



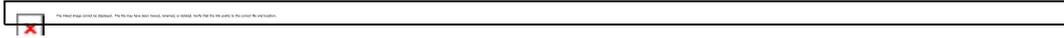
Families and Friends for Drug Law Reform (ACT) Inc

committed to preventing tragedy that arises from illicit drug use

NEWSLETTER

February, 2012

PO Box 4736
HIGGINS ACT 2615
Tel: 02 62542961
email: mcconnell@ffdlr.org.au
Web: www.ffdlr.org.au
ISSN 1444-200



MEETING AND GUEST SPEAKER

Thursday 23rd February, St Ninian's Uniting church, Cnr Mouat and Brigalow Sts, Lyneham

Brief meeting at 7.30pm, Speaker at 8pm

SPEAKER: Michael Haines (Social Worker) has been working for ACT Health within the Opiod Treatment Service since 2009..

Michael has a wide area of expertise and experience in the AOD field. His work in this area began in 2001 as founder and Director of Code Blue Harm Reduction Services which provided harm reduction information to recreational psychostimulant users.

TOPIC : "Pills sold as ecstasy, Synthetic Drugs and plant based Etheogens

His talk will discuss:

- ⤴ Prevalence statistics
- ⤴ Overview of drug types (most to least prevalence order)
- ⤴ Specific use of Pills sold as ecstasy, research chemicals, synthetic drugs and plant based entheogens - mediators that impace patterns of use more broadly
- ⤴ Changing market dynamics in the ACT and how it changed patterns of use of particular substances including ecstasy, LSG and now plant based psychoactives
- ⤴ Brief overview of psychoactive plant use in Australia - self limiting substances such as entheogens
- ⤴ Research evidence of the efficacy of interventions for these patterns of use.

There will be a time for questions following Michael's talk.

Supper will follow.

Editorial

Drug policy: a problem in search of a civilized dialogue

By Bill Bush

No other network of treaties, of international obligations, has a more intimate connection with our lives than the three drug "conventions" to which Australia and most other states in the world are party. They are the Single Convention on Narcotic Drugs of 1961 as amended by a 1972 protocol, the Convention on Psychotropic Substances of 1971 and a 1988 Convention against Illicit Traffic. No decision is more intimate than what one decides to put in one's own body. Yet these multilateral treaties purport to control just that. What is more, they require parties like Australia to make this decision a crime: "possession" of enumerated substances for one's own use "shall be punishable offences." Citizens suffering from addiction are made criminals.

The history of this web of obligations goes back a century. The treaty ancestor of the world's present network was adopted at The Hague on 23 January 1912: the International Opium Convention. This treaty covered cocaine as well as the opium and its derivatives of morphine and heroin. The International Narcotics Control Board (INCB), sits at the centre of an orb web, each of its many feet ready to react to intelligence that any state party is failing to "take all practicable measures for the prevention of abuse of psychotropic substances". It dishes out praise and criticism to its increasingly wayward children. It declares that parties establishing medically supervised injecting rooms breach their obligations "by facilitating in, aiding and/or abetting the commission of possession and use crimes." Australian and scores of other governments have ignored such warnings.

The Board alleged that the media's coverage of the drug problem is "far from balanced", seeing as subversive reports such as the call by Sir Richard Branson backed by our Dick Smith to change drug policy: 'Over the past 50 years, more than \$1 trillion has been spent fighting this battle, and all we have to show for it is increased drug use, overflowing jails, billions of pounds and dollars of taxpayers' money wasted, and thriving crime syndicates' (SMH, January 24, 2012). The Board sees such calls as "public incitement" which Governments should counter: "Governments should take the initiative in the debate on drug issues and not leave the advocacy role only to those who wish to change public attitudes to drug abuse."

There are scores of indicators that the world is increasingly ignoring the Board. Branson joined retired presidents, Foreign Ministers and other world figures on a Global Commission on Drug Policy which last year affirmed that "The global war on drugs has failed, with devastating consequences for individuals and societies around the world." The wellbeing of drug users has engaged Human Rights organisations and UN agencies like the World Health Organisation and even the UN Office of Drugs and Crime Control have called for controversial measures that used to be unthinkable such as providing syringes to prisoners.

