Families and Friends for Drug Law Reform (ACT) Inc.

committed to preventing tragedy that arises from illicit drug use

PO Box 36, HIGGINS ACT 2615, Telephone (02) 6254 2961
Email mcconnell@ffdlr.org.au Web www.ffdlr.org.au

NEWSLETTER November, 2002 ISSN 1444-200

Annual General Meeting

Thursday, November 28

at St Ninians Uniting Church,
Cnr Brigalow and Mouat Streets,
Lyneham

Speaker: We are privileged to have to have Ann Symonds attend our meeting. Ann is a former member of the NSW State Parliament, she is a member of the Australian Parliamentary Group for Drug Law Reform and Patron of the Mothers' and Childrens' Committee for NSW Department of Corrective Services. She will speak on the **'imprisonment of drug offenders and its impact on children'** and will be willing to discuss other issues.

Meeting 7:30 pm

Speaker 8:15 pm

Editorial

Another year has come and gone and an account of Families and Friends for Drug Law Reform's activities has been given in the attached President's report. From that report readers will note that I am the Minister for Justice's representative on the board of management for an organisation called ADFACT (The Alcohol and Drug Foundation of the ACT) and I have been re-elected on the board of Directions.

Both organisations provide services to people with alcohol and other drug addictions. While involvement in these organisations is a little away from Families and Friends for Drug Law Reform's main function of lobbying for drug law reform, it is necessary to know what services and the quality of services provided so that we can include that aspect into our lobbying strategies.

During the last week I had the opportunity to spend a week at ADFACT's main operational base. ADFACT operates a family oriented therapeutic community, which incorporates child care services and a number of transition houses. It also operates community oriented services in two halfway houses.

While a week is not long to get a full understanding of the operations what I did see was impressive. Staff were pleasant, cheerful and helpful in what could only be described as difficult circumstances. Many had a reason for working there that had little to do with the wages paid.

Anne Deveson, author and broadcaster spoke at our 7th Annual Remembrance Ceremony

Difficult circumstances because they worked in facilities that urgently needed refurbishment and in accommodation that was less than optimal for the efficient needs of the services that are provided.

At Directions it is a similar story. That service operates out of premises in the heart of Canberra City but on the first floor of a very old building up a steep flight of stairs.

Directions have attempted to find alternate premises. When a potential landlord learned that the organisation provided a service to persons with drug problems, the premises were not available.

It seems that when it comes to provision of facilities for people with problematic drug use they are at the end of the line and have to take what is left over.

If we wish these people to be again productive and functioning members of society, does it help to treat them as second class citizens? And do the staff who provide the services deserve to work in substandard conditions?

I recall an article about problems in council flats somewhere in Great Britain where the flats were not maintained and furniture provided was second hand. The council was concerned about the property damage and the general degradation of the flats to slum-like appearance.

The council experimented by lifting the standard of the accommodation and providing new furniture. It found that residents responded and took pride in their accommodation. Treated like first class citizens occupants of council flats acted like first class citizens.

Is there a message here for drug treatment service facilities?

Here in the ACT there is good news. Directions has found new, ground floor premises, and for ADFACT a program of refurbishment has commenced which includes furniture replacement and drafting of plans for major building works to provide for more appropriate accommodation and allow a much needed expansion of services.

In addition the Chief Minister's Taskforce on Alcohol and Drugs is undertaking a detailed consultation process with service providers, representative groups and individuals on the services that are and that should be provided. Families and Friends for Drug Law Reform members will be consulted following our AGM – **putting forward your views is another good reason to come to the AGM**.

This seems like a good note to finish on for

the year but I wonder is the news as good elsewhere in Australia? What would an audit of furniture and fittings of drug treatment centres reveal? Would they pass muster of an occupational health and safety audit? And what of the standards of service provision, are there any and are they accredited by a recognised accrediting agency?

