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

committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER April, 2003 ISSN 1444-200

Next Meeting

Thursday, April 24 at 7:30pm

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

Editorial

This month the editorial column features an excellent letter from Bill Bush published in the Canberra Times on 8 April.

Proof beyond reasonable doubt in drug and other wars

The report on stolen goods (CT, April 2, p. 1) seems one more product of a morbid fascination of Government departments and research institutes in the links between drugs and crime. The Institute of Criminology found that 65 per cent of offenders in the ACT had stolen to pay for illicit drugs. The study joins bookshelves of other officially financed studies to similar effect by the institute and other bodies. Given enough additional research funding, I bet they would also be able to confirm that illicit drug problems were potent factors behind the poverty and mental illness suggested by the reasons given by the remaining 35 per cent.

Of course, it's for Governments to act on research results provided to them. Lack of "proof" that alternative drug policies would halve the crime rate is a reason they give for inaction even when the evidence points strongly towards that conclusion.

Want of proof did not, of course, prevent the Prime Minister committing us to war. He admitted there was little in the way of evidence of Iraq arming terrorists yet told us that if we wait for proof beyond reasonable doubt "it's virtually Pearl Harbour".

So while governments, for want of action, fund researchers in an effort to achieve a degree of certainty well beyond what a reasonable decision maker would require, the casualties in the war on drugs mount.

The same day as The Canberra Times reported on crime, the Age (p. 10) reported that heroin alone was costing Victoria $2.3m a day - another study to add to the pile.

Meanwhile drug money - 8 per cent of world trade - continues to feed organised crime and terrorism.

Bill Bush

WA Debates Cannabis Law Changes

Following the WA Drug Summit the WA Government (Labor) has introduced a bill to change the cannabis laws.

Under the bill, people growing two cannabis plants or possessing less than 30g of the drug for personal use will be issued an on-the-spot fine of up to $200.

A reasonable approach if you believe that imposing a criminal record causes more harm. (See Dept of Health monographs 34 – 38 for evidence supporting the bill.)

The debate on the bill from the state opposition (Liberal) has however descended into farce as these extracts from reports in the West Australian newspapers illustrates:

- The Legislative Assembly was in uproar yesterday when Opposition Leader Colin Barnett produced plastic bags full of green substance initially claiming it to be 30 grams of cannabis. The Health Minister interjected and asked “Are you putting on record that you are in possession of cannabis?”. Barnett later revealed it to be parsley.

- Shadow Health Minister Mike Board said he had tried cannabis once and made a personal explanation for his past involvement in a company which sold drug paraphernalia to shops throughout Australia.

  Mr Board told Parliament he regretted his previous involvement with a company that sold smoking paraphernalia, but at the time he was not breaking the law. He believed then cannabis would be decriminalised and it was, a good business decision

  “I realise that was an error of judgment and if I had known at the time I would be in public life and if I had known at the time the extent of the proliferation of the drug and the way in which the drug

has become harmful I would have made different decisions," he said.

- Carine Liberal MLA Katie Hodson-Thomas [opposing the Bill] said yesterday she knew her eldest son had tried cannabis and that the Bill sent mixed messages to young people.

  Health Minister Bob Kucera asked if trying cannabis made her son a criminal.

  "It does not make him a criminal. No, I don't believe young people should be given a criminal record," Ms Hodson-Thomas said.

The opposition to this bill seems to lack credibility.

The TOP interim report to Government

January 2003

A report to Families and Friends for Drug Law Reform members from John Ley, Vice President of FFDLR and our representative on the TOP Committee.

Background

The Opiate Program (TOP) service was designed to fill a gap in management of opiate dependence in general practice. The program is funded by the ACT Government and managed by the Division of General Practice. The way it typically works is that the patient sees one of the TOP nurses in a room at the doctor's surgery. The nurse spends up to 30 minutes with the patient and helps clarify the issues so that when the patient and nurse go in to the doctor's room the doctor can use his/her time more effectively, and the nurse can help the patient with follow-up action, if requested. The nurse can help the patient access other drug services, if appropriate. Home visits are not made by the nurses.

