



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

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

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**NEWSLETTER**

**April 2010**

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## **NEXT Meeting**

**Thursday 22 April 2010**

**at 7.30pm**

**Topic: Revisiting a little of Hungry Beast**

**Venue: St Ninian's Uniting Church, cnr Mouat and Brigalow Sts, Lyneham.**

**Refreshments will follow**

## **Editorial**

### **Drug Survey Results**

*"Drugs. Illegal ones. The scourge of modern society? Harmless escapism? Who takes them? What do they take? How often? Why? Don't they care that they're breaking The LAW!?"*

*Hungry Beast wanted to know. So we asked Australia. Well, we got McNair Ingenuity Research to ask Australia for us (they asked 1008 people, demographically balanced to represent the population of Australia), and report back with their results."*

This was the opening few lines of the Hungry Beast program on the ABC. The full results from the survey can be found at the following web address: <http://hungrybeast.abc.net.au/stories/drug-survey-results>.

For survey questions that were the same as those asked in the Household Survey the results were very similar. For the most part any small difference in results could be put down to sampling error. Thus the results in the Hungry Beast survey can be taken to accurately reflect the views of Australians.

Some of those views were very informative. Some 42 percent had ever used or tried an illicit drug and some 12 percent had used in the last 12 months. The five most common reasons for trying or using were:

- To see what it was like/curiosity (56%);
- To have fun" (39%);
- My friends were using it, so I thought I'd try it" (33%);
- It seemed like a good idea at the time (26%);
- To ease physical pain (25%).

In response to the question "people who try or use (but do not sell) illegal drugs should have a criminal record" 34% agreed, 40% disagreed and 26% had no opinion. In a seemingly contradictory response to the question "people who try or use (but do not sell) illegal drugs should go to prison", only 19% agreed but 55% disagreed and again 26% had no opinion.

And on the question of "whether or not government policies dealing with illegal drug use was effective", 57% said they were not and only 17% thought they were effective.

Some 50% thought that police resources should be applied to more serious crimes than pursuing people for using small amounts of illegal drugs, while only 28% thought otherwise.

A number of questions were asked about decriminalisation and most (90 – 93%) said they would not try or use more if drugs were decriminalised. 52% were in favour of marijuana being decriminalised but others were a long way behind – the next being MDMA of which 10% were in favour.

In the forum that followed the TV broadcast of Hungry Beast that presented the program two things were most obvious: 1) many felt that drugs (mostly marijuana) should be decriminalised or legalised, and 2) there existed a great deal of misinformation and/or a lack of understanding.

Nevertheless it is encouraging that so many people felt that drug users should not go to prison and that police resources should not be used to pursue users. In these two areas and in the area of whether or not the current laws are effective the population of Australia is well ahead of those who make and implement the drug laws.

## **FREE Canberra forum:**

### **Stories of the Next Generation**

Stories of the Next Generation brings you perspectives on the recent International Conference on the Reduction of Drug Related Harm for Australians working in harm reduction.

How do we compare? There are now two and a half decades of harm reduction experience in Australia.

A substantial body of evidence shows the feasibility and effectiveness of harm reduction in a wide variety of social and cultural settings. But what is needed as we move through the third decade of harm reduction? When we 'scale-up' harm reduction, should we just replicate and expand pilots and projects or work to integrate harm reduction into health systems?

What reflections and insights has the conference inspired?

What were the highlights and lowlights from the conference?

### **Speakers:**

#### **Annie Madden**

Annie is the Executive Officer of the Australian Injecting & Illicit Drug Users League (AIVL) which is the national peak body representing state and territory drug user organisations and illicit drug users at the national

level. She is on numerous national, Commonwealth Government and research committees including the recently appointed Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis C. She has an honours degree in Social and Political Sciences. She has been working in the areas of illicit drug use, HIV/AIDS and hepatitis for over 12 years.

#### **Dr Anna Olsen**

Anna is a native Canberran who received much of her research training at ANU. With a background in social science, Anna has worked in illicit drug research for several years and has also spent time in the U.S. working on illicit drug policy reform. Anna is currently based at NCHECR, UNSW as a NHMRC postdoctoral fellow where she continues her work in hepatitis C, sexual health and injecting drug use. Her post-doctoral research primarily concentrates on collaborative work with Aboriginal and Torres Strait Islander communities investigating hepatitis B knowledge and treatment.

