

Australian Parliamentary Group for Drug Law Reform & Australian Drug Law Reform Foundation

E-Newsletter – November 2008

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 drugs in Australia and international developments.

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

International news:

FROM THE UK

CANNABIS USE PENALTIES INCREASE

The United Kingdom is to increase fines for cannabis users that are caught a second time. This follows the United Kingdom government's reversal of the weaker cannabis laws that caused an increase in the mental health cases as a result of the stronger THC in Skunk cannabis.

Police in the United Kingdom have disclosed that cannabis seizures are now much more likely to involve Skunk cannabis with the higher THC and the higher likelihood of mental problems. (Source: The Guardian newspaper UK, 13 October 2008)

The Drug Advisory Council of Australia comments- Australia's high use of cannabis is causing the same mental health problems as those experienced in the United Kingdom. In order to reduce the mental health problems for Australian cannabis users we need to stop cannabis users from using cannabis. Rather than escalating penalties Australia should use its courts to direct cannabis users into detoxification and rehabilitation to get them drug free.

Early intervention requires that cannabis users be rehabilitated before the mental health problems occur. Cannabis use causes depression, aggression, anxiety, paranoia, hallucinations, psychosis, insanity, delirium and depersonalization. Cannabis use is involved in fatal car accidents. Because cannabis is mainly used by children and young adults we owe it to our future generations to assist them to stop using.

DRUGS LINK TO MENTAL ILLNESS & DEATHS

The number of people admitted to hospital in England and Wales with mental illnesses linked to the use of illicit drugs has doubled in the last decade.

The National Health System Information Centre disclosed that 38,170 adults and children were admitted with drug related mental and behavioral disorder in 2006/7.

Men were twice as likely to be admitted to hospital as women. Men accounted for 80 per cent of the illicit drug related deaths in 2006. In 2006/7 13 per cent of men in England and Wales reported taking illicit drugs during the last year compared with 7 per cent of women.

(Source: The Guardian Newspaper UK 15 August 2008)

The Drug Advisory Council of Australia comments-

Illicit drug use in Australia is higher than it is in England and Wales so we can expect a similar impact on our drug using population. Drug deaths in Australia in 2005 were 586 which was a decrease over past years due mainly to the heroin drought.

With Australian Federal Police warning that the record supply of heroin from Afghanistan likely to impact on Australia- the mental illness and drug related deaths are likely to increase.

Australia NEEDS a comprehensive NATIONAL early intervention prevention and rehabilitation system that REDUCES drug use. Australian court ordered

and supervised detoxification and rehabilitation programs are now ESSENTIAL.

Australia NEEDS a clear commitment to reduce the demand for illicit drugs and the number of illicit drug users.

THE DRUG ADVISORY COUNCIL OF AUSTRALIA SUPPORTS-
More detoxification & rehabilitation that gets illicit drug users drug free. Court ordered and supervised detoxification & rehabilitation. Less illicit drug users, drug pushers and drug related crimes.
32/2008

The DRUG ADVISORY COUNCIL OF AUSTRALIA Inc. provides this complimentary email service and we can be contacted via email to drugadvice@daca.org.au or phone on 03 9794 9296.

The following international items have been taken from the TRANSFORM (UK) September and October newsletters . This group has similar goals to APGDLR

Ex-drugs policy director calls for legalisation
<http://www.telegraph.co.uk/news/uknews/2551559/Legalise-drugs-says-former-senior-Cabinet-adviser-Julian-Critchley.html>

http://news.bbc.co.uk/2/hi/uk_news/7557708.stm

- [**Duncan Campbell**](#)
- [**The Guardian**](#),
- Wednesday August 13 2008
- [Article history](#)

A former senior civil servant who was responsible for coordinating the government's anti-drugs policy now believes that legalisation would be less harmful than the current strategy. Julian Critchley, the former director of the Cabinet Office's anti-drugs unit, also said that his views were shared by the "overwhelming majority" of professionals in the field, including police officers, health workers and members of the government.

He also claimed that New Labour's policy on drugs was based on what was thought would play well with the Daily Mail readership, regardless of evidence of what worked. Downing Street policy advisers were said to have suggested stunts such as sending boats down the Thames to catch smugglers to coincide with policy announcements.

Critchley - not be to be confused with the late Tory MP of the same name - was director of the UK Anti-Drug Coordination Unit in the Cabinet Office, with the job of coordinating government policy across departments and supporting the then drugs chief, Keith Hellawell. In a contribution to the debate on the "war on drugs" on a BBC website, Critchley spelled out his reasons for now supporting legalisation and claimed the government's position is hypocritical.

Yesterday Critchley, who is now a teacher, confirmed that the blog posting accurately conveyed his views.

"I joined the unit more or less agnostic on drugs policy, being personally opposed to drug use, but open-minded about the best way to deal with the problem," he wrote on the blog. "I was certainly not inclined to decriminalise. However, during my time in the unit, as I saw more and more evidence of 'what works', to quote New Labour's mantra of the time, it became apparent to me that ... enforcement and supply-side interventions were largely pointless. They have no significant, lasting impact on the availability, affordability or use of drugs."

He said that his views were widely held in the government but rarely expressed in public. "I think what was truly depressing about my time in UKADCU was that the overwhelming majority of professionals I met, including those from the police, the health service, the government and voluntary sectors held the same view: the illegality of drugs causes far more problems for society and the individual than it solves. Yet publicly, all those intelligent, knowledgeable people were forced to repeat the nonsensical mantra that the government would be 'tough on drugs', even though they all knew the government's policy was actually causing harm."

