

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

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

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NEWSLETTER

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**Please note: There will be no meeting in May**

## JUNE Meeting

We are looking for a speaker for Drug Action Week meeting during 20 – 26 June.

## Editorial

### **Tackling homelessness the hard way or the productive way** - Bill Bush

ACT Governments seem to think they can engineer away social problems. The announced demolition and replacement of the inner Canberra city flats Allawah, Bega and Currong is the latest example. This will be an exercise of dispersal of troublesome tenants. In the words of the former minister: "It is about us looking at addressing homelessness first up and addressing social disadvantage and not having pockets of it which regenerate themselves and feed off each other". These inner city flats are on valuable real estate but, as *The Sunday Times* has noted: "While the land would be worth an estimated \$63million, it comes with significant expenditure for the Government" (April 11, p. 5).

The Australian and ACT Governments have committed themselves to eliminate homelessness in our community. Over \$7 billion will be invested across Australia of which the ACT has been promised \$76 million for "293 social housing properties". However according to the ACT Affordable Housing Steering Group "Addressing homelessness not only requires the provision of housing, but involves engaging with the homeless, encouraging them into tenancy, and providing appropriate, responsive and timely services to prevent the reoccurrence of homelessness.

The causal factors that the government acknowledges need to be addressed in breaking the cycle of homelessness include:

- mental health issues;
- abuse and dependency;
- domestic violence.

In other words, it is more than just providing a house.

A Victorian survey of homeless people "found that 43 per cent of the sample had substance use problems". An official report also warns that homelessness will require a strong focus on provision of health services, in particular mental health, and drug and alcohol services.

"The costs to the community of not breaking the homelessness cycle are high. Chronically homeless people who continually use crisis health and homelessness

services increase demand on these high cost crucial services, and are unlikely to achieve stable, long-term support and accommodation. It has been anecdotally estimated that a homeless person requiring continual crisis accommodation and emergency health responses over a period of twenty years may cost as much as \$1 million in support and assistance."

With so much money at stake it is surprising that neither the ACT nor Commonwealth Governments appear to be considering the potential for different drug policies to increase the capacity of the high proportion of those inadequately housed to take control of their own lives and arrange stable accommodation for themselves.

In his visit to Australia late last year, Dr. Norm Stamper, retired chief of the Seattle Police Department, dropped a dam busting bomb on the case for drug prohibition. He believes that at no stage since 1971 when President Nixon declared war on drugs has it even looked as if this war was being won. "The immutable law of supply and demand will continue to work its magic for ever. Purity and prices will fluctuate, people's behaviour will fluctuate, but there has never been any point in the drug war where we've come close to winning. It is unwinnable, and it's immoral." (SMH, Saturday 3 October)

"The most common reason for arresting young Americans has been for non-violent drug offences. Millions have been jailed, with often devastating effects on themselves and their families. Dr Stamper said this has driven a wedge between police and many otherwise law-abiding Americans."

Australian drug arrests and prison figures tell a similar tale. The latest Illicit Drug Report of the Australian Crime Commission records 63,799 arrests of consumers in 2007-08 – four and a half times the number of provider arrests. The result is a burgeoning prison population. To quote the Productivity Commission's report on NSW, "The NSW inmate population has continued to steadily increase at a

rate of approximately 4% a year since 2000-01. In 2005-06, the daily average prisoner population was 9,101" The average has since exceeded 10,000, an achievement for which politicians have perversely taken pride.

Dr Stamper's recipe was breathtakingly simple: legalise and regulate. The havoc wreaked by prohibition policies on individuals, families, communities and nations lends credibility to this simple formula, although it is unlikely to be one that

the community at large would accept however much it is troubled by break-ins, disease and other community costs.

Recently a British think-tank, The Transform Drug Policy Foundation has come out with a cautious and measured "Blueprint for Regulation" on how to move forward. The core idea is to eliminate the harm that present policies produce by implementing a set of recommendations aimed



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at “taking back control of drug markets from those least likely to manage it in a constructive way.”

The report cautions that “regulation of drug production is only one aspect of the broader drug policy debate. The wider field includes a range of intersecting arenas of public policy thinking, including public health, education and prevention, treatment and recovery and the role of broader social policy concerns (including poverty, social exclusion, inequality, and human rights) and how they impact on drug use and drug markets.”

The scope for enormous improvement is illustrated by what happened in Switzerland with the introduction of heroin prescription: 43% of those recruited to that treatment were in “unstable provisional accommodation”. This fell to 31% after 6 months and 21% after 18 months. Over the same period those in stable, long term accommodation increased from 57% to 79%. This resulted in a substantial reduction in the cost of accommodation in institutions for those on the programme.

