

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 August 23rd

at St Ninian's Uniting Church

Cnr Mouat & Brigalow Sts, Lyneham

7.30pm

Major topic for discussion:

**The proposed ACT referendum on drugs and
other election issues**

We are experiencing a very important time in
drug law reform – please come along.

Last meeting with Dr Michael Tedeschi

This meeting was well attended by members and Dr Tedeschi gave a very interesting and informative talk on current pharmacotherapy treatments for opiate addiction including methadone, buprenorphine, LAAM and Naltrexone.

He pointed out that there had been no new pharmacotherapy treatments for opiate addiction since methadone became available in 1957. We now have available Buprenorphine, LAAM and Naltrexone to complement methadone as a treatment. Methadone is still recognised as the gold standard treatment for heroin addiction. It is doubtful that anything will take its place over the next few years but the new treatments will be the right treatment for some people.

Dr Tedeschi's talk was followed by some lively discussion on the proposed ACT Referendum on drugs and election issues.

Remembrance Ceremony 29th October

Put this date in your diary.

The Remembrance Ceremony for those who have lost their lives to illicit drugs will be held this year on Monday 29th October at our memorial site at Weston Park. Please keep this date free. Details will be made known as they become available.

Newcastle meetings

Next meeting: Thursday, August 30th at 6.30pm in the Neighbourhood Centre James St Charlestown.

Guest speakers for the evening will be Dale Allen, the Hunter Area Health Service (HAHS), GP liaison coordi-

nator who will lead a discussion on the Community methadone program.

Steve Allen also from HAHS will speak on data collection and referrals for D & A patients presenting for treatment.

At the following meeting on Thursday, October 18th at the same time and venue Ross Penne, the CEO of City Care will give a presentation on City Care's achievements and plans for residential rehab programs for the Hunter region.

There will also be news items on drug law reform from various countries.

Further information phone Jim Bright 4942 5197.

Dual Diagnosis Project

Carers Association of the ACT has developed a dual diagnosis project – Keeping Families Connected. The aim of the project is to maintain connectivity of a young person, aged 12-24 who has a dual diagnosis of mental issues and drug and alcohol use with the family. Alongside the information and training component, free counselling will be available. After the training an ongoing support group will be established. The start date for the first program is August 28th. If you are interested contact Katina Ellis 6288 9722 at Carers Association.

What have we been doing?

As a member of ACTCOSS some of our members attended two ACTCOSS meetings where election strategies were discussed. We were able to put the drug issue on the table at both these meetings and ACTCOSS has it as one of the social issues on which to approach government before the election.

We have had profitable meetings with Michael Moore, Gary Humphries, Kerrie Tucker, Jon Stanhope and Brendan Smyth.

It is good to see many members writing letters to the paper and speaking on talk back radio as well as appearing on TV and news broadcasts.

Election issues on website

Articles and letters in respect of drugs and the ACT elections have been put up on our website at www.ffdlr.org.au.

It is our intention to also post federal election material on the site.

Summary of events on the Referendum

The referendum Bill has been drafted and has been tabled in the Assembly. It is scheduled to be debated during the week commencing 20 August. **Watch the newspapers and attend the debate in the Assembly if you can.**

Families and Friends for Drug Law Reform's position on the issue is that it opposes the referendum (for all the rea-

sons noted in the last Newsletter) but if the Assembly approves a referendum it supports the “yes” case for both questions.

At the time of writing the Assembly is evenly divided but with Michael Moore and Trevor Kaine yet to announce their position. For the Referendum Bill to be defeated in the Assembly both these members need to vote against the Bill.

Conference Proceedings

The Proceedings of the National Families & community Conference on Drugs – “Voices to be Heard” have now been completed and mailed to those who attended the conference.

How much amphetamine

With the switch from heroin use to amphetamines (and other drug use) because of the heroin drought it would be informative to estimate how much amphetamine is reaching the streets in Australia.

Here is my first estimate of the amount of amphetamines on the street. It is a work in progress and input and suggestions for refinement will be welcome.

Number of users per year	= 680,000 (based on household survey)
Average no of hits per day	= 0.19 (ie 1 hit on 70 days per year from IDRS)
Grams per hit	= 0.25
Quantity of amphetamine on the street per year	= 680,000 X 0.19 X 0.25 X 365 = 12, 000 kg

There is some rounding in the figures.

