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# AUSTRALIAN PARLIAMENTARY GROUP FOR DRUG LAW REFORM & AUSTRALIAN DRUG LAW REFORM FOUNDATION E-NEWSLETTER – DECEMBER 2009

## About the Groups

### **The Australian Parliamentary Group on Drug Law Reform**

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

### **The Australian Drug Law Reform Foundation**

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

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

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

If you would like more information about the Parliamentary Group or the Foundation or would like more information please contact Dr Mal Washer MP 02 6277 2114 or email [Mal.Washer.MP@aph.gov.au](mailto:Mal.Washer.MP@aph.gov.au) or Penny Sharpe MLC on 0292302741 or email [Penny.Sharpe@parliament.nsw.gov.au](mailto:Penny.Sharpe@parliament.nsw.gov.au) Australian Parliamentary Group for Drug Law Reform

### **AUSTRALIA**

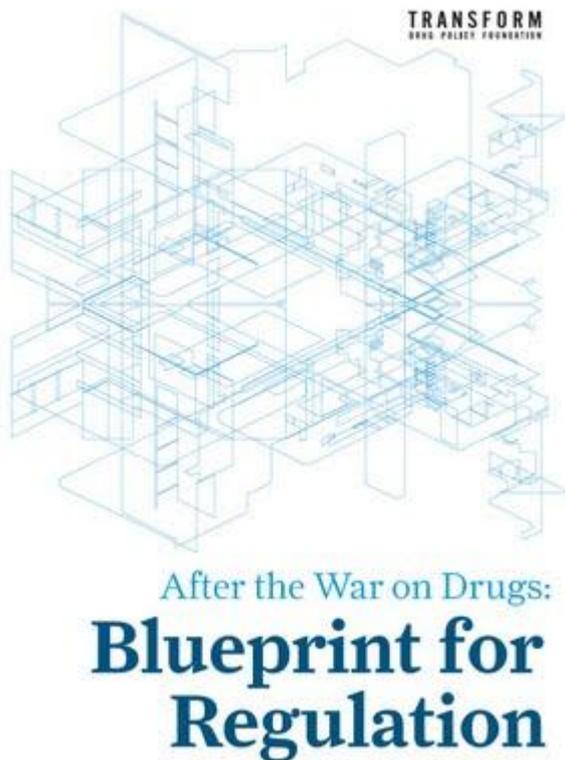
Transform discusses Blueprint on ABC Australia: Late Night Live with Philip Adams <http://bit.ly/1AXqkP> (Right click to open hyper link)

The above link refers to the recent publication by *Transform* in the UK detailed below

**"Ending the War on Drugs is decades overdue. 'Blueprint' clearly outlines a series of options for a gradual and phased approach to implementing a regulatory model for the production, sale and consumption of recreational drugs. Thousands if not**

**millions of lives are at stake. The time to act is now** “(Craig McClure, Former Executive Director, International AIDS Society)

Transform is pleased to announce that our latest publication, '**After the War on Drugs: Blueprint for Regulation**' will be launched tomorrow at the House of Commons, with simultaneous launches taking place in the US (at the [Drug Policy Alliance conference in Albuquerque](#)), Australia and Mexico. December will see further launch events in Brazil and the EU parliament.



*There is a growing recognition around the world that the prohibition of drugs is a counterproductive failure. However, a major barrier to drug law reform has been a widespread fear of the unknown-just what could a post-prohibition regime look like?*

*For the first time, 'After the War on Drugs: Blueprint for Regulation' answers that question by proposing specific models of regulation for each main type and preparation of prohibited drug, coupled with the principles and rationale for doing so.*

*We demonstrate that moving to the legal regulation of drugs is not an unthinkable, politically impossible step in the dark, but a sensible, pragmatic approach to control drug production, supply and use.*

The complete text will be available as a free pdf from the Transform website (from 11.30 on Nov 12th). Hardback copies are also available. Exec summaries are available in print and pdf format in English, Portuguese and Spanish.

UK and international media contact: UK 0117 9415810

*ADLRF launch of TRANSFORM's latest report*

**November 16, 2009**

**Landmark book shows how to regulate drugs**

Transform Drug Policy Foundation's internationally groundbreaking book *After the War on Drugs: Blueprint for Regulation* is being launched in England, the US, mainland Europe, Central and South Americas, Australia and Asia.

The Australian launch at NSW Parliament House today was organised under the auspices of the Australian Drug Law Reform Foundation.

[Download a copy of the report here.](#)



Or for the [BLUEPRINT MEDIA RELEASE](#), please click here.

