

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

NEWSLETTER

August 07

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NEXT Meeting
Thursday 23 August 2007
at 7.30pm
speaker at 8.00pm

Speaker: Joanne Smith, Manager of
Directions ACT's Life Skills
Program

Topic: Developments and initiatives of the
Life Skills Program

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

Refreshments will follow

Editorial

Nasty and strange things grow in dark corners - like the mould in the damp dark corner of the bathroom or the cockroaches that live under the refrigerator and scuttle about under cover of darkness.

So it is also with things drug related. Illicit drugs have been pushed into the dark where almost everything about them is hidden. We do not know the composition nor quality of the drugs - a simple mistake in the lab in the backyard shed can mean that a life is lost. We do not know the size of the drug market nor do we know the real "success" rate of law enforcement.

Young people who use the drugs rely on word of mouth or past experience (if they have lived through it). Parents, for the most part are completely in the dark - they have little knowledge nor little understanding about drugs.

It is the lack of knowledge that is most concerning and which can be most dangerous in many ways. Take for example the current debate on a needle exchange program proposal in the new ACT prison (or any Australian prison for that matter).

Everyone who has ever thought about it knows that:

- Drugs get into prisons no matter how hard we try to stop them,
- Syringes are shared in the use of those drugs,
- Sharing injecting equipment spreads blood borne viruses and can mean that prisons are incubators for those viruses,
- But the spread of those viruses has been limited and controlled by the provision of clean syringes in the world outside prisons.

The debate about a needle and syringe exchange program in the new ACT

prison from those who oppose it do not acknowledge these facts but rely simply on fear. Take, for example, this extract from a letter in the Canberra Times:

His assertion that in "60 prisons in 12 countries" there has never been a case of a syringe being used as a weapon against prison staff will come as a surprise indeed to the family of NSW prison officer Geoff Pierce. That young officer was attacked from behind with a blood-filled syringe and infected with HIV, and eventually died as a result.

The fear that is being stirred up is that syringes, if permitted would be used as weapons. And we are well aware that fear works - xenophobia and fear of terrorists is rarely out of sight; we have built prisons for refugees and trampled over human rights to ensure we are safe.

The full facts, in the syringes in prison matter, need to be exposed. The facts in the NSW prison officer's case is that **syringes were prohibited in NSW prisons** (and as I understand it made more prohibited since that incident) when the event happened. The 60 prisons referred to in the letter, refer to prisons where syringes, under controlled conditions, are permitted.

Logically then one would conclude that prison officers are safer where a syringe exchange program is permitted than otherwise. Think also of the situation when a guard turns over a prisoner's cell. Is the guard safer from a needle stick injury from an infected needle if he:

1. knows where the syringe is and can see it, or
2. does not know where the syringe is hidden?

A light of knowledge needs to be shone into these dark corners.

In this debate about NSP in prisons, it is not only about the safety of the guards - although it seems they would be safer with a NSP rather than without one - but it is about prisoner health and about community health.

We know that drugs get into prisons no matter how hard we try to keep them out. We also know that syringes are used and shared in prisons to use those drugs - a major cause of transmission of blood borne viruses (BBV).

The ACT Chief Minister has said that prisoners are sent to prison as punishment not for further punishment. One would expect a prisoner therefore to be released from prison in at least the same if not better mental and physical health than when he/she was first incarcerated.

Thus if just one prisoner is released from prison with Hep C that he did not have when he entered prison, the system has failed. But it has not only failed him but failed the community as well by adding to the disease burden and all of its costs to the community.

12th Annual Remembrance Ceremony

The ceremony this year will be held on Monday 22nd October at 12.30pm at Weston Park, Yarralumla.
PLEASE MAKE A NOTE IN YOUR DIARY.

The issue of an NSP in prisons is an important issue. One that requires community action. One that requires your help. Later in this Newsletter there is information that will indicate ways in which you can provide that help.

NDARC study on causal relationships between drugs.

In the second last week in July a 10-year-long Australian study by NDARC found a very high usage of amphetamines by the nation's youth. It also found that heavy teenage cannabis use leads to later amphetamine use.

But many believe emphasising the link between cannabis use and later illicit drug use misses the real problem. That is, that the legal drugs alcohol and tobacco have a far higher chance of leading to illicit drug use than does cannabis.

