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Opinion piece on current drug policy narratives and how they are used to interpret drug policy frameworks.
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Drug Policy: Changing the Narrative

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Reducing Harms – Creating a narrative!

Let me craft a narrative for you!

Our episode commences with a 19 year old male adult – a grown up! To stick with some overused stereotypes; let's say he isn't a *bad boy* ('judgemental' language, not suited to the modern narrative) rather he is just a thrill seeking, testosterone packed 'lad'!

This guy has yet to obtain his licence but he reckons he 'knows' how to drive!

He got into a bit of mischief as a younger adolescent and doesn't mind pushing the boundaries when it suits him – after all they keep telling us 'rebellion is normal for teenagers!'

One day he's walking through a shopping centre car park and spies a customized 1970's Monaro. Being a bit of a 'rev head' and liking the car, he has a closer look. To his surprise he sees that the car is not only unlocked, but the keys are in it!

This, of course, is a clear invitation to take the car for a spin. Clearly the car owner is an idiot and it is his fault for leaving the keys in the ignition! This car has been modified to go hard. In fact almost all new cars today are built to handle speeds in excess of 200km, they have super safety features – airbags, special safety belts, amazing tyres, collision tough chassis – all elements that not only permit high speed driving, but pretty much demand it!

He jumps in and away he goes down the side street reaching speeds of 180 km in 50km zone. No one around, streets are narrow and it's a blast for the young 'thrill seeker'!

However, he goes past a side street where a police car is sitting. They turn on lights and sirens and commence pursuit of this 'lad', who is just having a good time in a well-equipped car, that he is fully convinced he can handle! Of course this breathtaking hubris reassures him that both the car and his skills can avoid the police and out run them. This is not going to end well, but the 'now focused', 'my rights' thrill seeker doesn't even consider that. (Why that is so, is for another conversation!)

Unsurprisingly the thrill seeker crashes the car by wrapping it around a power pole, and tragically is killed.

The accident causes the neighbourhood to lose power for some time – blocked off a couple of streets in area – police, ambulance and fire services all attend – crash investigation team comes in later to figure out mess – local council have to set about repairs to road – power company needs to get services back up and of course the family of the deceased to be notified – The financial cost (let alone human) for this one event is staggering!

Before the dust has even settled the blame game begins!

So, who is at fault here?

- Car Owner – The stupid individual who left car unlocked and keys in it – clearly the blame starts, if not lies with this person?



- The car manufacturer and/or customizing mechanic – they should have predicted this event and made contingencies either at manufacture or customizing. (I.e. a finger print immobiliser on the key itself would have meant it would not allow our ‘thrill seeking’ lad to have turned the key.) So, surely some of the blame must lie with these people?
- The Police are definitely part to blame for this accident – Firstly by being in an area they shouldn’t have been in. They have more important things to do than be just sitting in some side street. Second, having seen the car at speed, they should have known that such an elite vehicle would pose less risk at speed and should not have pursued. Thirdly, it was just plain stupid of them to try and stop this self-determining grown up from breaking the laws of auto theft, speeding, dangerous driving, reckless endangerment and so on.
- The law ‘is an ass’ – The police would have been completely off the hook if the stupid speeding law wasn’t in play. They would have seen him enjoying his personal freedom in his newly acquired and capable vehicle – it had been customized and tested for just such activity by the mechanics! Again, why create/customize something that can - give you a thrill - get you where you want to go fast – and have a blast doing it, and then restrict that with stupid laws?
- City Planning – They have some responsibility to bear for the tragic outcome. The street scapes needed to be wider with fewer obstacles to accommodate the various driving skills and needs of a clearly ‘capable’ public. Underground power would have meant that the power pole he struck (and the subsequent deceleration trauma that killed him) wouldn’t have been there!
- Emergency services – If they had faster, better equipped ambulances and more of them, they may have been able to have kept this happy-go-lucky libertarian from dying, or perhaps at least resuscitated him! To be fair on the Ambos, it’s not their fault they don’t have futuristic resources, it’s the lack of caring government funding that generates that short fall – so the government is also accountable for this needless tragedy.

So, what conclusions should we draw from this senseless tragedy and what changes should/could be made?

