**SUBMISSION**

**to the House of Representatives**

**STANDING COMMITTEE ON FAMILY AND COMMUNITY AFFAIRS**

**Parliament House**

**CANBERRA ACT 2600**

**Phone: (02) 6277 4566 Fax: (02) 6277 4844**

**Email: fca.reps@aph.gov.au**

**on**

# SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES

**by**

**Mrs Roslyn Phillips B Sc, Dip Ed**
**Research Officer**

**Festival of Light (SA)**
**4th Floor, 68 Grenfell Street, ADELAIDE SA 5000**
**Phone (08) 8223 6383 Fax (08) 8223 5850**

**Email: rhp@fol.org.au**

**13 June 2000**

# CONTENTS


**Executive Summary** 1

**Introduction** 2

**The Problem** 2
- Community health workers' concerns 2
- Cannabis linked to SA road toll 3
- Background to SA cannabis laws 3
- More evidence of official 'denial' of cannabis problems 4
- Families harmed by SA drug laws and policies 4
- Wrong advice by doctors and drug counsellors 5
- Marijuana, depression, schizophrenia and suicide 5
- Evidence from a pharmacologist 5
- Counter-productive school 'drug education' 6
- Father copes - children don't 6
- Friendly neighbour offered dope 7
- Marijuana gateway to heroin 7
- MP highlights the SA drug problem 7

**A Solution** 8
- Overseas approaches - good and bad 8
- Dutch policy failure documented 9
- Dutch denial 9
- Dutch view challenged 9
- Australian reluctance to study Swedish evidence 10
- Harm minimisation - a terrible hoax 10
- Hidden agenda of 'harm minimisation' 10
- Swedish drug policies 10
- Australian contrast 11
- Opioid deaths linked with free needles 11
- David Noffs 11
- DrugBeat - a successful 'homegrown' treatment for heroin addiction 11

# Executive Summary

This submission includes evidence of substance abuse given to Festival of Light in recent times. A recurring theme is cannabis abuse, often facilitated by South Australia's "soft" cannabis laws introduced in 1987. The evidence indicates that cannabis alone may cause serious problems for users and their families, particularly in the area of mental health, and in some cases may lead to the use of harder drugs such as heroin.

The submission highlights the failure of SA authorities to acknowledge the illicit drug problem, particularly relating to cannabis, and the failure of successive governments to implement effective community drug education.

The submission discusses and compares the drug strategies of other key nations, notably Holland and Sweden, and concludes that Swedish policies are far more effective.

While the area of drug law and policy is largely a State matter, the Commonwealth has a legitimate interest. This submission makes the following recommendations for action by the Commonwealth Government:

**RECOMMENDATION 1:**
**The Commonwealth Government should require all hospitals in receipt of any Commonwealth funding (directly or indirectly):**
**(a) to test all patients admitted with a mental health condition for use of illicit drugs,**
**(b) to record the results of such tests and**
(c) **to report annually the statistical results of such tests.**

**RECOMMENDATION 2:**
**The Commonwealth Government should make Commonwealth funding of research, counselling, treatment and policy development relating to illicit drugs conditional on those responsible being subject to random urine or blood testing for illicit drug use.**

**RECOMMENDATION 3:**
**The Commonwealth Government should:**
**(a) establish a National Research Centre on the Neurotoxicity of Abused Drugs, equipped with the latest technology;**
**(b) provide extra funding through the National Health and Medical Research Council for research into adverse health effects associated with drug abuse.**

**RECOMMENDATION 4:**
**The Commonwealth Government should promote and support policies and educational programs with the objective of abstinence from illicit drugs and reject those based on "harm minimisation".**

**RECOMMENDATION 5:**
**The Commonwealth Government should undertake a serious study of the Swedish approach to drug rehabilitation, with the aim of providing Commonwealth grants for similar programs in Australia.**

**RECOMMENDATION 6:**
**The Commonwealth Government should refuse Commonwealth funding for the distribution of free needles or other counter-productive "harm-minimisation" programs, and instead adopt the successful four-pronged Swedish drug policy approach.**

**RECOMMENDATION 7:**
**The Commonwealth Government should support abstinence-based rehabilitation programs with a proven track record of helping those dependent on illicit drugs to achieve a drug-free lifestyle and make Naltrexone available for treatment of opiate and other addictions.**

# Introduction

Community surveys indicate that drug abuse is high on the list of parental concerns at this time, and we congratulate the House of Representatives Standing Committee on Family and Community Affairs for undertaking this inquiry.

Festival of Light supporters have told us that illicit drug abuse is a growing concern for them, too. We have asked them to contribute their experiences for this submission, and the message we have received is that even stable traditional families are now facing the challenge of drug addiction, as their children absorb values from the surrounding culture.

This submission is in two main parts - the problem, and a solution.

# The Problem

## *Community health workers' concerns*

SA health workers have contacted our office on a number of occasions to tell us they are encountering a growing number of patients whose problems are related to drugs - particularly amphetamines and cannabis. The workers - including psychiatric nurses, a mental health assessor and ambulance staff - say they are afraid to speak out publicly because they believe the authorities do not want to accept that cannabis could be a significant health problem. The South Australian government was the first in Australia to decriminalise cannabis personal growing and use, and public servants who backed this move appear to remain very defensive about it.

A worker who assesses calls on a phone service for mental health crises told us last month that about 50% of cases are cannabis or amphetamine related. He also said that alcohol abuse is often implicated in mental health crises.

A mental health nurse at one of SA's leading hospitals considered the 50% estimate for mental health patients with serious drug problems too low. The nurse suggested that 75% would be closer and said that all the patients in the ward where he was currently working were dependent on illicit drugs and many were also binge drinkers.