Two elements of TOP:

- TOP mainstream - commenced February 2002 and is available to all general practices in the ACT (though relatively few have taken it up to date)
- TOP Winnunga, commenced May 2002 and is designed to meet the needs of Aboriginal opiate users and their family.

Achievements

TOP has grown more rapidly than anticipated. In its first 9 months it has reached close to the anticipated annual number of contacts with patients. During less than 9 months TOP Winnunga has reached more than the estimated level of services for the first 12 months.

Together the TOP service has assessed and treated a total of 72 opiate users during a total of 476 episodes of service.

TOP successfully incorporates the ACT Health Action Plan strategic areas of focus - expanding primary care; dealing with problematic drug use; working with Aboriginals and TS Islanders; and improving the health of Aboriginal detainees. The TOP Service has a holistic framework and seeks to promote healthy living and improve mental health for those with opioid dependence.

TOP has shown that it successfully provides the only free, comprehensive, multi-disciplinary treatment option for opiate users in general practice. TOP staff:

- facilitate collaboration between patients/consumers, health professionals and treatment agencies;
- prioritise health goals and refer opiate users for specific treatment while monitoring their health and well-being through general practice.

TOP is the only service that works in tandem with GPs to provide long term opioid reduction. This increases the safety of the treatment option while supporting the patient, the GP and the pharmacist.

TOP has provided information and assessment to 46 GPs and is regularly and successfully working alongside 17 GPs. Some of them are willing to manage more patients on methadone maintenance treatment. TOP is well placed to support the management of these patients, and currently assists with 10 methadone patients in general practice.

TOP attracts patients into primary care who are not currently being treated for opioid dependency. More than half of TOP patients are not in current treatment when they present for their first assessment. Thus TOP provides early intervention for opioid users in a primary care setting.

The TOP service is attractive to women. Overall, the current TOP patient load consists of 58% women. General practice is seen as a safe, easily accessible location for women and their families to obtain drug and alcohol services.

Wider issues

The TOP service has experienced demand from patients, GPs and other alcohol and drugs agencies for assistance with patients who have alcohol and other drug problems. Currently 97% of TOP patients have identifiable poly-drug problems. The interim report recommends the expansion of the TOP mainstream services to include all drug and alcohol patients.

If the Government were to take up this recommendation it would require much more funding and staff resources. However, it is hoped that initially funding might be provided to conduct research on what such a proposal would involve and what the anticipated benefits could be.

Top staff and advisory committee

Currently the staff consists of a research officer and two specialist nurses. Recently the project officer resigned and went to Winnunga. She has not (yet) been replaced. The head of the ACT Division of General Practice takes an active interest in the TOP.

The Committee is chaired by Professor Nick Glasgow, whose field is clinical practice. He and other members of the committee are enthusiastic and committed to the success of the program, which has funding committed for next year.

General comments

The program appears to be quite successful in providing effective support to GPs who have accessed it and their patients.

The major concern I have is that the TOP service has not been taken up by more GPs. A survey was done recently on behalf of the Methadone Practitioners Group. It showed that of those who are prescribing methadone virtually all knew about the TOP. However, only about half of them had utilised the service. Of those who had tried it there was a high satisfaction rate. However, of those who had not, there was quite a degree of scepticism as to the benefits it might provide to the GP or the patient.

The results of the survey provide an interesting critique of the system of prescribing methadone through private medical practitioners. The issues that have arisen are being considered by the managers of the Alcohol and other Drugs Program and by the TOP staff and the Advisory Committee.

Swiss Extend Legal Prescription of Heroin Until 2009

Tues, March 4, 2003

The National Council voted 110-42 to extend Switzerland's pioneering program to provide heroin to severely addicted people until 2009 despite attempts by right-of-center parties to end the public health initiative. Around 1,300 Swiss drug addicts benefit from the legal prescription of heroin under medical control. The government maintains the heroin program benefits health and reduces crime and death associated with the drug scene.

