

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

committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER

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NEXT Meeting

Thursday 24 February 2005

at 7:30pm

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

This will be the first meeting for the year. There will be lots to talk about and lots to plan for the year. Please make an effort to come along.

Refreshments will follow



Barbecue get-together on Saturday 19th February at 12.30pm.

All members and their families are invited to a social get-together at Marion and Brian's home

This will be a great time to meet other members in a friendly, relaxing environment.

Marion and Brian will provide the meat and ask members to bring a salad or sweet and drink.

RSVP

Please let Marion know if you can come. Phone 6254 2961 by Wednesday 16th February. Location details will be provided when you telephone. Hope you can come!

Editorial

During the holiday period I was contemplating where the illicit drug issue stood internationally after almost 10 years of FFDLR involvement. In particular the progress of prohibition and the involvement of the United Nations provides a good yardstick.

The relevant information is reasonably easy to find. The United Nations Office of Drugs and Crime (UNODC) produce a World Drug Report which provides data on all illicit drugs for all major countries.

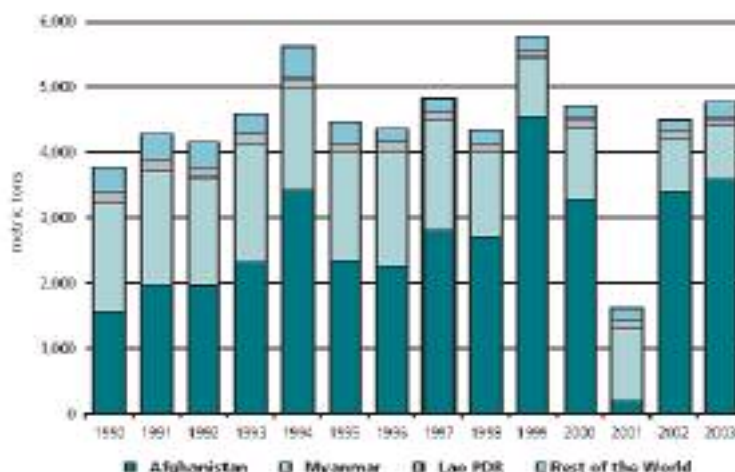
Other locations on the website of the UN provide media

releases and speeches. Here is a sample of some of the headlines of the more significant media releases:

- May 1997 The UNODC was concerned to curb illegal smuggling along the old silk road.
- Sept 1997 Opium production rose 25% over the past year in Afghanistan.
- Nov 1998 Pino Arlacchi (Executive Director, UNODC) claimed the world could be made drug free by 2008 and illicit drug production could be eliminated.
- Oct 1998 Afghanistan opium production down
- Sept 1999 Afghanistan opium production rises
- Sept 2000 Afghanistan opium cultivation substantially unchanged
- Jan 2001 UN sees hope on horizon
- Oct 2001 Sharp reduction in Afghanistan opium cultivation
- Feb 2002 Afghanistan cultivation at relatively high level
- June 2003 Projects launched to counter heroin flow from Afghanistan
- Aug 2003 Afghanistan launches drugs interdiction unit
- Sept 2003 UN Counter-Narcotics Chief says cultivation in Afghanistan remains difficult
- Oct 2003 Area under opium poppy cultivation increased by 8 percent
- Aug 2004 UN Drugs Office Publication on Afghan's opium economy wins award
- Oct 2004 New UN efforts to stem Afghan opium trafficking
- Dec 2004 UN says increased supply of Afghan heroin promises overdoses and death.

The chart below from the 2004 UN World Drug Report shows the world production of opium. Readers will see that with a few exception Afghan opium production (the

Fig. 2: GLOBAL OPIUM PRODUCTION 1990-2003 (metric tons)



dark lower section of the graph) follows a general upward trend. The fluctuations around this general trend is highly likely to be due to weather conditions. For example in 1999 there was a bumper crop where production outstripped demand. The ban

on production by the Taliban in 2001 corrected the over-supply situation and production returned to normal levels the following year - despite the Afghanistan war and the US backed regime put in place.

