

Families and Friends for Drug Law Reform

committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER

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NEXT Meeting
Thursday 24 March 2011
at 7.30pm

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

Editorial

The purpose of the drug laws

Australian drug laws have their first principles embodied in the UN conventions and it is instructive to note the preambles of those conventions:

1966 preamble:

The Parties,

Concerned with the health and welfare of mankind,

Recognizing that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes,....

1977 Preamble

The Parties,

Being concerned with the health and welfare of mankind,...

1988 Preamble

The Parties to this Convention,

Deeply concerned by the magnitude of and rising trend in the illicit production of, demand for and traffic in narcotic drugs and psychotropic substances, which pose a serious threat to the health and welfare of human beings and adversely affect the economic, cultural and political foundations of society,

Thus the basic objective is *concerned with the health and welfare of mankind.*

Australia's drug policy which operates under the umbrella of the UN conventions (and for that matter under the prohibition laws enacted by Australian parliaments) consists of three pillars: supply reduction, demand reduction and harm reduction. Following the UN conventions then the third of the three pillars – harm reduction – is the end that is to be achieved. The other two pillars are simply means to that end.

One could be forgiven for thinking that supply control for example is the end and not the means to that end. For example the funds and other resources expended on supply control far outweighs that expended on harm minimisation. And such expenditure is always forthcoming no matter what the outcomes or the

effectiveness of that expenditure. It is hard to reconcile that about 70% of expenditure on drug related matters goes to supply control and yet very little, if anything changes in the drug market – supply to users remains easy to obtain, prices either remain stable or are reducing. The latest big drug bust reported in the media will be but a transient blip in the market. All the while more new drugs are becoming available.

Meanwhile users are being arrested at the rate of 80 percent of all drug arrests and the exposure to the criminal justice system is likely to cause more harm to the user and be more costly to society.

Somewhere along the way those who determine drug policy have lost their way – forgotten the purpose of the drug laws.

What is needed is a return to the basic premise and a rethinking of the drug laws. While it is hard to see anything happening in the near future at a national level, it could be possible for small changes to be made if some basic logic was followed.

That is, starting from the "concern for the health and welfare of mankind", is it the drug that is the greatest danger to the welfare of mankind or is it the imposed system? For some drugs the harm is minimal but the system multiplies the danger both for the individual and mankind. For example ecstasy is low on both harms according to Prof David Nutt et al¹ but the system ensures that the quality and purity of the drug is unknown, safe using messages (that appear on packaging of regulated drugs) cannot be advised for fear of "sending the wrong message", the user runs the risk of arrest or even being charged as a trafficker if he shares a tablet with a mate, and then there is all the black market that is a serious risk to mankind's welfare with its attendant corruption of officials.

So who in political circles is brave enough to pursue these issues? Perhaps the annual general meeting of the Parliamentary Group for Drug Law Reform, an organisation open to all members of all Australian parliaments, will show us.

Drug law blowout predicted

Julia Medew, The Age, March 2, 2011

DRUG and alcohol workers say the state government may have seriously underestimated how many Victorians will be sick enough to be detained for drug withdrawal treatment under a new law coming into effect this week.

Under the law, Victorians can start applying for a severe addict to be detained for two weeks of treatment at St

¹ Drug harms in the UK: a multicriteria decision analysis, David J Nutt, Leslie A King, Lawrence D Phillips, on behalf of the Independent Scientific Committee on Drugs

Vincent's Hospital if that person's life is deemed to be at serious risk.

The act says detention can be applied for where it is "necessary as a matter of urgency to save the person's life or prevent serious damage to the person's health; and to enhance the capacity of those persons to make decisions about their substance use and personal health, welfare and safety".

It says detention must be considered a last resort and that any limitations on human rights or interference with the dignity and self-respect of the person must be kept to a minimum.

Applications will be heard in the Magistrates Court with a doctor's assessment of the addict's health status to be considered.

