

NEWSLETTER



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PO Box 7186
KALEEN ACT 2617
Tel: 02 6169 7678
Email: mcconnell@ffdlr.org.au
Web: www.ffdlr.org.au
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NEXT MEETING

Thursday 26 March, 7.30pm
St Ninian's Uniting Church hall,
cnr Mouat and Brigalow Sts, LYNEHAM

Meetings are followed by refreshments and time for a chat.

Editorial

The War against Ice

According to news headlines: It's an epidemic, a horror, an evil scourge.

It's ice and a war has been declared against it.

In a headline in *The Conversation* in May last year entitled *Ice age: the rise of crystal meth in Australia* it reported: The 2012-13 Australian Crime Commission (ACC) Illicit Drug Data Report, released earlier this week, provides mounting evidence that crystal meth is becoming a large-scale problem for law enforcement and health authorities in Australia.

The evidence for this it says is an increase in self reported use of ice by regular users, an increase in seizures at the border in 2012/13, a doubling of clandestine labs detected, and a significant increase in consumers of the drug together with a modest number of providers (ie dealers).

This information alone is enough for declaration of war.

It is election time in NSW and ice is a bandwagon to jump on. The Coalition says it will triple roadside drug tests and introduce new laws because it is time to "push back" on ice. Premier Mike Baird said:

"We are saying to those drug peddlers, those suppliers, those manufacturers, don't do it, we know the harm you are causing across New South Wales and we are determined to stop you," he said.

"These measures we strongly believe will do that. Enough is enough, it's time we pushed back, to make a difference and that is what we are doing.

"Over 13 per cent of fatalities on our roads, it's found drivers have drugs in their body. That must stop."

The other party's Nick Foley promises to increase the NSW police force by 480 officers.

Meanwhile the federal government in the form of Senator Fiona Nash, Assistant Minister for Health (remember she is the minister who abolished funding for the peak body the Alcohol and Drugs Council of Australia) rushed off to the 58th

... not even an objective debate engaging world experts on the best way to deal with ice...

UN Conference on Narcotics calling for UN member states to cooperate and share research, data, experiences and treatments relating to the international fight against ice. To which the UN agreed because it would add impetus to the UNODC efforts to crack down on ice.

Ms Nash said *"Ice is an issue for the whole community. We need all sections of the community involved in the fight against ice."*

So the laws are to be made tougher, more police to be employed, more roadside drug tests, the UNODC has agreed to do what it is supposed to, and everyone is urged to fight against ice.

Well it sounds like a plan to win this war doesn't it?

Meanwhile the advice by the researchers and by the evidence that has been before policymakers for many years has been ignored. For example *The Guardian* in October 2014 reported:

that Paul Dietze, from the Burnet Institute in Melbourne, said there had been a dramatic increase in the purity of crystal methamphetamine, known as ice, which was increasing the level of damage caused by the drug.

But the number of people using methamphetamine had remained stable, he said.

This situation did not fit the definition of an epidemic, he said, because there has been no surge in use.

A close analysis of the ACC data about the self reported use shows a change from other forms of amphetamines to ice. Thus confirming Paul Dietze's view. And I note in passing that the likely reason for the increase in purity is because there is a glut of the drug on the market (and a reason also why there is an increase in seizures).

History has been ignored again. We have prohibited drugs and we have had a war against drugs running for a long time. The consequences have been that a hugely lucrative market for them arose. And not only that, a proliferation of varieties of drugs has occurred, ice just being the latest.

There are no new thoughts, no new plans, no new strategies in this war on ice. For example no objective cost benefit analysis like the Productivity Commission might undertake, no measure of effectiveness to determine if the war on ice was really working, and not even an objective debate engaging world experts on the best way to deal with ice. Those who are calling the shots are still thinking within their tiny little box. A bit afraid to consider anything new or outside the norm.

Perhaps it is a fear of the unknown, or more likely a fear of something more tangible like money, position or employment. Whatever the reason, this war is not going to be any different from the previous war on drugs.

The war on ice will see unnecessary waste of resources, forces will be deployed, prisoners will be taken, success will be declared many times whenever seizures are made. The vulnerable will get little or no additional help because the funds are going to fight the war.

