

# The Road Transport Legislation Amendment (Drug Testing ) Bill 2006 and Understanding Mood

## Altering Drugs

**Acknowledgement Dr Alex Wodak Director of Drug and Alcohol  
Services, St Vincent's Hospital for a number of the slides**

Associate Professor Michael Dawson  
Head, Department of Chemistry, Materials and  
Forensic Science  
University of Technology, Sydney  
[Michael.Dawson@uts.edu.au](mailto:Michael.Dawson@uts.edu.au)

*I certify that this PUBLIC BILL, which originated in the LEGISLATIVE ASSEMBLY, has finally passed the LEGISLATIVE COUNCIL and the LEGISLATIVE ASSEMBLY of NEW SOUTH WALES.*

*Clerk of the Legislative Assembly.  
Legislative Assembly,  
Sydney, , 2006*



New South Wales

## **Road Transport Legislation Amendment (Drug Testing) Bill 2006**

Act No , 2006

---

An Act to amend the *Road Transport (Safety and Traffic Management) Act 1999* and certain other Acts with respect to random roadside oral fluid drug testing, drug testing persons involved in fatal motor vehicle accidents, and offences relating to driving a motor vehicle with any presence of certain drugs in the driver's oral fluid, blood or urine; and for other purposes.

---

*I have examined this Bill, and find it to correspond in all respects with the Bill as finally passed by both Houses.*

*Chairman of Committees of the Legislative Assembly.*

# **Introduction**

## **Understanding mood**

- **Geography**
- **History**
- **Pharmacology**
- **Economics**
- **Health, social, economic costs**
- **Medical perspective**
- **Politics**

# Geography

- **Virtually all countries produce, consume**
- **Developed countries produce, consume, sell: alcohol, tobacco, prescription, illicit drugs**
- **Developing countries produce illicit, now also consume illicit, legal drugs**
- **More people Colombia die from US tobacco > US people die from cocaine**

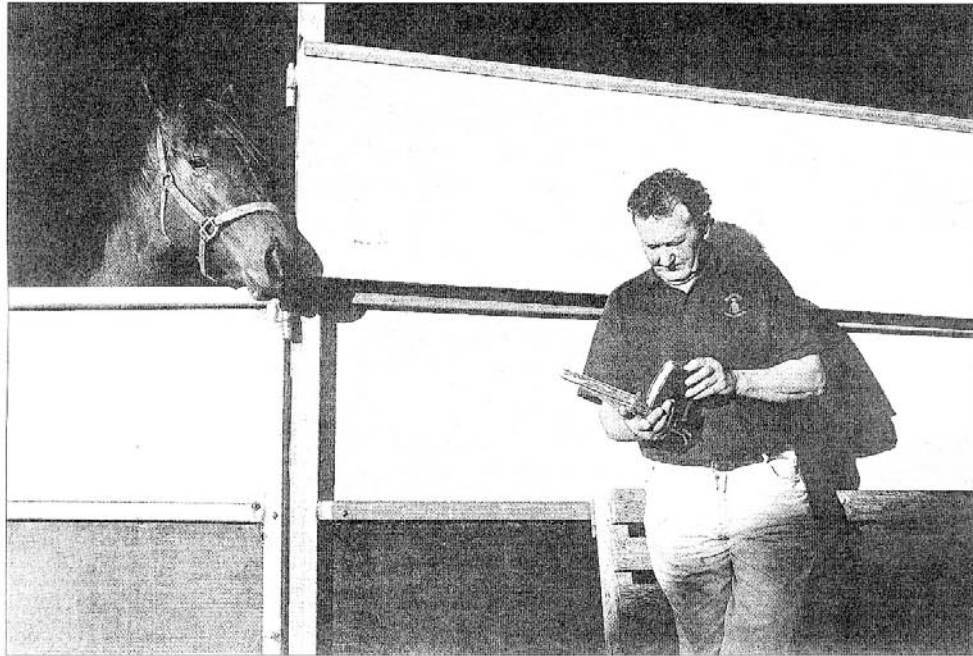
# History

- **Drug use universal: virtually all cultures, all times**
- **Drug types in/out fashion over time, countries**
- **Drug use fluctuates over time eg alcohol UK 1600 to 2000 – up to 10 fold change / generation**
- **Alcohol Australia /person: 6 litres 1900, 3 litres 1930, 10 litres 1980**

