

NEWSLETTER



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NEXT MEETING

Thursday 27 August 2015, 7.30pm
St Ninian's Uniting Church hall,
cnr Mouat and Brigalow Sts, LYNEHAM

Meetings are followed by refreshments and time for a chat.

Editorial

The ice war continues

Senator Jacqui Lambie revealed this month that her 21 year old son has an ice addiction problem and she has solutions to the problem.

He started "dabbling in ice a few years ago", she said. Money and other things went missing, he was becoming erratic and so she asked him to leave their home.

Senator Lambie's solution includes increased rehabilitation and detoxification beds, and she plans to put forward a private member's Bill in the senate to enable parents to force their drug-addicted children into rehabilitation. She says that the ice addicted fall into a special category because they are not in control of their actions. Her outcry is not new and it reflects those of many other parents over the years. One can easily have sympathy for the position she finds herself in.

The call for extra beds and funding for rehabilitation is commendable. A call that not only relates to her home state of Tasmania but throughout all of Australia. Far too much of the drug budget has been spent on law enforcement to the detriment of health and social treatment solutions.

But the proposal to lock up their children in a forced rehab centre is akin to throwing more money into another type of jail when there is no guarantee of success. For parents there may be some mirage of comfort that their child is safe and cared for. But drugs do get into the most secure institution - prisons. Getting drugs into secure rehabs would be easy.

Senator Lambie has had her own battle with addiction and one would have expected that she had learned from those experiences. Perhaps one of those might have been that management of addiction is largely up to the individual. In any event she has maintained contact with her son and that contact and maintenance of the connection to his family can only help in his battle.

Meanwhile Prime Minister Abbott plans to allocate \$1m for a new hotline for members of the public to 'dob in a dealer'. In support of this proposal he said "rehabilitation is important, but punishment is important too taking people off the streets

who are drug dealers is important too ...attacking the 'Mr Bigs' of drugs, that's important". Abbott also plans to seize assets of organised criminals.

This is all well and good but it smacks of duplication. All police forces throughout Australia have a crime stoppers telephone number and there is "proceeds of crime legislation" which allows such assets to be seized. It would be nice to think that most of the proceeds of crime would be allocated to rehabilitation or treatment services.

And the National Ice Taskforce is plodding along. It has presented an interim report to the Prime Minister which identified six action areas for Australian governments:

1. Target primary prevention
2. Improve access to early intervention, treatment and support services
3. Support local communities to respond
4. Improve tools for frontline workers
5. Focus law enforcement actions
6. Improve and consolidate research and data

One has to ask is this a step forward or simply more of the same?

Medical marijuana on hold

The ACT Standing Committee on Health, Ageing, Community and Social Services has tabled its report of its

Inquiry into the exposure draft of the drugs of dependence (cannabis use for medical purposes) amendment Bill 2014 and related discussion paper. This standing committee is charged with inquiring into matters referred by the Assembly on matters that are considered to be of concern to the community including matters relating to ... community, public and mental health. More specifically the Legislative Assembly referred the exposure draft of the Bill to the committee for examination and to report back to the Assembly in August 2015.

The Bill was a proposal to make cannabis available for medical purposes for the terminally ill and for others with serious illnesses for which cannabis was able to help with symptoms such as pain or nausea associated with cancer treatment.

The committee made seven recommendations. The first two it flick-passed on matters of supply of the drug to the Commonwealth Government, the third and fourth recommendations were to join with other states for trials. The fifth recommendation rejected the Bill, and the remainder were insignificant.

Whether it was a matter of politics (the committee comprised Liberal and Labor members and the Bill was put forward by a Greens member) is hard to tell from the report but the committee has effectively killed the Bill and delayed any progress on

medical cannabis for some time. For example the trials being conducted in NSW to which the ACT would join is unlikely to be completed for a number of years thus denying them access to the medicine until completion of the trials. Or run the risk of arrest for using the forbidden drug.

The Commonwealth, if it chose to heed the recommendations of the committee, could take some time to respond. (However it is noted that there appears to be some movement on the issue of supply by the Senate - see article later in this Newsletter.) All the while both ACT and Commonwealth governments will be distracted because of forthcoming elections. Unless it is a vote winner all thoughts of medical cannabis will vanish.

