



# Will the real Drug Policy 'emphasis' please stand up!

A brief look at the confusing messages emerging from current  
'prevention' application in Australian drug policy.

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“Will the real ‘Drug policy’ please stand up!”

## QUIT – MODERATE – ACCOMMODATE? WHICH EMPHASIS ARE WE FOLLOWING?

What is going on with Australian Drug Policy Prevention application? It appears to be struggling with, what can only be described, as a Dis-associative Identity Disorder (D.I.D). The current interpretation continues to baffle the average Australian, and leaves many of us who are active in the Alcohol and Other Drug (AOD) field scratching our heads in bewilderment and sometimes utter disbelief!

### SMOKING - The new leprosy?

The growing and relentless assault against tobacco via the **QUIT** campaign is something only ‘mushrooms’ would know little of. This vital and effective demand-reduction and education ‘war’ has been clear from its inception, and has continued to burgeon, evermore aggressively to the crusade we now see today.

The message is at the very least unambiguous, at times, bombastic! There is no guessing what the outcome of this endeavour is to be. The message and mandate is not ‘slow down’, it is not ‘moderate’ it is QUIT. The end game is the only game. There are no illusions about the time it may take to reach that goal, but that goal is the only target to aim at and as a consequence measures and outcomes are effective - more and more Australians are quitting!

Let’s commence by acknowledging the following principle, which is all but irrefutable... *accessibility, availability and permissibility all increase consumption*. When you reduce these, you reduce consumption. For example, the following details shows how education and legislation all reduced demand. Accessibility, availability and permissibility are all restricted and consumption drops.

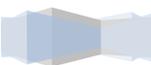
*In 1945 approximately 72% of Australian men smoked. The rate has been dropping ever since then. In 2007 only 18% of Australian males were daily smokers. In 1945 26% of Australian women smoked...In 2007 women were smoking at a lower rate than men with 15.2% still smoking daily. <sup>1</sup>*

- *increases in getting help to quit smoking, especially use of the Quitline (2% to 4%) and nicotine replacement therapy (7% to 10%);*
  - *increase in one year quit rate from 8% to 11% among smokers and recent quitters;*
  - *a statistically significant reduction of about 1.5% in the estimated adult prevalence of smoking.*
- <sup>2</sup>

However, as successful as this message has been, the fight is not over yet, as the following excerpt so irrefutably affirms...

*“ANTI-SMOKING campaigners have far from finished their battle with the tobacco industry, with some pushing for a “license to smoke” and many predicting that cigarettes could be outlawed within a decade.” <sup>3</sup>*

Well so was the bold opening statement in recent article ‘**Now butt out: new push seeks to outlaw cigarettes**’ in The Age Newspaper.



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Fascinating...outlawing cigarettes, even though around 17% of Australians are still smoking - outrageous! The article went on to note that if such a ban were to take place the government would stand to lose around \$6 billion dollars in tax revenue, but save an estimated \$31 billion dollars currently spent per annum on smoking related health problems.

No doubt to everyone who is not a smoker this makes good health and fiscal sense...maybe even to some smokers too?

So how is that we have managed to convince a society that a ban could actually be possible on a legal drug - tobacco, that in its boom era (during the 40's, 50's and 60's) was a key social accessory, that a legal ban be actually possible? A quick inventory of the processes engaged may give us some insight...

***"We're Australians.  
We can make laws in  
Australia to protect  
Australians..."***

Nicola Roxon – Federal  
Minister for Health

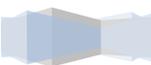
- A clear and uncompromising acknowledgement from health, government and fiscal sectors that cigarette smoking was damaging our community.
- The ensuing resolve that this must change for both fiscal, but more importantly, health reasons.
- The continuing single voice of disapproval of cigarettes from academics, politicians and health professionals. (Stopped the propaganda of the pro-smoking academics/doctors and started the recognition of the undeniable facts that *'every cigarette is doing you damage'*.)
- The sustained political will to create and implement policies to bring about change, including increased taxation, total advertising 'blackouts' and bans on smoking in defined places.
- These have been followed by the creation and implementation of Demand Reduction strategies that only grow in number and intensity and the relentless public education campaign on the dangers of smoking.

It would appear from both empirical data that such resolute policies work...even with a once widely accepted and socially palatable 'legal drug' like tobacco.