Perhaps these are some matters to be considered next year. **It remains for me to wish you, our members, families and friends all, a happy and safe Christmas and look forward to working together in 2003.**

The Healthy Voices Choir at our 7th Annual Remembrance Ceremony

US's Week Online Interview with Harry Levine

(edited version) October 2002

Queen's College/CUNY sociologist Harry G. Levine is perhaps best known to drug reformers as coauthor (with Craig Reinarman) of "Crack in America: Demon Drugs and Social Justice," a shattering expose of fabrication and demonization amidst a drug crisis. But Levine has long toiled in the field of drug policy research, and this month his paper, "The Secret of Worldwide Drug Prohibition: The Varieties and Uses of Drug Prohibition," was published in the current issue of the Independent Review, the publication of the Independent Institute, a libertarian leaning think tank.

In the paper, Levine argues that global prohibition exists not only because nations want to protect the public health and safety, but also because the perpetual war on drugs has so many other uses for governments, politicians and various organizations. Levine's article tackles an issue that drug reformers have wondered about for years: If drug prohibition does not serve its stated purpose -- making the world safe from drugs -- and it clearly does not, why does it continue to exist? Does it serve some latent function? Is it inertia? Is it a conspiracy?

You can read a version of Levine's answers at http://www.cedro-uva.org/lib/levine.secret.html. The Week Online spoke with Levine about the paper and much more.

Week Online: Can you briefly summarize for our readers the argument you are making about the ubiquity of drug prohibition?

Harry Levine: Not easily, but I'll try. The article makes three main points. First, every country in the world has drug prohibition, but few people know this. Drug prohibition is a global system held together by a series of UN treaties, the most important being the 1961 Single Convention on Narcotic Drugs.

Second, it is helpful to see drug prohibition as a continuum. Heavily criminalized and punitive policies like the US crack cocaine laws are at one end. The Netherlands' cannabis policy is currently at the other end. Drug policy reform seeks to move laws and policies away from criminalization and punishment and toward decriminalization, tolerance and public health.

Third, the article offers a series of reasons why in the 20th century drug prohibition was adopted by every country in the world and supported by politicians from one end of the political spectrum to the other. Let me just list the reasons I give for why drug prohibition has spread so successfully around the world.

One, because of the influence and power of the US.

Two, governments of all stripes have found that the military and police resources marshaled for drug prohibition can be used for all sorts of purposes.

Three, politicians and the media find that drug demonization and anti-drug crusades can be politically, rhetorically and even economically useful for them.

Four, drug prohibition has benefited from the greater acceptance of the use of coercive state power in the 20th Century.

Fifth, drug prohibition has gained legitimacy because it is a project of the UN.

WOL: You have some interesting things to say about harm reduction. You write that harm reduction tolerates drug prohibition just as it tolerates drug use, and that it seeks to reduce the harm of both. What are the political implications of the harm reduction approach for ending prohibition?

Levine: Harm reduction is a very good thing. Harm reduction is probably the most important public health movement to emerge in the last twenty years or more years, and it is the first international movement to challenge the more criminalized forms of drug prohibition. Its effect, if not always its intent, is to move drug policies toward the decriminalized, regulated end of the spectrum. Some harm reductionists don't consider themselves drug reformers, but in the course of pursuing improvements in public health, harm reduction often requires changes in policy that reduce the punitiveness of drug prohibition.

Interestingly, harm reduction's approach to drug prohibition is the same as its approach to drug use. It seeks to reduce the harmful effects of drug use without requiring that users be drug-free; harm reduction also seeks to reduce the harmful effects of drug prohibition without requiring that countries be prohibition-free. Harm reduction offers a radically tolerant and pragmatic approach to both drug use and drug prohibition: It assumes neither are going away any time soon and suggests therefore that reasonable and responsible people try to persuade both those who use drugs, and those who use drug prohibition, to minimize the harms that their activities produce.

WOL: Do you consider such phenomenon as drug courts or the "treatment not jail" initiatives to fall within the realm of harm reduction?

Levine: Coerced treatment, mandatory treatment, drug courts, whatever you want to call this, is not harm reduction, at least as I understand it. Drug courts and the like are a change within criminalized drug prohibition; they are not

a shift toward decriminalized prohibition. I believe that most leaders of the drug court movement, however well intentioned, are supporters of criminalized drug prohibition -- they want drug users arrested and threatened with criminal sanctions. This is important to understand.

