

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 22 September 2005

Meeting at 7:30pm

Speaker at 8:00pm

Paulina Hellec, of the Women's Information Resources and Education on Drugs and Dependency (WIRED), will speak on the special problems that families of people from non-English speaking backgrounds experience in coping with illicit drug use including difficulties in accessing treatment and support. **Please invite others who may be interested in this speaker.**

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

Refreshments to follow

Dates to put in your diary!

10th Annual Remembrance Ceremony

12:30pm, 7 November 2005 at Weston Park, Yarralumla. The Rev'd Peter Walker, Chairman of the Uniting Church Canberra Region Presbytery has agreed to be one of the speakers.

Annual General Meeting

7:30pm, 24 November 2005 at St Ninians Uniting Church, Lyneham

Editorial

While it was pleasant to be on holidays and neglect newspapers, radio and TV reports and email, one is quickly brought back to reality on return.

Readers will recall the Phillip Adams article published in the Australian newspaper that was reproduced with his permission in our May FFDLR Newsletter. The article attracted some letters to the editor. Here is one such letter:

Good one Phillip Adams (August 13 – 14). Fix the drug problem – give in!

Rubbish. This will achieve nothing but more misery for new users and their families. The solution is not to be weaker but to be much tougher. Maybe we should have applied Adams's philosophy to all areas of life where seemingly insurmountable difficulties had to be overcome – endemic diseases, world wars, Iraq, etc. Little matter

that we would be living lesser lives under the values of tyrants such as Hitler, Stalin and Hussein. Let's not try to make the world a better place; let's be like Phillip Adams and give in.

Keith Koehne, McLaren Vale, SA

It is a sad state of affairs when prejudice and ill-informed opinions such as these abound. There is no mention that the problems in respect of drugs have been man-made, and if one understands the history the problem of Hussein was contributed to significantly by a particular government. And I am not sure, even now, that the Iraqi people are much better off. A country still mourning the deaths in its civilian population and living in fear of where the next bomb will be exploded.

It is difficult to rationally argue against Phillip Adams when he says:

Prohibition and interdiction of drugs has proved to be as foolish and futile as prohibition of booze. If anything, it encourages the black market in narcotics, pushing the pushers to push harder while pushing up the prices. And, of course, upping the ante on police corruption. A public health problem becomes a cause celebre for grandstanding politicians.

If we can't keep drugs out of our prisons, with their high walls and thick bars, with all the screws, surveillance and cavity searching, then what hope have we of keeping drugs out of Australia, with its thousands of kilometres of unguarded coastline? With millions of tonnes of unexamined containers piling up at our ports? With countless unsearched visitors arriving at our airports? That's right. Absolutely none. No hope at all.

And he argues for decriminalisation that would spend less money on jailing young people and more on universities. I could live with that.

A similar blind prejudice seems to have emerged in the NSW opposition. "Liberal leader vows to close injecting room" proclaimed the Sydney Morning Herald.

The NSW liberal leader, who replaced John Brogden, Peter Debnam is quoted as saying "I will certainly be putting to my colleagues that ... we would look at closing the injecting room and diverting those funds into treatment of addicts".

While such statements show a clear lack of understanding and a disregard for the evidence and the fact that there are over 60 such places in operation throughout the world, it demonstrates the ideological position being adopted – becoming drug free is more important than stabilizing people and saving lives. This is also a position held by PM Howard who adamantly opposes medically supervised injecting rooms.

Simply put, the injecting room saves lives and encourages clients to seek treatment. But if a client chooses not to seek treatment he/she is not turned away but help is continued to be provided to ensure that the person remains stable and as healthy as possible and which, because they are still alive keeps open a future opportunity to deal with their drug issues.

On the other hand the insistence that a person addicted to drugs seek treatment to become drug-free before anything else ignores the reality that some will not seek treatment and will remain at risk of death or increasingly poor health.

The reality is that people with that philosophy are prepared to sacrifice the lives and well-being of some fellow human beings for the sake of an ideology. An ideology that, if history is any guide, has very little chance of succeeding.

Summary of FFDLR Submission to the Parliamentary Joint Committee Review on the Australian Crime Commission Act 2002

In its review of the *Australian Crime Commission Act* Families and Friends for Drug Law Reform asks that the Committee consider the seven recommendations the group made in its submission dated 14 April 2005 on the 2003-2004 annual report of the Australian Crime Commission. These are that:

1. The performance criteria should not reflect mere activity but instead whether there has been meaningful progress towards the achievement of substantive objectives.
2. Having regard to the unique intelligence and assessment capacities of the Commission, annual reports should incorporate an assessment of whether law enforcement effort is making progress towards the achievement of substantive objectives.
3. When measures of law enforcement activity such as the levels of drug seizures are provided, the annual report should also include an assessment of the extent to which this activity impacts on the overall level of criminal activity involved.
4. As part of its intelligence assessment, the Commission should regularly include in its report estimates of the size of the market in Australia for different illicit drugs.
5. Rather than using the gross level of drugs seized, estimates of effectiveness of law enforcement should have regard to the extent that law enforcement effort reduces the quantity of drugs needed to satisfy the demand of the Australian market.
6. As it bears on its governance, the anti-corruption prevention and response system being instituted for the Commission should be the subject of public scrutiny by the Committee and be covered in the Committee's report.
7. All Governments and Agencies involved in the management of the Commission should commit themselves to maintain and strengthen the values of the Commission as set out in its corporate plan.

