

Families and Friends for Drug Law Reform

committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER

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NEXT Meeting

Thursday 26 August 2010
at 7.30pm

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

Editorial

Election forum

On Monday 9 August FFDLR conducted a forum for ACT candidates standing for the Federal Election at which they were asked five questions. The questions were provided to the nominated candidates one week before the forum so that they had ample time to research them.

Senate candidates from the Greens, Democrats and ALP were nominated and attended. FFDLR thanks these candidates for attending this special forum and also for the time and energy they are willing to give to work for their communities.

Despite FFDLR's efforts the Liberals did not nominate a candidate to attend the forum. This was very disappointing, especially since there are 4 Liberal candidates standing for election in the ACT, one should have been able to attend.

Does this mean that the Liberals do not see the issue of drugs as important or are they politically shy of it. It should be important as not only does drug policy encourage crime, corruption, funding for terrorism etc but it is implicated in the most costly government budgetary items.

The forum was a first, in my memory, where candidates came to specifically talk about drug policy. For most politicians it is a hot potato and normally one they either avoid or respond with a tough law and order answer but with no vision for improvement.

A report and an audio of the forum are posted on FFDLR's website at ffdlr.org.au. Responses to the five questions and to the questions from the audience can be accessed there.

There were three matters that were most notable in the responses from the candidates.

- Two parties, the Greens and the Democrats, were prepared to entertain changes to the law and thus make a real change to drug policy. The ALP

candidate stated that his party would not change any laws.

- Little recognition was given to the direct problems caused by the policies. That is drug policies are responsible for: a multi billion dollar illegal industry, drug trafficking, financing of terrorism, corruption of officials, crime to support an addiction, wasteful expenditure in attempting to prosecute and jail people to solve a health and social problem. And implicated also is social matters such as homelessness, mental health, child neglect etc. However the Democrat candidate seemed to have a better understanding of this.
- The lack of understanding within our whole community, pointing to the need for continuing forums and opportunities where issues can be properly discussed.

Some readers may receive this Newsletter before the election and it may influence some to vote for a person or party that supports drug law reform – even if in a minor way. But one needs to make sure that those votes count.

If the preferred candidate is unlikely to gain sufficient votes then one needs to consider preferences very carefully. All the boxes must be numbered on the Representatives ballot paper. On the Senate paper one can vote above the line, in which case preferences will be determined not by the voter but by the party being voted for, or if you want control of your own preferences, vote below the line and ensure you number all the boxes.

Links to websites of known parties standing candidates.

Parties with policies on drugs

- The Greens: <http://greens.org.au/policies/care-for-people/drugs-substance-abuse-and-addiction>
- The Democrats: <http://www.democrats.org.au/policies/>
- The Australian Sex Party: <http://www.sexparty.org.au/index.php/policies>
- Christian Democratic Party: <http://www.cdp.org.au/federal-policies.html> [*Read this party's policies very carefully. FFDLR does not endorse nor support these policies...Ed*]

Other parties (with unknown or non-existent policies on drugs)

- Australian Labor Party: www.alp.org.au
- Liberal National Coalition: www.liberal.org.au
- Family First: <http://www.familyfirst.org.au/>
- Non-custodial Parents party: <http://www.ncpp.xisle.info/policy.htm>
- The Climate Sceptics: http://climatesceptics.net/?page_id=1288
- The Democratic Labor party: <http://www.dlp.org.au/index.php?page=alias>
- Australian Fishing and Lifestyle Party: <http://www.fishingandlifestyle.com/policies.html>

The implicit rules of evidence-based policy analysis, updated

By RJ MacCoun, *Addiction*, vol. 105, no. 8, pp. 1335-6.

Macleod & Hickman's story of how the United Kingdom re-classified and then re-reclassified cannabis (in 2002

and 2008, respectively) [1] illustrates neatly at least two of the Implicit Rules of Evidence-Based Drug Policy, at least as Peter Reuter and I articulated them recently [1]:

1. Evidence that a drug impairs human capacities is always believable and important.
2. Our best estimate of a drug's harm is not the average estimate but the most severe estimate yet obtained.
3. Evidence that an illicit drug could have benefits may not be collected.
4. Treatment requires evidence of both effectiveness and cost-effectiveness.
5. Evidence regarding prevention is always welcome, but it still will not gain much funding.
6. Law enforcement and interdiction require no evidence at all; they are assumed to be effective and appropriate.
7. Evidence against enforcement creates a presumption that the researcher is a liberal.
8. Evidence for harm reduction creates a presumption the researcher approves of drug use.

