# Alcohol and other drug Policy proposals

## A community - safety, health and care approach

**2015 Edition**


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## The Dalgarno Institute

The Dalgarno Institute is a growing coalition named after a woman who was a key figure in the early reformation movements of the mid 19th Century. Isabella Dalgarno personified the spirit of a large and growing movement of concerned citizens from diverse backgrounds who had a heart for both social justice as well as social responsibility. They took on the prevailing culture blighted by the marginalising of women and children, alcohol abuse, corruption and bigotry.

The Dalgarno Institute is founded on well over 150 years of Temperance heritage in social and cultural impact. Our nation owes a great deal to the history of the success of this movement that championed families and particularly woman and children. This lay empowered Institute continues to build on the incredible service of these groups, organisations and unions across the nation who didn't simply protest a problem but provided positive alternatives and enacted radical social justice and social responsibility changes that resonated for decades in individual, family and community lives.

(For more of the story go to www.dalgarnoinstitute.org.au and select ***'Dalgarnow'*** menu on the top of the page.)

**Challenging and impacting...**

- Domestic violence
- Corruption in electoral process
- Women's voice
- Community dysfunction

**Creating....**

- Safer Communities
- Safer families
- Better rights and protection for Women and children
- Positive alternatives to alcohol fuelled 'self-medicating' activities.

We seek and actively work to...

- ✓ See a nation free of the scourge of illicit drugs, including the elimination of both the presence of, and harm from, illicit drug use.
- ✓ Maintain the continued illegality of illicit drugs including Cannabis, Amphetamine Type Stimulants, Cocaine, Heroin, Hallucinogens and all other illicit drugs.
- ✓ Investigate and challenge the culture of illicit and licit drug use and the predicative, informing and causal agencies/elements behind it.
- ✓ Challenge attitudes to the growing ideology of 'palliative' care (drug use maintenance) that tacitly excludes prevention, demand reduction and early intervention options.
- ✓ Enhance national and international research into prevention, demand reduction and early intervention strategies.
- ✓ To have strong emphasis and properly resource rehabilitation services for both licit and illicit drug users, backed by caring and ***recovery focused*** supervision.
- ✓ Support the development of holistic and sustained information and education programs that promote (not exclude) demand reduction initiatives of prevention and abstinence options – specifically for the demographic with developing brain phase.
- ✓ Promote individual and community investigation into the 'why' of alcohol and other drug use and abuse and subsequently, the therapeutic engagement with causal issues – including psychosocial, affective and supra-cultural issues.
- ✓ Support and reinforce the reduction of both supply and demand.
- ✓ Promote measures that reward and affirm prevention, and support measures that penalise individuals and groups that put community health and safety at risk.
- ✓ Reduce all forms of alcohol advertising.
- ✓ Encourage and promote private, community and NGO (Non Government Organisations) initiatives to prevent alcohol and illicit drug use.
- ✓ Promote the reestablishing of the Minimum Legal Drinking Age (MLDA) back to 21

- ✓ To encourage as first port of call, the use of Cognitive Behavioural Therapies, Motivation Enhancement Therapies and abstinence based ***recovery focused*** rehabilitation programs, for both licit and illicit drug dependency

# Introduction

The endeavour of this proposed policy document is to promote positive and proactive alternatives to tackle Australia's alcohol and other drug problems. The proposed policies seek to build up and support families and communities through best practice strategies in demand reduction, harm prevention, intervention and rehabilitation. Our goal is to encourage actions that will facilitate safer and healthier communities and individuals.

Within this proposal, we wish to highlight the need for greater awareness and consideration of the need for a holistic approach to this entrenched and growing problem. While terms like 'complex issue' are used in regard to these matters, this does not adequately address the deep seated problems that have been able to develop due to a growing apathy towards dysfunctional public and private behaviour and the cultural problems it can generate. Social conduct and the motivating elements behind these issues of alcohol and other drugs need to be addressed, not simply 'managed' or worse accommodated.

The Dalgarno Institute fully appreciates that the entirety of the ensuing strategies may be substantial, but we encourage policy makers to engage the safest, healthiest measures as well as the maximising of potential positive options for the Australian community and their families.

***"The overriding aim of creating a society free from drugs is to be seen as a vision reflecting society's attitude to illicit drugs. The aim conveys the message that drugs will never be permitted to become an integral part of society, and that drug use must remain an unacceptable behaviour, a marginal phenomenon. The overriding aim, then, indicates the direction of drug policy.***

***It is common, nationally and internationally, to formulate aims which express a basic standpoint and indicate a direction, even if the aim can hardly be achieved in the short term. The UN conventions on human rights are one such example. They represent the international community's consensus view on the rights which are to apply to people the world over. Knowledge of the occurrence of violations of human rights all over the world and of the aims being far beyond many countries' horizons makes it more important than ever to safeguard the vision of universal human rights. Acceptance of human rights violations with reference to the situation in certain parts of the world would amount to capitulation.***

***By the same token, limiting the aims of drug policy to basically, " Reducing the harmful effects of drugs" is to capitulate to illegal drug trafficking and to accept that drugs have come to stay in our societies. A limited aim of this kind is in practice a lowering of society's ambitions, and sanctions the marginalisation of certain groups in society. Limiting the harmful effects of drugs is one part of the efforts made in drug use care on behalf of persons who have become addicted to drugs, but if a strategy is formulated essentially in terms of alleviating the situation of those who have already become addicted, the role and effectiveness of primary prevention is severely hindered resulting in greater numbers of first-time users - a situation which if allowed to continue must derail the principles of public health governing epidemics which include the dimension of the numbers involved and the concept of prevention - primary, secondary, and tertiary. " ****



***"A Preventive Strategy - Swedish drug policy in the 1990s".** The Swedish National Institute of Public Health 1998:21

# The Alcohol and other Drug Problem

**The research by the Australian Education and Rehabilitation Foundation (AER Foundation) has now put the total economic impact of alcohol misuse at $36 billion per which is over double 2005 estimates. This comprises $24.7 billion in tangible costs, which include out-of-pocket expenses, forgone wages or productivity and hospital and childcare protection costs. There are a further $11.6 billion in intangible costs, which includes lost quality of life from someone else's drinking....There are more than 70,000 Australians who are victims of alcohol related assaults each year.** [1]

Unfortunately however, the staggering cost of alcohol and other drug use are not just financial. Nor are they constrained to the perpetrators who are putting their own health and well-being on the line. In the state of Victoria, for example, alcohol abuse resulted in the following over a one year period:

- 24,714 inpatient hospitalisations
- Over 8,000 emergency department presentations
- Over 4,700 ambulance attendances in metropolitan Melbourne
- 759 alcohol-related deaths, 57 road deaths
- 13,000 seeking treatment for alcohol problems
- 487 infringements to licensees breaching liquor laws
- 2,472 infringements to minors for possession of alcohol
- Approximately 2,000 assaults involving young people affected by alcohol
- 16,500 drivers convicted of drink and/or drug offences
- 10,000-15,000 people apprehended for public drunkenness
- Over 1,500 assaults in licensed premises
- 37 per cent of parents placing children into foster care have alcohol abuse [2]

Similarly, alcohol abuse in Queensland is now responsible for 100,000 crimes annually. The state's alcohol-related crime has increased by 30%, and public disorder offences by 65% in the past few years alone. According to Qld Deputy Commissioner of police, Peter Martin, 62% of police call outs and 75% of community issues they respond to are alcohol related.[3]

