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

committed to preventing tragedy that arises from illicit drug use PO Box 36, HIGGINS ACT 2615, Telephone (02) 6254 2961 Email mcconnell@ffdlr.org.au Web www.ffdlr.org.au

NEWSLETTER

March, 2002

ISSN 1444-200

NOTE Change of venue for this meeting

Next Meeting

Thursday March 28th at Volunteering ACT, Cnr Chandler & Chalmers Streets, BELCONNEN 7.30pm

Topic: Strategies for getting our message across. A cuppa will follow the meeting giving a time for informal chat.

February Meeting

We were pleased to welcome Kylie Lawson and Glenda McCarthy who spoke to us about the ACT Policing Early Intervention and Drug Diverson Program which began in Canberra in December 2001. Two million dollars was given by the Federal Government for this initiative. Offences of possession and personal use only are eligible for this diversion. Offences which might include violence or dealing are not eligible. Those diverted must admit to their misdemeanor and are then assessed for treatment which could include counseling and/or education within 4 days and then referred to treatment within another 5 days. Offenders can only be diverted on two occasions.

(Editor's Note: This program at least shows that police are realising that health plays an important part in handling drug issues not just law enforcement.)

Editorial

At our meeting on 28th March we will be discussing strategies for getting our message across.

This idea came from our National Conference and the presentation by Anne Deveson who talked about how a long term strategy was developed for working with the media to overcome the stereotype images usually portrayed about people with schizophrenia.

We followed the matter up and met again with Anne recently. The meeting was fruitful and Anne had suggestions about how we might develop a strategy to have a better informed media. Also we will be discussing a particular idea to make our message more succinct and appealing to a wider audience.

In other recent news the INCB demanded that Australia close its supervised injecting room in Kings Cross. A frequent writer to the paper drew a link between human rights and the INCB statement, implying that the injecting room was contrary to human rights.

This juxtaposition of the International Narcotics Control Board and the UN Declaration of Human Rights needs close examination.

The INCB stands firmly for prohibition of certain drugs, irrespective of the consequences. But it has not yet been called to account for its failure to prevent drugs from being available to our young people, nor, in its attempt to prohibit drugs, has it been called to account for the consequences of its policies which clearly breach human rights.

Breaches like requiring that addicted drug users be treated as criminals and jailed rather than as human beings with health problems. Consequences such as perpetuation of black markets that generate enormous illegal tax-free profits which undermine whole societies.

Worse still, it opposes measures such as supervised injecting rooms that have been shown to save lives. It demands the 47 European injecting rooms close, no matter that they have saved countless lives.

By using that tired old cliché: "it will send the wrong message" it has called for the closure of the King's Cross injecting room trial where 89 people were resuscitated from overdose after only 9 months operation. Like bullies anywhere the INCB is not concerned with the consequences of its actions. However, its real message is clear: "we do not care about the lives lost so long as we get our way".

The following article was published in the Canberra Times on 25 February 2002

Clean society an admirable but unrealistic goal

The promotion of a drug-free world, though laudable, can never be a reachable objective, argues **Brian McConnell**

Can a society become drug free? A few Australian towns and a small number of individuals, some in senior positions, are pursuing this cause. Some cities in the USA and Europe are also. Sweden has adopted the ideal of a drug free society nationally. In 1998 the UN formally set a target date, 2008, for ridding the world of the "scourge of drugs".

A search of the internet reveals many sites that promote drug free communities, a drug free life, drug free sport, drug free schools, a drug free workplace, how to test your kids to make sure they are drug free - moves which spawned a counter industry with the "P4Free" site which helps people show clean urine (when it is not clean) for drug tests at school or work or wherever.

All drug use carries risks and the natural response is to say 'yes' to a drug free society. But the issue is complex and needs careful examination before seriously considering such an ambitious task.

The first question to answer is: what drugs will a drug free society be free of?

Should widely accepted drugs like alcohol and tobacco be included in the list, or only illicit drugs and should relative danger be the criteria? The fact that some legal drugs carry more risks than illegal ones makes this task all the more difficult. Consider also volatile substances like petrol and solvents. And if we discover that a popular food contained addictive components, should that be included also?

Should it include the drug that was described thus: "the sufferer is tremulous and loses his self-command: he is subject to fits of agitation and depression. He has a haggard appearance. As with other such agents, a renewed dose of the poison gives temporary relief, but at the cost of future misery."

