AUSTRALIAN PARLIAMENTARY GROUP FOR DRUG LAW REFORM

& AUSTRALIAN DRUG LAW REFORM FOUNDATION

E-NEWSLETTER – FEBRUARY 2010

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

Alex Wodak From: The Australian January 23, 2010

http://www.theaustralian.com.au/news/health-science/an-injection-of-good-sense-war-against-drugs/story-e6frg8y6-1225822331149

In December the US Senate passed a bill, signed into law by President Barack Obama just before Christmas, allowing the federal government for the first time since 1988 to allocate funding to needle syringe programs.

The bill also removed an earlier restriction preventing needle syringe programs from operating within 300m of a school, playground or other sensitive facility.

The US is slowly shedding the extremes of its long-standing war on drugs, as are other countries in Europe and South America. Australia cannot remain isolated from these powerful international trends. Obama has announced that henceforth US drug policy will be determined on the basis of the evidence. Sooner or later an Australian government will not just say this, but also mean it.

The US ban was introduced at about the same time that scientists and researchers started getting powerful evidence that needle syringe programs -- previously known as needle exchange programs -- slowed HIV infections without increasing illicit drug use. Initially the US even banned scientific research evaluating the benefits and costs of needle syringe programs.

More recently, the US government or its agencies have commissioned eight major reviews of this evidence. Each review, and an international review of the evidence prepared for the World Health Organisation, concluded that needle syringe programs reduced the spread of HIV without lowering the age of initiation, prolonging the duration or increasing the frequency of injecting drug use. Needle syringe programs are also cost effective.

Rejection of this evidence in favour of zero tolerance helped to ensure that the US population has continued to have by far the highest rate of HIV in the industrialised world. For decades, the US also strenuously opposed needle syringe programs in other countries. US delegates at official UN meetings have been harshly critical of Australia's support for needle syringe programs.

Fortunately, the Hawke, Keating and Howard governments continued their strong support for harm reduction, including needle syringe programs, although the Howard government combined private support with public hostility. An internal review of the strength of evidence for such programs' effectiveness, conducted for the Howard government, resulted in that government providing, from 1999, financial support for state and territory needle syringe programs.

Australia's response to HIV has deservedly attracted considerable international praise. But Australia has still not implemented a needle syringe program in any prison in the country despite abundant evidence that injecting drug use and HIV, linked to needle sharing, occur in our prisons. Ending the ban on federal funding was one of Obama's early campaign promises. A commitment to federal funding of needle syringe programs appeared on the presidential website within days of his inauguration. But with federal and state governments in the US mired in debt, spending on needle syringe programs for voiceless, poor minority drug users has a very low priority. Yet a recent Australian study found that every $1 spent on these programs saved $5 in healthcare costs and $27 dollars overall.

While Australia provides 32 million sterile needles and syringes a year to a total population of 22 million, the US provides just 25 million sterile needles and syringes a year to a population of more than 300 million. Adjusting for differences in population size, the US has about 15 times more AIDS cases per head of population than Australia. Clearly this nation, founded by pragmatic convicts, has managed its HIV epidemic more effectively than a nation established by puritans.

One by one the dominoes of the war on drugs are slowly starting to fall. Future US generations will wonder why it took 21 years to overturn this important symbol of that war. The historically tokenistic needle syringe program in the US will leave a huge health, social and economic legacy for future generations to deal with. A major lesson of this experience has been the high cost of allowing policy on a sensitive issue to be determined by intuition rather than clear scientific research findings.

And another light hearted contribution from Dr Wodak

http://blogs.crikey.com.au/croakey/2010/02/08/my-drug-policy-so-much-more-useful-than-your-school/

INTERNATIONAL NEWS

From: Centre on Human Rights & Drugs <info@humanrightsanddrugs.org>
Date: Wed, Dec 9, 2009 at 3:36 PM
Subject: Launch of the International Centre on Human Rights and Drugs
To: info@humanrightsanddrugs.org

We are pleased to announce the launch of the International Centre on Human Rights and Drug Policy, a new project dedicated to developing and promoting innovative and high quality legal and human rights scholarship on issues related to drug laws, policy and enforcement.

