



# Families and Friends for Drug Law Reform

committed to preventing tragedy that arises from illicit drug use

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## NEWSLETTER

## July 2010

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### NEXT Meeting

Thursday 22 July at 7.30pm

**Topic: Federal election strategies**

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

**Refreshments will follow**

## Editorial

### 10 clues to a better system

In a detective story one is exposed to the clues about the mystery to be solved in subtle and often hidden ways. The detective glances sideways and spots what to him is an anomaly but to the hapless police inspector it is nothing out of the ordinary. Piece by piece the hero detective puts the clues together and solves the mystery.

In the mystery of illicit drugs many clues abound and even the hapless inspector should be able to solve the mystery.

Clue 1: Almost all commodities are regulated and controlled but illegal drugs are not.

Clue 2: Substances and drugs that grow wild or cost very little to produce are sold on the street at prices that exceed the price of gold.

Clue 3: Organised crime syndicates and terrorist groups profit significantly from the drug trade.

Clue 4: Borders of countries and even those most secure institutions, jails, are like a sieve to the flow of drugs.

Clue 5: Large sums of money are thrown at the problem by governments, largely to fund police activity and build new jails to house those arrested (who are mostly users).

By now our intrepid hero would be hot on the trail of the mystery. His assignment is to reduce the harm to both individuals and society. It is been to identify solutions that cause the least possible harm.

He still needs a few more clues and reading the local city newspaper he spots an unusual article – unusual because it seemed to show some concern for drug users that was not normally the case for that newspaper. It was headed: "Drugs, cocaine and ecstasy laced with poison in Australia". It seems that drug dealers bulk out drugs so they go further.

Clue 6: Street drugs are adulterated with unknown substances and are of unknown purity.

It is time for him to do some research at the local library and he puts together some more clues that should get him closer to the solution.

Clue 7: Increases in law enforcement and criminal justice system budgets has had no lasting effects on the supply or use of drugs.

Clue 8: Decriminalising personal use of drugs or separation of laws for soft drugs as distinct from hard drugs has resulted in no adverse effects in some countries and has in fact resulted in more people seeking treatment for their addiction.

Clue 9: Treatment options for those addicted are more cost-effective than criminal justice options – up to seven times more effective. For the severely addicted prescription heroin has not only helped the individuals but has resulted in significantly reduced crime levels and a reduction in the number of drug dealers.

Clue 10: There appears to be emerging evidence that addiction may be a health problem.

Given all these clues do we now need an Agatha Christie to help our intrepid detective solve the mystery of an alternate but better system of dealing with drugs?

## Roadside drug testing: good road safety or even good politics?

The Canberra Times, Opinion, 7/7/2010, p11, Bill Bush

Melburnians of the 1970s will recall the tireless campaign of Dr John Birrell, the Police Surgeon, for the introduction of world first road safety measures: seat belt wearing and random breath testing. He prevailed after years of campaigning against vested interests and public indifference.

Victorian road fatalities dropped by more than 16% within a year of seat belts being made compulsory in 1970. Roadside breath testing is equally efficacious. The U.S. Centers for Disease Control found "23 scientifically-sound studies from around the world . . . indicated that sobriety checkpoints consistently reduced alcohol-related crashes, typically by about 20%."<sup>1</sup> The Victorian road toll dropped over 30% within 4 years of breath testing being introduced in 1976.

This week the ACT Assembly passed legislation proposed by the Opposition with the support of the Greens to provide for roadside drug testing, thus bringing us into line with other jurisdictions in Australia. *Road Transport (Alcohol and Drugs) (Random Drug Testing) Amendment Act 2010* lists methylamphetamine, ecstasy and an active ingredient of cannabis (THC). There is the possibility of further drugs like opiates being designated by regulation. The legislation is claimed to be based on Victoria's.

Isn't it right to adopt another "enlightened" Victorian measure? Not so fast!

Roadside drug testing has not the proven efficacy of the other Victorian imports and it comes at a big cost. It is not urged by the Royal College of Surgeons which strongly

<sup>1</sup> U.S. U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Research Update: Sobriety Checkpoints Are Effective in Reducing Alcohol-Related Crashes at <http://www.cdc.gov/ncipc/duip/research/checkpoints.htm> visited 27/6/2010.

supported Birrell's reforms or by the Australasian College of Road Safety.<sup>2</sup> Uncertain advantages do not outweigh the substantial infringement of civil liberties which the intrusive measure necessarily entails. Indeed, introduction of the measure runs the risk of reducing road safety by diverting scarce police resources away from measures of proven efficacy.

