FAIRFIELD CITY

FAIRFIELD CITY CHAMBER OF COMMERCE INC.

Submission 43

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30/07/2002

The Secretary,
House of Representatives Standing Committee on
Legal And Constitutional Affairs
Parliament House
Canberra ACT 2600

Dear Sir / Madam,

The Fairfield City Chamber of Commerce Inc. Do herewith endorse the submission by our Vice President, Mr. Phil O'Grady, to your committee regarding Crime and Substance Abuse.

Yours truly,

Alois Jamsek
President.

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Submission 43
From the Fairfield City Chamber of Commerce Inc

89 Florida Road
PALM BEACH NSW 2108

July 23, 2002

The Secretary
House of Representatives Standing Committee on
Legal and Constitutional Affairs
Parliament House
CANBERRA ACT 2600

Dear Sir / Madam,

It is pleasing to see that this inquiry is being conducted. It is long overdue, crime is impacting hard on the lives of ordinary citizens. Cost of Heroin-related crime is estimated to range as high in dollar terms as $1.6 billion annually. [1] According to the National Drug Strategic Framework 1998 – 99 to 2002 – 03. "There is also a substantial although unquantifiable, cost of drug-related crime and associated activities such as burglary, robbery and money laundering".

All the Terms of Reference are important, however this submission will concentrate on:

(b) perpetration of crime and motives

- SUBSTANCE ABUSE

Yours sincerely,

Phil O'Grady

Drug Policy in Australia is the National Drug Strategic Framework 1998 – 99 to 2002 – 03

In 1985 Drug Policy was changed fundamentally with the so called "Drug Offensive Act". At that time approximately 100 Australians died per year from opioid drug use and the experts advised Mr Hawke, Mr Wran and the other Premiers to adopt the policy of HARM MINIMISATION.

Essentially at street level, to hopefully control the HARMS OF DRUG USE, the policy has been to distribute syringes in an uncontrolled fashion to incompetent addicts and also conduct a flawed Methadone Program [2] without accountability and quality assurance. [3]

Over time since 1985 drug deaths rose to 958 in 1999, dropping to 725 in 2000 [4] (Heroin Drought).

The estimated number of people living with Hepatitis C has risen from approximately 80,000 in 1985 to 210,000 in 2001[4] and likely to rise to as high as 836,000 [4] in 2020 depending on future pattern of injecting DRUG USE.

80% of injecting drug users have Hepatitis C [4].

Hepatitis C prevalence rates of the order of 40% [4] occur in prisons. Hepatitis C prevalence rates are 50% to 100% greater amongst women that men in prison [4].

Regular and occasional drug users have risen since 1985 from approximately 70,000 to 240,000 [4].

Clause 3.2 of the National Drug Strategic Framework continues to embrace HARM MINIMISATION and indeed dominate Drug Policy at Federal and State level with regard to street level enforcement (actually lack of).

This is easily illustrated by reference to Background Statement of the National Drug Law Enforcement Research Fund (the body that coordinates Federal and State Police). This statement under the National Drug Strategic Framework reaffirms Australia's commitment to HARM MINIMISATION as the philosophy underpinning approaches to HARMFUL drug use nationally.

At State level in NSW the Heroin Overdose and Management Strategy illustrates a similar attitude. It claims to build on the "National Drug Strategic Framework". However on page 13 it states that the police service wants the public to know that police do exercise discretion not to take action for self administration and minor drug possession offences when attending overdoses.

Surely no parent or friend will find anything minor about an overdose. If police do not take action then, of course they will never take action whilst the addict is alive.

The other half of HARM MINIMISATION is the Methadone Maintenance Program. This in NSW has now reached the ridiculous stage. Australia has equal highest rate of use of Methadone in the world. NSW is 100% higher than the other states. [5] As a result of the 1999 Drug Summit that rate of use is being increased by a further 50% by offering dollar

incentives to pharmacists. [6] NSW Health has failed to keep outcome studies of this program. Even deaths are not reported in the Annual Report. The program has been used to empty people from jail.

Police Commanders' Bob MacMahon (now at Liverpool) and John Laycock (now at Penrith) who were at Fairfield for six years have said that Methadone did not reduce crime in Fairfield at community level.

I had reason to ask Commander Laycock to take action against a drug dealer at the front of my pharmacy at Fairfield Station in 1998. He took no action for about three months. I also spoke to his Superintendent Chris Evans at Liverpool, he took no action. I wrote to the Commissioner and the Minister of Police. No action. Following a stabbing involving the dealer the police did not take action with regard to the stabbing or drug dealing.

When I complained I was shown a copy of the December 1998 internal police magazine "Record" which stated that the "Commissioner of Police has instructed local area Commanders to focus on the five crimes that most affect most of the community:

- Assault
- Break and enter
- Stealing
- Car theft
- Robbery".

