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‘Normalising’ Drug Use?

What does the ‘pro-drug’ lobby law reform agenda affirm and reinforce in their current endeavours to ‘normalise’ drug use?

18/8/2011

By Shane Varcoe,

Executive Director, Dalgarno Institute

Phone: 1300 975 002 **or** +613 9794 9296

Fax: 1300 952 551

W: www.dalgarnoinstitute.org.au

E:director@dalgarnoinstitute.org.au

Abstract

This brief paper is a synoptic review of key implications of the pro-drug lobby's decriminalisation reform endeavours. Specifically it looks at: what constitutes 'normalisation'; what it affirms; and some of the debilitating consequences of the strategy of 'normalisation' of drug use. It also questions the legitimacy of this position in the light of the irrefutable evidence of the health and community harms of illicit drug use, causing damage to the health and wellbeing of both individuals and of society.

Introduction

There has been, until recently, a largely unnoticed contingent of stakeholders who have not merely abandoned the best scenario of a drug free culture, but have quickly stepped through a phase of passive indifference, into a what is ostensibly a pro-drug position of active pursuit of rights for individuals to be protected and supported in the taking of currently illicit drugs.

The vehicles engaged in attempting to bring about this disturbing cultural shift are varied, and certainly advocates for this position are 'spinning' data and engaging even profound platforms such as 'human rights', in specious manners to gain some leverage. However, a key strategy in this further 'push' down the slippery slope of dysfunction (via decriminalisation, legalisation; protection and so on) is the notion of NORMALISATION.

What is Normalisation?

The act of normalisation – the making normal of a situation/circumstance/event has a number of components, but more importantly processes to achieve its end. It is the processes and consequences that we are concerned with in this paper.

What is meant by 'normal' in this context is that the taking/using/participating in current illicit drug use is to be seen as a standard, regular act that is viewed as commonplace in a societal setting – even natural. Part of achieving this end is attempting to ensure that illicit drug 'use' is viewed as somehow conforming with the wider environment. To quote Dr Dirk Korf from the University of Amsterdam: "*A key element [in legalisation] is normalisation of drug use…. It is not the quantity of people, just that it becomes accepted as normal…Policy should try to avoid marginalisation of users!"*(1)

These hurdles, particularly the last one of *conforming,* have to be overcome and this must be done at least in the realm of perception - as such it becomes imperative for this lobby to create an illusion of consensus, thus enabling a type of spurious 'normality' to emerge, even if only in legislators' eyes. This is a tough assignment when merely 6% of the world's population aged between 15 and 64 currently use illicit drugs (2).

What Appears to Constitute this Lobby Group?

As with any lobby group endeavouring to get their agenda heard there are a number of mechanisms that need to be in place to gain traction – powerbrokers; political support;

finances; profile and of course at least a perception of an ever growing base of support. In this process there are always unwitting collaborators, by which I mean stakeholders who may have been enlisted on the basis of certain spin presented to them. For example the lobbying for the decriminalisation of cannabis on the basis of medical use, can enlist the unwitting support of naïve, yet compassionate people who have believed the 'spin' that smoking marijuana has legitimate medical benefits in certain scenarios. These people may not be pro-drug, or may not even hold a liberal approach toward illicit drugs, but in the broad 'promotional platform' their numbers are added as support for the manufactured consensus. We saw an indication of this in the recent Californian State Referendum on Cannabis, where the push for change was based on medical issues, yet when it seemed that victory might be won for the pro-drug lobby, many key people dropped the façade of 'medical use' and revealed their true agenda of just wanting Cannabis widely available for recreational use. (3)

Another unwitting partnership can occur when groups buy into a cause – 'decriminalisation' – but have completely different outcomes in mind. For instance I was speaking with a key stakeholder in the Victorian 'Greens' Party (Australia) which have a clear decriminalisation agenda in regard to drugs. Their stance, like others, is that the drug problem is not a criminal one, but rather a health one. More than that though, the Greens (according to this member) want people off drugs **completely**… *'we don't want anyone putting junk into their bodies',* was one statement made. Again we see a noble intended outcome using the vehicle of decriminalisation to get there. However, whilst the Greens intent is noble, the same cannot be said for the next group of 'decriminalisers' – the 'pro-drug' lobby. So while there appears a perception of impetus to decriminalize drugs, in fact, differing motives and ultimate outcomes are not explored at all and the approach in reality is merely one dimensional.