- Young people – young men particularly – are always going to be thrill seekers. Young men like fast cars and the exhilaration of speed; that is part of the human nature. You cannot change or stop it.
- It’s the responsibility of car owners everywhere to ensure all means possible be taken to stop *inviting* thrill seekers, who believe they have the ‘right’ to drive fast, from gaining access to their cars.
- Car manufacturers, who lacked foresight around the future potential of cars and the need of the growing *progressive* thrill seeking demographic, need to rethink their strategies and start better predicting collision potentials and outcomes from speed scenarios to ensure better protection for people who want to drive fast.
- Law – This is the easiest one of all. Prohibiting speeding doesn’t work, so remove the stupid law! Prohibition of things that people want to do is futile, so let’s ‘prohibit prohibition!’



- i. Law is redundant – again, why create a car that can go fast and then a law to prevent that?
- ii. All the law does is create criminals out of thrill seekers who have the *capability* of handling a high speed situation.
- iii. Laws try to coercively prevent me from exercising my *right* to seek thrills. After all, it is the young person’s life to do with as they please!
- Government needs to spend more money making faster and better equipped ambulances, and many more of them. Life saving devices and equipment should be the highest priority, not processes or regulations that hinder personal freedoms. Governments who fail to do this care nothing for the rights of the young people who like to seek thrills on the roads.

What is absolutely imperative in all this is to focus all our attention on the victim in all this – the young thrill seeker. This is an utter tragedy – a shocking waste of a young life that could have been avoided, if only all these harm reduction mechanisms had been in place for this young person’s personal agenda, he would be alive today!

What we must not – cannot - do, under any circumstance, is to suggest for one second that this young thrill seeker, with the human rights of autonomy, privacy and healthcare, had any responsibility for his tragic and untimely death.

If some heartless moralist or prohibitionist of thrills dare hint at such an interpretation of this narrative, then they are to be censured swiftly and ruthlessly. Name calling, blocking on social media and of course public denunciation in the media for their shameless accusation of this poor young victim would all be justified.

Now, this is just one harm reduction narrative around road safety that can and has emerged in sections of the community of the last decade. Don’t believe me? Then I encourage you to look into most road trauma events that involved high speed and the young, particularly when police were in pursuit. See what you find.

The questions arise – where do these narratives originate from and how do these extreme kinds of narratives actually get traction? Who are these story tellers and what is their agenda? Who or what platform permit/promote these interpretations? These questions really are, for the most part, avoided.

This narrative attempts to ensure blame is laid everywhere but at the feet of the one demanding and exercising their choice to thrill seek.

For those slow to pick up the allegory/analogy here, how does this narrative pan out when juxtaposed with illicit drug policy? Drawing a long bow of comparison, some may say? Silly thinking, no rational person would think the aforementioned narrative had any real legitimacy? Well, think again!



Dead man's family blames VicRoads barriers for ice-addled teenager's fatal crash July 19 2016

The family of a young father who was killed when an ice-affected teenager drove the car they were in off a cliff, believe that VicRoads are at fault, the Coroners Court was told on Tuesday. Mr Reddin's family believe that the wire barrier was ineffective, causing the car to become airborne on impact...When searching the car at the accident scene, police discovered knives, a crack pipe and a homemade canister that was later found to contain a bag of crystal methamphetamine...

Police said the toxicology report showed the driver, Josh Taylor, 19, had a high level of methamphetamine in his system...At the inquest, the Reddins' lawyer questioned whether VicRoads installed the barrier according to safety guidelines and if the barrier played a role in the crash.

The vehicle that held Mr Reddin and the three other men was travelling in the wrong direction at the time of the accident. Police officers believe this may have reduced the effectiveness of the barrier to keep the vehicle on the highway.¹

Ambulance shortage leaves 18 year old dead – but why?

"A Melton mother has blamed ambulance delays for the death of her 18-year-old son. Julie's 18-year-old son Brodie had a severe asthma attack after smoking marijuana at his girlfriend's house at Melton. He later went into cardiac arrest. Julie says it took almost half an hour for an ambulance to arrive to treat her son because it had to come from Sunbury. "I believe, myself, personally, that the Government has let my son down," she told ABC local radio. "That the ambulance service needs to be totally overhauled. They need to stop and look at what these ambulance drivers are dealing with."²

These examples, by anyone's estimation, are tragic! When such events happen and loved ones are lost, we seek answers, we want to find someone to blame – and we certainly don't want to lay blame on ourselves if we can avoid it, such is the nature of the, *me and mine*, litigious culture.