And will the availability of ice reduce? Not likely. The extra effort and seizures will drive the price up and ensure there are sufficient would be dealers waiting for their chance at the big pot of gold.

The best we can hope for, given that there are none in power to champion new ideas, is that a new more attractive drug that is safer will come along and replace ice.

ATODA forum with Professor Beau Kilmer

by Bill Bush

What will we need to do to keep a legal therapeutic cannabis market separate from the illegal market?

A visiting drug policy expert from America, Professor Beau Kilmer, spoke at a forum in Canberra on 10 March, addressing the question: “What will we need to do to keep a legal therapeutic cannabis market separate from the illegal market?”

Prof Kilmer co-directs the highly regarded RAND Drug Policy Research Center in California which in the past has produced influential research questioning the effectiveness of drug law enforcement. The forum, which was held in the Canberra Museum lecture theatre, was organised by the Alcohol Tobacco and Other Drugs Association of the ACT (ATODA).

The forum was well attended with politicians and officials involved in the medical cannabis enquiries at both the State and Federal levels. Chris Burke, the chair of the ACT Assembly enquiry, told the gathering that the committee had already spoken to those in Sydney undertaking research into medical cannabis and were planning to begin hearings here in Canberra in the following week.

Prof Kilmer described the large diversity of regimes permitting access to cannabis (or marijuana in American terms) adopted by 23 American states since 1996. To date this development can be grouped into five phases. A list of the states and a summary of the legislation of each is found at <http://medicalmarijuana.procon.org/view.resource.php?resourceID=00088>.

So easy is it to secure a medical certificate of need in California that cannabis is virtually legalised in that large state. More and more states are moving to authorise medicinal cannabis. The State regimes are in conflict with that of the Federal government but as a matter of policy, the Federal government is not prosecuting those with cannabis acting in compliance with State legislation.

Prof. Kilmer suggested that it may be possible to at least minimise the leakage of medicinal cannabis to the recreational black-market by:

- Keeping the medicinal price above that of the black-market. (One may query this suggestion.)
- Limiting the medical conditions for which medicinal cannabis may be provided;
- Establishing a monopoly for the provision of medicinal cannabis. (A government monopoly would allow the scheme to be tailored to maximise public health benefits.)

- Limiting the products allowed for the delivery of cannabis. He described the various ways by which cannabis can be delivered. From a medical point of view vaporisers have benefits. Cannabis in the form of confectionery should be prohibited.

- Limiting who may distribute medicinal cannabis (pharmacies?) and how many should be allowed. California is very lax in this respect;

- Limiting who may recommend cannabis for a medical purpose. For example the number of physicians, the number of recommendations each physician may make or whether they require special training.

- Imposing limits on eligible patients.

He advised that Australia would do well to consider also the experience of Canada, Israel and the Netherlands.

He mentioned that the Assistant Secretary of State for International Narcotics and Law Enforcement Affairs (Ambassador William Brownfield) has recently made a significant statement recognising that the drug conventions are flexible instruments that leave a wide margin of appreciation in each party to adapt the conventions to their own circumstances.

Ambassador Brownfield affirmed different national approaches should be tolerated. Prof Kilmer was surprised that this important public declaration did not attract more attention. Ambassador Brownfield appears to acknowledge that Parties to the Conventions have a legitimate right to fashion their own policy regarding cannabis.

Dawn of a flexible and tolerant United States drug policy

by Bill Bush

In the course of a forum on 6 February entitled What’s Happening in U.S. Drug Policy at Home and Abroad?, Ambassador William Brownfield identified four principles that should guide United States international drug policy.

The principles point to the negotiating stance that the United States is likely to bring to the United Nations, Special Session on drugs of the General Assembly in 2017 (UNGASS). They reflect the view of the current Democrat administration.

