Families and Friends for Drug Law Reform

committed to preventing tragedy that arises from illicit drug use
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NEXT Meeting
Thursday 26 May 2011
at 7.30pm
Venue: St Ninian's Uniting Church, cnr Mouat and Brigalow Sts, Lyneham.
Refreshments will follow

Editorial

Should drugs be legalised

This month the organisation Intelligence Squared, the Australian Forum for Live Debate, held a debate in Sydney, "All drugs should be legalised", in front of an audience estimated to be about 1,000 people. The debate took the usual format of the affirmative speaker followed by the negative speaker until all six had spoken. The audience was then invited to make statements or pose questions, and they too were instructed to alternate between those of the affirmative view and those of the negative.

The audience was polled before the event and then polled after the event to determine if there had been a shift in opinion.

The speakers were:

For:

- **Dr Alex Wodak AM** a physician and Director of the Alcohol and Drug Service, St Vincent's Hospital since 1982.
- **Nicholas Cowdery** AM QC BA LLB, former NSW Director of Public Prosecutions.
- **Wendy Harmer** a prominent Australian broadcaster, entertainer and veteran of countless international comedy festivals.

Against:

- **Dr Greg Pike** the Director of the Southern Cross Bioethics Institute in Adelaide, South Australia.
- **Jade Lewis** a former drug user who now campaigns and educates against use of illegal drugs.
- **Paul Sheehan** a columnist with the Sydney morning Herald.

More details about the speakers can be found at: http://www.iq2oz.com/events/event-details/2011-series-sydney/may.php.

It is not intended to run through the debate here but for those interested it was videoed and recorded for publication on the IQ^2 website and on the ABC at a later date. There were however some interesting points to make: The affirmative are well armed with facts and logical reasons; the negative relied on selective choice of facts or for the most part simply none at all. For example the leader of the negative team simply stated that if all drugs were legal more people would use and more people would come to harm without supporting evidence – thus they avoided the trap of having to listen to the model proposed by the affirmative team of "legalise and then regulate".

The second speaker for the negative told her personal story by way of reasons why all drugs should not be legalised. Her experiences were traumatic, there is no doubt, but she is now living without drugs and is happily married with a family. The turning point for her was when she was in her early twenties and was arrested and faced imprisonment. Thus for her having been caught after many years for (apparently) a drug related crime, she turned her life around.

However the point was made by Nicholas Cowdery that if all drugs were legalised and regulated she would not have had to have such experiences. This was emphasised by Tony Trimingham, speaking from the audience later, who acknowledged the woman's experience but said that the law had not saved his son but had been more the cause of his death.

Wendy Harmer pointed out the hypocrisy of the current laws – a most dangerous drug is legalised while a much less harmful one was prohibited – and she proposed a prohibition on hypocrisy.

The debate reflected the opinions in the general community. On the one hand there is evidence and logic, an identification of the hypocrisy of the laws, and the saving of lives and misery. On the other hand there is the disregard for truth, selective use of facts or creation of "facts", and appeal to traumatic personal experiences caused by drugs and how the blunt and harsh instrument of the criminal law can turn all those lives around.

To satisfy oneself that this is really how the debate goes in the general community one need only read the newspaper – although mostly a one sided presentation. However in the last week there was a balanced Canberra Times editorial about the decision by the Indonesian government to spare Scott Rush from the death penalty (published in this Newsletter) which can be compared to an opinion by Miranda Devine ("Don't rush to forgive deadly mule") in

Proposed BBQ for members their families and friends

At our stall at the Multicultural Festival in February we won a prize for the most informative stall. This prize was a $50 voucher from City Select Meats.

If there is enough interest we would like to organise a BBQ for all our members, their families and friends on Saturday 4th June in a Canberra park.

Please let us know by Wednesday 25 May if you would be interested in attending such a BBQ by phoning (62542961) or emailing (mcconnell@ffdlr.org.au).

If there is not enough interest we will donate the meat to a charity.

Brian McConnell

the Daily Telegraph (not published in this newsletter). You can see that opinion piece at:

http://www.dailytelegraph.com.au/news/opinion/dont-rush-to-forgive-deadly-mule/story-e6frezz0-1226054199110.

The result of the debate? Before the debate most were in favour of the proposition but almost one third were undecided. After the debate when the audience had heard all the arguments and had listened to the audience comments almost all of the undecided then agreed that "all drugs should be legalised", resulting in almost 70% for the proposition and with little change in those against the proposition.

	Pre-debate poll	Post-debate poll
For:	46.8%	69%
Undecided:	32.3%	8%
Against:	20.9%	23%

Rush highlights our obligations

Editorial, Canberra times, 13/5/2011

The Indonesian Supreme Court's decision this week to spare convicted drug smuggler Scott Rush from death by firing squad and instead commute his sentence to life imprisonment has been greeted with relief in Australia, not least by Rush's family. While accepting that he was complicit in the failed attempt to import 1.3kg of heroin into Australia in 2005, Rush's family has always argued the sentence handed him was manifestly harsh in that it failed to recognise his youth (he was 19 at the time) or that he was a novice mule rather than a drug kingpin.