Dr Alex Wodak has supplied the following: **Article from The Independent on 'Blueprint'**

**Johann Hari: Accept the facts and end this futile 'war on drugs'**

We are handing one of our biggest industries over to armed, criminal gangs

**Wednesday, 11 November 2009**

The proponents of the "war on drugs" are well-intentioned people who believe they are saving people from the nightmare of drug addiction and making the world safer. But this self-image has turned into a faith and like all faiths; it can only be maintained by cultivating a deliberate blindness to the evidence.

The recent furore about [the British government's decision to fire its chief scientific advisor on drugs, Professor David Nutt](#), missed the point. Yes, it is shocking that he was ditched for pointing out the mathematical truth that taking ecstasy is less dangerous than horse-riding, and that smoking cannabis is less harmful than drinking alcohol. But this is how the war on drugs has to be fought. The unofficial slogan of the prohibitionists for decades has been: The facts will only undermine the war, so invent some that show how successful we are, fast.

Look at the United States, the country that pioneered the drug war, and still uses its military and diplomatic might to demand the rest of the world cracks down. In 1998, the Office of

National Drug Control Policy was [ordered by Congress to stop funding any scientific research](#) that might give the impression that we should redirect funding from anti-trafficking busts into medical treatment of addicts, or that there is any argument to legalise, regulate or medicalise drug use.

*It's Nutt cubed: only tell us what we want to hear. So, to give a small example, the ONDCP spent \$14bn on anti-cannabis adverts aimed at teenagers, and \$43m to find out if the ads worked. They discovered that kids who saw the ads were more likely afterwards to get stoned, so the evidence was suppressed, and the ad campaign marched on.*

What would happen if we started to build our drugs policy around the facts, rather than our desire for a fuzzy feeling inside? Prof Nutt only took baby steps in this direction before he was booted out. He argued that we should rank drugs by the harm they do, rather than by the size of the panicked headlines they trigger. Now the row is fading, it is possible to see how conservative he was. A must-read new report out this week "[After The War on Drugs: Blueprint for Regulation](#)", by the Transform Drug Policy Foundation follows the facts as far as they will take us. It shows that the rational solution is to take the drug market back from the unregulated anarchy of criminal gangs, and transfer it to pharmacists, off-licences, and doctors who operate in the legal economy. To see why this is necessary, we have to look at some of the facts our politicians refuse to see:

**Fact One** The drug war hands one of our biggest industries to armed criminal gangs, who unleash terrible violence across the country. When alcohol was prohibited in the US in the 1920s, it didn't vanish. No: armed gangsters like Al Capone stepped in and sold it and they shot anybody who got in their way. Yet today, Wine Rack does not shoot up Threshers. Oddbins does not threaten to kill anybody who sees its staff selling wine. Why? Because it wasn't the booze that caused the violence; it was the prohibition. Once alcohol was reclaimed for legal businesses, the dealer-on-dealer violence swiftly stopped.

Where there is a huge profit to be made in a black market it's 3,000 per cent on drugs today people will fight and kill to control it. Arrest a dealer, and you simply trigger a new war for his patch, with the rest of us caught in the crossfire. In 1986, the Nobel-prize winning economist, [Milton Friedman](#), calculated that there are 10,000 murders in the US alone every year caused this way. Legalise, and you bankrupt most organised crime overnight. With their profits in freefall, the gangsters don't suddenly become cuddly but the huge financial incentives to remain a gangster wither fast. It's the drug war that keeps them in business, and legalisation that shuts them down. As Friedman said: "Prohibition is the drug dealer's best friend."

**Fact Two** Under prohibition, drug use becomes more hardcore. Before alcohol prohibition, most Americans drank beer and wine. After prohibition was introduced, super-strong moonshine became the most popular drink, as booze rapidly became 150 per cent stronger. Why?

The writer Richard Cowan called it "the iron law of prohibition": whenever you criminalise a substance, it gets stronger. Because they are smuggling and stashing a substance, the dealers condense their product to give the biggest possible kick while taking up the smallest possible space. It's at work today: it's why dealers invented crack in the 1980s. [The researchers Matthew Robinson and Renee Scherlen found](#): "The increased deadly nature of drugs under prohibition led to 15,000 more deaths in 2000 [in the US alone] than [if] prohibition had not made drugs more dangerous."

**Fact Three** The drug war doesn't reduce drug use but the alternatives can. Some people believe these two dark side-effects are a price worth paying if prohibition stops a significant number of people from picking up their first bong or needle. It was an understandable enough argument until the evidence came in from countries that have experimented with

ending the drug war.

