

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 28 Sept 2006 at 7.30pm

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, Archdiocese of Canberra & Goulburn
- Senator Lyn Allison, Parliamentary Leader, Australian Democrats
- Tony Trimmingham, CEO Family Drug Support

Music by the 'Union Voices'

Refreshments will be served following the ceremony.

If you have a family member or 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.

Other Remembrance Ceremonies for your diary

Sydney: Saturday 14 October 6pm in Ashfield Uniting Church, 180 Liverpool Street, Ashfield. For information ring: (02) 4782 9222

Newcastle: Saturday 18 November 6pm in Christchurch Cathedral, Newcastle. For information ring Judy on (02) 4958 5589 or 0401 305 522 or Jim on 0439 322 040.

Report on Drug Threats in Australia's Region

Australia lives in a region awash with drugs but with Australian law enforcement expertise all can be put right. This seems the spin being put on a report commissioned by the Australian National Council on Drugs (ANCD) on illicit drug issues in the Asia-Pacific region.

We are told by the Minister for Justice and Customs, Senator Ellison, and reports in *The Australian* that:

- The numbers of people using and dependent on illicit drugs run into the millions across the region.
- The amount of illicit drugs now produced in Asia, especially heroin and amphetamine-type substances, is measurable in many tonnes a year.
- China can produce an ecstasy tablet more cheaply than it can make a packet of chewing gum. Ecstasy

tablets in China can be produced for as little as US6c (8c) a tablet.

- In comparison the 9kg of heroin for which six of the Bali Nine "mules" are facing the death penalty in Indonesia is a drop in the ocean.
- The growing prevalence of drug use and drug trafficking in Asia gives a lie to those who say the death penalty and harsh jail sentences are an active deterrent to the trade.
- Ham fisted efforts of regional governments have contributed to the Asian drug problem. Rather than embrace modern solutions to wean people off drugs, Asian nations have relied on heavy-handed solutions.
- According to Sen. Ellison, "Amphetamine Type Substances (ATS) are the greatest challenge in the war on drugs, both here in Australia and internationally" and "the Howard Government recognised the dangers of ATS in Australia several years ago, and has taken decisive action to address the threat."
- He lists the latest large law enforcement seizures as proof of the decisive action: "Since the inception of the Tough on Drugs strategy in 1997, Commonwealth law enforcement agencies have prevented more than 14 tonnes of illicit drugs from reaching Australian streets."

Comments: Increasing levels of seizures are a mark of failure of government supply control policies, not "proof" of its success. Market indicators of stable or falling prices, increased usage and easier availability show illicit drug markets are booming. A successful campaign to reduce rabbit numbers would be expected to catch less and less each year, not more and more!

The further evidence provided in the report of the integrated supply of drugs of all descriptions through Asia is further evidence, if any is necessary, of the fancifulness of the Commonwealth Government's assertion that its law enforcement brought about the heroin drought. Asian suppliers simply made a marketing decision to substitute "ice" and other ATS for heroin in the light of a huge reduction in heroin production in Myanmar and the burgeoning Asian market.

It is critical that Australia and its neighbours adopt a public health approach to tackle an enormous and still growing public health and social problem. The first step is for governments to ditch their adolescent good guy/bad guy mindset that puts top priority on law enforcement.

In selectively releasing the report, the Commonwealth Government is up to its usual media trick of putting out its own line to minimise the political harm in advance of

the release of bad news. The report will be formally released at the Australasian Amphetamine Conference in Sydney on 28 September.

References:

Senator Chris Ellison, "Minister welcomes research paper by the Australian National Council on Drugs" 19 Sept. 2006 at <http://www.ag.gov.au/agd/WWW-/justiceministerHome.nsf/>

Cameron Stewart, "Dying for a fix" & "Indonesia becoming region's new drugs gateway" in *The Australian*, Tuesday 19 Sept. 2006

Afghan Opium Crisis: A Parable of Disaster

The release this month of a summary of the 2006 survey for Afghanistan by the United Nations Office on Drugs and Crime (UNODC) does not just demonstrate the futility of existing drug policy. It also shows that it is a threat to the security of Australia and the rest of the world.

