

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



committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER

May 08

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NEXT Meeting

**Thursday 22 May 2008
at 7.30pm**

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

Refreshments will follow

Inquiries: 6257 1786 or 6254 6018

2008 DRUG ACTION WEEK FORUM

Can NSPs reduce OH&S risk in the AMC?

Syringes and Work Safety in the new ACT Prison

on Tuesday 24th June, 2008
12.30 pm – 2.00pm

Speaker: Mr John Ryan

CEO, ANEX, leading community-based organisation
supporting needle and syringe programs

Sponsored by ACT Greens MLA, Dr Deb Foskey
in the Reception Room, the Legislative Assembly,
Civic Square, London Circuit, Canberra

Refreshments will be available.

Inquiries: 6257 1786 or 6254 2961

FFDLR makes submission to child protection inquiry

Families and Friends has made a written submission to an "Inquiry into the early intervention and care of vulnerable infants in the ACT" being conducted by the Standing Committee on Health and Disability of the ACT Legislative Assembly.

Child protection is a burning issue around the country. Governments are being called on to devote more and more resources to address this scandalous problem which indicators show is getting worse.

The nub of our submission is that many drug policy measures actually promote child abuse and neglect by, for example, weakening rather than strengthening the parenting capacity of many marginalised people. An obvious example are measures that deter drug dependent mothers from accessing ante-natal and early childhood services.

When coping with families of complex needs (generally involving substance dependence and other mental health issues) it is vital that all policies bearing on the well being of children be considered.

The ACT has followed other jurisdictions in focussing on process – measures like more and better qualified child protection workers, improving co-ordination, developing greater community awareness, better information systems, extending mandatory reporting, better follow up of reports, improving the placement system, developing more alternative care and improving the quality of care. This focus is not enough. Governments must look beyond the existing silo of child protection and come up with ways of doing things better. On 14 May 2008 of John Ley, Joan Westaway and Bill Bush appeared before the inquiry. Here is John's opening address:

"Families and Friends for Drug Law Reform is grateful to the Committee for the opportunity to appear before it.

"There is no more important issue than what the Committee is considering – the well-being of our children

"And it is harder to imagine a tougher, more challenging aspect than the well-being of children of drug affected parents.

"We all agree that the best interests of children should come first.

"Families and Friends for Drug Law Reform has one central and simple request of the Committee to promote that end.

"The Committee should acknowledge the large body of evidence that many measures dictated by existing drug policy cause serious harm to children including to unborn children and infants aged up to two years old.

"Women and men who are drug dependent have children just as do other members of the community

"Children cannot as a matter of course be removed from drug dependent parents: there are not enough carers or people to adopt them and we know the great harm that forcible removal of children can so often cause.

"At the same time we cannot afford to wait for crises to develop because what we have learnt, over the last 10 years, about the influence of the environment on brain

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development, from conception until early childhood, tells us that damage will already have been done.

“We must support parents and particularly mothers the whole way through and above all we must stop deterring drug dependent women from engaging in treatment out of concern that their children will be removed.

“The Committee should take notice of the large body of evidence showing that it is possible for people to live fulfilling and socially responsible lives while remaining addicted. Families and Friends for Drug Law Reform has seen this happen and can point to model parents who are drug dependent.

“We can and must minimise the stress that drug dependent parents presently suffer in juggling their substance dependence with parenthood.

“As a result of drug policy these people are so often treated as criminals and outcasts. When this happens their children suffer.

“Families and Friends for Drug Law Reform strongly supports interventions to combat problems like child neglect and abuse fashioned in the light of this large and growing body of knowledge of risk and protective factors.

“Our submission identifies risk factors embedded in existing drug policy. The absence of discussion at the policy level of this aspect is a gaping hole in the consideration of effective policy responses to the serious and growing problem of child neglect and abuse.

“Just as parents have obligations towards their children so do we all have the obligation to do what is within our own capacity to avoid harm to them.

“Thus, we share responsibility for harm to children if we support the continuation of measures that are known to harm them.

“We ask that members of the Committee give open minded consideration to the need to recommend changes to policies and programs that, in their operation, lead to harm to drug dependent parents and their children.”

