

## **You can be Anti Drug and Pro Reform**

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### **Abstract**

This paper presents an overview of my own experiences as a university lecturer in offering an under-graduate unit that centers on the drug debate. Most drug education and certainly that funded by government is couched in 'say no' terms. My role has been to nurture the inquiring mind and expose the historical nuances that have led to a somewhat confused approach to dealing with the fall-out of drug misuse. While harm reduction continues to be tolerated there seems little doubt that in the last decade we have drifted back to the bad old days when total abstinence and zero-tolerance were seen as the guiding principles.

My starting place is 1995 when the Victorian State Government (Australia) commissioned a panel of experts headed by an eminent scholar, Professor David Penington, to conduct an intensive public investigation into the trade and use of illicit drugs. At the end of its short yet intensive investigation, the panel concluded that Victoria's response to illicit drugs should be remodeled and extended if current levels of use and costs of misuse were to be reduced.

Despite an overwhelming consensus that the evidence based recommendations were a step in the right direction, nothing much has changed. I ask, why not? From here my discussion exposes some of the difficulties 'reformers' face in their quest to bring about an 'informed' change. The debate is complex and comprehensive. I give only a brief overview of the impact of so-called 'morality laws' that seek to denounce any challenge to the status quo and the hypocrisy exposed through the actions of governments and multi-national companies.

"The care of human life and happiness, and not their destruction, is the first and only legitimate object of good government."— Thomas Jefferson

### **Introduction**

For over a decade Australian illicit drug policies have been subjected to a great deal of scrutiny. Ideologically driven, the discourse and debates fall roughly into two camps. On the one hand those who favour the extension of harm reduction policies that define drug use in normalized public health terms and secondly, those who seek a return to prohibitionist or zero-tolerance policies that define drug use solely as a criminal or moral issue.

This paper invites you to consider the 'politics' i.e. the political factors and forces that determine government illicit drug policies. The material provides you with an opportunity to commence an analysis of the influence of ideas and ideologies around the causation of illicit drug use, potential solutions, and the impact of different local interest and lobby groups including the increasing impact of global politics, social policy and trends.

This paper is divided into three parts:

The first part examines the introduction of a drug education strategy introduced to Victorian schools in the late 1990's. The strategy and the programs that followed were based on the recommendations of the 'Premier's Drug Advisory Council' and the widespread concern of Victorian citizens about the misuse of drugs and young people.



The second part examines recommendation 4.9 of the Council's report. Essentially the recommendation sought to encourage the Victorian Government to support the Australian Capital Territory's decision to undertake a 'heroin trial'. At the time of this recommendation the streets of most major cities in Australia were awash with cheap high-grade heroin and deaths were spiraling out of control. I examine the reasons for opposition to the trial including some of the 'behind the scenes' pressure that was brought against government decision makers and interested stakeholders.

Part three of the paper examines a recommendation (7.1) to decriminalize the personal use and possession of 'small amounts' of marijuana. Ultimately the recommendation was found to be unacceptable and a media led opposition to reform won the day. A compromise was later reached with the introduction of a Police Cautioning Program. In an attempt to offer some additional evidence based research in relation to the 'harm' done to those entering the criminal justice system, I examine the findings of the National Drug Strategy Committee (1998).

### **Report of the Premier's Drug Advisory Council**

As a starting point I have re-visited the 'Report of the Premier's Drug Advisory Council'. The rationale for the report is set out below. It should be noted that this document represented the most comprehensive and scientific study of its type undertaken by any Australian state government. It is considered a benchmark for future research and commentary.

The PDAC commented:

"Victorians are justifiably concerned about widespread misuse of drugs in our community. Experimentation among young people is widespread. Use of drugs such as cannabis and amphetamines is high by international standards, despite prohibitionist laws and a strong commitment to law enforcement.

Concerns have become apparent about increasing adolescent initiation into heroin, and the proliferation of intravenous administration of amphetamines and the use of derivatives of this group such as Ecstasy. Use of multiple drugs is common as the same criminal source may offer a variety of drugs. There has been an increase in the number of deaths directly attributable to illicit drug overdose in the past three years. These are all reasons for re-evaluation of policies and programs"

(Premiers Drug Advisory Council, 1996, p.iii).

The task is to make some sense of the debate and reflect on the 'roadblocks to reform'. The discussion considers the political processes that have helped influence the development of drug policy in Australia. It demonstrates the tendency for policy debates to revolve around narrow ideological concepts, pitting those who favour the 'liberalisation' of drug policies (decriminalization, part legalisation) against those who favour a blanket prohibition of proscribed drugs.

More than ten years passed since the report was handed down and one can argue that nothing much has changed. Alcohol and drug abuse can easily be linked to issues of social disorder,



including violence in its many forms (ANCD Report, 2008, Drug Use Monitoring in Australia – DUMA reports). This is despite a comprehensive response and adherence to many of the recommendations made by the PDAC and carried out by successive governments.