The Minister for Mental Health and Community Services, Mary Wooldridge, said she supported the law, brought in by the Brumby government.

She said the government had allocated about \$700,000 for about 10 people to be detained under the Severe Substance Dependence Treatment Act in its first year at St Vincent's, including its drug and alcohol treatment unit, Depaul House.

She said the government did not expect higher numbers of successful applications, but would monitor use of the act to determine future funding.

However, drug and alcohol workers said there was huge unmet need for treatment, which could lead to hundreds of applications.

Karenza Louis-Smith, the chief executive of Taskforce, a community group that cares for Victorians with addictions, said involuntary detention would appeal to many Victorian families.

"We are currently providing treatment to over 145 individuals and receive up to 3000 calls for help per year. Approximately 50 per cent of calls are from family members seeking last-resort assistance to involuntarily take their loved one for treatment," she said.

The executive officer of the Victorian Alcohol and Drug Association, Sam Biondo, said he expected to see more than 10 people being referred for treatment under the act because New South Wales had experienced dozens of successful applications under a similar law.

Mr Biondo was also concerned that St Vincent's Hospital was not a secure facility and that people could walk out.

"If someone can walk out onto the street and harm themselves, that is of considerable concern," he said.

An addiction medicine specialist at St Vincent's Hospital, Dr Martyn Lloyd-Jones, said the hospital's facilities were not locked, but said security staff and the police could be called if people were at risk of harm.

"It's not a perfect situation, but we think the risk of people absconding ... is quite low," he said.

Dr Lloyd-Jones also agreed that numbers of applications could be much higher if the act was advertised, but said the criteria were quite difficult to meet. For example, he said a heroin user who occasionally overdosed would

not be detained, whereas an alcoholic who had declined treatment frequently and was consistently attending emergency departments with serious injuries, would be detained.

Meghan Fitzgerald from the Fitzroy Legal Service said she was concerned about people's rights being violated and said the definition of severe substance dependence under the act could apply to a wide group.

Drug treatment to cut reoffending rates

Brian Robins, SMH, March 7, 2011

A COALITION government would try to lower the state's prison population with programs to reduce reoffending rates in NSW, at present the worst in Australia.

Today the Coalition is expected to announce a plan to establish a specialist metropolitan drug treatment facility to ensure up to 300 drug-addicted prisoners get treatment and an opportunity to quit drugs.

In addition, \$20 million over four years will be allocated for education and training programs in prisons. The

Coalition says it will encourage greater use of non-custodial punishment for less serious offences.

A second Drug Court would be able to refer offenders for detoxification, drug testing, monitoring and treatment.

"The people of NSW are fed up with a corrective services' system which merely acts as a 'revolving door' for offenders," the Coalition leader, Barry O'Farrell, said. "[We are] determined to treat crime at its source and this is why we have a comprehensive plan, with the goal of reducing the rate of reoffending to below the national average within 10 years.

The reoffending rate among NSW prisoners is 42.4 per cent, significantly higher than the national average rate of 37.6 per cent.

National Drug Strategy

The new National Drug Strategy 2010 – 2015 is now available from the National Drug Strategy website <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/consult>

The following is the Executive summary

The aim of the National Drug Strategy 2010–2015 is to build safe and healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities.

The harms to individuals, families, communities and Australian society as a whole from alcohol, tobacco and other drugs are well known. For example, the cost to Australian society of alcohol, tobacco and other drug misuse in the financial year 2004–05 was estimated at \$56.1 billion, including costs to the health and hospitals system, lost workplace productivity, road accidents and crime.

The overarching approach of harm minimisation, which has guided the National Drug Strategy since its inception

Membership renewals are due – please see the accompanying letter

in 1985, will continue through 2010–2015. This encompasses the three pillars of:

- demand reduction to prevent the uptake and/or delay the onset of use of alcohol, tobacco and other drugs; reduce the misuse of alcohol and the use of tobacco and other drugs in the community; and support people to recover from dependence and reintegrate with the community
- supply reduction to prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs; and control, manage and/or regulate the availability of legal drugs
- harm reduction to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs.

