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

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Next Meeting

Thursday, June 26
meeting 7:30pm

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

Editorial

When the US announced its War on Terror one could not help but see the similarities in the rhetoric between that and the War on Drugs. It was almost as if the Nixon and Reagan script writers had been recycled.

After the US "successful" war in Afghanistan and Iraq the similarities have become even more striking. In any capital city newspaper in Australia in the last few weeks you would have read reports of latest "drug bust", the destruction of an international drug trafficking syndicate, the seizure of the "largest/almost largest/next largest" supply of drugs.

The thinking person would ask the question: "Why are they still doing these things, haven't they won the war yet?"

US President George W Bush in an address to US troops in Qatar on June 5, 2003 believes the War on Terror is being won:

> *We are in a war on global terror, and because of you, we're winning the war on global terror.*

Like the War on Drugs some are starting to question whether the right strategy is being used.

Some have gone further and painted a possible future that deals with both of these wars like the following letter posted on www.edge.org. Although FFDLR may not agree with everything in the letter it does provide an interesting point of view:

Mr President

I have a dream. I have a dream that one day we shall look back on today's society with the same abhorrence with which we now view Victorian child labour, the oppression of women, and the evils of slavery.

We shall look back with horror on terrorist attacks, street crime out of control, and violence marring everyone's lives—to a time when neither police nor the law were respected, and half our children were criminals before they even left school. And we shall wonder why so few people were prepared to stand up and shout "Enough."

In my dream I can walk down any street in Bristol, Boston, Bogotá or Bombay and no one will steal my phone to get their next fix. No heroin–dazed beggar will plead for my change. No crack-crazed youth will kill me for my credit card. And why? Because in my dream they, like me, can walk down that street and buy any drug they like.

Cannabis and ecstasy, heroin and cocaine, LSD and aspirin, will all be sold – clean, legal, properly packaged in precise doses, with appropriate warnings and proper regulation. Tax revenue will be more than enough to treat addicts and to guide problem users. Scientists will be free to research the effects of any drug without fear. Children will be given true advice, and real drugs education that teaches wise drug use, not ignorant abuse. And global terrorism will have disappeared for lack of funds.

Our prisons will have room to spare. No one will be there for wanting the freedom to control their own mind. And no one will be there because gangs have lured or threatened them into a life of dealing and violence. Police will once more earn the respect of the majority whose lives they work to protect.

In my dream, the peasants of Afghanistan will work their poppy fields for legal wages, the farmers of South America will labour free of the fear of the drug barons, and the profits of world trade will not be siphoned off by the criminals but returned to the people who earned them.

Mr President, it is the United States of America who long ago brought the evil of prohibition upon the world, and still holds the power to prevent the rest of us from seeking freedom from prohibition. Mr President, you could win the war on terrorism, not by fighting, but by refusing to fight the war on drugs.

As your prospective scientific advisor on issues of mind and consciousness, I know that there is no more pressing issue than the problem of drugs. I urge you to act now to free us all.

Yours sincerely,

Dr Susan Blackmore, Psychologist

Bristol, England

Author of Dying to Live, The Meme Machine, *and* Consciousness: An Introduction.

Enlightened minds needed to solve the drugs dilemma by Bill Bush

Published in the Canberra Times 10 June 2003

Police and aspiring political leaders need the optimism of Charles Dickens's Micawber. Every day dawns with the hope that something will turn up: the promise of every new law enforcement initiative. Back in 1980 the Williams Royal Commission thought that a "much better result can be obtained if Australia mobilises its resources and adopts a truly national policy against illegal drugs". Williams described the drug problem then as containing "many elements of war time situation". Since then it has got many times worse.

Other royal commissions then were sceptical of the extent that legal sanctions could deter drug traffickers. For example, Costigan QC shared the view that the elimination of non-medical drug use "would require a degree of surveillance of private behaviour that simply cannot be achieved in a democratic society". Even so, law enforcement has continued to underpin illicit drug policy.

In the meantime, out of concern that law enforcement itself was creating serious health and social problems, Australian governments superimposed a policy of harm minimisation on policing.

There is a tension between these approaches which is evident from Police comments. "We generally don't target the heroin user," they say. "We're more interested in the trafficker." Fine, but users make up most of the lower levels of the distribution pyramid. They refer to the welcome "new found emphasis on diverting individuals away from the legal system and into the health system" but add that "four out of every five burglaries in Canberra raise funds for a heroin user".