We tried to get official statistics on mental hospital admissions linked with drug abuse, but almost everyone we spoke to said we should contact someone else. The person in charge of mental health at the SA Health Commission would not comment, but told us to phone a doctor at the Glenside psychiatric hospital in Adelaide. After we eventually got through to him, this doctor said did not know of any official records of mental health patients' drug use. He did not seem to think there was any special link between drug abuse and mental illness beyond that of drug abuse affecting physical health.

Another person we were referred to, at the Mental Health Resource Centre, implied that the issue was a "hot potato". She said she would be very interested to know if this State keeps any statistics. She said she had her own ideas but would not make an official comment. She said that, in contrast to South Australia, Queensland mental health workers have acknowledged the problem of drug abuse and mental illness. She referred us to their 1998 publication, *Dual Diagnosis Consortium*, by Linda Jenner, Associate Professor David Kavanagh, Lee Greenaway and Professor John Saunders (copies obtainable from Alcohol and Drug Training and Research Unit, GPO Box 8161, Brisbane Q 4001). This book quotes medical literature to show (Executive Summary, p 1):

- substance abuse problems are very common in people with mental health problems;
- the risk of psychological problems is increased by substance abuse or dependence;
- in comparison with either disorder alone, dual diagnosis (ie substance abuse plus a mental illness) has a substantial impact;
- the outcome literature on the treatment of dual diagnosis is poor.

The apparent failure of SA mental health bureaucrats to acknowledge the seriousness of the mental health/drug abuse problem must be extremely frustrating for some of the "workers at the coal face". An Adelaide doctor working in a hospital emergency department spoke out against marijuana last year. Dr Hermann Reischle said: "the number of my patients with drug-related problems is disastrous... marijuana is a harmful hallucinogen that causes serious mental illness." (*The Advertiser*, 2/3/99, p 17)

A rural health worker, who asked for her name to be withheld to protect her job, confirmed Dr Reischle's warning. She said that the SA drug problem has grown much worse since marijuana was "decriminalised" in 1987 (spot fines only) so that more people grow it in their backyards.

"We are seeing many more drug-related crises than ever before, particularly in the mental health area," she said. "Some are related to heroin overdoses and amphetamines, but most are due to cannabis (marijuana)." SA Health Minister Dean Brown confirmed there has been a "spiralling demand" for mental health services across the state in recent years, but he did not say why (*The Advertiser*, 1/3/99, p 10).

The rural health worker said there have been many more calls about marijuana-related suicides and severe depression, particularly in the 30-50 age bracket. She has also seen more victims of car accidents where

marijuana was involved. "Some of these people started using marijuana in the 1960s, and they are paying for it now," she said. "The burden on our scarce health dollars is alarming."

**RECOMMENDATION 1:**
**The Commonwealth Government should require all hospitals in receipt of any Commonwealth funding (directly or indirectly):**

- **to test all patients admitted with a mental health condition for use of illicit drugs,**
- **to record the results of such tests and**
- **to report annually the statistical results of such tests.**

Several SA families have complained to Festival of Light in recent years about lack of practical advice from official drug bodies in dealing with teenage children who are addicted to marijuana. The families said they were told their children's symptoms were possibly due to other drugs such as amphetamines, or (implied) poor parenting, but certainly not cannabis. Festival of Light confirmed the parents' experience when we phoned the SA Drug and Alcohol Services Council and also attended a drug seminar addressed by DASC speakers some 18 months ago. One DASC speaker said publicly she believed the best policy would be "legalisation of all drugs - but the public is not ready for that just yet!" A DASC spokeswoman told us in a phone conversation that cannabis is not addictive and problems with anxiety bordering on paranoia experienced by a 17 year old son of one of our supporters were not due to his cannabis use. We were not offered any advice or literature on how to help the young man quit marijuana.

It was therefore gratifying to find in May this year, when we checked with the DASC in preparation for this submission, that there appeared to be a change in policy - at least by those staffing the DASC phone counselling hotline (1300 131 340). The counsellor agreed that marijuana addiction is a real problem, and said she would post us a copy of a booklet to help people quit, or we could pick up some copies from DASC at their headquarters on Greenhill Road, Parkside. We received the booklet, *A guide to quitting marijuana* (National Drug and Alcohol Research Centre, 1995) the next day and were impressed - it is simple, practical and "user friendly". The booklet lists some effects of marijuana - the very ones which an earlier DASC spokeswoman had denied. It also points out that "problems with attention, concentration and memory ... get worse with continued use of cannabis and only partially improve upon quitting (p 4)". However when we called into the DASC office to get some more copies for our resource centre, we were told they did not stock it at all - we would have to order copies from interstate, where it was published!! It would appear that some staff at DASC are still in "denial" about cannabis abuse.

## *Cannabis linked to SA road toll*

This official tendency for "denial" contrasts with emerging evidence of the role of cannabis in SA road accidents. A report by Nick Papps in *The Advertiser* (8/1/96, pp 1,2) said:

*One in five South Australian drivers injured in road accidents is affected by drugs - double the number found to have alcohol in the system.*

*This shock new statistic exposing the drugs factor in road accidents in contained in a report by the Office of Road Safety.*

*The study examined all non-fatal crashes involving injuries between May and July last year, embracing 762 injured drivers.*

*And the most prevalent drug detected in drivers' blood was cannabis, followed by benzodiazepines (depressants), both of which dull reaction time.*

*Blood tests on the 762 injured drivers indicated:*

*Twenty percent had taken one drug. A further 10.9 per cent had taken alcohol. One per cent had taken two drugs, and 0.1 per cent had taken three drugs.*

*The drugs were detected only in blood tests during hospital treatment, and police have warned that many drivers using drugs are eluding traditional police detection because the drugs cannot be identified by the hand-held breath analysis units.*

*Police told 'The Advertiser' that drivers were tested for drugs only when a blood test was ordered after a driver showed signs of being under the influence despite a low [alcohol] reading.*

A table accompanying the article showed that 68% of the injured drivers tested negative for all drugs; 10.9% had alcohol only, and almost as many - 9.7% - had marijuana only. In addition, 3.8% had both alcohol and marijuana; 4.5% had a depressant (benzodiazepine) and 0.8% had alcohol plus a depressant.

