



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

*committed to preventing tragedy that arises from illicit drug use*

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**NEWSLETTER**

**February, 2004**

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## Next Meeting

**Thursday, 26 February**

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

**Meeting 7:30pm**

**Speakers at 8:00pm:**

**TOPIC:** Proposed redevelopment of  
**KARRALIKA** alcohol and other drug re-  
habilitation centre and overview of pro-  
grams provided at Karralika.

**Phil Lawler, Chief Executive Officer,  
ADFACT and**

**Lyn Magor-Blatch, Clinical Director.**

Refreshments will follow

## **Editorial**

In FFDLR's submission to Inquiry into Substance Abuse in Australian Communities by the House of Representatives Standing Committee on Family and Community Affairs a recommendation in the following terms was made:

*"The debate about drug treatment and interventions is characterised by controversy and emotion. The controversy cuts across party political lines and cuts across police and justice areas. It is not only the controversy [that is of concern but it] involves inappropriate intervention by political, police and judicial areas as well. In most other areas of health this would not be tolerated.*

*Addiction is a chronic relapsing disorder. It needs to be recognised as such.*

*No headway will be achieved until governments are prepared to be guided by the best available advice on what works. While health measures remain political footballs we can be certain of only one thing: that the problem will get worse and worse.*

*There needs to be a clear arms-length separation of the health aspects of problematic drug use from the political and policing arenas.*

*We believe that an independent authority of highly qualified people needs to be established to deal with drug and alcohol public health interventions."*

It was one of a number of recommendations but one borne of frustration that everyone seemed to be able to have a say on matters relating to illicit drugs, no matter that they had little knowledge or expertise and hence little progress is made.

About 18 months ago a magistrate believed he knew more about treatment for drug addiction than doctors when he issued an order for a person appearing before him to cease his medically prescribed methadone treatment.

There are often letters to the editor in metropolitan and regional newspapers stating that there are better ways to spend money than on treatment for "drug addicts".

At a public meeting last year one of the audience claimed that putting all the money into cochlea transplants would have been a better use for the money than for the Kings Cross medically supervised injecting centre.

Here in the ACT, some residents in the vicinity of the Karralika treatment centre have effectively stopped a much needed expansion of Karralika's family oriented abstinence based rehabilitation services. The residents claim they support the services but oppose the development for a variety of reasons.

Few of those reasons stand up to close scrutiny.

The net effect is that they have, at the very least, delayed the redevelopment and it now may be up to 2 more years before the additional much needed services are available.

An article from the Guardian newspaper in Britain (reproduced in this newsletter) states that officials in the Home Office have charged seven doctors, including Dr Brewer a leader in heroin addiction treatment, with inappropriately prescribing. The charges relate to methadone and heroin prescribing. Home Office officials say all drug users should be forced to abstain.

Our federal government is introducing changes to the discrimination laws so that an employer may dismiss a person who is addicted to illicit drugs without being prosecuted under the anti-discrimination act. The net effect will be that an already marginalised group could be further discriminated against.

These are worrying developments.

And perhaps of even more concern is the promotion of the outcomes of failures to deal with drug use. Consider for example the case where the mayor of a south coast NSW city promoted the possible construction of a prison in the city as the city's economic saviour.

One could be excused for thinking that many in our community including most politicians do not want to see improvements made. Improvements like: less peo-

ple using drugs, less harm sustained from drugs, no longer having organised crime dictating policy on drugs, reduced crime in our neighbourhoods, better and more effective treatment services, less marginalisation of drug users and shaming of their families and so on.

All of these things are possible. It would not be difficult to discover or implement such improvements. In many cases the answers already exist.

It is the will and the courage needed to do it that is lacking.

The will and courage may not be there in this, an election year for federal government (and some other governments). Some candidates may believe that they will lose votes if they support changes to drug policy. Some may believe that they need to be tough on drugs to win votes.

These preconceptions do not appear to be supported by election outcomes. Drug policy issues that support change appear to have a neutral or even a positive effect on election chances.

