



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

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

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**NEWSLETTER**

**March, 2004**

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## **Next Meeting**

**Thursday, 25 March**

**Meeting 7:30pm**

at St Ninians Uniting Church,  
Cnr Brigalow and Mouat Streets,  
Lyneham

**Members are encouraged to attend**

Refreshments will follow

## **Editorial**

During the month I had the opportunity to attend the Manning Clark Lecture given by Sir Gustav Nossal. Sir Gustav was Australian of the Year in 2000 and is distinguished in the field of immunology. After his successful career as a research scientist he has turned his mind to campaigning for global immunisation.

His efforts in that regard have been second to none and he has been able to attract significant sums of money, such as that from the Gates Foundation to assist in that work.

In his lecture he covered his work in respect of immunisation programs but it was much wider than that. He contrasted the expenditure that developed countries spend on aid with that spent on war machinery.

The amount spent on arms is enormous while that spent on overseas aid is pitifully small.

One may well ask why that is important.

The answer has not only to do with humanitarianism. It has also to do with helping ourselves by helping our neighbours.

The meagre incomes of the less well off countries, poor health, and their awareness of the relative richness of western countries provides a breeding ground for discontent and envy. They pose a threat to our country (and any western country) because they are easy pickings for groups wanting to take advantage of their vulnerability.

Many are failed states, torn by internal strife or run by vicious dictators.

Organised crime gangs and terrorist groups exploit this vulnerability by encouraging growing and production of drugs to feed the black market.

When a guaranteed income from say, opium poppy production, of \$US100 per year saves a peasant farmer's family from starvation, and nothing else can produce anywhere near that income, it is not surprising that production of illicit drugs continues. The production of drugs has largely been exported from western countries, in much the same way as much other manufacturing (such as clothing, shoes etc) has been moved to developing countries. In the latter case the motivation is increasing profits. In the case of drugs it is more the result of laws in the western countries coupled with the vulnerability of the producer countries that is significant.

In the last month also has been the issue of the annual report of the International Narcotics Control Board. This report provides a stark contrast with Sir Gustav's philosophy of compassion and offering a hand up to the destitute and impoverished people of the world.

The INCB criticises compassionate countries or states for trying to keep destitute people alive by establishing medically supervised injecting rooms and it is remarkably silent on countries which have government sanctioned murders and death penalty sentences disguised as stopping drug trafficking.

This organisation too is one of a number who insist that the peasant farmers turn to production of crops other than those that produce drugs for the western streets. Some farmers have tried that route. Many have become disillusioned when on top of the cost of taking their produce to market, they found that there was a glut at market time, and did not realise enough to support their family for the year.

The drug issue, even at the source level has not been amenable to past approaches, some of which have been very brutal. For the most part they have been ineffective in the long term and one is reminded of H R Seccombe's essay called Squeezing the Balloon.

While I listened to Sir Gustav Nossal's lecture, and although he talked about health, my mind

speculated that perhaps putting more aid money into the poverty-stricken drug-producing countries, perhaps even redirecting money currently spent on arms production, might succeed where the INCB's zero tolerance has failed.

## **The Heroin Ban in Australia: Modern Witchcraft, Contemporary Inquisitions**

On 15 December 2003, we organised a public lecture by Professor Desmond Manderson, entitled *The Heroin Ban in Australia: Modern Witchcraft, Contemporary Inquisitions*. This lecture was held at the Legislative Assembly and was sponsored by Greens MLA, Kerrie Tucker.

The transcript of the lecture has now been completed and published on our website.

The address is <http://www.ffdlr.org.au> and follow the Public Forum link on the left-hand side of our home page.

Here is a short extract from the transcript:

The crime of possession is as you know the central feature of drug laws in our society. That crime makes just touching something a crime, just holding it; it doesn't matter what you did with it, nor even what you intended to do with it. It goes against our principles of justice. It goes against our principles of fair evidence and fair proof. What is it about these drugs that makes them so magic that just touching them is seen to corrupt and sexually excite the person who is doing the touching?

