

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

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

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**NEWSLETTER**

**March 07**

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## **NEXT Meeting**

**Thursday 22 February 2007**

at 7.30pm

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

**Refreshments will follow**

## **Editorial**

Welcome back to another year. This promises to be an interesting year (to borrow from the old Chinese saying). There are two major elections this year – NSW and Federal - and there are very strong attacks on the foundations of Australia's drug policy that will need all of our efforts to repel.

While this Newsletter has been critical of some aspects of Australia's drug policy and how it is implemented, there are some very sound aspects that have served Australia well over the years and which should not be destroyed.

There have been some very hard won battles that now run the risk of being wound back. One of these is the Kings Cross Supervised Injecting Centre (MSIC). The risk is twofold: there is a waning of support by government ALP members and there is direct opposition from the opposition.

The opposition leader in the NSW Parliament has promised to shut down the centre should he be elected. In this endeavour he is being aided and abetted by an organization called Drug Free Australia. Neither the opposition leader nor DFA have the interests of those caught up in drugs or their families as their best interest. The opposition leader believes that he will win votes by his stance, and DFA is pursuing an ideological pipe dream that all drug use in Australia can be stopped. A consequence of that is a willingness to sacrifice lives for that ideology.

The next article published by MSIC supporters puts the lie to the DFA claims.

The second front in this battle has been opened up in an inquiry into the Impact of Illicit Drug Use on Families. The Hon Bronwyn Bishop MP of the Liberal Party chairs it. She is a strong supporter of 'zero tolerance' and opposed to harm minimisation. The second dot-point term of reference provides a clue to the objectives of this inquiry: *"The Committee is interested in: ... the impact of harm minimisation programs on families"*.

The intention appears to be to discredit harm minimisation and promote zero tolerance. There is nothing in a zero tolerance approach that will help families and those caught up in drugs.

However it is possible for all of us to do something about it. Submissions to the committee have been invited and the closing date is 23 March 2007. It is your government and your view needs to be heard. The government through this committee needs to be told that of the three arms of the harm minimisation policy (ie supply reduction, demand reduction, harm reduction) the element that is most beneficial to families is harm reduction.

The committee needs to be told how harm reduction has helped, or how, if harm reduction measures were improved (by for example more treatment options, easier access to treatment, medical prescription of heroin, adoption of health responses rather than law enforcement responses) conditions for your family would have been improved.

Readers are strongly encouraged to write to the committee. A letter or email does not have to be long nor an elegant piece of prose. The committee just needs to hear your story. Send a copy to us also so that we can make sure, when FFDLR presents before the committee, that your voice is heard.

The address for the committee is:

Standing Committee on Family and Human Services,  
Parliament House, Canberra, ACT 2600. The email address is [fhs.reps@aph.gov.au](mailto:fhs.reps@aph.gov.au).

**If you reside in NSW** you are also strongly urged to write or contact your local member to bolster support for the MSIC. And while you are in the process of writing letters you are urged also to write to the NSW opposition leader expressing your opposition to his intention to close the MSIC. His address is:

Peter Debnam MP, Parliament House Macquarie Street  
Sydney NSW 2000. His email address is:  
[peter.debnam@parliament.nsw.gov.au](mailto:peter.debnam@parliament.nsw.gov.au).

## **Rebuttal to Drug Free Australia claims.**

By MSIC Supporters

Drug Free Australia (DFA) has released the following misinformation to AAP under the title: "What's really going on in the KINGS CROSS INJECTING ROOM?"

**DFA claim:** Drug Free Australia's "report" reveals at least 8% injectors are using ICE. Drug Free Australia (DFA) has uncovered evidence that the Kings Cross Injecting Room is allowing people to shoot up ICE.

This facility was put in place to the supervise people injecting heroin, this taxpayer-funded trial has completely missed its target.

**Fact:** A range of drugs has been injected at the facility since 2001. This information is reported to the NSW

Health Department on a quarterly basis. Trend data in this regard are also provided to the National Drug and Alcohol Research Centre, the Medically Supervised Injecting Centre (MSIC) contributing as a sentinel site to its national drug surveillance system. These data are also communicated to the local community through the MSIC's regular Newsletters, which are posted on its website at [www.sydneymaic.com](http://www.sydneymaic.com), and have often been reported in the media. The independent evaluation team also reports on the range of drugs being used at the MSIC over time to NSW Health and in various papers published in the scientific literature.

The MSIC was established to reduce all injecting-related harms – not just those associated with heroin use. *Injecting* as a way to self-administer drugs, is associated with significantly greater risks of harm, including drug-dependence, overdose and blood borne infections, quite regardless of the actual drug being used.

