



Promoting Illicit Drug Prevention Initiatives Nationally

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By email: info@vngoc.org

Vienna NGO Committee on Drugs
Wagramer Straße 5, P.O. Box 14
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Austria

Re: Harm Reduction Australia's stance on illicit drug use in Australia

Drug Free Australia has grave concerns about the recent publication circulated by Harm Reduction Australia. A copy of the publication is attached. Our concerns relate to claims made by HRA and we offer evidence to refute these as follows:

a. Claims of lack of transparency in the operations of the INCB.

HRA has made six (6) suggestions about the INCB operations in their letter. They are:

1. Disclose INCB documentation like other similar UN bodies
2. Opt-in to the UN online documentation access and archival system
3. Extend the civil society consultations to all areas of work of the board
4. Call for and collect written contributions from non-State members
5. Allow NGOs and non-State actors to participate as observers in INCB meetings
6. Scale-up 'country visits' inspired in the human rights treaty bodies Annual review Mechanism

What the suggestions don't take into account is the actual role of the INCB, which has always been to be an independent, confidential body to monitor compliance the United Nations Drug Control Conventions. The independent nature of the INCB's role is made clear in the following: [03-90839_text.qxd \(incb.org\)](#)

Our concern is that Harm Reduction Australia, along with its civil society membership, aligns with the Soros Open Society's drug legalisation agenda, and as such, opposes the very foundation of the spirit of the United Nations Drug Control Conventions, which are designed to protect even the smallest of nations and their communities. HRA also appears to align with Open Society's approach which uses wealth to fund so-called public-private partnerships to drive their pro-drug agenda.

It is well known that the Open Society model is to insert civil society into the democratic process, where charitable and government-funded organisations get to have a say in international policy formation. These civil society organisations are anything but elected by a national vote. It seeks to manipulate international policy by sheer wealth. This is achieved by wealthy people of influence increasing the number of civil society charities under their control. It is well known that Soros charities are counted in hundreds in the US alone, (perhaps thousands worldwide), where one or a few wealthy donors can thereby undemocratically sway international policy to suit themselves.

It follows that the signatories to the HRA letters sent to the United Nations in support of the "suggestions" about the INCB's role, are under the banner of drug liberalisation and legalisation, using a compassionate platform of medicinal cannabis laws.

In their approach to human rights, the evidence is clear - that drug liberal jurisdictions increase drug use; this has a highly detrimental impact on the communities affected, and the 'Rights of the Child' are completely discounted. Do we want a further increase in human misery caused by drugs?

The fall-out from the six suggestions made in the Harm Reduction Australia letter, should be very carefully considered, in view of the undue influence they would have.

Drug Free Australia therefore urges caution and balance when it comes to undue influence of regulatory bodies such as the INCB. Their role is vital to maintaining the integrity of the UN Drug Control Conventions, and the stance taken by Member States. The votes of Member States are significant because it represents the stance of the majority of people within our global communities.

When the six points are considered, they each reflect a desire to insert unelected representatives into the international drug policy debate. Globally, there are many issues that arise from HRA's 'suggestions', including, but not limited to:

- Lack of adherence to national and cultural sensitivities, privacy and confidentiality and issues of trust currently being shared between Member States and INCB advisers;
- Erosion of the positive impact of the INCB in assisting Member States' with advice on drug policies, funding and in-kind support, if Member States feel that their issues are being dealt with through a global lens.
- Reduction in effective, sustained drug use prevention initiatives, which would exacerbate Member States' drug issues.

This is concerning threat to the rights of all Member States, and in particular to the UN Drug Control Conventions that aim to safeguard communities worldwide; something to be resisted, not acquiesced to.

b. **Claims of 'incredibly harmful cannabis laws that exist across Australia and result in tens of thousands of people being arrested every year for personal use and possession.**

This paints a misleading and somewhat exaggerated picture of the actual criminal justice systems in Australia with regard to personal possession of drugs and their use, where HRA's statement would lead a reader to think that tens of thousands of Australians are being incarcerated for cannabis use.

The current position is that personal use of drugs in Australia is managed through Drug Diversion Programs, where people are given treatment and counselling, not incarceration. Drug Courts also play a large role in this regard. [Drug Courts - Australasian Institute of Judicial Administration - Australasian Institute of Judicial Administration \(aija.org.au\)](#). In some states, cannabis use has been decriminalized and at worst may attract an expiation notice, similar to a parking fine.

