



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

committed to preventing tragedy that arises from illicit drug use

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Hi Everyone,

Thanks to everyone who responded to my call for help. Much appreciated! There are many ways you can be active in the organisation. For example, if there are any drug policy related issues that you would like to write about please send me copy and I will include in a "Letters to the Editor" section of the newsletter.

The upcoming election is going to provide a good opportunity to bring up drug policy when talking to candidates. I believe that a good starting point is the recent Canberra Declaration so I have included a section about this in the newsletter before providing a summary of the parties' stated policies.

I have also added information about the upcoming Festival of Democracy. Very relevant in a world where we struggle to influence those who govern.

On the world stage there is the outcome of the UNGASS 2016 conference. The divisions at a local level on drug policy also play out on the international stage.

There is some good news in regards to funding for AIVL and treatment of hepatitis C and it is nice to think that we may have had some influence there.

Finally some messages from the very comprehensive conference International Society for the Study of Drug Policy (ISSDP) that Bill Bush, Joan Westaway and I attended yesterday (20th May).

Next meeting:

- **Monthly meeting at 7:30 at St Ninian,s Uniting Church in Lynham on the 26th of May at 7:30 pm.**

Canberra Alliance for Participatory Democracy (CAPaD)

We are members of the Canberra Alliance for Participatory Democracy (CAPaD). The aims of CAPaD (from the website¹) are *to improve the democratic process by*

- *developing and supporting citizen, community and civil society engagement in public decision-making*
- *empowering Canberrans to engage in owning and planning for our common future and the common good*
- *facilitating opportunities for citizen input to government deliberations*
- *developing citizens' capacity to hold governments and policy makers more directly accountable.*

Beth Slatyer - a CAPaD committee member – spent some time talking with Bill Bush and I last week exploring ways that we can work with CAPaD to further drug law reform. One idea that was discussed was the possibility of a citizen's jury.

Given the difficulty in achieving changes to

¹ <http://www.canberra-alliance.org.au/>

existing drug policy we are very supportive of the aims of CAPaD. They make a lot of sense. We therefore encourage you to attend the Festival of Democracy that is being run over the weekend 18-19th June at the Ann Harding Conference Centre, University of Canberra. FFDLR will be happy to meet registration costs for its members. See the website for more details



UNGASS 2016

Some excerpts taken from an article “Impasse or turning point for the ‘war on drugs’? UNGASS 2016, explained” by Mike Trace taken from the OpenDemocracy website are given below. As stated in the last newsletter there is an increasing divide between progressive countries and states and those that wish to maintain the failed “War on Drugs”²

So it's all over. A United Nations summit that took three years to prepare for, cost tens of millions of dollars, and filled the General Assembly hall with political leaders and diplomats for three days, concluded last month. The official outcome, a consensus declaration running to 14 pages, despite some positive language in some areas, is largely a statement of ‘business as usual’ – no changes to the international drug control treaties, no revisions to the structure of the UN system for responding to drug markets and consumption, and no specific actions or deadlines to be implemented by member states or international agencies.

Behind this disappointing headline, however, there is certainly some cause for optimism. There are many governments that accept the value and urgency of modernising drug policies and programmes, and of implementing new approaches. Several national leaders made it clear to the General Assembly that they are not happy with the inertia represented by the consensus declaration, and will not wait for permission from the UN to

proceed with the implementation of the reforms that work best for their citizens (including the legalisation of cannabis). Meanwhile, others expressed equal determination to continue to, in the words of the Russian spokesperson, “intensify the war on drugs”.

This polarisation of approaches means that the United Nations definitely has a real and persistent drug problem. This encompasses an ever-growing and diversifying illegal market that generates hundreds of billions of dollars per year in revenues for organised crime groups; the widespread use of this illicit revenue to corrupt institutions and political processes, and to fund other forms of crime and terrorism; increasing rates of addiction across all societies and cultures; hundreds of thousands of deaths due to drug overdoses, or drug market-related violence, every year; millions of people who use drugs without access to sterile injecting equipment contracting HIV or hepatitis infections every year; millions of people who use drugs arrested every year, and often subjected to harsh and disproportionate punishments, including a rising use of the death penalty.

