



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

committed to preventing tragedy that arises from illicit drug use

December Newsletter 2016

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Hi Everyone,

A quick update post AGM. The committee elected is as follows:

- President – Peter Taylor
- Vice-President – Bill Bush
- Secretary – Marion McConnell
- Treasurer – vacant
- Committee members
 - John Ley
 - Joan Westaway
 - vacant

You'll see that we have two vacancies, treasurer and a third committee member. If you are interested in taking up one of these positions please let me know. Help is also needed with secretarial jobs outside of the meetings as well as looking after our website.

We have had one committee meeting post the AGM at which we started to develop a strategy for 2017. Given the current drug law climate we are considering how we can engage with the health, legal and legislative communities to further make the FFDLR objectives a reality.

Last week we submitted a series of recommendations to the ACT ATOD Strategy evaluation group following a meeting that Bill Bush attended as our representative.

A meeting occurred, and follow up emails, were exchanged with staffers from the ACT Legislative Assembly Green's office. Some frank discussion took place in regards to the proposed drug court in the ACT. Good relations were established and we will continue these discussions next year.

The ACT Health Minister has been approached in

regards to a meeting and we expect a reply after Christmas. We will also be requesting an audience with the ACT Attorney General.

Medical Profession and Drugs

The Green's recently announced a change in policy direction on drugs¹. There was a predictable backlash with distinct lack of support from the AMA. The Sydney Morning Herald quotes the AMA president, Michael Gannon² as welcoming any initiative that shifted public conversation about illicit drugs towards rehabilitation and treatment instead of policing and the justice system. However, he was “wary” of any push to decriminalisation and was reported as saying that we should not underestimate the harm that illicit drugs do everyday in our community.

A somewhat different approach was taken in an article in the British Medical Journal editorial which I reproduce in part overleaf³. This article references a report commissioned by the Lancet published in March this year entitled Public health and international drug policy⁴.

1 <http://greens.org.au/new-approach>

2 <http://www.smh.com.au/federal-politics/political-news/just-say-no-australian-medical-association-rejects-greens-new-drug-legalisation-push-20161127-gsyh5c.html>

3 <http://www.bmj.com/content/355/bmj.i6067>

4 <http://mucd.org.mx/recursos/Contenidos/Otraspublicaciones/documentos2/DrugsCOM.pdf>

When anyone takes action to attempt to make something happen, that something becomes more likely

Taken from the online bmj:

The war on drugs has failed: doctors should lead calls for drug policy reform.

Subtitle: Evidence and ethics should inform policies that promote health and respect dignity.

But the effectiveness of prohibition laws, colloquially known as the “war on drugs,” must be judged on outcomes. And too often the war on drugs plays out as a war on the millions of people who use drugs, and disproportionately on people who are poor or from ethnic minorities and on women.

Prohibition and stigma encourage less safe drug consumption and push people away from health services. Sharing of injection equipment has led to huge epidemics of bloodborne infection, including HIV and hepatitis C. And just one in every six of the 29 million people worldwide with a drug use disorder received treatment in 2014.

At a UN general assembly in April, many countries asked for health and human rights to be prioritised over punitive responses. Many countries have removed criminal penalties for personal drug possession. Portugal replaced criminal sanctions for drug use with civil penalties and health interventions 15 years ago. The UK Psychoactive Substances Act 2016 criminalises importation, production, and sale but not use of these substances.

Jurisdictions such as Canada, Uruguay, and several US states, now including California, and have gone further, to allow regulated non-medical cannabis markets, retaking control of supply from organised crime. The Netherlands has tolerated regulated cannabis sales for decades.

This year a thorough review⁵ of the international evidence concluded that governments should decriminalise minor drug offences, strengthen health and social sector approaches, move cautiously towards regulated drug markets where possible, and scientifically evaluate the outcomes to build pragmatic and rational policy.

Health should be at the centre of this debate and so, therefore, should healthcare professionals. Doctors

are trusted and influential and can bring a rational and humane dimension to ideology and populist rhetoric about being tough on crime.

Some doctors’ organisations have called loudly for change, including International Doctors for Healthier Drug Policies and the UK Royal Society for Public Health and the Faculty of Public Health. Recent BMA policy is for the Department of Health to take responsibility for UK drug policy and for “legislative change” to prioritise treatment over punishment of drug users. But such calls are far from universal—and far from loud enough.

Doctors and their leaders have ethical responsibilities to champion individual and public health, human rights, and dignity and to speak out where health and humanity are being systemically degraded. Change is coming, and doctors should use their authority to lead calls for pragmatic reform informed by science and ethics.

More expert opinion...

Professor Alison Ritter, Director of the Drug Policy Modelling Program at the UNSW-based National Drug and Alcohol Research Centre, spoke at “UNSOMNIA: What keeps you up at night?” on December 1.

The talk was reported in The Conversation⁶. Readers are invited to follow the link which includes a video presentation.

I shall conclude with the final paragraph from the article:

Few areas of policy-making are more emotionally charged than drugs policy. Yet if we resist knee-jerk calls to arms and engage in informed policy-setting that involves many stakeholders and types of knowledge, we can save many more lives, reduce needless suffering, and alleviate the financial burden of ineffective drugs policies.

Best wishes for Christmas and the New Year from the FFDLR team.

⁶ <http://theconversation.com/our-drugs-policies-have-failed-its-time-to-reinvent-them-based-on-what-actually-works-69984>

⁵ The Lancet commission referred to above.