



NEWSLETTER

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Join us.

NEXT MEETING

Thursday 26 July, 7.30pm
St Ninian's Uniting Church hall,
cnr Mouat and Brigalow Sts, LYNEHAM
Meetings are followed by refreshments and time for
a chat.

Editorial

Family groups in Germany & Austria

On our recent visit to Austria and Germany Marion and I had the opportunity to meet with similar organisations to FFDLR and to find out first hand the work that they are doing.

We have had contact over a number of years with a parent group in Wuppertal and were pleased to have the opportunity to meet with them. Bill Bush had met with them in 2005 and had been corresponding with them since. The group is called Bundesverband der Eltern und Angehörigen für Akzeptierende Drogenarbeit - The National Association for Parents and Relatives for Acceptance of Drug Use - Akzept for short.

Wuppertal is a city in the German state of North Rhine-Westphalia. It is located in and around the Wupper river valley, situated east of the city of Düsseldorf. Its population is about 350,000, similar to the ACT, and the city is best known for its suspension railway, called the Schwebebahn.

By way of interest the Schwebebahn is over 100 years old and mostly is suspended over the Wupper river. It was built over the river because of the limited land space available for any other type of suburban railway.

Jurgen Heimchen and Heidrun Buhle were wonderful hosts, meeting us as we arrived by train, taking us to our hotel, dining with us, as well as showing us the sights of their city, including a ride on the Schwebebahn. They also kept us very busy with visits to services provided to drug users in Wuppertal. This included a guided tour of the Consumption Room (a supervised injecting room) to which was attached the needle and syringe exchange, counselling rooms, and a cafe where meals were provided.

We then visited another cafe near the centre of the city. It was located around the corner from the police

station and was a place where people could sit and talk, play cards etc, and drink coffee. Showers and washing facilities were also available. They were also allowed to bring their own alcohol.

This is an example of how pragmatic the German people can be. They responded to the problem of a large number of people congregating near the city centre, using, selling or buying drugs, or drinking alcohol, by providing facilities that improved the amenity of the city centre and at the same time provided safe and supervised facilities for them.

There is also a comfortable co-existence between the police and the patrons of the Consumption Room and the Cafes. This is somewhat different to what could be expected in Australia where most likely police would be called to move the people on.

Germany passed heroin assisted treatment into law shortly before we arrived. A welcome move according to Akzept's chairman Jurgen Heimchen, but he thought it might take some time before it was available in Wuppertal because the passing of the law was not accompanied by the necessary funding by either national, state or local government. However Jurgen is of the view that HAT should be no more difficult than a visit to the doctor.

Of course once it has been demonstrated that savings will accrue through the reduced law enforcement effort, funding should not be such a problem.

Akzept organises a Germany-wide remembrance ceremony on



Akzept members in front of the memorial wall. Klaudia Herring-Prestin, Marion McConnell, Wiltrud & Jurgen Heimchen, and Heidrun Buhle

21 July each year.

In addition to providing a support service it is also an activist organisation, making the following statements:

- We cannot allow ourselves to be uncritical.
- We cannot allow ourselves to be passive.
- We cannot allow ourselves to accept in silence and humility the death and the misery of our children and relatives.

The organisation is very forthright in expressing their demands, for example demanding treatment and therapy places immediately, substitution therapies for all who need it (including HAT), regulation of drugs, legalisation of cannabis production, etc. Their T-shirts and publications are also as bold stating “Heroin for all who need it!” or “My child takes drugs, now what!”.

The Akzept organisation receives funding from insurance companies which are obliged to provide a percentage of their income to community organisations.

For us Wuppertal is now not only well known for its Schwebebahn, but for the parent group which has done so much good work to help support drug users and their families.

The Vienna group that we visited, called ElternKreis (Parent Circle), is more a support group for parents whose children are using drugs or have died from drugs. This is not to say that members individually do not have a view about the futility of the current prohibition regime.

We spent an afternoon in the company of Josef Rohaczek, the chairman, and about seven others from his organisation understanding each others’ organisation and exchanging views.

They also have a memorial which is strategically located in front of the main entrance to the UN. We were fortunate to visit on the day that they held their memorial service. The memorial is called “Tree of Hope” and is dedicated to those affected by drug problems worldwide and was first unveiled on 27 June 2011.

Inscribed on the memorial are the following words: **Dedicated to all those affected by drug problems worldwide. Drug problems are preventable and treatable.**

The service was conducted by a young Protestant priest and an older Catholic priest. The latter gave a good lesson, from his

own experience, of how people power, demonstrating in one of the busiest streets in Vienna, won the day for a treatment centre for drug users.

Australia 21 Roundtable

During this month Australia 21, the organisation that gave us the report that generated so much media interest, “The prohibition of drugs is killing and criminalising our children and we are all letting it happen”, has conducted a second roundtable. This roundtable examined the policies and practices of a number of overseas countries, asking the question “What can Australia learn from drug policies of overseas countries?”