The rest of the article is well worth reading along with other links to drug related issues.

CANBERRA DECLARATION ON ILLICIT DRUGS

I cannot help feeling that the Canberra Declaration is THE MOST SIGNIFICANT INITIATIVE that we have seen recently – and we should keep it in the forefront of our thinking and approaches to policy makers. Brian provided an excellent summary for the March newsletter, with the following quote from Gino Vumbaca. **He said what he would like to say to the politicians is "don't be afraid, stop being scared of being innovative, stop being scared of doing what we know will work. speak about people as people".**

Here is the declaration:

We call personal illicit drug use for what it is, a health issue, not a criminal issue.

Regardless of what we may think about this issue,

² <https://www.opendemocracy.net/drugpolicy/mike-trace/impasse-turning-point-for-war-on-drugs-un-general-assembly-special-session>

some Australians, mostly younger Australians, take drugs.

Whether in the pursuit of a good time, as a result of peer pressure, or to ease pain and hardship, drug use will continue in our communities.

The National Drug and Alcohol Research Centre reported that Australian governments spent approximately \$1.6 billion in 2009/10 on illicit drugs. Of this spending, \$1 billion or 64% went on law enforcement, 22% on treatment, 10% on prevention and 2% on harm reduction.

Despite the overwhelming bias in funding towards law enforcement, or perhaps because of it, we continue to see deaths, overdoses, accidents, illness and addiction in our communities.

A new approach is needed.

We, the undersigned recognise that -

- Putting health and community safety first requires a fundamental broadening of illicit drug policy in Australia away from failed punitive enforcement to proven health and social interventions.
- While policing is an important part of illicit drug policy, law enforcement strategies should focus on the organised criminal supply marketplace where the benefits of police interventions will be highest.
- Australia should implement and evaluate the health benefits of removing criminal sanctions for personal drug use as demonstrated in international settings
- Some current law enforcement strategies, for example drug sniffer dogs, can lead to increased harm and should be reviewed or ceased and their resources redirected into more effective strategies.
- Drug checking presents as a potentially valuable option for reducing harm at public events and governments should enable trials to be implemented as a matter of priority.
- Police and other government agencies hold data and information on the composition of street drugs

gained through seizure and hospital presentations. These data and information should be publicly available, in partnership with non-government organisations, to allow drug users to better understand the risks around their drug use and to assist in the development of more effective drug policy.

- The Kings Cross clinically supervised injecting facility has been proven to reduce overdoses and deaths, and connects drug users to health workers. Given the demonstrated benefits, clinically supervised injecting facilities should be more widely available.
- We should increase funding of drug treatment to a level sufficient to meet realistic demand, including for culturally appropriate services for Aboriginal and Torres Strait Islander people, those with culturally and linguistically diverse backgrounds and for those in prisons.
- We should enhance the capacity and expand the availability of early drug intervention and treatment services for young people, including funding for meaningful workforce strategies and appropriate housing.
- We recognise the need to actively involve families in treatment processes and to support them with tools that keep their families connected.
- We must pursue an open debate on more effective policies to prevent and reduce all harms related with drug use and its control.

The summit was led by the Senator Richard Di Natale (Greens, Victoria) and included Sharman Stone (Liberal, Murray) and Fiona Parke (Labor, Freemantle), both from the House of Representatives. Thus a true cross party meeting. In attendance were also those at the forefront of drug policy analysis and change in Australia. See how many faces you can pick on the photograph overleaf!



Illustration 1: Attendees at the Parliamentary Summit 2016

To me there is a huge strength in this photograph. It supplies enormous credibility to the points above. It means that when talking to candidates standing for the upcoming election one can ask for their personal opinions on, say, pill testing and sniffer dogs, and be very confident that a change in policy is supported by representatives from both sides of politics as well as the best minds in the country. We are not alone. I believe that the way forward requires that we take as many people with us as we can so that the majority want a change to the law.

To that end here is an idea talked about by professor Margaret Hamilton at the ISSDP conference – frangible poles.



