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

committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER **August 09** **ISSN 1444-200**

NEXT Monthly Meeting
Thursday 27th August 2009
at 7.30pm
Speaker at 8:00pm: Vera van de Velde from the ACT Alcohol and Drugs Program.
Topic: The present structure and operation of the ACT Alcohol and Drug Program and how future changes will impact on clients
Venue: St Ninian's Uniting Church, cnr Mouat and Brigalow Sts, Lyneham.
Refreshments will follow

Editorial

Can universal principles be established to guide drug policies, laws and practices?

This question arose when preparing for an important meeting.

Of course there is human rights legislation in some Australian states and the UN in 1948 adopted and proclaimed its Universal Declaration of Human Rights. Some elements of the latter provide useful pointers. For example the preamble states: "it is essential that human rights should be protected by the rule of law" and in Article 16: "the family is the natural and fundamental group unit of society and is entitled to protection by society and the State" and then in Article 21: "everyone has the right of equal access to public service in his country".

But these are not sufficient. We know for example that there are moral underpinnings to the way that drug laws are formulated and we know that despite the best intentions those laws do make an individual's and/or his family's situation much worse. And we know that limited access to services detrimental to the person; whether that is because of funding limitations or moral or prejudicial positions.

What is it that we want from our drug policies?

We want to deter the smuggling and dealing of drugs and we want to dissuade people from using any drug for which there is no quality or purity control and which may cause them harm.

For these issues it is important that they are effective and that they do not create greater harm. However let us put aside those issues of supply and demand control and concentrate on people caught up in drug use.

For these people a humane society would want them to come through the experience alive and with the least possible harm to their physical or mental health.

Thus we could formulate a first basic principle along the lines of the following:

Promotion and protection of life and physical and mental well-being.

Although this principle is rudimentary we can test it with some examples

- Recently a man was arrested and taken to court for producing heroin and morphine from prescription medicine. He claimed the home-bake heroin was for his personal use to relieve pain. Did his arrest have the intention of protecting his life and health? Probably not, because the focus by law enforcement was that he committed an illegal activity. He could have been imprisoned, limiting his access to appropriate treatment for his pain.
- Some treatment services have very strict rules and demand abstinence requiring people in the program to undertake urine analysis. If that analysis shows that they have used drugs they are immediately ejected from the program. A similar situation existed in the past in the ACT with methadone patients who were urine tested for use of heroin while on methadone. Although they were not ejected from the program their dose of methadone was reduced seemingly as punishment. Ejecting these people or reducing their dosage does not protect their life or their health – the safest place for them would be in the program with service providers attempting to resolve their issues.
- Then there is the call to be drug free. An admirable aim provided that its application does not exclude possible options if the person cannot become drug free. Most applications of the drug free approach demand that people become free of medically prescribed maintenance use of methadone (or similar medications) that has been so effective for many.
- The needle and syringe program complies with the principle because it promotes and protects physical health. At the same time it does not encourage use of drugs as recent research has demonstrated.
- Would the hypothetical removal of criminal sanctions for personal use of drugs meet the principle? The answer is possibly yes if the

approach adopted did not encourage increased use and if it provided a welcoming pathway into support and treatment services for those who were already using.

Thus it seems that the establishment of principles as guidelines for drug policies and as a benchmark for service provision would be very useful.

Remembrance Ceremonies

Remembrance ceremonies will be held during October at the following locations:

ACT

Families and Friends for Drug Law Reform's 14th Annual Remembrance Ceremony to 'those who lose their lives to illicit drugs' will be held on **Monday 19 October** 2009 at 12:30 at Weston Park, Yarralumla, ACT at the memorial site. Speakers will include Rev'd Graham Long, Pastor at the Wayside Chapel at Kings Cross and Katy Gallagher, Deputy Chief Minister and Minister for Health in the ACT Assembly. A light lunch will be provided following the ceremony. If you would like a loved one remembered at the ceremony please phone Marion or Brian on 62542961.

Newcastle

Service of Remembrance in Newcastle for those who have suffered the loss of a loved one through drug use will be held Christ Church Cathedral, Church St, Newcastle on **Saturday, 24th October**, 2009, at 4.30pm

Supper will be provided after the service. All Welcome.

