

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

committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER

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Drug Action Week Forum

Drug Action Week is a national week of activities co-ordinated by the Alcohol and other Drugs Council of Australia (ADCA) to raise awareness about alcohol and other drug issues and to promote the achievements of those who work to reduce drug related harm

During Drug Action Week Families and Friends for Drug Law Reform and the Australian Parliamentary Group for Drug Law Reform have organised a

PUBLIC FORUM

on **Wednesday 21st June at 12.30pm**

in the Reception Room, the Legislative Assembly, Civic Square, London Cct, Canberra

SPEAKER:

Father Peter Norden

TOPIC:

**Prison, Drugs and Mental Illness:
must they always go together?**

Refreshments will follow

If you can help Marion with catering for a light lunch please give her a call on 6254 2961

MEMBERS PLEASE NOTE – This meeting will replace the June monthly meeting

Other Drug Action Week Events in the ACT

ACT Health's Community Health, Alcohol and Drug Program in conjunction with Turning Point, Alcohol and Drug Centre are launching a Psychostimulant Resource Package in the ACT. 10am **Monday 19th June** at the ACT Legislative Assembly.

The Youth Coalition of the ACT invite you to the launch of the first Alcohol and Other Drug Services Directory to be launched by Dr Tony Sherbon on **Tuesday 20th June** at 12.30pm at the Legislative Assembly. RSVP for catering purposes to 6247 3540 or merissa@youthcoalition.net.

FFDLR's JULY MONTHLY MEETING

Bruce Munro will be our guest speaker at the July meeting (Thursday 27 July). Bruce is a family counselor 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 which came out of the conference as well as his contact with a Canadian 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.

Editorial

Families and Friends for Drug Law Reform made an oral presentation to the inquiry by the Parliamentary Joint Committee on the Australian Crime Commission into Amphetamines and Other Synthetic Drugs. The questions from committee members were wide ranging and often outside the terms of reference for that particular inquiry. However that is not unusual because the issue of drugs is wide ranging and often the solution to a problem is counter-intuitive and it is thus reasonable that a seemingly unrelated question is asked. It is certainly the case that members of the committee are searching for solutions.

One particular question related to drug education to which part of my reply was that most drug education was ineffective and a waste of money – a point that was reported in The Canberra Times the following day.

An opportunity to provide a supplementary submission was given to FFDLR which will expand on that point and will recommend ways and means of improving the effectiveness of drug education.

The effectiveness of drug education programs is limited in two major aspects:

1. programs often attempt to frighten or shock as a means of preventing or stopping use,

A program that exaggerates or states untruths is doomed to failure. Firstly because of personal experience that demonstrates the falseness, eg a child who is told that smoking cannabis causes schizophrenia will know someone who has smoked cannabis but who does not have schizophrenia. Thus the exaggerated claim is seen to be false and it would be reasonable for that child to believe that other parts of his drug education are also false and is likely to disregard it. Secondly, with ready access to information today, for example the internet, a student can easily discover the facts for himself. A claim that cannabis is 30 times stronger today than it was in the 1970s can easily be disproved by accessing any number of reputable drug and alcohol research sites on the internet. Again the balance of any drug education program may be discounted or ignored.

2. there is an expectation, or perhaps even wishful thinking that any type of drug education will be effective.

It is not necessarily true that any type of drug education will be effective. It has been the opposite with the US DARE program, a school-based program run by police which in some cases was shown to increase drug use. Some programs may be effective but because very few are evaluated for effectiveness, it simply cannot be known whether or not those programs are effective.

The most significant study into effectiveness of drug education programs is the 1998 study by White and Pitts¹ in which they undertook a meta-analysis of drug education programs and evaluated their effectiveness.

The authors located 4876 studies of drug education programs, which they reduced to a mere 71 that were able to be evaluated.

The most common reasons for excluding studies were:

- programme targeted alcohol, smoking and illicit drugs together but provided no details of its impact on separate substances;
- inadequate details of the nature of the interventions;
- no comparison data; participants outside of the age restrictions for the review (the age of participants targeted in this review resulted in the exclusion of most of the identified interventions directed at the reduction of drug related harm among injecting drug users).

The authors concluded that the effects of the drug education programs were very small and that effect reduced even further with the passage of time.

Both meta-analyses showed that the effects of interventions on illicit substance use were small and that effects declined somewhat with time, with weighted mean effect sizes of 0.037 and 0.018, respectively, for the shorter and longer duration.

Another way of expressing the meaning of this effect size is that 3.7% of young people who would use drugs delay their onset of use or are persuaded to never use.

Despite this small effect they concluded that for the 71 studies they examined drug education had positive benefits. The effectiveness of the balance of the 4,876 drug education programs is simply unknown.

The point about lack of evaluation was also reflected in the UK Annual Report of Her Majesty's Chief Inspector of Schools 2004/05²

While some drug education programmes have had a positive impact on pupils' attitudes, knowledge and resistance, the effectiveness of most British programmes have not been properly evaluated.

