

NEWSLETTER

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Join us.

NEXT MEETING

Thursday 28 February, 7.30pm
St Ninian's Uniting Church hall,
cnr Mouat and Brigalow Sts, LYNEHAM

Speaker at 8:00pm

Michael Moore

Needle & Syringe Programs Overseas

Michael will reflect on the experiences of Needle and Syringe Programs (NSP) that have been operating in some of the countries he has visited including Germany, Spain, Luxembourg, Switzerland and Iran. With a prison NSP foreshadowed in the Alexander Maconochie Centre (AMC) this will allow some discussion on the issues and experiences of others and how they might influence policy in the AMC

Meetings are followed by refreshments and time for a chat.

Editorial

Revised US drug policy rhetoric needs reality check.

Gil Kerlikowske, Director of the Office of National Drug Control Policy and chief adviser to President Obama on drugs addressed a gathering in Parliament House, Canberra on 14th November, on USA Drug Policy.

His presentation was about how the US has reduced drug use and how it provides 2,600 drug courts across the US to divert and compel people to recover from drug addiction or drug use. He stated also that the "war on drugs" was over. The US now sees drug use and drug addiction as a public health issue, "it is a brain disorder", he said. And that the US now adopts an evidence based approach with its drug policy, "a third way", he said, borrowing from a former president.

Significant additional federal funding is being provided for drug-free-communities, drug education and treatment, the HOPE program for prisoners who fail drug testing while on parole and programs targeting high-intensity drug trafficking areas.

Notwithstanding this the US still retains its hard line opposition to changing the drug laws. "Legalisers," he said, branding those who dared think of changing drug laws, "think that changing the laws and legalising will solve all the problems." And he said "if drugs are legalised use will increase." But of course these statements were not backed by any research or evidence.

The presentation took about 40 minutes, but it left many issues unsaid. For example how does the Whitehouse feel about increasing numbers of US states introducing medical marijuana

or even legalising it, about Afghanistan where the US is at war with a country that produces the majority of the world's street heroin, the large number of arrests for personal use and the imbalance between funding for law enforcement compared to funding of health services.

His claim that the war on drugs was over may have been accepted had it not been for his overall emphasis on law enforcement to tackle drug use, such as with drug courts. Even the breakthrough in rhetoric saying that drug use and addiction was a public health issue - a brain disorder - was being tackled by law enforcement efforts. "If a person before the drug court failed a urine test they would find themselves in jail to complete their five year sentence", he said.

Some of the gaps in his presentation were filled in at question time. These included such things as needle and syringe programs that prevented the spread of blood borne viruses, supervised injection rooms that helped users remain alive and as healthy as possible even though they were still using, heroin on prescription for the severely addicted and how they were tackling synthetic drugs that were now appearing in the market.

The needle and syringe program is still not funded by the US federal government but programs do exist in some cities. On the other issues he either denied that they would be effective or that there was evidence to support them.

If this response was an example of evidence based policies then it leaves a lot to be desired. He was either poorly informed, which for someone in such a high position is hard to believe, or he simply refused to acknowledge the existence of evidence. Evidence based policy does not mean that evidence is only relevant if it comes from your own country and it does not mean that evidence that does not support your own, or your government's viewpoint is denied or ignored.

The evidence on many of these issues is clear and unequivocal: the Portuguese decriminalisation of all drugs did not result in sustained increased drug use and did reduce the number addicted; a study in the Czech Republic, after having criminalised possession two years earlier, again decriminalised following a study that reported that criminalising drug possession neither deterred use nor benefited health and was expensive; Australia's fully supported needle and syringe program has been extremely effective on many counts; supervised injecting rooms, not only in Australia but in Europe save many lives and improve health; and heroin on prescription has not only helped improve health, reduce the chaos in users lives but reduced crime by up to 95% in areas where it has been implemented.

Can Australia learn from the new US third way on drug policy? Fortunately Australia is ahead of the US on many issues; needle and syringe programs, methadone and buprenorphine programs, a strong emphasis on harm reduction, which the US strongly

refuses to allow into its lexicon.

However there are some lessons to be taken on board but they are not as Kerlikowske would expect. Importantly, it is that Australia should not expect the US to be the leader in drug policy but it should look with open eyes at the evidence from the whole world, including those from non-English speaking countries in an effort to make less harmful policies.