# History

- **Tobacco Australia 60% men smoked 1960 almost unregulated, 19% men smoked 2004 tightly regulated**
- **Cannabis banned Australia from 1920s, before consumption started**
- **Now 2.5 million Australians smoke cannabis, 2 x wine expenditure, all 8 jurisdictions liberalised policy 1990s**

# Revealed: the secret potion that drove Phar Lap to victory but cost him his life



**Accidental death:** Lawrence Boyden scans his father's book of racing tips, which includes the recipe for the tonic that may have killed Phar Lap

Picture: Kelly Dames

**Brendan Cormick**

STRAPPER and trainer Tommy Woodcock religiously gave Phar Lap a secret performance-enhancing tonic that helped make the horse a champion but also may have killed him.

For the first time, *The Australian* can reveal the ingredients of the potion, the make-up of which Woodcock took to his grave believing it accidentally killed his beloved champion.

While it was commonly thought Phar Lap was fed Fowler's Solution, in fact the racing legend was given a more complex tonic. The recipe was given to Woodcock by Phar Lap's original trainer. In addition to liquid arsenic, the tonic included a highly toxic derivative of strychnine, known as nuxvomica.

The formula also included a performance-enhancing iron supplement, ferrous carbonate.

Lawrence Boyden — whose father Stan was minder and float driver to Phar Lap before and after his dramatic win in the 1930 Melbourne Cup — still has a tattered, hand-written recipe for the potion.

Boyden revealed the tightly



**Doomed:** Phar Lap, held by Stan Boyden, prepares for his US trip

held secret, concealed in his father's little black book, to *The Australian* following reports, based on new scientific tests, that the horse died from arsenic poisoning.

Stan Boyden, who later trained Rinfret to win the 1948 Melbourne Cup, was given the tonic recipe by Woodcock, the famous strapper who later trained the "Red Terror". Woodcock had been instructed to give the tonic

to Phar Lap by his original trainer, Harry Telford.

"Tommy was just doing what he was told by Harry," Lawrence Boyden said yesterday. "They thought they were giving him something that would benefit him."

"The last thing they wanted to do was give him something that would kill him."

When told of the secret potion, Goulburn Valley Equine Hospi-



The "tonic", including nuxvomica and arsenic, written in hand by Stan Boyden in his black book in the 1940s, as it was given to him by Phar Lap's strapper and trainer Tommy Woodcock.

tal's Tom Russell was not convinced that arsenic alone killed Phar Lap, saying the nuxvomica was an equally potent poison.

"They might have botched the dose. Remember there was no quality control. Who would know what was in it or what concentration it was in?" Dr Russell said.

"Even though they found arsenic in the hair tests, it might be more reasonable to think the strychnine was the more likely

killer because there was greater room for error in the making of the preparation."

However, Dr Russell said there was no doubt the tonic would have given Phar Lap an edge in racing.

"The nuxvomica is alleged to be an appetite stimulant and, secondly, in very small doses, akin to a mild electric shock in the spinal cord. It would make you feel energised," Dr Russell said.

"Liquid arsenic makes your hair fall out. Within three or four days, dead and dying hair would fall out and new growth would come through gleaming."

"Ferrous carbonate saccharide is a means of getting iron into your bloodstream and when you link it to sugar it improves absorption."

"If you combat iron deficiency in a racehorse, you raise the red cell count and theoretically there is a better oxygen-carrying capacity, which should make them run faster."

"If you had a horse performing to the best of its ability and gave it something in those days when

Continued — Page 4

Was Phar Lap a "Drug Cheat" who used stimulants

Nux Vomica (strychnine)... would make you feel energised

# Pharmacology

- **Depressants, stimulants, hallucinogens, combinations**
- **Rapid onset, short half life drugs: often more problems**
- **“Drug, set, setting” concept**
- **Route of administration, system of administration: critical**