Non-attendance of police at overdoses saves lives. The provision of clean syringes reduces the spread of blood-borne diseases and the level of property crime is reduced among those on methadone programs. At the same time, by obtaining and possessing illicit drugs every user commits a crime.

This is why for some "harm minimisation" is a dirty term. The Prime Minister on 2UE has said he does not believe in it. Bronwyn Bishop, heading an inquiry into crime, has declared that "our policy is no longer harm minimisation". The Government has called for its reconsideration in the current review of the National Drug Strategic Framework.

My GP repeated to me that life itself is a fatal condition. Every time we go to the doctor we are seeking to minimise harm. The concept underpins traffic regulation and much else in life.

For harm minimisation to be a guide two things must be clear: what is harmful and what interventions can minimise that harm. The first is a moral question. The second is an issue of cause and effect that often involves expert knowledge.

In the eyes of some, being drug free is a virtue that should be placed in front of preserving life. Recently in sentencing an addicted woman on a prostitution charge, an Adelaide magistrate told her: "damn you to death". The federal minister, Tony Abbot, has said that he opposes injecting facilities because people who are on drugs are virtually dead anyway.

Much more common is a moral code that sees overcoming the harm of addiction as only one of a number of harms associated with drug use that we should address: the health and social functioning of users should be improved, our young children should not be exposed to dangerous drugs, none should have to live in fear of crime and so on.

The highly charged moral and political atmosphere surrounding drugs challenges the inherently difficult process of determining what interventions will best achieve the desired mix of objectives. As Socrates found out, inquiring scepticism is no match for blind, populist conviction.

In the absence of certainty, which is scarce in the social sciences, the heads of research institutes, dependent on governments for funding, will think twice about the consequences of advocating some policies. Eighty per cent confidence may be good enough in business and for most other decisions but not, it seems, when it comes to something like the medical prescription of heroin.

Police optimism from big drug seizures has no foundation in the absence of estimates of the size of the Australian drug market. Without this knowledge the increased seizures could just as well indicate that the market is growing. Most businesses will compensate for losses in transit by increasing delivery quantities. Drug traffickers do the same.

It is an irony that the boundaries of drug policy are set by the Federal Government yet it is the state and local governments that have to pick up most of the pieces in public health and law and order budgets. An economic study issued earlier this year reported the annual costs of selected drug-attributable crime as $3billion.

There is challenging evidence of successful interventions that can reduce crime rates by 70% or more among those we presently warehouse in prison (each at some $70,000 per year), that will slash public nuisance and help rebuild community where there is now splintering. I am not just referring to the experience of heroin prescription in four countries but there's a particular need to see through the fear surrounding that drug.

Costello has declared he was ready to tackle the most pressing social issue of drugs. It is imperative that all political leaders be open to enlightenment. Unless they are we could be heading away from the objectives we seek. We must use both our heads and our hearts.

Victorian Meetings of FFDLR

Greg Chipp, one of our members in Victoria is interested in holding meetings of FFDLR members in Victoria.

If you would like to be contacted about those meetings could you please let me or Greg know that you are interested. If you let me know I will pass on your telephone number and email address to him.

Greg's telephone number and email address is: 03 9500 2030
greg@chipp.com.au

Drug Action Week

23 June to 28 June has been nominated as Drug Action Week by the Alcohol and Drug Council of Australia.

ADCA's website www.adca.org.au has a full list of activities throughout Australia. The list is too long to replicate here and if you have internet access you are urged to check out what is happening in your state/city and join in. If you do not have internet access try your local library – many now have public internet access.

Members of FFDLR are involved in events:

Bill Bush will be speaking at a community forum in Brisbane on 26 June at the **"Societies Treatment of Drug Users" - Community Forum**

Location: Brunswick Street Mall rotunda, Fortitude Valley, Qld

Time: 11.30am-1.30pm Contact: Jeffery Standring call (07) 3252 5390, fax (07) 3252 5392 or education@quivaa.org.au

Marion and Brian McConnell will be involved in the **Family Drug Support event** in Sydney on Saturday 28 June. We would be pleased to meet and talk to some of our Sydney members there.