As for the US, the change of rhetoric that drug addiction is a brain disorder and thus public health issue is to be applauded but its heavy reliance on law and order means that the US has a long way to go to move from rhetoric to reality.

2012 in Review - FFDLR Perspective

Setting the scene

We started the year 2012 with a reminder of problems in Mexico.

The casualties from Mexico's drug wars in 2011 alone estimated by one Mexican newspaper to be 12,284 and by another newspaper to be an average of 33 deaths per day. But it was an 11 percent decrease on the previous year.

Mexican and Colombian suppliers generate, launder and remove between \$18 billion to \$39 billion from the US each year. It has been reported that while drugs flow one way into the US guns flow the other way out of the US. Both help in fuelling the wars.

The US decided to attack the cartels financial infrastructure and discovered in passing that many financial institutions were deeply involved in the money laundering.

Mexico and the US had improved their cooperation over previous years resulting in increased arrests of cartel members and limiting cash purchases of real estate. But Spain reported that Mexican cartels had multiplied in that country, becoming the main entry point of cocaine into Europe.

European consumers pay twice the going US rate for their cocaine. And in 2012 it has been reported that Mexican drug cartels have joined forces with the Sicilian Mafia. There were also reports of Mexican cartels supplying Australia.

Former presidents of Brazil, Mexico and Columbia have proposed that Latin American countries involved in the drug wars should remove the taboos and re-examine the anti-drug programs. Meanwhile those countries have continued to follow US advice on how to combat the war, but with little effect.

The Vienna Declaration was developed in 2010 by an international expert group of medical practitioners, academics, and policy advisors with the aim of seeking to improve community health and safety by calling for the incorporation of scientific evidence into illicit drug policies.

The Global Commission on Drug Policy, a group comprising former presidents, the Prime Minister of Greece, Richard Branson, George Schultz, Kofi Anan, and other world leaders urged the end of the drug wars and proposed fundamental changes to the global drug prohibition regime.

But politicians claimed there was little or no public support. Avaaz, a global web movement which has created a trans-national community, stepped in and ran an online petition calling for an end to the war on drugs, which resulted in over 600,000 signatures.

The editorial of the Observer in the UK wrote about "The war on drugs and the shameful silence of our politicians".

Here in Australia sniffer dogs get it wrong four out of five times. About 400 people die each year from illicit drugs. The debate on an NSP in the AMC was under-way, FFDLR had presented a petition to the Legislative Assembly calling for an objective debate in the Assembly on drug policy. Australia21 was planning its first roundtable on illicit drug policy.

Ross Fitzgerald wrote in the Canberra Times that "Tough on Drugs means no new ideas".

Kronic was discovered and banned without getting evidence of any health risks it posed. People were buying designer drugs over the internet from places like the Silk Road but it was not yet public knowledge.

And so the year 2012 began

Australia21, a non profit organisation that promotes new thinking about the big issues that confront Australia, undertook its high level roundtable in January and issued its report shortly thereafter. The report, "The prohibition of illicit drugs is killing and criminalising our children and we are all letting it happen", noted that discussion of drug policy was absent from the Australian political agenda and that most policy-making bodies nationally and internationally avoid consideration of the alternatives. The report called for a bipartisan approach and discussion of the issue. The media embraced the idea. The politicians (apart from Mal Washer, Richard Di Natalie and Bob Carr who at the time was the newly appointed Foreign Minister but had been a member of the roundtable) dismissed the idea.

Of all the drug arrests some 80 percent were of users and of those in prison better than 60 percent were there for drug related causes. The Courier Mail wrote in February about alternatives to jails that would save money and solve the overcrowding situation. In the USA the situation is more severe - a country with 5 percent of the world's population but with 25 percent of the world's prisoners.

The Vienna Declaration received over 20,000 signatures worldwide.

The response to our petition by the government was disappointing. The government refused to have a debate on drug policy or perhaps what is worse, the response in Hansard simply ignored the call for a debate.

In March according to the Huffington Post the legalisation debate had taken off in Latin America.