That report went on to say:

By the end of Key Stage 4, pupils have a good knowledge of drugs and are aware of, but do not always accept, the risks associated with their use. Most pupils have a good knowledge of the law as it

relates to illegal drugs While some drug education programmes have had a positive impact on pupils' attitudes, knowledge and resistance, the effectiveness of most British drug education programmes has not been properly evaluated.

[There appeared to be no evaluation of the effect on drug use.]

In 1999/2000 the Australian Government provided \$27.3 million over four years for school drug education under the *Tough on Drugs in Schools* Initiative. The follow up review in 2004 concluded:

The available evidence indicates that the NSDES [National School Drug Education Strategy] has made a significant contribution to the development and support of school drug education across Australian schools. All States and Territories have established policies, strategies and expertise to support their schools in their drug education activities, and are now seeking to consolidate and extend their achievements. More schools across Australia now have or are developing policies, strategies and programmes that underpin school drug education.

However there is little mention of its effectiveness in reducing the use of drugs by young people except for the following statement which was buried in the report:

Importantly, the evaluation does not seek to assess the effectiveness of school drug education in influencing students' knowledge of, attitudes towards, or participation in, drug use. The focus of the evaluation is clearly on the NSDES itself and the extent to which it has achieved its defined objectives.³

This leaves the open question of whether the \$27.3 million was spent effectively. One would naturally expect that a drug education program would be aimed at influencing drug use. But it is simply not known whether that program had been successful or not but it would also be natural to conclude that much of the \$27.3 million had little effect on reducing drug use and that it was not money well spent.

The remaining question is one of how to make better use of money spent on drug education. In short some discipline and structure about the allocation of funds is needed. In addition drug education programs must be based on the best possible evidence, be based on clear objectives, and, the temptation to run with a public relations type program of unknown value must be resisted.

Thus FFDLR intends to make the following recommendations for school drug education:

1. Clear objective to be defined:

School drug education should be aimed at **a) preventing or delaying the uptake of drugs, or b) where drugs are already being used, to reduce the harm associated with that use, including the**

¹ Educating young people about drugs: a systematic review, DAVID WHITE & MARIAN PITTS, Division of Psychology, Staffordshire University, UK, 1998

² The Annual Report of Her Majesty's Chief Inspector of Schools 2004/05

³ Department of Education Science and Training (DEST) Evaluation of the National School Drug Education Strategy (NSDES) and COAG Tough On Drugs in Schools Initiative Final Report, 2004

cessation of drug use (note that drugs would include all drugs – legal and illegal, prescription and non prescription).

2. Programs to be targeted:

Programs should be targeted according to either a) or b) above.

3. Only effective programs to be used:

Only programs that have been proven to be effective in achieving a) or b) above and which are appropriate to the circumstances are to be funded.

4. Research needed:

An exception to item 3 would be allowed to provide for small pilot studies for new programs. However in those cases the study must be scrupulously supervised and evaluated and that evaluation must be specifically in relation to items a) and b) above.

Trials of Medically prescribed Heroin in Germany Successful

In the ten years since the Prime Minister vetoed heroin prescription in Australia, a number of European countries have been quietly trialing and implementing that treatment for opiate addiction. The positive results give us a glimpse of the reduced suffering and whole of community benefits that the Prime Minister's lamentable decision has denied Australia.

Switzerland and more recently The Netherlands conducted trials which demonstrated the effectiveness of this treatment. A follow up study by Carlos Nordt and Rudolf Stohler published earlier this month in The Lancet has confirmed the positive dividends in Switzerland for both drug users and society at large of heroin prescription where it is part of standing drug policy. The study found a steep reduction of usage of heroin by those addicted to that drug and that the population of "problematic" heroin users has declined by 4% a year. The authors commented:

Parallel with the decline of heroin incidence, Switzerland adopted its so-called four-pillar strategy to approach the heroin problem; main components of this strategy have been an increased emphasis on treatment and harm-reduction measures. As the Swiss population supported this drug policy, this medicalisation of opiate dependence changed the image of heroin use as a rebellious act to an illness that needs therapy. Finally, heroin seems to have become a "loser drug", with its attractiveness fading for young people. Nevertheless, whether drug policy had a positive effect on the number of new heroin users or not, our data could not confirm an increase of heroin incidence as expected by the critics of the liberal Swiss drug policy. Furthermore, even if the prevalence of heroin dependence did not substantially decline the situation for those concerned and also for the whole population was improved by the measures of the Swiss drug policy, as can be seen from a reduction in criminal behaviour surrounding heroin use and falling drug mortality.

Positive first results have also become available for a large trial of heroin prescription in Germany. At its

remembrance day this year, our sister organisation in Germany, the Federal Association of Parents and Relations for Accepting Drug Treatment (Bundesverband der Eltern und Angehörigen für akzeptierende Drogenarbeit) is calling for the general introduction of this therapy. The following is a translation of a notice for this event:

Day of protest, action and mourning 21 July 2006, National Remembrance Day for Dependent Drug Users who have died.

(Under the patronage of Drug Representative of the Federal Government, Mrs Sabine Batzing, MdB)

Heroin prescription as standard integrated care!