## *Background to SA cannabis laws*

NSW magistrate Craig Thompson told an Adelaide seminar on cannabis on 21/10/95 that NORML - National Organisation to Reform Marijuana Laws - began in 1983 with former SA Premier Don Dunstan as a patron.

Phillip Adams and Senator Nick Bolkus were among the founding members. NORML was successful in persuading the SA Bannon government to decriminalise marijuana use in 1987.

An offshoot of NORML, the Drug Policy Foundation (DPF), has been pouring expensive marijuana propaganda into the letterboxes of all Australian MPs during 1994-5. SA Democrats MP Mike Elliott introduced an unsuccessful bill to legalise the sale of marijuana in shops such as pharmacies.

"A lot of the DPF money comes from a European businessman (George Soros)," Mr Thompson said. "There are millions to be made from legalised marijuana. DPF claims that the increase in SA marijuana use cannot be proved because the study sample was so small. I say, small or not, they are the only figures we have. And they show that decriminalisation has been a disaster in South Australia as it has been in the US."

Mr Thompson presented the results of a household survey commissioned buy the National Campaign Against Drug Abuse to find out the proportion of Australians who had ever used marijuana. The results show that in 1985 before decriminalisation, marijuana use by South Australians was 14% *below* use in other States, but in 1993 was 19% *above* other States.

Marijuana use by South Australians increased by 86% from 1985 to 1993, whereas use by other Australians increased by only 35%. Anecdotal evidence later in this submission supports this finding.

A similar trend (of increase in cannabis use following decriminalisation) is evident from surveys by the US National Institute of Drug Abuse in 1988-89. Where marijuana use was illegal (Virginia), only 37% had ever used it; where it was decriminalised (Oregon), 54% had ever used; where it was legal (Alaska), 64% had used the drug.

Mr Thompson said it is clear that stricter laws reduce drug experimentation.

## *More evidence of official 'denial' of cannabis problems*

Churchill Fellow and former teacher Mrs Elaine Walters told the October 1995 cannabis seminar in Adelaide that she had become concerned about the nation's drug problems in 1980 while listening to a radio talkback program.

"They were interviewing parents of young heroin addicts," Mrs Walters said. "The parents sounded so isolated that I felt I just had to phone in. I invited them to my home to form a support group.

"The group filled a real need, and it grew. But I noticed that as I talked with these parents, the subject of marijuana came up again and again. Their kids had all started on marijuana while still at school.

"I thought marijuana was a fairly harmless drug," Mrs Walters said. "But one day I happened to read an article by Dr Claire Sprague. She listed many symptoms of marijuana use - short term memory loss, mood swings, lack of hygiene, flattening of emotions, and the link between marijuana and psychotic episodes including schizophrenia.

"I decided I needed to know more about this drug," she said. "I couldn't find out much here in Australia, but I got the chance to go to an overseas conference. I learned more in ten days than I had in ten years."

Mrs Walters said she was surprised to learn that the United Nations opposition to marijuana was not spearheaded by Western countries, but by Egypt and the Middle East where the drug has been part of the culture for centuries.

"Malcolm Muggeridge spent some time at Cairo University," Mrs Walters said. "He saw at first hand students coming to lectures stoned; others with permanent short term memory loss. In his autobiography he said: *I know of no better exemplification of the death wish of Western society than its legalising of hashish, so it may devastate the West as it has devastated the East.*"

Mrs Walters said she was deeply troubled by the attitude of Australian drug agency officials. Their policy seemed to be that marijuana is "no more dangerous than alcohol or tobacco", despite considerable evidence to the contrary.

"Tobacco harms health, but it does not affect mental processes," she said. "Alcohol leaves the body within 24 hours - THC (active component in marijuana) takes weeks to be completely eliminated. A US study on airline pilots showed that just one marijuana joint adversely affected their ability to perform on a flight simulator three days later.

"Several people now in places of power were part of the hippie culture of the 1960s and 70s," Mrs Walters said. "They don't realise that the marijuana their kids are smoking today is much stronger than the 'pot' they used back then. A new potent variety - 'skunk' - is 30% THC. Psychosis can occur after only one or two joints. Sex organs and unborn babies can be damaged too."

Mrs Walters said that Sweden had learned a lesson from its weak drug laws of the 1960s, which caused drug use and drug problems to escalate. "Sweden now has the biggest drug penalties of any European country and surveys show that for the 18-24 age group, only one Swede in 20 has tried marijuana, compared with one in three in Australia and one in two in South Australia," she said. "Sweden also teaches children about the dangers of illicit drug use, while Australian health education programs tend to suggest that 'recreational' use is fairly harmless."

## *Families harmed by SA drug laws and policies*

Several people told us of family members - mostly teen and adult children - who had been adversely affected by illicit drug use.

Last year, a country father told us that when his son reached his teens, the family sent him to board with his grandmother and uncle close to Adelaide so that he could attend a good city school. Unknown to the boy's parents, the uncle grew marijuana in the family home, under SA's "soft" cannabis laws which allow three (then ten) plants to be grown for personal use at the risk of only an on-the-spot fine. The uncle introduced his nephew to marijuana, and the boy became dependent on the drug. At the age of 24, he had been unable to hold down a steady job and had been admitted to Glenside on four occasions with psychotic attacks. The parents were desperate for an effective program to free their son from his cannabis addiction, but said the SA Drug and Alcohol Services Council (DASC) had insisted that marijuana was a relatively minor problem, and that their son was probably on amphetamines as well (he wasn't). As reported earlier, Festival of Light contacted DASC last year and were told the same story - that cannabis was "not really a problem"; that DASC counsellors would talk to individuals who said they wanted to quit marijuana but they would not counsel parents who wanted their child to quit.

