AUSTRALIAN PARLIAMENTARY GROUP FOR DRUG LAW REFORM

& AUSTRALIAN DRUG LAW REFORM FOUNDATION

E-NEWSLETTER – SEPTEMBER 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.auAustralian Parliamentary Group for Drug Law Reform

AUSTRALIA

Tide turns in favour of drug reform – An opinion piece by Dr Alex Wodak the director of the Alcohol and Drug Service at St Vincent's Hospital is at the following link.

http://www.smh.com.au/opinion/tide-turns-in-favour-of-drug-reform-20090826-ezph.html?page=-1
The Oped page of the Sydney Morning Herald of 27th August includes commentaries by Ms Miranda Devine and former Prime Minister John Howard above the fold

Dr Wodal writes - an interesting and well written piece on cannabis from the New York magazine

New York Mag - The Splitting Image of Pot

The Splitting Image of Pot

On the one hand, marijuana is practically legal - more mainstream, accessorized, and taken for granted than ever before.
On the other, kids are getting busted in the city in record numbers. Guess which kids.

Injectable heroin 'more effective' than oral methadone

Dr Alex Wodak, President of the Australian Drug Law Reform Foundation, writes:

The current issue of the *New England Journal of Medicine*, probably the world's most prestigious medical journal, details the results of a recent Canadian trial comparing injectable heroin with oral methadone as a treatment for heroin injectors.

Like the four previous European trials comparing these two treatments during the past 15 years, the Canadian researchers found that injectable heroin was more effective than oral methadone.

As in the previous trials in Switzerland, the Netherlands, Spain and Germany, the Canadians recruited a group of severely dependent heroin injectors who had not benefited from multiple previous attempts at drug treatment (including several previous episodes of oral methadone treatment).

The average age of the 251 people in this study was almost 40. Males accounted for more than 60%. Almost a quarter were of Aboriginal descent and almost three quarters were homeless, living in shelter or a single-occupancy hotel room.

The average duration of injecting drug use was 16.5 years; 94% had been charged during their lifetime for any crime and almost three quarters had committed illegal activities (other than illicit-drug use) in the previous month. More than half had a chronic medical problem and almost 10% were HIV-positive.

The average number of previous drug treatments was 11.1 (including 3.2 previous attempts at methadone treatment). The group used illicit drugs on most days of the month before entering the study (heroin 26.9, cocaine powder 5.0, crack cocaine 13.4). Median expenditure on drugs in the month before entering the study was $A1470).

Both groups in the study did well but 88% of the injectable heroin group were retained in addiction treatment compared with 54% in the methadone group.

Illicit-drug use or other illegal activity declined in 67% of the heroin group, compared to 48% in the methadone group. There results were all statistically significant.

Serious adverse events were more common in the heroin group but the only death in the study occurred in a subject receiving methadone. The results in the (optimised) methadone group in this study were better than had been achieved previously in routine treatment.

The heroin group recorded significant improvement in six of the seven subscales while the methadone group improved in two subscales. After adjusting for baseline values, the heroin group improved more than the methadone group in four of the scores (including drug use).

The average number of days in the previous month illicit heroin was used decreased by 80% in the heroin group compared to 56% in the methadone group. Cocaine use remained the same in both groups.

All five trials considered the same variables (drug use, illegal activities, health, and social adjustment) and showed greater benefit from injectable heroin than oral methadone. The heroin group in the Canadian study showed greater improvements in medical and psychiatric status, economic status, employment and family and social relations.

The authors (rightly) recommended that methadone should remain the mainstay of treatment for the majority of patients. However, for a minority of heroin users with very severe problems who have not benefitted from a range of previous treatments (including high quality methadone maintenance), injectable heroin appears to be a safe and more effective treatment.

The Canadian study was published 12 years and one day after federal Cabinet (at the behest of then Prime Minister John Howard) aborted an Australian heroin trial because this would have "sent the wrong message".

Since then 68% of Swiss voters in a national referendum and 63% of federal politicians in the German parliament have voted in support of heroin treatment as an option for the "worst of the worst". A stable 5% of patients undergoing heroin treatment in Switzerland have required injectable heroin.

Although more expensive than other treatments, economic savings (mainly from reduced crime) are twice the cost of the treatment. No doubt the gnomes of Zurich fully understand that it is more important to invest in cost-effective treatments than to cancel scientific research in order to "send a message to the electorate".

The small minority of severely dependent heroin users who require treatment with injectable heroin account for something like 30% of the crime associated with heroin. It is better for these individuals, their families and communities that they are attracted, retained and benefit from injectable heroin treatment rather than be allowed to continue to create major problems in the community or to be made even worse at great expense to taxpayers in prison.

Should Australia conduct a heroin trial? There will be insufficient political support for an Australian heroin trial as long as the heroin shortage continues (bringing with it lower numbers of heroin overdose deaths and lower crime rates).

Denmark has decided that the research evidence is strong enough to start this treatment without conducting additional research. That is what Australia should also do, 29 years after this was first officially recommended in Australia (to Premier Neville Wran). Heroin shortages do not last forever.

And here is an editorial from the same issue.

Heroin Prescription and History

Virginia Berridge, Ph.D.

In this issue of the *Journal,* Oviedo-Joekes et al.1 report on the results of the North American Opiate Medication Initiative (NAOMI) trial comparing methadone with injectable diacetylmorphine (the active ingredient in heroin) for the treatment of heroin addiction. These data from North America point to a conclusion that has been widely supported, although not without controversy, by similar recent studies in Europe.2 The results of this trial may be added to those from Germany, the Netherlands, Spain, and Switzerland. Switzerland has 10 years of experience in the prescription of heroin, and in a November 2008 referendum, 68% of voters were in favor of its continued prescription.