#### **John Ryan**

John has been the CEO of Anex, a civil society organisation, for the last decade. Anex provides workforce development and policy research and advice in relation to harm reduction services in Australia. John has previously worked in private enterprise, university research, government and the non government sectors.

#### **Free Event Details**

9.30am -12.30pm 7 May 2010

Canberra Hospital Auditorium (Building 1, Level 7)  
Palmer Street, Garran ACT 2605

Registration, tea and coffee at 9.30am

Seminar 10.00am followed by a light lunch at 12.30pm

**Please RSVP by 3 May 2010** to Anex. Register here  
[www.anex.org.au/ihrc/](http://www.anex.org.au/ihrc/) or call Jo Gillard 03 9486 6399

## **Methadone is key to effective drug treatment**

*A letter recently published in the Scotsman newspaper.*

AS a group of experts in the treatment of opiate-dependent people, we write to express our dismay about the continuing misrepresentation in the media of the evidence on the effectiveness of methadone treatment. The purpose of this treatment for the distressing condition of opiate dependency is perhaps misunderstood. People with serious addictions are at great risk of death from overdose and infection.

This is nowhere more obvious than in Scotland where there has been an outbreak of infections and deaths caused by anthrax and where there were nearly 600 drug-related deaths last year.

Methadone can prevent death, stabilise lifestyles and improve social functioning. It is remarkable to those of us who provide this life-saving treatment what improvement is seen when people start this therapy. Treatment has to be supported by a programme of psychological and social support, at least for the first few months, and has to be continuous. Some people will need long-term and even lifelong treatment.

Compared to other essential medical therapies, methadone is not expensive. Most patients who benefit from methadone treatment can live otherwise normal lives.

The media repeatedly report a view of methadone treatment that is simply contrary to the extensively documented worldwide clinical and research experience of many decades.

Reliable and persistent research shows that methadone treatment substantially reduces deaths, crime, HIV infection and drug use while also assisting social functioning such as improved education, training, parenting and employment. Every £1 spent on methadone treatment saves between £4 and £7. Methadone treatment has been endorsed by three UN agencies: the United Nations Office on Drugs and Crime; the World Health Organisation and UNAIDS.

WHO has also included methadone treatment in its "essential medicines" list and 70 countries in the world now provide methadone or buprenorphine treatment to an estimated one million patients.

No treatment in medicine works every time with every patient, but methadone treatment has helped more people in the world overcome their problems with heroin than any other. This treatment should be readily available to every person using heroin that seeks help, accepts this option and meets national criteria.

If policymakers were to heed the critics' advice to close down methadone treatment, or impose an arbitrary time limit on its administration, the community can anticipate more overdose deaths, more HIV and more crime. Surely this is not what the public want and deserve.

It is essential that policy and treatment services are clear about the value and importance of methadone treatment.

***The letter was signed by 28 worldwide eminent doctors, professors, specialists and other experts in the field of addiction.***

## **White House moving away from war on drugs**

The Colorado Independent, March 18, 2010 Thursday  
10:56 AM EST

BYLINE: Mike Lillis

Quietly, free of headlines and fanfare, the Obama White House is toning down the bellicose war-on-drugs position that has defined U.S. narcotics policy for the last 25 years.

Appearing in Vienna last week for the 53rd annual United Nations meeting on global drug policy, administration officials shifted from attacking drug use as a crime to be penalized and moved toward a strategy of tackling addiction as an illness to be treated, a number of health and human rights advocates who attended the event said.

Drug reformers for years have promoted so-called harm reduction measures as a more effective and humane way to treat drug addiction and the diseases that often accompany it an approach that runs counter to the punitive attitude epitomized by the Reagan administrations war on drugs. And while the Obama White House drug czar, and his deputy, Thomas

McLellan remains officially opposed to the hot-button harm reduction language, officials have also conceded that the current strategy isn't working, advocates say. That sharp break from past administrations has left reformers hopeful that the Obama White House will mark a new era in the nations fight against drug abuse one that prioritizes treatment and prevention above rap sheets and prison time.

There was virtually no reference to a criminal justice approach, Allan Clear, executive director of the Harm Reduction Coalition, an advocacy group, said of the U.S. delegation in Vienna. "I'm just so used to being appalled by their behaviour. It was very encouraging."

