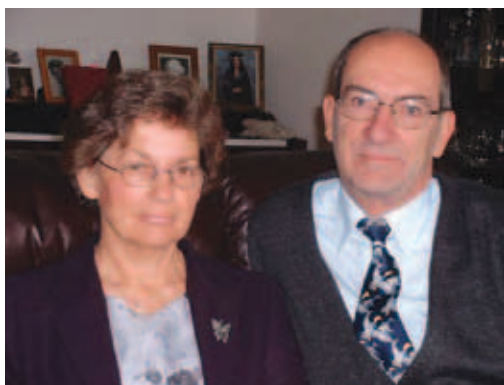


**THE PROHIBITION
OF ILLICIT DRUGS IS
KILLING AND
CRIMINALISING
OUR CHILDREN
AND WE ARE ALL LETTING IT HAPPEN.**



Report of a high level Australia21 Roundtable
Authors Bob Douglas and David McDonald



Marion and Brian McConnell

Marion and Brian McConnell are founding members of Families and Friends for Drug Law Reform. Brian is the current President. They are parents of a son who lost his life to a heroin overdose.

“For us, when we lost our son, we did not seek sympathy, we saw the injustice and craziness of our drug laws. We wanted people to focus on that, not on our suffering.”

**THE PROHIBITION
OF ILLICIT DRUGS IS
KILLING AND
CRIMINALISING
OUR CHILDREN
AND WE ARE ALL LETTING IT HAPPEN.**

Report of a high level roundtable held at the University of Sydney on Tuesday 31st January 2012 on the topic "What are the likely costs and benefits of a change in Australia's current policy on illicit drugs?"

3	Foreword
4	Executive summary
8	The prohibition of illicit drugs in Australia
12	The war has failed internationally and in Australia
14	The Australian scene
15	Current winners and losers from the prohibition approach in Australia
15	The reasons why the debate should be reopened in Australia
16	Substantial benefits have been achieved through a harm minimisation approach in Australia
17	The health and social implications of drug use and its management
17	Legitimate and illegitimate fears concerning drugs
18	The current drug culture among young people
18	International Treaties and Conventions and the United States
21	Where to from here?
22	Recommendations arising from the Roundtable
23	In a nutshell
24	Roundtable Participants
25	References



Hon Professor Peter Baume AC
Former Chancellor of the ANU
and Minister for Health in the
Fraser Government

"Many people who think of themselves as the beneficiaries of prohibition are really net losers. Parents are much more at risk of losing their children under prohibition than they would be if there was some kind of system where we had some measure of control over illicit drugs."



Hon Professor Geoff Gallop AC
Former Premier Western Australia

"I think the idea that prohibition kills is an important one. So my plea is how can we get governments to buy into this issue? I think they need to see that what they are doing and not doing, is causing a lot of the harms. At some stage they have to be held accountable for allowing this to happen."

FOREWORD

Australia21 is a non-profit body that was established in 2001 to develop new frameworks of understanding for complex multi-disciplinary problems that are important to Australia's future.

We do this by raising and distributing funds for research, convening meetings and workshops of leading thinkers from widely different disciplines, and ensuring that policy makers are aware of the results of our efforts, and that these results are made available to the public. We generally choose complex and important issues that are very difficult to solve in the usual political process.

The release of the Report of the Global Commission on Drug Policy, with its forthright conclusion that prohibition has failed, provides a timely stimulus for a review of Australian policy on illicit drugs.

We thought that the best way to begin our review of this complex and sensitive question was through a meeting of high level political practitioners with an interest in the subject, together with medical experts in the field, people with high level law enforcement experience, and some capable young people who see drugs in their social environment and networks in a way that most Australians from older generations do not.

This report is the outcome of that meeting.

The Board of Australia21 believes that it is for our democratically elected political leaders to prescribe the remedies for the harms being caused by current approaches, but we stand ready to bring all of the resources and expertise at our disposal to work with governments to devise a better approach.

Paul Barratt AO
Chair of the Board of Australia21



EXECUTIVE SUMMARY

It is time to reopen the national debate about drug use, its regulation and control.

In June 2011 a prestigious Global Commission stated that the 40-year "War on Drugs" has failed, with devastating consequences for individuals and societies around the world. It urged all countries to look at the issue anew.

In response to the Global Commission report, Australia²¹, in January 2012, convened a meeting of 24 former senior Australian politicians and experts on drug policy, to explore the principles and recommendations that were enunciated by the Global Commission. The group also included two young student leaders, a former senior prosecutor, a former head of the Australian Federal Police, representatives of Families and Friends for Drug Law Reform and a leading businessman.

The Australian group agreed with the Global Commission that the international and Australian prohibition of the use of certain "illicit" drugs has failed comprehensively. By making the supply and use of certain drugs criminal acts, governments everywhere have driven their production and consumption underground and have fostered the development of a criminal industry that is corrupting civil society and governments and killing our children. By defining the personal use and possession of certain psychoactive drugs as criminal acts, governments have also avoided any responsibility to regulate and control the quality of substances that are in widespread use. Some of these illicit drugs have demonstrable health benefits. Many are highly addictive and harmful when used repeatedly. In that respect they are comparable to alcohol and nicotine, which are legal in Australia and, as a result, are under society's control for quality, distribution, marketing and taxation. Australia has made great progress in recent decades reducing the harm from tobacco – a drug which kills half the people who use it.

A substantial proportion of Australia's street and household crime is a direct consequence of the trade in illicit drugs and the need for dependent users to find money to acquire drugs. Large numbers of young people who experiment with these drugs are criminalised by the enforcement of prohibition laws – even though those thus criminalised are only a minority of the huge numbers of experimenters. The current policy of prohibition discredits the law, which cannot possibly stop a growing trade that positively thrives on its illegality and black market status. Our prisons are crowded with people whose lives have been ruined by dependence on these drugs. Like the failure of the prohibition of alcohol in the USA from 1920 to 1933, the current prohibition of illegal drugs is creating more harms than benefits and needs to be reconsidered by the Australian community. Many other countries are starting to review this area. A decade ago, and with excellent results, Portugal decriminalised the possession of small quantities of all illicit drugs consistent with personal consumption. A number of other countries have adopted versions of this approach. In December 2011, the current Presidents of 12 Central and South American countries called for the use of 'market mechanisms' in response to illegal drugs. In a 2011 US Gallup poll, 50% supported the legalisation of marijuana with 46% opposed.

DISCUSSION

Every year some 400 Australians die from illicit drug usage. Thousands of others suffer the short and long term health consequences of drug dependence, unsafe injecting practices and infections. Their families suffer with them from these consequences. Discussion of drug policy in recent years has been largely absent from the Australian political agenda except as an excuse for being tough on law and order.