FFDLR was represented at the roundtable and although Chatham House rules applied, it would not be giving too much away to say that it was thought elements of overseas drug policies were possibilities or at least deserved examination for application in Australia.

It had been made clear in the first Australia21 report that prohibition had failed. The evidence is there, not only in that report but in the Global Commission on Drug Policy report which was released in 2011. Even the UNODC recognises some of the problems as it stated in its World Drug Report 2012:

... a number of unintended consequences have appeared.

The development of black markets and the opportunities they create for organized crime have been among the unintended side effects. ...

... drug control measures seem to have given rise to another main category of unintended consequences in illicit drug markets. These are various replacement or displacement effects, sometimes generically referred to as the “balloon effect”.

The current problems in Mexico and South America where crime gangs rule the country is further evidence, and even in the recent Four Corners program where governments (foreign?) destroyed poppy crops in Afghanistan with the unintended consequences that the farmers who had to borrow to grow the poppy crop were left with a debt that could often only be paid by selling off their children, or having their children stolen from them, for purposes we do not wish to imagine.

Young people at both ends, the production end and the consumption end, are suffering because of this policy.

The problems of implementing a different policy approach in Australia falls into a number of categories:

- Our members of parliament do not see the problem to be large enough to be a concern and are prepared to accept the 400 deaths each year and the untold illnesses and misery to continue;
- The Australian people do not fully understand the problem, partly because they believe it will not affect them, partly because they believe media reports of the “biggest drug bust” and thus think the problem is under control and partly because of a



Marion & Brian McConnell, Josef & Hermine Rohaczek

fear that a change will make matters worse;

- The problems associated with drugs is not fully visible - European countries had a problem that was visible, eg street drug scenes, and adopted a constructive and pragmatic approach to finding a solution;
- There is an over-reliance on law enforcement and the criminal justice system to solve the problem;
- Our concern with what America will think if Australia goes against a system that the US devised.

The answer to these dilemmas falls mostly in the education camp. MPs must be made fully aware of the issues so that they fully comprehend and are persuaded that it is they who have the power to do something. The Australian public needs to be similarly informed and persuaded. One can only hope that the next Australia21 report keeps that discussion/debate going and that it encourages Australians to become engaged.



Marion & Brian in a "Legalise Cannabis Velotaxi in Berlin

Elections

Perhaps it is not too late for Melbourne readers to note that the Sex Party is standing on a platform of Drug Law Reform - that drugs should be treated as a health issue not a criminal one.

This is for the Victorian Legislative Assembly seat of Melbourne by-election to be held on 21 July. Their website is <http://www.sexparty.org.au>.

Elections for the ACT Legislative Assembly will be held on 20 October 2012. Electoral rolls close on 21 September - so make sure you are enrolled correctly.

Candidate nominations close on 26 September, although most candidates will be known before that date. In our next Newsletter we will outline the candidates or parties' drug policies.

Alternative World Drug Report.

The Alternative World Drug Report, launched to coincide with publication of the UN Office on Drugs and Crime's 2012 World Drug Report, exposes the failure of governments and the UN to assess the extraordinary costs of pursuing a global

war on drugs, and calls for UN member states to meaningfully count these costs and explore all the alternatives.

After 50 years of the current enforcement-led international drug control system, the war on drugs is coming under unparalleled scrutiny. Its goal was to create a "drug-free world". Instead, despite more than a trillion dollars spent fighting the war, according to the UNODC, illegal drugs are used by an estimated 270 million people and organised crime profits from a trade with an estimated turnover of over \$330 billion a year – the world's largest illegal commodity market.

In its 2008 World Drug Report, the UNODC acknowledged that choosing an enforcement-based approach was having a range of negative "unintended consequences", including: the creation of a vast criminal market, displacement of the illegal drugs trade to new areas, diversion of funding from health, and the stigmatisation of users.

It is unacceptable that neither the UN or its member governments have meaningfully assessed these unintended consequences to establish whether they outweigh the intended consequences of the current global drug control system, and that they are not documented in the UNODC's flagship annual World Drug Report.

This ground breaking Alternative World Drug Report fills this gap in government and UN evaluations by detailing the full range of negative impacts resulting from choosing an enforcement-led approach.

Extracts from the AWDR

8. Options and alternatives

The growing consensus that reform of the current system is needed is fuelling an active debate on a range of alternative approaches. These range from ramping up the war on drugs, through to free-market legalisation models, although most opinion sits between these poles, considering either

less punitive enforcement models with a greater emphasis on public health, decriminalisation of users, or strictly regulated legal availability of certain currently prohibited products.

