



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

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

## March Newsletter 2017

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### *Hi All*

This is the first newsletter for 2017 so greetings from the FFDLR team. The complete committee is:

**President:** Peter Taylor

**Vice President:** Bill Bush

**Secretary:** Marion McConnell

**Treasurer:** Pat Varga

**Non-office bearers:** John Ley, Joan Westaway and Sally Taylor

Thanks to Bob McFadden and Cynthia Groundwater for all their work over the years as treasurer and secretary.

We have organised a different meeting schedule for this year. The committee is meeting every month, or as required, and we are holding general meetings on the 23rd of March, 22nd of June and the 28th of September. We will have guest speakers at the general meetings starting this month with Sharon Tuffin who is the CEO of Karralika Programs. She will talk about the work undertaken by Karralika. Please let me know if you would like to speak at future meetings – or if there is any topic that you would like us to address, or speakers you would like to hear.

The Remembrance Ceremony is scheduled for the 23rd of October.

To recap. next meeting:

- **7:30 at St Ninian,s Uniting Church in Lynham on the 23rd of March at 7:30 pm. Sharon Tuffin to present at 8:00 pm. Light refreshments available.**

## Membership and Newsletters

### *Membership*

Membership of FFDLR falls due on the 30th of April each year. We will be sending out reminder emails and letters in April that allow you update your contact details.

### *Newsletters and Communications*

We will send out newsletters every quarter – or more often if there something of significance to report. If you have received this by hardcopy, but are able to supply an email address please do so. Much as I always prefer to have a hard copy of documents it is so much easier and quicker to send communications via email

## Strategy

Whilst continuing to write letters to the editor, and see politicians, the committee has developed the following as a focus for this year.

Below is an extract from a document Bill prepared which considers an approach that we are promoting:

### **1. The prescription of heroin as a pharmacotherapy for the treatment of opiate addiction.**

Irrefutable evidence of the benefits of prescription heroin now exists from a number of European countries, where this treatment has become a standard part of the National drug strategy. This approach was described by Brian McConnell in a letter to Katy Gallagher dated 16 October 2014.

The current 2010 -2014 <sup>1</sup>ACT drug strategy has supported a trial of heroin but I believe that, because of the body of evidence already amassed elsewhere as to its efficacy, we should be a little more daring and advocate the adoption of the measure without the need for a lengthy and costly trial.

## **2. Recommendations on cannabis of the 1997 Penington drug advisory Council:**

The council reached the following measured and modest conclusions:

"Cannabis use is relatively widespread in our community. Council believes that strategies to reduce use and misuse are most likely to be effective if use of cannabis is no longer a criminal offence but is regulated in a number of important respects.

Recommendation 7.1: use and possession of small quantities of marijuana should no longer be an offence. "Small quantity" should be defined as no more than 25 g.

Recommendation 7.2: cultivation of up to 5 cannabis plants per household and personal use should no longer be an offence. "Household" should be defined to exclude anything other than private residences.

Recommendation 7.3: sale of marijuana should remain an offence.

Recommendation 7.5: legislation should be introduced to expunge all recorded convictions for possession and use of small quantities of marijuana.

(Victoria, Premier's Drug Advisory Council Report, Drugs and Our Community: Report of the Premier's Drug Advisory Council (Penington Report) (Premier's Drug Advisory Council, Melbourne, March 1996) pp.129-130).

## **3. Expand methamphetamine treatment.**

To address the more difficult drug of methamphetamine, particularly in its crystalline form, I suggest that we advocate a large increase in funding for the most effective psychological treatments for dependency on that stimulant. From the point of view of desperate users and families there is a huge undersupply of treatment places. <sup>2</sup>

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- 1 Note that this document is currently under review and FFDLR has had input into it.
  - 2 We note that the recent Government media release on 3/3/17 available at

## **Website**

Marion and Darryl upgraded our website at Christmas time. Check it out at:

<http://www.ffdlr.org.au/>

Marion is also wearing the hat of web-manager and is keeping the site up-to-date. Please contact her with anything that you would like to be referenced or linked, on the site

[mcconnell@ffdlr.org.au](mailto:mcconnell@ffdlr.org.au)

## **Talking**

FFDLR has continued its tradition of meeting and talking to our allies and to politicians, some of which are our allies – but most importantly to the ones that ain't!