Critchley believed that the benefits to society of the fall in crime as a result of legalisation would be dramatic. "Tobacco is a legal drug, whose use is declining, and precisely because it is legal, its users are far more amenable to government control, education programmes and taxation." Anyone who wished to purchase the drug of their choice could already do so. "The idea that many people are holding back solely because of a law which they know is already unenforceable is simply ridiculous."

His intervention was welcomed yesterday by drugs law reformers. "Julian Critchley is one of the brave few to tell the truth about the failure of prohibition and the need to replace it with a system of regulation," said Danny Kushlick, of the Transform Drug Policy Foundation. "It is truly shameful that there are so many more who know that the war on drugs is overwhelmingly counterproductive, and yet continue to remain silent, tacitly endorsing a policy that they know creates misery, degradation and death for millions across the globe."

Prohibition fuelling Mexican Drug Cartels

Allan Wall, a contributor to Family Security Matters wrote an interesting [article](#) examining the Mexico drug war, following the news that as of July 18th the drug-related body count in Mexico has exceeded 2,300. He argues that despite the tough war on drugs pursued by America, it is the Americans themselves that are fuelling the Mexican cartels due to their high demand for drugs. He therefore argues that it is time to question whether prohibition is the correct strategy. As he claims; *"legalisation would take the big money out of the trade and addicts could then be treated as patients rather than criminals."*

Mexico seeks decriminalisation of drug use

Mexican President Felipe Calderon is currently drawing up a proposal to decriminalise small-scale drug possession. Under his plan, people carrying up to 2 grams (0.07 ounces) of marijuana or opium, half a gram of cocaine, 50 milligrams of heroin or 40 milligrams of methamphetamine would face no criminal charges. [More on the story can be found here.](#)

Argentine President calls for Decriminalisation of Drug Use

Argentine President Cristina Fernandez de Kirchner repeated her call this week, to decriminalise personal use of drug use, and to crack down on traffickers and dealers. She is quoted as saying: *"I don't like it when people easily condemn someone who has an addiction as if he were a criminal, as if he were a person who should be persecuted."* More on the story can be read on our [blog here.](#)

US vote to treat tobacco as a drug

The US House of Representatives has voted to pass a new bill, which would mean that tobacco is treated as a drug and regulated by the Food and Drug Administration (FDA). The bill would impose tighter restrictions on advertising, impose new penalties for selling to children and require all new products to be approved by the FDA. President Bush has however threatened to veto the bill, arguing that it would put a large burden on the FDA. However those in support of the bill argue that these stricter controls are essential in the fight against tobacco. More on the story can be read [here.](#)

Drug Enforcement Agency Teaching Tactics to Vietnamese

Agents from the Drug Enforcement Agency (DEA) are in Vietnam this month to train Vietnamese anti-drug officers on how to conduct American-style drug raids. Despite escalating rates of drug use within Vietnam in recent decades, the main thrust of the new initiative is to crackdown on the use of the country as a transit point in the international drug trade. However, it is likely that the new policy will have little impact on drug use within the country and if anything it is likely to exacerbate the problem, as Transform have frequently argued, stricter enforcement of prohibition often results in greater harms. [Please follow this link for more on the story.](#)

President Elect Obama's views on drugs include:

- Look at needle exchange; and expand treatment. (Feb 2008)
- Fight to rid our communities of methamphetamine. (Feb 2008)
- Expand drug courts; help prisoners with substance abuse. (Feb 2008)
- Questions harsh penalties for drug dealing (Oct 2007)
- Not first candidate to use drugs, but first honest about it. (Oct 2007)
- Do not lower drinking age from 21 to 18. (Sep 2007)
- Experimented with cocaine but turned down heroin. (Aug 2007)
- A "secret smoker", especially around reporters. (Aug 2007)

- Smokes cigarettes now; smoked some pot in high school. (Feb 2007)
- Admitted marijuana use in high school & college. (Jan 2007)
- Deal with street-level drug dealing as minimum-wage affair. (Oct 2006)
- Understand why youngsters want to use drugs. (Aug 1996)
- End harsher sentencing for crack vs. powder cocaine. (Jun 2007)
- Require chemical resellers to certify against meth use. (Sep 2007)

Interestingly a recent poll in the US showed that 27% of the US population support legalisation of at least some drugs (34% of Obama supporters and 20% of McCain backers agreed) and a whopping 72% believe that the war on drugs is failing (89% of Obama supporters and 61% of McCain backers) More on the story can be read on our blog [here](#).

Sri Lanka to grow cannabis for medical purposes

The Ministry of Indigenous Medicine in Sri Lanka have announced this month their plan to grow 4,000kg (approximately 20 acres) of cannabis per year, a main ingredient in a number of Ayurvedic drug preparations. The ministry has forwarded a cabinet paper seeking permission for a medicinal marijuana garden. The Ministry is also discussing the possibilities of cultivating the hemp plant with the Dangerous Drugs Board under the Dangerous Drugs Act.

India bans smoking in public

India marked the anniversary of Ghandi's birth by following the recent trend and banning smoking in all enclosed public places. The ban is expected to affect some 1.2 billion people who will be forbidden from lighting up in bars, offices and other public places or risk facing a 200 rupee fine (£2.40). Transform supported the recent ban of smoking in enclosed public places in England (the same applies for the Indian ban) and we've described why in our blog post [here](#).