Fifteen years on from a landmark decision by the Howard government to embark on its "Tough on Drugs" policy and to override a 6:3 Ministerial Council on Drug Strategy decision to support a trial of the use of prescribed heroin in the management of heroin dependent users, illicit drugs continue to be widely available on the streets and in Australian prisons and a culture of illicit drug use flourishes among young people. Courts and prisons continue to be dominated by those involved in drug-related crime, with few positive results, even though prevalence statistics suggest that only about three per cent of marijuana users are apprehended in a given year.

Fear of illicit drugs, their culture and consequences is widespread among parents. If policy change is contemplated parents of young children will need firm reassurance that the new policies will not exacerbate the problems. If politicians are to move to change this culture they also will need to be confident that any change will improve, not worsen, the current situation. A growing body of international evidence demonstrates that such concerns can be alleviated.

Both heroin and marijuana have valuable medical uses, but it became virtually impossible for patients to continue to benefit from these drugs after they were prohibited, even though the international treaties have provisions permitting medical and scientific use of the otherwise proscribed drugs.

In other parts of the world, the medical use of cannabis is now being enabled and the treatment of heroin dependent users with prescribed and carefully controlled heroin has proven medically and socially effective, both in improving the health and social well-being of dependent users, and in preventing crime. Heroin was legal and could be prescribed by doctors in Australia until 1953. That is, heroin became a problem after, and not before, it was prohibited. The prohibition of heroin in Australia in 1953 was severely criticised at the time by the then leaders of the medical profession. Cannabis was included in the official list of medical drugs in the USA until 1937.

A number of alternative options for managing illicit drugs in Australia were discussed, including: de-penalisation, decriminalisation, legalisation, regulation and taxation (see definitions of these terms in the text).

Prohibition places the emphasis on law enforcement and criminalisation, whereas the other options make it possible to focus primarily on the health and social effects of drug use. Governments in Australia often use a harsh rhetoric when referring to drug use and drug users. There are clear contrasts with two other psychoactive drugs in widespread use in Australia, nicotine and alcohol. They are not prohibited, despite creating far more health, social and economic costs to our people and society than do the currently illegal drugs. In the case of nicotine, use has diminished as regulation, taxation and social control have been invoked. In the case of alcohol, there have been identifiable social harms as earlier regulatory and social controls have been relaxed. But neither drug is prohibited. Instead, they are controlled not by organised crime, but by governments.

The group did not propose a specific set of policy changes. Rather it saw the need to promote a new national discussion about prohibition of drug use. It proposed placing the onus on governments and the community generally to consider the range of available alternatives to the current criminalisation approach, and to develop one which is more effective. The unacceptably high number of drug deaths among young Australians cannot be allowed to continue.

There is a particular need to engage parents and young people in considering the benefits and costs of a shift away from prohibition.

A bipartisan political approach to this tricky issue is highly desirable. The move against prohibition is gathering momentum in other countries across the ideological spectrum as communities around the world place responsibility for the costs of prohibition where it belongs: with those legislators who continue, by default, to support the international prohibition approach.

The group also recognised, however, how difficult this issue is for politicians. Sometimes, approaches such as the emphasis on law enforcement are popular despite being proven to be ineffective and more rational approaches which are proven to be effective can be unpopular in the beginning. Another difficulty is trying to make political progress in this difficult area within a single electoral cycle. Reform will have to be slow, cautious, step-wise and incremental.

In spite of the increasing evidence that current policies are not achieving their objectives, most policymaking bodies at the national and international level have tended to avoid open scrutiny or debate on alternatives.

THE PROHIBITION OF ILLICIT DRUGS IN AUSTRALIA

This is the report of a one-day roundtable discussion that included 24 former senior state and federal politicians, experts in drug policy and public health, young people, a leading businessman, legal and former law enforcement officers.

The meeting was convened by Australia21 to discuss the report of a Global Commission on Drug Policy, released in June 2011.ⁱ

The Commission, which included the former Secretary-General of the United Nations, Kofi Annan, a number of former Presidents and Prime Ministers, businessmen and senior administrators from around the world, concluded that the “War on Drugs” has failed dismally and, like the prohibition of alcohol in the 1930s, is producing more harms than benefits. The Commission called for a reopening of the debate on drugs policy, and a reconsideration of the way they are dealt with globally and in all national jurisdictions.

In preparation for the roundtable, Australia21 commissioned a background paper by social researcher David McDonaldⁱⁱ, which defined common terms used in drug discussions as follows:

- **Prohibition** means that all behaviour related to drugs, including use, possession, cultivation/manufacture and supply are criminal offences.
- **Decriminalisation** means specified proscribed behaviour is removed from the criminal law and is dealt with under the civil law.
- **De-penalisation** means reducing the severity of penalties.
- **Legalisation** means that the specified forms of behaviour are no longer offenses dealt with by the law.
- **Regulation** means establishing a strictly controlled legal market for drugs as is the case with pharmaceutical drugs, tobacco products and alcoholic beverages.

The discussion paper also considered the following questions.

1. What are the core concepts relating to societal management of drug use?
2. What are the main sources of drug-related harm in Australia?
3. What is Australia's current policy stance on drugs?
4. What forces have shaped Australian drug policy to date?
5. What core challenges does Australia face today with respect to drug policy?
6. Why is now the right time to consider alternatives to prohibition?
7. What is the international community saying about alternatives to prohibition?
8. What alternatives to prohibition have been adopted elsewhere with what outcomes?
9. Can society signal its disapproval of the use of particular drugs without recourse to the criminal justice system?
10. What are the implications of Australia's treaty obligations for domestic drug policy?
11. What are the key arguments supporting changes to Australia's prohibition policy?
12. What are the key arguments supporting maintaining the current policy settings?
13. How is the international community likely to respond to Australia pursuing alternatives to the current policy of prohibition?
14. What drug policy options could be considered as alternatives to total prohibition?

Participants were invited to prepare a brief set of dot-points in response to the background paper and 21 responses were synthesised before the meeting and circulated to all participants who came from diverse political, academic and professional backgrounds.

The term "War on Drugs" had its origins in 1971 during the lead up to the re-election campaign of Richard Nixon. Like its counterpart term, "War on Terror", the war mobilises fear as a political asset but has resulted in major national and international harmsⁱⁱⁱ. The war has been underpinned by a series of international treaties,^{iv} which US governments have often reinforced. Their influence has been widely felt in Australia at times when our actions were perceived by US governments as contrary to the spirit of the "war" and the prohibition of drug use.