The Victorian road toll in 2007 was scarcely any less than it was three years before when drug testing was introduced. Significant declines occurred in 2008 and 2009 but the introduction then of vehicle restrictions for P platers, 120 hours practice for learner drivers and a ban on mobile phones could well have been responsible.<sup>3</sup>

A proclaimed aim is deterrence of "people from driving motor vehicles while affected by drugs." The Victorian legislation has been singularly ineffective in this respect: Surveys indicate that there has been little reduction in driving after drug use by Melbourne regular users of ecstasy and related drugs. It was 63% of those in 2004 (when testing was introduced), 58% in 2005, 68% in 2006, 71% in 2007, 61% in 2008 and 60% in 2009.<sup>4</sup>

"So what?" the many who do not use illicit drugs might ask on the ground that something is better than nothing when it comes to improving road safety. If we accept that, all of us need to be prepared to put up with substantial inconvenience if roadside drug testing is introduced. Drivers will be required to provide a sample of their saliva by placing an absorbent collector in their mouth or touching it on their tongue. In contrast to a quick puff into a breathalyser and immediate readout to detect the alcohol level, drivers will have to wait around for at least five minutes for the outcome of the saliva test. Experts differ on the reliability of saliva testing. With one, Professor Drummer, asserting that the number of false positives are "very low"<sup>5</sup> and the National Centre for Education and Training on Addiction at Flinders University contending that onsite saliva testing is "extremely unreliable."<sup>6</sup> Turning up a false positive will probably entail the driver being required to accompany police to a police station and there provide a second saliva sample. If that is also positive the driver "will be interviewed according to normal police procedure and the sample sent to a laboratory for analysis." The driver "will be allowed to leave, although they will not be permitted to drive their vehicle." Victorian police guidelines state that "the entire process could take around 30 minutes."

The Government's issues paper explains that research has shown that "drugs were detected in a substantial proportion of crash-involved drivers" but adds that "the relationship between the concentration of drugs in body fluids of a driver and the risk of that driver crashing are

not well understood, and that no equivalent to the 0.05 % blood alcohol concentration exists for drugs." In other words, there is no clear measure of driving impairment for drugs. Even so, the legislation will make it an offence to be driving with any amount of a specified drug within one's system. For this one stands for a first offence to be fined by up to \$1,100, be disqualified from driving for three years or both – far exceeding the \$550 and 6months disqualification for a first 0.05g. blood alcohol level measured by a breath test.

There is thus no evidence that the new law will promote road safety. It will certainly further marginalise an already highly marginalised section of the community and, possibly, enmesh others including those on medications.

Would road safety not be far better served by other measures? It is estimated that "Cannabis use appears to increase the risk of motor vehicle crashes by two to three times".<sup>7</sup> This is "a much lower risk than alcohol" which increases the risk threefold at 0.08g to a massive 22 times at 0.15g<sup>8</sup>. (There is little research indicating impairing levels of other drugs.) Drug testing will be expensive, with oral fluid testing alone estimated to cost around \$30 - \$40 per test. On the basis of Victorian experience, the adaptation of existing facilities to handle drug testing will cost millions. The process will also tie up police resources that could be directed at intensified enforcement of road safety measures for which there exists a strong evidence base. The legislation bears the marks of a populist measure from which this Territory has been largely spared. The Assembly would have enhanced road safety more by heeding the priorities in the position paper on Trauma, alcohol and other drugs of the Royal College of Surgeons. In its words "alcohol is a bigger problem than all other drugs combined."<sup>9</sup>

## Drugs cocaine and ecstasy laced with poison in Australia

The Daily Telegraph July 12, 2010, Exclusive by Kate Sikora Health Reporter

**HIGHLY dangerous batches of cocaine and ecstasy pills have hit the Australian market, with drug experts and police warning they had been bulked up with pesticides and lethal chemicals.**

An international drug conference heard a worldwide shortage of MDMA had led drug manufacturers to turn to other chemicals to keep up the supply of ecstasy pills.