He said inter alia, "Don't have a heart attack. Drug dealing is not on the list".

Five weeks later I had a cardiac arrest. On getting back to work in March 1999, he asked for my diary. I asked why. He said that the dealer had killed someone (an overdose), he would do something now, I detailed this situation in a speech at the Drug Summit.

In that moment I suddenly saw the evil of the policy of HARM MINIMISATION, uncluttered by spin.

Initially perhaps Mr Hawke and Mr Wran, acting on advice might have thought that the policy might work. However, I do not think that is a reasonable defence for today's leaders.

Following the Drug Summit, funding of around $250,000 was made available to the Pharmacy Guild of Australia (NSW branch) to further HARM MINIMISATION. To my understanding some of this money has been spent by gifting $30,000 to each of Sydney University and Charles Sturt University at Wagga for Substance Abuse lectures.

I have seen this course at Sydney which is based on HARM MINIMISATION policy. References for the students include an article "Myths about the treatment of addiction" which put forward the view that treating addiction is like treating diabetes. What rubbish.

In actual fact government money, laundered through the Pharmacy Guild is being used to teach Government Policy. Where is academic rigor in that. An amount of money I am not able to identify is made available to the Guild for its purposes and for administration of the program. A Guild Committee Member with his own pharmacy is paid a high salary to seek

pharmacies as Methadone outlets. Each pharmacy is paid $4,000 per annum for the first 20 clients. Each can service a further 30 clients.

Surely pharmacists should be leaders in the fight against the use of illegal drugs and abuse of prescription drugs. However if pharmacists are giving out needles on demand for illegal use and maintaining patients on narcotic (both on infinite profit as cost of goods is nil) it is not possible to see them as creditable people to counsel against drug abuse. When did you last hear of a practising pharmacist in that role?

The lecturer at Sydney University for Substance Abuse has I believe been nominated by the Guild, she has a long time association with Northern Sydney Area Health in Methadone treatment.

The Federal Government funds this policy of HARM MINIMISATION and endorses it. It pays for the needle distribution system, it pays for the Methadone itself and the Medicare cost and for many of the addicts, the disability Pension, however it does not require the State Government to keep records of the outcomes of the program.

The NSW Health policy on HARM MINIMISATION (NSW DRUG STRATEGY 92 – 97) [7] clearly stated the need to achieve positive outcomes through needles and methadone in that period with regard, inter alia.

1. A reduction in the proportion of people and especially young people who currently use illegal drugs.

2. A reduction in the availability of illegal drugs.

3. A reduction in the amount of drug related property crime and crimes against the person.

Of course the strategy failed, however no audit of the program was ever done.

As recently as this month Mr Della Bosca (who is not the Minister for Health) has made a statement saying the needle program has reduced the spread of Hepatitis C, yet the latest Hepatitis C report shows an alarming increase in Hepatitis C.

It is interesting to note that the strategy was written around the time of the Methadone Takeaway Policy being adopted that allowed for up to six takeaway doses per week and the setting up of mega clinics which allowed for the doctor to directly profit from the sale of the methadone (given free by Federal Government).

Since the early days of the Methadone Program there has been a requirement to keep records for scientific purposes. This was formally expressed in the National Methadone Policy 1993 – 97 in paragraph 5 as Accountability and Quality Assurance.

For a number of reasons, to the great shame of the policy, Paragraph 5 (Accountability and Q.A.) was dropped from the policy in 1997 and has not been reinstated to date.

The Review of Methadone Maintenance Treatment in Australia of 1995 by Jim Hales for Commonwealth Health made very strong recommendations with regard to Quality

Assurance. Personal correspondence to me from the then Health Minister, Dr Woolridge, acknowledged those recommendations in 1996. Yet in a letter to me in 1997 it was obvious that the Quality Assurance recommendation was dropped. What a great failure of responsibility.

At state level in 1997 the "Review of Barbara Street Methadone Clinic" in Fairfield found a number of faults with the way the clinic was conducted and the prescribing habits of the doctors. This report called for Quality Management practices to be set up.

This recommendation led to a consultancy in 1997 by Dr Lionel Wilson to report on the "Quality Management of Methadone Maintenance Treatment".

Dr Wilson found that the critical failure point of the program was "the organisation and administration of the program". [2] Very clearly NSW Health at fault.

His first recommendation was a board of nine members external to NSW Health to overview the program. [2] Surely a very reasonable suggestion in the circumstances. NSW Health did not adopt the report or publish it. Eventually I did receive a copy under F.O.I. in 2000.

At the NSW Drug Summit in 1999, lacking Dr Wilson's report, I fought for and was successful in having Quality Assurance (Clause 3.9) accepted as Summit Policy. NSW Government has not adopted the Policy.

