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 **August 06** **ISSN 1444-200**

NEXT Meeting
Thursday
at 7.30pm (general discussion)
speaker at 8.00pm

Speaker: Kevin Wenman, Insurance Policy Officer, ACT Dept of Treasury

Topic: Kevin will speak about public liability insurance as it relates to non-profit organizations such as FFDLR. Kevin will give us information which is important to our group and we hope as many members can make it to this meeting.

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

11th Annual Remembrance Ceremony
'for those who lose their life to illicit drugs'

Monday 16th October, 2006, 12.30pm – 1.30pm
Weston Park, Yarralumla, ACT

Speakers include:

- Bishop Pat Power
- Senator Lyn Allison

Music by the 'Union Voices'

Refreshments will be served following the ceremony.

If you have a family member of friend who has lost their life to illicit drugs and would like them remembered by name at the ceremony please phone Marion on 6254 2961 or Bronwyn on 6241 7118.

Please put this date in your diary. There will be other ceremonies in Sydney, Newcastle and others, times of which will be made known as we receive them.

Editorial

In this last week the Federal Government finally responded to the House of Representatives Standing Committee Inquiry into Substance Abuse in Australian Communities which was tabled in September, 2003.

It is a response that FFDLR was not looking forward to. Not because we did not want action on issues relating to drugs, but because the report was, as FFDLR put it in a media release at the time, a "litany of lost opportunities" and because if some recommendations were acted upon, the situation for many caught up in drugs would have been made much worse rather than better.

This is, in part, what we had to say in our media release of 8 September 2003:

The report pushes a drug free, zero tolerance Australia and proposes that the National Drug Strategy adopt that approach. That flies in the face of the evidence – the Committee has disregarded any evidence contrary to its preconceived opinions.

This is an attempt to gut existing harm minimisation measures contained in the National Drug Strategy that has kept deaths and diseases much lower in Australia than in countries that have had zero tolerance policies.

…….

The Committee calls for "prevention" – read, basically, intensified law enforcement - to cut off supply. There's more than half a century's experience that demonstrates this does not work.

…….

The report is worse than doing more of the same. It is a call to return to a mythical drug free past. It will do nothing to make real improvements to drug problems in Australia. It will increase crime, social dislocation and misery.

Some may recall that the inquiry was undertaken over two parliaments and while good progress was made in the first, many of the government members were replaced with new members in the second. Those new members were mostly of the hard line zero tolerance variety. The plan was thus to stamp zero tolerance/tough on drugs on the report.

This they did quite successfully. The response to the inquiry report contains much praise for the Government's "Tough on Drugs". Read some extracts from Health Minister Tony Abbot's covering letter:

The Howard Government's Tough on Drugs initiative is successfully tackling drug problems on three fronts; reducing the supply of drugs, reducing the demand for drugs, and preventing and treating the harm they cause. Since the inception of this initiative in 1997, Commonwealth Government law enforcement agencies have prevented over 14 tonnes of the most serious illicit drugs from reaching Australia's streets; there are now fewer people dying of opioid overdoses; more parents are talking to their children about drugs; and new treatment options are available.

The Howard Government supports the premise that there is no safe way to take illicit drugs and that the goal of each addict or user should be to become drug free.

The report even makes reference to evidence as a basis – in fact some 25 references – but for the government evidence is a basis only if it suits.

The fact, that the seized 14 tonnes represents only a very small portion of the drugs that avoid seizure and do reach the streets, is not mentioned.

The evidence for prescription heroin and for medically supervised injecting rooms is overwhelmingly favourable but the response makes no reference to that evidence. And as for heroin trials it simply says this: "The Government does not support a trial of heroin prescription as a treatment for heroin dependence".

When the Government has preconceived views the contrary evidence becomes irrelevant.

One of FFDLR's major concerns with the inquiry report was the push toward being drug free, even to the extent of insisting that those who were on methadone maintenance treatment would be coerced to become drug free. The flavour of the government's response is as if preparing for a future mugging of methadone as a maintenance treatment.