The council vote came shortly after the United Nations' International Narcotics Control Board criticized heroin maintenance programs in its annual report. Countries providing such programs were said to be "aiding and abetting drug abuse and possibly illicit drug trafficking, through drug injection rooms and similar outlets." Switzerland's experiment with drug distribution began in 1994 with the first government-authorized distribution of heroin, morphine and methadone in the world. Initially funded by the government, the programs are currently funded by health insurance companies.

Heroin maintenance programs lower the risk of overdoses and other medical complications as well as the motivation and need for addicts to commit crimes to support their habits. Addicts involved in such programs are more likely to maintain contact with drug treatment and other services, and more able and likely to stabilize their lives and become productive citizens.

The promising results of the Swiss trials have led to ongoing pilot projects involving heroin maintenance in Germany, Spain and the Netherlands. Similar initiatives have been proposed in Canada and Australia.

Ralf Gerlach Deputy Director INDRO e.V.

Road to Vienna: British Government Chides International Narcotics Control Board on Cannabis Rescheduling Critique

From The Week Online with DRCNet, Issue #280 -- March 28, 2003, A Publication of the Drug Reform Coordination Network

http://www.drcnet.org/wol/280.html#roadtovienna

In a letter sent to the International Narcotics Control Board (http://www.incb.org) on behalf of the British government, Parliamentary Under Secretary of State and Member of Parliament Bob Ainsworth slammed the international narcobureaucrats for criticizing British moves to reschedule cannabis and vowed to rectify the problem at the United Nations drug summit in Vienna next month. In its annual report, released late last month, the INCB worried that downgrading cannabis offences in England would "confuse" other countries and lead to increased cannabis cultivation.

"The reclassification of cannabis by the Government of the United Kingdom would undermine the efforts of the Governments of African countries to counter illicit cannabis cultivation, trafficking, and abuse," the INCB warned. "That action, it was held, sent the wrong message and could lead to increased cultivation of cannabis destined for the United Kingdom and other European countries."

The INCB report also decried the "worldwide repercussions" of Britain's decision to reschedule cannabis, "including confusion and widespread misunderstanding."

But Ainsworth, writing for the Blair administration, was having none of it. Britain's government, wrote Ainsworth, was "dismayed" at the report, and "in particular, the alarmist language used, the absence of any reference to the scientific evidence on which that decision was based, and the misleading way the decision was presented to the media by the INCB."

While Ainsworth was careful to restate the British government's commitment to "tackling the scourge of drugs," he strongly defended the move to reschedule cannabis from a Class B to a Class C drug. "The decision to reclassify cannabis was based on scientific advice from the Advisory Council on the Misuse of Drugs, following their detailed scrutiny of all the available scientific and research material," wrote Ainsworth. "The Council's report is available on the website at http://www.drugs.gov.uk/ReportsandPublications/DrugSpecific/ and I urge the Board to study it very carefully. As you will see the Advisory Council concluded that cannabis is unquestionably harmful, but that its current classification is disproportionate both in relation to its inherent toxicity, and to that of other substances (such as the amphetamines) that are currently within Class B of the Misuse of Drugs Act of 1971. It therefore recommended that it be reclassified to Class C under the Act."

Ainsworth pronounced his government amazed that the INCB would mischaracterize its decision-making and vowed to take the organization to task at the upcoming Vienna meeting. "I would find it extraordinary if the

Board thought that the UK Government should have ignored the science and based our decision on what people in some quarters might think," he wrote. "My officials who will be attending the UN Commission on Narcotic Drugs in Vienna in April will be taking the opportunity, when the INCB report is discussed, to intervene to correct the extremely misleading picture which your report, and its presentation to the media, have painted."