This was a description of coffee at the turn of the 20th century. Today, no one would consider a ban on that drug because the claims were shown to be exaggerated. But if coffee had been banned then could the ban ever be lifted? Cannabis, another widely used drug, which was banned because of attitudes toward it and its users, is just such a case. Notwithstanding that this drug carries risks, but perhaps not as many as alcohol, there is emerging evidence that cannabis has beneficial medical properties. Trials are underway to examine such claims.

The point is that social acceptability and not necessarily relative danger may dictate which drugs might be acceptable in a drug free society. But if a drug is banned and there is a demand, it will still find a way into society. It has been argued that prohibition, because it generates enormous tax-free profits, promotes illicit drug use. And if supply of one drug stops, other drugs will be substituted. For example the Australian heroin shortage has seen users switch to other drugs.

Consider the practicalities. Apart from one past society in the ice-blown wastes of the artic (but see footnote below) the drug free ideal has never been achieved anywhere in the world. Even the most secure environments - prisons with guards, razor wire and searches of visitors - are not drug

free. A drug free society cannot put itself behind razor wire and must coexist beside other commu-"Cannities. nabistourists", for example, turning across the border from The Netherlands.

present problems for the more restrictive drug policies of neighbouring countries'.

A strongly

held drug free ideology limits the responses to citizens who may use drugs. Despite the obvious benefits, such a society may not provide prescription methadone or heroin as a maintenance treatment nor provide clean syringes to protect the community from transmission of blood born viruses. Such treatment would be seen as condoning drug use. But denying such treatment may be seen as necessary "for the greater good of the community".

Of course such drug using members could be forced into compulsory treatment - yet to be proven an effective approach.

Given all of these issues can a drug free society still be achieved?

The goal of being drug free can only be achieved at an individual level; a goal that may be highly desirable. But at the collective level the achievement of a drug-free society can never be a reachable objective nor the only measure of success of managing drug problems. The harder the society pursues the collective drug free goal the greater will be the increase in harms to that society.

Brian McConnell is president of Families and Friends for Drug Law Reform.

Footnote: After this article was published I received a note with the following comments:

As an aside, the article you quote mentions the now disproved assumption, that the Inuit (Eskimos) were the ONLY society NEVER to use drugs (assumed so because their harsh environment make its production impossible). ... The Inuit - it has been discovered - found that a fungi grew on the ceiling of their igloos, formed by condensation from their body heat. they also discovered that if you ate it you experienced some hallucinogenic effects! So, it's confirmed, ALL societies ever studied have used, or do use some form of mind altering substances.

ACT Alive

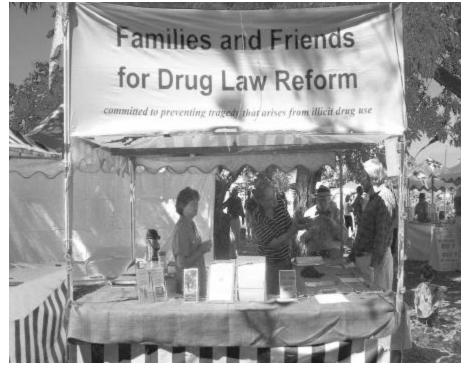
Monday 18 March 2002 was a public holiday in the ACT and it provided an opportunity for community groups to

advertise their organisations.

Families and Friends for Drug Law Reform was present at the celebration which was well attended and our stall had lots of visitors. Many thanks to those who helped on the day.

At first we found that people were shy about talking to us but when we introduced our "Quick Quiz" we had trouble keeping up.

We met many interesting people, some joined up, and some had informed and well thought out views. There were however some with opposing views or with interesting suggestions.



We handed out 50 quiz leaflets and the results showed that few fully understood the history of our prohibition drug laws. Nevertheless it was a good crowd gatherer and one that we will use again next year – perhaps with new questions.

Developments in the UK

Here are some quotes and extracts from articles from newspapers from the UK. The debate on how to deal with cannabis (no pun intended) is gathering momentum.

Richard Brunstrom, the Chief Constable of North Wales told Channel 4: "If you're not mugging old ladies and not stealing from shops and not stealing cars, what actually is the problem? ... There is no doubt at all that there is an appalling toll of human misery caused by the misuse of drugs in the current environment.

"My proposition is that much of that is caused by their illegality and not by the drugs and if they were treated differently by our legal system it's quite possible that much of the misery, much of the harm, much of the adverse impact on health could be swept away because it is not caused by the drugs themselves but by our legal system."

(c) Copyright Ananova Ltd 2002, all rights reserved.

