

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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NEXT Meeting

Thursday 26 October 2006

at 7.30pm

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

Refreshments will follow



END OF YEAR BARBECUE AND AGM

Marion and Brian would be very pleased to have members come along to their home for and end of year Barbecue followed by the

Annual General Meeting Annual reports will be presented at the AGM followed by election of office bearers

When: Thursday 23 November

Time: Barbecue 6.00pm for 6.30pm. AGM at 8pm.

If you would like to bring along a salad or something for sweets this would be appreciated. Marion and Brian will supply meat and drink.

RSVP: 62542961 or email mcconnell@ffdlr.org.au and we will give you our address.

Editorial

Last week in the nation's capital two memorial ceremonies were held. The first was the fifth memorial ceremony for the victims of the SIEV-X (Suspected Illegal Entry Vessel X). The boat sank on October 19, 2001 with a loss of 353 lives.

On that same day the Canberra Times¹ carried a story about one of the survivors – Faris Kadhem. Mr Kadhem lost his wife and seven year old daughter when the SIEV-X sank. Here is an extract from the article of his story:

He doesn't blame anyone for the tragedy, but believes the people on the SIEV-X could have been saved.

He said a plane circled above the boat for an hour before it sank, and two large ships approached the group in the water at night.

"I could see the ships and I could hear another smaller one.

"We were screaming for help – if they had helped us 200 people could have been rescued.

¹ Trauma of family's loss recalled: Wife, daughter, 7 drowned at sea, The Canberra Times, October 15, 2006, by Robyn Powell

"We had life jackets and we used the whistles on the jackets.

"I know they heard us. But they just watched us."

In the event only 45 were rescued. The important questions have never really been answered: such as who owned the boats and the plane and why did they not try to rescue the drowning people? It is noted also that the event occurred at a time when the message that was being sent in respect of refugees was one of "We decide who comes to Australia and the circumstances under which they come". A policy which includes an 'upstream disruption program'.

On that day there was no hero like the captain of the Tampa, Captain Arne Rinnan who followed the age-old law of the sea to rescue anyone who is in trouble at sea.

The second memorial ceremony was organised by FFDLR. It was the eleventh such ceremony 'to those who lose their lives to illicit drugs'. About one hundred people attended to remember the 170 people whose names were read out.

These also were victims of Australian policies (whether by neglect, turning a blind eye or some other reason) - policies that marginalised and stigmatised them. Policies that meant that the help that was so vitally needed was not forthcoming. Despite many calling for help, that help did not come.

There is little doubt that, like those from the SIEV-X that drowned, many could have been saved if only earlier, appropriate help had been provided.

We await another Captain Arne Rinnan from within government who will not be too afraid for his or her own position from an electoral backlash. A person who will be instrumental in reforming the unjust drug laws that are costing so many young lives.

Lost & Found

Some items were found following the FFDLR Remembrance Ceremony. Please ring 6254 2961 to make arrangements to pick up the items.

Beware 'the elephant'

Marion was reading a book recently called "Don't think of an elephant" by George Lakoff. The theme of the book runs something like this: If someone says "don't think of an elephant" it is impossible to not think of an 'elephant'.

Recently a little known and eccentric SA member of parliament said she proposed the introduction of a Bill for compulsorily drug testing all school children (see September 2006 Newsletter). She went on to say that

any who opposed such a measure would do so because they were “soft on drugs”.

She is not the first to mention the “soft on drugs” ‘elephant’. The federal government, if I could be allowed a mixed metaphor, has flogged this elephant many times.

Last month when the opposition was upsetting the government they were told they were “soft on drugs”. And the Liberal party at the last federal election made great progress in its campaign when it said the Greens were “soft on drugs”.

The trap in all of this is that if your opponent responds and says I am not “soft on drugs” he has accepted the term and no matter how hard he argues most people will from that point on think he is “soft on drugs”. Thus the argument is lost. Remember the jibe about opposition leader Beasley who did not have the “ticker” and who has been fighting ever since to prove that he does have the ‘ticker’. Recall also the Faulty Towers episode “Don’t mention the war”.

It is very difficult not to fall into the trap but the lesson is not to respond to your opponent’s ‘elephant’. That is do not use his language.

George Lakoff, the author of the book, has some good advice on how to deal with the ‘elephant’. First be courteous and listen to your opponent’s arguments and avoid cheap shots or a shouting match and be calm.

Second hold your ground and be on the offensive, never the defensive (this was the Greens and Beasley’s mistake).