Naltrexone implants dangerous

Once again naltrexone has been in the news for the wrong reasons. This time the *Medical Journal of Australia* reported in April on “eight patients with naltrexone implants who developed serious medical complications considered to be related to the implant.”

On the ABC *Health Report* one of the authors described in the following terms the complications arising from the acute withdrawal that the implants precipitated:

“We had a number of people who within hours and days after having one of these implants placed in their body were experiencing severe medical problems, either severe withdrawals, episodes of confusion or delirium, even kidney impairment leading them to become rather ill and requiring admission to hospital. We’ve had two of them who required intensive care admissions, one for over a week and we’ve had quite a number of others requiring intravenous fluids and requiring several days in hospital.”

On the same *Health Report* a mother described the overdose death of her son that occurred while he was

awaiting a routine replacement of his existing implant. In spite of an implant being in place and within the time of its expected duration, there was no sign of naltrexone in the son’s body suggesting that the implant was unreliable.

The big worry of Families and Friends about naltrexone is that it has been promoted in the media and by those who give priority to being drug free over life and wellbeing as a miracle cure for heroin addiction. It is clearly not. It is bad enough when desperate families outlay large sums of money for a treatment that does not work. It is outrageous if the treatment in fact raises the risk of serious illness and death.

In 1998 the Therapeutic Goods Administration registered the drug as “an aid in the maintenance of previously opiate-dependent patients who have ceased the use of opioids.”

However, the drug has not been included in the Pharmaceutical Benefits Scheme as a treatment for opioid dependence. The scheme’s advisory committee has rejected two applications to register it on the grounds of lack of evidence of efficacy. Although the drug blocks the action of heroin when taken orally, there is something about it that makes it hard for many people to remain in treatment. The danger then is increased risk of overdose deaths:

“Intermittent naltrexone consumption lowers opioid tolerance, thereby increasing the risk of heroin overdose. An Australian study found the death rate for those leaving naltrexone treatment was eight times that recorded among participants leaving treatment with agonists such as methadone or buprenorphine.”

In order to overcome the difficulties of adherence, administration of naltrexone under general anaesthesia or heavy sedation followed by oral administration was tried but failed to improve efficacy.

Implants are now being used as another means of overcoming those adherence difficulties. It is reported that the drug has been implanted in more than 1,500 individuals under the Special Access Scheme of the Therapeutic Goods Administration. This scheme permits the use in life threatening situations of drug products that have not satisfied the rigorous scrutiny required for the registration of new products. The recent report of complications relating to implants throws doubt on the wisdom of permitting this special access.

The editorial in the *Medical Journal of Australia* acknowledges that there may well be a place for naltrexone but first there needs to be a thorough going evaluation of the type normally required for new devices:

“A recent randomised controlled study of depot naltrexone for the treatment of opioid dependence had encouraging results. The strong theoretical rationale for the usefulness of naltrexone in treating heroin dependence justifies further rigorous investigations. However, the uncontrolled use of unregistered products of uncertain quality hampers the development of proper clinical trials.”

Alex D. Wodak, Robert Ali, David Henry and Lloyd Sansom “Ensuring the safety of new medications and

devices: are naltrexone implants safe?" in *Medical Journal of Australia*, vol. 188, no. 8 (21 April 2008) pp. 438-39

ABC Radio National, "Naltrexone implants," *Health Report*, 21 April 2008 in <http://www.abc.net.au/rn/healthreport/stories/2008/2221164.htm>

ACT inquiry reports into the use of crystal methamphetamine "ice"

The ACT Standing Committee on Health and Disability has come up with a raft of practical and useful recommendations in its new report on crystal methamphetamine. Its chair, Karin MacDonald, tabled the report in the Legislative Assembly on 8 May.

The Committee observed that:

"While crystal methamphetamine is a dangerous drug that is having a significant impact on individuals and the community, it represents a small percentage of problem associated with drug use and abuse in the ACT" (§91).

Nevertheless, the committee ranged widely, making recommendations on the protection of children, assisting grandparents caring for children, polydrug use and, of course, dual diagnosis. On this last aspect, the Committee made a familiar observation that:

"Problems for this group [with a dual diagnosis] are compounded by the limited understanding of alcohol and other drugs within the mental health system and limited understanding of mental health issues in the drug and alcohol sector" (§3.76).

