



I would like express my support and commend to the Committee an alternative approach to the Portuguese model.

I submit the Iceland Model.

By way of background, the percentage of Icelandic teens aged 15-16 in 1998 who had been drunk in the last month was at 42 per cent, 17 per cent had use cannabis, and those smoking cigarettes daily was at 23 per cent. Icelandic teenagers were the heaviest drinking youths in Europe.

In the last 20 years, due to the implementation of this model, these statistics have drastically improved. Between 1998 and 2017 youth drinking dropped from 42 per cent to 5 per cent, cannabis usage dropped from 17 per cent to 7, daily smoking dropped from 23 per cent to 3 per cent.

The Iceland Model is quite genius in its simplicity, in that it uses the natural high a person experiences to combat the desire for synthetic, that is, drug induced highs.

The idea originated in the US by Dr Harvey Milkman who caught the attention of researchers in Iceland for his work studying his work of behavioural addiction and alternative highs.

Dr Milkman's doctoral dissertation, which attracted these researchers, concluded that people would often select their drug of choice depending on how they dealt with stress. Following this work Dr Milkman was drafted by the US National Institute on Drug Abuse to study further into drug usage and why people decide to start taking drugs.

Something Dr Milkman recognised in his studies in Iceland was that children who engaged in more activities, particularly sport, were less likely to be involved in using drugs and alcohol. It is a well-known fact that exercise is good for mental health and wellbeing and offers a natural high.

In 1999 change was gradually enacted to combat the problems facing Icelandic youths.

Using the aforementioned data gathered from surveys of Icelandic teenagers, a legislative effort was made to limit the availability of alcohol and tobacco to minors. It became illegal to purchase tobacco under the age of 18, and illegal to purchase alcohol under the age of 20. Additionally, advertising for tobacco and alcohol was banned.

Mandated by law, parental organisations were established in every school to strengthen the link between parents and schools. Parents were encouraged to spent as much quality time with their children as possible, talking to their children about their lives and what effected them, getting to know their children's friends, and keeping their children at home with them in the evenings. A curfew was passed prohibiting children between the ages of 13 and 16 from being outside after 10pm in the winter and midnight in the summer. This curfew is still in force today.

In sum, the model works as follows:

1. Engaging young people in healthy activities

This is getting young people involved in activities, such as sports, which not only gives them an outlet, but gives them valuable social experience which binds them and the community, and gives them something to look forward to and achieve. I believe given our ever-dropping social cohesion and community spirit, this is a perfect example of something young Australians need.

State funding was increased for activities for young people to give them alternative ways to feel part of a group or community without the need of a common-thread of drug or alcohol usage. I believe a similar grant scheme would be greatly appreciated by the clubs we have in WA and we should foster

a culture of inclusiveness and outgoingness to encourage young people to get involved, this is particularly relevant given the large rate of youth unemployment and underemployment.

## 2. Quality time with Parents

As outlined above, the government took efforts in coordination with schools and parents to encourage parents and children to spend time together. Parents need to be involved in the lives of their children and there needs to be trust and understanding between parent and child, which can only come from quality time.

## 3. Community Commitment

As a part of this model, many parents in Iceland sign a commitment that they will postpone their child's "first drink" until the child reaches 18. Parents are also encouraged to not allow their children to have unsupervised parties. If parents are aware of their children's friends and foster a relationship with their parents, a culture of responsibility and mutual respect will form and ensure that children are always supervised and cared for appropriately.

The adverse effects of alcohol and marijuana (and indeed other drugs) on the brain is well known, it is particularly damaging to young people whose brains are still developing. As such I do not believe that the decriminalisation of drugs is an appropriate or safe measure.

With respect to the proposed Portuguese Model, I refer to the US Office of National Drug Control Policy's Obama-era publication "Drug Decriminalization in Portugal: Challenges and Limitations".

In this publication, they note that the push for the Portuguese Model is often based primarily on a 2009 Cato Institute Report, which the Obama government states is difficult to draw and clear and reliable conclusions regarding the impact of Portugal's change in drug policy.

It also notes a number of limitations, such as:

- The supporting analysis of the data is not definitive;
- The study fails to recognise other factors, such as the decline drug-related deaths prior to decriminalisation;
- Adverse data trends are not reported, that is the adverse social effects of the law are "ignored, downplayed or not given equal recognition"
- Core Drug-Use Reduction Claims Not Conclusive – some data is ignored while others is emphasised;
- The methodology is limited and relied primarily on lifetime prevalence data which is difficult to analyse in comparison to the impact of policy changes over short periods of time.

I would also note that the Obama-era report notes that there is a significant amount of contradictory evidence, and that the claims of the benefits of drug legalisation outweigh the supporting science.

It is for these reasons I commend the Iceland Model to the Committee.