Illustration 2: A frangible pole in a collision

A frangible pole breaks on impact thus causing less

harm to the occupants of the car. What has this got to do with drug policy? It is this. If you believe that despite the fact that there is excellent driver training and despite the general care with which the majority drive accidents do, in fact, happen. Then reducing the impact seems like a really good idea. If you believe that despite everyone's best intentions the young do tend to be rebellious and take risks, and that drugs are available, then reducing the chances of a person dying from an overdose is also a really good idea. This seems to be the nub of the argument that many do not appreciate but I think this illustration shows the fault in the thinking.

In 2007 FFDLR produced a valuable document as an “Election Kit” based on the work of Aldis Ozols. It has some good pointers in approaching politicians.

It is available here:

<http://www.ffdlr.org.au/resources/docs/ElectGuidelines.htm>

Overleaf are major party policies.

Australian parties' drug policies for 2016

Labor

The following was taken from the website.³ This is all that I could find relating to drugs so apologies if I have been negligent! Given that the medical marijuana bill has been passed the following would seem quite logical and not very innovative. However, recognition that individual States and Territories can have the power to produce a Federal response is important and shows the importance of local initiatives.

A Shorten Labor Government will ensure patients who are suffering from a terminal illness or other serious medical conditions will be allowed access to safe, reliable and legal medicinal cannabis if prescribed by their Doctor.

There are thousands of Australians who are suffering from unbearable pain, muscle spasticity from conditions like multiple sclerosis and nausea resulting from chemotherapy who may benefit from medicinal cannabis.

No one can imagine how horrific it must be for someone to see their child, partner or parent in immense pain, knowing relief is available but illegal.

If we can do something to help people suffering immense pain from debilitating and life threatening conditions - then why on earth wouldn't we? There are too many stories of people suffering – and this is unacceptable in a modern society.

With the governments of New South Wales and Victoria pushing ahead with state-based schemes and Queensland joining those states in taking part in clinical trials, it is no longer tenable for the Federal Government to bury its head in the sand.

Only the Commonwealth Government can ensure there is a national scheme which ensures equity of access and a safe and reliable supply and Labor

will work with the states and territories to enact it.

Action at the national level is needed because a person's access to a product that can relieve suffering should not be dictated by the vagaries of which state or territory they live in

Liberal

The following was prepared by Bill Bush.

At least so far the Federal Liberal party has not released a drug policy. Even so, A search of the party's website, <https://www.liberal.org.au>, includes a number of policy statements that refer to drugs. These are principally concerned:

- A. border security (the Australian Border Force partnering with the Australian Federal Police to catch dangerous drugs like Ice at the border);
- B. domestic crime (support of the dog in a dealer scheme targeting "the manufacture or supply of ice and other illegal drugs");
- C. new synthetic drugs (funding a "new Centre for Clinical Excellence for Emerging Drugs of Concern"). As part of a grant of **\$18.8 million** "to establish better research, evidence and guidelines on ice, including a new Centre for Clinical Excellence for Emerging Drugs of Concern"; and
- D. Ice treatment (invest of almost \$300 million over four years) to "improve treatment, after care, education, prevention, support and community engagement to tackle ice. The package includes:
 - **\$241.5 million** to be invested through the 31 Primary Health Networks (PHNs), which will use their local knowledge to boost the alcohol and other drug treatment sector and reduce demand for ice.
 - An additional **\$13 million** to introduce new MBS items for Addiction Medicine Specialists to increase the availability of treatment.
 - An additional **\$24.9 million** to help families and communities by providing the resources, information and support they need to respond to ice." (PM Media release 6th December 2015).

³ http://www.100positivepolicies.org.au/medicinal_cannabis

Service providers have welcomed these last initiatives.

At previous elections the Liberal party has embedded drug policy in documents that have focused upon the security. Thus, at the 2001 election the Howard government's Tough on Drugs policy was mentioned in the context of the overriding goal of making for "a safer and more secure Australia." The policy issued then "reaffirms and renews the Coalition's commitment to protecting Australia's borders and fighting serious and organised crime." The document took a swipe at the support of the Labor Party for "heroin injecting rooms and the importation of heroin for heroin prescription trials."

