

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

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

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**NEWSLETTER**

**July 07**

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## **NEXT Meeting**

**Thursday 26 July 2007**

**at 7.30pm**

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

**Refreshments will follow**

## **Editorial**

In the last fortnight I was reminded of the conclusions of a particular Federal Parliamentary Committee. This committee concluded that: 'prohibition, while theoretically a logical and properly intentioned strategy, is not effective'.

This was the Federal Parliamentary Joint Committee on the Australian Crime Commission (ACC) - a committee that monitors the activities of the ACC whose main role is: *To better position Australia to meet the threats posed by nationally significant crime.....*

The use, possession, manufacture and trafficking in illicit drugs has long been regarded as a nationally significant crime. And we know that the simple fact of prohibiting a drug has contributed significantly to the growth in organised crime.

Andrew Macintosh in his paper **Drug Law Reform - Beyond Prohibition** of February 2007 had this to say:

*Strict drug laws are also responsible for increased violence, corruption and property crime. Countless government inquiries have identified illicit drug markets as a major cause of corruption. So long as drug markets are the exclusive domain of criminals, corruption will remain a prominent feature of many institutions, including domestic police forces.*

The countless government inquiries that he referred to produced a variety of recommendations – some were minor but more often than not there were significant ones.

It is these significant ones that would make a substantial difference but they are the ones that governments find too difficult. As a consequence they may act only on the minor recommendations and then pat themselves on the back.

Governments have long known of the problems of illicit drug markets. Any action taken has made little difference mostly because the same failed approaches are tried again and again hoping that they will work this time. For every dealer captured (and they are not necessarily the Mr Bigs) from the market there is at least one other to take his place. To realise how many are in the queue, one only has to recall that the Bali 9 were

easily lured into trafficking by a holiday and some easy money.

So if we, the public, know that prohibition of drugs is a cause of crime and corruption, if we know that addiction is a health and social issue, if we know that the profit motive drives the drug market, why is it that so little attention is paid to developing solutions based on these simple facts.

Of course more and more law enforcement resources have been thrown at the problem, but that approach has progressed beyond the point of effective returns on investment.

Fresh thinking is needed and then the courage to carry out new approaches is needed.

The heroin on prescription experiment is a case of thinking outside the square. One that produced benefits beyond expectations. It works like this: people who are severely addicted to heroin and have failed all other treatment options are provided heroin on prescription. This has the effect of stabilising their lives, reducing their other drug (pollydrug) use, improves their health and reduces their homelessness. But in addition, researchers find, that it significantly reduces crime and reduces the demand for (and thus the dealers of) the drug.

Australia, or rather its political leaders, were too afraid to try that experiment. Certain tabloid newspapers and radio talkback hosts whipped up such a frenzy against that experiment that few politicians were prepared to stand up and be counted. If they did they were labelled as "soft on drugs".

It is time that our members and potential members of parliament were encouraged to think outside the square and to step forward on this issue. Unless they do step forward the problem will remain for future generations.

This year is an election year for the federal parliament. It is one of the few times that members of parliament and potential members of parliament are more keenly attuned to what the public think. Spend a little time talking and writing to your local member/candidates on this issue. Who knows, the next federal parliament may be the one to seriously and objectively tackle this issue.

## **A tale of two drugs: are Abbott's religious beliefs getting in the way?**

By Professor Wayne Hall, Professor of Public Health Policy, University of Queensland, published in Crikey 16 July 2007

This is a tale of two drugs, and how politics and ideology affect Australia's drug approval process.

The abortion drug RU486 has been approved for clinical use in Australia but the Therapeutic Goods Administration seems reluctant to allow doctors to use it except for a narrowly defined range of circumstances.

Implants of anti-heroin addiction drug Naltrexone, by contrast, have not been approved for any purpose in Australia. They have not even been evaluated for safety and efficacy. Yet, as Crikey has previously reported, Dr George O'Neill, a gynaecologist in Perth has been able to implant a device of his own manufacture (and on which he has a patent) into at least 1,000 by using a named patient provision of the TGA Act. This enables him to use an unapproved treatment to allegedly save the lives of high risk patients.

