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 http://www.ffdlr.org.au

NEWSLETTER **February 2006** **ISSN 1444-200**

Hope you have all had an enjoyable break and are now ready for our first meeting for 2006

Next Meeting

Thursday 23 February 2006

7:30pm

Venue: St Ninian's Uniting Church, cnr Mouat and Brigalow Sts, Lyneham.

Current media topics on drugs will be discussed.

New members always welcome.

Come along and help develop strategies that will improve the lives of those addicted to drugs and also benefit families and society**.**

Refreshments to follow

Editorial

The Cannabis Wars Begin

Over the past few weeks the airwaves have been running hot with mental health issues and the link with cannabis. The rhetoric is not unlike that which sent us to war in Iraq – do you still recall that? It went like this "*Saddam has weapons of mass destruction therefore …*".

Here are a few of the like statements from our nation's leaders:

- **Prime Minister Howard** said part of the solution to the mental health problem was a tougher line on marijuana, amid mounting evidence that abuse of the drug caused mental health problems. (AGE 10/2/2006)
- **Victorian Premier Steve Bracks** endorsed a vigorous education campaign and appropriate prosecution, saying society should get the notion of recreational drugs out of our language altogether. These are harmful drugs (Age 10/2/2006). Marijuana is much stronger than it used to be. (Age 10/2/2006)
- **Parliamentary Secretary to the Minister for Health Christopher Pyne** called for each state government to re-criminalise the possession and consumption of cannabis and said there was a growing body of evidence that showed a link between cannabis consumption and serious mental health problems. He also said cannabis use can lead to the exacerbation of psychotic illness and symptoms of schizophrenia as well as mood swings, panic attacks, delusions, hallucinations and paranoid thinking (speech to young Liberals 22 January 2006).
- **Federal Health Minister, Tony Abbott** said that he smoked marijuana as a student but he did not inhale. (SMH 25 July 2004)
- **NSW Premier Morris Iemma** said his state had recently increased the penalties for growing hydroponic marijuana, which is stronger than other types and that there's a lot to learn from our approach in NSW. (AGE 10/2/2006) He also said cannabis is seven times stronger than in the past (ABC 10/2/2006) and that there is a direct link between the potent hydroponically grown cannabis [and] the development of severe mental illnesses. (Nine MSN News 3 Feb 2006)

Evidence weak

The evidence to support the claims from our political leaders is very weak. That is not to say the drug or any drug is without its harms. However the debate should revolve around the facts and the evidence and such statements as made above will not help in the long run.

If we were to examine the above statements in a logical manner it would go something like that shown in figure 1 below.

The premise of this train of logic (that cannabis use causes mental illness) needs to be examined very closely. Is it true? Is it proven beyond reasonable doubt? If it is true how many does it affect and how serious is it?

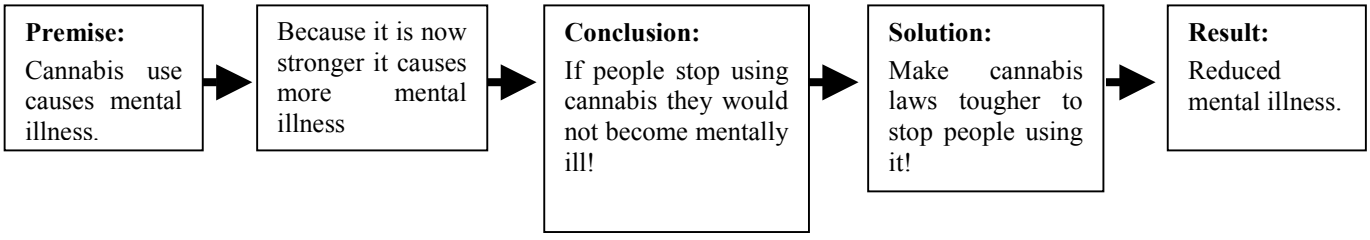
Available research

The underlying level or prevalence of mental illness in Australia, if schizophrenia is used as an example, is very low at about 1.5% of the population. Compare this to recent use of cannabis which is 11.3% of the population.

ADCA News 25 May 2005 reported that Professor Wayne Hall, Dr Louisa Degenhardt and Associate Professor Maree Teesson examined the issue in 2004, looking at:

- Is there such a thing as distinct 'cannabis psychosis'?