Despite this Australia, from the 1980s, embarked on a program (the National Drug Strategy (NDS), formerly known as 'the National Campaign Against Drug Abuse'), within the prohibition framework that sought to reduce drug availability, prevent the uptake of drugs, and minimise harms from drugs among those who continued to use them. The expansion and liberalisation of methadone programs, and the introduction of sterile needle and syringe programs and a Medically Supervised Injecting Centre helped to contain the spread of HIV and hepatitis in the Australian drug-using community. But an effort to rigorously test the value of making heroin available in a controlled fashion to heroin dependent people was seen as a step too far by US governments (and the Murdoch press), who made their views (and threats of sanctions against the Tasmanian medicinal opioids industry) widely known if the trial was to be undertaken. The government of John Howard in 1997 overruled the 6:3 vote of the Ministerial Council on Drug Strategy, which had supported the trial. Instead a policy "Tough on Drugs" was announced. (Six other countries, which undertook an Australian-type heroin trial and evaluated it, have since reported substantial net health, social and economic benefits from this medical approach to the treatment of a small group with severe heroin dependence not responsive to multiple, previous diverse treatment approaches.^v)

Since 1997 very substantial funds have been committed in Australia, mainly to a law enforcement approach to restricting the availability of drugs. At the same time, substantial new funds were committed to an attempt to reduce demand through enhanced treatment and rehabilitation services. Fifteen years on, in the context of the Global Commission report, the Australia21 Roundtable took stock of what has been accomplished and how Australia might now respond to the Global Commission's findings and recommendations.



Hon Kate Carnell AO
Former Chief Minister in the ACT

"There seems to be a pretty good consensus among us about medical cannabis. I have heard no one to talk against it. I think I also heard a fair bit of support for medical heroin. So at the very least, the reinstatement of substances in the pharmacopeia that were useful and continue to be useful drugs that were removed for non-medical reasons needs to be rectified."



Dr Alex Wodak AM
President Australian Drug Law Reform Foundation and Former President International Harm Reduction Association

"The best evidence that the management of heroin dependence with controlled and prescribed heroin availability made a difference, is a study published in the Lancet in 2006. This study was based on the city of Zurich. This showed that between 1992 and 2002 the number of new heroin users in Zurich was reduced from 850 in 1990 to 150 in 2002. Corresponding with that was a decrease in drug overdose deaths, a decrease in HIV infections among injecting drug users, a decrease in crime and a decrease in the quantities of heroin seized. Clearly, what was happening was that people were moving from black market heroin to white market methadone and white market heroin. This showed that treatment does work at a population level."



Ms Vivienne-Moxham-Hall
Arts and Science Graduate and
Student Representative Councillor,
University of Sydney

"More than a third of young Australians experiment with some form of drugs, mainly cannabis. However subcultures around clubs, raves and dance parties encourage harder drug experimentation. For this reason I view the criminalisation of illicit drugs as problematic and a health hazard to young experimenters. Australia's policy should concentrate on criminalisation for dealers, importers and heavy users and look closer at the cultures around Australian raving."



Nicholas Cowdery AM QC
Director of Public Prosecutions
for NSW from 1994 to 2011

"I am strongly in favour of legalising, regulating, controlling and taxing all drugs. A first step towards such a regime could be decriminalisation, similar to the approach adopted 10 years ago in Portugal or an adaptation of that approach. I do not say that such a change could occur quickly, efficiently or even at the same time or in the same way for all drugs. Nor do I advocate that any or all drugs should be generally available to anybody wanting them."

THE WAR HAS FAILED INTERNATIONALLY AND IN AUSTRALIA

The Global Commission on Drug Policy documented over 10 years a global increase in opioid use of 35% while cocaine use increased by 27% and cannabis use by 8.5%.

The Commission stated that, in spite of the increasing evidence that current policies are not achieving their objectives, most policymaking bodies at the national and international level have tended to avoid open scrutiny or debate on alternatives. The Commission recommended that illicit drug policies should be based on four principles.

1. That policies must be based on solid empirical and scientific evidence and that the primary measure of success should be the reduction of harms to the health, security and welfare of individuals and society.
2. That policies must be based on human rights and public health principles. That the stigmatisation and marginalisation of people who use certain drugs should cease and that those involved in the lower levels of cultivation, production and distribution should be treated as patients, and not criminals.
3. That the development and implementation of drug policies should be a global shared responsibility, but also needs to take into consideration the political, social and cultural realities. Policies should respect the rights and needs of people affected by production, trafficking and consumption as explicitly acknowledged in the 1961 (amended 1972) United Nations Single Convention on Narcotic Drugs.
4. Drug policies should be reviewed in a comprehensive manner, involving families, schools, public health specialists, development practitioners and civil society leaders in partnership with law-enforcement agencies and other relevant government bodies.

The Commission also made the following 11 recommendations:

1. Break the taboo and open debate about promoting policies that effectively reduce consumption and that prevent and reduce harms related to drug use and drug control policies. Increase investment in research and analysis into the impact of different policies and programs.
2. Replace the current criminalisation and punishment of people who use drugs with the offer of health and treatment services to those who need them.
3. Encourage experimentation by governments with models of legal regulation of drugs e.g. cannabis, that are designed to undermine the power of organised crime and safeguard the health and security of citizens.
4. Establish better metrics, indicators and goals to measure progress.
5. Challenge, rather than reinforce, common misconceptions about drug markets, drug use and drug dependence.
6. Countries that continue to invest mostly in a law enforcement approach (despite the evidence) should focus their repressive actions on violent organised crime and drug traffickers in order to reduce the harms associated with the illicit drug market.
7. Promote alternative sentences for small-scale and first time drug dealers.
8. Invest more resources in evidence-based prevention with a special focus on youth.
9. Offer a wide and easily accessible range of options for treatment and care for drug dependence, including substitution and heroin assisted treatment with special attention to those most at risk, including those in prison and other custodial sentences.
10. The United Nations system must provide leadership in the reform of global drug policy. This means promoting any effective approach based on evidence; supporting countries to develop drug policies that suit their context and meet their needs and ensuring coherence among various UN agencies, policies and conventions.
11. Act urgently: the war on drugs has failed and policies need to change now.

