

Australian Parliamentary Group for Drug Law Reform & Australian Drug Law Reform Foundation

E-Newsletter – May 2008

Drug Action Week is coming 22nd – 28th June

About the Groups

The Australian Parliamentary Group on Drug Law Reform

The Australian Parliamentary Group on Drug Law Reform (APGDLR) is a cross party group of 100 MP's from our State and Commonwealth parliaments. The group was set up in 1993 after a meeting in Canberra convened by Michael Moore (ACT Assembly) and me (Ann Symonds,MLC,NSW).

Both of us had been members of committees of inquiry into illicit drug use and became convinced, by evidence, that the War on Drugs had failed and a new approach was necessary.

Having witnessed the successful advocacy for health management of HIV and AIDS led by the Hon. Neal Blewett (Labor, Govt.) and Senator Peter Baume (Liberal, Opposition) our aim was to establish a forum for members of parliaments, State and Federal, from all parties to work together for new programs and policies to confront the death, disease, crime and corruption resulting from illicit drugs in our society.

Representatives from Democrat, Liberal, Labor, Independent and Green in State, Federal and Assembly Parliaments were attracted to our Charter for Reform.

Over the years we have worked together to expose the failure of prohibition and the War on Drugs campaign and concentrated on emphasising that drug use requires health and social policy responses.

Encouraged by the Prime Minister's declaration that he is interested in 'evidence based' policies we hope to renew our efforts for reform in bi-partisan work for change.

As evidence of our commitment to work as a public policy team, not as political adversaries, I am pleased to inform you that Dr. Mal Washer MP (Liberal WA) has offered to act as our 'interim' Convenor, as the present convenor Hon Duncan Kerr (Labor Tas.) wishes to concentrate on role as Parliamentary Secretary for Pacific Island Affairs. Formal elections for the positions in the executive of the APGDLR will be held at the AGM in Canberra during Drug Action Week in June. The AGM will be held on Wednesday 25th

June 2008 in Parliament House, Canberra. Further information included later in the newsletter. Ann Symonds.

The Australian Drug Law Reform Foundation

The Australian Drug Law Reform Foundation was established in 1994 when a significant number of people in the community endorsed the Charter for Reform that had been developed by the Parliamentary Group. This group attracted membership from legal and medical professions as well as media and religious representatives. Those that attended the first meeting in Canberra all had one thing in common, they shared a concern that the current drug policies in Australia did not seem to be working. Participants had been directly involved in assisting parents, families or ordinary members of the community to develop more realistic ways of coping with illicit drug use. It was felt that there was at least a need to consider alternative approaches to illicit drug use and to reduce the unacceptably high levels of social, economic and health problems associated with the prohibition of certain drugs in Australia.

The Charter for Reform sets out a series of principles that seek to encourage a more rational, tolerant and humanitarian approach to the problems created by drugs and drug use in Australia.

The Australian Parliamentary Group for Drug Law Reform recognises that:

- Australia has current obligations under International Treaties;
- there is no approach to the use of drugs of dependence and psychotropic substances which will ever provide a drug free community;
- some measure of success has already been achieved through adoption of policies which give priority to the minimisation of harm;
- there is some positive overseas experience of new approaches to drug law which can provide useful models for Australian reform.

Therefore, the primary objectives of the group are:

- the urgent adoption of drug policies based on strategies of harm minimisation throughout Australia;
- the establishment and legalisation of readily accessible needle exchange and distribution programs throughout Australia;
- the introduction and maintenance of broad based methadone programs for all heroin users seeking this type of assistance;
- the expansion of drug rehabilitation programs in range and number to provide access and choice;
- the provision of politically independent finance and support for properly conducted scientific studies into the treatment of drug users, or the use and misuse of drugs of dependence and psychotropic substances, including alcohol and tobacco;
- and the development of educational programs based on self reliance and sound scientific research.

The APGDLR and the ADLRF meet at least once a year to hear from experts in the field, to share information about what is happening in our jurisdictions and to plan future work.

The group also produces occasional newsletters on issues relating drugs in Australia and international developments.

With the election of the new Commonwealth Government we have the opportunity to enhance past reforms and advocate for the implementation of evidence based programs that will reduce the harms associated with illicit drug use in our community.