An election year is an opportunity for members of Families and Friends for Drug Law Reform. An opportunity to contact candidates and inform them and perhaps influence the direction of drug policy over the coming years

## **New approaches to drug policy - Dare we try?**

by Brian McConnell, President, Families and Friends for Drug Law Reform.

*Published in DrugInfo, Vol2 No 3 February 2004*

What does a family do when it loses a member to drugs?

Reactions of families can be different. For some, understandably, the shame and stigma associated with illegal drug use will guarantee their silence, others believe we have not tried hard enough and want tougher laws. Neither effectively contribute to reducing the harm.

Families and Friends for Drug Law Reform (FFDLR) adopts a different approach. It takes an evidence-based family oriented approach. It informs members about experiences of families, about research, about the history, about what works and what does not, about truth and honesty in drug policy. It shares information with the community and encourages members of parliaments and community leaders to adopt better drug policies.

The problem is complex – it is not responsive to simplistic solutions yet can be worsened by such solutions. For example: prior to 1953 in Australia, heroin was regulated and used for medical purposes - with no reports of recreational usage. Consumption was just over 5 kilograms per million of population.

The United Nations claimed that such consumption, for whatever purpose, was too high an argument driven primarily by the United States of America (see From Mr Sin to Mr Big by Desmond Manderson, 1993, pp. 125-131). Australia capitulated to the pressure and prohibited heroin: "If heroin can be suppressed in decent countries the manufacture of it is likely to cease,"

the Sydney Morning Herald reported (12 July 1953 p.4).

In 1998/99, consumption rose to 350 kilograms per million of population – 6.7 - 8.0 tonnes was consumed which would have grossed \$2.5 - \$3 billion. Production costs were probably less than 2 per cent, and only 734 kilograms (about 10 per cent) was seized. (National Crime Authority Commentary 2001)

Heroin consumption, once for medical purposes, has increased exponentially since prohibition. Once its use was government controlled, now criminals are in control. Governments, society and especially families now pay significantly, both financially and socially, while enormous profits are harvested by organised crime.

Are we winning this "war on drugs"? Of course not! We will make no progress unless we are willing to explore and trial new approaches.

## **Injecting room is damaging us: PM**

by Paola Totaro, State Political Editor, Sydney Morning Herald December 1, 2003

The Prime Minister, John Howard, has privately warned the Premier, Bob Carr, that Australia's \$100 million a year legal opiate industry could face sanctions if the NSW Government persists with its legal injecting room trials.

The warning, in a letter to Mr Carr this month, surprised senior NSW officials, given it arrived two months after Parliament approved legislation to extend the injecting room trial, with bipartisan support from the Opposition Leader, John Brogden.

Mr Howard's letter to Mr Carr, a copy of which has been obtained by the Herald, says the United Nations International Narcotics Control Board (UNINCB) has written to the Australian Government to object to the injecting room.

"In its recent correspondence, the International Narcotics Control Board has urged the Australian Government to take necessary measures to ensure any decisions taken fully comply with our international drug control treaty obligations," Mr Howard writes.

"Failure to do so could attract remedial action or the imposition of sanctions on Australia's licit opiates industry - an action that would jeopardise Australian industry by damaging the international reputation of pharmaceutical companies throughout Australia and their ability to supply products essential to pain management and hospital and palliative care."

Mr Howard writes Australia is now the world's largest producer of legal opium alkaloids and thousands of people are employed in their production, processing and export in Tasmania, Victoria and NSW. "This is an issue we cannot afford to ignore," Mr Howard wrote.

In his reply, Mr Carr stressed that the NSW Government spends around \$2.5 million a year on the trial - a fraction of the \$130 million spent on its drugs strategy.

The letter noted the Commonwealth had been consulted on the proposal to extend the injecting room

trial. Legal advice had assured the NSW Government the trial did not breach conventions. "I note your reference to possible sanctions, but I am advised that there has been no reference to sanctions in any INCB correspondence received by the NSW Government since the commencement of the trial," Mr Carr wrote.

The director of St Vincent's Drug and Alcohol Service, Dr Alex Wodak, said: "This is a hollow threat and says more about political positioning before a federal election than it does about policy."