It quotes surveys that show poor support for the program and it flags "a desirable aim of methadone (and other pharmacotherapy) programs is abstinence from all opioids. This is undoubtedly the best outcome for the individual and community". This is wrong on both counts. Medical matters should be decided by the best medical experts not by a survey of the public which has little or no expertise in the matter. We do not survey public opinion to decide life saving cardiac treatment procedures. Why should we let the public decide on life saving drug addiction treatment?

The claim that abstinence from all opioids (methadone and buprenorphine fall into this category) is best for the individual is clearly wrong. Forcing people off methadone when they are stable is clearly not always in their best interest.

But there is a saving grace where, possibly the department has injected some reality "[h]owever, forced abstinence may result in clients relapsing and losing gains already achieved while on methadone maintenance therapy".

The response to the drug abuse inquiry needs a more detailed examination (and members may wish to do that by downloading a copy of the response from http://www.aph.gov.au/house/committee/fca/subabuse/gresponse.pdf) but on first read it seems to be more about praise for Government actions than much else.

In contrast to the self-congratulations of the government's report a bunch of remarkable researchers presented their findings on a major project that has the potential to change for the better the way drug policy is developed – based on evidence.

The aim of the Drug Policy Modelling Project (DPMP) is to create valuable new drug policy insights, ideas and interventions that will allow Australia to respond with alacrity and success to illicit drug use. DPMP addresses drug policy using a comprehensive approach, that includes consideration of law enforcement, prevention, treatment and harm reduction. The dynamic interaction between policy options is an essential component in understanding best investment in drug policy.

Stage One which was presented at a forum at the University of NSW last week has already:

a) produced new insights into heroin use, harms, and the economics of drug markets;

b) identified what we know about what works (through systematic reviews);

c) identified valuable dynamic modeling approaches to underpin decision support tools; and

d) mapped out the national policy-making process in a new way, as a prelude to gaining new understanding of policy-making processes and building highly effective research-policy interaction.

By way of example and while it is still early days in the life of this project, the exposure of Australia's drug budget (in Monograph 01) may in itself lead to changes and improvements. It reports that: of the $3.2 billion spent on drugs in 2002/03, $1.3 billion was spent on proactive policies while $1.9 billion was spent dealing with the consequences such as crime and health consequences. Of the proactive expenditure law enforcement accounted for 42% and other monographs are looking at the effectiveness of that expenditure.

What makes this work so remarkable is the quality of the researchers undertaking the work, the passion of those driving the project and the promise that the outcomes will be objective. It is a project that has captured the attention of many experts from outside Australia, and indeed also involves eminent researchers from overseas.

However what is also remarkable and carries the promise of objectivity is that the funding has not been from the government but from the Colonial Foundation. And it is this foundation that has now funded stage 2 of the project for an amount in excess of $7 million.

The thought that an objective, no political spin, evaluation of current drug policies and practices and the possibility that evidence and effectiveness just might become the basis for future drug policies and practices is more mind blowing than the drugs under discussion.

Footnote: The director of the project is Associate Professor Allison Ritter and it may be possible to arrange a public meeting in the ACT in the near future at which she will be able to talk about the project.

Monographs in the DPMP series are:

01. What is Australia's "drug budget"? The policy mix of illicit drug-related government spending in Australia

02. Drug policy interventions: A comprehensive list and a review of classification schemes

03. Estimating the prevalence of problematic heroin use in Melbourne

04. Australian illicit drugs policy: Mapping structures and processes

05. Drug law enforcement: the evidence

06. A systematic review of harm reduction

07. School based drug prevention: A systematic review of the effectiveness on illicit drug use

08. A review of approaches to studying illicit drug markets

09. Heroin markets in Australia: Current understandings and future possibilities

10. Data sources on illicit drug use and harm in Australia

11. SimDrug: Exploring the complexity of heroin use in Melbourne

12. Popular culture and the prevention of illicit drug use: A pilot study of popular music and the acceptability of drugs

13. Scoping the potential uses of systems thinking in developing policy on illicit drugs

Copies of the monographs are available free from the following website:

http://www.turningpoint.org.au/research/dpmp_monographs/res_dm_monographs.htm or can be ordered at a cost of $110 for the set of 13 monographs from Turning Point at **54-62 Gertrude Street, Fitzroy Victoria 3065.**

Some statistics from the Sydney Medically Supervised Injecting Centre at 5 years.