The committee report is disappointing. If it had approached the task in a more positive and constructive way it could have made recommendations to overcome the shortcomings of the Bill and made it workable until the question of supply of the drug was resolved by the Commonwealth. When that occurred the Assembly could make necessary amendments to the ACT legislation to be consistent with the Commonwealth legislation. Instead it chose to take an action that meant many would continue to suffer needlessly.

FFDLR's submission stated in part that 'we are a compassionate society and if the use of cannabis can relieve suffering immediately then it should be allowed.' It is a shame that didn't happen.

The Canberra Times editorial on 16 August was also scathing of the committee and summed it up well when it concluded: The Assembly committee was asked to take a very small leap of faith, but its members have been too timid to do so. Their failure to support a small, imperfect tweak to the law that is only likely to be needed for a short time is a missed opportunity to lead the nation on a change that now seems inevitable. The wait-and-follow approach might make our politicians more comfortable, but it diminishes the ACT's reputation as a leader on important social issues. It also prolongs the pain and stress for those most in need of our support.

Read the full Canberra Times editorial at: <http://bit.ly/1gQUVqh>

Australian-first trial into medicinal marijuana at the Ingham Institute

Megan Drapalski, Macarthur Chronicle, Campbelltown, 6 August 2015

The seeds have been sewn for an Australian-first medical trial to grow into a real benefit for the terminally ill.

Ingham Institute Clinical Trials director, Palliative Care Clinical director at Fairfield's Braeside Hospital and UNSW conjoint associate professor Meera Agar is the driving force behind the first medicinal marijuana trial in Australia, which has been given \$9 million in State Government funding.

The trial, which is due to begin in early 2016, will evaluate whether cannabis can be used as an effective treatment to improve the quality of life for adults with chronic or terminal illnesses.

Specifically, Ms Agar said the trial would be investigating how medicinal marijuana could help cancer patients who suffered from a loss of appetite.

We're trialling it in a unique way by using a vaporiser to administer the leaf at a medicinal rate so we know the exact percentage of THC and CDD," she said.

THC and CDD are the active agents in marijuana and Ms Agar said during the trial they would heat the leaf to release those agents without exposing patients to toxic byproducts such as smoke.

"We want to know what dosing regimen works well and at what level it can be administered without side effects," Ms Agar said.

While the predominant focus of the trial will be the effect of medicinal marijuana on loss of appetite, it is expected that preliminary information will be discovered about the broader impact of the drug on chronically and terminally ill people.

Other symptoms, such as pain, have a "fleet" of options available for treatment, such as morphine, but there are limited treatments for loss of appetite.

Medicinal marijuana has been a polarising issue, however scientific fact and the difference between medicinal and social use has brought politicians from both sides of parliament together in support.

Camden state Liberal MP Chris Patterson said he "absolutely supported" the trial of medicinal marijuana and Campbelltown state Labor MP Greg Warren said the opposition supported the concept of medicinal marijuana for chronic and terminally ill patients for the purpose of relieving pain.

"It's proven to work and proven to be effective when it is administered correctly," he said.

The first trial will take place in Newcastle, however Ms Agar said for the second phase she hoped to include South West Sydney.

Senators give medical marijuana the green light

Adam Gartrell, SMN, 26 July 2015 on Twitter Email Adam

Senators from across the political divide will endorse a bill to legalise medical marijuana despite warnings it could create a

Put this date in your diary

Book launch

The Drug Law Wars:

20 years of families fighting at the front

When: 18 November 2015 at 12:30pm

Where: ACT Legislative Assembly Reception Room.

More info to come...

regulatory nightmare.

Fairfax Media can reveal that a committee made up of Coalition, Labor and crossbench senators will strongly recommend that Parliament pass a cross-party bill to set up a medical marijuana regulator.

Spearheaded by Greens Leader Richard Di Natale, the Regulator of Medicinal Cannabis Bill would effectively make the federal government responsible for overseeing the production, distribution and use of the drug.

The bill was introduced into Parliament last November and sent to a committee in February. After conducting public hearings around the country and attracting almost 200 public submissions, the committee is due to deliver its report in August.

Sources say the committee will back the bill despite strong concerns from the Health Department.

In its submission to the committee, the department said the bill would set up a new regulatory system that would create “complexity and uncertainty” and potentially clash with the Therapeutic Goods Act.