The same is occurring on Sydney's streets, with police detecting dangerous chemicals such as the de-worming pesticide levamisole - deemed too dangerous for human consumption.

<sup>2</sup>. Australasian College of Road Safety, College Policies at <http://www.acrs.org.au/collegepolicies/>.

<sup>3</sup>. Transport Accident Commission, A decade of reducing road trauma: road safety statistics from 2000 to 2009 at <http://www.tac.vic.gov.au/upload/a-decade-of-reducing-road-trauma.pdf>.

<sup>4</sup>. NDARC, *Victorian trends in ecstasy and related drug markets*.

<sup>5</sup>. Olaf H Drummer, "Drug Testing in Oral Fluid" in *The Clinical Biochemist – Reviews* August 2006; 27(3), pp. 147–159 at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1579288/>

<sup>6</sup>. Ken Pidd, National Centre for Education and Training on Addiction (NCETA), Flinder University at <http://www.nceta.flinders.edu.au/pdf/pidd-drugtesting-workplace.pdf>.

<sup>7</sup>. Cannabis use appears to increase the risk of motor vehicle crashes by two to three times [1], a much lower risk than alcohol (from six to 15 times)" Wayne D HALL, Ross Homel, "Reducing cannabis-impaired driving: is there sufficient evidence for drug testing of drivers?" commentary in *Addiction*, 102, 1,918–1,919 (2007) at p. 1,918

<sup>8</sup>. Blomberg, RD, Peck, RC, Moskowitz, H & Burns, M 2005, Crash risk of alcohol involved driving: a case-control study; final report September 2005, Dunlap and Associates, Inc., Stamford, Connecticut, <http://dunlapandassociatesinc.com/crashriskofalcoholinvolveddriving.pdf>

<sup>9</sup>. Royal Australasian College of Surgeons, Trauma, alcohol and other drugs position paper at [http://www.surgeons.org/AM/Template.cfm?Section=Position\\_papers&Template=/CM/ContentDisplay.cfm&ContentFileID=49269](http://www.surgeons.org/AM/Template.cfm?Section=Position_papers&Template=/CM/ContentDisplay.cfm&ContentFileID=49269) visited 27/06/2010

At the same time, cocaine use was spiking. Drug squad head Detective Superintendent Nick Bingham said officers were arresting greater numbers of people for possessing the drug. It, too, was "cut" with chemicals.

Overseas testing had shown that toxic chemical MCPP was being used in cocaine to bulk it out.

The chemical is used to induce severe migraines and headaches to test the efficacy of medications.

## Full Circle

### **Successes in the war on drugs expose the policy's limits**

The Economist, Jun 24th 2010

RARE good news in the bloody fight against narcotics gave drug warriors in the Americas reason to boast on June 22nd. First, Jamaican police arrested Christopher "Dudus" Coke, a gang leader wanted in the United States. The same day, the UN reported that the area used to cultivate coca leaf in the Andes fell by 5% last year.

Mr Coke's unexpected capture was a coup for the Jamaican government. On May 17th Bruce Golding, the prime minister, authorised his extradition to America and launched a search for him. The effort caused 73 deaths in firefights between the security forces and his supporters, but found no trace of him.

Yet after a month on the run, Mr Coke decided to turn himself in. Police had conducted raids on his associates, which may have made him think they were closing in. He contacted a pastor to arrange a surrender at the American embassy. But Jamaican police were tipped off and stopped Mr Coke, dressed in a wig and hat, en route.

At first sight, the coca figures are equally encouraging. According to the UN's data, derived from satellite images, the total amount of Andean land under coca has dropped by nearly a quarter since 1990. Colombia has done especially well: partly because it switched from ineffective crop-spraying to large-scale manual eradication, its coca-growing land has been reduced by 60% in the last decade.

Yet it is precisely such achievements that produce the most scepticism about counter-narcotics. The surrender or capture of 27 Jamaican gang leaders in the past month has created a power vacuum that may be filled by bloodshed. As long as political parties depend on the mobs at elections and the police cannot provide security, citizens will still suffer.

