

## NEWSLETTER



July 2014

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### NEXT MEETING

Thursday 24 July, 7.30pm

St Ninian's Uniting Church hall,  
cnr Mouat and Brigalow Sts, LYNEHAM

**MEETING:** 7:30pm

**SPEAKER:** 8:00PM Fiona Trevelyan, CEO, Directions

**TOPIC:** Meeting the present and future needs of drug  
and alcohol clients and their families

Meetings are followed by refreshments  
and time for a chat.

### Editorial

#### Medicinal Cannabis

The issue of medical marijuana is back on the agenda in Australia. It may not have been up in the limelight until recently, but for many people it has always been an important issue. The Australian population supports the use of marijuana for medical purposes. The 2010 National Drug Strategy Household survey put the figure at just over 2 in 3 (68.8%) people aged over 14 years supporting a change in legislation.

People with problems or medical conditions that have not been satisfactorily dealt with by traditional medicine, have sought alternatives. For some of these people cannabis has been helpful.

Probably one of the first public encounters Australians had with medical marijuana was in a book, published in 2002, "Cannabis & Cancer: Arthur's Story" by Pauline Reilly

In that personal story and compelling call for the legalisation of cannabis for medical use, Pauline Reilly portrays graphically the relief gained from using cannabis of her terminally ill husband who was suffering from prostate cancer. It talks of the reactions they encountered, and their fear of arrest as they grew plants and spoke publicly of the issue.

This is a remarkable account of how the octogenarian couple transformed Arthur's final months. A lessening of pain and nausea, regained appetite, a general improvement in well-being, and a greater degree of independence were achieved through Reilly's use of this extensively used and widely accepted—but illegal—substance. FFDLR were honoured to have met Pauline and to personally hear her story.

Recently Lucy Haslam from Tamworth is battling for her son Daniel, a 24 year old, who was diagnosed with terminal bowel cancer. Legal drugs have not helped with Daniel's nausea but cannabis has. She said: "He is receiving great benefit from using medical cannabis to manage his nausea, vomiting and

poor appetite. He is also using cannabis oil in a bid to halt the progression of his disease." His parents have to buy it from the black market.

These cases are, of course, anecdotal, but there is evidential support that cannabis has "genuine medical utility in patients with certain neuropathic conditions, with acceptable levels of risk from mostly mild side effects" (Reintroducing medical cannabis, Laurence E Mather et al, MJA, 16 Dec 2013). That paper goes on to say: *The unauthorised use of cannabis as a medicine in Australia is widespread, suggesting significant demand, but this use is neither supervised nor regulated. Like any medicine, cannabis will be safest if the smallest dose is prescribed for the shortest period required to gain the desired therapeutic effect, under medical supervision.*

The medical use of cannabis is clearly a different case to the recreational use of cannabis. But most opposition to the medical use of cannabis stems from its illegal status and relates mostly to recreational use and the fear by politicians that medicinal use will undermine the case for prohibition of recreational use. Dr Alex Wodak, Emeritus Consultant, Alcohol and Drug Service, St Vincent's Hospital said "it is cruel to allow people to keep suffering just because another long established policy might be questioned".

This illegal status of drugs such as cannabis prevents their utilisation for medical purposes - despite the fact that international drug conventions do allow medical use.

In 2013 the NSW Legislative Council General Purpose Committee No. 4 inquired into the medical use of cannabis. It recommended, inter alia: *"that the NSW Government introduce an amendment to the Drug Misuse and Trafficking Act 1985 to add a complete defence to the use and possession of cannabis, so as to cover the authorised medical use of cannabis by patients with terminal illness and those who have moved from HIV infection to AIDS."*

The NSW government wrote to the federal government expressing support for medicinal cannabis. But it refused to exempt people using cannabis for medical purposes from prosecution which was the major committee recommendation.