Italian Rastafarians allowed marijuana on religious grounds

The Italian criminal court has ruled that as Rastafarians' consider marijuana to be a religious sacrament; this should be taken into consideration if they are tried on drug trafficking charges. In Italy smoking, or carrying small amounts of marijuana for personal use is not a crime, however if people are caught with quantities too large for personal use, they can be charged with drug trafficking. In a unique victory an Italian Rastafarian has had his conviction for drug trafficking overthrown as it was argued the amount he possessed was in line with the heavy use that comes with his religious beliefs. More on the story can be [read here](#).

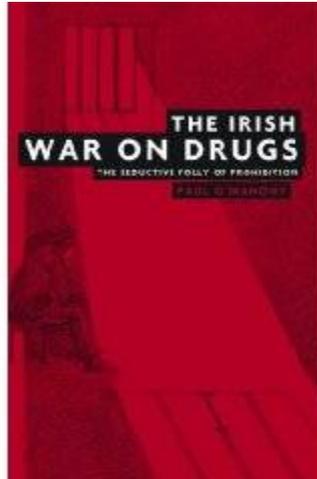
Youtube Debate on the Legalisation of Drugs

A live debate between David Borden, Executive Director of Stop the Drug War.org based in Washington, and Deirdre Boyd of the Addiction Recovery Foundation in London on the legalisation can be viewed [here](#).

Latest Releases

The Irish War on Drugs: The Seductive Folly of Prohibition

"The future is much more dangerous than the present. Prohibition can't handle the present. It certainly won't be able to handle the future."



Dr Paul O'Mahony, has just published his latest book in which he argues for the ending of prohibition, as he states, it makes drug abuse and the harms associated with it worse than they would otherwise be. He recognises that we all have the basic human right to use drugs, and that we should adopt a policy which helps to reduce drug use and abuse through education and social programmes which are targeted at the most vulnerable. [More about the book can be read here.](#)

Internet drug trafficking skyrockets, experts warn

Drug trafficking on the internet has soared as the medium becomes more commonplace, presenting far more challenges and dangers than traditional trafficking, experts have warned.

Interpol officers warn that the internet has created a new customer base for drug dealers of people who could almost be persuaded by the sanitised nature of web transactions that they were not doing anything illegal.

The worldwide policing organisation's Daniel Altmeyer told the World Forum Against Drugs in Stockholm, Sweden: "Buying drugs on the internet is really easy." "You only need an internet cafe, a credit card, and it's done."

And law enforcement authorities struggle to track down those responsible since the crime is not only conducted at the point of purchase.

"A website may be hosted in Sweden, but the drug will come from Latin America and will be shipped by boat to South Africa, with dealers spread out across Europe," he said. "It's a global network."

He said that while there are no statistics available for the number of people buying drugs online, sales have rocketed in the past few years, with most of those buying them being web-savvy and curious users under the age of 30.

They have access to websites, forums and chatrooms where a link that can provide them with illegal drugs in just a few clicks of a mouse.

"There's this feeling of being anonymous behind your screen, it doesn't always feel illegal," said Krister Gaefvert, a police inspector in Sweden, a leading country in the fight against internet drug trafficking.

Another Swedish detective, Cecilia Fant, said that drug trafficking via the web was almost perceived as "a white-collar crime".

"There's no more Pablo Escobar with handcuffs behind his back," she said.

But the anonymity of it all presents a big risk, Mr Gaefvert added.

"With traditional trafficking, you knew your dealer, you knew where the drugs came from. Here, you don't know anything," he said.

A traditional dealer might also provide information on how much of a certain drug to take, but on the web guidelines can vary dramatically.

Prescription drugs represent about 90 percent of the illegal substances sold on the internet, he said, while synthetic drugs such as amphetamines and ecstasy, as well as cocaine, cannabis and heroin are easily available.

"You find a lot of products with some comments from fake specialists and photos of people wearing a white lab coat. The purpose is to look very serious, just to make the client think that he's not doing anything illegal," Mr Gaefvert said.

switzerland

LEADING SWISS NEWSPAPER CALLS FOR DECRIMINALIZING CANNABIS AND FOR LEGISLATION FORMALIZING APPROVAL OF HEROIN-ASSISTED TREATMENT: the Neue Zuercher Zeitung (NZZ), 25 Oct 08, strongly endorsed favorable action on 2 national referenda on the ballot for 30 Nov. One would decriminalize cannabis and calls upon the Federal Government to regulate its production and trade. The other would provide on-going legislative authority for the clinical provision of heroin in the treatment of opioid dependence; currently the regulatory ok for heroin treatment is set to expire at the end of 2009.

The paper rejects the opposition's claim that the current drug problems are the result of weak enforcement of prohibitionist laws, noting that ". the fact is the side effects of prohibition are known to exceed manifold the negative effects of drug use itself." The NZZ goes on to acknowledge "the understandable concerns of parents and educators" with respect

to legalization of cannabis, but concludes that "drug policies must be grounded on evidence, rather than reflect unsubstantiated fears."

Full editorial (in German):

http://www.nzz.ch/nachrichten/schweiz/das_paradox_der_drogenpolitik_1.1165541.html?printview=true

North American Opiate Medication Initiative (NAOMI Study)

Preliminary results have been released from the North American Opiate Medication Initiative (NAOMI Study) evaluating the effectiveness, safety and cost effectiveness of heroin assisted treatment, hydromorphone and optimized methadone maintenance for heroin dependent patient refractory to previous treatment (including methadone maintenance treatment).