Sniffer dogs continued to be used, despite their failure rate. A university student survey reported that most would not stop drug use because of the dogs. A top police officer in Victoria (Australia), Assistant Commissioner Stephen Fontana labelled the social acceptance of illicit drugs as a "national disgrace". "[Users] are not taking it seriously", he said. Police had recently arrested 200 party goers at a dance festival.

Ex AFP Police Commissioner, Mick Palmer AO APM said : "After 33 years, I can no longer ignore the evidence on drugs. The reality [is that] drug law enforcement has had little impact on the Australian drug market."

Aljazeera posted a video on YouTube called "Counting the cost" that assessed the cost and effectiveness of the war on drugs. It was one of the most informative documentaries of the year.

In June and July Marion and I travelled to Vienna for family reasons but whilst there also visited Wuppertal, Germany to meet a group with whom we had communicated over the years. The

group, The National Association for Parents and Relatives for Acceptance of Drug Use - Akzept for short, has a reach across Germany and neighbouring countries. It is involved in lobbying, and in Wuppertal, a consumption room, a needle and syringe program, counselling, and two cafes for drug users. One cafe is located in the same premises as the consumption room near the railway station which provides meals, the other cafe is in the city centre just around the corner from the police station. The latter is a place for drug users to meet, talk, have a coffee, play a game of cards or chess. It is unique in that visitors to the cafe can bring and drink their own alcohol on the premises. The cafe also has showering and clothes washing facilities and lockers for personal possessions.

Germany has recently passed legislation allowing heroin to be provided on prescription. Availability of funding has limited the spread of this service but Jurgen Heimchen, the President of the group believes the provision of heroin on prescription should be as simple as a visit to a person's GP.

Funding for this group comes from the country's universal health insurance scheme - a scheme similar to our Medicare.

Samples of NSP packets and sterile equipment for cocaine use were provided to Directions on our return.

We met a group in Vienna called Eltern Kreis (Parent's Circle) and attended a memorial service at the group's memorial that is, surprisingly, located directly in front of the UN headquarters.

Negotiations in the UN General Assembly for the inclusion of the term "harm reduction" into various parts of the UNGASS action plan and political declaration failed. The proposal for inclusion of the words came from the EU, major opposition came from the US.

A founding member of FFDLR, Peter Watney passed away on 20 August 2012, aged 90 years. He was a strong supporter of drug law reform and always ensured that we were brought back to first principles: "where is the logical reasoning and the evidence why this particular drug is prohibited and this other one is not".

A successful Drug Action Week was undertaken in our absence - FFDLR held a public meeting with Nicholas Cowdery AM, QC, former Director of Public Prosecutions for NSW, as the speaker, ATODA ran another successful conference and many other functions were organised by the ATOD sector.

Kenya declared drug use as a public health issue and planned to distribute eight million clean syringes to its drug users.

The UNODC released its World Drug Report. It said the latest available data indicate that there has been no significant change in the global status quo regarding the use, production and health consequences of illicit drugs, other than the return to high levels of opium production in Afghanistan. It gave proof of resilience and adaptability of illicit drug suppliers and users and was concerned with the potential future repercussions of that resilience and adaptability for the world's major drug markets.

The Alternative World Drug Report, timed to come out at the same time, produced by The Count the Cost Initiative (countthecosts.org) said the UN Office on Drugs and Crime (UNODC) has in recent years acknowledged that the current system of global drug control is having a range of negative "unintended consequences" including: the creation of a huge criminal market; the displacement of production and transit to new areas (the balloon effect); the diversion of resources from health to enforcement; the displacement of use to new drugs;

and the stigmatisation and marginalisation of people who use drugs. However, despite acknowledging these problems, this report said neither the UN nor its member states have sought to discover if the intended consequences of the current system outweigh the unintended consequences. These costs are not systematically assessed or detailed in the UNODC's annual "World Drug Report", which is based primarily on self-reporting from member states via the Annual Report Questionnaires, which are incomplete and biased. The result, it said, is that less than half the story is being told.

On the eve of the release of the second Australia21 report Drug Free Australia released a report critical of Australia21's first report, saying "why Australian politicians must not surrender to illicit drugs". That report's main claim is that the Howard government's Tough on Drugs reduced drug use. However it was selective in its choice of drugs to support that claim and selective of data points. But a longer term analysis with a wider range of drugs shows mostly increases in drug use.

