Families and Friends for Drug Law Reform (ACT) Inc

Committed to preventing tragedy that arises from illicit drugs

NEWSLETTER

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NEXT MEETING

Thursday 26 Sept 7.30pm
St Ninian's Uniting Church hall,
cnr Mouat and Brigalow Sts, LYNEHAM

General business at 7:30pm

Guest Speaker at 8:00pm

Geoff Ward from CAHMA will report on the 23rd Harm Reduction Conference in June 2013 in Vilnius, Lithuania

Meetings are followed by refreshments and time for a chat.

Editorial

What price recovery

The fear of illicit drugs permeates our society. Parents, especially are anxious for their loved ones and urgently want them to be off drugs. not only illicits but now increasingly the misuse of prescription drugs. The anxiety of parents is palpable but understandable because they often have little knowledge or understanding of the issue nor of where best to go for help. They just want their loved one to stop using drugs.

In less serious cases of drug use the parents may just need to have their anxiety relieved. A phone call to a 24 hour help line like Family Drug Support can help. Here they can also be given information on 'safe use messages' to pass onto their children. But if the drug use is more serious they may need further knowledge about different treatment options.

There are in fact many treatment options, particularly for those using or addicted to opioids such as heroin, morphine, oxycodone. In addition to counselling and residential treatments there are pharmacotherapy programs such as methadone and buprenorphine maintenance.

In Australia in June 2011 there were 40,446 persons on methadone and buprenorphine maintenance for opiate addiction. Many of the 40,446 are leading otherwise normal lives, perhaps holding down a job, and no longer involved in the drug black market. Colleagues and friends may not even know that they are on that program.

The benefits of being on such maintenance programs include:

- increased safety, because the drug is of known dosage, quality and purity;
- supervision of use by doctors and pharmacists;
- in touch with health professionals who can refer onto counselling etc;
- reduced chaos in the user's life - how and where to obtain the drug becomes routine;
- reduced cost - subsidised provision of this drug is cheaper than black market drugs they used previously;
- increase likelihood of employment.

A methadone maintenance program is in many ways not unlike treatment for other medical conditions. A person with a heart condition may need to take regular medication; a person with diabetes requires daily injections of insulin, and so on. These are in fact maintenance programs – they are not cures.

But the program is not without its detractors. Perhaps because these programs are used to treat illicit drug addiction, they have attracted some of the stigma that is associated with illicit drugs. also for the user there is a cost to being free of their addiction to black market opioids:

- users become more visible and some consequential medical restrictions apply eg limits on use of some pain medication;
- like heroin they are "drying drugs" and care needs to be taken about dental hygiene and fluid intakes;
- the client is tied to a clinic or pharmacy and often has to attend daily;
- special rules (some would say harsh) apply - aimed at preventing leakage to the black market but which do restrict one's life;
- places on the maintenance programs are limited.

Despite all the detractions an individual is better off on the maintenance program than continuing with illegal drugs. A total of 1070 studies of heroin users and 355 methadone patients were collected in the 2005 Australian National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD) which suggest that maintenance treatment is preferable to dose reduction to sobriety. The support for this view was the very high rates (79–100%) of relapse within three months of detoxification from LAAM (a synthetic opioid similar to methadone), buprenorphine, and methadone.

Of course relapse means that the person resorts to their previous lifestyle with all its inherent problems and dangers.

There is a growing push for users of maintenance programs to be graduated off. Most parents expect their child to reduce and come off the program, believing that only then will that child be "cured" of their drug addiction. Increasingly governments and, because they are funded by government, treatment centres and clinics encourage a reducing dose of the medication and an eventual exit from the program. The term "recovery" is being used to signify this process and is becoming more and more common. But the evidence is that this approach is likely to be

ineffective as a one-size-fits-all approach for opioid treatment.

One US website lists some 50 recovery centres, promoting it thus: "give yourself or your loved one the best chance of achieving and maintaining sobriety". Sobriety meaning to be free of drugs, including those used for addiction treatment including methadone, buprenorphine etc.

It is a growing approach here in Australia. It has a popular appeal, one that hints of a complete cure. But it is an approach that appears to have little regard to the evidence, relying more on faith or popular appeal.

Like all things in this field, "recovery" will work for some. But if the NEPOD findings still hold, recovery will fail the large majority.

In the interest of the people undergoing treatment recovery programs must be closely monitored to ensure that they are effective even to the point of resisting its application.

