



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 24th April

at 7.30pm

speaker at 8.15pm

Speaker: Mr Philip Lee, Chairperson, ACT Sentence Administration Board

Topic: 'The Role of the ACT Sentence Administration Board – How will its work be affected by the advent of the AMC (Alexander Maconochie Centre)

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

Refreshments will follow

It would be great to see you at this meeting

Renewal of Membership

Thank you to all those who have renewed their membership to Families and Friends for Drug Law Reform and to many who have also given donations. It is much appreciated.

If you have overlooked your renewal, it is not too late. Your renewal is needed to keep our group operating so please consider it today.

Editorial

Is heroin on the return?

This editorial has often written about opium production in Afghanistan and Myanmar (Burma). Opium forms the basic raw ingredient for heroin. Afghanistan is currently in the news for a number of reasons: a) the war being fought there, b) increased opium production, c) the PM's overseas visits and his reference to elimination of the poppy crop.

Afghanistan is a landlocked mountainous country of some (647,500 km²), Afghanistan is the world's 41st-largest country (after Myanmar) but is smaller than the state of NSW. Large parts of the country are dry, and fresh water supplies are limited. One of our members, who was posted to Afghanistan with the British army, attests to the very mountainous and barren parts of the country. Some of the mountainous parts, he says, are almost impassable.

The country is not a stranger to wars and occupation. In the last century Afghanistan had, in 1919, seen off Great Britain after its occupation. It was again invaded by the Russians in 1979, who withdrew defeated only 10 years

later in 1989. The US was complicit in that defeat. It had, through the CIA and with the help of Pakistan secret service, covertly trained and supported forces that opposed the government - today they would be called terrorists. Funding support came from opium production.

Some of the sketchy historical facts are filled out by Professor Alfred McCoy's writings in his book "The Politics of Heroin". He notes that the forces being supported by the US were opium growers. In 1979 heroin started to flood into the US from Afghanistan and Pakistan. Prices fell and drug related deaths rose by 77 percent, and the situation continued to worsen. McCoy says: "southern Asian heroin was [also] capturing the European market. As supply surged, wholesale prices in Europe were falling and purity had risen to a new high – a statistic confirmed by 500 recent deaths from drug overdose in West Germany." He is quite clear that there was "close correspondence between covert operations and the region's rising heroin exports".

Afghanistan has been well trained in both covert operations and opium exports to fund those operations. It is little wonder that those skills have been retained and are employed today by the Taliban against yet another occupier of their country. At present the war seems to be intractable so much so that the upper house of the Afghan parliament called for a dialog with the Taliban.

Prime Minister Rudd, following his US visit, at his NATO meeting in Bucharest urged NATO to put more effort into opium crop eradication. It was an issue that was not taken up because of the differences in thinking between major players in NATO – the US is about crop eradication and the European is best summed up by the Dutch who are trying to win hearts and minds and make the Taliban irrelevant.

It will be a difficult task to eradicate opium in Afghanistan. The UNODC Annual Report 2008 had this to say about production: "In 2007 Afghanistan's opium poppy cultivation reached record levels. There have been some successes: opium is grown in fewer provinces. But in the main growing area of Helmand the increases have far outstripped reductions elsewhere. Heroin transiting through Central Asia to Europe is causing addiction, spreading HIV and funding organized crime." Production in 2007 was higher than the previous year the number of hectares under production increased by 17% and favorable weather conditions increased yields by 15% producing a total 8,200 tonnes which was in total a 34% increase on the previous year. The 2008 opium production is expected to be only slightly lower.

At the street level this means more heroin of higher purity and at cheaper prices. It also means increased overdoses and deaths. In fact a west German newspaper reports of four overdose deaths in four days and implicates pure grade heroin. And an Adelaide

newspaper in the last few days reported brown heroin was on the streets (brown heroin usually comes from Afghanistan).

The US way of destroying the opium poppies has not worked so far and there is no guarantee that it will in the future. It is also noteworthy that the Taliban, before the US lead invasion had stopped opium production and that production has grown since that time. So much so that Afghanistan now supplies the raw material for over 90 percent of the world's illicit heroin.

