AUSTRALIAN PARLIAMENTARY GROUP FOR DRUG LAW REFORM

& AUSTRALIAN DRUG LAW REFORM FOUNDATION

E-NEWSLETTER – JUNE 2009

About the Groups

The Australian Parliamentary Group on Drug Law Reform

The Australian Parliamentary Group on Drug Law Reform (APGDLR) is a cross party group of 100 MP's from our State and Commonwealth parliaments. The group was set up in 1993 after a meeting in Canberra convened by Michael Moore (ACT Assembly) and Ann Symonds (MLC, NSW).

The Australian Drug Law Reform Foundation

The Australian Drug Law Reform Foundation was established in 1994 when a significant number of people in the community endorsed the Charter for Reform that had been developed by the Parliamentary Group.

The Charter for Reform sets out a series of principles that seek to encourage a more rational, tolerant and humanitarian approach to the problems created by drugs and drug use in Australia.

The APGDLR and the ADLRF meet at least once a year to hear from experts in the field, to share information about what is happening in our jurisdictions and to plan future work. The group also produces occasional newsletters on issues relating to drugs in Australia and international developments.

If you would like more information about the Parliamentary Group or the Foundation or would like more information please contact Dr Mal Washer MP 02 6277 2114 or email Mal.Washer.MP@aph.gov.au or Penny Sharpe MLC on 0292302741 or email Penny.Sharpe@parliament.nsw.gov.au

The **5th** *Australasian Drug Strategy Conference* **(5th ADSC**) is **being held from 8th to 11th March, 2010** at the **Melbourne Convention Exhibition Centre** and will deal with how alcohol and drugs have a significant and dramatic impact across all aspects of the community.

The ***Australasian Drug Strategy Conference*** (ADSC) was first held in 1999 and is now recognised as Australasia's pre-eminent law enforcement drug strategy conference. Being held every two to three years, the conference attracts hundreds of delegates and international speakers.

This **5th ADSC** conference will provide an important opportunity to hear and learn from a full range of law enforcement, justice, customs, health, academic and community agencies. Naturally, this will also be an opportunity for all Australasian Agencies to showcase their latest innovations.

Please visit the conference website for more information regarding the conference program and important dates.

We look forward to welcoming you to Melbourne, Victoria for the *5th Australasian Drug Strategy Conference* in March 2010.

www.adsc2010.com

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IMPROVING AUSTRALIA'S ILLICIT DRUG POLICY

Illicit drugs are a serious community problem. It is estimated that illicit drug use cost the Australian economy over $8 billion1 in 2004/05. Good policy could reduce this cost burden, and improve the health of many Australians. Good policy is based on research evidence.

One type of research evidence is modelling which allows policy makers to explore the likely impacts of different policy options. This can be achieved in cases where “real world” trials and other experimental evidence would not be appropriate.

The Drug Policy Modelling Program (DPMP) has been funded by the Colonial Foundation Trust to tackle these problems. DPMP is led by the National Drug and Alcohol Research Centre at the University of New South Wales in partnership with The Australian National University, Griffith University, the Burnet Institute and HEMA Consulting.

The Drug Policy Modelling Program aims to improve Australian illicit drug policy. Drug policy, drug use and drug harms are dynamic: DPMP does not have a predetermined view of what drug policy should be – rather the key goal is to help generate effective Australian drug policy based on the best research findings.

DPMP is at the cutting edge of international work in illicit drug policy and aims to achieve its goals through three key activities:

1. Generating new research evidence;
2. Providing tools for policy makers to better use research evidence; and
3. Studying how policy actually gets made.

During January 2009 the DPMP announced the findings from a review of Australian public opinion surveys on drugs. One of the study authors, Francis Matthew-Simmons says, “just because Australians see drug use as problematic, does not mean they support a punitive response towards users. In fact, support for pragmatic, harm reduction programs has increased over the years.” In 2007, more Australians support needle and syringe programs (53% with only 15% opposing), and supervised injecting facilities (40% support with 26% opposition) than in 2004. At the same time, Australians also strongly support abstinence-based treatments such as naltrexone.

The DPMP is engaged in many activities that may be useful to Parliamentarians. This includes: The Australian (Illicit) Drug Policy Timeline

The Australian (illicit) drug policy timeline provides a list of key events that have occurred in Australia between 1985 and December 31 2008. Events are listed by jurisdiction, at the national and state/territory level.

A comprehensive list of drug policy interventions for heroin Drug policy provides a plethora of different types of interventions for government and community to implement. Indeed, the breadth of possible drug interventions is so wide that to date, no-one has endeavoured to document all the possible drug policy interventions, or conceptualise them within common frameworks. Here we provide a comprehensive list of drug policy interventions for heroin. 107 different interventions are listed, divided into the four categories of law enforcement, prevention, harm reduction and treatment.

Bibliography of international grey literature This bibliography contains links to illicit drugs policy grey literature. Grey literature is that which has not been published commercially, and which may not be available through the conventional channels of distribution. A great deal of recent and relevant drug policy research falls into this category, and this bibliography aids the dissemination of this material. It is updated monthly. Report of the Illicit Drug Policy Roundtable On 28 January, 2009, twenty-seven leaders and experts in drug policy from around Australia met in Canberra to discuss priority issues for illicit drug policy. The roundtable was convened by the Drug Policy Modelling Program (DPMP), a research and practice program aimed at improving Australia’s drug policies. Associate Professor Ritter can be contacted at alison.ritter@unsw.edu.au

1. Collins, D.J. and Lapsley, H.M. (2008), The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. National Drug Strategy Monograph Series No.64

THE FOLLOWING ARTICLE APPEARED IN THE WEEKEND AUSTRALIAN 28 MARCH 2009

Mr Garth Popple

Substance use dates back many thousands of years. Opium was evident in Mesopotamia at least 7000 years ago, people have been getting drunk on alcohol for at least 8000 years, and cannabis has been known by many names in many languages over the course of history. In the 16th century, coffee sellers were executed and in some countries the use of tobacco also brought with it a death sentence _ not the slow, painful death we now associate with cigarettes, but death by execution.

The use of some drugs, such as heroin, has been variously considered medicinal and illegal _ and while the use of opium became restricted in Australia in 1897, it was not until 1953 that its use through medical prescription was banned altogether.

Our reaction to the ``drug problem'' is dependent on a range of personal and social issues _ and at the moment the two drugs that occupy most of our thinking and media reporting are alcohol (a legal drug) and methamphetamine (particularly Ice, an illicit substance). Alcohol is consumed on a weekly basis by 41.3 per cent of the population aged 14 years and over. Stimulant drugs, in the form of methamphetamines, have been used by 6.3 per cent of the population over 14 years of age, over the course of their lifetime, while heroin has been used by just 1.6 per cent.

Treatment for all drug use requires a range of options, because in all cases it is not only the effect of the drug on the individual which causes a problem, but also the effect on families and the wider community. This extends into our prison systems, where 70-80 per cent of prisoners are incarcerated for drug-related problems.

Interventions for all substance use problems include education, counselling and, for more entrenched behaviours, tertiary interventions including residential rehabilitation. While the media often follow the celebrities who are ``goin' to rehab'' overseas, Australia has some of the best residential programs in the world.