In a recent war of words over the zealous, if not poorly thought through, 'plain packaging' strategy, the Federal Minister for Health Nicola Roxon was quoted as saying.... *"Big tobacco are fighting to protect their profits, but we are fighting to save lives."*<sup>4</sup> If that vitriol wasn't enough, she was also quoted in the *Australian Newspaper*, again in regard to challenges to the plain packaging strategy ...*"We're Australians. We can make laws in Australia to protect Australians..."*<sup>5</sup> Feisty! I like it! However, comes the question... protect Australians from what? Well, *Captain Obvious* may answer that in this context it would be protection from the health and health budget destroying wrecking ball that is tobacco.

But is 'health' the real motivator that is underpinning this zeal for the wellbeing of Australians? I hope it is, but the utter inconsistency of this focused passion belies another agenda. Or is it that some people just can't see the utter inconsistencies or, at worst, hypocrisies of this unbalanced policy focus?

If 'health' was the sole or main issue, then wouldn't that same zeal, that same passion for justice of *Aussie's Health* be mirrored in other areas of drug policy too? I mean, Roxon is pursuing a policy – plain



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packaging – that has a number of downsides to it, and only small possibility of a reduction in smoking - But that was enough, it seems, for her to implement the policy! Great I say, go for it, but why doesn’t this same ‘doggedness’ apply to the two other big monsters in the drug arena?

The Federal minister seems passionate about the anti-smoking message, passionate enough to make those sweeping statements we just read - *‘fighting to save lives!’* - *‘Making laws to protect Australians!’* and pursuing every possible vehicle to **STOP** people killing themselves (and our health budgets) on the way.

In a very recent interview published by the *Financial Review*, we get a glimpse into some of the motivators behind Roxon’s campaign against tobacco – ‘This is a defining moment for Roxon one that transcends politics and is deeply personal. Her father, a one-time smoker, died of oesophageal cancer at the age of 42...’ *“All of us girls keenly felt the loss of not having our father as we grew up but that is not the same as being out on the street as some families are...it has made me very aware of the impact that smoking can have,”* Said Roxon. This mother of a 6 year old daughter went on in the interview to declare that, *“This fight is about the past and the future. “We might be making the world a healthier place for our children, and that is very motivating. I don’t think the political gains will be very high or very quick, but the long-term health impact and feeling [that] you are in government to do some good is rewarding.”*\*

*“All of us girls keenly felt the loss of not having our father as we grew up...it made me very aware of the impact that smoking can have.”*

Nicola Roxon

I have no issue at all with this motivation from Roxon, I mean it is the personal encounter with tragedy and/or the grief of loss/dysfunction that adds undisputable weight to the abundance of health-destroying evidence that exists. But again, why isn’t this same passion for health/safety/future of children applied to the other life and health destroying drugs in the ‘recreational’ arena? Nicola would do well to spend time at Rehabilitation clinics, with families of alcohol and other drug using individuals who have not only shattered their lives but their families. Countless stories of lives and potential ruined at young ages because a drug was *accessible, permissible, available and cheap*. This very powerful evidence should also inform the prevention focused emphasis of alcohol and other drugs policy platform. All measures including high volumetric tax, plus clear and powerful warning labels should also be taken immediately to further ensure that children and families have the greatest protection from the damage of these drugs.

### Alcohol – The protected substance?

When it comes to the other ‘legal drug’ the (it would appear) culturally entrenched alcohol - options for management have one glaring omission. Can you guess what it might be? No prizes if you said ‘QUIT’. The conspicuousness of the absence of this goal in the strategy is probably the noisiest of all elephants in the ‘Drug policy’ room. So, why is that?

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We seem to have no problems creating what ‘defenders of the right to self destruct’ call a ‘Nanny State’ posture when it comes to cigarette smokers or our indigenous communities for that matter - But when it comes to the rest of the population quitting or abstaining from alcohol, then howls of derision chanting anti-‘Nanny State’ mantras are deafening!

James Campbell in his article **‘wowers enough to drive you to drink’** featured in Herald-Sun <sup>6</sup> drew out, in his classic libertine framework article, some of the same inconsistencies we are bringing to attention in this paper - but I’m quick to add, for very different reasons. (Of course James would never have used the term ‘wower’ in his title if he had even an inkling of what it stands for – *We Only Want Social Evils Rectified* – This of course is what all socially responsible people want. Yes, a free society, but a freedom that doesn’t disregard a) the liberty, safety and wellbeing of others b) the protection of the young, and c) bestowal of dignity on every human being... all of which are casualties when the imbibing begins.)

