

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

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

September 07

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## NEXT Meeting

**Thursday 27 September, 2007**  
at 7.30pm

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

**Refreshments will follow**

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

'for those who lose their life to illicit drugs'

**Monday 22nd October, 2007, 12.30pm – 1.30pm**  
Weston Park, Yarralumla, ACT

**Please put this date in your diary.**

### Speakers include:

- Rev'd James, Barr, Senior Minister, Canberra Baptist Church
- Bill Stefaniak, Leader of the Opposition, ACT Legislative Assembly
- A family member

Music by the 'Union Voices'

Refreshments will be served following the ceremony.

**If you have a family member or friend who has lost their life to illicit drugs and would like them remembered by name at the ceremony please phone Marion on 6254 2961 or Bill on 6257 1786.**

**HELP NEEDED:** If you are able to help with sandwiches, cake, slice, fruit etc. please contact Marion on 62542961 as soon as possible.

### Sydney Ceremony

Date & Time: Saturday 20 October, 6.00 pm  
Venue: Ashfield Uniting Church,  
180 Liverpool Road – Ashfield  
Enquiries: 4782 9222.

### Newcastle Ceremony

Date & Time: Saturday 27 October 2007, 6.00pm  
Venue: Christ Church Cathedral, Church St,  
Newcastle  
Enquiries: Jim 0439 322 040  
Judy 0401 305 522

## Editorial

The question of drugs in sport constantly appears in the news. And it is reasonable that those who seek to gain an advantage by taking performance enhancing drugs be penalised.

But what about recreational drugs? Should athletes be penalised by the sporting body for taking recreational drugs either in season or out of season? Clearly most of these drugs do not enhance performance and probably do the opposite. And does that set the sporting body up as the prohibition policeman?

The shrill voices are still echoing about Andrew Johns' confession that he took ecstasy. "He is a role model for our kids", they say. "How dare he take an illegal substance." As for Johns himself he appears to not only be contrite but cowed by the great outcry.

Sport it seems, and in this country it seems to be mostly football, is trying to promote a puritanical image. But players can still use one recreational drug – alcohol.

Many do not see the hypocrisy, but it is there nevertheless.

Role models do come in many forms and young people are not influenced by just one so called role model. They are influenced by family, by school, and by friends. They may also see pop singers or bands as idols. Others will admire artists or writers or important community leaders. A number of these latter groups have taken illegal drugs, and vilifying them does not diminish the contribution they have made. One cannot for example take away the contribution that William Wilberforce made by outlawing the slave trade simply because he was addicted to laudanum (a tincture of opium).

The worth of the person should not be diminished because they have used an illicit drug.

More recently, the report of the inquiry chaired by Bronwyn Bishop has been tabled in parliament. This is the report by the House of Representatives Standing Committee on Family and Human Services into *The impact of illicit drug use on families*. The report is titled: *The winnable war on drugs*. It contains some 31 recommendations and can be downloaded from the web at <http://www.aph.gov.au/house/committee/fhs/illicitdrugs/index.htm>.

This report is a disgrace. No, it is more, it is a dangerous report that could cost lives and is a road map to disaster which would, if adopted, bring untold additional harm and misery on young people and the Australian community.

It disregards existing evidence and research, does not listen to alternative views and proposes defunding many organisations working in the drug and alcohol field.

In some key recommendations the report calls for:

- the complete reversal of Australia's harm minimisation policy in preference for the failed US policy of zero tolerance which maximises harm,
- compulsory treatment for addiction for which there is no evidential support,
- restrictions on methadone maintenance programs which are the gold standard for opiate addiction treatment,
- removal of children from parents who use illicit drugs which will drive people away from treatment, and
- overall, a relentless drive to be drug free in respect of illicit drugs but is totally silent on alcohol.

The course of the inquiry has been a scandal with the committee refusing to consider a mountain of scientific evidence. It has been driven by ideology, not open minded enquiry.

There has been little consideration of the consequences of the recommendations.

The removal of children from parents who use drugs (NB not including alcohol) and having them adopted out is the most draconian. It matters little that the parent may in the future cease to use drugs – adoption is a permanent removal of the child. An action that would be still within living memory of another stolen generation. An action also that reverses the onus of proof of “innocent until proven guilty” – this recommendation says guilty until proven innocent.