From 2018–19 to 2019–20, illicit drug offences decreased by 11% (6,812 defendants). Some of the decrease may be the result of 'lower level' offences (such as minor drug possession) being diverted from the courts (ABS 2021a). Of defendants proven guilty in the Magistrates' Courts for a principal offence of illicit drug offences (42,181 defendants), 3 in 5 (62%, or 25,960) were sentenced to fines. A further 7.9% were given a custodial sentence (ABS 2021a) (Table S3.55). [Alcohol, tobacco & other drugs in Australia, People in contact with the criminal justice system - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

Our information is that people who manufacture and traffic drugs may be incarcerated in Australia, but those who have drugs for personal use, may be jailed for other associated offences, such as theft, assault or the like.

c. **HRA's commitment to reforming the current roadside drug testing regimes and laws which only test for the presence of a drug and not impairment.**

Drug Free Australia's stance:

Illegal drugs are controlled and illegal because of the level of harm they cause, both for mental and physical health of users. Therefore, any use of these in drug driving testing should be considered an offense, with possible harms to other road users, as well as those driving. With regard to the issue of impact of cannabis and driving (including medicinal cannabis) the following are examples of some key evidence on this issue:

1. The relationship between blood levels of tetrahydrocannabinol (THC) and crash risk is not as well understood as for other drugs because it has complex pharmacokinetics. However, just the presence of measurable levels of THC is associated with an increased crash risk.

References:

- Berghaus G, et al. Meta-analysis of empirical studies concerning the effects of medicines and illegal drugs including pharmacokinetics on safe driving. 2011, University of Würzburg.
 - Ogden E, et al. The relationship between accident culpability and presence of drugs in blood from injured Victorian drivers. In: 19th International Council on Alcohol Drugs and Traffic Safety. 2010: Oslo
2. DFA's findings in the case against medicinal cannabis and driving. Cannabinoids can cause impairment and affect fitness to drive. Patients prescribed a cannabis medicine may already be unfit to drive due to their health condition or treatment (e.g. impaired motor control, risk of seizures). A person's fitness to drive can be affected by impaired sensory, cognitive and motor functions, possibly resulting in a crash causing death or injury. Approved medicinal cannabis gives warnings about driving while using.

References:

- Cannabis-and-Driving-Fact-Sheet-Health-Professionals-FINAL.pdf (nsw.gov.au)
 - **Epidiolex:** Cannabidiol oral solution | Epilepsy Foundation
 - **Sativex:** Sativex® may impair the mental and/or physical abilities required for certain potentially hazardous activities such as driving a car. People who experience any significant side effects should not drive, operate machinery or take part in any activity that could prove hazardous. Sativex® (nabiximols) (NEW) | Multiple Sclerosis Society of NZ Multiple Sclerosis Society of NZ (msnz.org.nz)
3. The wait time, after using cannabis can be too long for many. There is a high risk of cannabis users driving too soon after use, even within an hour of smoking or ingestion. Studies indicate that the wait time should be at least 6 to 8 hours. Longer time spans are recommended for infrequent users. Acute cannabis consumption is associated with increased road trauma.

References:

- Alvarez FJ, Fierro I, Del Rio MC. Cannabis and driving: results from a general population survey. *Forensic Science International*. 2007; 170(2–3): 111–116.
- Walsh GW, Mann RE. On the high road: driving under the influence of cannabis in Ontario. *Canadian Journal of Public Health* 1999; 90(4): 260–263

- Asbridge M, Hayden JA, Cartwright JL. Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis. *British Medical Journal*. 2012. 344: e536.
 - Mura P, et al. Use of drugs of abuse in less than 30-year-old drivers killed in a road crash in France: a spectacular increase for cannabis, cocaine and amphetamines. *Forensic Science International*, 2006. 160(2–3): 168–172
4. Multiple studies have found that marijuana use can cause serious impairments on driving-related tasks and lead to drug-impaired driving

References :

- (Ogourtsova et al, 2018; Hartman et al, 2015; Battistella et al, 2013). The studies have shown that driving while after using cannabis produces the following effects:
- Temporary impact on reaction time and motor coordination in complex driving situations.
- Changed perception of time and speed.
- Temporary impairment of short-term memory and decision-making processes causing divided attention in complex and time-pressured situations.
- Worsened overall driving performance when measured and assessed with driving simulation techniques (e.g. having trouble maintaining lateral road position within a single lane).

We trust that this information will assist the VNOGC to take a measured and responsible stance on these matters, and we look forward to your response and/or further discussion/questions on the issues.

Yours faithfully

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