

# Families and Friends for Drug Law Reform

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

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## NEWSLETTER

## Feb 2011 ISSN 1444-200

### NEXT Meeting

**Thursday 24 February 2011**

at 7.30pm

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

**Refreshments will follow**

## Editorial

### FFDLR at Contact Canberra

I write this editorial the day after Families and Friends for Drug Law Reform's participation in the Contact Canberra Day at the ACT Multicultural Festival. The festival organisers declared the festival a great success and judging by the number of people attending on the Sunday, the day we had our stall, then I must agree.

Ironically we shared an adjoining site with the Conservation Volunteers making us both interested in "weed control". They on pulling out weeds and Families and Friends for Drug Law Reform wanting to introduce controls on a certain "weed" that is currently uncontrolled and left to the black market.

Our stall was attractively decorated and had much information for any who visited. We ran the usual Quick Quiz – a list of five simple questions to test a person's knowledge of aspects relating to drugs and we started a petition.

We had many visitors and they were interested in our issues. The quiz proved difficult for most. It was interesting that on the question asking to rate six drugs in order of harm which each caused to both society and individuals – based on the harm index produced by UK's professor David Nutt – everyone ranked alcohol as most harmful. But no one suggested it should be prohibited whereas some had an initial difficulty with the concept of regulating currently illegal drugs.

We obtained 40 signatures to our petition, which is a good start and we will use the next 6 months or so obtaining more. We will also call on members to help – see later article in this Newsletter. The petition asks the ACT Assembly to *conduct a public debate on drug laws and policies with a view to revising relevant ACT laws and policies. That debate to be evidence-based rather than one based on prejudice or political self-interest masquerading as public morality.*

As we explained to the visitors to our stall there would be many options available to revising the ACT drug laws and policies – there exists for example simple cannabis expiation notice where a discretion exists to issue such a notice to cannabis users rather than arresting them. That has overcome some of the harsher consequences, such as those that flow from having a criminal record. Such a

system could also be applied to personal use of other drugs and there appears to be much evidence to show that the net harms and costs would be far less.

The festival organising committee awarded prizes to stalls under various categories. Our stall, we are delighted to say, won first prize for the most informative.



**Bill & Marion preparing the stall**

### Jail drug program is vital for ACT

Prohibition has failed, so authorities need to minimise drug-related harm, MARION MCCONNELL argues

*Published in the Canberra Times 19 Jan 2011.*

It is good that the Canberra Times is facilitating debate about a Needle Syringe Program at the Alexander Maconochie Centre (AMC). It is probably the most important discussion on illegal drugs since the debate on the proposed Heroin Trial for the ACT in the mid 90s. But let's hope the outcome is not the same.

It is understandable that the provision of equipment for the purpose of injecting illegal drugs in jail is a dilemma for many people. It does seem illogical. No doubt it would have seemed just as illogical when needle syringe programs were introduced in the general community in 1985.

Why, then, are so many health-oriented organisations so strongly in favour of a program in the jail? Where serious diseases can be minimised for individuals and the spread into the wider community limited, there is no question but to do it.

But many in the community believe drugs can be kept out of prisons if only we tried harder.

Many methods are used to detect drugs entering the jail including random searches, non-contact visits, the electronic sensor perimeter fence, detection technologies such as metal detectors, x-ray scanners and ion-scanning equipment, sniffer dogs, intelligence-based interruption of supply and clear satchels for staff and visitors' effects.

But addiction is very powerful and those addicted to drugs will go to great lengths to obtain drugs. Prisoners in particular will come up with ingenious methods.

All present attempts have failed to stop the drugs, so what more can be done? We could stop all visits by family and friends, we could restrict entry of health professionals, official visitors and other service providers and those who do enter could be subjected to more stringent searches.

Prisoners and perhaps prison officers could be strip-searched every time they enter the prison. Body and even cavity searches could be undertaken more frequently.

This increased surveillance, which gives supremacy to security, would isolate prisoners, while health professionals and service providers would be reluctant to visit. It is well documented that keeping contact with family and friends is crucial to rehabilitation and reduction in recidivism – the ultimate purpose of incarceration.

One of the most important findings of the report by Lord Justice Woolf in the Britain was that the maintenance of a correct balance between security, control and justice is the key to an effectively managed prison. If the correct balance is not achieved, the original objectives of the Alexander Maconochie Centre, to be a human rights-compliant and rehabilitative institution will be lost.

