



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

committed to preventing tragedy that arises from illicit drug use

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NEWSLETTER

March 2009

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NEXT Meeting

Thursday 26 March 2009

Speaker at 7.30pm please be early

Speaker: Assoc Prof John Walker

CEO, Crime Trends Analysis; Principal Research Fellow,
Centre for Transnational Crime Prevention, University of
Wollongong

Topic: Measuring the Extent and Proceeds of the Global Illicit Drugs Trades

In 2004 the United Nations Office of Drugs and Crime (UNODC) contracted John to develop an economic model of the world's illicit drugs trades. He will talk about how the project came about, and what lessons can be learnt from it.

"The UNODC is based in Vienna. Its name is strange, because the word drugs precedes the word crime, suggesting that illicit drugs are a greater concern than crime, rather than being just a subset of crime. Its focus on illicit drugs is carefully maintained by the USA, which regards drugs, rather than other forms of transnational crime, to be the principal cause of trouble around the world. Nevertheless, the UNODC does some excellent work in monitoring drug trafficking, "

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

Refreshments will follow

Editorial

Will current UN deliberations affect the direction of drug policy in Australia

Sometimes it gives one a perverse pleasure to be able to say "I told you so". The Germans have a word for it "Schadenfreude" which literally means pleasure out of someone else's misfortune. But, not this time, because the tragedies, the costs and 10 years of lost opportunities have been too much.

Some ten years ago the UN's Under-secretary General Pino Alarcchi claimed we could have a drug free world in 10 years time. Ten years have come and gone and nothing has changed – or perhaps it has become worse.

The UN Office of Drugs and Crime (UNODC) has a ten year period of review and reissue of its strategies and policies. In Vienna, from 11 to 20 March it will meet to assess progress made in the past 10 years and formulate its policy for the next ten years. Given that the UN failed to achieve its goal of 'a drug free world' from 1998 to 2008 what will the UN's next ten years bring?

While it has been 10 years since the last policy was issued it has been 100 years since the 1909 Shanghai Convention which gave birth to the prohibition of opium. Other drugs have been gradually been added to the prohibition list.

The UNODC's Executive Director, Antonio Maria Costa, defends strongly the position that has been held all those years and has issued a paper on organised crime to condition thinking of those members of the UN General Assembly who are considering the policy for the next 10 years. Here is part of a media release about that paper:

... international controls have limited the number of people who take illicit drugs to a small fraction of the world's adult population, ... this undeniable success has also had a dramatic unintended consequence: "a criminal market of staggering proportions". He warns that, "if unattended, this criminal market will offset the many benefits of drug control. In fact, the crime and corruption associated with the drug trade are providing strong evidence to a vocal minority of pro-drug lobbyists to argue that the cure is worse than the disease, and that drug legalization is the solution."

While he may claim an "undeniable success" it is not supported by the evidence nor by his own words of "a criminal market of staggering proportions". Prohibition, crime and corruption are intimately linked. How can it be a success if it generated such a market which has driven countries into civil war. The most recent being Mexico where because of the drug trade 6,000 died last year, and where murder, kidnapping and beheading are tactics in its war on drugs that have now become commonplace.

The smear: calling those who want a better system "pro-drug lobbyists" is a sad indictment on this senior official in the UN. It shows a closed mind to a number of alternatives.

Those who call for a changed system (which is not the same as being pro-drugs) may well be in the minority, but our numbers are growing. Californian parliament has a bill before it which if passed will legalise and tax cannabis, Columbia wants the traditional use of coca leaf to be recognised, MPs, lawyers, doctors, scientists are concerned with the current US driven approach. The Economist a London based weekly magazine founded in 1843 has called for an end to prohibition. These are simply but a few and there are many more, including many at the hard end dealing with people with a problem of addiction. The Guardian on 11 March published an article by Duncan Campbell which indicates the growing dissent with past failed practices:

Ten wasted years: UN drug strategy a failure, reveals damning report

The UN strategy on drugs over the past decade has been a failure, a European commission report claimed

yesterday on the eve of the international conference in Vienna that will set future policy for the next 10 years.

The report came amid growing dissent among delegates arriving at the meeting to finalise a UN declaration of intent. [see the link to the full article later]

It is difficult to see how a policy which in Costa's words has resulted in a stable drug market and which has resulted in "a criminal market of staggering proportions" can be an "undeniable success".

