

EMERGENCY ACTION IN RESPONSE TO THE COVID 19 PANDEMIC

COVID-19 demands action and provides the opportunity to get the most disadvantaged and needy out of prisons.

FFDLR CALLS FOR

1. The establishment of clinics in the community providing Heroin Assisted Treatment which would:

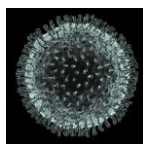
- reduce the flow into the prison of people suffering from opiate dependency who have failed existing pharmacotherapies like methadone;
- Facilitate the early release of detainees from the overcrowded prisons;

Added important benefits would be the:

- virtual elimination of accidental overdose deaths;
- stabilisation of many detainees suffering from co-occurring mental health problems; and
- reduction in drug-related crime.

2. Other reforms to drug policy concerning misuse of other drugs that would promote justice reinvestment and further reduce the risk factors of poor health and disadvantage that explain the high prevalence of indigenous incarceration.

3. A national forum to consider and recommend other changes to drug policy that promote health and well-being.

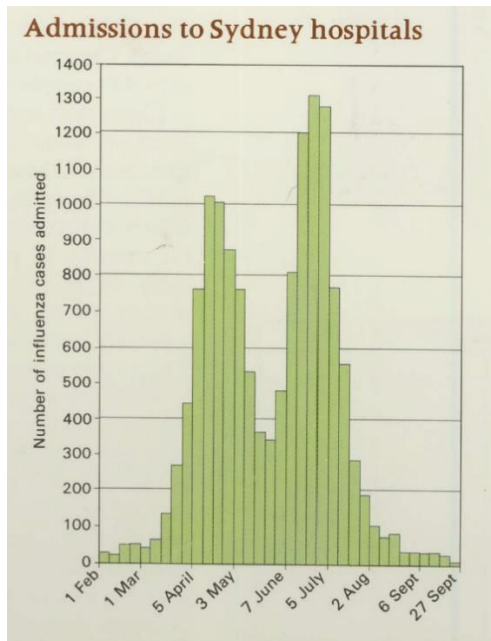


The onset of the Covid 19 pandemic highlights the public health threat of Australia's crowded prisons that bears particularly severely on the indigenous, those suffering from substance dependency and other mental health problems. Prisons have a long history of being crucibles of diseases like tuberculosis and HIV from which those diseases have spread to the population beyond.

Fortunately there has not yet been an outbreak in an Australian prison of COVID-19 though there is likely to be before the virus runs its course and a vaccine or treatment is discovered. It is raging in American and British prisons and will undoubtedly penetrate the fragile barriers of testing, isolation from family and support and PPE that prison authorities have scrambled to put in place.

Singapore is an object lesson of the risks of complacency. There it had been thought that the virus was under control until it flared up among migrant workers and spread into the community. In the words of the Australian advisor to the Singapore government: "I think every government needs to look in every corner, every nook and cranny of the country and say where is vulnerable because if you don't find it first the virus will find it for you." Australia could well experience a resurgence as this graph shows happened during the

Spanish influenza pandemic in 1919 two or three months after it was thought that the worst had past.



The drug laws that regard drug users as criminals and worthless "addicts" is what drives the high Australian imprisonment rate. Drug policy subjects them to the deliberately stressful processes of the criminal law. In their eyes drug laws transform police into threats rather than agents of security and assistance.

It's time to reduce the flow of people into prison and to release many of those inside it: turn off the tap and open the plug hole!

Co-occurring mental illness

Prisoners are warehouses of the indigenous, of people with mental illness, of the disabled and of the drug addicted. Two thirds or more of detainees have co-occurring conditions of substance dependency and other mental health problems. These people shouldn't be in prison and prison is about the worst place for them to be if they are to overcome their health and other problems. These are the desperately needy who are already socially excluded – the unemployed, those who have been removed by child protection into care, the stigmatised and the marginalised.

Remove the stigma of criminality

The path forward is clear. Remove the stigma of criminality that labels dependent drug users as "addicts" and "junkies". Instead, address the health and social needs of the damaged population with the money saved from reduced recourse to law enforcement which only makes a bad problem worse.

Justice Reinvestment

This idea isn't radical. It is at the heart of the concept of Justice Reinvestment but in the ACT the impact of drug policy was virtually ignored in a two-day national forum on "Building

Communities Not Prisons: Justice Reinvestment and Reducing Recidivism” in December 2018. Not one of the key 26 speakers was qualified to speak for two of the main constituents of the prison profile in the ACT and Australia as a whole. There was no one present to argue the case for one of the most effective crime reduction measures ever tried namely heroin assisted treatment that in trial after trial in eight countries has been shown to reduce property and other drug-related crime committed by participants by up to 90%. The ACT drug and alcohol peak, ATODA, much less ourselves were absent. Neither was there anyone to speak with authority about mental health; there was no one from the National Mental Health Commission or Forensicare in Victoria or from ACT groups like the Canberra Mental Health Forum. These omissions are hard to understand given that it was Shane Rattenbury, the Minister responsible for mental health as well as corrections who convened that national forum.