Subsequent to the recognition that tobacco smoke affects not only the smoker but those in proximity, there is a growing acknowledgment of the effect that drug and alcohol abuse have, not just our health and justice systems, but on those around them. New terms such as 'passive drinking' and 'passive drug use' are appropriate. The UK Department of Health reports that: "harm from other people's drinking is common and wide ranging. It ranges from the less severe, such as being kept awake at night by rowdy behaviour or covering up for a colleague who fails to turn up for work, through to much more severe consequences, such as domestic violence, assault or neglect of children." [4]

On top of these problems, drug and alcohol abuse is affecting young people in massive proportions. Studies show that 64% of 18-24 year olds and 32% of 14-17 year olds are

[1] Australian Education and Rehabilitation Foundation - ***Range and Magnitude of Alcohol's Harm to Others*** August 2010
[2] Source - *www.alcohol.vic.gov.au/affects.htm*
[3] Source: Deputy Commissioner Peter Martin, Thinking Drinking Conference 2009
[4] Source: *Safe, Social, Sensible: The Next Steps in the Alcohol Strategy* , UK Dept. of Health, 2007

binge drinking. [5] 67.1% of Australians, [close to 12 million people] had their first drink of alcohol before the age of 17 including 2.35 million under the age of 10. [6]

**The Need for some change!**

'Harm Minimisation' as outlined in the National Drug Strategy 2005-09 is a more thorough three-pronged approach, but in practice there has been a departure from this toward a one dimensional Harm Reduction approach, which means both an expectation or drug use and an abandoning of addicts to their addiction, offering only 'palliative care'. Evidence of this move away is as follows...

- **The deliberate or inadvertent removal of references to the complete scope of the 'Harm minimisation' brief, particularly in reference to 'prevention', 'early intervention' and 'abstinence'.**
- **The aggressive and in places, exclusive definition of 'harm minimisation' as Harm Reduction only.**
- **The increasing use of terms and referral to 'net community benefit'. This stance omits or dismisses ethical, moral and psychological components of individual and community health from the equation. Increasing use of this term means that policy-makers are focussing only on fiscal and criminal issues when calculating 'benefit', and ignoring the social and emotional health of the community.**
- **A lessening of the regard for the majority of Australians who bear the brunt of licit and illicit drug use. The growing impact of the new terms such as 'passive drinking' or 'passive drug use' where the non-user is adversely affected by the individual using, is telling on individuals, families and communities, and this doesn't include the fiscal impact via taxation and service provision for the perpetrators!**
- **The growing move to an addiction maintenance model of care rather *recovery focused* drug treatment!**

## Need for Action – A Three Way Approach

The statistics on the impact of alcohol and other drug use are clear. We have a serious national problem which impacts on individuals, families, communities and the economy. [7] From here however, there are many different approaches to the problem.

Some people suggest that a liberal and open minded approach is the way to go. Holland, for example, is often suggested as a model for replication. The reality is though that their weak drug policies have resulted in a 40% increase in shootings, a 62% increase in robberies, a 62% increase in car thefts and a 50% increase in registered marijuana addicts. Similarly, in 1978 after drug laws were relaxed and marijuana decriminalised in the U.S.A., drug use skyrocketed so that 50% of senior high school students had used marijuana in the previous year. Once the policy was tightened up, use of marijuana fell to 23%. [8]

[5] Source - *www.alcohol.vic.gov.au/affects.htm*
[6] Source - Roy Morgan Research 2009
[7] Source - *'Australia's National Drug Strategy – Beyond 2009 A consultation Paper. pp 2*
[8] *Source - New York Times letter to the Editor 26/2/96 by Dr. Eric A. Voth Chairman of the International Drug Strategy Institute*

Another common approach has been to focus primarily on harm reduction, based on a wild and careless assumption that people will 'naturally' be drawn to alcohol and other drug use, and they should be helped to do so as 'safely' as possible. Unfortunately, this 'palliative care' approach, whether deliberate or inadvertent, is diminishing the policy of harm minimisation as outlined in the National Drug Strategy. This more exclusive definition or interpretation of harm minimisation is resulting in the predominance of a one dimensional abandonment approach at the expense of a more holistic approach incorporating prevention, early intervention and abstinence.

An example of this philosophy in action is the program of providing clean syringes to drug users. A recent report confirmed that the Australian Government had spent $243 million in giving out syringes to illicit drug users per annum.[9] According to the Australian National Council on AIDS, Hepatitis C is the most common notifiable disease in Australia with 91% of new infections coming from sharing injecting drug syringes. More clean syringes have not decreased the use or spread of injectable illicit drugs, in fact the program has been associated with an increase in the problem and further added to Australia's Health system burden. We propose that these monies could be used far more effectively in a mandatory rehabilitation process.

Another so called 'harm reduction' approach has been the operation of a safe injecting room in Sydney's Kings Cross. Analysis of the official reports of the injecting room have indicated that most drug users lived well away from Kings Cross and used the rooms only occasionally, so most drug use was elsewhere. Figures indicate that the severe heroin drought at the end of 2000 led to a very significant decline in heroin overdoses and deaths revealing that the unavailability of heroin is of far greater significance in preventing heroin deaths than the availability of injecting rooms. It appears then that the restriction of access to illicit drugs plays a major role in preventing drug use and deaths.

A further approach to the problem is to adopt a more holistic view taking into account the supply and the demand for alcohol and other drugs along with measures to minimise the harm to individuals and the community more generally. The ultimate aim of any caring community contributor, legislator or social architect should always be the **cessation** of all illicit drug use – not the enabling, equipping or empowering of it; along with the promotion or profiling and, at the very least, the promotion of alcohol free lifestyles for all developing human beings under the age of 25.

If we are going to improve the social, fiscal and most importantly health of our Nation, then the need for broad and coordinated approaches to these concerning issues is imperative. The 'dabbling' of one or two strategies may have some interim impact, but to bring real and lasting change, community and nation-wide initiatives need to be introduced. In the recently released ***Accessing Cost-Effectiveness in Prevention Report (ACE)*** prepared by University of QLD and Deakin University of Sept 2010 an raft of cost-effective interventions were recommended and for both licit an illicit drugs, they were as follows….

**Intervention types researched in relation to consumption of *Alcohol* included:**

- ✓ Volumetric tax
- ✓ General tax (30%)

[9] *Source: Return on Investment 2 Report, Federal Department of Health and Aging, November 2009*

- ✓ Advertising bans
- ✓ Minimum legal drinking age to 21
- ✓ Brief interventions via GPs
- ✓ Licensing controls
- ✓ Drink drive mass media
- ✓ Random Breath Testing
- ✓ Brief intervention and telemarketing and support
- ✓ Residential treatment and naltrexone
- ✓ 12 Step Programs
- ✓ Therapeutic Communities treatment.