The reversal of harm minimisation threatens many good practices that have saved lives. The needle and syringe program in particular is threatened – a program that is about infection control. The methadone program likewise is threatened. At June 2006 there were 27,588 persons in a methadone program, some if not most were there for a long term. If the numbers were the same today, this report would have them come off methadone so that they would be “drug free”. Some would be compulsorily directed to have a naltrexone implant to ensure that they were “drug free”. The irony here is that naltrexone is a drug and if one was on naltrexone they would not be drug free.

Notwithstanding, if a person craved an opiate and was rejected from a methadone program they most likely would search out their old drug dealer for some street heroin. The dealers must be rubbing their hands with glee at the potential increase of over 27,000 extra clients.

The report also proposes that **only** treatment and support organisations which have a clearly stated aim

to achieve permanent drug-free status for their clients receive government funding **and** that the government **only** fund organisations that adhere to the policy not to use language that glamorises or promotes the use of drugs, such as the terms ‘recreational’ and ‘party’ to describe drugs or drug use **and** that the government also **withdraw** funding from organisations that promote legalisation of all or any illicit drugs. This would effectively silence many excellent progressive organisations.

For those organisations that rely on government funding (FFDLR is not one of them because it is funded solely by membership fees and donations) and see that drug policies or even drug treatment methods could be different to Ms Bishop's views, will never be suggest any improvements let alone implement them.

History is littered with governments that attempted to silence those with different views. This report takes us down that dangerous path.

The best that could happen to this report is that it is shredded and the process started afresh with a more balanced committee. Better still, why not establish a professional, expert, and independent body with executive authority to implement best practice drug treatments based on evidence and research - that body to be independent and at arm's length from politics. Politicians do not manage our loved ones asthma or diabetes, why then should they dictate treatment for something as complex as drug addiction?

It is indeed fortunate that an election is looming and our country is still democratic enough to enable the people's views to be known.

### **Newspaper Editorials & reports:**

[http://canberra.yourguide.com.au/detail.asp?story\\_id=1054229](http://canberra.yourguide.com.au/detail.asp?story_id=1054229)

Drug using parents risk losing children, Danielle Cronin, The Canberra Times 14/9/2007, P5

<http://www.smh.com.au/news/NATIONAL/Adopt-out-the-children-of-drug-addicts/2007/09/13/1189276895859.html>

<http://www.smh.com.au/news/national/mps-call-for-addicts-children-to-be-adopted/2007/09/13/1189276899593.html>

<http://www.news.com.au/story/0,23599,22414467-2,00.html>

<http://www.news.com.au/story/0,23599,22415922-2,00.html>

<http://www.abc.net.au/pm/content/2007/s2032383.htm>

## **Drugs in Sport**

**ABC Radio National Breakfast with Fran Kelly speaking to John Mendoza, Monday 10<sup>th</sup> September, 2007 at 7.45am –**

**FRAN:** In the last year or two all three Australian football codes have been rocked by allegations of drug use. Rugby Leagues' Andrew Johns being the most recent, AFL's Ben Cousins and Rugby Union's Wendell Sailor but in all three of these cases the allegation of the offence has referred to illicit drugs not performance enhancing drugs and now the former Head of the Australian Sports Drug Agency has called on the government to relax its zero tolerance approach to sportspeople who use drugs. John Mendoza, who is also the former head of the Mental

Health Council of Australia, says the policy could be putting sports stars at greater risk of harm. He joins us now, John good morning.

**JOHN:** Good morning Fran

**FRAN:** What's your major concern with this zero policy of the governments in terms of sports people. Why could it actually be putting people at risk

**JOHN:** I think the key reason that I think it is dangerous to continue with every high profile case that emerges to pursue the zero tolerance regime and propose that athletes and only athletes are subject to 365 days of the year testing – they are the only people in our society who would be subject to that - is ignoring the links, the very clear links between mental illness and drug use. And what we know is that people 15 to 25, that is when  $\frac{3}{4}$  of the people who develop psychosis at any time in the life span, will develop that disease. One out of four young people will also experience depression or anxiety disorders and what often happens in those cases, Fran, is that rather than seeking treatment and rather than putting there hand up and saying OK I have an illness I need medical or other health professional support, they turn to alcohol or drugs. Now that is a very common pathway and what the government is really proposing is should a player in an Australian sport, any Australian sport take that action in response to developing a mental health problem we will name them, we will shame them and we will banish them from sport.