In their attempt to tackle homelessness in our country, Australian governments have to take into account the everyday experience of the people they wish to support. Prison is hardly a desirable housing solution for anyone, let alone the sick, the confused and the addicted. Surely it is time to recognise the obvious and develop a homelessness strategy which includes reform of drug laws in this country. As Dr Stamper said, the current approach “is unwinnable, and it’s immoral.”

## Experts question tough-on-drugs approach

The World Today, 28 April 2010, journalist Shane McLeod, ([www.abc.net.au](http://www.abc.net.au))

ELEANOR HALL: Drug reform advocates have released a survey that calls into question the tough approach to the illegal drug trade practiced by several governments around the world. The survey suggests that the various government “wars on drugs” have actually made the battle for control of illicit substances more violent. The study was put together by a new international network of doctors and drug treatment professionals, who say the politicians making decisions on drug policy should re-think their ‘get tough’ approach. Doctor Evan Wood is one of the founders of the International Centre for Science in Drug Policy and he spoke to Shane McLeod.

EVAN WOOD: When you take out key players from a drug supply market that has the perverse effect of making it that much more profitable for someone else to get into the supply of drugs and because these are illegal, there’s no recourse to conventional dispute resolution mechanisms and so you have these cartel members or even at the lowest level, street corner dealer, when someone is taken out that creates an incentive for others to get into the market. There’s a violent struggle to gain or maintain market share.

SHANE MCLEOD: And so it’s right down to that street level, we’re not just talking here about efforts to crack down on international syndicates for example?

EVAN WOOD: No. This is the same mechanism that operates at the highest levels and the lowest levels of illegal drug distribution. Scientists have been talking about this for a long time. Conservative US economist, Milton

Friedman, who incidentally won the Nobel Prize, long argued that this notion of a war on drugs was destined to fail because any time you reduce the supply of a commodity, it doesn’t matter if it’s drugs or cumquats, that has the perverse effect of driving up the price and in so doing creates an incentive for others to get into the market.

SHANE MCLEOD: Can you be confident that this is cause and effect? That it is the policing, the law enforcement, that is causing the resulting violence?

EVAN WOOD: You know as a scientist, we’re always very cautious to infer cause and effect with certainty, but I think anyone - scientist or not - recognises that by making these substances illegal, we drive up their value astronomically. The trade in these drugs is the primary bread winner for organised crime and is what is enriching organised crime and of course we see on the streets that the disputes between these organised crime groups are settled primarily by gun violence.

Whether increasing drug law enforcement, that’s what drug law enforcement does and I think everyone agrees with it, whether than increasing drug law enforcement further to interrupt these drug markets increases violence; the data suggests - yes. But of course we don’t have randomised controlled trials where there’s increased enforcement here and not there and then we can look at what happened. We did a systematic review of every study that’s ever been published looking at this issue and the results clearly show that increasing drug law enforcement, increases violence.

SHANE MCLEOD: Historically, a lot of the laws that now restrict the availability of these drugs came about because of social harm. What are you recommending that law enforcement governments should do to try and deal with the problem of illicit drugs?

EVAN WOOD: Well alcohol prohibition in the States is a similar example of where no one is arguing that alcohol is a safe drug. Alcohol wreaks havoc on our society, so they’re not a great model to go by. But if you look at what happened with the illegality of alcohol in the States, use of alcohol was really unchanged and many argue went up and you unleash this organised crime wave with Al Capone, etc.

So looking at illegal drugs and seeing that basically the same thing has happened. These drugs are available, we are enriching organised crime, we are increasing violence. We need to start looking at alternatives and these international countries that are doing exactly that.

SHANE MCLEOD: Is there not a counter argument though that the law enforcement that is in place now is keeping it under control to an extent that if you ease off on some of those legal controls it may get worse?

EVAN WOOD: A very interesting example is Portugal, which five years ago decriminalised all drugs and everyone in the scientific community that is interested in this area, including myself, really held our breath due to that exact concern; that Portugal was going to see increased drug related harm, increased drug use.

What’s fascinating about Portugal is that not only has their focus on prevention and treatment and treating this as a health issue rather than a law enforcement issue cut the HIV rate in half and reduced the number of fatal overdose deaths from hard drugs, but actually the rate of marijuana use in Portugal is now the lowest in the European Union

and members of the scientific community are scratching our heads saying, you know, maybe the illegality of these drugs is what makes them more appealing to young people and if we are honest about these drugs and we treat them through a public health model rather than a law enforcement model, we can take some of the glamour out of it and focus on practical and evidence based approaches for addressing these harms.