And it must be remembered that the great majority in prison have a contributing drug and alcohol or mental health problem, or both – very few are hardened criminals.

The dilemma about needle syringe programs in jail is not just about keeping drugs out of the prison, it is much broader than that. The real dilemma arises because former governments prohibited certain drugs. Because prohibition did not stop demand, a lucrative black market was born, which resulted in the more bulky but less harmful drugs, such as opium for smoking, being replaced by more concentrated, more easily concealed and more harmful forms such as heroin, which is injected.

Over time, governments realised the added harms caused by the laws and the need to mitigate this by introducing health responses, including the needles syringe program which prevents the spread of blood-borne viruses through the sharing of syringes. Less punitive law-enforcement harm-reduction responses have also been introduced, such as police and court diversion programs.

Prohibition laws, which in any language means uncontrolled supply of drugs to anyone, including children, have resulted (albeit unintentionally) in organised crime, corruption of police and officials, deaths, huge costs to society, an exploding prison population, wasted resources, injustice and a great deal of misery.

Many, however, fail to recognise or understand this because they believe these man-made laws are sacrosanct

and therefore deny any moral responsibility for those incarcerated.

Our prohibition laws and our attempts to mitigate the harm have left us with this dilemma about needle syringe programs in prison. We must take a serious look at these man-made laws and see what we can do to overcome the dilemma. But until that time, and until better ways of dealing with drugs are implemented, we must do what we can to minimise the harms, no matter how illogical it seems to some, and that means looking at the best models for introducing needle syringe programs into the Alexander Maconochie Centre.

*Marion McConnell is a member of Families and Friends for Drug Law Reform*

*[The ACT Government is expected to make a decision on this issue shortly. Ed]*

## Time to decriminalise drugs?

J P de V van Niekerk, Managing Editor, South Africa Medical Journal

This is an edited version. For the full editorial go to <http://bit.ly/FLUVtu>

The drug trade has increased globally in intensity and reach, and substance abuse in South Africa has escalated rapidly.

Drug misuse is a major social, legal and public health challenge despite the war on drugs, in which the USA has a disproportionate influence. Why this lack of progress and what can be done about it?

The use of psychotropic substances is as old as human history.

If drugs are bad it seems logical to wage war on them. However, although ‘get tough’ measures sound attractive they are often counterproductive.

The war on drugs has failed! Humans have always taken psychoactive substances and prohibition has never kept them from doing so. The international evidence suggests that drug policy has very limited impact on the overall level of drug use. Making people criminals for taking

psychoactive substances is in itself criminal, for one is dealing with, at worst, a vice but not a crime.

The two most widely used legal drugs, alcohol and tobacco, lie in the upper half of the harms ranking.

This important information should surely be taken into account in public debate on illegal drug use.

Discussions based on formal assessment of harm rather than on prejudice and

assumptions would enable a more rational debate about the relative risks and harms of drugs. Pragmatism is urgently needed in debates about these issues and our responses to them.

Focusing on enforcement and compliance further erodes discretion for those responsible for treating and supervising such offenders. Policy should aim to reduce the harm that drugs cause, and not to embroil more people in the criminal justice system.

### Petition – you can help

FFDLR has started a petition to ask the ACT Assembly to have an honest and open debate on drug laws and drug policies.

You can help by asking friends and neighbours and family to sign the petition. **You do not have to fill the sheet. Any number will make a difference.**

The rules for the petition are simple: the signatories **must be ACT residents**, they must complete their name, address and sign in pen.

After you have received as many signatures as possible send the original back to FFDLR at PO Box 4736 HIGGINS, ACT 2615.

People with a history of drug problems are seen as blameworthy and to be feared. Stigma is a major barrier to their successful recovery and prevents them from playing a more positive role in communities and re-integrating into society. People recovering from drug dependence should be part of the normal community.

While much of South Africa's approach to drug abuse is progressive and enlightened, evidence-based facts and sober reflection suggest that our strategies require re-thinking.

A recent MRC Research Brief outlines strategies to effectively address substance abuse problems among young people, but decriminalisation is not mentioned. It is time to face realities squarely and rationally debate the question of decriminalisation.

Vested interests in maintaining the status quo will have unexpected support from those who stand to lose the most, namely the drug dealers and those in their pay (including the law and politics).

All the more reason to proceed!