‘The point now is what do we do with that information? Certainly promoting abstinence as an option should be absolutely imperative, but that’s the problem, the ‘A’ word isn’t permitted, even in the ‘optional’ category!’

In his article he noted the data and subsequent recommendations recently released by the Cancer Council, but also what he has interpreted their seeming ‘double standard’ on the ‘drink’ issue. Professor Olver was quoted in the Age as saying... ***“If you want to reduce your cancer risk as far as possible [abstinence] would be the option you have.”***<sup>7</sup> yet in his article, Campbell states they stopped short of recommending abstinence from alcohol and settled for NHRMC recommendations of ‘a couple of standard drinks at any time’.

Now whilst I can see the point of incongruence, I would like to challenge Campbell’s ‘framing’ of the response. It is clear that not all cancers are caused or even added to, by alcohol, but it is equally clear, through evidence based science, that alcohol is carcinogenic.\*

The point now is what do we do with that information? Certainly promoting abstinence as an option should be absolutely imperative...but that’s the problem... the ‘A’ word isn’t permitted, even in the ‘optional’ category!

Our culture is either so deeply addicted to this drug or so completely gripped by fear at being labeled something less than human because they don’t drink, that they actually cannot see the option of saying ‘No Thank you!’

Now if this was just, fully developed ‘grown ups’ who don’t care about their health or even worse, are self-medicating the vicissitudes of life with the grog, and never venture into the public space and expose others in the community to their less than sober persona, I suppose it would make less difference if one ‘partook’ (except for the medical and health bills the tax payer will have to fund)! However, it is the vulnerable in our society - the young (under 25 - still developing brains), the mentally ill, the socially and

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relationally isolated, the violent, the elderly, children and often women, who end up casualties of not only their own drinking, but that of others!

Whilst the link between cigarettes and disease is clear, it is no less clear with alcohol...

*Alcohol consumption is the world’s third largest risk factor for disease and disability; in middle-income countries, it is the greatest risk. Alcohol is a causal factor in 60 types of diseases and injuries and a component cause in 200 others. Almost 4% (1 in 25) of all deaths worldwide are attributed to alcohol, greater than deaths caused by HIV/AIDS, violence or tuberculosis.<sup>8</sup>*

A couple of questions that are often conspicuous by their absence, when it comes to the inconsistencies in drug policy when dealing with tobacco and alcohol, are to do with impact on others. Yes, it is good to have gone to considerable lengths to minimise ‘passive smoking’, but what of the impact of what Professor Rob Moodie calls ‘passive drinking’? A couple of quick questions to ponder...

***When was the last time a cigarette caused a man to beat his wife to death?***

***When was the last time a cigarette caused an automobile accident killing two and disabling one for life?***

***When was the last time a cigarette caused a pub brawl or ‘glassing’ incident?***

*The real tragedy in all this ‘cultural reinforcement’ is that the imperative message for this demographic of abstinence, and delayed onset of drinking as long as possible, has completely disappeared.*

For the sake of brevity (and being seen to be too merciless on the sensibility of the Aussie imbibers) the following are just some of the long known, but only recently quantified data on this so called ‘social lubricant’....

- a) **Fiscal Cost:** *The research by the Australian Education and Rehabilitation Foundation (AER Foundation) has now put the total economic impact of alcohol misuse at \$36 billion per annum which is over double 2005 estimates. This comprises \$24.7 billion in tangible costs, which include out-of-pocket expenses, forgone wages or productivity and hospital and childcare protection costs. There are a further \$11.6 billion in intangible costs, which includes lost quality of life from someone else’s drinking<sup>9</sup>*
- b) **Consumption:** *Drinking more than ever before, at least 10.2 litres pure alcohol per person per annum<sup>10</sup>*
- c) **Cancer:** *“Alcohol use has been linked to thousands of cases of cancers including bowel, mouth, pharynx and larynx. 1 in 5 cases of breast cancer are linked to alcohol”.<sup>11</sup>*
- d) **Violence:** *There are more than 70,000 Australians who are victims of alcohol related assaults each year...alcohol-fuelled violence and abuse affects one in five people<sup>12</sup>*

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- e) **Emergency Services:** Ambulance Call outs in Greater Melbourne alone, for predominantly alcohol abuse have increased almost 600%: 1998-99: 1043 by 2008-09 it was 6924 <sup>13</sup>
- f) **Crime** - *In just one State alone, alcohol-related crime in Queensland has increased by 30 per cent, and public disorder offences by 65 per cent just in the past few years alone...Alcohol abuse in Queensland is now responsible for 100,000 crimes annually, or one-quarter of all offences.*<sup>14</sup>

You get the point! This is, if not worse, then at the very least as bad as the smoking issue.... So, why aren't all zeal, all passion and all strategies being implemented to prevent or stop the impact of alcohol on the Australian people and the economy?

