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 09** **ISSN 1444-200**

NEXT Meeting

Thursday 28 May 2009 at 7.30pm

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

Refreshments will follow

Editorial

Internet based D&A services

The federal Department of Health recently contracted the Queensland University of Technology (QUT) to undertake a survey of online (ie internet) alcohol and other drug information and support services and to survey the relevant users of those services. FFDLR was involved in the project as a member of the Project Advisory Group.

The range of websites that provided information, advice, support and treatment was quite extensive. Some sites simply provided information while others provided various forms of counselling services some with interactive feedback (telephone, SMS, email etc). As would be anticipated, the quality of services or information provided was variable.

Three survey groups were surveyed. Around 3,000 people from the general public group were surveyed, 163 health practitioners and 31 on-line service providers were surveyed. Results from the general public survey weret interesting; 66% were female; the average age was 25.9; and most spoke English as their first language.

Knowledge and familiarity with D&A websites, according to the survey of this group, was low. It is likely though, that use of such services will grow in the future.

There are a number of advantages to provision of such services. These include easy and quick access for those who have or can obtain internet access, anonymity for most (but not all) sites and where the site is a trusted site the provision of help and support could be valuable.

On the flipside, the services and information provided can be variable. Information could range from accurate and objective to being wrong or biased or both.

Herein lies one of the major problems. A user of the service has no idea about the quality of information provided by a website. One website, which many would regard as having wrong and very moralistic views, was ranked as being very trusworthy by the respondents.

It is a problem that cannot be totally overcome because anyone can establish a website and publish their own information. This could however be improved by providing one standard data set of reference material which could be made available to all sites and by implementing some type of accreditation that indicates to the website user that the information and services from that site could be trusted.

There are of course other problems that were not fully evident from the survey. There were gaps in the survey, not because of the design but because of the demographics of the respondents. Because the average age of those surveyed was relatively young, findings by older persons and by family members seeking help was not identified.

And in a similar way, because the surveyed group predominately had English as a first language, the findings for non-English speakers or those with English as a second language were not known. Seeking information by this group could be particularly problematic. There is little information from Australian websites to help them, and if they went to their home country website, the information may be completely inappropriate for Australian conditions (eg there would be no information on Australian service).

The QUT project will point out these matters in its final report to the Department of Health and Ageing. With the growing use of the internet, coupled with the Federal Government's broadband internet initiatives, the government will need to take very seriously the report's findings and recommendations.

Drug policy needs a deeper focus to halt snowballing risks

Urgent change is crucial to stop increasing budget wastage and greater harm in society, Bill Bush writes.

Published in Canberra Times, Friday 15 May, 2009, p. 13. Text in square brackets omitted for reasons of space in the published text.

At least one advantage of hard times should be to cause governments to carefully examine their budgetary priorities. In good times there is never enough to go around; in bad times the capacity is reduced while need increases. In spite of the ACT Government's preparedness to run a deficit of 5 per cent of expenditure, the ACT Council of Social Service lamented that the budget "fails to address the increasing pressure on community organisations as a result of the financial crisis" because "the community sector needs to be resourced to meet the already increasing demand for emergency relief, homelessness services and family counselling".

There are reasonable grounds to take seriously the prospect that substantial budgetary savings are possible in these domains that will experience increased demand. The fly in the ointment is that this would involve looking at drug policy, which no political party, Liberals, Greens or Labor, wants to know about.

The grounds are simple. From research on risk and protective factors and the social determinants of health we know that by and large it is the same disadvantaged population that manifests most severely multiple problems, including substance dependence. The services required to address these problems are big budgetary items. There is strong evidence that recasting drug policy offers a cost-effective way of short-circuiting the cycle of disadvantage and regulatory theory tells us that existing drug policy uses the most inefficient means of regulation.

It is known that an aggregation of family, environmental or personal risk factors is predictive of further problems. The neglected child is likely to: have problems at school, mix with a dysfunctional peer group, get caught up in delinquency, start using drugs early, develop mental health problems and so on.

We are seeing the snowball of risk factors (and diminished protective ones) augmented down generations. The drug-dependent parent who has had a stint in prison is likely to bequeath her own risk factors in amplified form to her children.