Norman Swan, who was standing in for Fran Kelly on radio national interviewed Dr Alex Wodak on July 19 over the study.

Dr Alex Wodak is the director of the Alcohol and Drug Centre at Sydney's St Vincent's Hospital. He sees some 320 heroin addicts each week in his clinic.

Some of the points that emerged from the interview were:

- Claims that early cannabis use leads to later amphetamine use was seized upon by media, which ignored the fact that early use of alcohol and tobacco have "a far higher chance of leading to illicit drug use, than does cannabis".
- No Link has been definitively established between cannabis and other drug use nor even between licit to illicit drug use.
- Cannabis presently involves exposure to the illegal drug crime scene. This is a factor in "explaining" the apparent link. Unavailability of cannabis may provoke the potential purchaser to try a stronger illicit, or the supplier may suggest/offer another illicit.
- Earlier use of illicit and licit drugs is associated with increases in lifetime use.
- With opiates, heroin users also use high levels of licit drugs. Illnesses from tobacco smoking only are highly represented within this demographic.
- With maintenance such as MMT clients are more likely to die from a smoking related pulmonary disease than from any illness, accident or side effect of opiates.

Thanks to Paul Gallagher for the summary. The audio of the interview can be found at: <http://tinyurl.com/2pmynt>.

This link will take you to the ABC's podcast download site.

Naltrexone Implants

Dear Colleagues,

Griffith Edwards, long time *Addiction* editor, once wrote that case reports were of limited value scientifically - and he was right. However, sometimes simple clinical observations can be the start of something big, such as

lithium on the positive side (Melbourne) and thalidomide (Sydney) on the negative one.

In this month's *Addiction* (July p1164) Krupitsky, Woody and colleagues report on a patient who overcame the artificial blockade from a naltrexone implant, a product which is apparently now registered for use in Russia [1 gram ~ 'one month blockade'].

A drug dealer engaged the patient as a courier, knowing that he had had an implant. He assumed that the man could therefore not avail himself of the large quantities of drugs he was to smuggle into a local prison on a regular basis.

After receiving numerous payments in the form of heroin he attempted to 'test' the blockade by injecting first 2, then 4, then 8 and then even more 'bags' of the illicit heroin. We are told that on the final injection he overdosed and became cyanotic. Having survived, he continued using the by now very large quantities of heroin until it ran out 2 weeks later. Suffering severe withdrawal symptoms, he was then re-admitted for detoxification. It is a mystery that methadone treatment is still illegal in the Russian Federation, yet an unproven formulation of naltrexone is being used by 'narcologists'.

Detoxification only rarely results in abstinence for life and it is tragic that relapsing addicts in Russia have little alternative but to return to street opioids.

Doctors who use naltrexone implants in addiction treatment are taking risks both for themselves and their patients. The benefits of naltrexone implants might outweigh their very real dangers, yet no comparative research has yet been published to support their use. Since most return to heroin use at some stage, those recommending naltrexone need to propose strategies to prevent overdoses. After detoxification, there is very low tolerance and thus heightened vulnerability to overdose.

Hulse and Tait, who are usually strong advocates of naltrexone and these days are strong advocates of naltrexone implants, draw attention to another serious problem with naltrexone implants. Because opioids are generally ineffective at normal doses, some patients will die from overdose of combinations of non-opioid drugs (or from spectacularly high doses of opioids as above) (Hulse GK, Tait RJ. Opioid overdose deaths can occur in patients with naltrexone implants. *MJA* 2007 187;1:54). However, their estimate in the same letter that the mortality of patients on naltrexone implants is only one in 600 patient-years seems a tad optimistic and should not be accepted until replicated by others in well-designed studies. We have to be mindful that naltrexone supporters in Australia and overseas have often 'over sold' the benefits while also under-estimating the negatives of naltrexone. Remember 'I woke up cured of heroin addiction' in the *Woman's Weekly* a decade ago?

Like many of my colleagues, I am concerned at the use of naltrexone implants for addiction purposes in Australia without the normal safeguards of a new medication. As an alternative to post-marketing surveillance I propose a survey to seek first hand reports of experiences, both positive and negative, with these devices. Some have been used in patients who have

travelled long distances and may lack sufficient local medical support.