The Centre pursues this mandate by publishing original, peer reviewed research on drug issues as they relate to international human rights law, international humanitarian law, international criminal law and public international law, and fostering research on drug policy issues among postgraduate law and human rights students at universities and colleges around the world.

The Centre's work is supported by a prestigious International Advisory Committee as well as two Institutional Partners.

Please find attached an announcement of the launch, as well as a call for submissions to the International Yearbook on Human Rights and Drug Policy, the first and only international peer reviewed law journal focusing exclusively on human rights and drug policy.

We would appreciate you circulating the announcement and call for submission amongst your colleagues and contacts.

Thanks for your support,

Rick Lines and Damon Barrett
Project Directors
International Centre on Human Rights and Drug Policy www.humanrightsanddrugs.org


Call for Submissions YHRDP.pdf


Launch Announcement ICHRI

SWEDEN

Peter Cohen, a Dutch drugs researcher, asks whether Sweden really is the drug policy paradise some claim it to be

http://www.cedro-uva.org/lib/cohen.looking.html

UNITED STATES OF AMERICA

Should Pot Be Legal?
Part 1 Of Point-Counterpoint Between Judge James Gray and Drug Free America Foundation's David Evans
Complete Coverage (CBS)
Editor's Note: This is the first installment of a two-part debate CBS News.com is hosting between James P. Gray, a retired Orange County, Calif. judge who nowadays is a speaker for Law Enforcement Against Prohibition, and David Evans, an author and advisor to the Drug Free America Foundation. Part 2 will be published on Tuesday. We asked both participants to begin by summarizing their positions on the question of marijuana legalization.

http://www.cbsnews.com/stories/2009/11/08/national/main5578613.shtml

BILL TO REGULATE MARIJUANA STUDIED IN NEW HAMPSHIRE

DrugSense FOCUS Alert #430 - Thursday, 28 January 2010

This week, the Criminal Justice and Public Safety Committee of the New Hampshire House of Representatives voted 16-2 to study House Bill 1652, a proposed law to regulate and tax marijuana. H.B. 1652 is sponsored by Republican Calvin Pratt from Goffstown, Republican Timothy Comerford of Fremont, Democrat Joel Winters from Manchester, and Democrat Carla Skinder of Cornish.

The CommonDreams.org report, below, is just one of this event now breaking on the net. By using MAP's newsbot http://drugnewsbot.org/nh you can follow news about New Hampshire cannabis legalization bill HB 1652 as the news breaks.

DrugSense FOCUS Alert #429 - Tuesday, 26 January 2010

Last week, South Dakotans were able to get twice the 16,776 signatures required to put a medical marijuana question on the state's ballot next November. In an effort led by the South Dakota Coalition for Compassion, http://www.sdcompassion.org/ over 30,000 South Dakotans signed a petition to allow the question to be put before voters.

The report, below, describes and outlines the status of the medical marijuana initiative ballot question in South Dakota. Now, South Dakotan voters need to be educated about the harms of arrest, jail, and prison for medical marijuana patients. A similar ballot question was only narrowly defeated by voters in 2006.

By using MAP's newsbot http://drugnewsbot.org?q=South+Dakota you can follow South Dakota's medical marijuana news, as it breaks. In MAP's unique archive of drug news spanning a decade and a half, you can research marijuana and drug policy news from South Dakota at http://mapinc.org/area/South+Dakota

US lifts ban on funding of needle exchanges

On the 13th December, the US Senate passed a spending bill that will allow for federal funding of syringe exchanges for the first time since 1988. The bill also removed the restriction, proposed earlier in the year by the House, which would have prohibited provision of sterile syringes within 1,000 feet of a school or playground. For more information, click here.

US House of Representatives establishes an independent commission on drug policy

In December a bill in the US Congress made surprisingly smooth progress through the House of Representatives on its way to the Senate, where it is now under consideration. The bill establishes a Western Hemisphere Drug Policy Commission which will have two million dollars to investigate and research independently of the political process in order to, ***"review and evaluate United States policy regarding illicit drug supply reduction and interdiction"***. Danny also met with members of the Senate and the House of Representatives to discuss '***Blueprint***'.