These are therapeutic communities (TCs), which were first established in the United Kingdom and United States more than 50 years ago, coming from two different models, but converging in practice during the 1970s.

In general, TCs are illicit drug- and alcohol-free residential settings that encourage and promote the development of personal and social responsibility. They have been on the Australian treatment landscape since the 1970s. All but one of the 41 TC programs in Australia registered with the national body, the Australasian Therapeutic Communities Association, are operated by a non-government organisation.

These are not ``easy options''. The role of TCs is to assist people who have been unable to respond to outpatient services, and for this reason people will often take more than one attempt to get through treatment. TCs tend to treat people who have more entrenched and self-destructive dependence patterns, histories of abuse and violence, and for whom the prognosis of recovery by less intensive methods is not good. Working through these personal issues is hard work.

Many clients will be seeking abstinence, rather than substitution, as their primary goal.

Dealing with alcohol and other drug issues is becoming more complex. People are now using multiple types of drugs and often have co-occurring mental health disorders, such as depression and anxiety. Some have other less prevalent, but more serious mental disorders.

TCs are well placed to respond effectively to these changing needs. Hence, TCs have been established for adults and young people, for families with children and people with mental health disorders.

In Australia, research institutes and governments are starting to work with TCs in studying outcomes for people with complex mental health and substance use problems, particularly those related to the use of methamphetamine.

Community-based TC programs also provide effective treatment for clients with prior offences related to their alcohol and drug use. Successful TC programs for drug-using offenders have been established in correctional settings in a number of countries, including Australia.

Some of the most extensive research studies on TCs have been conducted overseas on populations involved in the criminal justice system. These studies have found benefits for prison-based TC treatment in preparing inmates to return to the community and for creating a safer, better managed prison environment. Recidivism rates have been shown to drop from as much as 75 per cent to 27 per cent for prisoners completing a TC program.

This is all good news for the community and for those affected by substance use. Except for one thing - money.

While we have seen an increase in funding to the non-government sector, most of these funds have come via short term project grants which don't help in the development of long-term planning. This needs to change if we are going to be able to fully address the 'drug problem'.

Treating the causes of crime is always going to be far more beneficial to the community, the individual and for all Australian governments, both national and jurisdictional. ``Goin' to rehab'' in Australia is also far more cost-effective and a better use of the taxpayers' dollar in the long term.

Garth Popple is an executive member of the Australian National Council on Drugs and CEO of WHOS, a drug and alcohol service provider based in NSW and Qld.

Reflections on the Politics of Harm Reduction and the Global Response to HIV - Closing Keynote Address - International Harm Reduction Conference (Harm Reduction 2009) - Bangkok, Thailand - 23 April 2009

Craig McClure - Executive Director, International AIDS Society

Sawa dee Kap. Good afternoon.

Distinguished, compassionate and determined fellow harm reduction advocates. Let me first thank the organizers, and Professor Gerry Stimson in particular, for providing me the opportunity to make some reflections on the politics of harm reduction and the global response to HIV. Five years ago this week I became the Executive Director of the International AIDS Society. It was just three months before the International AIDS Conference in Bangkok, and the IAS was about to relocate to Geneva and restructure its

operations, staff and strategic vision. Needless to say, things were somewhat of a mess, and believe me, I was terrified, despite having worked in HIV for close to 15 years at the time.

On July 11, the conference opened in Bangkok, the first time the meeting had ever been held in South-East Asia. Close to 30,000 people had registered, and, as the Asian bird flu epidemic had only recently been contained, I sighed with relief that the conference was not cancelled. I'm sure Gerry can relate that feeling to this week's conference! Though bird flu was under control, the war against drug users in Thailand was not. It was estimated that thousands had been killed as part of then-Prime Minister Thaksin Shinawatra's attempts to rid the country of drugs. The dead were mostly individual drug users and small-time dealers, certainly not the powerful mafia that control the production and distribution of illegal drugs in Thailand. They remained of course untouched.

At the opening session, Prime Minister Thaksin, former-UN Secretary General Kofi Annan, and, who could forget, Miss Universe, made strong commitments to the fight against AIDS. Dignitaries and celebrities were falling over themselves to say how much they cared.

And then it was time for the substantive part of the opening session – a global overview of HIV epidemiology and the current response, and a passionate call for humanity and harm reduction by one of Thailand's bravest and strongest HIV-positive drug user activists Paisan Suwannawong. Paisan, if you are in the room today, I pay tribute to you. Inexplicably, the dignitaries, led by Prime Minister Thaksin, ceremoniously filed out of the stadium before the substantive discussions began. Paisan was left on the stage with a dwindling audience that, having seen all the dignitaries leave, thought the opening was over, and emptied the hall.

Needless to say, there was an outcry. Behind the scenes over the following days were angry meetings between the IAS and community leaders, and difficult meetings between the IAS and Thai government representatives. I realized that the IAS had made a mistake in allowing Paisan's talk to be scheduled at the end of the programme, even though we did not know that the Prime Minister would leave early. I learned that it was not considered appropriate for a Thai Prime Minister to listen to a drug user. I learned a lot of things that week.

In the end, Paisan was given the opportunity to speak again, this time at the Closing Session, but the damage was done. One of the many things I learned from that experience, that has been compounded over the past five years in the work I have done related to drug use, harm reduction and HIV, is the enormous fear that underpins the world's approach to drugs, drug use and people who use drugs.

At the end of this year I will be leaving the IAS, after six IAS conferences and some dramatic progress in the response to HIV. I'd like to offer three observations I have made related to the response to HIV as it relates to drug use and harm reduction.

All three are about fear.

The Person Who Uses Drugs as "Other"

My first observation is how all of us continue to talk about people who use drugs as "other". We use terms like "drug abuser", "drug user" and even "person who uses drugs" as if some of us do not use drugs. But which one of us does not use a drug that alters our mood, our consciousness of pain, our physical or emotional state? A joint, a dab of speed, a line of coke, a tab of ecstasy, a shot of heroin. Even the last three Presidents of the United States between them have admitted using some of these. A pint of beer, a glass of wine, a shot of whisky. A cigarette. A cup of coffee or tea. A pain relieving medication, an anti-depressant, a valium, a sleeping pill.

We are all people who use drugs. Our refusal to acknowledge this is all about our fear that "we" might become, or be seen as, one of "them".

Throughout history human beings have been people who use drugs. We will always be people who use drugs. As human beings we strive to develop the knowledge and technologies to control our environment and to manage our circumstances. The drug user, the person who uses drugs, is not the "other". She or he is you and me.

It seems to me that what we really need to focus on is the difference between drug use and drug addiction or dependency. Global drug policy continues to focus efforts primarily on the substances alone. This is wrong.

Of course, the harms associated with some drugs are worse than others. Sometimes these are due to the degree of addictiveness of a particular drug. But most of the harms are due to the way that a particular drug is acquired (for example in a dark back alley versus from a pharmacy) the way in which it is used (as a pill, for example, versus smoking, snorting or injecting), and, even more importantly, the way in which society treats people who use drugs. The vast majority of the horrific harms associated with drug use – crime, HIV and other infections, violence, incarceration, death – are clearly fuelled by the drug policies our governments pursue. It doesn't take a rocket scientist to show that criminalizing drugs and drug use leads to a dramatic increase in drug-related crime, and that controlling and regulating the production and distribution of all drugs would go a long way towards reducing that crime.