For more information ring: 0401305522

Sydney

Family Drug Support will hold a Remembrance Ceremony for those who have lost their life to illicit drugs on **Saturday 24th October** at 6pm at Ashfield Uniting church, Liverpool St, Ashfield.

Enquiries: 4782 9222

More details of each event will follow in the September Newsletter

Resolution passed by UN

The following text is paragraph 19 of a resolution passed on 27 July 2009 by ECOSOC (*The Economic and Social Council)*

ECOSOC is above CND (the Commission on Narcotic Drugs) in the UN system. So the failure of the Political Declaration which emerged from the CND meeting in Vienna in March 2009, which despite efforts by many countries did not include any reference to harm reduction, is now irrelevant.

Paragraph 19 reads:

'Recognizes the need for UNAIDS to significantly expand and strengthen its work with national governments and to work with all groups of civil society to address the gap in access to services for injecting drug users in all settings, including prisons; to develop comprehensive models of appropriate service delivery for injecting drug users; to tackle the issues of stigmatization and discrimination; and to support increased capacity and resources for the provision of a comprehensive package of services for injecting drug users including harm reduction programmes in relation to HIV as elaborated in the WHO/UNODC/UNAIDS: *Technical Guide for countries to set targets for Universal Access to HIV prevention, treatment and care for injecting drug users, in accordance with relevant national circumstances.'*

Text of the Economic and Social Council resolution E/2009/L.23 adopted by the Council on 24 July 2009: Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (UNAIDS) The Economic and Social Council, Recalling its resolution 2007/32 of 27 July 2007

This should also be interpreted together with paragraph 16 of a statement by UN Secretary General Ban Ki-Moon on 7 May 2009:

'In addition to criminalizing HIV transmission, many countries impose criminal sanctions for same-sex sex, commercial sex and drug injection. Such laws constitute major barriers to reaching key populations with HIV services. Those behaviours should be decriminalized, and people addicted to drugs should receive health services for the treatment of their addiction.

'For example, in Eastern Europe, people who inject drugs represent more than 80 per cent of all people living with HIV but account for less than 25 per cent of those receiving antiretroviral treatment.'

Progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS; Report of the Secretary-General Ban Ki-Moon, 7 May 2009

The Health Report – ABC Radio National

Research into addiction

Monday 17 August 2009

The definitions of addiction have changed over the years, according to Barry Everitt, Professor of Neuroscience at the University of Cambridge. He and his colleagues have done research into addiction, identifying the kind of person who is more likely than others to become addicted to substances, and they have looked at new ways to help people overcome their addictions.

[For the technically minded this is a very good interview. Professor Everitt almost says to provide their drug of choice to certain types of addicted persons.]

Full details here: abc.net.au/rn/healthreport/stories/2009/2653827.htm

Make a note in your diary to listen to The Health Report on Monday 24 August at 8:30am, which will be about Portugal's decriminalisation of personal use of illicit drugs.

Inmate pleaded for bail before his death

TRAGEDY: Andreas Bulig is the first inmate to die in Canberra's new prison.

By David Stockman and Noel Towell, The Canberra Times 13/08/09

A man who died yesterday in the ACT's new jail pleaded in court three weeks ago to be released on medical grounds.

Andreas Bulig, 44, was found unconscious in his cell at the Alexander Maconochie Centre about 7.20am. He died shortly afterward despite staff's efforts to revive him.

Bulig had applied to the Supreme Court for bail on July 23, saying he lacked access to his epilepsy medicine at the Hume prison. His court application cited "serious medical conditions, including addiction".

Bulig was remanded in custody on July 4, charged with assault occasioning actual bodily harm, threatening a witness and breaching bail over a series of fights with his neighbours at his Lyneham public housing complex.

He asked the court to bail him to live with his parents in the Batemans Bay suburb of Batehaven or to send him to the Oolong House residential rehabilitation program in Nowra.

But Master David Harper dismissed the application because he was not satisfied he had the power to review the magistrate's decision under the Bail Act, which requires a material change of circumstances.

