



Re: Open Letter to All Political, Government, Policy, Police and all other Community Leaders – Legalization, Decriminalization or Depenalisation of Drug Use is Not a Caring Agenda.

To all community well-being leaders,

What, or more importantly, who is driving the push to permit even more drug use in our communities? What mantras, narratives and other consensus manufacturing mechanisms are being utilised to direct rather than inform the overwhelming majority non-drug using public?

The historical pattern that is repeated here with illicit drug use is first to normalise drug use through repeated attempts to soften prohibitive drug laws. As laws serve a pivotal function of normalising societal behaviour that is, how we commonly view as good or bad for a healthy, thriving democracy and community well-being. First this comes about through selective decriminalisation and then through full legalisation. This was the exact trajectory of alcohol and tobacco that now are the leading causes of preventable death. Moreover, once this free passage of legislative change becomes effective, it enshrines the rights of drug users but also any commercialisation will simply weaponize yet more psychotropic toxins into an *addiction for profit* industry.

The most liberal drug use states in the [USA](#),¹ used the same strategy that pro-drug liberalizers are adopting domestically. Beginning with the ‘thin edge of the wedge’ medical and ‘soft’ drugs and continually increasing the parameters to include all ‘hard’ recreational drugs for personal use. All manner of sanitizing vehicles are used to cloak the fact that is a ‘wedge’ about to be hammered into the cultural narrative.

This was clearly witnessed with cannabis. Once it *entered the current of trade*, commencing with Colorado and now Oregon, all illicit drugs quickly followed. This prelude to commercialization template has been historically replicated throughout nations, yet it is not best public health practice and does not decrease ‘criminality’ as organised crime is known to flourish behind the veil of legitimised industry. Instead, it is a one-dimensional promotion of substance use, for, among other concerning motivations – [‘get more tourists’](#)² into the *addiction for profit* setting.

However, as multiple associated harms from drug use begin to erupt, then public health invariably must ‘foot the ever-escalating bill’, a cost we have seen blow out with the other long-standing legal drugs of alcohol and tobacco. Which of course shows this is not simply an individual rights issue but nation impacting, clearly recognised when other social, productivity and welfare costs of capacity and agency are factored into illicit drug legalisation. And once achieved the experience of many nations shows the devastating and escalating costs of then trying to rein in the multiple harms - harms that we have seen with alcohol and tobacco, and we are leaning toward adding more to this space?

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The *Australian National Drug Strategy* (NDS) for the first time in its 35-year tenure has placed Demand Reduction as the *priority pillar* in the important three pillar [Harm Minimisation](#)³ platform. All evidence, particularly in the health sector, points to prevention as superior policy approach. Therefore, the interpretation and implementation of the NDS should task all three pillars to, at bare minimum, delay uptake. That is, it must, along with reducing demands, focus also on reducing supply and supply *enhancing mechanisms that may add to demand drivers*. *These vehicles also* must collaborate in assisting the exit from drug use, not maintain and/or expand its use.

The questions that must pre-empt drug decriminalisation include:

- Will a 'decriminalization' action reduce, remediate, or facilitate recovery from drug use?
- Or, will it further enable, endorse or enhance ongoing drug use in the Australian communities?
- Will this measure signal a legal justification to further enhance permission options for both current and potential drug users and thereby undermine both priority pillars of the NDS (Demand and Supply Reduction)?

Concerns for Current illicit Drug User

Unless all faculties and agency of the drug user have been surrendered to the tyranny of addiction, the choice to take an illegal psychotropic toxin is not a health issue *first*, it is a [behavioural one](#). Dependency and/or addiction can only occur when illicit substances are available and engaged with.

No access, not demand, no uptake and consequently, no health or well-being issues.

Again, the community concern is that further legislative moves will enable and endorse a reduction in drug user capacity. This is both bad policy and practice, on several fronts.