The prescription of heroin is rigidly controlled, and some commentators have asked whether a less restrictive and more clinical approach might make a difference to the proportion of drug users who are treated with heroin.3 Guidance on the prescription of heroin published by Britain's National Treatment Agency for Substance Misuse in 2003 stressed that the drug should be prescribed as a last resort and under the medical control of a specialist.4 The prescription of heroin is now recognized in some European countries as the optimal treatment for patients for whom options are running out and in whom methadone maintenance has not worked, and it keeps the user in contact with drug services.

What Ashton and Witton have called a "role reversal" from killer drug to medical treatment is historically paradoxical.5 The emerging consensus is that heroin is a treatment for a limited number of illicit-drug users who do not do well with other medicines. Historically, however, heroin was the main "drug of choice" for treatment. In the 1920s and earlier in Britain, it was the treatment or maintenance drug for compliant middle-class addicts, those who accepted the authority of the doctor to prescribe to them. The prescription of heroin was the basis of the so-called British system, which operated until the 1960s.6 This was not the case in the United States. The inability to conduct the NAOMI trial in the United States reflects a historically different attitude toward the medical prescription of heroin to addicts; this prohibition dates back to the implementation of the 1914 Harrison Narcotics Act before World War I. Doctors were prosecuted thereafter if they prescribed heroin for addicts.7 The cross-national difference in heroin prescribing and the continued prescription of heroin in Britain owed much to the power of the British medical profession and to the low number of mainly middle-class addicts in the United Kingdom who took heroin. The person with control of the drug and the sort of person who was addicted were important.

Contextual issues like these, not the intrinsic properties of the drug itself, affected different national responses to treatment and to the prescription of heroin; these issues also affected the change toward the use of methadone in the 1960s and 1970s. The switch from abstinence from illicit drug use as the only legal option to the use of methadone took place under the influence of re- searchers Dole and Nyswander in New York.8 In the United States, methadone was associated with the ethos of a "medical" drug, whereas heroin was not.8 In the United Kingdom in the 1970s, the change came from prescribing heroin to prescribing methadone. That switch was also legitimated by a trial carried out by researchers Mitcheson and Hartnoll in the drug-dependence unit at London's University College Hospital.9 They found that, as compared with the prescription of heroin, the prescription of methadone was a more confrontational method of treating addicts. It could force change even if it also brought greater involvement in the black market for heroin. It is recognized that the evidence from this trial, which is widely cited as the motivating force behind a switch from prescribing heroin to prescribing methadone on a short-term basis, was pushing at an already open door. It legitimated a change that was already under way, which the psychiatrists who ran the clinics wanted. The drug-dependence units had filled up with long-term heroin users. As Stimson and Oppenheimer noted in their classic study of the period, this switch provided a rationale for clinic staff who longed for a therapeutic, rather than a shopkeeping, function.10 Professional interests again drove change.11 This episode of research and its effect on practice 30 years ago tell us something significant. The rise and fall of methods of treatment in this controversial area owe their rationale to evidence, but they also often owe more to the politics of the situation — to the context within which the evidence is received and to the interests that are prepared to support or

oppose it. In Britain, the prescription of heroin is taking place on a small scale. However, it is more costly than methadone, which matters in a cost-conscious centralized health system, and few patients are receiving these prescriptions. Meanwhile, the “harm reduction” consensus about maintenance treatment overall is being questioned, primarily in relation to methadone. As in the 1970s, clinic staff long for change, this time away from what one drug treatment worker called “methadone, wine, and welfare.” Researchers have pointed out that most illicit-drug users say they want to stop taking drugs. Conservative politicians have championed abstinence from illicit-drug use, and the media has asked why the treatment budget is so large if addicts just continue to take drugs. Hence, a redefinition of the purpose of treatment and the nature of recovery is under discussion in the drug-treatment field. The consensus favoring maintenance with methadone as the major treatment option may shift. The treatment of addiction is a controversial matter, and practices that were once managed by specialists in-house and that were the subject of clinical discussion or publication in medical journals are now more open to a sometimes uncomprehending public gaze. Results such as those reported in the NAOMI trial matter, but they do not operate in a vacuum. Countries have responded very differently to the findings reported so far. Switzerland and the Netherlands have integrated the prescription of heroin into their medical systems, while Germany and Spain have hesitated. In the mid-1990s, the Australian government discontinued a heroin trial. Will the “homegrown” results from the NAOMI trial have more impact in North America than the results from Europe? We will now wait to see what political or professional factors will support or oppose the conclusions of this study in its home territory, and whether the historical legacy of heroin will matter.

editorials
n engl j med 361;8 nejm.org august 20, 2009 821; No potential conflict of interest relevant to this article was reported.; From the London School of Hygiene and Tropical Medicine; University of London, London.; Oviedo-Joekes E, Brissette S, Marsh DC, **1.** et al. Diacetylmorphine versus methadone for the treatment of opioid addiction; N Engl J Med 2009;361:777-86.**2.** Fischer B, Oviedo-Joekes E, Blanken P, et al. Heroin-assisted treatment (HAT) a decade later: a brief update on science and politics. J Urban Health 2007;84:552-62. **3.** Reuter P. Ten years after the United Nations General Assembly Special Session (UNGASS): assessing drug problems, policies and reform proposals. Addiction 2009;104:510-7. **4.** Injectable heroin (and injectable methadone): potential roles in drug treatment. London: National Treatment Agency, May 2003.**5.** Ashton M, Witton J. Role reversal. Drug Alcohol Findings 2003;9:16-23. **6.** Berridge V. Opium and the people: opiate use and drug control policy in nineteenth and early twentieth century England. London: Free Association Books, 1999. **7.** Musto D. The American disease: origins of narcotic control. 3rd ed. New York: Oxford University Press, 1999. **8.** Mold A. Heroin: the treatment of addiction in twentieth century Britain. DeKalb: Northern Illinois University Press, 2008. **9.** Hartnoll R, Mitcheson M, Battersby A, et al. Evaluation of heroin maintenance in controlled trial. Arch Gen Psych 1980; 37:877-84. **10.** Stimson G, Oppenheimer E. Heroin addiction: treatment and control in Britain. London: Tavistock, 1982. **11.** Berridge V, Thom B. Research and policy: what determines the relationship? Policy Stud 1996;17:7-18. *Copyright © 2009 Massachusetts Medical Society.*

