

Families and Friends for Drug Law Reform

committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER

April 2011

ISSN 1444-200

NEXT Meeting Thursday

Meeting at 7.30pm speaker to follow at 8pm

Speaker: Paul Cubitt, LEAP Australia

(Law Enforcement Against Prohibition)

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

Refreshments will follow

Editorial

Reviews of the ACT prison: more than a drug problem

By Bill Bush

"No riots, fires or infrastructure failures;" topped the Attorney-General's list of "positive aspects" of the prison identified in its so called "independent review". What a come down from the lofty ideals enunciated by the Chief Minister in August 2004: "The ACT prison will be a secure and safe place that will have a positive effect on the lives of prisoners held there and on staff who work there."

Last week the Government tabled three reviews. Mr Corbell, the Attorney-General, tabled two carried out by a team led by Mr Keith Hamburger AM, a former Director-General of Corrective Services in Queensland. The first, the "Hamburger" report was the "independent review" and the second, not considered here, "ACT Corrective Services Governance including in Relation to Drug Testing". The third was an evaluation of drug policies and services conducted by the Burnet Institute of Melbourne. The Minister for Health, Katy Gallagher, tabled this report. The involvement of two ministers reflects the divided responsibility for the prison with Corrections Health in the Health portfolio, charged with delivering prison health services.

Drug use within the prison and Burnet's recommendation in favour of trialing the provision of sterile syringes to reduce the spread of blood borne diseases have captured public and political attention but there is much more to the reports.

There is community consensus that the prison should reduce crime by reducing recidivism or rehabilitation yet neither review deals with this basic issue in any systematic way. This is not surprising given the terms of reference of the investigators and Correction's failure to assemble data on the rate of reoffending of ACT prisoners under the NSW system so that it will not be possible to know whether the \$130m investment in the prison is producing an improvement.

The ACT prison will certainly need to do a great deal better than NSW. A 2010 study by the NSW Bureau of

Crime Statistics and Research found "no evidence that prison deters offenders convicted of burglary or non-aggravated assault" and, indeed, that: "Offenders who received a prison sentence were slightly more likely to re-offend than those who received a noncustodial penalty."

Neither review questioned the utility of the prison. The Burnet report referred to the *desirability* of a cost benefit analysis to determine whether the ACT Community is getting value for the prison's annual cost of \$45m – around what it spends on special education in public schools. The Hamburger review merely paid attention to cost savings and limply asked whether our prison can "reach its potential of a world class facility for the rehabilitation of offenders with a strong focus on human rights."

Reducing reoffending involves changing human behaviour. A great deal is known about that. The risk factors for crime are largely the same as the risk factors for other serious social problems: substance dependence, mental ill health, unemployment, welfare dependence, homelessness and so on. Indeed, they feed on each other. Mental disorders are a risk factor for substance dependency which in combination is a particularly potent risk factor for crime and imprisonment. In the words of the Hamburger report: "A major issue confronting the criminal justice system is the high correlation between drug use, mental health and crime." The Burnet noted that an "Inmate Health Survey clearly indicates a high prevalence of mental health morbidities among prisoners at the AMC" and that "This is consistent with mental health morbidity in prisoner populations, often co-occurring with drug use issues." The survey revealed that 91% of prisoners reported lifetime use of illicit drugs of whom more than half had used these drugs in the 12 months prior to their most recent incarceration.

We cram our prisons with social disadvantage. In a study commissioned by Jesuit Social Services, Prof. Tony Vinson found that across Australia including the ACT "the most disadvantaged 3 per cent of Australia's localities (68 places in all) have "more than double the rate of criminal convictions" and "approaching three times the rate of imprisonment".

According to similar research, imprisonment feeds back into more social disadvantage which accrues to the prisoner's family and thus echoes down generations. We're thus left with the situation of imprisonment not deterring crime and even increasing the risk of crime. All of this was beyond the remit of the inquiries.

At the very least, wouldn't we have done a great deal better by following Vinson's advice and applied the \$130m to "sustained, effective interventions to strengthen [the ACT's 12] highly disadvantaged communities"?

One can be excused for thinking that the two teams of investigators were looking at different prisons. Each team had different perceptions of the case management and

through care acknowledged as crucial for rehabilitation. Burnet described case management as “unsystematic” whereas Hamburger listed case management under “good performance outcomes” of the prison.