Suspecting beforehand that his son was about to travel to Bali to smuggle drugs back to Australia, Lee Rush raised his concerns, via a lawyer, with the Australian Federal Police, not realising they already knew what was afoot. Indeed, the AFP had already tipped off the Indonesian authorities, in spite of Indonesia having the death sentence on its books for convicted drug smugglers and Australia's official opposition to capital punishment. Despite his father asking the AFP to dissuade Rush from travelling to Bali, the young Queenslander was arrested at Denpasar airport on April 17,2005.

Whatever the AFP's justification for allowing the Bali Nine to be arrested in Indonesia and subjected to the possibility of a death sentence, the subsequent trial and penalties handed down in a Denpasar court reignited debate in Australia about the apparently contradictory position of the Howard government in condemning capital punishment on the one hand while looking on with what seemed like scant interest whenever people (Australian or otherwise) were sentenced to death for drug related offences in Asia or elsewhere. Indeed, the former prime minister himself and a number of his colleagues appeared to reveal their true beliefs about capital punishment when they spoke approvingly of the death sentences handed down to the three men convicted of the Bali bombings in 2002.

Former commissioner Mick Keelty's decision to appear in Bali as a character witness for Rush during his appeal proceedings last year may not have been an admission of regret at the way the AFP handled the Bali Nine case, but it was certainly an incongruous sight given the involvement of the AFP in Rush's predicament.

To their credit, the Labor governments of Kevin Rudd and Julia Gillard have moved to clarify the responsibilities of our police forces when cooperating with their overseas counterparts[1], now requiring them to exercise caution when capital punishment is a possibility. Having welcomed the decision to commute Rush's sentence, Foreign Minister Mr Rudd should continue to back the bids for clemency of the two other Bali Nine conspirators condemned to death (Andrew Chan and Myuran Sukumaran) even if they are the acknowledged ringleaders of the operation. Additionally, the Government should expedite conclusion of a prisoner transfer agreement with Indonesia and other countries in the region such as Vietnam and Singapore. Whatever the public sentiment for leaving drug smugglers to rot in overseas jails, Australia has an obligation to Australian families (Rush's included) to ensure they do not suffer unnecessary hardship and burden as the result of the indiscretions, greed, or folly of their fellow family members.

Drugs and development – caught in a vicious cycle

Poverty matters blog, Nick Crofts, guardian.co.uk

As we mark the 50th anniversary of the global war on drugs, the world can no longer ignore the intricate links between narcotics, development and conflict

Conflict and drugs almost inevitably go together. The vast majority of opium and often coca production is in countries subject to generations of conflict. This is usually attributed to two main factors: illicit drug production provides profits that fund wars, and conflict areas tend not to be subject to ordinary structures of law enforcement.

What is not obvious at first glance is the more deep-seated reason why the drug trade and conflict are so closely linked: the state and progress of social and economic development. This is a vicious cycle – poor development fuels conflict, which fuels the drug trade, which fuels conflict, which fuel poverty. As with most vicious cycles, this one is extremely hard to break.

This issue is particularly salient as this year marks the 50th anniversary of the UN conventions that declared a global war on drugs. The UN agency in charge of implementing and overseeing the conventions is the UN Office on Drugs and Crime (UNODC), which often views drugs issues as only relating to law and order and security. Despite being part of the UN system, the body rarely looks at the implications of socioeconomic development.

This has to change. It is imperative that the UNODC and the parties to the UN conventions inform themselves of the links between development, conflict and drug cultivation. These links are all too apparent in places such as Burma, the Balkans, South America and the Indian subcontinent.

Instability stemming from poor and highly inequitable socioeconomic development is a major catalyst for civil conflict, which itself is often funded by the drug trade. Drug lords in turn take advantage of the poor and force them to produce drugs, which often leaves them more vulnerable.

[1] FFDLR made this point strongly in a submission to the government in October 2006. See FFDLR views on Australia's mutual assistance arrangements at FFDLR.org.au/submissions/submissions.htm

The world has watched how poverty has given impetus to a wave of civil unrest that has swept across north Africa and the Middle East. This wave could turn into a tsunami as the countries most deeply involved in drug production have even lower socioeconomic development than those inspired by the "jasmine revolution", and have drug money to fund their rebellion. Thus, for better or worse, the ground is ripe for more Colombia-style conflicts than the peaceful democratic revolution of the Egyptian people.