Deborah Peterson Small, executive director of Break the Chains, another group advocating for drug-policy reforms, agreed, noting a brand new willingness among White House officials to embrace certain elements of the harm reduction strategy. When she spoke about treatment reforms to U.S. drug officials in Vienna in 2008, Small said, the entire delegation walked out on her. "This year it was completely different," she said. "We finally had a sense that they were listening."

The comments mark quite a departure from those that drug reformers were making a year ago at the same U.N. event, where the Obama administration killed international efforts to include harm reduction language as part of a U.N. document that will guide the next decades global drug policy. Harm reduction refers to things like drug-substitute treatments and clean-needle exchanges programs being tried (with promising results) in a number of countries to battle the spread of HIV/AIDS, Hepatitis C and other drug-related illnesses. The White House has argued that the broad harm reduction language is ambiguous and could include controversial programs the administration doesn't support, including drug legalization, drug consumption rooms and heroin prescription initiatives.

But there are clear signs that the attitude is changing and the policies are beginning to follow suit.

With Obama's vocal support, for example, Congress last year repealed the 21-year-old ban on federal funding for needle exchange programs. And last week in Vienna, not only did the United States endorse a new U.N. resolution promoting access to controlled medicines for legitimate medical purposes (commonly considered to include drug dependency treatments, like methadone for heroin addiction), but it co-sponsored a separate declaration designed to tackle the treatment gap plaguing HIV patients. The latter resolution, while it doesn't mention harm reduction specifically, references a U.N. technical guide promoting certain harm reduction measures, like needle exchange and opioid substitution therapy.

Rebecca Schleifer, advocate for the health and human rights division at Human Rights Watch, said this week that the HIV document represents "the most vocal support the White House has ever given for HIV-treatment efforts focusing on human rights".

Opponents of needle exchange and other harm reduction measures argue that the human rights groups have misinterpreted the signals coming from the White House in Vienna. "If you read Kerlikowskes statement," said Lana Beck, spokeswoman for the Drug Free America Foundation, "clearly there's nothing there to indicate any change".

That part is true. The remarks prepared for Kerlikowske, officially the director of the Office of National Drug Control Policy, or ONDCP reiterated the administrations opposition to the broader harm reduction language, arguing that the term "creates unnecessary confusion and might be misused to promote drug use". Still, drug reformers were quick to point out that the drug czar declined to include those passages when he addressed the crowd in Vienna more evidence, they say, that the U.S. is consciously toning down its traditional war-on-drugs rhetoric.

"Traditional advocates of harm reduction recognized that the United States was a different animal [this year]", Clear said.

The ONDCP did not return

calls for comment.

For health and human rights advocates, there remains a long way to go. Like any number of emotionally charged issues, drug policy is often dictated more by entrenched ideology than evidence-based rationality. And on Capitol Hill, there remains a strong sense that drug users are criminals to be punished, not patients to be treated. For proof, look no further than the debate over needle exchange. Although a long list of public health organizations including the National Institute of Medicine, the Centers for Disease Control and Prevention, the World Health Organization and the American Public Health Association had endorsed needle exchange as an effective way to reduce HIV/AIDS without increasing drug abuse, the politics of Washington kept the ban in place for more than two decades prior to last years repeal.

Not that some lawmakers aren't trying to reform the punitive mindset surrounding drug use. Sen. Jim Webb (D-Va.), for example, has long-criticized the criminal justice system for packing the nations prisons with non-violent drug users. A description of his reform proposal notes that the war on drugs hasn't diminished drug use, it hasn't brought the multi-billion dollar drug industry under control, and it targets minority offenders

## Membership renewals

Thank you to all who have renewed their annual membership.

However we notice that there are still a number outstanding. To make it easier for you to renew enclosed is a pre-addressed envelope which we were remiss in not enclosing with the last newsletter.

Your membership renewal notice was enclosed with the March Newsletter

If you wish to pay by **direct deposit** as an alternative, the account details are shown below. In the description or reference for transfer enter "Membership renewal" **and your name** so that we can match it to the membership form.

BSB Code	801009
Account Code	1194974
Account Name	FFDLR

disproportionately. The system, he says, is broken, unfair, [and] locking up the wrong people.

The Senate Judiciary Committee approved the Webb proposal in January, leaving supporters hopeful that Democratic leaders will bring the bill to the chamber floor later this year.

Meanwhile, health and human rights advocates have vowed to continue their push for health-centered drug reforms, encouraged by the tone of a White House that seems set to place a greater emphasis on treatment, health and human rights.