The Committee supported "allocating designated dual diagnosis funding to facilitate better policy and service co-ordination for people with a dual diagnosis" (rec. 6).

It also called for "a short term drug rehabilitation residential program in the ACT, on trial basis" and for improved training and support for youth services catering for young people up to 25 (recs. 17 & 18).

Families and Friends appeared before the inquiry a year ago. We are pleased to see that, generally, the approach of the Committee was consistent with what we had recommended. On the controversial question of the banning of ice pipes which we opposed because it would lead to more injecting, the Committee had a bob both ways. It recommended further consultation before any ban is imposed.

On pill testing it followed the approach of a federal inquiry that "the ACT Government monitors the Victorian pill testing trial in the interests of harm reduction for all drug users, their families and the general community."

The Committee's report is available at <http://www.parliament.act.gov.au/downloads/reports/06hlthIceReport.pdf>.

Public comments sought in review of ACT alcohol and drug driving laws

Commendably, the ACT Government has not been rushed to introduce drug testing of drivers but has

delayed action pending the experience of jurisdictions where it has been introduced. All six Australian states have introduced laws. The ACT is now about to move.

On 1 May Minister for Territory and Municipal Services, John Hargreaves MLA, launched a discussion paper on "Improving road safety by reducing drink and drug driving on the Territory's roads". He has called for submissions from the public by Monday 16 June 2008. Families and Friends for Drug Law Reform is considering making a submission.

The relevant principles would appear to include:

- Measures should be focussed on road safety and not be a new form of drug law enforcement.
- Testing should be introduced for all substances whether legal or illegal for which there is substantial evidence that:
 - (a) use impairs driving capacity; and
 - (b) tests are available that can measure impairment and not just the presence of the substance.
- The measures should not undermine the credibility of safe driving messages directed at those who consume drugs by, for example, implying any consumption is a danger when the evidence shows that impairment is for only a short period above a particular level.
- The need to review other aspects of drug policy that serve to encourage drug users to drive when impaired.

The discussion paper is available at http://www.tams.act.gov.au/_data/assets/pdf_file/0010/102250/Alcohol_and_Drugs_discussion_paper.pdf.

How crime took on the world

The BBC the World Service is screening a four-part series which charts the explosion and growth of international crime

"Over the last two decades, organised crime has dramatically increased its share of the world economy to as much as 20 percent."

Misha Glenny, the producer, "has spent the last three years investigating criminal networks in our newly globalised world."

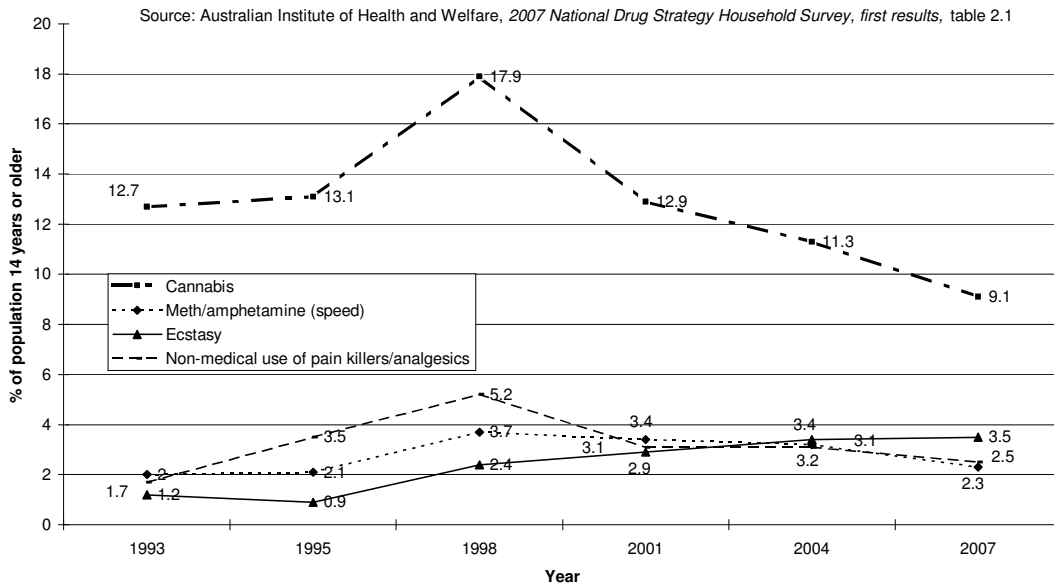
"Drug trafficking is the most lucrative illicit business in the world. In Programme One, Misha begins his journey in Canada, where the wholesale production of marijuana or BC Bud as it is known - is posing a profound challenge to the whole idea of the US-led 'War on Drugs'."