Before we commence a review of some of the recommendations it may be both important and timely to remind ourselves of the different ‘classes’ of illicit drug user identified in the PDAC report (1996). In it Professor David Penington points to the Council’s view that ‘drug users’ are generally divided into five major categories:

- Experimental users
- Recreational (or occasional) users
- Situational (or occupational) users
- Intensive (or binge) users
- Compulsive (or dependent) users. (PDAC 1996, p.18)

The Council makes the point that the majority of drug users do not progress from one group of use to another. Of those that do, progression is generally related to:

- The route of administration: intravenous users are more likely to progress than oral users.
- Individual characteristics: for example, those who use at a younger age are more likely to progress, and a history of psychiatric problems is also associated with increased progression. (PDAC 1996, p.18).

The PDAC pointed to the fact that there are several different and distinct classes of drug user. It may be handy to adopt the same categories, for, as we will see later, solutions cannot be seen as a ‘one hat fit’s all’ response.

## **Part one: The Education Strategy**

The following represents a review of the activities undertaken by the government and other prescribed agencies in response to the PDAC recommendations.

***Recommendation 1:*** The Victorian Government supports a sustained and integrated information and education strategy that deals with both licit and illicit drugs such as alcohol and tobacco. (Premiers Drug Advisory Council, 1996, p.120)

The first recommendation of the PDAC report outlined the council’s concern for the lack of education and information made available to the general public, describing it as a “disturbing feature” (Premiers Drug Advisory Council, 1996 p.77). The PDAC recommended that the Victorian Government support a sustained and integrated information and education strategy.

The Government endorsed the recommendation, fully believing that young people could be dissuaded from using illicit drugs if provided with accurate and current information. There was a



shared belief that previously the material provided had been built on ‘scare tactics’ and had not specifically targeted young people (Premiers Drug Advisory Council, 1996, p.120).

Central to the strategy was a desire to ensure that all school children were provided with ‘appropriate’ health education. PDAC noted that quality material existed but the dissemination was poor and needed to be expanded to effectively address problems associated with illicit drugs (Premiers Drug Advisory Council, 1996, p.120).

***Recommendation 1.1:*** Drug education should be included as a core component of the health curriculum in schools. (Premiers Drug Advisory Council, 1996, p.120)

This recommendation brought about a total overhaul of drug education in Victorian schools. It was acknowledged that schools were well positioned to play a vital role in preparing young people for the complex and challenging ‘drug’ issues they would almost certainly face in their day to day lives (Drug info Clearinghouse, 2002). Drug education was thought to be extremely important because it allowed young people to make informed decisions. The focus was to be on ‘Harm Minimisation’, not the traditional ‘Prohibitionist’ or ‘Say No’ approach that had proved to be ineffective and counter-productive in previous campaigns (Health Outcomes International, 2000). Many people welcomed the introduction of a new drug education program, as previous initiatives were now seen as ad-hoc and ineffective. Victorian schools had experienced three different drug education programs over the previous decade, each one was disbanded leaving ‘drug educators’ under-resourced with little infrastructure and absent policy direction (Australian Drug Foundation, 2006).

In 1996, the Victorian Government made available \$11.6 million to help schools develop Individual School Drug Education Strategies (ISDES), ensuring that all Victorian Government schools had drug education included as a core component of their curriculum (Victoria Government, 1996). Over 800 government schools and 2800 teachers from across Victoria were invited to develop or have an input into developing an ISDES during 1997. Independent and Catholic schools that were outside the control of the Victorian Government were not consulted. Within the next 2 years they were to come on board and commence the ISDES program (Drugs and Crime Prevention Committee, 2002).

The Government in pursuit of this policy employed 19 Regional Drug Education Facilitators who were, prior to appointment ‘educated’ by the Victorian Department of Education (Drugs and Crime Prevention Committee, 2002). The ‘Connect Project’ was the next one to be introduced. This called for the participation of other services to support the re-integration of young people who had been exposed to and made to feel vulnerable after experiencing problems associated with substance abuse. The Connect Project commenced in so-called ‘high risk’ areas such as Springvale/Noble Park, Glenroy/Craigieburn on the urban fringe and South Gippsland, a regional centre (Drug and Crime Prevention Committee, 2002 p. 6).

The ISDES program is now in all Primary and Secondary schools in Victoria (Victorian Department of Education, 2006). It is described by some as “spearheading a cultural change in the way ‘drug education’ is taught in schools”. At the same time some of the early critics



questioned the ‘effectiveness of the program’ (Health Outcomes International, 2000). Qualitative research undertaken by Loxley et al. regarding the ‘effectiveness’ of the ISDES program concluded that it “can help delay and or prevent drug use in adolescents as long as it is implemented in an effective manner” (Loxley et al, 2004).

