Submission
No 9

INQUIRY INTO ISSUES RELATING TO REDFERN/WATERLOO

Organisation: Australian Drug Law Reform Foundation

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Theme:

Summary

Victoria Pymm - submission re Redfern/Waterloo

From: "Alex Wodak" [redacted]
To: <socialissues@parliament.nsw.gov.au>
Date: 14/04/2004 11:20 PM
Subject: submission re Redfern/Waterloo

Dear Sir/Madam,

I wish to make the following submisson:

Submission to the Social Issues Committee Inquiry into Redfern/Waterloo

Summary:

The Redfern/Waterloo area is now one of the largest illicit drugs markets in Australia. The law of supply and demand operates for illicit drugs as for other commodities. While demand for illicit drugs persists, a form of supply will emerge. Law enforcement attempts to control supply rarely succeed and often cause serious collateral damage such as rampant police corruption and worse public health outcomes. The risk of an HIV epidemic emerging among injecting drug users in this area is high. HIV could spread rapidly among indigenous and non-indigenous members of the community and then spread to indigenous communities in rural and remote parts of the country where there are very high rates of sexually transmitted infection (because of poor primary health care). This could then start an African type HIV epidemic because the presence of florid ulcerative genital lesions increases HIV transmission. Because of these risks, a shift is required from attempts to control the situation primarily by law enforcement to health and social interventions including high quality and readily available drug treatment and harm reduction measures.

Background:

1 The large Redfern/Waterloo illicit drugs market may have been displaced from other drug markets following intensive policing in southwest Sydney. Geographical displacement of drug markets often occurs after intensive policing.

2 Access Economics estimated in 1997 that the size of the illicit drug market in Australia was $ 7 billion of which cannabis accounted for $ 5 billion and heroin for most of the remainder. Profits are believed to be high. A market of this size is unlikely to be modified to any significant extent for long by a few hundred million dollars worth of law enforcement. As Royal Commissioner Justice James Wood noted, "It is fanciful to think that drug addicts can be prevented from obtaining and using prohibited drugs." The price of a kilogram of heroin increases 200 times in the journey from Bangkok to Sydney. We do not have to be Professors of Economics to understand that there will always be someone sufficiently ruthless or desperate to risk taking a supply of heroin under these circumstances: the more Draconian the enforcement, the higher the prices and the greater the profits. This is the Achilles' heel of supply control.

3 The costs and risks of supply control are rarely given the same scrutiny as the risks of drug use. It is hard to find estimates of the financial cost of supply control let alone quantified rigorous estimates of the benefits. Yet the risks of supply control are serious. Major police corruption linked to unsuccessful attempts to enforce drug prohibition have been established in three recent Royal Commissions in Australia (Queensland 1987, New South Wales 1997, Western Australia 2004) while calls for a Royal Commission into alleged police corruption linked to drug prohibition in Victoria have been made recently. Public health outcomes are often inadvertently worsened. More dangerous drugs replace less dangerous drugs and more dangerous forms of drug administration

replace less dangerous forms of administration. A quarter century ago, a classic paper in 1976 noted "The pro-heroin effects of anti-opium laws in Asia."

4 AIDS is now the biggest global health problem of all time. It is now a more serious health issue than the Black Plague had been in the fourteenth century. HIV linked to injecting drug use is a major problem threatening 90% of the world's population. Far-sighted political leaders from all of the major parties in Australia two decades ago made courageous decisions which have protected the Australian people to this day. It is important that Redfern/Waterloo is approached with the same courage and the same principles as were used nationally two decades ago.

5 The risks of an HIV epidemic starting among injecting drug users in Redfern/Waterloo is high. The HIV epidemic in Vancouver, Canada, started in the poorest postcode in the nation, home to a large community of First Nation Canadians and home to many injecting drug users. Often unfortunately, members of disadvantaged communities around the world are among the most vociferous critics of harm reduction.

6 An HIV epidemic beginning among injecting drug users in Redfern/Waterloo would spread among indigenous and non-indigenous people alike. HIV is likely to then spread to the broader community. Because the indigenous community in Redfern/Waterloo has many connections with indigenous communities in rural and remote parts of the country, the HIV epidemic could then spread to far distant indigenous communities.

7 Rates of sexually transmitted infections in indigenous communities in rural and remote communities are often high. This is because of poor health care, not because of high rates of partner change. In some remote parts of the country, florid ulcerative genital lesions are seen in indigenous communities. These lesions substantially increase the risk of HIV transmission.

8 For all of these reasons, policy makers should be extremely cautious about relying on law enforcement to control the drug market and related problems in Redfern/Waterloo. The benefits, if any, are likely to be meagre and short lived. The risks of serious unintended negative consequences are very high. Parliaments should not under estimate these risks. Parliaments cannot repeal the law of supply and demand.

9 I would be mortified if these comments offended members of the community in Redfern/Waterloo, especially indigenous members of this or other communities. The eloquent speech of a former Prime Minister in Redfern on 10 December 1992 should never be forgotten. I trust my comments are in the same spirit. So what can we do?

Response:

1 We know quite a lot about what works and what does not work in drug policy. The problem is that often what works is not popular and what is popular does not work. That is the nub of the challenge that political leaders face in this area: whether to lead the community to more effective responses or be lead by some vocal elements in the community and some influential talk back radio personalities to populist nostrums that have not worked, time and time again.

2 What has been shown to work in drug policy is a pragmatic public health approach, which we often call 'harm reduction'. In general, health and social interventions have been shown to be far less expensive and far more effective than customs, police, courts and prisons. Specifically, drug treatment is needed which has the capacity required for the magnitude of the problem, is sufficiently attractive to recruit and retain a large proportion of the drug users, and has sufficient diversity to cater for people seeking different approaches. The full range of harm reduction interventions should be considered, including a medically supervised injecting room. For a small proportion of heroin users refractory to first line treatments, the option of heroin-assisted treatment should be considered. The recalcitrance of the current Prime Minister on this question is a problem for the time being but

even Prime Ministers do not last forever. A recent trial in the Netherlands found that 57% benefited from heroin-assisted treatment compared to 31% in the control group who received methadone.

3 Of course there will always be an important role for law enforcement, but it is unrealistic and unsafe to continue to place the major burden of policy on to the police. It is also unfair to the police.

4 Indigenous communities need at least as good drug prevention and treatment services as other communities.

5 Improved health services are unlikely to achieve much unless we can also improve general social conditions including housing, education and employment. The failure to achieve significant improvements in these areas is nothing less than a national disgrace. In recent decades, some other countries have considerably improved the conditions of their indigenous peoples. Australia can and must do at least as well.

6 It is well worth remembering the wise words of Alcoholics Anonymous: we must have the courage to change what we can, the serenity to accept what we cannot change and the wisdom to know the difference. Unfortunately, we can only change the supply of drugs at the margins, but we can and must achieve better outcomes from drug policy. Whether we have the wisdom to accept this is another question.

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