



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

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

## July Newsletter 2016

PO Box 7186, KALEEN ACT 2617

Email [president@ffdlr.org.au](mailto:president@ffdlr.org.au) Telephone (02) 6259 9899

Email [treasurer@ffdlr.org.au](mailto:treasurer@ffdlr.org.au) Telephone (02) 6258 9575

Web [www.ffdlr.org.au](http://www.ffdlr.org.au)

Twitter @FFDLR

Hi Everyone,

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

### CAHMA initiatives

Here are some notes from Chris Gough who has recently taken over the reins of CAHMA from Sione Crawford:

Overdose awareness day/month is in August this year. CAHMA is promoting naloxone training throughout August and can train anyone who feels that it is important to have naloxone on hand in case of an overdose. The training takes 10 minutes and you will be provided with naloxone on the spot.

Throughout the month CAHMA will be exploring the reasons that overdose occurs and how to recognise and respond effectively to overdose and what you can do to fight for harm reduction programs like heroin and hydromorphone pharmacotherapy and safe injecting facilities. Drop in to CAHMA throughout August to find out more, as well as discussing the issues that lead to overdose, such as criminalisation and stigma and discrimination

Chris also had some thoughts about a graphic memorial. He is thinking of setting up a display so that when you walk into CAHMA there would be a tree with blank leaves on it. Anyone who wanted could take a leaf and write a memorial on it to a lost loved one. This is an idea that he has seen work at NUAA and he knows the power of being able to add loved ones to a leaf and celebrate their life, passion and beauty.

If anyone wishes to help with this project – or indeed

any other art projects related to drugs – please contact Chris on 6279 1670 or email [chris@cahma.org.au](mailto:chris@cahma.org.au).

### 10th Annual Conference of the International Society for the Study of Drug Policy (ISSDP) – Canberra Satellite

This was a very wide ranging conference including presentations by Professor Alex Stevens – ISSDP president, – Sione Crawford – former CAHMA manager, Professor Margaret Hamilton – member Civil Society Task Force Planning towards UNGASS 2016, David Caldecott. In the afternoon US presenters Beau Kilmer and Priscilla Hunt from RAND USA discussed the results of drug use and policy in those USA States who have legalised the use of cannabis, thus making it commercially available.

Here is a short summary of the main thoughts behind Alex Stevens paper taken from the ATODA research bulletin.

*Specifically, the paper argues that politically established inequalities in the distribution of power, resource and respect have more impact on drug-related harms than do the technicalities of interventions that are targeted at drug users.'*

*He goes on to explicate these two approaches, and conclude with his core theme (Stevens' emphasis): 'I am not arguing that we should not use the evidence on which drug-focussed interventions are technically effective. I am arguing that drug policy*

*is also a political matter, and that the distribution of power, resources and respect should be central issues in any discussion of how to reduce the harms that are associated with currently illicit drugs. Perhaps we should expand the definition of what drug policy is. Drug policy is all the things we do that affect drug users, whether we expect them to or not.*

Stevens, A 2016, 'What is drug policy and why does it matter?', paper presented to 10th Annual Conference of the International Society for the Study of Drug Policy (ISSDP) Canberra Satellite event, Canberra, 20 May 2016, [https://www.academia.edu/25627151/What\\_is\\_drug\\_policy\\_and\\_why\\_does\\_it\\_matter?auto=download](https://www.academia.edu/25627151/What_is_drug_policy_and_why_does_it_matter?auto=download).

Some thoughts on the conference from Joan Westaway:

Peter asked me to give him some words on my impressions of the ATODA Conference. So this is not a critical analysis; it's impressions.

I have been to several ATODA Conferences, and enjoy them. They seem to follow an accepted format, of one day of four sessions given over to current academic research, international trends, therapeutic advances and a user perspective, with the emphasis being slightly different each year.

At none of the conferences have I heard so much as a hint of distaste for, or condescension towards the client group. I suppose that's what you'd expect at an academic conference, but it nevertheless gives me a little tingle of surprise and pleasure every year.

Three papers stood out for me this year.

The first was a review of the processes that go into getting international agreement on the wording of a United Nations convention, and thereby our own national law. Who would have thought it would be so complex, that there was a world of difference, between the words "harm reduction" and "harm minimisation".