## **Singapore Slams Amnesty Intl for Death Penalty Report**

Associated Press (Wire) Fri, 30 Jan 2004

SINGAPORE (AP)--Singapore on Friday slammed a recent Amnesty International report on the city-state's use of the death penalty and said it makes no apology for its uncompromising laws against drug offenders.

A statement from the Central Narcotics Bureau said the Amnesty report - released earlier this month - was riddled with "misrepresentations and distortions".

"The death penalty has deterred major drug syndicates from establishing themselves in Singapore," a statement from Central Narcotics Bureau said.

"The Singapore government makes no apology for its tough law and order system."

The statement didn't deny Amnesty's claim that the city-state of 4 million had the world's highest execution rate per capita between 1994 to 1999, with 13.57 executions per 1 million people.

Singapore made the death penalty mandatory for drug traffickers and murderers in 1975. Anyone caught with more than 15 grams of heroin or more than 500 grams of marijuana is presumed to be trafficking.

The ministry said the Amnesty report entitled "A Hidden Toll of Executions" was wrong in asserting that most of those executed here were foreigners and the poor, least educated and most vulnerable.

The statement said that in the last five years, Singapore hanged 138 people, 110 of them for drug offenses. Of the total executed, only 37 were foreigners, it said.

Among those executed between 1993 and 2003, for which no figure was given, the statement said 44% had received a primary education or schooling up to

12 years of age.

Some 34% had a secondary education, or schooling up to 16 or 17 years of age.

Amnesty said it relied primarily on infrequent press reports in compiling its report as the city-state's executions were "shrouded in secrecy" and its execution statistics aren't regularly reported.

## **Doctors at top drugs clinic face charges**

Nick Davies, The Guardian, Monday February 16, 2004

More than 200 heroin addicts are facing disaster after officials at the Home Office made formal complaints against doctors at a leading private drugs clinics.

Seven doctors who have worked for the Stapleford Centre in London are due to appear before the General Medical Council next week after a sustained campaign by Home Office drugs inspectors to charge them with serious professional misconduct.

They include Dr Colin Brewer, 62, founder and medical director of the centre and a global leader in the treatment of heroin addiction, his recently retired deputy, four full-time doctors and one who no longer works at the centre.

All seven are expected to deny charges of inappropriate prescribing in a case which will test the basic assumptions of government drugs strategy. If they lose, the centre is likely to close, forcing patients to the black market.

The charges relate to the use of methadone, the approved substitute for heroin. Some Stapleford patients have been given "maintenance prescriptions", intended to take them out of the black market and allow them to lead normal, healthy, crime-free lives.

Other leading doctors and Home Office officials say all drug users should be forced to abstain from their drugs and that methadone should be prescribed only temporarily, the doses being reduced rapidly under tight supervision.

The Labour MP Paul Flynn, vice-chair of the all-party drugs misuse group, said: "This is so crass. These are people who would be knighted if there was a decent honours system for their courage in prescribing in a way that is of enormous benefit to the drug users and to their communities who may otherwise suffer from their crime."

Bill Nelles, executive director of the Methadone Alliance, who sat on the government's recent review of heroin policy, said: "This is a very poor development, a very negative development. We are very worried about the patients who may end up with no care if these doctors are not allowed to prescribe. This could also have a serious knock-on effect on other doctors who work in this field."

Although the law allows maintenance prescribing, the rules for it are unusually complex. Home Office officials and senior NHS figures have a history of criticising doctors who have specialised in long-term help for heroin addicts. The Stapleford has survived by working closely with the Home Office and by encouraging users to detox.

Colin Brewer, who founded it in 1987, pioneered naltrexone implants to provide painless detox and has been consulted by the GMC as an expert witness. But recently he has clashed with senior NHS figures over the wider use of his detox technique.

Home Office inspectors are understood to have started combing through prescriptions at chemists who supply Stapleford patients in search of breaches of the complex rules.

A source close to the Home Office said: "They have been talking about getting rid of every private doctor who prescribes for heroin users."

Ian Harris, 53, from Dagenham, Essex, has been a patient since the centre opened. He said: "At the moment

I can function, I can work, I can drive. If I lose my prescription, I'll get uncontrollable cravings for heroin. And, if that happens, you can't do anything. I could try the black market, but I can't afford it and it's all cut with crap. I fail to see what I could do about it."

