Families and Friends for Drug Law Reform (ACT) Inc

Committed to preventing tragedy that arises from illicit drug use

NEWSLETTER

@FFDLR

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NEXT MEETING

Thursday 28 May, 7.30pm
St Ninian's Uniting Church hall,
cnr Mouat and Brigalow Sts, LYNEHAM

Meetings are followed by refreshments and time for a chat.

Editorial

The Ice Campaign

The scene has been set for a major offensive on ice - a form of methylamphetamine.

"Illicit drug arrests and seizures at record high," says the Australian Crime Commission (ACC). "The Australian Crime Commission's report shows that law enforcement is making significant inroads in the fight against illicit drugs."

Australia's Prime Minister Tony Abbott said: "Ice is far more addictive than any other illicit drug. It does far more damage than any other illicit drug. The propensity for violence, the propensity to subsequent very serious mental illness, the propensity to disfigurement which ice produces means that this is a drug epidemic way beyond anything that we have seen before now." He said he would ensure every state and territory took the "menace" of ice seriously.

> **Epidemic** (from Greek "upon and above" and demos "people") is the rapid spread of infectious disease to a large number of people in a given population within a short period of time, usually two weeks or less. cf Wikipedia

Christopher Pyne, Minister for Education said: "Ice is an even bigger problem in regional Australia than in Sydney... Ice is a horror drug because it is so addictive,... you are addicted with virtually the first smoke or injection."

So we have been prepared by our government for a war on ice. Like any war the first casualty is the truth. None of the above reflects well on our community leaders from Prime Minister down. But of particular concern must be the minister for education who is charged with responsibility for the education system that is developing our next generation. If he is so careless with the truth it does not bode well for the next generation (that is if they take any notice of him).

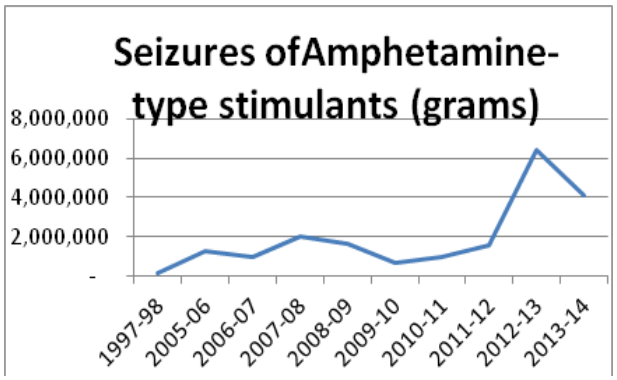
The evidence

Methylamphetamine is a drug of which about 2 percent of the population has used recreationally in the last 12 months. Its use has remained at about 2 percent for many years. However the form of the drug has changed, like many drugs that have been prohibited - a stronger more easily smuggled or manufactured form has emerged. Hence the powder form, speed, has morphed into ice.

According to the latest ACC report (2013/14) drug seizures have increased, but drug use has remained relatively stable. There has been an increase in the number of arrests but they are of users, not those who supply drugs. Arrest of dealers is less than it was in 1997/98. So if there have been any inroads in the fight against illicit drugs it has been more of an indication of increased police activity or perhaps an increase in the availability of drugs.

The ACC also states that drugs were easy to very easy to obtain and prices remained stable while purity increased. These are sure indicators that no effective inroads have been made into the supply or use of drugs.

On my calculation seizures of this drug in 2010/2011 represented only 3 percent of total supply which was at that time insufficient to make a difference to the market. There was however an increase in the amount of methylamphetamine seized in 2012/13 and 2013/14 as the following graph indicates. The seizure rate for 2012/13 was significantly higher than the following year however the ACC reported that for the most recent year the drug was easy to very easy to obtain. The conclusion that one must draw from this is that seizures by law enforcement make little or no difference to the market supply of the drug.