If you would like more information about the Parliamentary Group or the Foundation or would like more information please contact The Hon. Duncan Kerr MP 02 6277 2178 or email Duncan.Kerr.MP@aph.gov.au or Penny Sharpe MLC on 0292302741 or email Penny.Sharpe@parliament.nsw.gov.au

International news:

Newsflash: UN Secretary-General calls on Asian governments to amend outdated laws criminalizing injecting drug users and other stigmatized groups.

UN Secretary-General Ban Ki-moon called on March 26 for increased health and human rights protections for people living with HIV, sex workers, men who have sex with men, and young people who inject drugs. "I look to Asian Governments to amend outdated laws criminalizing the most vulnerable sections of society, and take all the measures needed to ensure they live in dignity," the Secretary-General said in response to a report by an independent Commission on AIDS in Asia entitled "Redefining AIDS in Asia: Crafting an Effective Response." The report urges governments to provide a comprehensive package of harm reduction, including needle exchange programs and opiate substitution treatment, and says governments should abandon counterproductive "war on drugs" programs.

For Ban Ki-moon's statement, see http://data.unaids.org/pub/PressRelease/2008/20080326_pr_asiacommissionreport_en.pdf.

The report is available at http://data.unaids.org/pub/Report/2008/20080326_report_commission_aids_en.pdf.

Dr. Alex Wodak,
Director, Alcohol and Drug Service,
St. Vincent's Hospital,
Darlinghurst, NSW, 2010,
AUSTRALIA

Telephone: (61+02) 9361 8012
If no prompt answer, try 9361 8014
Facsimile: (61+02) 8382 4738
awodak@stvincents.com.au

AUSTRALIAN NEWS: The effectiveness of the Illicit Drug Diversion Initiative in rural and remote Australia.

Evaluating the effectiveness of the Illicit Drug Diversion Initiative in rural and remote Australia

The Australian Institute of Health and Welfare (AIHW) recently released an evaluation on the effectiveness of the Council of Australian Governments' (COAG) Illicit Drug Diversion Initiative (IDDI) in rural and remote areas of Australia.

The project, commissioned by the Australian Government Department of Health and Ageing, evaluated the initiative in relation to its stated objectives, which broadly relate to providing people with early incentives to address drug use problems; increasing numbers of illicit drug users diverted into drug education, assessment and treatment; and reducing the number of people incarcerated for use or possession of small quantities of illicit drugs.

The quantitative stream of the project found that, overall, the numbers of people diverted to both police and court diversion numbers have been increasing in rural and remote Australia.

The qualitative information gathered during the study suggested that the most effective processes or characteristics in IDDI-funded programs in rural and remote Australia were in court diversion programs which:

- targeted young people
- allowed drug diversion for alcohol as the primary drug of concern
- were supported philosophically and practically by magistrates and drug and alcohol service providers
- had well-established communication mechanisms between magistrates, drug and alcohol service providers and other relevant stakeholders at the local level
- involved a considerable period of treatment (for example, three months)
- included high-quality case management to assist in addressing clients' broader social and health issues
- had access to an appropriate range of treatment options
- were able to support clients with barriers to treatment, most notably transport barriers
- provided feedback to magistrates and drug and alcohol service providers (for example, quantitative data about client numbers and

- compliance levels and information from relevant follow-up studies of drug diversion participants)
- had a relatively stable and experienced workforce
- gave key stakeholders a perception that funding was secure.

The study suggested that the effectiveness of the IDDI would be better understood through:

- the availability of improved national data about IDDI programs and alignment of this data with the overall objectives of the Initiative
- further targeted studies to investigate longer-term outcomes for people entering diversion programs.

For further information please contact:

Louise York, Senior Analyst
Population Health Unit, AIHW
GPO Box 570 Canberra ACT 2601
Ph: 02 6244 1271
Fax: 02 6244 1299 York, Louise
E-mail Address: louise.york@aihw.gov.au
(Part-time: Tue, Wed, Thur, Fri)

Notice of Motion to Federal Parliament

The following Notice of Motion has been submitted to the House of Representative Selection Committee by Mrs Irwin member for Fowler.