As reported in the Australian press and the media release of UNODC:

- Opium cultivation in Afghanistan rose 59 per cent in 2006 from 104,000 hectares in 2005 to 165,000 in 2006.
- The opium harvest this year is expected to yield 6,100 tons opium, "a staggering 92 percent of total world supply". This is a third greater than the 4,100 tons for 1999, the peak year of production under Taliban rule and many, many times more than the insignificant levels of production just before it was overthrown.
- This supply exceeds global consumption by 30 percent.
- Revenue from the 2006 harvest will total more than \$US3bn
- The southern part of Afghanistan, where Taliban insurgents have scaled up their attacks and Australian soldiers are based, is displaying ominous hallmarks of incipient collapse, with large-scale drug cultivation and trafficking, insurgency and terrorism, crime and corruption.
- "Afghan opium is fuelling insurgency in western Asia, feeding international mafias and causing a hundred thousand deaths from overdoses every year."
- The illegal price of opium to farmers is \$US100 per kilo, some four times the legal price of between \$20 and \$30 thus guaranteeing continuing diversion to the black market.

Comment: Opium production is financing the Taliban, terrorist and other criminal organisations that threaten Australia and democratic institutions in the region.

From the ANCD report we know that heroin from Afghanistan is already being smuggled by Asian entrepreneurs onto Australian streets as brown heroin.

With so much capacity in excess of world demand, there is a real threat that Afghan heroin will reach Australia in the same quantities as South East Asian heroin before the heroin drought.

The continuing policies of suppression, aid and crop substitution which have failed so spectacularly since coalition forces overthrew the Taliban ignore economic realities namely:

- * an rising demand from rich countries; and
- * the absence of any other reliable cash crop able to be produced in a country with a fickle climate and ravaged by decades of war. Without opium poppies many farmers and their families would die.

History has shown that international law enforcement efforts to reduce supply are even less likely to succeed than domestic law enforcement. Like squeezing a balloon, even where supply is reduced in one area, it expands in another.

The moral is that only by a concerted public health policy aimed at the reduction in demand for dangerous drugs can Australia's security as well as the general well being of Australians be secured.

References:

UNODC, Afghan opium cultivation soars 59 percent in 2006, UNODC survey shows at http://www.unodc.org/unodc/press_release_2006_09_01.html

Afghanistan opium survey 2006: executive summary at <http://www.unodc.org/pdf/execsummaryafg.pdf>

Cynthia Banham, "UN fears Afghan opium crisis is out of control" in *Sydney Morning Herald* in 14 Sept. 2006

Compulsory drug testing in schools

Recently a new independent member of the South Australian parliament, Ann Bressington, introduced a Bill to drug test compulsorily all school children. She went on to say that any who opposed such a measure were "soft on drugs".

On 18 August the Alcohol and Other Drugs Council of Australia, (ADCA) issued the following media release in response:

Compulsory drug testing in schools won't work says National Drug Peak.

The Alcohol and Other Drugs Council of Australia (ADCA) is alarmed at the calls for compulsory school student drug testing. The proposed legislation by South Australian MP Ann Bressington is uninformed and will take away scarce dollars from more effective prevention programs that we know work.

"Contrary to Ms Bressington's claims, there is simply NO scientific evidence that drug testing is effective in deterring drug use among young people", says Ms Donna Bull, ADCA CEO.

ADCA warns that compulsory drug testing in schools will most probably do more harm than good. Drug testing has the potential to undermine relationships of trust between students and teachers, and between parents and their children.

"What the evidence does say is that engagement in school is probably the single most effective protective factor against problematic drug use for young people. Any move to suspend students and alienate them from the school community will undoubtedly be counter-productive", says Ms Bull.

“Opposing this legislation is not being ‘soft on drugs’, it’s about being smart with tax payer dollars, and not using our scarce resources on programs that have proven to be ineffective”.

The Opioid Program – Mental Health Specialist Nurse Departs

John Ley*

The Opioid Program, which has been operating very successfully through the ACT Division of General Practice, for the past 5 years, is now in serious difficulty. One of only three specialist nurses who comprised the TOP team has departed to take up a position in Sydney and has not been replaced due, the Division says, to insufficient funds being available to recruit a replacement. The nurse who has left was the only one who specialized in mental health issues - which affect more than half of the team’s clients.