This 'pro-drug' lobby consists of libertine minorities (often with vested and conflicting interests) who seek what for the most part appears to be a social chaos agenda, where individuals are a law only unto themselves and regard for others in the community is discounted. Such groups (e.g. ***Open Society)*** either deliberately seek or tacitly produce such outcomes. The normalisation and ensuing decriminalisation that follows will precipitate the drawing in of other, perhaps unwitting, participants in the maintenance of such specious emerging perceptions. This could very much include pharmaceutical companies who will have an even greater and increasing (and no doubt profitable) stake under a decriminalised/legalised framework. For instance….

It is no stretch to anticipate that not only will pharmaceutical companies be enlisted by government to supply substitute treatments for addicted/dependent persons, to maintain their 'dependent' state, but they may well end up with the licenses to supply currently illicit drugs in a new 'regulated' environment.

The 'management' of this new broadened permissible arena that will be 'unleashed' by this normalisation to decriminalisation process, will not end with 'chemical management' regimes alone, but also necessitate the bureaucracy needed to back such regimes. Even under the existing illicit framework, costs escalate as Dr. Dalrymple candidly states….

Drug-addiction services have also grown massively. In our society, every problem calls forth its equal and supposedly opposite bureaucracy, the ostensible purpose of which is to solve the problem. But the bureaucracy quickly develops a survival instinct, and so no more wishes the problem to disappear altogether than the lion wishes to kill all the gazelles in the bush and leave itself without food.

In short, the bureaucracy of drug addiction needs drug addicts far more than drug addicts need the bureaucracy of drug addiction…

Viewing addiction as an illness automatically implies there is a medical solution to it. So, when all the proposed "cures" fail to work, addicts blame not themselves but those who have offered them ineffectual solutions. And for bureaucracies, nothing succeeds like failure. The Government spends more than a quarter of a billion pounds a year on drug treatment in the UK, despite there being little evidence of any reduction in the number of addicts. (4)

Time and space here, would not permit us to fully explore the financial and vocational boon to the welfare service sector that would oversee a) Government sanctioned increase in substance use and b) a drug policy platform that will now not insist on drug free recovery focus, but rather adopt the default position of State sponsored dependency with no agenda for recovery. In our current illicit framework, without the aggressive permissibility that normalisation and decriminalisation bring we already have an exorbitant escalation of 'people in treatment' with little opportunity of recovery….

According to the National Drug and Alcohol Research Centre at the University of NSW latest study almost 90% of Methadone users want to get off the substance. The study also has shown that the high level of interest in coming off methadone, but this seems at odds with the, now emphasis of methadone programs, of keeping people on treatment as a benchmark of success. People are not being encouraged to get off Methadone, whether deliberately or inadvertently, methadone users aren't, it would seem, being actively encouraged to be substance free, but, tacitly encouraged to maintain addiction. (5)

Nationally, an estimated 43,445 clients were receiving pharmacotherapy treatment on the 'snapshot/specified' day in June 2009 (tables 2 and 3). This is an increase of 2,098 from June 2008 and an overall increase of 4,602 from 2007. .... after an increase of over 50% from 1998 (24,657 clients) to 2004 (38,741). (6)

If this situation exists under an illicit framework, then normalisation and decriminalisation will only increase this cyclic dilemma.

A quick foray into the recent evaluation of NSPs (Needle and Syringe Programs) gives more evidence of the ***'industry'*** that will grow with drug use, legal or illegal. The NSPs even under current illicit status, predict, in fact, ***bank on***, the ongoing use of current users but also the continuing increase of users to ***justify their predictions*** of 'lives saved' and 'HIV prevented'. In the following quote from the Australian government report on cost effectiveness of NSPs (along with an overt plea for funding increase)

there is no alluding to prevention or even recovery, but an expectation from a clinical perspective that drug use trends will continue; again, all this under the current illicit classification. This 'expectation' of use will only increase with the greater permissibility, accessibility and availability that normalisation and decriminalisation will facilitate.