Lucy Haslam has not accepted the government's response. She initiated a petition to which she received over 7,500 signatures. The NSW Health Minister, Jillian Skinner, while visiting Tamworth, ironically to officially open the Cancer Centre, was asked by Lucy's son Daniel to reconsider her position. A statement provided from her office to the ABC said: "I listened to Daniel's story and gave him and his family my sympathies and support. I explained [the] NSW Government stance on decriminalisation of crude cannabis as well as NSW Health concerns about cannabis usage and the health side effects."

The NSW Government's position seems to be that it has sympathy and support for people suffering, it is concerned about the side effects of cannabis on those people even though experts say those side effects are mild and even though those people may be dying and could have relief from their terminal illness. And to top it off, those terminally ill people, if they should dare to use cannabis could still be charged with a criminal offence.

It just does not make sense.

Surely it would be best to allow patients as much relief from the pain and nausea as possible from their illness in the last stages of their life. And they certainly should not be arrested and charged for using cannabis in those circumstances.

Citizens like Lucy Haslam who have found that medical use of cannabis provides relief for her son and is prepared to fight for what is right even if it means that a criminal charge might result, is to be applauded. She and those like her deserve our full support.

## **Cancer victim launches campaign to legalise medical marijuana**

By Daniel Johns, editor, Northern Daily Leader, April 16, 2014, 4 a.m.

**T**amworth's Lou and Lucy Haslam are dignified people thrust into an undignified hell.

They have watched on helplessly as their 24-year-old son Dan endures a torrid battle with chemotherapy, his last-ditch hope of fighting off the bowel cancer doctors say will eventually kill him.

Despite being prescribed a barrage of legal drugs, his only relief from the crushing nausea of chemo comes in the form of marijuana, a substance the Haslams are being forced to buy on the black market.

The family has now made an impassioned plea to NSW Health Minister Jillian Skinner to decriminalise cannabis for terminally ill patients, with a petition launched this month already attracting 7500 signatures.

"We've been through so much watching our son suffer and we've finally found something that is giving us hope where doctors can't," Mrs Haslam said.

"We're not saying make it legal for recreational use, but it's ridiculous that you can get Oxycontin or methadone legally for medical reasons but not cannabis.

"I shouldn't be made to feel like a criminal for buying it."

A state upper house committee last year unanimously backed a move to decriminalise cannabis for terminally ill patients, but the health minister remains unmoved.

"To see people from all corners of the political spectrum support it and then one ignorant woman say no is very disheartening," Mrs Haslam said.

"The conversation must start happening. This has to be an election issue and the public should get behind it."

Dan had never even smoked a cigarette before medicinal marijuana was recommended to him as a nausea treatment by Dwone Jones from "360 Fitness", who had previously battled bowel cancer.

"My immediate reaction was 'no way'; dad was the head of the

Tamworth drug squad in the police force and I'd grown up in a very straight-edged family," Dan said.

"But the chemo was just horrible. I was losing six kilograms on my chemo weeks because I couldn't eat and I felt like I was being poisoned from within."

The Haslams were so desperate for Dan to get relief, they relented and allowed him to try marijuana for the first time last October.

"The first time I smoked it, I managed to light my stubble," Dan said.

"But the difference in how I felt was amazing; it can't be understated."

Rather than check straight into hospital after chemo to be hydrated intravenously, Dan was able to go straight home and eat.

He hasn't vomited since using the drug.

The family is also hopeful the cannabis oil extracted from the plant could actually help reverse the cell damage in Dan's body caused by the cancer.

Ms Skinner said it was critical "full and frank information" was available before the government rushed headlong into decriminalising cannabis.

"I have written to the federal government to request support for further clinical research to support the development of pharmaceutical-grade cannabis medicines," Mrs Skinner said.

"With only limited scientific evidence available on the safe use of crude cannabis, the NSW government is unable to support the remaining four (upper house) committee recommendations, which seek to decriminalise the use of crude cannabis for selected patient groups based on medical approval.

"There are safe and effective medications currently available for most of the symptoms and conditions that medicinal cannabis is purported to be effective in treating."