Similarly, the drop in land used to grow coca has been offset by better productivity. Since 2000, yields per hectare have risen by nearly two-thirds. And crude machines are replacing bare feet as macerators, while washing machines are being used as makeshift centrifuges. As a result, the UN's current estimate of global cocaine production is 10% higher than it was in 2005.

Moreover, growers continue to find the weak links in the enforcement chain. In 1995 Peru and Bolivia were the world's top cocaine producers. Much blood and money was spent driving the trade out of those countries and, inadvertently, into Colombia (see chart). In 1999 America sponsored a big anti-drug programme in Colombia. As a result, growers have moved back: in the past decade, the area used for coca rose by 55% in Peru and 42% in Bolivia.

Bolivia's president, Evo Morales, still leads a coca-growers' union. He wants the leaf taken off the UN's banned-substances list to allow its industrialisation in drinks and creams. The new constitution passed last year calls coca part of Bolivia's "cultural heritage". No matter that cocaine is not.

Peru's president, Alan García, refuses to eradicate coca in a key valley, in part to avoid agitating Maoist guerrillas. The UN report found that Peru may have passed Colombia as the world's top coca grower last year. As a senior Mexican official says: "Until legalisation, the only thing you can do is make it someone else's problem."

## Prisoners should have needle exchange

AAP June 22, 2010

Needle exchange programs should be introduced in Victoria's prisons to reduce the transmission of blood-borne viruses, the Australian Medical Association's Victorian president says.

Dr Harry Hemley said needle exchange programs in the wider community had significantly reduced the spread of

Hepatitis C and other blood-borne viruses.

About 35 per cent of prisoners tested positive to Hepatitis C but intravenous drug users in prisons were still denied access to safe injecting equipment, Dr Hemley said.

"Prisoners deserve the same rights to access and quality of health care as the wider community, this includes access to a needle exchange program while in detention," Dr Hemley said in a statement on Tuesday.

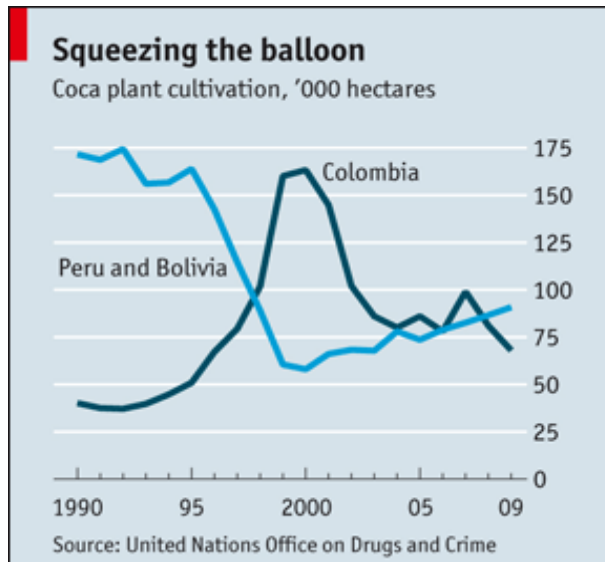
"Illicit intravenous drug use is harmful and risky but unfortunately is common in

Victorian prisons," he said.

"What we need to focus on, from a health perspective, is reducing the risks to detainees, prison staff and the public by reducing the spread of blood-borne viruses through sharing contaminated injecting equipment.

"Most prisoners will join the wider community on release, so reducing the spread of blood borne viruses in prisons will also impact on transmission in the wider population."

Dr Hemley said detoxification facilities should also be available to prisoners to manage substance abuse problems.



## New push for supervised injecting rooms

ABC Stateline Victoria 18/6/2010 Full story at <http://www.abc.net.au/stateline/vic/?year=2010&month=06>

**A new study from Victoria's Burnet Institute will be used to support calls for supervised injecting drug rooms in Victoria.**

*Josephine Cafagna, Presenter:* Supervised drug injecting rooms save lives and help rehabilitate drug users, according to new research by the Burnet Institute. The findings will be used by health workers to propose the first mobile supervised injecting facility for Melbourne. But the suggestion is bound to strike hurdles as the political parties home in on the issue of law and order in the lead-up to this year's state election.

*Danny Jeffcote, Needle Exchange Leader:* It's very important that if someone's injecting that they're using a new syringe every single time. ... You can see we've got all the same injecting equipment. All of this is available for free.