To answer that we have to go back to another type of possession. The crime of possession is just the fear of being possessed. Now I don't want to say here that witchcraft is the same thing as drug laws. I don't want to do that at all. Apart from anything else witchcraft laws lasted for about 200 or 300 years and in the process they lead to the execution, mainly by burning but also by hanging, of upwards of 60 thousand people, mainly women in Europe. Some of the figures go as high as half a million. So we are not talking about something trivial Witchcraft was taken very, very seriously for a long period of time in our rational Western history, and that raises the same question. How did this happen? And I also want to draw attention to the fact that witchcraft wasn't just a belief. It wasn't just hysteria. It was a legal structure and it was a legal structure that actually has a lot in common with our drug structures today. So I want to think of witchcraft as a kind of a legal system, a way of prosecuting certain kinds of behaviour, and I want to connect them together.

## **Membership Levies Due**

In this newsletter you will find a letter asking you to renew your membership to Families and Friends for Drug Law Reform. There is a tear off slip and a return addressed envelope for ease of return. Please check that the details on the slip are correct and make alterations where necessary.

Your membership is very important so I do hope you will return your subscription soon. There are very few organisations like FFDLR who lobby for better drug policies. It is very important that this group keeps up the pressure on governments and policy makers by giving them information on drug law reform issues and lobbying for better drug policies. It is also important that the community is kept informed on the research and best practice. The response to addiction continues to be all too often a criminal justice one instead of early intervention and a response to health and social issues. And the response to crime is more police and more jailing instead of recognising that most property crime is committed because of addiction and that we should be finding new ways to treat that.

Although response by policy makers seems slow at times it is all the more important that we make sure the debate on illegal drug issues is rational, understanding of the users and their families, based on research and so please renew your subscription and encourage friends to join.

## **Russia's New Drug Law in Effect: No Jail for Drug Users, Greater Penalties for Drug Traffickers**

3/12/04, source DRCNet.

<http://stopthedrugwar.org/chronicle/328/russia.shtml>

As of today, Russian drug users and people in possession of small amounts of illegal drugs no longer face any jail time. Under previous Russian law, smoking marijuana or being caught with as little as one-tenth of a gram of it could bring a three-year prison sentence. But in a bald reversal of the Putin government's hard line against drug users enunciated only two years ago, the Russian Duma approved the changes in November, President Putin signed them into law in December, and they go into effect today.

In February 2002, the Putin government announced a tough, three-year strategy to crack down on drug sellers and users alike. When he presented the package to the Duma, then Interior Minister Boris Gryzlov called for a "total ban on illegal acts related to drugs" and tougher enforcement of the drug laws. "This is prompted by the drug situation that has arisen in our country over the past decade," Gryzlov said. "The development of legislation is lagging behind the rapidly deteriorating situation."

At least give the Russians credit for being fast learners. The legislation Gryzlov dreamed of has been tossed in

the dust heap of history, and this relatively progressive new law has instead emerged.

Under the package of amendments to the criminal code, distinctions will be made between large-scale drug traffickers and users and small-time dealers. As reported by the Moscow Times, possession of up to ten times the "average single dose" of a controlled substance is no longer considered a criminal offense but an "administrative infraction" punishable by a fine of between five and 10 times the daily minimum wage. Possession of between 10 and 50 times the "average single dose" is considered "possession of large amount" and is punishable by a larger fine and community service, but again no prison sentence. This second measure effectively decriminalizes small-time dealers -- unless they get caught in the act of selling.

Penalties for large-scale drug sales, production, or trafficking, on the other hand, will be increased. And while the amendments to the criminal code eliminated asset forfeiture for almost all crimes, they kept them for drug trafficking offenses.