**Intervention types researched in relation to *Illicit Drugs* included:**

- ✓ School-based drug education focusing on demand reduction and prevention
- ✓ The harmonizing of the three pillars of the National Drug Strategy (Supply, Demand and Harm Reduction) to work collaboratively to prevent uptake, delay uptake, reduce use and ultimately exit from illicit drug use. Any policy interpretation or strategy that works against these priorities and undermines both supply and demand reduction is not only incongruent with best policy practice, but actually counterproductive and needs to be addressed accordingly.
- ✓ Random Roadside Drug testing
- ✓ CBT for individuals with cannabis or other drug dependence

All these measures have been evaluated as having beneficial health outcomes clearly fit the following into these strategic categories:

**Reduce Supply** – this includes measures that target the disruption and/or cessation of manufacture, promotion and delivery of illicit drugs and the better regulation, restriction and control of licit drugs. To this extent, vehicles that prohibit use, sale, promotion, possession, supply and /or profiting from illicit drugs are imperative. ***(High Priority)***

**Reduce Demand** – The focus is the prevention of the uptake of harmful licit drug behaviours and the prevention of taking up illicit drugs at all. This community wide and collaborative approach (similar to the QUIT Campaign for Tobacco) must include consistent and un compromising education and advertising campaigns to prevent or 'put down' use and misuse, and to promote prevention and abstinence as both positive and workable options. There can be no confusing messages in either policy or practice that send a tacit message that some illicit drug use is either inevitable or irreparable. Consistency in messaging from government, practitioners, clinicians, media and educators is imperative. ***(Absolute Imperative)***

**Reduce Harm** – This comprises last resort damage control strategies that endeavour to lessen the harm on both the individual user and community, but don't promote the requirement of abstinence in the interim. However, the focus and intent of this strategy should be to always focus on and work toward the exit from drug use by the dependent individual. If the strategy or policy interpretation does not promote this, but rather fosters a sustained ongoing drug use with not exit strategy actively in play, then this is a failed policy practice that actively undermines the other two pillars of the N.D.S. ***(Last resort)***

It is this broader approach that is supported by the Dalgarno Institute and used here as a basis for the strategies proposed in the rest of the document. This approach is in line with, and builds upon those successes gained through the recently concluded National Drug Strategies 2010-15. Evaluation of the strategy found that "the Strategy and its three pillars of supply, demand and harm reduction are fundamentally sound and have been vital to the success of the Strategy in reducing the prevalence of, and harms from, drug use in Australia." [10]

# Recommended Policy Strategies and Outlines

The Dalgarno Institute proposes the following policy approaches whereby each strategy contributes to one or more of the goals to reduce supply, reduce demand and/or to reduce harm.

## Strategy 1: Adopt a more strategic approach to licensing of venues which sell or serve alcohol

| Goal: | **Reduce Supply** | Reduce Demand | Reduce Harm |
|---|---|---|---|

Alcohol Point of Sale (POS) outlets should be reduced both in number and density. This will include:

- ✓ Providing Dry Zones –with no alcohol licenses or outlets, for residential and commercial areas. This will diminish the risk of alcohol related violence, vandalism or disturbances in residential streets.
- ✓ Introducing Family Friendly Venues (alcohol-free) town planning permits which give heavy discounts on stamp duty, planning permits and rates, all aimed at sponsoring and rewarding preventative initiatives.
- ✓ **Reintroducing early closing time** for all venues that serve alcohol or cease all sales of alcohol within venues at a certain time. This could include the restricting of sales of high content alcohol drinks to no later than 10 pm. (***Evidence*** – *"This study indicates that a restriction in pub closing times to 3/3.30 a.m. in Newcastle, NSW, produced a large relative reduction in assault incidence of 37% in comparison to a control locality."* **Effects of restricting pub closing times on night-time assaults in an Australian city** Addiction. 2011 February; 106(2): 303–310.doi: 10.1111/j.1360-0443.2010.03125.xPMCID: PMC3041930. 2011 Society for the Study of Addiction. Kypros Kypri,1 Craig Jones,2 Patrick McElduff,1 and Daniel Barker1 School of Medicine and Public Health, University of Newcastle, NSW, Australia)
- ✓ Restricting alcohol trading hours for supermarket alcohol outlets and/or sales. (Evidence suggests a clear correlation between accessibility/availability and consumption).
- ✓ **Decreasing the number of licenses**, especially at venues without a full food menu. **Reduce the Number of Liquor Outlets.** Again this reduces the number of venues that are purely alcohol delivery outlets, making alcohol the sole amenity, rather than an addendum to venue, food and entertainment.

[10] *Source - Foreword 'Australia's National Drug Strategy – Beyond 2009 - A consultation Paper. pp 1*

- ✓ Introducing mandatory 'safe' and 'dry' zones in entertainment precincts – where the consumption, sale and carrying of alcohol are not permitted. Intoxicated people are also excluded.

*(**Evidence:** 1) "Between 2004 and 2008 the number of alcohol related violent incidents (excluding domestic violence) grew by 6.4% a year from 15,398 to 19,735 - In 2008, 120 Paramedics were assaulted in NSW up 60% from 2006-7 Stats - From Jan to Dec 2008 there were 2,855 assaults against NSW Police, 70% were alcohol related – The trial of restriction of licensed premises in Newcastle led to a 29% reduction in assaults after dark." Press Release from "Coalition of concerned emergency services workers."*

*2) In the ten-year period between 1996 and 2005, it was estimated that 813,072 Australians were hospitalised for alcohol-attributable injury and disease, with assault the third most common reason for hospitalisation (Pascal R, Chikritzhs T & Jones P 2009 Trends in estimated alcohol attributable deaths and hospitalisations in Australia, 1996–2005, National Alcohol Indicators, Bulletin no.12, Perth: National Drug Research Institute, Curtin University of Technology))*

*3)* NSW Police Association Vice President, Mr. Scott Weber said there was impressive evidence, however that simply reducing the trading hours of licensed premises could achieve significant reductions in the number of alcohol related assaults.*"In March 2008, the NSW Liquor Administration Board imposed a number of modest restrictions on 14 licensed premises in Newcastle.*

*"These included a 1am lockout, restrictions on the sale of shots and bringing forward closing times from 5am to 3am…The results from these measures were spectacular, with assaults after dark falling by 29 per cent – or 133 per year…Extending these measures would have a major impact on alcohol related violence across the state…The current approach of appealing to people's better instincts, and calling for personal responsibility, just isn't working…Enough is a enough. It's time to clamp down on the destructive culture of booze and violence in NSW."*

*http://www.keepourcops.org.au/Media/MR_Campaign_Launch_300310.pdf*

***"A JUDGE says that Melburnians should not tolerate the culture of excessive alcohol consumption, open drug taking and violence around nightclubs. ...****Judge Felicity Hampel said the owners of clubs and other licensed premises should be made more accountable for irresponsible sale of alcohol and drug taking on their premises."There is a level of lack of responsibility of clubs and licensed premises that really needs to be looked at,'' Judge Hampel said.*

**Judge slams excessive drinking, drugs and violence at Melbourne clubs** Norrie Ross: Herald Sun June 30, 2010

***The association between alcohol outlet density and assaults on and around licensed premises Melissa Burgess and Steve Moffatt (Crime and Justice Bulletin 147 Jan 11(NSW Bureau of Crime Statistics and Research)***

*"More than half of the assaults recorded by police in the Sydney CBD occur within 50 metres of a liquor outlet. Only 3 per cent of the Sydney LGA is within 20 metres of a liquor outlet, yet 37 per cent of assaults in Sydney LGA occurred in this space. The results suggest that each additional alcohol outlet per hectare in the Sydney LGA will result, on average, in 4.5 additional assaults per annum."*

## Strategy 2: Increase the accountability of licensees and reward responsible operators

| Goal: | Reduce Supply | Reduce Demand | Reduce Harm |
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Increased accountability should be applied through:

- ✓ Introduce on-the-spot fines by police or other Government authorities to people who a) serve drinks to intoxicated people b) patrons who purchase drinks for other patrons who have already been refused alcohol c) harass or intimidate people who refuse to supply alcohol to patrons d) refuse to leave premises after being asked by venue staff.[1]
- ✓ Installing Blood Alcohol Testing meters at all alcohol serving venues for use by bar staff as required. This would take the guess work out of assessing which patrons

should no longer be served alcohol. If they blow .05 they should no longer be served alcohol.[2]

