



**NEXT Meeting**  
**Thursday 26 February 2009**  
at 7.30pm

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

**Refreshments will follow**

## **Editorial**

### **Now for the evidence**

The New Scientist in its editorial on 11 Feb 2009 posed this question:

*IMAGINE you are seated at a table with two bowls in front of you. One contains peanuts, the other tablets of the illegal recreational drug MDMA (ecstasy). A stranger joins you, and you have to decide whether to give them a peanut or a pill. Which is safest?*

And it replied:

*You should give them ecstasy, of course. A much larger percentage of people suffer a fatal acute reaction to peanuts than to MDMA.*

The editorial went on to say that although the question was only a thought exercise and was not encouraging anyone to carry out the experiment, it was in fact simply pointing out the problem of trying to get sensible evidence based policies in respect of illicit drugs. (The editorial can be read at this web address:

[www.newscientist.com/article/mg20126953.300-editorial-drugs-drive-politicians-out-of-their-minds.html](http://www.newscientist.com/article/mg20126953.300-editorial-drugs-drive-politicians-out-of-their-minds.html))

The danger of ecstasy compared with peanuts is of course relative. And there are relative dangers between a variety of drugs, some legal and some not legal.

It is hard to find objective factually based evidence on the classification of many drugs. Alcohol and tobacco cause the greatest morbidity and mortality of any non-prescription drug. That may well be in part because more of the population use them, but while the dangers of each of the illicit drugs can be identified, the penalties for use, possession etc are relatively uniform. That is, rather than apply penalties relative to the dangers of the drug, penalties are similar for each. One outcome is that penalties do not discourage use of the more dangerous drugs.

The editorial gives examples of the lack of use of evidence in the UK to determine drug policy, such as the rejection of expert advice to downgrade MDMA (ecstasy), the Government's demanded apology of the government's Advisory Council's chairman, David Nutt who said horse riding was more dangerous than ecstasy, and the reversal of the 2004 downgrading of cannabis (that had had the effect of reducing cannabis use).

The editorial concluded:

*This is a worldwide problem. We need a rational debate about the true damage caused by illegal drugs - which pales into insignificance compared with the havoc wreaked by legal drugs such as alcohol and tobacco. Until then, we have no chance of developing a rational drug policy.*

The lack of use of evidence as a basis for drug policy is also evident here in Australia even though evidence abounds of ways and means to reduce the harm from drugs. For example:

- Prescription heroin,
- Needle and syringe programs, particularly in prisons,
- Increased and easily accessible treatment or counseling options,
- Removal of criminal sanctions for personal use.

Some reasons why these harm reduction approaches are not adopted are lack of understanding or simply an ideological approach like the zero tolerance, drug free or tough love approaches.

However there may be some light at the end of the tunnel. On 30 April 2008 PM Kevin Rudd in an address to heads of agencies and members of senior executive service had this to say:

*A third element of the Government's agenda for the public service is to ensure a robust, evidence-based policy making process.*

*Policy design and policy evaluation should be driven by analysis of all the available options, and not by ideology.*

*When preparing policy advice for the Government, I expect departments to review relevant developments among State and Territory governments and comparable nations overseas.*

*The Government will not adopt overseas models uncritically.*

*We're interested in facts, not fads.*

*But whether it's aged care, vocational education or disability services, Australian policy development should be informed by the best of overseas experience and analysis.*

*In fostering a culture of policy innovation, we should trial new approaches and policy options through small-scale pilot studies.*

If this statement by the Prime Minister is genuine, then we should see some changes to the way drug policy is developed.

## Ecstasy use shoots up across the city

SMH Feb 15 2009, Leesha McKenny

THE use of ecstasy in Sydney has skyrocketed by as much as 112 per cent in the past two years, highlighting the ineffectiveness of deterrent strategies such as sniffer dogs, a drug expert has said.

Figures from the Bureau of Crime Statistics revealed instances involving the use or possession of ecstasy (MDMA) in inner Sydney rose from 240 to 511 in the 24 months to September last year.

This contributed to a 55 percent increase across the state in the same period - the highest increase in any category of illicit drug use, including cocaine.

The commander of the state's drug squad, Detective Superintendent Nick Bingham, said that the increase was due in part to a greater supply of MDMA nationally and greater acceptance of the drug among young people, including at a growing number of music festivals.

"We need to get the message to intended users that the chemicals, solvents and acids used to make these drugs, one would never consider putting in their mouth individually," he said.

