Families and Friends for Drug Law Reform (ACT) Inc

Committed to preventing tragedy that arises from illicit drug use

NEWSLETTER

@FFDLR

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NEXT MEETING

Thursday 26 June,

Meeting starts at 7.30pm

Speaker at 8:00pm

Speaker: Dr Michael Levy, AM

Clinical Director,
Justice Health Services,
Alexander Maconachie Centre

Topic: Treatment as prevention as treatment as prevention .....

at St Ninian's Uniting Church hall,
cnr Mouat and Brigalow Sts, LYNEHAM

Meetings are followed by refreshments and time for discussion.

Editorial

Prisons ill-equipped for drug problems

In a recent ABC 7:30 Report the anguish of a mother, who had lost a daughter to a drug overdose while in prison, was broadcast to viewers. Her daughter had been struggling with drug use and presumably had been dealing to support her use, hence the reason she was in prison.

The daughter had been in and out of prison for drug offences since she was 19 and at the time of her death in Dillwynia Correctional Centre was 41 years old.

The system failed this woman on a number of fronts.

Any treatment services that she may have visited failed to adequately treat the issues that she was confronting. Of course there may have been many factors that contributed to this failure, one of which may have been limitations on the range of treatments (self imposed or legally imposed) that could have been provided.

The criminal justice system saw repeated jailing as the solution but did not recognise that there were inadequate skills and knowledge in the prison to help her. Even though prison authorities knew she was using while in prison, their attempts to resolve her issues had failed and the one critical solution they tried, which proved to be tragic, was to lock her down in her cell with no close monitoring.

Much is made in the 7:30 Report about the fact that drugs were available in the prison. And there are many excuses and claims made that do nothing to help those in the prison with addiction problems.

For many the immediate response, like the woman's mother, was to say they must try harder to stop the drugs from entering the prison. Of course prison authorities must do as they are directed by their political masters but even as they try harder and perhaps harsher methods they must surely realise that there can be no prison without drugs.

Drugs are a available in most if not all prison throughout the world.

No matter how hard authorities try to prevent the entry of drugs, they will be available. Thus the assumption that should be made, is that there will be drugs in the prison, and then the policy that follows should be about minimising the harm the drugs may cause.

For example within the prison there could be better addiction treatment services, drug substitution and maintenance programs (including heroin maintenance), needle and syringe programs, drug testing facilities, medically supervised injecting facilities, segregated dry accommodation areas, and probably a lot more.

But the real answer lies outside the prison. We have a drug problem because there is and always will be a demand for certain types of drugs and because we have chosen to try and stop such demand by prohibiting them. And in doing so created a criminal black market which creates its own drivers for the demand for drugs. The high profits attract people in search of a quick buck, sometimes to feed their own addiction, but sometimes just for the money. (Witness the case of Jamie Gao a murdered naive dealer in search of a quick buck.) These dealers in turn must ensure there is a demand for their products by ensuring they have enough clients.

The Prime Minister, Tony Abbott, says Australia will never win the war on drugs, but needs to keep fighting. Health groups, like former PM Howard, claim the problem needs to be tackled at a family and local community level. It is hard to see how families and the local community can succeed when all the resources of the government have failed. This is simply putting the blame on the families but at the same time promoting a system of criminal penalties that guarantees that those using drugs will rarely seek help until it is perhaps too late.

Meanwhile the grieving mother hopes that a coronial inquest into her daughter's death will result in changes so that no more inmates will die like her daughter. We hope so also, but suspect the coroner will not take a broad enough perspective to make any real difference.

[Editor's note: The coroner's report published just as we go to print has realised our suspicions. It can be found here: http://www.coroners.lawlink.nsw.gov.au/coroners/findings.html#2014findings.]

How are drugs getting into Australian prisons?

Australian Broadcasting Corporation, Broadcast: 09/06/2014, Reporter: Rebecca Baillie

The heroin overdose of a mother of three in a medium security prison has prompted a coronial inquest into how she could die and how she got the drugs that killed her.

Transcript

SARAH FERGUSON, PRESENTER: Prison authorities are fighting a losing battle keeping drugs out of Australia's prisons. Cannabis, heroin and crystal meth are all available inside, along with an illegal trade in painkillers and tranquillisers.

The methods used to get them in are sometimes ingenious - flying a drone over a Melbourne prison wall, for example, or as simple as throwing drugs over the security fences.

Last year in New South Wales alone, more than 170 people were caught and charged with smuggling contraband into prisons, including drugs and syringes. The combination of easily-available drugs and a prison population with a huge incidence of drug problems can lead to fatal results.