The story also suggests at least one new rule:

9. Scientific research on drugs cannot motivate a change from tough law to lenient law, but it can motivate a change in the opposite direction.

It is tempting to counter by arguing that realistic policy analysis requires a more lax view of evidence; decisions have to be made and the failure to act is itself costly. However, if we take this stance, we risk losing any basis for contending that the 2008 UK re-scheduling involved 'jumping to premature conclusions' - a sentiment of Macleod & Hickman that I find myself sharing.

Perhaps this suggests one more rule:

10. Experts like to have it both ways; we hold the government to higher standards of proof than we apply to our own policy opinions.

Ref [1] is MacCoun RJ & Reuter, P 2008, 'The implicit rules of evidence-based drug policy: a US perspective', *Int J Drug Policy*, vol. 19, no. 3, pp. 231--2.

Bar chairman backs calls to reconsider drug laws

By Jeremy Laurance, Health Editor, The Independent, UK, *Tuesday, 20 July 2010*

One of Britain's most senior lawyers has delivered a dramatic boost to the campaign to change the law on drugs.

Nicholas Green QC, chairman of the UK Bar Council, has come closer than any previous incumbent of the post to calling for the decriminalisation of personal use of drugs including heroin, cocaine and cannabis.

In his chairman's report to the Bar Council last month, Mr Green wrote: "Another political hot potato is drugs. Drug-related crime costs the economy about £13bn a year.

"A growing body of comparative evidence suggests that decriminalising personal use can have positive consequences; it can free up huge amounts of police resources, reduce crime and recidivism and improve public health. All this can be achieved without any overall increase in drug usage. If this is so, then it would be rational to follow suit."

He adds: "A rational approach is not usually the response of large parts of the media when it comes to issues relating to criminal justice.

"This is something the Bar Council can address. We are apolitical; we act for the prosecution and the defence and most of the judiciary are former members. We can speak out in favour of an approach which urges policies which work and not those which simply play to the gallery. And this will save money and mean that there is less pressure on the justice system."

His remarks appear in the context of an appeal to colleagues to "fight to prevent further cuts in criminal legal aid fees". But his support for decriminalisation has been seized upon by drugs campaigners as evidence that the policy approach is now winning mainstream acceptance.

Explicit backing for decriminalisation also comes from the editor of one of Britain's leading medical journals. Writing in the current issue of the *British Medical Journal*, Fiona Godlee endorses an article by Steve Rolles, head of research at Transform, the drugs foundation, calling for an end to the war on drugs and its replacement by a legal system of regulation and control.

"In a beautifully argued essay Stephen Rolles calls on us to envisage an alternative to the hopelessly failed war on drugs. He says, and I agree, that we must regulate drug use, not criminalise it," Dr Godlee says.

Evidence that a policy of total prohibition on drugs has not only failed but is counter-productive has been accepted by a succession of committees in the UK including the Police Foundation, the Prime Minister's strategy unit, the Royal Society of Arts and the UK Drug Policy Consortium.

The Home Affairs Select Committee, whose members included David Cameron, called in 2002 for the Government to "initiate discussion of alternative ways - including the possibility of legalisation and regulation - to tackle the global drugs dilemma."

AA cure for addicts lacks good evidence

Bankole Johnson, SMH, August 11, 2010

Last week, the actress Lindsay Lohan left jail and entered a drug and alcohol rehabilitation facility. If the scene inspired *deja vu*, it wasn't just because it was the fourth time she had headed to rehab in four years. It was because the spectacle of a celebrity entering a drug and alcohol treatment centre, relapsing, then heading to rehab again - and again and again - has become depressingly familiar.

For decades, we have clung to a conviction that rehab - and the 12-step model pioneered by Alcoholics Anonymous that almost all facilities rely upon - offers effective treatment for alcoholism and other addictions.

Here's the problem: we have little indication that this treatment is effective. When an alcoholic goes to rehab but does not recover, it is he who is said to have failed. But it is rehab that is failing alcoholics.

Finding out the success rate of a given program is difficult. Controlled studies of specific treatment centres are rare; compounding the problem, many programs simply don't follow up with former patients. And when they do report a success rate, be it 30 per cent or 100, a closer look almost always reveals problems. That 100 per cent rate turns out to apply only to those who "successfully completed" the program. Well, no kidding. The 30 per cent rate applies to patients' sobriety immediately after treatment, not months or years later.

