

Drug Free Australia Brief Anex Conference

<http://www.amphetamines.org.au/>

Who is Anex?

Anex's website describes their organisation thus:

'Over the past decade, Anex has been dedicated to minimising drug-related harm and maximising the health of individuals, families and communities.

A community-based, not-for-profit organisation, Anex in 2005 celebrated ten years of promoting and supporting Needle and Syringe Programs and the evidence-based approach of harm reduction.

The scientific evidence clearly shows that harm reduction is a genuine, well-recognised and effective public health approach that saves lives and prevents harm without encouraging drug use.

With the current Strategic Plan signed-off in late 2004, 2005 saw a renewed focus on providing a national voice on harm reduction issues; building better community understanding about the success of harm reduction; assisting services to strive for excellence in service delivery; and, establishing a secure and ongoing funding base.'

Anex Vice President – Bill Stronach

While Alex Wodak is the outright prime proponent of drug legalisation within Australia, Bill Stronach is the strongest behind the scenes operator. In 1992, Stronach, as Executive Director of the Australian Drug Foundation boasted to the Washington DC International Conference on Drug Policy Reform"

"But by far the overwhelming source of information that obviously is related to attitudes is the media and we have focused, as an organisation, quite clearly strategically on the media. We have employed journalists not to churn out press releases but to get in there as subversives and work with their colleagues in the main stream press. And that's done through developing very slowly, and very gently, a level of trust, a level of credibility. So we have 24 hour availability of these journalists . . . over the last eight months over 50% of the mainstream printed and radio and television reporting on alcohol and drug issues has been generated by the foundation or filtered through it."

Norman Aisbett, a journalist for the West Australian Weekend Extra (November 30, 2002) recorded in his article on Soros, "The Billionaire, Drugs and Us":

"When Weekend Extra contacted him, Mr Stronach laughed off the comments as 'the worst choice of words I ever made.' He had simply hired two or three journalists to deal with the media because "journos talk better to journos ."

Anex Conference Most Probably a Front to Push Drug Legalisation Agendas

With Stronach's involvement in Anex, and with the publicised guest speaker being Dr Ernest Drucker, backed by drug legalisation luminaries such as Alex Wodak, Tony Trimmingham, Ingrid Van Beek, and a number of speakers from Melbourne's Turning Point (which champions the rights of users to use their drugs legally) the Anex Conference appears to be more about drug legalisation agendas than about objective information on Amphetamines.

Drug Free Australia Profile

Dr Ernest Drucker

PROFESSIONAL BACKGROUND

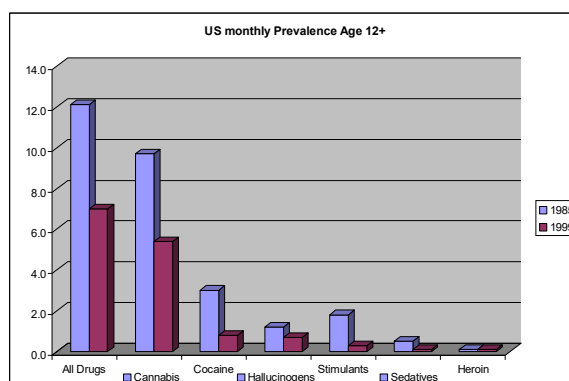
- Currently Professor of Epidemiology and Social Medicine, Montefiore Medical Center/Albert Einstein College of Medicine
- Editor-in-Chief of the journal Addiction Research
- Senior Fellow with the Lindesmith Center/Open Society Institute. Both of these organisations are striving to legalise all illicit drugs in much the same way as alcohol and tobacco is regulated and taxed. Both are funded by billionaire George Soros, who aims to overturn the UN Conventions on Drug Control as verified by his statement on p 200 of his autobiography, Soros on Soros (.jpg of cover and page 200 available) "If it were up to me, I would establish a strictly controlled distributor network through which I would make most drugs, excluding the most dangerous ones like crack, legally available." Soros' current strategy to overturn the UN Drug Control Conventions is found in the Open Society document 'Illicit Drug Policies and the Global HIV Epidemic' recommendations on p 33 at http://www.soros.org/initiatives/health/focus/ihrd/news/drugpolicy_20040316