There are five factors behind this trend. First must be reduced influence of the United States, the principal architect and champion of the international regime. Prof. Margaret Hamilton has written how she and Prof. David Penington were summoned to meet President Clinton's Assistant Secretary of State for Narcotics and Law Enforcement who virtually ordered the two not to recommend changes to the status of cannabis or a heroin trial in their report to the Victorian Government. It is suspected that the US had more success with the scrapping of the ACT heroin trial urged by Chief Minister, Kate Carnell.

Secondly, the atmosphere within the US itself has become more nuanced with 13 states having permitted "medical marijuana use" and leaders like ex-President Clinton and the late Milton Friedman arguing that prohibition is a costly, counter-productive mistake supporting a world trade of \$322bn a year funding terrorism and other threats to security. The drug treaties sit uneasily with the principles of economic rationality behind economic globalisation.

Thirdly, many Parties have come to realise just how wide a discretion the treaties give Parties in deciding how to implement their obligations; that they are susceptible to a far less restrictive interpretation than the US and INCB claim. The treaties accept medical and scientific use of prohibited drugs. Thus, the use of heroin as an analgesic and even as a prescribed drug for addiction is consistent with the conventions. It continues to be a widely prescribed analgesic in the United Kingdom as it had been in Australia. "As an alternative to conviction or punishment", Parties are free to provide for "the treatment, education, aftercare, rehabilitation". Some provisions may be implemented "in accordance with and subject to the provisions of the domestic law of a Party" and so on.

Fourthly, the international community fell far short of its commitment at the UN General Assembly Special Session in 1998 to achieve "significant and measurable results in the field of demand reduction by the year 2008". The Global Commission noted that the reverse occurred. In the decade, consumption of opiates alone increased by 35% and cocaine by 27%. Cannabis, by far the most used of illicit drugs, was confined to traditional use in countries like Jamaica and India when it was first brought into the drug network in 1925. Accordingly, Australia meekly banned it even though it was virtually unknown here. 70 years later a Queensland Justice Commission member disclosed that his State produced 70 tonnes a year and that "such a large crop was vital to the Queensland economy and small country towns would decline if the illegal industry was stopped" (Canberra Times 5 July 1994). Expenditure on cannabis in Australia is almost 1% of GDP. Near 4% of the world's population over 15 years use it.

Fifthly, the evidence is in that prohibition is causing the lion's share of the harm attributable to illicit drugs. Drugs are implicated in all of Australia's most serious and intractable social problems as different as crime, blood-borne diseases, child protection and homelessness.

Banning drugs is an obvious response to addictive drugs but the likes of Branson and Dick Smith are calling for "a debate on how policy can cut consumption and reduce harm, rather than inflammatory scaremongering."

America's plague of incarceration - A book review

George J Annas

A Plague of Prisons: The Epidemiology of Mass Incarceration in America, Ernest Drucker, New Press, 2011

Arriving at Washington DC's Reagan National airport last year, I, like other visitors, was greeted with large signs featuring the Statue of Liberty and the words: "Welcome to America, home to 5% of the world's people and 25% of the world's prisoners." The posters were produced by the National Association for the Advancement of Colored People (NAACP) to help publicise their "Misplaced Priority: Over Incarcerate, Under Educate" campaign.

The message is (or should be) deeply disturbing. Shouldn't the USA be ashamed at having the world's largest prison system and highest incarceration rate (754 per 100 000 people)? The richest country in the world has so many of its citizens in prison that it can't afford to house them with even basic minimum medical care (more than half of all prisoners have mental health or drug problems). Prison overcrowding itself has become so terrible in California, that in May, 2011, the US Supreme Court affirmed a lower court order that California release some 46 000 prisoners because of the inhuman conditions under which they were being held. In the Court's words, "A prison that deprives prisoners of basic sustenance, including adequate medical care, is incompatible with the concept of human dignity and has no place

in a civilised society.”

The world is overly familiar with the US “war on terror” prisons like Abu Ghraib and its off-shore Guantanamo prison.