Master Harper directed the jail's superintendent to inquire into Bulig's claim that he suffered from epilepsy and could not access his medicine in prison.

A Corrective Services spokesman said the case would be investigated, while police will brief the coroner.

Corrective Services executive director James Ryan confirmed that Bulig had epilepsy. Mr Ryan said

Bulig had a seizure on Sunday and was placed in a crisis support unit, where he was assessed by doctors.

"A doctor reassessed him on Monday and said he can leave the crisis support unit and go back into the normal stream," he said.

Mr Ryan said there was no sign of injury, self-harm, drugs or drug paraphernalia in the cell.

Officers found Bulig unconscious on his bed with a television on when they opened the cells in the morning.

'They administered CPR before paramedics arrived.

Mr Ryan said staff were counselled and prisoners would also be offered support following the prison's first death in custody.

"It is the first and has come too soon for all of us. It is something I am sure will affect the staff greatly - that is only small compared to this man's family and friends," he said.

US removes ban on funding NSPs

24 July 2009

The (US House of Reps) Subcommittee on Labor, Health and Human Services of the House Committee on Appropriations has apparently decided to drop the clause forbidding the use of US federal funds for NSP.

This bill deletes the prohibition on the use of funds for needle exchange programs. Scientific studies have documented that needle exchange programs, when implemented as part of a comprehensive prevention strategy, are an effective public health intervention for reducing AIDS/AIV infections and do not promote drug use. The judgment we make is that it is time to lift this ban and let State and local jurisdictions determine if they want to pursue this approach.

Statement from Speaker Pelosi following passage of the bill:

"Sound science is an essential component of good public health policy, and the scientific support for needle exchange could not be more clear.

The Centers for Disease Control, the National Institutes for Health, the World Health Organization, and former Surgeon General David Satcher have all confirmed the scientific evidence in support of needle exchange programs. These initiatives are an effective public health intervention that reduces the number of new HIV infections without increasing the use of illegal drugs.

By lifting the ban on federal funding for needle exchange, the language in the Labor-HHS-Education appropriations bill reflects this sound science. Today's defeat of an amendment that would have reinstated the ban was a victory for science, for public health, for people living with HIV/AIDS, and for people at risk for HIV infection. As this bill moves forward, we must continue to ensure science comes first in our public health policy.

We simply cannot rest until we have done everything we can to prevent new HIV infections, including ensuring access to effective interventions such as needle exchange. We cannot rest until every person living with HIV has access to the care and medications they need to stay healthy. And we cannot rest until we have a cure."

A Misguided 'War on Drugs'

By MANFRED NOWAK ANAND GROVER, New York Times, 26 June, 2009.

Anand Grover is a lawyer in India, and a U.N. special rapporteur on health. Manfred Nowak is professor of human rights at Vienna University and a U.N. special rapporteur on torture.

Anything goes in the war on drugs, or so it seems. Governments around the world have used it as an excuse for unchecked human rights abuse and irrational policies based on knee-jerk reactions rather than scientific evidence. This has caused tremendous human suffering. It also undermines drug control efforts.

That human rights abuses are widespread is no secret. Nor is frivolous rejection by many governments of proven, effective strategies to protect the health of drug users and communities. Both have been well documented.

In 2003, law enforcement officials in Thailand killed more than 2,700 people in the government's war on drugs. More than 30 U.N. member states, including China, Indonesia and Malaysia, retain the death penalty for drug offenses some as a mandatory sentence in violation of international law. In Russia, untold thousands of heroin users cannot obtain opioid substitution treatment because the government has banned methadone, despite its proven effectiveness.

In the United States and many other countries prisons are overflowing because drug users are routinely

incarcerated for nonviolent, low-level drug offenses. These prisoners often have no access to effective drug treatment or basic medical care. In Colombia, Afghanistan and other countries, crop eradication has pushed thousands of poppy and coca farmers and their families deeper into poverty without offering them any alternative livelihood and has damaged their health.

In China, hundreds of thousands of drug users are forced into drug detoxification centers, where they can be detained for up to three years without trial, treatment, or due process. In India people are dying in uncontrolled detoxification programs.

