

23/5/07

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05/05/07.

Hon. Mrs. Bronwen Bishop,
Chairperson,
Family and Human Services Committee,
Enquiry into the Impact of Harm Minimization of Illicit Drugs on Families.

Dear Hon. Mrs. Bishop,

Re: Testimony of Dr. A.S. Reece.

Thankyou for inviting me to give testimony before your committee.

My notes and typographical remarks are attached to this document.

The present document contains significant notes on my own and related testimonies given before your committee on the day of 3/04/07. These observations are listed as points as follows.

The evidence is given in the same context as my verbal testimony before the committee, and may be considered to be an extension of that evidence which was submitted under oath.

1. On page 26 of the transcript of proceedings of that date, I have made an error which I now wish to correct. It relates to the data for the new HIV infections. Since the time of the hearing I have had an opportunity to explore the original data source at more length and am now able to advise the committee in more detail. As I had indicated my comments on the day were based only on newspaper reports in the Australian, published on the weekend and days prior to the hearing (31/03-7 – 2/04/07). The National Centre for HIV Epidemiology and Clinical Research (NCHECR) at St. Vincent's Hospital in Sydney have a very important report called "HIV/AIDS, viral Hepatitis and sexually transmitted infections in Australia: 2006 Annual Surveillance Report.". This report makes a distinction between new HIV infections and recent infections. New infections are those which were reported in the calendar year, and recent infections are those sero-conversions known to have occurred in this year as documented by a preceding negative test. This important distinction was not made in the newspaper account of 3/4/07 and this was the origin of the error in my remarks..

The data shows that from 199 to 2005 the new cases rose 33.4% from 716 to 954, whilst recent cases rose some 182% 1991-2005 from 97 to 284.

Notwithstanding this error of detail, the basic point about the very worrying rise in HIV infections in recent years, despite extensive and exhaustive educational programs, remains entirely valid and undisturbed.

2. Near the end of my talk I showed the committee the pile of journals I had with me. It included eminent titles of the world's leading research journals including Nature, Science, Nature Neuroscience, Neuron, Cell, the Journal of Neuroscience, and the New England Journal of Medicine. I advised the committee that not only did the Harm Minimization lobby not publish in these journals, they appeared never to read them as such eminent journals were never referenced in any of their published works. This comment does not appear in my testimony, but it is terribly important as it underscores the exceeding weakness of the harm minimization evidentiary position, their frequently repeated mantra about "evidence based medical practice" notwithstanding. Indeed the frequent repetition of this mantra appears to be the smokescreen behind which the present discourse on this subject occurs in a remarkably and demonstrably evidence poor milieu.
3. Ms. Jenni George appeared confused on the day about why I bothered to demonstrate the correlation between the various pathologies and the outcomes against which harm minimization claimed to protect the community. My answer to Ms. George on the day was that the P-coefficient or probability value was a statistical measure of the association between the two variables. The following further explanatory remarks may be made in this regard. They were not made clearly on the day in the interests of civility and smooth running and discourse of the proceedings.
 - a) The lower the P-value the more significant it is likely to be.
 - b) P-values less than 0.001 are thought to be highly significant, and in particular require explaining; they are not infrequently associated with causality.
 - c) As I mentioned to the committee such values do not indicate the direction of causality which must be inferred by other means. The proposition I made to the committee was that their existence at high levels of significance simply begged the question that their explanation must be considered. I made the point that it seemed to me that the harm minimalist precautions had both assisted the prevention of the problem and were now contributing to the cause, as has been widely acknowledged in the case of the role of education in the spread of the HIV epidemic with both positive and negative effects being clearly and repeatedly documented, as I mentioned to the committee. Similar observations pertain to methadone.

4. Thankyou for asking the question in relation to deaths after methadone to Dr. Alex Wodak the leader of the harm minimization / drug liberalization lobby. I note, as the Committee did, that he failed to provide and answer.
5. I believe that the Committee was correct to identify his glaring omission on the day to confirm the well known and widely publicized position as Australia's leading pro-drug liberalization personality and advocate.
6. One also notes the very obvious absence of modern scientific data of any sort from his testimony. Indeed it appears to be much more replete with quotes as to the size of the illicit drug trade. Combined with the dearth of scientific comment and justification for his views, particularly in the light of the recent reversal on policy on the safety of cannabis from the Executive Director of the Medical Research Council in Great Britain Professor Colin Blakemore, this must be a very worrying observation before any investigating committee which carries the welfare of the community at the core of its mission statement.
7. On Page 55 of the transcript Hon. Mrs. Bishop states that addicts could have a life expectancy of 46 years. My statistic was that patients dying with methadone in their system had a life expectancy shortened by 46 years, which would imply an average age at death of about 30 years of age. For drug poisoning the figure was a shortening of life by 41.2 years. I have made the appropriate correction in the transcript.

I trust that these remarks are of assistance to the committee, and greatly appreciate this opportunity to present appropriate typographical, other corrections, other amendations and comments.

Yours sincerely,



Stuart Reece.