## **The success of Portugal's decriminalisation policy In charts**

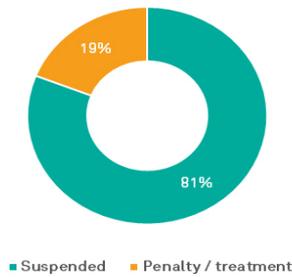
George Murkin, 14th Jul 2014, [tpf.org.uk](http://tpf.org.uk)

**L**ast month, we released a short briefing that debunked some of the claims made about the innovative approach to drug policy taken in Portugal, where personal drug possession is not treated as a criminal offence, and health and harm reduction services have been significantly expanded.

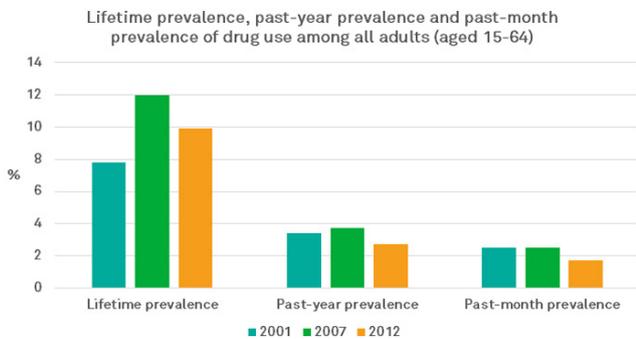
I thought it might help to highlight the success of this health-centred approach by making a few charts that show the effects it's had in a range of key areas. (When reading the time series charts, bear in mind that this approach came into force in 2001.)

While personal drug possession isn't a criminal offence in Portugal, it's still an administrative offence, which means it can be subject to fines or other minor penalties. When people are caught with drugs, they're often referred to what are known as 'commissions for the dissuasion of drug addiction', which decide what penalty (if any) the person should face. However, as this chart shows, the vast majority of people have their cases 'suspended' – i.e., no further action is taken.

Outcome of cases dealt with by Commissions for the Dissuasion of Drug Addiction (2011)

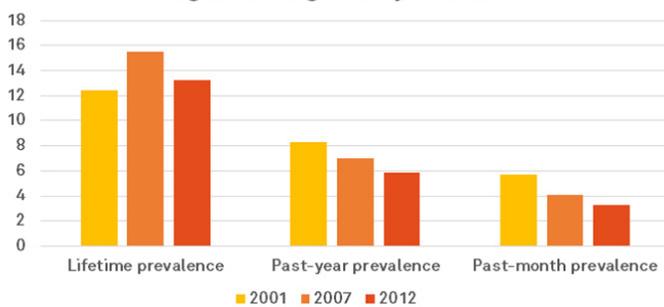


Despite virtually eliminating all punishments for personal drug possession, rates of drug use haven't skyrocketed like some predicted. As this chart shows, use had gone up slightly when measured in 2007 (a trend in line with other, similar countries), but has since gone back down. In fact, by two out of three measures, adult drug use is now lower than it was in 2001. This gives more credence to the idea that criminalising people is an unnecessary (not to mention inhumane) way of trying to stop them taking drugs.



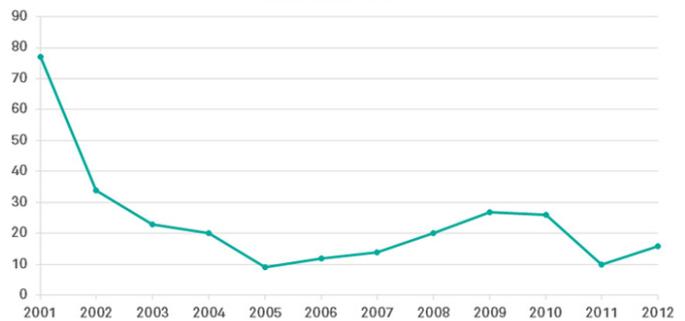
A similar trend can be seen among people aged 15 to 24, the population most at risk of starting to use drugs for the first time.