Another part of the strategy developed by the Victorian Government was the Drug Education Evaluation and Monitoring Project (DEEM). This project was developed by the Department of Education and Training to provide survey tools for students as well as teachers to provide reliable measures on a range of issues related to drug education (Victorian Department of Education, 2005).

The survey enhanced the schools’ ability to monitor and evaluate the effectiveness of their drug education programs in terms of student well-being and drug education outcomes (Victorian Department of Education, 2005). The Victorian Government has continued to support the ISDES program and since November 2005 all Government schools and 80 per cent of independent and catholic schools in Victoria have introduced the ISDES program into their curriculum. An extra \$3.8 million was allocated in the 2006/2007 education budget to ensure that drug education is on-going and meets government benchmarks (Victorian Government Department of Human Services, 2006).

Additional programs implemented by the Victorian Department of Education and Training included the Cultural and Linguistic Diversity Parent Engagement Program and the Parent Involvement in Later Years of Schooling program. Each of these involved the engagement of parents in drug education with a view to making them more aware of current drug issues (Victorian Department of Education, 2006).

***Recommendation 1.2:*** Actions should be taken as a matter of priority to ensure sufficient teaching-staff are trained in drug education (Premiers Drug Advisory Council, 1996, p. 120)

The PDAC acknowledged that there was inadequate training for teachers in drug education and drug related student welfare practices. As a result of this recommendation the Victorian Government made it a priority to train teachers to deliver the ‘drug education’ program in all Victorian schools. As previously stated they employed 19 Regional Drug Education Facilitators who were to be educated by the Victorian Department of Education (Drugs and Crime Prevention Committee, 2002, p.6). The role of the Regional Facilitators involved in the implementation of ISDES was to ensure that teachers in government schools complied with the new ‘drug education policies’ and that the programs were introduced into every school’s curriculum. Teachers involved with independent and catholic schools were to undergo the same training at a later date. Any shortfall in the number of drug educators was to be taken up by other non-government agencies and organisations deemed capable of teaching the new programs (Victorian Government, 1996, p.1).

Training of teachers in relation to drug education policies has remained a priority for successive Victorian Governments. The Department of Education and Training continues to provide professional learning activities to support teachers in relation to learning about and teaching drug education (Victorian Department of Education, 2006).



**Recommendation 1.3:** Guidelines on the approach to drug education to be used in schools should be circulated as a matter of urgency. The guidelines should be based on the principles detailed in the *Get Real* package recently prepared by the Directorate on School Education (Premiers Drug Advisory Council, 1996 p.120).

The PDAC report noted that the guidelines for drug education in schools needed to be distributed as a matter of urgency to allow schools to implement their programs as soon as possible. Following this recommendation the *'Get Real'* package which had been prepared prior to the PDAC report, was reprinted in 1996 and re-released to schools so they could provide accurate and up-to date information to students (Victoria Government, 1996 p.1).

Draft Guidelines based on the principles in the *'Get Real'* package for the development of ISDES within government schools were distributed to schools across Victoria in 1998. All schools introducing the ISDES program had to agree to a three-year action plan including an evaluation of its effectiveness (Auditor General Victoria, 2002 p.1).

Education guidelines for ISDES are revised on a periodical basis. Following a revision of the guidelines or the content of the drug education program (undertaken by the Australian Government). The updated guidelines are forwarded to all schools to ensure 'conformity'. Students, it is argued, are thereby able to learn about current issues and problems and keep in touch with the issues that may be of concern to them (Victorian Government Department of Human Services, 2006, p.10).

**Recommendation 1.4:** Targeted marketing strategies should be developed to improve community awareness of existing telephone information and advice services (Premiers Drug Advisory Council, 1996, p 120).

The Victorian Government, in support of this recommendation, pointed to surveys that confirmed that there was little community awareness of existing telephone information and advice services (Victoria Government, 1996, p.2). As a result a booklet titled *'Drugs: The facts, the risks, the reality'* was printed and distributed to all households in Victoria over February and March 1997 (Drugs and Crime Prevention Committee, 2002, p.6). The primary focus of the booklet was to provide factual and accurate information to parents who were concerned about the potential impact drug consumption could have on their family. The booklet included 'free-call' telephone numbers and support contacts for people who need assistance (Drugs and Crime Prevention Committee, 2002, p.6).

More recently, television campaigns have been used by the government to advertise contact details for support services for people addicted to or concerned about drugs. Between July 2001 and February 2002 a campaign labeled the Community Drug Education and Advertising Campaign was used to advise people that there were services provided for people affected by drugs who felt they needed support. In addition the campaign went online and opened a website to access this support (Victorian Government, 2002).



**Recommendation 1.5:** Opportunities for the integration of the two specific drug telephone services should be explored and more consistent data gathering systems introduced.