The Division of General Practice, which operates the service under a Funding Agreement with ACT Health, says that the funding it receives from the Department is insufficient for it to keep pace with nursing award increases. The Department says that there was an increase in the Program’s funding of 3.7% for the year 2006-7 and that the Department has no additional funding to supplement the current level of funding for the program.

The TOP program was established to encourage and assist opiate dependant people who choose to have their methadone prescribed by a private GP or who are seeing a GP for a purpose related to their dependence on opiates. The work of the TOP team is monitored by an Advisory Committee.

The TOP Team’s work includes:

- assisting GPs and opiate dependent non-indigenous and indigenous patients in the effective management of addictions
- TOP nurses provide consultation, information, support and ongoing assistance and monitoring of general practice and Winnunga-Nimmytjiah Aboriginal Medical Service (Winnunga) patients
- from time to time, vaccinating for Hepatitis B intravenous drug users who wish to be vaccinated.

TOP is attractive to patients because it is flexible in its treatment options; it is genuinely patient oriented; it is easy to access at the practice of the patient’s GP or, in the case of indigenous patients, Winnunga; the service is discreet and confidential; it is not costly to patients and it attends to all the patient’s healthcare needs.¹ TOP patients have a high rate of completion of the programs they enter into. (In 2003 an analysis showed that 61% had completed their program and a further 24% were current patients).²

It is ironic that at a time when the Commonwealth and State/Territory Governments have made an unprecedented commitment to enhancing mental health services in Australia (at the July Council of Australian Governments (COAG) meeting the States and

Territories signalled that they would match the Commonwealth’s \$1.9 billion for such services over the next several years), the TOP program is going backwards in terms of its ability to provide appropriate services to people who have a mental health issue in addition to an addiction to opiates.

The lack of a mental health nurse means that the TOP Program has had to substantially reduce the vital services it provides to clients in the ACT, thus greatly diminishing the availability and effectiveness of an innovative health service that has made a real difference to the lives of people whose health has been at serious risk, particularly those opiate dependant people who have a mental illness.

Perhaps it is time to consider whether there is a way of delivering the services in a more cost effective manner. It is noted that there is a program similar to TOP, ‘The Better Health Program’, administered by ACT Health, which provides nursing support to people with mental health issues (but not opiate addiction) through their GPs.

* Member of The Opiate Program Advisory Committee.

Published letter on death penalty imposed on drug traffickers

The Canberra Times on Saturday 16 September 2006 published the following letter from Michael Gardiner, one of our members.

The fair go gone

After reading David Barnett’s article (“The immortal dilemma: future shock for death-penalty debate” September 14, p 15), one would think that younger generations in this country are quite willing to be seduced and accept the hard, punitive, barbaric line, when it comes to punishment, human rights and human life, which is a large part of the tabloid media and the Howard ideology.

I feel totally ashamed to think that there is hardly any protest from Australians, when they know that six young Australians of the Bali Nine are going to be shot in the head, when they have not killed one person. What have we come to? Is this an Australian value we should be proud of? My son died from a heroin overdose, a relatively harmless drug in its legal form.

Before it was made illegal in 1953, there were no known deaths from it.

I could argue John Howard has blood on his hands for allowing a relatively harmless drug to be contaminated and made lethal by criminals. I could also argue that John Howard be executed for this action, but I don’t believe in capital punishment. I could also argue that alcohol is a lethal drug that kills many thousands more people than all the illicit drugs put together and those that sell it be put to death.

There is one value that I believe no longer exists in this country: open, rational, honest and evidence-based debate on this issue and many other issues.

Is the value of the Australian fair go only a myth ?

¹ See *TOP Evaluation report, 2003*, p 37.

² *Ibid.*

Treatment, Not Prison, for Mentally Ill

An editorial in the Medical Journal of Australia published on 18 September has called for governments to do something about the inhuman and irrational practice of filling prisons with people who have a mental illness and a drug dependence.

