

Research and Evidence Summaries

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Note: Most of the reports and research items referenced below are available from the Alcohol and Other Drug Council of Australia's National Drugs Sector Information Service (NDSIS)
<http://ndsis.adca.org.au>.

How many ex-prisoners die soon after release from prison, and what do they die from?

Research reported in the *Medical Journal of Australia* reveals that 'The estimated annual number of deaths among recently released prisoners in Australia is considerably greater than the annual number of deaths in custody, highlighting the extreme vulnerability of this population on return to the community'. The researchers estimate that 'between 380 and 527 people released from prison in 2007–08 died within 1 year of release, with a disproportionate number dying in the first 4 weeks'.

They found that 'a large proportion of deaths in both cohorts [NSW and WA] was drug-related, highlighting the ongoing need to develop and implement evidence-based strategies to reduce drug-related death among ex-prisoners. One such strategy is opiate substitution therapy, which has been associated with reduced mortality, reincarceration and hepatitis C infection in ex-prisoners. Yet, despite unambiguous endorsement of opiate substitution therapy in the National Corrections Drug Strategy 2006–2009, its provision in Australian prisons remains inconsistent. Another suggested approach is the provision of naloxone for peer administration. A clinical trial of naloxone provision to those at risk of overdose on release from prison has been proposed but not yet conducted'.

However, 'Although drug overdose is a leading cause of death for recently released prisoners, more than 50% of deaths in this study were not drug-related, and at least two-thirds of deaths in

the first year occurred more than 1 month after release. These findings underscore the importance of moving beyond simplistic messages about reduced drug tolerance and overdose risk in the first few weeks of release’.

Kinner, SA, Preen, DB, Kariminia, A, Butler, T, Andrews, JY, Stoové, M & Law, M 2011, ‘Counting the cost: estimating the number of deaths among recently released prisoners in Australia’, *Medical Journal of Australia*, vol. 195, no. 2, pp. 64-8, Free full text http://www.mja.com.au/public/issues/195_02_180711/kin10879_fm.html.

How many people are arrested for illicit drugs offences in the ACT?

The Australian Crime Commission’s report on illicit drug arrests for the 2009-10 year has been released. It shows that, in that year, the ACT had 386 arrests for illicit drug offences, and that 73 Simple Cannabis Offence Notices (SCONs) were issued. 89% of the arrests plus SCONs were classified as drug consumers and only 11% drug providers. In contrast, nationally 81% were consumers. With regard to cannabis specifically, 93% of arrests plus SCONs were cannabis consumers, compared with 86% nationally. In the ACT that year there were also 100 arrests for amphetamine-type stimulants, 30 for heroin & other opioids, 8 for cocaine, 3 for steroids and 1 for hallucinogens. In addition to detailed statistics, the report provides valuable information on drug trafficking and criminal justice agencies’ responses. It contains a special chapter on clandestine laboratories and precursors which reports a 55% increase in the number of clandestine laboratories detected nationally compared with the previous year. 90% of the labs were for the manufacture of amphetamine-type stimulants. No clandestine labs were detected in the ACT in the 2009-10 year.

Australian Crime Commission 2011, *Illicit drug data report 2009-10*, Australian Crime Commission, Canberra, http://www.crimecommission.gov.au/publications/iddr/2009_10.htm.

Which drugs are being detected in Victoria’s roadside drug testing program?

In Victoria, oral fluid (saliva) specimens from motor vehicle drivers have been tested for the presence of three proscribed drugs, namely methamphetamine and THC since 2003, and MDMA since 2006. In a recent study, 31 drugs were tested for among 853 oral fluid specimens taken from drivers by Victoria Police during roadside drug testing operations. The analysts found that ‘At least one proscribed drug was detected in 96% of drivers, of which [methamphetamine] was the most common (77%), followed by THC (42%), MDMA (17%) and the combination of all three (3.9%). Opioids were detected in 14% of drivers of which 4.8% were positive for 6-acetylmorphine and 3.3% for methadone. The incidence of the opioids tramadol (1.2%) and oxycodone (1.1%) were relatively low. Cocaine (8.0%) was as commonly detected as benzodiazepines (8.0%), and was almost always found in combination with [methamphetamine] (7.9%). Samples positive to benzodiazepines were largely due to diazepam (3.5%) and alprazolam (3.4%), with only 0.2% of drivers combining the two. Ketamine was also detected in 1.5% of cases.’ The authors conclude that, ‘While the incidences of the proscribed drugs itself are concerning, it is clear that many drivers are also using other drugs capable of causing impairment.

