



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

*committed to preventing tragedy that arises from illicit drug use*

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**NEWSLETTER**

**September 09**

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## **NEXT Meeting**

**Thursday 24 September 2009**

**at 7.30pm**

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

**Refreshments will follow**

## **Editorial**

### **A new AFP Commissioner, a new approach?**

Mick Keelty, after 35 years of policing and ending his career as Australia's top cop, has retired. He took over the role from Mick Palmer in 2001 and has been succeeded by Tony Negas.

In respect of illicit drugs there are two most notable events:

The first relates to the heroin shortage of 2000.

*After that event Keelty spoke to Keith Moor of the Herald Sun in 2001, who wrote: "Mr Keelty said the national heroin shortage was the result of several factors. A major one was a business decision by Asian organised crime gangs to switch from heroin production as their major source of income to the making of methamphetamine, or speed, tablets".*

*"AFP intelligence suggests getting the Burmese methamphetamine tablets, known as 'yaa baa' (crazy medicine) pills, on to the Australian market is high on the agenda of Asian organised crime gangs".*

*"Mr Keelty said the Asian drug barons would continue to supply some heroin to the Australian market, but intelligence suggested they were gearing up to aim for a new and much bigger market of people prepared to use methamphetamine pills".*

The flood of methamphetamines, as we know now, did come to pass.

The Howard Federal Government attributed the drought to the work of the AFP stamping on Keelty's thoughtful and measured words. The large seizures of heroin by customs and the AFP prior to the drought were quoted as "evidence", as was the efforts by the AFP in Asian countries. Thus the legend was created that the AFP caused the drought or at least played a very big part.

No denial was issued by the Commissioner to correct this rewriting of history. Research paid for by the AFP unsurprisingly confirmed and enhanced the story.

Families and Friends for Drug Law Reform has pointed out the flaws and shortcomings of these claims. But it seems that at some point after Keelty's interview with

Keith Moor a change occurred. The independence and objectivity of the AFP was no longer as apparent.

The second event relates to the Bali 9.

Commissioner Keelty presided over the Bali 9 episode in which the AFP passed on to the Indonesian police the names of the nine, their [passport](#) numbers and information relating to their links to possible illegal drug trafficking. It was an act which unnecessarily exposed the nine young people to Indonesia's death penalty.

The AFP knew that for the young people to be caught in Bali under Indonesian law for drug smuggling exposed them to the death penalty even though the Australian Government has an official policy of opposition to the death penalty.

In the event the nine young people were put under surveillance by Indonesian police and eventually arrested in the departure lounge at Bali airport on their way back to Australia with the heroin strapped to their bodies. Had they been allowed to catch the plane, they could have been arrested in Australia where they would not have been exposed to the death penalty.

Currently one of the nine is serving a 20-year prison sentence, five are serving a sentence of life imprisonment, and three have a death sentence. Of course, the nine had broken the law, but by Australian standards the penalties were harsh.

The AFP is unrepentant, despite the breach of Australia's policy of opposition to the death penalty. And the AFP claims that this practice has saved many lives back in Australia is flimsy given that the arrests and the seizure of the drugs made not even a slight hiccup in the supply of heroin into Australia.

Many will remember Keelty, who in the last years of office became embroiled in the very political case of Dr Haneef. The AFP passed on incorrect facts about a mobile phone SIM card but doggedly suggested that Dr Haneef was a terrorist long after the truth became known.

What was revealed in these events was the degree to which the AFP under Keelty's leadership had been politicised.

With a change of government and a change of leadership at the top of the AFP dare we hope that some objectivity may be restored.

## **US expert on law reform to visit Australia**

DRUG law reform expert and former Seattle police chief, Norm Stamper Ph.D, has called for governments to regulate illicit drugs rather than allow it to be controlled by organised crime or corrupt police.

Mr Stamper, a 34-year police veteran, says the "war on drugs" has failed and says a move to government

regulation would save thousands of lives and hundreds of billions by cutting crime, the cost on taxpayers and the overwhelming burden it places on the public health system.

“The ‘war on drugs has failed and turned into a war on people costing thousands of lives is costing America \$US69 billion a year,” Mr Stamper says.

Mr Stamper, who will be in Australia from 5–27 October 2009, believes Australia can take a leading role in drug law reform by taking a different approach to the US.

He will be meeting with senior police and public officials around Australia to discuss drug law reform as well as his role as Seattle police chief in handling alcohol-related violence.

“I want to learn from what is happening in Australia and also explain and outline the mistakes the US has made in an endeavour to help Australia not go down the same track as the US where the war has clearly been lost due to incorrect policies,” he said.