*Alcohol  
Heroin*

**DEPRESSANT**

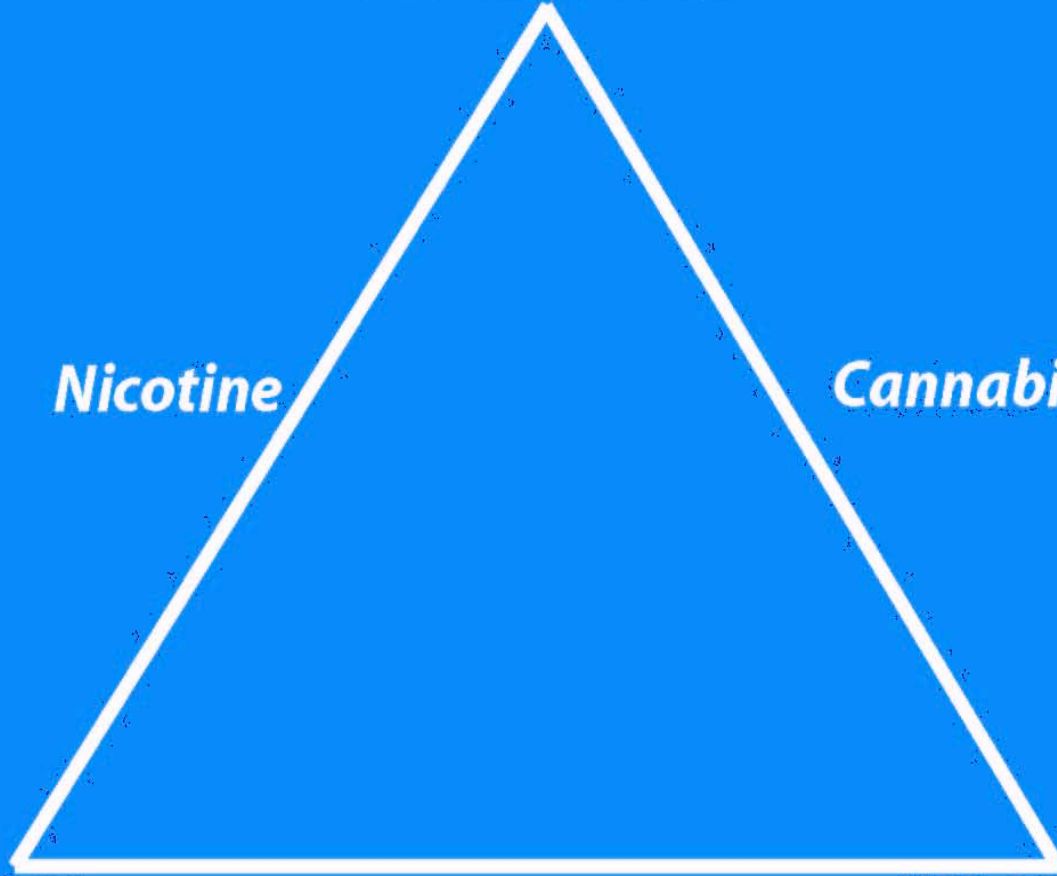
*Nicotine*

*Cannabis*

**STIMULANT**  
*amphetamine*

*MDMA*

**HALLUCINOGEN**  
*LSD*



# Economics (AW)

- **1997 Australia turnover (\$ billion): alcohol 12; illicit 7 (cannabis 5); tobacco 6; pharmaceutical 4 (Access Economics)**
- **About 5-6 % GDP**
- **Cost to economy (billions) 1998/99 \$34 : tobacco \$21; alcohol \$ 7.6, illicit, \$6**
- **Higher prices drugs, lower consumption: legal drugs, and illegal?**
- **Also important: law of supply and demand, importance profits**

# Health, social, economic costs

- **23,000 deaths/year**
- **Tobacco 19,000; alcohol, 3,500; illicit 500**
- **Years lost life expectancy: tobacco 5; alcohol 20; illicit 40**
- **Social costs hard to measure, very important: alcohol > illicit > tobacco**
- **Also health, social, economic benefits**

# Medical perspective

- **Bio-psycho-social phenomenon: causes and consequences**
- **Poorly understood: but know what works, what doesn't work**
- **Evidence based policy difficult implement: legal drugs - alcohol, tobacco industries powerful, generous donors political parties; illegal drugs – fear trumps reason, politics rewards failure, punishes alternatives**

# Medical perspective: Australia

- **Harm reduction: adopted Australia 1985**
- **Means: reducing harm even more important reducing consumption**
- **Setting, reaching achievable goals > setting, not reaching utopian goals**
- **General approach clinical medicine, public health e.g. car safety belts**

# Politics

- **What works isn't popular, what's popular doesn't work**
- **What's popular: scare education**
- **What works: high prices alcohol, tobacco; fewer outlets; needle syringe programmes; methadone treatment**
- **Zero tolerance effective political strategy, poor public policy**

# Summary

- **Mood altering drugs major health, social, economic problem in Australia**
- **Same most countries, most times**
- **Now have better understanding but still much unknown**
- **Effective prevention, treatment, policy known: reduce supply, demand, harm**
- **Recent Thai initiative**

# Thailand tackles under-age drinking

Connie Levett

Herald Correspondent  
in Bangkok

IN AN EFFORT to stem the surge in youth drinking, Thailand will introduce a blanket ban on alcohol advertising and increase the legal minimum drinking age from 18 to 20.