So entrenched is the alcohol culture that according to the Australian Drug Foundation, parental supply has eclipsed all other sources of supply of alcohol to children aged 12-17. Now the excuses tabled for this kind of outrageous conduct are as follows...

- a) Parents want to either, initiate their child into alcohol ‘wisely’ or at least ‘know’ how much they are drinking.
- b) Parents want to be friends with their child and not parents. Believing they are avoiding stress at home by giving in to negative social influences.
- c) Parents believe that if their children are going to ‘experiment’ then it’s better to do so with the legal drug.
- d) *‘It’s part of being Aussie, it’s gunna happen, so might as well try and be ‘responsible’ and give them a hand in using this legal drug ‘properly’.*

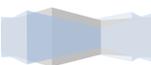
So, how has that been working for us as a community? Well the evidence seems to correspond with the mindset. Again an Australian Drug Foundation recent release shows that **by 16, one in five teenagers regularly binge drinks; by 18 it is 50 per cent.**

It would appear this level of *permissibility* has only added to *accessibility* and *availability* and thus consumption has increased. I mean... *‘after all Mum and Dad are giving it to me and they use it, so it must be ok?’*

The real tragedy in all this ‘cultural reinforcement’ is that the imperative message for this vulnerable demographic of *abstinence and delayed onset of drinking* as long as possible, has completely disappeared. All the scientific evidence reveals that their vulnerable developing brains need this option to be aggressively promoted as best practice and their parents, above all, need to get this reality check too.

*‘After all mum and dad are giving it to me and they use it, so it must be ok?’*

Again, what continues to generate this disconnect between policy emphasis around the legal drugs of tobacco and alcohol? Both drugs are legal, but perhaps smoking an easy target now that fewer Australians do it, and is marginalised so much that scathing vitriol and uncompromising legislation will have little opposition?



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But, not so with alcohol - Whilst approximately 14% of Australians who are legally permitted to drink, don't, the amount of alcohol being consumed per person, per annum is near record highs. It would seem that challenging this second ‘monster’ can prove a difficulty, if a) votes matter b) the power brokers themselves are unable to say *NO* to alcohol; c) It has become the central and often sole ‘social amenity’ or even worse, d) it becomes the medication of choice for the ever growing epidemic of community wide psycho-social dysthymia.

Whatever the reason, a clear gulf exists in zeal, attention and endeavour when we juxtapose tobacco and alcohol. A gulf that screams, at best inconsistency, but at worst hypocrisy!

### ***A quick recap...***

When it comes to tobacco the policy aim for smoking is ‘quit’, and we have no problem aggressively challenging ‘smoking’ as a reckless act that needs stronger management. We have used Prohibition in its legal context to prevent smoking in a number of places and breaches of such prohibitions have met with not only social censure, but a fiscal punitive response - fines. And in this framework there appears no fear about attracting the pejorative ‘nanny state’ label.

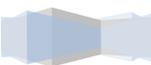
When it comes to Alcohol, the policy aim (at the moment at least) is to avoid the ‘nanny state’ label, calling instead for management, more like a caring friend provoking a peer to a healthier choice. So the push seems to be toward ‘moderation’.

But what is happening in the arena of current illicit drug policy?

### **We appear to be losing the plot – the pro-drug lobby is trying to take over the judiciary, if not legislature!**

When it comes to illicit drugs there appears to be a departure from all regulatory sanity. The ‘State’, on whose advice we can easily guess (George Soros funded propagandists) works ruthlessly to assassinate, mutilate and bury all processes that are focused on prevention or abstinence. Such processes the patronizingly dump into the ‘Nanny-State’ model/basket . Nor, would it seem are they interested in a Good Parent model, or even the ‘caring friend’ model... No, it would appear from all current debate this confederacy has opted for the *‘go with whatever feeling grabs you; it’s your ‘right’ and let the State clean up the mess’* approach!

