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

committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER **July 06** **ISSN 1444-200**

NEXT Meeting
Thursday 27 July
at 7.30pm
speaker at 8.00pm

Speaker: **Bruce Munro**

Topic: **International perspectives about family and drugs: reflections on the May 06 International Harm Reduction Conference**

Bruce is a family counsellor with the ACT Alcohol and Drug Program and runs many of the Family Drug Support training programs in the ACT. He has recently attended the **International Conference on the Reduction of Drug Related Harm** in Vancouver and will speak about issues that came out of the conference as well as his contact with a Canadian family activist group – "From Grief to Action".

Please come along to the July meeting and catch up with world happenings in relation to reducing drug related harm.

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

Refreshments will follow

Editorial

The prohibition of certain drugs has lead to a growth industry. No, not the illegal drug trade and its Mr Bigs. More of that in another newsletter. Here, I am talking about the criminal justice system.

As the Mr Bigs become more resourceful with the most sophisticated technology, the best intelligence, the best lawyers, and officials who are open to corruption, so too must the police and customs try and match them.

But for police and customs it is not a race they will win.

Police do catch some of those involved with illegal drugs. About 80% are consumers and only 20% are providers or dealers. Of those arrested many are processed through the courts and some end up in prisons. For the courts and the associated lawyers there is plenty of business.

There is also real growth in the prison industry. The imprisonment rate in 2005 was 162.5 per 100,000 adult population or a total of 25,353 prisoners. In numerical terms this amounts to about 4% growth per year for males and 10% for females per year over the past 10 years. But the increase is not only due to population growth – when standardized to reduce the effect of population growth there is a steadily increasing rate of imprisonment of about 3% per year.

Whether that increase is because of longer sentences, increased numbers of laws prescribing prison sentences or an increasing crime rate is a matter for debate. However in the future one could expect drug crimes to contribute to a further increase in imprisonment rates – readers will recall quite recently the Commonwealth and States and Territories introduced changes to the criminal code (ie laws) that impose longer sentences and widen the net which will catch the ordinary drug user.

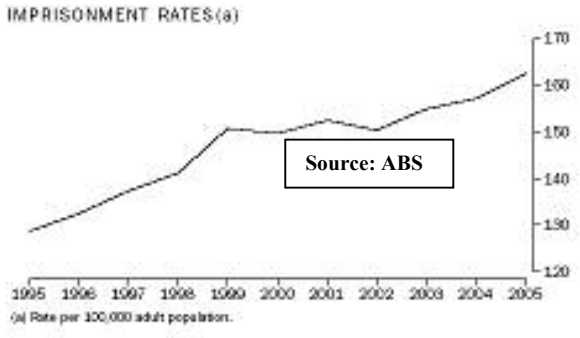
Of those entering prison 55% of all prisoners in Victoria reported that their offences were committed to support drug use or whilst under the influence of drugs. NSW reported about 70%.

Prisons are not secure from drugs or drug use, no matter how harsh the rules. About 60% of prisoners report drug use on at least one occasion and around 33% of injecting drug users continue to inject drugs in prison. Some begin using drugs and injecting drugs for the first time in prison.

The prevalence of hepatitis C in male prisoners in Australia has been estimated at over 30%, and female prisoners at 60%, with some jurisdictions reporting even higher rates. For reference the rate for all Australia is just over 1%.

These are facts and figures that are well known to corrections authorities. Some attempts have been made to restrict drug availability and use in prisons (by more frequent body searches of prisoners and tighter security and searches of visitors) and some attempts have been made to reduce the harm. The latter by providing bleach to clean syringes that are usually shared.

However despite these measures drugs do find their way into prisons and prisoners do use those drugs in unsafe ways. Prisons now are more likely (although it is by no means a certainty) to introduce treatment and pharmacotherapy options. But despite that, health workers are concerned that prisons are incubators for blood born viruses that will be released into the general community when prisoners are released.



As much as some people and perhaps governments would wish prisoners out of sight and out of mind, it should not be

forgotten that governments have a responsibility for prisoners.