THE AUSTRALIAN SCENE

Australia's current National Drug Strategy, which was formulated in 1985, is built around 3 pillars:

1. Reducing the availability of drugs through legislation and law enforcement (supply reduction),
2. Reducing the demand for drugs through prevention and treatment (demand reduction), and
3. Reducing the harms of drugs among the people who continue to use them (harm reduction).^{vi}

These three pillars together comprise the harm minimisation approach that has characterised the drug strategy since its inception. It is intended to operate as a partnership between the health and law enforcement sectors, although this does not always work as well as intended. Australian governments always emphasise that they have a 'balanced' approach to drugs. The truth is, however, that this approach relies heavily on the pillar of reducing the supply of drugs, but supply reduction strategies are of limited effectiveness. There is a much better return from expenditures on health and social interventions, but these are significantly under-funded.^{vii}

The key challenges facing Australia in this area at the present are as follows:

- Law enforcement agencies have had little or no success in reducing the availability of illicit drugs.^{viii}
- Large numbers of Australians—many of them young people—are receiving criminal convictions for minor drug offences, behaviour such as occasionally smoking cannabis that creates very little harm to themselves or to other people.
- Drug education interventions in schools and the community at large have had little measurable impact on the demand for drugs.^{ix}
- In many parts of the nation there are serious shortages of treatment places available and long waiting lists for treatment.
- The misallocation of resources between illicit drugs, alcohol and tobacco and between prevention, treatment and law enforcement is seen as a problem, with the bulk of funding going to law enforcement and punishment (for which there is little or no evidence of cost-effectiveness) rather than to the areas that have been shown to be most cost-effective, especially treatment and harm reduction.^x

The argument most widely used in Australia supporting change in Australia's prohibition policy is that the current approaches are failing to achieve their primary goals of reduced drug availability and harms. Instead they produce many serious unintended adverse consequences, including corruption and other forms of crime.^{xi}

The principal arguments used against changing current policy settings tend to be moral rather than scientific.^{xii} In 1997 the Prime Minister said that a trial of heroin for heroin dependent people "sent the wrong message". Linked to this is a concern that alternative approaches could cause an inevitable increase in the prevalence of drug use with the assumption, sometimes made explicit, that this would also increase the extent of drug-related harms. But there are many examples from Australia and other countries where liberalisation of approaches has neither increased consumption nor harms.^{xiii}

The Australian Institute of Health and Welfare (AIHW) reports that, in 2010, most Australians aged 14 years and over (60%) had never used an illicit drug. However, around 15% had used one or more illicit drugs in the past 12 months. Cannabis was the most common illicit drug used recently followed by ecstasy, amphetamines and cocaine.^{xiv} Our student participants found these official low prevalence figures hard to believe, arguing that drug use and experimentation are very widespread in the networks they inhabit, and especially at music festivals. This is confirmed by AIHW data showing higher levels of drug use among young people than older age-groups.

The social cost of illicit drug use in Australia has been estimated at \$8.2 billion in 2004–05. Drug use accounted for 2% of Australia's total burden of disease in 2003; much of this was related to hepatitis C which can be contracted by risky injecting practices. Around 8% of people in Australia aged 16 to 85 years report that they have had an alcohol or other drug use disorder in their lifetime.^{xv}

CURRENT WINNERS AND LOSERS FROM THE PROHIBITION APPROACH IN AUSTRALIA

The biggest winners from the current policy are those in league with organised crime and those corrupted by it.

Because of their illegality, drugs of dependence are sold at highly inflated prices (an ounce of gold is valued at \$1,700 and an ounce of heroin at \$12,000). There is a huge industry committed to the maintenance of drug dependence. Other beneficiaries of the current approach include the law enforcement industry, those who benefit from the occupancy of prisons and a thriving insurance industry that insures residents for the high rates of household crime. The converse of this is that law-abiding citizens are the biggest losers.

Many Australians have little understanding of the complexity of this problem but many parents live in fear of their children's involvement with illicit drugs. Understandably, they are wary of a change in policy if it could possibly increase the exposure of their children to illicit drugs and their consequences. Because the issue is trivialised in sound bites such as "Tough on Drugs" or "Soft on Drugs" the realities of prohibition are not seriously discussed and the major harms that result from this failed policy are not being addressed.

THE REASONS WHY THE DEBATE SHOULD BE REOPENED IN AUSTRALIA

In the past 15 years the prohibition of illicit drugs has not been seriously questioned in Australia at a community or political level.

There have been some sporadic attempts to place this issue back on the agenda, where it was in the 1980s and 1990s. There is now a large body of evidence available, both from Australia and overseas, to support a renewed debate about the futility of a prohibition approach. Evidence from the United States suggests that, at least with respect to cannabis, some reconsideration is occurring in that country.^{xvi} European and Canadian studies that have demonstrated positive individual and community outcomes from prescribed heroin as part of a range of treatment approaches for heroin dependent people,^{xvii} using legally provided heroin, provide justification for considering the medical uses of that drug in Australia. The continuing unacceptable level of opioid-related deaths in Australia (around 400 per year), can in some instances be blamed upon a lack of quality control and knowledge about the concentration of drugs purchased on the black market. The experience in Portugal, which in 2001 decriminalised possession of all drugs in quantities consistent with personal use, is providing important data to counter the fears that such a change in policy will inevitably increase drug harms.^{xviii}

A number of international treaties and conventions to which Australia is a signatory will continue to make it difficult for Australia to move quickly towards what many believe to be the desirable long-term objective namely to try to regulate all drugs, as we do now with nicotine and tobacco. There are many options for controlling drugs including prescription controls, pharmacy controls, taxation, and licensing producers, wholesalers and retailers. None is likely to ever completely eliminate the black market but all offer a good chance of reducing substantially the size of the black market. Some tobacco industry sources estimate that the black market currently accounts for more than 10% of the cigarette market.^{xix}

The global attitude to these longstanding treaties and conventions is changing.^{xx} If policy change is to be considered it must be preceded by extensive community discussion and understanding of the potential consequences of changing policy or not changing it. A justification for considering change is that while the 'prohibition-focused' policy package has produced some benefits it has undoubtedly also produced significant harms and a misdirected excessive investment in drug law enforcement.

SUBSTANTIAL BENEFITS HAVE BEEN ACHIEVED THROUGH A HARM MINIMISATION APPROACH IN AUSTRALIA.

The news in Australia is not all bad, but large numbers of deaths are continuing.

There were 2 strands to the "Tough on Drugs" National Illicit Drug Strategy introduced in 1997. One was a large increase in drug law enforcement activities and the other was an expansion in rehabilitation and preventive approaches aimed at reducing the demand for drugs.

The firm view expressed in the roundtable discussion by those who have been involved in drug law enforcement, was that while law enforcement has produced substantial seizures and convictions, it has done little to curtail the supply of drugs. The overwhelming majority of drug users in Australia say that illicit drugs are 'easy' or 'very easy' to obtain. Drugs continue to be readily available on our streets and in our prisons as a result of the lucrative profits enjoyed by those who break the law and produce and distribute these substances.

The view of those working in the field is that the expansion in prevention and treatment services has on the other hand been a very positive and effective development. The harm minimisation approach that dominated Australian drug policy during the 1980s and 1990s placed Australia at the forefront of international efforts to constrain the harms resulting from these substances. Needle exchange programs, a medically supervised injecting centre, methadone maintenance programs and the de-penalisation of minor cannabis offenses that was introduced in 2 states and both territories have all produced measurable and demonstrable benefits.