Consider too how the prison handles three disadvantages highlighted by Father Peter Norden, a former Victorian prison chaplain: poor education, unemployment, and “decades of involvement with mental health services or the criminal justice system”. The Burnet investigators recorded that: “There was consensus among those interviewed that education and employment programs at the AMC are inferior to those offered at prisons in NSW”, that “Educational programs, particularly those that have a practical life skills focus, need to be expanded and improved” and, curiously, that “Employment related programs needed – pre-release arrangements for jobs would be beneficial”. The Hamburger report concluded: “Generally the basis of throughcare services is in place with respect to induction, case management, rehabilitation, education and vocational training opportunities” and that “The Detainee Employment Services Unit is a team of highly dedicated community corrections staff that are responsible for the administration and implementation of the New Employment Opportunities program”.

The reviews give no ground to believe that the ACT is bucking the scandalous national trend of packing prisons with more and more people with mental health problems including addiction. As Prof Paul Mullen of Forensicare in Victoria has written, prison is about the worst place for people with mental health conditions: “Rigid routines, the pedantic enforcement of a plethora of minor rules, the denial of most of that which affirms our identity, add to the difficulties of managing vulnerable and disordered people.”

Both review teams found failings on the part of ACT Health through its forensic mental health services which, under the Corrections Health Plan were to provide “an integrated in-patient service, prison mental health service, court liaison service, and community mental health service, in a coordinated clinical and administrative stream”. Burnet considered “that individuals are unable to access mental health support, or may only be receiving mental health medications when non-medical interventions such as counselling may be warranted. This problem was partly related to the limited resourcing of mental health and related services at the AMC.” “Limited resources have resulted in a lack of care for prisoners with high prevalence conditions such as depression, anxiety and sleep disorders.” The independent review observed that until “a secure mental health facility is to be built in ACT . . . there is nowhere satisfactory for treatment of sentenced detainees with severe mental illness.” The

prison’s Crisis Support Unit run by Corrections, “is too small for its present function.” It was designed for short stays “but a significant number of detainees remain for a long term” in untherapeutic “deliberately bare and functional” surroundings. It is doubly unsuitable for “the needs of female detainees requiring crisis support.”

These deficiencies bear on the headline topic of drugs for, as Burnet observed: “Drug use issues at the AMC should be considered more holistically; that is, to approach drug use as an antecedent and/or sequelae of a range of health and psycho-social issues. Services should focus on individual need . . .”.

[The reports on the prison can be found at the following websites:

Independent (Hamburger) report:

<http://www.justice.act.gov.au/news/view/1133>

Burnett report:

<http://www.health.act.gov.au/publications/reports/burnet-institute-report>]

Radical call by top cop.

Linda Callaghan, Cambridge Post, WA, 16 April 2011

Police Chief Karl O’Callaghan has told politicians not to promise more police at the next election but to hire more people to stop children and people with health problems slipping into crime.

The average police officer spent more than half a day doing social work, the Commissioner told an audience at Cambridge library on Wednesday.

Mr O’Callaghan said: “Governments are very good, when it comes to election time, at saying: we need 500 more police officers. This government is no different.”

He said he had told politicians they needed to look at the other end of the spectrum.

“Police work is at the bottom of the stream, we pick up the debris and scoop it away,” he said. “They do not prevent anything getting into the stream.

“Why not provide 250 police and 250 child-care and healthcare

workers and see if you can prevent people getting into crime in the first place?”

In a frank and sometimes funny talk, in which he revealed his father had been an alcoholic, Mr O’Callaghan discussed real-life policing against what people see on TV or read in books.

In answer to a question he said: “I do not care much if government does not support me, but I like to put my opinion out in the public domain. It is a job where you walk a tightrope.”

He talked about alcohol-related crime in Northbridge and remote Aboriginal communities and the need to tackle the causes to prevent it.

A man who said he was a 60-year-old teacher asked if Mr O’Callaghan would support decriminalising drugs.

Membership renewals

Thank you to all who have renewed their annual membership. However we notice that there are still a number outstanding.

Your membership renewal notice was enclosed with the March Newsletter

If you wish to pay by direct deposit as an alternative, the account details are shown below. In the description or reference for transfer enter "Membership renewal" and your name so that we can match it to the membership form.

BSB Code 801009

Account Code 1194974

Account Name FFDLR

The man said: "I was in a hotel in Sydney recently with a group, including a police officer and a lawyer. They offered me cocaine. I said no. "I watched them and they were absolutely behaving in a civilized manner. One guy was the CEO of a company. "It seems to me their behaviour was much more acceptable than being drunk."

Mr O'Callaghan said decriminalising drugs might save money on policing but more would be spent in different sectors and the community would have to be prepared to deal with people affected by drugs.