While sometimes coined “the heroin injecting room” by media – the MSIC has actively discouraged this, always referring to it as the “medically supervised injecting centre”. All relevant legislation and policy documentation also use this correct terminology.

The MSIC is funded through the confiscated proceeds of crime.

**DFA Claim:** Research just completed by Drug Free Australia points to numerous other irregularities and gross misinformation that demonstrates conclusively that it has consistently failed to meet the objectives upon which it was first established.

**Fact:** MSIC Objective 1: to reduce the morbidity and mortality otherwise associated with drug overdose. Results: 2,034 drug overdose cases have been successfully treated by registered nurses at the MSIC, none requiring emergency ambulance transportation to hospital; no fatalities to date; 84% decrease in ambulance callouts to overdose cases in the Kings Cross area since the MSIC was established: a 21% greater decrease than elsewhere in NSW.

MSIC Objective 2: to reduce the transmission of blood borne infections including HIV and hepatitis B and C.

Result: Injecting drug users (IDUs) have been provided with clean injecting equipment and specific advice to reduce injecting risk behaviour on 371,240 occasions since 2001.

MSIC Objective 3: earlier and greater engagement with high-risk, street-based injecting drug users (IDUs)

Result: among the 9,500 individual IDUs who have registered to use the MSIC to date most of whom had previously injected drugs in Kings Cross, the majority had never accessed any of the other health services targeting drug users in the area. Having injected in public situations is a predictor of more frequent use of the MSIC, which is in turn a predictor of successful referral from the MSIC to a drug treatment program.

MSIC Objective 4: to enhance IDU access to relevant health and social welfare services including drug treatment and rehabilitation programs

Result: IDUs have been referred to other relevant services on more than 6,000 occasions to date – more than 2,500 of these were to drug treatment and rehabilitation programs.

MSIC Objective 5: to reduce street-based injecting and discarded injecting equipment in public places, and thereby improve public amenity

Result: On average 230 injecting episodes occur at the MSIC each day – episodes that would otherwise occur in less safe, often public places. Serial random telephone surveys of local residents confirm that there has been a significant reduction in public injecting and associated injecting paraphernalia in Kings Cross since the MSIC opened.

**DFA claim:** In 2006 only a little over a third of injections in the injecting room were heroin, with 8% of current injections being the substance Ice. Our research reveals that, in fact, only 38% of injections in the facility in 2006 were heroin injections. Other substances that make up the other 62% included methamphetamines and cocaine.

**Fact:** While heroin remains the drug of choice for most drug users in the area and has been injected on 65% of all visits to the MSIC to date, other drugs including cocaine and methamphetamines may be substituted when heroin availability is low. “Ice”, which is the crystalline form of methamphetamine, represents a proportion of all methamphetamine-injecting episodes at the MSIC.

The use of all forms of methamphetamine at the MSIC peaked in September 2003 when it reached 11% of all visits. It has gradually decreased since this time, representing 7% of all visits in the last 3 months.

**DFA Claim:** Ice, though highly destructive in the medium to long term, does not present any significant risk of overdose.

**Fact:** There is a significant risk of methamphetamine “overdose” (more often referred to as “toxicity”) when used heavily over time. Potentially fatal manifestations of methamphetamine overdose include cardiac arrhythmias (fast and/or irregular heart beat) and cardiac arrest (“heart attack”), rapidly escalating hypertension (high blood pressure), seizures (fits) and cerebrovascular accident (“stroke”). The MSIC has developed clinical protocols to treat all of these conditions.

Methamphetamine may also induce psychosis, which can be a risk to the individual and others' safety. By relocating drug users who would otherwise inject this same drug in back streets nearby, to a clinical facility, the MSIC is uniquely positioned to identify, contain and treat those with the very early signs of methamphetamine-induced psychosis, thereby preventing its escalation and consequent public order problems when this occurs in unsupervised circumstances.

The MSIC also works closely with mental health, police and other emergency services in the area to ensure a coordinated response to such problems should they arise. However, there have been no cases at the MSIC to date where emergency referral has been needed.

**DFA Claim:** With the rationale for the injecting room being supervision in the event of life-threatening heroin overdose, the injecting room is not being used for its announced purpose, says DFA spokesperson, Gary Christian.

**Fact:** Among the 2,032 overdose cases successfully treated to date, more than 90% were heroin-related; 87 heroin-related overdose cases were treated at the MSIC in the last 3 months.

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**DFA Claim:** This blatant lack of accountability, makes one wonder what else is going on in the facility. It is time to close the injecting room, said Mr Christian. It is an experiment that is in total breach of Australia's United Nations obligations, and as a trial it should have been closed in 2003 once the negative evaluation evidence was presented.