Dr. Martin Schechter, NAOMI's Principal Investigator, said "We now have evidence to show that heroin-assisted therapy is a safe and effective treatment for people with chronic heroin addiction who have not benefited from previous treatments. A combination of optimal therapies - as delivered in the NAOMI clinics - can attract those most severely addicted to heroin, keep them in treatment and more importantly, help to improve their social and medical conditions," .

Favourable results were found in several previous randomised controlled trials with similar subjects including studies in Switzerland, the Netherlands, Germany, and Spain. A trial is currently underway in the UK.

A similar trial to rigorously evaluate heroin assisted treatment was proposed in Australia and supported 6: 3 by MCDS in July 1997 but the then Prime Minister (Mr John Howard) ensured that Cabinet aborted the study because such a study would 'send the wrong message'.

Further information about the study design and results see below

<http://drugsense.org/temp/NAOMIXResultsXNewsXReleaseX-XOctX17X2008.pdf>

info@naomistudy.ca www.naomistudy.ca

A summary report of the findings and background information on the study are available at:

www.naomistudy.ca.

-moreinfo@naomistudy.ca www.naomistudy.ca

<http://drugsense.org/temp/NAOMIXResultsXSummaryX-XOctX17X2008.pdf>

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Take Handcuffs Off The Economic Recovery By Eric Sterling

A month ago, who would have thought that the Bush Administration would order the partial nationalization of the nation's banks to fix credit markets and support the economy? Maybe other innovative, even "radical," ideas are in order. Unless we come up with new ideas to sell cars and durable goods to fire up the economy, collapsing domestic auto sales threaten tens of thousands of jobs.

In addition, the recession will cause shrinking government revenue at every level. Even last spring 18 states were predicting reduced budgets in FY 2009. Unless new revenues are found, we will soon see the furloughs and wholesale firing of teachers, nurses, and emergency first responders; closed schools, libraries and hospitals; crumbling roads unfixed; and broken bridges closed to traffic.

Clichés about the auto industry's problems blame workers' and retirees' health care costs and management for making the wrong kinds of cars. But to sell cars we need to abandon clichés, old myths, and the blame game.

Consider these facts. Last year we had 2.3 million Americans in prison and jail. How many American cars did these men and women buy last year? That's right, none. That 2.3 million is about ten times greater than the 250,000 prisoners in America during the auto industry's glory days of the 1960s and 1970s. There are another 8 million Americans who got a felony conviction for possessing or selling drugs in the last twenty years. With their convictions, these people rarely have jobs. They don't have a legal income and they don't have credit.

The economic effect of more than ten million American adults who can't buy cars, houses, furniture, appliances, or other durable goods is like 9-11, Katrina, and every other hurricane combined. Even with a job, many are without a credit card and are shut out of the marketplace. From Ticketmaster to Amazon.com to the local shore store, American businesses are losing sales. Economically, our criminal justice policies are cutting our throat.

Aside from the economic cost, is imprisonment of all of these 2.3 million Americans good anti-crime policy? Not according to the research. Effective crime fighting uses smart police strategies, adequate mental health care, good schools, recreation for youth, jobs and focused rehabilitation. The criminological consensus is that imprisonment has been responsible for about one-quarter of the crime decline in the past 15 years. Most of those in prison are there for non-violent offenses like drugs or theft, or because they violated probation by committing a "technical" violation like drinking or using drugs. Most of those in prison are there much longer than they need to deter crime, to justly punish them, or to protect society from future crime.

We certainly need to imprison dangerous offenders - to protect us and to punish them. But we need to get a lot smarter about why we imprison and who we imprison.

Remarkably, in the last thirty years, the largest increase in imprisonment has been due to prohibition drug policy.

Even though drug enforcement leaders have warned for more than twenty years that "we can't arrest our way out of the drug problem," every year we arrest more people for drug offenses than the year before. Last year we arrested over 1.8 million Americans, more than three times the number arrested for all violent crimes combined. Now about one-quarter of those in prison are serving drug sentences. As the centerpiece of our anti-drug strategy, arrests and imprisonment have failed: high school seniors report that drugs are easier for them to get now than in the 1970s and 1980s.

Scientists and drug treatment specialists - even police chiefs, judges and prosecutors - agree that drug addiction is a disease. But in almost every city it is hard for people to get good treatment for their addictions. Waiting lists - often very long ones - to enter programs are the rule. According to the White House, about 20 million Americans need substance abuse treatment but don't get it. Why put drug addicts in prison for using drugs when what they need, and deserve, is good drug treatment? Why do we tolerate the police arresting drug addicts for using drugs? Isn't the definition of the disease of addiction that you can't stop using drugs? When you think about it, isn't it wrong to prosecute a person because of their disease?

But in fact, most drug users are not addicts, they are adult marijuana smokers. Why do we arrest them? To tell them that marijuana is harmful? To "send a message" to children that they should not use drugs or that drugs are dangerous? Isn't that the job of parents, schools, and public health authorities?

Drowning is the second-leading cause of unintentional injury-related death for children ages 1 to 14 years. The rate of drowning has declined, but we not because we jail swimmers, or swimming pool contractors and operators, to warn children about the hazards of swimming. Of course, in most parts of the country the government hires life guards at beaches and pools to save swimmers in the face of the ever-present danger.