WALL STREET JOURNAL / jan 18, 2010

Is Marijuana Good Medicine?

Charlene DeGidio never smoked marijuana in the 1960s, or afterward. But a year ago, after medications failed to relieve the pain in her legs and feet, a doctor suggested that the Adna, Wash., retiree try the drug.

Ms. DeGidio, 69 years old, bought candy with marijuana mixed in. It worked in easing her neuropathic pain, for which doctors haven't been able to pinpoint a cause, she says. Now, Ms. DeGidio, who had previously tried without success other drugs including Neurontin and lidocaine patches, nibbles marijuana-laced peppermint bars before sleep, and keeps a bag in her refrigerator that she's warned her grandchildren to avoid.

"It's not like you're out smoking pot for enjoyment or to get high," says the former social worker, who won't take the drug during the day because she doesn't want to feel disoriented. "It's a medicine."

For many patients like Ms. DeGidio, it's getting easier to access marijuana for medical use. The U.S. Department of Justice has said it will not generally prosecute ill people under doctors' care whose use of the drug complies with state rules. New Jersey will become the 14th state to allow therapeutic use of marijuana, and the number is likely to grow. Illinois and New York, among others, are considering new laws.

As the legal landscape for patients clears somewhat, the medical one remains confusing, largely because of limited scientific studies. A recent American Medical Association review found fewer than 20 randomized, controlled clinical trials of smoked marijuana for all possible uses. These involved around 300 people in all-well short of the evidence typically required for a pharmaceutical to be marketed in the U.S.

How Marijuana Affects the Brain

Doctors say the studies that have been done suggest marijuana can benefit patients in the areas of managing neuropathic pain, which is caused by certain types of nerve injury, and in bolstering appetite and treating nausea, for instance in cancer patients undergoing chemotherapy. "The evidence is ounting" for those uses, says Igor Grant, director of the Center for Medicinal Cannabis Research at the University of California, San Diego.

But in a range of other conditions for which marijuana has been considered, such as epilepsy and immune diseases like lupus, there's scant and inconclusive research to show the drug's effectiveness. Marijuana also has been tied to side effects including a racing heart and short-term memory loss and, in at least a few cases, anxiety and psychotic experiences such as hallucinations. The Food and Drug Administration doesn't regulate marijuana, so the quality and potency of the product available in medical-marijuana dispensaries can vary.

Though states have been legalizing medical use of marijuana since 1996, when California passed a ballot initiative, the idea remains controversial. Oponents say such laws can open a door to wider cultivation and use of the drug by people without serious medical conditions. That concern is heightened, they say, when broadly written statutes, such as California's, allow wide leeway for doctors to decide when to write marijuana recommendations.

But advocates of medical-marijuana laws say certain seriously ill patients can benefit from the drug and should be able to access it with a doctor's permission. They argue that some patients may get better results from marijuana than from available prescription drugs.

More Information: Glenn Osaki, 51, a technology consultant from Pleasanton, Calif., says he smokes marijuana to counter nausea and pain. Diagnosed in 2005 with advanced colon cancer, he has had his entire colon removed, creating digestive problems, and suffers neuropathic pain in his hands and feet from a chemotherapy drug. He says smoking marijuana was more effective and faster than prescription drugs he tried, including one that is a synthetic version of marijuana's most active ingredient, known as THC.

The relatively limited research supporting medical marijuana poses practical challenges for doctors and patients who want to consider it as a therapeutic option. It's often unclear when, or whether, it might work better than traditional drugs for particular people. Unlike prescription drugs it comes with no established dosing regimen.

"I don't know what to recommend to patients about what to use, how much to use, where to get it," says Scott Fishman, chief of pain medicine at the University of California, Davis medical school, who says he rarely writes marijuana recommendations, typically only at a patient's request.

Researchers say it's difficult to get funding and federal approval for marijuana research. In November, the AMA urged the federal government to review marijuana's position in the most-restricted category of drugs, so it could be studied more easily.