The second was Dr David Caldicott's paper on his pill testing at musical festivals. The man has such a wonderful irreverence for the traditional prohibit-and-punish line. He talks pharmacology and emergency care at machine gun pace. He knows what he's doing. He wants to keep kids alive and to

find another way of doing it.

The third was a talk by Sione Crawford, a sometime user of this and that and a current prisoner of methadone. He's 50 or so, has a job, a partner and a family and is committed to all of them. He's mature, funny, honest and insightful. He told us the story of the rigmarole he had to go through to get a methadone take-away/replacement to visit his mother and three brothers in Victoria. He used the word "infantilisation" to describe the methadone regime, and that's the word I'll take away with me from this year's conference.

## **ACT Road Safety Forum 2016 – Drug Driving**

Bill and I attended the Drug Driving Forum on the 13th of July at the Pavilion Motel in Canberra. This event was organised by MLA Minister Shane Rattenbury in his position as Transport Minister. The current law in Canberra imposes penalties if *any* quantity of cannabis, methylamphetamine or MDMA is found in the blood of a driver. This is a zero tolerance approach to drugs and has been criticised for a number of reasons. The most obvious shortcoming is that, as with alcohol, the amount of a chemical in the blood stream is only a proxy for the actual driving impairment caused.

There are, of course, other substances that may reduce the ability to drive including prescription pharmaceuticals that are not being tested for. From FFDLR view point there is also the issue that once a driver has been pulled over a drug test might be initiated based on licence details identifying any previous drug convictions. Such information could raise police suspicions leading to a positive drug test result – and such a result might be obtained even if the most commonly used illegal drug – cannabis – has not been ingested for a number of days and indeed the driver was not significantly impaired. (As a side note we were told at the conference that a 0.05g/100mL Alcohol reading gives a twofold increase in chance of an accident)

Dr Kim Wolf explained the UK situation via an Internet link. She was on the Governmental advisory panel that recommended drug levels based on how the chances of an accident increases based on empirical data (i.e. looking at odds ratios). The

panel set levels for the illegal drugs such as cannabis. However, the UK government was then presented with a dilemma. They felt that if they accepted the relatively high level of cannabis proposed this would be not be congruent with the fact that it was a banned substance! They therefore reduced levels in the legislation by approximately a factor of 10. *This calls into question the aim of the law as having an impairment focus rather than a drug detection device.*

Logically the UK also included prescription drugs. The result is a total of 17 drugs with defined levels that can be assessed, subsequent to, at a roadside investigation.

At present FFDLR is writing a submission to Minister Rattenbury strongly recommending that an impairment approach be adopted. We are taking the stance that since driverless cars are being currently developed – and that as some of this driverless functionality is already commercially available – that, to be consistent with this modern thinking, *the driver should be treated as a machine.* An impairment test then simply looks at the functionality of this “machine”. Does “it” have appropriate hand-eye coordination? Does “it” have fast reflexes? Can “it” take in information properly? We will suggest the adoption of an ITM – Impairment Testing Machine – and we are sure that such a device could be developed fairly readily.

The use of an ITM would have the following advantages:

1. It goes straight to the heart of the problem – *is the person safe to drive?* – no proxies required!
2. It can demonstrate that even low levels of alcohol cause impairment
3. It does not need expensive chemical tests – although it makes sense to do this to understand the problem following a failed test.
4. It negates any victimisation of drug users

At the end of the day it simply would *not matter what was causing the lack of driving ability.* The message would be simple. If you think you are at risk – don't drive – the same as with alcohol.

If any readers have further thoughts please email

them through. It would be helpful to include in our submission!

## **Some thoughts on the Naloxone program**

No doubt my son's life had been saved a number of times by the administration of naxolone before his final overdose. Since the inception of the Nalone program in the ACT many lives will have been saved. There is no doubt having a readily available supply of naloxone has a transformative effect. However, lets build on this.

The image that comes to my mind is a funny sort of ship. The front half is full of the well heeled middle class such as myself. It has glittering lights, parties, beautiful music. The occupants enjoy themselves. However, the other half is low in the water, poorly lit and has huge waves breaking over it. It is cold and miserable in this part of the ship. Many of its occupants are unwell. Sometimes they have to take risks just to get around and a big wave washes them overboard. Here is a lifebelt we say – throwing out some cheap naloxone. “Oh good, that one didn't drown”. Perhaps we should be thinking about the state of the occupants and the quality of the ship as well. Maybe in the long run that would be a more useful exercises than a large supply of lifebelts?