The situation in Afghanistan, for example, is well known: there is an intimate connection between opiate production and the ability of the Taliban and warlords to engage in long-term conflict. Destitution in the province of Kandahar has made poppy one of the top three cultivated crops in Afghanistan despite attempts at eradication and "alternative development". The reality is that the poppy cultivation will not be eradicated until farmers have more secure livelihoods. That will not happen soon, because that's not the mission.

In Burma, 73% of households rely on income from opium to provide food, shelter, education and healthcare for their families. Drug enforcement agencies have tried to work towards opium eradication in southeast Asia for years, claiming that the drug economy creates a difficult environment for socioeconomic development. They've got it backwards – the lack of socioeconomic development makes it imperative for many Burmese people to produce opium. Not to mention that the government and the rebels are both dependent on the drug trade to fund their fight against each other. Clearly, it's a problem that will not disappear overnight.

The world is gradually awakening to the reality that our current drug policies have failed. They have not achieved their stated goals and perpetuate conflict, violence and poverty. We are becoming more aware of the disenfranchisement of hundreds of millions of people in less developed nations and how this has the propensity to spill out on to the streets and directly challenge state authority.

Though we understand the system is broken, little is done to change or fix it. Development agencies frequently skirt their role in helping to change the environment in which the drug economy flourishes and drug control agencies rarely consider the development context in which their activities take place. As this year marks the 50th anniversary of the global war on drugs, the world can no longer ignore the intricate links between drugs, development and conflict.

Donor agencies must become more aware of the role they can play in changing the conditions that precipitate drug trade and use, particularly if we are to meet the millennium development goals by 2015.

Drug control agencies must learn to better look beyond the simple realities of drug production, and take into account the social and economic factors that fuel cultivation and consumption.

Both must learn to live and work together – achieving common goals is often hard work, but it is work that must be done if we truly want to make development work for everyone and break the vicious cycle.

• *Nick Crofts is senior research fellow at the Nossal Institute for Global Health at the University of Melbourne, and principle author of the Dependent on Development report*

Ever controversial: prescribing opiates to opiate addicts

from findings.org.uk

Previously we featured residential rehabilitation among our hot topics. Now we turn to the opposite treatment pole – prescribing opiate-type medications to opiate addicts on a long-term 'maintenance' basis. Both act as a focus for political and professional controversy, poles to which differing and often opposing treatment philosophies pin their colours. The divisions were reflected in the policies of parties contesting the May 2010 election. For the Conservatives, methadone was "drug dependency courtesy of the state". Labour responded to such criticism, but without abandoning the mass methadone programme which it believed had cut crime and curbed infectious disease. Dismayed by attacks on methadone, in April 2010, 41 British and international experts came together to defend "this life-saving treatment", an unprecedented alliance which shows how seriously they took moves to curtail it. In the event, the national drug strategy of the Conservative/Liberal Democrat coalition which took power rowed back from pre-election rhetoric, offering sometimes contradictory sentiments among which both poles of the treatment debate could find comfort. One short, key sentence brought substitute prescribing in from the cold and under the umbrella of 'recovery', a safer political haven. But at the same time the strategy heralded a determined attempt (for most but not all patients) to eliminate the distinguishing feature of 'maintenance' prescribing – its indefinite and often long-term nature, bringing it within the ambit of a preparation for "full" recovery rather than a complete recovery option in itself. Picking up the baton, the 2010–11 yearly plan from England's National Treatment Agency for Substance Misuse heralded the end of maintenance prescribing for all but a minority of patients. The bulk would be offered "a time-limited intervention that stabilises them as part of a process of recovery, not as an end in itself". The agency recognised this would be a "radical reform" with risks evident in several studies, notably a US experiment which allocated patients at random to either minimal-support methadone maintenance or enriched-support but more time-limited detoxification.

On the ground, oral methadone is the workhorse, buprenorphine is behind but catching up, while injectable methadone and heroin now play a minor role. The UK arrived at this point after decades when it alone permitted heroin for the treatment of heroin addiction, resting on freedoms afforded doctors and patients by the 1926 Rolleston report. Having restricted heroin prescribing to a few hundred specialists, in the 1970s Britain moved decisively to the more 'normalising' oral methadone regimens pioneered in the USA. From the mid-'90s, mainland European countries trialled and then adopted the heroin prescribing option the UK had largely abandoned, adding supervised consumption to the regimen, an approach which has cycled back to Britain via the RIOTT trial.

Arousing visceral opposition and passionate defence, prescribing opiate-type drugs to opiate addicts for as long

as needed on the discretion of the doctor treating the patient has for decades been the mainstay of heroin addiction treatment in Britain. Because opposing camps value different things, evidence alone will not decide whether it stays that way, but research does reveal what we and the patients stand to lose or gain from a change in policy.