## **AIDS incubators we can do without: HIV**

Alex Wodak, *The Australian*, April 24, 2010

TWENTY-NINE years after the announcement of a new pandemic, the world still struggles to come to terms with HIV. Sometimes logic, rationality and compassion have prevailed in our responses, but all too often emotion has triumphed over evidence.

Earlier this month in Sydney the National Centre for HIV Social Research held its biennial conference to review responses to this infection. Former High Court judge Michael Kirby spoke about a recent meeting he attended in The Netherlands where leaders of the world's religions discussed this challenging epidemic.

Kirby described how most participants were moved by compassion for vulnerable minorities, but a few steadfastly refused to approve any declaration that acknowledged the minority groups at highest risk in the West.

One of the speakers at the Sydney conference wept while describing her two decades of hard work spent trying to achieve more humane responses to drug users. Kirby, noting her tears, rejoiced that there were some among us who still felt great passion about this epidemic at a time of growing HIV fatigue and the increasing dominance of newer concerns and threats.

The number of people in the world newly infected with HIV has started declining. But an estimated 2.7 million people are expected to get infected this year.

Complacency is a problem. When authorities in Queensland and Victoria relaxed their vigilance, decreasing education campaigns and high-level committees, it didn't take long before HIV infection rates started rising.

Given the volatility of this epidemic, wherever possible we should act decisively with effective programs.

Australia's first needle syringe programs started almost a quarter-century ago. The community owes a great debt of gratitude to the courageous politicians who took the long-term view.

Needle syringe programs have proved highly effective in cutting HIV without increasing injecting drug use. For every dollar spent, they save up to \$27 in total costs.

Needle syringe programs have been endorsed by the UN and even controversial Salvation Army figure Brian Watters, former chairman of the Australian National Council on AIDS. Yet there are still critics of these programs, just as there are still sceptics who question the link between smoking and lung cancer.

One area where needle exchange programs have not been permitted in Australia is our jails. Yet if we are to experience an epidemic of HIV starting among injecting

drug users and spreading to the community, chances are that's where it will begin.

Australia has more than 29,000 prisoners, with about half serving sentences for drug-related offences or having a history of injecting drug use. Half of these inmates will inject drugs while in jail.

While in the community they'd share their injecting equipment each year with an average of six people from a small social network. But in jail they'll share their injecting equipment with many more inmates every time they inject. It would not be hard for an inmate serving a one-year prison sentence to have more than 100 sharing partners drawn from diverse social, demographic and geographic networks.

Moreover, in the community needles and syringes are used only a few times. But in jail inmates use the same needle and syringe perhaps thousands of times. As the rubber plungers wear out, they're replaced by a piece carved from the sole of a thong. Jails are a very efficient -- and very expensive -- way to spread an HIV epidemic.

Why not just keep drugs out of jails? If it was as easy as that, all jails would be drug-free by now. The fact is, the more money spent on detecting drugs in jail and the more severe the penalties for drugs in jail, the higher the price and the more profitable drug trafficking into jails becomes.

Authorities don't like to admit it, but keeping drugs out of jails unfortunately is not achievable.

Jail staff are at risk, working in a correctional environment where drugs and injection equipment are available but the same prevention strategies accepted in the community are not accepted there.

This means the loved ones and families of jail staff are also at risk. Consequently, this isn't just a public health concern. It's also an important occupational health and safety issue.

Yet the prison officers' unions have been implacably opposed to jail needle exchange programs. So far no state or territory government has been willing to take them on.

The unions argue that a NSW prison officer was stabbed with a needle and syringe containing HIV-infected blood. Tragically, in 1990 prison officer Geoffrey Pearce contracted HIV and later died from this infection.

All this is true. But the missing fact is that this happened in a jail where there was no needle exchange program.

If Pearce had been stabbed in a jail with a needle exchange program, it's possible he might still be alive.

Today, 77 countries have needle exchange programs and programs are provided in more than 60 prisons in 11 countries.

The same sorts of benefits have been reported in jails as in community programs. No serious adverse complications have been reported from any jail needle exchange program.

How can Australia ensure that rationality prevails over emotions in deciding how to protect jail inmates, prison officers, their loved ones and the general community?