It's understandable, if unfortunate, that treatment centres that have a financial stake in recruiting patients might be reluctant to aggressively track - much less publicise - data on their patients' success down the road. But the problem is more fundamental than that: there is little compelling evidence that the AA method works, inside or outside a rehab facility.

Although AA's emphasis on anonymity makes it difficult for outside researchers to determine its success, some have tried. What they have found doesn't inspire much confidence. A recent review by the Cochrane Library, a healthcare research group, of studies on alcohol treatment conducted between 1966 and 2005, states its results plainly: "No experimental studies unequivocally demonstrated the effectiveness of AA or TSF [12-step facilitation] approaches for reducing alcohol dependence or problems."

Although AA doubtless helps some people, it is not magic. I have seen, in my work with alcoholics, how its philosophy can be harmful to patients who chronically relapse: AA holds that, once a person starts to slip, he or she is powerless to stop. The stronger an alcoholic's belief in this perspective, the longer and more damaging relapses can be. An evening of drinking turns into a month-long bender.

Equally troubling, AA maintains that when an alcoholic fails, it is his fault, not the program's. As outlined in the organisation's namesake bible, *Alcoholics Anonymous* (also known as *The Big Book*): "Those who do not recover are those who cannot or will not give themselves completely to this simple program, usually men and women who are constitutionally incapable of being honest with themselves. There are such unfortunates ... they seem to have been born that way." This message can be devastating.

In the end, there is simply no need to remove alcoholics from the support of relatives and friends and shut them away for a month in rehab. And there is no need for alcoholics to be led to expect a miracle, only to be judged a failure if one does not occur.

Alcoholism is an illness. But although those in the rehab business sometimes use that word, the 12-step approach they advocate is weak medicine. When any other illness causes great suffering, our society devotes time and money and effort to studying it and to developing treatments that are empirically found to work.

Alcoholism and drug addiction should be no exception. Recent advances in neuroscience have led to a greater

understanding of how alcohol and other drugs affect the brain. They have, in turn, allowed medical researchers, myself included, to begin to approach alcohol dependence as we would any other disease: by searching for effective medicine.

Bankole Johnson is chairman of the department of psychiatry and neurobehavioural sciences at the University of Virginia and has worked as a paid consultant to pharmaceutical companies developing medications to treat alcoholism.

Free heroin gives good results Reduced crime and prostitution and increased health among addicts as a result of free heroin.

Politiken, Denmark, Edited by Julian Isherwood, 3 June 2010

A test-run of issuing free heroin to addicts in Copenhagen appears to be successful, with initial results showing reduced crime and prostitution and improved health and life quality for those taking part in the project.

Since March this year, some 20 addicts have been part of a programme under which two clinics provide them with heroin each morning and afternoon.

The head of the Valmue Clinic in Copenhagen says that his centre has registered both a physical and psychological improvement among the addicts.

"They don't have to wake up in the morning with how to get money as the first thing they think about. That gives them a surplus that means that we can talk to them about their housing situation, how we can help them apply for a disability pension if they need that, or perhaps about the child they have lost contact with," says Valmue Clinic Head Torben Ballegaard.

Fewer crimes

At the same time, Ballegaard says that addicts say that they commit fewer crimes, have stopped prostitution and have improved health. Several have put on weight because apart from heroin, they are provided breakfast and a hot meal during the day.

Daily contact with a nurse also means that infections, boils and illnesses are discovered earlier, according to Senior Nurse Vivian Kjær at the KABS institution.

"They get the courage to attend to things that they have kept to themselves - for example to say that they have shared a needle with another addict and would like to be tested," says Kjær.

Nonetheless, Ballegaard says that while they may get more of a handle on their lives, their chances of becoming clean are very limited.

"I can't see any of them being able to get off heroin, but I can see some being able to live a sensible life with heroin," Ballegaard says.

Mexico and drugs Thinking the unthinkable Amid drug-war weariness, Felipe Calderón calls for a debate on legalisation

The Economist, Aug 12th 2010

THE *nota roja*, a section reporting the previous day's murders and car crashes in all their bloodstained detail, is an established feature of Mexican newspapers. It is

also an expanding one, as fighting over the drug trail to the United States inspires ever-greater feats of violence. Last month in the northern state of Durango, a group of prisoners was apparently released from jail for the night to murder 18 partygoers in a next-door state. A few days later, 14 inmates were murdered in a prison in Tamaulipas. In all, since Felipe Calderón sent the army against the drug gangs when he took office as president almost four years ago, some 28,000 people have been killed, the government says. There is no sign of a let-up, on either side.