Readers who have consulted with patients who have been prescribed naltrexone implants are invited to write [to Dr Byrne] to report their findings, including individual case reports. Age and sex of patients and dependency diagnosis would be useful, along with any other relevant clinical details (type of implant, number of implants, etc).

I [Dr Byrne] undertake to collate these and report back to the appropriate parties, including health authorities, manufacturers (where these are known), informants and patient groups for their information.

In medicine, 'proof of effectiveness' means that a sufficient number of positive research trials of high quality have been published by reputable authors in peer reviewed, respected journals.

In my view we have not yet reached this situation by general consensus with naltrexone implants.

Comments by [Dr] Andrew Byrne,

Medical Practitioner, Dependency Medicine, 75 Redfern Street, Redfern NSW 2016, <http://www.redfernclinic.com/>

Krupitsky EM, Burakov AM, Tsoy MV, Egorova VY, Slavina TY, Grinenko AY, Zvartau EE, Woody GE. Overcoming opioid blockade from depot naltrexone (Prodetoxon®). *Addiction* 2007 102:1164-5

Hulse GK, Tait RJ. Opioid overdose deaths can occur in patients with naltrexone implants. [response] *MJA* 2007 187;1:54

Gibson AE, Degenhardt LJ, Hall WD. Opioid overdose deaths can occur in patients with naltrexone implants. *MJA* 2007 186;3:152-153

Stanhope not swayed on jail needle exchange

Author: By Danielle Cronin Health Reporter

Publication: The Canberra Times (Thu 02 Aug 2007)

Inmates should be supplied with clean needles in the new ACT prison, a "ground-breaking" report recommends. But Chief Minister Jon Stanhope remains unconvinced. The ACT Government is yet to take a formal position on the issue, which is likely to be considered soon by cabinet,

"I must say that I am pre-empting that to the extent that I say that I am yet to be convinced ... we should adopt a needle exchange," Mr Stanhope said yesterday. He had concerns about safety if there was a needle-exchange program in the Alexander Maconochie Centre, due to open in mid-2008.

"But the overarching and, I think, more significant issue is the question of the evidence that we would need to justify it ... and the implications for the contest between ameliorating the adverse affects of dirty needles as against a determination to do all we can to rehabilitate and to do it genuinely," he said, Mr Stanhope launched yesterday the Winnunga Nimmityjah Aboriginal Health Service's report, *You Do the Crime You Do the Time*.

Winnunga chief executive Julie Tongs said this was a ground-breaking study. "Truthfully, if the recommendations are adopted, they will save lives," she said. "In many cases, the recommendations are somewhat controversial.

"For example, that the Commonwealth take over prisons, or the introduction of needle-exchange programs and the reinstatement of prisoners' right to vote. "They may be controversial but they make good sense." Mr Stanhope supported prisoners' right to vote a right removed by the Commonwealth Government.

"It Is our intention to legislate to ensure that ACT prisoners in the Alexander Maconochie Centre will vote in ACT Legislative Assembly elections but ..., that's not a decision we can make in relation to federal elections' he said. Researcher Dr Nerelle Porocho produced the report after reviewing the literature on indigenous prisoners' health and interviewing 22 ex-prisoners, 17 families of prisoners and ex-prisoners and 39 representatives of support groups in the ACT and Queanbeyan.

She also drew on Winnunga's experience delivering health care to inmates in Belconnen Remand Centre and Goulburn and Cooma jails. Ms Tongs said this experience had exposed that a significant proportion of indigenous prisoners missed out on proper health care. "At best the care is patchy and bears no relationship to the real, culturally sensitive needs of Indigenous Australians," she said.

The report recommended a holistic health service be provided when the inmate was in prison, ready for release and back in the community. Programs would address the person's physical, emotional and cultural needs, "it's not rocket science, but nevertheless there is nothing remotely like it existing anywhere in Australia," she said.

Mr Stanhope described the report as a "significant piece of research" that would feed into efforts to plan health services in the new prison. "It is vital that we find ways of improving health outcomes for all of those in our corrections system, and we know that indigenous prisoners have particular needs and particular responses to incarceration," he said. Aboriginal and Torres Strait Islanders made up 1.2 per cent of the ACT's population.