Department secretary Martin Bowles warned the bill left important legal and practical issues unidentified or unresolved, “leading to the risk of regulatory gap, overlapping laws and a lack of clarity about the exercise of jurisdiction by agencies and possible inconsistency with other existing laws”.

The department also warns the bill could contravene some of Australia’s international obligations under the Single Convention on Narcotic Drugs.

But sources say the department is just “flexing its muscles” because it doesn’t like the idea of an independent regulator it cannot control.

Senator Di Natale last month conceded there were obstacles to the bill but insisted none of them were insurmountable. He pointed out other countries had managed to legalise medical marijuana without falling foul of the single convention, and said Australia could do the same.

The regulator is necessary because the Therapeutic Goods Administration was set up to process pharmaceutical products and is not equipped to deal with approvals of herbal medicines, he says.

A recent survey by Palliative Care Australia found more than two-thirds of Australians now back the use of medical marijuana. Just 9 per cent of people oppose it.

Prime Minister Tony Abbott last year threw his support behind the legalisation of the drug.

“I have no problem with the medical use of cannabis just as I have no problem with the medical use of opiates,” he said.

Legalising medical marijuana does not increase teen use, study finds

Benedict Carey, SMH, June 16, 2015

Marijuana use did not increase among teenagers in the US states in which medical marijuana has become legal, researchers report.

The new analysis is the most comprehensive effort to date to

answer a much-debated question: Does decriminalisation of marijuana lead more adolescents to begin using it?

The study found that states that had legalised medical use had higher prevailing rates of teenage marijuana use before enacting the laws, compared with states where the drug remains illegal. Those higher levels were unaffected by the changes in the law, the study found.

The report, published in *The Lancet Psychiatry*, covered a 24-year period and was based on surveys of more than 1 million adolescents in 48 states. The research says nothing about the effect of legalising recreational use, however.

A primary concern on both sides of the debate over medical marijuana has been that loosening marijuana restrictions might send the wrong message to young people, and make the drug both more available and more appealing. Teenagers who develop and sustain a heavy, daily habit increase their risk of having cognitive difficulties later on, several studies now suggest.

Previous research on usage trends in the wake of the laws has been mixed, some reporting evidence of an increase among adolescents and others – including two recent, multistate studies – finding no difference. The new analysis should carry far more weight, experts said, not only because of its size and scope but also because the funders included the National Institute of Drug Abuse, whose director has been outspoken about the risks of increased use.

“We have a war going on over marijuana, and I think both sides have been guilty at times of spinning the data,” said Dr Kevin Hill, an assistant professor of psychiatry at Harvard and director of the substance abuse consultation service at McLean Hospital. “It’s nice to have a scientifically rigorous study to guide policy.”

Dr Hill, author of the book *Marijuana: The Unbiased Truth About the World’s Most Popular Weed*, said this study was about as definitive as could be expected.

Researchers opposed to legalising marijuana, for medical or other purposes, disagreed, saying the study would have to go further to be convincing.

“Medical marijuana laws vary drastically across the US and often take years to be implemented, so what we need to see is the longer-term effects of these laws and the accompanying commercialisation efforts, which this study does not do,” said Kevin Sabett, a former Obama administration adviser and president of the group Smart Approaches to Marijuana, or SAM, which opposes legalisation.

In the study, a research team led by Deborah Hasin of Columbia University analysed data from a large, continuing University of Michigan survey of eighth-, 10th- and 12th-graders, asking about their use of a variety of drugs, including alcohol, tobacco and marijuana.

The team focused on responses to several questions in particular, including those asking about use within the last 30 days and frequency of use. The researchers adjusted the data for factors known to correlate with marijuana use, like gender, education level of parents, and whether a school was urban or rural.

The overall rate of use among teenagers in states that passed laws was 16 per cent, compared with 13 percent in those that had not, the analysis found. The researchers then compared samples of teenagers before and after laws passed in specific states: for example, before and after August 2013 in Illinois, and before

and after April 2007 in New Mexico.

“We showed no hint of an increase at all after the laws were passed,” Ms Hasin said.

The University of Michigan surveys have found that marijuana use among teenagers has been generally on the rise, in contrast to trends in alcohol, opioid and nicotine use – and perceptions of marijuana’s health risks are steadily shrinking.