**Fact:** The MSIC is arguably amongst the most accountable health organisations ever established. All of its internal management protocols were carefully examined and approved by both of its licensing authorities: the Director-General of NSW Health and the NSW Police Commissioner prior to being granted a licence to operate. These cannot be changed without prior approval from these authorities. Their delegates visit the MSIC without notice on a regular basis to ensure compliance with these protocols. The service is required to report its clinical activity to NSW Health to the "Government Monitoring Committee" – made up of a range of relevant stakeholders - every 3 months. The MSIC continues to be subject to external evaluation by a team of highly respected public health researchers.

All countries with supervised injecting facilities (which include Switzerland, Germany, the Netherlands, Spain, Canada, Norway and Luxembourg) are signatories to all UN drug control treaties (although some have not yet ratified the 1988 Convention). While the International Narcotics Control Board (INCB) of the United Nations Office of Drugs and Crime (UNODC) has contended that drug injection rooms contravene these treaties "by publicly inciting or inducing as well as aiding and abetting, facilitating or counselling the illicit use of drugs for personal use", a report prepared by the UNODC's own Legal Affairs Section for the INCB in 2002 concluded that: "It would be difficult to assert that, in establishing drug injection rooms, it is the intent of parties to actually incite or induce the illicit use of drugs, or even more so, to associated with, aid, abet or facilitate the possession of drugs. On the contrary, it seems clear that in such cases the intention of governments is to provide healthier conditions for IV drug [users], thereby reducing risk of infections with grave transmittable diseases and, at least in some cases, reaching out to them with counselling and other therapeutic options."

**DFA Claim:** That evidence is conclusive concerning its failure, and whichever government wins the NSW election on March 24, it should divert the funds to drug prevention and effective rehabilitation, which will really save lives.

**Fact:** The MSIC does not divert funding from drug prevention and rehabilitation programs and supports their further expansion. The MSIC urges all state politicians to approach the decision regarding its future in a non-partisan way, to consider the objective evidence and reserve their decision until the final evaluation report is tabled in NSW Parliament for consideration later this year.

**You too can become a supporter of the Sydney Medically Supervised Injecting Centre by logging onto [www.sydneymaic.com](http://www.sydneymaic.com) and following the instructions. Subscribers to this list will receive email updates and other information about the MSIC.**

## Arrests for methamphetamines

The number of people arrested for methamphetamine in NSW has more than doubled over the past decade, according to figures released today by the NSW Bureau of Crime Statistics and Research and the National Drug and Alcohol Research Centre (NDARC).

In 2005 there were 3,091 arrests for methamphetamine, or 46 per 100,000 persons in NSW. This represents a 253% rise on the 1,114 methamphetamine arrests in 1995 (18 per 100,000 arrests per 100,000 persons).

The report can be found on the [Bureau of Crime Statistics and Research website](#) and is titled: The relationship between methamphetamine and violent behaviour.

The lead author of the report, Dr Rebecca McKetin, Senior Research Fellow at NDARC, explains there has been much conjecture about whether the increased popularity of ice has led to a rise in violent behaviour.

Over the past decade, the assault rate in NSW has risen from 522 per 100,000 persons in 1995 to 942 per 100,000 persons in 2005. The report explains how methamphetamine use can lead to violent behaviour in some situations, but it is likely to be one of a number of factors contributing to the increasing assault rate in NSW.

"The best evidence we currently have suggests that the drug's use would only be implicated in a small proportion of assaults", said Dr McKetin.

"Most of the violence associated with methamphetamine use occurs when users of the drug experience drug-induced psychosis. There is no direct evidence that simply taking this drug makes people become violent. Rather, it's a case of chronic users of the drug, who are experiencing drug-induced paranoia, reacting to situations in a violent way", says Dr McKetin. "Personality, drug withdrawal, alcohol use, and circumstantial factors, all play a role in precipitating violence."

Frontline policing and health bear the brunt of drug-induced psychosis, and there is a need to improve the capacity of the workforce in how to manage the aggressive behaviour that often co-occurs with this condition.

A copy of the press release can be found at the following weblink: <http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/Press%20Releases>

## Give addicts heroin, says officer

BBC News 22/11/2006

Heroin should be prescribed to drug addicts to curb crime, the deputy chief constable of Nottinghamshire has said at a drugs conference.

Howard Roberts told an Association of Chief Police Officers' conference in Manchester the idea should be assessed.

He said the treatment would cost £12,000 a year per addict but added that drug users steal property valued at an average of £45,000 a year.