In the light of a strong libertarian stream within the Republican Party (represented by the likes of Ron Paul), it is unlikely that a United States administration of either political strip will continue pushing its customary strong prohibitionist stance to drug policy:

1. The integrity of the drug conventions should be maintained. No “dramatic change” should be made to them in the 2017 UNGASS review.
2. A principle of flexibility. The drug conventions are very flexible. It is legitimate for States/Parties to take full advantage of this flexibility.
3. Tolerance of different national policies. In exercise of the wide margin of appreciation that the conventions allow, a large number of countries are now trying different drug policies. This diversity should be tolerated.
4. There is a consensus that high level drug trafficking controlled by organised crime should continue to be targeted. Ambassador Brownfield made clear that the focus should be

on high-level drug dealers and not users or user dealers.

The forum was hosted in Washington DC by the Centre for Strategic and International Studies (CSIS).

The Acting Director of the White House Office of National Drug Control Policy (Mr. Michael Botticelli) spoke at the same forum. He described himself as coming from a public health background and expressed the view that while he did not favour drug legalisation, he believed drug policy should be guided by public health considerations and particularly by the concept of recovery.

The comments by the two principal speakers in the discussion with the audience that followed reveal recognition that drug policy is at the heart of efforts seriously underway in the United States to reduce the rates of incarceration and reform the criminal law.

The audio of this forum is available on the websites of both the Department of State and the CSIS that hosted the forum (<http://csis.org/event/whats-happening-us-drug-policy-home-and-abroad>).

The views expressed represent a major development in favour of the relaxation of the prohibitionist interpretation of the drug conventions and of United States policy that has for years promoted that restrictive interpretation of the Conventions.

Uniting Church Canberra Region Presbytery has drug law reform on its agenda

At its meeting on 21 February 2015 the Canberra Region Presbytery considered and adopted with a few minor alterations the following recommendations from the Presbytery Social Justice Group.

Drug Law Reform – A policy priority for the church and the nation

Globally, and in this country, there is a growing recognition that policies focussing just on the prohibition of illicit drugs have failed, and that using the criminal law to address what is fundamentally a health and social issue often creates more problems than it solves.

Hundreds of Australians die each year from drug overdoses. The lives of countless others, drug-takers and their families, are blighted, and the criminal courts are overloaded with people labouring under the disability of drug addiction.

There are alternative approaches to illicit drug regulation used in a number of other countries which have been successful. These approaches need to be investigated and consideration given as to whether some elements of these approaches can be applied in Australia.

The Canberra Region Presbytery of the Uniting Church of Australia .

1. resolves to support policies in relation to illicit drug use which minimise harm.
2. calls for a national conversation on drug policy which listens to those suffering from drug addiction, to their families and friends and to those in the front line working to prevent and treat drug addiction. We call for a national summit on drug policy to consider innovative proposals to deal with this debilitating problem.

3. calls for the Treasurer to issue a reference to the Productivity Commission to ‘investigate the benefits and costs of existing drug prohibition policies and consider more cost-effective options, and that alternative approaches used in other countries should be rigorously evaluated’

4. urges the Assembly and the NSW ACT Synod of the Uniting Church to facilitate the establishment of, and support, a coalition of community and expert groups which will press for change in this area.

We recommend that the Uniting Church Assembly of 2015 consider thoughtfully and prayerfully this issue, and the resolutions this Presbytery has passed, and urge that the Assembly speak out prophetically on this issue to the Australian community and relevant authorities

Medical cannabis in the ACT

The ACT Standing Committee on Health, Ageing, Community and Social Services is currently enquiring into exposure draft of the Drugs of Dependence (Cannabis Use for Medical Purposes) Amendment Bill 2014 and related discussion paper. Oral hearings are currently underway.

To date there have been 32 submissions which have been made available at http://www.parliament.act.gov.au/in-committees/standing_committees.

FFDLR is one of those submissions and a copy can be found at the above site or on FFDLR’s website at ffdlr.org.au/submissions. In essence FFDLR’s submission gives unequivocal support for medical use of cannabis for symptomatic if not curative relief for a number of conditions.

Drug law reform group backs introduction of medical cannabis in the ACT

Tom McIlroy, Legislative Assembly reporter at The Canberra Times, March 10, 2015

Public hearings considering the use of marijuana for medical purposes will begin on Thursday, as a leading drug law reform advocacy group called for the ACT to become the first jurisdiction to establish a legal scheme.