MRS IRWIN: To move – That this House

- (1) notes the abuse of illegal substances is deeply implicated in Australia's most intractable and costly social problems. These extend well beyond direct health and crime costs to issues like child protection, school drop out, suicide, mental illness, homelessness and poverty;
- (2) notes that the full cost of illicit substance abuse to the Australian economy has not been accurately assessed;
- (3) notes that the cost effectiveness of strategies devised to deal with abuse of illicit substances has not been accurately assessed in Australia;
- (4) notes that the efficacy of supply reduction strategies as compared to the efficacy of other measures in reducing the harms of illicit drug abuse has not been accurately assessed in Australia; and
- (5) calls on the Government to initiate an inquiry by the Productivity Commission into the cost of illicit drug abuse in Australia and the cost effectiveness of strategies to address illicit drug abuse and that in accordance with the *Productivity Commission Act 1998*, the Commission may also make recommendations in the report on any matters relevant to the matter referred. *(Notice given 11 March 2008. Notice will be removed from the Notice Paper unless called on on any of the next 7 sitting Mondays after 26 May 2008.)* Dr Washer has seconded the motion.

Dr Washer has seconded this motion and when this motion is debated in Parliament he will speak about the real financial, economic and social costs of illicit drug use in Australia.

CURRENT AUSTRALIAN ISSUES:

By Dr Alex Wodak

A drug users' magazine declared on a recent cover: "Smack is back!"

There are some recent indications that the heroin market in Australia is changing after over seven years of considerable shortage. For example, ambulance 'call outs' in Melbourne for heroin overdose doubled from 2006 to 2007. Great efforts have been made to ensure that the statistical data base for ambulance heroin overdose call outs in Melbourne is reliable. So the doubling of these figures from 2006 to 2007 is likely to be significant.

Many reasons have been put forward to explain the heroin shortage in Australia. Law enforcement authorities have of course claimed it as a win for supply control. A study by academics funded by drug law enforcement concluded that other factors were unlikely to have explained the heroin shortage. But it is much more likely that upstream factors were more important than downstream factors in this prolonged heroin shortage.

A combination of multiple factors probably caused the shortage. The major factor was probably the substantial recent reduction in opium cultivation and heroin production in Burma. Starting from the mid 1990s, opium cultivation and heroin production in Burma, source of virtually all of the heroin reaching Australia, decreased by 80-90% during the next decade. This may have been due to both floods and also drought in growing areas. A major Burmese opium war lord retired in the mid 1990s and this also had a major impact on opium cultivation in the country. Increased heroin consumption *en route* through China and a switch from heroin to amphetamine production in Burma are other likely factors. This interpretation is consistent with the international experience of several recent decades in numerous countries where national heroin shortages have occurred rarely and generally only briefly, notwithstanding vigorous and very well resourced supply control efforts.

Despite assertions to the contrary, Australia was not the only country to be affected by a heroin shortage.

The recent reappearance of heroin in Australia is also probably due to international economics rather than any loosening of Australian law enforcement measures. Heroin production increased by 30% in 2007. Heroin from Afghanistan has recently started to reach Australia for the first time.

The business notion of 'market balance' suggests an ominous possible future development. This notion suggests that markets where demand is not satisfied usually get connected to new suppliers. Heroin production in Afghanistan is now soaring. Opium cultivation in Afghanistan increased by 49% in 2006 and by 34% in 2007 to reach 8,200 metric tons. The 2007 crop was sufficient to

allocate an estimated 3,000 metric tons to a stockpile. Some of this stockpile is increasingly likely to find its way to a market of scarcity in Australia. Afghanistan is now accounting for over 90% of global production and much of this is being used by the Taliban to fund their military activities.

Virtually all countries in the world still rely heavily on supply measures to control illicit drugs. Despite decades of vigorous international and national efforts to reduce illicit drug supplies through law enforcement, there are few indications of even temporary success. The quantities of drugs produced and consumed, the range of different types of illicit drugs now available and the adverse consequences of both illicit drug use and costs of attempts to control illicit drug use, have all increased inexorably in many countries in recent decades.

The recent shortage and subsequent increase of heroin supply in Australia is further reason to adopt a more balanced approach, reducing the heavy reliance on supply measures to control illicit drugs and increasing the emphasis on, and funding for, evidence-based health and social measures.

It would be irresponsible to abandon entirely or possibly even to reduce drug law enforcement efforts. However, it would be equally irresponsible to continue to inadequately fund health interventions, such as methadone treatment and needle syringe programmes, which have been proven to be effective and economically efficient [i].