In fact, we don't arrest anyone to warn about most dangerous behaviors. To teach the safer use of dangerous behaviors involving firearms, alcohol, tobacco, automobiles, motor cycles, private airplanes, or ski resorts, we use education, insurance, regulation and taxation to reduce injuries and save lives. With most activities, we recognize that doing dangerous things is not "wrongful" and does not deserve punishment. Why is arresting people a good way to send a message about health and public safety when it comes to drug use?

Almost everyone agrees that our "convict-the-users" anti-drug strategy is a costly failure. According to the government's studies of drug use attitudes and trends, millions of criminal convictions have had little to do with the decline in drug use.

Naturally, a compassionate society has "to do something" about drug abuse, but a century ago we got misled that drug abuse is a crime problem. As we have seen repeatedly in our history, by adopting the prohibition approach we have made it more of a crime problem. Sadly, the idea that the danger in drug use is "bad" and "wrongful," and is therefore fundamentally different from the sometimes lethal dangers of skiing, sky diving, auto racing, hunting or many other activities remains a deeply embedded and very expensive myth. Can we justify why we punish drug users

on any terms other than it is against the law? This law is unjustifiable and only survives on the myth that drug use is "bad" as opposed to risky.

It is now time to think about the opportunity cost of this myth. Even in the smallest town or county, drug arrests generate thousands of dollars in police overtime pay. In a big jurisdiction, it costs taxpayers hundreds of thousands or millions of dollars to arrest drug users. About one-third of the time of prosecutors, judges and court personnel is spent handling drug cases. Housing, guarding and feeding 500,000 drug prisoners pays prison employees and contractors. These folks benefit, but for the rest of us, these millions of drug cases mean unemployed workers and lost customers that bleeds our jobs out of the economy.

Police need to focus on violent offenders, child molesters, DUI cases, and the white collar frauds who steal millions. Prison needs to be reserved for the dangerous.

Non-violent drug offenders need to be let out of prison. Those who are addicted need treatment, which is much less expensive than prison. Their drug-related criminal records need to be sealed so they can get jobs. Thieves and burglars who are drug addicts need abstinence-based supervision to prevent re-offending.

Seventy-five years ago, on Dec. 5, 1933, in the depths of the Great Depression, we amended the Constitution to abandon alcohol prohibition to generate jobs and to tax alcohol to fund the government. It's time to end the marijuana prohibition. Non-commercial, home growing of marijuana should be regulated like hunting. Hunters are killed accidentally every year, including minors, but licences are easily obtained, not terribly expensive, and largely self-enforcing. Non-commercial marijuana growing license ought to be sold at garden centers, with prohibitions on commercial sale and distribution to minors. Commercial marijuana growing and selling should be licensed and taxed like alcohol, with its panoply of local regulatory varieties, and evolving cultural controls.

In 2005, federal, state and local taxes collected on tobacco and alcohol totalled \$35.1 billion. America's 20 million marijuana smokers paid no taxes on their marijuana. Depending on rates, \$5 to \$15 billion could be raised from marijuana taxes. America's illegal marijuana sellers are the beneficiaries of both a government subsidy (no taxes) and a government price support mechanism. That's absurd! We need to tax the underground marijuana commerce. As we study state and local budgets that will fire teachers, police and fire-fighters, reduce care to the ill, the blind, and the handicapped, and shutter hospitals, recreation centers and schools, we can ask if we want to keep throwing away the potential marijuana taxes.

One way we could sell a million American cars is to get drug users out of prison, freed of their crippling criminal records, and back into the economy.

How hard are these choices: Lay off school teachers or stop subsidizing the illegal marijuana business with billions of dollars in tax breaks? Lay off workers and close factories or let non-violent offenders out of prison and provide treatment to drug addicts?

Eric E. Sterling, president of the non-profit Criminal Justice Policy Foundation in Silver Spring, MD, was counsel to the U.S. House Judiciary Committee, principally responsible for anti-drug legislation, from 1979 to 1989. This piece first appeared at Huffington Post.

Submitted by Dr. Alex Wodak,

AUSTRALIAN NEWS

Alcohol & other Drugs Sector Supports NSW Premier's Fight on Alcohol

The National and New South Wales (NSW) Peak alcohol and other drugs (AOD) organisations today urged NSW Premier Nathan Rees to engage with them in the development of a “fundamental shift in alcohol policy at the State level”.

The Alcohol and other Drugs Council of Australia (ADCA) and the Network of Alcohol and Drug Agencies in NSW have joined forces to strongly support Premier Nathan Rees who has been reported as having confirmed that the NSW Government would soon be acting on excessive alcohol consumption.

ADCA CEO David Templeman and NADA CEO Larry Pierce said they believed Premier Rees was correct in identifying “there is a mood in the public for a proper debate on alcohol and the drinking culture”.

“Many of the agencies our organisations represent are registering alarm at the increase in presentations for alcohol treatment, and subsequent harmful impacts risky and dangerous drinking are having on individuals, families and the community,” Mr Templeman and Mr Pierce said.

“We are very keen to work with the NSW Government on the development of evidence-based policy and effective interventions.”

Mr Templeman also highlighted new figures released by the Salvation Army which show one in five people have had arguments with family members who were influenced by alcohol, while one in 10 have had fights with relatives.