Australia21 held its 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?" The second report entitled "Alternative to prohibition - Illicit drugs : we can stop killing and criminalising young Australians", recommended a range of actions. Among these were that drug law reforms should be considered by all Australian governments and should have as their goals:

- Reducing deaths, disease, crime and corruption;
- Improving the protection of human rights of all Australian citizens;
- Reducing the burden on the criminal justice system, taxpayers and their families.

FFDLR held its 17th Annual Remembrance Ceremony to those who lose their lives to illicit drugs. The family speaker was a Sydney doctor who had lost a son recently and who lamented the lack of support and professional care for a son with a mental illness and a drug addiction. Over 100 people attended. Families and loved ones continue to mourn the loss of family members and friends

In September the Qld Newman government cut off funding for special circumstances courts and drug courts to save \$35.7 million over four years.

The debate on the NSP in the AMC continued. The Chief Minister Katy Gallagher said, as a health measure, prisoners would be given access to needles under a 'one-for-one' model.

Nine prisoners have contracted hepatitis C while in the AMC since it opened.

And so as the year ended

The UK Drug Policy Commission, established to address drug issues in a different way, published its final report. Its aim was to show how independent scrutiny of evidence can produce both better results and more effective use of resources in drug policy and practice. It recommended a fresh approach to drugs.

Sponsored by the Australian National Council on Drugs, Gil Kerlikowske, Director of the Office of National Drug Control Policy and chief adviser to President Obama on drugs addressed a gathering in Parliament House on USA Drug Policy. He declared that the war on drugs was over. A statement that would give little

comfort to Mexico and other Latin American countries.

But interestingly he said the US now sees drug use and drug addiction as a public health issue, "it is a brain disorder", he said, and that the US now adopts an evidence based approach with its drug policy. "A third way", he said. But there would be no legalisation of drugs.

Despite the rhetoric the US still relies on law enforcement and the criminal justice system - typical is the 2,600 drug courts that it funds. The opposition to the term "harm reduction" in UN documents is also significant. In that country, the rhetoric has yet to become reality.

Despite what the administration says voters in two additional states during the Presidential election, voted to legalise cannabis.

FFDLR launched a global family declaration on the internet early in December.

The Beckley Foundation, Avaaz, and many other organisations have banded together to launch a "breaking the taboo" campaign - calling on the UN to end the war on drugs and the prohibition regime. So far over 651,000 support the cause.

Internet purchases of drugs is now publicly recognised.

The ban on Kronic failed to prevent its use.

There is still no NSP in the AMC.

Despite the growing recognition of the failure of prohibition most politicians are ignoring the issue.

Nevertheless there is a growing global awareness that prohibition has failed and a new approach is needed. But it may well need mass civil campaigns to get the attention needed.

New political party in the making

A new political party called **Drug Law Reform Australia** is shortly to be formed. As a first step in the process of becoming a political party the organisation has been incorporated as an association in Victoria with the following aims:

- To promote community discussion and debate on all matters relating to Drug Law Reform.
- To promote an effective legal framework for drug law reform including the development of humane policies for drug regulation.
- To promote public forums, provide specialist speakers and engage with the community on the legal, health and ethical implication of drug law reform.
- To promote and develop policies to rescind the current drug prohibition laws.

A fledgling website has been launched at <http://druglawreform.com.au> and a media launch of the organisation is planned for 3 March 2013.

To become a political party and participate in the 2013 federal election, the organisation needs to have about 550 members by 23 April.

Membership

Membership costs \$25 and people can join via the website with credit card or return the application form with payment attached or bank deposit receipt. (FFDLR can forward an application form on request.)

FFDLR members and their friends are urged to join the new

organisation.

Candidates

It is essential that the new party attracts quality Senate candidates in all states preferably with an existing public profile. If it can establish itself as a credible organisation for serious discussion on drug law reform, good men or women will step forward.

At this stage the organisation comprises a small motivated group with pure intentions and big ambitions beyond their resources and whatever assistance that can be provided by FFDLR members would be much appreciated. Contact Greg on admin@druglawreform.com.au



For help 24 hours a day, ring toll free 1300 368 186

Family Drug Support presents a 2 x weekend course STEPPING STONES TO SUCCESS

- Is someone in your family taking drugs?
- Are you at a loss as to what to do?
- Feeling helpless and isolated?
- Do you know a family who would benefit?

