

NEWSLETTER

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PO Box 4736
 HIGGINS ACT 2615
 Tel: 02 62542961
 Email: mcconnell@ffdlr.org.au
 Web: www.ffdlr.org.au
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Join us.

NEXT MEETING

Thursday 23 August, 7.30pm
 St Ninian's Uniting Church hall,
 cnr Mouat and Brigalow Sts, LYNEHAM
 Meetings are followed by refreshments and time for
 a chat.

Editorial

Modern Day Luddites

The long expected response by Drug Free Australia to Australia21's report released in April this year, "The prohibition of illicit drugs is killing and criminalising our children and we are all letting happen", has been released.

It is a 12 page document that says "Why Australian politicians must not surrender to illicit drugs" and is a combination of broad sweeping statements, a misrepresentation of the Australia21 report and selective use of data, little of which stands up to close scrutiny. For the most part it does not address the harms caused by prohibition drug policies but simplistically relies only on drug use as a prime measure.

Australia21 took note of a report by the Global Commission on Drug Policy and convened a roundtable of eminent Australians. It canvassed views at that roundtable which confirmed that the conclusions of the Global Commission were also relevant in Australia and concluded "It is time to reopen the national debate about drug use, its regulation and control." But Drug Free Australia has interpreted this statement as "In April 2012, Australia21 launched a report campaigning to legalise and regulate drugs such as heroin, ice, cocaine and cannabis in Australia." Clearly DFA has deliberately misconstrued the A21 report and is implying that it wants the drugs to be freely available. Australia21, as does FFDLR, wants less drug use and drug harms and wants to debate ways in which this might be best attained. We can do better than our present policies allow. DFA should not be averse to such a discussion.

The DFA report denies that there was a war on drugs in Australia. Although it was not a declared war here in Australia like it was in the USA the rhetoric used by media and MPs is of a war nature "tough on drugs", "surrender" (note the DFA paper's title includes "must not surrender"), "drugs captured", "winning the war", "showing the white flag".

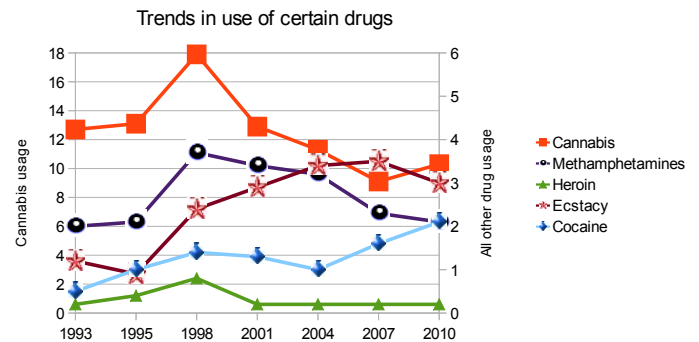
DFA's sweeping statements derive from selected statistics, usually starting from the conclusion eg prohibition works and then finding "statistical proof".

In its report under the heading of "Marked reductions under Australia's 'Tough on Drugs'" is a table of recent drug use from the Australian Institute of Health and Welfare which purports to

demonstrate that 'Tough on Drugs' worked. Highlighted in that table are DFA's selected figures for 1998 and 2007 as follows:

Drug	1998	2007
Cannabis	17.9	9.1
Methamphetamines	3.7	2.3
Heroin	0.8	0.2

This looks like real reductions and appears to be proof of DFA's claim - that is until one sees all the data and passes a critical eye over it and considers some other drugs not highlighted by DFA:



DFA has selected both dates and drug types that satisfy its conclusion. However if one considers the longer trend, which serious researchers would, only cannabis shows a reduction (from 12.7% down to 10.3% - LH scale of chart). The other two selected drugs are unchanged over the long term (2.0 to 2.1 for ecstasy and 0.2 to 0.2 for heroin as longer term start and finish points). There are the patterns of increase in cocaine and ecstasy ignored by DFA because they do not support its argument. Whatever the reason for variations in reported drug use, it is certainly not proof that 'Tough on Drugs' worked. Perhaps the Productivity Commission could objectively answer that question.

Other charts and graphs purport to demonstrate low drug consumption in Sweden and why we should adopt its approach. Australia for the most part is more open with respect to reporting drug use in household surveys. A situation that is not always the case in countries that adopt a zero tolerance approach. Thus such comparisons between countries must be carefully used. In any event consumption of drugs should not be the only measure of effectiveness of any drug policy, it should for example consider overdose deaths, blood borne virus infection rate, corruption, etc.

