JOHN MENADUE. Drug policy reform series

Attached is a collection of articles on drug policy reform, which were published as a series on Pearls and Irritations between 6 and 11 August 2018, in order to draw attention to this important issue, and to the increasing criticism of our current policies.

Present drug policies are not working. Drug use with its enormous personal, social and national cost is increasing rapidly. This is despite the very expensive regulatory activities, particularly by police and Border Force. The 'war on drugs' has failed not just in Australia but around the world.

We focus on enforcement rather than the health of our people.

There must be a better way. This issue needs substantial and serious discussion. That discussion is sadly lacking today.

What can we learn from overseas experience? In 2011, Portugal decriminalised the use and possession of quantities of drugs consistent with personal consumption. Benefits were huge and negatives were minimal.

Our political leaders are cautious, perhaps because of concern that they may be criticised as being 'soft on drugs'. But, unfortunately the result of our caution is that the trade in drugs is largely left in the hands of criminals and is wreaking widespread personal and social damage.

We hope you find this drug policy reform series helpful in addressing what is widely regarded a major national problem.

Alex Wodak, President of the Australian Drug Law Reform Foundation, Mick Palmer, former Commissioner of the AFP, and William Bush and Marion McConnell of Families and Friends for Drug Law Reform have all assisted with this drug policy reform series.

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MARION McCONNELL. The long road to drug law reform

"What should I tell people about your son's death", asked our Minister. He was there to discuss arrangements for our son's funeral. In my overwhelming grief it hadn't crossed my mind, but now it immediately struck me. Our son had died from a heroin overdose. He is now tainted with shame. We, his mum and dad will also be made to feel the shame. Not something I ever thought my family would have to cope with. What should we do? How should we handle this? I need not have stressed because in an instant my husband replied in a sure but shaky voice: "Tell the truth".

We would not be made to feel ashamed of our son. He had accomplished much in his 24 years. We were proud of him. And we would not destroy our family by blaming each other. We would not allow society or governments to keep us quiet. This was a time to tell the truth about what prohibition drug policy was doing to our families. These people dying weren't worthless, they were our loved ones.

And thus began, not a few months or even a few years but over two decades of trying to change drug policy and laws that made criminals of our young family members. Our family members were the scapegoat for a failed policy, a prohibition policy that handed the sale of drugs to the now multi-billion-dollar illicit drug industry, a trade that is estimated at between $426 and $652 billion annually.

We discovered our son was using heroin less than 2 weeks before he died. It was on an oval not far from our home, an oval across which he had walked to school, where he had played cricket with his friends or walked and played ball with his much-loved dog. On this same oval we now found our son unconscious – from, as we were soon to be told by the ambulance officer, a heroin overdose.

What a shock! But more of a shock was the arrival of the police and the way we were treated by them. Finding out about his supplier was all important to them. They weren't interested in the well-being of our son. They were carrying out their duty as the law had bade them. This was a moment of awakening for me. I realised immediately that our drug laws were not helping to keep our family members safe. My son was taken to hospital by the ambulance. The police followed and frightened him away from the help he needed.

He discharged himself, took a hurried holiday to get away from his fear of the police. He took heroin again alone in a motel room. This time there was no one to call an ambulance. Our son was dead at the age of 24. A sad and unnecessary death.

But how different this might have been if there had been no interference from law enforcement. Together with the health services we would have had more time to help and support him. He hadn't hurt anyone else. He was working full time and had earned a Degree in Computer Science just 6 months before he died. He was a loved brother, and a loved son and grandson.

It was in 1993, just 6 months or so later, that I first heard that Michael Moore, an independent member of the ACT Legislative Assembly, was at the time heading a working

group to gather information on drug laws and the need for reform. I wrote to Michael encouraging him in this endeavour and relating the tragic loss of our son.

In his response, Michael told me of a speech that the Honourable Justice Michael Kirby, then President of the Appeals Court of the Supreme Court had recently delivered. Justice Kirby appealed to politicians to change the existing laws, describing them as inhumane as they persecute the victim and do not address the problems associated with drug usage and related crimes.

Michael Moore wrote in mid 1993: "Our aims in reforming the existing laws are to minimise the harm associated with drug use through the adoption of the medical model for the distribution of selected drugs and rejection of criminal sanctions for the personal use of drugs."

In April 1995, following a spate of heroin overdose deaths in the ACT, and prompted by families who had lost loved ones to heroin, Michael Moore called a public meeting to see what could be done about these burgeoning heroin overdose deaths. The meeting was attended by over 40 people, many of whom had lost family members. They unanimously agreed that it was more the punitive prohibition policy that was at fault. Hence began the group Families and Friends for Drug Law Reform (FFDLR). Its main premise at the time was commitment to preventing the harm from illicit drug use. We all thought that our hard-told stories would provide the catalyst for change.

After all this time, 26 years since my son died, Australian governments are still lagging behind. Like many others, FFDLR has worked tirelessly over these years to bring about change that causes less harm.

What change have we seen in that time? Endless research, conferences, parliamentary inquiries, more drugs (including new synthetic substances), continued alienation of drug users, more drug related deaths, development of the dark web, harsher penalties for drug users, more prisons and higher prison populations, increased mental illness, budget starved healthcare providers, budget rich law enforcement… In other words, very little if any progress.

This is not what my husband and I had hoped for when we told our story, hoping that politicians would not only listen but act. The shame and stigma that we then refused to accept still exists for many users and their families.

Justice Michael Kirby back in 1993 appealed to politicians to change the drug laws to incorporate a more humane policy and Michael Moore called for the decriminalisation of the personal use of drugs. Today, 25 long years later, these appeals have not been heeded. Our stories were not engaging enough for politicians to change laws. But change is in the air and it must happen, because it is right. It is just a pity that so many more families must suffer before change comes.

Marion McConnell, OAM, and her late husband Brian were founding members of Families and Friends for Drug Law Reform, following the death of their son to a heroin overdose.

GEOFF GALLOP. The politics of drug decriminalisation

Policies around drug decriminalisation should be evidence based, recognise the need for a nuanced rather than fundamentalist approach and take account of the advances made in the field of harm reduction, not just law enforcement. Reform measures should be premised on a mix of rights, health and community safety principles and reflect the views of a broad cross-section of society.