The three pillars apply across all drug types but in different ways, for example, depending on whether the drugs being used are legal or illegal. The approaches in the three pillars will be applied with sensitivity to age and stage of life, disadvantaged populations, and settings of use and intervention.

In the National Drug Strategy 2010–2015, the three pillars are underpinned by strong commitments to:

- building workforce capacity
- evidence-based and evidence-informed practice, innovation and evaluation
- performance measurement
- building partnerships across sectors.

Specific objectives have been identified under each pillar as follows:

Demand reduction

- prevent uptake and delay onset of drug use
- reduce use of drugs in the community
- support people to recover from dependence and reconnect with the community
- support efforts to promote social inclusion and resilient individuals, families and communities.

Supply reduction

- reduce the supply of illegal drugs (both current and emerging)
- control and manage the supply of alcohol, tobacco and other legal drugs.

Harm reduction

- reduce harms to community safety and amenity
- reduce harms to families
- reduce harms to individuals.

Part 1 of the National Drug Strategy 2010–2015 provides background and explains the conceptual framework of the strategy.

Part 2 details specific objectives and suggested actions under each pillar.

Part 3 discusses the supporting approaches of workforce, evidence, performance monitoring and governance.

Top security jails awash with drugs

Mark Buttler, *Herald Sun*, March 14, 2011 12:00AM

Drugs are traded in a lucrative prison black market, jail sources say

VICTORIA'S maximum security jails are awash with drugs, alarming new figures reveal.

More than 30 prisoners a week come up positive for drugs or refuse to be tested, documents obtained by the Herald Sun under Freedom of Information show.

As corrections authorities vowed to come down hard on those caught with drugs, prison system insiders say the test results heavily understate the problem behind bars.

The worst results were recorded at maximum security prisons - Port Phillip Prison, the Melbourne Remand Centre and Fulham Prison in Gippsland. The Dame Phyllis Frost Centre, the state's main women's prison, had 123 positive tests and refusals.

There were 1367 failed tests in the year to December, according to the Office of Corrections data.

Another 265 refused to be tested, regarded in the system as an admission of guilt.

The highest test results are for buprenorphine, known as hillbilly heroin. Some heroin addicts are prescribed the drug but jail sources say it is also traded in a lucrative black market.

Cannabis also figured highly.

One recently released inmate said the testing only partly reflected the level of drug use.

"It'd be maybe 20 per cent of it," he said.

"There's more in there than there is out here - seriously. It's rampant."

The former prisoner said most of the illicit drugs in prisons were brought in at visits.

He said buprenorphine was keenly sought and constantly traded for money and cigarettes.

The former prisoner said there was little hope for many of the prisoners who were going to jail expecting to "get clean".

The volume of drugs meant temptation was never far away, he said.

Authorities have battled for many years to stem the flow of drugs into prison.

The jail narcotics trade, particularly in maximum-security units, has traditionally fuelled violence between groups trying to control it, and endangered vulnerable inmates.

The figures showed the level of positive tests at lower-security jails such as Dhurringile, Beechworth and Langi Kal Kal was low.

A Corrections Victoria spokeswoman said a total of 80,000 random and targeted searches were made on prison visitors and inmates in the past financial year.

The spokeswoman said prisoners and visitors used "a number of deceptive methods" to get drugs into jails and prison authorities were constantly looking for new ways to detect them.

"Any prisoner found to have used drugs faces tough penalties, including loss of privileges such as contact visits or transfer to a more secure unit.

"Matters may also be referred to Victoria Police to consider criminal charges," she said.

Corrections Minister Andrew McIntosh could not be contacted for comment.

Cannabis in food gets stamp of approval from watchdog

Natasha Bitu, *The Australian*, March 16, 2011 12:00AM

CANNABIS ice cream, cake and beer have been cleared on health grounds by the nation's food watchdog, despite fears the "marijuana munchies" could trigger positive drug tests.