Commonwealth Productivity Commission doubles down on failed approach

Unfortunately the Minister’s lack of awareness of these mutually reinforcing considerations is shared by the Commonwealth Productivity Commission in its draft report on mental health. While recognising that prisons have become warehouses for people with mental health problems that intensify stigma and marginalisation and the need for psychosocial support, it refuses to acknowledge the role of drug laws that in effect have criminalised mental ill-health. It merely calls for better integrated mental health and drug and alcohol services in prison and enhanced psychosocial support in through care upon release. This is exactly the approach taken by a succession of national mental health strategies. The Commission shirks addressing the driver of incarceration in the first place.

Drug policy mediates the pathway to prison

Drug policy mediates the pathway to prison for people with common mental health conditions like anxiety. People suffering from an anxiety disorder are at high risk of dabbling in illicit drugs, a proportion of whom will become dependent on them. The stressful, chaotic life common to many dependent drug users will very likely intensify their mental health problems and lead them to crime and entanglement with the criminal justice system and possibly prison. The stressful, unforgiving regime typical of prisons, cut off from family, employment and other protective factors is likely to aggravate mental health and drug problems and render the person when discharged even less capable of functioning in the world outside. Imprisonment will compound mental health problems make the person depressed and greatly elevate his or her risk of suicide.

Mental health and drug and alcohol workers are in an impossible position

Mental health and drug and alcohol workers are placed in an impossible position with the same person being at one and the same time a patient meriting the best therapeutic care while on the other a criminal and “addict” who must change his or her ways. Such a recommendation is doomed to entrench problems and divert the health dollar from where it is most needed.

In summary COVID-19 provides us with the incentive and opportunity to face up to the need for change in response to the need for therapeutic care for drug users in the context of infectious diseases and, to reduce crime.

England and Scotland have recently set an example

Within the last six months, in response to the therapeutic needs of drug users who have failed existing pharmacotherapies like methadone, authorities in Middlesbrough in northern England and in Glasgow have opened clinics for heroin assisted treatment.

Town gives free heroin to addicts and it stopped them committing crime.

Lucy Middleton Tuesday 25 Feb 2020 7:49 am

(Editor's Note: FFDLR do not support the use of the word 'addicts' as used in this article – people first)

Addicts in Middlesbrough now receive heroin twice a day as part of the scheme. An addict receiving medical grade heroin twice a day says the scheme has given him the 'chance of a lifetime'. He is one of 11 people who are injecting themselves with diamorphine under supervision as part of a project launched in Middlesbrough to cut back on drug-related crime.



Clinical lead Danny Ahmed (left) with Police and Crime Commissioner

Cleveland police and crime commissioner Barry Copping said none of the scheme's participants had re-offended in the 15 weeks since it started.

Instead, they are beginning to address the causes of their addiction now that they are not looking for street heroin and committing crime as a means to pay for it.

One addict, 42, said he used to shoplift £80 worth of goods a day to feed his 20-year heroin habit.

He continued: 'I've been in treatment since 1999 and I've never gone without heroin in all that time.

I've spent a lot of time in jail, but I used in there as well. Middlesbrough has the highest rate of drug-related deaths in the UK.

'I want to be totally abstinent of everything and then help other people do it. I've been through it and I know what the problems are.

'This scheme might not work for everyone but it's worked for me and it's worked for the other people that I'm on the programme with.

'There's not many of us on it and we've been given the chance of a lifetime and you can see the difference in everyone.'

Participants are also encouraged to access other services when they attend the clinic, addressing issues such as homelessness or mental health problems.

The attendance rate has been 99%, and one woman is now looking at entering rehab, while one man is reducing his diamorphine intake.

One person was taken off the project since October and was later jailed for committing an offence.

Middlesbrough was chosen for the project as it has the highest rate of drug-related deaths in the UK.

Mr Coppinger said the 11 participants had committed more than 900 detected crimes in their past, with their offending costing the taxpayer £3,700,000, while the diamorphine, sourced from Switzerland, cost £11,000.

He is now hoping to expand the scheme to other areas using money seized from criminals.

Mr Coppinger said: 'It's my intention to use funding seized under the Proceeds of Crime Act

Cleveland police and crime commissioner Barry Coppinger said none of the scheme's participants had re-offended in the 15 weeks since it started.

to go back into our communities, to repair the harm that the illegal drug trade has wrought not only to those on the programme, but to our entire society.'

Clinical lead Danny Ahmed said: 'Evidence from countries like Canada and Switzerland told us that heroin assisted treatment could work here in

Middlesbrough, but I continue to be impressed with overwhelming change in our participants in such a short time frame.

'The majority of these individuals have battled addiction for decades and they are finally able to lift their head out of the daily struggle of substance use and look forward to living life.' Got a story for Metro.co.uk?

Read more: <https://metro.co.uk/2020/02/25/town-gives-free-heroin-addicts-stopped-committing-crime-12297167/?ito=cbshare>

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