"That would put us on par with most other countries like Iran", Small quipped, "instead of being the leading jailer in the world".

## Let's End the War on Drugs

The Huffington Post, <http://www.huffingtonpost.com/sting>



**Sting**

Composer, Singer, Actor, Activist  
Posted: March 31, 2010 08:38 AM

Whether it's music, activism or daily life, the one ideal to which I have always aspired is constant challenge -- taking risks, stepping out of my comfort zone,

exploring new ideas.

I am writing because I believe the United States must do precisely that -- and so, therefore, must all of us -- in the case of what has been the most unsuccessful, unjust yet untouchable issue in politics: the War on Drugs.

The War on Drugs has failed -- but it's worse than that. It is actively harming our society. Violent crime is thriving in the shadows to which the drug trade has been consigned. People who genuinely need help can't get it. Neither can people who need medical marijuana to treat terrible diseases. We are spending billions, filling up our prisons with non-violent offenders and sacrificing our liberties.

For too long, the War on Drugs has been a sacrosanct undertaking that was virtually immune from criticism in the public realm. Politicians dared not disagree for fear of being stigmatized as "soft on crime." Any activist who spoke up was dismissed as a fringe element.

But recently, I discovered just how much that's changing--and that's how I came to speak out on behalf of an extraordinary organization called the [Drug Policy Alliance](#).

I learned of DPA, as they're known, while reading what once might have been the unlikeliest of places for a thoughtful discussion of the Drug War -- the op-ed page of the *Wall Street Journal*.

It featured an [op-ed](#) that dared to say in print -- in a thoughtful, meticulous argument -- what everyone who has seriously looked at the issue has known for years: the War on Drugs is an absolute failure whose cost to society is increasingly unbearable and absolutely unjustifiable.

### Found in the news

#### 24 March 2010 - Heroin raids to stop Perth supply

Police claim to have dealt a major blow to the amount of heroin flowing on to Perth streets after they seized a "significant amount" of the drug during simultaneous raids ....

#### 10 April 2010 Addicts die after stronger heroin hits Perth streets p.6

The author of that piece is a former Princeton professor turned activist named Ethan Nadelmann, who runs DPA. I was so impressed by his argument that I began reading up on the group.

Their work spoke directly to my heart as an activist for social justice -- because ending

the War on Drugs is about exactly that.

For years, the Drug War has been used as a pretext to lock people in prison for exorbitant lengths of time -- people whose "crimes" never hurt another human being, people who already lived at the margins of society, whose voices were the faintest and whose power was the least.

Civil liberties have been trampled. Law enforcement has been militarized. Literally hundreds of billions of dollars -- dollars denied to urgent problems ranging from poverty to pollution -- have been spent. People who do need help with drugs have been treated as criminals instead. Meanwhile, resources to fight genuine crime -- violent crime -- have been significantly diminished.

And in exchange for all this, the War on Drugs has not stopped people from using drugs or kept drugs from crossing the borders or being sold on the streets.

To me, it all adds up to a clear message of exactly the sort I've always tried to heed in my life: It's time to step out of our comfort zone and try something new.

That's where DPA comes in. Their focus is on reducing the harm drugs cause rather than obsessively and pointlessly attempting to ban them.

I'm partnering with DPA because they champion treatment, advocate effective curricula for educating young people about drugs -- and from local courtrooms to the Supreme Court, they are utterly relentless defenders of the liberties that have been sacrificed to the Drug War.

Now, political conditions in Washington seem finally to be aligning in favor of profound change in drug policy. President Obama has openly said the Drug War is a failure. Legislation to decriminalize marijuana is pending on Capitol Hill.

But success is far from guaranteed. Indeed, the echoes of the old politics of intimidation and demagoguery that have long surrounded the War on Drugs can still be heard. We must all work to ensure this issue becomes a priority and is acted upon in a meaningful and sensible way.

That's why I hope you'll join me in becoming a member of the Drug Policy Alliance today. We need a movement that will put the team at DPA in a position to take maximum advantage of the political changes in Washington while continuing to fight for sanity in drug policy across the nation.

Everyone knows the War on Drugs has failed. It's time to step out of our comfort zones, acknowledge the truth -- and challenge our leaders ... and ourselves ... to change.

*[The SMH reported on this blog of Sting's and asked online readers if they agreed with him. Some 6783 readers voted and 87% voted yes.... Ed]*