“Added to this, the Salvation Army Roy Morgan poll confirmed children are affected by problem drinking, with 12 per cent reporting being embarrassed or scared by family members affected by alcohol,” Mr Templeman said.

“Then there are the relationship breakdowns, health problems or financial stress experienced by up to 15 per cent of those surveyed.”

Mr Templeman and Mr Pierce expressed concern that while Premier Rees was to be applauded, once again action was being initiated in a “siloed environment” – such action needs to be across all States and Territories.

“While we will continue to advocate for a joined-up approach to Australia’s alcohol problems, and for AOD practitioners and policy experts to be included in discussions, all actions taken to support harm minimisation are to be applauded,” they said.

2007 National Drug Strategy Household Survey: state and territory supplement

Australian Institute of Health and Welfare

Posted: 03-09-2008

This report presents data on patterns of drug use in each of the states and territories. It supplements the national findings from the [National Drug Strategy Household Survey: First Results](#) 2007 report, published in April 2008. The results are based on a survey of more than 23,000 Australians conducted in 2007, and provide profiles of drug use and community attitudes in each of the states and territories.

> [Read full text](#) **Source:** [Australian Institute of Health and Welfare](#)

THE DRUG ADVISORY COUNCIL OF AUSTRALIA SUPPORTS-

More detoxification & rehabilitation that gets illicit drug users drug free. Court ordered and supervised detoxification & rehabilitation. Less illicit drug users, drug pushers and drug related crimes.

The DRUG ADVISORY COUNCIL OF AUSTRALIA Inc. provides this

complimentary email service and we can be contacted via email to drugadvice@daca.org.au or phone on 03 9794 9296.

ADCA calls on all Australian sporting clubs to follow AFL drug policy initiative

The Alcohol and other Drugs Council of Australia (ADCA) welcomes the Australian Football League (AFL) new illicit drug policy and suggests it is a sound benchmark for all sporting clubs to develop similar drug, as well as alcohol, policies for their codes.

The Chief Executive Officer for ADCA, David Templeman, says the AFL's approach to drug testing sets a high standard for sport administration across Australia.

"Alcohol and drug misuse in Australia is a very serious issue and costs the Australian community around \$24 billion every year. Its time for the community, the Government and all sporting organisations to be responsible with this issue," Mr Templeman said.

Alcohol and other drugs use is a national problem in Australia and high profile sporting players, like others in the community, experience social, psychological and personal pressures. The AFL is the first sporting code in Australia to operate a competition-wide out of season policy which tests for illicit drug use.

ADCA believes the new AFL policy, which focuses on education; counselling and treatment issues will significantly assist with addressing illicit drug use

within the sporting code. Its emphasis on health and wellbeing is to be commended.

“The AFL’s approach to addressing the critical health elements, and to provide rehabilitation pathways for players found to have tested positive is to be applauded, and a policy ADCA strongly supports,” Mr Templeman added.

“If our top level Australian sporting codes are serious about addressing alcohol and illicit drug misuse, then it is imperative that they provide the necessary support and policies to assist their members.

“High level sports people have an enormous impact on all Australians. Administrators and members of all codes need to show leadership in addressing alcohol consumption and unfortunate illicit drug use.”

ADCA is the national peak body for the alcohol and other drugs sector and provides a national voice for people working to reduce the harm caused by alcohol and other drugs.

ADCA works collaboratively with the government, non-government, business and community sectors to promote evidence-based, socially just, approaches aimed at preventing or reducing the health, economic and social harm caused by alcohol and other drugs to individuals, families, communities and the nation.

Media enquiries:

Brian Flanagan – ADCA Strategic Communications/policy on 6215 9802 or 0400 860 058

Alcohol Industry Should Focus on Health, Not Profit

The Alcohol and other Drugs Council of Australia (ADCA) today called on the alcohol industry to focus on health issues caused by Ready-to-Drink (RTDs) alcohol beverages, and identify alternatives to help halt excessive alcohol consumption across communities in Australia.

“Conducting surveys of liquor retailers simply to produce statistics aimed at stopping the Government’s proposed RTD tax increase does nothing to constructively address alcohol-fuelled incidents that are now a daily occurrence,” ADCA Chief Executive Officer, David Templeman said.

“The hiring of independent research consultants by the Distilled Spirits Industry Council of Australia (DSICA) is just another form of self-regulation and fails to take into account the views of alcohol and other drugs (AOD) sector frontline workers faced with the fall-out of industry marketing.”

Mr Templeman said if the industry was serious about alcohol problems in Australia, it should be looking to develop strategic partnerships with the AOD sector to work in a collective way to make people more aware of alcohol-related health harm, and to contribute support for prevention and treatment services.

“In March this year, ADCA welcomed commitments by the Fosters Group and Lion Nathan Australia to reduce the alcohol content of Ready to Drinks (RTDs) to two standard drinks in their products,” Mr Templeman said.

“Unfortunately, the industry as a whole has not followed-up on this positive step which demonstrated that Fosters and Lion Nathan were at least willing to make it clearer to their customers the levels of alcohol they are consuming.

“The Australian Hotels Association is also to be applauded for its initiative in New South Wales (NSW) on the ‘responsible service of alcohol’ in relation to the ‘traditional mad Monday’ end of season celebrations of sporting teams.”