Where expenditure data are available, unbalanced allocation of government expenditure for illicit drugs is common. In 2002/3, of Australia's SA 3.2 billion budget for addressing the illicit drugs issue, 56% was allocated to drug law enforcement, 23% to prevention, 17% to drug treatment and 3% to harm reduction [ii]. Estimated expenditure in 1997/98 by the United Kingdom government was £1.4 billion, of which 62% was allocated to enforcement (e.g. police, court, probation and prisons), 13% to treatment, 12% to prevention and education and 13% to international supply reduction [iii]. Globally, between 70 and 75 % of the budget of European Union governments in response to illicit drugs was estimated in 2000 to be spent on law enforcement with the residual largely spent on health care [iv]. More than 93% of the almost \$500 million spent annually on Canada's drug strategy was allocated to law enforcement efforts to reduce the supply of illicit drugs [v]. It was estimated that 93% of the expenditure by the US government in response to cocaine was allocated to drug law enforcement with 7% allocated to treatment of cocaine users although the return on a \$1.00 investment in response to cocaine was 15 cents for coca plant eradication, 32 cents for interdiction, 52 cents for US police and customs and \$7.46 for drug treatment [vi].

The turnover of the global illicit drug industry in 2003 at the retail level (taking seizures and losses into account) was estimated to have been \$ US 322 billion [vii].

Considering the size and profitability of the illicit drug trafficking industry it is hardly surprising that illicit drug production has continued to expand notwithstanding the vast sums governments have allocated to customs, police,

courts and prison. In an increasingly globalised world, preventing demand for illicit drugs from being supplied has become increasing difficult.

It is vital that efforts to improve global public health outcomes are increasingly influenced by rigorous cost benefit analyses. This would ensure a more optimal balance between supply reduction, demand reduction and harm reduction. Responding effectively to the many issues related to injecting drug use requires a steadfast commitment to public health, policy and practice based on evidence and the protection of human rights of all citizens.

i Cartwright WS. **Cost–Benefit Analysis of Drug Treatment Services: Review of the Literature.** *J. Mental Health Policy Econ* 2000; **3**: 11–26.

ii Moore TJ. What is Australia’s ‘drug budget’? The policy mix of illicit drug-related government expenditure in Australia. *Drug Policy Modelling Project Monograph 1*. Melbourne: Turning Point Alcohol and Drug Centre; 2005.

iii United Kingdom Cabinet Sub-Committee on Drug Misuse *Tackling Drugs to Build a Better Britain: The Government's Ten-Year Strategy for Tackling Drugs Misuse*. London: Her Majesty’s Stationery Office; 1998; Command Paper CM3945.
<http://www.archive.official-documents.co.uk/document/cm39/3945/resource.htm>. Accessed 1 May 2008.

iv European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) *2001 Annual Report On The State Of The Drugs Problem In The European Union Online* Brussels: EMCDDA; 2002. <http://ar2001.emcdda.eu.int/en/chap2/political.html#fig20>. Accessed 1 May 2008

v Auditor General of Canada Illicit drugs: the federal government's role. In: General of Canada (Ed) *2001 report of the Auditor General of Canada*. Ottawa: Office of the Auditor; 2001; Chapter 11. www.oag-bvg.gc.ca/domino/reports.nsf/html/01menu_e.html. Accessed 1 May 2008

vi Rydell CP, Everingham SS. *Controlling cocaine. Supply versus demand programs*. Santa Monica: Drug Policy Research Centre, RAND; 1994.

vii United Nations Drug Control Programme *World Drug Report 2005*. Geneva: United Nations; 2006; p16. http://www.unodc.org/pdf/WDR_2005/volume_1_web.pdf Accessed 1 May 2008.

-FOR YOUR CALENDAR -

THE annual general meeting

**WEDNESDAY 25th JUNE 2008 - 12.30PM - 2.00PM in committee
ROOM IN PARLIAMENT HOUSE, CANBERRA**

The guest speaker will be Dr Alex Wodak the Director of the Alcohol and Drug Service, St Vincent’s Hospital in Sydney. Dr Wodak is a world renowned advocate in this field. Dr Wodak’s topic will be related to International Developments in Drug Treatment Programs.

During the meeting a light lunch will be served. To indicate your intention of attending please email Gloria.Riley@aph.gov.au

If you would like to be involved but are unable to attend please feel free to send a staff member to represent you.