In a forum held at the NSW Parliament in 2016 and organized by a cross-party drug law reform group it was pointed out that the 1999 NSW Drug Summit recommendation to decriminalise drug use hadn't seen the light of day and remained a most, if not the most, important goal for the harm reduction movement in Australia. Decriminalisation is, notes Professor Alison Ritter, different from legalisation and "largely applies to drug use and possession offences, not to the sale or supply of drugs". It can be done, she notes, either by changing legal penalties to "civil penalties, such as fines, or by diverting drug use offenders away from a criminal conviction and into education or treatment options". There's lots of evidence to support such a proposal as a more humane and effective strategy for a nation seeking to tackle the harms that can come with drug use and abuse.

A salutary political lesson from late 15th century Florence

However, my objective here is not to deal with definitions and models and the evidence for and against each but rather with the blood and guts politics of the issue. To do this I start by taking you on journey in place and time to the Italian city of Florence but more particularly to the Piazza della Signoria and the adjacent Palazzo Vecchio in the late fifteenth century. I do this because so much about modern politics and its ongoing struggle between the utopians and realists - or as we might say today between the fundamentalists and the pragmatists - is there to see, feel and reflect. For example, there's the place in the Piazza where the priest/politician Savonarola was hanged and burnt in 1498. Overlooking this is the Palazzo within which is the office occupied by the philosopher/public servant Machiavelli from 1498 to 1512.

Savonarola's party ("the Frateschi") came to power in 1494 and started out well with a new and more democratic constitution. At the heart of his politics, however, was the belief in religious renewal. He sought to rid the city of vice, passing laws against sodomy, adultery, public drunkenness and other moral transgressions. He raged a war against the vanities and called upon the citizenry to burn their books, paintings and all luxuries. His aim was to establish Florence as the New Jerusalem with God and God alone as the sovereign. Popular at first the people began to tire of his extremism – so too the Pope Alexander VI who excommunicated him in 1497. His allies deserted him, the mob turned on him and in 1498 he was hanged and fired in the same square as his "bonfire of the vanities". Surely the irony of that didn't escape him as the noose was placed around his neck!

Machiavelli's understanding of human nature

The new government brought into its employ the young Machiavelli, then 29 years of age and already wise in the ways of the world. He served the city until 1512 when the republic collapsed and the Medici returned to power. Working in the Palazzo Vecchio so close to the

place of Savonarola's death would have been a constant reminder of the madness of fundamentalism, just as his own arrest and consequent bout of torture by way of six drops from the strappado would have been a painful reminder that politics was a ruthless business, not to be taken lightly. The strappado was a device in which its victims were raised by their arms tied behind their backs and then suddenly released. He survived all of this and was retired to the country where he wrote The Prince and other books on politics and history.

Machiavelli urged us to start our inquiries with experience rather than the imagination. Study people as they are and as they live – and accept as a working principle all of the imperfections therein uncovered as part and parcel of human nature. In politics, he said, never rule out factors like self-interest or ambition and recognise that sometimes unsavoury means may be needed if good ends are to be achieved. Those who wish to make a profession of goodness in everything, he said, "must necessarily come to grief among so many who are not good" (The Prince, New American Library Edition, 1952, p.84). A humanist, he feared that Christianity encouraged decision-making to be too influenced by "imaginary ideals" and not enough by the relevant facts revealed by in-depth study and reflection. But all this being noted it was a better society in which he believed; one where government was in the public interest and organised along republican lines with proper checks and balances.

Utopian versus pragmatic approaches

You may very well ask – what's this contrast between the politics of Savonarola and Machiavelli - one the utopian and the other the realist - got to do with drugs policy today? It is, in fact, one way to frame the ongoing conflict between those who resist and those who seek reform in law and practice. We have the fundamentalists on one side armed with their belief in abstinence and their commitment to "zero-tolerance" and a "drug-free" future. They see illicit drug use as abuse, point to those whose own lives are effectively destroyed by their drug use, and are buoyed by the few personal transformations that occur under their watch but not fazed by the many that don't. Redemption, they say, is available to all. In their view these are the facts that keep their hopes alive and justify The War on Drugs. It's a case of right and wrong without a middle. Each and every compromise the state proposes they fight – and fight hard believing that these compromises have legitimised the unhealthy practice of drug consumption. The criminal law they see as a weapon in their struggle, a beacon that makes clear to all what is expected of all. However, just like political revolutionaries and alcohol prohibitionists they battle to cope with the evidence about human desire and human weakness, over-simplifying the power of the will to transform people and down-playing the negative consequences of the utopian path they follow.

The pragmatists on the other hand start out with a realistic view of human nature and freedom. They look into society over time and see humans using drugs – and alcohol. Why do people use? Sometimes they seek pleasure, even enlightenment, and sometimes they seek to avoid pain. Some use a lot and some infrequently. Some are addicted and some not. They don't always think clearly, they take risks and a safe assumption to make is that this is how things are and always will be, the use of the criminal law against users, but not all laws and regulations in and around the issue, being inappropriate and problematical from a human rights perspective, a barrier to healthy outcomes rather than an effective deterrent.

Take a consequentialist approach, they say, and look at a range of factors including the real-life situation of many who use drugs. Do criminal penalties act as a deterrent or are they are hindrance to better outcomes overall, both for individual users and for the community more generally? With these questions in mind late twentieth-century Australian politicians and their electors have sanctioned a range of legal reforms and harm reduction measures suggested by realist-led research and prompted by crises in public health; some degree of cannabis decriminalisation, needle exchange and medically supervised injecting for example.

How important it was, claimed Savonarola, to extinguish pride and vanity – it was God's will for humanity. How stupid and misconceived was that, replied Machiavelli, perfection isn't possible but improvement overall is. How important it is, say the drug-free advocates, to persist with the War on Drugs, it's a battle that can and must be won. How stupid and misconceived is that say the pragmatists, why not seek to reduce harm instead? It's progress and its achievable. These battles then and now involving the fundamentalists and the pragmatists are the heart and soul of politics, more important than the ongoing debates about the existence or non-existence of God. Fundamentalists may or may not be believers in a divine presence and pragmatists may or may not be atheists. Remember it is the Uniting Church that manages the Medically Supervised Injecting Centre here in Sydney. Bring religion in and it muddies the waters but it doesn't empty the lake. The same applies to the political battles between left and right with fundamentalists and pragmatists on both sides of the aisle. Remember it is democratic socialist Sweden that leads the drug-free brigade.