**Norm Stamper will be in Canberra from 22 October to 27 October. A public meeting has been arranged for 26 October at 12:30 at the reception room in the ACT Legislative Assembly. Members of FFDLR will be advised of his full Australian timetable by email and posting on our website when it becomes available.**

## Remembrance Ceremonies

Remembrance ceremonies will be held during October at the following locations:

### ACT

Families and Friends for Drug Law Reform’s 14<sup>th</sup> Annual Remembrance Ceremony to ‘those who lose their lives to illicit drugs’ will be held on **Monday 19 October 2009** at 12:30 at Weston Park, Yarralumla, ACT at the memorial site. Speakers will include Rev’d Graham Long, Pastor at the Wayside Chapel at Kings Cross and Katy Gallagher, Deputy Chief Minister and Minister for Health in the ACT Assembly. A light lunch will be provided following the ceremony. If you would like a loved one remembered at the ceremony please phone Marion or Brian on 62542961.

### Newcastle

Service of Remembrance in Newcastle for those who have suffered the loss of a loved one through drug use will be held Christ Church Cathedral, Church St, Newcastle on **Saturday, 24<sup>th</sup> October, 2009**, at 4.30pm. Supper will be provided after the service. All Welcome.

For more information ring: 0401305522

### Sydney

Family Drug Support will hold a Remembrance Ceremony for those who have lost their life to illicit drugs on **Saturday 24<sup>th</sup> October** at 6pm at Ashfield Uniting church, Liverpool St, Ashfield.

Enquiries: 4782 9222

## Better world: Legalise drugs

11 September 2009 by [Clare Wilson](#), New Scientist

*Far from protecting us and our children, the war on drugs is making the world a much more dangerous place.*

SO FAR this year, about 4000 people have died in Mexico's drugs war - a horrifying toll. If only a good fairy could wave a magic wand and make all illegal drugs disappear, the world would be a better place.

Dream on. Recreational drug use is as old as humanity, and has not been stopped by the most draconian laws. Given that drugs are here to stay, how do we limit the harm they do?

The evidence suggests most of the problems stem not from drugs themselves, but from the fact that they are illegal. The obvious answer, then, is to make them legal.

The argument most often deployed in support of the status quo is that keeping drugs illegal curbs drug use among the law-abiding majority, thereby reducing harm overall. But a closer look reveals that this really doesn't stand up. In the UK, as in many countries, the real clampdown on drugs started in the late 1960s, yet government statistics show that the number of [heroin](#) or [cocaine](#) addicts seen by the health service has grown ever since - from around 1000 people per year then, to 100,000 today. It is a pattern that has been repeated the world over.

A second approach to the question is to look at whether fewer people use drugs in countries with stricter drug laws. In 2008, the World Health Organization looked at 17 countries and found no such correlation. The US, despite its punitive drug policies, has one of the highest levels of drug use in the world (*PLoS Medicine*, vol 5, p e141).

A third strand of evidence comes from what happens when a country softens its drug laws, as Portugal did in 2001. While dealing remains illegal in Portugal, personal use of all drugs has been decriminalised. The result? Drug use has stayed roughly constant, but ill health and deaths from drug taking have fallen. "Judged by virtually every metric, the Portuguese decriminalisation framework has been a resounding success," states a [recent report](#) by the Cato Institute, a libertarian think tank based in Washington DC.

By any measure, making drugs illegal fails to achieve one of its primary objectives. But it is the unintended consequences of prohibition that make the most compelling case against it. Prohibition fuels [crime](#) in many ways: without state aid, addicts may be forced to fund their habit through robbery, for instance, while youngsters can be drawn into the drugs trade as a way to earn money and status. In countries such as Colombia and Mexico, the profits from illegal drugs have spawned armed criminal organisations whose resources rival those of the state. Murder, kidnapping and corruption are rife.

Making drugs illegal also makes them more dangerous. The lack of access to clean needles for drug users who inject is a major factor in the spread of lethal viruses such as [HIV](#) and hepatitis C.

So what's the alternative? There are several models for the legal provision of recreational drugs. They include prescription by doctors, consumption at licensed premises or even sale on a similar basis to [alcohol](#) and

tobacco, with health warnings and age limits. If this prospect appals you, consider the fact that in the US today, many teenagers [say they find it easier to buy cannabis than beer](#).

Taking any drug - including alcohol and nicotine - does have health risks, but a legal market would at least ensure that the substances people ingest or inject are available unadulterated and at known dosages. Much of the [estimated \\$300 billion](#) earned from illegal drugs worldwide, which now funds crime, corruption and [environmental destruction](#), could support legitimate jobs. And instead of spending tens of billions enforcing prohibition, governments would gain income from taxes that could be spent on medical treatment for the small proportion of users who become addicted or whose health is otherwise harmed.