The report called *The Role of Community Pharmacy in Methadone Maintenance Treatment* by Con Berbatis of Curtin University in 2000 calls for Quality Assurance in pharmacy Methadone Maintenance Programs. This recommendation has not been adopted.

In NSW the Health Department has not conducted the MMT well (see Dr L Wilson). I am most concerned with the recommendation from the summit to increase the biggest (rate of use) Program in the world without adopting Quality Assurance Programs recommended in 1993, 1995, 1997, 1998, 1999 and 2000. Surely this is quite reckless.

A quite simple procedure recommended in the Australian Pharmaceutical Formulary (18th Edition), page 121 is to dilute methadone takeaway doses to reduce the likelihood of injection by addicts and of small children consuming enough of the medicine to cause overdose. This is not enforced in NSW. Also by not diluting the methadone the dose is valuable at street level for sale for injection. It becomes currency.

It is evident to me that some individuals and groups have been able to take control of the drug debate by having their policy, so called HARM MINIMISATION, adopted and forcing others into silence.

Well let us look at some of these people and groups. The National AIDS Bulletin (Vol 12, No 6, 1999) had an article called "Reaching the Summit". It reported about criticism of Needles and Methadone prior to the Drug Summit and the need to form a diverse group to be called "Communities for Constructive Drug Action" which included the AIDS Council of NSW, Parents and Citizen Association of NSW, the NSW users and Aids Association, Family Drug Support (Tony Trimingham), a senior clinician from St Vincents Hospital, the Hepatitis C Council, the Royal Australia College of Physicians, the NSW Law Society, Doctors Reform Society and a number of prisoners rights group. Their aim was to group

together to have the most impact for the views that they share. I find it disappointing that the result of the Summit was dominated by a diverse group that had a caucus whilst the politicians with much fanfare were given a conscience vote effectively neutralising their vote. Of course the many Health Care workers voted for their jobs.

So on the issues that were voted on, Cautionary Quantities for Children, Cannabis Cautioning and the Shooting Gallery, the soft on drugs people won.

To understand the issue better it is worthwhile to look at the Drug Policy Foundation of America. It seeks through its Programs to change Drug Policy. [8] It offers as alternate drug control policies, HARM REDUCTION (MINIMISATION), DECRIMINALISATION, MEDICALISATION and finally LEGALISATION.

It acknowledges the award for achievement in Drug Policy Reform to Dr Alex Wodak in 1992. This was at the time of introduction of Takeaway Methadone in NSW. The 1995 Award went to Dr Ernest Drucker, who a few years ago on the centre page of the SMH, severely criticised Mr Howard for not supporting the so called Heroin Trial in Canberra. On the Board of the DPF was Ethan Nadelmann of the Lindesmith Center, New York, who last year in Brisbane, criticised Mr Howard for his drug policy. [10]

To me it is simple to see that drug policy has failed to meet its own projected outcomes. It would be useful to audit the NSW Drug Strategy of 1992 and bring it up to date. If as I feel the policy has failed then those responsible for the policy should be at the very least be retired.

As HARM MINIMISATION has so dominated Drug Policy people who in my view had a balanced perspective have been forced into silence or denied funding for research. These people should now be invited to be involved.

Perhaps firstly, public consultation should be sought for guidance as to what sort of society the 99% of people who are not addicts would like to live in. Having achieved a consensus on that the advisers should be commissioned to guide us to formulate legislation and policy to achieve those goals. Never should we ask "experts" to tell how we should think. The intuitive decency and commonsense of the individual and community will, I am sure, be better than what has been delivered by the experts.

Marijuana is the most commonly used illegal drug. In my experience street level use of Heroin is associated with Marijuana. Dr Wodak is in favour of regulating and taxing cannabis. [9] He recommended selling cannabis through Post Office outlets. I really do believe we should be taking advice from other people. Dr Wodak was for a long time Chairman of the Methadone Sub-Committee in NSW and is currently Chairman of the latest Hepatitis C report.

To gain a practical view of the impact of HARM MINIMISATION on Policing in Cabramatta, it would be useful to know the number of Cautions issued for marijuana and the number of Juvenile Cautions for prohibited drugs. Commander Hansen ought be asked if he arrests for heroin possession.

When consideration is given to the effect of HARM MINIMISATION in Cabramatta it is, I believe, fair to say Drug Policy is, if you don't want to use drugs you don't, if you do want to

use drugs you do, NSW Health are there to help educate and subsidise (needles) and the Police are told to watch and be ready to call the Ambulance.

The real evil of HARM MINIMISATION is that removes the only Government Organisation (the Police) whose role it is, or certainly should be, to endeavour to prevent the induction to addiction of our children.