The Taskforce

There is every indication that this war on ice will be fought on a law enforcement basis: the Ice TaskForce is overseen by the Justice Minister as well as the Health Minister; and the Taskforce is led by Ken Lay who was Chief Commissioner of Victoria Police from 2011 until recently.

The Taskforce could make a valuable contribution if Ken Lay's statement is allowed to influence the Taskforce's report: "Ice has been on the scene for over a decade and we've had a really strong law enforcement approach and it hasn't resolved the problem. The time's right now to look at the other options".

But we should remember that this is a political process and common sense does not always prevail.

Advertising campaign

The advertising campaign concentrates on how bad ice is and on the violence by users. The approach is not balanced. It provides no help for families dealing with the problem. It provides no help for the user who recognises that he/she needs help.

By and large the campaign promotes fear of the drug and fear of the user in the hope that young people will not use the drug.

It is a tactic that has not had a great deal of success in the past. However such fear tactics do make it easier to implement more draconian law enforcement approaches.

Hope for the taskforce

Perhaps I am being too pessimistic about the Taskforce, expecting it to be just more of what we have seen in the past - an inquiry, a consultation, a report of which selected parts are used but no real improvement achieved. If Ken Lay does his job and listens to those who present to the Taskforce, resists the knee-jerk reactions to the less than objective submissions and resists the politics of the situation then there could be some hope.

But it will also take others in the community to make sure he hears the message. People like Carrie Fowlie from the ACT Tobacco and Other Drugs Association who urged the Taskforce to focus on prevention treatments and harm reductions and Matt Noffs of the Noffs Foundation, which provides drug and alcohol services to young people, who urged the taskforce "to be brave and start looking toward the regulation of these sorts of drugs."

It might be a stretch to hope for the introduction of some form of regulation of this drug or even some realistic attempt (ie not the usual law and order approach) to undercut the black market. If the Taskforce recommends more funding for law enforcement it will have failed but on the other hand if it recommends more funding for the cash strapped treatment services then there will be some hope.

Membership

Thank you to those who have renewed their membership, it is much appreciated. For those whose membership may have slipped their mind there is still time to do it. And we could use the funds to help with the publication of our 20 year book.

Membership remains at $15 per year. Donations are always welcome.

Payment details

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Don't panic: the 'ice pandemic' is a myth

John Fitzgerald, May 18 2015, The Canberra Times

The other morning my eight-year-old asked me why people who take ice are violent. She had just heard the federal Justice Minister, Michael Keenan, on the radio talking about the latest police statistics on illicit drugs. I found myself in a situation where I had to explain the difference between telling the whole truth and telling half-truths to scare people.

Despite what we might hear, the latest report from the Australian Crime Commission doesn't tell us that the problem with ice is getting worse. It simply tells us how police are doing their job.

So why are the crime commission and our Justice Minister spruiking this misguided idea that there is an "ice pandemic" in Australia?

Amphetamine use is stable and use across the population has actually gone down since 1998. The proportion of Australians who have used ice in the past 12 months is around 2 per cent.

Yes, police are making more arrests for amphetamines, but we must remember that the weight of the total drugs seized is less than in previous years. Which means more busts, but less product. Clandestine drug lab detection has also dropped.

This signals a change to policing: more drug users and fewer drug suppliers.

Since 2011, the increase in amphetamine arrests has been highest among the drug's users. Dealers only represent one in four arrests.

This is not treating the amphetamine problem from a health perspective. It is simply criminalising amphetamine users. It might be a good outcome for the police, but I am not convinced this is helpful for families or communities.

The continued portrayal of amphetamine users as violent by Mr Keenan is dangerous and is a partial use of the truth. No doubt some amphetamine users experience heightened anxiety, psychosis, and violence, but not all.

Drug statistics need careful interpretation, not alarmist treatment. Among criminologists, drug arrests are called "discovery crimes" because the numbers relate more to the intensity and style of policing rather than an increase in illegal activity.

The crime commission report shows that the percentage of amphetamine arrests in New South Wales is huge compared to other states. But why is that? Because cannabis arrests have dropped to a tiny fraction of total drug arrests – it is all about what police focus on.