In the present submission Families and Friends for Drug Law Reform makes just one further recommendation. It is that:

8. The Australian Crime Commission should apply drug market indicators in performance criteria that assess the effectiveness of law enforcement in reducing the supply of illicit drugs to the Australian community.

The reasons are clear. To quote a 1996 evaluation undertaken at the behest of the predecessor of this very Committee, "... traditional performance indicators adopted by drug enforcement agencies: the number, volume, and type

of illegal drug seizures, and the number and type of drug-related arrests and convictions... are well recognised as basically flawed indicators of effectiveness. They reflect more upon levels of law enforcement *activity* than they do ratios of interdiction and reduction, and therefore cannot be used as indicators of the effectiveness of agencies in reducing the total supply of illegal drugs" (Sutton & James 1996, 107).

There is now available to assess performance, a range of drug market indicators such as price, purity and surveys of drug users on availability. The submission reproduces a number of graphs with examples of the market information that is regularly collected and assembled. This section is followed by examples of law enforcement indicators. These include a set of graphs, in many cases assembled by the ACC itself, showing trends in drug arrests, clandestine laboratories detected and the quantity of drugs seized. Such law enforcement indicators are similar to catch data used in fisheries management. The section points out the importance of supplementing this with the equivalent of fisheries effort data which, in the case of law enforcement, would be measures of resources deployed.

The next section illustrates what the analysis of both drug market indicators and measures of law enforcement can show about the effectiveness of drug law enforcement in reducing the supply of the drugs. It does so in the very different situations of cannabis, the use of which is declining; amphetamine-type stimulants including ecstasy, the use of which is increasing; and heroin of which there was a severe supply shortage and continuing evidence of some supply restrictions compared to pre-shortage levels.

The application of market indicators to law enforcement indicators for these drugs would seem to show that law enforcement has not achieved a reduction in supply. The decline in cannabis usage cannot be attributable to law enforcement bringing a supply shortage because market indicators show that the drug remains readily available. The growth in use of amphetamine-type stimulants including ecstasy is taking place in spite of some high law enforcement "catch" indicators while market indicators are showing that these drugs continue to be readily available.

Heroin market indicators show increasing availability since the 2001 drought in an environment of mixed law enforcement "catch" indicators. The submission briefly reviews the officially funded study of the causes of the heroin drought. This study found that "a small number of key groups had traditionally financed major heroin imports to Australia in the 1990s, and these groups had withdrawn from financing and facilitating these imports in the late 1990s" (Degenhardt *et al.* 2004a, 77). The study did not find that law enforcement brought about the drought directly by interdicting supply but rather accepts the assessment of key informants that Australian law enforcement successes acted as a deterrence influencing the decision of the financiers. The submission points out that even if this assessment is correct, it occurred in circumstances of low opium production and high demand elsewhere that Australian law enforcement did not bring about and could not replicate.

Following this review of the application of drug market indicators to drug supply, the submission illustrates how misleading it is to judge the effectiveness of drug law enforcement supply reduction by exclusive reference to "catch" indicators. The submission does this with reference to the benchmarking system and drug harm index of the AFP. The benchmarking system seeks to compare the performance of the AFP with law enforcement agencies in comparable countries.

The drug harm index attributes a dollar value to harm said to be saved by the AFP's supply reduction activity. Both the benchmark and the index are based on quantities of drugs seized. The submission points out that these methods of assessment are demonstrably meaningless.

The submission then turns to the application of drug market indicators to performance measures of the ACC. It points out that the ACC is uniquely qualified to undertake evaluations of the effectiveness of law enforcement supply reduction. It incorporates the intelligence functions of the former Australian Bureau of Criminal Intelligence and the Office of Strategic Crime Assessments and is a meeting point of all Australian law enforcement agencies. The submission then discusses three objections that may be raised to the ACC undertaking the evaluation, namely that:

- (a) evaluation of supply reduction measures having regard to drug market indicators is of little or no operational relevance;
- (b) it involves the gathering and evaluation of non-law enforcement data; or
- (c) the evaluation may be politically sensitive.