Of particular note here is the utter absurdity, and I would argue, grotesquely irresponsible attempt of families to attempt to lessen, if not negate the blame of our hapless Methamphetamine effected driver beggars belief. Again, this is another symptom of a growing youth culture that views illicit – that's right, illegal use of psychotropic toxins, that harm not only the user, but as seen clearly in the previously mentioned news report, the absolute harms of other people – with cavalier disregard. Such is the contempt, that best practice (the non-use of this drug), is totally ignored, but worse. There is also complete



contempt for law, the safety of others and generally a ‘thumbing one’s nose’ at society. And it’s this behaviour that is now defended and at the expense of everyone else.

However, I want to focus on the event of the delayed ambulance as mentioned in our second News article. So why did the ambulance take so long? Demand was high on the weekend? The need for more ambulances seems reasonable as populations increase. When the numbers of ambulances are thin by population ratios, then any peak time will create inevitable, and in this instant tragic delays. If budget cuts are the reason for scant services, then governments are the agents to whom we must go first for possible solutions and change. However, ratios are not the only factor we need to be addressing here, the real key is *what is driving the demand for ambulance use?*

If there is going to be a thorough investigation of this issue, we need to ask some tough questions; for whom, what and where are Ambulance services being utilised - particularly on weekends?

According to ESTA’s report, in 2011-12 there were over 330000³ Ambulance emergency call outs in the Melbourne Metro area, and whilst the report does not define days of week for call outs, we know that there is higher volumes on weekends.

A Recent study undertaken by Turning Point Alcohol & Drug Centre⁴ revealed that in 2011-12 there were 22791 Ambulance attendances relating to alcohol and other drug use (AOD), with around 39% of those being Alcohol specific. This particular figure was a 27% increase on the previous 12 months. Also noted was a disturbing and significant increase in amphetamine use.

As we saw with this tragic event, an *asthmatic chose* to break the law and smoke an illicit substance that put his life at risk and subsequently called for help, but help didn’t come in time. Certainly, he could have had an asthma attack without smoking or even smoking cannabis, but inhaling this toxic substance is unarguably going to increase the risk of a serious episode.

One thing is increasingly evident; a growing number of people, using their claimed *human right* for privacy and autonomy, choose to break the law, with the use of illicit drugs or misuse of the legal drug – alcohol, and are consequently causing an increase in demand for Ambulance services.

So, then come the questions:

- Whose fault is it if an individual chooses to ingest toxins and put their lives at risk; government or individual?
- Is it fair to put the onus back on service providers for the increasing lack of personal responsibility or regard for others in the community?



- If services must be increased to meet the *demand* of drug users, then who should be responsible for financing that service - should it be taxpayer or self-financing coalition of drug users?
- If the demands of pro-drug lobbyists to legalise drugs are met, will the government then (by legal mandate) be responsible to increase emergency (and health) services to cover the now legal use of psychotropic toxins and the health and safety consequences they produce?

Of course, on a purely philosophical level, we understand that the more unsafe a society becomes one of two things happen

- greater use of legislation is required, and/or
- greater demand on emergency services is required.

When a society says, *"I don't want a nanny state, with laws and regulations keeping me from doing what I want"* then it mandates the removal of prohibitions and preventions on that risky edge. Of course the lesser protections there are in place, the greater the incidences of harm will follow.

Even the oft quoted libertarian and 19th Century social commentator, John Stuart Mills insists some lines be drawn in society, and when it comes to drug use, his following statements couldn't be more relevant.

"No person is an entirely isolated being; it is impossible for a person to do anything seriously or permanently hurtful to himself without mischief reaching at least to his near connections, and often far beyond them." And, "If he deteriorates his bodily or mental faculties, he not only brings evil upon all who depended upon him for any portion of their happiness, but disqualifies himself for rendering the services which he owes to his fellow creatures generally, perhaps becomes a burden on their affection or benevolence; and if such conduct were very frequent hardly any offense that is committed would detract more from the general sum of good."

You see, when we tear down the metaphorical fences of protection and prevention at our culture's cliff edge, then the greater the number of metaphorical ambulances you must place at the bottom of the cliff to try and manage the damage of the reckless, the careless and the self-indulgent: the ones who claim their human rights, but have no regard for their human responsibility to their fellow Australian's, and their health, safety and productivity.