In addition the bad press associated with maintenance programs must be addressed. Here is an off the top of the head list:

- promote the benefits of the program to both users and their loved ones
- reduce the red tape associated with the programs and make them more flexible
- stress the point that maintenance is more realistic than a cure (which recovery implies)
- increase the limit on the number of places for maintenance programs
- address the attitudinal issues that detract from the program.

It is a difficult task for all of us, especially parents to realise that the best response to a persons addiction is not always complete abstinence. This of course is what has been instilled in us over generations of what can only be described as propaganda. For some being on a maintenance program can mean the difference between life and death, the difference between normality and chaos. What we need to do is make these programs as acceptable as those for heart conditions or diabetes.

Election - Drug Law Reform Australia

As many readers would know the Drug Law Reform Australia Party was established and contested senate seats in Victoria, South Australia New South Wales and the ACT. The organiser of the party Greg Chip felt that even though there was no illusion that the party would gain a seat, it was another good way to raise awareness of the issue.

Even though the party had little money and little time to enlist people to help with the campaign, and the fact that it was a first time party, it was not disgraced. It is interesting to note in passing, the success in this election of Senate candidates of small single issue parties.

In any event those who helped with the campaign had many useful conversations, conversations that would not otherwise have been had. Many more people were made aware of the call for drug law reform by the candidates, by campaign helpers, at polling booths and simply by being listed on the ballot paper. And social media also played a part.

Thanks must of course go to the candidates, the campaign helpers and to those who also helped by donating funds.

18th Annual Remembrance Ceremony

'for those who lose their life to illicit drugs'

When: Monday 21st October, 2013, 12.30pm – 1.30pm

Where: Weston Park, Yarralumla, ACT, at the dedicated memorial located on the right of Weston Park Road opposite the Prescott Lane junction.

Speakers include:

- Senator Richard Di Natale, Australian Greens
- Suzanne McGhie, parent who has lost a child

Music by Strange Weather Choir

Refreshments will be served following the ceremony.

If you have a family member or friend who has lost their life to illicit drugs and would like them remembered by name at the ceremony please phone:

Marion on 6254 2961 or email: mcconnell@ffdlr.org.au

The 2011 ceremony is on YouTube at http://www.youtube.com/watch?v=j-ttHRwq5Hc

A snapshot of methadone and buprenorphine treatment in Australia

Alex Wodak, Emeritus Consultant at St Vincent's Hospital, Darlinghurst

The Australian Institute of Health and Welfare (AIHW) released its annual report of the methadone and buprenorphine treatment programs operated by the states and territories. On census day – June 2011 – 46,446 patients were being treated by 1,444 prescribers.

The number of patients in treatment increased by under 1% in 2011 following 5% to 6% annual growth between 2007 and 2010. And the number of patients in treatment nationally has increased 88% since 1998.

Dr Stella Dalton started methadone treatment for heroin dependence in Australia in 1969. Methadone is a long-acting, oral and legal opiate. There's copious research data, including much high-quality evidence, to demonstrate that this treatment is effective, generally safe, as well as being cost-effective. Up to $7 is saved for every dollar invested.

Buprenorphine is a synthetic drug, which has some methadone-like actions but which also antagonises opiate drugs. Buprenorphine is now combined with naloxone, a pure antagonist, to deter some of the unsanctioned injecting of buprenorphine.

The proportion of Australians who support methadone treatment has increased in recent years and was over 69% in 2010. But there's a widespread perception that there are "no votes in methadone or buprenorphine treatment". Consequently, programs still often struggle for funding.

Data sets such as the AIHW's cannot, of course, give any indication of the number of Australians who would meet the criteria for treatment and would like to be in treatment but are unable to obtain or afford treatment. That number is likely to be considerably higher.

Although the Commonwealth pays for the cost of the pharmaceuticals (methadone and buprenorphine), patients

undergoing this treatment often have to pay for other costs (including the dispensing of the medication). This "co-payment" amounts to a very significant sum for this low-income population.

Many opiate-dependent people are probably deterred from seeking treatment while others leave treatment early because of the resulting financial strain. Retention is much higher in New Zealand where treatment is free. There are now moves to include methadone and buprenorphine in the Pharmaceutical Benefits Scheme to increase the rate of uptake and retention.

Methadone and buprenorphine treatment also needs to adjust to recent changes in the nature of opiate dependence in Australia. Long-acting prescription opiates (such as MS Contin and OxyContin) are now consumed by many who previously only ever injected heroin. While the number of Australians injecting heroin is probably stable or perhaps even decreasing, the number using heroin plus prescription opiates or prescription opiates alone is probably increasing.