Real world politics

This leads me to my first political point – that what we see playing out are two sets of beliefs about human nature and human freedom, one highly aspirational, even utopian, and the other more realistic and evidence-focussed. It's not just a war over "the facts" but also a war over "world views" and in the case of some drug-free advocates it's a case of holding the line against further changes just as it is with a number of similarly positioned issues like marriage equality, abortion and euthanasia. However, as Savonarola found in the 1490s holding the line isn't easy in what we might define as the "real world". This all being said the advocates for decriminalisation in Australia have yet to break the back of opposition in this same "real world" and comprehensive reform such as we have seen in Portugal remains unfulfilled, a step too far.

What has hampered drug reform?

Four factors immediately come to mind when seeking an explanation of this failure to embrace drug decriminalization more widely. Firstly, there's many different versions of "drug law reform" including legalisation as well as decriminalisation. Some reformers are laissez-faire ideologues for whom the right to choose needs little or any law and regulation surrounding it. They are the fundamentalists on the reform side, libertarians first and foremost whose consistency shines through as clearly as does their political impotence. Others seek decriminalisation in a narrow sense, but even then, there are differences in respect of particular drugs and models of reform. In the real world of politics such divisions cause doubt in the minds of voters and often leaves them satisfied with staying put in the half-way house. A second complication arises from the stigma associated with illegality; it

restricts user and other participation in campaigning as does the marginal and disadvantaged status of many who use. It's a case of "out of sight out of mind" for many, perhaps a majority. Thirdly, one wonders too about how the knowledge the public now has about the consequences of alcohol and prescription drug use and abuse may be impacting on their view about decriminalisation of currently illicit drugs. Worry can burden the mind and limit what is deemed acceptable and/or feasible whatever the bigger story tells about what will create the greatest happiness for the greatest number. Finally, and not to be under-estimated is what The Economist has called the "post-truth" times in which we live and which demands equal status to all opinions no matter how far-fetched, thus devaluing the role the scientific investigation can play in keeping our feet on the ground and our eyes on the ball. In effect it sanctions the holding of beliefs independently of the consequences of their application.

Winning political support for drug reform

With these observations about the real world of politics in mind I take you back to Machiavelli. He wasn't just making a claim about how the world of men and women worked but also about the centrality of politics and power in that world. He warned those who wished to improve things for the people that they couldn't be complacent or cavalier about the politics and power business. It's one thing for the extremists like Savonarola to rely too much on imaginary futures as a guide for law-making but so too is it naïve to think that valid realist-driven research findings can in and of themselves win the day in a world of vested interests, committed opposition and fear campaigns. This, then, is my second political point – it's one thing to gather general support for the idea of reform (note, of course, that it's still vital that this occurs) but quite another to win the numbers when the future of that idea put into specific form is on the line in say a parliamentary vote or some form of plebiscite or referendum. The Australian Republican Movement learnt that lesson the hard way in 1999.

Writing in the 1920s John Dewey spoke of an unfortunate tendency of experts to isolate themselves from the mainstream: "A class of experts is inevitably so removed from common interests as to become a class with private interests and private knowledge, which in social matters is not knowledge at all". This is a problem for all the sciences; physical, human or social. At some point they have to engage the people and their governors and how to do that should be – as it increasingly is – a priority for the research community.

Detailed work is needed on not just public opinion generally but on how different segments of the population view the issue and respond to different arguments. Some work along those lines has been done by the National Drug and Alcohol Research Centre. They've compared drug users views with those of the general public and investigated whether there's heterogeneity of opinion amongst drug users themselves.

Other work at the Centre by Dr Francis Matthew-Simmons has concluded that public opinion appears to be nuanced. He writes: "Public support for cannabis legalisation (and depenalisation) has decreased since the mid-1990s. However, support for criminal penalties for drug possession is also low, and support for harm reduction has also increased".

Not surprisingly perhaps, he found what we might call more "lenient" attitudes amongst the young and better educated and more "conservative" attitudes amongst those who were married. Research by the Australian Institute of Health and Welfare also found a nuanced

view, there being clear support for higher penalties for those who sell or supply but for users the most popular responses were referral to treatment or education programs, a caution or warning or no action at all.

Canvassing public opinion about decriminalisation

More work and more reflection in relation to all of these things, and premised on a mix of rights, health and community safety principles and not just one of these principles at the expense of others has the potential to fine-tune a decriminalisation narrative that would be a worthy contributor to national debate. So, to my third and last political point - it would it be helpful to confirm, or otherwise, public support for decriminalisation by way of a randomly selected and deliberative citizens' assembly. Participants could consider the evidence presented to them and seek to find common ground as to what the public interest would say is the right way to go. It would take us beyond "the usual suspects" involved and allow reason and opinion to seek agreement in a world where declining trust is fanning the flames of fundamentalism. Now, surely, that would add value to a debate we can't avoid!

Emeritus Professor Geoff Gallop, AC, was a Member of the Western Australian Legislative Assembly from 1986 to 2006. Amongst other distinguished roles in politics, he was Premier of Western Australia from 2001 to 2006. After retiring from politics, he became Professor and Director of Sydney University's Graduate School of Government, a position he held until 2015. Currently he chairs the Education Committee of the New Democracy Foundation and is a Patron of City Health International.

ANN SYMONDS. Drug reform: The politics of social change

The War on Drugs has failed. Not only has it failed to stem the use of illicit drugs but it has also given rise to a host of other issues, including increased crime and corruption and a higher rate of disease and death from the use of such drugs. Reform is long overdue, including a review of alternatives to blunt prohibition. We can learn a lot from overseas experience.

Drug reform – where to begin? For me, it was becoming a Member of the NSW Legislative Council as a Labor woman in 1982.

Neville Wran, as Premier, left a decade of change from 1976 to 1986, affecting women in policies and programs in law - programs with the inclusion of women by implementing change.

When the Coalition came to office in 1988, many of these programs were dismantled. They did, however, establish two Standing Committees of the Legislative Council.

I was the Deputy Chair of the Standing Committee on Social Issues when, after several heroin deaths of young girls (some of them Aboriginal) in Kings Cross, Ted Pickering, as Police Minister, gave the Committee a reference to inquire into Drug Abuse amongst Youth.