This figure could be regarded as an amount available in 1999. The question is how much is there now that amphetamine has substituted for some of the heroin market?

Seizures of amphetamines in 1999 amounted to 381 kg which is about 3% of that which was on the street.

Brian McConnell

Following is a **Media Release** which was sent by FFDLR to media following the PM’s rejection of the National Crime Authority’s report

PM rejection of NCA evidence frightening

The frank and fearless advice of the NCA about the clear and present danger illicit drugs and organised crime pose for Australia is welcomed. The acceptance of that advice by the ALP, Democrats and the Greens is also welcome.

“Prime Minister Howard’s rejection of the NCA evidence is frightening because he is not listening to this expert body,” said Brian McConnell, President of Families and Friends for Drug Law Reform. “Since Prime Minister Howard rejected the heroin trial in 1997 there have been over 3,000 unnecessary heroin overdose deaths, and the NCA advice demonstrates unbridled crime increases. Howard’s recalcitrance has allowed these deaths and the crime increases to happen.”

“The Swiss have demonstrated the success with their heroin trial which also reduced crime by about 70% in the areas where their trials were conducted.”

“PM Howard angrily claims supporters of a heroin trial have thrown up their arms in surrender. This is not the case - families have thrown up their arms in despair that the Prime Minister will not listen. He has also said that there will never be a heroin trial while he is Prime Minister. Families will get a chance at the up-coming election to rectify this matter and choose someone who is prepared to try.”

“The cover up by AFP Commissioner Keelty is also frightening. On July 19, 2001 the Melbourne Herald Sun reported him saying that the heroin drought ‘was more a result of a business strategy by Asian crime czars than a shortage of the drug’. Now he is saying AFP seizures are the reason for the heroin drought. But this is unlikely because the NCA points out that seizures amount to no more than 12% of the heroin arriving in Australia.”

Asian crime czars have now moved into methamphetamines, cocaine and ecstasy.

The NCA acknowledged the considerable business acumen and the large sums of money at the disposal of organised crime.

“It is probable that the recent large seizures of these new drugs represent at best only a small sample of the total amount arriving in Australia and the large quantities seized only indicate that much larger quantities come in. Based on NCA estimates this is an 88% failure rate.”

“Every possible option for combating this must be ruled in, not ruled out as the PM has done.”

NCA Commentary

During the month the National Crime Authority raised serious concerns by warning about Australia’s failure to stop the progress of organised crime and the drug trade. Here is the relevant portion of the NCA’s commentary:

The harm inflicted on the Australian community by illicit drugs is substantial. Its impact causes a diminution of the lives of all of us, whether it be directly via actual substance abuse or indirectly through increased costs associated with law enforcement and health care or disruption, grief or anguish to families. Much of that harm is attributable to the organised crime networks responsible for importing, manufacturing and distributing illicit drugs.

What now and what next?

The NCA’s current operational knowledge and experience, details of which cannot be publicly exposed, is such that the illicit drug trade continues to flourish in our country. To the NCA’s knowledge the previously mentioned statistics and information reflect an observable trend towards increased involvement in drug trafficking and an ongoing preparedness of criminals to meet market demand for different illicit substances.

While unrelenting concentration should be directed towards apprehending those who traffic and profit from the misery and degradation of others, there is a need for strategies to be constantly reviewed. This is a field where the dynamics do not remain static. The risk and cost to the community may well mount to a point where different measures or a different concentration of measures should be considered.

There are always balances to be struck. It does, however, seem safe to observe at this moment that there is hardly a household in Australia that does not have personal knowledge or experience of the evils of drug addiction and its associated effects.

This Commentary is not the appropriate place to rehearse different contentions in the long running public debate as to our drug problem. Suffice to say that experience should encourage us not to rule out consideration of new options or reconsideration of options previously deemed unpalatable. We must respond to the ongoing progression of this problem. Among the many measures worthy of consideration is to control the market for addicts by treating the supply of addictive drugs to them as a medical and treatment matter subject to supervision of a treating doctor and supplied from a repository that is government controlled.

Whatever steps are taken, the scale of the illicit drug problem and its onward progression is such as to demand the highest attention of government and the community - it simply is not a battle that can be won by law enforcement alone or in partnership with the health sector. A coordinated and holistic approach is required, building upon and updating the foundation already established.