## *Wrong advice by doctors and drug counsellors*

Last year, some parents told us that when they sent their child to the local doctor to discuss the child's cannabis problem, the doctor told them not to worry - that it was a "soft" drug and wouldn't do them much harm. Another parent told us her child was actually advised by a doctor to "smoke joint before bedtime" to alleviate sleeping difficulties! Both DASC and doctors like these discounted the reported symptoms (lack of concentration, memory problems, anxiety, paranoia, depression) and said they were probably due to other causes. The University of Adelaide 1996 Orientation Guide featured an article on licit and illicit drugs, and concluded that marijuana is the "drug of choice" - suggesting it has fewer ill effects than either alcohol or tobacco.

These reports indicate a disturbing level of misinformation about the dangers of cannabis among health personnel at the highest levels. Some of the misinformation may be due to the high level of marijuana experimentation by university students and others in the "swinging sixties". Some of these former students may be professional researchers, counsellors and doctors these days, and may not realise that the "pot" they smoked in their younger days had perhaps only 10% of the THC content of the cannabis for sale in today's market. They may also still be occasional users of the drug.

We would endorse Major Brian Watters' call some months ago for all those responsible for formulating drug policy in Australia to be subject to drug testing. Indeed, we believe the testing should go further than this, in order to ensure there are no conflicts of interest in this important area, and that the judgment of those making crucial decisions affecting our nation's morale and well-being is not clouded by illicit drug use.

**RECOMMENDATION 2:**
**The Commonwealth Government should make Commonwealth funding of research, counselling, treatment and policy development relating to illicit drugs conditional on those responsible being subject to random urine or blood testing for illicit drug use.**

## *Marijuana, depression, schizophrenia and suicide*

Another country family told us that their son had smoked marijuana from his teen years, and that by the time he reached his 20s he had become very depressed. "He was talking suicide," his parents said. "We became very alarmed and hid all our guns. We couldn't get through to him.

"Finally his sister managed to persuade him to give up the marijuana. Now, six months later, he is back to normal. He can now see what it was doing to him - but he couldn't see it at the time."

A woman from a southern Adelaide suburb told us about the tragic suicide of her younger brother, aged 32, in the Adelaide Myer Centre in 1995. "He was suffering from schizophrenia, which had been triggered by his abuse of marijuana," the woman said. "He was the youngest of six children. It has ruined our parents' lives."

Another woman told us of her friend's son (21) who is living with his de facto wife and their two young children. "They are in a terrible state," she said. "The young man has been dependent on marijuana for some years and has become chronically depressed. He is so bad he stays in bed until 2 o'clock in the afternoon every day. They live on welfare payments. He is unable to hold down a job, or help his partner with their children. He was referred to a psychiatrist, and related his symptoms to the doctor. The psychiatrist asked, 'Are you on marijuana?'

"The young man said 'Yes', and the psychiatrist said, 'Well I'm sorry - there is nothing I can do for you. I see people like you all the time.'"

## *Evidence from a pharmacologist*

A pharmacologist (name suppressed for job reasons) told us that serious research into the harmful effects of drugs on the brain has begun to receive attention by US scientists during the past decade. However he said

that neither the Commonwealth Government nor the Australian biomedical research community has given this important matter the attention it deserves. He noted that Australian political debate on drug abuse tends to be driven by the libertarian views of the 1960s "flower power" generation. These attitudes have made it difficult to implement public policies that take account of emerging scientific data on the disastrous effects of drug abuse, particularly in regard to brain dysfunction.

The pharmacologist said the current emphasis of Australian research on drugs of abuse is heavily weighted towards the evaluation of alternative maintenance therapies for heroin, aimed at the short-term goal of reducing the criminality associated with opioid abuse. He said this emphasis is short-sighted, diverting attention away from other drugs with the potential to create serious future health problems because of a long latency period before irreversible damage becomes apparent.

"Some neuropharmacologists and neurotoxicologists believe we may be sitting on an iceberg of drug-induced neurological problems that will become very apparent as the current generation of drug users enters old age," the pharmacologist said. "It is odd that we invest in research on the causes of Alzheimers and Parkinsonism as well as other disorders of old age, but lack the will to examine the toxicological consequences of the epidemic of neuroactive drug use among young people.

"Very recent scientific research using state-of-the-art technology (eg Positron Emission Tomography and Magnetic Resonance Imaging) has detected disturbing brain function changes, apparently irreversible, as a result of drugs such as Ecstasy and amphetamines. To date, cannabis has not been investigated in depth using the new technologies. There is a great need for Australian research on Australian drug users under local conditions," he said.

**RECOMMENDATION 3:**
**The Commonwealth Government should:**
**(a) establish a National Research Centre on the Neurotoxicity of Abused Drugs, equipped with the latest technology;**
**(b) provide extra funding through the National Health and Medical Research Council for research into adverse health effects associated with drug abuse.**

## *Counter-productive school 'drug education'*

Another woman whose family attends church regularly told us about her son, now aged 18. John (not his real name) had been given "drug education" at school which was completely counter-productive. The drug education consisted of being told, at age 14, to "do a project on drugs" - with no further instructions. John and his friends decided to research glue sniffing by trying it themselves. They were apprehended by a teacher, and suspended from school for two weeks. John's mother said she felt helpless - she and her son were given no advice, and no assistance by school counsellors or anyone else.