**FRAN:** And you are saying that that could be counter-productive, that sport could be a pathway out of that mental illness. Rather than just banning them and chopping them off from something that is a positive life-line.

**JOHN:** Absolutely. Sport for some young people is what they live for and the ones that make it to our elite competition, they are prodigiously talented with the football in their hands or at their feet. Now they are not necessarily born to be role models for the community nor can we necessarily have that expectation of them. That they can be role models for the rest of us and cover our broader social problem with drugs - I think that is unreasonable and unjust but more importantly it puts at risk these people accessing care as we saw in the case of the two AFL players in Melbourne. You know the focus of the Channel 7 coverage. That was regrettable because here were these two guys actually seeking medical support for their drug problem and here they were exposed. (inaudible) ....

**FRAN:** It is a catch 22 though isn't it John. I mean they may not be born to be role models but they are role models and some of the psychosis that you talk about, some of the depression problems that some young kids have are stimulated by drugs, caused by drugs in fact and so in fact you want to get the message out to kids don't fool around with drugs because it can have these long term impacts.

**JOHN:** Well you do and you want to do it in a measured and appropriate way and a truthful way. I think some of the debate has been dishonest in terms of the way it has been portrayed – that if you use ecstasy, as in the ad the government released last year, it will kill you. Well that is just not the case. We have many more alcohol related deaths every weekend among that age group than ecstasy deaths. So lets put things in a realistic context. Now I am not at all saying that illicit drug use is not a problem – it is a problem. It is a society problem when more than 50% of people in that age group between 15 to 25 say that they have at some point used or continue to use illicit drugs. And I think the government is simply using sport and athletes as a mask for the broader failings of drug policy in our society.

**FRAN:** And just finally John, we are almost out of time, but the sports Minister George Brandis is a critic of your position. He says stamping out drug use is not impossible, what you are saying is focus on performance enhancing drugs.

**JOHN:** Well that is the first and foremost issue within anti-doping policy and the Minister is using anti-doping policy as the Trojan horse to really try and tackle the broader social problem with drugs and really mask the failings we have in drugs policy more generally.

**FRAN:** John Mendoza, thank you very much for joining us.

**JOHN:** Thanks Fran

**FRAN:** John Mendoza is the former head of the Australian Sports Drug Agency and also the former head of the Mental Health Council of Australia and so he has some credentials in this area.

## **TIME FOR SENSE: DRUGS IN SPORT - AN OPEN LETTER**

**The Australian**, 11 September 2007

As experts in the fields of medicine, drug dependency and law enforcement, we wish to make abundantly clear our positions on a number of matters in relation to the current 'illicit drugs in sport' debate.

We believe that the AFL has been a leader in responding to illicit drugs. Its policies in relation to illicit drug use among players are probably as effective as can be achieved in a world where some young adults are exposed to, and will experiment with, illicit drug taking and the drug culture. Their policy clearly sends a message that drug taking is dangerous and not acceptable.

We further believe that the prime objective of any 'drugs in sport' policy must be the health and welfare of the player concerned. Where this conflicts with another objective of the club concerned, the AFL or the government, the player's welfare must be paramount.

We commend and support the AFL and the AFL Player's Association for taking a reasoned, sensible and strong leadership stance in relation to these issues, and for resisting the pressures from populist quarters to use such issues for partisan ends. Such populist approaches ignore the mass of evidence that humane harm minimisation and treatment approaches to issues of illicit drug use are far more effective at diminishing drug-related harm to the individual and the community than are punitive 'name and shame' approaches

The AFL's policy is, in fact, in line with current community practices towards people found to be using illicit drugs - they are most often diverted towards the drug treatment system and away from the criminal justice system. This approach is the policy of all governments in Australia, because the evidence is that it is far more effective in dealing with drug use and harm from illicit drugs than are punitive measures.