*Alex Wodak is a physician, director of the alcohol and drug service at Sydney's St Vincents Hospital and president of the Australian Drug Law Reform Foundation.*

## Prisoners may get syringes in HIV strategy

Sean Parnell, *The Australian*, April 28, 2010

**PRISONERS may be given clean syringes and sterilised tattoo equipment in an effort to combat an increase in HIV and other infections in Australia.**

Behind the political rhetoric over last week's health reforms lay an agreement by health ministers to refocus Australia's sexually transmitted and blood-borne disease strategies on prevention.

With broad-based national advertising campaigns thought to have limited effectiveness, authorities will target priority at-risk groups such as gay men, Aboriginal and Torres Strait Islanders, injecting drug-users, prisoners, sex workers and certain travellers, along with young people who engage in dangerous practices.

The Rudd government was heavily criticised for allowing the last strategies to lapse, in 2008, despite an increase in HIV infections in the gay community particularly and STIs continuing to cause grief.

At the same time, a crossover in the behaviours of at-risk groups, for example indigenous people who share syringes, has only served to raise the stakes.

"This indicates that the national response has entered a challenging period," the HIV strategy states, creating an expectation of increased commonwealth funding in the next budget.

"Strong leadership on HIV from government at all levels is required, especially as public interest in engagement in the domestic epidemic has waned."

The success of the HIV strategy will require resources to be targeted at the at-risk groups, the document noting that "poorly targeted investment and disinvestment in prevention have led to a resurgence of HIV in some states".

Such preventive health measures will obviously include education and awareness, including increased testing and surveillance, but may also include moves such as condoning drug use in prisons.

"In view of the . . . effectiveness of community-based needle and syringe programs, combined with the international evidence demonstrating the effectiveness of prison needle and syringe programs, it is appropriate . . . for state and territory governments to identify opportunities for trialling the intervention in Australian custodial settings," the strategies state.

Governments also agreed to remain vigilant in the Torres Strait, amid a continuing risk of HIV or other diseases spreading from Papua New Guinea.

## 'Just say no' doesn't work, say students behind anti-drug website

The Province, Ottawa, 13 April 2010, journalist Faiza Wasim

A national youth and student drug reform organization says young Canadians don't put much stock in the federal government's anti-drug approach, so it has created a new website it says may better educate young people about the risks they take by using drugs.

Canadian Students for a Sensible Drug Policy designed [www.not4me.org](http://www.not4me.org), which it says moves away from the government's "just say no" approach, which it calls ineffective.

"One of the biggest failings of previous youth drug education programs is that young people don't take them seriously," said Caleb Chepesiuk, CSSDP staff member.

"We are providing a resource that gives young people serious, honest information on drugs and their risks and tips on how they can keep themselves and their friends safe through either avoiding drugs or by recognizing and preventing problematic substance use patterns before they start. It fails to acknowledge that young people use drugs."

Explaining the government strategy, Tamara Kalnins, 24, and a member of the board of directors for CSSDP said that the definition of insanity is repeating an action and expecting a different result, which is what she says, the government's drug program appears to be doing, with a "just say no" strategy she says is failing to engage young people. The key is to talk with young people, not at them, she says.

CSSDP is particularly concerned with the government's decision to exclude alcohol, tobacco and pharmaceuticals from its prevention strategies.

"By excluding alcohol from its drug strategy, when it is by far, the most common drug used by Canadian youth and is one with the most damaging effects on the brain of adolescents, our government is failing to take its responsibility and is putting our youth at risk," said Dr. Jean-Sebastian Fallu, an assistant professor in the department of psycho-education at the University of Montreal.

"Because alcohol is considered a legal substance in our society, the government wants to target drugs that are known to be illegal. Just telling teens that they shouldn't do drugs because they are bad for you and only mentioning the risks involved, thinking that they will stay away from them, is counterproductive because like cigarette smokers, who know that cigarettes are bad for health, teens also know that some drugs are bad but they will still experiment with them."

According to the Ontario Student Drug Use and Health Survey for 2009, the most commonly used drug is alcohol, with 58.2 per cent of students reporting use during the 12 months prior to the survey.

Marijuana is the next most commonly used drug, with 25.6 per cent reporting past-year use.

The non-medical use of prescription opioid pain relievers, such as codeine, Percocet, Percodan, Demerol, or Tylenol No. 3, ranks third at 17.8 per cent. Tobacco ranks fourth, with 11.7 per cent of respondents reporting smoking cigarettes during the past year.

About one-fifth (19.8 per cent) of students said they had used prescription opioid pain relievers non-medically in their lifetime.

"While prevention is the key part of our message, teens will learn about safe drug use and how to think for themselves," Kalnins said.