The case for legalising all drugs is unanswerable

The extreme profits to be made from narcotics a direct result of prohibition fuel war and terrorism. Legalisation is urgent

- **John Gray**
- The Observer, Sunday 13 September 2009

The war on drugs is a failed policy that has injured far more people than it has protected. Around 14,000 people have died in Mexico's drug wars since the end of 2006, more than 1,000 of them in the first three months of this year. Beyond the overflowing morgues in Mexican border towns, there are uncounted numbers who have been maimed, traumatised or displaced. From Liverpool to Moscow, Tokyo to Detroit, a punitive regime of prohibition has turned streets into battlefields, while drug use has remained embedded in the way we live. The anti-drug crusade will go down as among the greatest follies of modern times.

A decade or so ago, it could be argued that the evidence was not yet in on drugs. No one has ever believed illegal drug use could be eliminated, but there was a defensible view that prohibition could prevent more harm than it caused. Drug use is not a private act without consequences for others; even when legal, it incurs medical and other costs to society. A society that adopted an attitude of laissez-faire towards the drug habits of its citizens could find itself with higher numbers of users. There could be a risk of social abandonment, with those in poor communities being left to their fates.

These dangers have not disappeared, but the fact is that the costs of drug prohibition now far outweigh any possible benefits the policy may bring. It is time for a radical shift in policy. Full-scale legalisation, with the state intervening chiefly to regulate quality and provide education on the risks of drug use and care for those who have problems with the drugs they use, should now shape the agenda of drug law reform.

In rich societies like Britain, the US and continental Europe, the drug war has inflicted multiple harms. Since the inevitable result is to raise the price of a serious drug habit beyond what many can afford, penalising use drives otherwise law-abiding people into the criminal economy. As well as criminalising users, prohibition exposes them to major health risks. Illegal drugs can't easily be tested for quality and toxicity and overdosing are constant risks. Where the drugs are injected, there is the danger of hepatitis and HIV being transmitted. Again, criminalising some drugs while allowing a free market in others distracts attention from those that are legal and harmful, such as alcohol.

While it is certainly possible that legalisation could see more people take drugs, a drug user's life would be much safer and healthier than at present. There is no room for speculation here, for we know that a great many users lived highly productive lives before drugs were banned. Until the First World War, when they were introduced under the banner of national security, there were few controls on drugs in the UK or America. Cocaine, morphine and heroin could be bought at the local chemist. Many were users, including William Gladstone, who liked to take a drop of laudanum (an alcoholic tincture of opium) in his coffee before making speeches. Some users had problems, but none had to contend with the inflated prices, health risks and threat of jail faced by users today.

Though politicians like to pretend they embody a moral consensus, there is none on the morality of drug use. Barack Obama has admitted to taking cocaine, while David Cameron refuses to answer the question. Neither has suffered any significant political fall-out. Everyone knows drug use was commonplace in the generation from which these politicians come and no one is fussed. What is more bothersome is that the tacit admission by these leaders that drug use is a normal part of life goes with unwavering support for the failed policy of prohibition.

Producing and distributing illegal drugs is a highly organised business, whose effects are felt throughout society. The extreme profits that are reaped corrupt institutions and wreck lives. Dealing drugs can seem a glamorous career to young people in desolate inner cities, even as it socialises them into a gang culture in which violence is normal. The Hobbesian environment of anarchic street gangs, crooked politicians and put-upon, occasionally corrupt cops portrayed in ***The Wire*** may not be immediately recognisable in most European countries. But it is not all that far away.

It is in the world's poorer societies that drug prohibition is having its most catastrophic effects. Mexico is only one of several Latin American countries where the anti-drug crusade has escalated into something like low-intensity warfare, while elsewhere in the world some states have been more or less wholly captured by drug money. Narco-states are one of the drug war's worst side-effects, with small countries like Guinea-Bissau in West Africa being hijacked (as Ed Vulliamy and Grant Ferrett reported in these pages in March of last year) to serve as distribution points for Latin American cocaine. Narco-capitalism is one of the less

advertised features of globalisation, but it may well emerge strengthened from the recent dislocation in global markets.

Not only in Afghanistan but throughout the world, the extreme profits of the drug trade have a well-documented role in funding terrorist networks and so threaten advanced countries. No doubt terrorism will remain a threat whatever drug regime is in place, but the collapse in prices that would follow legalisation would make a big dent in the resources it can command. It is hard to see how the countries where most drug users live can be secure while counter-terrorist operations are mixed up with the ritual combat of the anti-drugs crusade.

What is required is not a libertarian utopia in which the state retreats from any concern about personal conduct, but a coolly utilitarian assessment of the costs and benefits of different methods of intervention. The scale of the problem suggests that decriminalising personal use is not enough. The whole chain of production and distribution needs to be brought out of the shadows and regulated. Different drugs may need different types of regulation and legalisation may work best if it operated somewhat differently in different countries. At this point, these details are not of overriding importance.