A major accomplishment of the Australian harm minimisation approach has been the fact that Australia has been able to hold relatively steady the propagation of the HIV epidemic and the epidemics of hepatitis that result from widespread use of contaminated injecting apparatus. But there is continuing resistance to expanding clean needle and syringe programs into Australian prisons.

Drug deaths related to overdoses of opiates peaked in the late 1990s and declined from over 1100 to about 400 per annum where they have been static for the past decade. Of course there have been claims that the reduction in opiate deaths was attributable to the tough law and order approach that was implemented in 1997. Undoubtedly there was a decline in supply of heroin at about the time the decline in deaths occurred but the evidence suggests that it is more likely that the decline in supply was driven by reduced production in the supply countries. The available data on this issue do not provide an unequivocal answer to questions about the cause or causes of the decline in heroin availability in Australia. ^{xxi}

The expansion of preventive, treatment and harm reduction services is believed to have played a vital role in the positive accomplishments of Australia's national drug policy. Participants in the Roundtable argued that the proportion of resources currently allocated to legal and law enforcement activities is excessive and disproportionate. The Achilles heel of this approach is that the high prices of street drugs, the very source of the huge profits, are themselves a compensation for the risks of detection and punishment. Efforts to reduce the supply of drugs should certainly continue, but it is unreasonable to make the criminal justice system Australia's dominant response to these substances.

The continuing 400 preventable young Australian deaths that occur each year can be compared with 521 Australian deaths of soldiers in the entire Vietnam War.

THE HEALTH AND SOCIAL IMPLICATIONS OF DRUG USE AND ITS MANAGEMENT

The view was repeatedly expressed at the Australia21 Roundtable that there should now be a shift away from criminalisation of the possession and use of illicit drugs and a greater move to rely on health and social responses to drug availability and use.

These can perhaps best be understood in the context of what we do in Australia about nicotine and alcohol use. These, like the currently illicit drugs, are substances that produce significant social and health harms. Both are widely used, recreationally by some people (in the case of alcohol) and harmfully by others. Social policy on nicotine has changed radically during the past 50 years as the evidence accumulated about its long-term detrimental impacts on health. The drug remains a legal drug that is subject to regulation, taxation and social disapproval of its use in certain public places. As a result of progressive social and regulatory controls, the use and harms arising from nicotine have diminished profoundly in Australia, which has been in the past, and is now, an international leader in tobacco control.

By contrast, alcohol, also a legal drug that is widely used in the community and in many cases is a drug of dependence, has had a number of social controls relaxed in recent decades. Drinking habits among young people have changed as some controls on availability have been lifted.^{xxiii} In both cases, the issue is managed primarily as a social and health issue rather than as a law enforcement issue. Law enforcement comes in to play only when behaviours resulting from the drug place the user or the supplier in an illegal position or when the user harms others. The view of the group was that drug dependence and drug use should be managed primarily within the health and education systems, not the criminal justice system, and that the funding for health and social measures will need to be raised considerably.

LEGITIMATE AND ILLEGITIMATE FEARS CONCERNING DRUGS

The use of the term “War” (eg. on drugs) is often used to mobilise fear as a political asset. It tends to demonise the drugs, several of which have important health and social benefits.

By association, it also demonises those who use drugs, resulting in considerable stigma and discrimination. Many people who use illegal drugs in Australia are socially and economically disadvantaged. Many female and some male drug users report having been physically or sexually abused as a child by members of their family. Being part of a war against the threat of “evil drugs” has been a political vote winner in many settings and is credited as an important contributor to Richard Nixon’s landslide victory in the United States after he declared a “war on drugs” in 1971. Being “soft on drugs” is a label often used politically about those who raise questions about prohibition. These are matters deserving serious debate in the Australian community, rather than the subject of simplistic slogans. Many people are justifiably fearful of their children becoming exposed and entangled in the drug culture and its illegality. But while these drugs are prohibited, there is a hugely lucrative black market committed to promoting such entanglement and illegal behaviour.

By maintaining prohibition and suppressing or avoiding debate about its costs and benefits, it can be argued justifiably that our governments and other influential sectors of the community are standing idly by while our children are criminalised.

THE CURRENT DRUG CULTURE AMONG YOUNG PEOPLE

The “Tough on Drugs” program that has been in place in Australia since 1997 has failed to suppress a flourishing drug culture dominated by the use of cannabis, methamphetamine and ecstasy, along with emerging new designer drugs, among young people.

The Roundtable heard from young participants of a culture that expects that illegal drug use is virtually a condition of attendance at many “rave” parties. Among some categories of music concerts, drug use by musicians and audiences is exceedingly common and accepted. Estimates of prevalence of drug use may understate the facts because it would be admitting illegal behaviour. It is conservatively estimated that less than three per cent of those who use cannabis in Australia are detected by law enforcement authorities each year.^{xxiii} The Roundtable heard that school students are exposed to some drug education but that it is often trivial and unconvincing and demonstrably ineffective in dissuading large numbers of teenagers from experimenting with drugs of unknown origin, quality and concentration.

INTERNATIONAL TREATIES AND CONVENTIONS AND THE UNITED STATES

For the past 100 years, international efforts to prohibit certain drugs have been led by the United States.

The efforts began with a meeting convened in Shanghai in 1909, after American missionaries reported witnessing for decades the British forcing opium onto a reluctant and much weaker Chinese population. Chinese resistance had provoked two opium wars (1839-42; 1856-60), which had not deterred the British from balancing their trade with China with narcotics.

Three main international treaties to which Australia is a party have helped to shape current Australian prohibition of illegal drugs. They are:

- The Single Convention on Narcotic Drugs of 1961, which was amended by the 1972 Protocol
- The Convention on Psychotropic Substances of 1971
- The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Before it was prohibited in Australia in 1953, heroin was legally available on prescription and cannabis was listed officially as a medicine in the United States until 1937. The Australian government’s decision in 1953 to succumb to international pressure and prohibit the importation and production of heroin was strongly opposed by the Australian medical profession for whom it had been an important component of its therapeutic armamentarium.

Fifty years since the United Nations Single Convention and 40 years since Nixon’s declaration of war against drugs there have been steady increases in global drug production and consumption; the range of drug types available; the adverse health and social consequences of illicit drugs; government funding allocated to control drug use; the number of prison inmates serving sentences for drug offenses; and serious corruption of police, magistrates, judges and politicians. At the same time, the price of drugs has fallen. The need for more compact drugs that were more easily smuggled or the advent of new drugs that have not yet been prohibited has become a feature of the trade: - from opium to heroin, from powder amphetamines to ‘ice’, from cocaine to crack cocaine, from herbal cannabis to synthetic cannabinoids (e.g. ‘Kronic’), etc.