Figure 1: Faulty logic about cannabis



- Does cannabis use exacerbate schizophrenia?
- Can cannabis use precipitate schizophrenia?

The authors report that while there have been case reports of distinct 'cannabis psychoses' (individuals who appear to develop psychotic disorders after heavy cannabis use and that the symptoms remit after ceasing use) that overall the evidence for a 'distinct cannabis psychosis is weak'.

For people diagnosed with schizophrenia who continue to use cannabis, the authors concluded that there is reasonable epidemiological evidence that this pattern of use exacerbates the symptoms of schizophrenia. Clinical reports suggest that patients who continue to use cannabis 'have more psychotic symptoms, respond poorly to neuroleptic drugs and have a worse clinical course than those patients who do not' (Hall, Degenhardt & Teesson, 2004 p. 439).

But does the cannabis use precede the psychosis? Can we be sure that other possible factors, such as other drug use and genetic predisposition, do not explain the association? The authors (Hall, Degenhardt & Teesson, 2004 p. 440) state that 'there is now consistent evidence from prospective epidemiological studies that cannabis use precipitates schizophrenia in people who are vulnerable because of a personal or family history of schizophrenia.'

cannabis use does not cause cases of schizophrenia that would not otherwise have occurred

Louisa Degenhardt, a lecturer at NDARC has said (SMH on 29 Oct 2002) while there was also a link between marijuana use and schizophrenia, cannabis use does not cause cases of schizophrenia that would not otherwise have occurred. "If cannabis does trigger it, it's among people who are already vulnerable to developing that sort of mental health problem anyway," she said.

Professor Wayne Hall when interviewed said 'although the majority of cannabis users will not experience psychosis as a consequence of their use, a vulnerable minority appear to be at increased risk of experiencing harmful outcomes. Cannabis use amongst this group (where they can be identified) should be discouraged.'

Degenhardt said "It's more likely that people who end up using cannabis heavily and people who tend to be depressed have a whole lot of social factors that lead them to both depression and heavy cannabis use. They might have things like socio-economically disadvantages, lower school performances, negative life events, stress or poor coping skills." (SMH 29 Oct 2002)

While no drug is without its problems, it is not the case of "one puff and you are mentally ill".

at most … a small increase in THC content from 3.3% in 1980 to 4.4% in 1998

But of course our leaders are saying the drug is stronger – especially the hydroponic cannabis.

Not so! Professor Wayne Hall and Wendy Swift in their technical report 74 (The THC content of cannabis in Australia: evidence and implications) said that the THC content of seizures between 1984 and 1998 at most shows a small increase in THC content from 3.3% in 1980 to 4.4% in 1998. There are two more plausible alternative explanations for an upsurge in anecdotally reported adverse effects of cannabis use:

- changing cannabis markets have increased the availability of more potent forms of cannabis [the marketing of flowers and heads which contain more THC]; and
- there have been changes in the patterns of cannabis use among Australian cannabis users [ie more frequent use not unlike binge drinking] that increase the prevalence of harmful use.

The European Monitoring Centre for Drugs and Drug Addiction Union study "An overview of cannabis potency in Europe" (2004) concluded that the effective potency in nearly all [European] countries has remained quite stable for many years at around 6-8%….Statements in the popular media that potency of cannabis has increased by ten times or more in recent decades are not supported by the limited data that are available from either the USA or Europe.

Laws and cannabis use

The evidence is clear that the toughness or otherwise of the laws make no difference to the use of cannabis. Cannabis laws have varied across Australian states and territories. Yet despite that difference cannabis use is not significantly different across jurisdictions.

The evidence is also clear that laws that criminalise simple use and possession cause more harm. For example a person with a criminal record (from cannabis use) will find it difficult to find employment, to travel overseas to some countries, and it is likely to cause problems within the family. That may be manageable for a young healthy person but how much harder would it be for a person with a mental illness. The stress caused by arrest, prosecution and probably jail will only exacerbate the condition of a mentally ill person.

Thus it is highly likely that toughening the cannabis laws will increase mental illness problems rather than reduce them.

At a time when Prime Minister Howard is calling for a "root and branch renewal of the teaching of history" no lessons have been learned from the history in respect of drugs. There is certainly nothing to be learned from Premier Iemma's oxymoronic statement "there's a lot to learn from our approach in NSW".