The submission recalls that if drug law enforcement is to operate as a rational system there must be systematic monitoring of intended and unintended effects. Management initiatives may be required to overcome perceptions of lack of relevance. Data is now regularly gathered on a range of drug market indicators and there is scope for the ACC to work with research institutions to develop other indicators, notably good estimates of the size of various Australian illicit drug markets. As to the acknowledged political sensitivity of the evaluations recommended, the submission notes that a special responsibility therefore falls on this oversight Committee to ensure that the evaluations recommended may be carried out with professional independence.

Finally the submission recalls that supply reduction is not the only aspect of drug law enforcement that requires evaluation. Law enforcement also has a role in deterring demand and although it may seek to minimise harm it also creates harms additional to the harms of the drugs themselves. It is important to ensure that the life and welfare of one group of young people is not sacrificed in favour of an attempt to reduce the risk of a much smaller harm that another group of young people may be exposed to. Much less is it morally acceptable that drug law enforcement with its harmful consequences should be undertaken with a principal objective – supply reduction – that it does not achieve.

Needle exchange scheme, Lothian and Borders police

New initiative to reduce health risks to police staff and reduce harm to drug users.

Media release from the Lothian and Borders police, UK.

Lothian and Borders Police are piloting a needle exchange scheme for prisoners in a bid to reduce health risks to police staff and reduce harm to drug users.

The programme will start operating at St Leonard's Police Station in Edinburgh next month.

It is intended to reduce the risks of staff being infected with potentially lethal diseases such as HIV and Hepatitis C.

It will also build on a welfare drugs referral procedure, already running successfully at the station, for those prisoners who want to give up drugs.

Any prisoner discovered with a used/dirty needle will have it taken off them. A replacement kit will be issued with their property bag when they leave the cells complex.

Research has shown that up to two thirds of the prisoners who pass through the cells complex at St Leonard's are believed to be infected with the virus.

All prisoners are routinely searched before being placed in one of 40 cells at the station. The majority are held for appearance at the city's courts the next morning.

Whilst cells staff are specially trained in search techniques and have access to various items of protective equipment, such as plastic gloves and small tongs, there is currently no foolproof method of finding needles - often little more than the size of a small pencil - without a physical search.

Needle injuries to police staff are not uncommon. Victims face an anxious wait of up to three months and a series of blood tests before they can be given the results of the tests.

Malcolm Dickson, Deputy Chief Constable of Lothian and Borders Police, said: 'The search process is inherently risky and we owe it to our staff to take steps to minimise that risk. A needle injury can be absolutely devastating to a victim, and it should be remembered, to their partners and family too. If this needle exchange programme saves one such incident, I will consider it worthwhile.'

He added: 'People coming into our custody are not permitted to take illegal drugs. This is a welfare-centered approach. As a service, we accept that drug users adopt a lifestyle that most members of the public would not necessarily choose. What we are trying to do here is raise the users awareness of the dangers associated with that lifestyle, offer them referral help and support and go some way towards protecting them and others from the very real threat posed by used needles.'

The concept of needle exchange as a precautionary health measure is not new to Edinburgh as drug users already have access to free needles at a special clinic in Spittal Street.

The Harm Reduction team, an offshoot of NHS Lothian, based at Spittal Street, was involved in the planning of the police needle exchange scheme with a lengthy period of consultation. They were also involved in training aspect as well.

Working paper on campaign for a needle and syringe program for prisons

The following working paper on a Campaign for a Needle and Syringe Program (NSP) in Australian and New Zealand Prisons has been released by the Justice Action Group.

If you wish to comment on the working paper the email contact is JA@justiceaction.org.au.

Goals

- To improve the health and well being of prisoners by providing access to relevant information on how to reduce the rates of infection by Hepatitis C.
- To improve social health and well being of prisoners in Australia and New Zealand, by providing mutual communication within prisons and with the outside community

- Reducing the rate of Hepatitis C infection in the wider community.

Objectives

- Force governments to implement NSPs in prisons.
- Increase communication between prisoners and outside community.
- Increase access to relevant information.

For more information the web address is: <http://www.justiceaction.org.au>.

Heroin-assisted treatment (HAT)

From the Swiss Health website:

www.suchtund aids . bag . admin . ch

Heroin-assisted treatment is designed to help severely dependent heroin users who have fallen through the net provided by other treatment options. It involves strictly regulated and controlled prescription of pharmaceutical heroin as part of a comprehensive programme of psychosocial care and medical treatment.

HAT was first tested in the Swiss National Cohort Study between 1994 and 1996. The results indicated a substantial improvement in the dependent users' physical and mental health and also in their social situation. In addition, a massive reduction in criminal behaviour was observed. At the beginning of 2003, 1232 patients were undergoing HAT at 21 outpatient centres and in 2 prisons.