Mr O'Callaghan said: "There are a lot of people who can take cocaine, methamphetamine and cannabis in moderation." But he said others could not. "My father was an alcoholic, I have lived with it," he said. "I do not have a problem and can take one or two."

Australian National Council on Drugs Membership

The Federal Government recently announced the new membership of the Australian National Council on Drugs (ANCD).

Prime Minister Julia Gillard welcomed the addition of several new members to the ANCD who will bring fresh perspectives on ways to reduce harm caused by alcohol and drug misuse.

They will join a number of experienced members at the ANCD - which will continue to be chaired by Dr John Herron.

Australian National Council on Drugs Membership: 2011-2014

The following people have been appointed to the ANCD (2011-2014):

*** Indicates new members**

Chair of the Council	Magistrate Margaret Gill Harding *
Dr John Herron	Mr Nick Heath *
Executive Members	Ms Annie Madden *
Associate Professor Robert Ali	Commissioner Karl O'Callaghan *
Professor Margaret Hamilton	Mr Frank Quinlan (ex officio) *
Mr Garth Popple	Professor Dorothy Scott *
Members	Assist't Commissioner Julian Slater *
Ms Donna Ah Chee *	Ms Sheree Vertigan (ex officio)
Professor Steve Allsop *	Mr Paul White *
Professor Jon Currie *	Associate Professor Ted Wilkes
Ms Carrie Fowlie *	

The Council's membership will next be reviewed in 2014.

Melbourne's 9000 overdoses a year

Peter Mickelburgh, *Herald Sun*, April 11, 2011

Melbourne's drug crisis

An overdose victim, unconscious in the heart of Melbourne, has exposed the shocking reality of our drugs crisis. Produced by Craig Hughes

Paramedics use Narcan to revive a heroin overdose victim. Picture: Peter Barnes Herald Sun

MELBOURNE is fighting a drugs epidemic, with 9000 overdoses a year putting enormous strain on emergency services.

And the complex cocktails cooked up by many drug users mean victims are becoming harder to treat.

Figures obtained by the *Herald Sun* reveal ambulance crews now struggle with the highest level of drug cases since the heroin epidemic of 1999-2000.

Growing abuse of over-the-counter and prescription pharmaceuticals means most overdose victims now take longer to treat and require hospitalisation.

"The illegal trade in legal opiates is out of control and there are nowhere near good enough controls in the health sector," said John Ryan, chief executive of drug harm reduction group Anex.

"Victoria's needle and syringe programs are swamped by people with damage from injecting pharmaceuticals that can cause horrific vein damage, increasing hospital attendances."

Anex says drug laws need to change to ensure tighter controls on pharmaceuticals and to make treatments available to reduce harm and to help ease the burden on emergency services.

Victoria Ambulance MICA paramedic Alan Eade said a typical heroin overdose without complication - as was most common a decade ago - would take an ambulance crew about 30 minutes to treat on the spot. The effects of the heroin were easily reversed with an injection of Narcan.

Mr Eade said drug patients were now most commonly under the influence of a combination of over-the-counter drugs and prescription medications that made them harder to treat and their behaviour more erratic.

He said most patients now had to be taken to hospital as the effects of pharmaceuticals were irreversible and longer lasting.

He said many calls for help were also for the secondary effects of misusing pharmaceutical drugs such as haemorrhages and ulcers.

Mr Eade said most pharmaceutical overdoses were deliberate attempts to get high, with drugs often obtained by doctor shopping, theft or from a dealer.

At its peak in 1999-2000, heroin accounted for more than half of the 10,660 drug related attendances by ambulances. In 2008-09, heroin overdoses made up two in 10 of the 8903 requiring an ambulance.

But as the number of heroin related call-outs has fallen - from 6043 to 1903 - there has been a sharp increase in call-outs for the misuse of other drugs.

Calls to help people affected by benzodiazepine and other anti-anxiety drugs are the most common at 3138. Overdoses of pharmaceutical opioids have risen almost fourfold since 1999 to 429 and overdoses from other analgesics doubling to 1400.

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A unique chance to rethink drugs policy

Mr Cameron and Mr Clegg are perfectly placed to launch a national debate on whether we should try legalisation

Editorial, *The Observer*, Sunday 8 August 2010

If the purpose of drug policy is to make toxic substances available to anyone who wants them in a flourishing

market economy controlled by murderous criminal gangs, the current arrangements are working well.

If, however, the goal is to reduce the amount of [drugs](#) being consumed and limit the harm associated with addiction, it is surely time to tear up the current policy. It has failed.