The ban, which encompasses television, newspapers, cinema and billboards, will come into effect on December 3. The only exceptions will be advertisements within live television broadcasts and imported magazines.

Alcohol advertising is worth an estimated 2 billion baht (\$70 million) a year in Thailand.

The drastic measures come as the advertising industry warns it will cost sport and entertainment events more than 130 million baht a year in lost sponsorship.

Already, organisers of the Johnnie Walker Classic golf tournament, set for Phuket in March, are considering moving the event to China or South Korea.

The new, military-backed government is considering a 2 per cent "sin tax" on alcohol sales to help meet the shortfall in sponsorship money when the ban comes into effect.

The cabinet this week agreed to increase the legal drinking age to 20, down from the original proposal of a minimum age of 25, in response to lobbying from the alcohol industry, worth about 100 billion baht a year.

The ban comes as Thai research shows exposure to advertising can increase the likelihood of drinking by three to four times.

Any form of advertising increases the desire to drink twofold, Kusol Soonthornhdhada, from Bangkok's Mahidol University, told *The Nation* newspaper. The research showed parents believed alcohol advertisements were to blame for teenagers taking up drinking, Dr Kusol said.

In a survey of 520 people aged 15 and older, 77 per cent believed advertisements were to blame for rising teenage alcohol addiction. Sixty per cent agreed a full ban on advertisements should be imposed to reduce the number of young drinkers.

In a population of 62 million, 18.6 million Thais now drink alcohol, with 7.8 million aged 25 to 44 being the heaviest drinkers, says Thailand's National Statistics Office. The second-largest group is children and teenagers aged 11-19, of whom 1.06 million drank heavily.

The Federation on Alcohol Control of Thailand, which represents 40 groups that support alcohol advertising, is considering a challenge to the new ban in the Supreme Administrative Court. The group says the ban could mean the loss of more than 30,000 jobs.

# **Impairment – Alcohol and Drug analysis**

**There are very good reasons for impairment testing**

**Drug testing is a surrogate for impairment testing**

**A most useful and beneficial example is alcohol testing of drivers and other engaged in activities that may put themselves or others at risk**

**But results from drug tests must be interpreted and the number alone is in some instances meaningless**

# Alcohol tests – Breath and blood

## – Some facts

**Extensive experimentation revealed that**

- **At 0.05% Blood Alcohol Content (BAC), your risk of being involved in a road crash is double that of a 0.00% reading.**
- **At 0.1% BAC your risk is more than seven times as high of being involved in a road crash, than at 0.00%.**
- **At 0.15% your risk increases to 25 times that of driving at 0.00%.**

# Urine testing

- A very poor surrogate for impairment testing
- Urine testing will not tell you much about:
  - When and how much of the drug was taken,
  - Degree of intoxication (if any),
  - Whether use was therapeutic or recreational (except Schedule 9 ie a prohibited drug),
  - Whether drug was taken with consent, by accident or without consent

## LETTERS

# Flaws in work drug-testing

The drug that most frequently impairs people at work is alcohol, but this drug was essentially ignored in last week's reports on drugs on the job and compulsory testing of workers in some sectors.

Any toxicologist will readily admit urine drug-testing is fraught with problems. For example, it will not tell you much about:

- **WHEN** and how much of the drug was taken;
- **THE** degree of impairment (if there is any);
- **WHETHER** the drug use was therapeutic or recreational (unless it is a prohibited drug); and
- **WHETHER** the drug was taken with consent, by accident or without consent.

Social scientists also report that studies in the US have shown time and time again workplace drug testing in non-high risk workplaces reduces both morale and productivity.

To put it bluntly, "Peeing in bottles pees people off."

Unfortunately workplace testing in the US also spawned a plethora of "cowboy" laboratories that perform cheap and

nasty tests, which often give rise to false positives with resultant dire consequences for the employee.