However all is not lost. It seems that pressure from outspoken delegates at the General Assembly has had some influence on Costa. In a press conference on 12 March 2009 he said:

"that drug addiction is a health condition, a vulnerable condition, it is physical, psychological, emotional, perhaps contextual, due to low income, being at the margin of society, family conditions, etc. It has to be dealt with as an illness, and therefore it has to be dealt with by doctors and not by policemen."

UNODC Chief Antonio Maria Costa 12 March 2009, Vienna

Now if that type of thinking finds its way into the UNGASS political declaration and action plan then some small progress will have been made.

Meanwhile Australia in its presentation to the General Assembly stated that it had a balanced approach with the three pillars of harm minimisation of supply reduction, demand reduction and harm reduction. The evidence indicates that it is anything but balanced. Some 85% of governments' drug budgets are allocated to law enforcement and some 87% of arrests are of consumers, thus Australia is currently dealing with addiction by policemen not doctors. It is yet to be seen whether or not Australian Governments' will turn this approach around and reflect the UN's views in their future funding allocations, their policies and their laws.

Europeans lead shift in international focus on drugs policy Governments are reassessing how to tackle the mainstream problem of illicit narcotics, Bill Bush writes

The Canberra Times, Monday 9 March 2009.

[The words in square brackets were deleted from the printed text for reasons of space.]

In Shanghai a hundred years ago, the world's most far-reaching international regime was conceived. Hyperbole? What other international regime is intimately connected with failed states and the suspension of a Canberra schoolchild; with destabilising rifts within NATO strategy in Afghanistan and over-stretched hospital emergency rooms; with a woman in the Andes picking leaves to make a stimulant tea that her ancestors have always made and the New South Wales budgetary crisis; with yet another crazy small business hold-up and the \$12 billion that the head of the Australian Crime Commission says is flowing out of Australia each year?

The centenary is the international drugs regime. The conference in February 1909 was that of the Shanghai Opium Commission. The United States was in the driving seat then and has remained so since. In the lead up to a meeting this week of the UN Commission on Narcotic Drugs, there are signs of a European challenge to that pre-eminence.

There is a disconnect between the perception and actuality of the regime's importance. It is barely studied in courses on international law and relations. It is not considered by those struggling to help "clients with complex needs", mostly code for those in trouble with illicit drugs. Does the ACT Government connect the regime with its political pain over its new prison? Drug policy deserves recognition as the mainstream issue that it is.

The scandal in 1909 of the opium trade, supported for fiscal reasons by colonial governments, demanded action. Just what action has always been contested. For the United States, the commitment to suppression by other parties has never been strong enough. From the 1960s, developing countries which were sources of the drugs complained [that] the burden of suppression was unfairly placed on them. "Stop the demand" they insisted of the likes of the United States even though the United States led the world in the vigour of its law enforcement efforts to do just that. From this perspective, the "addict" [who may have started as the centre of concern] came to be seen as the keystone of the evil trade. Conclusion: suppress the drug user. That the United States has the highest imprisonment rate in the world with more than 2 million of its citizens behind bars is a fruit of that reasoning.

There is the impression [that] the treaties underpinning the drug regime leave little discretion for parties. This is another disconnect with reality. The treaty institutions certainly provide a platform to promote rigorous, uniform measures but the texts accord parties [much] room to manoeuvre.

As an example, heroin which is prohibited across the board in Australia, is not prohibited in the United Kingdom. The drug treaties permit its use for medical purposes. As it used to be in Australia, heroin is widely prescribed in Britain as an analgesic and also, to some extent, as a maintenance drug for dependent users. This is consistent with the drug treaties. So was the heroin trial the previous Australian Prime Minister blocked. It was in 1953, following international pressure, that Australia started departing from British practice: the Commonwealth banned the import of the drug but hospitals with stocks continued to use it into the 1970s [for severe pain in childbirth until superseded by epidurals].

Research into assumptions that underpin the system is yet another disconnect. The preamble of the 1988 Convention on Illicit Traffic catalogues the havoc caused by the drug trade and associated crime. They "undermine the legitimate

economies and threaten the stability, security and sovereignty of States". The trade draws in children. Why, in the words of the 1988 convention, are drugs still

Note for Diary

April Meeting, Thursday 23rd April 2009

Speaker: Alison Ritter, Director Drug Policy Modelling Program, UNSW & Visiting Fellow, Regulatory Institutions Network, ANU

Subject: Illicit drugs policy through the lens of regulation

making “steadily increasing inroads”? Is the system part of the problem?