And then reframe, ie bring in your own elephant and talk in terms of values. Once your frame is accepted, the rest is easy. Perhaps a rhetorical question, eg *wouldn’t it be better if?* And often most effective is a story that reframes, eg *I recall a schoolboy who was expelled after being caught using drugs. The school was the last real community contact he had when that happened, having already been kicked out by his parents. Unfortunately he was found some weeks later*

It is time for us to make our own ‘elephants’. It is time the failure of prohibition was exposed, it is time the huge waste of government expenditure for minimal return was exposed, it is time the huge profits of the drug barons was exposed and it is time the corruption caused by prohibition was exposed.

“Be careful who you vote for”

Victoria is due to have elections in November this year and it is likely that there will be new parties and many new candidates.

Victorian voters should consider carefully the drug policies of the candidates and parties and exercise critical judgement before casting their vote.

A new political party – People Power – has been brought to attention. Its drug policy is a narrow one solution policy, described in one newspaper as *“drug offenders would be locked up in cold-turkey recovery dens for six months ...”* and it *“wants fines and prison terms replaced with compulsory drug rehabilitation programs in new intensive specialist clinics.”*

While acknowledging that *“incarceration of illicit drug users is ineffective and counter-productive”* it also opposes harm minimisation, medically supervised injecting centres, and would wind back the needle and syringe program.

While one could agree with the failure of incarceration there are real concerns about its policies on compulsory treatment (from the evidence it is actually less effective than voluntary treatment) and its policies opposing harm minimisation approaches.

Its illicit drug policy aims to be attractive for the non-thinking voter and draw votes. But it is a simplistic policy that does not fully consider the implications for people and families.

Be careful who you vote for.

The election guide from our website at the following web address will assist you in making your decision:

<http://ffdlr.org.au/resources/ElectGuidelines.htm>

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.

The latest information is that heroin availability has declined dramatically 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.

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 that 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 that 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 will 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/>

DACA SPAM – “Schizophrenia Link to Cannabis”

[If you have been having trouble with spam (unsolicited or undesired bulk electronic messages) in your email lately, spare a thought for the members of parliament who have been deluged with spam from the zero tolerance organization DACA (the Drug Advisory Council of Australia Incorporated).

DACA's 'advice' to MPs uses the truth carelessly as Samantha Kelly points out here.]

DACA misquotes a reasonably well-balanced and informative interview² from the ABC Health Report of 28 August 2006, about a range of social and environmental factors that are actually core contributors to a diagnosis of schizophrenia.

DACA (11/9/06) states that “Professor Murray confirmed the clear role of cannabis in causing schizophrenia”. Professor Murray actually said:

“Cannabis consumption is a bit like alcohol consumption that the vast majority of people who take alcohol have nothing but benefit from it. But the more people drink then the more casualties we see. And I think it's the same for cannabis, 90% of those who take cannabis will never come to any harm, they'll enjoy being chilled out and the relief of anxiety but there will be a small proportion of individuals who will go psychotic”.

DACA paraphrases Professor Murray's interview making broad, sweeping statements about the population from a single subset from one longitudinal study. Professor Murray acknowledges in the interview that there have only been 8 epidemiological studies conducted. He goes on to say:

“subsequent studies have looked more carefully and you have to try quite hard to develop psychosis”.

He was also reluctant to actually clarify that the study he had done had actually identified schizophrenia as the disorder:

Norman Swan: Is it schizophrenia that they're getting?

Robin Murray: When you talk of diseases like schizophrenia it's difficult to say this is the cause.

Norman Swan: ... is there an increased incidence of schizophrenia that's measurable due to cannabis?

Robin Murray: It's a good question, the problem is that there are very few decent epidemiological studies. There is only one place in the world where there is data on the incidence over the last 40 years and that's my own area of south London and the incidence of schizophrenia in south London is now twice what it was in the 1960s.

This one study is not sufficient to draw conclusions such as DACA claims “the clear role of cannabis use in causing schizophrenia”³

Although Murray acknowledges cannabis is a risk factor – it is one of a composite collection of which he highlights two major players:

“being born and brought up in inner cities increases your risk of schizophrenia - the longer you live in an inner city as a child, the greater your risk of schizophrenia. The other big factor is migration.... And on top of these risk factors it seems that drugs, particularly drugs that increase the level of dopamine in your brain increase your chances of developing a psychosis.”

² “Schizophrenia Conference in Perth”, The Health Report, ABC Radio National, 28 August 2006, www.rage.net.au/m/healthreport/stories/2006/1726782.htm

³ “Schizophrenia Link to Cannabis” Email, Drug Advisory Council of Australia Inc., 11/9/06.

Note here that Murray doesn't mention schizophrenia in that final sentence with drugs and psychosis quoted previously. I think he chooses his words carefully. I understand that cannabis has nothing to do with the dopamine neurotransmitter. It binds to its own receptors and neurotransmitters as part of the endo-cannabinoid system and not the dopamine system⁴.