The study by Johnson-Doug from the Australian Institute of Criminology 2001 on the age of illicit drug initiation found that those who use drugs and commit crime are likely to have started using drugs earlier than drug users who do not have criminal careers.

Surely then the recent statement in the Sun Herald, May 19 2002 when Premier Carr was quoted as saying "but in future we're going to see the police using dogs to go after dealers [and] couriers, NOT USERS" is forcing the Police to give up the opportunity to try and prevent induction to addiction. He is at the least exceeding his powers.

The primary reason to have drug policy is to protect our children from addiction. Addiction comes from the Latin word to enslave. If our children are not addicts the dealers are denied their profit. The family values of Australia must be enforced on the streets of Australia by the Australian Police. I do not know of one addict who would like their child to be an addict. What I am saying has universal support of decent people. I do not think dealers would like their children to be addicts.

The Study Tour Report of Senator Herron is worth reading. Under General Observation, last sentence, he states:

"Every country is acting to limit importation and every country is adopting HARM MINIMISATION and rehabilitation with little or no success".

However, when discussing Sweden he states that:

> *"Sweden has been at the forefront of drug control in Europe and by any measure it has been the most successful".*

Swedish Drug Policy is restrictive.

My little Oxford dictionary describes CRIME as a wicked act. I believe it is then a CRIME to have let Australia down so badly with the Drug Policy of HARM MINIMISATION since 1985. Every indicator is worst with the exception of AIDS. The Homosexual Community deserve recognition for taking the necessary steps to protect themselves. Consider the increase in deaths from addiction, increase in the number of addicts, and the effect on the children, partners and parents of addicts. Consider the increased Hepatitis C, the increased CRIME.

It has taken 17 difficult years for this decline to occur. It is not reasonable to expect to deal with the problem overnight. However, the first step is to admit the policy has been wrong.

At all times we should treat the existing addict honestly and with best practice.

We must give our citizens a clear message that illegal drug use is not acceptable.

At all times we must endeavour, through all measures including enforcement, to prevent our children becoming inducted to addiction. That is the window of opportunity, before the child is degraded by habit, to have an impact on the child.

We must at all times offer our children a world of hope, where love, employment and affirmation abound.

Our taxation system must reward success, not punish it.

We must elevate the role of the married mother and father so our young aspire to be married and provide safe harbour for their children.

It should be possible to respect our Police Force. I regret to say that I do not now respect the Police Force. Of course some individual members I respect personally. If people like myself do not respect the Police Force it is reasonable to understand why the young might not.

The National Drug Strategic Framework Policy is surely far too humble in its aim when it states:

- Demand reduction strategies to prevent the uptake of harmful drug use, including abstinence – oriented strategies to reduce drug use.

To me it seems to infer that (illegal) drug use is not necessarily or always harmful and makes no comment on it being always illegal and also seems to indicate that abstinence-oriented strategies are designed to reduce drug use rather than to stop that use.

- A range or targeted harm reduction strategies designed to reduce drug-related harm for individuals and communities.

This approach surely is saying a reduction in harm is sufficient and indicates that it is alright and acceptable for illegal drug use to continue.

If you aim low enough then perhaps you will exceed your expectations. This has happened in Australia with regard to drug policy.

I find talk of partnership between Health and Law-enforcement agencies dangerous. Good Law Enforcement would more likely enable Doctors to be able to operate their practises so that their patients would not be seeking narcotics and prescriptions from surgeries instead those in need should be able to be referred to good Detox and long term after care.

Whether the National Drug Strategic Framework 1998 – 99 to 2002 – 03 is Law or Policy, I am not sure.

Either way it is bad Law or Policy if it embraces at the one time both Abstinence from illegal drugs and also use of illegal drugs in a failed atmosphere of attempting to reduce harm whilst the problem gets worse.

HARM MINIMISATION is too humble in its aim. It needs to be replaced by policy, first and foremost, that endeavours by all means, including enforcement, to prevent the induction to addiction of our young, initially, and all members of society over time.

At the moment addicts have the freedom of the street whilst ordinary citizens live behind bars and burglar alarms.

REFERENCES

1. Australian Pharmacist, June 2002, page 415.

2. National Policy on Methadone Treatment, 1997.

3. Dr Lionel Wilson, Qualmed Report, 1998.

4. Australian National Council on AIDS, Hepatitis and Related Diseases, Hepatitis C Sub Committee, Final Draft, May 2002 (copy attached).

5. MJA Con Berbatis, Vol 173, 20 November 2000.

6. (Pharmacy) Guild Bulletin, July 2000.

7. NSW Drug Strategy 1992 – 97 (copy attached).

8. Drug Policy Foundation (copy attached).

9. Rehane Transcript, Channel 9, Sixty Minutes, 8.4.2001.