The press as well as the scientific and legal literature are full of reports about people who lost their jobs and had their reputations damaged because they did nothing more than eat a slice of poppy seed cake resulting in a false positive, or others who took an over-the-counter decongestant tablet which was misreported as amphetamine misuse by a cowboy laboratory.

Clearly the workplace should be made as safe as possible as alcohol and other drug-affected workers are a risk to themselves and everyone else. But urine testing is both a costly and essentially useless tool with which to protect the workplace from irresponsible workers.

**Michael Dawson, associate professor, Science University of Technology, Sydney**

Since so many people have trouble doing their work with-

out using drugs we should liberalise the laws and allow people the drugs that keep them working.

Alcohol is so utterly impractical almost anything is better, particularly marijuana for some workers. Let us hurry up with these changes. Worrying about drugs causes society much more trouble than the drugs themselves.

**Warren C. Davason, Manly**

### Scare ads don't work

I would like to commend on the new series of advertisements on school road safety.

One is about children crossing the road. When I attended school, the mantra of "look left, right then left again and never walk across the road without holding the hand of an adult" was drummed into us.

I asked my 10-year-old sister if they still taught this, to which she replied no. Why are they not teaching this and why isn't the RTA doing more to educate people about road safety issues instead of paying for scare-tactic campaigns

and having police patrol school zones to raise revenue?

Some school crossing zones are poorly signposted and have little or no road markings to warn drivers.

So here's an idea. Scrap the scare ads as they clearly do not work. Replace them with educational ones.

**Paul Anthony,  
Croydon Park**

### Win-win situation

It is misleading for media commentators, politicians and the general population to suggest the recent tax cuts have been eaten up by higher mortgage repayments as interest rates increase.

This would seem to assume everyone has a mortgage. The fact is most people are not encumbered by mortgage commitments and are benefiting from higher interest on their savings as well as enjoying the tax cuts.

**Rod Luffman,  
Nambucca Heads**

# 100-hour work week: doctors put sick at risk

Mark Metherell

AN INTENSIVE care doctor in a NSW hospital recently worked 100 hours in a week, including one spell of 34 hours without a break except for meals - a stint likely to leave the doctor groggy and a hazard to patients.

The weary young doctor is one of two-thirds of NSW hospital doctors who told an Australian Medical Association survey they were still obliged to work "unsafe" hours, despite a five-year campaign on the issue.

Surgeons were found to be the "most stressed" doctors, with 85 per cent working hours that left them at "significant risk" and "higher risk" of work impairment.

While the overall unsafe work hours rate fell from 78 per cent since 2001, the longest hours worked by individuals rose to 113 hours in a week by one Tasmanian surgery registrar.

Earlier research showed that impairment to an individual's performance after 18 hours awake was equivalent to somebody with a 0.05 per cent blood-alcohol level.

A quarter of the 573 doctors who responded to the survey reported working more than 80 hours a week, with 81 per cent not having had a full day off work in that week.

The findings come despite big increases in hospital doctors in recent years.

A spokeswoman for the state Health Minister, John Hatzistergos, said the number of resident and registrar doctors has risen by 18 per cent and specialists by 20 per cent since 2002. In the past year, 361 doctors had joined the NSW public health system, she said.

"If doctors are working unsafe hours it should be reported to their employer."

The association's federal president, Mukesh Haikerwal, said the work practices imposed on doctors contributed to fatigue and stress that affected care quality and patient safety.

"All governments must look at the results of this survey and urgently put in place measures to dramatically improve the work conditions and work practices for doctors," Dr Haikerwal said.

But he said the solution did not necessarily require more doctors but better management practices and improved rosters to reduce the number of doctors moving out of hospitals.

The Sydney gastroenterologist Andrew Keegan said many doctors would face the dilemma of having to decide while they were exhausted whether they were fit to operate on a patient requiring urgent treatment.

Of the unidentified NSW intensive care doctor who worked 34 hours without a break, Dr Keegan said: "I would have to say it is potentially dangerous, but if you have a properly run system you would have back-up."

Dr Keegan, the NSW AMA president, says he typically works a 70-hour week as well as having to be on call from 8am on Friday to 8am on Monday one weekend in six - an obligation that required him to forgo alcohol.