This kind of unsophisticated interpretation of drug trends within the Australian Crime Commission is truly troubling, particularly when their annual report says that "ice is emerging as a pandemic akin to the issue of 'crack' cocaine in the United States". That is simply not the case.

Here's what we know about ice in Australia: Those who use illegal drugs are using methamphetamine more often. The vast majority of methamphetamine users in Australia do not seek treatment. The price has decreased dramatically to about a third of the cost in 2009. And the public health responses to methamphetamine use are inadequate. There are no effective substitution drugs and there are limited options for counselling and support.

The job of the Australian Crime Commission is to undertake policing. However, we need leadership in policy that puts balance back into the public discussions about drugs.

In the past there was a good understanding that drug use is a public health issue. But if we continue to talk about the ice problem as a police issue, we risk echoing the situation in the US in the 1990s, when incarceration of drug users rocketed to unprecedented levels and destroyed communities. If the Australian Crime Commission continues to paint the ice problem in Australia as akin to the crack problem in the US, we are in trouble.

We need independence in the reporting and interpretation of police statistics.

Also worrying is the proposed incorporation of the Australian Institute of Criminology into the Australian Crime Commission. There is a real risk that the criminology institute will act as a kind of media unit for the crime commission, releasing policing statistics with little or no critical appraisal.

So are we in the grip of an ice epidemic? No. Are all ice users violent monsters? Certainly not. Yet this is what my daughter and the rest of the Australian public are hearing.

We need to challenge the use of half-truths. Half-truths are often used to create fear. And just as we shouldn't decide on something when we're angry, we also don't make good decisions when we are scared.

Politicians and governments certainly don't make good decisions when they are scared. That is why we need to have a rational appraisal of the amphetamine issue, rather than panic about the Australian Crime Commission's so-called ice pandemic.

Associate Professor John Fitzgerald is a drug and alcohol expert at Melbourne University's School of Social and Political Sciences.

Book Review

By Pat Varga

When Johann Hari was interviewed about his book "Chasing the Scream", Phillip Adams commented that every politician he talked to admitted that the 'war on drugs' was a failure but lacked the courage to say it publicly.

Hari has used drugs and watched loved ones die. He has long argued that punishing and shaming makes the drug problem worse and creates other problems such as corruption, criminal gangs and violence.

This British journalist was twice named Newspaper Journalist of the Year by Amnesty International and has written for the New York Times, the LA Times, the Guardian, Le Monde and other respected publications.

The title of the book comes from an incident in 1904 on a Pennsylvania farm when a 14 year old boy heard screams and was ordered to take a horse and buggy, as quick as he could, to the pharmacy in town to pick up a package. The screamer was a woman and the package had drugs.

It was Harry Anslinger who drove the buggy and who was later appointed head of the Federal Bureau of Narcotics. He recalled the incident of the screams often later in life as he worked to rid America and the world from drug use.

Harry believed that there were people among us who could become "emotional, hysterical, degenerate, mentally deficient and vicious" if they used drugs.

In the 1930's many drugs including marijuana and heroin were legal and available at pharmacies. Mrs Winslow"s Soothing Syrup had 65 ml of pure morphine. And in those days the Supreme Court had ruled that people addicted to harder drugs should be treated by doctors.

Fortunately for Harry, the Department of Prohibition had collapsed. Prohibition failed and President Roosevelt needed tax money. So the government went from fighting alcohol to fighting drugs. Federal Bureau of Narcotics took on a new cause to wipe out drugs from the United States forever.

This book describes some battles and warriors against the war on drugs in the US and in other countries. The author believes it is informed and organized people who campaign for change who will ultimately help drug users. I want to mention some battles and warriors from the book.

Bruce Alexander, professor of psychology in Canada, in the 80's used a test on rats to debunk a TV commercial by the Partnership for a Drug Free America. Their rat test wanted to prove that drugs were addictive.