drug use among 15-24-year-olds



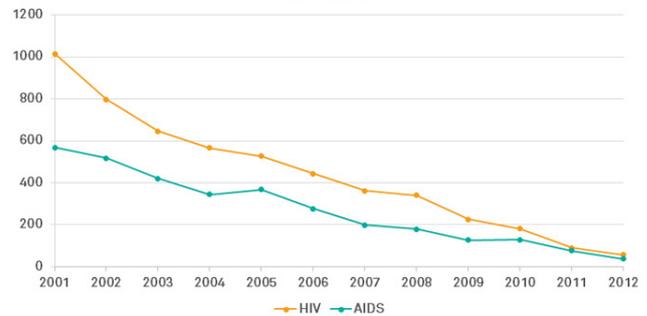
There's often a fixation with prevalence of use as the main indicator of drug policy success, but it's important to look at other outcomes that give a more accurate picture of levels of drug-related harm. The number of deaths caused by illicit drug use is a therefore a key indicator, and as this chart shows, they have decreased significantly since 2001. It's important to stress that this decline is likely down to the expansion in harm reduction measures that accompanied the decriminalisation policy, not the decriminalisation itself. But the two obviously go hand in hand – it's difficult to help and protect people who use drugs when you're simultaneously criminalising them.

Drug-induced deaths



When Portugal introduced its progressive reforms in 2001, the country's drug using population was in the midst of a public health crisis, with rates of HIV and AIDS rapidly increasing. The greater emphasis placed on harm reduction and treatment from 2001 onwards has helped reverse this trend. As this chart shows, there has been a huge reduction in the number of drug users diagnosed with HIV and AIDS.

Newly diagnosed cases of HIV and AIDS among people who use drugs



## World Hepatitis Day Annual Event in the ACT

A key focus will be a viral hepatitis report card.

Speakers include John Didlick, Hepatitis ACT, Professor Michael Levy AM, Director of Justice Health, and Sione Crawford, CAHMA.

Monday 28 July, 11:45AM to 2:00PM.

First floor, Block K, CIT Reid, 37 Constitution Ave, ACT.

RSVP [info@hepatitisACT.com.au](mailto:info@hepatitisACT.com.au) or 02 6230 6344

## Stepping stones to success to be held in Canberra

Family Drug Support is conducting another of its successful Stepping Stones programs for families experiencing drug problems. The details are as follows:

- Dates** Over two consecutive weekends 23- 24 & 30-31 Aug
  - Venue** Canberra Hospital, Level 1 Training room 2, Garran
  - Time** 9:30am -4:00pm
  - Cost** Free of charge to FDS members, FDS membership \$20, Course bookwork \$40 (not included in membership).
- RSVP by 11 Aug 2014 to FDS PO Box 7363, Leura NSW 2780  
For more information contact Theo 04 02 60 43 54 or FDS at 02 4782 9222.

## 2013 Household Survey

### Illicit use of drugs

Illicit use of drugs is a direct cause of death and disability as well as being a risk factor for a number of diseases which affect drug users and the wider community. The relative health impact of the illicit use of drugs varies depending on the specific type of drug used and the circumstances of its use. Overall, however, illicit use of drugs (and illicit drug use disorders) account for an increasing proportion of the global burden of disease (moving from the 18th to 15th ranking risk factor between 1990 and 2010) (IHME 2013). Illicit use of drugs, also referred to here as 'illicit drug use', includes use of illegal drugs, non-medical use of pharmaceutical drugs (an illicit behaviour), and inappropriate use of other substances (such as inhalants).