Gregory T. Carter, a University of Washington professor of rehabilitation medicine, says he's developed his own procedures for recommending marijuana, which he does for some patients with serious neuromuscular conditions such as amyotrophic lateral sclerosis, or Lou Gehrig's disease, to treat pain and other symptoms. He typically urges those who haven't tried it before to start with a few puffs using a vaporizer, which heats the marijuana to release its active chemicals, then wait 10 minutes. He warns them to have family nearby and to avoid driving, and he checks back with them after a few days. Many are "surprised at how mild" the drug's psychotropic effects are, he says.

States' rules on growing and dispensing medical marijuana vary. Some states license specialized dispensaries. These can range from small storefronts to bigger operations that feel more like pharmacies. Typically, they have security procedures to limit walk-in visitors.

At least a few dispensaries say they inspect their suppliers and use labs to check the potency of their product, though states don't generally require such measures. "It's difficult to understand how we can call it medicine if we don't know what's in it," says Stephen DeAngelo, executive director of the Harborside Health Center, a medical-marijuana dispensary in Oakland, Calif.

Some of the strongest research results support the idea of using marijuana to relieve neuropathic pain. For example, a trial of 50 AIDS patients published in the journal Neurology in 2007 found that 52% of those who smoked marijuana reported a 30% or greater reduction in pain. Just 24% of those who got placebo cigarettes reported the same lessening of pain.

Marijuana has also been shown to affect nausea and appetite. The AMA review said three controlled studies with 43 total participants showed a "modest" anti-nausea effect of smoked marijuana in cancer patients undergoing chemotherapy. Studies of HIV-positive patients have suggested that smoked marijuana can improve appetite and trigger weight gain.

Donald Abrams, a doctor and professor at the University of California, San Francisco who has studied marijuana, says he recommends it to some cancer patients, including those who haven't found standard anti-nausea drugs effective and some with loss of appetite.

Side effects can be a problem for some people. Thea Sagen, 62, an advanced neuroendocrine cancer patient in Seaside, Calif., says she expected something like a pharmacy when she went to a marijuana dispensary mentioned by her oncologist. She says she was disappointed to find that the staffers couldn't say which of the products, with names like Pot 'o Gold and Blockbuster, might boost her flagging appetite or soothe her anxiety. "They said, 'it's trial and error,' "she says. "I was in there flying blind, looking at all this stuff."

Ms. Sagen says she bought several items and tried one-eighth teaspoon of marijuana-infused honey. After a few hours, she was hallucinating , too dizzy and confused to dress herself for a doctor's appointment. Then came vomiting far worse than her stomach upset before she took the drug. When she reported the side effects to her oncologist's nurse and her primary-care physician, she got no guidance. She doesn't take the drug now. But with advice from a nutritionist, her appetite and food intake have improved, she says.

Other marijuana users may experience the well-known reduction in ability to concentrate. At least a few users suffer troubling short-term psychiatric side effects, which can include anxiety and panic. More controversially, an analysis published in the journal Lancet in 2007 tied marijuana use to a higher rate of psychotic conditions such as schizophrenia. But the analysis noted that such a link doesn't necessarily show marijuana is a cause of the conditions.

Long-term marijuana use can lead to physical dependence, though it is not as addictive as nicotine or alcohol, says Margaret Haney, a professor at Columbia University's medical school. Smoked marijuana may also risk lung irritation, but a large 2006 study, published in Cancer Epidemiology, Biomarkers & Prevention, found no tie to lung cancer.

Write to Anna Wilde Mathews at anna.mathews@wsj.com

DrugSense FOCUS Alert #428 - Saturday, 23 January 2010

Mason Tvert and SAFER Colorado this week called for a boycott of Starbucks and other sponsors of the Colorado Drug Investigators Association (CDIA), after the coffee franchise was listed as a sponsor of the rabidly prohibitionist police association on their web site.

Writes SAFER, "the Colorado Drug Investigators Association (CDIA), the group spearheading anti-marijuana lobbying efforts, is sponsored by several local and national businesses including Starbucks Coffee, Glock handguns, and -- you guessed it -- members of the alcohol industry! This might seem a bit odd, but when you consider the fact that their Web site and merchandise features the grim reaper and military helicopters, a skull motif, and the slogan, 'Death on Drugs,' it all makes a little more sense. These guys are not out to protect people; they're out to fight a literal war on marijuana . . .