The urgent need is for a shift in thinking. There are hopeful signs of this happening in some of the emerging countries, such as Argentina, Mexico and Brazil (whose former president Fernando Henrique Cardoso last week argued forcefully in this newspaper that the war on drugs has failed). There is no reason why these countries, which bear much of the brunt of the drug wars, should wait for an outbreak of reason among politicians in rich countries. They should abandon prohibition as soon as they can.

It remains the case that without a change of mind in the leaders of rich countries, above all in the United States, the futile global crusade will continue. The likelihood that the American political classes will call a halt any time soon must be close to zero. Yet it is pleasant to dream that President Obama, in the midst of all the other dilemmas he is facing, may one day ask himself whether America or the world can any longer afford the absurd war on drugs.

John Gray's latest book is Gray's Anatomy: Selected Writings ***(Allen Lane/Penguin Books).***

Some very useful quotations from leading economists on drug policy most of them get high marks

http://mises.org/journals/scholar/thornton3.pdf

Prohibition vs. Legalization: Do Economists Reach a Conclusion on Drug Policy?

FROM the TRANSFORM (UK) NEWSLETTER

Tuesday, August 25, 2009

Argentine Supreme Court to decriminalise drug possession today

So, in the same month that the UK Government is making political capital from attaching long prison sentences to several new drugs few people have even heard of, in a seemingly parallel universe not populated by drug warriors, other countries are queuing up to decriminalise personal possession of all drugs. Last week Mexico joined the growing list and today the Argentine Supreme Court is expected to issue a ruling decriminalising drug possession for personal use.

The Court's decision was based on a case brought by a 19 year-old who was arrested in the street for possession of two grams of cannabis. He was convicted and sentenced to a month and a half in prison, but challenged the constitutionality of the drug law based on Article 19 of the Argentine Constitution:

The private actions of men which in no way offend public order or morality, nor injure a third party, are only reserved to God and are exempted from the authority of judges. No inhabitant of the Nation shall be obliged to perform what the law does not demand nor deprived of what it does not prohibit.

Today, the Supreme Court ruled that personal drug consumption is covered by that privacy clause stipulated in Article 19 of the Constitution since it doesn't affect third parties. Questions still remain, though, on the extent of the ruling. However, the government of President Cristina Fernández has fully endorsed the Court's decision and has vowed to promptly submit a bill to Congress that would define the details of the decriminalization policies.

According to some reports, Brazil and Ecuador are considering similar steps.

The case has been under consideration by the high court for almost a year. The Argentine federal government has been reviewing its drug laws with an eye toward abandoning repressive policies toward users and is waiting for this case to be decided to move forward with new legislative proposals.

Supreme Court Justice Carlos Fayt told the Buenos Aires Herald that the court had reached a unanimous position on decriminalization, but declined to provide further details.

A positive Supreme Court decision on decriminalization would ratify a number of lower court decisions in recent years that have found that the use and possession of drugs without causing harm to others should not be a criminal offense.

Raising the debate on the prohibition, legalisation and regulation of all drugs including heroin, cocaine and cannabis.

New: A Comparison of the Cost - effectiveness of the Prohibition and Regulation of Drugs	Transform's latest report, compares the costs and benefits of the current policy of drug prohibition, with those of a proposed model of legal regulation. Download Report here [PDF format]

Portugal's drug policy Article from The Economist, 27 Aug 09

Treating, not punishing

The evidence from Portugal since 2001 is that decriminalisation of drug use and possession has benefits and no harmful side-effects

Illustration by Peter Schrank

IN 2001 newspapers around the world carried graphic reports of addicts injecting heroin in the grimy streets of a Lisbon slum. The place was dubbed Europe's "most shameful neighbourhood" and its "worst drugs ghetto". The *Times* helpfully managed to find a young British backpacker sprawled comatose on a corner. This lurid coverage was prompted by a government decision to decriminalise the personal use and possession of all drugs, including heroin and cocaine. The police were told not to arrest anyone found taking any kind of drug.

This "ultraliberal legislation", said the foreign media, had set alarm bells ringing across Europe. The Portuguese were said to be fearful that holiday resorts would become dumping-grounds for drug tourists. Some conservative politicians denounced the decriminalisation as "pure lunacy". Plane-loads of foreign students would head for the Algarve to smoke marijuana, predicted Paulo Portas, leader of the People's Party. Portugal, he said, was offering "sun, beaches and any drug you like."

Yet after all the furore, the drug law was largely forgotten by the international and Portuguese press—until earlier this year, when the Cato Institute, a libertarian American think-tank, published a study of the new policy by a lawyer, Glenn Greenwald.* In contrast to the dire consequences that critics predicted, he concluded that "none of the nightmare scenarios" initially painted, "from rampant increases in drug usage among the young to the transformation of Lisbon into a haven for 'drug tourists', has occurred."

Mr Greenwald claims that the data show that "decriminalisation has had no adverse effect on drug usage rates in Portugal", which "in numerous categories are now among the lowest in the European Union". This came after some rises in the 1990s, before decriminalisation. The figures reveal little evidence of drug tourism: 95% of those cited for drug misdemeanours since 2001 have been Portuguese. The level of drug trafficking, measured by numbers convicted, has also declined. And the incidence of other drug-related problems, including sexually transmitted diseases and deaths from drug overdoses, has "decreased dramatically".

There are widespread misconceptions about the Portuguese approach. "It is important not to confuse decriminalisation with depenalisation or legalisation," comments Brendan Hughes of the European Monitoring Centre for Drugs and Drug Addiction, which is, coincidentally, based in Lisbon. "Drug use remains illegal in Portugal, and anyone in possession will be stopped by the police, have the drugs confiscated and be sent before a commission."