On 1 July 2001, Portugal decriminalised the possession of all drugs, including heroin and cocaine. You can have and use as much as you like for your own needs, and if you are caught, the police might refer you to a rehab programme, but you will never get a criminal record. (Supplying and selling remains illegal.) The prohibitionists predicted a catastrophic rise in addiction, and even I an instinctive legaliser was nervous.

Now we know: overall drug use actually fell a little. [As a major study by Glenn Greenwald for The Cato Institute found](#), among Portuguese teenagers the fall was fastest: 13-year-olds are four per cent less likely to use drugs, and 16-year-olds are six per cent less likely. As the iron law of prohibition predicts, the use of hard drugs has fallen fastest: heroin use has crashed by nearly 50 per cent among the young who were not yet addicted. The Portuguese have switched the billions that used to be spent chasing and jailing addicts to providing them with prescriptions and rehab. The number of people in drug treatment is now up by 147 per cent. Almost nobody in Portugal wants to go back. Indeed, many citizens want to take the next step: legalise supply too, and break the back of the gangs.

Portugal is no fluke. It turns out that wherever the drug laws are relaxed, drug use stays the same, or where spending is switched to treatment declines. Between 1972 and 1978, 11 US states decriminalised marijuana possession. [The National Research Council found](#) that the number of dope-smokers stayed the same. In Switzerland, a decade ago the government started providing legal centres where people could safely inject heroin for free. Burglary rates fell by 60 per cent, and street homelessness ended. [A study by The Lancet one of the most respected medical journals in the world found](#) that the rate of people becoming new heroin addicts fell by 82 per cent. Why? Heroin addicts didn't need to recruit new addicts to sell to in order to feed their habit. The pyramid scheme of heroin addiction was broken.

So the drug war doesn't achieve its goal of reducing addiction. All it does achieve is horrific gang violence and in some cases the cartels [gut whole countries like Mexico and Afghanistan](#). It does unwittingly press people into using harder and more dangerous drugs. And it does waste tens of billions of dollars that could really reduce drug addiction, by spending it on treatment for addicts.

The prohibitionists are therefore left a contradiction between their message and the facts. They can either change their message, or try to suppress the facts. Last week, the British Government made its choice. But how long will this be tenable? The prohibitionists are from the best intentions and the highest motives unleashing a catastrophe. Human beings have been finding ways to get stoned or high since we lived in caves. In our attempt to end this natural impulse, we have created a problem worse than drug use itself.

There is another way. Imagine a country with no drug dealers killing to protect their patch or terrorising whole estates. Imagine a country where burglary fell by 60 per cent. Imagine a Britain where we spent all these billions treating addicts as ill people who need our help, not hunting them down as criminals who need punishment. We can be that country. We just have to come down from chasing the dragon of a drug-free world and start looking soberly at the facts.

*To support the campaign for drug regulation, you can join, volunteer for or donate to the Transform Drug Policy Foundation at [www.tdpf.org.uk](http://www.tdpf.org.uk)*

FT editorial; Drugs and Professor Nutt

3 November 2009

## The evidence in favour of Prof Nutt

Published: November 2 2009 20:29 | Last updated: November 2 2009 20:29

Last Wednesday the UK government published a policy document committing itself to independent scientific advice in all departments, with an introduction by the prime minister proclaiming the international respect earned by the UK for its thorough and professional approach to the use of evidence. Two days later Alan Johnson, home secretary, put that respect in jeopardy with an act of political clumsiness.

He sacked Professor David Nutt, a renowned neuropharmacologist, as chairman of the government's Advisory Council on the Misuse of Drugs for insisting publicly that last year's upgrade of cannabis to a Class B drug was not justified by the evidence. Two members of the council quit immediately in protest, more are threatening to follow and the great and good of British science have lined up to [attack the home secretary](#).

If Mr Johnson had thought through the consequences of his action, he would surely have consulted Lord Drayson, the science minister, and John Beddington, government chief scientist. They would have warned him of the outcry and dismay that Prof Nutt's dismissal would cause.

At stake is not just the future of the ACMD, an important body that has helped to formulate drugs policy for more than 30 years, but as many as 80 other scientific councils and committees across government. These advise on everything from food and nutrition to climate change, and they depend on the unpaid part-time service of hundreds of scientists (mainly working in universities because industry researchers are often ignored for having alleged conflicts of interest). The volunteers may turn away from the system if they cannot express contrary views in public or if they see advice being rejected without good reason or even courtesy. Across the Atlantic, that sort of treatment gave George W. Bush's administration a bad reputation with US scientists.

Indeed the row has implications beyond what most people would think of as science. Ultimately it is about the relationship between evidence and policy. Democratic governments always say they want to make "evidence-based policy". The danger is that, when this does not suit them, they search for policy-based evidence in other words picking out what supports their planned course of action and rejecting what does not. Saddam Hussein's "weapons of mass destruction" are a prime example.