A coronial inquest beginning tomorrow in Sydney will ask how a mother of three could die of an overdose inside a medium security prison. Rebecca Baillie reports.

REBECCA BAILLIE, REPORTER: At 3.30 pm on 24th February last year at Dillwynia women's prison on Sydney's outskirts, a 41-year-old mother of three was locked down in her cell.

Less than 14 hours later, Tracey Lee Brannigan, a convicted drug dealer, was found dead from a heroin overdose.

SANDRA KELLY, MOTHER: Every mother who would go through something like this would have to wonder: how?

MELISSA EDWARDS, FRIEND AND FORMER CELLMATE: She died a few months short of her release from prison. Why was she still using drugs? Because the system hadn't done anything to help her or aid her. REBECCA BAILLIE: Tracey Brannigan had spent much of her adult life behind bars. She was in and out of jail for drug offences from the age of 19.

Tracey Brannigan had been pregnant and given birth to her youngest child in jail. She could never kick her habit and was busted repeatedly for dealing.

SANDRA KELLY: When she first went to jail for this, she came out worse than when she went in. And the longer stretch they give her, the worse she's going to get.

REBECCA BAILLIE: The critical question is: how does a known drug user get drugs in jail that will kill her?

JANE LIEBOWITZ, SOLICITOR, PUBLIC INTEREST ADVOCACY CENTRE: There is extensive evidence to suggest that Tracey had substance abuse issues and that she continued to take drugs in the prison. She had overdosed at least three times in custody prior to her fatal overdose.

REBECCA BAILLIE: And the Corrective Services were well aware of this?

JANE LIEBOWITZ: That's correct.

KAT ARMSTRONG, WOMEN IN PRISON ADVOCACY NETWORK: It could've been avoided, it really could've. If they'd just taken notice.

REBECCA BAILLIE: One of the last people to see Tracey Brannigan alive was women-in-prisons advocate Kat Armstrong, who visited her in jail on the afternoon before the prisoner's death.

KAT ARMSTRONG: When she sat down and I looked in her face, my first words to her: "What are you on? What are you doing?" She was so off her face, I was so - I was shocked. ... I said, "What have you taken, Tracey? For God's sake! What are you doing?"

REBECCA BAILLIE: Kat Armstrong says she alerted two prison officers to her friend's drug-affected state, believing she should have been put in a dry cell.

KAT ARMSTRONG: There's policies and procedures for this very reason. From my knowledge, the policy is that if a person is suspected of using drugs or is intoxicated, they're put into what's called a dry cell. So there's absolutely nothing in the cell. It's cameraed and it's being monitored 24/7. And it also allows constant medical intervention.

REBECCA BAILLIE: Instead, Tracey Brannigan was sent back to her high-risk cell, which is locked at 3.30 in the afternoon, meaning she and her cell mate were unsupervised for nearly 17 hours. Some time during the night, Tracey Brannigan took a lethal dose of heroin.

SANDRA KELLY: I spoke to a detective afterwards. And he was the one that turned around and told me that was an overdose. But he didn't actually say of what. I didn't know if it was pills or heroin.

REBECCA BAILLIE: So when did you learn that it was in fact heroin?

SANDRA KELLY: Jan told me, the solicitor, a couple of days ago.

REBECCA BAILLIE: So you didn't know for more than 12 months that she'd died of a heroin overdose?

SANDRA KELLY: No.

REBECCA BAILLIE: Do you wonder how she got the drugs?

SANDRA KELLY: Yes. The detective said it could be thrown over the fence, brought in by others. (Inaudible) that will say they're not checking them well enough. They need a - better equipment.

REBECCA BAILLIE: Prisons advocate Kat Armstrong was questioned, but cleared of smuggling the heroin in.

You were the last person to visit her. Did you bring the drugs in?

KAT ARMSTRONG: Absolutely not and I take great offence at even being asked that question. My role is to keep women out of prison, to keep women off drugs. I'm an ex-drug user myself. I would never, never pass or traffic or supply any drug to any woman, either in prison or out of prison.

REBECCA BAILLIE: In a press conference last week, the minister and the prisons boss admitted that security at the jail where Tracey Brannigan died has been lax and is now being upgraded. But the commissioner wouldn't talk specifically about her case.

PETER SEVERIN, COMMISSIONER, NSW CORRECTIVE SERVICES: We did have the introduction of contraband,

particularly in this facility, and that has been a concern. And it is quite simple for people to encroach on this perimeter before they were detected, and of course, that then gives rise to the opportunity for contraband to be introduced. This would stop.

KAT ARMSTRONG: That system failed her badly. Yes, she obviously took drugs of her own volition. She was a drug addict struggling very, very hard with a drug addiction. But she needed help.