Mr Harris, who is prescribed 200mg of injectible methadone each week, 85 mg of oral methadone and nine dexedrine tablets, pays £30 a month to the Stapleford and £75 a week to the chemist.

He has been trying for six years to find an NHS doctor to take him on, but his local drugs consultant insists he will give him no more than 90 mg of methadone a week, none of it injectible, and only on the basis that it is rapidly reduced to nothing. He said: "Just imagine if you couldn't get a supply of the oxygen you need."

Danny Kushlik, director of the Transform Drug Policy Foundation, said: "Patients dependent on illegal drugs are often treated abysmally. Isn't it ironic that doctors who go out of their way to help them are treated appallingly too?"

"If several hundred middle-aged long-term tranquilliser addicts on high doses were summarily thrown off their scripts and left to fend for themselves, there would be public outrage. But junkies are so marginalised and disempowered, that the powers that be know that they can get away with it."

## In Brief

***The proposed ACT Supervised Injecting Place has been shelved by the ACT government.*** The decision, the government said, was because of advice from the ACT Drugs Taskforce. But it should be noted that the terms of reference for that Taskforce excluded matters about the SIP because it was a matter that the government was to decide on after the report on the outcome of the Kings Cross medically supervised injecting centre was known.

***The ACT government approved syringe dispensing machines.*** These are yet to be installed. This is a necessary step because syringes are not available after hours and without availability of clean syringes there is a greater risk of needle sharing and a risk of infection by blood born viruses.

***A submission to the Senate about the change to the discrimination law*** has been prepared by Bill Bush and has been submitted. The full submission will be made available on our website as soon as possible.

***Families and Friends for Drug Law Reform held a special public meeting in December*** to mark the 50<sup>th</sup> anniversary of the introduction of heroin prohibition in Australia. There were presentations by members of FFDLR who experienced the introduction of the heroin ban in Australia. This was followed by a talk by Prof. Desmond Manderson. The meeting was held at the Legislative Assembly and sponsored by Kerrie Tucker, Greens MLA.

Prof Manderson, the author of "From Mr Sin to Mr Big" spoke on "The Heroin Ban in Australia: Modern Witchcraft, Contemporary Inquisitions". He recalled

the history of heroin prohibition in Australia from the events that led to its prohibition until the present day. In order to make sense of the enduring hold the policy has on politicians, policy makers, and even the general public, he argued that we have to understand its psychological basis. He drew on his recent scholarship into the history of witchcraft in the West to illuminate the issue.

The talk by Prof Manderson is being transcribed and when completed will be made available on our website.

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## Relapse Prevention and Support Program

Relapse Prevention is a 6 week program for adults with substance use issues who wish to develop and maintain healthier lifestyles.

Next program:

**Commencement date:** 26<sup>th</sup> February

**Venue:** The Junction, corner Marcus Clarke and Rudd St, Civic.

**Time:** 1.30pm - 3.30pm

For more information or to register call 6205 4545.

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## Stepping Stones Course

This is a 5 session course to help family members cope with drug and alcohol issues.

**Dates and** Fri 27<sup>th</sup> Feb, 5.30 pm - 9.00 pm

**times of next** Sat 28<sup>th</sup> Feb, 9.30am - 5.00pm

**Course** Fri 5<sup>th</sup> Mar & Sat 6<sup>th</sup> Mar,  
9.30 am - 5.00 pm

**Venue:** Calvary Hospital, Function Room, Cnr Hayden Dr & Belconnen Way, BRUCE.

Register soon.

Phone 6205 4515.

## MEMBERSHIP OF FAMILIES AND FRIENDS FOR DRUG LAW REFORM

If you or a friend would like to support the work of Families and Friends for Drug Law Reform by becoming a financial member please send your name, address and phone number to Families and Friends for Drug Law Reform, (FFDLR ) PO Box 36, HIGGINS ACT 2615 and enclose a cheque for \$10 or \$5 concession or stamps to the same value. You will receive a receipt with the next newsletter.

Your support is very much appreciated.