Of course scientific advice is not sacrosanct. Governments have the right to over-ride the evidence for broader policy reasons but only if they do so openly and without gagging their advisers.

Mr Johnson is unlikely to pay a high political price for the Nutt affair, because the Conservative opposition, to its shame, supports the professor's sacking. [Chris Grayling](#), shadow home secretary, wants to outdo Mr Johnson in his hard line on illegal drugs, whatever the evidence. Only the Liberal Democrats are prepared to take a broader (and wiser) view of the need to encourage experts to give governments' independent advice.

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### A Nutty mix

By James Mackintosh Published: November 3 2009 02:00 | Last updated: November 3 2009

02:00

**FT-dot-comment (James Mackintosh):** The row over the firing of Professor David Nutt as chairman of the Advisory Council on the Misuse of Drugs blew up while I was on holiday.

Prof Nutt (whose name suggests his career in psychopharmacology was pre-destined) was ejected by Alan Johnson, the home secretary, for criticising the government's decision to ignore the council's advice.

Prof Nutt would probably strongly disapprove of my holiday: I was procuring a drug he dubs "equasy" for my five-year-old son, a drug he argues is more addictive and more lethal than ecstasy. In simple language, horse riding is damn dangerous.

In fact, Prof Nutt is not as nutty as he sounds. What he actually wants is a rational approach to drugs policy, assessing the various dangers people face and are willing to accept. Dangerous substances should be ranked, with alcohol and tobacco included so people can compare them to heroin, cannabis or - perhaps - horse riding.

Critics accuse him of ignoring reality and insist on the need to send "a message" to young people; but the truth is that making drugs illegal has clearly failed to deter, and that many users, particularly of cannabis, do not believe anything the government says about their dangers. Some real science could highlight some of the true dangers, even if only about alcohol. Prof Nutt doesn't mention the risks of mixing drugs; I guess it should be self-evident that shooting up and show jumping don't mix well.

Prof Nutt should probably just accept that people are not rational when it comes to assessing risks - and politicians are never going to ignore the fears that result, whether in drugs policy, transport (as with people switching to far-more dangerous roads after train crashes) medicine (the latest being Jade Goody and cancer screening) or child safety. Britain's MPs are not that rational to start with.

Full text: [www.ft.com/ftdotcomment](http://www.ft.com/ftdotcomment)

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Dr Wodak writes:

I agree that we need more discussion about alternative options to the failed current approach which relies so heavily on drug law enforcement

There are now 4 published alternative plans available

There are by:

1 "Preventing Harm from Psychoactive Substance Use" Vancouver City Council  
<http://www.vancouver.ca/fourpillars/pdf/DrugPolicyFinalPreventionP.pdf>

2 Transform (UK) 'After the War on Drugs - Options for Control' examines key themes in the drug policy reform debate, details how legal regulation of drug markets will operate, and provides a roadmap and time line for reform.  
[http://www.tdpf.org.uk/Policy\\_General\\_AftertheWaronDrugsReport.htm](http://www.tdpf.org.uk/Policy_General_AftertheWaronDrugsReport.htm)

3 'Controlling Psychoactive Substances; the Current System and Alternative Models'.  
[King County Bar Association \(USA\) Drugs Policy Project](#) Report.

See: [http://www.kcba.org/druglaw/proposal/report\\_am.pdf](http://www.kcba.org/druglaw/proposal/report_am.pdf)

4 Health Officers Council Of British Columbia (Canada) A Public Health Approach To Drug Control in Canada. To read report:

<http://cfdp.ca/bchoc.pdf>

The fifth proposal will be launched next month and is also by Transform.

In essence, the choice is between an unregulated approach (as we have at present) or some form of regulation.

Prescription controls are a form of regulation.

Taxation and regulation, as applied for alcohol and tobacco, are another.

I think these will remain the major alternatives to the unregulated markets we now have.

Taxation and regulation (legalisation) of cannabis is now getting increasing support in the US - 52% in a recent national poll (April 2009, Zogby) and 44% in a Gallup poll (up from 12% in 1969)

I don't see the community ever accepting this for drugs like heroin, cocaine or amphetamine. But I do see the community accepting prescription controls for this group in a treatment type setting.

In a possible third stage, that might get extended to the approach taken before drug prohibition became entrenched.

I summarised the steps as follows:

1 The threshold step required is to re-define illicit drugs as primarily a health and social problem.

2 Funding for health and social measures should be raised to the same high level enjoyed by drug law enforcement. High cost-low impact interventions should be replaced by low cost-high impact interventions.