Often, information exchange is confidential of course, so below is a list rather than a summary of ideas.

Bill and Peter met with Greens MLA staffers before Christmas. The Greens support the proposed ACT Drug Court which we see as not going to the heart of drug law reform but actually keeping drugs firmly within the criminal sphere. We wrote a follow up letter that detailed our concerns in very clear terms.

This year with have talked to former Chief Minister Jon Stanhope where he works at Winnunga Nimmityjah in early February. Discussion included exploring the possibility of a Canberra based public forum on prescription heroin later in the year.

Gino Vumbaca from Harm Reduction Australia was in town for a number of engagements and we had a lively chat over coffee late one afternoon in Civic. Gino has some extremely worthwhile projects in hand.

We had an informal chat with Carrie Fowle and Amanda Bode of the Canberra based organisation ATODA in regards to Canberra based issues.

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[http://www.health.gov.au/internet/ministers/publishing.nsf/Content/11C55312EAB2DC36CA2580D7007B63B1/\\$File/GH018.pdf](http://www.health.gov.au/internet/ministers/publishing.nsf/Content/11C55312EAB2DC36CA2580D7007B63B1/$File/GH018.pdf)

specifies continuing support for drug and alcohol treatment services funding at \$75 million per annum and the National Ice Action Strategy Funding of \$241.5 million.

## Future meetings

We are meeting with MLA Health Minister Megan Fitzharris at the end of April, and we have requested meetings with the Chief Minister Andrew Barr as well as with the Attorney General Gordon Ramsay. Minister Ramsay will play a pivotal role in the Drug Court mentioned above<sup>3</sup>. Events

## Book Launch

There is a link below to a book launch coming up in Melbourne on the 18th of March at 3 pm at St Joseph's Church, 30 Fitzgerald Street, off Chapel Street, South Yarra, Victoria 3141.

It is a re-issue of a book by Steffie Wallace called *The August Months*. We reviewed the book in 1996 and said:

*This is a fictional book, but written by a woman whose son died of a heroin-related overdose. Recommended as an insight into the extreme difficulties faced by families and how they struggle to overcome them.*

<https://www.eventbrite.com.au/e/book-launch-the-august-months-by-steffie-wallace-addiction-and-recovery-novel-tickets-32614239067>

The novel is highly commended by Professor David Penington AC.

The author's website is

<http://www.theaugustmonths-steffiewallace.com/>

I intend to be at the launch and it would be great to meet other Victorian members of FFDLR – Peter.

## Australia 21

Representatives from FFDLR have been invited to attend the launch of Australia 21's third report on drugs next week. The report is called "Can Australia respond to drugs more effectively and safely?"

Australia 21 hopes this report will provoke a vigorous national discussion about Australia's response to illicit drugs.

<sup>3</sup> See:

<http://www.canberratimes.com.au/act-news/attorneygeneral-gordon-ramsay-says-legal-aid-critical-to-inclusive-judiciary-20170131-gu2d8j.html>

## ABC Ice Wars Documentary

I must confess to not watching the Ice Wars documentary – I find watching television an effort and so tend to give it a miss. It seems like this documentary was overall very sensational and did not help in any sort of rational approach to changing drug laws.