> ***Predictions from future NSPs***
>
> *If NSPs were to decrease in size or number, then relatively large increases in both HIV and HCV could be expected with associated losses of health and life and reduced returns on investment (Table d). Significant public health benefits can be attained with further expansion of sterile injecting equipment distribution.*
>
> *Investment in NSPs was cost-saving for current NSP funding when analysed for all time periods. Cost savings were:*
>
> • *$782m (2010-2019)*
>
> • *$3.23bn (2010-2029)*
>
> • *$17.75bn (2010-2059)*
>
> • *$28.71bn (2010-2079).*
>
> *The net present value of current NSP investment at 2010 (discounted 3%):*
>
> • *$641m (2010-2019)*
>
> • *$2.27bn (2010-2029)*
>
> • *$8.41bn (2010-2079).*
>
> *Increased funding and provision of NSPs would be associated with greater cost-savings. The maximum return would be achieved at 125% to 200% of current levels (Table e); this is when the total net savings (NPV) is maximal. Expansion of NSPs in all jurisdictions would be cost saving. There is potential for expansion, considering that only approximately 50% of all injections are currently with a sterile syringe. (7)*

The need to 'case manage' an ever growing army of 'legal' drug users/dependents/ addicts will no doubt see health and welfare practitioners programs being more heavily funded and expanded. Whether intentionally or inadvertently, *all this gives further incentive to either promote normalisation or at the very least not oppose it.*

What does drug use normalisation affirm?

What do the pro-drug/decriminalisation lobby affirm and reinforce in their current endeavours to *'normalise'* drug use? The following are examples of strategies:

a) That taking a banned substance, an illegal act, that is condemned by the majority of United Nations countries and its citizens, is not only permitted but should be promoted and protected by the removal of criminal sanctions.

b) That use of psychotropic toxins (that damage the body and the mind, disrupt physical and psychological function, ruin relationships and families, lead to health deterioration and can lead to anti-social and other aberrant behaviour), is not an issue of concern as long as the substance user 'wants' to continue using their 'autonomy' in a destructive manner - regardless of the social, emotional or fiscal impact it may have on their immediate environments.

c) That if by chance drug use becomes 'problematic' *(by whose definition is anyone's guess in our confused relativist culture)* it is asserted by legalisers to be the 'right' of the drug taker to claim privacy, autonomy and healthcare under Human Rights Charters and that it becomes the responsibility of the State, taxpayers and the health care system to ensure all means are offered to the 'user' to make them as comfortable as possible in continuing their destructive habits without redress. Dr Erik van Ree advocates*: "the use of psychotropic substances as a fundamental human right comparable with freedom of expression of religion…*[He asserts] *that it belongs to the essence of a 'dignified' existence to be granted the opportunity to form and show oneself in the way one prefers… Drugs should be classed in the same categories as religion and art."* (8)

d) It is further asserted that tax revenues from the regulation of illicit substances will not only meet the damage bill that this unleashed substance abuse will incur, but also exceed those costs to generate a net profit and assist in reducing Government budget deficits.

e) That the 'black market' of drug use and associated criminal activity will no longer exist – This would be naïve at best…

- *Yet, under a legalization scenario, a black market for drugs would still exist, and it would be a vast black market. If drugs were legal for those over 18 or 21, there would be a market for everyone under that age. People under the age of 21 consume the majority of illegal drugs, so an illegal market and organized crime to supply it would remain—along with the organized crime that profits from it.*

- *If only marijuana were legalized, drug traffickers would continue to traffic in heroin and cocaine. In either case, drug-related violence would not be ended by legalization.*

- *If only marijuana, cocaine, and heroin were legalized, there would still be a market for PCP and methamphetamine. Where do legalizers want to draw the line? Or do they support legalizing all drugs, no matter how addictive and dangerous? (9)*

f) That cessation of drug use is only an option if or when the 'user' decides it is perhaps time to stop. However, at no point is compulsion or necessity laid upon the 'user' to continue (or even start) with cessation processes and if they wish to return to drug use, then tacit permission and support in doing so are granted, again by the State, and at taxpayer's expense.