This is why the cause of Australia’s heroin drought in 2001 remains so important. Our criminal intelligence people forecast the drought and said it would be accompanied by a flood of methamphetamines. This is what happened. Intelligence even picked up that syndicates saw a bigger market for pills than injected heroin. An officially funded study did not dispute any of this but assessed that Australian law enforcement “probably” motivated the decision of syndicates. Since then the study’s assumptions have been cogently criticised. Whatever the study’s merits, the heroin drought shows how an enormously important area of public policy can balance on a knife edge of insubstantiality. Questioning research unfettered by assumptions in favour of the *status quo* is vital.

Within the UN system there is questioning. The UN Office for Drug Control and Crime Prevention whose former director reckoned we would have a drug free world by 2008 has become a strong advocate of sterile syringes even in prisons. The consistency of the drug regime with human rights conventions is under question. But it is the Europeans who are leading. Many European countries have moved well beyond what the United States has wanted [if not beyond the requirements of the treaties]. What is more, there is movement within the United States itself. [The young Obama Administration has moved to lift the ban on federal funding of needle exchanges.] The Europeans and others want international endorsement of “harm minimisation” – Australia’s proclaimed policy. The US is coming around to this but is still bucking at the use of the term.

As we know from an Australian context, “harm minimisation” itself brings its own troubles. Its three pillars of supply reduction, demand reduction and harm reduction are not effectively integrated, allowing different agencies to do their own thing without regard to the policy’s competing objectives. Rigorous questioning is just as necessary in the board and conference rooms of Australian organisations and governments as in Vienna. Drug policy is of mainstream importance.

Bill Bush is an international lawyer and member of Families and Friends for Drug Law Reform.

Headlines and web links to articles of significance

From the Wall Street Journal

- **The War on Drugs is a Failure**

We should focus instead on reducing harm to users and on tackling organized crime. FEBRUARY 23, 2009, Wall Street Journal

From *The Economist* print edition

- How to stop the drug wars, Mar 5th 2009
- *Dealing with drugs*: On the trail of the traffickers
- *The cocaine business*: Sniffy customers
- *Levels of prohibition*: A toker’s guide
- *Drug education*: In America, lessons learned

<http://www.economist.com/printedition/index.cfm?d=20090307>

From the Guardian

- The global drug charade

Flying in the face of all the evidence, the UN is about to recommit to the tried and failed approach, Mike Trace

<http://www.guardian.co.uk/commentisfree/2009/mar/11/dugs-policy-un>

- Ten wasted years: UN drug strategy a failure, reveals damning report

<http://www.guardian.co.uk/world/2009/mar/11/un-drug-strategy>

- Grasping the nettle: potential approaches to drugs and the law'

<http://www.guardian.co.uk/world/2009/mar/11/prohibition-law-un-drugs-strategies>

HumanEvents.com

- Afghanistan South by Patrick J. Buchanan 03/06/2009 Which is the greater evil? Legalized narcotics for America's young or a failed state of 110,000 million on our southern border?

<http://www.humanevents.com/article.php?id=30966>

BBC

- BBC Today Programme; Interview of Antonio Maria Costa by Ed Stourton.

http://news.bbc.co.uk/today/hi/listen_again/default.stm

Independent

- Russia finally admits to its hidden heroin epidemic

<http://www.independent.co.uk/news/world/europe/russia-finally-admits-to-its-hidden-heroin-epidemic-1642103.html>

- UN summit torn over pursuit of 'war on drugs

<http://www.independent.co.uk/news/world/politics/un-summit-torn-over-pursuit-of-war-on-drugs-1642104.html>

Australia Addresses the Plenary Session of HLM

<http://www.cndblog.org/2009/03/australia-addresses-plenary-session-of.html>

From the UN

- UNODC home page

<http://www.unodc.org/unodc/index.html>

- UNODC Commission on Narcotic Drugs Live

<http://www.unodc.org/unodc/cnd-live.html>

- UN Human Rights Experts Call upon CND to Support Harm Reduction

Letter to the Commission on Narcotic Drugs from UN Special Rapporteurs, December 10, 2008

<http://www.hrw.org/en/news/2008/12/10/un-human-rights-experts-call-upon-cnd-support-harm-reduction>

Prison officers union seek crunch talks on NX pilot

Scottish Drugs Forum <http://www.sdf.org.uk/sdf/2957.html>

TRADE union leaders for Scotland’s prison officers are set for a showdown with the Scottish Government over long-standing Scottish Prison Service’s proposals to introduce a needle exchange pilot in prison.