When the PDAC report was released in 1996, there were two telephone-counseling services in use in Victoria, DIRECT-line and DRUG-info. The Victorian Government in support of the recommendation has combined them and continues to use DIRECT-line as its telephone counseling service (Victorian Government, 2006). In the 2004/2005 fiscal- year, DIRECT-line received 55,000 calls for advice, help or referrals (Turning Point Alcohol & Drug Centre, 2005).

**Recommendation 1.6:** Arrangements for providing information to people from differing ethnic and cultural backgrounds should be enhanced (Premiers Drug Advisory Council, 1996, p.121)

In 1996, as a result of this recommendation, the Directorate of School Education in association with the Multicultural Affairs Minister investigated whether the programs in place for ethnic communities were effective or whether change was needed for them to become more effective. Brochures explaining the law and the role of police in relation to drugs were printed in languages other than English to guarantee people from many ethnic backgrounds had access to this information (Victorian Government, 1996, p.2).

In more recent times information in relation to drug education and issues has been translated into a number of languages other than English. This has been done to expand the target audience and ensure that people from different ethnic or cultural backgrounds are able to stay in touch with current drug issues and services (Victorian Government, 1996).

**Recommendation 1.7:** Printed materials should be reviewed and where appropriate for use in conjunction with other information dissemination activities, be translated into languages other than English (Premiers Drug Advisory Council, 1996, p.121)

It was recommended that government agencies, in consultation with the Multicultural Affairs Minister, review all written material and guarantee it be reprinted in appropriate languages. This task was undertaken by government agencies and when the booklet *'Drugs: The facts, the risks, the reality'* was released in 1997 it was translated into 12 languages and distributed on audio-cassette tapes.

The Victorian Department of Health has been committed to updating information relating to drugs for people from different ethnic and cultural backgrounds. They have used a variety of resources to achieve this aim. These groups are now able to access (in their chosen language) information in relation to drugs and drug education via the Victorian Government Health Website. If they are not able to do this then they may contact a division of Victorian Government Health or their local Community Health Center and request the information in writing (Victorian Department of Health, 2006).



**Recommendation 1.8:** Media campaigns should be used to communicate major changes in policy and arrangements within Victoria. Where appropriate this should be in cooperation with the Commonwealth Government (Premiers Drug Advisory Council, 1996, p.121).

The role media campaigns and radio talkback programs can play in creating a positive climate for the facilitation of new initiatives was acknowledged by the PDAC (Commissioners Drug Committee, 2002). Following the PDAC recommendation, Governments from across Australia, including the Victorian Government, worked with the Federal Government to implement the National Drugs media campaign. The campaign began in 2001 and encouraged parents to talk to their children about drugs. The campaign involved advertising in magazines and newspapers and on television, promoting the negative consequence of drug use, promoting positive alternatives and ways for young people to access help if needed (Australian Government, Department of Health and Ageing, 2005).

**Recommendation 1.9:** Course structure and content for selected tertiary courses should be amended to ensure that appropriate and relevant graduates have a basic knowledge regarding drugs and the Harm Minimisation framework ((Premiers Drug Advisory Council, 1996, p.121).

Following this recommendation the Department of Education and Training identified a need for improved content within the curriculum of selected courses so that graduates would have a better knowledge of drug issues and harm minimisation strategies. Many people were involved in policing, health services, youth and social workers, prison and corrections staff needed to undertake additional study and training to ensure they fully grasped the policies and principles the Victorian Government was trying to implement (Victoria Government, 1996, p.4).

In 1998 a colleague (Dr Ian Warren) and I produced the first Deakin University undergraduate unit that specifically focused on contemporary drug use, police and the community. Unlike the programs offered at primary and secondary level this unit is designed to assist students develop a range of theoretical skills and applied knowledge about drugs and their regulatory status in contemporary society. Inevitably this means our teaching goes beyond the narrow framework envisaged by the government. In support of the unit material a video was produced and a second one made as the course content evolved. Copies of the video material are made available to all students undertaking the unit. The content of the videos represent extracts from a number of programs, news-reports and documentaries recorded (under licence) over a number of years. Examples of the video content can be examined (see attachment A). The rationale behind the distribution of the video material is that it increases the awareness of the generation Y students. Their understanding of complex concepts is enhanced by visual material. The visuals support the written unit material and researched extracts. (Copies of the video material are available to conference attendees for inspection and discussion.)

**Recommendation 1.10:** Expanded in-service training and professional development opportunities should be provided to assist various workers to communicate with and assist people dealing with drug issues (Premiers Drug Advisory Council, 1996, p.121)



Even though there existed training and drug education training for workers in the health, community service and corrections sectors, it was perceived as inadequate in informing and training these people appropriately for dealing with drug issues. This recommendation brought about an expansion of in-service training and professional development increasing the worker's capacity to better communicate with and assist individuals dealing with drug issues.