Then this is the course for you.

DATE: Held over 2 weekends, 16-17 & 23-24 March, 9.30am – 4pm

COST: \$60 (Fee assistance available)

VENUE: Level 1, Training Room 2, Building 5, Canberra Hospital, GARRAN.

CALL: Theo 04 0260 4354 or FDS office (02)4782 9222 for information and bookings.

FFDLR at the Multicultural Festival



On 10 February FFDLR participated in the Canberra Multicultural Festival in the heart of the city with a stall to inform about the need to change the drug laws, or at least to have a discussion about possible changes.

Many people visited the stall and took away information about

the need for alternative drug policies and about how they could contribute and make a difference.

Additionally, visitors to our stall were polled on their opinion to four simple questions prior to discussion on the questions. 68 people participated in the survey. The results are as follows:

Question	Agree	Disagree	Undecided
1. Australia21 says that the war on drugs has failed, in other words that drug prohibition has failed and that alternatives should be discussed.	93%	6%	1%
2. Australia21 recommended removing cannabis use from the criminal law and regulating and controlling it. This would make it available only under strict conditions, such as age limits, product quality control, package warning labels, no advertising, etc.	79%	20%	1%
3. Heroin should be made available through the medical system for those who are severely addicted to the drug and who have unsuccessfully tried all other forms of treatment.	76%	24%	-
4. A needle and syringe, one-for-one exchange in the ACT prison will make the prison a healthier and safer place for all.	79%	18%	3%

A clear majority were in favour of all four issues put to them in the questions.

If this survey is representative of the population of the ACT then any member of parliament or government who would wish to examine responses to drug issues would have little to fear.

Following completion of the survey participants were given FFDLR's opinion on each of the questions. These were:

1. Prohibition has caused the creation of a multi-billion dollar illegal drug industry, thus handed control of these drugs to violent drug gangs and cartels. And even though police capture tons of illegal drugs each year, it represents less than 20% of the drugs consumed. The black market, with its obscene profits, continues to flourish, and our young people are sold drugs of unknown quality and quantity and too often lose their lives to this ill conceived policy. It makes sense for the community and MPs to discuss alternatives.

2. Of all the illicit drugs, and despite the ongoing negative publicity, according to Prof David Nutt the former UK government adviser on drugs, cannabis is one of the less harmful drugs. While it is not without its harms prohibition laws multiply those harms. Regulating will reduce the harms significantly and potentially remove cannabis from the black market thus reducing the likelihood of progressing from cannabis to more potent drugs.

3. The scientific evidence is that heroin, provided through the medical system, significantly improves health and social wellbeing. It significantly reduces drug use overall, it reduces the black market in that drug and it reduces crime related to the use of that drug. It also significantly reduces the angst suffered by many families.

4. Drugs and drug using equipment will always find their way into any prison, no matter what security arrangements are in place.

In the ACT prison a number of prisoners who did not have HepC virus infections when they entered the prison contracted the disease while in the prison from sharing a needle with someone who had the disease. The syringe exchange would reduce that and would reduce HepC in the community when prisoners are released. Further the contaminated syringes currently in the prison can mean accidental needle stick for the guards with a resulting HepC infection. Clean syringes eliminate that risk.



Peter Watney inducted into the ATODA honour Roll

The ACT Alcohol and Other Drug Honour Roll commends and honours individuals whose contributions have been significant to the field and towards preventing and reducing alcohol, tobacco and other drug related harms in our community.

Inductee Peter Watney

Mr Peter Watney was a volunteer and advocate for drug law reform for over two decades. He was a founding member of Families and Friends for Drug Law Reform, including drafting their constitution, and an executive member of the Australian Drug Law reform Foundation.

He was inspired to engage in drug law reform advocacy through his work with people who were unemployed and his complete intolerance of racism.

Since the inaugural Families and Friends for Drug Law Reform meeting in 1995 he participated in every meeting, activity and Remembrance Ceremonies until July 2012 "when old age was



Peter Watney's granddaughter Louisa Lever and son-in-law Grant Lever receiving the award from Chris Bourke MLA.

catching up with him". He passed away the following month on 20 August aged 90.