The director of Drug and Alcohol Research and Training Australia, Paul Dillon, said police drug-detection strategies were not a genuine attempt to reduce illicit drug use if people were unsure about the ramifications of getting caught.

"If you want people to not take part in certain activities, then you have to educate them about what the law enforcement strategy is about," he said. "The sniffer dogs are ... about sending a message saying, 'You know what, we're doing something.'"

The latest National Drug Strategy Household Survey suggested the message was not getting through to those who needed to hear it.

Despite a drop in the use of most illicit drugs, including ice and cannabis, ecstasy use had increased in the longer-term to more than 600,000 users in the past 12 months, the survey found.

"Ecstasy is the one drug in this country that we really don't have a grip on," Mr Dillon said.

Superintendent Bingham said the use of dogs was essential to identify those who use drugs at public events but a 2006 ombudsman report suggested the method was too costly and ineffective to be retained.

Based on the two-year review's statistics, only one in four of the 38,000 people singled out by the sniffer dogs at the Good Vibrations music festival would have been found to be actually carrying drugs, and far fewer convicted.

In one case considered by the ombudsman, an operation costing about \$41,000 resulted in a \$1000 fine.

A 2007 National Drug and Alcohol Research Centre report found that most people who knew dogs would be at an

event beforehand simply made a better effort to conceal their drugs.

"I believe that much of the money that is being used on sniffer dogs - and, I believe, wasted - should be put towards better education campaigns or law enforcement targeting the group [dealers and producers] that really needs to be targeted," Mr Dillon said.

Drink-driving was a good example of the widespread change in behaviour when enforcement was coupled with continuing community awareness campaign, he said.

"Realistically, our young people are less likely to drink-drive than their parents, and the reason for that is they know that if they get caught they lose their licence," Mr Dillon said.

However, police spokeswoman Rebecca Walsh said such a campaign in the case of drugs was unnecessary due to the profile drug dogs had in the media.

### My thoughts on anti-social behaviour

*An edited article from Colin Hales*

In a television news piece on the use of sniffer-dogs to confiscate drugs, by the NSW Police Force, from patrons of Sydney's public transport System, an officer appeared on camera and said, "If you 're going to engage in anti-social behaviour on the public transport system, then we're going to...."

The Australian Modern Oxford Dictionary (2<sup>nd</sup> Edition), defines antisocial as:

Interfering with amenities enjoyed by others.

If a person who is simply travelling from point A to point B and causing no disturbance and may or may not be carrying drugs on their person, it is rather poor form to have the police canine burying its nose in someone's crotch. Police using sniffer dogs on trains is clearly an antisocial activity.

How many of those who have been checked by a dog with, might actually have been on the train because they thought it safer not to drive when they were planning on using drugs. This is very much in line with all the road safety campaigns that have been running for decades.

So, the person with drugs in their possession could be otherwise behaving responsibly.

It is obvious that, anyone who has been apprehended in this way will be more likely to take private transport in future.

My understanding of current evidence based best practice in managing illicit drug use is that harm reduction works best. That is, a culture of inclusion, engagement, and support, or even just tolerance, is most effective in terms of both outcomes and cost/benefits. Harm minimisation is the stated goal of Australia's current drug policy.

It is quite clear that harassing drug users on public amenities will actually increase drug related harm and is ill advised. It is also clear, to me at least, that the actions of the NSW Police Force will have negative social

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consequences and are, therefore, antisocial. There is another matter which is far more serious than mere drug enforcement policy. Will we let antisocial be the new catch cry for the coming pogrom? Will it take its place among the greats - heretic, commie, antisocialist, un-American, terrorist-refugee?

Is this what our society has become? Can we now be harassed merely because we may not conform to social norms? Should we be denied access to those facilities to which we would otherwise be entitled because we are in possession of an illicit substance, or some other equally heinous crime? Are our police forces now to be allowed to enforce compliance of social behaviour?

If so, then I will be either in court, fighting it, or on a plane, fleeing it, as soon as I can arrange it.

## Radical alternatives proposed for cannabis controls

New Scientist, 05 February 2009 by [Andy Coghlan](#)

WHAT should we do to minimise the harm cannabis can cause to the health and welfare of users and to society at large? One answer, according to a report by a group of prominent academics and government advisers, is to change the law to allow the state to prepare and distribute the drug for recreational use.

This proposal is the most controversial of several recommendations from a commission assembled by the [Beckley Foundation](#), a British charity dedicated to exploring the science of psychoactive substances. "The damage done by prohibition is worse than from the substance itself," says Amanda Feilding, the founder of the Beckley Foundation.