Chu, M, Gerostamoulos, D, Beyer, J, Rodda, L, Boorman, M & Drummer, OH 2011, ‘The incidence of drugs of impairment in oral fluid from random roadside testing’, *Forensic Science International*.

Are prisoners entitled to compensation for inadequate drug treatment in prison?

A group of prisoners and ex-prisoners in the United Kingdom is being compensated for the inadequacy of their treatment while in prison. 'The UK government has agreed to pay more than £2m (€2.3m; \$3.2m) in compensation and costs to settle claims by 499 prisoners and former prisoners with drug addiction who say that they suffered from a systemic failure by the prison service to ensure that they received acceptable standards of treatment for their addiction.'

This is the second group of prisoners to receive compensation. 'The last Labour government paid £750 000 in compensation and £700 000 in costs to settle an earlier claim in 2006, brought by 200 prisoners and former inmates who were subjected to a rapid detoxification regime, shortly before the case was due to go to trial in the High Court.'

The Home Office, the department then responsible for prisons, received legal advice that the standards of care the inmates received in the late 1990s fell short of acceptable medical standards and the prison service's own guidelines for dealing with prisoners addicted to heroin and decided to settle to avoid the costs of a trial.'

Dyer, C 2011, 'Poor treatment of drug addicts in prison costs UK more than £3.5m in compensation and fees', *BMJ*, vol. 343, p. d4438 (news item).

How effective are motor vehicle ignition interlocks in reducing alcohol-impaired driving and alcohol-related crashes?

A systematic review of the literature on this topic found that 'DWI [driving while impaired] offenders who have ignition interlocks installed in their vehicles are at substantially lower risk for recidivism than those who have had their licenses suspended either after being deemed ineligible for an interlock or deciding not to have one installed. These findings also suggest that the experience of being enrolled in an ignition interlock program by itself does not generally lead to long-term changes in the propensity to drink and drive that last beyond the period of interlock installation'. The reviewers suggest that 'Some key features of interlock programs that could improve their effectiveness include increasing the time period during which the interlock is installed or making the removal contingent on appropriate behaviors [*sic*], using the interlock in conjunction with alcohol rehabilitation programs, increasing the number of participants, and improving protections against circumvention of the interlocks'.

Elder, RW, Voas, R, Beirness, D, Shults, RA, Sleet, DA, Nichols, JL & Compton, R 2011, 'Effectiveness of ignition interlocks for preventing alcohol-impaired driving and alcohol-related crashes: a Community Guide systematic review', *American Journal of Preventive Medicine*, vol. 40, no. 3, pp. 362-76.

Why did Portugal decriminalise drug use, and what has been the effect?

The European Monitoring Centre for Drugs and Drug Addiction has a new publication series 'Drug Policy Profiles'. The first describes the national drug policy of Portugal. In the conclusion of the Profile, the authors state 'The debates [in Portugal] around the drug laws of 1983, 1993 and 2000...show a progressive move towards a model that clearly prioritises early intervention and treatment over any form of sanction. This transition is the result, among others, of an established and growing agreement among political parties in Parliament on the need to address drug use as a health issue and not as a criminal matter...What makes the Portuguese case special is that decriminalisation was not, as in other countries, associated with an increasing prevalence of

cannabis use among young people and the consequent difficulties for law enforcement bodies in coping with it. In Portugal, problem drug users—mainly heroin users—were the focus of the policy discussions and it was with them (and their problems) in mind that it was decided to change the law in 2000. The Portuguese policy also reflects the main elements of drug policy convergence that have been observed in the European Union over the last two decades: the development of an overarching and detailed policy; the acceptance of harm reduction interventions; the recognition of the drug user as a person in need of help and not as a criminal; and the attempt to further link or integrate illicit and licit drug policies.’

They comment ‘The changes that were made in Portugal provide an interesting before-and-after study on the possible effects of decriminalisation, as the drug prevalence rates have not confirmed the theory that decriminalisation, or a less punitive approach, leads to increased use.’

European Monitoring Centre for Drugs and Drug Addiction (ed.) 2011, *Portugal*, EMCDDA Drug Policy Profiles, Publications Office of the European Union, Luxembourg, <http://www.emcdda.europa.eu/publications/drug-policy-profiles/portugal>.

Is mobile phone text messaging an effective way to help people quit smoking?