**RECOMMENDATION 4:**
**The Commonwealth Government should promote and support policies and educational programs with the objective of abstinence from illicit drugs and reject those based on "harm minimisation".**

About the time of his glue sniffing experiment, John was given free "dope" by friends at school and began smoking it without his mother's knowledge. His mother first realised the problem after police phoned her to say John had been arrested for helping to steal a car. Much later, after a number of brushes with the law, John explained that the reason he "borrowed" cars was to get to his dope dealer when his need for another bong became overwhelming.

John finally broke his addiction when he spent some months in a youth detention centre. However more recent news has not been good. After his recovery and admission to university, he left home to board with other students - and the temptation to join them in smoking dope became too strong. The prognosis for this young man is not good. He suffers constant anxiety, bordering on paranoia, when he smokes marijuana.

## *Father copes - children don't*

Another woman told us of her husband who grows marijuana in their backyard in one of Adelaide's north eastern suburbs - again, encouraged by SA's soft cannabis laws. The woman wants to save her marriage, so she doesn't want to "dob in" her husband. He has a low-status job with little responsibility and seems to get by with his dope-smoking lifestyle. However the couple's two children have smoked marijuana from their teen years, and have not fared well. Their son is now 26, and has never been able to hold down a steady job. He has had several admissions to hospital with psychotic episodes, and now realises what marijuana was doing to him. He has managed to stay off the dope for nearly a year, and at one stage pulled up and burned all his father's plants. His mind feels much clearer now, but memory and depression problems continue to plague him.

The woman's daughter has also been unable to hold down a job because of her drug abuse. She was living with her boyfriend in a country town (where rent is cheap) and became pregnant, so the couple married. Her mother told her of the possibility of the marijuana damaging the unborn baby, and the daughter decided to

quit. However her young husband still smokes dope - and his wife is becoming increasingly concerned that he does not pull his weight in the marriage or in helping to care for the baby.

### *Friendly neighbour offered dope*

A young man in his 20s told us that his illicit drug problem began in his late teens. He had grown up with his mother, his father having abandoned the family when he was a baby. He began smoking at 14 - his mother smoked and so did other kids at school. He said his school did not give him any drug education about harm associated with smoking. He began drinking alcohol at 17 as a way of escaping his problems. He used to binge drink, but stopped when he saw what happened to one of his friends who was an alcoholic - he didn't want to end up like that. Then a neighbour who grew cannabis plants in her backyard offered him some free dope as a friendly gesture. He thought marijuana was great - a way of escape without the downside of alcohol, or so he believed. However he soon became a heavy user and was paying $5000 a year for it. He also turned to heroin. At his lowest point he suffered a psychotic episode and was admitted to Glenside (a psychiatric hospital) for six weeks. He then realised his problem, and went to Teen Challenge, which ran a rehabilitation program called Turning Point. He still struggles with his addictions and the life problems which have been a contributing factor.

### *Marijuana gateway to heroin*

A distraught mother ("Lynne") phoned us about her 21 year old daughter ("Jane") who was found dead by the side of an Adelaide suburban road late last year. An autopsy found that Jane's body contained morphine (from heroin) as well as legally prescribed methadone and benzodiazepines (Valium). While her death was officially described as a heroin overdose, it is clear that legal methadone and Valium also played a part. Lynne said methadone programs do not prevent heroin abuse. Jane had told her she found methadone more addictive than heroin.

Lynne told us that Jane began smoking cigarettes towards the end of her school days, probably because of peer pressure and lax discipline at the (private) school. Neither parent smoked, and Jane was aware of the health problems of cigarette smoking. She began smoking marijuana shortly afterwards, and told her mother that marijuana was less harmful than tobacco.

Lynne and her husband were experiencing serious marital problems at this time, and Jane suffered greatly. She felt betrayed by her father, who deserted the family. Lynne said that Jane was using drugs to block out her emotional pain, and it wasn't long before she took up heroin.

After leaving school and doing quite well in a TAFE course, Jane had a couple of jobs for a few months at a time, but was never able to hold one down for long. She was sacked, partly because of drug-related problems and partly because of her emotional problems.

Jane saw psychiatrists and underwent detox programs, but nothing helped. After detoxing, she would simply go back onto heroin. Lynne said one psychiatrist in particular was not supportive of her efforts to keep her daughter away from the drug scene. He seemed to be unconcerned by the "revolving door" of treatment and failure - it certainly seemed to guarantee him a steady supply of patients. Sometimes Jane's friends would bring drugs to her while she was in hospital for detox!

Then there a light shone briefly at the end of the tunnel - Jane was accepted for a live-in rehabilitation program in the country. Lynne hoped that 12 months away from the city would free her daughter from her unhelpful friendships in the drug scene that were leading her astray, and retrain her mind for positive living. But the psychiatrist said the 12 months program was unnecessary, and Jane soon managed to deliberately break the rules so that she would be sent back to the city. Doctors prescribed her methadone and Valium - she would sometimes consume over ten Valium tablets at a time. The doctors simply gave her what she asked for, but did not solve her problems.

Three weeks later, Jane was dead. Lynne is convinced that if a compulsory, secure rehab program had been operating in Adelaide, as in Sweden, her daughter would be alive and off drugs today. She said counselling for Jane's emotional problems could not work while her mind was befuddled from the effect of drugs.

**RECOMMENDATION 5:**
**The Commonwealth Government should undertake a serious study of the Swedish approach to drug rehabilitation, with the aim of providing Commonwealth grants for similar programs in Australia.**

### *MP highlights the SA drug problem*

Ivan Venning, state Liberal MP for Schubert in mid-north SA, reflected concerns of his country constituents by highlighting problems with SA's marijuana laws in the Grievance Debate in the SA House of Assembly on 6 April 2000. He said (in part):

The headline on page 3 of *The Advertiser* of 16 March was: "We are the cannabis capital of Australia." This disturbing title comes from a major report by the Australian Bureau of Criminal Intelligence, released on 15 March this year. The report states:

*Syndicated cannabis-cultivating groups continue to operate in South Australia. These groups are reported to be growing the legislated maximum amount of cannabis plants that does not attract criminal sanctions.*

That is, three plants. *The Advertiser* article by police reporter Jeremy Pudney goes on to explain that in South Australia, a person can grow up to three cannabis plants and be given only an on-the-spot fine, rather than facing criminal charges. The maximum number of plants was reduced from nine to three last June to stop syndicates growing networks of small crops.