Health Minister Tony Abbott has given his implicit approval for this process on national TV (Channel 7 last Monday night). He has also provided Dr O'Neill's private company (GO Medical) with \$1M of public money to do the research needed to get the drug approved for clinical trials.

Is this a case of double standards -- with the Minister restricting access to RU486 allegedly on the grounds of protecting women's health while tacitly allowing the use of an unapproved and untested drug on heroin addicts?

Is it simply a coincidence that the non-use of RU486 and the use of the naltrexone implants just happen to accord with the Minister's personal moral views on abortion and addiction? It would not be the first such coincidence. Mr Abbott gave \$22m of public money to fund an adult stem cell research at Griffith University, a decision made outside the usual NHMRC process of peer reviewed allocation of research funding.

If the Minister's position is that these two regulatory processes are different, then it suggests a way is open for medical practitioners who wish to make more liberal use of RU486. They can follow Dr O'Neill's example by using the special access scheme to prescribe the drug to any patient whom they adjudge to be at "high risk".

## **Police culture concern**

Keith Moor, Herald Sun, July 19, 2007 12:00am

**VICTORIA Police still doesn't have a corruption resistant culture, its watchdog claims.**

Office of Police Integrity director George Brouwer said he had evidence of corruption investigators being harassed and victimised by fellow officers.

He said some members of the Ceja taskforce, which identified widespread corruption in the former Victoria Police drug squad, had been badly treated.

"It indicates that Victoria Police still has some way to go to create a corruption resistant culture," Mr Brouwer said in a report tabled in State Parliament yesterday.

But he praised Chief Commissioner Christine Nixon for vigorously pursuing corruption in the drug squad and for forming Ceja as soon as the allegations surfaced.

Mr Brouwer's final report on the Ceja taskforce and drug related police corruption also revealed:

FLAWED procedures in the former Victoria Police drug squad led to widespread police involvement in drug trafficking.

THE since-scrapped drug squad policy of supplying chemicals to criminals in the hope of identifying amphetamine laboratories led to increased availability of speed.

THE Chemical Diversion Desk was so badly run almost 90 per cent of the controlled deliveries by the drug squad were never recovered and ended up being sold as illegal drugs on the street.

CEJA spent \$8.3 million investigating 121 alleged incidents of police corruption over its five years.

ALLEGATIONS against more than 20 serving and former Victoria Police officers included "greenlighting" criminals to commit offences, drug trafficking, theft, money laundering and illicit drug use.

FIVE of the eight former drug squad members jailed for corrupt activities since 2001 were nabbed by the Ceja taskforce.

THE drug squad, which was axed by Ms Nixon in 2001, was inadequately supervised and had little or no accountability.

Ms Nixon yesterday welcomed the OPI report and said the highly successful Ceja taskforce would become a yardstick for tackling corruption.

"We identified a problem and we acted, decisively," she said.

The report warns of an unhealthy culture within Victoria Police towards corruption investigators.

"Police members who ostracise Ceja or other anti-corruption investigators pose a serious risk to Victoria Police," it says.

"Their apparent preference to accept drug traffickers and the like, within the ranks of Victoria Police, over the skilled investigators committed to bringing them to justice, is damning."

## **A 21st-century Lazarus: the role of safer injection sites in harm reduction and recovery**

Published in Addiction #102, 2007

There are striking parallels between the politicized research environments surrounding needle exchange programs (NEPs) and safer injection facilities (SIFs), both of which have been shown to be highly effective interventions to reduce the health and social harms of injecting drug use. The first NEP was introduced in Amsterdam, the Netherlands, in 1984 by and for drug users, but was not evaluated formally until 1988, when declines in needle sharing were associated with NEP participation. As NEPs sprang up in other settings, additional studies reported reductions in the incidence of human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV) infections, decreased needle sharing and syringe re-use, as well as increased entry into detoxification and maintenance programs. Despite vigorous opposition against NEPs—most notably in the United States—extensive research has found no evidence that NEPs cause negative societal effects, such as increases in drug use, crime or use of

discarded needles. In the face of this preponderance of evidence, one would expect that political opposition to NEPs would wither; however, this is not the case. The United States has maintained a ban on federal funding for NEPs for nearly two decades and, for a short time in 1988, even banned the use of US federal funds to evaluate NEPs. Currently, fewer than half the countries reporting HIV among injecting drug users have established NEPs.