Those risks are probably small for occasional users who are adolescents, most experts say. But heavy, daily users who start young are at risk of blunting their mental acuity over time, several studies have found, because of biological and social factors that are not yet understood.

The research group is planning to study the effect on usage trends when recreational marijuana is legalised, as in Colorado.

Improving global drug policy: Comparative perspectives and UNGASS 2016

www.brookings.edu, 29 april 2015

As the world prepares for the 2016 Special Session of the United Nations General Assembly on the World Drug Problem (UNGASS 2016), an increasing number of countries around the world now find the regime’s emphasis on punitive approaches to illicit drugs to be problematic and are asking for reform. In this moment of global disagreement, the Brookings project on Improving Global Drug Policy provides a unique comparative evaluation of the effectiveness and costs of international counternarcotics policies and best approaches to reform. Read more at the Brookings website www.brookings.edu.

Cannabis petition forces MPs to consider debating legalisation

The Guardian (UK), Saturday, July 25, 2015

More than 125,000 sign appeal calling for total legalisation hosted on government’s official e-petitions website

A petition calling for the total legalisation of cannabis in the UK has been signed by more than 125,000 people in just four days. The response to an appeal hosted on the government’s official e-petitions website means MPs must now consider debating the issue in parliament. All petitions that reach 100,000 signatures are given such consideration. The petition’s success comes after a persistent campaign on social media, with activist-linked Twitter accounts around the world calling on UK-resident marijuana smokers to sign up.

Illegal drugs laws: Clearing a 50-year- old obstacle to research

David Nutt, PLoS Biology 13(1), January 27, 2015

The United Nations drug control conventions of 1960 and 1971 and later additions have inadvertently resulted in perhaps the greatest restrictions of medical and life sciences research. These conventions now need to be revised to allow neuroscience to progress unimpeded and to assist in the innovation of treatments for brain disorders. In the meantime, local changes, such as the

United Kingdom moving cannabis from Schedule 1 to Schedule 2, should be implemented to allow medical research to develop appropriately.

Many drugs are made “illegal” in an attempt to reduce their availability and so their harms. This control occurs at both national and international levels—in the latter case, in the United Nations conventions that make a whole range of drugs from cannabis to heroin “illegal.” Many people are aware of the challenges to this system of control in terms of human rights abuses by those who seek to implement a prohibitionist approach to drug control, as well as the failure of, and massive collateral damage from, the “War on Drugs” that is currently being waged to stop drug use. Less well known are the perverse restrictions that these laws have had on pharmacology and therapeutics research. Here I will show how they have led to censoring of life science and medical research, with disastrous consequences that have lasted for more than 50 years and counting.

Recently additional controls have started to be developed, provoked by the fear of so-called “legal highs.” These are drugs that mimic the actions of controlled drugs but are of different chemical structures, so they fall outside the UN conventions or local laws. So, for example, the Republic of Ireland has now banned the sale of any chemical that might be used recreationally, a move that if enforced could stop all pharmaceutical research and development in the country. In the United States, city and state governments often move to outlaw novel drugs before the federal government believes it has sufficient evidence to make that determination. Some have been extreme in their lack of understanding of pharmacology. For example, a bill in Maryland would have outlawed any compound with any binding to any cannabinoid receptor, with no mention of thresholds for binding affinity, whether the ligand had agonist or antagonist efficacy, or whether actions at other receptor sites might moderate overall abuse potential. This demonstrates a very extreme version of prohibition, in which molecular entities that have yet to exist are deemed Schedule 1, as if we had absolute ability to perfectly predict the activity of a novel chemical structure.

A copy of the article can be found here: <http://bit.ly/1fnYfYL>

Medical Cannabis - extracts from INCB Annual Report 2014

In the United States, 23 states and the District of Columbia have now enacted legislation allowing for the creation of medical cannabis programmes and establishing vastly divergent regulatory frameworks with respect to eligibility of patients, health conditions for which the medical use of cannabis is permitted, prescription and dispensing practices by health-care professionals and commercial production by licensed suppliers.

The Government of Canada has continued to reform the country’s legal and regulatory framework governing medical cannabis, including through a shift away from production for personal use to a production and distribution framework supplied solely by licensed commercial producers.

Mexico: At the federal level, a bill introduced in February 2014 sought to provide for the creation of a national medical cannabis programme.