Unfortunately, the idea that banning drugs is the best way to protect vulnerable people - especially children - has acquired a strong emotional grip, one that politicians are happy to exploit. For many decades, laws and public policy have flown in the face of [the evidence](#). Far from protecting us, this approach has made the world a much more dangerous place than it need be

## The Australian (illicit) drug policy timeline: 1985-2009

The DPMP Australian (illicit) drug policy timeline: 1985-2009 has been updated for the period January-June 2009. The timeline provides a list of key events, policy and legislative changes that have occurred in Australia between 1985 and 30 June 2009. Events are listed by jurisdiction, at the national and state/territory level.

Over the last 6 months key events include:

- Commencement of National Amphetamine Type Stimulant Training Program, funded by the Australian Government Department of Health and Ageing
- Launch of national "meth website" aimed at helping methamphetamine users self manage their use and related issues
- Death of 17 year old teenager Gemma Thoms following an ecstasy related incident at a music concert in Perth and subsequent discussions about the risks and optimum approaches to policing at music events
- Trial by WA police of amnesty bins for depositing ecstasy pills at music concerts
- Adoption of the Victorian Mental Health Reform Strategy 2009 – 2019 and the Victorian Amphetamine-Type Stimulants and Related Drugs Strategy 2009- 2012
- Decision by a Dutch music producer to cancel their upcoming music festival in Victoria saying the high levels of GHB use at Melbourne music events was tarnishing the reputation of festival organisers
- Ruling by the NSW Supreme Court that the NSW Department of Human Services had been in serious abuse of their position in demanding that parents who use cannabis were unfit to care for a child

- Shift in the Tasmanian governance structure to incorporate alcohol and drug service into the Statewide and Mental Health Unit

A complete list of events from this and previous periods is available through the DPMP website:

<http://www.dpmp.unsw.edu.au/dpmpweb.nsf/page/Drug+Policy+Timeline>.

DPMP will continue to update the timeline every June and December. Please feel free to email through any comments or suggested inclusions to: [caitlin.hughes@unsw.edu.au](mailto:caitlin.hughes@unsw.edu.au).

## Study Backs Heroin to Treat Addiction

By [BENEDICT CAREY](#), New York Times, August 20, 2009

The safest and most effective treatment for hard-core heroin addicts who fail to control their habit using methadone or other treatments may be their drug of choice, in prescription form, researchers are reporting after the first rigorous test of the approach performed in North America.

For years, European countries like Switzerland and the Netherlands have allowed doctors to provide some addicts with prescription heroin as an alternative to buying drugs on the street. The treatment is safe and keeps addicts out of trouble, studies have found, but it is controversial — not only because the drug is illegal but also because policy makers worry that treating with heroin may exacerbate the habit.

The study, appearing in the current issue of the [New England Journal of Medicine](#), may put some of those concerns to rest.

“It showed that heroin works better than methadone in this population of users, and patients will be more willing to take it,” said Dr. Joshua [Boverman](#), a psychiatrist at Oregon Health and Science University in Portland.

Perhaps the biggest weakness of methadone treatment, Dr. Boverman said, is that “many patients don’t want to take it; they just don’t like it.”

In the study, researchers in Canada enrolled 226 addicts with longstanding habits who had failed to improve using other methods, including methadone maintenance therapy. Doctors consider methadone, a chemical cousin to heroin that prevents withdrawal but does not induce the same high, to be the best treatment for narcotic addiction. A newer drug, buprenorphine, is also effective.

The Canadian researchers randomly assigned about half of the addicts to receive methadone and the other half to receive daily injections of [diacetylmorphine](#), the active ingredient in heroin. After a year, 88 percent of those receiving the heroin compound were still in the study, and two-thirds of them had significantly curtailed their illicit activities, including the use of street drugs. In the methadone group, 54 percent were still in the study and 48 percent had curbed illicit activities.

“The main finding is that, for this group that is generally written off, both methadone and prescription heroin can provide real benefits,” said the senior author, [Martin T.](#)

[Schechter](#), a professor in the School of Population and Public Health at the University of British Columbia.

Those taking the heroin injections did suffer more side effects; there were 10 overdoses and six [seizures](#). But Dr. Schechter said there was no evidence of abuse. The average dosage the subjects took was 450 milligrams, well below the 1,000-milligram maximum level.