3 We should retain penalties for unauthorised, large-scale production and sale of all psychoactive drugs. The threshold levels and the nature and extent of penalties should be proportionate to the harms the drugs cause.

4 Well-funded, research-based drug education should be provided in schools and communities. The benefits are usually modest and often only temporary. Community expectations of education are unrealistic.

5 Criminal penalties for the possession and consumption of personal quantities of all drugs should be repealed.

6 Cannabis production and sale should be taxed and regulated. A proportion of the revenue generated should be allocated to drug education, drug treatment and law enforcement. Cannabis packaging should include warnings about the potential hazards of the drug and information about help available for those struggling to cut down or quit. Sale should require proof of age exceeding 18 years.

7 Attractive, effective, inexpensive, evidence - based drug treatment should be readily available for drug users seeking help. A variety of options should be available with the supply of treatment meeting demand. The quality of drug treatment should be equivalent to other health treatments for chronic conditions. A firm commitment to scientific research is required as research drives improvements in the effectiveness of all health treatment.

8 Non custodial sentencing options should be expanded. Incarceration should only be a last resort.

9 If the results of implementing this approach are still considered unsatisfactory, the community might consider making small quantities of dilute psychoactive drugs available for commercial retail sale. Taxed and regulated edible opium was sold in Australia until 1906. Coca Cola contained cocaine until 1903.

10 Australia should continue harm reduction as our official national drug policy. Harm reduction has now become the global mainstream drug policy.

Incremental change is much more likely than revolutionary change.

We are never going to come up with a scheme that all of us are 100% happy with.

But it would help if those of us favouring reform could agree on some sort of staged approach.

## **REVIEW OF *After the War on Drugs* –**

An interesting and sympathetic review appeared in *The Economist* of 14<sup>th</sup> – 20<sup>th</sup> November 2009. Titled *Virtually Legal* – “In many countries, full jails, stretched budgets and a general weariness with the war on drugs have made prohibition harder to enforce....”

## **AUSTRALIA**

Don't endanger yourself with dope: cannabis

<http://www.theaustralian.com.au/news/health-science/dont-endanger-yourself-with-dope-cannabis/story-e6frg8y6-1225804379265>

OPINION: Alex Wodak

From: *The Australian*

November 28, 2009

### **LIKE it or not, more than two million Australians will smoke cannabis in the next 12 months.**

Research from Australia and across the world shows no clear relationship between the number of people using cannabis and the severity of penalties for cannabis offenders. So, what practical steps can be taken to try to reduce harm from cannabis?

In June the National Cannabis Prevention and Information Centre released first-aid guidelines for problem cannabis use. These were designed to help the community identify and assist users who are developing a problem with their cannabis use or are in a cannabis-related crisis.

The guidelines provide tips for effective communication with people experiencing problems. Some sensible advice is also offered about what to do if the cannabis user with problems does

not want any help.

Most people prefer to manage their own drug use and, should they develop problems, manage these themselves.

Why not try to help people using cannabis try to avoid problems in the first place?

For many years Australia has had National Health and Medical Research Council guidelines to help drinkers reduce the harm from alcohol. But we have never had any official guidelines for people using cannabis that could help them do so more safely.

As Australia has one of the world's highest rates of cannabis use, it seems sensible to offer realistic guidelines to help users reduce potential harm.

A group of us recently gathered in the northern NSW town of Nimbin to develop guidelines for people using cannabis.

The group included Ann Symonds, a former member of the NSW Legislative Council as well as a grandmother, along with many local residents who have used cannabis heavily for many years but were keen to reduce their risks. We decided to call these the Nimbin Health and Medical Research Committee cannabis guidelines.

Our Nimbin guidelines make it clear that the form of cannabis use with the lowest health, social, legal and economic risk is abstinence. But, recognising that people will choose to use the drug regardless, we outlined ways to minimise harm.

Social cannabis users are recommended to consume cannabis only moderately, that is for five days a week or less, trying to keep at least two days each week cannabis-free. Cannabis smokers are advised to not exceed four joints a day. This advice resembles some of the NHMRC guidelines for alcohol.

As cannabis is illegal and possession or use can lead to severe legal and social consequences, cannabis users are advised to be discreet and never carry more than the caution amount, which varies from one state or territory to another.

Those concerned that cannabis may be seriously affecting their life in important areas such as relationships, child-rearing, job or finances are advised to consider reducing or stopping consumption of the drug. Young people considering experimenting with cannabis are advised to delay this until their body and mind have matured, and to be moderate and responsible.

Cannabis smokers should avoid smoking in the presence of children and in confined areas with non-smokers present. Adults should never forget that they serve as role models for the young.