Food Standards Australia New Zealand yesterday sought public comment on an application by deregistered Sydney doctor Andrew Katelaris to lift Australia's ban on food derived from cannabis.

Dr Katelaris, who is appealing against his deregistration for supplying medical marijuana to patients, yesterday said the seeds of industrial hemp contained more Omega 3 acids than seafood. "We're looking at making ice cream and health food bars," he said.

"Our vision is that anything you can do with soy beans or dairy you can do better with hemp seed."

A Food Standards investigation concluded that industrial hemp contained such low levels of the psychoactive substance delta 9-tetrahydrocannabinol (THC) that anyone consuming the food would not feel its effect.

"FSANZ has not identified any safety concerns relating to the consumption of hemp foods," the Food Standards report says.

"Hemp seed is a nutritious food containing sizeable amounts of protein, polyunsaturated fats and dietary fibre . . . (and) micronutrients such as thiamin, vitamin E, phosphorus, potassium, magnesium, calcium, iron and zinc."

But Food Standards reveals that "various government stakeholders" have raised concerns of high-THC seeds entering the food chain, of advertisers falsely claiming hemp foods have psychoactive properties or that they could trigger positive drug-test results.

"There is a potential risk that . . . labelling and advertising of hemp foods could suggest psychoactive properties . . . (but) this would be misleading," the report says. "Concerns have also been expressed about positive drug tests for cannabis use . . . This is of particular relevance for workplaces that may have drug-testing protocols, for athletes and for roadside drug testing".

The Food Standards report cites a scientific study that this is unlikely, as a person would have to consume eight teaspoons of hemp seed oil, or 300g of seed, daily to fail a drug test "and it is considered that consumption of such amounts is unrealistic."

In 2002, a Food Standards recommendation to approve hemp as food was overturned for fear it would "send the wrong message to the community".

Don't forget the petition

Last month's issue included a petition for ACT residents asking the ACT Legislative Assembly to conduct an objective and evidence-based public debate on drug laws and policies.

Thank you to all those who have put their name on the petition and returned the form.

If you live in the ACT and have not yet sent in the petition there is still time to do so. If you know of others who would be willing to sign then that would be even better.

We intend to formally present the petition during Drug Action Week.

Peer Administered Naloxone Program in the ACT

A committee has been established in the ACT to plan the implementation of a peer administered naloxone trial in the ACT. Naloxone is the drug used to reverse the effects of an opiate overdose. The drug has relatively few side effects and is very safe to use.

Opioid overdose is a substantial contributor to death, disability, and injury among individuals who use opioids in the ACT. Since 2000, reduced heroin availability has drastically reduced the number of fatal and non-fatal heroin overdoses in Australia.

However, this period has also seen a substantial increase in the number of prescriptions for pharmaceutical opiates, such as MS Contin and Oxy Contin. The use of these pharmaceutical opiates, and their use in conjunction with other depressant drugs, such alcohol and benzodiazapines is leading to an increase in the number of opiate-related overdoses. This trend is evidenced by a substantial increase in the number of ambulance call-outs to drug overdoses in recent years. In 2009, the ACT Ambulance service attended more than 120 heroin overdoses. Predictions of increased influx of heroin in coming years will drive this figure higher

There are a number of at risk groups and prisoners is just one of a number of such groups. Recently released prisoners are at a heightened risk of overdose death with evidence showing that the first two weeks after release is a particular danger period. Drug related mortality in men was 9 times higher, and in women was 6 times higher, in the first two week after release than after 6 months.

The committee found that an ACT peer naloxone program could be implemented with minimal cost and relatively minor changes to current ACT legislation. An Australian peer naloxone program has been under consideration for some time with recommendations from experts and key bodies that this commence as a matter of urgency and without delay

The ACT Government has not yet considered this matter but the ACT Minister for Health had indicated her general support on an ABC Radio interview.