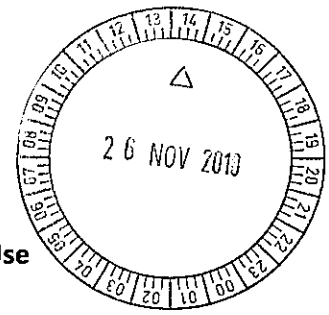

LEGISLATIVE COUNCIL

Select Committee into Alternate Approaches to Reducing Illicit Drug Use

1.Introduction

In the wake of the Opium War between Great Britain and China (1839-1842), and because of the obvious dangers associated with continued abuse of opium, the International Convention on Opium was signed by eleven countries on 23 Jan 1912. The object of the 25 articles which constituted the Convention was to curtail the use of opium in non-medical situations. This stance was mirrored in the Harrison Act in the USA (1913). By 1919 all signatory countries to the Treaty of Versailles, which concluded World War 1, had signed on to the Convention; and by the 1920s this number had grown to 60. As well, to the proscribed drug (opium), had been added cocaine and heroin. By 1949, the number of signatories to the Convention had increased to 67. These statistics indicate that over a period of 110 years (1839 – 1949) the drug problem was seen by a large number of countries in the world as posing a threat to society. This threat needed to be curtailed by a heavy reliance on enforcement. What has happened to change this perception?

2.Developments

The 1960's ushered in the counter-culture era in the western world, during which the young questioned, relentlessly, the authority structures which had been developed, and had served humankind well for centuries: principally the family, government and Church. This ultimately led some to abandon accepted community structures in order to live alternate life-styles; espousing communal living and free-love. The glue that held this amalgam together was rock music, and the celebrities who achieved fame in that medium. These, spurred on by the adulation of their fans, decided that in order to heighten their musical experiences they would experiment with mind altering substances. Before long, their disciples had followed suit and young people, as a group, had embarked on the drug-culture which unfortunately is with us today; and which, if anything, has worsened. The drug of choice was the gateway drug marijuana (cannabis).

Initially, policies to limit supply and demand of illicit drugs were treated by resorting to heavy enforcement, complemented by the laying of criminal charges against both users and suppliers when apprehended. But with the relaxation of standards which accompanied changes in societal attitudes to the family, government and the Church, it was inevitable that allowances would be made for youthful 'indiscretions'; including the use of what then became known as 'recreational drugs'. The first step in this process was to 'decriminalise' the practice of illicit drug use; so that no longer were addicts charged with offences under the Criminal Code, they were treated as civil offenders. About this time, too, because of the near acceptance of the drug culture by some elements of society, the mantra: "the war against drugs has been lost" came into vogue. The facile nature of this statement can be better understood if it is realised that such a statement can be applied to a range of criminal activities. Thus: "the war against murder, rape, theft, fraud, (or whatever) has been lost". Failure to attain a 100 percent success rate should not be used as an excuse for a slackening of deterrent effort; or, even worse, acceptance of that which was previously illegal. Enforcement was scaled back in preference for what became known as "harm minimisation", or "harm reduction". This was the practice of ensuring that, for the addict, the adverse consequences resulting from the use of illicit drugs were minimised; and where support was

provided by medical and psycho-social intervention. In short, far from discouraging drug dependency, the opposite was true. Not surprisingly, drug usage became even more widespread.

With escalation in drug usage, extended by the appearance of a plethora of synthetic drugs over time, it is perhaps opportune to consider the slogan: "the strategy of harm minimisation has failed", and to pursue alternate measures to combat and eradicate the toxic drug culture which exists today. Society suffers when irresponsible behaviour is not held to account.

2.Australia

The era of harm minimisation was launched in the mid-1980s with the introduction of needle exchange programs instituted to prevent transmission of the HIV/AIDs virus; spread through the use of shared syringes. This, as might be expected did nothing to slow down drug usage and, if anything, accelerated acceptance of it in the community. Examination of developments in that period indicate that, despite an emphasis on harm minimisation, far from arresting the spread of the drug epidemic, it continued unabated.

In May 2001, upon the recommendation of the Woods Royal Commission, the first Medically Supervised Injecting Centre (MSIC) opened in Kings Cross Sydney; an area hitherto notorious as a setting for drug-dealing, using, and the death (by overdose) of addicts. After a trial period, the Centre became a permanent fixture in 2010. A source of pride to the MSIC is its boast that, since its inception, there has never been a drug related death on its premises; which, if viewed cynically, might simply mean that the problems had moved elsewhere, leaving Sydney's celebrities free to enjoy their sanitised playground without the inconvenience associated with drug trafficking. As might have been expected, because Sydney is considered too distant for some addicts in NSW, there are now calls for a similar establishment to be set up in western Sydney. Where will it end? With an MSIC in every suburb?

Not to be outdone, Melbourne earlier this year (2018) set up an MSIC in Richmond, right next door to, of all things, the West Richmond Primary School. Initially, the Victorian government promised that its services would be available to all; excepting 'ice' users. However, applied pressure forced them to reverse that decision: all addicts, including 'ice' users, are now welcome.