## **Press Releases**

### ***Uniting begins campaign to re-think illegal drug policies***

Stafford Sanders (Uniting), South Sydney Herald 7/7/16

“If we're a society which believes in giving people a fair go,” says Marianne Jauncey, “if we believe in saving lives, we must do something differently.”

Dr Jauncey, Medical Director of Uniting's Medically Supervised Injecting Centre (MSIC) in Kings Cross, is backing a resolution by the Uniting Church Synod of NSW-ACT for a re-think on illegal drugs policy.

The Synod's latest meeting gave the go-ahead for its services and congregations to call on the NSW and ACT governments for increased investment in harm reduction and demand reduction strategies, and for

further measures to decriminalise individual possession and use of (but not illegal supply of) small amounts of illegal drugs.

This was the first time a major Christian denomination (national or state) had endorsed such a policy. The Church and its Social Justice Forum (SJF) have since received many supportive emails and social media posts on the issue.

A working group has been formed to coordinate the campaign – convened by the SJF and including Dr Jauncey and other experts to ensure a sound evidence base. The working group is building alliances with supportive medical, health and community organisations already working in the field.

Marianne Jauncey has been Medical Director of the MSIC since 2008. Despite a perfect record of no fatalities, and an 80 per-cent drop in ambulance call-outs in the area, it remains the only facility of its kind in the Southern Hemisphere.

“I work with people every day who are trying to manage their dependence and get their lives back on track,” she says. “Stigma and shame are big issues, and battling drug use convictions serves only to alienate people further.”

The move for a cautious decriminalisation campaign comes from broad acceptance within the Church of the evidence that making personal drug use a criminal offence has not been effective in reducing it.

Worse, the “war on drugs” has increased the risk of preventable deaths, deterred addicts from seeking treatment for fear of criminal consequences, alienated them from their families and ruined their job prospects. Prison terms have compounded the damage. Help, when it arrives, has often been too little or too late.

But while failed law enforcement measures have swallowed over 70 per cent of the national drug budget, treatment and harm minimisation strategies, though proven more effective, have received less than 25 per cent. This has led to expert groups like the Criminal Justice Committee of the NSW Bar Association calling for drug addiction to be treated as a public health, not a criminal issue – with an appropriate funding shift.

Says Dr Jauncey: “If our aim is to respect the

inherent dignity of every person, we must re-frame the debate.”

Uniting is calling for some difficult conversations and major policy shifts – but feels the time is right and the evidence can no longer be ignored.

Stafford Sanders is Campaigns Coordinator at Uniting.

This article is sponsored by Uniting, the Board of the NSW and ACT Synod of the Uniting Church responsible for the work of community services, chaplaincy and social justice advocacy.

[www.uniting.org](http://www.uniting.org)

## ***From Transform***

Here is some good news I found from the UK's Transform organisation!

### **Transform newsletter**

#### ***The Times calls for legal regulation of drugs***

In a hugely significant move, Rupert Murdoch's flagship newspaper The Times (16 June 2016) not only backed the widely reported Royal Society of Public Health's important new report calling for the possession of all drugs for personal use to be decriminalised - but went one better. It called for the legal regulation of drugs - making that the official position of the newspaper.

"The Portuguese [decriminalisation] approach is working so well that the question arises why it has taken British officials so long to seek to copy it... [but] Leaving distribution and supply to criminal cartels ultimately leaves drug-producing states at their mercy. The solution is to move gradually towards legalised supply chains such as those allowed for cannabis in Uruguay and a minority of US states."

The Independent also backed legal regulation the next day. While many other UK papers have backed a review including The Sun, or like the Guardian supported cannabis regulation before, none has taken an explicit position backing legal regulation of drugs in general in this way. We hope Rupert Murdoch's other media outlets - including the Sun - now follow suit, because this could not have happened without his agreement. Like it or not, to

state the obvious, he is one of the most influential people in Britain with both the public and politicians. And backed Theresa May to become the new UK Prime Minister.