g) That the substance user not only takes no responsibility to cease their behaviour, but also in this context, *has no responsibility laid upon them for their actions*. They are assured that if use is problematic, that their addiction is a *'disease'* (one they willingly contracted) and one that, according to pro-drug lobbyists, cannot be cured, only spuriously 'managed' by the drugs to which they are addicted or 'substitutes'. That in this, so-called ***'normalised'*** space, the user's conduct becomes the responsibility of society. The drug user will be able to enlist the taxpaying community via legislative change to ensure their addiction is maintained to prevent discomfort, pain, change, behaviour modification or responsibility for actions or outcomes and ensuring the rest of the non-drug using community clean up the mess. Dennis Byrne gives us a poignant example of this in the following scenario…. *"A friend once took his children to a park where he saw a kid urinate down the slide…What was my friend supposed to do – let his own kids slide through the pee? Or was my friend supposed to clean it up himself, thereby teaching the little pipsqueak that adults are saps and you can get away with anything? Or was my friend supposed to tell his own kids: "Sorry, the slide is closed today; you're being punished because someone else couldn't restrain his impulses."* (10)

   The analogy is dripping with ironic disdain! Adults behaving like unrestrained impulsive children, soil the society with fiscal and health destroying (just to name two) conduct and the rest of us either clean up the mess for them or concede the space and suffer further disadvantage at the hands of a willfully careless other.

   Thus a key ***human right*** and ***responsibility*** of the drug user, as a human being (not merely a chemical ingesting biological unit), and their community to achieve a drug free life is taken from them as a consequence of these malevolent strategies... "*Included in human rights is the concept of human dignity. In the preamble as well as in article 1 of the Charter of the United Nations human dignity is described as something that should be striven after as ideal. The 2nd paragraph of the preamble reads: "to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small". Article 1 reads: "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood." So, human rights and fundamental freedoms derive from the inherent dignity of the human person. There is not a state or an external authority that extends these. What the inherent dignity of the human being amounts to, is that he is entitled to his or her personal beliefs, attitudes, ideas and feelings. Dignity then deals (subjectively) with the respect one has for the other, and (objectively) the way one treats the other. The human being is an end, not a means. Dignity is tightly connected with responsibility: "The idea that people are generally responsible for their conduct is a recognition of their distinct identity and their capacity to make choices."* (11)

h) That the ***human rights*** of children (the most vulnerable of our citizens) are disregarded for the sake of the egocentric or recalcitrant self-harming drug user.

What needs to be noted is that United Nations Human Rights law only mentions drugs once in any of the nine core conventions. This is done in CRC Article 33. This *'Convention of the Rights of the Child'* (8) of which the Australian Nation is a signatory, will be breached by any legislation that decriminalises or legalises currently illicit drugs, in particular article 33, which affirms that the right of the child… *"to be protected from illicit use of narcotic drugs and psychotropic substances" [once or 100 times]*, should not only be upheld, but be made a cornerstone consideration of, and lens through which all legal and policy development matters are to be viewed.

Drug 'normalisation' and 'decriminalisation' will clearly disregard and undermine this imperative. (However, the 'harm reduction' philosophy is a Drug USER centered philosophy. But human rights law requires CHILD centered philosophy.)

i) That **duty of care** by either individual or society around illicit drug use be potentially abandoned! ***'Care and duty' -*** Much in the misnamed 'harm-reduction' playbook has little to do with drugs and more to do with other issues – particularly post drug use issues. This paradigm has been overtaken by damage management, which may seem noble, but a closer look shows much of the damage being 'managed' is a result of failure in 'Harm Reduction' policy.

'Harm min/reduction' has shifted the context of the issue, the focus intensely becoming about trying to 'offset' the ultimate damage of drug use (HIV-Aids or death) without even trying to stop, let alone prevent drug use. However**,** this one dimensional focus of merely attempting the offsetting of damage has actually increased and entrenched drug use, although 'harm reduction' policy was supposed to reduce it. For instance, needle exchange programs (NSP), have now become distribution programs. Methadone reduction programs, have not only become methadone maintenance, but often poly-drug use sustaining programs. Injecting facilities have only one unambiguous outcome - the permitting and empowering of drug use – there is no other spin for this.

In reporting on his research at the 6th International Conference on Drugs and Young People (May 2011) Ben Durant from the Australian Catholic University reported on street sex workers having gone on record as identifying 'NSP's as the only really 'useful' service for them. Not for the reason that such programs were supposedly set up for, that is the so-called 'safer' practice of drug use – in and of itself an antithesis to good health practice and upholding of human dignity. No, the service was useful to these sex workers because it gave them free condoms and 'lube' to continue to illegally earn the money to purchase the illegal substances they need to cope with the illegal, but more devastatingly, soul destroying activity of prostitution that provides them with the illicit income they need to service the illicit drug habit they have…. And oh yeh, by the way, the occasional clean fit is useful for shooting up to help them cope with the maelstrom they are being empowered to stay in!