REBECCA BAILLIE: Tracey Brannigan was due for parole just a few months after she died.

Instead of Sandra Kelly having her daughter home, all she has left now of her only child is a box of personal effects, including her prison diary.

SANDRA KELLY: (Reading from prison diary) "Life is a mixture of sunshine and rain, teardrops and laughter, pleasure and pain."

REBECCA BAILLIE: The grieving mother hopes a coronial inquest starting tomorrow will result in changes so that no more inmates will die like her daughter.

SANDRA KELLY: (Reading from prison diary) "But there was never a cloud that the sun couldn't shine through." ...

... This is my closure. I hope someone carries this on and we get some answers and get some help for these girls. This is what Tracey would've wanted. My words are now to speak up for her, to say: why does this happen?

SARAH FERGUSON: Rebecca Baillie with that report.

ABC editor's note: The Department of Corrective Services has advised that the Commissioner was referring to security at another jail in the same correctional complex, not specifically the Dillwynia Women's Correctional Centre.

Greens launch medicinal cannabis bill

Media Release, May 27, 2014 in Health

The Greens NSW today launched their Bill to protect certified medical users of cannabis from criminal prosecution.

The Drug Legislation Amendment (Use of Cannabis for Medical Purposes) Bill 2014 implements the unanimous findings of last year's cross-party Upper House inquiry into medical uses of cannabis. It would allow people with a terminal illness to apply, on the recommendation of their treating doctor to the NSW Department of Health, for a card that would exempt them and their carers from prosecution for possession of 15 grams or less of crude cannabis.

Greens NSW MP John Kaye said: "It is time for policy driven by compassion and science, not hysteria and prejudice.

"People who are dying should not have to also face the fear of prosecution for using a drug that relieves some of their pain and suffering.

"Last year's cross-party Upper House inquiry responded to the evidence with a proposal that was cautious and limited.

"It carefully avoids any possibility of feeding the recreational market or creating new supplies of the drug.

"Instead it focuses on ensuring that those cancer patients and others who are facing a terminal illness can find relief for their symptoms without fear of a court appearance or time in jail.

"The tide is turning on medicinal cannabis.

"Senior police, health experts and MPs from five of the six parties represented in the NSW parliament are calling for humanitarian reform.

"More than a dozen countries and 20 states in the USA have legalised medicinal cannabis.

"The community of Tamworth, largely seen as a conservative rural town, has turned out in support of cancer patient Dan Haslam and the campaign for law reform.

"Respected current and former police have made their position clear. The terminally ill should be allowed to possess small quantities of crude cannabis to relieve their pain and suffering without the fear of criminal prosecution.

"Even Federal Agriculture Minister and New England MP Barnaby Joyce has had a change of heart and is now much more open to the idea of medicinal cannabis.

"It is not too late for the Baird government to take up leadership on this issue.

"I will happily withdraw the Bill if the Minister indicates she will look again at the issue and listen to the patients, the medical profession and law enforcement officials who are calling for a rational and humanitarian approach to medicinal cannabis," Dr Kaye said.

Congratulations Dr Michael Levy

Amongst the honours awarded on the Queen's Birthday was Dr Michael Levy, or more correctly put, Professor Michael Levy. The award was as Member in the General Division of the Order of Australia (AM) for significant services to medicine in the field of public health as a clinician, academic and educator. Dr Levy is the Clinical Director at Alexander Maconachie Centre (the ACT's prison).

We at Families and Friends for Drug Law Reform feel that it is a well deserved honour and offer our congratulations.

Issues to think about:

What is a harm reduction service for?

Drug and Alcohol Findings, 11/6/2014

Just one issue for you to ponder, but a (the?) big one, because surely the first thing any organisation should be clear about, is what it is there to achieve. The answer seems self-evident – to reduce harm. But what counts as harm, and whose harm? According to the UK Harm Reduction Alliance, harms may be health or social or economic in nature, and may affect individuals, communities, or whole societies. That opens the way to taking opposing stances in the name of harm reduction, from prioritising the health of drug users to (if need be) sacrificing this to promote other social objectives and avoid costs. In the UK there are indeed different interpretations of harm reduction, each seemingly 'self-evident' to their adherents. In 2012 the UK government's "roadmap" to a recovery-oriented treatment system subjugated "All our work on combating blood borne viruses" to the national strategy's "strategic recovery objective", arguing that, "It is self-evident that the best protection against blood borne viruses is full recovery". What 'full recovery' entailed was never spelt out, but what it did not entail was clear; out of the mix was continuing drug use of the kind which might

prompt needle exchange attendance and remaining in opioid maintenance prescribing programmes.