Nor is it uncommon in Europe to make drug use an administrative offence rather than a criminal one (putting it in the same category as not wearing a seat belt, say). What is unique, according to Mr Hughes, is that offenders in Portugal are sent to specialist "dissuasion commissions" run by the government, rather than into the judicial system. "In Portugal," he says, "the health aspect [of the government's response to drugs] has gone mainstream."

The aim of the dissuasion commissions, which are made up of panels of two or three psychiatrists, social workers and legal advisers, is to encourage addicts to undergo treatment and to stop recreational users falling into addiction. They have the power to impose community work and even fines, but punishment is not their main aim. The police turn some 7,500 people a year over to the commissions. But nobody carrying anything considered to be less than a ten-day personal supply of drugs can be arrested, sentenced to jail or given a criminal record.

Officials believe that, by lifting fears of prosecution, the policy has encouraged addicts to seek treatment. This bears out their view that criminal sanctions are not the best answer. "Before decriminalisation, addicts were afraid to seek treatment because they feared they would be denounced to the police and arrested," says Manuel Cardoso, deputy director of the Institute for Drugs and Drug Addiction, Portugal's main drugs-prevention and drugs-policy agency. "Now they know they will be treated as patients with a problem and not stigmatised as criminals."

The number of addicts registered in drug-substitution programmes has risen from 6,000 in 1999 to over 24,000 in 2008, reflecting a big rise in treatment (but not in drug use). Between 2001 and 2007 the number of Portuguese who say they have taken heroin at least once in their lives increased from just 1% to 1.1%. For most other drugs, the figures have fallen: Portugal has one of Europe's lowest lifetime usage rates for cannabis. And most notably, heroin and other drug abuse has decreased among vulnerable younger age-groups, according to Mr Cardoso.

The share of heroin users who inject the drug has also fallen, from 45% before decriminalisation to 17% now, he says, because the new law has facilitated treatment and harm-reduction programmes. Drug addicts now account for only 20% of Portugal's HIV cases, down from 56% before. "We no longer have to work under the paradox that exists in many countries of providing support and medical care to people the law considers criminals."

"Proving a causal link between Portugal's decriminalisation measures and any changes in drug-use patterns is virtually impossible in scientific terms," concludes Mr Hughes. "But anyone looking at the statistics can see that drug consumption in 2001 was relatively low in European terms, and that it remains so. The apocalypse hasn't happened."

You can access a transcript from the program The Health Report of 24th August 2009 about the developments in Portugal at the following link: www.abc.net.au/rn/talks/8.30/helthrpt/

Mexico decriminalises personal drug possession - The New York Times

By THE ASSOCIATED PRESS
Published: August 21, 2009

MEXICO CITY (AP) Mexico enacted a controversial law on Thursday decriminalizing possession of small amounts of marijuana, cocaine, heroin and other drugs while encouraging government-financed treatment for drug dependency free of charge.

The law sets out maximum "personal use" amounts for drugs, also including LSD and methamphetamine. People detained with those quantities will no longer face criminal prosecution; the law goes into effect on Friday.

Anyone caught with drug amounts under the personal-use limit will be encouraged to seek treatment, and for those caught a third time treatment is mandatory although no penalties for noncompliance are specified. Mexican authorities said the change only recognized the longstanding practice here of not prosecuting people caught with small amounts of drugs.

The maximum amount of marijuana considered to be for "personal use" under the new law is 5 grams - the equivalent of about four marijuana cigarettes. Other limits are half a gram of

cocaine, 50 milligrams of heroin, 40 milligrams for methamphetamine and 0.015 milligrams of LSD.

President Felipe Calderon waited months before approving the law.

Comment from the TRANSFORM NEWSLETTER

On Thursday Mexico finally enacted legislation to decriminalize personal possession of small quantities of all drugs (plans reported/discussed in more detail here back in May).

The legislation will operate in a somewhat similar fashion to the Portuguese approach with arrested individuals having to agree to a drug treatment program to address admitted addiction or enter a prevention program designed for recreational users. penalties for those who refuse to attend one of these kinds of programs under the Mexican scheme have yet to be clarified.

The Mexican legislation defines threshold quantities of drugs under which a designation of personal use can be made. These include 5 g of cannabis, or half 0.5g of cocaine, 50mg of heroin, LSD 0.015mg, and MDA/MDMA/methamphetamine all at 40mg (or 200mg for pills). Problems with such thresholds to make a distinction between possession for personal use and intent to supply offences have recently been discussed in a the context of UK legislation (see appendix of this Transform briefing).

The response from the US has so far been somewhat muted, in stark contrast to the uproar that greeted similar proposals from the previous President Vincent Fox in 2006 , which were abandoned under extreme pressure from the Bush administration.
In many respects the legislation represents a formalisation of what was widespread tolerant policing practice - so may not have a huge impact on the ground. Mexico joins a growing list of countries around the world that have either made similar moves or have them in the pipeline (*see further reading below*). Such moves - it is important to note - only address personal possession and use and do not involve decriminalisation or legalisation/regulation of drug production and supply which remains in the control of criminal enterprises. The UN treaties, whilst theoretically allowing moves towards decriminalising (or at least depenalising) personal use, specifically outlaw exploring options for legal regulation of production/supply. That said - there is an increasingly active debate in Latin America around such moves

Better world: Legalise drugs

- ***11 September 2009 by** Clare Wilson*
- ***Magazine issue 2725. Subscribe and get 4 free issues.***
- ***For similar stories, visit the Drugs and Alcohol Topic Guide Far from protecting us and our children, the war on drugs is making the world a much more dangerous place.***

SO FAR this year, about 4000 people have died in Mexico's drugs war - a horrifying toll. If only a good fairy could wave a magic wand and make all illegal drugs disappear, the world would be a better place.

Dream on. Recreational drug use is as old as humanity, and has not been stopped by the most draconian laws. Given that drugs are here to stay, how do we limit the harm they do?