There appears little to no censure, no label of ‘bad’ or ‘harmful’ or ‘destructive’ to the conduct that is illicit drug using. In fact great pains are taken to remove all terms from public documents that could potentially ‘marginalise’ the drug user. Whilst ‘name calling’ should never be condoned, conduct that is



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illegal and destructive needs to be called for what it is and measures taken to change it. Whether the terms are legal or medical, they can never be ‘neutral’, or worse complimentary and condoning.

What is of greater concern is the tacit message oozing through the permissive interpretation of Harm Minimisation policy by the Harm Reduction Only Lobby, which is that the State sanctions and promotes - not challenges or changes - a drug user’s ‘habit’. (Yet it is the ‘habit’ that needs to change - more on that later.)

For example, the seem to be saying :

- a) Please come to a special place with your illegal substance and we will assist you to take the drug of your choice (Medically Supervised Injecting Centre - MSIC). At no point will anyone ‘judge’ you for your ‘lifestyle choice’. Instead we will ensure you are comfortable and enabled in your drug taking activity whilst funding this process with tax-payer’s money. (No matter that this process breaks international laws on illicit drug use)
- b) We will give you as many clean ‘needles’ as you like and will not hold you accountable for the return of used ones. In fact we will pay someone to go around and pick up your discarded syringes so you can continue to be **free** (not irresponsible, that would be pejorative) to continue, unhindered in your substance use, wherever and whenever you choose.
- c) If the substance user opts to seek a change in conduct, only then may we humbly recommend a referral to a treatment facility. However, after we have just enabled you to continue your substance abuse (in our MSIC) and you are ‘feeling’ better (yet getting worse) after your State assisted ‘fix’, then it is unlikely that you’ll ‘feel’ the need for detox, let alone rehabilitate. So, the passive referral is ignored or forgotten.
- d) If you are one of the single digit percentage of substance users that actually ‘follows through’ on referral, then no requirement will be placed on you to become **drug free**. No, we are only interested in trying to minimise your potential to kill yourself and make you as comfortable as possible. We will introduce you to other substances that may, or may not lead you to drug free recovery, but again, that is NOT our aim. This, after all, is only for the ‘problematic’ drug user and we must not have anyone feeling discomfort or distress from the withdrawal from drug use, even if is for a week - That would be ‘unkind’. So rather than treat you like a precious, intelligent, whole human being, we’ll simply treat you like a wounded pet and only treat the symptoms and not address the real problem.
- e) The recent aggressive upsurge of promotion and use of, so called, ‘legal highs’ has produced an even clearer manifestation of this policy D.I.D/hypocrisy/inconsistencies. As these synthesized ‘designer’ concoctions started getting a more public profile, several States in Australia were quick to react by imposing age restrictions and then applying significant financial penalties (six figure fines) for those involved in distributing/using these products. Yet in some of these same States the use of current illicit drugs such as cannabis (and other currently illicit drugs that have clearly documented health damaging properties) attracts no more than a slap on the wrist for use and little more for trafficking!



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It would seem no effort is spared, to ensure the drug user is rarely, if ever, is called to make changes. More than that, and at any point, an act of horrendous nature can be perpetrated against another citizen as we saw recently in the senseless murder of a deaf octogenarian pensioner, murdered by yet another (it would appear by the new label) ‘problematic drug user’. Diminished responsibility, mitigation, equivocation, even obfuscation, are employed to avoid ownership of the issue by the substance user. What’s more disturbing is that at no point is the abysmally interpreted Harm Minimisation Policy used to bring about change, let alone drug free wellness of these dysfunctional people.

The following (conveniently) long forgotten words of the remarkable Statesmen, Edmund Burke, are even more appropriate today than at any other time in recent history...