In recent years, in many countries, a succession of retired and serving Presidents, Prime Ministers, senior Judges and Police Commissioners have begun publicly acknowledging the failure and futility of relying so heavily on drug law enforcement to control drugs. In recent months serving senior politicians are now starting to speak out. How can drug prohibition succeed in the community when it cannot even succeed in keeping prisons free of drugs? How can authorities stem the flow of drugs, when drug traffickers are better funded than drug law enforcement?

The United States for the past fifty years has been very active in international circles in maintaining the principles of the international treaties and has brought to bear pressure of many kinds on countries which have questioned the criminalisation of use, possession and supply of these drugs.

During the 1990s when Australia was progressively experimenting with harm minimisation approaches, enormous pressures were placed on senior government ministers to resist scientific efforts to evaluate new approaches. That pressure proved to be effective in Australia when it was combined with systematic pressure from the Murdoch press of the day, in leading to the Australian "Tough on Drugs" policy.

Roundtable participants drew attention to the huge investment in a "drug law enforcement complex" industry in the United States, which has a vested interest in maintaining prohibition. This was likened to the vested interest in foreign wars of what has been described by President Eisenhower as the "military industrial complex".

It was pointed out that unilateral moves by Australia to legalise, regulate and tax the use of currently illicit drugs would still be vigorously opposed by US agencies despite the growing consensus that prohibition has failed comprehensively to achieve its aims. This is also despite the fact that US public opinion is swinging towards decriminalisation, and in some states, even legalisation of use of cannabis for medical purposes.

In an important and well evaluated development, Portugal in 2001 embarked on a major initiative in which it has lifted all criminal sanctions on use of illicit drugs and committed substantial resources to dissuade drug users from use of these drugs. The evaluation of the program has been positive both with respect to health and social effects on users and the Portuguese civil society.^{xxiv}

Bolivia has recently taken the step of denunciation from the 1961 Single Convention and a proposed subsequent re-accession to this treaty with reservations. This has been associated with that government's decision to maintain the nation's traditional, regulated domestic market in coca leaf for chewing which is a traditional practice that is very widespread in that country, especially among indigenous people living at high altitudes. Bolivia has followed the provisions of the treaty in trying to move outside the framework of the international treaties and then to rejoin them with specified reservations. This is a process of "reform by subtraction" that is being watched with interest internationally.^{xxv} It might establish precedents for consideration by Australian policy makers.

Every year some 400 Australians die from illicit drug use. Thousands of others suffer the short and long term health consequences of drug dependence, unsafe injecting practices and infections. Their families suffer with them from these consequences. It is time to reopen the national debate about drug use, its regulation and control.



Hon Michael Moore
CEO Public Health Association of Australia
and former Minister of Health for the ACT

"What we want governments to do is feel quite uncomfortable about the predicament they have put us in. They are running a system that is causing a whole lot of harm. Until they begin to start looking for the solutions we are not going to make progress. When they begin looking for the solutions we are in the position to suggest ideas. It is the government that has the problem. Our task is to place it on their agenda."



Mr Mick Palmer AO APM
Former Commissioner,
Australian Federal Police

"It is easy to roll out arguments about the harm created by our current arrangements. Young people who are convicted for being in possession of small amounts of cannabis automatically lose rights to be employed in the public service and in the defence forces and in the police services. They can't travel, they can't get visas to visit the United States. These are things that make sense to parents."

WHERE TO FROM HERE?

Despite gains made in Australia's harm minimisation program two decades ago, the current situation on illicit drugs is damaging Australian society and resulting in an unacceptable and avoidable death toll.

While recognising the harms that psychoactive drugs are causing, the policy of prohibition, with its emphasis on criminalisation of use and possession, is exacerbating those harms.

It is time to reactivate Australian debate on this matter, drawing attention to the accountability of governments for allowing an unacceptable situation to persist, and the fact that the community has allowed this to happen. Such a public debate will not be initiated by politicians, who will only be activated on this contentious issue when there is a strong community groundswell demanding it. Currently, such a groundswell does not exist. The drug culture is flourishing, but so is the culture of fear, which is promoted by the prohibition approach. Many Australians are particularly concerned that liberalisation of our drug laws could increase, rather than diminish, the dangers to children, although a growing international body of evidence indicates that these fears are misplaced. Only when this fear is confronted and the mounting body of evidence of the benefits that could flow from a health-focused approach, regulation and social control, can change be introduced.

There was recognition in the Australia21 Roundtable that reform of drug law with legalisation, regulation and marketing controls is being advocated in the United States at present by a conservative Republican candidate for the Presidency, Ron Paul. The argument in favour of drug law reform was linked to discussion of John Stuart Mill's principle that activity should be permitted unless it directly poses threats to others. From first principles, this makes it difficult to justify prohibition of personal drug use. There are firm moral, ideological and rights arguments that mean that vigorous drug law reform could have broad political appeal. There is a significant practical and moral difference between problematic and non-problematic substance use but prohibition does not distinguish between the two. International experience with drug law reform to date indicates that decriminalising use and possession has no significant effect on rates of use.

One aspect of the debate which is rarely discussed is the most prudent use of government resources. The recent experience of many developed countries highlights the need for governments to expend scarce resources wisely. Although considerable sums are spent by governments, including our own, in responding to illicit drugs, there is little evidence to support the view that Australian tax payers are getting a good return on the current pattern of allocation. If anything, considerable sums have been spent converting a bad problem into an even worse problem.

Why should Australia start debating this problem now when the situation has been much worse at other times? This is a very reasonable question. The answer is that it is now, when the drug problem seems to be relatively quiet, that we can have a sensible debate. Experience shows that a crisis in drug policy occurs every few years. It is much harder to have a sensible debate in the middle of a crisis.

Participants agreed that, for this issue to return to political attention, young people and the broader community will need to be engaged in the policy discussion. In order to move this debate forwards, it was argued that the medical profession, the pharmaceutical profession, churches, civil society groups, university student groups and the media need to be engaged in thoughtfully considering the options. This is also a matter which concerns employers and businesses of many kinds. But if the issue is to be addressed, the national debate must move beyond moralistic slogans and sound bite rhetoric.

It was also recognised that Australia could play a valuable role internationally in challenging the current operation of the treaties and conventions, which have imposed a blanket of drug prohibition on the global community.

The group did not propose a specific set of policy changes. It saw the need to unmask prohibition and its harms and to place the onus on our lawmakers and other community opinion leaders to develop a process that stops the criminalisation and continuing drug deaths of too many young Australians. We should remind ourselves that the 1961 Single Convention, the foundation of the current global system, opens with these words 'Concerned with the health and welfare of mankind...'