Peter always argued the evidence, not the individuals. He was well respected by both supporters and opponents of drug law reform, with one of his staunchest opponents stating publicly that "the world is worse off for the passing of men like Peter".

The ACT's progress towards having the first prison-based needle and syringe program in the English-speaking world is a tribute to advocates, like Peter, for their tireless dedication.



Brian & Marion McConnell from FFDLR with Louisa and Grant holding the award.

Customs staff told to do in mates who smoke pot

By Jonathan Swan, Newcastle Herald, Feb. 15, 2013

CUSTOMS wants its staff to do in colleagues who are seen smoking marijuana at parties outside work, leaked internal documents reveal.

Customs and Border Protection workers have been told that under the new "mandatory reporting" regime, they will be expected to report on their colleagues' behaviour inside and outside of work.

Under a section titled "If it doesn't seem quite right" one directive reads: "While you are off duty and at a party you observe a fellow Customs and Border Protection officer smoking marijuana. Report it".

Another tells staff: "While walking past a colleague's computer you notice the colleague looking up the details of an ex-partner on the system. Report it".

Customs staff were assured that such reporting "is not about dobbing people in" but they could expect to be disciplined if they "make a negative comment on Facebook about a specific Customs and Border Protection corporate decision made by the senior executive".

Paranoia within Customs has been fuelled by recent revelations that a few officers have been socialising out of hours at nightclubs and gyms with Middle Eastern crime figures and members of bikie gangs, including the Comancheros. Some Customs staff are understood to be romantically linked to known criminals. One crime figure was invited to Customs' Christmas party.

From Friday, staff were told it would be "a legal mandatory requirement for all Customs and Border Protection workers to report any suspected serious misconduct". Staff who witness "serious misconduct" and do not report it will be investigated and could lose their jobs.

Under the new drug and alcohol testing regime, which begins next month, Customs staff can expect to be tested for drugs and alcohol any time during work hours. The legal blood alcohol limit to drive is 0.05 per cent but Customs is introducing a limit of 0.02 per cent.

One section of the document states that staff can only drink alcohol at "designated social venues" in their off-duty hours, but a Customs and Border Protection spokesman clarified that this applied only to venues on Customs premises and that "there is no restriction on which venues officers can attend outside work hours".

Asked why it was necessary for staff to report colleagues for smoking marijuana in their own time, the spokesman said: "Any form of illicit drug use by a Customs and Border Protection officer is incompatible with their role of protecting the border."

He said negative Facebook commentary could be incompatible with the Australian Public Service Code of Conduct.

The acting deputy secretary of the Community and Public Sector Union, Rebecca Fawcett, said while the union's members were "broadly supportive" of the direction of these reforms, they were worried about other measures.

"The announcement this week by [acting CEO] Mr [Michael] Pezzullo to launch a new 'crackdown' on poor appearance and presentation because it is a 'breeding ground for potential serious misconduct and corruption' is frankly insulting," Ms Fawcett said.

But are any of these intrusions illegal? Andrew Stewart, a workplace law specialist at the University of Adelaide, said they were "significant overreach" and he was troubled by the limits on speech imposed by the regulation of Facebook messages.

Understanding methadone patients

In Australia two drugs are mainly used to treat opioid addiction. They are methadone and buprenorphine. Both are effective and have an important role in opioid replacement treatment (ORT). Opioids are a class of drug mainly used to treat strong pain but also have the potential for abuse. Heroin has been the drug in this class most commonly misused, but more recently prescription drugs are being diverted.

Drugs like MS Contin (R) and Endone (R) have acquired a street value and contribute to a major addiction problem. Increasingly we are also seeing similar addictive behaviours with some over the counter codeine containing medications like nurofen plus and panadeine 15.

How does methadone work?

ORT works in the treatment of opioid addiction because it replaces an illicit drug with a regulated safe dose of a substitute drug. Both methadone and buprenorphine are long acting versions of orally active opioids that do not need to be injected to have their affect.

They are available at many community pharmacies so can break the cycle of dealing with street supply and crime and can begin the process of re-introducing patients into mainstream society. The longer a patient stays on ORT the less likely they are of returning to illegal use and the life of intravenous users.

More at <http://www.contactmagazine.com.au/features/business-sense/understanding-methadone-patients>