However the ABCI report predicts the switch to the three-plant rule will fail. It reveals that during 1998-99, NSW crime agencies arrested a number of people allegedly involved in a large-scale cannabis cultivation syndicate based in South Australia. Also, police in NSW reported that cannabis is regularly found hidden in vehicles travelling from SA to other States by post, in freight and with air passengers. At the same time, SA heroin arrests have skyrocketed from 192 to 340 in just one year - 1998 to 1999.

Our soft cannabis laws are a tragic legacy of the Bannon government of the 1980s. In those days it was the fashionable thing for left wing intellectual types to smoke dope, and they liked to think it was harmless.

We now know that marijuana is far from harmless. Not only does it cause lung cancer (it has more carcinogens than tobacco), but it also affects perception and short-term memory. At least ten percent of regular users become addicted. Marijuana can also trigger paranoia and serious psychotic attacks, with users far more likely to suffer schizophrenia than non-users. Last June, at a Drug Forum in Sydney, Major Brian Watters, convenor of the National Council on Drugs, said:

*Those of us who have worked in the field for many years know that marijuana is a gateway drug. We are not suggesting that everyone who uses marijuana goes on to use hard drugs - but almost everyone we meet who is heavily addicted to heroin, crossed the boundary to illegal drugs via marijuana. I have just returned from a conference of Aboriginal and Torres Strait Islander drug and alcohol counsellors in Darwin. The stories they tell are horrendous.*

He goes on to state: *I was horrified to learn that the Tiwi Islanders, with a potentially idyllic lifestyle, have the highest levels of youth suicide in the world - higher than anything else in Australia. The Tiwi speaker went on to say that the major cause of suicide in the Tiwi islands is marijuana.*

This story does not come just from Major Watters. The marijuana-suicide link among the Tiwi people was confirmed by a Bathurst Island doctor on the ABC's *7.30 Report* program on 12 August last year.

Marijuana is ruining the lives of many South Australian young people. The recent change in rules from nine plants to three was in the right direction, but police say it is not working. It is obviously not working. It is still an offence to cultivate three plants - if found - and a fine is issued. But is that three plants per person, or per property, or per section, or per house?

If I had 23 sections on my farm, does that mean I could grow 23 times three plants? That is 69 plants. If I get caught, do I get a slap on the wrist? We need to repeal that law and reinstate it as a criminal offence with heavier penalties, including an educational program where the court sees that as relevant, say, for a first offence.

Mr Venning is clearly responding to concerns expressed by his constituents, who see the effects of cannabis dependence at first hand.

# A Solution

There is much talk of the Dutch and Swiss approaches to drug abuse in official circles in Australia today. We believe there is clear evidence that the permissive approach of these two countries has been counter-productive, and that providing free drugs and clean injecting rooms has led to more abuse and more harm, not less.

## *Overseas approaches - good and bad*

Rev Fred and Mrs Elaine Nile, Christian Democratic Party Members of the NSW Legislative Council, returned in April this year from an inspection of overseas drug treatment facilities.

"Sweden is right on track," Mr Nile reported. "They have positive drug policies that work. All Australian States should follow their example.

"On the other hand, we found that the Swiss drug policy is an absolute disaster. It gets young addicts into legal 'shooting galleries' where social workers provide the injecting room, the needle and the heroin! The Swiss admitted to us that under their policy, they give the addict as much heroin as he or she wants. No attempt is made to try to stop the addict using heroin. Some addicts are over 60."

Mrs Elaine Nile said that Sweden was the most encouraging part of their tour. "The Swedish government intervenes to help people with drug problems," she said. "Specially trained staff in the *Sirus Conere* in Uppsala give treatment, including massage and acapuncture - not methadone or heroin. We particularly observed the

reaction of young people in the compulsory residential program to see whether they would be rebellious, trying to break out of the centre.

"We were pleased to see that after the first few days, when they had 'dried out', they were fully cooperating with the staff. We were allowed to interview some addicts. They told us about the program, which they recognised was for their benefit, to give them a life and a future."

Despite this research, controversy about Australian drug policy continues. The Bracks government in Victoria has announced plans for five injecting rooms in Melbourne suburbs. Campaigners for this type of "harm minimisation" program continue to cite countries like Switzerland and Holland as models Australia should copy.

## *Dutch policy failure documented*

However a letter published in *The Australian* (17/4/00, p 12) cites compelling evidence of Dutch drug policy failure. Dr John Fleming and Dr Gregory Pike of the Southern Cross Bioethics Institute in Adelaide wrote (in part):

*The following facts from well-researched and reputable sources (The European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], www.emcdda.org) illustrate the unpalatable consequences of the liberal drug policy in The Netherlands.*

*The Netherlands sports the highest rate of cocaine use in the European Union. Drug-related deaths continue to climb steadily from 1991-97. The prevalence of HIV infection in injecting drug users was among the top five out of 15 nations.*

*Hepatitis C infection rate was in the top four. Cannabis use is well above average and grew steadily following introduction of cannabis "cafés". The number of heroin addicts has almost tripled since the liberalisation of drug policies, and arrests for drug offences showed the most rapid rate of increase for all countries assessed.*

*Dutch per capita rates for breaking and entering, a crime closely associated with drug abuse, are three times the rate of those in Switzerland and the US, four times the French rate and 50 per cent greater than the German rate (Interpol, International Crime Statistics, 1995).*