Have we as a society now become so enamoured with our right to do whatever we want, that we can now no longer even see that we are all ultimately responsible for our own actions and now consequently demand that even others pay for our mistakes?

The censorship of prevention, or demand reduction focused narratives has recently taken another leap forward. Again, using one interpretative mode on evidence, certain



stakeholders in the drug education space even want to silence the voices of current or ex-drug addicts.

In a piece "*SAD STORIES MOVE US, BUT DO THEY CREATE CHANGE?*"⁵ written on 6th of September 2016 on the Alcohol & Drug Foundation's *Grog Watch* blog, the authors attempted to discredit the use of tragic stories in the demand reduction and prevention education space. The article quoted data, not inaccurately, on the evidence that 'horror stories' on addiction/drug impact by ex-addicts don't really change young people's attitudes to drugs.

However, the same 'evidence' application can also be applied to other 'single component' drug education vehicles.

The difficulty with any 'one-dimensional' educative process, is that it will have only a limited impact. It is interesting to note that current US, (much less conservative than previous one) Drug Czar Michael Botticelli, was quoted as saying "*I do wish the recovery community was much more involved in anti-legalisation efforts*". He said that, because current recovering addicts and ex-user's narrative matters the most. They are the ones who, along with, pretty much, every first time drug user, said at some point... *'I've got this! Risk is over-rated and I won't end up some loser junkie!'*

It's really important to note here that this 'low and manageable' risk message is also the result of a deliberate or inadvertent 'Education' process too? We have to ask, who or what is driving/deploying that 'Education' agenda/ process, that drug taking is 'normal' or 'low risk', or 'manageable'?

For sure, scary stories *alone* are unlikely to shift behaviour, as 'info-graphs on potential harms' *alone* won't either. Alcohol & Other Drug (AOD) education must be a suite of cognitive, affective and judicial domain processes, which are harnessed by **all** key community stakeholders, with **one** agenda and **one** voice to bring change – Just like the **QUIT** campaign for tobacco!

It is clear to all that in Australia's '*war on tobacco*' there are no public/policy dissenting or 'alternative' permissive voices anywhere in the marketplace with this drug! No, it is one consistent and inexorable message – *QUIT!* However, this same one message, undiluted and collectively held mantra is not engaged when it comes to the nightmare that is illicit drugs, hmmm?

The evidence is in and clear; Education and Legislation work better than education alone when it comes to shifting culture. However, as long as we continue to have cognitive dissonance and some well-crafted and concealed 'pro-drug normalisation' propaganda in the educative process, we'll continue to feed the experimental nuance that peer pressure and 'friend recommendation' modes draw hapless and ill-informed young people into.



We need rational, evidence based, best practice focused (no safe level of drug use for the developing brain -at all!) cognitive education, delivered by experienced people who well know the harms (short and long term) of these drugs; couched in resiliency developing affective domain drivers, all backed by judicial domain education support processes.

So, let's not throw the baby out with the bathwater, but build a more thorough and balanced Demand Reduction Education process.

What Drug Policy Narrative is in play in the market place right now!

What are the mantra's we continue to hear about drug policy and options in the media, and who is saying it?

- *"War on drugs has failed!"*
- *"Legalise drugs and regulation is the only way to go to 'reduce harms' and raise revenue!"*
- *"Prevention doesn't work!"*

Do these sound familiar? At least one of these statements is virtually a meme and parroted by every uniformed person in the public... *"The war on drugs has failed!"*

So, which narrative controls the language and interpretation space around the current Harm Minimisation policy platform?

It is vital to remember here that the current and long standing National Drug Strategy (NDS) which is labelled 'Harm Minimisation', has always stated and promoted three key pillars in its focus

- 1) Supply Reduction
- 2) Demand Reduction
- 3) Harm Reduction

The drug policy/strategy interpretation narrative has meant that the term 'harm reduction' and 'harm minimisation' are interchangeable. Essentially this ensures that only pillar of the three pillar strategy is in play.

This has worked marvellously at convincing even anti-drug citizens, that there is only one option available. Time will not permit to table every encounter we've had, but the following are statement reflects numbers we have heard...

"Pity we can't use your harm prevention education program, because it's illegal. We are only allowed to teach harm reduction in schools!"