The blurring of the distinction between the use of performance-enhancing drugs and the use of illicit recreational drugs is potentially forcing upon the AFL and other sporting bodies roles for which they have no mandate or capacity - roles as law enforcement agencies. As good citizens, bodies like the AFL have the responsibility of deterring crime where possible, and reporting crime where appropriate - it is not their role to seek out and detect crime.

Rather than being criticised, the AFL should be applauded by governments, community leaders and the media for their approach. For those of us at the coalface of treating drug addiction and developing policy, watching the criticism is frustrating.

We congratulate the AFL and the AFL Players' Association, and encourage and support them in retention of the AFL Illicit Drug Policy.

Associate Professor Robert AM, Chair, Australasian Chapter of Addiction Medicine, Royal Australasian College of Physicians

Sam Biondo, Executive Officer, Victorian Alcohol & Drug Association

Donna Bull, former CEO Alcohol and other Drugs Council of Australia; Specialist Technical Adviser on ADD matters for the Australian Defence Force and the Civil Aviation Safety Authority

Professor Nick Crofts, Director, Turning Point Alcohol and Drug Centre

Professor Jon Currie, Professor of Addiction Medicine, St Vincent's Hospital, Melbourne

Associate Professor John Fitzgerald, Principal Research Fellow, University of Melbourne

Professor Wayne Hall, University of Queensland School of Population Health; Vice-president, Alcohol and other Drugs Council of Australia

Professor Margaret Hamilton, AO, University of Melbourne

Dr Ian Kronborg, Director, Drug and Alcohol Services, Western Health (DASWest).

Dr Bruce Mitchell, President, Sports Medicine Australia

Professor Rob Moodie, Professor of Global Health, The Nossal Institute for Global Health, University of Melbourne

David Murray, Executive Director, Youth Substance Abuse Service

The Hon Alastair Nicholson, AO RFD QC, National Patron, Australian Drug Foundation; Honorary Professorial Research Fellow,

Department of Political Science, Criminology and Sociology, University of Melbourne.

Professor David Penington, AO, Former Vice Chancellor, University of Melbourne

Professor Robert Power, Director, Centre for Harm Reduction, Burnet Institute for Medical Research and Public Health

Professor Robin Room, Chair of Social Alcohol Research, School of Population Health, University of Melbourne; Director, AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre

Daryl Smeaton, CEO, Alcohol Education and Rehabilitation Foundation

Bill Stronach, CEO, Australian Drug Foundation

David Templeman, CEO (acting), Alcohol and other Drugs Council of Australia

Professor Ian W Webster, AO, Emeritus Professor of Community Medicine and Public Health, University of New South Wales.

Professor Steve Wesselingh, Director, Macfarlane Burnet Institute for Medical Research and Public Health

## **Bronwyn Bishop Report will cost lives.**

**Hepatitis Australia, Media Release – 13 September**

“Implementation of the recommendations made in The House of Representative’s Family & Human Services Committee Report would almost certainly lead to an increase in incidence of hepatitis C and could ultimately cost lives” says Helen McNeill, President of Hepatitis Australia.

The report eschews the successful government policy of harm minimisation that has existed for over 20 years, instead recommending the government fund only organisations that have the ultimate aim of enabling drug users to be drug free.

“Where is the evidence base to justify such a monumental shift in successful government policy?” ask Ms. McNeill.

An estimated 90% of new cases of hepatitis C in Australia are believed to occur as a result of exposure to the virus at and around the time of injecting drug use. Provision of sterile injecting equipment and access to information about safer injecting practises helps to greatly reduce the risk of both blood-borne virus transmission and overdose.

A Commonwealth Government study estimated in the period from 1988 to 2000, approximately 21,000 hepatitis C infections were prevented through the introduction of Needle and Syringe Programs with the total treatment costs avoided over the lifetime of cases estimated at \$783 million.

“Removal of the successful harm minimisation policy would lead to an increase in hepatitis C infections, and ultimately cost lives. We agree with dissenting MP’s Julia Irwin, Kate Ellis and Jennie George that the Committee’s rejection of evidence-based analysis puts at risk the valuable work of organisations which address the health, social, economic and law enforcement consequences of illicit drug use.

“Hepatitis Awareness week takes place from October 1 to October 7 -- We recommend Ms. Bishop take the opportunity to avail herself of some of the facts about hepatitis C and harm minimisation”.