Determining which approaches will be most effective at achieving the widely shared goals of drug policy, and reducing the costs outlined in this report, requires a political commitment to research and experimentation (currently inhibited by the international legal framework for regulated market models). Key alternative approaches include:

- Fighting the war on drugs with increased vigour, achieving the aim of reducing/eliminating drug use through increasing resources to enforcement and harsher punishments. The analysis in this report indicates this is likely to increase unintended consequences, without delivering significant benefits
- Incremental reforms to enforcement and public health and treatment interventions (within the existing prohibitionist legal framework) to improve policy outcomes. Adequate investment in evidence-based prevention, treatment and harm reduction should form a key pillar of drug policy under any legal framework. However, current enforcement approaches can simultaneously

undermine rather than support health interventions. Reforms to enforcement practices can also target some of the most harmful elements of the criminal market to reduce crime costs from current levels, although this fails to engage with the prohibitionist framework fuelling much of the criminality in the first instance

- Re-orientation to a health-based approach and decriminalisation of personal possession and use (civil or administrative sanctions only). Evidence suggests that if implemented intelligently as part of a wider health re-orientation, decriminalisation can deliver criminal justice savings, and positive outcomes on a range of health indicators, without significantly increasing use – but has at best marginal impacts on criminal market-related harms
- Legal regulation of drug markets offers the potential to dramatically reduce costs associated with the illegal trade outlined in this report, but requires negotiating the obstacle of the inflexible UN drug conventions. Drawing on experiences from alcohol, tobacco and pharmaceutical regulation, increasingly sophisticated models have now been proposed for regulating different aspects of the market – production, vendors, outlets, marketing and promotion, and availability – for a range of products in different environments.

Five proposed models for regulating drug availability

- Medical prescription model or supervised venues – for the highest risk drugs; injected drugs, including heroin, and more potent stimulants such as methamphetamine
- Specialist pharmacist retail model – combined with named/licensed user access and rationing of volume of sales for moderate-risk drugs such as amphetamine, powder cocaine, and MDMA/ecstasy
- Licensed retailing – including tiers of regulation appropriate to product risk and local needs; this could be used for lower-risk drugs and preparations such as lower-strength stimulant-based drinks
- Licensed premises for sale and consumption – similar to licensed alcohol venues and Dutch cannabis “coffee shops”, these could potentially also be for smoking opium or drinking poppy tea
- Unlicensed sales – minimal regulation for the least-risky products, such as caffeine drinks and coca tea.

Cannabis regulation in practice

Cannabis is by far the most widely used illegal drug, accounting for around 80% of all illegal drug use globally. Policy responses to cannabis around the world vary from punitive prohibitions through to quasi-legal (de facto) regulated markets, offering a body of evidence to inform development of alternative regulation models. Recent developments, including state level ballot initiatives to legally regulate non medical cannabis in the US, suggest that cannabis is likely to be at the forefront of the reform process.

Cannabis coffee shops in the Netherlands

The Netherlands has had de facto legal cannabis supply and use since 1976, with a well developed and functional system for sale and consumption in licensed outlets. While the system has functioned very effectively overall, it has struggled with the constraints of the international legal framework, most obviously the “back door problem”. There



UN City in Vienna

is no legal production and supply to the coffee shops – so they still source cannabis from an illicit market, with attendant criminality. And because the move has been unilateral there have been problems with “drug tourism” in some of its border towns (recently leading to coffee shops becoming “members only” clubs in some regions).

Spanish cannabis clubs

Spain’s “cannabis clubs”, now numbering more than 700, take advantage of the two plant allowance for personal use granted under Spain’s decriminalisation policy. The pooled allowances of club members are collectively grown by the club organisers, and then used to supply the club venues which sell the cannabis to the members at around half the price charged by the criminal market. The clubs operate on a not-for-profit basis. By using the decriminalisation policy to get around the ban on production, the Spanish clubs have demonstrated how the criminality can potentially be removed from the market completely – while maintaining an acceptably self contained and regulated production and supply model.

Medical cannabis

A number of Canadian and US states, as well as some European countries have well developed models for regulated production and supply of cannabis for medical uses (often largely indistinguishable from the proposed regulated supply models for non-medical use). Somewhat controversially, a proportion of the “medical” supply has become a de facto non-medical supply infrastructure, the boundaries between the two being particularly blurred in some of the more commercial US operations.

What are the possibilities for Australia

Is it possible under the UN Conventions for Australia to adopt any of the models outlined above and those such as the Heroin Assisted Treatment and the decriminalisation of all drugs for personal use as in Portugal.

Taking the latter first and reminding readers of the Portugal system: all personal use and possession was decriminalised and commissions for dissuasion each comprising a treatment professional, a social worker and a lawyers were established. The commission could refer a person for treatment, apply a range of sanctions or simply issue a warning depending on the circumstance of each case. The outcomes after more than 10 years of operation have been largely positive.

Heroin Assisted Treatment is now well established in 7 countries and the benefits are well documented as being significant for the user and for community.

Both of these two options can be implemented without contravening the UN Conventions. In the case of the Portuguese system the use of drugs is still prohibited but sanctions other than criminal sanctions are applied. In the case of HAT this also is permitted because it is a medical treatment.

In fact the conventions allow more options for governments considering a different approach as this quote from the World Drug Report 2012 explains (<http://www.unodc.org/unodc/en/publications-by-date.html>):

This means that countries may apply a range of alternatives to criminal sanctions in dealing with illicit drug use and still be in line with the international drug control system.