At the first appearance to the Inquiry, a drug and alcohol doctor told us that alcohol caused 16% of drug deaths, tobacco 81%, and illegal and prescription drugs accounted for just 3%.

Clearly, this very significant data had not informed the decisions of policy makers or media reports. The general public continued to believe that illegal drug use was the major health concern to the community. This was the first time I found that the promise of "evidence based" policy, like "tough on crime", "tough on the causes of crime", failed to address the evident various health and social problems facing the community.

It was so disappointing that there was no political leadership to inform the people, and to develop laws and programmes in response. Sensational reporting, allocation of finance to the Police, and the introduction of harsh laws were supported by both major political parties, pursuing the example of the USA, which had increased harsh laws (the War Against Drugs).

They had a history of failed prohibition but still developed a series of "Conventions" prohibiting defined drugs. These were signed on to worldwide and so began the death, disease, crime and corruption from which society suffers.

In 1990, Max Willis, the Chair of the Social Issues Committee, arranged a study tour to look at the approaches of other countries into drug misuse. He and I visited the UK (London), the Netherlands (Amsterdam), Sweden (Stockholm), Finland (Helsinki) and the USA (Los Angeles). The concentration was on alcohol regulation, but in Amsterdam we were shown a mobile van providing clean needles and a doctor presented a low-cost, effective contact service for drug users.

The Committee produced reports on tobacco and alcohol. However, the Parliament was prorogued prior to an election resulting in the loss of the reference before being able to consider illicit drug use.

Michael Moore as ACT Health Minister (Independent) had been conducting an inquiry about cannabis use. He and I agreed that a cross-party Committee on illicit drugs might advance the cause for reform. We established the Australian Parliamentary Group for Drug Law Reform. In 1993 we drew up a Charter in which short-term and long-term goals were set. These goals were defined in terms of health and law:

- The War on Drugs has failed.
- It is a health and social policy issue.
- Prohibition is the problem.

We had the Right and Left of Labor, Democrat and Independent members. Although there were expressions of support from Liberals, only one Liberal member signed on.

By 1994, non-parliamentary members expressed support for the Charter, and so, the Australian Drug Law Reform Foundation was launched by The Hon Michael Kirby AC CMG.

The Charter is now in Michael Moore's office and should be looked at to recall the number of supporters, professional and community.

The next impetus for reform came from Justice James Wood after conducting the Royal Commission into the NSW Police Service. He recommended a Report on the Establishment or Trial of Safe Injecting Rooms.

A Joint Parliamentary Committee of eleven members began the Inquiry with the election of the Hon Patricia Staunton as Chair of the Committee on 8 July 1997. On 2 September that year, Patricia Staunton accepted an appointment to the magistracy, and I was elected as Chair on 23 September 1997.

In addition to evidence, the Committee undertook a study tour to inform us of the approaches of other countries to drug misuse. Liberal, Green, Independent and Labor MPs represented members on a Sub-Committee of four.

In two weeks, we saw programs in the Netherlands (Amsterdam, Rotterdam, Antwerp), Switzerland (Zurich, Basel, Bern) and Germany (Frankfurt). All of these cities operated safe injecting rooms, and provided detox, rehabilitation and housing support. For me, the two outstanding programs were in Basel and Frankfurt. Basel is a purpose-built multi-service program. This is located on the ground floor of a new public housing block and staffed by health workers who arrange detox and rehabilitation when a user asks. There is no waiting period as a supply of services is well funded.

It's extraordinary that senior politicians here still think that mandatory punitive treatment is likely to assist users to return to a healthy lifestyle. (See the failed system in Sweden.) At this time I decided that I could no longer tolerate the use of the word "clean" when describing abstinence. When a young woman in Dillwynia prison told me she had been "clean" for two years I objected. She asked why, and I simply said: "What's the opposite of clean?" I suggested you say "use" or "don't use".

Respect for the user should be a starting point to help.

In Frankfurt, the third injecting facility was being built when we were there. One facility provided accommodation and work/training as well as an injecting room, and a bus to take users into the town centre to buy drugs. This remarkable program was designed and managed by the City Council with a committee representing conservative and progressive members, a police officer, a health/social worker and a judicial representative.

Understanding that many drug users have had chaotic lives, a residential program was offered in Ireland for education. The political and community support for these services provides an example of what leadership and cooperation can offer society.

Despite the evidence of effectiveness and acceptance in the cities we visited, and despite support for a trial from:

- NSW public health officials;
- the NSW Law Society;
- the Australian Medical Association;
- the NSW Bar Association;
- and parents who had suffered the loss of a child;

the majority of the Committee did not recommend trialling safe injecting rooms. My dissenting report in support of the services was supported by Clover Moore (Ind), Ian Cohen (Green) and John Mills (Labor).

The Report, which was tabled in February 1998, is a thorough examination of drug misuse and effective responses. I recommend the report to you.

I then continued as Chair of the Social Issues Committee but decided to resign from the Parliament in April 1998.

Public and political consultation at the Drug Summit, held at Parliament House between 17 and 21 May 1999, recommended a trial of a safe injecting room. The Kings Cross Medically Supervised Injecting Centre has now been operating for more than ten years.

The politics of social change became evident to me during these years of the Inquiry, but I now see progress in the acceptance that the War on Drugs has failed; health programs are supported by people in public office and by the community.

I now await the real drug law reform. In 1994 I met the former Head of the Drug Squad in England, who surprised me by saying he supported ending prohibition of all drugs.

I now agree that this is the way to develop laws and programs to deal with death, disease, crime and corruption.

I remain involved in drug advocacy and prison reform.

Ann Symonds, AM, was a Member of the NSW Legislative Council from 1982 to 1998 and has had a long interest and deep involvement in drug and prison law reform, and related social issues. Amongst other distinguished roles, she chaired the NSW Parliament's

Enquiry into Establishment or Trial of Safe Injecting Rooms, which reported in early 1998 and led to the establishment of the Kings Cross Medically Supervised Injecting Centre, which has operated for the last 10 years.

MICK PALMER. The Blind Eye of History: from policing alcohol prohibition to policing drug prohibition

Australia has some unhappy laws which result in people using illicit drugs being severely punished. When thinking about this, one should recall laws used half a century ago to criminalise Aboriginal people who drank alcohol.