The *non-addicted/dependant* drug using individual does not need to see a medical doctor *first*, but a behavioural specialist who can assist in directing a more holistic recalibration. This will of course engage health and well-being specialists in the facilitated exit from drug use. However, this might also mean fronting a magistrate in a *drug court*, who can better oversee the exit from the issue that is causing the harm – drug use. However, drug legalisation removes these necessary pathways toward drug use exiting. Because every removal of coercive measures then has the effect of weakening individual agency and capacity from ever needing to exit drug use.

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Re-tasking the Judicial Educator to Rehabilitate not Incarcerate rather than enabling another Permission Model (Drug Legalisation)

*"It's not that difficult to overcome these seemingly ghastly problems [drug addiction]... what's hard is to decide to do it."*⁴ [Robert Downey Jnr](#)

(Downy Jnr, an individual who was unable to exit the career and health destroying drug use, until compelled by the Judicial Educator – every other option only enabled ongoing drug use!)

This is where assisted decision-making is imperative.

No matter how functional the regular drug user may appear, the drug addled brain has corrupted processes due to the presence and interference of psychotropic toxins. Whilst we may not be able to 'arrest our way' out of this issue, we will not be able to 'treat our way' out alone either. It is a more complete process, as with all behaviour change, that requires all educative and legislative measures coalescing into drug use reduction, not just attempting to reduce harms of a permitted drug use model.

This gives added weight to why a **Judicial Educator** is not only needed but is best placed to be engaged through **problem-solving courts** as a key circuit breaker needed to help facilitate drug exiting. *Punitive action is not necessary*, if these mechanisms are able to recalibrate the drug user into the recovery processes. But changing the status of drug use to 'decriminalized' is a step backwards in best-practice. It eliminates this vital, individual and community benefiting intervention and also increases drug use induced harms.

Calls for Decriminalizing Drug Use is Really [Not a Care-full Agenda](#).⁵

Anti-drug laws were always meant to be a vehicle to [protect community, family](#)⁶ and our most important asset – [our children](#)^{#1} – from multiple harms caused by permission models that [adults believe they have the individual right](#)^{#2} to exercise around the use of addictive and destructive psychotropic toxins.

It is important to underscore that the current proactive and protective laws have *not been used* in any real punitive context for decades. They are part of a proactive framework – [As the 'Judicial Educator'](#).⁷

An example of drug laws used in non-punitive context includes [Problem Solving Courts](#),⁸ to facilitate not only exit from drug use but passage into productive, safe, health and [community benefiting narratives](#).^{#3}

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The current laws do not require removal [but can continue as a mechanism to facilitate rehabilitation and recovery, with great success.](#)⁹ The existing *criminal codes do not need to be weakened* or worse erased through legalisation or decriminalisation but used for diversion from drug use and harms.

No criminal records need be recorded if the diversion path is embraced effectively.

The pro-drug lobby's completely fallacious meme of '*war on drugs has failed*' reverses the real causes and effects of drug harms and violence. There has been no 'war on drugs' in this nation since 1985. Instead there is an ever growing '[war FOR drugs](#)'¹⁰ as it continues to look to remove genuine tools that can bring best-practice drug use exiting outcomes and instead mislabels and propagandises these genuine efforts as 'wars' against drug users.

The *Judicial educator* is the one bookend to the corresponding *health and education*. Together these ensure a cohesive and compassionate message as experienced for decades with combating tobacco addiction and its attending harms, a community with [One Voice, Once Message and One Focus. This should be the agenda of all drug use reduction vehicles.](#)¹¹

The removal of the protective legal vehicle that would otherwise compel people into treatment, will instead only assist in adding to, not only individual drug harms, but harms to our more vulnerable communities and their families – and particularly to our children.

Once psychotropic toxins are an entrenched part of the behavioural mechanisms of an individual, whether it be short-term intoxication, or long-term dependency, [the risk to health, safety and well-being of that individual and more concerningly, those around them requires more than a 'doctor' for change.](#)¹² Secure welfare engaged for rehabilitation continues to prove the [safest and healthiest vehicle to assist that change.](#)¹³

Do these changes indicate that as a society there is more concern for tobacco users than illicit drug users? The latter deserve the same passionate assistance to exit drug use rather than any further enhancement or endorsement.