The challenge is to stop the snowball growing. Services to address problems of this population are scattered in numerous government agencies. Most of the expenditure of the Department of Disability, Housing and Community Services, with 5 per cent of the ACT budget, is devoted to services for this group. It starts by providing an early intervention and prevention program for children from birth to age five and their families and extends to youth services and the very expensive child protection service. Special education programs, counselling and interventions to deal with children with behavioural problems are funded by the Department of Education and Training. The same disadvantaged population is a heavy drawer upon these services. The Department of Health attempts to meet their needs in mental health, maternal and child health, drug and alcohol and corrections health services. The same population has disproportionately high needs for acute services such as those arising from hepatitis C [contracted from injecting drug use that is widespread among prisoners]. The lion's share of Housing ACT's allocation goes to the same population. The police and corrections services funded by the Department of Justice and Community Safety are the sharp end of these government services.

The standard response is to pour more and more resources into individual services but we are always chasing our tail: in the best times, unmet need outstrips what government is prepared to spend. Skyrocketing child protection costs of recent years are a prime example. Early intervention to address underlying causes is another common call. More often than not it means looking for something that is irrelevant [even if it can be found]. Reflection on the growing snowball of problems of the disadvantaged population shows why. The original cause may be buried in the middle a generation ago.

Intervening early in the life (or before birth) of a child [is early intervention for the child but not for] the parent whose problems have to be serviced if the child is to have a chance.

We need to look instead for a circuit breaker: an affordable intervention that will reduce [significant] risk factors and make existing interventions on other risk factors more effective.

There is strong evidence that drug policy is such an intervention. The threat of a harmful criminal sanction is at the heart of existing drug policy. In the words of a United States authority, criminal law is designed to "make the life of the habitual user dangerous, arduous, frightening and expensive." It is one thing to impose such stress to deter theft or violence. It is quite another to impose it to force someone with a roaring addiction to stop using.

The ubiquity of substance dependence in the target [problem-rich] population means that the intervention of criminal law is inefficient and that the intervention compounds the risk factors. To quote another US writer "stress gets in the way of our capacity to make good choices, and even to perceive our full options for choices". Expensive measures of harm minimisation are then needed to ameliorate stresses imposed by the measure taken to tackle the problem.

A conservative guess of the contribution in this sense of illicit drug policy to the ACT budget is $385m or 10.6 per cent of expenditure. Not all of this could be saved. A further conservative guess of what could is 4.8 per cent - the size of the deficit. Moreover, studies suggest a potential for substantial quick savings in law enforcement and corrections budgets.

This is because overseas studies of maintenance interventions show sustained reductions in the region of 80 per cent achieved in a matter of months among severely dependent illicit drug users - those who make up the bulk of our prison population.

Regulation theory suggests another reason why we should consider drug policy. The theory looks at the optimum means to abate or control risk to society and promote the public good. Good regulation involves a spread of measures throughout a regulatory pyramid. Most regulation should be invested in the broad lower levels of the pyramid involving voluntary or persuasive measures rather than the narrow tip of command and control regulation. Only when persuasion fails should more resource intensive and intrusive regulation be considered. With drug policy the pyramid is reversed.

Existing drug policy is not effective in its principal goal of reducing the availability of illicit drugs. In 1951 Australians consumed 5.25 kg of heroin per million – all of it legal. By the end of the century Australians were consuming about 35 kg per million – all of it illegal. In the past few years there has been a boom in the availability of stimulants.

In short, there are more than enough budgetary reasons for political parties to agree at least to look at the issue. The matter is one of mainstream concern. The Australian Crime Commission believes that up to $12 billion in illicit drug money is flowing out of Australia annually and the turnover of the world's illicit drug industry is on a par with world trade in oil or gas.

Bill Bush is a lawyer and member of Families and Friends for Drug Law Reform

Alex Wodak on The War Against Drugs

Reproduced below is a letter from Dr Alex Wodak to the participants of the July 2008 Vienna NGO Forum in response to a letter from Ms Calvina Fay, Drug Free America.

Ms Calvina Fay was right a few weeks ago to point out that there have been some benefits of the War on Drugs. I should have acknowledged this myself. When Nixon launched the War on Drugs in 1971, it was always intended primarily as a political strategy rather than as a public policy. Nothing has changed. While it has been an abject failure as a public policy, the War on Drugs has often succeeded as a political strategy which is why it still survives. It has been the political benefits which were

largely responsible for the adoption of the War on Drugs by so many countries around the world. Of course, the USA provided a lot of help and encouragement to many countries around the world to adopt a War on Drugs approach.

It is no accident that the examples Ms Fay listed as proof that the War on Drugs had succeeded were all political. She listed: UNGASS [sic] was just wrapped up in Vienna and provided a renewed pledge to wage the war on drugs; many recent laws have been enacted to better control the misuse of prescription drugs, control the flow of precursors used to manufacture methamphetamine, reduce pharmacy fraud over the Internet, and require individuals receiving support from government tax dollars to be drug free. The UK, recognizing the serious harms of marijuana, reclassified it and Amsterdam closed many of its "coffee shops".