If we are all people who use drugs then the critical questions seem to me to be: Why is it that some people who use drugs go on to have problematic drug use?; How we can prevent that from happening?; How we can help those that already have dependence problems? and How can we change the social and economic conditions that drive many people into drug dependence?

The reasons for drug use per se seem at least fairly well-characterized. We use drugs out of curiosity, to feel good, to feel better, to do better, or to manage physical, emotional or psychological pain. One might add to dance better, to have sex better, to relax more, to switch off, to switch on or to escape from the misery of social and economic deprivation. As to why some people go on to become drug dependent, the answers are less clear. There is some evidence, though still weak, that genetic factors, including the effects of our environment on gene expression and function, may contribute to vulnerability. People with mental health problems are at greater risk for drug dependency. This is not surprising, considering the generally pathetic state of mental health services around the world that drive people to self-medicate, and the neglect of the poor and the marginalized. How and why some people become drug dependent and not others and how we can prevent drug dependency is an area that still requires much research. But no reason should be used to blame or belittle anyone who is drug-dependent.

So long as we continue to define the drug user as "other" and define the drug itself as the problem we will be trapped in our misguided and harm-inducing programmes and policies.

The Wilful Denial of Evidence and the Abuse of Medical Authority

My second observation relates to the wilful denial of evidence by policy makers throughout the world and the abuse of power by some members of the medical profession who support this denial.

The most obvious example of wilful denial of evidence is of course the fact that methadone remains illegal in Russia, thereby preventing the introduction of substitution therapy for people dependent on opioid drugs. The International AIDS Society has made the issue of

access to methadone in Russia and throughout Eastern Europe and Central Asia a policy priority. Across the region, over 3.7 million people inject drugs, with over two million people injecting in Russia alone, the highest per capita in the world, with four times the overall global prevalence of injecting drug use. Close to 70% of all HIV infections in Russia are linked to injecting drug use, versus 30% globally outside of sub-Saharan Africa.

We all know that there are decades and decades of research showing that opioid substitution therapy is the most effective intervention to reduce injecting and prevent HV infection among people dependent on opioids, particularly if delivered as part of a comprehensive package of harm reduction interventions, including education and counselling, needle and syringe exchange programmes, provision of condoms, HIV diagnosis and treatment and TB and STI diagnosis and treatment.

But in Russia methadone remains illegal, and the Russian government maintains that there is no evidence that it works to prevent HIV infection or reduce the harms associated with injecting opioids. This denial of evidence is so profound that the government even dares to boldly distort the facts in international fora, such as at the high level meeting of the Commission on Narcotic Drugs in Vienna last month.

This kind of blatant and wilful denial of the evidence can only be based on deep-seated fear. Remember, this is a society steeped in denial due to fear. For decades the horrors of Stalin's regime were denied by not only the Russian government but ordinary Russian citizens, until long after the death of Stalin, and despite the disappearance of tens of millions of people.

But this kind of denial of the evidence is by no means limited to Russia. Even in my own home country of Canada, a supposed bastion of democracy and human rights, there is a concerted and organized state-supported campaign to deny evidence related to harm reduction. For a number of years now a number of studies in the Downtown Eastside of Vancouver have struggled against the odds to scientifically determine the impacts of a number of harm reduction interventions, including a supervised injection site and heroin maintenance therapy. These studies have been dogged by government interference since their inception, including unwarranted attempts to shut trials down, spending of public funds on harm reduction-denialist organizations to write negatively about the trials, misrepresentation of the evidence of the studies' results, and interference in the peer review process.

Fear drives the global war on drugs. Otherwise how could such clear evidence of the failure of the past ten years' international drug policy be so blatantly denied? How could billions of dollars be wasted on a global anti-drugs programme that fuels violence, harms individuals, families and communities, strengthens organized crime and punishes sick people with prison sentences rather than providing them with the treatment, care and dignity that they need?

Fear also drives the abuse of people who use drugs by doctors and others in the medical system. In particular, I'm referring to the continuing use of forced detention and isolation, electro-shock therapy, forced participation in medical experiments and other abuses of people who use drugs that many of us might refer to as "torture". Doctors who administer these abuses under the guise of "drug treatment" are not just wilfully denying the evidence, they are violating human rights and the Hippocratic Oath. And make no mistake, as a membership association of health care professionals and researchers working in HIV, the International AIDS Society abhors and condemns these unethical and inhumane practices.

Fear drives the denial of evidence. I have seen it in the denialists who claim that HIV does not cause AIDS and the denial of the evidence that antiretrovirals work to control HIV. Fear can induce denial of any evidence we throw at it.

The Need for Common Ground between the Harm Reduction and Anti-Drugs Movements

My third and final observation relates to the seemingly vast gulf of irreconcilable differences between those of us advocating for harm reduction approaches to drug use and those in the anti-drugs movement.

Recently I visited the INSITE supervised injecting site in the Downtown Eastside of Vancouver. It was late afternoon, a very busy time at the centre. There was actually a queue of people outside the door over 15 people deep, each waiting impatiently for his or her chance to inject in one of the supervised cubicles inside. I spoke with a few individuals. These were not happy people. They were skinny, undernourished, bruised and cut, in tattered clothing, scared, twitchy, and desperate. There was a hint, a glimmer, of hope in the eyes of one or two, but not much. The road ahead for these people looked bleak to me. God knows how it looked to them. Using the supervised injecting site was just one small but significant notch above sharing a needle and syringe in the alley up the road. Homeless and hungry, their lives pretty much devastated by the harms associated with drug use and the failure of the Canadian health and social systems. This is the reality of a supervised injecting site, an entry point to reduce harm amidst a sea of neglect.

To bridge the gap between the harm reduction and anti-drugs movement we harm reduction advocates must not be coy about the horrific problems that can be associated with drug use – their effects on the individual, the family, the community and humanity. Individuals in the anti-drugs movement are motivated too by their experience of the worst harms associated with drug use. Discussing these experiences openly and without prejudice could be the beginning of a common language we share. If we are not able to reach out to these groups and find common ground then our evidence will never overcome their fear.

Most importantly, our own fear that we might weaken the argument of our evidence that harm reduction works if we acknowledge and talk openly too much about the ugly side of drug dependency must also be overcome. If we let the chasm between us and the anti-drugs movement get too great then we will have to fight this battle far longer than necessary. We are not, after all, “pro-drug”, we are not “encouraging drug use”. We must reach out for dialogue consistently, with passion **and compassion** if we are to make further gains.

Conclusion

Next year, in July 2010, the International AIDS Conference will be held in Vienna, Austria. This will not be a repeat of the recent meeting in Vienna that has so angered us all. The conference will have a major focus on injecting drug use and human rights. There will be a special sub-focus on Eastern Europe and Central Asia, using Vienna in its historical role as a bridge between East and West. Let’s work together to ensure that Vienna in 2010 helps confront the fear that was rampant at the Commission on Narcotic Drugs in Vienna in 2009.