It is still early days in the election campaign so it remains possible that the Liberals will issue a similar policy statement but the draft National drug strategy 2016 – 2025 issued for comment last year is very much in the pattern of previous drug strategies endorsing harm minimisation with its three familiar pillars of supply reduction, demand reduction and harm reduction.

ACT Liberals

The ACT Liberals have yet to issue their drug policy: "the ACT Liberal party is still formulating its drug policy that will be released closer to the election next year". In the context of an ice forum convened by Senator Seselja in November last year, Andrew Wall, shadow Minister for corrections, criticised the impression that tackling illicit drugs was primarily a health issue: "The drug problem is not just a health issue. It requires a broader approach, including:

- education, including the education of parents who bear much responsibility; and
- the deterrence element of law enforcement.

Jeremy Hanson, the ACT leader of the Opposition has spoken out strongly opposing the introduction of a needle and syringe program in the ACT prison: "Not only would a needle exchange pose serious safety concerns, it could also lead to increased drug use at the prison. Katy Gallagher's driving the needle exchange at the expense of effective rehabilitation programs and drug reduction." (Media release 9 Sept. 2011).

Greens

The following taken from the website:⁴

The Australian Greens believe that:

- 1. The use of all drugs, including legal drugs such as alcohol, tobacco and pharmaceuticals, has the potential to cause harm to the individual and to the community.*
- 2. The response to illegal drug use is best addressed within a health and social framework.*
- 3. A harm minimisation approach is the most appropriate way to reduce the adverse health, social and economic consequences of drug use, for the individual user and the community.*
- 4. Policy and programs should be adopted that are evidence-based and subject to continuous evaluation.*
- 5. All Australians with a substance abuse problem should have access to a range of evidence-based and regularly evaluated treatment and recovery services.*
- 6. Information and education programs should be available to enable informed debate about the effects of all drugs, including prescription, non-prescription, legal and illegal drugs.*
- 7. Aboriginal and Torres Strait Islander communities must control, to the greatest extent possible, the development and management of harm minimisation policies and treatment and recovery programs in their communities.*
- 8. The Australian Greens do not support the legalisation of currently illegal drugs.*
- 9. There should be greater funding for demand and harm reduction.*
- 10. The individual use of illegal drugs should not fall within the criminal framework.*
- 11. The costs to the community of alcohol abuse are enormous, and include negative health effects, traffic deaths, violence and domestic*

4 <http://greens.org.au/policies/drugs-substance-abuse-addiction>

abuse.

12. Active and passive consumption of tobacco smoke is a demonstrated health risk and is a significant cost to the community and health.

The Australian Greens want:

1. A reduction in harmful substance abuse, including smoking rates that are close to zero and alcohol consumption patterns that are within the limits recommended by public health experts.
2. The cost to government and the community of regulating drug use to be reduced with improved health and social outcomes.
3. Improved effectiveness of all management, treatment and other regulatory and judicial responses to drug use in the community, to maximise harm reduction, supply reduction and demand reduction, and to improve health and social outcomes.
4. Universal access to drug and alcohol treatment programs for those in need.
5. An increase in public dissemination of scientifically rigorous information on the risks and safe use of licit and illicit drugs.
6. The regulated use of THC (tetrahydrocannabinol) for specified medical purposes, such as intractable pain.
7. Increased availability of harm reduction programs including drug-substitution therapy, medically supervised injecting rooms, and widely accessible supply of clean needles, including in prisons.
8. Public funding of drug substitution treatment and its distribution.
9. The removal of legal barriers to both research and the evidence-based management of substance-abuse and other medical conditions, where considered necessary by the public health community.
10. Severe penalties for driving under the influence of alcohol and/or other drugs that impair cognitive or psychomotor skills.
11. To address the problem of inhalant misuse by supporting the rollout of measures, such as non-sniffable fuel throughout regions of Australia where petrol sniffing is a problem, as well as associated diversionary and rehabilitation programs.
12. To support research trials and evaluation of policy and treatment programs.
13. To extend the range of counselling and treatment programs covered by Medicare.