The UN gives the impression that it is wringing its hands over the issue but is not achieving much. The world is no closer to being drug free now than it was in 1998 when Arlacchi made the prediction. The best it can achieve is an award for publications.

One could be forgiven for thinking that we could disregard the UN and get on with it and tackle the issues in our own way. However, for some, the UN is a road block to that course of action. It has adopted the view that only law enforcement can solve the problem of illicit drugs.

It has criticised and tried to obstruct the Swiss for their heroin prescription trials. It has criticised the Dutch for their coffee shop approach to cannabis, criticised various other countries, including Australia for supervised injecting rooms and now seems set to try and wind back needle and syringe programs.

Fortunately these countries have ignored or found ways around the UN pronouncements.

It is clear that all of the above programs are effective in saving lives and reducing the harm but the UN turns a blind eye to that evidence. Until it accepts that evidence and realizes that one single, narrow approach will not work (as demonstrated by its own data) and adopts a multi-faceted approach, it will remain as simply a road block to progress.

Coming up

FFDLR members can have an influence at the following conferences:

One Day Conference in WA

Our WA members are encouraged to attend this One Day Public Conference on community action as a means of preventing alcohol and other drug problems.

Where: Rendezvous Observation City Hotel, Scarborough.

When: **Friday 4th March**

Cost: \$165 includes morning tea and lunch

Organised by National Drug Research Institute (NDRI)

Registration form with conference program details can be downloaded from the website

<http://www.ndri.curtin.edu.au/home/ndri050304/index.html> or by contacting Pauline Taylor-Perkins on

p.taylor-perkins@curtin .edi.au.

[It is essential that families be involved in these community conferences to give their first hand experience because families are an integral component of the community and can make a significant contribution.

Ask for a discount on the proviso that you do not have the privilege of funding from a workplace but a member of a voluntary family group – Families and Friends for Drug Law Reform. Ed]

Conference in Victoria on promoting family inclusive practice

The Family Alcohol and Drug Network (a network of professionals in AOD promoting family inclusive practice) has organised a one day conference at the Bundoora Campus of La Trobe University, Melbourne on **Wednesday April 20th, 2005**.

The conference will show case existing family practice models and explore some of the contemporary issues facing the sector.

Registration is a steal at \$40 including catering.

For further details relating to abstracts or to register interest in the conference please email fadnetconference2005@sharc.org.au or phone Alan Murnane at Family Drug Help on 03 9573 1706.

Sponsors of this conference include:

La Trobe University

VicHealth

Victorian Department of Human Services.

Effective Weed Control

A free 5 week group program for cannabis users wanting more information or who want to change their cannabis use.

This program conducted by the ACT Alcohol and Drug Program will start on 21 February at The Junction 6 – 8pm. Register on 6205 4515.

Stepping Stones Course

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

Most families have influence over the drug user. This influence may be strengthened, when the family understands the process, and accepts support itself.

Topics covered include: coping with stress and anger, tips about communication and about boundary/limit setting – all in order to maximise your health, so that you have the resources to maximise the help getting to the substance user.

- We focus here on what the family can do.
- Working in collaboration is better than working alone.
- Uses philosophy of harm minimisation

5 session course: Friday 25th February '05, 5.30pm-9.00pm

Saturday 26, 9.30-5pm,

Monday 7th Mar 530-9pm

Friday 11th & Saturday 12th March (at the above times).

Where: Calvary Hospital Function room

Registration: phone 6207 9977

Cost \$30.00 per family (includes booklet GUIDE TO COPING)

Run by Alcohol & Drug program and Ted Noffs Foundation

A German journey: what family groups in Germany are achieving

by Bill Bush

Over the last weekend in January, I visited Wuppertal, about the size of Canberra, not far from Dusseldorf in the north west of Germany. I went there to meet the group with which, over the years, Families and Friends has exchanged greetings for our remembrance ceremonies. Occasional written contacts across a language barrier showed that we had some things in common but that did not prepare me for the greeting I received. It was like a homecoming.