*"Men are qualified for liberty in exact proportion to their disposition to put moral chains upon their own appetites... Society cannot exist, unless a controlling power upon will and appetite be placed somewhere; and the less of it there is within, the more there must be without. It is ordained in the eternal constitution of things, that men of intemperate minds cannot be free. Their passions forge their fetters."* Sir Edmund Burke

The very thing that is needed as outlined by Burke is the very thing the pro-drug lobby works tirelessly to negate. Morality is ‘off the table’ in this arena (The only time morality is invoked these days is when it comes to climate change; nowhere else is this allowed in the public discourse) In this ‘amoral’ space all attempts to impugn drug taking are perceivably removed. Terms like ‘wrong’, ‘bad’ ‘irresponsible’ are no longer permitted. So, if it is no longer referred to as ‘wrong’ then comes the next manipulative question: on what grounds should substance use still be *illegal*? The next step is to turn the debate into a purely ‘health’ issue. It is true, it is also a health issue, but, it is still a social, psychological and moral issue as well. But even just at the level of health policy, would think that all measures should be taken to rectify the dysfunction /disorder/ailment in order to remove the health damaging substances at least from the patient, even if not the community. Ah, but no, that’s not the agenda of this lobby faction is it!

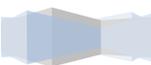
The health issue is invoked only to manage some of the damage of substance taking and other second tier outcomes of these bad health choices, such as blood borne infections and or death. The call now in this decriminalised, so called amoral and consequence avoiding space, is that all health measures be taken to keep the patient alive and as healthy as possible to continue their ‘lifestyle choice’ of drug consumption.

### **This is not Australian – Time to Stand up!**

At the moment the vast majority of Australians are still smart enough to know (perhaps drug free enough to know) that ultimately there is absolutely no gain/benefit in illicit drug use for individuals or society;

- The current National Household survey (2007) has the vast majority of Australians declaring their disapproval of illicit drugs and their use.

**99% don’t want use of hard drugs accepted**



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**95% don’t want hard drugs legalized**

**94% don’t want use of cannabis accepted**

**79% don’t want cannabis legalized**

**Most Australians want tougher penalties for drug dealers.<sup>15</sup>**

- The largest youth survey done in our nation with a sample of around 50,000 young people saw alcohol and others drugs as the second highest on ‘what is an important issue for Australia’. This issue is the most worrying to the youngest in this most susceptible to damage of Australia’s demographic – the ones we need most protect – our children<sup>16</sup>

When the overwhelming majority of people disapprove of illicit drugs, it might just be a cue to do something more significant than concede ground to it. You’d think that even the process (let alone value) of democracy, had any weight then the above mentioned majority opinion would mandate all and every action be taken to eradicate illicit drug use from society. According to collected data, around 6% of the world’s population aged between 15 and 64 currently use illicit drugs.<sup>17</sup> Australia’s stats are only a little higher than that. So here we have a user group that is arguably (at most) between a half or a third of current tobacco users, who are involved in a willful breaking of the law to their own and the wider community’s detriment generating an exorbitant cost to our community.

So what has the response been to this? Well, it depends on where you look, who you talk to and who is playing the strings of the propaganda harp.

In recent years there has been a rising noise, about the need for illicit drug policy change. The standard mantra has been ‘the war on drugs has failed!’ Consequently we need to stop and rethink our processes and priorities.

### **What ‘war on drugs’? Where did this notion come from?**

Well, let’s pretend for a moment there actually was a ‘war on drugs’. How could it possibly be won? Well, again it depends on how this ‘war’ was fought and what priorities were set. If the war on drugs simply attempted supply removal and arrest, then it will have limited success. However, as with most ‘battle strategies’, if they only have one tactic, then success will always be limited or the potential for failure increased. If a ‘war on drugs’ isn’t really waged as it should be then it is locked into only limited success and more likely subject to criticism of its limitation. However, as in all wars the first casualty is always truth and that is no different in this theatre of combat, as the following reveals...

*The term “war on drugs” was not used in 1971 and is not used today by anyone except those who mischaracterize history and current drug policy in the US. However, if one were going to connect the term to President Nixon, then it would be more accurate to say that Nixon ended, rather than launched, the “war on drugs.”*

*The Nixon Administration repealed federal mandatory minimum sentences for marijuana, and on June 17, 1971, for the first time in US history, the long-dominant law enforcement approach to*

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*drug policy, known as “supply reduction”, was augmented by an entirely new and massive commitment to prevention, intervention and treatment, known as “demand reduction”. President Nixon announced this new, balanced approach to drug policy and it received full bipartisan support. Since that time, the idea of taking a balanced approach has enjoyed strong and sustained support through the terms of the seven US Presidents that followed. The US drug prevention policy, fully described in the annual National Drug Control Strategy published by ONDCP, maintains this twin-commitment to supply reduction and demand reduction, with the aim of reducing illegal drug use and the corresponding medical and social burdens that drug abuse imposes upon our nation.<sup>18</sup>*