RECOMMENDATIONS ARISING FROM THE ROUNDTABLE

1. Australia21 should act to re-open national debate on prohibition, distribute this report to every parliamentarian in Australia and to civil society organisations, business leaders, selected activist groups, student groups in tertiary institutions, law enforcement groups, churches, unions and government agencies, with an invitation to assist in publicising the findings of the Global Commission on Drug Policy.
2. The Board of Australia21 should establish an Expert Advisory Group, charged with the responsibility for raising funds to undertake follow-up of the Roundtable, including the conduct of focus groups in a range of Australian demographic groups and professionals dealing with social problems. The group should initiate transparent discussions with organisations in Australia who favour continuation of our current prohibition policy. The expert group should make widely available scientific evidence arising from studies of the economics and statistics of national and international innovations in drug policy.
3. Australia21 should initiate a series of roundtable discussions among key stakeholder groups, including especially young people, peak medical and pharmaceutical bodies, faith groups, civil society groups and senior drug law enforcement agencies.
4. The Expert Advisory Group should seek meetings with economists and ministerial policy advisors to discuss the findings of this report, and also with:
 - The Intergovernmental Committee on Drugs, the Australian National Council on Drugs and the national drug licensing and regulatory authorities about the need to consider medical use of cannabis and prescribed heroin for the management of people who are heroin dependent.
 - The Federal Attorney-General, Minister for Health and Minister for Foreign Affairs about Australian compliance with the international drugs treaties and conventions and the need to consider the growing international experience with alternatives to prohibition and to initiate international discussions about the findings of the Global Commission on Drug Policy.
 - Senior representatives of the media about the role of the media in promoting an evidence-based discussion on national policy on illicit drugs.
5. Australia21 should undertake a further Roundtable on these matters early in 2013.

By maintaining prohibition and suppressing or avoiding debate about its costs and benefits, it can be argued justifiably that our governments and other community leaders are standing idly by while our children are killed and criminalised.

IN A NUTSHELL

- Prohibition puts the production, distribution, and control of illicit drugs into the hands of criminals and exposes young people, police and politicians to their corruptive influence.
- The harms resulting from prohibition substantially outweigh the gains from efforts by police to suppress the criminal drug industry – a fact now accepted by many politicians, police, researchers and leaders of civil society across the world.
- The harms include a large planeload of avoidable Australian deaths annually; home and property crime; our prisons and justice system clogged by victims of the industry; a flourishing drug culture that is fostered and controlled by criminal interests and a complete lack of control of the dosage and toxicity of the drugs that young people are consuming.
- International drug prohibition has, until now, been maintained through international treaties and conventions, spear-headed by a US “War on drugs”. The recognition that this war has been comprehensively lost is leading to an international rethink about prohibition and about these treaties and conventions.
- The enormous profits from the black market trade in drugs mean that an ounce of heroin costs many times more than an ounce of gold. The criminals are much better resourced than law enforcement authorities and any success that police have in reducing the supply, results in an increase in the price of drugs and an increase in criminal profits and activities.
- Despite decades of a prohibition approach in Australia, illicit drugs are easily purchasable on our streets and in our prisons. The perverse nature of the system ensures that a steady stream of young people becomes dependent on a continuing supply of drugs.
- Large amounts of public funds are allocated to a failed law and order approach to drug use. These resources would be better directed to managing drug use as a health and social issue as we do with nicotine and alcohol.
- Drug taking undoubtedly produces serious harms to individual drug users and their families. Many of the harms to them, to others and to society at large are a result of the national policy of prohibition and criminalisation which, arguably, increases, rather than decreases, the risks of more people becoming drug dependent.
- This is a very complex issue that demands proper community discussion of a range of alternatives to prohibition, that are now being considered everywhere including in the United States where the failed war on drugs and prohibition began.
- National drug policy should be based on evidence of what works and what does not and the international evidence base on these issues is now both substantial and persuasive.
- It is time to stop sloganeering and insist to all of our political representatives and to our media that Australia must have an informed national debate about the alternatives to a policy that has failed disastrously and is criminalising our young.

ROUNDTABLE PARTICIPANTS

Mr Paul Barratt AO

Chair Australia21 and Former Federal Secretary of Defence and Primary Industry

Hon Dr Peter Baume AC

Former Chancellor ANU; Federal Senator and Health Minister in the Coalition Government led by Malcolm Fraser

Mr Chris Berg

Research Fellow Institute of Public Affairs and newspaper columnist

Mr Bill Bush

Retired International Lawyer and Member of Families and Friends for Drug Law Reform

Hon Bob Carr AC

Former Premier of NSW

Hon Kate Carnell AO

Former Chief Minister of the ACT

Professor Nicholas Cowdery AM, QC

Former Director Public Prosecutions, NSW

Professor Bob Douglas AO (Chair)

Former Director National Centre for Epidemiology and Population Health ANU

Hon Professor Geoff Gallop AC

Former Premier Western Australia

Professor Margaret Hamilton AO

Formerly Founding Director of Turning Point Alcohol and Drug Centre Victoria. Current Drug Policy Advisor

Mr Brian McConnell

President Families and Friends for Drug Law Reform

Ms Marion McConnell

Parent of a son who lost his life to a heroin overdose

Mr David McDonald

Social research consultant

Mr Tom Merrett

Second Year University Student University of Adelaide

Hon Professor Michael Moore

Executive Officer Public Health Association of Australia and former Health Minister ACT

Ms Vivienne-Moxham-Hall

Arts and Science Graduate and Student Representative Councillor, University of Sydney

Mr Mick Palmer AO APM

Former Commissioner, Australian Federal Police

Professor Alison Ritter

Director Drug Policy Modeling Program, University of New South Wales

Professor Robin Room

Drug policy researcher and current Director, Turning Point, Victoria

Ms Lyn Stephens

Executive Officer Australia21

Mr Nick Stump

Former mining industry executive. Director Australia21, Chair Construction Industry Advisory Board on Drugs in the Workplace

Dr Alex Wodak AM

President Australian Drug Law Reform Foundation and Former President International Harm Reduction Association

Hon Dr Michael Wooldridge

Former Federal Minister for Health in the Coalition Government led by John Howard