Cannibidiols[2] over Cannabinoids

Opinion by Colin Hales

Several people I know who live with illness and use cannabis as part of their management regime have spoken to me of problems they experience as a result of the illicit nature of a substance they find greatly therapeutic. They regularly mention a desire for "weaker" cannabis than is currently generally available. If we are to truly embrace the philosophy of harm minimisation then the health effects of medicinal cannabis must take precedence over any legal ramifications.

Firstly, the evidence that any form of regulation works better than the war on drugs is pretty overwhelming. Countries such as Switzerland, Portugal, some states in the USA, and The Netherlands are all finding that a change of drug policy encourages better health outcomes and discourages crime. Far from encouraging drug use, it often results in a decrease of usage.

Secondly, it's important to note that it is not usage itself, but usage patterns and resulting lifestyle factors that are most harmful to drug users. And it may not be so much the drug (or the disability or disorder), as it is society's reaction to it. If people experiencing any form of disadvantage are ensured the basic minimums of a healthy lifestyle, not only are the harms they experience much reduced, but the benefits they enjoy are much increased.

It is worth noting that the percentage of those who experience pronounced adverse effects from cannabis use is actually much lower than that associated with most psych meds - and that's even if you get the right diagnosis and treatment. It's been said that the chances of getting the correct care in the US are as low as fifty percent for mental health consumers.

And of course there are some people who just shouldn't smoke cannabis. Smoking should not be the basis of one's entire treatment regime or lifestyle. However, fully encompassing drug use as a health issue often serves as a way of drawing people into other services, engagement with the community, and other lifestyle changes.

The views of people who use cannabis, either regularly or irregularly, and say it is of benefit to their health or their quality of life, is worth heeding.

With most chronic conditions, stable management is deemed most critical. Accurate, guaranteed purity, and regular doses are essential.

Yet when illicit drugs are used as medication there is a tendency to see the opposite. Law enforcement disruption of a regular supply often means that by the time one gets used to a batch of product, trial and error and self-experimentation must be used to get used to the next supplier's product.

All this makes achieving a 'regular dose' and stable management quite difficult. The current weight based laws act to increase the strength of the cannabis, that is less weight but of higher purity. There is also a noted drift away from supply of those cannabis components generally considered therapeutic towards those considered psychoactive.

The variabilty in the strength of cannabis can have dramatic effects even on long term habitual smokers. This stronger, more psychoactive product creates more residual and withdrawal effects. And high purity cannabis encourages the use of tobacco to 'spin' out the product compromising a person's health even further.

A discretion exists under ACT law whereby a Simple Cannabis Offence Notice (SCON - essentially a civil fine) for cultivation of up to two plants outside can be issued by police. But this is not practical for anyone using cannabis for medicinal purposes because continuity of supply is not assured – partly by the Canberra weather and partly by the two plant limit. Thus if one does not want to become involved with a dealer, the only other option is to turn to hydroponic production under lights which is a criminal act.

The unusual nature of cannabis supply for those who seek it medicinally and who are in emotional, psychological or physical distress, further exposes them to adverse interactions with both the authorities and unscrupulous others.

In my view medicinal cannabis should operate more akin to the PBS rather than the way tobacco or alcohol is treated. That is a system based on provision of regulated supply rather than restriction. This would enable safer methods of use such as with cannabis cookies or by infusion as with tea. It would also ensure a greater purity of product with less pesticide, fertiliser, or other contaminates. And labeling and provision of usage advice as with all medicinal products would ensure that any user would be engaged in less harmful usage patterns.

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[2].*From Wikipedia:* ***Cannabidiol*** *(**CBD**), (not to be confused with Cannabinol, a separate cannabinoid) is a cannabinoid found in Cannabis. It is a major constituent of the plant, representing up to 40% in its extracts.*[2]

It has displayed sedative effects in animal tests.[3] *Some research, however, indicates that CBD can increase alertness.*[4] *It may decrease the rate of clearance of tetrahydrocannabinol (THC) from the body, perhaps by interfering with the metabolism of THC in the liver.*

Medically, it has been shown to relieve convulsion, inflammation, anxiety, and nausea, as well as inhibit cancer cell growth.[5] *Recent studies have shown cannabidiol to be as effective as atypical antipsychotics in treating schizophrenia.*[6] *Studies have also shown that it may relieve symptoms of dystonia.*[7][8]

In November 2007, it was reported that CBD reduces growth of aggressive human breast cancer cells in vitro and reduces their invasiveness.

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In April 2005, Canadian authorities approved the marketing of Sativex, a mouth spray for multiple sclerosis to alleviate pain. ….

Studies have shown that CBD may reduce schizophrenic symptoms in patients, likely due to their apparent ability to stabilize disrupted or disabled NMDA receptor pathways in the brain, which are shared and sometimes contested by norepinephrine and GABA.[6][12]

More at http://en.wikipedia.org/wiki/Cannabidiol