There are also some aspects about the Swedish system that Australians would find unacceptable, for example Sweden does not provide universal NSP coverage and suffers a high rate of blood borne virus infections, and uses compulsory treatment

contrary to the UN advice against such practices.

Of course Australia can learn from the comprehensive and generous funding arrangements that Sweden provides for drug treatment and rehabilitation.

Data derived from opinion polls needs to be carefully used also. For example if the question was asked “would **more people** use drugs if they were regulated?” the answer by most would be YES. However if they were asked “would **you personally** use more drugs if they were regulated?” here most would answer NO. Opinions are not indications of drug trends - they are simply opinions. DFA relies heavily on opinion poles in its document.

The main theme of the DFA report relates to drug use, not the harms caused by the policies. Ignored are the large number of people in jail for drug related causes. Ignored are the murders and gang wars because of drugs - Mexico is the most obvious example but we have our own drug related gang wars with murders and drive-by shootings. Ignored is the corruption that the huge profits of the drug trade generate.

Bearing in mind that Australia is subservient to the UN conventions that prohibit illicit drug use, sale, possession etc, Australia has developed a three pillar policy within that UN framework of harm minimisation ie supply reduction, demand reduction and harm reduction. The latter being the poor cousin in terms of funding and support and for the most part comes into play when the first two pillars fail. DFA does not understand the policy and has wrongly stated “Australia has adopted a policy of Harm Minimisation (otherwise known as Harm Reduction) without effective primary prevention and demand reduction.” “Primary prevention” is in effect the supply reduction pillar in the harm minimisation strategy and receives over 70% of government funding in the battle against drugs. Demand reduction is the second pillar.

If DFA was taken seriously it would force a retreat of battle lines to positions fought over in the past (drug war analogy intended) and in the meantime young people will continue with their drug use, more will be arrested, inefficient use of taxpayer funds will continue, drug lords will continue making their profits, corruption will continue but we will never have a drug free Australia.

So, while the DFA publication should not be a surprise, how do we deal with it? If it does not see the light of day then it can be ignored. But if one of the tabloids pick it up, it should be examined critically by all of us, and then we must point out forcefully all of its failings so that change or even discussion of possible change is not stifled.

Breaking news

Two articles that follow this editorial are significant:

First is the news, which is followed by a column by Michael Moore in the City News, announcing the first needle and syringe program in an Australian prison. While it is not a perfect solution, and there probably will never be a perfect solution, it is a step forward to providing basic health services to prisoners that is available to the general community;

Second is the discovery by scientists of a new pathway in the brain that leads to new thinking about addiction. This discovery adds more weight, perhaps irrefutable weight,

to the view expressed by FFDLR that addiction is a health problem and should be treated with health solutions not with punishment by arrest and jailing.

Help us grow our numbers

There is much movement in respect of drug law reform at the moment. The Australia21 report generated a great deal of interest and increased the level of debate in the community and a second Australia21 report is due shortly. A good result has been achieved in respect of the needle and syringe exchange in the ACT prison.

Globally a number of world leaders and organisations are making significant contributions to the debate. Experiments with alternative approaches are being tried and the results have been positive indeed.



But we can't be complacent. We must keep the momentum going.

You can help!

Keep those personal stories coming in. We use them anonymously when we talk to members of parliament, write articles and speak at meetings.

Help recruit more members

It is now a good time to capitalise on these changes and to do that we need to increase our numbers.

If you have email, send an invitation to people on your email list inviting them to join. Here is the web address for our membership form: <http://ffdlr.org.au/about/JoinUs.htm>.



If you have a Facebook or Twitter or like accounts send an invitation to join via those accounts.

If you have none of the social media accounts share this Newsletter with your friends and neighbours (after you have read it of course).

ALSO included with this newsletter is one of our publicity brochures with membership form attached.

Hand this to someone you know and encourage them to become a member.

Needle exchange for ACT jail

ABC News, 15 August 2012

<http://www.abc.net.au/news/2012-08-15/act-government-agrees-to-needle-exchange-trial/4199704?section=act>

The ACT Government has decided to trial a needle exchange program in Canberra's prison.

The decision is part of a new health strategy to tackle blood-borne viruses at the Alexander Maconochie Centre (AMC) such as hepatitis C.

Last year a report by Public Health Association's Michael Moore recommended a needle exchange be set-up.

But prison officers and their union have been staunchly opposed to the proposal, raising safety concerns.

Chief Minister Katy Gallagher says prisoners will be given access to needles under a 'one-for-one' model.