*Cheryl Hall, Reporter:* So, would this operate in a similar way to the mobile safe injecting service that is being proposed?

*Danny Jeffcote:* With some differences. Obviously, if there was a mobile injecting facility, it would need to be more like a bus, because it would need to have a space for someone to come into and to be able to inject in a supervised space.

*Cheryl Hall:* Victoria supported and then abandoned the idea of supervised injecting rooms nearly a decade ago. But the debate is about to begin again.

The Yarra Drug and Health Forum in Collingwood has run a mobile needle and syringe exchange for 10 years. But now it wants to start the first supervised injecting facility in Victoria in a mobile van.

*Robert Power, Burnet Institute:* The Burnet Institute, our currency is evidence, it's not opinion and we were very prepared to take on an objective review of the evidence. And as I've said, there's very strong evidence to show that it's probably a time to reflect again.

*Cheryl Hall:* The Burnet Institute looked at evidence from 76 supervised injection facilities now operating around the world. It found them to be a pragmatic response that not only reduces the health risks for drug users and improves their chance of getting further treatment, but also improved public amenity. .... But the biggest benefit of supervised injecting facilities is fewer deaths from overdoses.

*Marianne Jauncey, Sydney MSIG:* With 3,500 drug overdoses successfully treated on site, we know that a proportion of those certainly would have died were the immediate medical assistance of this service not available and so these are people who would never have had the opportunity to go into rehabilitation.

*Cheryl Hall:* Australia's only medically supervised injecting facility in Sydney's Kings Cross was part of the Burnet Institute study. 200 people use it every day, or 12,000 in the last 10 years. 70 per cent were referred on for treatment.

*Joe Morris, Yarra Drug And Health Forum:* We're not talking about putting a supervised injecting facility in every suburb, we're talking about particular places. We're

talking probably about the City of Yarra, mainly Richmond, Collingwood, Fitzroy, we're talking about Footscray, the Dandenong and St Kilda. People come into those suburbs to get their drugs and then to use, and that's why a lot of them are using on the street.

*Cheryl Hall:* In 2000, then Premier Jeff Kennett supported the introduction of supervised injecting facilities in Victoria and so did the newly-elected Bracks Government. Both parties abandoned the idea soon after and remain opposed.

*John Brumby, Premier:* Our position on this has been very clear for some time and I don't intend to revisit the issue.

*Cheryl Hall:* On that issue, the Liberal Party agrees.

The only politicians willing to risk public disapproval now are the Greens, who need only a small swing to take two inner Melbourne state seats and two federal seats in the elections later this year.

I think people are ready to look at this issue again, and it's an important one. People are dying because we don't take a sensible approach to drugs policy.

But the Greens opponent for the Victorian Senate seat, Family First's Steve Fielding, strongly opposes supervised injecting facilities.

*Steve Fielding, Family First:* It's sending the wrong signals to the community about that it's OK to take illegal drugs. It's not to take illegal drugs and we should be doing more to prevent it, rather than actually sorta saying, "There, there, there. Keep on taking them."

*Cheryl Hall:* The Burnet Institute's research found no evidence the supervised injecting rooms increased drug use.

*Richard Di Natale, Greens Senate Candidate:* In fact the opposite. What tends to happen with supervised injecting facilities is people get direct access to treatment because there are health professionals on site.

*Steve Fielding:* It's just crazy. The next thing we're gonna hear is that we're gonna have a mobile injecting room that people can just walk in and walk out in their neighbourhood.

*Cheryl Hall:* The debate is so sensitive that after 10 years of operating in Sydney, Kings Cross' medically supervised injecting facility is still officially on trial. No politician has instigated legislation to make it permanent, despite support from local businesses and residents.

*Marianne Jauncey:* They know what would happen if this service wasn't available. They know that the drug users would be back out on the streets, they know that the drug overdoses would be occurring on the streets. They know that the wails of sirens would go back to three or four times a day instead of once, maybe twice, a week. They know what it was like beforehand and they're very happy with the changes that we've seen in Kings Cross.

*Cheryl Hall:* With law and order shaping up as an election issue in Victoria, both Labor and Liberal are expected to attack the Greens' drugs policy.

But the Burnet Institute is urging the decision makers to look at the evidence.