POSITIONS

The following quotes come from the Drucker article: THE HARM REDUCTION APPROACH TO DRUG CONTROL: INTERNATIONAL PROGRESS by Ethan Nadelmann, Peter Cohen, Ernest Drucker, Ueli Locher, Gerry Stimson and Alex Wodak April 1994 found at: <http://paranoia.lycaeum.org/war.on.drugs/debate/harm-reduction.html>

Against the US War on Drugs

Dr Drucker is vehemently against what he calls the US 'War on Drugs'. He does not acknowledge that the US policy has reduced drug abuse as per the following chart, found in the UN World Drug Report 2000 p 89 http://www.unodc.org/unodc/en/world_drug_report_2000.html



Despite the apparent success of the US drug policy in reducing illicit drug use, Drucker states:

“Prospects for victory in the "war on drugs" in the United States seem no better today than when the war was declared during the mid-1980s. The number of Americans behind bars for drug law violations has risen dramatically to unprecedented levels, yet drug-related problems in most urban ghettos have not diminished. “

The Aim of Abstinence Unattainable, so Drug Policy Pragmatism Logical

Of course, this is akin to Drucker saying that overcoming terrorism is unattainable, so we had best not spend the money fighting it. Capitulation to drug use is a dominant theme.

“Harm reduction” approaches generally view abstinence as the most effective means of avoiding drug-related problems-but not as the only solution for drug users. They reject as unachievable the oft-stated objective of creating a "drug-free society," emphasizing instead the need to design policies that acknowledge the ubiquity of psychoactive drug use in virtually all societies and seek to minimize the harms that result.’

Drug Policy Views Driven by Civil Liberties Agendas

‘Clear distinctions are drawn between drug misuse and controlled use of drugs .6 Notions of "zero tolerance" are seen as antithetical to public health, **civil liberties and human rights** as well as unnecessarily burdensome to the criminal justice system.’

‘Why has harm reduction emerged as a guiding principle of drug control policy in some countries and cities but not in most of the United States and other advanced industrialized democracies? The reasons vary from one country to another -although citizens of each boast of powerful strains of pragmatism and sensibility in their national character. These countries, particularly Australia and the Netherlands, are less receptive to the highly emotional, polarized and longstanding conflicts not only over drugs but abortion, homosexuality, prostitution, gambling, euthanasia and other issues that arouse such sustained moralistic fervor in the United States.’

The Rights of Drug Users More Important Than the Community's Right to Protect Itself from Drug Use

‘The movement to decriminalize marijuana during the 1970s was driven by the realization that criminal sanctions created greater harm than marijuana use itself.’

Proponent of Public-Funded Illicit Drug Prescription Programs

‘The Swiss experimental program, which allows for prescription of cocaine in smokable form, offers a rare opportunity to assess the feasibility of including stimulants in maintenance programs.’

‘The switch to oral methadone could not be neatly justified by reference to scientific studies. The principal controlled study of heroin maintenance-in which ninety-six confirmed heroin addicts requesting a heroin maintenance prescription were randomly allocated to treatment with injectable heroin or oral methadone-found that "refusal to prescribe heroin is...associated with a considerably higher abstinence rate, but at the expense of an increased arrest rate and a higher level of illicit drug involvement and criminal activity among those who did not become abstinent." 115 Most British clinicians, frustrated and tired with both the theory and practice of providing addicts with drugs they otherwise would obtain on the streets, chose to interpret this

study as justification for focussing on abstinence and relying only on oral methadone. 116 This policy eased the task of dealing with drug addicts, but at the cost of excluding others for whom abstinence and oral methadone were unacceptable. The British treatment system was thus poorly prepared to compete with the black market and attract illicit drug users when heroin use rose dramatically in Britain during the 1980s-to about tenfold the number of users in the mid-1960s.'

