

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

committed to preventing tragedy that arises from illicit drug use

PO Box 36, HIGGINS ACT 2615, Telephone (02) 6254 2961

Email mcconnell@ffdlr.org.au Web <http://www.ffdlr.org.au>

NEWSLETTER

APRIL, 2004

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Next Meeting

Thursday, 22 APRIL

Meeting 7:30pm

at St Ninians Uniting Church,
Cnr Brigalow and Mouat Streets,
Lyneham

Speaker: 8:00pm

John Paget
Director, ACT Prison Project
(formerly CEO SA Corrections)

This will be an opportunity to hear about and have input into the shape and services of the proposed ACT Prison

Members are encouraged to attend

Refreshments will follow

Meeting dates:

Families and Friends for Drug Law Reform meet on the **fourth Thursday** of each month except December and January. Unless otherwise advised the venue is St Ninian's Uniting Church, Cnr Mouat and Brigalow Sts, Lyneham. Meetings commence at 7.30pm and usually finish around 9pm with refreshments.

Expected dates for meetings for 2004 are:

27th May, 24th June, 22nd July, 26th August, 23rd September, 28th October, 25th November.

Any enquiries please phone 6254 2961.

Editorial

The Federal Government claimed recently that since the implementation of its "Tough on Drugs" strategy in November 1997 "drug use has been reduced by 23 per cent", "overdose deaths are down" and "drug seizures are up". This, it says, is proof that its strategy is working.

But gangland murders in Victoria largely related to drug trafficking, the falling age of first use of illicit drugs and examination of other data indicates that "Tough on Drugs" is not tackling the fundamental issue.

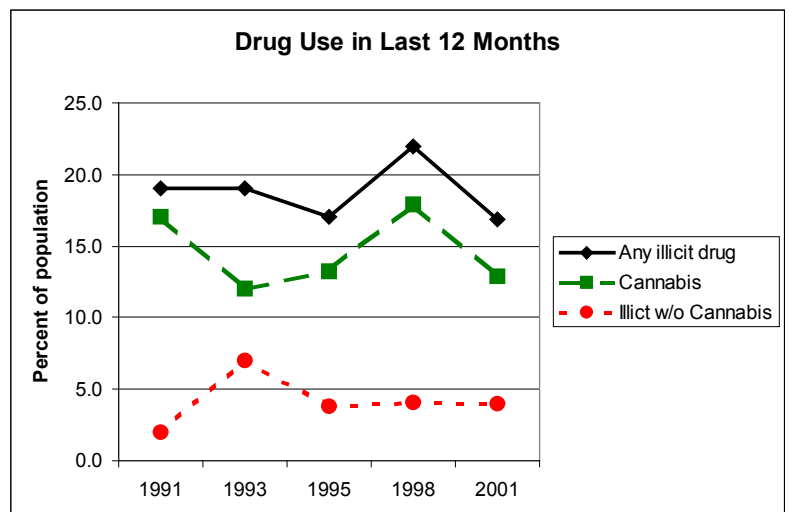
According to Household Surveys drug use rose from 1995, a period before "Tough on Drugs" was introduced, from 17 per cent of the population using illicit drugs to 22 per cent in 1998, a year after the introduc-

tion of "Tough on Drugs" and then reduced to 16.9 per cent in 2001. Thus, drug use in 2001 has returned to where it was in the period before "Tough on Drugs".

The stated 23 per cent reduction in drug use is based on only two Household Surveys – taken in 1998 and 2001 – and does not acknowledge that results from 1998 to 2001 were merely a return to previous levels of use. See the chart below.

The influence of cannabis, which is the cause for that rise and subsequent fall can also be seen in the chart and removal of its influence is most revealing - the combined use of other illicit drugs remained constant. In other words the 23 per cent reduction is exclusively due to reduced cannabis use – the combined use of other, harder drugs did not change.