At no point in this merry-go-round are these precious human lives either given real alternatives or enabled through socio-legal processes to at least 'detox', let

alone rehabilitate. What is done more often than not, as seen in the above scenario, is that instead 'clients' are empowered and enabled to continue with the not merely illegal, but dehumanizing and pernicious practices that drug use has enslaved them to.

There are a couple of legal principles, if you like - basic tenets of law. The first I want to table here is the following… "*Law seeks to assign liability for harm".* This is an important 'after event' pillar that ensures at least two things a) that those causing harm are brought to account and held responsible. This is the punitive aspect. b) To determine what could be, or has been done to negate, prevent or remove that harm.

This of course, is a good thing. When harm is caused by something or someone, then that someone needs to be held accountable. Responsible, safe, caring and functional societies need this to keep their communities just that.

However, within the legal framework there are also expectations which aim is to pre-empt the facilitation of harm and endeavour to place social impositions to minimise the precipitation of harm. One such imposition is what is called **'duty of care.'** There have been a number of renditions of this, but a couple of landmark legal cases saw the emergence of the following definition of 'duty of care' under a second basic tenet, one that is known as the 'neighbour' principle. Lord Aitken's interpretation of that principle set precedence for the following cases: Donoghue v Stevenson (1932) (12) and Caparo Industries plc v Dickman (1990) (13) and can be stated as:

> *"To avoid acts which you can reasonably foresee would be likely to injure persons who are so closely and directly affected by your act that you ought reasonably to have them in contemplation as being so affected when directing your mind to act in question."*

This understanding of the *duty of care* should be at the very core of legislation that has to do with alcohol and other drugs. We, at the Dalgarno Institute, would argue that it is this principle of law that should be the platform for all Australian Drug Laws.

If avoiding acts that are easily seen to facilitate injury to members of the community then the contemplation of potential harms by drugs that may be released, facilitated, presented or permitted, should be at the forefront of consideration in legislator's minds. What should also be intently focused on by these legal architects is not only emerging families, but as importantly the vulnerable – the young, mentally ill, socially isolated, poor, homeless etc. Drug legislation that has such communities, families and individuals in mind, will ensure all measures of 'care' are taken to avoid these potential harms being perpetrated.

Now, the application of this Law or Legislation regarding 'duty of care' in the Alcohol and other Drug arena will not only intervene to break the cycle of conduct

we now see, but will further compel the self-destructing person into a healthier and safer drug-free focused recovery process. In this scenario anti-drug legislation cannot be viewed as punitive and harm sustaining – no, it's quite the opposite. It is the aforementioned legal 'duty of care' that aids and abets care focused, harm preventing rescue and restoration.

Any health-care professional worth their salt would see this as their proper *duty of care* and would shun conduct that facilitates, empowers or enables continued dysfunction as we are seeing in this growing industry, wish is empowered by the 'harm-reduction dogma'. By 'industry', we mean the productive enterprises or activities that generate 'business' in the maintenance or perpetuation of social, physical and psychological harms.

Decriminalisation of current illicit drugs will clearly breach this community focused *duty of care*. Any legislation that negates or diminishes this *'duty of care'* could only be seen as, at best nefarious, at worst anathema.

K) Last, but by no means least, the pro-drug lobby affirms in its agenda of normalisation active removal of, not only of the focus on a drug-free recovery and abstinent lifestyle, but even the option of such an beneficial outcome. Prohibition and criminality of illicit drug use keep before the drug user the fact that their drug taking practices are not only illegal and disapproved of socially, but harmful to relationships and also basic functionality. These realities, when promoted, can help an addict to, what Prof Neal McKeganey observed as the 'maturing out of addiction'. (11) Approximately 60% of addicts in his engagements reach this point in their mid thirties and they attribute the willingness and indeed, enabling to change to reflection on criminal actions, jail time and other problems that take them out of what society deems as normal and functional.