As the potency and contaminants of different strains may vary widely, cannabis users consuming a new batch are advised to try a small quantity first.

Women who are pregnant, breastfeeding or likely to become pregnant soon are advised to refrain from using cannabis. Those who nevertheless choose use cannabis are advised to minimise usage in terms of quantity as well as frequency.

It is recommended that cannabis consumers allow at least a few hours between their last use of cannabis and driving a car or operating heavy machinery. Those consuming alcohol and

cannabis should allow twice as long.

People who have had a serious mental illness or have a family history of serious mental illness are advised to avoid cannabis and other powerful mood altering drugs. Those still keen to use cannabis are advised to minimise their use and avoid smoking cannabis on their own.

Mixing tobacco and cannabis increases risks and should be avoided. As smoke harms lungs, inhaling the vapour from a vaporiser or eating foods made with cannabis is less damaging than inhaling cannabis smoke. Eating cannabis has less predictable effects than inhaling.

Plastic bottles, rubber hoses, PVC, aluminium or foil, when used to smoke cannabis, may give off toxic fumes while hot. Health risks are lower with a pipe made from glass, steel or brass.

Our Nimbin guidelines note that sharing smoking equipment such as joints, pipes or bongs can spread infections. It is safer if smoking equipment is not shared and is cleaned after every use.

To protect the environment and minimise the risk of starting a fire, all smoking implements, waste or roaches should be carefully and responsibly discarded.

As with the NHMRC guidelines for alcohol, our cannabis guidelines will be revised as additional information becomes available.

Isn't it time we all got real about cannabis?

***Alex Wodak is a physician, director of the Alcohol and Drug Service at St Vincent's Hospital in Sydney and president of the Australian Drug Law Reform Foundation.***

[www.hempembassy.net/safercannabisuseguidelines.html](http://www.hempembassy.net/safercannabisuseguidelines.html)

Well worth reading

**Requiem for a 'Junkie' by a sister**

<http://www.news.com.au/couriermail/story/0,23739,26186937-5012506,00.html>

**Ministerial Council On Drug Strategy - COMMUNIQUE - 27 November 2009**

Ministers responsible for illicit and legal drugs met in Canberra today to tackle some of the big issues facing governments and the community with regard to the harm caused by drugs and alcohol. The meeting was chaired by Simon Corbell, ACT Minister for Police.

Some of the issues discussed included:

National Drug Strategy Consultation paper

Ministers today agreed to seek community input to the development of the National Drug Strategy for 2010 to 2015. Cooperation among the health, law enforcement and education sectors over a long period under successive national drug strategies have seen the rates of use of many illicit drugs notably heroin in Australia fall.

Nonetheless, the harms from drug use remain substantial and new challenges continue to emerge. For example, rates of ecstasy use among young people are rising and there is continuing concern across the Australian community about binge drinking and alcohol-related violence.

A Consultation Paper will be posted on the National Drug Strategy website on 4 December 2009 for public comment until the end of February 2010. Officials will also be conducting targeted consultations with key stakeholders.

These consultations will inform the development of a new draft National Drug Strategy for release by mid-2010.

Dr Alex Wodak from the Australian Drug Law Reform Foundation is preparing a submission for this consultation.

## **UNITED STATES OF AMERICA**

A sign of the changing times

[latimes.com/news/nationworld/nation/la-na-marijuana-ama11-2009nov11,0,3003312.story](http://latimes.com/news/nationworld/nation/la-na-marijuana-ama11-2009nov11,0,3003312.story)

**latimes.com**

### **Medical marijuana gets a boost from major doctors group**

The American Medical Assn. changes its policy to promote clinical research and development of cannabis-based medicines and alternative delivery methods. By John Hoeffel

November 11, 2009

**The American Medical Assn. on Tuesday urged the federal government to reconsider its classification of marijuana as a dangerous drug with no accepted medical use, a significant shift that puts the prestigious group behind calls for more research.**

**The nation's largest physician's organization, with about 250,000 member doctors, the AMA has maintained since 1997 that marijuana should remain a Schedule I controlled substance, the most restrictive category, which also includes heroin and LSD.**

**In changing its policy, the group said its goal was to clear the way to conduct clinical research, develop cannabis-based medicines and devise alternative ways to deliver the drug.**

**"Despite more than 30 years of clinical research, only a small number of randomized, controlled trials have been conducted on smoked cannabis," said Dr. Edward Langston, an AMA board member, noting that the limited number of studies was "insufficient to satisfy the current standards for a prescription drug product."**

**The decision by the organization's delegates at a meeting in Houston marks another step in the evolving view of marijuana, which an AMA report notes was once linked by the federal government to homicidal mania. Since California voters approved the use of medical marijuana in 1996, marijuana has moved steadily into the cultural mainstream spurred by the growing awareness that it can have beneficial effects for some chronically ill people.**

This year, the Obama administration sped up that drift when it ordered federal narcotics

agents not to arrest medical-marijuana users and providers who follow state laws. Polls show broadening support for marijuana legalization.