So it came as a surprise when on August 3rd Mr Calderón called for a debate on whether to legalise drugs. Though several former Latin American leaders have spoken out in favour of legalisation, and many politicians privately support it, Mr Calderón became the first incumbent president to call for open discussion of the merits of legalising a trade he has opposed with such determination. At a round-table on security, he said this was “a fundamental debate in which I think, first of all, you must allow a democratic plurality [of opinions]...You have to analyse carefully the pros and cons and the key arguments on both sides.” It was hardly a call to start snorting—and Mr Calderón subsequently made clear that he was opposed to the “absurd” idea of allowing millions more people to become addicted. But it has brought into the open an argument that appears to be gaining currency in Mexico.

The president spoke despite some recent success for his military campaign, with several important mafia bosses captured or killed. The latest was Ignacio Coronel, whose killing last month when the army raided his house was important for the government, which has been accused of giving the Sinaloa mob an easier ride than other gangs. (A car-bomb last month in Ciudad Juárez, on the border with the United States, may have been planted by rival traffickers to draw in America as a “neutral referee”, speculates Stratfor, a Texas-based security-analysis firm.) Half a dozen government agencies are said to be searching for Joaquín “El Chapo” Guzmán, Sinaloa’s boss and the country’s most notorious trafficker. Officials claim success in strengthening the police and bringing recalcitrant state governors into line.

Yet kicking the hornets’ nest has provoked stinging turf battles, increasing the body count. In Cuernavaca, a pretty town near Mexico City that is popular with foreigners learning Spanish, a drug lord was killed by the army in December. Since then a spate of hangings around the edge of town has indicated that a gruesome succession battle is under way.

Many Mexicans are starting to weary of the horror. Four days after Mr Calderón’s cautious call for debate,

Vicente Fox, his predecessor as president, issued a forthright demand for the legalisation of the production, sale and distribution of all drugs. Legalisation “does not mean that drugs are good...rather we have to see it as a strategy to strike and break the economic structure that allows mafias to generate huge profits in their business, which in turn serve to corrupt and to increase their power,” he wrote on his blog. Ernesto Zedillo, Mexico’s president from 1994 to 2000, last year jointly authored a report with two other former heads of state, Brazil’s Fernando Henrique Cardoso and César Gaviria of Colombia, calling for legalisation of marijuana (ie, cannabis). Mr Cardoso later said the same of cocaine.

It is easier to be radical in retirement than in office. As president, Mr Fox backed down after George W. Bush’s administration protested against his attempts to decriminalise possession of drugs. (Last year Mexico decriminalised possession of small quantities, a change designed mainly to limit the scope for police to demand bribes.) But it is striking that all these former leaders are middle-of-the-road moderates, not wild-eyed leftists.

Some in the United States are now pushing in the same direction. Californians will vote in November on whether to legalise and tax the sale of marijuana to

adults (it is already legal to buy and sell pot for medical complaints, which some liberal doctors consider to include insomnia, migraines and the like). The initiative may fail: polls show opinion evenly divided, and it would also have to survive scrutiny by federal authorities. Although Barack Obama’s administration has stopped prosecuting the sale of “medical” marijuana, it is opposed to legalisation.

But were the proposal to pass it would render Mexico’s assault on drug traffickers untenable, reckons Jorge Castañeda, a former foreign minister. “How would you

continue with a war on drugs in Tijuana, when across the border grocery stores were selling marijuana?” he asks.

The problem is recognised by the politicians too. *Nexos*, a Mexican magazine, recently asked six likely contenders for the presidency in 2012 whether Mexico should legalise marijuana if California did. One said no, but four answered yes, albeit with qualifications. Enrique Peña Nieto, the early leader in the polls, said carefully: “We would have to reconsider the view of the Mexican state on the subject.”

Since marijuana provides the gangs with up to half their income, taking that business out of their hands would change the balance of financial power in the drug war. But curiously, polls suggest that one of the groups most strongly opposed to the initiative in California is Latinos.

Annual Remembrance Ceremonies

Canberra

Monday 18 October, 12:30pm – 1:30pm, Weston Park, Yarralumla, ACT

Speakers: Australian Greens Senator Rachel Siewert and Rev Rex Graham, Social Justice Consultant, UnitingCare

Choir: The Cashews

Contact: Marion McConnell 02 6254 2961

Sydney

Saturday 16 October, 6pm

Ashfield Uniting Church, 180 Liverpool Rd, Ashfield

Contact: 02 4782 9222

Newcastle

Saturday 25 September, 4:30pm

Christ Church Cathedral, Church St, Newcastle

Contact: 04 0130 5522