From the Sydney Morning Herald 14 Aug 2001

Call for drug trial fails to sway poll respondents

By Mark Metherell

The plea for a heroin trial from a high-profile crime fighter has failed to budge all but a handful of Australians on the issue.

A Herald-ACNielsen poll taken at the weekend has found that 48 per cent of people continue to oppose a trial, the same proportion when the issue was last polled in February 1999.

Support for the trials edged up marginally by a statistically insignificant 2 per cent to 47 per cent in the same period. The poll was undertaken only days after the chairman of the National Crime Authority, Mr Gary Crooke, drew national headlines by calling for a trial, saying authorities were able to intercept only a small fraction of imported drugs.

Mr Crooke was followed by the NSW Police Commissioner, Mr Peter Ryan, who said Australia was "losing the war" against drugs, like every other country.

Nielsen's spokesman, Mr John Stirton, said the failure of these comments to change public opinion was not unusual when issues classed as moral or ethical were surveyed. "Some of these issues tend not to move around as much as other issues."

Although 53 per cent of people aged over 55 opposed the trial, with only 38 per cent in favour, the same group had been more changeable in its political attitudes, with support for the Coalition springing back after being against earlier in the year.

A total of 2,065 people around Australia were asked: "It has been suggested that a trial be conducted in which registered heroin addicts would be provided with heroin under medical supervision. Would you say that you support or oppose such a trial?"

The result shows the age group most likely to support a trial is the 25-39 bracket (53 per cent in favour), followed by the 18-24 age group (51 per cent in favour).

NSW residents, with 47 per cent for, were less supportive than Victoria and Western Australia at 52 per cent.

Overall, men were significantly more likely to back the trial at 50 per cent, compared with women (44 per cent).

Of Coalition supporters, 38 per cent approved a trial. ALP and Democrat supporters supported a trial 55 per cent and 64 per cent respectively.

The trend for support is upward:

The Australian 15 August 2001 - (Newspoll).

1997 38% favoured a heroin trial, 55% were against

2001 47% favoured a heroin trial, 45% were against

The Herald AC Nielsen poll for 2001 was very close to the Newspoll finding - (47%/48%).

Injecting centre has early success

From The Age Thursday 16 August 2001

Australia's first legal heroin injecting room saved 36 people from overdoses in its first three months of operation, the centre's operators said yesterday.

Run by the Uniting Church, the Medically Supervised Injecting Centre opened in Sydney's Kings Cross in May.

Medical director Ingrid van Beek said the centre was catering for up to 100 people a day and had 831 registered users.

"We've managed 36 overdoses and that was a combination of heroin and cocaine," Dr van Beek said.

"We've referred 258 people into various health and social welfare services, about half of which were into drug treatment services such as detox."

While the centre was still in the early stages of its 18-month trial, the results already were better than expected, the doctor said.

- AAP

Drugs are a health issue, so treat them like one

Copyright The Canberra Times, Thursday August 10, 2001

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Jenna Price decries the moral campaigners who seem to want to keep the status quo, even though it is killing people.

THEY bring it on themselves with their shocking lifestyle. Then! Then they expect the rest of us to pick up the bill for the treatment they need when it was their poor choices that got them into trouble in the first place.

Heart-attack victims take no responsibility for their own illnesses even though heart disease is easily avoided. In fact, let's have a referendum about whether we should treat these people at all. In fact, no! Just let 'em die.

Imagine if we did that. Imagine the outcry if we had a referendum to decide the fate of those suffering from one of Australia's biggest health problems.

Does anyone out there believe we should have a referendum on whether we should treat heart attack? So why are politicians queuing up to have a referendum on whether the ACT should have a supervised injecting room or a clinically supervised heroin trial?

Here's the reason. They are convinced that residents of the ACT are so innately conservative that they will vote down any of these proposals in favour of the status quo.

What is the status quo? When a Canberra addict shoots up it might be in the toilets in Civic or in a back lane somewhere. No-one knows exactly where it will be because there is no safe house for addicts to visit. Getting a hit, then, means swift and surreptitious. It means taking their hit anyway they can.

What it can mean is that your child may find a victim suffering from an overdose anywhere. The addict may be slumped in an alleyway or in the loo your child was busting to use.