Alexander's test was called Rat Park. There were two cages with drink bottles of morphine and water. One cage had nothing in it for the rats to play with. The other cage had wheels, coloured balls and good food.

The rats with nothing in the cage used up to 25ml of morphine a day. The other rats used less than 5 ml. Bruce decided that addiction is an adaptation …it is the cage you live in.

Professor Carl Hart at Columbia University in the US is one of the leading experts in the world on how drugs affect the brain. He told Johann Hari that almost all the funding for research into illegal drugs is provided by governments waging the drug war – and they only commission research that reinforces the ideas we already have about drugs.

Milton Friedman, the Nobel Prize winning economist said the drug war was a criminal waste of money.

Mayor Philip Owen of Vancouver, Canada, was embarrassed by protests from the Vancouver Area Network of Drug Users (VANDU) led by Bud Osborn a poet and addict.

They harassed the politicians by carrying a coffin to every City Hall meeting where drugs were discussed.

Mayor Owen decided he had better find out who these addicts were, and how they could be shut up. He arranged an afternoon tea for the most hard core addicts and sat and listened to them talk about their lives. After this, the Mayor's public meetings included medical officers and police officials to answer questions from VANDU.

Johann Hari believes the situation can change for the better. He believes a riot in support of gay rights in Greenwich Village in 1969 is sign that the drug war can be stopped. "We are a little like the gay activists of 1969 – the final end to the war is so distant we can't see it yet, but we can see the first steps on the road and they are real and they can be reached.

Contact Pat Varga if you want to borrow the book. pmvarga@bigblue.net.au

Dr Andrew Byrne at large in Manhattan

It has been my privilege again to spend a month in Manhattan learning about American developments in alcohol and drugs issues as well as passing on some of the Australian experience.

My main mission in New York this year concerned our current plague of stimulant use in Australia and whether there were any answers from colleagues in the Big Apple. One only has to open an Australian newspaper to find another notable crime or accident traced, at least in part, to amphetamine type stimulants, 'ice' or 'crystal meth'. I have done my best to ascertain how much of the reported mayhem from 'ice' is actuality and how much hype. The authorities certainly seem to be taking it seriously with various enquiries under way.

America had a spate of methamphetamine use about ten years ago but without the reported behavioural consequences we are

seeing at home. A senior Justice Health clinician told me that 'crystal meth' problems were starting to become prominent about 6 years ago, perhaps heralding the current reports of adverse consequences in the wider community. Others have confirmed that acute drug-related psychosis cases presenting to mental health facilities are now commonplace, even more so than the conditions they are trained, funded and able to treat like schizophrenia, bi-polar disorder, depression, phobias, etc.

In the past month alone three of our practice patients (n=160) were hospitalised due to complications ascribed to stimulant use, two for psychosis and one having had a stroke. And this was while they were IN TREATMENT. On the other hand we have numerous patients who seem to do well taking prescribed stimulants for ADHD at the same time as their opiate maintenance. Sydney's St Vincent's Hospital Stimulant Clinic has prescribed dexamphetamine under medical supervision for the past 8 years with a positive experience in selected cases. We are now doing the same in the private sector on a small scale.

Several stories have shocked Australians including a report of a Cairns mother killing eight children before stabbing herself (non-fatally) in the chest and neck. In another case a previously normal man became so paranoid that he chiselled the initials of the person he believed was targeting him into his leg so that "the coroner will know who did the deed after I've been killed".

In New York I was told by several experts that stimulants just don't usually cause major behavioural disturbances. Yet we have reports of previously normal people starting to wield weapons, leap off buildings or become acutely paranoid. Some senior clinicians in America told me that such reports are likely to be associated with mixed drugs, PCP, alcohol, benzos, etc. It is hard to reconcile statements from prominent public figures about amphetamine being a "horrendous new drug which is causing such mayhem" when we prescribe it widely amongst school children where there is a lack of such reports. As Paracelsus noted 500 years ago, a useful medicine at one dose may become a poison at a higher dose.

