

Political Briefing

Media Briefing

Community Briefing

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Subject:

**Ice Pipe Ban – What
is the Noise Really
all About?**

Subject: Tasmanian Greens using back door methods to undermine drug policy: designed to expand drug use and drug user rights?

In a recent article, *Tasmania moves to ban the sale of pipes for ice use*, Greens MP, Rosalie Woodruff has given an impassioned plea against the Liberal government's attempt to stop the sale of ice pipe paraphernalia. ¹

Woodruff claims a pipe ban would make users:

- Consider injection of the drug which intensified the risk of addiction, overdose, the transfer or infectious diseases and vein collapse
- Increase their risk of spreading disease
- Unprotected and decrease offering effective treatment programs
- demonise individual users
- benefit criminal syndicates

The claims are lengthy, but do they stand up under closer scrutiny?

Tasmanian ice users already have the option of injecting through government funded Needle & Syringe Program Outlets,² (technically no longer needle exchange – now just unlimited distribution). Therefore, the choice over pipe or syringe is a falsely constructed argument. Added to this, the banning of pipes does not immediately translate to a rise in the use of syringes as ice represents only one possibility for consumption. Ice is the crystallised form of methamphetamine (meth) hydrochloride producing the smokable practice, but its original powdered form can be snorted, ingested or injected.

Likewise, neither will banning ice pipes necessarily increase drug related risks including death, as this can occur through inhalation or injecting and meth deaths have at times rivalled heroin deaths.³ Furthermore, rather than turn to syringes, banning pipes could in fact spur the use of entirely different drugs as poly drug use among meth users is high.⁴

¹ <https://www.theadvocate.com.au/story/6444666/ice-pipe-ban-causes-furore/?src=rss>

² https://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/needle_and_syringe_program

³ <https://www.chieftain.com/news/20190601/math-of-meth-abuse-up-in-pueblo?rssfeed=true>

⁴ <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/phd-npi-methamphetamine-report-feb09-~polydruguse>

What is known from the 2016 National Drug Strategy Household Survey:

- Overall rates of methamphetamine use have declined over recent years
- People who use methamphetamines are reporting higher rates of regular and dependent use
- Among those who do use methamphetamine, ice is becoming a more popular form of the drug
- Multiple data sources also indicate harms related to ice use are increasing in Australia
- The number of individuals reporting **smoking** ice has increased (from 19 to 42%)
- But data from the *Illicit Drug Reporting System* (IDRS, 2018) suggests **similar trends** are emerging among people who **inject** drugs. Reports show a rise in recent use (last 6 months) of crystal methamphetamine among people who inject drugs from 2010 (39%) to 2018 (75%), and a decline in recent use of speed (41% in 2010, 20% in 2018)

These figures should encourage policy that continues to encourage the already decreasing rates of meth demand and not fund the means to make its use more attractive and assessible.

Added to this, since supply of pipes does nothing to decrease ice demand or its supply, and given that the drug market operates on the same principles of other consumer products and services, it will likely have the effect of increased ice use but likely cause an added increase in other illicit drugs using pipes such as crack cocaine and marijuana. Drug pushers always go where the money is. They benefit enormously from government programs that give drug users the free paraphernalia to use their products.

Furthermore, Woodruff's desperate attempt to conflate the banning of ice pipes with decreasing drug treatment is either ignorant or a deliberate misrepresentation. Allowing greater access to ice paraphernalia does nothing to treat the cause of addiction nor its broad harms that go beyond personal immediate harms and include the fragmentation and distress caused to families and communities.

This distortion is achieved because the issue of an increase of taxpayer funded ice pipes only focuses attention on reducing harms within a very narrowly defined range limited to drug overdose and disease transmission. The report the Greens cite for 'successful'

government programs supplying crack pipes in Vancouver, Canada⁵ also has the largest open drug scene including: “harm reduction programs and addiction treatments, as well as a supervised injection facility, also exist. Beginning in 2011, in response to escalating crack smoking and resulting health concerns, the local health authority, Vancouver Coastal Health, implemented a Safer Smoking Pilot Project, which provided sterile crack cocaine smoking paraphernalia at no cost.”