*The Netherlands is also recognised as one of the primary countries in the region for the origin and transit of illicit drugs, with growing concern expressed by neighbouring countries about drug traffic across their borders from The Netherlands.*

*For a conservative country that The Netherlands once was, these changes represent a huge swing of the pendulum. At the very least, given the turbulence of the current debate, accurate information is surely not too much to ask.*

## *Dutch denial*

One week later Joost Dirkzwager, Dutch Charge d'Affaires in Canberra, wrote to defend his country's reputation (*The Australian*, 24/4/00, p 10). Mr Dirkzwager did not deny most of the statistics quoted by Fleming and Pike, but implied they only told half the story. He said: "Drug-related deaths in The Netherlands are extremely low when compared with our European partners such as France, Germany, Italy, Spain and the United Kingdom.

"In 1997, 65 people died of drug-related causes in a population of 15.5 million people. In Australia, with a slightly higher population, the corresponding number is more than 650.

"While the definition of what constitutes a drug-related death may differ from country to country, we are confident that our policy of treating addicts as patients rather than as criminals is a major factor in achieving this low number."

Mr Dirkzwager claimed cocaine use in The Netherlands is lower than in the UK, Denmark and Italy. He also said only Finland, Greece and Sweden have a lower HIV prevalence than Holland, while Dutch hepatitis C prevalence is comparable to most European countries.

"Finally," Mr Dirkzwager said, "since 1976 we have been successful in keeping the number of heroin addicts in The Netherlands at a constant level of 25,000 to 28,000 persons, despite an increase in our population of 12% and an increase in drug abuse worldwide."

## *Dutch view challenged*

Fleming and Pike submitted a documented rebuttal of Mr Dirkzwager's claims. Their reply is condensed below (from *Light* magazine, May 2000, p 3):

*Mr Dirkzwager is wrong in his assertion that prevalence rates of HIV among injecting drug users in The Netherlands are low compared to other European countries (EMCDDA 1999, Fig 6). He also downplays the seriousness of Hepatitis C prevalence in the same group.*

*Mr Dirkzwager's country has the highest rate of cocaine use among 15-16 year old school children in the European Union (EMCDDA, 1999, Fig 2). It should come as no surprise that the impact of permissive drug policies would primarily influence young people at such a vulnerable stage in their development.*

*EMCDDA estimates show that heroin addicts increased in The Netherlands from 10,000 in 1979 to 28,000 in 1997 (EMCDDA, 1998; original data from the Dutch government-funded Trimbos Institute).*

*Mr Dirkzwager claims that the Dutch drug-related death rate is a tenth of the rate here in Australia. It is true that Australia's death rate rose rapidly during the 1980s when a national policy of harm reduction was instituted. But the criteria used to classify a death as drug-related vary greatly, making comparisons between countries problematic. We have it on good evidence that the mode of classification in The Netherlands requires that the needle actually be found in the arm of the victim, or beside the body, for the death to be recorded as drug-related. In that case, Holland's drug-related death rate would be seriously underestimated compared to other nations.*

Fleming and Pike conclude that wider availability of illegal drugs plus greater acceptability lead to more widespread use and greater harm.

## *Australian reluctance to study Swedish evidence*

However we have observed a reluctance by many Australian drug policy officials to consider seriously the benefits of the Swedish approach to the drug epidemic in the Western world, including its successful drug education in schools and compulsory treatment for addicts. The parliamentary Select Committee of the SA House of Assembly, which met last year to consider the feasibility of a heroin trial, flew a Swiss psychiatrist from Sydney to Adelaide to give glowing evidence about his country's heroin-for-addicts approach, but did not take up the opportunity to interview a top-ranking Swedish policewoman who was in Australia at the time, about her country's policies.

## *Harm minimisation - a terrible hoax*

A young Bourke girl, Alex Howarth (10), is among the latest victims of needle-stick injury. *The Australian* (14/1/00, p 7) reported that another girl picked up a blood-filled syringe she found lying in the dirt and jabbed it in Alex's stomach. "I only cried a little bit," said Alex - but her family are weeping a lot, as they wait three months to learn whether Alex has contracted the deadly HIV/AIDS virus.

Bourke police officer Rob Knight said the assault highlights a disturbing increase in drug use in the outback. Bourke now has at least seven heroin addicts and many more who casually inject amphetamines, whereas five years ago there were none. The local hospital gives away free syringes but does not insist on their return. Needles are often discarded in streets and parks. Other "free needle" problems reported recently include:

- ironman Jonathan Crowe, waiting to learn if he has HIV after treading on a discarded syringe on a Melbourne beach in January;
- syringes increasingly used as weapons - in Victoria, 146 syringe attacks in 97-98 tripled to 447 in 98-99, while gun use declined (police figures reported in *Herald Sun*, 15/10/99).

Rev Fred Nile, MLC, of the Christian Democratic Party in the NSW Parliament, said: "The drug lobby is playing a terrible hoax on the Australian people. In 1985 they pushed for misnamed 'needle exchanges' - which are really needle giveaways. When heroin addicts inject and are 'out of their minds', they dump their used needles wherever they happen to be - in parks or on the beach, where innocent people can receive deadly injuries.

"Free needle programs have not stopped the spread of deadly, incurable disease," Fred Nile said. "Hepatitis C infection is soaring among Australian drug users. Free needles encourage more drug use, just as free injecting rooms would do. Young people assume that heroin cannot be such a dangerous drug if State governments distribute free needles to inject it, provide legal injecting rooms and support heroin trials to supply free heroin to addicts.

"The NSW government has now legalised possession of one gram of heroin - enough for 20 shots. Weak politicians have thus torpedoed the police campaign against drug dealers," Mr Nile said.