An article in the New Yorker (Letter from Afghanistan: The Taliban's Opium War at www.newyorker.com) describes the high farce of the US attempt to eradicate the poppies.

Crop substitution has been another approach. In some cases it has worked but a great deal depends on the weather conditions, the productivity of the soil and the produce markets. More often than not the farmer taking his crop of substitute potatoes to market finds that there is a glut in the market and prices are not sufficient to sustain his family for the next year.

A suggestion that has not yet been tried but often suggested is for the purchase of the opium or the poppy crop by governments. One suggestion has been to buy the crop and turn the product into medicine.

Perhaps it is worth a try. It would provide a legitimate source of income for the farmers and divert the crops from the black market. Not surprisingly our own Tasmanian poppy growers do not think it is a good idea, because the growing and transportation would not be secure. The two unasked questions of the spokesperson for the industry should have been about how secure the current process is and is it a matter of unwanted competition for Tasmanian farmers versus greater good.

To repeat: it is worth a try but it will not be the magic bullet solution. Perhaps in combination with controlled medically prescribed use of the drug we might get to a point of least possible harm for this particular drug and its users.

Senate Notice of Motion

From Senator Lyn Alison

On the next day of sitting I shall move that the Senate:

a) Notes that:

i. the Danish Parliament approved in February a pilot medical scheme to prescribe heroin to 500 of Denmark's most seriously addicted and marginalised citizens.

ii. heroin is to be prescribed in combination with methadone with the aim rehabilitation and to reduce the criminal activity of addicts.

iii. a similar program operates in Switzerland.

b) Encourages the Government to closely monitor this pilot and to consider conducting a similar project in Australia.

FFDLR Submissions to the Australia 2020 Summit

TOPIC 5: A long-term national health strategy

"It is an idea whose time has come" said a recent article in the Canberra Times. It referred to providing the severely addicted, illicit drugs under strict conditions.

An idea not to be dismissed, which was not by Switzerland. That country trialled provision of heroin on prescription to about 1000 severely addicted, homeless persons, additionally providing psychosocial support and monitored their progress. Positive results came in the first 3 months. Lives were stabilised, mental and physical health improved, poly-drug use reduced and they were no longer homeless. The positive results kept coming, many moved on to other treatment regimes, many ceased their addiction and some found employment. Criminologists monitoring this trial found crime had reduced by up to 95% and the supply of heroin had reduced in the district where heroin was prescribed.

Switzerland has now mainstreamed this treatment program and other European countries saw the positive results and also adopted the program.

In Australia in 1997 such a trial was proposed and agreed to a meeting of all health and justice ministers, only to be overruled by the then prime minister. Despite the overwhelming positive evidence such a trial has not since been considered in Australia.

Australia has not adopted such a successful program because it continues to rely on the punitive criminal justice system in the false hope it can be rid of illegal drugs.

That approach of focusing on the drug or the drug use has brought many unintended consequences, such as: limiting treatment options and the way in which the addicted are treated. This has serious consequences because drugs are implicated in many of the big budgetary ticket social and health problems: mental illness, homelessness, family relationships and breakdowns, marginalisation, social exclusion, death, infectious diseases,

The addicted and mentally ill, who often use illicit drugs, may be arrested and fined or jailed, and not treated by health institutions for their addiction. Many who are treated for their addiction are distrusted and systems employed reinforce that distrust. Eg: A person requiring methadone has to jump through many hoops to obtain it, and if he wants to move to another state, even just to visit family, will find his home-state medical prescription is worthless in any other Australian state.

Health has been pushed backwards in this field, leaving it to the punitive law enforcement and the criminal justice system. Over \$3 billion is spent by all Australian governments on drug related matters. The lion's share – 75% – goes to law enforcement while only 13% goes to health measures, despite research showing that health approaches can be up to seven times more effective.

The time has come for:

- health to step forward to centre stage and a significant re-balancing of funding provided to health,
- a public health approach which not only treats the whole person but pays attention also to the social context, and
- a serious look at the systems that mitigate against encouraging into treatment the addicted, the homeless and the mentally ill.