It was no accident that Ms Fay did not list any significant health, social or economic benefits of the War on Drugs. No actual outcomes. She did not list any of these kinds of benefits because there have not been any. No reduction in deaths, diseases, crime or corruption. It is true that CND (not UNGASS) recently approved another attempt to eliminate or substantially reduce global drug use. That failed in the last decade so why not renew the pledge? Yes, some countries have passed new harsh laws but many more countries have repealed previous draconian laws and passed more moderate legislation. It is also true, as Ms Fay notes, that the current UK government, trailing very badly in the polls with elections coming up, ignored its own expert scientific advisory body and re-classified cannabis as a more dangerous drug. But the prevalence of cannabis use in the UK actually declined after it was last re-classified as a less dangerous drug. And senior UK police publicly opposed the re-classification of cannabis. Yes, some coffee shops selling cannabis in the Netherlands were closed. Wow! These are the sum total of evidence presented by Ms Fay that the War on Drugs is working.

The War on Drugs would not have survived so long if there had been no beneficiaries. Who has benefited from the War on Drugs? For many unelectable, ageing, (usually male) politicians in many countries, the War on Drugs has been like Viagra. Others benefiting from the War on Drugs include criminals and corrupt police. Could Al Capone or Pablo Escobar have ever acquired such extraordinary wealth had it not been for the prohibition of alcohol or drugs? Another group that has benefited from the War on Drugs has been the drugs-industrial complex similar to the military-industrial complex that President Eisenhower warned the world about 50 years ago. In many countries funds have been generously showered on the drugs-industrial complex; customs, police, courts, prisons, drug testing laboratories and War on Drugs advocacy groups have grown beyond their wildest dreams.

For many decades the overwhelming majority of countries in the world have tried very hard to control illicit drugs using a War on Drugs approach. Many have used a fire and brimstone rhetorical style to describe their approach to illicit drugs. It is only in the last couple of decades that an increasing number of countries have started supporting evidence-based, pragmatic approaches and advocating these in public. As Ms Fay pointed out, the War on Drugs groups still manage to get their own way in many important decisions. It is not just a matter of rhetoric and winning critical battles. Drug law enforcement has consistently attracted the lions share of funding from governments while harm reduction has been lucky to just get a few crumbs. Tim Moore estimated that Australian governments in 2003/04 allocated 56% of their expenditure in response to illicit drugs to drug law enforcement while only 3% was allocated to harm reduction. The 1993 RAND US study on responding to cocaine demand estimated that 93% of US government expenditure in response to cocaine was allocated to drug law enforcement while only 7% was allocated to drug treatment. The Canadian Auditor General estimated that 95% of the Canadian governments expenditure in response to cocaine was allocated to drug law enforcement. There are many similar estimates of this kind.

What would we look for to decide that global drug prohibition had been an effective public policy?

The sorts of indicators of a successful drug policy most people would look for would include:

- global drug production had decreased;
- the number of people using illicit drugs had declined;
- the number of countries reporting that illicit drugs are a problem had fallen;
- the street price of illicit drugs had increased;
- the street purity of illicit drugs had decreased;
- the number of different kinds of illicit drugs had stayed the same or even gone down;
- more dangerous street drugs (like heroin) had been replaced by less dangerous street drugs (like opium) with less dangerous routes of administration replacing more dangerous routes;
- the number of people dying as a result of illicit drugs (e.g. drug overdose, AIDS) had fallen sharply;
- the number of people with illnesses (e.g. HIV, hepatitis C) associated with illicit drug use had declined;
- people who use illicit drugs had been accepted as equal citizens, enjoying similar opportunities in areas such as education, housing and employment;
- fewer people who use drugs were behind bars;
- governments were spending less money in response to illicit drugs;
- the rates of drug-related crimes had fallen;
- international terrorism (including the Taliban) were now earning much less from drug trafficking;
- there were fewer (none?) narco-states, countries where the government of the country and the local drug traffickers were one and the same.

What has happened to these parameters around the world?