#### Current use and trends

- The number of people participating in any illicit use of drugs, including pharmaceutical misuse in Australia is increasing.
- The proportion of people using most illegal drugs has remained relatively stable and use of some illegal drugs has even slightly decreased over the last three years.
- In 2013, about 8 million (or 42%) people in Australia aged 14 years or older had ever illicitly used drugs, including misuse of pharmaceuticals. Almost 3 million (15.0%) had done so in the last 12 months, comparable with about 2.7 million (14.7%) in 2010.
- Significant declines were seen in use of ecstasy (from 3.0% to 2.5%), heroin (from 0.2% to 0.1%) and GHB (from 0.1% to less than 0.1%) in 2013 but the misuse of pharmaceuticals increased significantly (from 4.2% in 2010 to 4.7% in 2013); use of the remaining drugs surveyed remained relatively stable between 2010 and 2013.
- The most common illicit drug used, both recently and over the lifetime, was cannabis, at 10.2% and 35% respectively.
- Among younger people aged 14–24 years, the age of initiation into illicit drug use increased from 16.0 years in 2010 to 16.3 years in 2013. More specifically: in 2013 significantly older ages of first use were reported for both cannabis and meth/amphetamines.
- Males were more likely than females to use illicit drugs (18.1% compared with 12.1%), and people aged 20–29 were more likely to use illicit drugs than those in any other age group (27%).
- While older people (aged 50 or older) generally have the lowest rates of recent illicit drug use, in recent years this age group has shown the largest increase in illicit use of drugs. This was the only age group to show a significant increase in illicit drug use between 2010 and 2013 (from 8.7% to 11.1% for 50–59 year olds and from 5.1% to 6.4% for people aged 60 and over).
- While there was no significant increase in meth/amphetamine use in 2013, there was a change in the main form of meth/amphetamines used. Use of powder decreased significantly from 51% to 29% while the use of ice (or crystal methamphetamine) more than doubled, from 22% in 2010 to 50% in 2013. People also used meth/amphetamines more frequently in 2013. There was a significant increase in the proportion of users taking it daily or weekly (from 9.3% to 15.5%), particularly among ice users (from 12.4% to 25.3%).

### Pharmaceutical misuse

In the context of illicit drug use, a pharmaceutical is 'a drug that is available from a pharmacy, over-the-counter or by prescription, which may be subject to misuse' (MCDS 2011). In the 2013 NDSHS, pharmaceuticals surveyed which may be subject to misuse were pain-killers/analgesics, tranquillisers, steroids, methadone/buprenorphine or other opiates (not including heroin).

- Non-medical use of pharmaceuticals in the previous 12 months has increased overall since 2007 and was at the highest level of use seen since 1998 (from 3.7% in 2007 to 4.7% in 2013).
- The increase in pharmaceutical misuse in 2013 was mainly due to significant increases in recent use by men aged 30–39 (from 4.5% to 6.9%) and women aged 40–49 (from 3.1% to 4.5%).
- Among people who reported recent misuse of any kind of painkiller/analgesic (3.3%), about three quarters had misused over the counter pain killers and half had misused prescription pain killers.

### Emerging psychoactive substances

The 2013 Survey was the first NDSHS to collect data on use of emerging psychoactive substances (EPS). EPS is a term used to describe drugs that are relatively new to the recreational drug market and have mind-altering effects similar to conventional illicit drugs (including those known as meow meow, kronic and BZP) (NDARC 2013).

- In 2013, 1.2% of the population (about 230,000 people) had used synthetic cannabinoids in the last 12 months, and 0.4% (about 80,000 people) had used another psychoactive substance such as mephedrone.
- While the greater majority of synthetic cannabis users had also used a traditional illicit drug, a small proportion (4.5%) had only used synthetic cannabis in the previous 12 months.

### Attitudes and perceptions

- More people thought that meth/amphetamines was the illicit drug of most concern to the community in 2013 (increasing significantly from 9.5% to 16.1%) and is now the illicit drug of concern most commonly reported.
- More people thought that meth/amphetamines caused the most deaths (increasing significantly from 4.7% to 8.7%) but this proportion was still lower than heroin (14.1%).
- The proportion of people nominating cannabis and heroin as a 'drug problem' declined significantly, whereas the proportion nominating meth/amphetamines and pain-killers/analgesics increased.
- Most people first try illicit drugs because they are curious to see what it is like (66%), and people continue to use illicit drugs because they want to enhance experiences (30%) or to do something exciting (17.5%).

### Harms

In 2013, 8.3% of the population had been a victim of an illicit-drug related incident. Verbal abuse was the most frequently reported incident overall, and the proportion experiencing physical abuse by someone under the influence of illicit drugs increased significantly from 2.2% in 2010 to 3.1% in 2013.