Fellow people who use drugs, let us all continue to dig deep within ourselves to face our own fears about the drugs we use, how we use them, how we can continue to be curious, to feel good, to feel better and to do better. Let us continue to consider how we can prevent or reduce any harm we might cause ourselves, our families, our communities and society. Let us stop HIV infection in people who use drugs and treat, care and support those that are living with HIV. Let us move towards a unified voice where public health and human rights are two sides of the same coin. Let us fight for a more just and equitable society for all people in all places.

Finally, let us continue to search for common ground with those who are not yet on what Michel Kazatchkine referred to earlier this week as “the right side of history”? Let us find the passion and compassion to talk to our so-called enemies, show them the way, and help them overcome **their** fear. Because as Nobel Laureate and human rights **warrior** Aung San Suu Kyi said: “Fear is not the natural state of civilized people.”

Thank you.

UNITED STATES

Wall Street Journal Article

This excellent paper appeared in the Wall Street Journal on 25 April 2009. The WSJ has traditionally been out of bounds for articles supporting drug law reform but welcomed commentary favouring the War on Drugs. Ethan Nadelmann has just been invited by the WSJ to write a commentary on drug policy ***Drugs: To Legalize or Not***

Decriminalizing the possession and use of marijuana would raise billions in taxes and eliminate much of the profits that fuel bloodshed and violence in Mexico.

By STEVEN B. DUKE

The drug-fuelled murders and mayhem in Mexico bring to mind the Prohibition-era killings in Chicago. Although the Mexican violence dwarfs the bloodshed of the old bootleggers, both share a common motivation: profits. These are turf wars, fought between rival gangs trying to increase their share of the market for illegal drugs. Seventy-five years ago, we sensibly quelled the bootleggers' violence by repealing the prohibition of alcohol. The only long-term solution to the cartel-related murders in Mexico is to legalize the other illegal drugs we overlooked when we repealed Prohibition in 1933.

In 2000, the Mexican government disturbed a hornets' nest when it began arresting and prosecuting major distributors of marijuana, cocaine, heroin and amphetamines. Previously, the cartels had relied largely on bribery and corruption to maintain their peaceful co-existence with the Mexican government. Once this ***pax Mexicana*** ended, however, they began to fight not only the government but among themselves. The ensuing violence has claimed the lives of at least 10,000 in Mexico since 2005, and the carnage has even spilled north to the United States and south to Central and South America.

Some say that this killing spree -- about 400 murders a month currently -- threatens the survival of the Mexican government. Whether or not that is the exaggeration that Mexican President Felipe Calderon insists it is, Mexico is in crisis. The Mexicans have asked the Obama administration for help, and the president has obliged, offering material support and praising the integrity and courage of the Mexican government in taking on the cartels.

The U.S. should enforce its laws against murder and other atrocious crimes and we should cooperate with Mexican authorities in helping them arrest and prosecute drug traffickers hiding out here. But what more can and should we do?

Is gun control the answer? President Calderon asserts that the cartels get most of their guns from the U.S. We could virtually disarm the cartels, he implies, if we made it harder to buy guns here and smuggle them into Mexico. President Obama has bought into this claim and has made noises about reducing the availability of guns. However, even if the Obama administration were able to circumvent the political and constitutional impediments to restricting Americans' access to handguns, the effect on Mexican drug violence would be negligible. The cartels are heavily armed now, and handguns wear out very slowly.

Even if the Mexican gangsters lost their American supply line, they would probably not feel the loss for years. And when they did, they would simply turn to other suppliers. There is a world-wide black market in military weapons. If the Mexicans could not buy pistols and rifles, they might buy more bazookas, machine guns and bombs from the black market, thus escalating the violence.

Also hopeless is the notion -- now believed by almost no one -- that we can keep the drugs from coming into this country and thereby cut off the traffickers' major market. If we could effectively interdict smuggling through any of our 300-plus official border crossing points across the country and if we eventually build that fence along our entire border with Mexico -- 1,933 miles long -- experience strongly suggests that the smugglers will get through it or over it. If not, they will tunnel under or fly over it. And there is always our 12,383 miles of virtually unguarded coastline.

Several proposals have been submitted in the Mexican congress to decriminalize illegal drugs. One was even passed in 2006 but, under pressure from the U.S., President Vicente Fox refused to sign it. The proposals rest on the notion that by eliminating the profit from illegal drug distribution, the cartels will die from the dearth of profits. A major weakness in such proposals, however, is that the main source of the cartels' profits is not Mexican but American. Mexican drug consumption is a mere trickle compared to the river that flows north. However laudable, proposals to decriminalize drugs in Mexico would have little impact on the current drug warfare.

Secretary of State Hillary Clinton recognized the heart of the matter when she told the Mexicans last month that the "insatiable demand for illegal drugs" in the U.S. is fuelling the Mexican drug wars. Without that demand, there would be few illegal drug traffickers in Mexico.

Once we have recognized this root cause, we have few options. We can try to eliminate demand, we can attack the suppliers or we can attempt a combination of both. Thus far, the Obama administration, like every other U.S. administration since drug prohibition went into effect in 1914, seems bent on trying to defeat the drug traffickers militarily. Hopefully, President Obama will soon realize, if he does not already, that this approach will not work.

Suppose the U.S. were to "bail out" the Mexican government with tens of billions of dollars, including the provision of military personnel, expertise and equipment in an all-out concerted attack on the drug traffickers. After first escalating, the level of cartel-related violence would ultimately subside. Thousands more lives would be lost in the process, but Mexico could thereby be made less hospitable to the traffickers, as other areas, such as Colombia, Peru and Panama, were made less hospitable in the past. That, after all, is how the Mexicans got their start in the grisly business. Eventually, the traffic would simply move to another country in Latin America or in the Caribbean and the entire process would begin anew. This push-down, pop-up effect has been demonstrated time and again in efforts to curb black markets. It produces an illusion of success, but only an illusion.

An administration really open to "change" would consider a long-term solution to the problem -- ending the market for illegal drugs by eliminating their illegality. We cannot destroy the appetite for psychotropic drugs. Both animals and humans have an innate desire for the altered consciousness obtainable through drugs. What we can and should do is eliminate the black market for the drugs by regulating and taxing them as we do our two most harmful recreational drugs, tobacco and alcohol.

Marijuana presents the strongest case for this approach. According to some estimates, marijuana comprises about 70% of the illegal product distributed by the Mexican cartels. Marijuana will grow anywhere. If the threat of criminal prosecution and forfeitures did not deter American marijuana farmers, America's entire supply of that drug would be home-

grown. If we taxed the marijuana agribusiness at rates similar to that for tobacco and alcohol, we would raise about $10 billion in taxes per year and would save another $10 billion we now spend on law enforcement and imprisoning marijuana users and distributors.

Even with popular support, legalizing and regulating the distribution of marijuana in the U.S. would be neither easy nor quick. While imposing its prohibitionist will on the rest of the world for nearly a century, the U.S. has created a network of treaties and international agreements requiring drug prohibition. Those agreements would have to be revised. A sensible intermediate step would be to decriminalize the possession and use of marijuana and to exercise benign neglect of American marijuana growers. Doing both would puncture the market for imports from Mexico and elsewhere and would eliminate much of the profit that fuels the internecine warfare in Mexico.