"It's no surprise that the Arrest and Prosecution Industry is determined to maintain the war on marijuana. But Starbucks and other companies' funding of this war should strike any marijuana consumer or reform supporter as truly appalling. It's time to stand up and send them all a message."

The report, below, is just one about this story now circulating in the blogosphere. By using MAP's newsbot http://drugnewsbot.org

http://drugnewsbot.org?concept=safer_colorado you can follow the news about the Mason Tvert and Starbucks boycott, as it breaks. SAFER Colorado has put up a page suggesting some ways you can immediately take action http://www.saferchoice.org/content/view/995/9/

Writing letters to the editor to newspapers about the vested interests many have in maintaining marijuana prohibition can help advance the issue. Contacts for newspapers may be found at http://mapinc.org/media.htm

Updated facts on marijuana you may wish to use are at
http://www.drugwarfacts.org/cms/node/53

Articles and opinion items about Mason Tvert updated hourly may be found at
http://drugnewsbot.org/topic/safer_colorado.htm

Just 40 years ago senior US Republicans and Democrats could openly call for heroin prescription as a policy option for heroin dependence

, SATURDAY, MAY 30, 1970

Rx for Addiction?

Some Politicians Ask Legal Dispensing Of Heroin in Hopes of Cutting Crime

By RICHARD SEVERO

Could New York City diminish the high crime rate among heroin addicts by adopting a legal heroin program similar to that in Great Britain?

The question has been asked by jurists, doctors, legislators and concerned citizens for years and never more intensively than at present. For New York, which was renowned for its night life, has become a city with a veritable medieval fear of the dark and of the addicts who must steal to support drug habits. Increasingly, New Yorkers look almost longingly at London, where addiction has grown rapidly but even now approximates less than 3 per cent of New York City's estimated 100,000 addicts.

News Analysis

In response to the mounting crisis in New York, both Representative Bertram L. Podell, Brooklyn Democrat, and Paul O'Dwyer, a candidate for the Democratic Senatorial nomination, have proposed plans that would legalize the dispensation of heroin to addicts. Mr. Podell outlined his proposals last week; Mr. O'Dwyer announced his Monday. Both men feel strongly that if addicts received daily doses under medical supervision, they would no longer be forced to turn to crime to support their habits.

Both men support their approaches by pointing to the British, who give legal heroin, morphine and cocaine to addicts.

London Crime Rising

It is true that London junkies have not had to commit crimes of desperation and violence to get their drugs. It is not true that they commit no crimes against society. In the last few years, especially, there has been increasing burglary and shoplifting among addicts in London, just as in New York.

What's more, many British physicians are now challenging both the ethics and the effectiveness of their prescribing heroin. In a recent study of the British system, The New York Times found that at least half the physicians in Government clinics had either stopped prescribing heroin and had switched patients to methadone as a substitute for heroin, or had removed patients from drug use altogether.

Although the British remain firm in their belief that physicians should deal with addi —not policemen and judges the questions they are now raising about their approach must be asked in New York as well, before the city accepts heroin maintenance as a means to ease the problems caused by heroin addiction.

Questions Raised

Among the questions are the following:

¶Would the legal dispensation of heroin—even if it were given in clinics under medical supervision—serve to spread or even increase the rate of addiction?

Many physicians, even those who sharply disagree on what to do with addicts, use a frightening word to describe New York's problem: epidemic. Medical literature on addiction is filled with studies showing that many responsible researchers feel that addiction is a disease communicated psychologically. They talk of the new addicts of the last decade, who regard themselves as a subculture and who "turn on" individuals who —for a variety of reasons—regard heroin as a glamorous form of anti-authoritarian expression.

If the doctors are right and if heroin addiction has been spread as they say, what effect will tens of thousands of addicts, euphoric on government drugs and existing on public welfare money (most would not work — the recent British experience shows this), have on the rest of society?

A number of British physicians, even those who formerly supported the prescription plan, are saying that addiction breeds addiction and that it does not make any difference if government controls heroin, as far as new addicts are concerned.