John Ley recommended commentary from the Guardian which said in part:

*"Most of what is reported in this four-part documentary is not incorrect but it lacks nuance and context. It makes entertaining television but it contains the type of sensational language that can create community fears leading to the stigmatisation of people who use drugs and kneejerk responses from policy makers.*

*We are not "under siege", or "at war" with ice.*

*There is no ice epidemic. Ice is not "tearing apart the fabric of our community".*

The full article can be seen at the link in the footnote<sup>4</sup>

## Changing the language of Addiction

The excellent research e-bulletin that ATODA provides put me in the way of an article about how the language we use affects our perceptions about drug use. The article is called "Changing the language of Addiction" Here is a short excerpt:

*Substance use disorder (the severest form of which is commonly referred to as addiction) is a chronic brain disorder from which people can and do recover. Nonetheless, sometimes the terminology used in the discussion of substance use can suggest that problematic use of substances and substance use disorders are the result of a personal failing; that people choose the disorder, or they lack the willpower or character to control their substance*

<sup>4</sup> [https://www.theguardian.com/australia-news/commentisfree/2017/feb/14/the-abcs-ice-wars-documentary-is-overblown-and-unhelpful?utm\\_source=esp&utm\\_medium=Email&utm\\_campaign=GU+Today+AUS+v1+-+AUS+morning+mail+callout&utm\\_term=213153&subid=14930367&CMP=ema\\_632](https://www.theguardian.com/australia-news/commentisfree/2017/feb/14/the-abcs-ice-wars-documentary-is-overblown-and-unhelpful?utm_source=esp&utm_medium=Email&utm_campaign=GU+Today+AUS+v1+-+AUS+morning+mail+callout&utm_term=213153&subid=14930367&CMP=ema_632)

*use. The evidence is clear that this is not correct; instead, research has shown that substance use disorders are neurobiological disorders.*

*However, research also has shown that people with substance use disorders are viewed more negatively than people with physical or psychiatric disabilities. Researchers found that even highly trained substance use disorder and mental health clinicians were significantly more likely to assign blame and believe that an individual should be subjected to more punitive (e.g., jail sentence) rather than therapeutic measures, when the subject of a case vignette was referred to as a “substance abuser” rather than as a “person with a substance use disorder.”*

*ATODA writes: This article can be read in conjunction with the report referenced in the November 2016 ATODA Research eBulletin: Office of National Drug Control Policy (USA) 2016, Draft: changing the language of addiction, Office of National Drug Control Policy, Washington, DC. Sadly, it has been removed from the USA Government’s website following the installation of the Trump administration, but is available through the Internet Wayback Machine Archive <https://web-beta.archive.org/web/20161220103114/https://www.whitehouse.gov/ondcp/changing-the-language-draft>*

## **Portugal 15 years on**

ATODA also provided me with a link to a paper that examines the effect of 15 years of decriminalisation of drugs in Portugal. The paper is The 15th anniversary of the Portuguese drug policy: Its history, its success and its future by Tiago S Cabral who is a law student at the University of Minho in Portugal. It is published from the Independent Scientific Committee on Drugs.

Portugal decriminalised the consumption, acquisition and the possession for personal use of narcotic drugs and psychotropic substances on the 1st of July 2001. It was expected that Portugal might become a 'drug tourist' destination but this didn't happen. Portugal has one of the lowest drug overdose death rates at 4.5 per million compared to the EU average of 19.2. The paper goes on to say that the consumption in young adults is also remarkably low showing that criminalisation is not an effective deterrent. The social cost of drug

consumption has been estimated to have decreased by 18%.

Cabral goes on to discuss the ethics of approach to drug use. He states that there is a general consensus that consumers are not criminals. There is discussion as to whether they are people with an illness – or just ordinary citizens – and the state is therefore being overprotective or moralist. He asks “is there even any disease or abnormal behaviour for the law to intervene.”

The final section of the paper looks at the future in terms of legalisation of substances such as cannabis and how this might be approached. The paper appears well researched with many references for further study.

## **Chemical testing**

That pill testing at dance festivals is necessary – was born out by the number of people hospitalised over a weekend in Melbourne recently. We sent the following letter to the editor of the Canberra Times on the 20th of February.