I have attended the Sydney Medically Supervised Injecting Centre about once per week for the past 5 years. I have had a 'guided tour' of the centre as well as being a local resident delegate on their 'community consultative committee'. The service now has strong majority support (up to 80%) from residents and businesses in Kings Cross and has been supported by most police, medical, church and health authorities.

Quite apart from the documented practical benefits for local drug users and residents, this service has given us a unique insight into drug use in Sydney over the past five years. It has been a barometer of street drug trends, while also emphasising the shortage of treatment services, both abstinence orientated and otherwise.

We learned very early that drug users were taking enormous risks with unsafe injecting practices. In many cases, there was 'blood everywhere' while injecting took place. This observation was one of the first useful 'messages' passed out by staff at medical meetings, written reports and local briefings to other health care workers. Many thought that by providing clean needles, we could be sure that infections in drug users would be curtailed. While this was true of HIV, it certainly did not apply to hepatitis B or C and skin infections.

Over 5 years, almost 9000 individuals have been reminded by staff to wash their hands before and after injecting. They have been provided with clean injecting equipment, good lighting and a safe and closely supervised environment to inject themselves in almost a third of a million injecting episodes between 9.30am and 9.30pm most days over the 5 year period of service.

The latest information is that heroin availability has declined dramatically since January this year and just as common now are prescribed pain killers morphine/oxycodone (31%). These have shown to produce a far lower overdose rate (less than half that of street heroin). Also, for the first time in 20 years, brown heroin (38%) from Afghanistan has appeared on the Sydney market. 'Crystal meth' or 'ice' is still popular (6%) and cocaine is used by 21% of attendees.

On average about 200 visits occur each day and some days there are more than 300 injecting episodes in the centre. I have noted that most mornings, there are usually one or two people in the waiting room but on exceptional occasions have counted up to 13 people waiting to be assessed at the front reception. This is not unlike many other businesses.

There were 87 overdoses recorded on average per quarter ranging from 47 to 175, possibly reflecting the variable strength/cost of street drugs over the years. Thus every one of the 1747 overdoses observed was a potential death statistic yet nobody died. We will never know the proportion who would have died without treatment. However, out of 300,000 injections we would certainly expect some deaths and considering these include some of the most high risk drug users, dozens of deaths might be predicted. Yet none occurred. The independent report estimated a number of lives were saved during the initial trial period. Many more lives have probably been saved since then.

Well known and consistent longitudinal studies on the natural history of opioid use show that of the 9000 people who have used these facilities, a high proportion are opioid dependent. Of these, after 7 years, approximately one third are likely to be drug free. Up to 50% could be expected to be on some form of maintenance treatment, 5-10% are likely to be dead with a similar proportion incarcerated.

Major Watters has said that if the injecting centre is shown to save lives that he would support it. Further, I understand that he supports all measures which result in (alive) abstinent citizens. I can only hope he really means these sentiments as we need all the support we can get for this underprivileged group in our society. I know a number of (completely) drug-free citizens who may be alive today due to their attendance at the injecting centre when their drug using was at its most chaotic.

Some may expect the injecting room to lead to abstinence yet on the other hand, we do not expect the hospice to 'cure' many if any patients. Both services have shown their different places in the health care system. I support closing this injecting centre when its use falls below sustainable levels. However, on current usage, and with a continued shortage of available treatment options in New South Wales, I cannot see that happening for many years. Call me a pessimist.