- ✓ Encourage responsible retailing with (a) incentives provided for responsible service training of staff, (b) ensuring the quality of the physical environment in drinking establishments is of a good standard for the numbers of patrons being catered for and (c) recognition for the implementation of effective strategies which ensure the business complies with all necessary rules and regulations for sale of alcohol.
- ✓ Introducing heavy fines for venues that have violent incidents within 200 metres of their venue – if alcohol was served at the premises and it is a contributing factor.
- ✓ Fining Licensees if people are caught driving Under Influence or involved in public intoxication within 100 metres of the venue.
- ✓ Significantly increase fines for licensees who breach any RSA (Responsible Serving of Alcohol) standards. Introduction of License revocation for repeat offenders (i.e. three strikes and you're out).
- ✓ Licensing levy of 10% - Introduce a levy on all alcohol serving licenses which is to go into an incentive fund to reward licensees who demonstrate best practice – including consistent RSA, no public drunkenness, no violence, orderly conduct etc

*(**Evidence:** [1] New legislation introduced in the A.C.T. under Liquor Act 2010 (taken from 'Liquor Act 2010 - Frequently Asked Questions) These were significant components of the 1996 Swedish program (Stockholm Prevents Alcohol and Drug Problems (STAD) project) which reported a 29% reduction in violent crime through a combination of responsible service training, community mobilisation and strict enforcement of existing licensing legislation.(Mansdotter, A.M., Alcohol prevention targeting licensed premises in European Journal of Public Health, 2007, 17:618 - 623). In a report on a controlled before and after study associated with a Queensland Safety Action Project - where licensed premises adopted codes of practice, there was increased enforcement of licensing laws, the community was informed and environmental safety measures (e.g lighting and public transport) were improved - it was announced that there were reductions in arguments (down 28%), verbal abuse (60% less) and fewer threat (down 41%) within those drinking premises over the course of the program. (Homel, R. et al. Making licensed venues safer for patrons: What environmental factors should be the focus of interventions? in Drug and Alcohol Review, 2004, 23:19 - 29)*

*[2] STAFF at an outback hotel in the Northern Territory are breath-testing patrons suspected of being drunk before serving them a coldie. Mataranka Hotel owner Stephen Garner said people would not be served if they blew more than a blood-alcohol reading of 0.12 - almost three times over the legal limit to drive. Mr Garner said he began the practice a year and a half ago to protect his liquor license. "It is a bloody headache, but something that we have to do," Mr. Garner said."Anyone who wants to argue the point, we put them on the breathalyser."Mr Garner said he arrived at the 0.12 limit after consulting with police. At first, the limit decided was 0.18. Mr Garner was doubtful about the limit."I don't really know what the limit is, and no one can tell me. At 0.12 some people can sit there and be completely sober," he said.* http://www.heraldsun.com.au/ipad/no-drinks-for-drunks-in-mataranka/story-fn6bfkm6-1226016168277

## Strategy 3: Increase law enforcement presence and powers in AOD policing

| Goal: | **Reduce Supply** | Reduce Demand | Reduce Harm |
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The effectiveness of police in relation to alcohol and other drug related crime should be enhanced by:

- ✓ Providing greater policing of licenses, venues and patrons including the possible creation of a better resourced specialist policing unit. To that end there is a need for greater policing and policing powers, particularly in the arena of supply – with a new agency to be created to monitor and police licit drug activities particularly alcohol.
- ✓ Providing greater police powers for seizure of supplier/dealer assets to both recover costs and offset cost of incarceration and rehabilitation.
- ✓ Increasing police presence to reduce Alcohol Related Violence.

**(Evidence -**1) NSW Police Association Vice President, Mr. Scott Weber said there was impressive evidence, however that simply reducing the trading hours of licensed premises could achieve significant reductions in the number of alcohol related assaults.*"In March 2008, the NSW Liquor Administration Board imposed a number of modest restrictions on 14 licensed premises in Newcastle.*

*"These included a 1am lockout, restrictions on the sale of shots and bringing forward closing times from 5am to 3am…The results from these measures were spectacular, with assaults after dark falling by 29 per cent – or 133 per year…Extending these measures would have a major impact on alcohol related violence across the state…The current approach of appealing to people's better instincts, and calling for personal responsibility, just isn't working…Enough is a enough. It's time to clamp down on the destructive culture of booze and violence in NSW."* http://www.keepourcops.org.au/Media/MR_Campaign_Launch_300310.pdf

2) National Blitz against "booze fuelled" violence - Operation Unite….In Victoria, an 800-strong force of extra police hit the streets - 400 in central Melbourne and 400 in Geelong, Frankston, Bendigo, Ballarat and Bairnsdale. Herald Sun Saturday 12 December 2010 report claims streets were quiet on Friday night - the first night of the police blitz on street violence: http://www.heraldsun.com.au/news/special-reports/crackdown-on-booze-fuelled-

3) "*In Victoria alone, in the past 12 months police have arrested 21,552 people for being drunk - that's 4090, or 23.4 per cent higher than in the previous year, and almost double the rate only five years ago when just over 12,000 people were arrested. And whilst we have increased in recent years the number of police on our streets, these numbers remain clearly too high."* Excerpt from Chief Commissioner of Police Simon Overland Speech Turning Point Drug & Alcohol Centre's 2009 Oration. http://www.heraldsun.com.au/news/special-reports/alcohol-fuels-violence-says-chief-commissioner-simon-overland/story-fn4hb6of-1225808318598

## Strategy 4: Lower the legal Blood Alcohol Content (BAC) for drivers to 0.02

| Goal: | Reduce Supply | Reduce Demand | Reduce Harm |
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- ✓ The lowering of BAC to .02 at most, further decreases the risk of vehicular accident due to impaired concentration. Yet this level still enables most individuals to attend a function or eat out and have 1 standard drink in the prescribed time for driving.

(**Evidence -1)** *"In Victoria and most Australian states and territories, it is illegal to drive with a BAC greater than 0.05 per cent. However, judgment and performance may be affected at blood alcohol concentrations lower than 0.05 per cent. Research shows that at a BAC of 0.05 per cent, the risk of crashing is twice as high as when no alcohol is consumed." (Source -* http://www.alcoholandwork.adf.org.au)

**2)** *Victorian Traffic Accident Commission figures reveal 39 Victorians were killed in accidents involving drivers with blood alcohol levels under .05 in the past five years. The Alfred hospital's emergency and trauma director, Prof Peter Cameron, said the reduction could save up to 10 lives a year and reduce the*

*severity of injuries. Prof Jon Currie, director of addiction medicine at St Vincent's Hospital, agreed that evidence showed a reduction would have an effect on the road toll. (source – Adrian Tame, [www.heraldsun.com.au/news/sunday-heraldsun/out-of-step-on-drink-law](www.heraldsun.com.au/news/sunday-heraldsun/out-of-step-on-drink-law) )*

## Strategy 5: Raise the Minimum Legal Drinking Age (MLDA) back to 21

| Goal: | Reduce Supply | **Reduce Demand** | Reduce Harm |
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The legal drinking age in Australia was 21 years until 1974 when it was lowered to 18; this has led to a rise in alcohol consumption by youths and children aged from 14 years and an accompanying rise in alcohol-related accidents, mortality and morbidity.

According to medical experts, we now know that:

- The brain is in a continuous state of development until at least the mid-20's
- Alcohol delays maturation of the brain
- Alcohol affects the frontal lobes dealing with emotion, personality, decision making and problem solving.

