

## **NEWSLETTER July, 2001 ISSN 1444-2000**

Next Meeting  
Thursday 26th July  
at St Ninian's Uniting Church  
Cnr Mouat & Brigalow Sts, Lyneham  
7.30pm

Dr Michael Tedeschi, Senior Medical Officer with the Alcohol and Drug Program will be speaking about the new pharmacotherapies be-coming available for opiate dependency includ-ing Naltrexone and Buprenorphine.

### **REFERENDUM PROPOSED FOR ACT ELECTIONS**

Discussion on the proposed referendum (see de-tails elsewhere in this newsletter) will be an im-portant part of this meeting and will follow Dr Tedeschi's talk. We urge all members to come along and have input into strategies which Fami-lies and Friends for Drug Law Reform might take on this issue which is very important for drug law reform in general. See also the editorial.

### **Membership Renewal**

There are still quite a few members who have not renewed their membership for this year. If you are one of these we really need your support. Please renew soon.

### **TEN reasons for rejecting a referendum**

The Liberal Party in the ACT has proposed that a referendum on drug issues be put at the election on October 20th this year. The Government has agreed and the enabling legislation will go before the Assembly at the next sitting.

The questions to be put are along the following lines:

1. Do you support the clinical trial of a supervised injecting room?
2. Do you support the clinical trial of prescription heroin to addicted persons?
3. Do you support a clinical trial of naltrexone for addicted persons?

There are very good reasons why a referendum should not go ahead. Ten of those are listed here and members are asked to support a campaign in opposition to the referendum. Here are the 10 reasons:

1. These referendum questions are about persons who are

addicted to heroin which is a health issue. It is not about the morality of whether or not people are taking drugs, because those that these questions relate to will already be taking drugs and will be severely addicted and it would be more moral to keep them alive and in good health than refuse them this treatment option. We do not ask for a popular vote on other health issues, such as heart bypass surgery. Moral ideologies should not over-ride life saving issues. A referendum of this type has not been asked in Australia before and could set a dangerous precedent. Health issues should be decided by the experts based on the best evidence available not by popular vote.

2. Evidence should be a basis for decision making. Asking for a popular vote is not evidence based policy making because the general public would not have enough information to make an informed decision. And because they may not be directly affected they simply don't care.

3. Putting such questions to a popular vote is an abrogation of government responsibility. Governments are elected to make hard decisions and putting this referendum to the people is avoiding their responsibilities. The community needs to understand that no matter how the questions are answered the drug laws will re-main essentially the same.

4. The referendum questions do not focus on the whole drug problem. They focus only on heroin and no other drug. They take a narrow approach to the issue and are unlikely to solve problems associated with drugs such as amphetamines, designer drugs, or cocaine. If a serious attempt was being made to deal with the drug is-sues then a more comprehensive approach would be taken.

5. A referendum gives no guarantee that a heroin trial will proceed. Two Independent Assembly members have already indicated that they will not abide by the outcome of the referendum if it results in a "yes" out-come. We have also noted that the federal government has separated out core and non-core promises and it is possible that any elected government could adopt the same tactics.

6. Putting the questions to referendum provides no gains for those who agree to the need for a heroin trial or a supervised injecting room. If the result is a "yes", it is unclear that it will be carried through. If a "no" result it will virtually be impossible to resurrect these trials– a lose/lose situation. Essentially this will be a roll of the dice with the odds stacked against the supporters.

7. Trials have already been undertaken for naltrexone and the results are to be published soon. There are few who would oppose the use of naltrexone under proper conditions. There would be no community group to develop the “no” case.

8. The supervised injecting room question has already been debated and decided by democratically elected representatives – members of the ACT Assembly. Putting this question to a popular vote sends a message that “the decisions by democratically elected representatives cannot be trusted”.

9. The referendum has the potential to further split the community but to no good advantage to the person who is addicted or his/her family. The proposal does not open up the range of treatments. It closes down a range of treatment possibilities and does not allow trials to proceed to see if such options could assist in drug treatment.