Far from reducing cannabis use history tells us that tougher prohibition laws will ensure continuation of the drug market. And an increased risk for the suppliers will almost certainly mean a price and a profit increase.

Suppliers are, however, likely to make efforts to reduce the risk. The use of desperate, vulnerable or naive young people as cut-outs is one way to reduce the risk, eg the Bali Nine. Hydroponic growing ensures crops are not detected from the air nor accidentally by bushwalkers. And perhaps the drug will be concentrated by chemical or other means so that it is easier to smuggle, as with alcohol prohibition in the USA – it was not beer that was produced and smuggled - or as for the switch from methamphetamine to the much purer form, ice.

One thing is certain that (with the exception of the suppliers) no one, not even the mentally ill, will benefit from a law-and-order pursuit of cannabis users.

Cracking down on cannabis: mental health's new battlefront

Abstinence or harm-minimisation? A clash of values is emerging.

BILL BUSH

Published in The Age, 13/2/ 2006, p. 13.

'The Government is echoing alarmist reports of cannabis and mental health crisis'

POLICE coming down hard to solve a health problem? This is just what the Commonwealth Government is calling for to improve mental health.

Even though the use of cannabis has declined by 37 per cent, the Prime Minister asked heads of Government at Friday's COAG meeting to toughen their laws on the drug.

The signs are that this is the vanguard of steps to reverse Australia's harm-minimisation drug policy in favour of one that puts a premium on abstinence and stronger law enforcement.

Other indicators of this shift are:

• Financial support for naltrexone implants that focus on abstinence combined with criticism of methadone maintenance therapy that focuses on stabilisation.

• A $600,000 grant over three years to Drug Free Australia to "advocate abstinence-based approaches to drug issues" while cutting the grant of the peak harm reduction focused Alcohol and Other Drugs Council to just one year.

• The enactment of harsh comprehensive Commonwealth criminal drug law overshadowing that of the states. It includes even minor possession offences under the label of serious drug crimes.

Since the Prime Minister vetoed the heroin trial in 1997, the rhetoric of his Government has been unfriendly to harm minimisation. He has said that he does not believe in it and his Government has played language games with the term.

Only last year the Commonwealth reaffirmed its commitment to "the principle of harm minimisation" in a further extension of the National Drug Strategy. This is defined so broadly that its three poorly integrated components of "supply reduction", "demand reduction" and "harm reduction" allow governments much room to manoeuvre. Only the last component embodies the essence of harm-minimisation as it was originally conceived: "Strategies to reduce drug-related harm to individuals and communities."

Nevertheless, the Commonwealth continued to support key aspects of harm-minimisation such as the provision of sterile syringes and methadone maintenance. This now seems to be changing.

For example, the Government is echoing alarmist media reports about a cannabis and mental health crisis.

Health Minister Tony Abbott and parliamentary secretary Chris Pyne have expressed alarm. Employment Minister Kevin Andrews wants to "explore its links with welfare dependence". The PM has warned that "mental illness and homelessness was the price the nation was paying for 'lax attitude' towards cannabis". "The time," he says, "has arrived for us - legislators and parents - to get tougher."

A lax attitude or not, household survey figures show that the proportion of the population that had used cannabis recently declined from 17.9 per cent in 1998 to 11.3 per cent in 2004. That's the 37 per cent decline.

Recent research is showing some links between heavy use of cannabis and mental illness. Though worrying, these are nothing to those demonstrated for methamphetamines - "ice", "yah bah" and the like - use of which is booming.

The Government's own Australian National Council on Drugs has said of cannabis that "there is emerging but limited evidence that cannabis may cause psychotic symptoms in people who are not at risk of this condition". In the hands of crisis mongers that becomes: "There is overwhelming evidence cannabis causes psychotic illnesses, such as schizophrenia, as well as depression and anxiety disorders, particularly among young people."

The Commonwealth wants jurisdictions such as South Australia to ditch its expiation notice systems and for all jurisdiction to toughen cannabis policing. It matters not that studies show that coming down hard on cannabis can cause more harm to young people than the drug. The processes of the criminal law heighten known risk factors for mental illness such as unemployment, poverty, homelessness, insecurity, divorce and family breakup. The same studies have shown no appreciable difference in cannabis use between jurisdictions with different systems.