At the time of the PDAC Report there were only three post-graduate drug related courses available in Victoria. The PDAC concluded that training of personnel in the drug and alcohol sector was important and it needed to be expanded to ensure workers were being trained and educated effectively in preparation for dealing with drug and alcohol issues (Premiers Drug Advisory Council, 1996, p.82)

Training of workers in health, community services and corrections was seen as a good future investment and was a high priority for the Victorian Government. The expanded training and educating of people in these areas began in 1997. It was evidenced that many of these workers could intervene in the early stages of a person's drug use and reduce the long term harm to the individual and then ultimately, the cost to society (Victorian Government, 1996, p.3). The pilot program for the educating and training of these sector workers was originally implemented for a period of three years. As this training had such a positive outcome, training of staff in these sectors is still an important priority of the Victorian Government in today (Victorian Government Department of Human Services, 2006, p.14)

***Recommendation 1.11:*** Consideration should be given to including drug and alcohol studies within the Master of Public Health Program (Premiers Drug Advisory Council, 1996, p.121).

As a result of this recommendation drug and alcohol studies were developed as part of the Master of Public Health Program. In 1997, four Victorian Universities were given support to incorporate these studies into their curriculum (Victorian Government, 1996, p.3). By 2002 an independent audit of Drug and Alcohol Programs Australia wide found that there were five universities, five TAFE's and one Registered training organisation that had incorporated drug and alcohol studies into their curriculum (Kennedy et. al, 2003).

***Recommendation 1.12:*** Strategies should be developed to provide information to parents to assist them provide information and support for their children. These strategies should include information about where they get further information, or personal assistance for themselves and their children (Premiers Drug Advisory Council, 1996, p.121).

The Victorian Government fully supported this recommendation. They clearly identified the role parents play in educating their children on drug issues. Drug education occurs through general care, welfare, guidance, as well as listening to the concerns being expressed by parents (Premiers Drug Advisory Council, 1996 p.84) The Government believed it was important for parents to have access to information and materials which would enable them to play an effective role in the overall drug strategy (Victorian Government, 1996, p.4). In 1997 a project named 'Information, Consultation and Education for Parent of School Students' was developed for



parents. It outlined strategies that parents could use to educate their children about the danger of drugs (Drugs and Crime Prevention Committee, 2002, p. 7). Parent forums were also conducted in approximately 600 Victorian schools. Parents had the opportunity at these forums to voice their concerns and learn about issues relating to drug use (Drugs and Crime Prevention Committee, 2002, p. 7).

The Victoria Government also distributed brochures on drugs and drug use to advise parents of the range of treatment and support services that were available. Existing support networks and telephone counseling services were all modified to allow parents access (Drugs and Crime Prevention Committee, 2002, p. 8).

The Victorian Government's new approach to parent drug education was seen as an important deterrent in preventing children from experimenting with illicit drugs. Parents could take an active role in educating their children and ensuring that they were well informed and educated as to the dangers of drugs. It was considered that it would prevent drug related harm in the future for many people as they would not experiment with illicit drugs and would be well informed of the dangers of drugs and the harm they may cause (Victorian Government, 1996, p.4).

The PDAC made the point that drug users were often misinformed about the risk and harms that could result from their drug using behavior. It was noted that former drug users were often able to communicate more effectively with each other. Where possible it is desirable they share accurate information (Premiers Drug Advisory Council, 1996. p.122)

***Recommendation 1.13:*** Peer education and outreach services should be developed in consultation with drug user groups (Premiers Drug Advisory Council, 1996. p.121).

Following this recommendation peer education and outreach services were developed to provide support and education for young people. It was noted that many young people who had become involved with drugs had also developed a distrust of authorities. With this in mind education and outreach services development should include consulting with the very people who are directly affected by drugs such as current or former drug users. (Victorian Government 1996, p.4).

## **Part two: A 'Roadblock' to Reform: Right to conduct a 'Heroin Trial'**

***Recommendation 4.9:*** Victoria should encourage the Commonwealth to support the Australian Capital Territory's heroin pilot study and, if appropriate, the subsequent clinical trial of heroin prescribing (Premiers Drug Advisory Council, 1996, p.125)

The Victorian Government agreed with this recommendation and initially supported the Australian Capital Territory's (ACT) decision to support the Australian National University in its bid to undertake a heroin pilot study (Victoria Government, 1996, p.17). In July 1997, Australia's peak drugs policy maker, the Ministerial Council on Drug Strategy (MCDS) approved the establishment of a heroin trial in the ACT.



Initially elated, supporters of the trial were unprepared for the backlash. The tabloid media went into a feeding frenzy. Within three weeks of the MCDS approval the Government effectively vetoed the trial by refusing to make the legislative amendments required to allow the importation of heroin needed for the trial to begin. The government's statement had ignored extensive feasibility studies and background reports and instead, it is believed, responded to two weeks of sensationalist media campaigning. Using content and discourse analysis, it was revealed that 70% of all tabloid articles on the heroin trial and 100% of all editorials were 'negative'.