It was a "shameful" situation when this small group accounted for up to 30 percent of ACT residents locked up in NSW prisons.

Your help is needed on this issue of NSP in the ACT prison!

- No prison is drug free. Drugs get into our most secure institutions - prisons! It does not matter how hard officials try to stop it, it still happens.
- Syringes are shared in prisons - a major cause of contraction of blood borne viruses (BBV) such as Hep C.
- BBVs contracted in prisons can be spread throughout the community when prisoners are released - to family and to friends, who in turn can spread it to more in the community.
- Spread of BBVs costs the individual and the community in both health and financial terms.
- Needle and syringe programs have been proven to reduce the spread of the disease in the community, and to save money.

- Prisoners should have access to the same health services as those outside prisons - they are in jail as punishment, not to receive more punishment.

None of this is to say that attempts should not be made to stop drugs getting into prisons, nor does it say that there should be no attempt to provide treatment and services to enable prisoners to overcome their addiction. All of these things should be undertaken.

Here are some suggestions of what you can do:

- Write a letter or email to or telephone ACT Legislative Assembly members.
- Write a letter or email to or telephone anyone else who might have a vital interest.
- Write letters to the editor of The Canberra Times, the Chronicle, or other newspapers.

Some resources that will help you to know what to say are posted on our website ffdlr.org.au. These include:

- email and postal addresses
- answers to critics who are against a NSP in prisons
- sample letters to the editor
- brochure on how to write letters to the editor
- FFDLR submission to Legislative Assembly standing committee
- And much more background material.

Here are a few letters published or sent to The Canberra Times that will help inspire you:

Talk for thought

Published 6 August 2007

It is a pity that the Chief Minister's concern for human rights offers us no protection from the fall out of irrational laws: laws that will not achieve their objectives.

His support for prohibition of sterile syringes in the new ACT prison on the ground of the best interests of detainees and staff is a perfect example (Stanhope not swayed on jail needle exchange, CT August 2, p 7).

In this area he is as prepared as the Prime Minister to make dishonest appeals to lack of sufficient evidence.

There is a mountain of evidence that sterile syringes are essential to control blood borne diseases and do not undermine other good rehabilitation programs.

The evidence is also clear from overseas prisons that it is safer for staff to provide syringes: no more needle stick injuries in searching for secreted ones.

As the Prime Minister knows, there is no better way to knock on the head a rational proposal for which there is already strong evidence than to insist on proof.

The Chief Minister has told the Assembly that "some illicit drugs will get into prisons" and that health services must "ensure that the prison does not become a crucible of contamination and thereby potentially compromise community health." He now exposes himself to charges of hypocrisy.

Perhaps financial rationality may sway him. Please, Mr Stanhope, take advice from your hard pressed health professionals about how many tens of thousands of dollars a year it will cost to treat for blood borne infections in prisoners, their partners and their children.

Bill Bush

TURNER ACT

Dear Editor

The refusal of the jail guards and the Community and Public Sector Union (Guards veto needle plan, July 5) to consider the evidence supporting clean needle and syringe provision in jails confirms my original thoughts that it was not a jail that is needed but better drug and alcohol and mental health facilities. After all prison officers are not equipped to care for the 80% of inmates with mental health or drug and alcohol problems.

Syringe Exchange Programs have been successfully implemented in a diverse range of prison settings. Evidence overwhelmingly shows that they reduce HIV and Hepatitis C risk and prevent disease transmission not only within prisons but in the community when the prisoner is released. They increase referrals for addiction treatment, and do not increase drug use nor pose security or OHS problems. They are also cost effective.

On naming the ACT prison, The Alexander Maconochie Centre, Jon Stanhope said: "Maconochie is famous for his contribution to penal reform and for introducing the humane management of prisoners and many innovations in penal practice, which were well ahead of their time."

Noting that Maconochie himself was sacked in 1844, primarily because military guards, supervisors and constables resisted his reforms, are we seeing history repeat itself? Does this opposition by the guards to one of today's prison reforms already signal the failure of the Alexander Maconochie Centre.

M McConnell

HIGGINS ACT

Letter not yet published

In Memoriam



**Here lies the remains of the Australian Heroin Trial.
Killed off 10 years ago this month and buried by Prime
Minister Howard only days after being born.
Sadly the first of many deaths that were to follow.**