See also Drucker, E.; Vlahov, D. "[Controlled clinical evaluation of diacetyl morphine for treatment of intractable opiate dependence](#)"

Active Proponent of Cannabis Liberalisation and Legalisation

'Harm reduction principles have also influenced policies regarding cannabis. Although national drug commissions in many countries during the 1970s recommended the decriminalization of cannabis,145 only the Netherlands followed through at the national level. The Baan Commission expressed the harm reduction sentiment that drug laws should not be more damaging to an individual than the use of the drug itself.146 Cannabis can be bought in hundreds of Dutch "coffee shops"-some of which are bars serving alcoholic beverages and food as well.147 Most coffee shops offer a selection of ten or more types of marijuana and hashish at prices somewhat less than current U.S. prices. The Dutch policy appears to have accomplished its objectives.'

Also, see:

Lap, Mario; Drucker, Ernest.
"[Recent changes in the Dutch cannabis trade: The case for regulated domestic production.](#)"
International Journal of Drug Policy. 1994. 5(4): 249-252.

Hints of Full Drug Legalisation Agenda

'Much (but not all) of the opposition to harm reduction initiatives fades when the drugs involved are legal. No government now favors outright prohibition of the production, sale and consumption of cigarettes despite their dangers. They rely instead on high taxes, warning labels, restrictions on times and places of sale and consumption, public information campaigns and numerous other measures to regulate and deter tobacco consumption. These measures have proven successful both in encouraging smokers to quit and discouraging many young people from starting to smoke, particularly in those countries-such as Canada-where they have been employed most aggressively.'

In a NEJM [book review](#) on "Illicit Drugs in a Free Society", edited by Bayer and Oppenheimer (registration required), Ernest Drucker wrote:

'A chapter by Harry Levine and Craig Reinerman (both sociologists) examines the lessons of the prohibition of alcohol, our earlier "great experiment" in drug policy. It was claimed at the time that Prohibition was needed because alcohol was "so addicting and dangerous . . . that it could never be regulated." But 60 years later, we do regulate alcohol (and tobacco), and more effectively each year, judging from declining rates of death in alcohol-related auto accidents. Levine and Reinerman suggest that "most if not all psychoactive substances could be similarly regulated." Twelve major scientific commissions on drug-policy reform (in the United States, Great Britain, and Canada) have recommended regulatory alternatives to drug prohibition, but all have been ignored.'

OTHER QUOTES FROM A JOURNAL ARTICLE EXCERPT BY DR DRUCKER

Quotes below are from Drucker's Drug Prohibition and Public Health: 25 Years of Evidence found at <http://www.questia.com/PM.qst?a=o&se=gglsc&d=5002310009&er=deny>

'WE ARE BY NOW accustomed to sharply opposing viewpoints and conflicting claims about our national drug policy and its results. A succession of Presidents and Congresses have led the field with calls for a "drug-free" America and "zero tolerance" and have enacted drug prohibitions with ever-harsher criminal penalties and more militant (and more expensive) enforcement tactics. In contrast, libertarian reformers like Nobel Prize winner Milton Friedman or conservatives like William F. Buckley, Jr., call for outright legalization of all drugs. And others (this author among them) call for a public health or "harm reduction" approach,[3] reasoning that dangerous drugs will always be with us and that we had better learn how to live with them in a way that minimizes their adverse health and social consequences.'

'Large disparities in drug-related morbidity and mortality appear to be a powerful consequence of prohibition drug policies and their unequal application in our society. (See Table 3.) But they also point to a set of larger problems, evident in the historic relationship of US drug policies to public health. In the United States we have a long history of strong public sentiment about the use of all intoxicating substances--we alone in the Western world altered our national Constitution to ban alcohol for 14 years. Today's drug policies may be understood as the expression of an (almost) innocent wish to make dangerous drugs disappear by legislating their prohibition.'

'Drug laws and their massive, cruel imposition on millions of young men and women--not simply the use of drugs--have stigmatized and estranged our most disadvantaged minorities, creating a "new American Gulag"[18] with its own archipelago of prisons, jails, courts, probation, parole, and, most recently, compulsory treatment as an alternative to incarceration, blurring the boundary between treatment and punishment. As we build prisons instead of schools, the images of young black men being arrested and imprisoned for drug offenses continue to fill the news media.'