The following extracts are from part one of an article by Nick Davies. The full article can be found at "Make heroin legal by Nick Davies, The Guardian, UK, Thursday June 14, 2001"

The war against drugs is born

On April 3 1924, a group of American congressmen held an official hearing to consider the future of heroin. They took sworn evidence from experts, including the US surgeon general, Rupert Blue, who appeared in person to tell their committee that heroin was poisonous and caused insanity and that it was particularly likely to kill since its toxic dose was only slightly greater than its therapeutic dose.

They heard, too, from specialist doctors, such as Alexander Lambert of New York's Bellevue hospital, who explained that "the herd instinct is obliterated by heroin, and the herd instincts are the ones which control the moral sense ..." Senior police, a prison governor and health officials all added their voices. Dr S Dana Hubbard, of the New York City health department, captured the heart of the evidence: "Heroin addicts spring from sin and crime ... Society in general must protect itself from the influence of evil, and there is no greater peril than heroin."

The congressmen had heard much of this before and now they acted decisively. They resolved to stop the manufacture and use of heroin for any purpose in the United States and to launch a worldwide campaign of prohibition to try to prevent its manufacture or use anywhere in the world. Within two months, their proposal had been passed into law with the unanimous backing of both houses of the US Congress. The war against drugs was born.

"Virtually every 'fact' testified to under oath by the medical and criminological experts in 1924 ... was unsupported by any sound evidence." Indeed, nearly all of it is now directly and entirely contradicted by plentiful research from all over the world. The first casualty of this war was truth and yet, 77 years later, the war continues, more vigorous than ever, arguably the longest-running conflict on earth". [said

Professor Arnold Trebach, the veteran specialist in the study of illicit drugs.]

The evidence

Start with the allegation that heroin damages the minds and bodies of those who use it, and consider the biggest study of opiate use ever conducted, on 861 patients at Philadelphia General hospital in the 20s.

It concluded that they suffered no physical harm of any kind. Their weight, skin condition and dental health were all unaffected. "There is no evidence of change in the circulatory, hepatic, renal or endocrine functions. When it is considered that some of these subjects had been addicted for at least five years, some of them for as long as 20 years, these observations are highly significant."

...

The Swiss, for example, in 1997 reported on a three-year experiment in which they had prescribed heroin to 1,146 addicts in 18 locations. They found: "Individual health and social circumstances improved drastically ... The improvements in physical health which occurred during treatment with heroin proved to be stable over the course of one and a half years and in some cases continued to increase (in physical terms, this relates especially to general and nutritional status and injection-related skin diseases) ... In the psychiatric area, depressive states in particular continued to regress, as well as anxiety states and delusional disorders ... The mortality of untreated patients is markedly higher." They also reported dramatic improvements in the social stability of the addicts, including a steep fall in crime

There are equally impressive results from similar projects in Holland and Luxembourg and Naples and, also, in Britain. In Liverpool, during the early 1990s, Dr John Marks used a special Home Office licence to prescribe heroin to addicts. Police reported a 96% reduction in acquisitive crime among a group of addict patients. Deaths from locally acquired HIV infection and drug-related overdoses fell to zero. But, under intense pressure from the government, the project was closed down. In its 10 years' work, not one of its patients had died. In the first two years after it was closed, 41 died.

The black market

The black market damages not only drug users but the whole community. Britain looks back at the American prohibition of alcohol in the 20s and shudders at the stupidity of a policy which generated such a catastrophic crimewave. Yet in this country, now, the prohibition of drugs has generated a crime boom of staggering proportions. Research suggests that in England and Wales, a hard core of black-market users is responsible for some 31.5billion pounds worth of burglary, theft and shoplifting each yearthey are stealing 33.5million pounds worth of property a day. As a single example, Brighton police told us they estimate that 75% of their property crime is committed by black-market drug users trying to fund their habit. And yet governments refuse to be tough on the cause of this crime: their own prohibition policy.

An evaluation of the laws?

In December 1999, the chief constable of Cleveland police, Barry Shaw, produced a progress report on the 1971 Misuse of Drugs Act, which marked the final arrival of US drugs prohibition in this country: "There is overwhelming evidence to show that the prohibition-based policy in this country since 1971 has not been effective in controlling the availability or use of proscribed drugs. If there is indeed a war against drugs, it is not being won ... Illegal drugs are freely available, their price is dropping and their use is growing. It seems fair to say that violation of the law is endemic, and the problem seems to be getting worse despite our best efforts."