"In British Colombia alone, this illegal industry employs nearly twice as many people as the traditional sectors of logging, mining, oil and gas. A conservative estimate puts the number of residential properties in the province used as full-time growing operations for marijuana at some 20,000."

"These are people who make colossal profits smuggling hundreds of kilos of marijuana into the United States every year, where marijuana is sold for twice as much as it is in Canada."

http://www.bbc.co.uk/worldservice/documentaries/2008/04/080424_how_crime_took_on_world_one.shtml

Recent drug use of the most popular illicit drugs from 1993 to 2007
(usage within previous 12 months)



**2007 Household survey:
First results out**

The Australian Institute of Health and Welfare published in April its first results of the 2007 household survey. The Institute has carried out this survey every three years since 1993. It gives the most accurate picture of patterns in usage in the general community of both the legal recreational drugs, alcohol and tobacco, and the most commonly used illicit ones. There is less confidence in its accuracy in measuring usage of lesser used illicit drugs and surveying marginalised populations. According to the survey, usage of heroin remained stable at 0.2% of the population but usage of cocaine climbed significantly from 1.0% in 2004 to 1.6% in 2007.

The Institute’s report included the following summary:

“Almost two in every five Australians (38.1%), aged 14 years or older, had used an illicit drug at some time in their lives and more than one in seven (13.4%) had used illicit drugs in the previous 12 months.

“The most commonly-reported illicit drug used in the previous 12 months was marijuana/cannabis (9.1% of people aged 14 years or older), followed by ecstasy (3.5%), pain killers/analgesics used for non-medical purposes (2.5%) and meth/amphetamine (which includes ‘ice’) (2.3%).

“Between 2004 and 2007, there was a significant fall in the proportion of the population aged 14 years or older who had used an illicit drug in the past 12 months, from 15.3% to 13.4%. Recent marijuana/cannabis use, in particular, had dropped significantly between 2004 and 2007, from 11.3% to 9.1%. Recent use also declined for meth/amphetamine but increased for cocaine.

“The average age at which new users first tried illicit drugs remained close to 19 years of age. The most accessible illicit drugs were marijuana/cannabis and painkillers/analgesics—17.1% and 15.4% of the population respectively were offered or had the opportunity to use these drugs for non-medical purposes, in the previous 12 months.

“Driving a motor vehicle while under the influence of illicit drugs was reported by 2.9% of Australians aged 14 years or older. One in nine persons (11.0%) was verbally abused and one in 50 (2.0%) was physically abused by someone affected by illicit drugs” (p. xii).

By comparison:

“One in eight people (12.1%) admitted to driving a motor vehicle and one in 17 (5.7%) admitted to verbally abusing someone while under the influence of alcohol. One-quarter (25.4%) of Australians aged 14 years or older had been verbally abused and 4.5% had been physically abused by someone under the influence of alcohol” (p. xi).

Australian Institute of Health and Welfare, 2007 *National drug strategy household survey: first results* (Drug statistics series no. 20) (Canberra, April 2008) at <http://www.aihw.gov.au/publications/phe/ndshs07-fr/ndshs07-fr.pdf>

“It makes no sense at all to provide intensive support to enable people to conduct their lives responsibly when they would have been able to do so but for other policies of the government. Conduct by the Government of this sort is like adopting admirable efforts to rescue from drowning people whom the Government has thrown overboard.”
[FFDLR submission to child protection inquiry]