The radical change in Russian drug policy came as part of sweeping reforms of the criminal code, which also include the strengthening of citizens' protections when facing criminal charges. But the real impetus for the change probably lies in the country's festering, overcrowded, and disease-filled prison system. With some 850,000 prisoners, Russia is second only to the United States in the number and percentage of its people it imprisons, and an estimated 200,000 to 300,000 of them are incarcerated on drug charges.

Russian Deputy Justice Minister Yuri Kalinin told a Moscow news conference shortly before the package passed that it could reduce the prison population by 150,000 by next year. The amendments are "aimed at easing the state's punitive policy, above all with respect to minors, women and persons guilty of insignificant public offences," he said. "The state's criminal policy is being moved towards more liberal punishments and more objective assessment of deeds committed by an aberrant person," Kalinin said.

Russian drug expert Lev Levinson told the Moscow Times that in addition to stopping new drug possession prisoners from entering the gulag, the change in the law could lead to the early release of the hundreds of thousands currently doing time on drug possession charges.

According to official statistics, Russia has seen a nine-fold increase in drug addiction in recent years and suffers 70,000 drug-related deaths annually. State Narcotics Control vice-chairman Alexander Mihailov told a press conference last month that another massive increase could be on the way. "Currently, according to the experts, the number of drugs addicts is nearing four million people," he said.

But trying to stop it by throwing drug users in prison hasn't worked. Give the Russian government credit for seeing the light. Now, if only someone could shine that light on the State Narcotics Control cowboys, who gave, the Times reports, recently been on a rampage against what they consider pro-drug propaganda. The Russian narcs have been targeting images of marijuana

leaves on t-shirts, commercial billboards, and other consumer products.

## Dutch to Expand Free Heroin Program

3/12/04, Source DRCNet

<http://stopthedrugwar.org/chronicle/328/heroin.shtml>

*(special to Drug War Chronicle by John Calvin Jones, Department of Political Science, Xavier University, New Orleans)*

The Dutch parliament (Tweede Kamer) has voted to expand the country's free heroin program after hearing of the overwhelmingly positive results of a two-year pilot program, the Rotterdam newspaper *de Volksrant* reported March 5. The pilot program is currently providing free heroin to some 300 users, who must be Dutch nationals and at least 25 years of age. The program, started in March 2002, came about as the Ministries of Public Health, Social Affairs, and Justice recognized that despite their best efforts to stop and reduce heroin use, the county had anywhere from one to two thousand hardcore heroin addicts who could not or would not kick the habit. By this summer, a thousand Dutch users could be in the program, parliament members told the newspaper.

Government officials had supported the original pilot project in part because of anticipated economic and social benefits. And they are seeing them. Public Health Minister Borst told *de Volksrant* that the free heroin program costs around 15,000 euro per patient annually, a far cry less than the costs of prison and petty crime associated with black market drug use.

The policy also conserves law enforcement resources, and keeps heroin users in touch with mainstream society. "All the statistics point to the fact that free heroin is the best policy," Dr. Wim Van den Brink, director of the Dutch agency to treat heroin addicts (CCBH), told the newspaper. After one year in the program, according to Van den Brink, all participants had better mental and physical health, while the number of days addicts engaged in crime to "score" heroin dropped from 14 to two per month.

The announcement that the pilot program would be not only continued but expanded is remarkable coming from a Dutch government controlled by the conservative Christian Democrats (Christen Democratisch Appel or CDA). In addition to earning its rightist stripes by appealing to anti-immigrant sentiments, and sending Dutch troops to Afghanistan and supporting the US occupation of Iraq in the face of mass public opposition, the CDA has proven no friend of relaxing drug laws.