*The ABC reported on Saturday night, that a fleet of ambulances took 21 people from the Electric Parade Music Festival at the Sidney Myer Music Bowl to the Alfred, Royal Melbourne and St Vincent's hospitals. In addition another seven people were treated after leaving the event and collapsing in nearby parks and streets. No parent wants their young adult child to mess with drugs at parties, but above all parents want their child to come home safely. The reality is that no amount of policing effort will keep drugs away from festivals. It is also the reality that pill testing saves lives. It provides information, and armed with that knowledge, party goers are able to look out for themselves and their friends.*

*When will the ACT, in the words of the Chief Minister "explore the benefits of pill testing facilities available to the public" (Tuesday January 31 p. 7)?*

I see that many people were arrested over the last weekend in Sydney. However, this is not a deterrent and does not remove the risks. Colleagues of David Caldicott at Calvary Hospital in the ACT sent out an extremely rare “ultra alert” after a university aged

women was admitted after consuming a bad batch of ecstasy.<sup>5</sup>

## **Fentanyl**

To me the recent articles in The Conversation about Fentanyl shows exactly how low people stoop to make a buck, and how prohibition drives the move to highly concentrated and extremely dangerous compounds.

A useful parallel is provided by an in depth analysis of the effects of Prohibition in the States and can be found at American Journal of Public Health website<sup>6</sup>. The author, Jack S Blocker Jr, discusses the premise that Prohibition failed. Set against a background of increasing alcohol consumption in America at the start of last century one can see why the temperance movement gained such authority. However, Blocker reports that brewers expected beer of moderate strength to remain legal but it was banned. Distilled spirits, reversed a three-quarters-of-a-century decline and made a dramatic comeback. There was also a change in perception so that the temperance movement's progressive reforms became to be seen as "an emblem of suffocating status".

Women also took up drinking in the atmosphere of the Speakeasy which took over from the male dominated saloon. Other consequences were the smuggling, bootlegging and other drink related prosecutions clogging the courts.

I have detailed this at some length as this is the type of argument that we need to present to our law makers. In this newsletter we have evidence from two actual, real, large scale, social experiments taking place over many years. Yes, the issues are fraught, but at least let's learn from the past.

So back to Fentanyl and other similar new chemicals. What are they – how do they work. David Caldecott writes<sup>7</sup> that fentanyl is a synthetic opioid similar to morphine but 50 to 100 times stronger. It is used in emergency departments. Carfentanil is similar but way more potent. Its use is restricted to vets dealing with animals like

elephants. A lethal dose for humans is 20 micrograms – the weight of a pollen grain.

Just as Americans in the 1920s went for distilled liquor, smaller volume, easier to transport, so our prohibition laws now allow dealers to make more money, and run less chance of getting caught, by selling carfentanil as heroin. The conversation article reports:

*Carfentanil has no therapeutic human application. And for most consumers who have ingested it, they have done so involuntarily, thinking it was another drug, usually heroin.*

*So why is it available? In the world of heroin, "quality" is frequently conflated with potency. A product that may be significantly "cut" can be dosed with minute quantities of fentanyl-like products to give the impression of enhanced value. By increasing the perceived "purity" of a shipment, you can increase its apparent value.*

*It's particularly useful that the manufacture of carfentanil is entirely synthetic, and not reliant on the vagaries of crops in Afghanistan's Helmand province, or border patrols in Herat Province. It's far easier to smuggle a suitcase of an ultra-potent product globally than a shipping container of something more "dilute" and organic.*

Whilst carfentanil has appeared before it seems that a third wave of the drug is appearing in Australia. Many deaths have been reported in the US in 2014 and 2015. An overdose of carfentanil appears to require 10 times the naloxone dose to achieve a reversal.

## **Heroin – way forward**

So we know using heroin is getting riskier. I have no idea if testing heroin for purity and dose level is as practical as it is for party pills, but this is not the path I think we should pursue.