The evidence suggests most of the problems stem not from drugs themselves, but from the fact that they are illegal. The obvious answer, then, is to make them legal.

The argument most often deployed in support of the status quo is that keeping drugs illegal curbs drug use among the law-abiding majority, thereby reducing harm overall. But a closer look

reveals that this really doesn't stand up. In the UK, as in many countries, the real clampdown on drugs started in the late 1960s, yet government statistics show that the number of heroin or cocaine addicts seen by the health service has grown ever since - from around 1000 people per year then, to 100,000 today. It is a pattern that has been repeated the world over.

A second approach to the question is to look at whether fewer people use drugs in countries with stricter drug laws. In 2008, the World Health Organization looked at 17 countries and found no such correlation. The US, despite its punitive drug policies, has one of the highest levels of drug use in the world (*PLoS Medicine*, vol 5, p e141).

A third strand of evidence comes from what happens when a country softens its drug laws, as Portugal did in 2001. While dealing remains illegal in Portugal, personal use of all drugs has been decriminalised. The result? Drug use has stayed roughly constant, but ill health and deaths from drug taking have fallen. "Judged by virtually every metric, the Portuguese decriminalisation framework has been a resounding success," states a recent report by the Cato Institute, a libertarian think tank based in Washington DC.

By any measure, making drugs illegal fails to achieve one of its primary objectives. But it is the unintended consequences of prohibition that make the most compelling case against it. Prohibition fuels crime in many ways: without state aid, addicts may be forced to fund their habit through robbery, for instance, while youngsters can be drawn into the drugs trade as a way to earn money and status. In countries such as Colombia and Mexico, the profits from illegal drugs have spawned armed criminal organisations whose resources rival those of the state. Murder, kidnapping and corruption are rife.

Making drugs illegal also makes them more dangerous. The lack of access to clean needles for drug users who inject is a major factor in the spread of lethal viruses such as HIV and hepatitis C.

So what's the alternative? There are several models for the legal provision of recreational drugs. They include prescription by doctors, consumption at licensed premises or even sale on a similar basis to alcohol and tobacco, with health warnings and age limits. If this prospect appals you, consider the fact that in the US today, many teenagers say they find it easier to buy cannabis than beer.

Taking any drug - including alcohol and nicotine - does have health risks, but a legal market would at least ensure that the substances people ingest or inject are available unadulterated and at known dosages. Much of the estimated $300 billion earned from illegal drugs worldwide, which now funds crime, corruption and environmental destruction, could support legitimate jobs. And instead of spending tens of billions enforcing prohibition, governments would gain income from taxes that could be spent on medical treatment for the small proportion of users who become addicted or whose health is otherwise harmed.

Unfortunately, the idea that banning drugs is the best way to protect vulnerable people - especially children - has acquired a strong emotional grip, one that politicians are happy to exploit. For many decades, laws and public policy have flown in the face of the evidence. Far from protecting us, this approach has made the world a much more dangerous place than it need be.

Read more: *Blueprint for a better world*

NEWS FROM THE US

YES, ADDICTS NEED HELP. BUT ALL YOU CASUAL COCAINE USERS WANT LOCKING UP

I Know People Who Drink Fair-Trade Tea and Coffee, Shop Locally and Snort Drugs at Parties.

They Are Disgusting Hypocrites. It looked like the first drop of rain in the desert of drugs policy.

Last week Antonio Maria Costa, the executive director of the UN office on drugs and crime, said what millions of liberal-minded people have been waiting to hear. "Law enforcement should shift its focus from drug users to drug traffickers ... people who take drugs need medical help, not criminal retribution." Drug production should remain illegal, possession and use should be decriminalised. Guardian readers toasted him with bumpers of peppermint tea, and, perhaps, a celebratory spliff. I didn't.

I believe that informed adults should be allowed to inflict whatever suffering they wish on themselves. But we are not entitled to harm other people.

I know people who drink fair-trade tea and coffee, shop locally and take cocaine at parties. They are revolting hypocrites. Every year cocaine causes some 20,000 deaths in Colombia and displaces several hundred thousand people from their homes. Children are blown up by landmines; indigenous people are enslaved; villagers are tortured and killed; rainforests are razed. You'd cause less human suffering if instead of discreetly retiring to the toilet at a media drinks party, you went into the street and mugged someone. But the counter-cultural association appears to insulate people from ethical questions. If commissioning murder, torture, slavery, civil war, corruption and deforestation is not a crime, what is?

I am talking about elective drug use, not addiction. I cannot find comparative figures for the United Kingdom, but in the United States casual users of cocaine outnumber addicts by about twelve to one. I agree that addicts should be helped, not prosecuted. I would like to see a revival of the British programme that was killed by a tabloid witch-hunt in 1971: until then all heroin addicts were entitled to clean, legal supplies administered by doctors. Cocaine addicts should be offered residential detox. But, at the risk of alienating most of the readership of this newspaper, I maintain that while cocaine remains illegal, casual users should remain subject to criminal law. Decriminalisation of the products of crime expands the market for this criminal trade. We have a choice of two consistent policies.

The first is to sustain global prohibition, while helping addicts and prosecuting casual users. This means that the drugs trade will remain the preserve of criminal gangs. It will keep spreading crime and instability around the world, and ensure that narcotics are still cut with contaminants. As Nick Davies argued during his investigation of drugs policy for the Guardian, major seizures raise the price of drugs.

Demand among addicts is inelastic, so higher prices mean that they must find more money to buy them. The more drugs the police capture and destroy, the more robberies and muggings addicts will commit. The other possible policy is to legalise and regulate the global trade. This would undercut the criminal networks and guarantee unadulterated supplies to consumers. There might even be a market for certified fair-trade cocaine.