Thirteen states allow the use of medical marijuana, and about a dozen more have considered it this year.

The AMA, however, also adopted as part of its new policy a sentence that admonishes: "This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product."

The association also rejected a proposal to issue a more forceful call for marijuana to be rescheduled.

Nevertheless, marijuana advocates welcomed the development. "They're clearly taking an open-minded stance and acknowledging that the evidence warrants a review. That is very big," said Bruce Mirken, a spokesman for the Marijuana Policy Project. "It's not surprising that they are moving cautiously and one step at a time, but this is still a very significant change."

Advocates also noted that the AMA rejected an amendment that they said would have undercut the medical marijuana movement. The measure would have made it AMA's policy that "smoking is an inherently unsafe delivery method for any therapeutic agent, and therefore smoked marijuana should not be recommended for medical use."

Dr. Michael M. Miller, a psychiatrist who practices addiction medicine, proposed the amendment. "Smoking is a bad delivery system because you're combusting something and inhaling it," he said.

Reaction from the federal government was muted.

Dawn Dearden with the Drug Enforcement Administration said: "At this point, it's still a Schedule I drug, and we're going to treat it as such." The Food and Drug Administration declined to comment.

In a statement, the office of the White House drug czar reiterated the administration's opposition to legalization and said that it would defer to "the FDA's judgment that the raw marijuana plant cannot meet the standards for identity, strength, quality, purity, packaging and labelling required of medicine."

The DEA classifies drugs into five schedules, with the fifth being the least-restrictive. Schedule II drugs, such as cocaine and morphine, are considered to have a high potential for abuse, but also to have accepted medical uses.

Several petitions have been filed to reschedule marijuana. The first, filed in 1972, bounced back and forth between the DEA and the courts until it died in 1994. A petition filed in 2002 is under consideration.

Kris Hermes, a spokesman for Americans for Safe Access, said that advocates hoped the petition would receive more attention. "Given the change of heart by the AMA, there is every opportunity for the Obama administration to do just that," he said.

In a report released with its new policy, the AMA notes that the organization was "virtually alone" in opposing the first federal restrictions on marijuana, which were adopted in 1937. Cannabis had been used in various medicinal products for years, but fell into disuse in the early 20th century.

Sunil Aggarwal, a medical student at the University of Washington, helped spark the AMA's reconsideration after he researched marijuana's effect on 186 chronically ill patients. "I had reason to believe that there was medical good that could come from these products, and I wanted to see AMA policy reflect that," he said.

The AMA is not the only major doctor's organization to rethink marijuana. Last year, the American College of Physicians, the second-largest physician group, called for "rigorous scientific evaluation of the potential therapeutic benefits of medical marijuana" and an "evidence-based review of marijuana's status as a Schedule I controlled substance."

Last month, the California Medical Assn. passed resolutions that declared the criminalization of marijuana "a failed public health policy" and called on the organization to take part in the debate on changing current policy.

[john.hoeffel@latimes.com](mailto:john.hoeffel@latimes.com) Copyright 2009, The Los Angeles Times

The benefits and costs of legalising cannabis are now being debated on mainstream US television - November 8, 2009

## **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 instalment 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>

## **DrugSense FOCUS Alert #420 - Monday, 23 November 2009**

Today the Washington Post printed a short summary of the current status of marijuana law reform efforts in the United States.

The article is not perfect as the statement "Anti-drug advocates counter with surveys showing high school students nationwide already are more likely to smoke marijuana than tobacco -- and that the five states with the highest rate of adolescent pot use permit medical marijuana." is less than accurate. The government's own studies show that adolescent marijuana use actually decreased after the passage of many of the state medicinal marijuana initiatives. See <http://www.drugwarfacts.org/cms/adolescents>

The International Drug Reform Conference received a prominent mention. Many hundreds of supporters of DrugSense and its Media Awareness Project were there. Mary Jane Borden, the Business Manager for DrugSense and MAP, participated in a very well attended training session 'Making the News: How to Get the Media to Cover Your Issue.'

As a service organization for the drug policy reform community DrugSense is keenly interested in the reform of marijuana laws. We host 136 websites for reform organizations, supply over 200 email lists and discussion forums, and provide news feeds to over 200 reform websites. Our volunteers make the Media Awareness Project possible.