After we reap the rewards from decriminalizing marijuana, we should move on to hard drugs. This will encounter strong resistance. Marijuana is a relatively safe drug. No one has ever died from a marijuana overdose nor has anyone gone on a violent rampage as a result of a marijuana high. Cocaine, heroin and amphetamines, on the other hand, can be highly addictive and harmful, both physically and psychologically. But prohibition makes those dangers worse, unleashing on vulnerable users chemicals of unknown content and potency, and deterring addicts from seeking help with their dependency. There is burgeoning recognition, in the U.S. and elsewhere, that the health benefits and the myriad social and economic advantages of substituting regulation of hard drugs for their prohibition deserves serious consideration.

A most impressive experiment has been underway in Portugal since 2001, when that country decriminalized the possession and personal use of all psychotropic drugs. According to a study just published by the Cato Institute, "judged by virtually every metric," the Portuguese decriminalization "has been a resounding success." Contrary to the prognostications of prohibitionists, the numbers of Portuguese drug users has not increased since decriminalization. Indeed, the percentage of the population who has ever used these drugs is lower in Portugal than virtually anywhere else in the European Union and is far below the percentage of users in the U.S.. One explanation for this startling fact is that decriminalization has both freed up funds for drug treatment and, by lifting the threat of criminal charges, encouraged drug abusers to seek that treatment.

We can try to deal with the Mexican murderers as we first dealt with Al Capone and his minions, or we can apply the lessons we learned from alcohol prohibition and finish dismantling the destructive prohibition experiment. We should begin by decriminalizing marijuana now.

Steven B. Duke is a professor of law at Yale Law School.

World Report – *The Lancet*

www.thelancet.com **Vol 373 April 11, 2009 1237**

US drug policy is shifting. Since Barack Obama's inauguration as US president, he has expressed support for repealing the ban on federal funding for needle exchanges, an end to the disparity of sentencing for crack and powder cocaine, and an expansion of drug courts for non-violent off enders. Pre-election, Obama said that federal funds should not be used to circumvent state laws on medical marijuana facilities. When the Drug Enforcement

Agency continued to raid such facilities, Attorney General Eric Holder announced that Obama's position is now policy, and vowed to end raids.

On March 11, as the 52nd UN Commission on Narcotic Drugs (CND) started in Vienna, Austria, Obama announced his nomination for drugczar— Gil Kerlikowske, Seattle Chief of Police. Seattle is known for its harm-reduction approaches and drug policy reform, including drug courts, needle exchanges, medical marijuana, and voting to put marijuana as the lowest priority for police work. At his nomination, Kerlikowske said: "the success of our eff orts to reduce the flow of drugs is largely dependent on our ability to reduce demand for them", and "our priority should be a seamless, comprehensive approach". But the drug czar post—director of the Office of National Drug Control Policy (ONDCP)—will no longer have cabinet-level status. And, although the significance of the change in status remains uncertain, ONDCP said a programme-by-programme review would start after the czar's appointment is confirmed by Congress.

Hearings took place on April 1. The CND was the first involvement in global-drug policy for the new US administration. A century after the first international gathering on opium control, and a decade since the 1998 Special Session of the UN General Assembly on drugs, advocates exclaimed that the final CND political declaration and action plan still contains no mention of harm reduction. "Clearly in terms of what the whole advocacy community was hoping for, CND was a major disappointment with its failure to explicitly endorse harm reduction", says Ethan Nadelmann, executive director of the Drug Policy Alliance.

"We had hoped that the Obama administration would support harm reduction." 26 member states raised the issue of harm reduction at CND. But, says Sandeep Chawla, director of policy analysis and public affairs, at the UN Office on Drugs and Crime (UNODC), harm reduction "is a very controversial phrase among some member states, and it goes against their national drug policies. Within the range of measures under this rubric, a few—such as injecting rooms and intravenous heroin prescription— may go against the spirit of the [UN] Drug Conventions". David Johnson, assistant secretary at the Bureau of International Narcotics and Law

Enforcement Affairs, acknowledges that the USA "continues to believe that the term 'harm reduction' is ambiguous. It is interpreted by some to include practices that the United States does not wish to endorse". In the opening address, UNODC executive director, Antonio Maria Costa, urged states to "treat drug dependence as an illness and devote more resources to prevention, treatment, and harm reduction". Johnson, the head of the US CND delegation, did not go that far but he points to various interventions endorsed and used within the USA. "Evidence-based approaches to reduce the negative health and social consequences of drug abuse...form parts of a comprehensive approach to substance abuse that have long term recovery, abstinence, and social reintegration as its goal."

"...the term 'harm reduction' is ambiguous. It is interpreted by some to include practices that the United States does not wish to endorse". UNODC executive director, Antonio Maria Costa, has urged states to treat drug dependence as an illness The USA shifts away from the "war on drugs"

A new US drug czar will soon take office, amid signs of a different, more evidence-based, direction for the country's drug policy. But how radical will the new administration be? Kelly Morris reports.

ALBANY Gov. David A. Paterson and New York legislative leaders have reached an agreement to dismantle much of what remains of the state's strict 1970s-era drug laws, once among the toughest in the nation.

Times Topics:

Rockefeller Drug Laws

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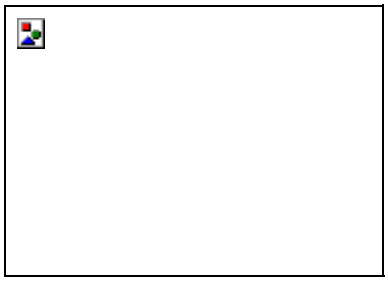

G. Paul Burnett/The New York Times Friday, March 27, 2009

Opponents of the so-called Rockefeller drug laws held a rally outside the governor's office in Manhattan on Wednesday. The deal would repeal many of the mandatory minimum prison sentences now in place for lower-level drug felons, giving judges the authority to send first-time non-violent offenders to treatment instead of prison.

The plan would also expand drug treatment programs and widen the reach of drug courts at a cost of at least $50 million. New York's drug sentencing laws, imposed during a heroin epidemic that was devastating urban areas nearly four decades ago, helped spur a nationwide trend toward mandatory sentences in drug crimes. But as many other states moved to roll back the mandatory minimum sentences in recent years, New York kept its laws on the books, leaving prosecutors with the sole discretion of whether offenders could be sent to treatment.

"We're putting judges in the position to determine sentences based on the facts of a case, and not on mandatory minimum sentences," said Jeffrion L. Aubry, an assemblyman from Queens who has led the effort for repeal. "To me, that is the restoration of justice."

The agreement, which requires approval in the Assembly and the Senate, would allow some drug offenders who are currently in prison to apply to have their sentences commuted. It was not clear on Wednesday how many current prisoners would be eligible to apply. Mr. Paterson has pushed to have fewer prisoners than legislative leaders would prefer.

While a few points, like a re-sentencing provision and the amount the state is willing to spend on the plan, were still being negotiated late Wednesday, lawmakers said they were on track to wipe out the central elements of laws that have been criticized for decades as overly punitive and disproportionately harmful to minorities.

The laws, passed in 1973, are commonly known as the Rockefeller drug laws because they were championed by Gov. Nelson A. Rockefeller in what was considered a bold response to the sharp rise in heroin use and property crimes among young people.