Michael Moore, former MLA Independent for the A.C.T (Australian Capital Territory)

shared his insights into the pro-drug lobby strategies in a lecture in Brisbane in 1994 stating:

> "How to make anti-drug people look bad – use labeling… a) intolerant b) punitive c) uncaring d) bigoted e) assisting in prison overcrowding f) creating a burden to the tax payer via higher taxes g)call them 'prohibitionists' i) constantly refer to prohibitionist policy as a 'dismal failure' j) perpetuating and assisting organised crime.
>
> Then make pro-drug lobby look smart… Don't use terms like decriminalisation or legalisation, rather… use terms like 'progressive drug law reform', 'fiscally responsible policy adjustments', 'regulated and evaluated processes with sensible steps'. Then make blanket statements like 'drug education doesn't work', 'compulsory rehab has been seen not to work'. All this means you keep marginalising safe measures." (14)

Our contention in this context is that if we 'normalise' drug use and remove the social and criminal stigma from this arena, we remove one key motivator for change from the societal and individual psyche and further lock the drug taking person into the drug user identity space.

Challenging the 'Game' of the Pro-drug Lobby.

There is an old legal adage that declares, *'laws don't change society; society changes laws.'* And that is ostensibly true. So, when it comes to law reform in our current first world and post-modern culture, there are a number of things that must be 'seen to' particularly if current drug policy is going to be reviewed. Some of the outspoken proponents of the pro-drug lobby have been granted remarkable positive media exposure, ticking one of the key 'boxes' we'll read about in the following!

There has to be a strategy to a) manufacture a consensus – create at least a perception of 'numbers' b) Use the market to generate a *'normalisation'* posture c) find a socio-legal niche and then lobby the legislators using either *fiscal* or *failure* mantras to bring change.

So some measures have to be taken…

First casualty of any 'war', they say is truth! [And indeed it is, ah, but which 'truth' is the casualty?]

Second is that history must be either discounted or at least revised.

Then ensure certain anthropological frameworks that are imperative for reasonable, rational and holistic decision making are removed or detuned. These include cultural cohesive elements and institutions, such as family and marriage, as well as the promotion of sound collective values.

Ensure rabid individualism is paramount in all matters; the regard for 'community' diminished, and personal choice enthroned as the highest social right. This will ensure the concept of 'responsibility' (even to oneself, let alone society) will have difficulty existing.

Once the morality devoid and socially irresponsible 'market' gets hold of the blindsided young person (particularly) adrift in the sea of pop-culture 'bling' being brainwashed to believe leisure is a right, ethics only geared to personal agenda and happiness the only goal… then the step into 'curiosity' or 'experimentation' or simply the 'chemical management' of what academics have rightly called *'cultural abuse'*, is simple.

Then, when the pieces are in place, get funding from sources that have a vested interest in seeing illicit substances decriminalised and/or 'regulated' – you know the people who generate a livelihood from the disease of illicit drugs – no, not those engaged in law enforcement and not criminals – well not the blue collar ones anyway. We mean those in the burgeoning industry of chemical 'welfare' which is ostensibly focused merely on maintaining the level of drug-taking and seemingly indifferent to the wholeness and well-being of their clients.

Finally convince the silent majority, wearied by their own social exhaustion, all trying just to 'feel a little better'; or maybe being the one in five Australians struggling with depression (15) that there is nothing that can be done – that drugs are everywhere – and that the vast majority of people don't care!

It is now that the social architects go to the legislators, the policy makers and the 'new angle seeking Press' with credible sounding 'evidence based' data.

However, in this context with all its seductive rhetoric, is it really society that is changing the laws or is it a strategically placed few who are manipulating the democratic processes? (16)

Let's look at evidence from the 'people of Australia.' Does this majority have a say?

- The Australian Government's 2007 National Drug Strategy Household Survey (17) has the vast majority of Australians declaring their disapproval of illicit drugs and their use.
    - 99% don't want use of hard drugs accepted
    - 95% don't want hard drugs legalised
    - 94% don't want use of cannabis accepted
    - 79% don't want cannabis legalised
    - Most Australians want tougher penalties for drug dealers. (18)
- The largest youth survey done in our nation with a sample over of 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 vulnerable of Australia's demographic – the ones we need most to protect – our children (19)

Other Considerations:

What of failures of so-called 'progressive' drug liberalisation policies?

