize possession of less than 15 grams of marijuana.

“Nobody goes to jail for possession of marijuana. It hasn't been a practice for years”, Deputy Chief Tony Warr said. “I think it's a message (decriminalizing) sends ... We're creating a market for grow houses”.

The city's strategy calls for prevention and education programs for youth as well as expanding the number of treatment spaces for young addicts.

It also includes several “harm reduction” strategies, including handing out crack kits containing mouthpieces and screens to drug users.

Crack cocaine is the most frequently used street drug in Toronto and handing pipes to addicts gives health officials a way to “pull in a very marginalized group”, said Dr. David McKeown, Toronto's medical officer of health.

“You can't reach people ... if you can't talk to them directly”, McKeown said, noting there's no solid evidence that crack kits prevent the spread of disease.

While the ultimate goal is abstinence, McKeown said the report acknowledges that isn't likely to happen.

“For those people who continue to use, we shouldn't abandon them”, he said.

Recent Toronto surveys found 78% of adults and 62% of high-school and junior-high students drink alcohol. Nearly 20% of students binge drink.

About 15% of adults use pot and 23% of students have tried the drug. About 2% of adults use other drugs, such as cocaine and heroin.

DRUG STRATEGY RECOMMENDATIONS

Toronto's drug strategy listed some of its 66 recommendations as priorities:

- * Set up a committee to implement the drug strategy and then provide start-up staff.
- * Expand programs for families and youth.
- * Limit bars in neighbourhoods.
- * Develop a model for a 24-hour crisis centre.
- * Campaign for more treatment services.
- * Get more addiction services in jails and prisons.
- * Work with neighbourhoods.
- * Provide better information on where to go for help.
- * Study the feasibility of a supervised site for drug use.

Thought for the month

Laws are made by man. Man is fallible and makes mistakes. Laws are sometimes shown to be wrong. For example the legislation which allowed aboriginal children to be taken

from their families has been reformed. "The national Inquiry disclosed that many of our fellow Australians are still suffering from the wounds inflicted by past laws, practices and policies which, notwithstanding that they may have been devised with the best will in the world, were ill-conceived and led to gross violations of human rights." (Sir Ronald Wilson). This quote could just as easily relate to many of our drug laws.

Our drug laws need reforming because they are unjust. Our young people are sacrificed while drug barons make billions of dollars through this very lucrative drug market which has only arisen because of our prohibition drug laws. Our young people should not be punished for the grave mistakes of governments and the obscene greed of organised crime. It is wrong that we put people in gaol who have a drug addiction, a mental illness or both. It is wrong that inadequate treatment funding is provided while much funding is wasted on things that make no real difference. We must do all we can to stop this injustice just as many people realised the injustice of the laws which removed aboriginal children from their homes.

Letter to the editor

Published in the Canberra Times, Monday 17 Oct 2005

Dear Editor

Senator Abetz's call for electoral reform concerning the removal of the right to vote from prisoners reflects a meanness that is rampant in the current federal government.

Surely Senator Abetz realises that about 80% of those in prison are there because of drug addiction, mental illness or both. Magistrates and judges are frustrated because governments do not provide adequate funding, treatment or support for these people and often have no alternative but to put them in gaol. A costly option that deals only with the symptoms, not the cause.

And now Senator Abetz wants to add insult to injury by taking away their right to vote. Surely being wrongfully goaled for what is fundamentally a health problem is punishment enough.

Looks like another path down the American road where many citizens are disenfranchised.

M McConnell

HIGGINS ACT

National Cannabis Strategy Consultation

On 12 November 2004 the Ministerial Council on Drug Strategy (MCDS) agreed to the development of a National Cannabis Strategy (the Strategy), the first of its kind in Australia.

A consultation paper was prepared as the starter for a consultation process which will be an integral part of the Strategy development process.