Costa's new report begins by rejecting this option.

If it did otherwise, he would no longer be executive director of the UN office on drugs and crime.

The report argues that "any reduction in the cost of drug control ... will be offset by much higher expenditure on public health (due to the surge of drug consumption)". It admits that tobacco and alcohol kill more people than illegal drugs, but claims that this is only because fewer illegal drugs are consumed. Strangely however, it fails to supply any evidence to support the claim that narcotics are dangerous.

Nor does it distinguish between the effects of drugs themselves and the effects of the adulteration and disease caused by their prohibition. Why not? Perhaps because the evidence

would torpedo the rest of the report. A couple of weeks ago, Ben Goldacre drew attention to the largest study on cocaine ever undertaken, completed by the World Health Organisation in 1995. I've just read it, and this is what it says. "Health problems from the use of legal substances, particularly alcohol and tobacco, are greater than health problems from cocaine use. Few experts describe cocaine as invariably harmful to health. Cocaine-related problems are widely perceived to be more common and more severe for intensive, high-dosage users and very rare and much less severe for occasional, low-dosage users ... occasional cocaine use does not typically lead to severe or even minor physical or social problems." This study was suppressed by the WHO after threats of an economic embargo by the Clinton government. Drugs policy in most nations is a matter of religion, not science. The same goes for heroin.

The biggest study of opiate use ever conducted (at Philadelphia general hospital) found that addicts suffered no physical harm, even though some of them had been taking heroin for 20 years. The devastating health effects of heroin use are caused by adulterants and the lifestyles of people forced to live outside the law. Like cocaine, heroin is addictive; but unlike cocaine, the only consequence of its addiction appears to be ... addiction.

Costa's half-measure, in other words, gives us the worst of both worlds: more murder, more destruction, more muggings, more adulteration. Another way of putting it is this: you will, if Costa's proposal is adopted, be permitted without fear of prosecution to inject yourself with heroin cut with drain cleaner and brick dust, sold illegally and soaked in blood; but not with clean and legal supplies.

His report does raise one good argument, however. At present the trade in class A drugs is concentrated in the rich nations. If it were legalised, we could cope. The use of drugs is likely to rise, but governments could use the extra taxes to help people tackle addiction. But because the wholesale price would collapse with legalisation, these drugs would for the first time become widely available in poorer nations, which are easier for companies to exploit (as tobacco and alcohol firms have found) and which are less able to regulate, raise taxes or pick up the pieces.

The widespread use of cocaine or heroin in the poor world could cause serious social problems: I've seen, for example, how a weaker drug that seems to dominate life in Somali-speaking regions of Africa. "The universal ban on illicit drugs," the UN argues, "provides a great deal of protection to developing countries".

So Costa's office has produced a study comparing the global costs of prohibition with the global costs of legalisation, allowing us to see whether the current policy (murder, corruption, war, adulteration) causes less misery than the alternative (widespread addiction in poorer nations)? The hell it has. Even to raise the possibility of such research would be to invite the hysterics in Congress to shut off the UN's funding.

The drug charity Transform has addressed this question, but only for the UK, where the results are clear-cut: prohibition is the worse option.

As far as I can discover, no one has attempted a global study. Until that happens, Costa's opinions on this issue are worth as much as mine or anyone else's: nothing at all.

Prepared by: Richard Lake, Senior Editor www.mapinc.org

*"**In my experience of 40-plus years ...this was the single most wasteful, most ineffective program that I had ever seen...It wasn't just a waste of money.... This was actually a benefit to the enemy. We were recruiting Taliban with our tax dollars.**"* --

Richard C. Holbrooke, (US Special Envoy to Afghanistan)

Full story can be read here.

UN World Drug Report

"***UNODC is officially at war with itself. The Executive Director has admitted repeatedly that the UNODC oversees the very system that gifts the vast illegal drug market to violent criminal profiteers, with disastrous consequences. The UNODC is effectively creating the problem it is claiming to eliminate." Danny Kushlick, Transform***

The World Drug Report 2009, the flagship annual publication of the United Nations Office on Drugs and Crime (UNODC), was launched in Washington DC on 24 June. Launched in the run up to World Drug Day on 26th June, the report provides detailed descriptions of trends in world drug markets.

This years report contains more of the same confused mix of misrepresentations, straw man arguments, and logical fallacies that we are used to hearing from the UNODC's drug warriors. What is strange about this report however, is that some of the analysis of the problem, the critique at least is actually fairly good - it's where it leads that is so extraordinary.

Firstly, it is a reflection of the progress the reform movement has made that the legalisation/regulation issue takes up so much of the space in the preface, and that the UNODC feels the need to go on the defensive this prominently.

Second, the report fully acknowledge that prohibition, under the auspices of the UN drug agencies and international drug control infrastructure, has been a generational disaster on multiple fronts - and yet then call for more of the same, brushing off those who call for a debate on alternatives with the offensive and childish smear of being ***'pro-drugs'.***

"The most serious issue concerns organized crime. All market activity controlled by the authority generates parallel, illegal transactions, as stated above. Inevitably, drug controls have generated a criminal market of macro- economic dimensions that uses violence and corruption to mediate between demand and supply. Legalize drugs, and organized crime will lose its most profitable line of activity, critics therefore say. Not so fast. UNODC is well aware of the threats posed by international drug mafias. Having started this drugs/crime debate, and having pondered it extensively, we have concluded that these drug-related, organized crime arguments are valid. They must be addressed."

So Costa acknowledges that some of our arguments are valid!