A recent issue of *The Lancet* reports on a clinical trial in the United Kingdom which involved 5,800 participants. Its aim was to assess ‘the effect of an automated smoking cessation programme [txt2stop] delivered via mobile phone text messaging on continuous abstinence, which was biochemically verified at 6 months’. The researchers found that people who gave up smoking with the help of text messaging were nearly twice as likely to be smoke-free six months later than smokers who did not have this support.

The researchers concluded that ‘The txt2stop smoking cessation programme significantly improved smoking cessation rates at 6 months and should be considered for inclusion in smoking cessation services’.

Free, C et al. 2011, ‘Smoking cessation support delivered via mobile phone text messaging (txt2stop): a single-blind, randomised trial’, *The Lancet*, vol. 378, no. 9785, pp. 49-55.

Does combining alcohol with energy drinks increase the risk?

Research in the United States has investigated whether young people who consumed alcohol mixed with energy drinks (AmED) would be more likely to become intoxicated than if they consumed alcohol alone. It was found that ‘An energy drink appears to alter some of the objective and subjective impairing effects of alcohol, but not others. Thus, AmED may contribute to a high-risk scenario for the drinker. The mix of impaired behavioral inhibition and enhanced stimulation is a combination that may make AmED consumption riskier than alcohol consumption alone’.

Marczinski, CA, Fillmore, MT, Bardgett, ME & Howard, MA 2011, ‘Effects of energy drinks mixed with alcohol on behavioral control: risks for college students consuming trendy cocktails’, *Alcoholism: Clinical and Experimental Research*, vol. 35, no. 7, pp. 1282-92.

What do we know about the ‘New Marijuana’?

The ACT Government made it illegal to manufacture, obtain, possess, supply, sell and/or use products containing synthetic cannabis (synthetic cannabinoids) in the ACT as from 8 July 2011. This followed automatically from a decision by the Commonwealth Government made on the recommendation of the Australian Therapeutic Goods Administration (TGA)

<http://www.tga.gov.au/pdf/scheduling/scheduling-decisions-1107-final.pdf> . ACT Health advises that it covers drugs with brand names such as Kronik, Northern Lights, Kaos, Spice, Mango and Voodoo. An article recently published in *The Annals of Pharmacotherapy* provides an overview of existing knowledge about this class of drugs that supplements TGA's summary. Its abstract reads: 'Synthetic cannabinoid-induced toxicity is increasing in frequency across the US, with more than 1057 reported cases as of August 2010. There is a paucity of literature on synthetic cannabinoid toxicity; however, there are various reports of adverse effects including tachycardia, hypertension, tachypnea, chest pain, heart palpitations, hallucinations, racing thoughts, and seizures. While reports suggest that toxic symptoms last no longer than 3-4 hours, with no residual adverse effects in many cases, there is concern about serious acute and long-term toxicities. This article reviews the development, abuse, toxicity, treatment, and legal status of synthetic cannabinoids. It is important for health-care professionals to recognize and appropriately treat synthetic cannabinoid-induced toxicity.'

Wells, DL & Ott, CA 2011, 'The "new" marijuana', *The Annals of Pharmacotherapy*, vol. 45, no. 3, pp. 414-7.

New reports

Australian Bureau of Statistics 2011, *State and territory statistical indicators, 2011*, ABS, Canberra, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1367.0> (first issue in a valuable new series).

Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy Household Survey report*, Australian Institute of Health and Welfare, Canberra, <http://www.aihw.gov.au/publication-detail/?id=32212254712&tab=2> . Large file warning: 4.8 MB. (See also the supplementary tables on alcohol at the same URL.)

Australian Institute of Health and Welfare 2011, *National Opioid Pharmacotherapy Statistics Annual Data collection: 2010 report*, cat. no. HSE 109, Australian Institute of Health and Welfare, Canberra, <http://www.aihw.gov.au/publication-detail/?id=10737419328&tab=2>.

Hepatitis Australia et al. 2011, *Consensus statement: addressing hepatitis C in Australian custodial settings*, Hepatitis Australia, Canberra, <http://www.hepatitisaustralia.com/information-centre/hepatitis-australia-reports> .

Roxburgh, A & Burns, L 2011, *Drug-induced deaths in Australia, 2007 edition*, National Drug and Alcohol Research Centre, UNSW, Sydney, [http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/Bulletins1/\\$file/NDARC+deaths+Bulletin+2007.pdf](http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/Bulletins1/$file/NDARC+deaths+Bulletin+2007.pdf) .

United Nations Office on Drugs and Crime 2011, *World Drug Report 2011*, United Nations Office on Drugs and Crime, Vienna, <http://www.unodc.org/unodc/en/data-and-analysis/WDR-2011.html>.