## **Inject reality into drug debate**

*Adele Horin, Sydney Morning Herald, December 11, 2010*

If there is anything more mind-bending than drugs, it is the drug frenzy that accompanies each new announcement of a drug bust.

Drug busts have a hallucinatory effect on headline writers who declare each raid to be the "bust of the decade" or even the "century".

Among police and politicians, drug busts cause memory loss and irrational thinking. The latest raid, they regularly declare, will keep drugs off the street and protect our teenagers from the ravages of hallucinations, memory loss and irrational thinking.

However impressive the police work behind the latest bust in which 31 people were arrested and \$9 million of drugs seized this week, it is unlikely to halt the steady rise in drug use. How many times over the past 20 years have we seen a stern-faced police commissioner standing beside a table loaded with drugs declaring the haul to be the biggest yet, and seen no subsequent change in the drug market?

Given that almost 60 per cent of all drug arrests in Australia are of marijuana users, according to the Australian Crime Commission, it is surely time to reassess our approach to drugs. Taking cannabis out of the criminal justice system would be a good start.

For every handful of hard drug suppliers nabbed in made-for-television raids, thousands of marijuana smokers are charged each year. Although in most states first offenders caught with small amounts are likely to be diverted into a program, many smokers acquire a criminal record and some go to jail.

In 2007-08, the latest year for which statistics are available, 44,374 marijuana smokers were arrested or received civil penalties (available in Western Australia, South Australia, the Northern Territory and the Australian Capital Territory), and 7460 dealers were nabbed. In NSW almost 11,000 smokers were arrested.

People with the misfortune to live in Queensland or Tasmania were six times more likely than those in the ACT to be arrested for smoking marijuana and to get a

criminal record. Something is seriously wrong and unfair with Australia's little war on drugs if the main casualties are non-violent marijuana smokers disproportionately residing in two states.

Despite the millions of hours and dollars spent on drug busts over decades, illegal drugs remain widely available, cheap and potent.

The NSW Bureau of Crime Statistics and Research this week released data showing arrests for possession of cannabis, cocaine, amphetamines and other drugs have risen from 33 to 45 per cent over the past two years, and arrests for possession of cocaine in the Sydney local government area have risen more than 50 per cent. The bureau's director, Don Weatherburn, attributes the rising arrest rates not to greater police work but to increased use of the drugs.

Nationally drug users and those who work in the area such as doctors and police, reported to the National Drug and Alcohol Research Centre's monitoring program that in 2010 heroin availability was "very easy" or "easy"; the cannabis market "remained stable" with use common; cocaine use was at its highest to date, mainly in Sydney; ice use remained stable; and use of speed and base had declined.

Cast our eyes to the United States and it is clear that three decades of drug wars dedicated to reducing the supply have failed as the Mexicans join the Colombians and Afghans in the illicit and seemingly unstoppable trade.

Liberals are just as susceptible as conservatives to drug frenzy because the alternatives to raids, arrests and supply-side combat seem too risky. However much they experimented with drugs in their youth, where their own kids are concerned liberals harbour the fanciful notion of a drug-free society.

Here the Portuguese have a lot to teach us. In 2001 Portugal decriminalised possession of up to 10 days' supply of all illicit drugs.

Instead of being arrested, people were referred to regional committees with the power to impose warnings, fines or driving restrictions, although in practice they mostly gave no punishment. Simultaneously Portugal increased its investment in treatment and harm-reduction services such as methadone substitution.

The first independent evaluation of the experiment is now in. Conducted by the University of NSW academic Dr Caitlin Hughes and Professor Alex Stevens, of the University of Kent, it shows fears were not borne out.

Over nine years the modest rise in drug use by adults has been no bigger than that in other southern European countries. There has been a reduction in drug use in school students, a fall in drug-related deaths and in HIV and AIDS, a reduced burden on the prison system and an increase in the amount of drugs seized by authorities. The police were able to refocus attention on the upper end of the market. The positive trends were not present in Spain, which was used as a comparison.

The aim of a drugs policy should be to reduce deaths, disease, crime, the jail population and the waste of taxpayers' dollars. If we can't eradicate drugs we have to learn to live with them in a way that causes least harm.

The Portuguese model may be too radical for starters so let's begin with a conversation about decriminalising

marijuana, which has been used by one in three Australians aged 14 and over, despite it being illegal to possess, use, grow or sell.

And then let's see if we can't talk sensibly about allowing committed heroin addicts to get their drug from a pharmacy instead of the black market.