Governments have a responsibility to keep prisoners safe, to keep them from harm, to safeguard their health and wellbeing and they must be cognisant that prisoners are there **as** their punishment and not **for** punishment. In addition one would expect that the corrections system would do all that is necessary or possible to rehabilitate and prevent recidivism.

While it is not beyond the ability of man to discover and apply measures that treat the cause of the majority of incarcerations (ie drugs), it is simply the case that governments have chosen not to do so. They have adopted the expediency (and perhaps populist approach) of locking people away.

In the ACT, where there is currently no prison, there are real attempts by courts to avoid sending prisoners to NSW prisons. This is arguably reflected in the imprisonment rate of 110 per 100,000 of population and the growth rate of 2%, which compares to the Australian averages of 162 per 100,000 and 3% respectively.

However the ACT is in the process of building a prison – to be called the Alexander Maconochie Centre. It has been named after the penal reformer and one time commandant of the Norfolk Island penal colony, Alexander Maconochie, who wanted to shift the focus of penology from punishment to reform. He wrote a report strongly critical of the state of prison discipline: "The convict system, being fixated on punishment alone, released back into society crushed, resentful and bitter expirees, in whom the spark of enterprise and hope was dead", he said.

A note for your diary:

Remembrance Ceremony

Monday 16 October 2006 at 12:30pm

Weston Park ACT

The new prison will, according to the publicity, adopt the same philosophy and approach as its namesake. The world at that time was not ready for his reforms and his reforms were resisted by military guards, supervisers and constables (many of whom were ex-convicts). Criticism of his methods reached Sydney and England and unfortunately led to his recall.

Only time will tell whether or not this new ACT prison will meet the ideals of its namesake. But there are early signs that it may not. Health services that are provided in the general community may not be provided to the same extent to prisoners.

Take for example drug use in prison. It is well known that drugs are used in prison and that syringes are shared. A needle and syringe program (NSP) would be one simple step that would not only protect the prisoners, but protect the guards against needle-stick injuries, and be a public health protective measure for the community against blood borne viruses.

The current minister responsible for Corrective Services has stated publicly in the past that he supports an NSP in the prison. Despite that the guards and their superiors have indicated opposition.

In a way this is a test of the philosophy of the new prison. If there is insistence that this prison be drug free no matter what it takes, if there is insistence on drug testing and frequent searches that result in additional punishment (called euphemistically "breaches"), then there is little hope for those philosophies surviving.

Is this a case of déjà vu?

Can hepatitis C transmission be reduced in Australian prisons?

Medical Journal of Australia 2001; 174: 378-379

Strategies to reduce the number of people who inject drugs and to minimise harm should help, but the cooperation of correctional authorities is essential

Kate A Dolan, Senior Lecturer, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW

Approximately 20 000 people were incarcerated in Australia at the end of 1999.[1] Another 20 000 had cycled through our prison systems in that year, but had been released by December 1999. This dynamic movement of people in and out of prisons not only increases the possibilities for transmission of infections such as hepatitis C virus (HCV) and HIV, but also makes it very difficult to detect transmission.

Hepatitis C infection is endemic among Australian prisoners. In New South Wales prisons, approximately a third of male and two-thirds of female inmates are infected. Corrections Health Service had the second-highest number of hepatitis C notifications for an Area Health region in NSW in its debut report.[2] HCV incidence is likely to be high in prison, but to date there have been few cases reported.[3] Nevertheless, several studies have found that a history of imprisonment is associated with HCV infection.[4] These findings, from both Australia3 and overseas,[4] raise two questions:

What is the incidence of HCV for various transmission modes in prison? and

Can HCV transmission be reduced in prison?