10. Referendums do not satisfactorily gauge peoples views on certain issues because the tendency is to vote “no” unless both major parties agree to the questions put. In this case there will be no agreement between the parties. There are more effective and less costly ways to gauge the public’s views (this will cost in excess of \$200,000).

Members are urged to write or telephone Assembly members and voice your objections about the proposed referendum. One of the most important people to write to or telephone is the Chief Minister Gary Humphries (6205 0133). You can use any of the 10 points above to outline your reasons why you oppose the referendum and also reading Bill Bush’s article contained in this Newsletter is advised.

Assembly Address is: GPO Box 1020, Canberra, ACT 2601.

B McConnell, Editor

### **The drug referendum will settle nothing**

by Bill Bush (A slightly abbreviated version appeared in the Canberra Times on Tuesday 17 July 2001)

The Humphries Government is putting a heroin trial and injecting room trial to a referendum in the midst of a heroin drought. Heroin overdose deaths and ambulance call-outs have plummeted. Cynics will be excused for thinking that the proposal is put forward because the circumstances are tailor made to elicit a "no" answer: the heroin problem is being overcome; law enforcement is working; Australians almost always say no to referendums.

The drought since the beginning of the year is achieving the long standing objective of law enforcement. After years of falling heroin prices and greater availability its price has skyrocketed. Around Australia many more users have sought out treatment (good!) from too few services (bad!). Many more have diversified their drug use (bad!). Large increases in cocaine and amphetamine use are being detected. Cocaine is a new drug on the Australian block. It gives a short "high" which means that an addicted user needs it more often than heroin (bad!).

Amphetamines often make users irritable and restless. In the longer term their use is associated with paranoid psychosis and violent, aggressive behaviour (bad!). To cap this off, unlike the case of heroin, there are few if any effective treatments for these new drugs (bad!).

The drought has also led to an upsurge in crime (bad!): users needing to pay for the high cost of heroin; violence between distribution gangs; continuing recruitment of children to act as footsoldiers in the distribution system; more domestic violence and brawls because of amphetamines.

The recently announced reduction of burglaries in the ACT seems to run counter to these Australia-wide trends. Be-cause of its small population the volatile ACT crime statistics are sensitive to short term police success. In the longer term, though, crime in the ACT is rising steadily.

For this reason the Government has announced that it will invest \$115m of our money in the establishment of an ACT prison. About 80 per cent of its inmates will be there for drug related crime.

A recent forum disclosed the seriousness of the impact of drugs in ACT community life. The story was similar from speakers on poverty, community services, education, mental health, wardship and foster care, suicide prevention and voluntary carers.

Our drug policies are pitting us against each other: children against parents; police against drug users; the interests of users against the interests of those who might use; courts seen to be soft on crime against the police and public; health professionals advocating treatments like methadone against the public. The list of conflicts goes on and on.

The drug debate is also revealing a fundamental divide between those who place the preservation of life before becoming drug free and those who regard drug users as worthless and doomed

to die anyway. This difference is manifested in the debate about naltrexone - another question to be put to the referendum.

Naltrexone negates the effect of opiates and is thus seen as an ideal means of keeping someone drug free. The only trouble is that there is a high risk that users who are not well motivated and who do not have intensive help will relapse and, having relapsed, die because they have lost their opiate tolerance.

This seems to have happened in Brisbane and Perth where naltrexone has been most widely used. For a number it may have been safer to continue using street heroin.

So in prospect is a referendum on two or three aspects of a huge problem. The dimensions of it will be hidden. The aspects evoke high emotion. Because of the heroin drought, they may not be seen to be relevant. Each of us will be asked to pass lay judgement on a health intervention.

We will not yet have the benefit of the results of the careful long running heroin trial being run in The Netherlands nor the evaluation of the Sydney and European injecting rooms. Like the blind men who feel different bits of the elephant the referendum promises an intensification of discord. It will settle nothing. If it must go into the election with a drug initiative, the ACT Government would be far wiser to commit itself to a community drug summit as NSW did and WA is to hold later this year.