By comparison, the first 'unofficial' SIFs emerged in the late 1960s and early 1970s in the Netherlands and England, again by users' groups. Currently, SIFs operate in more than half a dozen countries, including Canada, where the first North American SIF opened in Vancouver in 2003. As with NEPs, formal evaluations of SIFs did not appear in peer-reviewed journals until much later, giving ample time and opportunity for opponents to take aim. The scientific research community was tasked with producing unequivocal evidence of the public health benefits of SIFs while demonstrating simultaneously the absence of adverse impacts on surrounding communities. Researchers from Vancouver, Sydney and elsewhere have met this challenge, publishing at least 28 methodologically rigorous studies subjected to peer review in leading medical journals. These manuscripts have demonstrated consistently that SIFs are associated with reductions in needle sharing, syringe re-use, overdoses, injecting in public and numbers of publicly discarded syringes. The paper by Wood *et al.*, published in this issue of *Addiction*, extends earlier research by demonstrating that participation in Vancouver's SIF was associated with a 30% increased rate of entry into detoxification, which led in turn to increased uptake of methadone maintenance and other forms of addiction treatment, as well as reduced use of the Vancouver SIF.

Despite compelling evidence of the effectiveness of SIFs, these programs continue to be stridently opposed at the highest levels of government. Not content to rest on its laurels in banning federal funding for NEPs, the US government has extended its anti-drug hyperbole across the northern border, with US drug czar John P. Walters referring to Vancouver's SIF as 'state-sponsored personal suicide'. Since the country's only existing SIF was established in Sydney in 2001 Australia's prime minister, John Howard, has been vigorously opposed to the centre despite a national policy of harm minimization. In Vancouver, a decision to grant the SIF a 3.5-year extension of its exemption from federal drug laws, scheduled for 2006, was deferred to December 2007. In announcing the deferral, Canadian Federal Health Minister Tony Clement cited a need for more research to answer the question: 'Do safe injection sites contribute to lowering drug use and fighting addiction?'. The accompanying article by Wood *et al.* confirms unequivocally that they do, but the Canadian federal government has commissioned other independent evaluations to re-address questions that clearly have already been answered. In a startling *déjà vu* harking back to the ban on NEP evaluation in the United States, the Canadian federal government recently placed moratorium on SIF research in the rest of the country.

In the United States, NEP evaluation studies were hampered by continually having to defend their legitimacy.

More recently, however, studies have addressed which operational characteristics of NEPs optimize their effectiveness. It is now time for SIFs to address similar questions: is it more cost-effective for SIFs to operate 24 hours a day or have fixed hours? Are standalone SIFs just as effective as those which operate in conjunction with medical establishments? Do SIFs that assist clients with injecting save more lives than those who adhere to a 'hands-off' policy? In the face of ongoing political opposition, these and other 'next generation' studies become harder to conduct, but these are the best practice questions that ultimately need to be answered to inform decisions on SIFs in other settings.

Injection drug users are more than potential users of harm reduction services such as NEPs and SIFs—they are citizens and constituents of the governments and politicians who represent them. Based on results from the various evaluations of SIFs, many legislators in Canada, Australia and elsewhere have supported their continuation and expansion. It is time for politicians who oppose SIFs on the grounds that more research is needed to be honest with their constituents: it is lack of political will, not lack of data, that is keeping these life-saving public health services out the hands of our drug-dependent citizens.

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## Germany

**The following greetings are from Elke Ferner, MdB, deputy SPD Leader in the German Parliament. The greetings were sent to the Wuppertal based group "akzeptanzorientierte Elternselbsthilfe" for their National Anniversary for the Deceased Drug-dependent, 21 July 2007**

My patronage of this "national anniversary for the deceased drug-dependent" is for me a great honour.

Drug abuse and addiction are topics that appear to be abstract to many. It is most important to constantly remind the public of the drug problem - as this anniversary already has, now for the ninth time - and to create an awareness of the urgency for efforts for drug dependence and addiction and assistance - particularly for those dependent.

Although the last drug and addiction report shows a further (small) decrease in drug deaths, the numbers are frightening and alarming! According to estimates there are (excluding Cannabis) 250,000 to 300,000 consumers of illegal drugs - 175,000 are classified as dependent. Frighteningly 2 million - mostly young - people consume Cannabis; up to 400,000 people with health-endangering and addictive behaviour.