"After many meetings and discussions with staff, unions and non-government organisations I have formed the view that a full needle and syringe exchange program, as outlined in various options in the Moore Report, would not be able to be practically implemented at the AMC at this time," she said.

"However, I do believe that it is worthwhile examining a model which has been put to me by doctors which addresses access to clean injecting equipment if considered clinically appropriate.

The ACT will be the first jurisdiction in Australia have a needle exchange in a prison setting.

Ms Gallagher says a group including AMC, health and corrections staff will be set-up to advise on how the model can be implemented.

"The 'one-for-one' medical model would see the doctors, not politicians, as the decision makers," she said.

The management strategy also includes educating prisoners about the spread of blood-borne viruses, steps to cut off the supply of drugs in the prison, and more treatment and screening.

Nine prisoners have contracted hepatitis C while in the AMC since it opened.

"It is a reality facing prisons the world over that some drugs and injecting equipment are inevitably smuggled in, despite the best efforts of staff to keep them out," Ms Gallagher said.

The ACT Government has also released its response to the Moore Report and an update on the Burnet Report.

Gallagher shows some spine

by Michael Moore, on August 15, 2012, City News
<http://citynews.com.au/2012/gallagher-shows-some-spine/>

There are no votes in supporting prisoners, but Chief Minister Katy Gallagher, who is also Health Minister, has put public health in front of politics with the announcement of a needle and syringe program for the ACT prison – a big step in terms of public health, says MICHAEL MOORE

FOR many politicians, just a few months out from an election, the ideal is to thump the drum on law and order, enthusiastically support police, increase sentences and lock up as many people as possible. The formula is tried and true across the developed world.

With the announcement of a needle and syringe program (NSP) for the ACT prison, Chief Minister Katy Gallagher has taken the opposite approach.

The perception is that the tougher politicians can be on crime and criminals the more support they will get. However, the electorate is getting tired of such tactics. The costs of keeping prisoners, the disproportionate burden worn by indigenous peoples, refugees and lower socio-economic groups, is making it clear that it is time to get smarter.

The announcement of the needle and syringe program is a big step in terms of public health. Although a number of other countries have demonstrated the success of such programs, this will be the first NSP in an English-speaking nation.

Gallagher has the support of the Greens.

The NSP will be managed in the context of a strategy to reduce the spread of blood-borne viruses.

The Australian Medical Association (AMA) was just one of more than a dozen health groups supporting the idea. The president, Dr Iain Dunlop, explained the importance of an NSP in the ACT prison in a submission to the Government last year: "Prisoners and detainees have the same right to access, equity and quality of health care as the general population.

"Because prisoners will return to society after their imprisonment, their health is an issue of concern to the general population. The health of prisoners is also important for the occupational health and safety of the staff of correctional facilities".

Most would agree that the ideal is to have no drugs in prison. However, as a community we cannot expect the impossible. No prison in the world has successfully excluded drugs. The prison officers will continue to monitor, search and seek out drugs where they can as they have been since the prison opened. Their efforts will minimise the amount of drugs in the Alexander Maconochie Centre.

Apart from the external politics, Gallagher has to also manage the union. The prison warders have been voicing their objections to an NSP through the Community and Public Sector Union. There are two ironies in the approach taken by the union. Firstly, despite technologically advanced searching equipment and a dedicated approach, the warders have been unsuccessful at keeping the drugs out of the prison. Secondly, an appropriately designed and controlled NSP should protect not only the health of the prisoners, but also reduce the risk to the prison officers.

Some will argue that this is an election ploy. I can't see it!

If it were a ploy the Chief Minister would have announced the NSP when she was being grilled over the "data doctoring" at the hospital.

This would have moved that issue from the front page of the papers and moved the focus of the Canberra Liberals. She could also have waited until the Assembly was prorogued for the election. From a purely political perspective, it would be much wiser and a much better "ploy" to wait until after the election.

The decision to proceed with an NSP does provide an insight into Katy Gallagher. On this issue, the easiest thing for her to do was nothing. Delay is a standard political tactic. She has been prepared to take a hard decision rather than a popular one. It is always easy for someone in her position to make decisions to support the strong, the wealthy, the influential and the powerful. However, prisoners are not a group that easily wins sympathy from the general community. They have been incarcerated for anti-social behaviour of one kind or another and gain little empathy.

There are no votes in prisoners' welfare. However, it is just possible that this decision will demonstrate that the Chief Minister does have the spine to take action on what she believes to be right. Australia needs more leaders with this sort of spine.