Less well known or cared about is the vast complex of more mundane prisons, much of whose population is collateral damage from the equally misnamed “war on drugs”.

The personal and societal damage from treating drug use as a criminal problem is the focus of Ernest Drucker's *A Plague of Prisons: The Epidemiology of Mass Incarceration in America*. Drucker is a physician-epidemiologist with a specialty in family and social medicine. Following John Snow's example, Drucker mapped the very beginning of the AIDS epidemic in the South Bronx and discovered that the maps he produced “charting poverty, poor education, crime, and deaths due to drug overdose [were] almost identical to the AIDS maps”. His own Bronx drug treatment programme helped him learn about networks of drug users who shared needles and syringes. Needle-sharing turned out to be the “AIDS pump” in the Bronx (as it soon turned out to be elsewhere).

Drucker's attempt to prevent AIDS transmission by treating drug addicts, however, had little public support, primarily because the public associated injection drug use with violent crime. In his words, “The default response to drug use quickly became (and still is) arrest and jail, not the effective treatment for heroin injectors”. Instead of reducing the spread of AIDS, criminalising drug use spread the AIDS epidemic into New York's prison system. Drucker quotes epidemiologist Rodrick Wallace as calling the ensuing pattern “a synergy of plagues—drugs, AIDS, prisons, TB—creating a new and very lethal ecology that has now become a global pattern”. Drucker's insight is to apply epidemiological analysis to a related outbreak, the “plague of prisons”.

The number “infected” is staggering: 7.3 million under the control of the US justice system, 2.3 million in prison, 800 000 on parole, and 4.2 million on probation. More than 10 million Americans are arrested each year, 600 000 imprisoned annually, and 700 000 released. 67% of those released will be reimprisoned within 3 years. Millions of children have also been directly exposed to parental incarceration, as have other family members.

Recently, *The New York Times* published an op/ed by Nicholas Peart, a young black college student from Harlem, who had been stopped and frisked, often aggressively, by New York police at least five times for no other reason than that he was black (in 2010 the NYPD stopped more than 600 000 people, 84% of whom were black or Hispanic). Peart seems right to conclude that targeting minorities as likely criminals has not made anyone in the minority communities feel safer, but rather has only amplified distrust and alienation. Those arrested in the USA are overwhelmingly poor and minority, mostly black and Hispanic. The system is (like the military-industrial complex and the “homeland security complex”) self-perpetuating. The impoverished communities targeted by law enforcement (like the Bronx) become even more damaged, as the children of prisoners have fewer support systems themselves, and become much more likely to be imprisoned.

Can a public health/prevention approach help halt mass incarceration, or at least reduce its harmful effects? Here's what Drucker suggests. First, as to primary prevention (reducing the number of new cases), he suggests identifying the most preventable cases first, and concentrating on them. That turns out to be fairly straightforward. These cases are the 30% of those in prison for non-violent drug offences, mostly young African American men who, once imprisoned, tend to cycle in and out of the system for years. This would require the reform of many of our drug laws and the treatment of drug use and addiction as a public health rather than a criminal justice problem. We also must change our policing strategy to include prevention of imprisonment by having alternatives to prison, including drug treatment, education, and job training. Second, Drucker argues, we should set a goal of reducing the number of people currently imprisoned to its pre-1970 level (before the “war on drugs”). Secondary prevention requires community support for those released from prison to help prevent recidivism, such as drug treatment, mental health treatment, housing, and employment.

Tertiary prevention involves minimising the stigma and economic disadvantages imposed on those with a prison record.

Drucker ends his book with an eloquent plea for America to move away from “the current failed model of retributive justice” by devising a plan for “restorative justice as part of its recovery from the damage of more than three decades of mass incarceration”.

But allusions Drucker makes to slavery, the Civil War, South Africa's Truth and Reconciliation Commission, and post-genocide Rwanda, won't get us there. Nor does the accusation that mass incarceration “is one of our own society's greatest crimes against the humanity of millions of our countrymen”.