The irony, he said, was that - as the research showed - long hours could have a similar impairment to that caused by alcohol.

He said he had never fallen asleep while working, but had come close to falling asleep at the wheel while driving home after a long shift.

It is well acknowledged that overwork can cause as much impairment as consumption of alcohol.

Employers would be better off developing an impairment test rather than wasting resources on urine tests

# Saliva drug testing – the latest advance or a political con trick?

- The Road Transport Legislation Amendment (drug testing ) Bill 2006
- Recently passed by both houses of Parliament in NSW
- Page 26 lists three prescribed drugs three (a) delta-9-tetrahydrocannabinol (also known as THC)
- (b) methylamphetamine (also known as speed)
- (c) methylenedioxymethylamphetetamine (also known as ecstasy)

NSW was not the first

The Victorian experience

## Driver drug tests crash at first go

VICTORIA Police's world-first roadside drug testing system is in tatters.

A van driver identified as the first to return a positive drug test at a roadside drug bus has been cleared by an independent laboratory.

John De Jong protested his innocence from the moment he was paraded before the media by police last week.

The test described as "gold standard" failed to find any trace of drugs in Mr De Jong's saliva sample.

The drug bus was trumpeted by the

Victorian Government as a major step in the fight against driving under the influence of drugs but it has gone off the road at its first public outing.

Despite doubts about the accuracy of the tests, Victoria Police will continue to run drug buses.

NSW Roads Minister Carl Scully last month announced a 12-month trial of drug testing for drivers would begin next year.

Anyone testing positive will be banned from using their vehicles for 24 hours.

## LETTERS

### Train safety

It is good to read that safety devices that may have prevented the Waterfall train disaster in which seven people died have finally been installed on all suburban trains at a cost of \$33 million ("Automatic safety devices installed on all suburban trains", *Daily Telegraph*, December 23).

It would be reassuring to know if similar devices are fitted on longer-distance trains or do we have to find out the hard way? While the cost of saving lives is priceless it would be interesting to know what the safety devices comprise of and the unit cost?

Stuart Fox, secretary,  
Inventors Association  
of Australia

### Drug-test flaws

The Victorian police/government/bureaucrats have shot themselves in both feet.

It would be bad enough if their saliva drug tests failed to detect drugs, but the fact that the tests give false positives 66 per cent of the time means that they are not only useless but dangerous.

John De Jong's good name has been sullied and he and his family stressed beyond belief because those who signed off on the drug bus saliva test had not validated the analytical technique.

There are a few vacancies left in my department's analytical chemistry course in 2005; perhaps the people who authorised the saliva drug-testing program should sit in on the lectures covering method validation.

But if that is too much trouble, maybe they could at least take the time to look up the relevant literature which is freely available on the web from those regulatory authorities who do know what they are doing.

Associate Professor Michael Dawson, head, Department of Chemistry, Materials and Forensic Science, University of Technology, Sydney

### Taxi disservice

Last Saturday night, about 2am, I was trying to hail a vacant taxi to take me to my hotel about 10 minutes' drive from Darling Harbour. Within a 15-minute period, four cabs stopped but all refused

On Thursday 31<sup>st</sup> August 2006 the NSW Government announced the introduction of saliva testing for methylamphetamine, THC and MDMA – What was the response to the question put to the Minister “why wasn’t cocaine and heroin included in the test”?

Flim clip from ABC news

# Road safety or “Lara Norder” politics

**The saliva drug testing program is claimed  
to be about road safety**

**An examination of the facts shows  
otherwise**

# But.....

**The current saliva testing program tests for only**

**methamphetamine (speed) - a stimulant**

**methylenedioxymethamphetamine – a stimulant/hallucinogen and**

**tetrahydrocannabinol – a depressant/hallucinogen**

**All are prohibited drugs\* and so use is an offence regardless of the level of intoxication and regardless of the impairment of driving performance.**

But dronabinol = tetrahydrocannabinol and the presence of THC in saliva should be included in the exemption applied to morphine and cocaine

~~(ii) a combination of drugs any one or more of which was or were described in the court attendance notice.~~

**(3) Presence of morphine or cocaine in person's blood or urine**

A person must not, while there is present in his or her blood or urine any morphine or cocaine:

- (a) drive a motor vehicle, or
- (b) occupy the driving seat of a motor vehicle and attempt to put the motor vehicle in motion, or
- (c) if the person is the holder of a driver licence (other than a provisional licence or a learner licence issued under the *Road Transport (Driver Licensing) Act 1998*)—occupy the seat in a motor vehicle next to a holder of a learner licence who is driving the vehicle.