The president of the group, Jürgen Heimchin, and Heidrun Behle took me in hand. The barriers of language did not prevent a rapid understanding that I was among people who thought the same as we did about drugs: sticking by kids, drug users should not be made outcasts, support for maintenance therapies like methadone, pushing for the elimination of criminal sanctions around cannabis use. The list went on and on.

Moreover, they saw their respectable middle-classness as a most useful image in their efforts to achieve change. And change they have helped achieve. Over much of the country Germany is at a point that we can only dream of and there is an environment of co-operation between local authorities, the medical professions, families and associations representing drug users.

Jürgen Heimchin wears two hats: he is president of a local Wuppertal group called Parents' Initiative for Accepting Drug Treatment and Humane Drug Policy" and a Germany-wide coalition of organisations representing families called the "National Association of Parents and Relations for an Accepting Drug Policy". He told me their membership was only small but memorial ceremonies are held in more than 28 centres across Germany.

The announced trial of heroin prescription is underway in, I was told, some six cities: Frankfurt, Hamburg, Karlsruhe, Hanover and, I think, Munster. Many places had supervised drug consumption rooms. In even more places there were "contact cafés" where drug users can socialise, have a meal, shower and contact a social worker in attendance. These are in nearly all towns and are paid for by the city or regional (Lande) authorities or from private sources.

In Wuppertal there is a regular round table forum with all interested groups including those representing parents and drug users. The forum deals with licit as well as illicit drugs. On it drug users have an equal voice with other groups. There are also regular meetings of local residents in the area around the local contact café and consumption room that I was shown over.

As a measure of the different mind set that exists there compared to this country, the manager of a hotel troubled by drug users hanging around the hotel carpark on the weekend when, for lack of money, the contact café and consumption room was not open, supported moves to have them open for the whole week.

The contact café and consumption room are known as "Platform One". They are in a registered historic building, the original Wuppertal railway station. Heroin

can be smoked there as well as injected. There is a memorial outside it with tiles on the wall, each with the name of someone who has died. The main event for the Wuppertal's remembrance ceremony is not held there but in a busy pedestrian concourse in the town. The opportunity is taken to promote better drug policies and raise public awareness. In addition to speeches, throughout the day, members run a stall and distribute pamphlets to the public. Posters are also displayed.

A glance at the current issues (Aktuelles) on the website of the National Association, shows the close and active co-operation of family groups with other organisations such as those concerned with AIDS in a range of activities such as conferences and representations to authorities (www.akzeptierende-eltern.de).

My visit was both encouraging and sad. It was encouraging to meet up with others on the other side of the world who, having no love of drugs, nevertheless also insist that drug users should be treated as human beings and assisted to live a full life with the affliction of their addiction rather than be treated as criminals and forced to overcome it before they are able. It was sad because the widespread understanding and co-operation between authorities and others in Germany about problems of drug use contrasts with the situation in Australia where under the guise of following different, uncoordinated aspects of the official "harm minimisation", policy, authorities and others are increasingly pulling in different directions.

The visit to Wuppertal was also symbolic. It is the home of the big drug manufacturer, Bayer, and the town where heroin was developed just over a hundred years ago.

The words of the German National Association of Parents and Relations for an Accepting Drug Policy should be just as much a challenge for us as they have been for them:

"We cannot afford to remain uncritical

"We cannot afford to remain passive

"We cannot afford to accept in silence and meekness the death and misery of our children and relatives."