That's a shock for you and your kids, but it's worse for the user, who is doing himself or herself hasty harm. Taking the hit this way is dangerous, but what addicts use is more dangerous. The heroin that is bought on the streets is not the same drug every day. Sometimes it's pure; often it isn't. The dose is unreliable and that's often what leads to an overdose and death.

Those who promote a referendum are doing so because they believe that the moral-panic merchant in all of us will rise up and make us vote "no". These are politicians who are so venal that they cannot look beyond the next election. They think that we hate the idea of these injecting rooms and heroin trials and will certainly vote against them.

We should all take some comfort that Gary Crooke, head of the National Crime Authority, supports a heroin trial. He says that governments should consider treating heroin addiction as a health problem and not as a legal issue. This is the man in charge of the organisation that has more to do with heroin than any other organisation.

He's not suggesting we give heroin away. In a heroin trial there would be a cost involved for users. It's not as though we are giving away lollie-pops at the local shop; it's more like one of those clinical trials, where everything is supervised to the last millilitre.

John Howard is wrong in his opposition; so is Dave Ruggendyke. These are people who confuse the moral issue with the health issues.

Sydney has had a medically supervised injecting room for months. During that time not one person has died using heroin in those rooms, but plenty have been sent to counselling and to health support teams to try to wean them off the drugs.

There hasn't been a queue of prepubescents wanting to get into smack; junkie mothers are not lining up for a hit, babe on the tit; dealers are not standing outside waiting for their next sale. And the best thing is that the health professionals inside the injecting rooms are able to get their information to those who really need it. These people are seeing drug users who would normally hide their addiction until it was way too late to save them.

In the first six weeks of operation of the Sydney injecting room, 303 people registered to use it; and there were 496 injecting episodes. Of those 303 people, one in six has asked for help to beat the habit. We will not know for some time how successful they have been in overcoming their addiction, but at least they are asking for help.

It is costing a little more than was first budgeted but then most successful health programs are expensive, and this one will keep a few taxpayers alive a little longer.

The politicians who are urging a referendum on you are doing it because they want you to respond to the emotional side of drug use. They are clouding what is a health issue with the fear that we all have about drug use. Of course heroin use is scary; but so is heart disease, and diabetes, and cancer; but there is no way we would turn our back on sufferers of those acceptable diseases.

Drug addiction is not an acceptable disease, but it is a disease, and one that can be overcome.

Noah Taylor, the cute weedy Australian actor, admits that he had a drug problem for a while. He's successful now and has a new movie about to come out: *He Died with a Felafel in His Hand*.

And he's still too nervous about the Australian attitude to drug use to reveal exactly what he was addicted to, but he has said: "Yes, I had a drug problem for a while. I sought out help and I would advise anyone who does have a drug problem to find help."

It's easy for some. If you get this ridiculous referendum, make sure it becomes easy for everyone.

jenna_p@bigpond.net.au

Canada opens door to marijuana

From BBC News 30 July 2001

Canada has become the first country in the world to legalise the use of marijuana by people suffering from terminal illnesses and chronic conditions. The government will be directly involved in the production and supply of the drug for medical purposes.

Under new rules, people can now legally grow and take the drug for a range of medical purposes, or appoint someone to grow it for them.

The government has awarded a \$3.5m (£1.6m) contract to a company to farm marijuana in a disused copper mine. The first harvest is expected later this year.

Patients' groups have largely welcomed the legislation, which follows a year of permits being handed out on a case-by-case basis to terminally ill people.

Wider range

Under the new terms, those suffering from some chronic conditions - including epilepsy and degenerative muscle and bone illnesses - will also be able to use marijuana.

Commercial production and sale of marijuana, and non-medical use, will remain illegal.

However the Canadian Supreme Court has agreed to consider a case arguing that the criminalisation of marijuana is unconstitutional because the drug poses no significant health threat.

In May, the Ottawa Citizen newspaper reported that a national survey of Canadians found that almost half were in favour of the legalisation of marijuana.

Consent

Would-be medical users must have a prognosis of death within one year or symptoms associated with specific serious medical conditions.

They will also need their doctor and two experts to sign the necessary consent forms.

The Canadian Medical Association opposes the new law, saying that there has not been enough scientific research for doctors properly prescribe dosage.