Maximum penalty: 10 penalty units (in the case of a first offence) or 20 penalty units (in the case of a second or subsequent offence).

~~(4) If a person is charged with an offence under subsection (3):~~

---

**(5) Defence for offence relating to presence of morphine in person's blood or urine**

It is a defence to a prosecution for an offence under subsection (3) if the defendant proves that, at the time the defendant did the act referred to in subsection (3) (a), (b) or (c), the presence in the defendant's blood or urine of morphine was caused by the consumption of a substance for medicinal purposes.

**(6) In this section, a substance is consumed for medicinal purposes only if it is:**

- (a) a drug prescribed by a medical practitioner taken in accordance with a medical practitioner's prescription, or
- (b) a codeine-based medicinal drug purchased from a pharmacy that has been taken in accordance with the manufacturer's instructions.

**Note.** Division 1 of Part 5.4 of the *Road Transport (General) Act 2005* provides for the disqualification of persons from holding driver licences for certain offences (including offences under this section).

The offences of driving with a prescribed concentration of alcohol in the blood, and of driving under the influence of alcohol or any other drug, are dealt with in sections 9 and 12, respectively.

# What happened to heroin?

**Heroin was not included in the saliva screen**

**Not for scientific/technical reasons but political reasons**

**Once in the body heroin is rapidly converted to morphine. Any test to detect heroin users would also identify those people being treated with morphine for legitimate medical purposes**

**But a given level of morphine intoxication resulting from legitimate medical treatment represents precisely the same level of risk as the same level of morphine intoxication caused by heroin use.**

**If the saliva drug testing program is really about road safety why wasn't morphine included?**

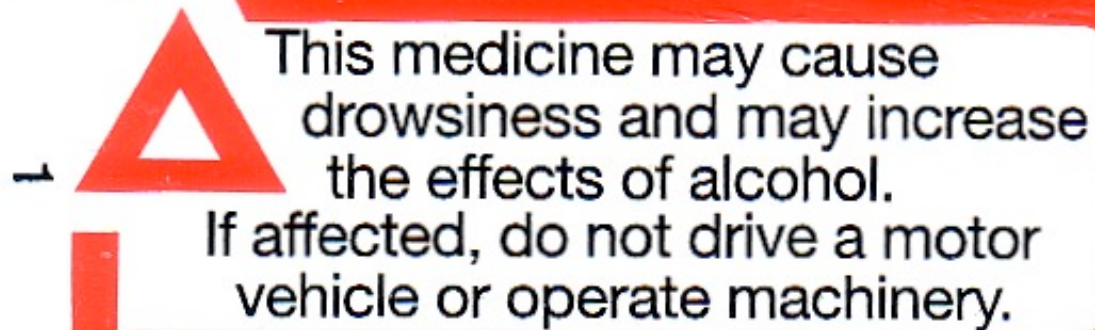
# The heroin conundrum

**Many drugs that have legitimate medical uses also cause intoxication.**

**For all these drugs the blood level above which impairment of driving is likely to occur must be established - the list is long**

**Because impairment resulting from legitimate medical treatment represents precisely the same level of risk as the same level of impairment caused by illegal drug use**

# Prescription drugs and warning labels

A warning label with a red border and a red triangle icon. The text inside the label reads: "This medicine may cause drowsiness and may increase the effects of alcohol. If affected, do not drive a motor vehicle or operate machinery."

**⚠** This medicine may cause drowsiness and may increase the effects of alcohol.  
If affected, do not drive a motor vehicle or operate machinery.