Crimes against humanity are a special category of horrors — and incarceration after trial, even on a mass scale, has not historically met this threshold. Slavery, murder, torture, genocide, and apartheid do — as does indefinite imprisonment in Guantanamo, perpetual isolation in a Supermax prison, and, as the US Supreme Court has found, imprisonment in grossly overcrowded prisons where lack of decent medical care can produce “torture or a lingering death”.

Nonetheless, a human rights analysis can enrich a public health analysis. Public apathy to poverty, racism, and drug use help account for our plague of incarceration. One of the major weapons of human rights campaigners is shame, and Drucker's epidemiological exposition, like the NAACP campaign, could help to shame the US public into demanding remedial action.

DPMP Research Symposium Program - 16 March 2012

Members are formally invited to the annual DPMP Symposium in Sydney.

Program overview:

- ⤴ Critiquing the construction of addiction: Dependence, Disorder and the DSM V
- ⤴ Alcohol harms and policy responses
- ⤴ Drug treatment
- ⤴ Drug markets
- ⤴ Making drug use not criminal; making drug use legal?

Symposium Details:

Date: Friday, March 16th, 2012.

Time: 9am – 4.30pm (registration from 8.45 am).

Venue: The Mercure Sydney, 818-820 George Street, Sydney

Cost: **Nil: No registration fees and catering provided.**

RSVP: As numbers are capped, RSVP's are essential.

Please contact Colleen Faes c.faes@unsw.edu.au by Thursday, 1st March.

The program will be most relevant for those interested or engaged in evidence informed policy development, including researchers, policy analysts/makers and service providers.

For more details go to: www.dpmp.unsw.edu.au

Costly jails not the only alternative

Cameron Browne, [The Courier-Mail](#), February 07, 2012 12:00AM

CONCERNS over a blowout in prison budgets and crisis overcrowding in Queensland jails mean the state should urgently consider a home-detention sentencing option.

Queensland needs an effective alternative to imprisonment and the home-detention system, used for New South Wales and Commonwealth offenders, and also available in New Zealand, should be explored here.

Prison overcrowding is looming as a potential election issue after Opposition claims the new \$485 million prison near Gatton which opened recently will not solve overcrowding problems.

The cost of keeping prisoners incarcerated is going through the roof and overcrowding undermines inmate rehabilitation.

As a criminal defence lawyer I believe home detention, for lower level, non-violent offences, is humane and cost-effective. I am amazed it is not currently available in Queensland.

And it's effective. Broadcaster Derryn Hinch recently completed a five-month home-detention sentence in Melbourne for breaching court orders on name suppression. Hinch has written of being confined to home 24/7 and electronically tagged. He says it was no holiday.

His punishment included an electronic ankle monitor, permission needed to even visit a doctor; surprise alcohol breath-test inspections at any time 24/7, being banned from the internet, and no emails or social media such as Twitter and Facebook. He was not permitted to work.

Hinch says he understands home detention was meant to be like jail. He challenged perceptions it is a leisurely holiday in your room.

A NSW Auditor-General's audit of home detention there noted a person on home detention cannot take their child to the park or school. It is not available to people convicted of domestic violence or sexual or drug-trafficking offences.

Traffic and motor vehicle offences formed the majority of NSW home detentions and Auditor-General Peter Acherstraat's 2010 report noted it kept suitable offenders away from hardened criminals. This is worth emphasising.

While jail has a place in the penal system, we should consider effective alternatives that would save the public purse and benefit the community.

Our prison system costs more than \$569 million to run. At present it costs about \$187 a day to house inmates in Queensland, compared with the NSW 2010 figures of \$47 a day for home-detention prisoners.

Queensland courts should have a home-detention option.

A study here would need to ensure that the cost of having a home detainee is manageable and does not represent an unreasonable shifting of the expense of incarceration from the state to a person's family.

Meanwhile, prison overcrowding claims reopens the debate on whether jail is the most effective deterrent for certain offences. I don't think it is the answer and nor does the state's Sentencing Advisory Council.

We need to look at viable alternatives before the state election swallows up law-and-order reforms in an expected "get tough on crime" electioneering hysteria.

Cameron Browne is a director of Brisbane and Gold Coast criminal defence law firm Potts Lawyers