To counteract the serious problems associated with alcohol use in young people, not to mention the effects on brain development, the **MLDA should be raised back to 21 for both the purchase and consumption of alcohol.**

*(**Evidence –** 1) "The evidence indicates that a higher minimum legal drinking age is effective in preventing alcohol-related deaths and injuries among youth. When the MLDA has been lowered, injury and death rates increase, and when the MLDA is increased, death and injury rates decline."* [11]

2) *"The highway safety benefits of 21 MLDA have been proven, and the cause and effect relationship between MLDA and highway crashes is clear. Deaths go up when the drinking age is lowered, and they go down when it is raised. Research also has found that a higher drinking age results in lower alcohol consumption among young people. Most of the public supports 21 MLDA laws and stronger enforcement laws."* ***(Transportation Research Circular Number E-C132 June 2009 "young Impaired Drivers: The Nature of the Problem and Possible Solutions"***

## Strategy 6: Provide warning labels on all alcoholic beverages

| Goal: | Reduce Supply | **Reduce Demand** | Reduce Harm |
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In a similar approach to the warnings on all tobacco products imported and manufactured for retail in Australia, it is recommended that comprehensive warning labels be mandated, in particular, on full strength beers, wines and spirits, and on bulk alcohol packaging.

An evaluation of the graphic health warnings on tobacco product packaging commissioned by the Department of Health and Aging in 2007, found that the warnings achieved their intended purpose in terms of increasing consumer knowledge of the health effects relating

[11] Wagenaar AC. Minimum drinking age and alcohol availability to youth: Issues and research needs. In: Hilton ME, Bloss G, eds. Economics and the Prevention of Alcohol-Related Problems. National Institute on Alcohol Abuse and Alcoholism (NIAAA) Research Monograph No. 25, NIH Pub. No. 93-3513. Bethesda, MD: NIAAA; 1993:175-200.)

to smoking, encouraging the cessation of smoking and discouraging smoking uptake or relapse. Of particular importance, "the findings indicate the significance and importance of including pictures/graphic images on tobacco products in regard to the recall, impact and noticeability of the health warnings".[12]

Accordingly, labels on alcohol should include clear facts and graphic pictures, for example on:

- ✓ Alcohol Related Brain Injury
- ✓ Foetal Alcohol Spectrum Disorder
- ✓ Domestic Violence
- ✓ Street Violence

## Strategy 7: Increase pricing and taxation on full strength beers, spirits and pre-mixed drinks

| **Goal:** | Reduce Supply | **Reduce Demand** | Reduce Harm |
|---|---|---|---|

Evidence clearly reveals that the increase in unit price of alcohol facilitates a reduction in purchase and consumption. Therefore, authorities should:

- ✓ Enact continued incremental increases in taxation on all alcohol beverages, with a particular focus on high alcohol content beverages.

  *(***Evidence –a)** *"… overwhelming evidence of effects of alcohol prices on drinking. Price affects drinking of all types of beverages, and across the population of drinkers from light drinkers to heavy drinkers. We know of no other preventive intervention to reduce drinking that has the numbers of studies and consistency of effects seen in the literature on alcohol taxes and prices." Wagenaar et al (2009)* ***b)*** According to the **Accessing Cost-Effectiveness in Prevention Report (ACE) prepared by University of QLD and Deakin University of Sept 2010** among its many findings, it was concluded that… *the vast majority of the health gain is achieved by the 30% tax on alcohol. The 30% tax alone could achieve 21% of the population health improvements that would be achieved if all drinkers reduced their daily alcohol consumption to fewer than four standard drinks for men and two standard drinks for women (the limits that the international literature and National Health and Medical Research Council until recently used to describe moderate alcohol intake)Key strategies with significant cost benefit returns for alcohol include: alcohol tax 30% : Intervention Cost $20 million - Disability Affected Life Years (DALYs) saved 100,000 , Cost offset $500 million plus alcohol volumetric tax 10% above current excise on alcohol: Intervention Cost $20 million - Disability Affected Life Years (DALYs) saved 110,000 , Cost offset $700 million*

- ✓ Introduce simultaneous and well publicised tax incentives for production and sale of de-alcoholised and non-alcohol beverages.

[12] Source: Department of Health and Aging Web Site: http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-drugs-tobacco-warnings.htm

## Strategy 8: Increase limits on alcohol advertising (ultimately ban all)

| Goal: | Reduce Supply | **Reduce Demand** | Reduce Harm |
|---|---|---|---|

*"Young people have a right to grow up in a society where they are protected from pressures to drink and from the harm done by alcohol."* ***World Health Organisation (2001) Declaration on young people and alcohol.***

We recognise that every citizen has a right to live in a social environment where there is no social pressure to drink against one's will and respect for choices not to drink. One way to build such an environment is to put more restriction on alcohol advertisement and sponsorships that may lead to not only potentially harmful alcohol use, but more so to the pressure of the expectation to partake.

Alcohol advertising has a direct impact on alcohol consumption. A national study published in January 2006 concluded that greater exposure to alcohol advertising contributes to an increase in drinking among underage youth. For example, for each additional ad a young person saw (above the monthly youth average of 23), he or she drank 1% more. For each additional dollar per capita spent on alcohol advertising in a local market (above the national average of $6.80 per capita), young people drank 3% more.[13]

To reduce alcohol consumption, alcohol advertising must be further restricted. This could be achieved through:

- ✓ Banning all advertising of alcohol at sporting events including alcohol sponsorship of sport to be banned.
- ✓ Banning alcohol advertising in all media vehicles including print, web, radio and television.

While this might sound near impossible at the moment, it has been achieved in France with considerable success for several decades. [14] This intervention option has also been recommended in the 2010 **Accessing Cost-Effectiveness in Prevention Report (ACE)** **prepared by University of QLD and Deakin University of (Sept 2010)**

## Strategy 9: Aggressively promote the dangers, health and social impact of alcohol and illicit drug use

| Goal: | Reduce Supply | **Reduce Demand** | Reduce Harm |
|---|---|---|---|

- ✓ Introduce a coordinated and sustained mass Media promotion of the harms of alcohol and illicit drugs, including focuses on family and community impact and cost. (Similar to 'Quit' Campaign)

[13] ***Source - L.B. Snyder, F.F. Milici, M. Slater, H. Sun, and Y. Strizhakova, "Effects of Alcohol Advertising Exposure on Drinking Among Youth," Archives of Paediatrics and Adolescent Medicine 160 (2006): 18-24)***

[14] The 'Loi Evin': a French exception. By Dr Alain Regaud; Dr Michel Craplet The GLOBE 2004 Issue 1 & 2

- ✓ Censorship of harmful promotional activities and/or enterprises that glorify licit and illicit drugs.
- ✓ Ensure such promotions are not carried out within the proximity or close timing to advertising and promotion of such substances to reduce message inconsistencies and decrease cognitive dissonance.

**Key -** ***"The creation of a culture that is predominantly against drug abuse is the most promising form of prevention in the long term."*** United Nations Control Board - Major Brian Watters AO

## Strategy 10: Increase funding for community based initiatives that support demand reduction, prevention and early intervention on Alcohol and Other Drugs (AOD)

| **Goal:** | Reduce Supply | **Reduce Demand** | **Reduce Harm** |
|---|---|---|---|

Within Australian society there needs to be greater acknowledgement and positive promotion of activities or initiatives that foster prevention and abstinence. Authorities must support and fund agencies that provide or promote a coordinated holistic approach to harm prevention and abstinence options. This should include:

- ✓ Strategically timed, targeted and sustained Alcohol and other Drug Education specifically for 10-14 year old students. This education should be multi-tiered and cover both cognitive and affective domains
- ✓ Support and funding for further Cognitive Behavioural Therapies, Motivation Enhancement Therapies
- ✓ Enhanced Detoxification options
- ✓ Enhanced Rehabilitation facilities that are geared to addiction recovery, not addiction maintenance – move away from agonist OST (Opiate Substitute Treatments) to Antagonist treatments that diminish addiction. i.e. Naltrexone Implant Treatment.