Supply reduction remains a key tactical component and criminalisation will always lend weight to that vital strategy component. Time and space here will not permit us to go into all the local and national impact on drug use that supply reduction has facilitated, but just two examples will give us a clear indication

- a) *ABS 2000 death stats collection: Heroin: 417; methadone: 118; Benzos: 403; anti-depressants: 268; Cannabis: 49* Note the reduction in Heroin deaths the following year when the heroin drought (for whatever reason) caused availability to dry up, the ABS 2001 death stats collection showed: *Heroin: 113; methadone: 107; Benzos: 252; anti-depressants: 194; cannabis: 28!*
- b) According to the Australian Institute of Criminology, the four top reasons why detained illicit drug users had not used in the previous month<sup>19</sup> was in order of main reason to least.
  - 1) *Dealer didn’t have drug of choice* (highest reason by far)
  - 2) *No Dealers available*
  - 3) *Poor quality product*
  - 4) *Police presence*

I want you to notice that supply reduction elements are the key factor in reducing illicit drug consumption. Again, when **you reduce permissibility, accessibility and availability you reduce consumption**. This is why complementary Supply Reduction strategies are imperative in conjunction with Demand Reduction strategies and compulsory detox and rehabilitation strategies.

When Ethan Nadelmann and Dr. Alex Wodak, the well-known supporters/ purveyors of the George Soros brand of cultural chaos, were on the media stage peddling their brand of harm ‘reduction’ (including the decriminalisation of illicit drugs), the voices of dissent from any other quarter were hard to hear, but not because they don’t exist considering over 90% of Australians disapprove of illicit drugs. It was the classic situation where the sane majority simply expect the government to do all that is necessary to eliminate drug use

**“When you reduce permissibility, accessibility and availability you reduce consumption.”**

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without bothering to mobilise against that small, but very ‘squeaky wheel’ of pro-drug propaganda at legislators doors. Consequently, the long standing anti-drug movements were given no space at all.

The Nadelmann/Wodak ‘spin’ had people believing prohibition drug policy had failed and therefore the only option left was to decriminalise or legalise. They even used cleverly spun unrelated science and misrepresented data from other nations and calling that ‘enlightened’ (Such as the so called Portugal decriminalisation ‘success’). Or they hijacked the debate away from drug use and placed it in the framework of management of damage caused by drug use, which actually increases dysfunction.

It is remarkable that few clinicians or policy makers care to see or even acknowledge that the current illicit drug policy in Australia (among other western nations) has been completely hijacked by the single dimensional ‘harm reduction’ element and that has distanced them even further from the problems of drug use.

This one dimensional focus has barely anything to do with drug use and absolutely nothing to do with reducing drug use. ‘Harm Reduction’ as it currently stands, when it is all distilled down to its core (a one step process) is only focused on the attempted prevention of death and blood borne infections. Whilst this may be a noble aim, we need to move drug policy back to the forgotten **reduction** or **prevention** of drug use in our society. We are all for having a policy for reducing the spread of blood borne infections and death, but let’s call it that and move drug policy back to what drug policy is supposed to be about – the prevention and reduction of drug use in our society. Of course, even a ‘blind man’ could see, that if you prevent and/or reduce drug use, you reduce the incidence of the other damage so focused on - but that is the very thing the pro-drug lobby doesn’t want to happen, the reduction of drug use! They advocate continuation of drug use, funded by tax-payer’s who keep them alive and pay for their treatment.

So in our mind, an unavoidable question is - Where was Federal Minister for Health, Roxon on these issues? Where was the same zeal that was focused on cigarettes? At the time where this ‘drug reform’ lobby has used special arguments to remove the protection, where was the declaration, ‘*making laws that protect Australians*’ from substances that have long been banned because of the undeniable damage they do?

Is it utter ignorance that generates this silence? Or is it as one prominent AOD Clinician once said ‘*Harm minimisation is just a euphemism for ‘we don’t know what the hell to do, so we’ve just given up!*’. Or is it, reason spare us, a tacit yet willful pursuit of cultural sabotage foisted on society because a minority of drug users who believe they can control their ‘habit’ have ‘friends’ in high places?