Mr Templeman said that over the past 24 hours, NSW Police had placed limits on the amount of alcohol that can be taken legally to the Bathurst 1000 in October; the Queensland State Coroner had noted a person dies at licensed premises every two months from alcohol-related violence. Also, Australian school principals believe one in five students need mental health support because of alcohol and other drugs abuse.

“Alcohol-related harm continues to be a serious community problem. Its high time the alcohol industry started to get involved in examining the dangers and the harms involved with the misuse of their products,” Mr Templeman added.

9 September 2008

The real costs of policing the use of illicit drugs:

Following the Annual General Meeting of the Australian Parliamentary Group for Drug Law Reform Dr Mal Washer wrote to the Assistant Treasurer seeking an inquiry by the Productivity Commission or the Centre for Independent Studies into the real economic costs of policing the use of illicit drugs.

A response has not yet been received.

Alcohol licensing and controls

Across Australian states and territories, different approaches to licensing regulations and other controls exist to promote safety and reduce alcohol-

related harms. They range from legislation and policy to local initiatives and trials.

Liquor licensing

The first line of control is within liquor licensing laws. Each state has its own regulations and controls, while the territories are managed at the Commonwealth level. You can find links to key websites relating to the different states below:

- [New South Wales](#)
- [Queensland](#)
- [South Australia](#)
- [Tasmania](#)
- [Victoria](#)
- [Western Australia](#).

The Australian Capital Territory has a [website](#) within its Office of Regulatory Services that provides specific information for that territory.

Northern Territory also has some [special bans and penalties](#) for prescribed areas under the Northern Territory Emergency Response Act 2007.

Policy and strategy

Many of the states and territories have also developed policies and strategies for future directions. An example of this is [Victoria's Alcohol Action Plan 2008–2013](#) [PDF 1.4MB] which offers a range of strategies to be rolled out progressively, such as:

- freezing the issuing of late-night liquor licences
- new security camera regulations
- reviewing the alcohol content in ready-to-drink products.

Liquor licensing forums and accords

Alcohol accords are community-based agreements on approaches relating to alcohol and harm minimisation.

Accords are typically voluntary and their effectiveness depends on the level of participation within a community and adherence to the accord by those who have signed up.

Some of the approaches to be found in accords include:

- no shots served after midnight (Albury)
- providing an adequate range of low alcohol and alcohol free beverages within venues (South Gippsland)
- coordinated barring of patrons displaying inappropriate behaviour across local venues (Bacchus Marsh)

- discouraging happy hours and discounted/free drink promotions (Mt Buller Alpine Resort)
- no takeaway liquor sold after 10 pm (Newcastle).

Consumer Affairs Victoria has an [interactive map](#) showing forums and accords that have been developed within Victoria.

The latest suite of resources from the DrugInfo Clearinghouse explores some of the issues around [prevention and early intervention of amphetamine-related harm](#). It looks at local and national programs, research into primary, secondary and tertiary interventions, and provides a range of fact sheets that are aimed at young people, families, employers and workers.

[Safer Sex \(www.safersex.com.au\)](http://www.safersex.com.au) is a new sexual health website for young people. Through the website and using Short Messaging Services (SMS) or text messaging, Safer Sex aims to empower young people to attain and maintain the highest possible standard of sexual health.

For more forthcoming news and events, visit the DrugInfo Clearinghouse website at www.druginfo.adf.org.au.

Drug use monitoring in Australia: 2007 annual report on drug use among police detainees
Kerryn Adams and others / Australian Institute of Criminology
Posted: 12-09-2008

Drug use monitoring in Australia (DUMA) reports on self-reported drug and alcohol use and offending among people detained in police watch houses and police stations at ten locations around Australia. Reported drug use is compared with urinalysis data. DUMA has been reporting since 1999.

Authors: Kerryn Adams, Larissa Sandy, Lance Smith and Ben Triglone
[➤ Read full text](#)

The following speech was presented to the South Australian Legislative Council on 24th September 2008 by Sandra Kanck from the Australian Democrats.

CONTROLLED SUBSTANCES (PALLIATIVE USE OF CANNABIS) AMENDMENT BILL

The Hon. SANDRA KANCK: I move:

That this bill be now read a second time.

This bill is not about how we approach illicit drugs: rather, it is about how we ought to use science to assess the medical benefit of a drug—in this case, cannabis. We do not, for instance, have difficulty in allowing the use of morphine, from which heroin can be derived. Instead, we rely on the advice of

doctors and researchers to assist in preparing safeguards, but the reduction of suffering that can come from using that drug is still allowed.

However, in the case of marijuana, the response is hysterical and the community is asked to believe that the use of this drug is somehow inherently evil, when the reality is that it is just one of tens of thousands of chemical substances used by humans. It is how we use such substances that matters, and this bill is about using it in a controlled way for the benefit of people suffering from some symptoms of particular illnesses or diseases. I introduced an identical bill on 23 July but, due to the prorogation of parliament, I have to reintroduce it.

The bill proposes that fines be waived for personal cultivation and use of marijuana for people who are suffering designated medical conditions. This would be on the proviso that a medical practitioner has signed a palliative cannabis certificate to indicate that the person is suffering from a specified illness or disease, the symptoms of which might be palliated by the smoking or consumption of cannabis or cannabis resin. The certificate would:

- (a) certify that the person has a specified illness or disease;
- (b) describe the symptoms;
- (c) declare that, in the doctor's opinion, the use of cannabis would palliate those symptoms;
- (d) state that the doctor has discussed with the patient the risks associated with the use of cannabis; and
- (e) prescribe the amount and method of administration and the period of time for which the use is recommended. Such a certificate would be valid for a maximum of one year but could be revoked earlier by the doctor. The doctor would be required to provide to the minister a copy of the certificate within seven working days of issuing it and, similarly, provide advice if it has been revoked.