Although Australia was a signature to the 1961 Single Convention the PDAC had received legal opinion that as the 'trial' was researched based, it was not in breach of our international obligations. Some Australian states disagreed and urged the Federal Government to block the trial by refusing permission to import the heroin. Other more subtle forms of pressure came from the International Narcotics Control Board. A confidential memo from an Australian Department of Foreign Affairs official, based in Vienna warned:

"The International Narcotics Control Board does not welcome the prospect of Australia conducting a heroin trial", and noted the Board's chairman Dr. Oscar Shroeder "is forcefully opposed to the trial". The Foreign Affairs Official further warned that "Australia should not underestimate the lengths that one unnamed member at the Board may go to express their displeasure" (ABC 4 Corners, 1996).

Pharmaceutical Companies capable of exercising economic muscle 'down-under' were also strong opponents of the trial. The two US pharmaceutical giants, GlaxoWellcome and Johnson & Johnson threatened to close down the Tasmanian poppy industry if the trial went ahead. At risk was an \$80 million dollar industry and the livelihood of 800 farmers employed in the production process. The point was not lost on the Foreign Affairs Official in his report:

"we have to deal with the International Narcotics Board regularly and on an intimate level. Our concern is that (they) could make life difficult for us in our annual negotiation on poppy production, we see this as a real risk and one that should certainly be borne in mind when weighing up the pros and cons of the trial" (ABC 4 Corners, 1996).

Despite four years of research and consultation and an-ever increasing number of heroin overdoses resulting in yet more deaths, the Australian National University's planned 'heroin trial' was doomed. It would never get off the ground. When the parents of a recent drug overdose victim joined forces with avowed prohibitionist(s) the Salvation Army, the message of "just say no" was re-booted. This, together with the forging of new links with American proponents of abstinence based education and treatment policies, was to signal the end of the heroin trial (Moore, 2006, p. 41).

Those disappointed with this outcome may be interested to know that the Israeli city of Tel Aviv is moving to establish a pilot heroin maintenance program for older addicts who have proven resistant to recovery. Should this occur, Israel would join a select group of European countries, including Germany, Switzerland and the Netherlands where such programs have consistently resulted in a decline in property crime, as well as improvements in clients' health and welfare (DRCNet, 2008). This new initiative follows an earlier one by the Israeli drug law enforcement



to no longer arrest first time drug users. Under this policy, people caught for the first time with personal use quantities of illegal drugs will be documented but not arrested. The old policy amounted to a 'useless investment' of police time, the official stated (Drug War Chronicle, 2007). One can only guess what the current attitude of the INCB might be. There seems to be little evidence of the 'interference' and 'opposition' experienced by the Australian Government ten years earlier when it considered a similar trial.

### **Part Three: Why decriminalize the personal use of Marijuana?**

**Recommendation 7.1:** Use and possession of a small quantity of marijuana should no longer be an offence. 'Small quantity' should be defined as no more than 25 grams (half the amount currently specified in the Act) (Premiers Drug Advisory Council, 1996, p.129).

This was considered to be the most 'controversial' of all the recommendations. The basis of the report was the conviction that drug use is a public health issue rather than a criminal activity. It clearly reflected the PDAC's commitment to principles of harm minimization that prioritized harm reduction strategies. Further, the committee found marijuana prohibition to be counterproductive. In addition to criminalizing the otherwise law-abiding marijuana users, prohibition linked these users to criminal dealers, often selling a range of drugs. Marijuana prohibition was also found to obstruct effective drug education programs. The PDAC concluded that efforts to educate young people about the health implications of marijuana use were complicated by the criminal status of the drug that encouraged secrecy on the part of young users. Some teachers reported feeling compromised, not wanting to appear to condone illegal drug use. Additionally young people were inclined to dismiss educational programs as hypocritical given their failure to acknowledge the comparatively innocuous nature of marijuana alongside the well-documented effects of alcohol and tobacco, drugs enjoyed by the same authority figures who kept marijuana criminalized (PDAC, 1996 p.114)

At the time the PDAC report was released approximately 12 per cent of Victorians over the age of 13 admitted to using marijuana and approximately 50 per cent of the Victorian population aged 18-35 admitted to using marijuana at least once ((Premiers Drug Advisory Council, 1996, p.13). The negative consequences of marijuana prohibition were exacerbated by their cost. The Department of Justice estimated the financial outlay for drug law enforcement for Victoria in 1994-1995 was \$79.1 million. Of the 13,214 offences for drugs in Victoria 72% of these offences were related to marijuana (Department of Justice 1996). Australia wide in 2004-2005 there were a total of 77,333 drug related arrests with 'marijuana' accounting for 70% of the total (Illicit Drug Data Report, 2005)

More recently governments' surveys have advised that 5.5 million Australians over the age of 14 have tried cannabis at least once in their lives and that almost 800,000 had used marijuana in the week preceding the survey. The community survey results suggested that 'adult cannabis use' had an approval rating of a 'significant proportion' of the Australian community (Australian Institute of Health and Welfare, 2005a).