Legal foundations

Following the favourable outcome of the National Cohort Study, HAT became firmly established within the "therapy" arm of the Federal Council's fourfold approach with the adoption of the urgent Federal Decree of 9th October 1998 and the Ordinance of 8th March 1999 concerning the Medical Prescription of Heroin. In June 2003, the term of the Federal Decree - which is an amendment of the Narcotics Law (Art. 8 Paragraphs 6-8) - was extended until 2009 by the National Council and the Council of States. HAT is in no way intended as a replacement for other types of treatment, either based on abstinence or involving the use of other substances (e.g. methadone).

Treatment centres

HAT is now being carried out at centres in 19 centres and in two prisons.

Treatment objectives and Results

The Federal Council fixed the following objectives within the Ordinance concerning the Medical Prescription of Heroin of 8th March 1999:

- Sustained

commitment to treatment

- Improvement in physical and mental health status
- Improvement in social integration (fitness for work, reduced contact with the drug scene, decrease in criminal behaviour)
- Permanent abstinence from opiate consumption as a long-term goal

Results

Health and social situation

In many cases, patients' physical and mental health has improved, their housing situation has become considerably more stable, and they have gradually managed to find employment. Numerous participants have managed to reduce their debts. In most cases, contacts with addicts and the drug scene have decreased. Consumption of non-prescribed substances declined significantly in the course of treatment.

Marked decrease in criminal behaviour

Dramatic changes have been seen in the situation regarding crime. While the proportion of patients who obtained their income from illegal or borderline activities at the time of enrolment was 70%, the figure after 18 months of HAT was only 10%.

Transfers to other treatments (discontinuations)

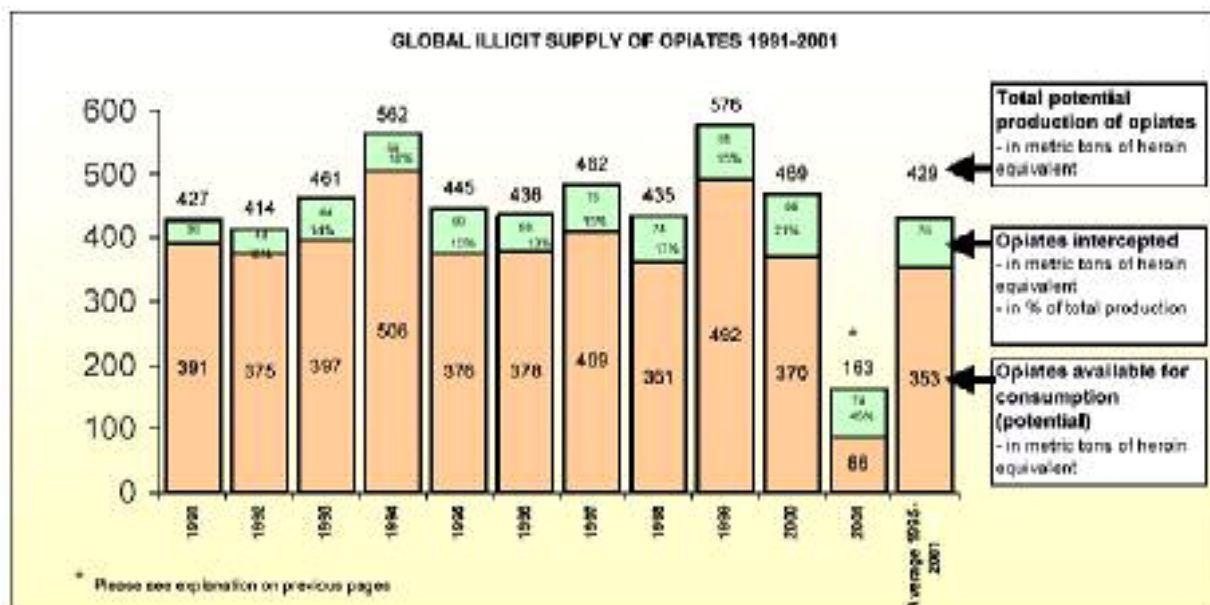
Each year, between 180 and 200 patients discontinue HAT. Of these patients, 35-45% are transferred to methadone maintenance, and 23-27% to abstinence-based treatment.

Economic benefits

The average costs per patient-day at outpatient treatment centres in 1998 came to 51 Swiss francs. The overall economic benefit - based on savings in criminal investigations and prison terms and on improvements in health - was calculated to be 96 Swiss francs. After deduction of costs, the net benefit is 45 Swiss francs per patient-day.

International developments

HAT studies have been initiated in the Netherlands and Germany. Similar projects are in preparation in other countries.



(opiates intercepted = combined seizures of opium, heroin and morphine, in metric tons of heroin equivalent)