REFERENCES

- ⁱ Global Commission on Drug Policy 2011, War on drugs: report of the Global Commission on Drug Policy, Global Commission on Drug Policy, Rio de Janeiro, <http://www.globalcommissionondrugs.org/>.
- ⁱⁱ McDonald, D 2011, A background paper for an Australia21 Roundtable, Sydney, 31 January 2012, addressing the question 'What are the likely costs and benefits of a change in Australia's current policy on illicit drugs?', Australia21, Canberra.
- ⁱⁱⁱ Reuter, P 2009, 'Report 5: the unintended consequences of drug policies', in P Reuter & F Trautmann (eds), A report on global illicit drug markets 1998-2007, European Commission, [Brussels].
- ^{iv} Australian Treaties Library, a website of the Australasian Legal Information Institute and Department of Foreign Affairs & Trade: <http://www.austlii.edu.au/au/other/dfat/treaties>.
- ^v For example, NAOMI Study Team 2008, Reaching the hardest to reach – treating the hardest-to-treat: summary of the primary outcomes of the North American Opiate Medication Initiative (NAOMI), North American Opiate Medication Initiative, Canadian Institutes for Health Research, Vancouver and Montreal. Oviedo-Joekes, E, March, JC, Romero, M & Perea-Milla, E 2010, 'The Andalusian trial on heroin-assisted treatment: a 2 year follow-up', *Drug Alcohol Rev*, vol. 29, no. 1, pp. 75-80. Strang, J. et al. 2010, 'Supervised injectable heroin or injectable methadone versus optimised oral methadone as treatment for chronic heroin addicts in England after persistent failure in orthodox treatment (RIOTT): a randomised trial', *The Lancet*, vol. 375, pp. 1885-95. Uchtenhagen, A 2010, 'Heroin-assisted treatment in Switzerland: a case study in policy change', *Addiction*, vol. 105, no. 1, pp. 29-37.
- ^{vi} Ministerial Council on Drug Strategy 2011, The National Drug Strategy 2010-2015: a framework for action on alcohol, tobacco and other drugs, Ministerial Council on Drug Strategy, Canberra.
- ^{vii} See endnote 2.
- ^{viii} Mazerolle, L, Soole, D & Rombouts, S 2007, 'Drug law enforcement: a review of the evaluation literature', *Police Quarterly*, vol. 10, no. 2, pp. 115-53.
- ^{ix} Babor, T et al. 2009, *Drug policy and the public good*, Oxford University Press, Oxford.
- ^x Moore, T, Ritter, A & Caulkins, JP 2005, Economic modelling: cost-effectiveness of three policy options, DPMP Bulletin no. 12, Turning Point Alcohol and Drug Centre, Fitzroy, Vic.
- ^{xi} Costa, AM 2008, Making drug control 'fit for purpose': building on the UNGASS decade. Report by the Executive Director of the United Nations Office on Drugs and Crime as a contribution to the review of the twentieth special session of the General Assembly, E/CN.7/2008/CRP.17, United Nations Office on Drugs and Crime, Vienna. Reuter, P 2009, 'Report 5: the unintended consequences of drug policies', in P Reuter & F Trautmann (eds), A report on global illicit drug markets 1998-2007, European Commission, [Brussels].
- ^{xii} Drug Prevention Network of the Americas (DPNA), Institute on Global Drug Policy, International Scientific and Medical Forum on Drug Abuse, International Task Force on Strategic Drug Policy, People Against Drug Dependence & Ignorance (PADDI), Nigeria, Europe Against Drugs (EURAD), World Federation Against Drugs (WFAD), Peoples Recovery, Empowerment and Development Assistance (PREDA) & Drug Free Scotland 2011, Drug legalisation: an evaluation of the impacts on global society. Position statement December 2011.
- ^{xiii} European Monitoring Centre for Drugs and Drug Addiction (ed.) 2011, Portugal, EMCDDA Drug Policy Profiles, Publications Office of the European Union, Luxembourg. Hughes, CE & Stevens, A 2010, 'What can we learn from the Portuguese decriminalization of illicit drugs?', *British Journal of Criminology*, vol. 50, no. 6, pp. 999-1022.
- ^{xiv} Australian Institute of Health & Welfare 2011, Drugs in Australia 2010: tobacco, alcohol and other drugs, Drug Statistics Series no. 27, cat. no. PHE 154, Australian Institute of Health and Welfare, Canberra.
- ^{xv} Op. cit.
- ^{xvi} Room, R, Fischer, B, Hall, W, Lenton, S & Reuter, P 2010, *Cannabis policy: moving beyond stalemate*, Oxford University Press, Oxford, England.
- ^{xvii} See endnote 5.
- ^{xviii} European Monitoring Centre for Drugs and Drug Addiction (ed.) 2011, Portugal, EMCDDA Drug Policy Profiles, Publications Office of the European Union, Luxembourg. Hughes, CE & Stevens, A 2010, 'What can we learn from the Portuguese decriminalization of illicit drugs?', *British Journal of Criminology*, vol. 50, no. 6, pp. 999-1022.
- ^{xix} Deloitte 2011, Illicit trade of tobacco in Australia: a report prepared for British American Tobacco Australia Limited, Philip Morris Limited and Imperial Tobacco Australia Limited, Deloitte Touche Tohmatsu, n.p.
- ^{xx} International Drug Policy Consortium 2010, *Drug policy guide*, 1st edn, International Drug Policy Consortium, London.
- ^{xxi} Degenhardt, L, Day, C, Gilmour, S & Hall, W 2006, 'The "lessons" of the Australian "heroin shortage"', *Subst Abuse Treat Prev Policy*, vol. 1, p. 11. Degenhardt, L & Hall, W 2006, 'Canadian heroin supply and the Australian "heroin shortage"', *Addiction*, vol. 101, no. 11, pp. 1667-8. Degenhardt, L, Reuter, P, Collins, L & Hall, W 2005, 'Evaluating explanations of the Australian "heroin shortage"', *Addiction*, vol. 100, no. 4, pp. 459-69. Jiggins, J 2008, 'Australian heroin seizures and the causes of the 2001 heroin shortage', *Int J Drug Policy*, vol. 19, no. 4, pp. 273-8. Wood, E, Stoltz, J-A, Li, K, Montaner, JSG & Kerr, T 2006, 'Changes in Canadian heroin supply coinciding with the Australian heroin shortage', *Addiction*, vol. 101, no. 5, pp. 689-95.
- ^{xxii} Babor, T et al. 2010, *Alcohol: no ordinary commodity - research and public policy*, 2nd edn, OUP, Oxford.
- ^{xxiii} The proportion is 2.6%, based on the authors' calculations from data published in Australian Crime Commission 2011, *Illicit drug data report 2009-10*, Australian Crime Commission, Canberra and Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy Household Survey report*, Australian Institute of Health and Welfare, Canberra.
- ^{xxiv} See endnote 13.
- ^{xxv} Room, R, Fischer, B, Hall, W, Lenton, S & Reuter, P 2010, *Cannabis policy: moving beyond stalemate*, Oxford University Press, Oxford, England.



Hon Bob Carr AC
Former Premier of NSW

"An issue that worried me while I was in NSW politics was the police hitting railway stations with sniffer dogs. It was marijuana that was the focus. I did not think it was the best use of police time. People were breaking no other laws. This was victimless crime and this was seen as a new way to engage police resources. I wanted them to do things like make public transport safe and clean up Cabramatta."



Hon Dr Michael Wooldridge
Former Health Minister in the
Howard Federal Government

"The key message is that we have 40 years of experience of a law and order approach to drugs and it has failed."