While it can certainly be demonstrated that MSICs prevent death by overdose of addicts in their immediate vicinity (for that is what they are set up to do), they do absolutely nothing to solve the problem of rampant drug-taking elsewhere in the community. Indeed it can be cogently argued that their existence actually encourages it.

Fortunately, the other State capitals have seen fit not to follow Sydney and Melbourne.

3. Medicinal Cannabis

Thirty countries around the world including the USA (33 States) and UK have legalised cannabis for medical purposes. New Zealand is set to join the group shortly.

Despite a dearth of scientific validation, and with only anecdotal evidence to support its claims, Australia, in 2016, also cleared the way for cannabis to be used to treat side-effects associated with

certain medical symptoms and procedures. These include, inter alia, seizures resulting from epileptic episodes, pain management and nausea experienced after chemotherapy.

What is clear is that the number of treatment applications is comparatively small, and of questionable value. Yet the apparatus for the production of cannabis has now been officially set in motion in this country. Admittedly, it is to be strictly supervised at present, but will this always be the case? Is there perhaps a likelihood, given the proliferation of products emanating from the 'alternative' health industry in the western world, that cannabis will be put, clandestinely, to even more questionable uses?

The growth in the use of prescription drugs for illicit purposes is well documented (Australian Institute of Health and Welfare estimates that 111,200 people use opioids non-medically or illegally, 9.11.18). The addition of cannabis-based drugs will exacerbate this situation.

Dr Stuart Reece has been critical of the moves by Australia and the UK to resort to cannabis use in medical situations. In responding to an article published in the British Medical Journal (3.8.18), he points to the dangers of using cannabis derivatives during pregnancy in declaring that, even were the mother to cease using cannabis compounds upon discovering her pregnancy, the harmful components would continue to affect the embryo for several months thereafter. He cites studies which demonstrate damage to: the cardiovascular system, stem cell niches and brain of the developing foetus; and which may even result in autism. These harmful effects are compounded if the father of the child is also a user. Reece reminds us that: "only once before has a known teratogen been marketed globally: the thalidomide disaster is the proximate reason for modern pharmaceutical laws."

4.Recreational Drugs

Currently the only countries in which illicit drugs (primarily cannabis) can be used legally for recreational purposes are Portugal, Uruguay and Canada. In the US they are legal in only nine States, and the District of Columbia (DC), but are illegal federally. Many countries, while treating them as illegal substances, have decriminalised possession of small amounts for personal use.

The UK appears ambivalent in its approach. On 29.1.04 cannabis was downgraded from a Class B to a class C substance; but was subsequently upgraded from a Class C to Class B status on 7.5.08.

In Australia, cannabis is illegal in all States and federally; but South Australia, the ACT and NT have decriminalised the possession of small quantities for personal use. A Senate Committee has recently (September, 2018) recommended against federal legalisation.

Portugal, which decriminalised illicit drugs in 2001, is often held up as the success story for decriminalisation: that is, it is claimed the decriminalisation of drug related offences has not led to a surge of drug usage in that country. Despite assertions by the Cato Institute to the contrary, the *Dalgarno Research Report: Portugal Drug Policy – A Review of the Evidence* contains statistics showing that between 2001 and 2007, within the 15-64 year group, the Prevalence of Use figures increased for the categories: Lifetime Use and Recent Use (last 12 months); while Current Use (last month) remained unchanged.

Sweden represents something of a gold-standard in the bid to slow the escalating rate of substance abuse. But it was not always so. Like so many western countries it took the view that minimising the damage to addicts was the primary concern of government health programs. In 1965 the Legal Prescription Program was introduced whereby selected medical practitioners were permitted to prescribe illicit drugs for use by registered addicts; leaving the dosage to be determined by the recipients. Unfortunately, as might be expected, this led to a proliferation of supply in the community to the point where, in 1971, 30 – 35 percent of 16 year old boys admitted to using cannabis. Realising that the drug problem was worsening, authorities commenced increasing the penalties for illicit drug use leading to the introduction of 'zero tolerance' in 1993. Drug courts have been introduced and the addict when convicted has the choice of compulsory rehabilitation or time in a normal gaol. Sweden's success rate in the field is only eclipsed by Singapore, which recently modified the mandatory death penalty for drug-dealing, and Indonesia which still retains it.

To a lesser extent, Iceland became concerned that by 1998 teenagers aged 15-16 years were exhibiting all the anti-social behaviour displayed by their peers in the west with regard to drug-abuse; especially in relation to alcohol, smoking and cannabis. The strategies deployed to counter this deterioration included: promoting recreational activities, strengthening family ties, improving self-efficacy (esteem), building social competence (responsible relationships) and broadening cultural experiences. The results speak for themselves. By 2016 drunkeness had dropped from 42 to 5 percent; cigarette smoking from 23 to 3 percent; and cannabis use from 17 to 5 percent (*Iceland succeeds at reversing teenage substance abuse,* Milkman, Dr Harvey B).