The war on drugs has distracted countries from their obligation to ensure that narcotic drugs are available for medical purposes. As a result, 80 percent of the world population including 5.5 million cancer patients and 1 million terminally ill AIDS patients have no access to treatment for severe pain. Strong pain medications are almost unavailable in most African countries. In India alone some 1 million cancer patients endure severe pain; most have no access to appropriate medications because of restrictions on prescribing them.

Such failure by the governments to ensure access to controlled medicines for pain relief or to treat drug dependence may violate international conventions proscribing cruel, inhuman or degrading treatment or punishment. Moreover scarce resources are being diverted from effective treatment to programs with no proven efficacy.

This is not only a human rights problem: It is bad public policy. Research shows that abusive drug control practices, including mass incarceration, are ineffective in controlling illicit drug consumption and drug-related crime, and in protecting public health. Scientific evidence has shown that more supportive harm-reduction programs prevent HIV among injecting drug users, protect people's health and lower future health costs. And for those with untreated pain, ignoring their needs removes them and their caregivers from productive life.

In March 2009, the United Nations met in Vienna to set new drug policies for the next 10 years. Sadly, the strategy adopted by member states contains scant human rights commitments. It congratulates the international community for what it says are successes of the past 10 years of drug policy, without mentioning its collateral damage. It proposes to continue those policies, with little change, for the next 10 years.

On Friday, the United Nations observes both the International Day against Drug Abuse and Illicit Trafficking and the International Day in Support of Victims of Torture. As the U.N. special rapporteurs on health and torture, we take this occasion to urge member states to end abusive policies and to create drug policies based on human rights that include harm reduction, access to evidence-based drug treatment and essential medicines, and protections against torture in law enforcement.

Too many lives are at stake for the current head-in-the-sand politics, and if the United Nations and member states continue to bury their heads, they will be complicit in the abuses.

http://www.nytimes.com/2009/06/26/opinion/26iht-ednowak.html?_r=1&scp=1&sq=anand grover&st=cse

Pharmacotherapy Maintenance Treatment in Australia'

Two new reports from the Australian National Council on Drugs (ANCD) and prepared by the Drug Policy Modelling Program (DPMP), 'Pharmacotherapy Maintenance Treatment in Australia' and 'The many sides of Australian opioid pharmacotherapy maintenance system' state that the evidence base to support the effectiveness of pharmacotherapy maintenance treatment for the treatment of opioid dependence is compelling and substantial.

The reports confirm pharmacotherapy treatment as a safe and effective treatment of opioid addiction. Furthermore, they reveal that while pharmacotherapy services in Australia are better than in many other countries, there is still room for improvement.

The second of the reports, in part, identified unmet demand for pharmacotherapy treatments:

"Based on estimates of approximately 80 000 opioid-dependent, injecting drug using Australians in 2005 and 39 000 Australians in some form of pharmacotherapy maintenance in mid-2005, the treatment penetration rate at that time was likely to be about 49 per cent. This means that the potential unmet demand could be as high as 41 000.

Given that some members of the group for whom demand is potentially unmet would never seek treatment, regardless of the way in which the treatment was offered, and that some will prefer other treatments, this figure of 41 000 would be the uppermost limit. More reasonably, there may be between 10 000 and 30 000 individuals with unmet demand if it is assumed that about half of the not-in-treatment group would obtain treatment if available and in a form that they were happy with."

The first of the reports looks at various costing and payment methods for pharmacotherapy treatments. In part it had this to say about the benefits that might result from one payment model – that of full cost payment by the federal government:

"However, there are substantial cost benefits of treatment — taking the social costs associated with savings from reduced health care utilization and crime, the cost of providing methadone maintenance per month is estimated by the model to be $11.7 million compared to a cost saving of between $15.8m and $31.6 million per month. It is clear that the provision of pharmacotherapy maintenance treatment, while costly, is outweighed by the economic benefits accruing to the community through reductions in health care utilization and crime."

Reading these two reports together, and noting that in most states and territories there is an artificial limit on the number of treatment places, there appears to be substantial savings available to governments, individuals and the community generally by increasing the number of pharmacotherapy treatment places and changing the payment model for those treatment places.

Full details here: http://ancd.org.au/