In 2001, heroin supply was short and usage was reduced, which thankfully reduced overdose deaths, but that shortage was made up by increased use of amphetamine like substances (ie speed, ice, ecstasy, etc). The cause of the shortage of heroin and increased supply of amphetamines was explained by AFP Commissioner Keelty in June 2001. He disclosed police intelligence which said that there had been: "a business decision by Asian organised crime gangs to switch from



heroin production as their major source of income to the making of methamphetamine, or speed, tablets."¹ "[T]heir market research tells them that these days people are more prepared to pop a pill than inject themselves."² Mr Ben McDevitt, then General Man-

1. Keith Moor, "Drug lords push deadly new deals" in *Herald Sun* (Melbourne) Tuesday, 19 June 2001, p. 10.
2. Keith Moor, "Drug gangs' new threat" in *Herald Sun* (Melbourne) Tuesday 19 June 2001, p. 1.

ager, AFP National Operations confirmed the correctness of this intelligence in evidence he gave on 16 August 2002 to the House of Representatives Family and Community Affairs Committee inquiring into substance abuse in Australian communities.

The Household Survey of 2001 confirms the influx of amphetamines. Use rose from 2.1 per cent of the population in 1995 to 3.4 percent in 2001. This latter percentage would have represented, an estimated, 9.2 tonnes of amphetamines on Australian streets. And amphetamine use can be just as devastating for families as heroin use.

(For more details about the heroin drought see <http://www.ffdlr.org.au/commentary/HeroinDrought.htm>.)

The mean age of initiation to illicit drug use is another indicator of effectiveness of drug policy. If a drug control policy were effective one would expect the mean age of initiation to be increasing. In Australia it decreased from 18.9 years of age in 1995 to 18.6 years in 2001. Even cannabis, which showed a reduction of use, shows a decrease in age of first use – from 19.1 years in 1995 down to 18.5 in 2001.

Much has been made of the quantities of drugs seized. Without a reference or a benchmark there can be no assessment of how effective such seizures are. The National Crime Authority prior to being abolished, said that seizures for heroin in 1999/2000 approximated 734 kg which based “on a conservative consumption rate of approximately 6 tonnes ... represents just 12% of the heroin being consumed” (NCA Commentary 2001).

That is, 88% of the heroin in that year reached the Australian streets.

Seizures of drugs by law enforcement does not tell us how effective supply control has been. It may simply indicate quantity of drugs on the streets. There is, of course, the publicity value gained from parading such seizures before the media but that does not equate to effectiveness. Note also that no seizures have ever approached the estimated 9.2 tonnes of amphetamines available on the streets in 2001.

The Government’s claim that the “Tough on Drugs” strategy is working cannot be sustained. There has been no serious objective evaluation of the policy and until that evaluation occurs nothing but the rhetoric will change.

Such a failure of “Tough on Drugs” has serious implications for Government policy. Serious, not only because of the false claims of success, but because the rhetoric draws a cloak over the real situation - that organised crime exerts greater influence than does the Government.

Membership Renewals

Thank you to all those who have so promptly renewed membership and to those who have made donations. It is very much appreciated. If you have overlooked your payment a membership renewal letter and a return addressed envelope was included in last months newsletter – please dig it out and send a cheque or postage

stamps to the equivalent of \$10 or \$5 concession and help the further work of Families and Friends for Drug Law Reform.

Volunteer Phone-Line Training

1 –2 May, 10 – 4pm
Function Room, Calvary Hospital,
BRUCE ACT

Interested people are needed to develop skills to enable them to work as a volunteer on the Family Drug Support telephone line.

Enrolment: Phone Sandra in Sydney on 97980001 or Bruce in Canberra on 6205 4515

Relapse prevention Program

Commences Thursday 13th May from 1:30pm to 3:30pm and continues for 6 weeks.

at

The Junction, cnr of Marcus Clarke and Rudd Streets,
CIVIC, ACT

The program is free and it is for adults with substance use issues who wish to develop and maintain healthier lifestyles.

To register or for information call 6205 4515

Stepping Stones Course

5 sessions: Fri 14th May, 5.30-9.00pm
Sat 15th May 9.30–5.00pm and Fri
21st & Sat 22nd May at above times

Where: Function Room, Calvary Hospital,
BRUCE, ACT

Register: Phone 6205 4515

Cost: \$30 per family (includes book)

A practical course to help family members cope with drug and alcohol issues.

Effective Weed Control

Five week program commencing on Tuesday 25 May 6-8pm, The Junction, cnr Marcus Clarke and Rudd St, CIVIC, ACT.

A group for adult cannabis users wanting more information or who want to change their cannabis use.