## *Hidden agenda of 'harm minimisation'*

A paper by psychologist and epidemiologist Dr Lucy Sullivan in *Bioethics Research Notes* (December 1999) of the Adelaide Southern Cross Bioethics Institute bears out Fred Nile's comments.

Dr Sullivan argues that proponents of Australian "harm minimisation" drug policies have a hidden agenda. They fail to acknowledge the fact that one result of their policies may be greater use - hence greater harm.

## *Swedish drug policies*

Dr Sullivan points out that Sweden, unlike Australia, has adopted a balanced policy where drug abusers receive treatment while others are discouraged from using drugs.

Sweden adopted a very liberal drug policy in the 1960s. Doctors prescribed drugs to addicts who asked for them, and there was free access to health care. The result was more addicts and more crime. After this disaster, Sweden changed tack after three years and in 1968 concentrated on law enforcement with education for a drug-free society.

Drug use was criminalised in Sweden in 1988. Possession of small amounts of cannabis or amphetamines may result in a fine, but possession of heroin or cocaine leads to a strict term of imprisonment. Drug trafficking can lead to 20 years in jail, and police target street trading. Schools and council services provide extensive education against drug use. Needle distribution has been rejected because it would send an ambiguous message about injecting drugs.

Swedish drug policy has four components:

! comprehensive community and school drug education;
! prohibition on illicit drug imports through effective customs control;
! prohibition on sale and possession of illicit drugs;
! compulsory detoxification and rehabilitation for addicts.

## *Australian contrast*

Australia has chosen a different course from Sweden - so-called "harm minimisation". Under this policy, Australian drug education has largely taught the so-called "safe" use of drugs, without seriously addressing abstinence.

"A generation of ex-students now believes that alcohol and cigarettes are more dangerous than cannabis," Dr Sullivan says. She points out that in fact, cannabis produces its worst health effects after a few years of heavy use, compared with a 20-40 year delay for the worst effects of alcohol and tobacco. The immediate and long-term effects of cannabis on motivation and mental stability are far worse than those of tobacco or alcohol.

A table drawn from the United Nations World Report 1997 in Dr Sullivan's paper shows the massive difference in outcomes between Sweden's *zero tolerance* and Australia's *harm minimisation* drug policies.

| | **Sweden** | **Australia** |
|---|---|---|
| Lifetime prevalence of drug use in 16-29 year olds (Sweden) & 14-25 year olds (Australia) | 9% | 52% |
| Use in previous year, as above | 2% | 33% |
| Estimated dependent heroin users per million population | 500 | 5000 -16000 |
| Percentage of dependent heroin users aged < 20 | 1.5% | 8.2% |
| Methadone patients per million population | 50 | 940 |
| Drug-related deaths per million population | 23 | 46 |
| Percentage of all deaths at age < 25 | 1.5% | 3.7% |

## *Opioid deaths linked with free needles*

Dr Sullivan's paper also includes a graph showing that the increase in Hepatitis C infection plus heroin and other opioid deaths parallels the increase in distribution of free needles in Australia.

## *David Noffs*

Last year David Noffs, son of the late Rev Ted Noffs who founded the Wayside Chapel in Kings Cross, and who has helped develop drug prevention programs in Australia and overseas, said (*Herald Sun* (14/9/99): "This (harm minimisation) approach to the drug problem became federal and state policy about 15 years ago. It (claims) drug use is inevitable and should somehow be managed.

"Is it any wonder that drug use has escalated among young people in Australia to the point where it is four times that of the US (and over five times that of Sweden)? In the Netherlands, a noted harm minimisation country, the drug problem is out of control. Why is it then that Australia persists with a drug policy that is a public health disaster? ...It is time to pull the plug!"

**RECOMMENDATION 6:**
**The Commonwealth Government should refuse Commonwealth funding for the distribution of free needles or other counter-productive "harm-minimisation" programs, and instead adopt the successful four-pronged Swedish drug policy approach.**

## *DrugBeat - a successful 'homegrown' treatment for heroin addiction*

Ann Bressington, founder of DrugBeat SA, knows all about the tragedy of drug addiction. Her daughter Shay Louise died 18 months ago of a heroin overdose, and only two of her daughter's year 10 Ipswich class are still alive. Ann Bressington shared her story at an Adelaide meeting of the Woman's Christian Temperance Union on 20 March.

Ann runs a live-in heroin addiction program in a house in Elizabeth Grove. She offers the only abstinence-based treatment in SA, with a 90% success rate at 12 weeks. There are 468 addicts on the waiting list for her eight-bed facility. Sadly, while the house was provided by the SA Human Services Minister Dean Brown, Ann receives no ongoing government funding for the program because official support is reserved for "harm minimisation" projects.

Under the DrugBeat program, addicts first detoxify safely. They are given the drug Temgesic to wean them off heroin, then Naltrexone to "cap" the heroin receptors in their brain. Daily Naltrexone prevents heroin cravings that addicts often experience after detoxifying by other methods. The Naltrexone also prevents any subsequent heroin dose from producing a "high".

"Naltrexone is a very safe drug but it is not a miracle," Ann Bressington said. "It enables the patient to get off heroin, but that is only the beginning. The patient then has to learn to deal with all the problems that led to their addiction. They have to be retrained for living, and they can only do this when their brains are free from drugs."

Ann said alternative programs such as methadone simply replace one addiction with another. "Methadone is more addictive than heroin, with more side effects," she said. "Less than 3% of methadone patients ever reach abstinence, and 79% of them still use heroin as well."

**RECOMMENDATION 7:**
**The Commonwealth Government should support abstinence-based rehabilitation programs with a proven track record of helping those dependent on illicit drugs to achieve a drug-free lifestyle and make Naltrexone available for treatment of opiate and other addictions.**