About 663,000 Americans are regular users of heroin, according to government estimates. The researchers said 15 percent to 25 percent of them were heavy users and could benefit from prescription heroin. That is, if they ever were to get the chance. Heroin is an illegal, Schedule 1 substance, meaning it has a high potential for abuse and serves no legitimate medical purpose. That designation is unlikely to change soon, researchers suspect.

In an editorial with the article, [Virginia Berridge](#) of the London School of Hygiene and Tropical Medicine concluded, "The rise and fall of methods of treatment in this controversial area owe their rationale to evidence, but they also often owe more to the politics of the situation."

## **Waging war on drugs is utterly mad**

*SIMON JENKINS, September 6, 2009, GUARDIAN*

I GUESS it had to happen this way. The greatest social menace of this century is not terrorism but drugs, and it is the poor who will have to lead the revolution. The global trade in illicit narcotics ranks with oil and arms. Its prohibition wrecks the lives of wealthy and wretched, East and West alike. It fills jails, corrupts politicians and plagues nations. It finances wars from Afghanistan to Colombia. It is utterly mad.

There is no sign of reform emanating from the self-satisfied liberal democracies of the West. Reform is not mentioned by Barack Obama, Gordon Brown, Nicolas Sarkozy or Angela Merkel. Their countries can sustain prohibition, just, by penal repression and by sweeping the consequences underground.

No such luxury is available to the political economies of Latin America. They have been wrecked by Washington's demand that they stop exporting drugs to fuel America's unregulated cocaine market.

Push has finally come to shove. Two weeks ago, the Argentine Supreme Court ruled it was unconstitutional to prosecute citizens for having drugs for personal use. It asserted "adults should be free to make lifestyle decisions without the intervention of the state".

Nor is that all. The Mexican Government has been brought to its knees by a drug-trafficking industry employing 500,000 workers and policed by 5600 killings a year, all to supply America's gargantuan appetite and Mexico's lesser one. Three years ago, Mexico concluded that prison for drug possession merely criminalised a large slice of its population. Drug users should be regarded as "patients, not criminals".

Next to the plate step Brazil and Ecuador. Both are quietly proposing to follow suit, fearful only of offending the US drug enforcement bureaucracy, now a dominant presence in every South American capital.

Ecuador has pardoned 1500 "mules" - women used by drug gangs to transport cocaine over international borders.

Former Brazilian president Fernando Henrique Cardoso declares the emperor naked. "The tide is turning," he says. "The war-on-drugs strategy has failed." A Brazilian judge, Maria Lucia Karam, said: "The only way to reduce violence in Mexico, Brazil, or anywhere else is to legalise the production, supply and consumption of all drugs."

America spends a reported \$US70 billion (\$A83 billion) a year on suppressing drug imports, and untold billions prosecuting citizens for drugs offences. Yet the huge profits available to Latin American traffickers have financed a quarter-century of civil war in Colombia and devastating social disruption in Mexico, Peru and Bolivia. Similar profits fund the war in Afghanistan.

The underlying concept of the war on drugs, initiated by Richard Nixon in the 1970s, is that demand can be curbed by eliminating supply. The concept marries intellectual idiocy - that supply leads demand - with practical impossibility. But it is golden politics. For 30 years it has allowed Western politicians to shift blame for not regulating drug abuse at home on to the shoulders of poor countries abroad. It is crashingly immoral.

The Latin American breakthrough is directed at domestic drug users, but this is only half the battle. There is no rational justification for making consumption legal but not the supply of what is consumed.

The absurdity of this position was shown by last week's "good news" that the Afghan poppy harvest had fallen back to 2005 levels. This was taken as a sign poppy eradication was working and depriving Afghan peasants of their most lucrative cash crop somehow wins their hearts and minds and impoverishes the Taliban.

The Afghan poppy crop is largely a function of the price of poppies compared with that of wheat. Since the NATO occupation it has boomed, polluting Kabul politics and plunging Western diplomats and commentators into hypocrisy over Afghan President Hamid Karzai's corrupt regime. The crop has shrunk because the wheat price has risen and the recession has dampened European demand. It will rise again. As long as there is demand, there will be supply. Water does not flow uphill, however much global bureaucrats pay each other to pretend otherwise.

Making supply illegal oils a black market, drives trade underground, cross-subsidises other crime and leaves consumers at the mercy of poisons. It is stupidity.

As the Brazilian judge pointed out, the violence associated with any illegal trade will not abate by only licensing consumption. The mountain that must be climbed is licensing, regulating and taxing supply.

From the deaths of troops in Afghanistan to the narco-terrorism of Mexico and the mules cramming Western jails, the war on drugs can be seen only as a total failure, a vast self-imposed cost on Western society. It is the greatest sweeping-under-the-carpet of our age.