I personally think that offering voluntary drug treatment as part of a range of services for people who want it is a very good thing. But drug courts and coerced treatment still send to jail the many people who fail in treatment, and especially in drug-free treatment, to jail. As Lynn Zimmer has taught me, the only effective way of reducing the number of people in jail and prison on drug charges is by arresting fewer people for possessing and using drugs. This is what they have been doing in Europe, and it works.

Look at the case of Robert Downey, Jr. The man called the best actor of his generation spent a year in jail because he flunked drug tests. It started with a DWI, an unloaded gun and a small quantity of heroin. If it were only drunk driving with a gun, he would not have gone to jail. But Downey went to a drug court and "treatment," flunked drug tests and was sent to prison. He didn't give or sell drugs; he was a threat to nobody. He had friends, family, doctors and more work than he could do, and yet he was forced into jail and treatment simply for possessing small quantities of drugs and for flunking drug tests. His case is important because the same thing has happened to hundreds of thousands of other young people -- mainly black and Latino -- who nobody knows about.

WOL: One critic accused you of conjuring up a "secret cabal" that creates and enforces drug prohibition. How do you respond to suggestions that you are positing a sort of conspiracy theory?

Levine: I'm a sociologist and historian. I don't believe in conspiracy theories, it's a silly point. If anyone knows of a secret cabal, please have them contact me. I think that many things that develop for one reason have all kinds of other unintended effects. That's not a conspiracy theory.

Brendan Smyth, MLA, Shadow Health Minister spoke at our 7th Annual Remembrance Ceremony

WOL: You write that global drug prohibition is in crisis. Do you foresee an end to the global prohibition regime anytime soon?

Levine: In the long run, the more punitive forms of drug prohibition are doomed. And in the very long run, it seems to me that the whole system of global prohibition is likewise doomed. It is important to understand that the end of global drug prohibition will formally happen when the Single Convention and its related treaties are modified or repealed. These UN anti-drug treaties are to the global prohibition system what the 18th Amendment and the Volstead Act were to US alcohol Prohibition. Once the 18th Amendment was repealed, states and some localities were free to pursue their own alcohol control policies. Once the Single Convention is modified or repealed, countries throughout the world will be free to adopt their own drug policies -- including prohibition if they so desire.

Until recently European drug reformers had concluded that it was politically too difficult to modify or repeal the Single Convention. So policy makers and reformers have pursued their own drug reforms, largely ignoring the treaties. But now there is some discussion about changing the conventions, and that is a very important development. The Drugs and Democracy Project at the Transnational Institute in the Netherlands has put up some very good materials about this on their web site (http://www.tni.org/drugs/).

WOL: What is currently happening with cannabis prohibition?

Global cannabis prohibition is coming apart as we speak. The DEA chief, Asa Hutchinson, says that decriminalization of cannabis in Canada will make it harder to fight the drug war in the US, and he is absolutely right. This has happened in the last 20 years in Europe with the Netherlands. It also happened in the 1920s when the US tried to maintain alcohol prohibition after Canada had established legal production and sale.

In both cases, many visitors and even ordinary tourists saw a real world alternative to ineffective prohibition policies. Many visitors also returned home with the currently forbidden substance. The US drug czar and DEA head appear to understand this, and so they are openly warning Canada and openly worrying about what will happen. Nonetheless, Canada is likely to make more steps toward decriminalization.

WOL: What else have you studied or written about besides drugs?

Levine: A number of things, especially alcohol prohibition, the anti-alcohol or temperance movement, and the history of ideas about alcohol.

I also study the history and anthropology of food, and I wrote a piece about why New York Jews love Chinese food and eat so much of it. Recently I learned that students at Hong Kong University read it.

I now think that drink, drugs and food are really all part of one large topic. In the beginning there was only food. Then human beings separated some plants as medicines. Finally, about 200 years ago, they created the category of intoxicants or drugs. Drug demonization first happened in a large way in the early 1800s with the creation of the anti-alcohol or temperance movement in the US. Drug prohibition and the war on drugs are, in fact, the direct continuation of the 19th century's war on alcohol. I think that eventually more and more people will understand that.