Register: 6205 4545

A phony war defeats free speech

Sun, 22 Feb 2004, St. Petersburg Times (FL)
Author: Robyn Blumner

The beauty of Jefferson's marketplace of ideas is that it opens our society to all voices and all arguments, presuming the most persuasive will rise to the top.

But those who promote the War on Drugs find this a dangerous concept. Drug reform makes too much sense and in recent years has been too compelling to voters. Already, seven states and the District of Columbia have legalized medical marijuana through voter initiatives (and two more states through legislation) and a recent Gallup poll shows that 74 percent of Americans are on that side of the issue.

To combat this outbreak of common sense, the drug warriors have fought back with antidemocratic and repressive methods.

In the mid-1990s, the Cato Institute had its tax-exempt status threatened by a New York Republican congressman incensed over the think tank's sponsorship of a program on the failed drug war.

A few years later, former Republican congressman from Georgia, Bob Barr, successfully pushed an amendment to prevent Washington, D.C., from counting the votes on its medical marijuana initiative. The American Civil Liberties Union overturned the ban in federal court; and when the votes were finally tallied, the initiative passed with 69 percent approval.

Barry McCaffrey, as drug czar under President Clinton, had to be sued after he threatened doctors in California with the revocation of their prescription-writing privileges if they recommended marijuana to patients. The Bush administration continued the policy. But it was set aside by a federal appellate court that said the threats violated the free speech rights of doctors and patients.

And now Congress has just approved a law blatantly censoring pro-drug reform messages.

It was the brainchild of Rep. Ernest Istook, R-Okla., the religious right's water carrier who, as chairman of the District of Columbia Subcommittee, blocked city ordinances with which he disagreed such as those authorizing publicly funded abortions and needle-exchange programs. Late last year, Istook added an amendment to the omnibus spending bill that cuts off \$3.1-billion in federal funds from transit authorities nationwide if they accept ads for their bus, train or subway systems promoting the reform of drug laws. Large transit systems in big cities could forfeit tens of millions of dollars if they don't comply. San Francisco has at least \$100-million at risk, New York at least \$75-million and the Washington Metropolitan Area Transportation Authority \$85-million.

So once again those who favor a less militant approach to the nation's drug war - and only want the freedom to make their case to the public - have been forced to trot back to federal court to secure their First Amendment rights.

On Wednesday, the American Civil Liberties Union and the Drug Policy Alliance, among other groups, filed suit against U.S. Transportation Secretary Norman Mineta and the Washington Metro, after the D.C. transit system refused to accept a paid ad by the groups that proclaimed "Marijuana Laws Waste Billions of Taxpayer Dollars to Lock Up Non-Violent Americans". The suit asks that the Istook amendment be found unconstitutional and that the court rule that no funds shall be withheld from transit systems that accept drug reform ads.

The case should be a legal slam-dunk. If free speech means anything in this country it is that a drug reform ad should be permitted to occupy the same bit of public space as an antiabortion ad or a gun control appeal. "Congress keeps forgetting that there is no drug excep-

tion to the Constitution," says Ethan Nadelmann, executive director of the Drug Policy Alliance.

And get this: While drug reformers are being gagged by Congress, the same spending bill provides \$145-million for communicating the opposite message. That whopping sum, funded by taxpayers, is to be used to buy ads promoting the drug war, with a special emphasis on demonizing marijuana.

What is really going on here? Nadelmann theorizes that for people like Istook, Attorney General John Ashcroft and drug czar John Walters, the war on drugs is less about crack and heroin than it is about marijuana. "It's about the culture clash", Nadelmann says, "It's about continuing ways to wage war against the '60s and '70s". As Ashcroft continues to send DEA agents into California to raid legal medical marijuana dispensaries and Walters uses the public weal to campaign against drug reform initiatives on state and local ballots, it is clear that Nadelmann is right. This is not about upholding the law, but fighting a movement. The drug warriors are fiercely antagonistic toward the shift in public opinion on medical marijuana and other drug reforms; and their authoritarian impulse is to shut down the free marketplace of ideas.

Apparently, the competition is getting to be a bit too stiff.

Implications for public health policy

An extract from the report "Neuroscience of psychoactive substance use and dependence" issued by the World Health Organization Geneva in March 2004.