In January 2002, as reported by the newspaper *Algemeen Dagblad*, before they gained power, the CDA sponsored and passed a bill to prohibit the "testing" of MDMA (ecstasy) pills at raves for impurities or adulterants. For about 10 years local city governments turned a blind eye and allowed such tests at youth centers and private raves as a harm reduction measure, said the *Algemeen Dagblad*. Despite the obvious public health benefits, the CDA, joined with other Christian and right-wing parties banned the practice. Further, in

May 2002 (The Week Online, Issue #238, May 24, 2002), the CDA floated a trial balloon about closing down hash bars and has continued to make similar noises ever since. Their ideological preferences notwithstanding, even CDA leaders, unlike their American counterparts in the US Congress or the Bush Administration, cannot challenge statistics showing the success of free heroin.

Dutch social scientist and drug expert Peter Cohen has famously noted that drug policy has little to do with drug use levels. A comparison of Dutch and US heroin use rates appears to support his point. According to the National Institutes on Drug Abuse (NIDA), the lifetime use rate was 0.85 in the harshly prohibitionist US, while Cohen and other researchers have found lifetime use rates in the more tolerant Netherlands about half the US rate, 0.4%.

## European report on drug consumption rooms

In February 2004 the European Union's drug monitoring agency, the European Monitoring Center for Drugs and Drug Addiction issued its report on "drug consumption rooms" ie supervised injecting places.

The full report can be found on the following website:

[http://www.emcdda.eu.int/responses/themes/consumption\\_rooms.cfm](http://www.emcdda.eu.int/responses/themes/consumption_rooms.cfm).

The report is comprehensive and is well worth reading, but of particular interest are the conclusions in respect of health. Here is an extract:

### Conclusions long-term health objective

Consumption rooms clearly increase access to drug services and health and social care. In so doing, they promote the social inclusion of a group of extremely marginalised problem drug users.

Besides supervision of drug consumption, a range of other services are usually delivered on site. Low-threshold medical care and psychosocial counseling services are especially well used and contribute to stabilisation of and improvement in the somatic and psychological health of service users.

Consumption rooms make referrals to further services, including drug treatment. For frequent attenders in particular, the rooms act as a link to the wider system of care. Only a small proportion of clients use the facilities for drug consumption purposes only. The majority at some point make use of other medical, counseling and treatment services.

It is possible that consumption rooms encourage some degree of service dependence in some clients. This is a fairly common observation in many services dealing

with marginalised and problematic client groups. There is, however, little evidence to suggest that consumption rooms hold clients back from starting treatment by making drug use more 'comfortable'.

The question of whether consumption rooms conflict with treatment goals, in particular whether they should allow clients in oral methadone treatment to use the rooms for injection, is dealt with in different ways. In some countries, for example Germany, methadone clients are excluded from most consumption rooms. Other countries, for example Switzerland, take the pragmatic view that if methadone clients are going to inject anyway it is better that they do so in safe and hygienic circumstances.

### 6.9.4 Conclusions regarding public health objectives Benefits

Consumption rooms provide a safe environment for less risky and more hygienic drug use (one death due to anaphylactic shock, no overdoses out of some millions of supervised drug consumptions).

Many clients receive much needed health and survival services in addition to benefiting from less hurried and more hygienic consumption. For some highly marginalised drug users they can be the first step into the health and social care system, in some cases including drug treatment.

There is a reduction in clients' risk-taking behaviour, though it is not known how far consumption rooms per se contribute to reductions in the transmission of drug-related infectious diseases.

There is evidence that 'safer use' messages have an impact on clients' risk behaviours outside the rooms and may influence a wider population of users.

Most emergencies can be managed at service level, without hospitalisation.

Where coverage is sufficient and access and opening hours are appropriate, consumption rooms may contribute to a reduction in drug deaths at city level.

### Risks

There is no evidence that consumption rooms increase levels of drug use or encourage riskier patterns of use, nor that they increase morbidity and mortality.

Few clients use the facilities only for drug consumption. Most at some point use other services, especially medical and in some cases drug treatment.

There is little evidence that consumption rooms undermine treatment by making drug use more 'comfortable'. Whether clients in oral methadone treatment are allowed to use the rooms for injection, is dealt with in different ways.