In 1963, a person had to be at least 21 years old, male and single to join the Northern Territory Police. Recruits were housed in barracks. Male police had to gain the approval of an inspector to marry. (In other words, the inspector had to approve of the woman who the policeman wished to marry). Hard to believe, in 2018, that such bigoted, archaic, and discriminatory rules existed only some 50 years ago. But that was not the worst of it.

In the Northern Territory of the 1950s and early '60s the Welfare Ordinance contained an offence of Ward Drink Liquor (WDL) which applied to any Aboriginal person declared a Ward of the Government. Under this provision, in a Darwin township at that time of only some 12,000 residents, it was not unusual for 70-80 Aboriginal Wards to be arrested for WDL each and every day.

Their offence was simply "to consume alcohol". The arrests generally resulted from complaints to police from local publicans or business people that Aboriginals were on their premises and drinking alcohol.

One such person was a little, indigenous, man who referred to himself, and was only known to police, as 'Banana'. Banana was a favourite of the local police but was repeatedly reported for drinking alcohol and was often arrested two to three times in a single day. Banana, a very likeable man, suffered from severe alcoholism. Having little or no money, he frequented bars looking for glasses containing some beer. As Banana was rarely if ever drunk when apprehended he would be processed quickly and immediately bailed – only to again often come to notice and for the process to be repeated. Essentially it was Banana who caused a kitchen table revolt in the Darwin police barracks in 1964, where young, single, male, police officers, all recruited from other Australian jurisdictions, with little experience with indigenous people outside their, generally limited, police experience, questioned and then rejected enforcement of the Ward Drink Liquor law except where the safety of the Ward required it. They rebelled because they felt the law was clearly unjust and put police officers into conflict with the very people who they should have been assisting.

The Welfare Ordinance also contained an offence for supplying alcohol to a Ward. Under the provisions, an Aboriginal person could be declared a citizen, but the prevailing government view of the day was that citizenship was not a right of Aboriginal people, but had to be earned. The great Central Australian artist, Albert Namatjira, was a case in point.

In 1938, Albert Namatjira had his first painting exhibition and immediately established a reputation as an artist of genuine acclaim. In 1954 he was presented to the Queen but was only declared a citizen in 1957 at the age of 57 years. His children and most of his relatives, however, remained Wards of the Government. Some short time after becoming a citizen, Albert Namatjira was arrested, convicted and imprisoned for 6 months for supplying and

sharing a drink with a member of his own family. The prison term essentially destroyed him and he died in 1959. Namatjira, placed in the invidious position of having to choose between his people's customary law and the laws of the majority, had chosen the former. This required sharing what he had with others who had less or nothing.

His gaol term, however, galvanised public action and people such as (Sir) Zelman Cowan and (Sir) Ninian Stephen, with others, launched an appeal, sadly unsuccessful, into Namatjira's conviction and imprisonment. The abhorrent, racist and hugely discriminatory laws were, however, exposed as never before and in 1964 the Welfare Ordinance was replaced by the Social Welfare Ordinance and the offences of Ward Drink Liquor and Supplying Liquor to a Ward were repealed.

The reality was the laws were repugnant and should have been considered unacceptable to a civilised, compassionate society from the outset. Quite apart from their obvious racist intent, they criminalised a basic social habit: hugely stigmatised a disadvantaged section of society and isolated and punished people who most needed support. They attacked the symptoms whilst ignoring the causes, and put police into unnecessary conflict with powerless and otherwise law abiding Australians. All were facts recognised by the kitchen cabinet in the Darwin police barracks at about the same time.

Sadly, the blind eye of history, operated to ensure lessons were not learnt.

Our current use and possess illicit drug laws are a case in point. They operate to criminalise a health problem, isolate and punish people who most need support, address only the symptoms while ignoring the causes and put police officers into unnecessary conflict with decent, generally young, Australians, who police should be there to protect.

Police officers are drawn from the broader community. They share friendships with many people of their own age who are not police officers, enjoy many of the same interests and social pastimes as other Australians and see the world through very similar eyes to their non-police contemporaries. Contemporary police are well educated, and intelligent and, like most young Australians, are likely to question things, including laws that make little or no sense. Asking them to enforce laws by way of arrest and conviction of their contemporaries, for simply possessing or using an illicit drug makes no more sense, in many cases, to requiring them to arrest someone for smoking a cigarette or having a drink of alcohol. The reality is that some police officers, as with lawyers, teachers, entertainers and prominent Australians socially use illicit drugs, without such use impacting on the jobs they have.

It is not suggested that drug use should be encouraged or even be seen as an acceptable social habit. But it is suggested that drug use is a reality and this reality must be recognised. Police are already faced with very significant and increasing pressures and challenges in dealing with crimes of violence and social disorder. If they are going to be successful in responding to these issues they need all the community support they can engender. Good relations with young Australians is critical to the effectiveness of this support.

We must introduce a drugs policy that clearly distinguishes between violent and anti-social behaviour and the drug use that, on occasions, may have contributed to it: to punish the criminal behaviour but treat the drug use as the health problem it really is; to implement a policy that aims to engage with and support drug users, not isolate and punish them.

The jury is no longer out on the failure of Australia's current illicit drugs policy. It does not work, and everyone knows it. Darwin police officers recognised the futility and injustice of the WDL laws in the 1960s, governments must have the courage to do likewise in regard to drug policy today.

Let's not wait for another Albert Namatjira moment with illicit drugs. There have already been far too many.

Mick Palmer, AO, was Commissioner of the Northern Territory Police, Fire and Emergency Services agency (1988-1994) and Commissioner of the Australian Federal Police (1994-2001).

BILL BUSH. High drug incarceration – harms manifest and benefits hard to perceive

At 160 prisoners per 100,000 of population, Australia's prison rate in 2016 was more than 3 times the rate of the 1940s and 1950s. The steep increase correlates with an increasingly repressive drug policy and the closure of mental health institutions.

In keeping with the optimism of the new nation, Australia's incarceration rate plunged to below 80 per 100,000 population in the First World War and remained low through much of that century of war and depression. Domestic harmony and cohesion contrasted with the violence of the external world. The low point of incarceration of 51 was reached in 1940, remained low through the prosperous 1950s – a Camelot era – but something happened in the 1960s. From that time the rate of incarceration climbed steeply. By the end of the century it had reached 114. In the present century to 2016 it has risen by another 40% to 160 so that there are now some 39,000 Australians behind bars at an annual cost to government now running at $3.1 billion.