Keep in mind here that some of these very 'drugs of concern' are fed to US fighter pilots and to children as a remedy for ADHD – itself predisposing a generation of youngsters to further diagnosis and intervention, not to mention the potential for endocrine-related disorders due to over-excitation of the adrenal and dopamine receptors.

Part Two⁵ of the spam uses the same statement and the same source as Part One – once again failing to provide comparative statistics between Alcohol and other drugs and the links to schizophrenia. Failing once again to distinguish as the Professor carefully has done, that while some drugs may cause psychosis, and that cannabis can be a risk factor out of a whole range:

"...when you talk of diseases like schizophrenia it's difficult to say this is the cause."

Other DACA comments :

"Evidence of brain damage not showing up for years" – this is incorrect in my view – there are no longitudinal studies other than the 8 mentioned by Murray – I could find no longitudinal studies that have been conducted on the amphetamine/methamphetamine groups.

Even the validity of magnetic resonance imaging used as a measure for brain damage has been brought under scrutiny. In a New Scientist article in 2002, the following was published regarding the usefulness of these MRI scans in proving ecstasy-related brain damage:

*"Blotchy brain scans of ecstasy users have become the ace card in public information campaigns. In the U.S. they also strongly influenced the move to tougher sentences. Yet impartial experts told us that the scans, though published in an influential journal, are based on experiments so fundamentally flawed they risk undermining the credibility of attempts to educate people about the risks of drugs"*⁶

DACA also reports "Speed, cocaine and ice are the most popular drugs used in Australia by young people". This is not true::

*"On raw numbers, tobacco and alcohol have a greater impact on young people than illicit drugs...a far greater number of young people use alcohol and tobacco than they do most illicit substances, particularly on a regular basis..."*⁷

⁴ Kumar, R.N., Chambers, W.A. & R.G. Pertwee, "Review Article: Pharmacological actions and therapeutic uses of cannabis and cannabinoids" in *Anaesthesia*, 200, 56, pp.1059-1068.

⁵ "More on the Drug Link to Schizophrenia" Email, Drug Advisory Council of Australia Inc., 2/10/06.

⁶ Special Report, "Ecstasy on the Brain" in *New Scientist*, 20 April 2002. pp.26-33.

⁷ Macintosh, A., "Drug Law Reform – Beyond Prohibition", Discussion Paper Number 83, The Australia Institute, February 2006, p.95.

*"In the under 65 years age group, alcohol is still a greater cause of lost lives than illicit drugs."*⁸

DACA also argues that the most effective way to stop illicit drug users becoming psychotic is "to divert users into detoxification and rehabilitation". 'Forced' rehabilitation may have a range of unintended consequences that policy makers need to consider. Professor Richard Warner from the University of Colorado at the Perth Schizophrenia conference highlighted to Norman Swan some of these earlier unintended consequences with respect to treating schizophrenia:

*"when we were mainly keeping people in hospital and keeping them in a long time we not only made the illness worse we laid on top of it something called the institutional syndrome.... we have to start by understanding that the person with schizophrenia is exquisitely reactive to stress and that if you put too much stress on the person their symptoms will get worse...in fighting to get the person to do more with his or her life we may make the person worse..."*⁹

Sam Kelly

Published Letter

The Canberra Times on Tuesday 3rd October, 2006 published the following letter from Peter Watney, one of our members.

Why do we continue to fund our criminals and the world's terrorists through prohibition of some drugs? Use of those drugs selected for prohibition has increased exponentially since they were made illegal, while similar drugs that have remained legal and regulated have not increased in incidence of use.

As an example, heroin was used as the preferred drug for extreme pain relief before its prohibition in Australia in 1953.

According to 1951 statistics, 45kg of heroin was used that year.

Despite prohibition, by 1999 Australia was estimated to be using 6700kg of heroin a year and deaths by overdose had increased from zero to more than 1000 a year.

The incidence of use of legal, regulated morphine has not increased. Why? Each costs cents per gram to produce. Morphine costs cents per gram to administer, whereas heroin costs hundreds of dollars per gram.

The best efforts of our police have seized a minuscule proportion of the illegal drugs sold on our illegal street markets, and have not affected the street price at all.

Our prison walls make escape from prison a newsworthy event, yet they are porous to illegal drugs despite the best efforts of correctional staff.

Our neighbours in South-East Asia use the death penalty to discourage use of illegal drugs, yet they are awash with them. Why? Prohibition has made illegal drugs the most profitable substances to produce and sell on the face of the Earth.

⁸ Ibid, p. 92.

⁹ "Schizophrenia Conference in Perth", *The Health Report*, ABC Radio National, 28 August 2006, www.rage.net.au/m/healthreport/stories/2006/1726782.htm