TOPIC 6: Strengthening communities and supporting working families

“Illegal Drugs” is the greatest debate that has never been had at the highest political level. Sure, during elections, claims and counter claims are made such as how tough on drugs one is, or how soft on drugs the other is. But there has been no real debate of the issues.

Yet drugs permeate our society and have a profound effect on who we are and how we treat each other. Drugs are implicated in family cohesion, family relationships, homelessness, poverty, mental health, social exclusion, death, corruption..... Consider how you think of a drug user or how you would react to one of your children when you discover he is using drugs. Family breakdowns and homelessness often start at this point.

For years we have demonised users of illegal drugs, we have marginalised and excluded them. We made laws that fine or lock people in jails for being addicted or for activities to support an addiction over which they have little control.

The laws have also created many consequences that were not intended. We have created a huge black market in drugs run by organised crime, whose resources from the drug sales overshadows those that any country is able to provide. They have the best lawyers, the best financial advisers, the latest technology which easily outstrip those of law enforcement. The huge tax-free profits enable corruption of police and other officials.

Governments are trying very hard, but in vain. Australian governments spend more than \$3 billion each year trying to stop the supply of drugs, to dissuade people from using, locking people up, and trying to help those who are using. The lions share - 75% - is spent on law enforcement. Despite claims of winning, the evidence says otherwise. The problem of drugs persists as does the associated crime and social problems.

We rely too much on law enforcement to solve the problem. Approaches, demonstrated by the evidence to have failed, must be put aside. Australia cannot just jail or punish people and expect that will solve the problem. Evidence must form the basis of drug policies. Other players, such as (but not limited to) health, must be given joint ownership of the issue. We must put aside ideological approaches.

Families have paid a high price because of our ideological and law enforcement approach to drug issues and the drug users are sacrificed because governments refuse to look to alternative approaches.

Research indicates that health solutions are up to seven times more effective than law enforcement in reducing drug supply. If health played a greater role much of the

\$3 billion would be available for other purposes, there would be greater social inclusion because addiction would be treated as a health matter, not one for which punishment or even jail was the answer. Crime would reduce and it would undercut the black market - the source of many of the problems.

All that is required is a change of attitude. That can start at the Summit.

UN Conventions are not fit for purpose

From TRANSFORM DRUG POLICY FOUNDATION
Registered Charity No. 1100518; News release; No Embargo; Date: 27 March 2008

www.tdpf.org.uk <<http://www.transform-drugs.org.uk/>>

Executive Director of UN Office on Drugs and Crime declares international drug control system is not ‘fit for purpose’

In an extraordinarily candid report, the head of the UN agency responsible for overseeing the international conventions on drugs, describes the multi-lateral drug control system as not ‘fit for purpose’. He also explains how the international regime has created significant unintended consequences.

The report, "Making drug control 'fit for purpose': Building on the UNGASS decade" was made available, but not widely disseminated, at the Commission on Narcotic Drugs in Vienna earlier this month.

It states:

“There is indeed a spirit of reform in the air, to make the conventions fit for purpose and adapt them to a reality on the ground that is considerably different from the time they were drafted. With the multilateral machinery to adapt the conventions already available, all we need is: first, a renewed commitment to the principles of multilateralism and shared responsibility; secondly, a commitment to base our reform on empirical evidence and not ideology; and thirdly, to put in place concrete actions that support the above, going beyond mere rhetoric and pronouncement.” (p.13)

“Looking back over the last century, we can see that the control system and its application have had several unintended consequences - they may or may not have been unexpected but they were certainly unintended.” (p.10)

“The first unintended consequence is a huge criminal black market that thrives in order to get prohibited substances from producers to consumers, whether driven by a 'supply push' or a 'demand pull', the financial incentives to enter this market are enormous. There is no shortage of criminals competing to claw out a share of a market in which hundred fold increases in price from production to retail are not uncommon”. (p.10)

“The second unintended consequence is what one might call policy displacement. Public health, which is clearly the first principle of drug control...was displaced into the background”. (p.10)

“The third unintended consequence is geographical displacement. It is often called the balloon effect because squeezing (by tighter controls) one place

produces a swelling (namely an increase) in another place...” (p.10)