In London, if young people cannot get heroin because of recent government moves to restrict the drug, they use almost any drug they can get—including barbiturate sleeping

now cutting back on heroin prescriptions do not talk of morality but of a belief that they must treat the causes of addiction and do more than satiate addicts—or run the risk of continued rapid growth of the problem.

¶How many addicts will New York City tolerate?

Representative Podell and Mr. O'Dwyer have both said in interviews that the drug should be given to every addict who wants it.

But there are skeptics who ask: If legal prescribing begins and the epidemic continues under government subsidy, how many addicts could the government support before a cry went up that the program was costing the taxpayers too much and must be curtailed?

It is quite obvious that there is already substantial taxpayer hostility toward the size of he welfare rolls and there has been a cut in welfare funds. But some wonder what would happen if the present addiction population grew geometrically, spawned by a free heroin program and addicts were then subjected to future policy changes. And what would the increased addict population then have to resort to?

¶Who would be regarded as an addict?

Many New Yorkers would probably be willing to say that a 38-year-old addict with a long record of arrests and unsuccessful attempts at rehabilitation could not be saved was expendable, especially since he preys on innocent people.

Subsidized Destruction

The picture may be less certain in the case of a 16-year-old who is just as destructive to society but whose commitment to heroin is much more tenuous. Should society allow such an individual to declare himself an addict without several efforts to save him? And should society subsidize such an individual in his own destruction?

These are two questions frequently raised by doctors to the ethics of giving heroin to anybody who wants it.

Perhaps no other problem facing New York is as emotion-charged as addiction. And one of the most frequent themes emerging from the emotion is that New York has 100,000 addicts, England has only 3,000, and it was all caused by the differences in approach.

Inexplicably, the argument frequently stops with a comparison between the United States and England. It does not explain why many countries have fewer addicts than Lon-

don or why a few have more. The conclusion that might be drawn from a wider view is that America's addiction has been fertilized by something peculiarly American. Some psychiatrists feel it lies in the erosion of family life here or that it has to do with urban decay, ecology or even the war in Vietnam.

Methadone Backed

Mr. O'Dwyer has called the treatment efforts attempted thus far "a complete failure." There is no doubt that many programs, both those financed by state and city government and those run privately, have had serious shortcomings and have played fast and loose with statistics on their record of cures.

With less than 12 per cent of all of New York's addicts receiving any kind of treatment at all, however bad, some authorities avoid making blanket judgments.

For example, more than 2,000 addicts are reported responding well to treatment with methadone, a synthetic opiate that blocks the need for heroin. An independent evaluation of methadone programs just completed by the Columbia University School of Public Health and Administrative Medicine supports them and calls for their expansion.

Dr. Henry Brill, director of Pilgrim State Hospital and an authority on drug abuse, says he is convinced that if legal heroin is given, it will all but destroy the methadone program, since the average addict will always choose the drug that delivers the most pleasure, provided it is just as easy to obtain as the one that does not. In Britain, physicians also say that the presence of legal heroin is making methadone more difficult to administer.

As for psychotherapy, which has come in for most of the criticism as having failed, many active in drug abuse studies point out that it might have done more if State of New York had held all therapeutic communities to high clinical standards of treatment and if government—state and city alike—could make some substantive moves toward ending the pointless, destructive kind of competition that now exists between public and private agencies which are supposted to be treating addicts.

MARYLAND CONSIDERS MEDICAL CANNABIS DISPENSARIES

DrugSense FOCUS Alert #431 - Monday, 1 February 2010

In Maryland, emergency medicine physician and state Delegate Dan Morhaim, (D., 11th District), is introducing a bill to allow the licensing of marijuana dispensaries. The proposed law will also authorize Maryland's Departments of Agriculture and Health to monitor medical cannabis in the state. In the Maryland Senate, David Brinkley of Frederick (a Republican) has signed on as the legislation's co-sponsor.

The poignant letter below, in support of the medical marijuana bill, is a reminder marijuana news and letters are getting increasing traction in the media. But in a February 1 Baltimore Sun blog (and elsewhere) http://mapinc.org/url/JiaOnnrg the Sun's Kelly Brewington frets over a potential "backlash against medical marijuana."