A Legislative Assembly committee will hear evidence on the subject as part of its consideration of legislation introduced by Greens Minister Shane Rattenbury, which would allow for the use of medical cannabis for the terminally and chronically ill to alleviate pain and symptoms.

In a submission to the inquiry, advocacy group Families and Friends for Drug Law Reform have called for the scheme to go ahead without a new clinical trial.

The group’s president Brian McConnell said “ample evidence” already existed to demonstrate the benefits and safety of medical cannabis for those suffering from conditions including cancer, but he said some problems existed with the proposed scheme.

“The legislation says supply is by a person growing their own plants, and that is very problematic,” the long-time campaigner said.

“Some people don’t know how to grow successfully, some people don’t know how to go about getting access to the seeds. There seems to be a reference to engaging someone to grow for you, and we believe that is a possibility but it seems a little bit

more work is needed on that.”

Mr McConnell welcomed another inquiry by the federal Parliament considering the supply of medical cannabis, which is already legal in Europe, North America, New Zealand and Britain.

Earlier this month the Public Health Association used a submission to call for doctors to be able to manage a tightly regulated, compassionate regime for the use of medicinal cannabis in Australia.

The Assembly’s Health, Ageing, Community and Social Services committee hearings will continue on Friday. Submissions are yet to be publicly released.

The proposed scheme would allow terminally and chronically ill Canberrans to grow cannabis and use the drug as part of their treatment.

Mr Rattenbury’s proposal, outlined in an exposure draft released last year, would see sufferers of terminal and chronic illness apply to the ACT Chief Health Officer for approval to possess and use cannabis. Often used illegally, patients using cannabis and oils report relief from pain and suffering, including nausea.

Applications would fall into three categories: an illness with prognosis of death within a year, a serious illness or condition such as cancer, AIDS or HIV, multiple sclerosis, spinal cord injury or epilepsy, or a chronic or debilitating condition.

After releasing the draft, Mr Rattenbury last year conceded some changes could be required around the role of the Chief Health Officer.

Mr McConnell said supply to patients in the ACT could be managed through registered growers and importers of cannabis and associated products.

“We’ve always taken the position that regulation of illicit drugs is the best way to go. We see that its a better solution than totally banning it ... we almost had a prescription program for heroin for those that were severely addicted and the problem there to overcome was prejudice and propaganda.”

Anecdotal evidence from Australia and overseas experiences proved the effectiveness of medical cannabis, Mr McConnell said.

“We know of a number of people who are already using cannabis for medical purposes in the ACT now,” Mr McConnell said. “Some of them are being looked after by carers and others are self-medicating, and they seem to do very well but one of the problems is that the drug is not subject to quality control in any way under the current system.

“Even if this legislation doesn’t get up, people will continue to do it because it provides relief.”

The inquiry comes as planning for a NSW government sponsored trial continues with the backing of the Abbott government.

FFDLR has moved

Our new snail mail box is PO Box 7186, KALEEN, ACT, 2617

Our new telephone number is 02 6169 7678. The email address remains the same.

Please make a note of the changes for future reference.

20 years of FFDLR

In April this year FFDLR will have been in existence for 20 years and FFDLR has decided to publish a book to commemorate the 20 years. Because of ill-health and moving house the publication has been postponed and will be launched later this year.

Indirectly the book will portray the history of FFDLR, but it will also be a documentation of the many events that occurred during those 20 years and it will in part be useful as a manual for guidance of other community organisations.

The chosen title is: **“Twenty Years of Families Fighting at the Front – The drug law wars”**.

Each chapter will contain introductory material from FFDLR and will include contributions from key people.

The outline of the book is as follows:

Introduction

The way we were

Families enlist

Values to fight for

Peace opportunity lost (Lost opportunity for peace)

Beyond our borders

Appeals to political masters

Keeping the troupes informed

Enlisting allies

Roundtables - Australia 21

Remembering (lives honoured)

Heroes

Peace in our lifetime

We would be very pleased to have your contribution if you would like to make one. It could include anecdotes or thoughts on the contribution by, or work of FFDLR.

Email contributions to mconnell@ffdlr.org.au by end of April with subject heading 20 Year Book.