A spokeswoman for Mr. Paterson, Marissa Shorenstein, said reaching the deal, which she stressed was still being forged, was a personal victory for the governor, who has made drug law reform a priority of his administration. When he was a state senator, Mr. Paterson was arrested in 2002 at a demonstration outside Gov. George E. Pataki's Midtown Manhattan office protesting the drug laws.

The reforms, Ms. Shorenstein said, "reflect the governor's core principle to focus on treatment rather than punishment to end the cycle of addiction." Under the plan, judges

would have the authority to send first-time non-violent offenders in all but the most serious drug offences " known as A-level drug felonies " to treatment. As a condition of being sent to treatment, offenders would have to plead guilty. If they did not successfully complete treatment, their case would go back before a judge, who would again have the option of imposing a prison sentence.

Currently, judges are bound by a sentencing structure that requires minimum sentences of one year for possessing small amounts of cocaine or heroin, for example. Under the agreement reached by the governor and lawmakers, a judge could order treatment for those offenders. Judges would also have the option of sending some repeat drug offenders to treatment. Repeat offenders accused of more serious drug crimes, however, could only go to treatment if they were found to be drug-dependent in an evaluation.

District attorneys have resisted an overhaul of the state's drug sentencing laws, arguing that the system in place has led to lower drug crime rates and allowed more drug criminals to enter treatment."The prison population is going down and public safety has improved, and I'd hate to do anything that would upset either of those trends," said Michael C. Green, the district attorney of Monroe County, which includes Rochester. "No one knows for sure, but logic seems to dictate that is certainly one of the possibilities."

In 2004, the state eliminated the life sentences some drug crimes carried as a maximum punishment and reduced the length of other drug sentences. But advocates said those changes did not go nearly far enough because they left judges bound to mandatory sentencing. Since then, the Assembly, which is dominated by Democrats, has routinely passed legislation that repealed mandatory minimum sentences for many drug crimes. But the bills always failed to get past the Senate, which was controlled by Republicans until January. Passing drug law revisions would give Senate Democrats a significant legislative victory at a time when Republicans are hammering them, saying they are disorganized and ineffective.

Senator Eric T. Schneiderman, a Manhattan Democrat who has led the effort in the Senate to overhaul the drug statutes, said he was confident he had support in the Senate to pass the plan. "It's no secret the Senate's old majority was the primary barrier to reforming our drug laws," he said. "But this is one of the reasons we fought so hard to take the majority. This is what our supporters have expected us to do."

The deal comes as the state is facing a $16 billion budget deficit for the coming fiscal year. And finding the money needed to pay for drug addiction programs, which could reach near $80 million, will prove difficult, those involved in the negotiations said. But in the long run, the changes are expected to save money because sending offenders to treatment is less expensive than spending $45,000 a year to keep them confined.

New York already has one of the most extensive drug-treatment networks in the country. Drug policy experts said that with the proposed changes in the law, the state could have the sentencing policy it needs to fully utilize those treatment programs. "New York could actually become a national leader," said Gabriel Sayegh of the Drug Policy Alliance, a national group that urges relaxation of certain drug sentencing laws. "We're going in a public health direction here. We're making that turn, and that's what's significant."

GOVERNOR ASKS: WHAT IF POT'S LEGAL AND TAXED?

DrugSense FOCUS Alert #402 - Monday, 11 May 2009

Last Wednesday morning the readers of the The Sacramento Bee were treated to the front page article, below.

Since then the press articles and editorial page content have been slowly increasing. The items can be accessed at http://www.mapinc.org/people/Schwarzenegger

The news clippings are worthy of letters to the editor. As this is sent the largest California newspaper, the Los Angeles Times, has not mentioned Governor Schwarzenegger' comments. Thus a message to the newspaper may also be appropriate. See http://drugsense.org/url/bc7El3Yo for contact details.

As California struggles to find cash, Gov. Arnold Schwarzenegger said Tuesday it's time to study whether to legalize and tax marijuana for recreational use.

The Republican governor did not support legalization - and the federal government still bans marijuana use - but advocates hailed the fact that Schwarzenegger endorsed studying a once-taboo political subject.

"Well, I think it's not time for (legalization), but I think it's time for a debate," Schwarzenegger said. "I think all of those ideas of creating extra revenues, I'm always for an open debate on it. And I think we ought to study very carefully what other countries are doing that have legalized marijuana and other drugs, what effect did it have on those countries?"

Schwarzenegger was at a fire safety event in Davis when he answered a question about a recent Field Poll showing 56 percent of registered voters support legalizing and taxing marijuana to raise revenue for cash-strapped California. Voters in 1996 authorized marijuana for medical purposes.

Assemblyman Tom Ammiano, D-San Francisco, has written legislation to allow the legal sale of marijuana to adults 21 years and older for recreational use. His Assembly Bill 390 would charge cannabis wholesalers initial and annual flat fees, while retailers would pay $50 per ounce to the state.

The proposal would ban cannabis near schools and prohibit smoking marijuana in public places. Marijuana legalization would raise an estimated $1.34 billion annually in tax revenue, according to a February estimate by the Board of Equalization. That amount could be offset by a reduction in cigarette or alcohol sales if consumers use marijuana as a substitute.

Besides raising additional tax revenue, the state could save money on law enforcement costs, Ammiano believes. But he shelved the bill until next year because it remains controversial in the Capitol, according to his spokesman, Quintin Mecke.

"We're certainly in full agreement with the governor," Mecke said. "I think it's a great opportunity. I think he's also being very realistic about understanding sort of the overall context, not only economically but otherwise."

Schwarzenegger previously has shown a casual attitude toward marijuana. He was filmed smoking a joint in the 1977 film, "Pumping Iron." And he told the British version of GQ in 2007, "That is not a drug. It's a leaf." Spokesman Aaron McLear downplayed the governor's comment as a joke at the time.

Even if California were to legalize marijuana, the state would hit a roadblock with the federal government, which prohibits its use. Ammiano hopes for a shift in federal policy, but President Barack Obama said in March he doesn't think legalization is a good strategy.

Any study would find plenty of arguments, judging by responses Tuesday. Assemblyman Chuck DeVore, R-Irvine, said he's open to a study, but he remains opposed to legalization. He warned that society could bear significant burdens. He downplayed enforcement and incarceration savings because he believes drug courts are already effective in removing low-level offenders from the system.

"Studies have shown there is impairment with marijuana use," DeVore said. "People can get paranoid, can lose some of their initiative to work, and we don't live in some idealized libertarian society where every person is responsible completely to himself. We live in a society where the cost of your poor decisions are borne by your fellow taxpayers."

But Bruce Merkin of the Marijuana Policy Project said studies show alcohol has worse effects on users than marijuana in terms of addiction and long-term effects. His group believes marijuana should be regulated and taxed just like alcoholic beverages.

"There are reams of scientific data that show marijuana is less harmful than alcohol," Merkin said. "Just look at the brain of an alcoholic. In an autopsy, you wouldn't need a microscope to see the damage. Marijuana doesn't do anything like that."

Schwarzenegger said he would like to see results from Europe as part of a study. The Austrian parliament last year authorized cultivation of medical marijuana. But Schwarzenegger talked with a police officer in his hometown of Graz and found the liberalization was not fully supported, McLear said.