Third the report praises the success of decriminalisation in Portugal. It claims:

"Conditions keep drugs out of the hands of those who would avoid them under a system of full prohibition, while encouraging treatment, rather than incarceration, for users"

Finally, the text makes clear reference to the need to address wellbeing:
"The problem can only be solved by addressing the problem of slums and dereliction in our cities, through renewal of infrastructures and investment in people - especially by assisting the youth, who are vulnerable to drugs and crime, with education, jobs and sport." (Transform's emphasis)

More on the story can be read here:

Transform blog on the release of the report http://www.guardian.co.uk/world/2009/jun/24/united-

nations-report-drug-use and coverage in the Times

Germans pass law to allow prescription Heroin.

An article in the Associated Press this month reported that German lawmakers have voted to allow the prescription of synthetic heroin to long-term addicts. Prescriptions are available to people aged over 23 years of age, who have been addicted for over five years and have failed at least twice at previous rehabilitation attempts. The scheme is similar to programmes in Switzerland that have been highly successful at reducing drug-related crime and have improved health amongst addicts. The full story can be read here.

'Ten Things that you should know about drug prohibition'

Alex Wodak, President of the Australian Drug Law Foundation wrote an article for The Punch entitled 'Ten Things that you should know about drug prohibition' which can be read here.

New Crime Bill to overhaul Criminal Justice System

The House of Representatives will be taking up a companion version of a popular Senate bill intended to overhaul the American criminal justice system. The Senate bill was introduced by Sen. Jim Webb and would create a commission of respected individuals in the field who would make recommendations on the reform of everything from sentencing to drug policy.

Delahunt, a senior Democrat on the House Judiciary Committee and prosecutor from Massachusetts commented: "I think it's really time to do an absolute overview of the issue of drugs and come at it with an open mind." More on the story can be read here in an article from the Huffington Post.

More encouraging news from the US

Yet more positive stories have been emerging from the US this month including an article in the New York Times by Nicholas D. Kristof entitled Is it time to legalize drugs? And an article in the Nation by Sasha Abramsky The War Against 'The War on Drugs'. All positive signs that climate change is happening.

If you want to keep up to date with all the latest developments please keep watching our miniblog. You can subscribe to the miniblog RSS feed by clicking here

The academic journal Nueva Sociedad recently released an issue to promote the debate in Latin America on drug policy reform. TNI contributed with the article "Drug policy reform in practice: Experiences with alternatives in Europe and the US." The article aims to give inputs for the Latin American debate providing an overview of European drug policy practices regarding harm reduction, decriminalization of consumption and possession, and more tolerant policies towards cannabis, particularly in The Netherlands and several states in the US.
See:
http://www.ungassondrugs.org/index.php?option=com_content&task=view&id=285&Itemid=79

Or download the article directly:
http://www.ungassondrugs.org/images/stories/NS_222_TB_MJ_English_Version.pdf

DRUG INFO clearinghouse

The drug prevention network

http://druginfo.adf.org.au/about

News and forthcoming events

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

ANNUAL GENERAL MEETING OF APGDLR

When: 12noon – 2.00pm Tuesday 27th October 2009

Where: Committee Room 2R1, Parliament House, Canberra ACT

A light lunch will be served.

If you would like more information please contact Dalma Dixon from Dr Mal Washer's office in Parliament House Canberra on 02 6277 2115.

A brief business meeting will be held to allow our guest speaker Dr Norm Stamper from the US to speak to us. Please keep the time free. Biographical details on Dr Stamper are included below.

There will be an opportunity for you to make a contribution towards the expenses for Dr Stamper's visit.

Norm Stamper

NORM Stamper, Ph.D, was a police officer for 34 years. He served as chief of the Seattle Police Department from 1998 to 2000. He also served as executive director of Mayor Pete Wilson's Crime Control Commission for three years. Mr Stamper is a major proponent of significant drug law reform believing the "war on drugs" has actually been a war on people. He is one of the strongest voices in the US advocating legalisation of illicit drugs.

Norm will be in Australia in October outlining his views on drug law reform. These include:

- Regulated legalisation of all drugs would make our neighbourhoods, and our citizens, safer and healthier
- The "war on drugs" has failed and turned into a war on people costing thousands of lives and costing the US $69 billion per year
- Sharing his approach as chief of the Seattle Police Department where several programs were set up creating new bureaus of Professional Responsibility, Community Policing and Family and Youth Protection. Within months his agency had formed one of the country's best responses to domestic violence
- An examination of the failed approach in the US with billions of dollars being wasted on federal, state and local police, courts, prosecutors, prisons, probation, parole and other punishment-related programs
- His role as an advisor to Law Enforcement Against Prohibition. LEAP is a drug law reform organisation comprising former and current police officers, US government agents and other law enforcement agents who oppose the war on drugs. LEAP believes legalised regulation it the only ethical and efficient way to undo the damage caused by the war on drugs.

ADLRF

Norm Stamper's visit is sponsored by the Australian Drug Law Reform Foundation (ADLRF). The ADLRF is an incorporated non-profit organisation which promotes open debate on drug policy and provides information on alternatives which reduce the harm, social costs and personal tragedies caused by illicit drug use.

It exists to encourage a more rational, tolerant and humanitarian approach to the problems created by drugs and drug use in Australia.

The primary objectives of the ADLRF include the urgent adoption of drug policies based on strategies of harm minimisation throughout Australia.

The ADLRF believes that changing public opinion will require a sustained campaign to correct

much of the misinformation which persists on drug issues.

In planning for Dr Stamper's visit you might like to visit the LEAP's website at http://www.leap.cc/cms/index.php?name=AV where you can hear an excellent audio of an interview with Mr Peter Christ at the following link.

Peter Christ Discusses LEAP	**Peter Christ**	(LEAP Audio)	Sep 03 2009
Founding speaker Peter Christ discusses LEAP and ending prohibition on KPFZ Radio, "Saturday Salon"			

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

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