As noted, drug harm focused reduction when elevated as a policy priority does nothing to decrease drug addiction but exponentially adds to the expanding list of government services and products to assist drug users stay on drugs, not exit use of them. As one for one needle exchange leads to unlimited needle distribution and crack/ice pipes eventually gives way to snorting kits replete with plastic razor blade, straws and a small spoon.⁶

This is of course the real point, as all these attempts form a series of steady steps to gradually but surely lead toward drug use normalization and the ensuring path toward decriminalisation and legalisation sought by pro-drug advocates.⁷

Groups such as *San Francisco Drug Users Union* clearly state their aims of providing, “a safe environment where people can use and enjoy drugs” and “positive image of drug users to engender respect within our community and from outside our community.” Or stated plainly, a mainstream culture of drug normalisation not confined to designated spaces but everywhere.⁸ Trying to hem in drug use to specific zones once the process of pseudo-decriminalisation and legalisation has begun to build momentum is like to seeking to stop an avalanche with a picket fence.

Therefore, it matters very little to the discussion the method of drug delivery whether via pipe or syringe, because this myopic view also serves to obfuscate the conversation away from the sheer multiplicity of drug harms arising from not only from pipe use for ice but also crack cocaine.

These include:

⁵ <https://tasmps.greens.org.au/content/proposed-ban-ice-pipes>
<https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-017-4099-9>

⁶ <https://www.thefix.com/harm-reduction-advocates-distribute-snort-kits-cocaine-users-seattle>

⁷ <https://www.semanticscholar.org/paper/%22We-need-somewhere-to-smoke-crack%22%3A-An-ethnographic-McNeil-Kerr/d86ac68956d091ff35126f256340363786fab912>

⁸ <https://www.youtube.com/watch?v=5gT5NULvRSk>
<https://sanfrancisco.cbslocal.com/2018/02/22/three-dead-bodies-found-near-san-francisco-school/>
<https://sf.curbed.com/2018/5/29/17405436/bart-passenger-needle-san-francisco-hypodermic-seat>
<https://www.cbc.ca/radio/ondrugs/city-on-drugs-the-dark-pull-of-vancouver-s-downtown-eastside-1.4229455>
<https://www.sciencedirect.com/science/article/pii/S0740547219300133>

- Increased excessive violence and homicide⁹
- Increase in HIV linked with high risk sexual behaviour¹⁰
- Severe decrease in oral health and lifespan¹¹
- Pulmonary complications¹²
- Disproportionately negatively effects minorities groups including those suffering with mental health, indigenous, young, uneducated and poor.¹³

In the final analysis, Police Minister Mark Shelton rightfully summed up the issue in accusing the Greens of endorsing the sale of paraphernalia linked to a damaging drug (and for all the reasons presented, against Australian law).

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⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2745146/>
http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-44462006000300010&lng=en&tlng=en
<https://www.smh.com.au/national/nsw/nervous-of-the-night-the-elderly-community-being-terrorised-by-ice-addicts-20151030-gkn5ys.html>
https://www.dailytelegraph.com.au/subscribe/news/1/?sourceCode=DTWEB_WRE170_a&dest=https%3A%2F%2Fwww.dailytelegraph.com.au%2Fnews%2Fns%2Fice-killers-how-the-toxic-drug-effects-the-brain-to-fuel-rage-and-violence%2Fnews-story%2Ff4b941de52807a7a811297f4b3c486f3&memtype=anonymous&mode=premium&v21suffix=56-a
http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-44462006000300010&lng=en&tlng=en

¹⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3729941/>
https://journals.lww.com/aidsonline/Fulltext/2005/09020/Amphetamine_use_is_associated_with_increased_HIV.11.aspx
<https://deepblue.lib.umich.edu/bitstream/handle/2027.42/78036/49.pdf;sequence=1>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2745146/>
<https://www.ncbi.nlm.nih.gov/pubmed/25609214>

¹¹ <https://www.drugabuse.gov/news-events/news-releases/2015/11/high-rates-dental-gum-disease-occur-among-methamphetamine-users>
<https://easyread.drugabuse.gov/content/effects-meth-brains-and-bodies>

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2753821/>
<https://www.addictioncampuses.com/crack-cocaine/pulmonary-complications/>

¹³ <http://www.publish.csiro.au/py/PY14126>
https://www.drugpolicy.org.au/ice_use_indigenous_australians
<https://cracksintheice.org.au/how-many-people-use-ice>
<https://onlinelibrary.wiley.com/doi/abs/10.1111/ajr.12331>
<https://www.mja.com.au/journal/2016/204/4/estimating-number-regular-and-dependent-methamphetamine-users-australia-2002>
<https://onlinelibrary.wiley.com/doi/full/10.1111/ajr.12483>