But there is also 1.4 million prescription-medicine-dependent and above all large numbers using the drugs tobacco and alcohol, all demand attention and should not be underestimated.

These dimensions show clearly that the drug problem in Germany is no longer a fringe group problem.

Fighting the drug problem is a whole of society task. Thus the drug and addiction politics of Germany are based on four pillars:

1. Supply reduction of drugs and addiction reduction measures,
2. Prevention, in order to prevent consumption,
3. Therapy, for those addicted and
4. Measures of assistance to ensure survival.

Two of these pillars I would like to briefly emphasize - e therapy and prevention.

In Germany approximately 65,000 people receive substitution treatment. This is to stabilize health as well as to stabilize socially - an important condition for the person who can decide at a later time for a drug-free life.

In addition, there is a relatively small group of heavy opiate dependent people, for whom all other conventional therapies have proved ineffective. For these people the "model project was initiated for heroin-supported treatment "Opiatabhaengiger".

Due to the positive results the diamorphine treatment trials should become a legally regulated treatment. Unfortunately our coalition partner on the federal level to date has vehemently opposed it.

The work locally and thus the subsequent treatment of the people could only be secured with a further extension of the special permission for the delivery of diamorphine by the Bundesinstitut for medical treatments and medicine products.

Fortunately there is a new approach for a diamorphine law at regional level. Hamburg and Hessen, in the beginning of July to 2007 through the Upper House of Parliament, brought forward a draft health bill. At the end of September 2007 debate commences on that draft.

We [ie the SPD party] fully support this initiative and hope that we can achieve final legal clarity for the mechanisms both locally and long-term for those concerned.

I would like also to stress the pillar of prevention: because nobody can deny that it is best when no addiction and drug problems develop! Here all children and young people are entitled above all to special attention, entrance to addiction and drug consumption often occurs in puberty. Therefore very much energy is applied, in order to prevent children and young people starting but above all to promote also their strengths.

The Federal Government created the plan of action for drugs and addiction, which forms the basis of the drug and addiction policies. In 2006 concrete goals were agreed upon - among other things the promotion of early means to recognize and treat consumption injurious to health, as well as the promotion of a culture of awareness.

Addiction is an illness and destroys people. In addition, each person is a victim with the desire to again be

healthy and free. People need support - they can receive this support however only if others do not look away.

Sometimes it is already very late, sometimes unfortunately also too late because the person hides himself and his problem is denied. Perhaps one does not look closely enough!

These four columns rely particularly on co-operation: Federal and State Ministries and institutions. Associations, friends and member, local offices and the medical profession worry about the victims and users, and about their families. Many churches like civilian organizations committed themselves to this issue and provide assistance.

Great respect is due to people, who engage themselves in consulting and treatment centres. Respect, which I bring here in particular to the members of the Federal association of parents and members for accepting drug work. Your commitment in drug and addiction assistance surely often comes from your own personal experiences. But importantly do not let that necessary energy run out.

Thanks to all those involved who make this important anniversary possible and keep it alive.

I wish you all much strength and success for your further work.

## 12<sup>th</sup> Annual Remembrance Ceremony

The ceremony this year will be held on Monday 22<sup>nd</sup> October at 12.30pm at Weston Park, Yarralumla. PLEASE MAKE A NOTE IN YOUR DIARY.

## Family Drug Support

**A PRACTICAL COURSE TO HELP FAMILY MEMBERS COPE WITH DRUG AND ALCOHOL ISSUES**

### the STEPPING STONES course

Friday 3 August 07 5:30pm to 9:00pm

Saturday 4 August 07 9:30am to 5.00pm

Friday 17 August 07 5:30pm to 9:00pm

Saturday 18 August 07 9:30am to 5.00pm.

Plus drug information night

Monday 13 August 2007 5:30pm to 9:00pm

**Where:** Calvary Hospital, Seminar Room

**Application:** phone 6207 9977 or 61232410 bh

Most families have influence over the drug user. This influence may be strengthened, when the family understand the process, & 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.

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

*Run by Alcohol & Drug Program and Ted Noffs Foundation*

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