There are calls for an injecting room in Victoria. The ABC reports an increase in overdose deaths at 172 in 2015<sup>8</sup>. The 2016 Pennington Report into overdose deaths provides many statistics. Regional areas in 2014 had a death rate of 57/million<sup>9</sup> and the

5 <http://www.canberratimes.com.au/act-news/act-health-warns-of-dangerous-ecstasytype-mdma-party-drug-being-sold-in-canberra-20170224-gukh9n.html>

6 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470475/>

7 <https://theconversation.com/weekly-dose-while-the-media-panic-about-ice-we-should-worry-about-carfentanil-73270>

8 <http://www.abc.net.au/news/2017-02-21/heroin-deaths-prompt-calls-for-safe-injecting-rooms-in-victoria/8290366>

9 I multiplied the published figure by 10 to give the rate per million rather than per 100,000.

cities 44/million. Aboriginal populations reported 94/million. As a reminder Portugal has 4.5/million.

The Huffington Post reports an increase in overdoses in the UK to 1,201 in 2015<sup>10</sup> which I calculate at 19/million. The Post looks to where a third actual, real, large scale, social experiment has taken place. This, of course, is Switzerland. Professor Ambros Uchtenhagen of Zurich University started the Swiss project in 1989. He actually visited the UK in 1989 to Cheshire where smokeable heroin had been used since 1926. The Swiss model used a different system. People could only inject under supervision and had to be registered. The Swiss experiment changed to using diamorphine and overdoses fell by half. In 2002 health insurance covered heroin treatment.

Prof Uchtenhagen comments:

*“Running clinics where hundreds of addicts have to be monitored every day is not cheap, but it saves more money than it costs. These higher costs are more than compensated by the benefits. A study of Switzerland’s success identified that the money saved in improved health, fewer addicts winding up in hospitals and less police time spent monitoring and chasing addicts was double the cost. The number [of people using heroin illegally] is so down, it’s comparable to the numbers we had in the 70s, before the great boom of heroin arriving here.”*

## Concluding remarks

I have in front of me a copy of an old paper. - Well, is it old – 1995? Seems like it in the days of current technology, I haven't a pdf. Just a hard copy with a font size of about 8 – some 40 pages closely typed.

It was written by Gabriele Bammer of ANU – one of our members. Foreword by Bob Douglas.

The paper is:

*The Report and Recommendations of stage 2 Feasibility Research into the Controlled Availability of Opioids.*

Whilst the paper is set out as a proposal to hold a *trial* of diamorphine many of the issues addressed

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10 [http://www.huffingtonpost.co.uk/entry/drug-deaths-in-britain-now-a-public-health-emergency-but-switzerland-offers-glimpse-of-what-could-be\\_uk\\_5807593ce4b096d121477e0a](http://www.huffingtonpost.co.uk/entry/drug-deaths-in-britain-now-a-public-health-emergency-but-switzerland-offers-glimpse-of-what-could-be_uk_5807593ce4b096d121477e0a)

are those that need to be considered if, rather than a trial, a move was made to follow the Swiss example.

It is tragic that the proposed trial did not proceed in 1995. I trust that Alex Wodak will not mind if I add a copy of part of an email he sent through to me earlier in the year.

*Dear All,*

*The 20th anniversary of the Howard Cabinet’s rejection of the ‘heroin trial’ falls on Saturday 19 August 2017 This followed 6 years of hard scientific work. I suggest that it would be a good idea to arrange an event to mark the occasion. Either on Friday 18 August or on Monday 21 August Maybe a symposium about what was learnt from the scientific research at the National Centre for Epidemiology and Population Health (NCEPH), But also making the case for going back to this issue. Many lives would have been saved.*

*Alex Wodak AM*

The paper by Gabriele Bammer is just one of the many that provided clear grounds for a trial to go ahead in the ACT with an expected National roll-out. It was so close to happening.

We support Alex's recommendation in going back to the issue and arranging an event.

***Can we make it happen now?***

Peter

Tuesday 14th March 2016