Heroin overdose has now become a national emergency in America and several state Governors have enacted crisis provisions. I read that there are now more heroin overdose deaths than motor accidents, suicide and cancer put together (this may be in certain age groups). Such is the epidemic that naloxone peer-distribution has been implemented in various situations despite not fulfilling the usual requirements of safety and effectiveness required for other drug interventions. There are uncertainties about how to give it (IV, IM or nasal insufflation) and how much to give. The overseas experience of early heroin overdose (such as in injecting centres) shows that naloxone is rarely required. Physical manoeuvres and oxygen are sufficient in most cases. Most ambulance and casualty services treat overdose cases much later which is quite a different clinical situation. It may be that resuscitation education is also worth emphasising in the drug using population and associates. Despite these limitations, a parallel benefit to the approval of naloxone has been a concurrent Good Samaritan rule in some states such as New Jersey and Hawai'i. If one calls an ambulance to an overdose case one will not be automatically subject to police action as a result.

The prospect of tens of thousands of doses of naloxone being sold for just a few ampoules actually used must be joy to some drug company shareholders. One only hopes that any associated side effects or adverse consequences are minimal as the saving of even one life is important. Future research should determine these matters as well as a cost benefit analysis since there are various other life-saving interventions which could be implemented.

The Americans are known for their 'noble experiments' some of which have paid off, others, such as alcohol prohibition, proved to be unmitigated disasters. It seems bizarre that with a heroin addiction problem and overdose crisis US authorities still ban methadone treatment in normal medical practice despite it being used successfully in most western countries. Methadone clinics are also now commonplace in China. Methadone treatment is known to dramatically reduce opioid overdoses when used under established clinical guidelines. It is cheap [sic], meaning no profit for Big Pharma … and it requires only a modest amount of medical education and no new infrastructure. Methadone and buprenorphine treatments also prevent HIV and very probably hepatitis C as well. So why is it still restricted to registered clinics in America, especially when few new clinics have opened in the last 20 years? I am an onlooker, respectful of the great works the US has done for medical research, yet I am unable to answer this question.

There has been a highly publicised report of 140 new cases of HIV transmission in a small rural county on the Indiana/ Kentucky border in just a few weeks. This has prompted the Governor Mike Pence to countenance needle programs for the first time, although only temporarily. He still says he does not 'believe' in needle availability and one wonders if he knows better than health experts who support such services which are commonplace across the rest of the western world. A two month period of limited needle and syringe 'exchange' programs is unlikely to make much difference as the epidemic is already advanced. Perhaps the Governor should ban the provision of ash trays … which may discourage smokers! This is the level of his logic (or lack of it).

Annual conference of New York State Psychological Society addiction chapter at New School University in 13th Street near 6th Avenue.

Richard Juman gave the oration and introductions while Andrew Tatarsky and Scott Kellogg, both previous presidents of the organisation, spoke on their approach to addictions in a non-abstinence based therapeutic setting. This setting gave me a balance to the usual chemical approach used by doctors in dependency (aka 'methadone') clinics. I was surprised to learn that the majority of patients for these clinicians were mandated from court decisions.

Other issues broached on this trip included 'lethal' synthetic cannabis (and it IS, unlike the real thing!); new hepatitis C treatments which avoid interferon injections; police victimization of minorities has been a topic with some balance pointing out the difficulties of policing some localities; Puerto Rico has allegedly adopted the policies once used in the Northern Territory, putting addicts onto flights to Chicago for example, with a vague promise of treatment on arrival.

Another important observation is that most of the colleagues I meet up with in New York are over 60 and some are over 80. Some younger folk are getting involved but not nearly enough to replace those of us who are bowing out. Australia still only has a fledgling community of addiction specialists and there is no secure career path for such doctors.

DrAndrew Byrne works in the Redfern Clinic. He treats referred patients with problems in the drug and alcohol field... New York travel-log http://ajbtravels.blogspot.com.au/