We would draw your attention to the emphasis placed on: "strengthening family ties" in the above. As an Organisation dedicated to the promotion of the natural family we cannot stress this factor enough. We contend that a major cause of drug-taking by juveniles in the western world is the social dislocation associated with family breakdown. Furthermore, the link between the two is barely acknowledged, let alone addressed in society.

5.Future Prospects

Reference has been made to the legalisation of cannabis for medical reasons (**3.Medical Cannabis**) above. In Australia this means that cannabis can now be grown under controlled conditions. What may not be as well known is that companies have now been set up to grow and supply cannabis to users in the US States in which it can be used legally. These have been listed on the stock market and share trading has commenced. It does not require a great deal of imagination to realise that the same situation will occur here. Heavy pressure will be exerted by existing growers on State and Federal governments - in the interests of increasing markets and sales - to relax controls and make cannabis more readily available to the public. Will this be good for Australian society? Could it not lead to control of cannabis production passing to foreign drug cartels? Will it not lead to an increase in the number of addicts with dysfunctional behaviour; as displayed by ex-AFL footballers Ben Cousins and Chris Yarran et.al?

The federal government is responsible for ensuring that illicit drugs are neither imported to, nor exported from, Australia. Will these responsibilities continue to be discharged in the event that drug usage is legalised?

Methods to dissuade suppliers from distributing drugs involve the confiscation of property and assets of those convicted of offences. Will such action be jeopardised if drugs are legalised?

Advocates of drug legalisation have suggested that if legalisation proceeds, large amounts of revenue will become available to governments through taxes levied on drugs; similar to those currently extracted from the sales of alcohol and tobacco. What is conveniently left unsaid, however, is that the resultant expenditure outlaid in dealing with the health problems accompanying an expected increase in the number of drug addicts may very well outstrip any such gains.

8.Summary

Over a period of about 110 years a degree of opprobrium, had been attached to the use of opium in non-medical situations. By 1949, some 67 countries had joined an International Convention to proscribe the practice; and to treat heroin and cocaine similarly.

All this came to an end in the 1960s when societal values were abandoned by the young, leading to the establishment of a pernicious drug culture. Strict enforcement of penalties for those guilty of using and supplying drugs was considered ineffectual because of the scale of the problem; leading to the catchcry: "the war against drugs has been lost"; a slogan of despair. The strategy then adopted throughout the western world concentrated on concern for the addict. It was argued that given time, sympathy, encouragement and support the addict would then jettison his anti-social behaviour and revert to leading a responsible life. This formed the basis of "harm minimisation", or "harm reduction". It is patently obvious that this approach has not had the desired effect.

The latest attempt to cope with the drug problem in Australia has been to experiment with Medically Supervised Injecting Centres (MSIC). These are establishments set up in Sydney and Melbourne in which addicts are permitted to use drugs in environments designed to prevent fatal overdoses. That they achieve their objectives comes as no surprise. However, what is overlooked in this approach is that drug taking is tacitly endorsed. In the long term is this beneficial to the individual; or to society?

Many countries, including Australia and the UK, have now cleared the way for cannabis to be used medicinally; despite there being only anecdotal, not scientific, evidence to support this decision. While the production of cannabis, initially, will be subject to strict control, this is unlikely to continue for very long. The value of cannabis as a trading commodity is already recognised, and it is expected that ultimately there is a grave risk of foreign drug cartels availing themselves of the opportunity of taking control of these ventures. Additionally, there is potential demand in the booming 'alternative' health industry for cannabis products to be marketed. The dangers to pregnant women should not be underestimated.

Even worse, a few countries (and States in the US) have actually legalised the recreational use of cannabis. Sweden, after a brief period of legalisation has returned to a policy of 'zero tolerance', and appears to have curbed the runaway epidemic which has impacted so disastrously on the rest of the western world. Iceland is another country which has successfully turned the tide by adopting a strategy which is community and, more especially, family orientated. Australia could do a lot worse than following the lead of Sweden and Iceland.

9.Conclusion

This paper has drawn attention to the fact that, in a period of about 60 years, societal attitudes in the western world have moved from a position of disapproval of drug usage for non-medical purposes to its diametric opposite.

In the developed world in general, and Australia in particular, this has been attained incrementally by: a relaxation of enforcement and strict criminalisation policies; the introduction of 'harm minimisation' ('harm reduction') strategies; Medically Supervised Injecting Centres; the use of cannabis medicinally (despite a lack of scientific evidence for doing so); and, most recently, proposals by political Parties to legalise recreational use of what had, until now, and for good reason, been considered harmful substances. As evidenced by the ever worsening incidence of community drug abuse it is certain that the measures described above have been grossly unsuccessful; and serve as vindication for the statement attributed to philosopher George Santayana: "those who do not remember the past are condemned to repeat it".

We would do well to return to anti-drug policies which were effective in the past; as in the case of Sweden. In addition, policies designed to strengthen the traditional family unit - as occurs in Iceland - with an emphasis on reducing the social disruption caused by casual co-habitation and easy divorce need to be investigated and implemented as soon as possible.

D Hartley (Secretary)