Someday people will look back on drug prohibition and the crusade for a drug-free America the way we today view alcohol prohibition and the campaign for an alcohol-free society. Both were repressive government systems in the-service of an impossible and historically bizarre goal. I have a personal web site -- http://www.hereinstead.com -- where I have put up some of my writings, along with jokes and various other things. When this interview comes out, I'll put it up there too.

Canada: Safe-Injection Sites to Get Federal OK

Source: Winnipeg Free Press (CN MB) Author: Arpon Basu, Canadian Press

Health Canada Will Accept Proposals From Cities to Aid Drug Users

MONTREAL -- Health Canada is reviewing the criteria for safe-injection sites for drug addicts and will be ready to accept proposals from interested cities by the end of this year.

The Controlled Drugs and Substances Act has already been reviewed to ensure there is no legal impediment to creating centres where intravenous drug users could safely inject their drugs.

The ministry is now shaping the guidelines under which cities could make proposals to open a safe-injection centre, Farah Mohamed, a spokesperson for Health Minister Anne McLellan, said yesterday.

"We're in the process," Mohamed said. "The minister, by the end of this year, will be able to accept proposals (from individual cities)."

Mohamed said it would take 60 days for Health Canada to review each proposal. Upon approval, the city would be free to establish a safe-injection centre.

Since proposals will be welcomed by the end of this year, that opens the door for Canada's first federally approved injection site sometime in 2003. A report in Montreal Le Devoir yesterday said Health Canada would not play a role in funding the injection sites but Mohamed said no decision has been made.

"There's been some people saying they think Health Canada should fund it, but we're not at that stage yet to even determine the amounts of money it would cost," she said, adding that a decision on funding would come only when a prospective safe-injection site is identified.

One person who feels Health Canada needs to play some role in paying for the sites is Ralf Jurgens, executive director of the Canadian HIV/AIDS Legal Network.

"Health Canada needs to at least co-fund these safe-injection facilities," he said.

The legal network completed a report in April calling for the creation of trial safe-injection sites citing a Canadian Medical Association Journal article from August 2001 that supports its position.

"Supervised injection rooms are a logical next step," the article stated, "one that combines the merits of realism and compassion." A safe-injection site differs from a needle-exchange centre in that it would provide intravenous drug users with trained medical professionals to monitor the injection of drugs.

There are 125,000 intravenous drug users in Canada, according to the HIV/AIDS legal network, and Jurgens said these people are at a high risk of exposure to hepatitis C, HIV and overdoses.

"Safe-injection facilities help address those issues," Jurgens said. "Governments have not done enough to prevent the spread of these infections among drug users."

The legal network report also quotes a 1998 study that estimated the direct and indirect costs of HIV and AIDS attributed to intravenous drug use in Canada would amount to $8.7 billion over six years if current trends continue.

Rev'd Gray Birch, parish minister and ambulance chaplain spoke at our 7th Annual Remembrance Ceremony

Texts of the speeches made at our 7th Annual Remembrance Ceremony can be seen in the Memorial section of our website at http://www.ffdlr.org.au.

ACT police ... undertook 'Operation Anchorage' and caught 233 individuals for burglary ... but 97% of them had drug addiction, had drug problems or mental health problems.

.... the silos that we live in ..... That the different areas of care don't see it as their problem – "I can't treat you because you are a drug addict". That is poppy cock.

Brendan Smyth, 7th Annual Remembrance Ceremony 2002

When I became the Chaplain to the ACT Ambulance Service and met with Ambulance Officers and Paramedics, and as I travelled on occasions with Ambulance crews, and heard and saw their expertise and care in dealing with people who had overdosed, I had reinforced to me that these, mostly young people, included the sons and daughters of key people in society.

Drug dependency, as well as mental illness, knows no social barriers.

Rev'd Gray Birch, 7th Annual Remembrance Ceremony 2002