In South Australia cannabis is a controlled substance and is illegal under normal circumstances. However, under this legislation the medical practitioner is given protection so that they would not be subject to legal disciplinary proceedings provided that they had issued a certificate in the form prescribed in the bill. Failure to provide the appropriate advice to the minister would attract a fine, and any false or misleading statements made by a doctor in relation to any of the above could see them imprisoned for two years or fined up to \$10,000. The bill also provides for the sale of approved equipment for the consumption of cannabis to a person who holds a palliative cannabis certificate.

I invite members to read the speech I made on 23 July when I originally introduced this bill and, because that is on the record, I will not go into the whole rationale and repeat the quotes that I gave back then. But because I do

know that everyone will not go back and check that speech, I will repeat the list of conditions and benefits for which cannabis can be used to palliate:

- reduction in muscle spasms, pain relief, better sleep and improved ambulation for people suffering from multiple sclerosis;
- glaucoma;
- depression and anxiety, particularly for people with terminal illnesses;
- suppression of nausea and vomiting associated with chemotherapy;
- body wasting resulting from AIDS;
- bursitis;
- control of seizures;
- neuropathic pain associated with spinal damage;
- pain relief for people with cancer;
- muscle spasms associated with motor neurone disease;

and there are others.

I mentioned the Cancer Council of New South Wales in the speech I gave on 23 July but, because I just mentioned pain relief for people with cancer, I will read from a Cancer Council of New South Wales fact sheet. It states:

Until medical forms of marijuana extracts are available, the Cancer Council supports introducing a system for compassionate provision of marijuana to patients who may benefit from it. We also support limited exemptions from criminal prosecution for patients who have been certified as having particular conditions and who have been counselled by an approved medical practitioner about the risks of smoking marijuana—

which is exactly the model that is in this bill.

As a consequence of introducing the bill two months ago, I have received a lot of feedback about other scientific studies, with more information becoming available about the positive impact of medical marijuana. I have previously mentioned the number of states in the US where medical marijuana has been legalised and the international trials that are taking place. I mentioned the small and legal production of cannabis in Israel, and that is being made available for up to 150 patients to alleviate symptoms of cancer, AIDS or chronic inflammation of the intestine. Information provided to me since then is that the demand for cannabis for such purposes is likely to increase as a result of the Israeli Cancer Association's intentions to more widely publicise the compassionate access scheme to doctors.

I was also surprised to find out from one of the emails I received that the US government was awarded a patent back in 2003 on the use of cannabinoids in the prevention and treatment of a wide variety of diseases, including stroke, trauma, auto-immune diseases, Parkinson's disease, Alzheimer's disease and HIV dementia. The patent number for those who want to follow it up is #6,630,507 and it is assigned in the name of the US Department of Health and Human Services, and was based on research done at the National Institute of Medicine. Despite the tough-on-drugs mantra of the Bush government and various regimes before it such as the Reagan government, it secretly recognises the palliative use of cannabis.

The Journal of the National Cancer Institute in the UK last year published research from Ramer and Hinz at the Institute of Toxicology and Pharmacology, University of Rostock in Germany, showing that cannabis can inhibit cancer cell invasion. Also drawn to my attention was work by researchers at Bath University in the UK, which has shown that cannabis can alleviate symptoms of inflammatory bowel disease. Additionally, a study conducted at the Medical School of Hanover, Germany, found reductions in the tics associated with Tourette's Syndrome. This drug which is illegal in our state and nation is proving to have more and more medical uses.

On 5 July 1995, the Select Committee on the Control and Illegal Use of Drugs of Dependence tabled a report in this chamber, and its first and unanimous recommendation of members comprising Labor, Liberal and Democrats was that 'scientifically designed and controlled clinical trials in the use of cannabis for therapeutic purposes be undertaken for specified medical conditions'. I remind members that the AMA's national policy also supports this. Thirteen years after that select committee report, we are still waiting for an enlightened government to take up the recommendation.

The Rann government's 2002 Drug Summit recommended evaluating the regulated availability approach to cannabis and, six years on, we are still waiting. Meanwhile, people are forced to break the law in relieving either their own suffering or the suffering of a loved one. They have been waiting years, sometimes decades, to get sensible reform, and I for one will work to get it for them.

With the rise of Christian fundamentalism in that country, US author and social commentator, Gore Vidal, makes the observation that sin and punishment are the real agenda, and that the state has taken on that role on behalf of the churches. In South Australia, as one constituent has observed to me: "it is far easier to build a campaign (or a political career) based on what one is 'against' (and the people one despises and vilifies for all the evils of society) than it is to build one based on what is good, ethical and needs to be done for the 'little individual good' (the one that counts)". He is right: It is far easier to take a moral and judgmental approach towards people about what substances they introduce into their own bodies.

I intend to take this bill to a vote at the end of year, so I ask members to make their decisions not on sin and punishment, not on trying to see who can be the

toughest on crime, but on the science. And the science is there to show that the approach advocated in this bill is thoroughly justified.

Debate adjourned on motion of Hon. I.K. Hunter.

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