*(***Evidence** *- "Research has shown that demand for drugs can be curbed through information and education, targeted social marketing campaigns, brief interventions and other psychosocial treatment (such as those based on cognitive behavioural therapy)…Early intervention and diversionary approaches have been increasingly adopted and evidence of their success is growing." (****Source - 'Australia's National Drug Strategy – Beyond 2009 Consultation Paper' pp 3)***

## Strategy 11: Provide funding for proactive AOD Prevention Education and Values based Resiliency Education

| **Goal:** | Reduce Supply | **Reduce Demand** | Reduce Harm |
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Education is arguably the greatest social elevator, however it must be more than information or data exchange. Certainly education in the cognitive domain must continue to be delivered – including facts, figures and the how and what of AOD (Alcohol and Other Drugs) issues. However, a broader approach is required to incorporate those things which are shown to have the greatest impact in changing behaviours and attitudes toward alcohol

and other drugs – specifically education which addresses values, character, motivation and hope.

It is important to note that 'Information' alone does not change behaviour. No matter how accurate the data may be it must be given context in both intellectual and cultural frameworks - cohesion, coherence, correspondence and pragmatism must be geared to a reasonable 'why' for affective domain education to have a transformative effect. Affective Domain Education is a complex collaboration of accurate history and data, ethical and moral context, sound foundational elements and models that inform those moral and ethical values. There must also be integrity and consistency in not only the delivery model, but also the delivering agency.

Active promotion and funded support should be provided for:

- ✓ More holistic affective domain education - Values education that looks not only at the what and how, but the why of alcohol and other drug use.

(**Evidence – 1)** *"If this tells us anything it's that our drug education campaigns really need to be targeted at 11-14 year olds. That's when the issue is most likely to be worrying young people, providing us with the best opportunity to equip them with the strategies they need to deal with the issue."* (**Mission Australia's 2008 National Survey of Young Australians) 2)** *"Australian Principals believe 1 in 5 students need mental health support and rated alcohol and drug abuse as having the biggest impact on the psychological wellbeing of young people"* **(Intercamhs Survey, 2008) 3)** *''Significantly higher resilience and protective factors scores, and significantly lower prevalence of substance use were evident at follow up... The proportion of all students that reported substance use for each of the 6 outcome measures was significantly lower than that at baseline [for all three tested, smoking, alcohol and cannabis]).* Taken from Abstract "***Healthy Schools, Healthy Futures*****"** conducted by Associate Professor, John Wiggers - Co-director of the HMRI Public Health Research Program) **4)** This measure of school based prevention education has also been a key recommendation in the **Accessing Cost-Effectiveness in Prevention Report (ACE) prepared by University of QLD and Deakin University of Sept 2010**

## Strategy 12: Provide education and support for parents and families

| Goal: | Reduce Supply | Reduce Demand | Reduce Harm |
|---|---|---|---|

Parents have a critical role in influencing their children's attitudes to illicit drug and alcohol particularly in terms of modelling and education. To support parents, support and funding should be provided for:

- ✓ *Pre-emptive parenting education for the parents of Primary school aged parents – If not compulsory, at least with fee reduction and other incentives granted to those who participate. (i.e. 'Drug Proofing Your Kids' Curriculum)*
- ✓ *The introduction of compulsory family counseling for families whose children aged 15 or under who are involved in alcohol or other drugs.*

- ✓ *The introduction of aggressive and sustained public marketing/education campaign aimed at reinforcing to parents and the **adult community** the illegality of underage drinking, but more so the incredible acute and chronic dangers of drinking to minors. In addition to that and at the very least...*

- ✓ ***The immediate introduction of 'Secondary Supply' Legislation that includes the following items...***

    - ***That best practice is that no alcohol should be supplied to a minor by any adult. Failing that…***

    - ***an adult must not supply alcohol to a minor at a private place unless the adult is a parent or legal guardian of the minor, or has specific permission of the parent or guardian; and***

    - ***that any alcohol consumption by minors should only be controlled by their parent, or equivalent, in order to reduce young people's access to alcohol, and to reduce the likelihood of harm in instances where young people do drink alcohol**."*

(**Evidence** – 1) *"67.1% of Australians, [just shy of 12 million people] had their first drink of alcohol before the age of 17 including 2.35 million under the age of 10!"* (Source – *'Alcohol Awareness Study',* Roy Morgan Research 2009)
2) "*This might sound alarmist, but for my police members who are tasked with keeping law and order on our city streets it is a reality they face every Friday and Saturday night. And until we collectively stop, start talking honestly and recognise the fragility of the current situation it will be impossible to make genuine efforts to reform a drinking culture that has become all too destructive in its nature.*" Excerpt from Commissioner Simon Overland's speech for the Turning Point Drug & Alcohol Centre's 2009 Oration. http://www.heraldsun.com.au/news/special-reports/alcohol-fuels-violence-says-chief-commissioner-simon-overland/story-fn4hb6of-1225808318598
3) "*The facts are that patterns of alcohol use are acquired in adolescence and two out of three children in the teen years drink illegally, many of them dangerously. Binge drinking is associated with violence and suicide and it's estimated that 50 children per year die as a consequence of alcohol misuse."* [15]
4) Research shows that by the age of 17, some 95 per cent of students have tried alcohol, with 42 per cent having drunk in the last week. However, of these, only 45 per cent say their parents gave them their last drink. (http://www.adf.org.au/policy-advocacy/current-issues)

## Strategy 13: Increase funding for and prioritise use of Cognitive Behavioural and other M.E.T and E.R.P Therapies in Recovery focused Rehabilitation

| Goal: | Reduce Supply | Reduce Demand | Reduce Harm |
|---|---|---|---|

[15] *Daryl Smeaton CEO of AER*

- ✓ The better promotion and resourcing for rehabilitation and Counselling measures including....
    - Mandated intervention and counselling for repeat alcohol offenders. Ensure individual drinkers are held responsible for their conduct.
    - Mandatory detoxification and rehabilitation process for repeat offenders for both alcohol and other drugs, including family and community support structures to aid maintenance of user abstention.
    - Mandatory Court ordered diversion to rehabilitation specifically for young users of illicit substances (i.e. 12-21 y.o.)
    - The greater availability of rehabilitation options and the proactive promoting of the need for and benefit of rehabilitation, not merely detoxification.
    - **The proactive promotion and prioritising specifically of Cognitive Behavioural Therapy options that minimise the overuse of pharmacotherapies** (thus minimising both risk of poly-drug use/dependency and on-going pharmaceutical costs.)**The evidence clearly shows that CBT practices have been effective at achieving improved and lasting outcomes for clients including those on chemical based options.**
    - If imperative the use of Antagonist pharmacotherapies to assist the addict to create and/or assist with maintaining an abstinent posture to better enable more holistic therapeutic processes to restore the addicted person

**(Evidence - 1)** ***DRUG REHABILITATION NEEDS ABSTINENCE -*** *"A drug addict's best chance of recovery lies in practicing total abstinence. After abstinence has been maintained for 5 years relapse is rare for addicts. The goal of drug rehabilitation should be total abstinence to secure a stable future for drug addicts. Drug addicts can be subject to an order forcing them into effective long term life saving treatment. Harm Reduction programs that attempt to guide addicts into controlled use of drugs are misguided." (Source: Ross Fitzgerald, The Australian newspaper, 30-31 October 2009)*