The Home Office responded to the chief constable's report with complete silence: they refused even to acknowledge receiving it. Internal reports from the American Drugs Enforcement Agency confirm the chief constable's conclusion.

Where to from here?

There is room for debate about detail. Should we supply legalised drugs through GPs or specialist clinics or pharmacists? Should we continue to supply opiate substitutes, such as methadone, as well as heroin? Should the supply be entirely free of charge to guarantee the extinction of the black market? How would we use the hundreds of millions of pounds which would be released by the "peace dividend"? But, if we have any compassion for our drug users, if we have any intention of tackling the causes of crime, if we have any honesty left in our body politic, there is no longer any room for debate about the principle. Continue the war against drugs? Just say no.

Amphetamines

The following synopsis is taken from the Australian Illicit Drug Report 2000-2001 and the Illicit Drug Reporting System 2001.

What are they?

Amphetamine is a potent stimulant. It is synthetically derived from beta-phenethylamine to form a substance similar in structure and effect to the naturally occurring neurotransmitters: adrenalin, dopamine and noradrenaline. Amphetamine directly affects the central nervous system by speeding up the activity of certain chemicals in the brain. Examples of other stimulants include caffeine and cocaine (Chesher 1991).

The term 'amphetamine' usually is used to denote the sulphate of amphetamine, which is the most common form of the drug in licit use. 'Amphetamines' is a generic term referring to a range of amphetamine-based stimulants including amphetamine and methylamphetamine, but excluding amphetamine analogues such as MDMA (ecstasy - 3,4 methylenedioxy-methylamphetamine) (Chesher 1991).

The terms Methylamphetamine and methamphetamine both describe the same drugs.

What does it do?

Amphetamines induce short-term feelings of energy, power, strength, assertiveness and motivation. After passing into the brain, amphetamines release neurotransmitters (dopamine and serotonin) producing a sense of euphoria that can last for several hours but is usually followed by depression and fatigue. Among other short-term physical effects are increases in blood pressure, heart and breathing rate, enlarged pupils, reduced appetite (sometimes leading to anorexia and malnutrition), dental damage as a result of tooth grinding, insomnia and anxiety. Long-term effects include depression, fatigue and paranoia, and what is commonly known as 'amphetamine psychosis' (Chesher 1991;

EMCDDA 1999). Amphetamine psychosis is characterised by paranoid delusions, hallucinations and aggressive or violent behaviour' (ADF 2001).

Use & availability

The use of illicit amphetamines or 'speed' in Australia is probably the most concerning trend in the illicit drug environment. The use of methylamphetamine, the predominant amphetamine-type stimulant in Australia, has been trending upwards in the past few years - a trend that most likely has been accelerated by the shortage of heroin.

Over the past five years heroin and cocaine arrests have fluctuated, however arrests for amphetamines have steadily and significantly risen until they surpass those of heroin. Findings from the Illicit Drug Reporting System - ACT Drug Trends 2001 show that there is an increase in number of users, increase in number of younger users, increase in alternating/concurrent amphetamine use amongst heroin users. It is likely that these trends also show in other jurisdictions.

It is a potent drug that can be swallowed, mixed with drinks, ingested intranasally or injected. It appears to be used by an increasing number of Australians. The effects of long-term or binge use include aggressive irrational and unpredictable behaviour, often described as psychotic and present a threat to the community as well as law enforcement. Methylamphetamine is thus identified as the most significant and potentially threatening illicit drug in the reporting period (2000 - 2001) and is likely to remain so in the future.

The potential impact of amphetamines is exacerbated by the fact that the Southeast Asia region is experiencing a methylamphetamine problem of even greater magnitude. The 2000-2001 period saw a 65 kilogram increase in attempted amphetamine importation into Australia from Southeast Asia. (Editor's Note: If this is the amount detected how much goes undetected?)

Manufacture

The manufacture of methylamphetamine from pseudo-ephedrine is relatively easy, though highly dangerous. A coordinated group of criminals can purchase or steal large quantities of pseudoephedrine-based medication and convert it to methylamphetamine in a very short time, often less than 24 hours. However, even before a single gram of the drug has been sold, the environment has suffered; manufacture of the drug produces toxic waste in a ratio of ten to one. In other word, for every 100 grams of methylamphetamine illegally produced, a kilogram of highly dangerous waste is produced and illegally buried or dumped or tipped in waterways.

Methylamphetamine can be manufactured clandestinely without regard to season or location and with equipment that can easily fit in the boot of a car. Organised criminal networks, such as outlaw motor cycle gangs, are often implicated in the manufacture of methylamphetamine.