### **FORUM – ‘Drugs affect all sectors of our community’.**

This forum, organised by Families and Friends for Drug Law Reform, was held last month on Thursday 28th June at the Legislative Assembly. It was hosted and chaired by Kerry Tucker, Greens MLA. It was a very successful evening drawing an audience of over 100 people on a cold Canberra winter night. We were pleased to see some politicians in attendance – Jon Stanhope, Wayne Berry and Jac-qui Burke, Speakers on the panel were:

- Maureen Cane – Chief Executive Officer of the Tuggeranong Community Services Inc
- Fiona McGregor – Secretary, Australian Education Union
- Sue Mickleburgh – Director of Marymead
- Bishop Pat Power
- Margaret Morton – Executive Director of the Carers Association in the ACT
- Jan Adams, project Officer with VINE (suicide prevention)

- Amanda Urbanc – Regional Coordinator, City Mental Health.

It brought home with awful clarity the extent that drug problems were impacting on services in many areas of welfare delivery. The speakers spoke with dedication and a sense of real caring for others. The extent of marginalisation and underprivileged in our community was disconcerting but it was wonderful to hear that there are so many trying to help. If we could address the issue of drug misuse with better policies perhaps this could be a circuit breaker to allow improvement in other welfare areas.

Following are a couple of extracts from the talks.

“So you can see from these very brief remarks that sub-stance use and misuse certainly does have an impact across the whole range of services that are provided by community services in the ACT, as I said, from the very young, through the middlings, through to parents and through to the very old” - Maureen Cane

“... the lack of access for young people is a significant issue in terms of dual diagnosis, young people who are self medicating using drugs and alcohol and that to date we still have not managed in the ACT to provide sufficient accessible services to support the needs of those young people.

I think that the whole issue of drugs amongst our young people is a community issue. It has to be acknowledged as an important health issue and that the only way that we’ll see some resolution to the problems associated with the use and misuse of drugs and alcohol is to work collaboratively and work as a community to try and bring about change but also to increase support for the variety of different needs that young people have.” – Fiona McGregor

“And then the community. The challenges there are that we’re now certainly seeing second generation families. Of course, there are children who are resilient, who will break out of the lifestyle of drug abuse but there are others who have not been able to escape that and it’s really quite difficult to imagine how they’re going to find their way out of that.” - Sue Mickleburgh

We will have transcripts of the talks on our website soon.

### **Drug Possession No Longer a Crime in Portugal**

<http://www.drcnet.org/wol/193.html#portugalpossession>

In the latest sign of European rejection of US and UN-

sponsored repressive anti-drug strategies, Portugal's new drug laws went into effect on July 1. Under the laws, debated last summer and finalised in November, possession of personal amounts of any drug is no longer a crime. Instead, possession of up to a ten-day supply of any drug will be treated as an administrative matter rather than a criminal offence. Persons caught possessing drugs will have their stashes confiscated and be referred to a commission of doctors, lawyers, and social workers who will decide if they need counselling or treatment.

Previously, persons caught with drugs faced up to a year in jail.

Drug trafficking remains a crime, although dealing to pay for a drug habit will be considered a mitigating factor.

United Nations International Drug Control Board (INCB) officials immediately lashed out at the new law. INCB Deputy Head Akira Fujino told the Swedish newspaper Svenska Dagbladet: "There is a clear trend in Western Europe to decriminalise use and possession of narcotics and to view addicts as patients. But that seldom solves the addict's personal problems nor reduces the demand for narcotics," complained the prohibition bureaucrat. "Other countries that have chosen a liberal approach such as special injection rooms, are Switzerland, Germany, Spain and Holland, and we are deeply concerned over this trend."