“A system appears to have been created in which those who fall into the web of addiction find themselves excluded and marginalized from the social mainstream, tainted with a moral stigma, and often unable to find treatment even when they may be motivated to want it.” (p.11)

“The concept of harm reduction is often made into an unnecessarily controversial issue as if there were a contradiction between (i) prevention and treatment on one hand and (ii) reducing the adverse health and social consequences of drug use on the other hand. This is a false dichotomy. These policies are complementary. (p. 18)

“It stands to reason, then, that drug control, and the implementation of the drug Conventions, must proceed with due regard to health and human rights.” (p.19)

Danny Kushlick, Transform Drug Policy Foundation Director said:

“This report is a welcome contrast to the politically motivated rhetoric that has dominated much of the Commission on Narcotic Drug’s deliberations in the past. Mr Costa is to be congratulated for clearly stating what many in the drug policy reform movement have been saying for decades. That, for all its good intentions, the international drug control system has created unsustainable negative consequences and that its fitness for purpose in the modern world, and possible reforms, must be fundamentally explored.

“It is to be hoped that the issues that the Director has raised are seriously debated by and amongst member states in the coming year of review for the UN drug strategy. Despite the positive words from the UNODC director this substantive debate has clearly not begun yet.”

"Making drug control 'fit for purpose': Building on the UNGASS decade" can be seen in full here:

<http://www.tdpf.org.uk/drug%20control%20%27fit%20for%20purpose%27.pdf>

Drug Action Week

Drug Action Week will take place this year from 22-28 June. The Youth Coalition has organised a Drug Action Week Planning Group to which members of FFDLR attend. This planning group will ensure the maximum advantage from the week and avoid any doubling up of events.

FFDLR has booked the Reception Room at the Legislative Assembly has been booked for Tuesday 24 June. Our topic for this day will be around needle syringe programs in prisons and occupational health and safety issues.

Stepping Stones to Success Course in Canberra

This course will be held on Sat 24, Sun 25, Sat 31 May and Sun 1 June from 9.30am – 4pm at the Alcohol & Drug Program Building 7, The Canberra Hospital, Palmer Street, Garran.

This course runs over 2 weekends. Applications can be made by phoning 02 4782 9222.

This is a structured and experiential course for families who are supporting drug dependant loved ones

The course is run by Family Drug Support and supported by the Australian Government’s Strengthening Families Initiative. There is no cost for FDS members. FDS Membership is \$30.

Launch of Report

The Healthy or Harmful? Mental Health and the Operational Regime of the New ACT Prison report commissioned by the ACT Community Coalition on Corrections of which FFDLR is a member was launched by Prof Ian Webster on Wednesday 16 April to a large audience in the Reception Room at the Legislative Assembly.

The report can be viewed on the Coalition’s website (correctionscoalitionact.org.au) but the key recommendations are reproduced below:

- A corrections board should be established with mental health expertise to be responsible for the prison’s operational regime. At the very least this board should include the persons holding the positions of Director of Mental Health, ACT and Chief Psychiatrist, ACT and the Corrections Medical Officer. Page 27.
- A comprehensive system of dynamic security should be introduced into the new prison involving:
 - close interaction between custodial officers and detainees rather than relying on barriers; and
 - a focus on meeting the needs of detainees with activities, services and practices. Page 28.
- Addiction should be regarded as the mental health problem that it is and should be managed as such. Page 29-30.
- Rather than giving top priority to making detainees drug free, priority should be given to people emerging from prison with the physical and mental capacity to take their place in society as responsible members who are capable of fulfilling their obligations both to those dependent on them and to the community at large. Page 29-30.
- As a priority, all political parties should commit themselves to a corrections system that:
 - reduces recidivism in the ACT community;
 - rehabilitates those subject to it; and
 - bases measures to achieve these outcomes on the best available evidence. Page 31.
- There must be put in place standing arrangements to monitor and evaluate the effectiveness of the prison by reference to what occurs to people after and not just on their release. Page 33.
- There should be whole of government planning to set in place a seamless set of measures in support of those detained to be taken within the prison and out into the community. These measures should include adequately resourced community services and, in particular, prearranged mental health support. Pages 37-38.