The Prison Officers’ Association in Scotland (POAS) - the main trade union for prison staff - says it is opposed to

the introduction of any needle exchange (NX) policy in the prison service on grounds including:

- increased risk of needle stick
- injury to prison officer staff
- a change to “prison officer values”
- conflict with public expectations of staff stopping illegal drugs coming into prison
- it would encourage a move from smoking to injecting drugs
- “no substantial evidence” for this being a positive way forward for drug prevention in prisons.

POAS leaders – who claim other prison trade unions are “silent” on the issue - have demanded an urgent meeting with Scottish Justice Cabinet Secretary Kenny MacAskill to highlight their concerns over what POAS Chair Dave Melrose has described as an “unacceptable and dangerous” initiative for prison officers.

The POAS stance brings it into direct conflict with a key strand of the national Hepatitis C Action Plan - a major Scottish Government health policy aimed at tackling the blood borne virus epidemic especially among injecting drug users, including those in prison.

The pledge to set up an in prison needle exchange pilot scheme is among the measures set out in the Action Plan - published in 2006 - to stem the spread of the virus among prisoners who currently have no access to clean needles when they are injecting illegal drugs.

Latest figures from the 2008 Prison Survey show that an alarming 80 percent of prisoners admitting to injecting drugs in the previous month had shared needles - a major risk for acquiring the virus.

SPS has already made significant advances on tackling bloodborne viruses through harm reduction measures including piloting a needle replacement scheme in several prisons which offers sterile needles to known injectors when they leave prison.

But an Action Plan commitment that the Scottish Prison Service would extend the NX provision to existing prisoners by April 2007 has not been met as the internal conflict has continued.

POAS leaders have called for a meeting with the Justice Secretary because they are opposing a directive of the Scottish Government instead of a management initiative and the extension of NX provision into prisons is a matter for the Justice Department.

In a newsletter to union members in January, POAS Chair David Melrose wrote: “Whilst we understand that for the purposes of public health it may be a good idea to have this facility available in the general public, this does not mean however that such an initiative would necessarily translate into a prison environment.

“During the past year the POA in Scotland have been approached on a few occasions by the Director of Health & Care Dr Andrew Fraser and his team, who have continually tried to convince us that this approach is the best way forward for the service.

“On those few occasions and despite his assurances to the contrary, he has failed to convince the POAS in relation to the areas of concern being raised by us.

“At these meetings we have expressed our concerns in the strongest possible way, but it would appear that no one is listening. I say this because there have been no real attempts over the past year by healthcare management to resolve the issues we have continually identified to them.

“The reality for this union is, (unless the union’s policy on the introduction of this issue changes) we will have to take a stance to protect not only our values as Prison Officers, but also the steps necessary in order to protect the environment we work in and the health and safety of our members.

“Partnership is a two way process and this union has continually protected our partnership working with the SPS. What our members will fail to accept and understand however, is a partnership which fails to take account of a partners’ fundamental disagreement with an issue or initiative and seek to impose their will regardless.”

A Scottish Government spokesman confirmed that a meeting request from POAS had been received and that the Cabinet Secretary was “happy” to meet to discuss this issue.

The spokesman said: “Our prison officers do an excellent job in often difficult circumstances and we are determined to ensure appropriate action is taken to allow them to carry out their job in a safe, secure environment.

“Needle exchange facilities are currently operated in 46 prisons elsewhere in Europe and research evidence has identified clear benefits in terms of reduced transmission of disease, reduced or stabilised drug users, and no increased risk to staff safety.

“Needles are in fact already provided in some Scottish prisons for the management of diabetes and epilepsy, so risks are currently being managed effectively and safely in our prisons.

“Clearly there currently exists a potential risk to staff from the illicit sharing of unauthorised needles contaminated with blood-borne viruses.

“This was recognised in the 2006 (first phase) report of the Hepatitis C Action Plan for Scotland, which included a commitment to pilot an in-prison syringe exchange initiative as part of a range of harm reduction measures to reduce the transmission of the disease.

“This undertaking was again made in the Phase 2 report of the Action Plan, which received cross party support in the Parliament when published last year.

“We recognise that there are concerns among prison officers and hope that a way forward

can be found to meet their concerns while ensuring delivery of the planned pilot.”



Alexander Maconochie Correccional Centre
Therapeutic Community, and Post-Release Supported
Men’s Accommodaion.

The closing date for applications is Friday 27 March
2009

Please direct inquiries to: The Manager - AMC
Therapeutic Community on 02 6163 0200 or by
email to: peter.t@adfact.org