"It could very well be that everyone is happy with that decision and then we could move to that," Schwarzenegger said. "If not, we shouldn't do it. But just because of raising revenues ... we have to be careful not to make mistakes at the same time."

DrugSense FOCUS Alert #401 - Thursday, 23 April 2009

Dr Alex Wodak , Director, Alcohol and Drug Service, St Vincent's Hospital, Darlinghurst, NSW writes,

The repeal of most of New York state's so-called Rockefeller drug laws on Friday, March 27, 2009 is a landmark in the struggle for drug law reform

http://www.nytimes.com/2009/03/26/nyregion/26rockefeller.html?_r=2&scp=1&sq=Rockefeller drug law&st=cse

DrugSense FOCUS Alert #400 - Saturday, 11 April 2009

Easter Sunday readers of the Washington Post were treated to the OPED below by Mike Gray of Common Sense for Drug Policy http://www.csdp.org/

We hope that the federal elected officials, their staffs, and other federal bureaucrats read the OPED. Perhaps you may help by sending them copies of the OPED.

DrugSense FOCUS Alert #403 - Thursday, 14 May 2009

Readers of The Wall Street Journal today will find a headline and article which would have seemed unlikely last year even after the election. The Wall Street Journal competes with USA today for the top U.S. circulation spot with a circulation of over two million copies. The

newspaper reaches an audience which is more influential. Articles and opinion items which question the war on drugs appear to be increasing as may be seen at
http://www.mapinc.org/source/Wall+Street+Journal

News items about our new drug czar are found at
http://www.mapinc.org/people/Kerlikowske

DrugSense FOCUS Alert #399 - Monday, 6 April 2009

Today over a million folks living in Michigan became eligible to apply for permission to use medicinal marijuana. It is the first day that the state Bureau of Health Professions at the Michigan Department of Community Health will accept applications.

Michigan becomes the second largest state and the first in the heartland to have a medicinal marijuana program. Called the Michigan Medical Marihuana Program (MMMP) by the state, application forms and details are on line at
http://www.michigan.gov/mdch/0,1607,7-132-27417_51869---,00.html

In a vote last November, 63 percent of the state's voters said yes to medical marijuana. The initiative won in every single county in the state. Many police in the state are not happy. George Basar, president of the Michigan Association of Chiefs of Police

http://www.michiganpolicechiefs.org/ , predicts the law will ignite widespread marijuana abuse as stated in this article http://www.mapinc.org/drugnews/v09/n353/a02.html

Others are accepting the new reality. For example, the Genesee County Prosecutor David Leyton met Friday with advocates as shown in this article
http://www.mapinc.org/drugnews/v09/n388/a04.html

We are starting to see calls for improvements in the law like this editorial calling for better ways for patients to obtain their medicine
http://www.mapinc.org/drugnews/v09/n385/a02.html

The Constitution of Michigan states that "no law adopted by the people at the polls under the initiative provisions of this section shall be amended or repealed, except by a vote of the electors unless otherwise provided in the initiative measure or by three-fourths of the members elected to and serving in each house of the legislature." The law does not provide for change by the state legislature. Perhaps in the future the three-fourths needed will vote to improved the law as the above editorial asks. Any change which would undermine the law is not likely.

Michigan's law sends a strong message to elected and appointed officials at all levels of government that marijuana is medicine - a message you may help send, also.

Most news clippings about the law and the various issues involved may

be accessed at http://www.mapinc.org/topic/Michigan+Medical+Marijuana

In Michigan the people have spoken. It will be interesting to see how the press covers the issue in Michigan in the months ahead just as it is in the other states with medicinal marijuana laws.

UNITED KINGDOM

A COMPARISON OF THE COST EFFECTIVES OF THE PROHIBITION AND REGULATION OF DRUGS

The April 2009 newsletter from **Transform Drug Policy Foundation** (United Kingdom) refers to a recent comprehensive report published about the comparative cost effectiveness of prohibition vs regulation of drugs.

The report, compares the costs and benefits of the current policy of drug prohibition, with those of a proposed model of legal regulation.

The conclusions indicate that regulating the drugs market is a much more effective policy than prohibition and if England and Wales were to move to regulated drugs markets there would be net savings to taxpayers, victims of crime, the justice system, drug users and the community at large of up to 13.943 billion pounds sterling depending on one of the four scenarios (50% fall in use, no change in use, 50% increase in use, 100% increase in use) the report examines.

The whole report can be accessed at www.tdpf.org.uk

How cocaine markets have been hit by the financial crises

The following commentary on the recent SOCA report has been prepared for the Transform Blog by Axel Klein, Lecturer in the Study of Addictive Behaviour, Centre for Health Service Studies, University, of Kent.

On May 12th a government agency reported that rising levels of dangerous adulterants including boric acid, an insecticide, and tetramisole hydrochloride used as worm powder are being added to cocaine sold in UK drug markets. This is alarming as the largest group of consumers in UK retail markets are 16-24 year olds. It seems extraordinary that the exposure of school children and students to toxic substances sold in an unregulated market, with minimal information about content or health risk is the direct result of government policy.

Whatever the unintended consequences, SOCA, the agency that is responsible for stopping the inflow of cocaine into the UK, is celebrating the success of its undercover work manifest in the *'wholesale'* cocaine price rise. Retail prices have, alas, not changed, but SOCA points to decreases in purity which are attributed to rises in overall prices and concomitantly, a stipulated reduction in overall inflows. Both these trends are apparently a direct result of SOCA activity in the UK, and Europe wide operations, with or without SOCA. This follows from the reported increase in overall seizures and an even sharper rise in overall arrests related to drug trafficking.

THE INCARERATION OF DRUG OFFENDERS – An Overview

Dave-Bewly Taylor Senior Lecturer, School of Humanities, Swansea University, UK associate consultant Beckley Foundation Drug Policy Programme together with Chris Hallam International Consortium Consultant and Rob Allen Director of the International Centre for Prison Studies have collaborated on a recent research paper related to the availability of illicit drugs to incarnated offenders. The full paper is included below**.**

Incarceration of drug offenders.pdf

NICE PEOPLE TAKE DRUGS

RELEASE CAMPAIGNS TO SHIFT THE DEBATE ON DRUGS

Release, the campaigning organisation that specialises in drugs and drugs law, is running an advertising campaign on London buses during June. With the slogan 'Nice People Take Drugs', Release is looking to open up the drugs debate and engage the public in a more sophisticated and honest drugs dialogue.

Explaining why Release was moved to run this campaign, executive director Sebastian Saville said, "the constant association by politicians and the media of drugs with words like *evil* and *shame* simply does not reflect most people's experience of drugs. The public is tired of the artificial representation of drugs in society, which is not truthful about the fact that all sorts of people use drugs. If we are to have a fair and effective drug policy, it must be premised on this reality first and foremost."

In this election week, politicians have learnt an important lesson about what is and what is not, tolerated by the public. Outcry over the parliamentary expenses scandal far outstrips any reaction the public has had to previous revelations of drug use by MPs. Their reluctance to engage with the issue of drugs is based on misguided assumptions about the public's perception of them.

The slogan 'Nice People Take Drugs' was especially chosen to illustrate the extent to which drugs are present in many aspects of society and across every generation, culture and class.