The Beckley commission's ideas will be aired in March at a meeting in Vienna, Austria, of the UN Commission on Narcotic Drugs. The UNCND will report to a meeting of the UN general assembly later this year that will set international policy on drug control for the decade to come.

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Dave Murray, head of research at the ONDCP, told *New Scientist* that strict enforcement of anti-drug laws had [helped cut teenage use of marijuana](#) by 25 per cent between 2001 and 2008. [In the absence of prohibition](#), it would have been difficult to achieve that," he says.

By contrast, the Beckley authors, [among others](#), argue that punishment does not reduce cannabis use and itself causes harm. Their view is backed by a study in 2000 by Simon Lenton of the National Drug Research Institute in Perth, Western Australia, which compared what happened to people in Western Australia, where cannabis possession attracts a criminal conviction and penalty, with those in South Australia who were given non-punitive infringement notices. He found that 32 per cent of those "criminalised" reported adverse employment consequences compared with 2 per cent of "infringers". The criminalised users were also far more likely to be involved in crime again, and to suffer housing and relationship problems.

Feilding accepts that there may be few takers in Vienna for her group's proposals. But the mere fact that an alternative to the strict prohibition of cannabis will even be considered is a breakthrough in itself, she says.

Full story at: [www.newscientist.com/article/mg20126885.100-radical-alternatives-proposed-for-cannabis-controls.html?DCMP=OTC-rss&nsref=online-news](http://www.newscientist.com/article/mg20126885.100-radical-alternatives-proposed-for-cannabis-controls.html?DCMP=OTC-rss&nsref=online-news)

## Battling drugs in Afghanistan

Order to Kill Angers German Politicians

Spiegel, by [Matthias Gebauer](#) and [Susanne Koelbl](#) in Berlin, Wed 28 Jan 2009

German politicians expressed dismay on Thursday over the fact that NATO high commander Bantz John Craddock wants to permit the targeted killing of drug traffickers even without proof that they are involved in terrorist developments. NATO is trying to downplay the paper, saying it is merely a "guidance," but that's not correct.

The [news broken by SPIEGEL ONLINE](#) on Wednesday about a controversial order issued by American NATO High Commander Bantz John Craddock to the commanders of the NATO peacekeeping troop ISAF in Afghanistan has angered politicians in Berlin, who are now demanding answers. Members of Germany's parliament from across the political spectrum are calling for an explanation of a fight simmering inside NATO command.

They have also expressly criticized an order that calls on NATO to conduct targeted killings of drug traffickers and to attack narcotics laboratories, even without clear evidence that the targets provide support for terrorist acts against Afghan or Western security forces.

On Wednesday, SPIEGEL ONLINE reported that a dispute had emerged internally among the highest NATO commanders in Afghanistan over the circumstances in which the alliance can apply deadly force. In a classified letter, a so-called, "guidance," which is equivalent to an order on the strategic level, NATO Commander Craddock calls for an immediate offensive hunt for "all drug traffickers and narcotics facilities."

The content of the order is explosive. It is "no longer necessary to produce intelligence or other evidence that each particular drug trafficker or narcotics facility in Afghanistan meets the criteria of being a military objective," Craddock writes in the guidance.

In concrete terms, if the order were implemented, it would represent a fundamental new direction for the NATO deployment. Up until now, ISAF troops have only gone on "capture or kill" missions against high-ranking Taliban commanders and al-Qaida terrorists. But the new line of argumentation would make any person involved in the drug business a legitimate military target. The Craddock order could affect tens of thousands of Afghan citizens.

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Germany, however, has so far refused to participate in so-called "capture or kill" operations -- in other words, the targeted killing of opponents. The classified "caveats" limiting Germany's mandate in the NATO deployment state that the German government considers targeted killings conducted in cases where there was no previous attack to be inconsistent with "international law."

Inside the US military, Craddock is considered a hardliner and relic of the Bush administration. During a meeting of NATO ministers in Budapest, soldiers like Craddock had demanded that a hard line be taken against the Afghan

drug lords, whose network extends to the highest levels of government.

Full story at:

[www.spiegel.de/international/world/0,1518,604430,00.html](http://www.spiegel.de/international/world/0,1518,604430,00.html)

## APSAD Annual Scientific Conference 2008

November 23 - 26, 2008

Selected comments by Andrew Byrne

Surgery web page: <http://www.redfernclinic.com/#news>

The plenary sessions on Tuesday were excellent, starting out with an American statistician, Rosalie Liccardo Pacula talking about the new generation RAND drug use modelling. This appears to be an enormously detailed, almost 4-dimensional system of looking longitudinally at multiple individual markers as well as societal/drug changes. Already they are able to predict drug trends with far fewer people than household surveys but there is still more work to be done to hone this new tool. Like all statistical models, it is only as good as the information fed into it.