Tightening drug prohibition from the 1960s

One can correlate repressiveness of drug policy with the rise in prison populations. Things really got going in the 1960s when, according to Desmond Manderson in his history of Australian drug laws, From Mr Sin to Mr Big, drug law enforcement against users began in earnest. The phony war had begun in 1953 when the Commonwealth Government banned the importation of heroin, thus overriding the objections of the predecessor of the AMA which had declared there "should be no curtailment of its availability". Australian doctors did not have the clout of their British colleagues who successfully resisted the zealous United States urgings through United Nations agencies to eliminate diacetylmorphine [i.e. heroin]. The social revolution of the 60s and the arrival in Sydney of US troops on R&R swamped the capacity of physicians. These had successfully managed a small number of older "therapeutic addicts" who had become dependent on "morphine, pethidine, opium (and occasionally heroin) ". Even after the enforcement of restrictions on maintenance treatment at state level, heroin continued to be used as an effective analgesic. Indeed, I was informed that it was still being used well into the 1970s at the Royal Women's Hospital in Melbourne for intractable pain in childbirth until stocks ran out and it was replaced by epidurals. In contrast, heroin is still widely prescribed as an analgesic by British doctors for cancer patients.

By the 1980s heroin had transitioned to become the epitome of evil, yet an official Drug Offensive Handbook for medical practitioners published in 1994 had it that "As an analgesic heroin is safe, effective and has a wide safety margin." That year overdose deaths were running at 425 and some 73,800 Australians were being arrested as consumers, The handbook went on to observe that heroin "…is perceived by many as a 'horror drug'. The situation demonstrates the powerful influence of drug policies or legal status of a drug on the lives of those who choose to use the substance unlawfully." The incongruity of drug policy was by then on full display. Against the weight of medical opinion, the very people who were supposedly being protected from drugs were now its victims.

Impact of closing psychiatric institutions on prison populations

The shift of enforcement of drug policy from the medical profession to the police was not the only big change behind the filling and expansion of prisons from the 1960s. The other was the closure in the 1980s of most of Australia's psychiatric institutions. Although done for the best of reasons in response to the widespread abuse and human rights violations in them, the change has led to present day prisons becoming latter day mental health institutions. Bean counters stole the large sums raised from the sale of valuable urban property that should have been invested in community mental health services.

According to the Burnet Institute, mental ill health has been shown to be three to five times more prevalent in the prisoner population than in the general community. "NSW research reported an 80% 12-month prevalence of 'any psychiatric disorder' (vs. 22% in the community) and a prevalence of psychosis 30 times higher than in the community". The net result is that a high proportion of those in prison are dependent on a substance, overwhelmingly illicit, *and* suffer from co-occurring mental health conditions. The Mental Health Council of Australia's landmark Not for service report, which took evidence across the nation, heard from The Network for Carers Of People with a Mental Illness, Victoria that:

> "During the past decade, there has been a 50% expansion in the Australian prison system yet those close to grassroots services argue that much of the recent increase in the Australian prison population can be explained by unmet mental health needs, subsequent illegal use of drugs as a form of self-medication, and the eventual intervention of the criminal justice system" (p. 436)

The respected 2007 Senate Select Committee noted that comorbidity is the expectation rather than the exception. Criminalisation of drug users adds a level of complexity on carers seeking to cope with a loved one afflicted with a mental health disorder. In May this year the Bureau of Statistics reported that: "669 people (37.0%) who died of a drug induced death in 2016 had a mental health condition (including depression, schizophrenia and anxiety disorders) coded as a contributory factor to the death event."

Those experiencing common mental health conditions like depression and anxiety are at high risk of dabbling with illicit drugs. It starts as a form of self-medication to alleviate symptoms. Such people end up in prison rarely if ever for personal use or possession but because they committed another crime while under the influence of a drug or were motivated to steal property or deal to support their habit.

Prison can act as a risk multiplier

Drug dependency is a pathway to other alienating risk factors like school exclusion, unemployment, family break up, poverty and marginalisation that are themselves potent risk factors of ill health and crime. In this way the criminalisation of drug users can be a pathway by which young people growing up in a family and environment displaying few risk factors can acquire a host of them. Prison multiplies risk factors in raising the odds against a released inmate securing employment or securing insurance essential to run a business, and in boosting the likelihood of contracting blood borne diseases, suiciding upon release, running up drug debts and re-offending. In spite of the paternalistic motivation of drug laws,

it is hard to think of any other law or policy that does more to undermine the capacity of people to take responsibility for their own lives and those of people dependent on them. It is the most pernicious form imaginable of nanny state overreach.

Health and social impacts of drug policy can echo down generations, leading to a dynasty of lost opportunity and disadvantage. Through the proliferation of risk factors and undermining of protective factors, it is fair to say that drug policy is implicated in most if not all of Australia's most intractable, chronic and costly social problems, not least child protection. The submission by The Australian Association of Social Workers for the Special Commission of inquiry into Child Protection Services in NSW drew attention ". . . to the limited public concern about the plight of young people leaving care and a 'silence' that reflects the powerlessness of this small group who is significantly over represented in studies on homelessness, drug and alcohol misuse, poor mental and physical health, poorer education and employment, juvenile prostitution, crime and early parenthood."

The costs of these health and social harms have been only partially quantified. In 2004/05, the impact of crime costs on state budgets was estimated to be $3.97 billion. The Study could not separately identify any crime costs of illicit drugs impacting on the federal government. The same study estimated health costs attributable to illicit drugs to be $202 million, a small fraction of the $2 billion attributable to alcohol.

Thanks to the stubborn refusal of corrections officers and politicians to countenance the provision of sterile syringes in prisons where illicit drug taking is endemic, hepatitis C (HCV) infection is rife in prisons. This also risks a breakout of HIV as well as HCV infections into the community, imposing huge costs on the health system. In 2008 terms it cost $13,665 if a liver transplant was involved. Were Australia to follow the example of countries like Portugal and Switzerland we would see fewer drug dependent people in prison and a serious public health threat largely circumvented.