The results of the heroin studies begun in 2002 in seven German cities (Bonn, Karlsruhe, Cologne, Munich, Frankfurt on Main, Hamburg and Hanover) are before us. Policy must now take into account the entirely positive results of these scientific studies.

Certainly, for us the following results of the studies are particularly important:

- The yearly mortality rate of participants fell from 8% to 1%!
- The health status of participants improved considerably!
- The risk of infection of participants with Hep C, HIV etc clearly fell!
- The negative consequences of illegality such as the stress of procuring and fear have disappeared!

Thus not only will those who receive medical treatment with heroin benefit. In addition, the economic advantages for the whole of society are indisputable and part of the study results.

The new treatment procedure of heroin prescription provides:

- relief for the police
- relief for prisons
- relief for the courts
- relief for the drug treatment system
- relief for public health service through less associated illness
- relief for the general community through less acquisition motivated criminality
- on the basis of the reduced pressure to acquire drugs, time for people to consider giving them up.

Given the promise of such a treatment to enable a life of human dignity, we call for the authorization of heroin as a pharmaceutical as well as the smooth introduction of this treatment into regular care alongside the availability of present substitution pharmaceuticals.

Published Letters

Collis Parrett of Barton wrote a letter in response to a report in the Sunday Canberra Times (published 7/5/2006) about the FFDLR submission to the Federal

Parliament Joint Committee mentioned in this month's editorial. In that letter he took the absolute view that being drug free is the only way to deal with illegal drugs.

The following two letters were published on Sunday 14 May 2006 in the Sunday Canberra Times in response.

Colliss Parrett (letters CT May 7) rejects that improving the health and wellbeing of the whole person should be the value that guides drug policy. For him being 'drug free' is the only solution.

This is the fundamental divide of the drugs debate.

Being 'drug free' is a fine aim but not when it is pursued at the expense of the welfare of drug users and those around them and, indeed, of life itself.

The Federal Government seems to share Mr Parrett's moral compass. It comes through in the Prime Minister's vehement opposition to medically supervised injecting rooms and the prescription of heroin and in the Health Minister's antagonism to methadone maintenance.

With this mindset, any amount of evidence that these measures save lives, slash crime and enable those struggling with addiction to fulfil their responsibilities as parents and members of the community, counts for nothing. Why? Because those measures do not put 'drug free' up front.

It is also immune to evidence that law enforcement is not making drugs less available - evidence amassed in the submission of Families and Friends for Drug Law Reform that Mr Parrett criticises.

A 'drug free' ideology is willing to sacrifice the life of existing drug users to the mirage of achieving a "drug free society".

Marion McConnell

.....
Collis Parrett in his utopian quest for a 'Drug Free Australia' (Canberra Times 7 May) again misses the point. He says (about tobacco) that 'We are fighting strenuously to be free from a legal drug ... so what sense is there in not doing the same for illegal drugs.'

He doesn't seem to notice that many people over the past thirty years have made the free and informed decision either not to take up smoking or (often with some assistance) to quit it. Tobacco remains legal, however, and no one, not even Mr Parrett, is seriously suggesting we should prohibit its private use by voting citizens.

Intelligent decisions about health are best made by freely informed individuals rather than being imposed by totalitarian crusaders such as Mr Parrett.

Geoff Page

A Guide to Coping

Many will be aware of the excellent Guide to Coping booklet produced by Family Drug Support – an organization run by Tony Trimmingham. Membership to that organization entitles one to a copy of the Guide to Coping.

Bruce Munro, a family counselor with the ACT Alcohol and Drug Program and who runs many of the Family Drug Support training programs in the ACT has recently been to the International Conference on the Reduction of

Drug Related Harm in Vancouver, Canada. While there he made contact with an organization called "From Grief to Action" and discovered that they too have a "Guide to Coping".

Bruce will be speaking at the FFDLR meeting in July this year about his visit and his contact with the group in Vancouver. Please make a note in your diary to attend that meeting.

From Grief to Action's Guide to Coping can be downloaded from their website at www.fromgriefftoaction.org.

Here is a description of the organization contained in the Guide, followed by a copy of the table of contents. Readers may find this second Guide to Coping useful.

Who are we.

From Grief to Action, Association of Families and Friends of Drug Users, is a non-profit society working to improve the lives of drug users and their families and friends.

From Grief To Action (FGTA) promotes recognition of drug addiction as a health issue and supports a comprehensive continuum of care for drug users, including harm reduction, detoxification, treatment, and rehabilitation, in order that they may achieve and maintain healthy, productive lives.

Through PARENTS FOREVER, our self-help group, we offer regular, ongoing support for parents and family members dealing with the day-today challenges of having a drug addicted person in the family. Without giving direction or passing judgement, we share our experiences, offer understanding and caring, and provide support whenever it is needed. By focusing on issues such as supporting without enabling and sharing information on treatment options, we learn to take care of ourselves, and, most importantly, find ways to maintain a relationship with our loved ones.

FGTA also works to raise public awareness. In addition to writing letters and articles, appearing on talk shows, organizing public forums, providing speakers for group or public events, and working with schools and professionals on drug use education and prevention, our Association produces educational materials, including informational videos.

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