Families and Friends for Drug Law Reform (ACT) Inc

Committed to preventing tragedy that arises from illicit drug use



PO Box 7186 KALEEN ACT 2617 Tel: 02 6169 7678 Email: mcconnell@ffdlr.org.au Web: www.ffdlr.org.au ISSN 1444-200

OCTOBER MEETING

@FFDLR

Thursday 22 October, 7.30pm St Ninian's Uniting Church hall, cnr Mouat and Brigalow Sts, LYNEHAM

Discussion on

- the Remembrance Ceremony
- Launch of the 20 year book and
- the future of FFDLR

ANNUAL GENERAL MEETING

This will take place on Thursday 26 November. Time and venue to be advised.

Please note: Brian McConnell will not be standing for nomination as President for 2016.

Meetings are followed by refreshments and time for a chat.

FFDLR'S

20th ANNUAL REMEMBRANCE CEREMONY

Monday 26th October, 2015

12.30 pm at our Memorial at Weston Park

Speakers include:

Kate Carnell, who spoke at our 1st ceremony in 1996

Tony Trimingham, CEO of Family Drug Support

Rev'd Graham Long, Pastor, the Wayside Chapel in Sydney

Help Needed: Please let Marion know if you can bring sandwiches, slice, cake, fruit platter or other to help with refreshments. Bring flowers to lay at the memorial. Bring chairs.

Important: If you have a loved one you

would like remembered by name at the ceremony

please let Marion know by ph: 61697678 or email ffdlr.org.au.

Launch of FFDLR's 20 year book Wednesday 18th November, 12.30pm

The book is nearing completion and is expected to be sent to the printers in the next few days.

The book tells of the experiences, work and achievements of the Canberra based Families and Friends for Drug Law Reform over 20 years.

The FFDLR story shows how personal tragedy and a determination to right a wrong can be turned into positive action. It is not only a volume that tells of the perseverance of a group of people over 20 years but also is a gem for information on the failure of our present drug laws and how the plight of drug users, their families and the whole of society can be improved by giving health and social aspects priority, rather than law enforcement, when dealing with drug use and addiction.

The book launch by former ACT Chief Minister and now Labor Senator for the ACT, Katy Gallagher, is scheduled for Wednesday 18 November 2015, 12.30pm in the Reception Room at the Legislative Assembly, Civic Square, Canberra City. Please make a note of this in your diary. Your attendance would be much appreciated.

A pre-order form for a copy of the book is on the last page of this Newsletter.

Editorial

National Drug Strategy

The draft National Drug Strategy for 2016-2025 has been released for comment. FFDLR's consideration of the strategy is related to uncontrolled illicit drugs rather than other drugs such as alcohol and tobacco that are regulated.

This strategy follows much the same path as previous strategies but there are some significant differences in

When anyone takes action to attempt to make something happen, that something becomes more likely FFDLR Newsletter page 1

the draft of the new strategy.

The first major change is that the strategy will now run for 10 years rather than 5 years. The reason given is:

For the first time, this Strategy will have a ten year term. This reflects the consistent and ongoing commitment to the harm minimisation approach over the National Drug Strategy's 30 year history. The flexible structure of the Strategy allows for responses to be developed to emerging issues and changing policy environments within this framework.

But if new developments arise can the strategy be adjusted to accommodate or must it wait for the next iteration? How flexible is the structure of the strategy?

It is likely that this will be a stagnant document anchored in 2016 thinking when knowledge and experience has moved further down the track.

There are still the remnants of the past's measures of effectiveness which are not that at all. For example it boasts:

During the period of the National Drug Strategy 2010-2015, evidence informed demand, supply and harm reduction strategies yielded positive results.

The strategy reported that in 2011-12, police had 76,083 drug seizures; the highest number of drug seizures in the last decade. The same year, 809 clandestine laboratories were detected nationwide; the highest number ever detected in Australia. In 2012-13, police made the second highest number of detections ever at 757.

But as we know drug seizures reflect two things: police activity or availability of drugs. Take for example the situation of a favourite fishing spot. If the fisherman catches many fish it is because there are many fish to catch.

Thus it is with drug seizures and police. If police capture large hauls of drugs it is likely that is because there are large quantities in the drug market place to be captured.

If however police knew the size of the drug market (in our allegory the fish population) then they would know if they were making a difference to the supply of drugs with their seizures. The strategy does not explore this possibility. They do know, but do not report, that surveys of drug users indicate that drugs are easy to very easy to obtain and price and availability remain stable. Thus there has been no effect by the captures on drug supply.

Somewhere better than 60 percent of the drug market needs to be captured to make a real difference. A

figure that Australia's capture rate of between 5-20 percent falls short of.

The strategy says 'the proportion of Australians using any illicit drug in the preceding 12 months has also reduced slightly since 2001 (16.7% to 15%)' but this good news is dependent on the end points. For example the AIHW report where the strategy has sourced this data says 'this level of use remained relatively stable between 2004 and 2013' which throws into doubt the good news in the strategy.

On the harm reduction side of the strategy (or any other part of the strategy for that matter) there is no reference to the harms caused by the prohibition laws, not even a hint of a review of those laws. This is a serious flaw in the strategy.

It does talk about deaths and disease and interestingly mentions:

Marginalisation and disadvantage are associated with increased harms from drug use and priority populations face greater risks. A complex interplay of factors, including physical health, mental health, generational influences, social determinants and discrimination influence an individual or community's vulnerability to harmful drug use. Harm reduction can also be achieved by addressing historical, cultural, social, economic and other determinants of health.