Next we heard Prof Ross Homel giving a talk about complex family interventions, often involving three generations, with the emphasis on child safety, development and education. He gave numerous examples of what they are doing in a non-Government organisation associated with Mission Australia. There were vastly diverse interventions from group therapies, vocational referrals to literacy programs. Their main aim was to embed such programs into schools where there was a high proportion of disadvantaged children.

Greg Dore then revealed just what we all needed to know about hepatitis C. He dealt with the progress of the epidemic since it was first formally recognised in our communities around 1990. With no initial symptomatology in most patients, it is hard to determine the true incidence. However, by looking at the prevalence in young age groups one can determine changes from time to time. This would seem to indicate that although there are still many reported new cases each year, fewer of these appear to be true new infections as the prevalence in younger people is dropping more rapidly than in the overall population.

The range of treatments was detailed, pointing out the major improvements in recent years. We can now expect up to 80% 'cure' rates (absent viral PCR at 6 months) in genotypes 2 and 3 with around 50% for genotypes 1 and 4. With several innovations such as closer viral load monitoring, liver "fibro-scans" and treatments for anti-viral side-effects, better results can be expected in the next few years. It is only by combining all of our resources, including GPs, addiction clinics, pharmacies and liver specialists that we will be able to address this epidemic which is largely centred around patients on opioid therapies.

Bethany Butler reported some more results in an on-going study of several thousand NSW cases starting for the first time on methadone (~2500) or buprenorphine (~3500). There was no significant difference in the overall mortality in the groups (~65 subjects in each) but an excess mortality (~5-fold) in the methadone group in the first 2

weeks of treatment (7 versus 2). As well as direct toxicity, this might also be explained by methadone patients being in a higher risk group to start with. Even so, only a randomised trial can scientifically compare the two treatments and this is probably no longer ethical as most patients know which drug they want (see Pinto). It is certainly gratifying that when used in the normal course of practice that patients on each of these drugs have a marked drop in mortality. This study found those who remained in treatment were about three times less likely to die.

Next Louisa Degenhardt gave a paper on her group's investigations of all deaths in NSW opioid maintenance cases since 1985, showing some differences over time. Overall 0.9% of subjects died each year of follow-up: 0.6% for those in treatment compared with 1.2% for those who had left. There was a much higher chance of dying in the first two weeks of treatment where the rate was 4.2%. This latter has dropped significantly since the early 1990s and does not apply at all to buprenorphine cases. The authors state that the treatments have the same mortality rates since those on buprenorphine have a lower retention rate, consistent with the comparative literature.

Finally, the session was given information about significant reductions in local ambulance attendances during the opening hours of the Sydney injecting centre (MSIC) as well as comparisons with the 2 years prior to its opening.

On the Wednesday morning we heard a plenary talk by Nicholas Lintzeris on the directions of treatment in the 21<sup>st</sup> century. He alluded to the shortage of doctors working in the field, the use of new medications requiring less supervision and models of treatment from elsewhere such as France. His subtext seemed to be individualising treatments rather than having rules and one-size-fits-all. He quoted the average age of methadone prescribers approaching the average daily dose! [Which is now about 75mg in NSW!] The speaker also did a study with Adam Winstock regarding attitudes towards withdrawal from treatment.

Mark Tyndall talked about a square kilometre of western urban Canada, there were an estimated 6000 drug users, mostly injectors, of whom 25% had already contracted HIV and 90% hepatitis C. Services were and are grossly inadequate despite statistics which show disastrous rates of just about everything one would not want in one's neighbourhood (crime, public injecting, overdose, deaths, hospital admissions, HIV cases, infections, etc). The Vancouver injecting centre is slightly larger in scale and opening hours, but shares all the essential characteristics of the Sydney injecting centre at Kings Cross (on which some say it was modelled). It has registered over 10,000 Canadian drug users (not all injectors as in Sydney). There are moves to close down this centre despite a wealth of public health research showing benefits to drug users and the community generally at modest cost (or even a net saving to the health system). Its closure would be a most pointed and poignant *natural experiments* in public health, comparable perhaps with the Broad Street pump exposure in London in the 1800s.

Abstracts are at: [www.aspsad2008.com](http://www.aspsad2008.com)