The Australian Medical Association made the point that prisons have “become the mental health institutions of the 21st century. Governments must act immediately to reverse this situation.”

It called on “all jurisdictions to make imprisonment the action of last resort for those with mental health or substance abuse problems. Governments should also set specific annual targets for reducing the number of people incarcerated with these problems.”

Up to 80% of remandees and prisoners in NSW are dependent on alcohol, cannabis or amphetamines before entering prison.

Recently released prisoners are at high risk of dying from an overdose. Deaths from all causes in some groups were found to be 17 times higher than in the general population in the 2 weeks following release.

Despite these high morbidity and mortality rates, treatment services for prisoners and ex-prisoners are very limited and often ineffectual.

The editorial observed that this poor treatment “makes little sense, even from a criminal justice perspective, as comprehensive services can delay or prevent recidivism in mentally ill offenders.”

Furthermore, “access to stable housing and to appropriate vocational rehabilitation services is essential for functional recovery”.

In one way or another illicit drugs are the reason why so many people with a mental disorder end up in prison.

There is often a fundamental conflict between drug policy and the criminal law on the one hand that place top priority on the non-consumption of drugs and mental health and other strategies on the other that look to the functionality and general well-being of the person.

Governments have yet to act upon the recommendation of the Senate Select Committee on Mental Health that called for the integration of the National Mental Health Strategy, the National Drug Strategy, the National Suicide Prevention Strategy and the National Alcohol Strategy and the delivery of services under these strategies (rec. 2).

The ACT Government has loudly proclaimed that rehabilitation will be the focus of its planned prison. This means that the prison should go beyond causing no harm – which is itself a tall order for a prison. Instead, the ACT goal requires that people sent to prison should emerge changed for the better – rehabilitated.

At the very least the ACT Government needs to commit itself to measurable indicators of change. Given the potential importance of the family support network for the wellbeing of people, it should measure the “health” of such a network as well as matters specific to the person imprisoned. Indicators should thus include:

- change in physical health on admission and release including whether suffering from blood borne diseases;
- change in mental health on admission and release;
- changes in substance dependency on admission and release;
- changes in social functionality of prisoners who are dependent on a substance;
- attempts at self harm in prison including attempts at suicide;
- assaults suffered by prisoners;
- changes in health status of those released from prison in the first six months after release;
- changes in the health and employment status and extent of family and social integration within six months of release compared to pre-arrest status;
- recidivism;
- changes in the capacity of those in the family support network of prisoners to provide support.

There is a hope of achieving satisfactory outcomes using these measures only if the ACT Government puts in place a set of thoroughly integrated plans for the operation of the prison covering at least general health, mental health, substance abuse, family contact and training. Such a scheme has yet to emerge.

The fear is that ACT authorities will not adopt this approach but will undermine rehabilitative objectives by giving the usual top priority to security and implementation of a punitive policy towards substance abuse.

The question arises whether in that case there are better uses for the \$120m it is costing to build the prison. Moreover, it is the height of fiscal madness to continue wasting \$213 per day or \$77,745 per year which is the current cost of keeping someone in prison in NSW when that person should not be there and, with better public health policies, would not be committing crimes in the first place.

References:

- Paul White and Harvey Whiteford, “Prisons: mental health institutions of the 21st century?” at *Medical Journal of Australia*, vol. 185, no. 6, pp. 302-03 (18 September 2006) http://www.mja.com.au/public-issues/185_06_180906/whi10502_fm.pdf
- Australian Medical Association, “Treatment, not prison, for mentally ill”, media release, 17 Sept. 2006 at <http://www.ama.com.au/web.nsf/doc/WEEN-6TN6MH>
- Danielle Cronin, “Prisoner mental health aid ‘limited’” in *Canberra Times* 18 Sept. 2006
- Jill Stark, “Jails failing mentally ill” in *The Age* (Melbourne) 18 Sept. 2006
- Families and Friends for Drug Law Reform, *Submission of Families and Friends for Drug Law Reform to the inquiry of the Senate Select Committee on Mental Health into the provision of mental health services in Australia* submission no. 319 (June 2005) at http://www.aph.gov.au/Senate/committee/mentalhealth_ctte/submissions/sub319.pdf