### **Comments**

So whilst the above is good news it seems somewhat at odds with the latest UK bill on drugs - Psychoactive Substances Act 2016 that was sponsored in part by Theresa May. There is some interesting commentary on this bill from The Conversation at <https://theconversation.com/how-did-the-mind-boggling-new-drugs-bill-make-it-through-parliament-53612>

One can see from the title of the link the stance The Conversation takes. As the bill seeks to ban any mind altering substance there was concern expressed by churches that incense would be banned as this enhances the religious experience. Technically incense is now illegal although the Home Office has advised that priests would not be prosecuted.

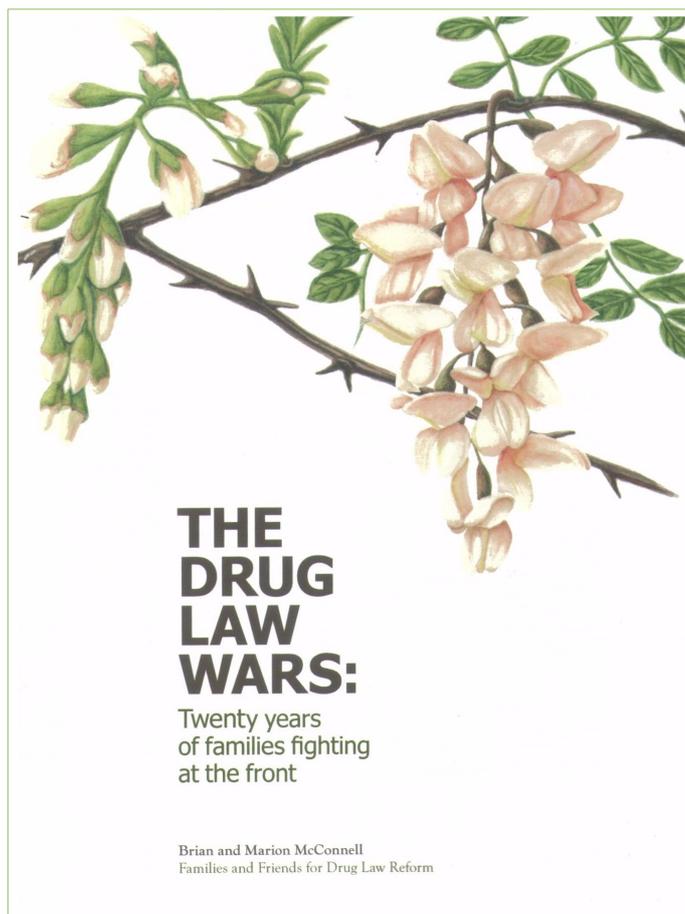
If anyone wishes to dig deeper into the UK Bill it is all available online and I would be delighted to have some thoughts for the next newsletter.

## **Drug Law Wars on the Radio**

CAHMA presents a radio show on 2XXfm every week. Here is a link to find out more information about the show.

<http://www.2xxfm.org.au/program/news-from-the-drug-warfront>

# ORDER FORM FOR BOOK



This volume, written to commemorate twenty years of Families and Friends for Drug Law Reform, tells of a momentous journey which began with a group of grieving parents who weren't prepared to accept a system that was not protecting their kids from drugs. They set out to change an injustice. This is a story of perseverance through times of hope and times of despair. It is a must read by anyone trying to right a wrong, by families who suffer because of our drug laws, by politicians who have the capacity to make the system better, by AOD service providers, by law enforcers, educators, researchers and by our society as a whole that we may better understand the crucial need for changes to be made to our drug laws.

## TO PURCHASE A BOOK

1. Fill in the form below and email to: [treasurer@ffdlr.org.au](mailto:treasurer@ffdlr.org.au) or post to The Treasurer, FFDLR, PO Box 7186, KALEEN 2617.
2. OR fill in the form online on the FFDLR

website

3. OR visit or contact Paperchain Bookstore in Manuka. 24 Franklin St, MANUKA ACT  
Web: [paperchainbookstore.com.au](http://paperchainbookstore.com.au)

Pay by direct credit to FFDLR's bank account or by cheque/money order

BSB Code: 801009

Account Code: 1194974

Account Name: FFDLR

In the description or reference enter *Book pre-order* and *your name* so it can be matched to your name on the pre-order form

A book will be posted to you. Please remember to include cost of postage.

Cost of book is \$25 plus \$5 postage

PLEASE PRINT CLEARLY

No.of copies	
Surname	
First name	
Address 1	
Address 2	
Suburb	
State	
Post code	
Contact (email or phone)	