***2)*** *"Unfortunately in Queensland Health, there is still a concerted move to get alcoholics to control or moderate their drinking, when there is absolutely no evidence that over a long time this works... I've been running the line for the past 40 years that the only safe option, the only safe therapeutic goal, is total abstinence."* ***Professor Ross Fitzgerald***

***3)*** "85% of those completing the 'Live Free' program are still successfully living without any chemical based treatment or dependence." 2009 'Live Free' - Victoria

***4)*** ) "The elements of a successful recovery program are the same for both outpatient and inpatient centers. These include ….guided small groups and individual counseling – cognitive-behavioural therapy, including life skills training, nutrition counseling, exercise, and relapse prevention – wraparound services where needed (social services, psychiatric care for coexisting mental illness, job training etc) – an introduction to 12 Step Programs like AA or

NA – a family program for family members and friends - an extensive after care program." (Anderson Spickard Jr. MD *"Dying for a Drink"* 2005 pp 143 W Publishing Group, Tennessee)

***5)*** *Trends in cannabis use and related harms within the Australian population between 1993 and 2007 (using a range of key statistical sources) Some key findings are: Among those reporting recent use a) prevalence for daily use is highest among 40-49 year-olds b) prevalence for heavy use is highest among 14-19 year-olds c)* ***Demand for treatment for cannabis problems in Australia is increasing*** (Roxburgh A, Hall WD, Degenhardt L, McLaren J, Black E, Copeland J, Mattick RP (2010) The epidemiology of cannabis use and cannabis-related harm in Australia 1993-2007)

***6) 'Accessing Cost-Effectiveness in Prevention Report (ACE)'*** **(University of QLD and Deakin University of Sept 2010)** reported the need for CBT intervention particularly for Cannabis users.

***7***) Antagaonist Pharmacotherapy's help block the normal response to exposure to previous drug environment stimuli, so the addict is able to prevent old response habits and enable them to embark on the abstinent option… This helps minimise the problem of ambivalence to treatment. Dr. Colin Brewer ***"The use of Antagonists in optimizing abstinence and recovery"*** Freshstart Conference July 2011

## Strategy 14: The continued illicit and criminal status of all ATS (Amphetamine Type Stimulants), Opiods, Cannabis and all other currently illegal status listed narcotics

| Goal: | Reduce Supply | Reduce Demand | Reduce Harm |
|---|---|---|---|

The notion of 'decriminalisation' has, for the uninformed, a note of 'progression' about it. However, what we must understand is that key elements to use/abuse of any activity/substance always include accessibility, availability and permissibility. Any action that increases the potential for these is at best unhelpful, at worst collaborative to higher consumption.

The illegality of an activity/substance continues to remain a deterrent for the majority of the functional population. Those who continue to flaunt the law do so because of either their willed rebellion or the inability to comply due to dysfunction. Removing the criminal status of substances will make little difference to those already breaking the law, but it will send a tacit message to the other sector that drug use is becoming 'normalised' despite the fact that the majority of people do not indulge. The question of 'acceptability' or worse 'inevitability' is a cultural 'nudge' factor in the wrong direction, that our already ailing society can better do without!

The prohibition (not permitting for individual and community well being) of illicit drugs gives legal leverage to compel change. For many users their time in prison takes them out of substance rich environments and forces a break from such. Even if drug's are obtained in prison, quantity and quality are limited and many users are introduced to an abstinent space and that can trigger change/maturation.

The criminal status of currently illicit substances should remain in place, and from the Dalgarno Institute perspective penalties increased, but with one important and significant amendment.

Any individual breached for such use, for first and second offences is charged, but then given two options. ***Option one*** is to be subjected to criminal proceedings and heavily fined or jailed with criminality recorded and receive detox and mandatory counselling in prison However, ***Option Two*** is to give the offender the opportunity to be placed into a diversion program of not only recovery focused rehabilitation(and all that entails) , but a probationary course that enables them to assist with community development services that promote drug free lifestyles. If this program is completed, then all charges related to the drug offences are expunged completely, as if the person had never been arrested. (i.e. successful Drug Court models and procedures *****

✓ **LEGALLIZING DRUGS ASN'T WORKED ON PREVIOUS OCCASIONS!**

- *"It is clear from history that periods of lax controls are accompanied by more drug use and that periods of tight controls are accompanied by less drug use...In 1880, many drugs, including opium and cocaine, were legal – and, like some drugs today, seen as benign medicine not requiring a doctor's care and oversight. Addiction skyrocketed. There were over 400,000 opium addicts in the U.S. That is twice as many per capita as there are today...By 1900, about one American in 200 was either a cocaine or opium addict....Specific federal drug legislation and oversight began with the 1914 Harrison Act, the first anti-drug law in the U.S. Enforcement of the is law contributed to a significant decline in narcotic addiction...eventually fell to its lowest level during WWII"* *("Speaking out against legalisation – Fact 6: Legalisation of drugs will lead to increased use and increased levels of addiction. Legalisation has been tried before and failed miserably";* U.S. Drug Enforcement Agency www.justice.gov/dea/demand/speakout/06so.htm)

✓ **DRUG USE LACKS SUPPORT**

- Every 3 years in Australia a household survey of about 25,000 people looks at the issue of drug use and the next survey is due this year.
- The illegality of illicit drugs has successfully suppressed demand with 2 out of 3 Australians never having used an illicit drug.
- Even Australians that have tried an illicit drug do not support regular drug use by an adult.
- The percentage of Australians that do not support regular drug use by an adult is very strong from 99 per cent against heroin use to 93 per cent against cannabis use.
- When it comes to illicit drugs being made legal, 95 per cent oppose the legality of drugs like heroin, speed and cocaine.
- Eight out of ten Australians do not support cannabis being made legal.

(Source: Drug Free Australia 2010 report on the Australian Institute of Health and Welfare survey)

✓ *Swedish National Drug Policy Focus* (some elements of strategy)

- Demand Reduction has become the cornerstone of the new strategy – Sustained and aggressive saturation education and information, particularly for emerging



***** 'Drug Courts: A Viable Solution to Drug Dependent Offenders' Source-*The Journal of Global Drug Policy & Practice* http://globaldrugpolicy.org/4/3/2.php

generation. Prevention before diversion, diversion before intervention, intervention (mandatory rehabilitation that must be completed and cannot be shortened) before incarceration. Supply reduction in their peninsula is very difficult to police, so prevention and early intervention is key.

- Tough criminal action on dealers and suppliers – asset seizure and harsher penalties and incarceration.
- "Sweden now has a restrictive policy on drugs. The overriding aim of Swedish drug policy is a drug-free society. This aim for a drug-free society is to be seen as a vision reflecting society's attitude to narcotic drugs. The aim conveys the message that drugs will never be permitted to become an integral part of society, and that drug abuse must remain an unacceptable behaviour, a marginal phenomenon. This overriding aim, then, indicates the direction of a restrictive drug policy." *(Coalition Against Drugs (WA), submission 124, p 7.)*

**"The Swedish approach to illicit drug policy"**

The Swedish drug control policy is guided by the vision and the ultimate goal of achieving a drug-free society.

The overriding aim of the Swedish approach to drug policy is to prevent abuse, strengthening the determination and ability of the individual to refrain from drugs.