Head of a State Government Regional Education group

Of course, this is patently false, as Demand Reduction and prevention are not only best practice models, but mandated in the NDS, particularly for the demographic with the developing brain – 12-28 year olds!

The Key questions that must be asked about illicit drug policy in particular, are as follows...



- **Does the policy (or interpretation – harm reduction *only*) lead to an exit from or cessation of drug use, or does it enable, empower or equip on going drug use?**
- **Does the policy (or interpretation) increase or reduce demand for illicit drugs?**
- **Does the policy (or interpretation) undermine or support the other two pillars?**

If the policy use/interpretation is creating cognitive dissonance in implementation and actually leads to a conflagration, rather than collaboration of all three pillars, then the strategy is going to have difficulty in effectively moving a culture away from drug use.

Well, perhaps that is exactly the agenda of the pro-drug lobbyists who have inordinate and disproportionate influence in drug policy implementation?

I hear even genuine and compassionate harm reductionists, who actually want to stop drug use and see people recover, railing against supply reduction pillar as ‘waste of resources’. And staggeringly many of these same good people are silent on Demand Reduction, the key to seeing change. These two modes of thinking are the key elements of ensuring only one ‘pillar’ of the NDS is focused on, for genuine or disingenuous purposes.

Again one must ask, does the drug policy interpretation facilitate

Reducing – Remediating - Recovery from drug use?

Or does the policy instead facilitate the...

Enabling – Empowering – Equipping of drug use?

This is something for us all to contemplate - for example, do the following strategies lend themselves more to Enabling or Reducing on going drug use?

- Needle Distribution Programs
- Injecting Rooms
- Therapeutic Communities
- 12 Step Programs
- Pill testing at events of illicit drugs* (See references)

Where do you land? If you’re all for drug use, then another conversation and investigation in to the *why* of that is important. However, the disturbing reality for the tens of thousands of ex-users who already know the ultimate outcome of illicit drug use is. The reality is, those conversations and investigations are near impossible for a person using the substance in a culture that passively, no, actively permits it!

Let us be very clear, we are not conducting a ‘war against drugs’. We are however fighting for the brains, potentials, and in many instances, the very future of an entire emerging generation. That for any caring civic minded human being is a fight worth having, and one worth joining!

Shane Varcoe – Executive Director, Dalgarno Institute.



References

- 1 <http://www.theage.com.au/victoria/dead-mans-family-blames-vicroads-barriers-for-iceaddled-teenagers-fatal-crash-20160719-gq91d3.html>
- 2 <http://www.abc.net.au/news/2013-08-12/melton-mother-blames-asthmatic-son27s-death-on-ambulance-delay/4880240>
- 3 ESTA 000 Annual Report 2011-12
- 4 TRENDS IN ALCOHOL AND DRUG RELATED AMBULANCE ATTENDANCES IN VICTORIA 2011/12
Belinda Lloyd May 2013
- 5 <http://grogwatch.adf.org.au/2016/09/sad-stories-move-us-but-do-they-create-change/>

*On the Pill Testing issue one must ask –

- How many people at any given event/rave/party took pills and were they from the same batch?
- If from the same batch then why did one person die or get injured and others not? Will pill testing give the ‘all clear’ for a supposedly ‘safer’ psychotropic toxin that may give one person a buzz, another a ‘bad trip’ and yet another a seizure, coma or death?
- Will pill testing account for every individual human bio-chemical response, genetic and epigenetic reaction/variable? Or are we going to have to have DNA/genetic testing alongside pill testing to further ensure only small damages are incurred for those wanting to get ‘high’?

Appendix

“Two of the clear evidences of those who disdain the notion of ‘guilt’ are either not wanting to be accountable for wrong actions or don’t want to be held responsible for the consequences of choices (passive or active). For the mature, concerned and socially minded individual, guilt can be both an indicator and motivator to move beyond the dysfunction - beyond fear, insecurity, selfishness and mediocrity toward the betterment of not only themselves, but the environment they find themselves in!” S.W. Varcoe

“We live in a culture in which a whole gamut of scape goats is ready at hand – our genes, our chemistry, temporary hormonal imbalance, our inherited temper and temperament, our parents failure during our early childhood, our upbringing, our education, our social environment – together these constitute an infallible alibi!” Dr John R.W. Stott