Political satirist **Bill Leak** (The Australian) **will MC this event**. Location: The Auditorium, Burwood RSL Club, 96 Shaftesbury Rd, Burwood, NSW. Time: 1pm-4.30pm Contact: Buna Paci, Community Development Coordinator, Family Drug Support ph (02) 9798 0001 or email trimmo@tig.com.au or www.fds.org.au

Bruce Munro from the ACT Alcohol and Drug Program will be running an **expo** at Pilgrim House in the ACT from 12 noon to 2 pm on Saturday 28 June. We are looking for a volunteer or two to assist Bruce with the FFDLR component. Contact Brian or Marion on 6254 2961 to volunteer a little of your time.

Medically Supervised Injecting Room

The Kings Cross injecting room report should be out soon. The Sun-Herald (15/6/2003, p23) says it is expected to declare the trial a resounding success.

- 3818 clients used centre
- 1385 people referred to rehabilitation or welfare
- 424 overdoses handled, 337 from heroin
- No drop in local business but had potentially increased because local traffic had increased
- No increase in drug related crime or amenity problems
- Reduced ambulance callouts (less ambulance siren noise also).

Survey suggests we would accept drug reform

A letter from Geoff Page published in the Canberra Times on Tuesday, 17 June 2003

IT WAS very interesting to read Peter Clack's report "Canberrans tolerant of convicted burglars" (CT, June 9, p. 5). Despite the 473 victims polled having suffered significant financial and emotional impact, two-thirds of them did not wish the burglar involved to be sent to prison.

Given that the majority of burglaries are associated with the need to finance illegal drug use, particularly heroin, it would seem that the Canberra populace in general are somewhat ahead of their politicians in their attitude to drug-law reform.

Clearly two-thirds of the victims polled realise that the people who broke into their homes to steal jewellery, cash, DVDs, etc., are not motivated by either greed or malevolence. They are simply after the money required to pay for heroin, the price of which is hugely inflated by its illegality.

Sending such people to prison (where heroin is usually available anyway, albeit through shared syringes) is hardly likely to "cure" them or deter them.

In several countries in Europe, particularly Switzerland, governments over the last decade have found that providing heroin at cost on prescription to registered addicts has caused a dramatic reduction in household burglaries.

It's significant too that all of us who haven't been burgled (yet) are also paying collaterally through increased contents-insurance premiums.

Could it be that our apparent tolerance of burglary is really saying, "Let's get rational about this problem rather than mindlessly consigning addicts to prison for a crime they shouldn't have to commit anyway"?

Harmfulness of Cannabis and Tobacco Compared

The British Medical Journal recently published a brief editorial, "Comparing Cannabis with Tobacco" by Henry, Oldfield and Konj (British Medical Journal, May 3)

The editorial concluded:

... For example, one could calculate that if cigarettes cause an annual excess of 120 000 deaths among 13 million smokers, the corresponding figure for deaths among 3.2 million cannabis smokers would be 30 000, assuming equality of effect. Even if the number of deaths attributable to cannabis turned out to be a fraction of that figure, smoking cannabis would still be a major public health hazard. However, when the likely mental health burden is added to the potential for morbidity and premature death from cardiopulmonary disease, these signals cannot be ignored. A recent comment said that prevention and cessation are the two principal strategies in the battle against tobacco. At present, there is no battle against cannabis and no clear public health message.

Many replies have been received by the BMJ, mostly critical of the assumptions made by the authors of the editorial. Here is an abridged copy of one such letter (the full copy and others can be found at *http://bmj.com/cgi/eletters/326/7396/942#32187)*:

There are serious problems and misunderstandings with this editorial. I would like to list several:

1. Most of the mortality risk associated with tobacco use arises from sustained use over several decades, and the risks increase sharply as lifetime exposure accumulates. The importance of lifetime exposure was underlined in a

major study of tobacco smokers in 2000 which found that: "People who stop smoking, even well into middle age, avoid most of their subsequent risk of lung cancer, and stopping before middle age avoids more than 90% of the risk attributable to tobacco." ....

To the extent there is data on use of cannabis, it suggests that most users (so far) quit using it in their 30s. .... There may be cohort effects operating here, and it is possible that today's young people will have longer cannabis careers, but at present what this seems to indicate is that few people have accumulated 20 or more years of continuous use.