The cannabis and other Commonwealth initiatives are in line with the 2003 abstinence focused report on drugs of a House of Representative committee.

A battle of values is emerging. Those supporting libertarian views would oppose the reversal of harm-minimisation. (The Institute of Public Affairs Review has supported heroin prescription.)

It is also consistent with a Christian view that condemns us if we persevere with actions that marginalise people and lead to their suffering and death.

An opposing strand, espoused by the Health Minister and the Australian Christian Lobby, gives primacy to measures that make users drug free. On this view people who are on drugs are virtually dead anyway. If this prevails, public health and safety are bound to suffer.

Bill Bush is a member of Families and Friends for Drug Law Reform

'DRUGS IN THE FAMILY' meets fortnightly on a Thursday from 7 – 10pm, Health Building, Cnr Moore and Alinga Sts, Civic, CANBERRA. For more information phone 6257 3043 Next meeting will be Thursday 3rd March.

Policy Goals for Cannabis

Extract from "Legislative options for cannabis in Australia National Drug Strategy", Monograph 26 by David McDonald, Rhonda Moore, Jennifer Norberry, Grant Wardlaw, Nocola Ballenden.

It is appropriate to re-examine some very sound principles for cannabis that were first published in 1994. Readers are asked to compare the current law that applies in their state to this comprehensive list, tick off and check how many of the principles have actually been implemented [ed].

The development of policy and legislation relating to cannabis should take into account the following issues:

- Arguments that apply to the most appropriate control regime for one drug need not "and often do not" apply to others.
- Drug policy should be crafted to take account of the different patterns and types of harms caused by specific drugs.
- The details of control regimes are crucial determinants of their outcomes. Such details should not be left undefined.
- Any analysis of control regimes should attempt to estimate their effects on both consumption levels and patterns of use.
- Control regimes should not be considered in isolation from the problems of implementation and enforcement.
- Arguments about the consequences of drug use should be separated from arguments about morals.
- Options should be evaluated on the basis of evidence of damage.
- Any policy should recognise the changing nature of the drug problem and be able to change with it. Additionally, all policies should be reviewed periodically to ensure that they are still relevant to current circumstances.
- Policy should be made in the light of the costs of control as well as the benefits.
- The goals of drug policy should be realistic.
- Discussion of policy options should include a specification of which harms they are intended to reduce.
- Discussion of cannabis policy (and drug policy generally) should recognise the existence of multiple and sometimes contradictory goals.
- Policies to discourage cannabis use should be shown to be effective or be changed.
- The harms caused by the control regimes themselves should not outweigh the harms prevented by them.

***INVITATION TO JOIN* …a TRAINING PROGRAM**

for 'Family Drug Support' volunteer telephone support-line

... families out there need our support

Gain skills in listening, support and motivation. This weekend training program will enable selected applicants to handle incoming calls from families affected by drugs. It is not essential to have counselling skills or be an expert in drug and alcohol matters. On-going support is offered.

Date: Saturday and Sunday, 25-26 Mar 2006 … Time 10am – 4pm

Location: Calvary Hospital, BRUCE, ACT (Lewisham Blg)

Trainer: Tony Trimingham , Director of FDS

Cost: Nil to FDS Member ($30 fee required with enrolment. Cheque payable to FDS)

All applicants interviewed by phone.

After completion of training, a minimum of 4-5 hours per fortnight *telephone attendance* for 12 months is asked of you.

For further information/booking please ring 9798 0001 or 0412 414 444

A PRACTICAL COURSE TO HELP FAMILY MEMBERS COPE WITH DRUG AND ALCOHOL ISSUES

the **STEPPING STONES** course

5 session course: Friday 24th February '06 … 5.30pm-9.00pm &
Saturday 25th, 9.30-5pm, Monday 6th March, 530-9pm
& then Friday 10th & Saturday 11th March (at the above times).

Where: Calvary Hospital, BRUCE, ACT (Function room)
Application and Register soon.
phone 6207 9977 business hrs

Cost $30.00 per family (includes booklet GUIDE TO COPING)

Topics covered include: coping with stress and anger, tips about communication and about boundary/limit setting – all in order to maximise your health, so that you have the resources to maximise the help getting to the substance user.

Most families have influence over the drug user. This influence may be strengthened, when the family understand the process, & accepts support itself.

Run by ACT Alcohol & Drug program and Ted Noffs Foundation