In 1998 the National Drug Strategy Committee released a report titled, 'Infringement versus Conviction: the Social Impact of a minor Cannabis Offence under a civil penalties System and Strict Prohibition in Two Australian States'. Whilst the research was not available to the PDAC the results seem to add weight to the argument for change. The findings of significance were:

- Experiences of arrest or issuing of CEN recipients of CEN saw the cannabis infringement as more of an incidental result of police attention whereas the WA sample perceived the purpose of police investigation as being drug related.
- Attitudes to own actions and those of police when apprehended— almost half (48.5%) of the WA group compared to less than one in five (17.6%) of the expiators said that they had become less trusting of police as a result of being apprehended for cannabis use.
- Employment effects of conviction or CEN—while only one (2.1%) of the respondents in the SA expiator group identified any negative employment consequences from receiving their CEN, just under a third (32.4%) of the WA respondents identified at least one negative employment consequence which they believe was related to their cannabis conviction.
- Relationship effects of conviction or CEN—there was a significant difference between the groups in terms of negative relationship consequences of conviction or CEN. One in twenty (5.1%) of the SA expiator group identified any negative relationship consequences of their CEN, while one in five (20.1%) of WA respondents identified at least one negative relationship event related to their cannabis conviction.
- Negative accommodation consequences as a result of conviction or CEN—there was a significant difference between the groups in terms of negative accommodation consequences of conviction or CEN. Although none of the respondents in the SA expiator group identified any negative accommodation consequences of their CEN, just under a sixth (16.2%) of the WA sample identified at least one negative impact on their residential status related to their cannabis conviction.
- Effects of conviction or CEN on perception as a criminal—no significant differences
- Effects of conviction or CEN on deterrence of subsequent drug use—no significant differences.
- Effects of conviction or CEN on subsequent criminal justice involvement—there was a significant difference between the groups. Although none of the respondents in the SA expiator group identified any negative episodes of involvement with the criminal justice system which they thought were in some way related to their CEN, just under a third (32.4) of the WA sample identified at least one negative involvement with the criminal justice system which they believed was 'somewhat' or 'very' related to their cannabis conviction



- Travel effects of conviction or CEN—although none of the respondents in the SA expiator group identified any cases where their capacity to travel overseas had been restricted as a result of their CEN, 5 of the WA sample (7.4%) identified at least one negative travel consequence which they believe was ‘somewhat’ or ‘very’ related to their cannabis conviction.

At the end of the day recommendation 7.1 was not supported by the Victorian Government, instead the Government bowed to media pressure and introduced a Cannabis Cautioning Program which provided police with the option of cautioning adult offenders who were detected with small quantities of marijuana (Drug Info Clearing House, 2005 p.1). The caution is accompanied by cannabis educational information and a referral for a cannabis education session (Drug and Alcohol Strategy, 2005 p. 2 Vic).

The argument can in all probability be made that the cautioning program still brings offenders into the criminal justice system (with potential repercussions) and certainly remains problematic because it relies on ‘police discretion’ and a belief that all people are treated equally in the eyes of the law. Those of indigenous and ethnic backgrounds may argue this is not the case.

Finally I draw to your attention that Britain has decided not to re-classify marijuana as a C class drug (a more harmful drug). Last year British Home Secretary Charles Clarke asked the Advisory Council on the Misuse of Drugs to re-examine cannabis in light of charges that its use could lead to schizophrenia or psychotic episodes, especially among young users. The council issued its recommendation in November and Clarke has not released the report, but leaks to the British press suggested the Council has stood by its earlier decision to support classifying cannabis as a less harmful Class B drug. Contrast this with figures recently released through the FBI Uniform Crime Report. Drug arrests hit a record level 1,889,810 in total, of these 829,625 were for marijuana, more than nine out of ten were for possession alone (Drug War Chronicle, 2007).

## **Conclusion**

The argument could be made that had the Victorian Government not undertaken the Drug in Schools Strategy or done nothing, things could be much worse. Like many countries Australia has to deal with youth and their association with public disorder. Many of the indicators confirm there is a problem in relation to the consumption of drugs. It is the Politicians that must find the subsequent answer for there is a general perception in the community about the effectiveness of the current programs.

To add weight to the ‘perception’ of social break down, the chairman of the Australian National Council on Drugs (ANCD) speaking to the media about the councils report released in February 2008, said “what this report clearly says is that drug and alcohol use by young people has become normalized and is often seen as a rite of passage to adulthood.”