- ✓ As predicted by many, Dutch laws on liberalising the use of cannabis are now doing an about-turn as cannabis-related harms are blowing out of proportion. Reports from Rotterdam reveal bulk cultivation and retail are in the hands of criminal organisations in a black-market business worth about $2.75 billion annually. The situation is so serious that authorities are not only using 'smelli-copters' to detect residential hydroponics, they have just started a 'dob-in a neighbour' campaign by handing out tens of thousands of cards with a marijuana odour to alert citizens to what the folks nearby might be doing. It is no wonder that the drug liberal coffee shops are being closed down. The Brits reviewed and reversed the declassifying of Cannabis and one major newspaper even printed a public apology for having even promoted decriminalization of Cannabis, citing the overwhelming evidence of its harms to mental health. (20)

    Decriminalisation and Drug Tourism: *The rules are intended to put an end to the public nuisance caused by the large number of tourists wanting to purchase or consume cannabis in the coffee-shops in the municipality of*

Maastricht. According to the information provided by the Mayor of Maastricht, the 14 coffee-shops in the municipality attract around 10 000 visitors per day, that is to say a little more than 3.9 million visitors per year. Of those visitors, 70% are not resident in the Netherlands.

The Mayor of Maastricht and the Netherlands Government state that the problems associated with the sale of 'soft' drugs which arise in that commune – the various forms of public nuisance and crime, the increasing number of illegal premises selling drugs, including 'hard' drugs – have been exacerbated by drug tourism. The Belgian, German and French Governments refer to the public order problems which that phenomenon, including the illegal export of cannabis, gives rise to in Member States other than the Kingdom of the Netherlands, in particular in neighbouring States.

In that regard the Court points out that combating drug tourism and the accompanying public nuisance is part of combating drugs. It concerns both the maintenance of public order and the protection of the health of citizens, at Member State level and at EU level. (21)

- ✓ The injecting of heroin and other illicit drugs is one of the most extreme acts of self harm that a person can attempt. The Kings Cross injecting room enables people to do so in a 'supervised' capacity, with little or no referral to rehabilitation. Its presence sends a message that these drugs are 'safe', and encourages first-time users, to experiment with injecting! What an ideal place for drug pushers to congregate to profit from their despicable profession. "Andrew Strauss, owner of *Blinky's Photos* next door to the injecting room, said: "*You see drug dealers at the front of the injecting room every day. It hasn't reduced illegal drug taking, it has encouraged it. And the police walk up and down the footpath doing nothing."* (22) (Thankfully other jurisdictions have not sanctioned facilities such as 'drug consumption rooms').
- ✓ What about the numbers of prevention based endeavors that are working and working well? Sweden is the standout example of not only a reversal of failed liberal drug policies, but a successful prevention policy, based strongly on Demand reduction, rehabilitation and better sentencing/processing of the Criminal element. All this in a nation where Supply reduction is very difficult – not like Australia, which has a better potential for supply reduction due to our geography. *In comparison with other European countries, Sweden also fares well. Life-time prevalence and regular use of drugs is considerably lower in Sweden than in the rest of Europe. This applies to the general population as well as to young people, a group that is considered to be most vulnerable to drug abuse. While average levels of life-time prevalence of drug use among 15-16 years in Europe amounted to 22 per cent on average, the corresponding rate in Sweden was 8 per cent in 2003, before falling to 6 per*

cent in 2006. Moreover, bucking the trends at the European level, drug use in Sweden has declined in recent years. Sweden is also among the European countries with low levels of injecting drug-use-related HIV/AIDS infections. On the supply side, drug prices in Sweden are among the highest in Europe and therefore, drug tourism targeting Sweden is largely unknown. (23)

- ✓ 'Normalisation' Strategies shift perception of risk and increase experimentation and/or use by the young…. "*Since the mid-1970s, whenever 12th-graders report a heightened perception of the risks associated with using marijuana, their use of the drug has declined; conversely, when their perception of risk diminishes, their use increases. Dr. Volkow speculates that the recent increase in teen use may be caused by the "attention that the potential use of marijuana as a medication has generated," contributing to an under-appreciation of the harm associated with the drug, and she calls for new research in this area"* (24)

- ✓ The Obama Administration's White House Office of National Drug Control Policy (ONDCP) ***does not*** support the self promoting and unendorsed *Global Commission On Drug Policy* report. An ONDCP spokesman has stated, *"Drug addiction is a disease that can be successfully prevented and treated. Making drugs more available – as this report suggests – will make it harder to keep our communities healthy and safe."* (25)

- ✓ I was reading the spuriously titled *'After the War on Drugs: Blueprint for Regulation'*. (26) In the introduction we find a clear concession from the policy authors in the following statement… *"Legal unregulated markets would be only marginally less harmful than illegal unregulated drug markets currently in operation."* Yet even with the qualifications around this we have confusion. I placed this 'Blueprint' in front of a typical 17 year old work experience student. I said nothing to her other than to write down her comments and feelings on the proposals in that document. I will now quote her verbatim:

  "If drugs are made to be able to get over the counter or prescription, nearly everyone would be doing them. Prescription drugs are so easy to get. There will be more people with drug addictions.