Despite this, policy-makers maintain a narrow understanding of drug use and the people who use them. This has resulted in some of the biggest and most expensive policy failures of modern times.

More details about this campaign can be found at:

http://www.release.org.uk/nice-people-take-drugs/

CANADA'S JUSTICE MINISTER ADVOCATES REEFER MADNESS

Today Canadian newspapers are reporting that "Canada's justice minister says people who sell or grow marijuana belong in jail because pot is used as a "currency" to bring harder drugs into the country. "This lubricates the business and that makes me nervous," Rob Nicholson told the Commons justice committee yesterday as he faced tough questions about a controversial bill to impose automatic prison sentences for drug crimes, including growing as little as one pot plant. "Marijuana is the currency that is used to bring other more serious drugs into the country," the minister said." Links to some of the newspaper articles are http://www.mapinc.org/drugnews/v09.n454.a09.html

http://www.mapinc.org/drugnews/v09.n455.a01.html

http://www.mapinc.org/drugnews/v09.n455.a02.html

http://www.mapinc.org/drugnews/v09.n455.a04.html

http://www.mapinc.org/drugnews/v09.n455.a05.html and

http://www.mapinc.org/drugnews/v09.n455.a06.html

News about marijuana from Canada may always be accessed at
http://www.mapinc.org/mjcn.htm

MEXICO

 Mexican drug cartels battling viciously to expand and survive see a lucrative market across the border in the U.S., where the appetite for illegal drugs offers a seemingly unending market.

View article...

GERMANY

On 29th May Germany voted in the Parliament to allow heroin assisted treatment. The vote was passed by 63% Below is the link to the report.

http://www.google.com/hostednews/ap/article/ALeqM5g6lLyNtynofXjCRliQanSaDMQ-IwD98FE1H84

All 9 parties in Denmark agreed earlier this year to commence heroin assisted treatment without the need for further research

The following is a link to a New York Times on line article (http://www.nytimes.com/aponline/2009/05/28/world/AP-EU-Germany-Heroin-Prescriptions.html) and below is a translation of an article from a report last Friday in a German medical journal.

Bundestag approves controlled release of heroin to severely dependent users

Berlin – Following a year long debate the Bundestag on Thursday approved the controlled release of heroin to severely dependent users. In a recorded vote on the second reading 349 of 550 Deputies voted for a cross factional draft law and was confirmed on the subsequent vote on the third reading without a recorded vote.

The Law incorporates treatment with synthetic heroin – so-called diamorphine – as part of standard authorised health care insurance. A group of Union Deputies failed to secure a majority for their motion to provide for the time being only for the continuation of the pilot trial for the release of diamorphine.

In future under the approved law diamorphine will no longer be classified as an illegal drug but rather becomes an approved prescribable medication. Treatment with the synthetic heroin is required to be available only for severely dependent opiate addicts who have not responded to existing methods such as methadone substitution. There is a requirement that patients be at least 23 to be eligible for consideration, have been addicted for at least five years and already have experienced two unsuccessful therapies.

In addition, facilities for diamorphine treatment under the approved Law will be restricted, designated personnel must satisfy standards and authorities must submit security plans. Concerning protections for pharmacies against robbery or break-in in relation to the procurement of heroin, the usual distribution system will not apply but rather facilities will be put in place for delivery directly from the manufacturer to the treating facility.

Local dispensing may be undertaken only by medical practitioners with qualifications in addiction medicine, while for the first half year State and Local Governments are obliged to finance patients' psycho-social care.

As early as 2007 CDU-led States of Hamburg, Hessen, Lower Saxony, North Rhine-Westfallen and Saarland tabled an identical draft law in the Bundesrat [Federal Council]. However, there was a majority against in the Union party. Deputies of the four other parties tabled this matter with their joint draft in the order of proceedings of the Bundestag. In the Bundesrat the approved Law is now not subject to approval.

In the at times heated debate in the Bundestag the health spokeswoman of the SPD party, Carola Reimann, stressed that the CDU-led Cities and States also supported the Law. "It is about reopening an opportunity for severely dependent users with massive health problems", she said. According to her information there are between 2,000 and 3,000 patients appropriate for treatment.

Jens Spahn (CDU) objected that there are still open questions concerning the treatment. At the same time there is treatment through the pilot trial. He stressed: "We are in dispute over how and not over whether."

The Federal Government Drug Representative, Sabine Baetzin, welcomed the Bundestag's decision. "That is a breakthrough for the treatment of severely dependent opiate users for whom we have long struggled. By means of the form of treatment we can secure the survival of severely dependent opiate users, for whom nothing else can help and give them again an outlook for their life." Now she wants to get started, so that medical treatment costs and drugs involved in the scope of diamorphine supported treatment become part of the standard benefits for authorised health care insurance.

SOURCE: Translation from Aerzteblatt.de, Friday 29 May 2009 at http://www.aerzteblatt.de/nachrichten/36767/Bundestag_beschliesst_kontrollierte_Heroinabgabe_an_Schwerstabhaengige.htm .

And here is a response from the Family and Friends for Drug Law Reform

New German law for heroin prescription challenges Australia to take its head out of the sand

Germany has now joined Switzerland, The Netherlands, Denmark and the United Kingdom in making prescription heroin a standard treatment for those severely addicted to opiates who have failed other treatments.

"The German decision challenges Australia to remove John Howard's veto of this medical treatment and put humanity and social well-being first," said Brian McConnell, President of Families and Friends for Drug Law Reform. "The veto of the decision of the Australian Health Ministers in 1997 for a heroin trial must be reviewed in the light of the rising number of overdose deaths and the threat of a renewed flood of Afghan heroin."

The German parliament passed the law last Thursday evening following a careful trial and evaluation in 6 cities. Eligible persons for admission to the treatment will be those over 23 years of age and who have been addicted for more than five years and who have failed to respond to other treatments.

"Australia has now fallen far behind the Europeans," said Brian McConnell, President of Families and Friends for Drug Law reform. "The result has been a huge cost to the community in terms of lives lost, health care costs and costs of crime."

"There is now irrefutable European evidence," said Mr McConnell, "that adding the option of heroin prescription cuts overdose deaths, improves the capacity of severely addicted users to take responsibility for their lives and reduces crime dramatically. A long term Swiss study has even shown that it is leading to a reduction in the recruitment of new drug users."

"The Europeans are about providing health treatment to severely addicted people for whom all other treatments have failed," said Mr McConnell. "These are people who have families and loved ones and if there is a treatment that would help restore and enable them to again become contributing members of society then surely Australian governments should give that treatment a go."

"Excuses for not introducing it have become baseless given the overwhelming evidence that now exists in support of the measures. Attracting the severely addicted into treatment, away from recruiting and selling to new users to support their habit, will surely allay parents' and governments' concerns about the provision of this treatment."

“It can undermine organised crime’s profit from heroin, which is critical at a time when world production of heroin is increasing.“Much is to be gained with this common sense measure: there are lives to be saved, individuals’ health to improve and a huge potential for reduced crime and trafficking in illegal heroin.”

Dr Mal Washer MP (02 6277 2114) and Julia Irwin MP (02 6277 4300) Parliament House, Canberra – Co-Chairs, **Australian Parliamentary Group for Drug Law Reform**