Michael Moore was an independent member of the ACT Legislative Assembly (1989 to 2001) and was minister for health. As CEO of the Public Health Association of Australia he was responsible for a report on an NSP in the Alexander Maconochie Centre in 2011.

Scientists discover revolutionary drug addiction hope

ABC Radio AM, Rebecca Brice reported this story on Wednesday, August 15, 2012 07:13:00

<http://www.abc.net.au/am/content/2012/s3568005.htm>

TONY EASTLEY: Scientists say they've discovered a new pathway in the brain which turns previous thinking about drug addiction on its head.

The researchers from universities in Adelaide and Colorado have found a mechanism in the immune system which amplifies addiction to opioids such as heroin and morphine.

They hope their research can be used to help heroin users kick the habit and to design new drugs for the relief of severe pain.

Rebecca Brice reports.

REBECCA BRICE: Heroin has ruined the lives of many.

KENDALL SILSBURY: You put the need to get that drug before anything else, before your own personal safety, your own wellbeing, the wellbeing of your family, the wellbeing of anyone around you. That is the most important thing in your day.

REBECCA BRICE: Former heroin user Kendall Silsbury knows too well the cost of her habit.

KENDALL SILSBURY: It's difficult to say why I did or how I did. But it will be eight years in September that I've been heroin-free. I hesitate to use the word clean because that kind of takes the assumption that before we were dirty. But yeah, it was difficult. But the decision I made I think was more based on my family and my children than myself.

REBECCA BRICE: But the struggle to beat heroin could be made easier.

Dr Mark Hutchinson from the University of Adelaide led a research team which found a way to block the part of the brain that leads to addiction to heroin and other opioids such as morphine.

He says it was previously thought addiction worked only in the wiring cells of the brain. But they've found the immune system is also to blame.

MARK HUTCHINSON: The immune cells in the brain express or have this particular receptor that we've known about for a long time. It's called toll-like receptor 4. It's best known to be the receptor that's responsible for sepsis and anaphylactic shock. And in the brain we really didn't fully understand what it did.

And what our research has shown is that opioid drugs like morphine bind to this receptor and activate it and this activation causes or contributes significantly to drug reward and addiction.

REBECCA BRICE: In Adelaide the scientists used mice which were bred without the receptor to test the theory.

And we can give a lot of morphine to these mice and they don't find it rewarding. But interestingly they get fantastic pain relief in the same instance. So we seem to be able to have separated out the beneficial and unwanted actions of morphine.

We've also with our colleagues in the States used drug self-administration where rats bar-pressed for some morphine or a version thereof. And if we stopped this receptor working

in their brains we didn't get them pressing the bar for the morphine.

ALISON CALDWELL: How significant is this discovery?

MARK HUTCHINSON: It really is a paradigm shifting approach to how we think about drug action in the brain and how we think about drug addiction.

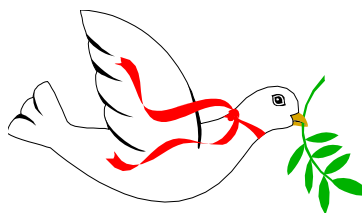
REBECCA BRICE: Dr Chris Holmwood is a clinician with Drug and Alcohol Services South Australia.

CHRIS HOLMWOOD: The key is how these animal studies are then translated into some clinical studies in humans and then what the outcomes of the human studies are. You know, so that translation process is going to be the critical part of it.

But I mean it's very interesting. I think it opens up some possibilities to be able to help people who are on pain medication but running into trouble, people who might be at risk of running into trouble who aren't yet on pain medication but actually require it and thirdly, you know, how do you actually help people who are already opiate dependent, who are addicted if you like. And so you know it'll open up some opportunities for them as well. So I think it's very exciting.

REBECCA BRICE: The research team is developing drugs that either block the addictive receptor or don't activate it.

It's hoped clinical trials will begin in the next 18 months.



Remembrance Ceremonies

The Canberra Ceremony will take place on Monday 8th October at 12.30 pm at the Memorial Site, Weston Park, Yarralumla.

Speakers are:

- Mal Washer (MP) - Liberal Member for Moore, WA
- Rev Ivan Roberts, Uniting Church Minister at City Church
- Elaine Bridge, Parent

If you have someone you would like remembered at the ceremony please contact Marion on 62542961 or email mconnell@ffdlr.org.au

Two Sydney events will be held on Saturday 20th October, 6pm at Ashfield Uniting Church and Monday 22nd October, 1pm at the Wayside Chapel in Kings Cross.