[Any permission model – decriminalisation, legalisation or depenalization – that does not add to that capacity of drug users to move out of drug use](#) is a counterproductive measure.¹⁴

Consequently, the drug using individual will more readily continue use if the only proactively coercive vehicle – the law – is removed, further normalizing drug use and the inevitable harms that follow.

For the safety and future of not only the current drug user, but the protection of families and the most vulnerable in our community – our children – the legal status must remain unchanged. Yet re-tasked for better outcomes. The Dalgarno Institute is available to dialogue and assist in formulating this re-tasking.

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It is important to glean all the evidence-based facts about models prior to profiling them as options, particularly models that have either failed or are being reviewed due to poor outcomes and/or just plain limited, inaccurate or misrepresentative data.

For a thorough and clinical review of the Portugal Drug Policy Framework go to [Portugal Drug Policy – A Review of the Evidence](#) ¹⁵

The Judicial Educator: Law for Recovery + Drug Courts + Secure Welfare = [Rehabilitation!](#)¹⁶



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Endnotes

- 1 <https://www.washingtonpost.com/nation/2020/11/04/election-drugs-oregon-new-jersey/>
 - 2 <https://www.marijuanamoment.net/colorado-governor-tells-texas-not-to-legalize-marijuana-so-his-own-state-can-get-more-tourists/>
 - 3 <https://www.dalgarnoinstitute.org.au/images/resources/pdf/aod/NDS2017-26Final.pdf>
 - 4 <https://clearskyibogaine.com/robert-downey-jr-and-drug-addiction/>
 - 5 <https://www.abc.net.au/news/2020-08-25/calls-for-drug-rehabilitation-to-replace-criminal-punishment-qld/12588392>
 - 6 <https://www.stuff.co.nz/national/83984616/grandparents-caring-for-grandchildren-struggle-to-make-ends-meet-survey>
 - 7 <https://www.bbc.com/news/uk-northern-ireland-43423007>
 - 8 https://www.dalgarnoinstitute.org.au/images/resources/pdf/aod/aod-policy-documents/141218_evaluation_of_the_drug_court_of_victoria.pdf
 - 9 <https://www.miragenews.com/records-broken-at-australian-first-drug-treatment-prison/>
 - 10 <https://www.dalgarnoinstitute.org.au/advocacy/dalgarno-aod-policy/757-peoples-voice-drug-policy-futures-2019.html>
 - 11 https://www.dalgarnoinstitute.org.au/images/resources/pdf/aod/aod-policy-documents/Inquiry_into_public_communication_campaigns_targeting_drugsubstance_abuse_Co_msTeam_Jan2020.pdf
 - 12 <https://www.nobrainier.org.au/index.php/teacher-tools/get-a-clue-ice/479-the-real-and-innocent-victims-of-i-wanna-get-high-ice-culture>
 - 13 <https://www.nobrainier.org.au/index.php/resources/i-need-to-stop-this-help/532-we-do-recover>
 - 14 <https://www.nobrainier.org.au/index.php/teacher-tools/get-a-clue-ice/62-ice-wasn-t-andy-s-first-drug>
 - 15 https://www.dalgarnoinstitute.org.au/images/resources/pdf/researchreports/2018/Portugal_Policy_DRR_08-09-20.pdf
 - 16 <https://www.miragenews.com/records-broken-at-australian-first-drug-treatment-prison/>
- Alternatives to Incarceration Video <https://youtu.be/IGr6FNewRgc>



Impact on Children

#1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5473055/>

#2 <https://www.wsj.com/articles/legal-drugs-are-fashionableand-treacherous-for-children-11605722904>

#3 https://www.brisbanetimes.com.au/politics/queensland/about-20-children-taken-into-state-care-every-week-due-to-ice-20201216-p56o0b.html?utm_content=EDITORS_PICKS&list_name=2095_brisbanetimes_news&promote_channel=edmail&utm_campaign=am-bt&utm_medium=email&utm_source=newsletter&utm_term=2020-12-17&mbnr=NjE2NzQ4OQ&instance=2020-12-17-07-54-AEST&jobid=29281275



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