A substantial portion of the global burden of disease and disability is attributable to psychoactive substance use. In turn, a substantial portion of the burden attributable to substance use is associated with dependence. Tobacco and alcohol use are particularly prominent contributors to the total burden. Measures to reduce the harm from tobacco, alcohol and other psychoactive substances are thus an important part of health policy.

Neuroscience is a fast growing field of scientific research. Though the knowledge base is far from complete, there is a considerable amount of useful data with enormous potential for influencing policies to reduce the burden of disease and disability associated with substance use. The following recommendations are made to facilitate greater openness and assist all stakeholders in mobilizing action:

- All psychoactive substances can be harmful to health, depending on how they are taken, in which amounts and how frequently. The harm differs between substances and the public health response to substance use should be proportional to the health-related harm that they cause.
- Use of psychoactive substances is to be expected because of their pleasurable effects as well as peer pressure and the social context of their use. Experimentation does not necessarily lead to dependence but the greater the frequency and amount of substance used, the higher the risk of becoming dependent.

- Harm to society is not only caused by individuals with substance dependence. Significant harm also comes from non-dependent individuals, stemming from acute intoxication and overdose, and from the form of administration (e.g. through unsafe injections). There are, however, effective public health policies and programmes which can be implemented and which will lead to a significant reduction in the overall burden related to substance use.
- Substance dependence is a complex disorder with biological mechanisms affecting the brain and its capacity to control substance use. It is not only determined by biological and genetic factors, but psychological, social, cultural and environmental factors as well. Currently, there are no means of identifying those who will become dependent, either before or after they start using drugs.
- Substance dependence is not a failure of will or of strength of character but a medical disorder that could affect any human being. Dependence is a chronic and relapsing disorder, often co-occurring with other physical and mental conditions.
- There is significant comorbidity of substance dependence with various other mental illnesses; assessment, treatment and research would be most effective if an integrated approach were adopted. Treatment and prevention insights from other mental illnesses or substance dependence can be used to inform treatment and prevention strategies in the domain of the other. Attention to comorbidity of substance use disorders and other mental disorders is thus required as an element of

good practice in treating or intervening in either mental illness or substance dependence.

- Treatment for substance dependence is not only aimed at stopping drug use—it is a therapeutic process that involves behaviour changes, psychosocial interventions and often, the use of substitute psychotropic drugs. Dependence can be treated and managed cost-effectively, saving lives, improving the health of affected individuals and their families, and reducing costs to society.
- Treatment must be accessible to all in need. Effective interventions exist and can be integrated into health systems, including primary health care. The health care sector needs to provide the most cost-effective treatments.
- One of the main barriers to treatment and care of people with substance dependence and related problems is the stigma and discrimination against them. Regardless of the level of substance use and which substance an individual takes, they have the same rights to health, education, work opportunities and re-integration into society, as does any other individual.
- Investments in neuroscience research must continue and expand to include investments in social science, prevention, treatment and policy research. The reduction in the burden from substance use and related disorders must rely on evidence-based policies and programmes which are the result of research and its application.

The following letter was published in The Canberra Times on 14 April 2004

Hardliners on drugs give no heed to the evil they do.

Like Neil Lade (CT 10/04 p B7) I too recall my son's untimely death to a heroin overdose. An incident 2 weeks before he died made me realise that our present prohibition drug laws were wrong. Naively, it now seems, I thought this could change if the catastrophic consequences of these laws were explained to our law makers and community. But, like Neil, I too look back over the past 11 years and see that there has been little real change.

I wonder about the proposed ACT Heroin Trial which almost went ahead in 1997. Those who were severely addicted would have been on medically prescribed heroin. There would have been no need for them to sell to new recruits. They would not be robbing our homes. Their lifestyle would now be less chaotic and more orderly. It might not have solved all our problems but at least it could have made a dent in the black market. But a visionless Prime Minister would not even allow a scientific trial.

But it has not only been the weakness of the Federal Government. Locally the much anticipated Supervised Injecting Centre legislated in 1999 never eventuated. Even the much-needed redevelopment of the Karralika rehabilitation Centre seems to have been shelved.

But there is one group that is certain to flourish - organised crime trading in drugs. Sadly it is equally certain that the drug users, their families and the community will continue to suffer.

M McConnell