These other factors in respect of drug use and harms is a step forward.

Under the heading 'Evidence informed approaches' it includes 'Medically supervised injecting places' and 'Police to exercise discretion when attending overdoses'. Both interesting inclusions. The former might signify future increased numbers of injecting places while the latter has been in place since mid 1990s-perhaps they have forgotten and need reminding.

The strategy also points to people in contact with the criminal justice system indicating that 34 percent continue to inject while in prison, that 90 percent shared injecting equipment and that 52 percent had a blood borne virus. But no mention of a needle and syringe program in prison as an effective harm reduction practice against blood borne virus infection as there is outside the prison.

This 38 page draft strategy has a few positive aspects but quite a lot is not included, not measured, or is dressed up to show positives when it is not necessarily true. It is a draft strategy the FFDLR intends to respond to in the near future.

Addressing the drivers of poverty

by Bill Bush

We and future generations have much to gain by the elimination of poverty. Relieving the disadvantage of our neighbour has as much to do with self-interest as doing the right thing. Experiencing poverty in prosperous Canberra is particularly bitter because it places you so much on the outer and we all bear the high health and social costs of the resulting exclusion.

In the ACT there were some 21,528 people living in poverty; 9910 households experiencing housing stress; 14,148 people experiencing financial stress; 1785 experiencing homelessness; and 28,639 disadvantaged people. Those making do with less than the poverty level can't afford the little luxuries of life that the rest of us take for granted, nor pay for schooling extras, that others regard as essentials. Poverty week gives cause to reflect upon social exclusion and what we who live comfortably might do about it.

If you have the misfortune to be poor it is most likely that you are afflicted with a clutch of other misfortunes: you might be born with a low IQ making school a struggle and pushing those "good jobs" beyond your reach. Farewell to that house that our former treasurer advised we need only to work hard enough to get.

There is a technical term for the cluster of risk factors that crowd around the disadvantaged. These are the social determinants of health and well-being that the World Health Organisation has promoted as the factors to address if our society is most effectually and efficiently to eradicate disadvantage and promote social inclusion. As Sir Michael Marmot, the president-elect of the World Medical Association, has put it, "it's about being empowered, having control over your life and that starts with the quality of early child development, with the nature of education, and the nature of conditions in which people live and work".

Disadvantage is also clustered in particular localities. This year the geographic concentration of disadvantage is analysed in the periodic surveys conducted by Professor Tony Vinson for Jesuit Social Services. His 2015 Dropping off the Edge Report identifies postcodes of severe disadvantage in the ACT where physical and mental health is poorest, there is highest representation in the criminal justice system, school outcomes are poorest and domestic violence is most prevalent.

The clustering of risk factors is corrosive. Thus, a poor education and a deprived childhood are not just risk

factors for poverty but for other marks of disadvantage such as mental health problems and drug dependence. People with risk factors tend to accumulate others as they move through life in something of the way that a snowball rolling down the hill accumulates greater mass.

Broad acceptance in Australia of a safety net for the most disadvantaged sets us apart from other countries where adherence to radical liberal principles denies the appropriateness of any paternalistic measures like age pensions, unemployment benefits, universal health care and free universal education. Indeed, this broad political acceptance of a paternalistic safety net is rightly regarded as a vital ingredient of the Australian fair go. But liberal principles rightly demand that paternalistic measures be rigorously assessed. Drug laws are seen by some as the most extreme form of paternalistic overreach. They are extreme because they seek to dictate what an individual may ingest.

Drug addiction is a powerful driver of poverty. We fear drugs because of the lack of control that addiction to them can entail. The communal response has been to intensify that lack of control by applying the coercive processes of the criminal law. I have not met a dependent drug user who does not wish the monkey of addiction off his back, but naturally enough drug users have a range of priorities in their life and resent the state dictating to them the time and circumstances to address their addiction. The user's insistent need to appease his addiction is bound to trump the user's other priorities, thus reinforcing the struggling drug user's conviction of his own hopeless failure. As Johann Hari points out, the pain and isolation imposed by drug policy reinforces addiction.

Countries like Switzerland and Portugal have drug policies that take advantage of the wish of dependent users to overcome their addiction by acknowledging the control that they wish to have over their life, and respecting their choices. The outcome in those countries demonstrates the value that individuals and the communities reap from respecting the worth of drug users as human beings and supporting the choices they wish to make. For it is this lack of control over our own life that knowledge about the social determinants of health and well-being tells us is so insidious.

This poverty week let us seek ways to make poverty history and eliminate budget deficits in the process.

Published in The Canberra Times on 13 October 2015 for Poverty week.

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PRE-ORDER FORM FOR BOOK

The Drug Law Wars: Twenty years of families fighting at the front'

This volume, written to commemorate twenty years of Families and Friends for Drug Law Reform, tells of a momentous journey which began with a group of grieving parents who weren't prepared to accept a system that was not protecting their kids from drugs. They set out to change an injustice. This is a story of perseverance through times of hope and times of despair. It is a must read for anyone trying to right a wrong, for families who suffer because of our drug laws, for politicians who have the capacity to make the system better, for AOD service providers, for law enforcers, educators, researchers and for our society as a whole that it may better understand the need for change in our drug laws.

To pre-order a book fill in the form and email to FFDLR's Treasurer, Bob McFadden: vrmc2617@bigpond.net.au or post to the address shown above.

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Payment may be made by cash or cheque at the launch on 18 November Payment may be made by direct credit to FFDLR's bank account. This is necessary if you have selected postage as delivery.							
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