This is not a partial failure. For as long as courts and jails have been the tools for controlling drugs, their use has increased. Police are powerless to control the flow. One recent estimate calculated that around 1% of the total supply to the UK is intercepted.

Attempts to crack down have little impact, except perhaps in siphoning vulnerable young people into jails where they can mature into hardened villains.

When a more heavyweight player is taken out, a gap opens up in the supply chain which is promptly filled by violent competition between or within gangs. Business as usual resumes.

The same story is told around the world, the only difference being in the scale of violence. Writing in today's *Observer*, retired judge Maria Lucia Karam describes the grim consequences of a failed war on drugs in the cities of Brazil: thousands of young people murdered every year by rival dealers and police.

Few nations are untouched by what is, after all, a multibillion pound global industry. Importing countries, such as Britain, must cope with the social effects of addiction and end up squandering the state's resources on a Sisyphean policing task.

But that suffering is mild compared to the destructive forces unleashed on exporting countries.

Mexico, from where cartels supply a range of drugs to lucrative US markets, has paid an extraordinary price for the illicit appetites of its rich neighbour. The border region has become a militarised zone with violence at the level of a guerrilla insurgency.

The more the authorities try to impose their writ, the more ruthless and ostentatiously cruel the drug cartels become in asserting their control. Decapitated and mutilated corpses are used to signal who is in charge to the local population. Civil society is withering away.

President Felipe Calderón, who has generally adhered to the standard US policy idiom of a "war on drugs", last week called for a debate on legalisation. That is a rare departure for an incumbent head of state, although last year three former Latin American presidents – César Gaviria of Colombia, Fernando Henrique Cardoso of Brazil and Mexico's Ernesto Zedillo – all called for marijuana to be legalised to cut off revenue to the cartels.

The unthinkable is creeping into the realm of the plausible. In the US, several states have relaxed cannabis law, a trend driven by a loose coalition of hard right libertarians and soft left baby-boomers. American society is slowly coming to terms with the fact that drugs are part of its everyday reality and that control might be more effective if use was allowed within the law, not forced outside it.

That debate must be opened in Britain and the recent change of government provides a rare opportunity.

Politicians have generally shown little courage in confronting inconvenient truths about drugs. And the

longer a government is in office, the more it feels bound to defend the status quo; to do otherwise would be admitting complicity in an expensive failure.

So the lazy rhetoric of popular moralism continues to shape our national conversation: drugs are a scourge and they must be rooted out of our communities.

It seems intuitive, up to a point, that if the consumption of certain substances is causing harm, those circumstances ought to be banned. We make exceptions for alcohol and tobacco, of course, out of deference to their embedded status in mainstream culture. Any other intoxicant that gains popularity – and notoriety – is swiftly proscribed.

Prohibition entails a double dishonesty. First, there is the pretence that the supply and demand can be managed by force. But anyone who has experienced addiction knows that banning a substance restricts neither access nor desire. Usually, it makes matters worse, bringing otherwise law-abiding people into contact with professional criminals. Most addicts, meanwhile, say their problems start with the need to annihilate feelings of despair or memories of trauma. Prosecuting them for those problems solves nothing.

The second pretence of prohibition is that drugs can be addressed within single national jurisdictions. Plainly, they cannot. The UK hosts a retail market for products that are cultivated and processed around the world. Around 90% of the heroin on British streets starts out as poppies in Afghanistan. So revenue from UK drug use funds corrupt officials, warlords and the Taliban, undermining Nato's military operation. Rarely is the connection made in public.

Honesty about drugs requires a clear-sighted appraisal of what policy can and should aim to achieve. Broadly, there is consensus that addicts need help quitting and should be prevented from committing crimes to fund their habits. But allowing doctors to prescribe heroin, as was the situation until the 1970s, might achieve that goal faster than heavy-handed policing.

By its very nature as a coalition, encompassing a broad spectrum of political views, the new government is well placed to inaugurate a free-thinking national debate on an issue that has been constrained by policy blinkers.

Neither David Cameron nor Nick Clegg seems much in awe of political taboos. Both men, in fact, seem to take pleasure in breaking them. But their ability to do so with impunity lasts for as long as there is goodwill towards their project.

This is a moment in which a political leader could steer the drugs debate out of its current dead-end track and towards something more meaningful and more likely to deliver what the public ultimately wants: safer, healthier, happier communities.

It is far from certain that decriminalisation, regulation or legalisation would work. But they should be examined as options, for it is absolutely certain that prohibition has failed.

A reminder to collect signatures for our petition that was sent to ACT members with the February Newsletter. We are hoping to present it to the Assembly in Drug Action Week in June.