The National Cannabis Strategy will be developed by referring to current research and policy information; input from members of the Strategy Project Management and Reference Groups; submissions from organisations and the community; and the views expressed during the consultation forums. Views expressed via submissions and during the consultation forums will be taken into account but not necessarily incorporated into the Strategy.

The introduction to the consultation paper had this to say:

Cannabis is by far the most widely used illicit drug in Australia; one in every three Australians has tried the drug at least once during their lifetime. In November 2004, the Ministerial Council

on Drug Strategy agreed that a National Cannabis Strategy would be developed. It will be the first of its kind in Australia.

The widespread use of cannabis in Australia means that the National Cannabis Strategy will be a particularly important component of the National Drug Strategy.

The current National Drug Strategy aims to prevent the uptake of harmful drug use and minimise drug related harm. In keeping with this underlying philosophy, the National Cannabis Strategy will need to focus on reducing the harm associated with cannabis use in this country. In order to develop a strategy that will aim to minimise cannabis-related harm, a wide variety of issues need to be addressed that involve a range of sectors in the community. For example, the health sector needs to be involved in providing adequate treatment to those who are dependent on cannabis. The law enforcement sector is responsible for disrupting the supply of cannabis.

The education sector has an important role to play in preventing the use of cannabis by informing young people about the harmful aspects of the drug.

Finally, researchers provide reliable and up-to-date information on a wide variety of cannabis-related issues that help inform government policy and initiatives.

Given the range of issues that need to be addressed, the development of the National Cannabis Strategy needs to include a broad consultation process.

Limitations of the strategy

A Project Management Group (PMG), chaired by Professor Richard Mattick of the National Drug and Alcohol Research Centre, has been established to lead the development of the

Strategy. The PMG includes members of the Australian National Council on Drugs (ANCD), and representatives from the health, education and law enforcement sectors. Four Reference Groups have also been established to provide advice to the PMG throughout the development of the Strategy. These Reference Groups include people with knowledge and experience in four areas that are particularly relevant to cannabis: Mental Health; Treatment; Law Enforcement; and Research.

At the first Project Management Group meeting, it was agreed that the Strategy will be informed by existing knowledge and research and a comprehensive consultation process.

The Strategy will be developed within existing legislative frameworks. Cannabis law reform and the medicinal use of cannabis are not being considered as part of the development of the Strategy.

This latter limitation of the development of the strategy is of concern. The forum in the ACT heard how young aboriginals in the NT could “earn” money by helping smuggle in cannabis and that there was no other opportunities for them to earn an income through legitimate means. (A situation that applies to many young people.) Education was suggested but without any real conviction that it would make a difference.

So without a wider scope in the terms of reference, such as considering the laws that give rise to the black market and its enormous tax-free profits, it is difficult to see how the strategy will make any real difference.

Make a submission – it can make a difference.

Members can make submissions about matters to be included in the strategy to J.Mclaren@med.unsw.edu.au. They need to be in by 30 November and they do not need to be lengthy – even a one page list of suggestions for inclusion will suffice.

FAMILY DRUG SUPPORT A PRACTICAL COURSE TO HELP FAMILY MEMBERS COPE WITH DRUG AND ALCOHOL ISSUES the STEPPING STONES course

5 session course: Friday 4th Nov '05, 5.30pm-9.00pm
Saturday 5th ... 9.30-5pm
Monday 14th at 530-9pm
& then Friday 18th & Saturday 19th Nov (at the above times).

Where: Calvary Hospital , Function room

Application: Register soon. phone 6207 9977

Most families have influence over the drug user. This influence may be strengthened, when the family understand the process, & accepts support itself.

Topics covered include: coping with stress and anger, tips about communication ... and about boundary/limit setting - all in order to maximise your health, so that you have the resources to maximise the help getting to the substance user.

* We focus here on what the family can do.

* Working in collaboration is better than working alone.

* Uses philosophy of harm minimisation

Cost \$30.00 per family (includes booklet *GUIDE TO COPING*)

Run by Alcohol & Drug program and Ted Noffs Foundation