Enforcement has proven ineffective in reducing consumption

Time and again drug law enforcement has shown itself to be ineffective in shielding the community from illicit drugs. In 1951 the consumption of heroin in Australia (as an analgesic and additive to patent medicines like cough mixtures) was 5.25 kg per million. By 1999, from conservative estimates published in August 2001 in a commentary by the National Crime Authority, Australians were consuming about 35kg per million – all of it illegal. Long standing household surveys have revealed the emergence of additional illicit drugs like crystal meths. Wastewater Surveys now confirm that use is flourishing in the Australian community.

Sadly, law enforcement agencies con themselves, their political masters and their funders that the often large seizures that they are making represent a tangible benefit to the community and a return on what governments have spent on them. The Australian Federal Police encapsulates this in its Drug Harms Index which it describes as representing "the dollar value of harm that would have ensued if illicit drugs seized at the border had reached the community." In other words the more drugs seized, the more successful law enforcement appears to be but, according to Sutton and James, seizures “reflect more upon levels of law enforcement activity than they do ratios of interdiction and reduction”.

In 2001 the National Crime Authority contradicted the then government's narrative that drug law enforcement was suppressing the drug trade and was taken to propose that the government reconsider its rejection of a trial of heroin assisted treatment. For its pains it was disbanded.

As fishing regulators know, the more fish caught the healthier the fish stock. A rabbiter that reported a large or increasing rabbit catch would worry the farmer; a rabbit plague is on the way. If drug law enforcement were successful one would expect to see the level of seizures decline to nothing. The drug harms index is thus, more often than not, a measure of policy failure rather than success. Families and Friends for Drug Law Reform has, in submissions to parliamentary inquiries, long stressed the value of applying market indicators of price, purity, availability and of course seizure in monitoring the success of drug law enforcement.

Bill Bush, formerly an international lawyer in the Department of Foreign Affairs and Trade, is currently president of Families and Friends for Drug Law Reform, of which he has been a member since the latter part of 1995.

ALEX WODAK. Drug policy: prohibition and punishment is just not effective

The failure and futility of drug prohibition has been well accepted among political elites in Australia for a long time. It is time we debated the merits of regulation, combined with targeted health and social intervention, rather than blunt prohibition and punishment. Such an approach is likely to be more effective, and fair.

In 1994, I went with Ms Ann Symonds, at that time a member of the NSW Legislative Council, to see the then Minister for Health, Senator Graham Richardson. We sought the meeting to argue that Australia's drug policy had failed and was futile. I presented the Minister with a report written by Stephen Flynn, who had worked for the US Coast Guard for years trying to stop drugs entering his country by sea. As his boat was being tossed around in the seas, Flynn often wondered how effective the vigorous efforts made by the US government might be in stopping drugs entering his country.

Flynn estimated how many planes, boats, trucks, buses, cars, motorbikes, pedestrians and packages and how much mail entered the USA every day. What was the volume of each of these compared to the volume of illicit drugs entering the USA every year that authorities were charged with intercepting? Flynn concluded that the volume of drugs was a tiny fraction of the volume of the various vessels and mail entering his country. Detecting most of the drugs entering the US, he decided, was even more unlikely than trying to find the proverbial needle in a haystack.

This situation has not changed. If anything, the likelihood of detection has only decreased over the intervening years. Every year about 900 million tons of freight including 12 million containers enters the USA by a variety of different types of transport. More than 35 million pedestrians enter the USA every year just from Tijuana, Mexico. At the busiest road freight crossing with Mexico, one truck enters the US from Nuevo Laredo every ten seconds. US customs can only search 20% of these trucks. The estimated 40-50 tons of heroin entering the US every year would fit into two 40-foot containers. But in 2015, the US Drug Enforcement Administration seized less than seven tons of heroin. The situation for other compact drugs such as cocaine is very similar. With 27,000 km of coastline and more than three million airline passengers and over five million containers arriving in Australia every year, the difficulties of detecting more than a fraction of the drugs entering this country shouldn't be underestimated.

Richardson impressed me as a highly intelligent Minister. He listened carefully to our comments. As he was showing us out after a congenial meeting, Richardson said that no Australian government would ever reform its drug laws unless three conditions were met: changes would have to have reasonable international support, reasonable community support and reasonable support from the leaders of the medical profession. I offered to find out what leaders of the medical profession in Australian thought and report back.

I managed to (briefly) put three questions to about a dozen leaders of major health organisations, senior Professors and Deans of Medicine. I was astonished at the overwhelming support at that time among leaders of the medical profession for re-defining

illicit drugs as mainly a health problem, regulating cannabis like alcohol or tobacco and undertaking a heroin trial in Australia.

I sent this information back to the Minister's office and later received a formula reply showing how low community support in opinion polls was then for decriminalisation, let alone legalisation. In those days including the terms 'decriminalisation' or 'legalisation' in a question used in an opinion poll was guaranteed to produce a much more negative response than asking about attitudes to specific penalties then applying to specific offences.

A quarter century later across the globe, many retired and even serving Presidents, Prime Ministers and Police Commissioners acknowledge that under drug prohibition during the last half century, drug markets have steadily grown bigger and more dangerous. Even worse, critical outcomes such as deaths, diseases, property crime, violence and official corruption have progressively deteriorated. In many countries a discussion about policy options has started. In some countries, reforms are being cautiously implemented while other countriess are considering bolder moves. Once an international leader in pragmatic drug policy reforms, Australia has in recent years lagged behind. However, support for drug law reform is growing and the political cost of leadership on drug policy is falling while the political benefits are rising.

Harsh drug policies worked well politically for decades. That is why the policies lasted so well despite their dreadful outcomes. But the problem was that the very policies that were so easy to sell to large numbers of voters generated powerful market forces that undermined the very same policies. It is now obvious that there is no way for the round peg of drug prohibition economics to fit into the square hole of drug politics. Reform requires a few politicians to exercise adept leadership to find an approach that works politically as well as economically.

Re-defining illicit drug use as primarily a health and social issue is the threshold step. This will enable politicians to increase funding substantially for the health and social interventions that make a real difference. Expanding and improving drug treatment to the same level as other health services is critical. Improving drug treatment was one of the features of the successful Portuguese drug policy reforms of 2001.

Scrapping penalties for personal possession or use of all illicit drugs is another important step Australia has to take. By 2015, at least 25 countries had already done this.

Australia should try to regulate as much of the drug market as possible. We already regulate parts of the drug market with needle and syringe programmes, drug consumption rooms and methadone and buprenorphine treatment of heroin dependence. Australia will never be able to regulate all of the drug market. Nor should we ever try to. But the more the illicit drug market is regulated, the greater the benefits for people who use drugs, their families and communities.