Despite gaps in our knowledge, there is sufficient evidence to address the two most frequent modes of transmission: injecting drug use and tattooing. About a quarter of prisoners inject drugs while incarcerated.[3] Virtually all drug injecting occurs with used injecting equipment shared among numerous partners. Therefore, the primary goal has to be to reduce drug injecting in prison. One way to achieve this is to reduce the number of drug injectors in prison.[5] There is abundant evidence that community-based methadone treatment reduces injecting, crime and the subsequent incarceration of drug users,[6] yet only a third of the demand for methadone treatment is met in the community.[6]

Another way to reduce the level of drug injecting in prison is to provide methadone maintenance treatment for prisoners. In one study, prisoners maintained on methadone injected half as often as those out of treatment, but only when doses reached 60 mg and treatment was provided for the entire term of the prison sentence.[7] The NSW prison methadone program started in 1987, but meets only a quarter of the potential demand for treatment.[5] Prison methadone programs have been recently introduced or expanded in Queensland,

South Australia, Victoria, Tasmania and the Australian Capital Territory.

Drug injecting in prison is also likely to be reduced if prisoners receive lesser punishment for the use of non-injectable drugs compared with injectable drugs. Yet prisoners receive the same penalty whether they test positive on urinalysis for cannabis or for heroin. Research into mandatory drug screening in United Kingdom prisons found that inmates moved from smoking cannabis (detectable in urine for weeks) to injecting heroin (detectable in urine for only a day or two) after mandatory drug testing was introduced.[8] South Australia and Tasmania have introduced differential penalties for different drugs, with the aim of reducing drug injecting in prison. Victoria is considering a similar system.

Another way to reduce drug injecting is to facilitate non-injecting routes of administration among injecting drug users. Preliminary results from a cognitive behavioural trial indicated that some injecting drug users will shift to non-injecting methods of use (A Wodak, Director, Alcohol and Drug Service, St Vincent's Hospital, Sydney, personal communication). Prisons, where injecting is so risky and common, are ideal settings for a trial of this intervention.

Without doubt, the most controversial strategy is prison needle and syringe exchange programs. These programs have been successfully implemented in Switzerland, Germany and Spain in 17 different prisons.[9] However, they reduce sharing of injecting equipment rather than drug injecting itself, and the problems of fatal overdose, abscesses, and inmates' involvement in the prison drug trade may persist. If prison needle and syringe exchange programs are unacceptable, then much more effort must be directed towards meeting the demand for drug treatment by prisoners.

HCV transmission in prison may also occur through tattooing. One way to reduce tattoo-related hepatitis C transmission is to train select inmates in infection control procedures and to provide them with autoclaves and single-use ampoules of ink. Penalties for tattooing in prison should be removed. Allowing professional tattooists to visit prison is likely to be too expensive for inmates.

So how can these strategies be implemented? The first step would have to be increasing the number of general practitioners who prescribe methadone both in the community and in prison. Less than 1% of GPs prescribe methadone in NSW.[10] The opportunities for improvement here are enormous.

Almost all other strategies listed above require the cooperation of prison authorities. Yet, correctional services administrators (comprising prison commissioners from each jurisdiction) have signalled their resistance to examining hepatitis C infection in prison by declining to even discuss recommendations made in the Review of the Third National HIV/AIDS Strategy.[11] Until prison authorities are made to recognise that prisons play a significant role in the hepatitis C epidemic, it is unlikely that hepatitis C transmission will be reduced in Australian prisons.

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Injecting room wins backing of neighbours

Ruth Pollard Health Reporter,

Sydney Morning Herald, July 12, 2006

NEARLY three-quarters of local residents and businesses support the injecting centre at Kings Cross, reporting a significant decrease in public drug use and rejecting the idea it encourages people to inject drugs.

Support was strongest among residents and businesses who were in the area before it was established, providing further evidence of the success of the centre, which has dramatically reduced overdose deaths.

The evaluation, conducted by the National Centre in HIV Epidemiology and Clinical Research at the University of NSW, involved interviews with 316 residents and 210 businesses.

Of the residents who had been in the area for more than five years, 80 per cent supported the introduction of the centre. Approval rates dropped to 73 per cent for people who were newer to Kings Cross.

The report, obtained by the Herald, found a significant drop in the number of residents who reported seeing an episode of public injection in the past month - down from 55 per cent in 2000 to 34 per cent last year.