But in these hard economic times we, like all reform organizations, are in need of financial

support to keep all of our activities going. Please consider donating. Please visit our Why Donate to DrugSense

webpage [http://drugsense.org/why\\_donate.htm](http://drugsense.org/why_donate.htm)

A letter to Drug Policy Alliance members from Ethan Nadelmann, Executive Director of the US Drug Policy Alliance, with hyperlink references to some recent US media very favourable to drug law reform.

This is understandably very much a US perspective but then the US role in establishing and maintaining drug prohibition is not to be underestimated.

It is worth reading many of these links - they make a powerful case that change is on the way in the US. That is, change we can believe in

I'm feeling good, really good. The transformation in public opinion and media coverage about marijuana is unprecedented. Our credibility and influence as advocates of drug law reform are increasing by the day. And politicians in Washington and state capitals are saying and doing things about drug policy that I've never heard or seen before.

Three major stories about marijuana appeared in *The New York Times* in the past week - two of them on the [front page](#), and [all of them good](#). *Fortune* magazine had a wonderful [cover story](#) last month on legalizing marijuana, and great articles came out as well in *New York* magazine, *Texas Monthly*, *The Washington Post*, *The Wall Street Journal* and just about every place else. The discussion about legalizing marijuana was upbeat on [This Week with George Stephanopoulos](#) this past Sunday. Even [Lou Dobbs](#) hosted a reasonable discussion. And *Newsweek* ran a very nice profile on me last week it was the first time a mainstream publication like that has ever really gotten it.

What most stunned me was the [Gallup poll](#) released last week on legalizing marijuana. Support for legalizing marijuana use has almost doubled from 23% in 1985 to 44% this year, but even more dramatic is the rapid increase over just the past four years: ten percent-or-more jumps in support among women, people ages 18-49, Democrats, liberals and moderates, people in the West and the Midwest. The almost-10 point gender gap back in 2005 has basically disappeared. Support is 54% among Democrats and 53% among people in the West. Independents are now split evenly; and support even increased by 7% among Republicans.

The [Justice Department guidelines](#) issued last week on prosecuting medical marijuana cases [are good](#). They basically give a green light to state and local governments to get more deeply involved in legally regulating medical marijuana. Members of Congress are introducing various marijuana law reform bills like we've never seen before. In California, our good ally, Assemblyman Tom Ammiano, [held a hearing yesterday](#) on his 'tax and regulate' bill. It's the most substantive such hearing ever held on the issue (to my knowledge), helped by the fact that Tom is the new chair of the Public Safety Committee. And there's a very good chance that an [initiative to legalize marijuana](#), spearheaded by a leading medical marijuana provider, [Richard Lee](#), will appear on the 2010 ballot in California.

But it's not just marijuana. The Obama administration and Congressional leaders are moving forward with reforming the draconian and racially discriminatory crack/powder mandatory minimum drug laws, and it also looks likely that the longstanding ban on using federal funds for needle exchange programs to reduce HIV/AIDS will finally be repealed. The new drug czar sometimes sounds too much like his predecessors but he's clearly more open to dialogue and more supportive of public health approaches than they were.

Outside the United States, both [Mexico](#) and [Argentina](#) recently decriminalized drug

possession and other Latin American nations are considering similar reforms. Portugal, which decriminalized drug possession earlier in the decade, is now being pointed to [as a model](#) of sensible drug policy. Support for heroin maintenance programs keeps growing. Sixty-eight percent of Swiss voters approved prescribing pharmaceutical heroin to addicts in a national referendum, as did the German Parliament a few months ago, while Denmark will shortly become the seventh country to start but the first to skip the research phase and jump straight to implementation. The prestigious New England Journal of Medicine recently published a highly favorable evaluation and editorial on the success of the [Canadian heroin maintenance trial](#).

Neither I nor my colleagues at DPA can claim full credit for any one of these developments, but we've been involved one way or another in most of them pitching the media, shaping stories, advising and lobbying legislators and executive branch officials, helping draft legislation, mobilizing both grass roots and 'grass tops,' building more powerful coalitions, provoking new thinking among professionals who deal with drugs and drug laws, and legitimizing marijuana legalization and broader drug law reform among influential groups that have previously ignored or run from this issue.

There are two mistakes we could make right now. The first would be to underestimate the ability of our opponents to undermine and reverse the progress we're making. But the second could prove even more damaging. That would be to underestimate the potential for rapid and major reform. We MUST make the most of our current momentum.

I am of course grateful for all you've done, and all you can do, to help.

Very truly yours,

Ethan

## **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](mailto: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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