Most of the heroin reaching Australia is believed to arrive at Sydney airport or the nearby Botany Bay container terminal. Not surprisingly, New South Wales has always reported more heroin related activities than the rest of the country. NSW (2.6), Victoria (2.4) and the ACT (2.3) have the highest rates of methadone and buprenorphine treatment per 1,000 population with Tasmania (1.3), Queensland (1.2) and NT (0.5) having the lowest rates of treatment.

More than two-thirds (69%) receive methadone, 14% receive buprenorphine while 18% receive the combination drug (buprenorphine-naloxone). Males account for almost two-thirds (65%) of patients while more than a third (35%) are females. The proportions under 29 years (15%) and 50 or more years (16%) are now very similar. Almost 40% are now aged between 30 and 39 years.

The median age of patients in 2011 was 38 years. The proportion of patients aged 30 years and over increased from 72% in 2006 to 85% in 2011. This is now an ageing population presumably reflecting a decrease in recruits to heroin dependence since the onset of the heroin shortage in 2000. Almost one in ten patients (9%) identified as Indigenous, a far higher proportion than in the general population.

Almost 3,400 patients now receive treatment while in a correctional facility. This represents about 7% of all patients in treatment in Australia. The number of prison inmates receiving methadone or buprenorphine has increased by 32% since 2005.

Australian methadone and buprenorphine treatment probably compares well with similar treatment in many other rich countries. But the quality of this treatment is very inferior to the standard of health care provided to Australians who have conditions such as diabetes, breast cancer or hypertension.

This annual data set provides a mine of information for service providers and government officials who would like to narrow the gap between methadone and buprenorphine treatment and other forms of health care. But that's hard to do when heroin and other forms of opiate dependence are considered forms of criminality.

Synthetic drugs to be outlawed in NSW

Anna Patty, State Political Reporter, Sydney Morning Herald, September 10, 2013

Synthetic drugs will be outlawed in NSW under new laws that carry jail terms of up to two years and fines of more than $2000.

The drug believed to have contributed to the death of Sydney student Henry Kwan is banned under the new legislation.

The NSW government said the laws are the first of their kind in Australia and will target the manufacture, supply and advertising of synthetic drugs such as synthetic cannabis, cocaine and LSD. *[These are not new laws but simply more prohibition laws that we have had for the last 50 or so years. ...Ed]*

Fair Trading Minister Anthony Roberts said the government would introduce the legislation on Tuesday.

"There is no silver bullet to protect people from the scourge of psychoactive drugs, but the NSW government has developed groundbreaking laws to tackle the problem," he said.

Attorney-General Greg Smith said the new offences will be added to the Drug Misuse and Trafficking Act 1985.

"Manufacturers may try to alter drugs to avoid detection, but these new laws mean police have greater certainty in seizing substances where they have formed a reasonable suspicion that it is a drug or psychoactive substance," he said.

"The NSW government will also ban the advertising and promotion of a substance to be consumed for its psychoactive effects, or information that provides how or where to acquire the substance."

Penalties will include jail sentences of up to two years, more than $2000 in fines or both for the manufacture or supply of synthetic drugs. The penalty for possession of the drugs will be up to one year in jail and/or more than $2000 in fines.

The state and federal governments introduced an interim ban on synthetic drugs in June, but this will be the first time the ban will be introduced in law.

Mr Roberts said the community is seeing the benefits of removing harmful synthetic drugs from sale "and these new laws capture the whole process".

He said NSW Fair Trading inspected more than 1000 retailers since the ban was introduced to ensure synthetic drugs were removed from sale.

NSW will add 40 substances to the prohibited drugs list including NBOMe which contributed to the death of Sydney student Henry Kwan, 17, who jumped from the balcony of his Killara home in June. He was said to have suffered from a psychosis brought about by the synthetic drug.

NSW Greens MP John Kaye said the government's legislation was "doomed to failure".

"The O'Farrell government has shifted the arms race between the drug manufacturers and the regulations to a new plane. The new battle ground will be over the meaning of psychoactive and will inevitably result in yet another generation of extremely dangerous drugs.

"The New Zealand approach of testing and regulating the availability of relatively safe substances, not only works but

reduces the unnecessary criminalisation of both users and suppliers."

Fighting synthetic drug hydra

Ross Bell, Sydney Morning Herald, September 17, 2013

Ross Bell is the executive director of the New Zealand Drug Foundation.

NSW Minister of Fair Trading Anthony Roberts is wrong when he says his new law to ban synthetic drugs is ground-breaking. For the past six years New Zealand has tried exactly the same response. It did not work. As soon as one was banned another hit the shelves.