Ainsworth and the British government were particularly perturbed by comments made by INCB representatives at a press conference announcing the issuance of the report. "The comments made in your report, your selective and inaccurate use of statistics, and failure to refer to the scientific basis on which the UK Government's decision was based all add up to an ill-informed and potentially damaging message," Ainsworth wrote. "This was compounded by the way in which the Board presented the cannabis reclassification decision to the media at the launch of its annual report on 26 February. For example, the Board representative is quoted as having said that we might end up in the next 10 or 20 years with our psychiatric hospitals filled with people who have problems with cannabis, and that a recent study by the British Lung Foundation found smoking three cannabis joints caused the same damage to the linings of the airways as 20 cigarettes. These are totally misleading statements. In its report on cannabis, the Advisory Council on the Misuse of Drugs concluded on the basis of all the available evidence that, although cannabis use can unquestionably worsen existing mental illness, no clear causal link has been demonstrated between cannabis and the onset of mental illness. As to the health risks arising from smoking, the Advisory Council report made clear that while smoking cannabis may be more dangerous than tobacco, it needs to be set within the context that in general cannabis users smoke fewer cigarettes per day than tobacco smokers and most give up in their 30s, so limiting long-term exposure."

Besides, Ainsworth added, the INCB's inability to distinguish between cannabis and other, more dangerous, drugs undermines responsible drug education. "It does great damage to the credibility of the messages we give to young people about the dangers of drug misuse if we try to pretend that cannabis is as harmful as drugs such as heroin and crack cocaine. It quite clearly is not, and if we do not acknowledge that by ensuring our drugs law accurately reflect the relative harms of drugs, young people will not listen to our messages about the drugs which do the greatest harm. It is the misuse of Class A drugs which leads to a cycle of crime, social exclusion and misery. The reclassification of cannabis will therefore enhance the effectiveness and credibility of our drugs laws as a whole, and thereby facilitate delivery of the Government's key messages on drugs education to young people. It will also help the law enforcement and treatment agencies to focus their efforts on the most harmful drugs and on problematic drug misusers."

The battle is joined. For the first time, the global drug control regime and its bureaucracy will face a serious challenge to its prohibitionist consensus -- not only from the British, but from a growing number of countries and elected officials from around the world who have asked for a reconsideration of global prohibition policies.

The Netherlands - Comparisons

Here are some useful comparison data (with full references are available) by Richard Lake of MAPInc, email rlake@mapinc.org.

The Netherlands follows a policy of separating the market for illicit drugs. Cannabis is primarily purchased through coffee shops. Coffee shops offer no or few possibilities for purchasing illicit drugs other than cannabis. Thus The Netherlands achieve a separation of the soft drug market from the hard drug market - and separation of the 'acceptable risk' drug user from the 'unacceptable risk' drug user.

Comparing Important Drug and Violence Indicators

Social Indicator	**Years Compared**	**U.S.**	**Netherlands**
Lifetime prevalence of marijuana use (ages 12+)	1998 vs. 1997	33%	15.6%
Past month prevalence of marijuana use (ages 12+)	1998 vs. 1997	5%	2.5%
Lifetime prevalence of heroin use (ages 12+)	1998 vs. 1997	1.1%	0.3%
Incarceration Rate per 100,000 population	1997 vs. 1996	645	77.3
Lifetime prevalence of cocaine use (ages 12+)	1997 vs. 1999	10.5%	5.1%
Past month prevalence of cocaine (ages 12+)	1997 vs. 1999	0.7%	0.2%
Per capita spending on drug-related law enforcement	1997 vs. 1995	$81	$27
Homicide rate per 100,000 population	1995 vs. 1995	8	1.8

There were 2.4 drug-related deaths per million inhabitants in the Netherlands in 1995. In France this figure was 9.5, in Germany 20, in Sweden 23.5 and in Spain 27.1. According to the 1995 report of the European Monitoring Centre for Drugs and Drug Addiction in Lisbon, the Dutch figures are the lowest in Europe. The Dutch AIDS prevention program was equally successful. Europe-wide, an average of 39.2% of AIDS victims are intravenous drug-users. In the Netherlands, this percentage is as low as 10.5%.