Comments by Andrew Byrne ..

http://www.redfernclinic.com/

In Memory of Vincent P. Dole, MD

VINCENT P DOLE, MD, DIES AT AGE 93
August 2, 2006

Dr. Dole (an internist) and his late wife, Marie Nyswander, MD (a psychiatrist), began their collaborative research with methadone with a handful of long-term heroin-dependent individuals in 1964. They did so in the face of overt threats of harsh criminal and civil action by federal narcotics agents. Their courageous, pioneering work demonstrated that

methadone maintenance is a medical treatment of unparalleled effectiveness - a superlative description that is as applicable today as it was four decades ago. As a result, well over three-quarters of a million people throughout the world are able to lead healthy, productive, self-fulfilling lives - over 200,000 in the United States, an estimated 530,000 in Western Europe, and many tens of thousands more in Eastern Europe, Middle East, Central Asia, Far East, Australia and New Zealand.

After the remarkable transformation they observed in their first few patients, Dr. Dole and Dr. Nyswander went on to provide direct supervision of the first "methadone maintenance treatment program" at Beth Israel Medical Center in New York. In so doing they demonstrated that it was possible to replicate on a large scale the therapeutic success they achieved in the small, controlled, research environment of the Rockefeller Institute (now Rockefeller University). Dr. Dole was also responsible in the early 1970s for convincing the New York City Department of Corrections (at the time headed by Commissioner Ben Malcolm) that detoxification of heroin-dependent inmates in the city's main detention facility at Rikers Island was imperative to save lives and lessen suffering (there had been a wave of suicides at the time that had been attributed to severe opiate withdrawal). The detoxification program continues to this day, and has become a model for enlightened corrections officials in other countries.

Dr. Dole and Dr. Nyswander's contributions, however, transcend the life-saving clinical impact on patients and the enormous associated benefits to the community as a whole. They had prescience to hypothesize, years before the discovery of the morphine-like "endorphine system" in the human body, that addiction is a metabolic disorder, a disease, and one that can and must be treated like any other chronic illness. What was at the time brilliant insight on their part is today almost universally accepted by scientists and clinicians alike, and remains the foundation upon which all rational policies and practices in the field rest.

In his mid-80s Dr. Dole traveled to Hamburg to be present at the naming ceremony of the "Marie Nyswander Street"; in less than ten years Germany moved from methadone being illegal to having over 60,000 patients in treatment! His efforts during recent years were devoted to fighting the stigma that, tragically, remains so widespread against the illness of addiction, the patients and the treatment.

Family Drug Support

Stepping Stones course

Fri 27 Oct, 5.30pm-9pm &

Sat 28 Oct, 9.30pm – 5pm &

Mon 6th Nov, 5.30pm – 9pm

At Calvary Hospital Function Room, BRUCE, ACT

To register phone 6207 9977

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.

Cost $30 per family (includes booklet Guide to Copiong)

Run by the Alcohol & Drug Program and Ted Noffs Foundation

Volunteer Phone Line Training

Sat 28 Oct and Sun 29 Oct, 10am – 4pm

Calvary Hospital Function Room, Bruce, ACT

Enrolment: 4782 9222

Volunteers are needed to train in basic counselling skills for the support hotline, talking to family members affected by drugs a few hours per fortnight.

Cost: $30 – send with enrolment.

"SUPPORTING AOD CLIENTS TO ENHANCE THEIR PARENTING SKILLS"

This free presentation will include a brief introduction to the Parenting Support Toolkit developed to assist AOD workers in addressing the vital role of parenting with their clients.

DATE: FRIDAY, AUGUST 25, 2006

PRESENTED BY: Kylie Burke, Senior Project Officer, Victorian Parenting Centre.

LOCATION: UnitingCare Moreland Hall, 26 Jessie Street, Moreland, 3058. *Melways Map 29, G4.*

TIME: 12.30pm - 1.30pm (refreshments served at 12.00-12.30pm).

RSVP: By return email, or phone 9386 2876. (or email seminarseries@morelandhall.org)

There is no fee for the Friday Lunchtime Seminar Series 2006 held at Moreland Hall. If you would like further information about the remaining seminrs for September, October or November please contact Moreland Hall on 9386 2876.

Margaret McKenzie

UnitingCare Moreland Hall

Education & Training Administration Support

mmckenzie@morelandhall.org