The proposed NSW law to prohibit these drugs, announced last week, only makes the loophole, which allows ''legal highs'' to be legal, slightly smaller. Despite Minister Roberts' ' tough talk about harsh provisions, the system he is pushing has shown to be ineffective.

We Kiwis know. It's widely acknowledged New Zealand was the birthplace of new psychoactive substances, with the first , benzylpiperazine (BZP), hitting the shelves about 10 years ago.

Since 2008, the banning of more than 35 new psychoactive drugs has been nothing more than a game of cat and mouse. It seems the industry had two new drugs ready for every one the government banned.

The producers of synthetic substances always hold the upper hand; their chemists are always one step ahead of any regulation.

The New Zealand government finally lost patience and did something counter-intuitive. It moved new synthetic drugs from a legal grey area to a well-defined and robust regulatory framework. If producers prove their product is ''low risk'' they can sell it legally. If not, it can't even enter the market.

In NSW these substances are unregulated and enter the market untested. Consumers don't know what they're taking and there is no requirement for manufacturers to tell them. Prohibitive regimes, such as those proposed in NSW, only encourage producers to find ways to get around the law.

The NZ system encourages producers to develop products that are safer. Manufacturers are now required to send a product for clinical testing to determine its risk profile and if it is low-risk it will be approved for sale, under tight conditions and regulations.

The law creates an authority within the Health Ministry to oversee the importation, manufacture and sale of these products. A group of experts, including toxicologists and pharmacologists, has been convened to set the standards against which the products will be tested.

If a drug makes its way through the testing process and onto the market, but is later found to be causing harm, the law allows for the product to be recalled immediately.

By shifting the burden of proof on to manufacturers, it forces producers into the light of day and makes them responsible for the safety of their products.

These substances will be better regulated than tobacco or alcohol. The law sets rules for such things as mandatory health warnings, where they can be sold, how they can be advertised (at point-of-sale only), and maximum dosage.

Enforcement of the legislation allows the authority to revoke licences, issue fines and impose restrictions on companies or individuals who break the rules.

Despite claims to the contrary, the NSW proposal is nothing like the NZ approach, it is still reactive. Synthetic drugs will only be removed after they have been on the market and found to cause harm.

Claiming a ban on synthetic drugs will solve the problem of deaths and overdoses, does a disservice to all the parents who are worried sick about these substances.

Perhaps the NZ solution will provide Australia a direction once law makers run out of patience.

Caribbean Countries Start Looking at Marijuana Legalization

Mar Gonzalo, Latin American Herald Tribune, 18 Sept 2013

A heated debate has arisen in Puerto Rico in recent weeks about the possible decriminalization of possessing small quantities of cannabis, as well as over legalizing its sale and consumption for medical purposes.

SAN JUAN – The small economies of the Caribbean are beginning to examine the legalization, or at least the decriminalization, of the consumption and possession of marijuana, with Puerto Rico leading the pack now that next week the Senate will begin studying the issue.

A heated debate has arisen in Puerto Rico in recent weeks about the possible decriminalization of possessing small quantities of cannabis, as well as over legalizing its sale and consumption for medical purposes.

Local radio and television talk shows are constantly dealing with the matter and more and more local figures from different spheres are openly admitting that they have used pot and are calling for making the law more flexible.

"Let's leave hypocrisy behind," said Miguel Pereira, the senator from Puerto Rico's governing party who presented the proposal to decriminalize the possession of up to an ounce (28 grams) of pot, which is believed may be more heavily consumed on the island than tobacco.

Also, voices have emerged from the university and business spheres supporting the initiative, many of them arguing that criminal penalties for pot consumption have destroyed the academic and professional careers of thousands of young people.

Next Tuesday, the first public hearings will be held in the Puerto Rican Senate to allow interested parties to comment on the matter and lawmakers will begin studying the proposal to amend the prevailing law, which establishes fines of up to $5,000 and three years in prison for those who "knowingly or intentionally possess any controlled substance."

Besides Puerto Rico, many other Caribbean islands are studying whether to alter legislation relating to pot, both to reduce police, court and prison costs and to increase the revenue that could be obtained by taxing legal pot sales.

St. Lucia, for instance, has been working on the matter for some time, just like Jamaica, which is one of the main marijuana providers in the region and where tourists can even take guided tours of illegal pot plantations.

The prime minister of St. Vincent and the Grenadines, Ralph Gonsalves, proposed to his Trinidad and Tobago counterpart, Kamla Persad-Bissessar, that – in his capacity as president of the Caribbean Community, or Caricom – he push for a debate on legalizing the sale and consumption of pot for medicinal purposes.