Open Letter

The following open letter to United Nations Office on Drugs and Crime was circulated by the International Harm Reduction Association

An open letter to the delegates of the Forty-eighth session of the Commission on Narcotic Drugs (CND)

In a year when the United Nations Office on Drugs and Crime (UNODC) is chair of the governing body of the UN's Joint Programme on HIV/AIDS (UNAIDS), we write to express concern about U.S. efforts to force a UNODC retreat from support of syringe exchange, methadone maintenance and other measures proven to contain the spread of HIV among drug users. Injection drug use accounts for the majority of HIV infections in dozens of countries in Asia and the former Soviet Union, including Russia, China, all of Central Asia, and

much of Southeast Asia. In most countries outside Africa, the largest number of new infections now occur among injection drug users. As UNODC director Antonio Maria Costa noted at the July 2004 International AIDS Conference, effective responses to injection driven AIDS epidemics require expanded HIV prevention, including syringe exchange, rather than policies that accelerate HIV infections through widespread and indiscriminate imprisonment.

Unfortunately, recent events suggest that UNODC - under pressure from the United States - is being asked to withdraw support from proven HIV prevention strategies at precisely the moment when increased commitment to measures such as syringe exchange and opiate substitution treatment is needed. It is particularly alarming that the silencing of UNODC is occurring in a year when the agency is chair of UNAIDS' Committee of Co-sponsoring Organizations and in a year when HIV prevention is a focus of thematic debate at the 48th meeting of the CND. Among the events that have particularly heightened our concern are:

Mr. Costa, who last year expressed support for positive changes in the Russian criminal code, expansion of syringe exchange in countries facing injection driven epidemics and other measures to reduce drug-related harm, has apparently been rebuked by the U.S. State Department. Following a meeting with Robert Charles, U.S. Assistant Secretary for International Narcotics and Law Enforcement Affairs, Mr. Costa pledged to review all UNODC electronic and printed documents for references to "harm reduction" and to be "even more vigilant in the future."

In Southeast Asia, UNODC has suspended a program that sought to reduce drug users' vulnerability to HIV prevention through approaches that emphasized public health and drug users' human rights, rather than punishment.

Even syringe exchange, affirmed as an effective and essential part of HIV prevention by UNAIDS, WHO, and UN member nations, has become politically unpalatable. A November e-mail from a senior UNODC staff member asked junior staff to "*to ensure that references to harm reduction and needle/syringe exchange are avoided in UNODC documents, publications and statements.*"

We recognize that UNODC is dependent on contributions from donor nations, and that the U.S. is the single largest donor to UN drug control. At the same time, the lives of hundreds of thousands depend on sound, scientific approaches to HIV prevention. Numerous studies, including U.S.

government studies, have found that strategies such as syringe exchange and methadone maintenance demonstrably diminish HIV transmission and other health risks. The fact that U.S. delegates declare the evidence in support of syringe exchange "unconvincing," as they did in last year's CND session, should not be allowed to determine the course of the UN drug control and HIV prevention efforts, which are inextricably and essentially linked. Nor should UNODC - a co-sponsor of UNAIDS, and an agency with an essential role to play in the course of the HIV epidemic - be asked to refrain from public statements about needle exchange simply because they do not fall within the realm of what the U.S. deems acceptable.

Strategies that attempt solely to achieve abstinence from drug use do not constitute an acceptable alternative to programs, such as syringe exchange, that help active drug users protect themselves from HIV/AIDS. Experience has shown that "zero tolerance" drug control efforts can have the effect of driving injection drug users underground and away from drug treatment and other health services. This is particularly true where, as in many countries, counter-narcotics efforts lead to false arrest, beatings and extortion by police, prolonged detention without trial, forced drug treatment, disproportionate incarceration in cruel conditions and, in some cases, extrajudicial execution. Programs such as syringe exchange and opiate substitution, by contrast, both prevent HIV infection and provide a bridge to other health services. Restricting these programs is a blatant infringement of drug users' human right to health.

As you gather this year to debate HIV/AIDS prevention and drug abuse, we respectfully urge you to support syringe exchange, opiate substitution treatment and other harm reduction approaches demonstrated to reduce HIV risk; to affirm the human rights of drug users to health and health services; and to reject efforts to overrule science and tie the hands of those working on the front lines. No less than the future of the HIV epidemic is at stake.

cc: Joint United Nations Programme on HIV/AIDS, World Health Organization
Office of the High Commissioner for Human Rights International Narcotics Control Board