Businesses also reported a drop in incidents of public injecting in the past month, from 61 per cent in 2000 to 47 per cent in 2005.

The medical director of the Medically Supervised Injecting Centre, Ingrid van Beek, said it was encouraging to see increasing support from long-term residents of Kings Cross, who had lived through a spate of overdoses and public drug use before the centre opened. "They remember what it was like before, so are in the best position to assess the impact of the [injecting

room] on drug-related activity in the area," Dr van Beek said.

"These results show yet again there is broad-based community support for the [injecting room] in Kings Cross.

The evaluation showed support was up from 53 per cent in 2000 to 67 per cent last year among businesses that operated in the area before the centre opened.

"I hope these results put to rest once and for all the notion that the [centre] hasn't been good for local business," she said.

Established in 2001 in the wake of the NSW Parliamentary Drug Summit, the injecting centre aimed to decrease the number of deaths due to drug overdoses, reduce HIV and hepatitis C infections and improve access to health and welfare services for marginalised drug users.

It also sought to improve the quality of life in Kings Cross for locals by reducing public injecting and cutting the number of needles and syringes discarded in public places.

The NSW Opposition Leader, Peter Debnam, has vowed to close the injecting centre if he becomes premier. A spokesman for the acting Health Minister, Frank Sartor, said evaluations had shown the centre had a positive impact on Kings Cross.

"The injecting centre trial has helped move drug use off the streets and into a controlled area - which is safer for both the general public and users."

Prison, Drugs and Mental Illness: Must They Always Go Together?

The transcript of the Drug Action Week presentation organised by FFDLR and presented by Father Peter Norden, S.J, Associate Director, Jesuit Social Services, Adjunct Professor, School of Social Science and Planning, R.M.I.T. University, can be found on our website at ffdlr.org.au.

Here are his conclusions:

"*My conclusion is that we have dramatic changes taking place within our Australian society at the present time. Growing prosperity for many, poor distribution of resources, and increased alienation and growing disadvantage for many Australian communities.*

While the Australian Government suggests that we have the lowest unemployment rate for many decades, those of us who work at the community level know that there is a vast population of long-term and very long-term unemployed people who are hidden by the official statistics.

Those who seek to work more than one hour a week and more than 100,000 very long-term unemployed individuals who have been shifted across to disability pensions over recent years.

Twenty-five per cent of 18 – 24 year olds are not in full-time education or employment. 97 per cent of new jobs require some post-secondary qualifications. 40 per cent of Australia's unemployed are aged 25 or under. Early school leavers are most at risk, with only 37 per cent of school leavers being engaged in education or training. Subsequently, 21 per cent of young men and 59 per cent of young women who fail to complete Year 10 remain unemployed five years later.

This is the population of young Australians who face disenchantment, alienation and marginalization. This is the group of young Australians who are substantially over-represented in those who suffer depression or other forms of mental illness.

This is the group of young Australians who have little access to effective and engaging community mental health care and who resort to self-medication to kill the pain.

This is the group of young Australians who, by default, come under increasing surveillance and intervention by representatives of the criminal justice system.

This is the group of young Australians who are the raw material for the continuing expansion of the States and Territories prison facilities.

This Public Forum asks the question today: Must this continue to be the way? It is clear that there is a better way.

For the sake of the quality of life of all Australians, it is up to us and to our community leaders to make it happen.

Let the health services respond to those who are mentally ill or who require drug counselling. Let the criminal justice system focus on the real criminals,"

the STEPPING STONES COURSE

A practical 5 session course to help family members cope with drug and alcohol issues:

Friday 4th August '06, 5.30pm-9.00pm & Saturday 5th, 9.30-5pm, Tuesday 15st Aug at 530-9pm & then Friday 18th & Saturday 19th August (at the above times).

Where: Calvary Hospital, Function room
Application: Register soon, **6207 9977** business hrs
Most families have influence over the drug user. This influence may be strengthened, when the family understands 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 on what the family can do.
* 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