This is confirmed by these key findings:



- In any given week, 168,000, or about one tenth, of 12 to 17 year-olds drink at levels where boys consume more than seven drinks in a day and girls more than five.
- One-in-ten, or 31,325 15 year olds binge weekly
- One-in-five, 16 and 17 year-olds binge drink weekly.
- 451,000 children live in homes where one adult binge drinks.
- One-in-seven, or 237,000 high school students have used cannabis in the past year.
- 78,000 children live in houses where at least one adult uses cannabis daily.
- 67,000, or one in 25, high school students have used amphetamines monthly (ANCD, 2008)

Among the report's key findings is that

- Adolescents are less likely to drink if their parents actively disapprove
- Most treatment providers in Australia do not have a direct service for families with a young person with alcohol or drug problems (ANCD, 2008).

This follows another report that indicates juvenile offenders have been the fastest growing category of criminals since 1999. The number of youths (in Victoria) committing rape, robbery and assault has more than doubled in the past eight years. Violent assaults by youths increased 106% from 1951 to 4025 between 1999 and 2007, rapes rose 108% from 47 to 98, and robberies were up 105% from 406 to 8349 (Herald-Sun newspaper, 2008). While the reasons for the increases are not altogether clear, the anecdotal evidence suggests that high levels of alcohol consumption together with the use of other drugs can often be found as a common denominator in the arrest data (DUMA, 2007).

### **You can be 'anti drug and pro reform'.**

The way the drug debate has historically been framed often leads to pro-reform positions being confused with being pro-drug or somehow condoning, encouraging or giving approval for drug use generally. It is vital to emphasise that support for principled, phased, evidence led reform of failed drug legislation is in no way incompatible with a strong anti-drug message, or the moral view that a drug-free lifestyle is to be encouraged (Transform, 2007, p.36).

Between the years 1991 and 1999 heroin related deaths increased 7 fold, reaching 359 in 1999, on average 18 per month (Gerostamalous, 1999). Deaths together with the fear of increased blood borne diseases prompted a series of harm-minimisation interventions including the establishment of the first 'safe injecting room' in Sydney, New South Wales. Other states were more cautious in their responses but all agreed to set up needle exchange programs to help stop the spread of the HIV/AIDS virus (Wodak, 2004).

As global opium production fell in 2001, due mainly to the ruthless opposition of the fundamentalist Taliban rulers in Afghanistan, so did heroin consumption and overdoses and deaths fall in Australia. It seems the intravenous drug population remained approximately the same. They simply switched to other drugs, crystal methamphetamine (ice) becoming a popular choice. But deaths were down and the government saw it as a victory for their 'zero-tolerance' tough on drugs approach. Now that Afghan opium production is again at record levels we (in



Australia) are seeing it show up in the injecting user groups. Ambulance officers in Melbourne only recently issued a warning:

“there has been a worrying trend in the number of people suffering heroin overdoses. It is unusual to get 11 in one morning”. “We have noticed over the last couple of months there has been a general increase in the amount of heroin out there and the amount of overdose patients we are seeing” (Geelong Advertiser, 2008).

According to the UN Office on Drugs and Crime, 2007 World Drug Report, the Afghan opium crop is valued at \$US3 Billion this year, about a billion of which is paid to farmers. Afghanistan is currently producing 93% of the world’s poppy crop (Drug War Chronicle, 2007).

The evidence seems to point to a new heroin epidemic in Australia with the resultant loss of life. It remains to be seen how the United States and the International Narcotics Control Board would respond if a new initiative to undertake a ‘heroin trial’ were to be made. In the meantime the US strategy seems to push for crop eradication through aerial spraying using the ‘safe’ herbicide ‘glyphosate’. The Afghan Government has so far rejected the offer:

“We have rejected spraying of poppies in Afghanistan for good reasons: the effect on the environment, other smaller crops, and on human genetics” (Drug War Chronicle, 2007).

Whether the United States retains the moral authority to continue to impose its values in relation to drug control on the rest of the world is a discussion that is not going to go away. There are over 300 organisations worldwide (19 countries) interested in drug law reform. Of those, most are to be found in the United States while Australia boasts the existence of 9 and the UK more than 20. <http://faqs.org/faqs/drugs/law-reformers/>

Of these I find Law Enforcement Against Prohibition (LEAP) to be the most inspiring. In the words of Constable Gil Puder (deceased) of the Vancouver Police Department:

“Harsh, reactionary criminal justice has proven woefully miscast as a control mechanism for drug use. A truly comprehensive strategy is now required, including a legalized, controlled drug supply, coupling enforceable and decriminalized regulation with health, education, and economic programs. The challenge for policing is to measure traditional drug war practices against the integrity of truly ethical conduct, and where our performance is less than exemplary, take a leadership role in identifying overdue legislative change” (LEAP, 1998).

In summary I invite government and those that oppose reform to consider the empirical evidence and avoid the ‘quick fix’ option of getting tough on those in the community who hold different moral values to those who propose a return to the bad old days of ‘prohibition’.



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