  It doesn't matter if a place is licensed or not, there will be fights and all sorts of things going on because they would be so 'out of it'! In a public bar is a bad idea and pubs is worse! Mixing drugs and alcohol together…So anybody that goes out to a café or restaurant can get drugs while they are eating dinner? It's a terrible idea!"

  And that comment comes from the very same demographic that these proposed policy changes will most directly impact!

Questions I think not only the decriminalisation lobby, but all responsible legislators and social architects need to answer, are ….

- **Why, when the vast majority of Australians want no part in illicit drugs, are so many resources being pitted toward greater permissibility, accessibility and availability?**
- **Who are the key architects of this new policy push and what is the real agenda?**
- **Which group/profession/industry gets to profit from a more permissible and liberal drug policy?**
- **Who will be the losers? What will be the collateral damage to society, community, families and individuals?**
- **Do you believe prevention based and demand reduction options are invalid or unimportant? If so why?**
- **Who will be responsible for the burden of social, mental and physical disease of the publicly sanctioned use of illicit drugs?**
- **Who will bear the burden of the fiscal costs (particularly long term health care) incurred by State sanctioned promotion of currently illicit drugs?**
- **Who will bear the emotional, social and moral burden for the cultural and societal damage that will be incurred by the publicly sanctioned use of illicit drugs?** (The damage done by the two State sanctioned legal drugs has already crippled our nation!)
- **Why have we failed to even seriously consider, let alone implement, mandated recovery focused rehabilitation processes/programs?**
- **Do you not want to have recovery focused rehabilitation and if not, why not?**
- **Why have we failed to fully engage in the implementation of the full range of demand reduction strategies as we have seen with tobacco in this country and that have been very successful in other nations, such as Sweden?**
- **Criminalisation processes can and should be used to mandate rehabilitation, not incarceration, and in the current context the State has the legislative teeth to mandate this. However, will the**

decriminalisation lobby guarantee that 1) the decriminalisation of illicit drugs will not merely stop incarceration, but <u>ensure</u> compulsory recovery focused rehabilitation for all substance users and that 2) it will not become a precedent to legalising or making illicit drugs more widely accessible?

- **Do you believe our nation's children and grandchildren will be better off on illicit drugs?**
- **Do you believe our nation's children and grandchildren will be better off with easier access to illicit drugs?**

A serious addressing of these questions, along with a renewed mandate of fiscal, social and morally responsible care needs to be implemented if we are going to avert a national health and social crisis being foisted on the next generation of Australians (let alone other nations). We are on the verge of losing the full human potential of an entire generation to the damage caused by the regulated drug, alcohol - Why would we want to ensure such loss by increasing accessibility, availability and permissibility through the invidious and pernicious process of illicit drug decriminalisation?

Shane Varcoe – Executive Director, Dalgarno Institute

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Word Count: 6,677

Bio of Author:

Shane Varcoe is currently Executive Director of the Dalgarno Institute (Coalition Of Alcohol and Drug Educators) a long standing community based public interest Lay institute. He is an alcohol and other drug harm prevention advocate and affective domain educator, he is the architect of the ***'No Brainer'*** alcohol and other drug Education Project, as well as *'**The Fence Builder'*** Community action and ***'Isabella's List'.***

Prior to this he was Director of Education Services for *Concern Australia,* heading up their sought after *Values 4 Life* schools program. He has authored a number of papers, studies and books including *"Second Chance Solution"* and *"Good psychological health and the need for sustainable spirituality".* He also wrote, produced and presented the DVD Curriculum "*Worldview and the Wheelbarrow!"*

Shane is a registered chaplain, and along with Dip.Min and A.C.R.A.C.S. B.Min (p) qualifications, has over 28 years of youth/community work, education and facilitation experience.