

House of Representatives
Committee Secretary
Parliamentary Standing Committee on Family and Community Affairs
Parliament House
Canberra A.C.T. 2600

Dear Sir/Madam

I beg to submit opinions on Drug Abuse in Australia viz;

1. Methadone supply should be free at point of delivery with tight protocol
2. Harm minimization programmes be implemented for narcotic addicts
3. Cigarette display advertising be reduced.

1. METHADONE SUPPLY.

We have been involved in the Methadone programme for 12 years. Although servicing relatively low numbers of clients, we have gained a considerable insight into the tribulations of various participants.

Protocol.

The Victorian supply protocol would seem preferable to that practiced in New South Wales. Anecdotal evidence from several NSW participants describes queues outside pharmacies waiting to buy take away Methadone doses supplied undiluted in small bottles cf. doses being diluted to 200ml in a 'lumpy' vehicle which would block a hypodermic needle and supplied only with departmental approval in Victoria.

I suggest a thoughtful national distribution protocol. for Methadone.

Price.

In Churchill, Methadone clients are generally unemployed. (A check of our records reveals 8% employed during the past decade.) They are often single supporting parents. Poverty is pervasive. Services from general practitioners are free at delivery. Drug counselling services are free.

I cannot remember a day when credit was not provided for at least one client for supply of Methadone. We constantly have the dilemma of refusing supply or trying to maintain it, with associated benefits of continuity leading to eventual withdrawal, harm reduction and/or reducing crime. The most successful clients generally have a strong supportive family background (which includes financial support).

Collecting payment is a constant hassle, which detracts from a role that should be essentially supportive.

Given the Pharmacy Guild's recommendation in 1992 of \$6 daily, we, like nearby pharmacies, charge \$5 daily. If paid in advance we discount the price to \$30 per week. Methadone syrup is supplied free to pharmacies by the Commonwealth. Unrecoverable debts amounting to nearly \$2000 have accrued. Time spent with a client and in recording doses is generally 4 or 5 minutes, but consultations up to 45 minutes have occurred without notice. Records of supply and stock balances must be maintained. I believe we provide a valuable service with the most constant contact with the clients

How should payment be made for pharmacy services?

I suggest

- A. *List Methadone as an N.H.S. benefit so that up to 52 supplies would be priced at \$3.30 to the recipient thereafter free supply for the remainder of each calendar year*
- OR.* Payment be provided by insurers

Since 80% of property crime is drug related, any reduction in crime would substantially reduce insurer's costs. Whilst recognising that Heroin is but one substance among many illicit drugs, it is a substantial contributor to the overall problem. Implementation should possible be via the Insurance Council of Australia. The principle remains that prevention is cost effective for insurers and subsequently the community. Adoption of Methadone funding by insurers would prove the government's economic rationalism credentials.

2. HARM MINIMIZATION

I suggest that

Supervised injecting facilities be trailed to reduce deaths and minimize other undesirable outcomes.

The current methodology is not working. Compare the efforts and expense to save two relatively elderly (and rich) sailors from the southern ocean with that expended on each person experiencing drug overdose death. Such facilities should be but one of manifold attempts to reduce problems associated with illicit drugs. The Victorian Pennington enquiry recommendations deserve adoption, even as trial measures. Please do not allow conservative bigotry posing as moral leadership condemn so many young people to premature death. Prohibition does not work. The USA experience with alcohol prohibition has all the hallmarks of Australia's current drug scene. Such facilities are NOT untried, indeed overseas experience has resulted in the massive saving of lives. Reduced dangerous litter, unseemly street behaviour, and public danger would be reduced. Such facilities do NOT condone, encourage drug usage or otherwise show a lack of moral rectitude for authorities or society. Provision of needle exchange facilities with condoms has reduced harm, not degraded society. I condemn the editorial stance of the Melbourne Herald-Sun and urge the committee to commit to saving lives. In Rotterdam it is church agencies conducting such facilities. They obviously see no moral conflict saving lives versus moral outrage at condoning usage.

3. CIGARETTES

I suggest

A. Adoption of the Canadian practise of limiting cigarette packaging to plain black printing on white background packs with small brand and manufacturer identification.

B. Substantial tax increases for tobacco products.

C. Abolition of public advertising and reduction of point of sale identification for all tobacco products.

Several years ago the Canadian government instigated a tax of \$7 per packet for cigarettes. Such a measure would be a considerable deterrent, particularly for children.

Motor racing should not be exempt from advertising prohibition with immediate effect.

Yours faithfully,

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