Following the proclamation of a drug-free society, the focus of Swedish drug policy was increasingly on the abuser. Laws commit adult abusers of alcohol or drugs to coercive care.

A compulsory care order in Sweden can only be issued if certain legal conditions are met:

- that the person is in need of care/treatment as a result of ongoing abuse of alcohol, narcotics and volatile solvents; and
- the necessary care cannot be provided.

The *Swedish Anti Drug Policy (2004–2007)* involves no tolerance of drug abuse. Drug-related crime should always lead to prosecution and criminal sanctions, and drug-free treatment is seen as a priority measure in response to addiction.

There is wide consensus about the overall goal of drug policy — a drug-free society — and its objectives:

- ✓ to reduce the recruitment of young people to drug abuse;
- ✓ to enable drug users to stop their drug abuse; and
- ✓ to reduce the availability of illicit drugs.

Swedish police target drug users as well as drug dealers, even if the infringements are small, because they want to stop early experimenters from progressing along the 'crime ladder' from minor nuisances to theft, property damage and acts of violence.

There is joint drug training for police, social workers, psychologists and counselors so that they share a common language and common strategy for dealing with drugs."

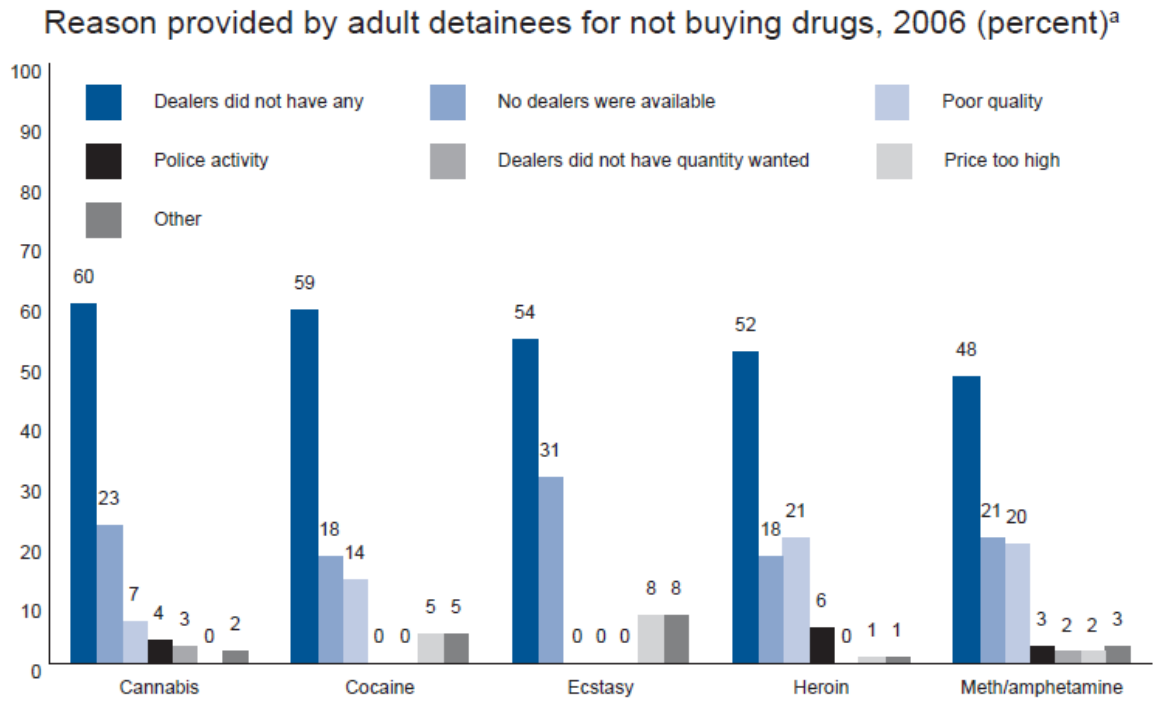
*Source United Nations Office on Drugs and Crime,* Sweden's successful drug policy: A review of the evidence *(2007), pp 9–21; Eva Brannmark, Swedish Police Board, 'Law Enforcement – The Swedish Model', Presentation at Drug Free Australia Conference, Adelaide, 27–29 April 2007.*

## Strategy 15: The continuation and increase of Supply Reduction Strategies in regard to illicit drugs.

| Goal: | Reduce Supply | Reduce Demand | Reduce Harm |
|---|---|---|---|

Australia has geographic advantages in being an Island in a not easy to access location on the planet. This advantage should continue to be exploited via Supply reduction strategies.

According to *Crime Facts Number 152* released by the Australian Institute of Criminology in July 2007 both availability of drug and quality of product available, were the two most significant factors in people not buying drugs. The now conveniently forgotten Heroin Drought around the turn of the century saw a plummeting of opiate related deaths, even after predictions from pro-drug lobbyists that without 'shooting galleries' these deaths rates would climb.




**We recommend,**

a) **Increase spending and policing powers in regard to search and seizure of manufacture and trafficking of wholesale quantities of illicit drugs.**
b) **Increase both numbers of officers and resources in customs to maximise capture of trafficked substances into Australia**
c) **The increase in penalties for both manufacturers and traffickers of illicit drugs, including seizure of property and assets for government sale to assist supply reduction funding.**

# Conclusion

Policy makers, law and order providers, and most importantly Australian citizenry have before them the potential to further reinforce and expand supply and demand reduction enterprises and enhance a more thorough multi-tiered preventative education process, as well as emphasizing recovery focused rehabilitation options.

Cultural attitudes must shift and this shift will require a multi-tiered and more holistic approach that engages not only determined and comprehensive (but most importantly) sustained strategies! As with the QUIT Campaign on smoking – the process must be multi-faceted and relentless. The legal drug of alcohol will require this approach and a similar approach will be necessary in the arena of illicit substances such as Cannabis, Amphetamine Type Substances and other narcotics.

Harm Prevention is the imperative component (Prevention has **always** been better than cure). As caring practitioners, legislators, governors and educators we should seek to reposition our community with a positive rather than negative expectation that families, young people and most definitely children, do not have to participate or if they do participate, not have to indulge in these destructive pastimes. Moreover, if they are given a full picture on the issue, as well as the community/legislative backing, we will see a better enabling and empowering of our citizens to choose to control, abstain or diminish the use and/or abuse of alcohol and other drugs.

***"The Dalgarno Institute is a growing community coalition with over 150 years experience in minimising harm by maximising prevention. Although the Dalgarno Institute understands the need for some 'palliative care' options in the few instances where there is complete dysfunction and severe addiction, our focus and belief that prevention is always better than cure should be actively profiled and positively promoted as the highest priority for our community.***

***Whilst the Dalgarno Institute acknowledges and appreciates some of the elements of the Harm Minimisation position, it also recognizes that 'compassionate' welfare responses that do not lead to or facilitate recovery, but rather enable (or worse, empower) continuing reliance on Substances (licit or illicit) is not compassion at all.***

***The caring mandate of the Dalgarno Institute and its coalition/constituency deliberately focuses on education, early intervention and other more proactive elements and options of demand reduction, prevention and abstinence, as well as the ultimate recovery focused rehabilitation and substance free lifestyle of addicted and/or 'using' persons. This mandate conveys a positive expectation to our emerging generation and reinforces the message that taking alcohol or other illicit drugs is not the only expected destructive path for a person to follow and that the choice to not use either is not only very real, but ultimately best one!"***


For further information go to...

www.nobrainer.org.au

www.dalgarnoinstitute.org.au

www.21bethere.org.au

www.greaterrisk.com

www.dontlegalisedrugs.org

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