Citing the possibility of a spill-over effect for the rest of the European Union, Fujino warned that: "The Portuguese law can trap more 'at risk' into dependency as well as increase the misery of those already addicted. The law, in effect, says that it's OK to consume narcotics."

Portuguese officials have more concrete concerns. The number of hard drug addicts has escalated over the past decade, and Portugal has Europe's highest HIV infection rate. According to the European Monitoring Centre for Drugs and Drug Addiction (<http://www.emcdda.org>), Portugal, with a population of ten million, has between 50,000 and 200,000 drug addicts. By contrast, the Netherlands, with 16 million inhabitants and a liberal drug policy, has an estimated 25,000 addicts.

The new law reflects Portugal's turn to harm reduction and away from repression in an effort to blunt the damage from drug prohibition. "The idea is to get away from punishment and move toward care," Portuguese government spokesman Carlos Borges told Reuters.

That Portugal has decriminalised the possession of drugs is apparently not newsworthy in the US. DRCNet has been unable

to find any mention of this story in mainstream media outlets in this country.

(See DRCNet's previous coverage of Portugal's drug policy reform at <http://www.drcnet.org/wol/145.html#portugal> online.)

### **A little more on the 'heroin drought'**

Herald Sun (Melbourne) Thursday 19/7/01, p. 9.

"Australian Federal Police Chief, Mick Keelty told the Herald Sun last month that the heroin drought was more a result of a business strategy by Asian crime czars than a shortage of the drug. The exclusive INSIGHT report revealed they had made a marketing decision to deal mainly in methamphetamine tablets instead of heroin. Mr Keelty warned that such tablets could become the next big drug problem to hit Australia, saying it was far easier to flood a market with pills than it was heroin."

### **Meeting in Charlestown**

A small gathering of parents and a politician, Milton Orkopoulos, Labour Member for Swansea met at Charlestown on 12 July. The meeting was organised by Jim Bright and Marion and Brian McConnell attended. The stories told by parents about the difficulties getting adequate help for their children or themselves was very disturbing. It is hoped to have more meetings in this area and anyone interested should phone Jim on 02 4942 5197.



### **Forum in Brisbane**

A forum organised by Debbie Sands took place at King George Square in Brisbane on 28 June as part of Drug Action Week. Speakers were Brisbane's Lord Mayor, Jim Soorley, Dr Wendell Rosevear and Tony Trimmingham from Family Drug

Support. Debbie reports that the day was successful in raising awareness amongst those who attended. However it was somewhat disrupted by jeers from Dr Stewart Reece and some of his followers who used the forum to demonstrate against the investigation into Naltrexone implants which Dr Reece had been providing.

## **WA Drug Summit**

The lead up to the Drug Summit in WA is in progress. Nine Issues Papers and a Facts and Figures Paper have been issued prior to the Summit. These contain a lot of very useful information. For example:

Issues Paper No. 1 addresses Young People and Illicit Drug Use and covers such things as life changes between 12 and 25, patterns of substance use and societal change and drug use by young people. It goes on to discuss issues for consideration and jotted throughout all of the issues papers are lists of important questions that should be addressed by the Summit. For example the first list of questions in this paper includes:

- Is the community listening to what young people are saying about drugs?
- Do youth drug treatment services respond adequately to the needs of young people?
- How can agencies reduce the barriers to their use by young people?

As a further example Issues Paper No. 7 deals with Drugs and Law Enforcement and the first two important questions in this paper which should be addressed at the Summit are

- What further steps should be taken to support Law Enforcement Agencies in directing their efforts to reducing drug related harm in the community beyond supply reduction?
- Should fundamental changes be made to WA Drug Laws?

More information about the WA Drug Summit can be found on their website at <http://www.drugsummit.health.wa.gov.au>.

## **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.

## **Heroin assisted treatment trials**

New trials of heroin assisted treatments are proposed in the following countries:

- Germany
- Canada
- Belgium
- Spain

Ongoing heroin assisted treatment trials are occurring in the following countries:

- Switzerland
- The Netherlands
- Great Britain