The very high risks due to tobacco use ultimately arise from its addictiveness, which causes many tobacco smokers to continue to smoke well after they would choose to stop. .... As cannabis has very different dependency characteristics (it is much less addictive) then its pattern of use is different. Most users smoke less and quit earlier.

2. Completely incompatible characterisations of the user population are used in the editorial. The figure of 13 million tobacco users is determined by those answering 'yes' to the question 'do you smoke nowadays'. In practice over 80% of these are daily users and the average consumption is just over 15 cigarettes per day per smoker. .... In contrast, the Home Office figure of 3.2 million users quoted for cannabis is 'use in the last 12 months'. The figure for use in the last month (not quoted in the editorial) is 2,062,000. The Home Office does not assess how many use cannabis daily, but it will be very substantially less. Again the reason is grounded in addictiveness - the lower dependency-forming characteristics of cannabis allow for more occasional use than cigarette smoking, which generally consolidates into a powerful addiction needing constant attention by the user.

3. The point that THC concentrations have increased by a factor of ten over the last twenty years is dubious as a point of fact, but more importantly, it is completely misinterpreted. Put bluntly, a ten-fold increase in THC concentration does not mean that modern users are ten times as stoned as in the past. Users of both cannabis and nicotine control their drug exposure by varying how much smoke they inhale and retain. Higher concentrations of THC may therefore lead to LOWER smoke inhalation for a given drug exposure. This is well understood for tobacco (and the reason why 'light' cigarettes are such a fraud) but not well studied for cannabis - however it is unlikely that users do not control their intake or they would be ten times as stoned as they were 20 years ago. Ironically, the concern raised in the editorial about different puff volumes for cannabis (based on 1987 data, by the way) may actually have been alleviated by the asserted increase in THC concentration in the drugs now in use leading to lower smoke exposure as users control their dose by taking fewer and lighter puffs.

4. The derivation of the figure of 30,000 deaths is so facile it shouldn't really have been written down. At this stage, there is only limited evidence linking cannabis use to the big tobacco-related killers - cancer, CHD and COPD. While these links should be expected, the magnitude of the risk to the user (simply assumed to be equivalent to tobacco in the derivation of the 30,000 figure) will depend on a variety of factors, in particular the lifetime exposure and patterns of use - and these are very different indeed. Very few of the 120,000 smoking-related deaths occur in people under 40, yet hardly any of the users of cannabis are over 40 - so who are the 30,000 dying? Given that the smoking careers differ so much, and the usage patterns are so different, the estimate of 30,000 deaths is ridiculous. Qualifying the calculation by saying it may be 'a fraction' of that adds nothing if we don't know whether the fraction in question is one half or one-thousandth. ....

5. The case has not made that cannabis is a 'major public health hazard' as asserted in the editorial. It is certainly not harmless and the authors suggest several harmful effects. But there is a continuum between 'harmless' and 'major public health hazard' and simply showing there are dangers is insufficient to place a phenomenon like cannabis on that continuum. Most credible reviews to date have tended to suggest limited public health impacts. ....

6. To say there is no battle against cannabis when it is a criminal offence (even after reclassification) to use it, grow it or sell it is absurd. I agree that more could be done to promote understanding of the harm it causes and I hope the findings about the link between cannabis schizophrenia, which appear to settle the question over the direction of causation, are filtering through to users. However, one reason why health promotion efforts sometimes fail is the lack of credibility of the arguments presented to users. .... (Incidentally, the illegal status of cannabis is a barrier to wider and better understanding of its risks because it denies opportunities for mandatory labelling and inserts in the packaging.)

Finally, the finding that cannabis is not harmless is not new and adds little to the important and highly-charged debate about its legal status, which is really about societal management of personal risk and relationship between the state and the individual. Understanding of addictiveness and its impact on personal choice and patterns of consumption are crucial in positioning different drugs, and entirely absent from the analysis presented in the editorial. Sadly, editorials like this play well in a particularly rabid section of the popular media, which has no interest in a thoughtful societal response to all drugs based on harm-reduction, respect for civil liberties and cost effectiveness. ....

Clive Bates

I don't think it is a competing interest, but in the interest of clarity I would like to disclose that I was Director of Action on Smoking and Health (UK) until March 2003. I am writing in a personal capacity.