- Global drug production has increased steadily. In the period 1998-2007, global opium production more than doubled, cocaine production increased 20% and cannabis production also increased substantially;
- The number of people using illicit drugs around the world has steadily increased in recent decades;
- The number of countries where illicit drugs are reported to be a problem have grown steadily;
  - In Europe and the USA since the early 1980s, the street price of heroin and cocaine decreased by 30-40%;

- The street purity of these drugs has also steadily increased in Europe and the USA since the early 1980s;
- The number of different kinds of illicit drugs that are available now is much greater than it was in the 1960s or 1970s;
- More dangerous street drugs like heroin have increasingly replaced less dangerous street drugs like opium; in Asia, heroin injecting in young and sexually active men has replaced the smoking and eating of opium by old men; HIV is the critical complication associated with injecting heroin in Asia. Constipation was one of the main complications seen in gaunt old men smoking or eating opium in Asia;
- The number of people in the world dying as a result of illicit drugs (e.g. drug overdose, AIDS) has steadily increased;
- The number of drug users who are ill with conditions such as HIV or hepatitis C has steadily increased;
- People who use illicit drugs are often subjected to stigma and discrimination and are generally denied equal opportunities in areas such as education, housing and employment;
- The number of drug users behind bars has grown steadily in many countries but nowhere as spectacularly as the USA. The USA accounts for 5% of the world population but 25% of the worlds correctional population. In the USA, 55% of federal inmates and 21% of state correctional inmates are serving sentences for drug related crimes;
- Governments in most countries are spending more money in response to illicit drugs;
  - In most countries around the world, the rates of drug-related crimes are much higher now than they were in the 1960s or 1970s;
- Many major terrorist groups (including the Taliban) generate spectacular incomes from trafficking drugs thanks to drug prohibition;
- Afghanistan, Pakistan, Burma, Colombia, Peru, Bolivia and Mexico are narcostates most of the time. A major US intelligence agency recently warned that Mexico and Pakistan are now dangerously unstable both are narcostates.

If Ms Fay thinks the War on Drugs has been a success, what would she think failure would look like?

It is only possible to say that the War on Drugs has been a public policy success if we also say that Bernie Madoff was a prudent financier. Or that the US auto industry is currently in great financial shape. Or that Lehman Brothers and AIG are doing fabulously well. Or that US military forces in Vietnam (1945-1975) were very successful. Or that the USSR delivered great prosperity to its citizens. As George Orwell said Political language...is designed to make lies sound truthful and murder respectable, and to give an appearance of solidity to pure wind.

The starting point in any realistic discussion about drug policy is to accept the truth; and the truth is that the War on Drugs approach has been tried but has failed miserably.

Our task is to contribute to finding ways for more effective drug policies to gain more widespread political acceptance. The 2009 CND showed that this journey has already started. It is now clear for the first time that there is no international consensus about drug policy. Twenty six countries made it clear in 2009 that harm reduction has to be the centrepiece of any future effective international drug policy.

I appreciate that the staunch War on Drugs supporters will not be changing their views in a hurry. But they are now only a small minority of people around the world with an intense interest in drug policy. The Vienna NGO Forum in July 2008 made that pretty clear.

If the War on Drugs was a roaring success, why did Richard Holbrooke, special US envoy to Afghanistan and Pakistan, say recently (in reference to US policy on drugs in Afghanistan) "The United States alone is spending over $800m a year on counter-narcotics. We have gotten nothing out of it, nothing. It is the most wasteful and ineffective programme I have seen in 40 years." A few weeks ago US Secretary of State Hillary Clinton, commenting on the increase in violence in Mexico in the last 2 years following increased efforts to reduce drug trafficking, said "Clearly what we've been doing has not worked." Before he became President of the US, Obama said US drug policy was an utter failure.

As the UNODC said in 2008 (Reducing the adverse health and social effects of drug use: A comprehensive approach) Harm reduction is often made an unnecessarily controversial issue as if there was a contradiction between prevention and treatment on one hand and reducing the adverse health and social consequences of drug use on the other. This is a false dichotomy. They are complementary.

This is the long standing approach taken by supporters of harm reduction and drug law reform. Its time that we all started working towards these ends. Finding more effective approaches for the future requires accepting reality: the War on Drugs has failed miserably and it is futile trying to base future policy on it. Of course, there always should and always will be an important secondary role for drug law enforcement in any effective drug policy just as law enforcement plays an important role in alcohol and tobacco policy.

Dr. Alex Wodak, Director, Alcohol and Drug Service, St. Vincent's Hospital, Darlinghurst, NSW

White House Czar Calls for End to 'War on Drugs'

WASHINGTON -- The Obama administration's new drug czar says he wants to banish the idea that the U.S. is fighting "a war on drugs," a move that would underscore a shift favoring treatment over incarceration in trying to reduce illicit drug use.

In his first interview since being confirmed to head the White House Office of National Drug Control Policy, Gil Kerlikowske said ... the bellicose analogy was a barrier to dealing with the nation's drug issues.

Read the rest of GARY FIELDS 14 May 2009article in the Wall Street Journal on line here:

http://online.wsj.com/article/SB124225891527617397.html