Articles and opinion items about medicinal cannabis are posted daily in MAP's unique archive of drug policy news http://www.mapinc.org/mmj.htm

With MAP's newsbot http://drugnewsbot.org/pot you can follow news about medical cannabis right as it breaks.

MEXICO

Jorge G. Castañeda, former Mexican foreign minister, argues in 'Foreign Policy', that Mexico's current war against drugs is futile

http://www.foreignpolicy.com/articles/2010/01/04/whats_spanish_for_quagmire?page=0,0

CANADA

Editorial on major legal decision on Injecting Room Vancouver Canada

This editorial from a Toronto based major Canadian newspaper comments on an unsuccessful appeal by the Federal government on Ottawa against an earlier decision.

The lengthy court judgment is available online at: http://www.courts.gov.bc.ca/jdb-txt/CA/10/00/2010BCCA0015.htm

And a link to the Vancouver Sun article on this
http://www.vancouversun.com/news/court+rules+Vancouver+Insite+safe+injection+site+stay+open/2446233/story.html

This editorial from a Toronto based major Canadian newspaper comments on an unsuccessful appeal by the Federal government on Ottawa against an earlier decision.

From Saturday's Globe and Mail

Published on Saturday, Jan. 16, 2010 12:00AM EST

It was an act of judicial courage, not arrogance, for the British Columbia Court of Appeal to set limits Friday on how the Canadian government can fight against illegal drug use. Canada went too far in holding the threat of criminal prosecution over those who work at or use Insite, the clinic in Vancouver's Downtown Eastside. It tried to fight a so-called drug war on the backs of the most addicted population in Canada. In doing so, it put their lives at risk.

Governments should not be able to bully and threaten the lives of the most vulnerable people. Judges have a moral duty, under the Canadian Constitution, to stand up to such bullying. One of the men in whose name the constitutional challenge was brought has been a heroin addict

for 38 years. On average, the users have been injecting drugs for 15 years. They aren't doing it for recreation. They're ill. Even Ottawa acknowledges that much. The argument that permitting them to do it under medical supervision might encourage drug use is preposterous; Canada's best-known medical clinic for addicts is a veritable marketing campaign for the horrors of drug use.

Eighty per cent of Insite users have been incarcerated. Eighty-seven per cent have been infected with Hepatitis C, and 17 per cent have HIV. Nearly 60 per cent have had an overdose. Thirty-eight per cent sell their bodies. Yet Ottawa would criminalize the health-care service that could save and has saved lives. Of course it's a matter that bears on constitutional rights.

Ottawa's arguments were obtuse in the extreme. Exempting these addicts from the criminal law, it said in its written brief to the appeal court, is like "requiring an exception from the law of theft for kleptomaniacs," or "an exception from the impaired driving laws for alcoholics." Huh? The addicts are finding a safe place, under medical supervision, to inject drugs. The Vancouver police refer addicts to it. Do the police ask kleptomaniacs to steal something? Do they give alcoholics their car keys? The B.C. Attorney General supports Insite. This is about an actual health facility, not an ivory-tower exercise in abstract argument.

There is a parallel with medical marijuana. Courts have ruled that it would be unreasonable and unfair to lay criminal charges against those who use the illegal drug to alleviate the pain of cancer. It would be wrong under the Constitution to criminalize very ill people who make the choice to seek this relief from pain.

The war on drugs came to Canada, and it picked on a bunch of desperately ill addicts. Some war. Boldly, B.C.'s highest court, and before that a trial judge, have let Ottawa know that any war on drugs fought in this country should not endanger the right of addicts to get life-saving health care.

UNITED KINGDOM

Just made available by FOI in the UK after several years effort

http://www.homeoffice.gov.uk/about-us/freedom-of-information/released-information/foi-archive-crime/8908_Drug_value_money_report_072835.pdf?view=Binary

Transform News

International launch of ' *After the War on Drugs: Blueprint for Regulation* '