For the UK Harm Reduction Alliance and partners including the UK Recovery Federation, all this was not all self-evident. Their response transformed the government's "Putting Full Recovery First" title in to "Putting Public Health First", challenging the "ideologically-driven hierarchy" which places full recovery at the top, with "any other achievement marked as inferior". That theme was trenchantly taken up by the Australian Injecting & Illicit Drug Users League. Concerned that the nation's harm reduction orientation was under threat from UK-style "New Recovery", they attacked the UK government's roadmap, insisting "Harm Reduction is the goal – not a step along the 'road to recovery' or the path to 'freedom from dependence'".

This formulation echoed their core belief that harm reduction is the "principle paradigm upon which drugs policy should be based". All other approaches (eg demand reduction, supply reduction) can have validity only where there is strong evidence that they are appropriate, practical and equitable means of reducing drug-related harm.

These polarities are endemic in debates about methadone maintenance and allied approaches for heroin addiction, seen as both treatments for addiction and harm reduction while dependence continues. A recent UK attempt to reconcile these objectives complained that "the protective benefits [ie, harm reduction] have too often become an end in themselves rather than providing a safe platform from which users might progress towards further recovery", and was prepared to see this progress pursued even if it "will sometimes lead to people following a potentially more hazardous path, with the risk of relapse". At the same time, "preservation of benefit" was seen as a legitimate reason for continuing treatment; not least among those benefits is the preservation of life and health.

Having rehearsed the arguments, try asking yourself where you stand on these issues: Is harm reduction a primary goal, a second-best outcome when recovery is for the moment unattainable, or ideally an engagement strategy and platform for recovery?

When trying for 'full recovery' (entailing planned treatment exit and no illegal drug use or prescribed substitutes) risks reversing harm reduction gains, on what basis can the decision be made about which takes priority? Should needle exchange staff actively pursue treatment entry and recovery objectives for their clients, even if it risks some being deterred from using the exchange?

Debate legalising and deregulating illicit drugs, says Melbourne City Council report

City Editor, The Age, June 5, 2014

Melbourne City Council on Thursday released a report recommending the council engage in debate around the "challenges and opportunities" of legalising, decriminalising and deregulating illicit drugs.

The council will on Tuesday night debate a draft strategy for city safety that includes a three-year action plan to make the city a safer, more inclusive place.

The 19-page report aims to identify the underlying causes of crime and violence in the city, instead of just focusing on managing their impact.

Included among recommendations in the report on how to minimise the harm caused by alcohol and other drugs, council officers have recommended undertaking "further research and engage in debate the challenges and opportunities of legalising, decriminalising, and deregulating illicit drugs".

Lord Mayor Robert Doyle and other councillors on Thursday night distanced themselves from this aspect of the report.

Under the drug and alcohol harm minimisation section of the report, the council also proposes working with state government and local drug and alcohol services to advocate for treatment and outreach programs that are available out of business hours and on weekends.

It also proposes a public awareness campaign supporting responsible drinking, and working with venue operators to manage alcohol misuse in and around premises.

The report also commits the council to preventing crime, and making it harder for crimes to be committed, through better city design.

This will, the report says, include "practical measures such as improving the physical environment, for example, better street lighting, less litter and graffiti" and through other measures.

The report pledges to ensure the council's capital works program prioritises lighting in areas with high crime rates, and in areas with high traffic levels.

A documentary to look out for.

Evergreen: The road to legalisation

2013 - USA - English - 86 minutes - First Run Features

Directed by: Riley Morton

Featuring: Rick Steves, Alison Holcomb, John Mckay

EVERGREEN: THE ROAD TO LEGALIZATION is the definitive feature documentary film on Initiative 502, which made Washington the first American state to legalize possession of recreational marijuana when it went into effect on December 6, 2012. Colorado became the second state to legalize when its own pot amendment was signed into law four days later. The citizens of Washington and Colorado push drug war policies into the national spotlight by approving unprecedented pot legalization initiatives in the November 2012 elections.

The rippling effect of these pivotal decisions on American drug policy continues to break ground in states across the nation.

EVERGREEN: THE ROAD TO LEGALIZATION captures this historic time, providing a balanced view of the issues surrounding by going inside both proponent and opponent camps to see how citizens are working to change cannabis prohibition policy.

Membership renewal

Thank you to all who have renewed their membership and also for those who have added a donation to their membership renewal. We appreciate your support.

If you have not yet renewed please do so. You can still do so by sending a cheque or the equivalent value in 70 cent stamps to the above address or by direct debit to the following account: BSB Code 801009, Account code 1194974, Account Name FFDLR. **Don't forget to include your name.**