The idea is being piloted in London, the South East and North of England.

"At the moment across the country we see levels of burglary, robbery and murder being committed by drug-fuelled addicts who are doing so in order to get the money to buy the drugs," Mr Roberts told the conference.



Howard Roberts said prescribing heroin to criminals would cut crime

"One of the things I have found is that as a treatment it has been highly effective in actually helping to reduce crime.

"We've seen good levels of falls in drug-related acquisitive crime.

"However, there is still a considerable problem and what I am suggesting is that we need to explore, as part of a treatment programme, the prescribing of heroin to addicts in order to take them out of the illegal market."

He added: "Of course, getting people off drugs altogether must be the objective.

"But I do believe that we have lived with the terrible consequences of relatively uncontained addiction for far too long.

"If we are to make a greater impact we need to fundamentally address the method of operation of the criminal market-place for heroin."

The manager of a Nottinghamshire-based support service for families of drug users supported the police chief's call.

"I'm delighted that police are taking drug treatment options more seriously and have been doing so over the last few years," said Nina Dauban, manager of Mansfield-based Hetty's.

"In the past police have been forced to go down the enforcement and criminal justice route that doesn't always solve the problem.

"There is a lot of criminality around drugs, reducing the level of criminality is really important in improving treatment for addicts.

"All tribute to him saying this. It is typical of Nottinghamshire Police not to be frightened to speak about their convictions.

"We're not here to win a popularity contest - we're out to improve services for drug users."

Martin Barnes, chief executive of drugs charity DrugScope, said: "There is compelling evidence that heroin prescribing, although more expensive than some forms of drug treatment, is cost-effective in reducing drug-related crime and other costs to communities."

Nicola Metrebian, from the charity Action on Addiction, said they were doing research which would "compare the effectiveness of injectable methadone and injectable heroin to oral methadone" for a group of hard to treat heroin users.

In the Department of Health pilots, 300 to 400 drug users receive heroin for their addiction.

Similar schemes in Holland and Switzerland reported some users turning away from crime.

Presentation slides from Associate Professor Alison Ritter's talk at the ACT Legislative Assembly on 6 February 2007 are on the FFDLR website.

## 'This Precious Life'

A peaceful rally to celebrate living

**Sunday February 25<sup>th</sup>, 1.00pm – 11.00pm**

**at Hepburn Palais, Hepburn Springs, Victoria**

**\$12.00 single, \$20 family, \$10.00 concession.**

In light of the recent events regarding the nine young Australians in Bali, a group of concerned people aim to raise awareness concerning the impact of such severe sentencing for these young Australians.

Their lives have become severely compromised through their lack of judgement and a mistake, that has them fighting for 'their precious lives'.

Australia opposes the death penalty, so it is time for the community to make its stand loud and clear against off shore executions and death sentences. A special day of music, guest speakers, raffle, food and fun activities for individuals and families has been organised at the **Hepburn Palais, Hepburn Springs.**

Speakers include Lee and Christine Rush (parents of Scott, 21 sentenced to death by firing squad) and Vicky Czugaj (mother of Michael 20, sentenced to life imprisonment). Also speaking will be Catherine King, Labor Federal member for Ballarat and Colleen Hartland member for Vic Greens.

Musicians include Kutcha Edwards, Darren Hanlon, Joel Bennetti and the Outcomes.

All proceeds will go to the families of the nine young Australians to assist them with better access to their children, supporting their basic needs (ie; food, water and electricity).

Further enquiries to Joan Mackenzie 03 5476 4315

## Strong Bonds

Extract from article from Victorian member Margaret Quon. [email: quons@msn.com]

Recently I participated in the ABC "LifeMatters" program to discuss a new website and program called "Strong Bonds" which is designed to give parents and drug and alcohol workers strategies and accurate information to assist in keeping families connected.

This is a valuable resource developed by the Jesuit Services in Melbourne in consultation with a parent focus group. What this group had in common was love for their children, fear for their well being, hopes for their recovery and incredible strength and belief that they could contribute to a valuable resource.

During the development process the group discovered that despite the age of their children, their drug of choice, their subsequent behaviours, we experienced the same despair, the same grief, the same helplessness, the same merry-go-round of services and the same desire for our children to find peace and happiness within themselves.

No parent wants their child to use drugs, to be homeless or malnourished, to be at risk of harm or face criminal charges. Often a parent can become despondent when they see their young person has no sense of hope in their struggle for change. But parents have that important role of **holding onto hope** for them until they are ready to hold it themselves. It is a process that lifts a parent.

The Strong Bonds website provides accurate information in these areas at: <http://www.strongbonds.jss.org.au/>