There's no drug for drug frenzy. The only cure is a sober, clear-eyed appraisal of the evidence.

## **Ending the futile war on drugs**

*Fernando Henrique Cardoso, December 27, 2010*

Prohibition has failed and we must redirect our efforts to the harm caused by drugs, and to reducing consumption.

The war on drugs is a lost war, and 2011 is the time to move away from a punitive approach in order to pursue a new set of policies based on public health, human rights, and commonsense. These were the core findings of the Latin American Commission on Drugs and Democracy that I convened, together with former presidents Ernesto Zedillo of Mexico and Cesar Gaviria of Colombia.

We became involved with this issue for a compelling reason: the violence and corruption associated with drug trafficking represents a major threat to democracy in our region. This sense of urgency led us to evaluate current policies and look for viable alternatives. The evidence is overwhelming. The prohibitionist approach, based on repression of production and criminalisation of consumption, has clearly failed.

After 30 years of massive effort, all prohibition has achieved is to shift areas of cultivation and drug cartels from one country to another (the so-called balloon effect). Latin America remains the world's largest exporter of cocaine and marijuana. Thousands of young people continue to lose their lives in gang wars. Drug lords rule by fear over entire communities.

We ended our report with a call for a paradigm shift. The illicit drug trade will continue as long as there is demand for drugs. Instead of sticking to failed policies that do not reduce the profitability of the drug trade - and thus its power - we must redirect our efforts to the harm caused by drugs to people and societies, and to reducing consumption.

Some kind of drug consumption has existed throughout history in the most diverse cultures. Today, drug use occurs throughout society. All kinds of people use drugs for all kinds of reasons: to relieve pain or experience pleasure, to escape reality or enhance their perception of it.

But the approach recommended in the commission's statement does not imply complacency. Drugs are harmful to health. They undermine users' decision-making capacity. Needle-sharing spreads HIV/AIDS and other diseases. Addiction can lead to financial ruin and domestic abuse, especially of children.

Cutting consumption as much as possible must, therefore, be the main goal. But this requires treating drug users not as criminals to be incarcerated, but as patients to be cared for. Several countries are pursuing policies that emphasise prevention and treatment rather than repression - and refocusing their repressive measures on fighting the real enemy: organised crime.

The crack in the global consensus around the prohibitionist approach is widening. A growing number of countries in Europe and Latin America are moving away from a purely repressive model.

Portugal and Switzerland are compelling examples of the positive impact of policies centred on prevention, treatment, and harm reduction. Both countries have decriminalised drug possession for personal use. Instead of leading to an explosion of drug consumption, as many feared, the number of people seeking treatment increased and overall drug use fell.

When the policy approach shifts from criminal repression to public health, drug users are more open to seeking treatment. Decriminalisation of consumption also reduces dealers' power to influence and control consumers' behaviour.

In our report, we recommend evaluating from a public-health standpoint - and on the basis of the most advanced medical science - the merits of decriminalising possession of cannabis for personal use.

Marijuana is by far the most widely used drug. There is a growing body of evidence suggesting that the harm it causes is at worst similar to the harm caused by alcohol or tobacco. Moreover, most of the damage associated with marijuana use - from the indiscriminate incarceration of consumers to the violence and corruption associated with the drug trade - is the result of current prohibitionist policies.

Decriminalisation of cannabis would thus be an important step forward in approaching drug use as a health problem and not as a matter for the criminal justice system.

To be credible and effective, decriminalisation must be combined with robust prevention campaigns. The steep and sustained drop in tobacco consumption in recent decades shows that public information and prevention campaigns can work when based on messages that are consistent with the experience of those whom they target. Tobacco was deglamorised, taxed, and regulated; it has not been banned.

No country has devised a comprehensive solution to the drug problem. But a solution need not require a stark choice between prohibition and legalisation. The worst prohibition is the prohibition to think. Now, at last, the taboo that prevented debate has been broken. Alternative approaches are being tested and must be carefully reviewed.

At the end of the day, the capacity of people to evaluate risks and make informed choices will be as important to regulating the use of drugs as more humane and efficient laws and policies. Yes, drugs erode people's freedom. But it is time to recognise that repressive policies towards drug users, rooted as they are in prejudice, fear, and ideology, may be no less a threat to liberty.

*Fernando Henrique Cardoso, a former president of Brazil (1995-2002), is co-chairman of the Latin American Commission on Drugs and Democracy, and convener of the Global Commission on Drug Policy.*