Transform Drug Policy Foundation held an international launch for the groundbreaking new book 'After the War on Drugs: Blueprint for Regulation' , on the 12th November 2009, in the House of Commons. The book was also launched in Scotland, the US, Australia and Mexico, and will be launched in Brazil later this year. Speakers at the House of Commons included: Ms. Robin Gorna, (Executive Director of the International AIDS Society), Professor Rod Morgan (former Chair of the Youth Justice Board) and Dr Ben Goldacre (Guardian 'Bad Science' Columnist). Attendees at the launch included academics, MPs, diplomats, and representatives of NGOs. Rod Morgan, Professor Emeritus of Criminal Justice, former HM

Chief Inspector of Probation, and Chairman of the Youth Justice Board for England and Wales put it: "*This is the most thorough, evidence-based, balanced discussion of how we might move towards a more rational drugs control policy that I have seen. It should be compulsory reading for all our policy makers."*

For the first time anywhere, ' ***Blueprint*** ' provides a detailed roadmap showing how currently prohibited drugs could be legally regulated. It proposes specific models of regulation, based on already existing models, for each drug preparation, coupled with the principles and rationale for doing so. The models include prescriptions, pharmacy sales, licensed premises and off-license sales. The book was received to critical acclaim and has gained a large volume of high quality media coverage in the UK and internationally, including CNN , BBC , the Guardian , the Independent and the Economist .

Steve Rolles, Caroline Pringle, Robin Gorna, Dr Ben Goldacre and Prof. Rod Morgan

The Hungarian Civil Liberties Union (HCLU) produces a short film about '*Blueprint*'

Peter Sarosi from HCLU has produced this short film featuring Transform's new publication '*After the War on Drugs: Blueprint for Regulation*', filmed at the recent DPA conference in Albuquerque.

Steve Rolles provided evidence to the Home Affairs Select Committee hearing

Steve Rolles gave oral evidence at the Home Affairs Select Committee cocaine inquiry on 20th October. He appeared alongside Neil McKeganey from Glasgow University and was questioned by the committee on various aspects of cocaine production, supply and use.

Steve Rolles spoke in the Netherlands

Steve Rolles attended and spoke at the 7th Informal Drug Policy Dialogue in Amsterdam held between 10-12th December.

UK government makes three more drugs illegal

Three drugs were prohibited on 23 rd December; a synthetic cannabinoid often sold as 'spice', the synthetic stimulant benzyl piperazine (BZP) , and the synthetic sedative gammabutyrolactone (GBL) which also happens to be an industrial solvent. All have been brought within the Misuse of Drugs Act 1971, GBL and BZP becoming class C drugs (subject to penalties of up to 2 years prison for possession or 14 years in prison for supply) whilst 'Spice' becomes a Class B (subject to up to 5 years in prison for possession or 14 years for supply). For more information read the Transform blog here .

The Economist highlights Home Office suppression of Transform's FOI request

The Economist magazine has printed Part V of Transform's long running campaign to force the Government to release its publicly funded research into the effectiveness of UK drug policy.

"After thinking about it for nearly two years and trying out various exemptions, the Home Office has refused to release a confidential assessment of its anti-drugs strategy requested by Transform. The reason is that next

March the National Audit Office (NAO), a public-spending watchdog, is due to publish a report of its own on local efforts to combat drugs. The Home Office says that to have two reports about drugs out at the same time might confuse the public, and for this reason it is going to keep its report under wraps."

Sir Alan Beith, the chairman of the parliamentary Justice Committee, which oversees the FOI act, was sharply critical of the Home Office's excuse.

"That's really scraping the barrel. On those grounds you would have to ban the various hospital reports that are coming out at the moment because the public are confused about that too. It's not an argument for censorship, it's an argument for an even more open and clear debate." The Home Office was making "a quite ridiculous attempt to hide from freedom of information," he said.

FORTHCOMING EVENT

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

WOULD YOU LIKE TO JOIN THE AUSTRALIAN PARLIAMENTARY GROUP FOR DRUG LAW REFORM (APGDLR)

If you would like to add your name to the other Members of Australian Parliaments who have joined the Australian Parliamentary Group for Drug Law Reform please let us know. There is no cost involved. Just let Dalma Dixon know either by telephone on 02 6277 2115 or by email dalma.dixon@aph.gov.au Please let her know of your Federal/State/Territory

Parliament and your email address. We can speak with a stronger voice if we have more affiliated members of our Group.

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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