Illicit Drugs

14. Maintenance of criminal penalties for drug dealers, and introduction of a system of civil sanctions for personal use of illicit drugs, when not associated with other crimes, including measures such as education, counselling and treatment, rather than criminal penalties.
15. Increased availability of diversion to rehabilitation and treatment and recovery programs as a sentencing alternative for people convicted of crimes committed to support a personal addiction to drugs.
16. Improved communication between relevant agencies and local communities to address problems associated with harmful drug use.

Alcohol

17. No advertising promotions of alcohol in sport, that target young people, or encourage excessive drinking.
18. All alcoholic beverages to be taxed based on alcohol content rather than value.

Tobacco

19. A ban on financial donations from the tobacco and alcohol industries to political parties and candidates.
20. Australia to lead the world in reducing the consumption of tobacco products.
21. Increased assistance to support programs to quit tobacco, and treatment strategies for nicotine addiction.
22. To reduce the effects of passive smoking, by disallowing smoking in defined public spaces.

In Brief

- Harm minimisation
- Addiction a health issue
- Treatments on Medicare

AIVL

Writing in last month's news letter I reported that Australian Injecting and Illicit Drug Users League (AIVL) the Australian had been granted \$370,000 to undertake the community arm of the Hepatitis C Awareness Activities until the end of 2016.

Concern was expressed at the April meeting that this funding was insufficient and we should write again to the minister to this effect. In conversation with AIVL it turns out that the situation has been improved by the Honourable Sussan Ley and the situation is that AIVL has been funded to the tune of a million dollars until the end of the next financial year (June 2017) and that a billion dollars has been approved for hepatitis C programs. This is a very pleasing result and we will respond to the Minister.

10th Annual Conference of the International Society for the Study of Drug Policies

A Canberra Satellite event was hosted by ATODA at the National Portrait Gallery on Friday the 20th of May. We are indebted to ATODA for providing us with tickets. A huge amount of ground was covered. I have already used the frangible poles analogy given by Professor Margaret Hamilton. The main topic of her talk was an exposition on the Civil Society Task Force and its work at UNGASS 2016. Some insights were given into the workings of the UN and the great difficulty with the term "harm minimisation". Hence the frangible poles analogy. Apparently this phrase engenders in some a perception that its use is actually condoning drug consumption and therefore it must be avoided at all costs. This can lead to very long committee meetings sorting out mutually agreeable alternatives – an enormous task given that consensus has to be achieved in committees and there are language challenges in any case.

Sione Crawford - former manager of CAHMA – gave us all a powerful but humorous personal account of the dehumanising effects of the existing

drug policy. It was one all politicians should hear.

Dr David Caldicott presented a well argued case for pill testing. He provided evidence that pill testing at dance parties would not be classed as illegal and that using the most modern scientific analysis equipment would certainly provide more reliable and informative data than the use of sniffer dogs!

Professor Alex Stevens provided the keynote session answering the question "What is drug policy and why does matter?" He looked at both the practical aspects and how the structure of society as a whole can impinge on drug use. We were very privileged to have the president of the ISSDP talking to us.

Ms Carolyn Stubbley from We Help Ourselves (WHOS) described the work they undertake and gave an historical perspective of the abstinence versus harm reduction therapies debate. The facility at Rozelle is able to dispense methadone now.

The afternoon sessions examined cannabis legalisation. Dr Caitlin Hughes provided commentary on the current status of the law in Australia and then Professors Beau Kilmer and Priscillia Hunt gave a detailed account of the way the laws in the US were being changed in some States.

Mr Simon Corbell MLA was applauded when he announced a budget decision of an extra six million dollars in funding for health services over the next four years spread amongst a number of providers. He talked about adopting scientific evidence in making changes to the thresholds between personal use and trafficking for a number of drugs in the ACT.

Carrie Fowler and David McDonald provide very smooth commentary and management of the conference.

As indicated above more detailed analysis of the talks and how we might make use of the information will be provided in the next newsletter.