# Drugs that by law must have warning Label 1

**Opiates (eg, morphine, codeine)**

**Benzodiazepines (eg diazepam - Valium®)**

**Many antihistamines (eg chlorpheniramine - Demazin® )**

**Many antidepressants (eg amitriptyline -Tryptanol®)**

**Many antipsychotics (eg chlorpromazine -Largactil ®)**

**Drugs used to treat:-**

**Hypertension (eg ACE inhibitors – fosinopril-Monopril®;**

**beta blockers - methyldopa - Aldomet®)**

**Gout (eg allopurinol - Zyloprim®)**

**Arthritis pain (ketoprofen - Orudis®)**

**Urinary incontinence (eg oxybutynin - Ditropan®)**

**Migrane (eg sumatriptan – Imigram®)**

# Some policy common sense

**A consistent approach must be adopted for all drugs that impair driving performance**

**That is a standard level of impairment needs to be established, at and above which it can reasonably be said that driving becomes an unacceptable risk as is the case with alcohol**

# Some policy common sense - continued

**Driving with a blood concentration above this limit should be an offence in exactly the same way that drink driving is an offence.**

**As is the case with alcohol there should be**

**LOW,  
MID, and  
HIGH**

**range offences**

# Where to from here?

**Misuse of methamphetamine will decrease, but misuse of dexamphetamine will increase**

**Both are stimulants**

**Both have the same recommended clinical dose**

**But only one is a prohibited drug in NSW and other states**

**An enormous can of worms has been opened which will clog up the courts**

**Does low dose dexamphetamine impair or improve driving?**

**If it impairs driving why did the US airforce provide dexamphetamine to its pilots during the last gulf war?**

# Guns buyback has no effect on murder rate

Matthew Moore

HALF a billion dollars spent buying back hundreds of thousands of guns after the Port Arthur massacre had no effect on the homicide rate, says a study published in an influential British journal.

The report by two Australian academics, published in the *British Journal of Criminology*, said statistics gathered in the decade since Port Arthur showed gun deaths had been declining well before 1996 and the buyback of more than 600,000 mainly semi-automatic rifles and pump-action shotguns had made no difference in the rate of decline.

The only area where the package of Commonwealth and State laws, known as the National Firearms Agreement (NFA) may have had some impact was on the rate of suicide, but the study said the evidence was not clear and any reductions attributable to the

**'The policy has made no difference. There was a trend of declining deaths that has continued.'**

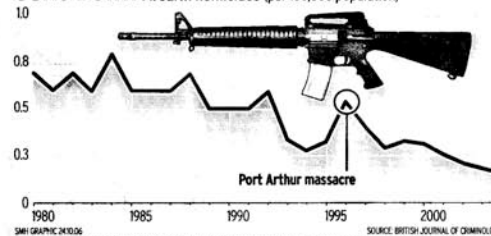
DR JEANINE BAKER

new gun rules were slight.

"Homicide patterns (firearm and non-firearm) were not influenced by the NFA, the conclusion being that the gun buyback and restrictive legislative changes had no influence on firearm homicide in Australia," the study says.

In his first year in office, the Prime Minister, John Howard, forced through some of the world's toughest gun laws, including the national buyback

**GUNS DOWN** Firearm homicides (per 100,000 population)



scheme, after Martin Bryant used semi-automatic rifles to shoot dead 35 people at Port Arthur.

Although furious licensed gun-owners said the laws would have no impact because criminals would not hand in their guns, Mr Howard and others predicted the removal of so many guns from the community, and new laws making it harder to buy and keep guns, would lead to a reduction in all types of gun-related deaths. One of the authors of the study, Jeanine Baker, said she knew in 1996 it would be impossible for years to know whether the Prime Minister or the shooters were right.

"I have been collecting data since 1996 ... The decision was we would wait for a decade and then evaluate," she said.

The findings were clear, she said: "The policy has made no difference. There was a trend of declining deaths that has continued."

Dr Baker and her co-author, Samara McPhedran, declared their membership of gun groups in the article, something Dr Baker said they had done deliberately to make clear "who we are" and to head off any possible criticism that they had hidden relevant details.

The significance of the article was not who had written it but the fact it had been published in a respected journal after the regular rigorous process of being peer reviewed, she said.

Politicians had assumed tighter gun laws would cut off the supply of guns to would-be criminals and that homicide rates would fall as a result, the study said. But more than 90 per cent of firearms used to commit homicide were not registered, their users were not licensed and they had been unaffected by the firearms agreement.

Dr Baker said many more lives would have been saved had the Government spent the \$500 million on mental health or other programs rather than on destroying semi-automatic weapons.

She believed semi-automatic rifles should be available to shooters, although with tight restrictions such as those in place in New Zealand.

The director of the NSW Bureau of Crime Statistics, Dr Don Weatherburn, said he was not surprised by the study. He said it showed "politicians would be well advised to claim success of their policies after they were evaluated, not before".

The advocates of the new legislation would be well advised to take Don Weatherburn's advice