Prohibition is a word that has been marginalised and disparaged, again by hijacking the meaning and reinterpreting it in a different context – the context of purely a moral control of a majority. However, prohibition is, in this context, a matter of law and not a simple moral based endeavour. We prohibit by law things that are injurious to individuals and the community. With Tobacco law, cigarette smoking is prohibited in restaurants, government buildings, some public spaces, inside cars and so on. Illicit drugs are prohibited at a higher level because of the health, family and social damage and the impediment of function and increased danger they that create. The prohibiting is based on minimising the harms done

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by these toxins to the community and individuals. Decriminalisation will only lead to greater substance use and experimentation and simply bolsters well the ranks of the damaged and dysfunctional. It will perpetuate this damage in an emerging generation that has little capacity to handle it. This is a crime!

Will the real drug policy emphasis, please stand up and will it stand for health, justice, responsibility and protection of the young?

Shane Varcoe – Executive Director, Dalgarno Institute.

### Endnotes

<sup>1</sup> <http://www.cancercouncil.com.au/editorial.asp?pageid=371>

<sup>2</sup> **CHANGES ASSOCIATED WITH THE NATIONAL TOBACCO CAMPAIGN PRE AND POST CAMPAIGN SURVEYS COMPARED** by Melanie Wakefield [http://www.health.gov.au/internet/main/publishing.nsf/Content/health-publth-publicat-document-metadata-tobccamp.htm/\\$FILE/tobccamp\\_c.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-publth-publicat-document-metadata-tobccamp.htm/$FILE/tobccamp_c.pdf)

<sup>3</sup> Stark, Jill *The Age*, 22.5. 2011 <http://www.theage.com.au/victoria/now-butt-out-new-push-seeks-to-outlaw-cigarettes-20110521-1ey2s.html#ixzz1OBTg5SRQ>

<sup>4</sup> <http://www.smokernewsworld.com/market-cheap-cigarettes/>

<sup>5</sup> **Nicola Roxon solid on cigarette packaging** Sallie Don and Sue Dunlevy From: *The Australian* May 27, 2011 <http://www.theaustralian.com.au/national-affairs/nicola-roxon-solid-on-cigarette-packaging/story-fn59niix-1226063781056>

<sup>6</sup> **James Campbell – wowsers enough to drive you to drink**, page 78, Sunday Herald-Sun May 28, 2011,

<sup>7</sup> <http://www.theage.com.au/lifestyle/wellbeing/quit-drinking-to-cut-cancer-risk-20110501-1e38g.html>

<sup>8</sup> **Global Status Report on Alcohol and Health**. Taken from Introduction page x, ISBN 978 92 4 156415 1 (NLM classification: WM 274) © **World Health Organization 2011**

<sup>9</sup> Alcohol Education and Rehabilitation Foundation - **Range and Magnitude of Alcohol's Harm to Others** August 2010

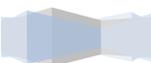
<sup>10</sup> **Wine link to rise in alcohol intake**, Sikora, Kate; Page 16, Herald-Sun Edition 1 – 2/11/2010

<sup>11</sup> Medical Journal of Australia (published May 2011)

<sup>12</sup> Alcohol Education and Rehabilitation Foundation - **Range and Magnitude of Alcohol's Harm to Others** August 2010

<sup>13</sup> <http://www.heraldsun.com.au/news/more-news/mateship-abandoned-drunks-left-behind/story-fn7x8me2-1226063706968>

<sup>14</sup> “Punch Drunk Campaign”, QLD Courier Mail – July 2009



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<sup>15</sup> *The 2007 Illicit Drug Strategy Household Survey of Australian attitudes to illicit drug usage and “Drugs and suicide main worries for the young, says survey, The West Australian, 26/11/2009*

<sup>16</sup> ***National Survey of Young Australians 2010 - key and emerging issues***; Mission Australia. 2011

<sup>17</sup> ***‘Should drugs be legalised’*** by Dr Ian OLIVER is a former Chief Constable of Grampian Police, **2009**

<sup>18</sup> ***Global Commission on Drug Policy Offers Reckless, Vague Drug Legalization Proposal; Current Drug Policy Should be improved through innovative linkage of Prevention, Treatment and the Criminal Justice System***  
(Commentary – IBH (Institute for Behaviour & Health) July 2011

<sup>19</sup> Crime Fact Sheet No 152 ‘Reasons for not buying drugs’ ( July 2007)