Improving the expectations of young people is also critical. Countries with larger populations of young people with miserable future expectations seem to have greater drug problems. Shrinking poverty is likely to mean fewer or less severe drug problems.

The 'how?' of reform is almost as important as the 'what?' Drug law reform should not be rushed. It requires considerable discussion within our parliaments, media and community.

Respect for people with different views is essential. We should start with easier reforms and leave the most difficult reforms for later. Inevitably, some mistakes will be made. Rigorous independent evaluation is an essential part of the process.

Drug policy is not only about effectiveness and choosing least-worst options. Drug law reform is also about fairness. Just as it was unfair in the past for the majority to punish people with minority sexual preferences, so too is it unfair now for the majority to punish people with minority drug tastes. If this minority harm others, the criminal justice system can and should be used to deal with this behaviour.

Dr Alex Wodak AM is a physician and was Director of the Alcohol and Drug Service at St Vincent's Hospital, Sydney from 1982 until he retired in 2012. He is now President of the Australian Drug Law Reform Foundation and a Director of Australia21. Dr Wodak and colleagues started Australia's first needle syringe program in 1986 and Australia's first Medically Supervised Injecting Centre in 1999 when both were pre-legal.

RALPH SECCOMBE. Production of illicit drugs - the balloon effect

Policy on illicit drugs should be developed on the basis that supply can never be cut off. Production is like a balloon: squeeze it in one place, but it will only bulge out elsewhere. This applies all the way to the consumer. There is no pricking this balloon under the present prohibition regime. While we naturally focus on harm suffered in Australia, we should not lose sight of the harm which international policies cause in countries from which we source the illicit drugs consumed here.

According to its website, the Australian Federal Police has the lead role relating to importing or exporting border-controlled drugs. This is certainly a job for life—for generations, in fact. The "war on drugs," declared by President Nixon in 1971, continues unabated. The website of the AFP maintains the military terminology, proclaiming: "Complementing effective border control within Australia, the AFP works collaboratively with international jurisdictions to take the fight against drugs offshore…."

With what success? A high price is the most obvious indicator of shortage of a product. According to the National Drug & Alcohol Research Centre, the price of a gram of cannabis remained stable over the period. For amphetamines, arrests and the number of detected laboratories rose but the price of powder decreased. The price of heroin showed a decrease, perhaps partly explained by low purity.

The evidence shows no success in the war on drugs. Efforts at seizure of illicit drugs are barely more than a charade. They are a nuisance and a cost to suppliers, but supply is not interrupted.

The war was never based on rationality or evidence. The attorney-general of South Australia has recently announced harsher penalties for possession of cannabis, citing a murder by a youth affected by alcohol, ecstasy and cannabis. Curiously, she did not call for penalties for the possession of alcohol. That is an example of the way in which the war on drugs is highly selective, avoiding substances which are embedded in Western culture. Imagine a different course of history leading to a solemn *International Convention against Wine, Spirits and Other Alcoholic Substances*. It would be no more arbitrary than the present international regime.

The outlawing of classes of drugs has pushed much of the production offshore, into countries with poor effectiveness of law enforcement (without suggesting that Australia's is anything to boast about, as indicated above). For me in the early 1990s, Swat Valley, Pakistan, was a place where I could relax after a day's work as a UN drugs official amid hillsides covered with opium poppy—illicit but no secret—in neighbouring Dir District, where the crop helped to fund guns which inhibited law enforcement. The heroin labs in nearby Khyber Agency were said to provide a steady sweetener for the top officials there. There was a vicious cycle in which the drug industry, corruption and violence (actual or threatened) promoted each other. It was a microcosm of the system which operates generally, for other drugs and other countries. Meanwhile, leaders of the UN drugs body made speeches about "ridding the world of the scourge of drugs".

Fast forward: opium poppy cultivation in that area of Pakistan has declined—but what sort of triumph can the UN celebrate?

The 2018 *World Drug Report* refers to the work of the UN Office on Drugs and Crime to improve capacities "to dismantle organized criminal groups and stop drug trafficking." These aims are in the realm of fantasy. The same publication reported that total global opium production jumped by 65 per cent from 2016 to 2017, to 10,500 tons, easily the highest figure ever recorded by UNODC; it places in context the "successful" crop reduction in Pakistan. World cocaine seizures were at record levels—but so was use. The balloon effect, whereby a squeeze on production or supply in one area is answered by an increase elsewhere, operates perfectly.

As for Pakistan, that country remains among the 22 major illicit drug-producing and/or drug-transit countries, according to the *United States International Narcotics Control Strategy Report* 2018. Another is Mexico, the drug country dominating our headlines. Andres Manuel Lopez Obrador, president-elect, is reported as committing to rethink Mexico's devastating and highly militarised war on drugs, which experts blame for at least 200,000 deaths since 2006. And Sri Lanka has announced that it will hang drug dealers, to replicate the "success" of the campaigns of summary executions under President Rodrigo Duterte of the Philippines. Human rights were never a priority in the war on drugs.

The picture is not all bleak, with plenty of signs of emerging pragmatism in drug policy-making in jurisdictions from Portugal to California. It is therefore absurd of the United States to claim in that report, "fortunately, there is a strong global consensus in favour of vigorous enforcement efforts and sustained international cooperation to dismantle the transnational criminal organizations responsible for fueling drug addiction...." Another example of stark realism in drug policy-making.

On opium production in the world's leading producer, the US report comments, "Illicit cultivation, production, trade, and use of illicit drugs undermine public health and good governance in Afghanistan, while fuelling corruption, providing significant funding for the insurgents [the Taliban], and eroding security." That just about sums it up, the only major omission being that it is the illegality of the drugs under the present international regime which is the ultimate condition for all the resultant evils. Our policies are harming the international environment in which Australia seeks to carry out its foreign policy objectives.

It has long been clear that the war on drugs is an expensive failure. Illicit drugs will never be eliminated. What we need is some hard thinking about new policies to reduce the harm caused by drugs.

Ralph Seccombe is a former official of the Department of Foreign Affairs and Trade and of the then United Nations International Drug Control Program (now the UN Office on Drugs and Crime), for which he was Field Adviser in Pakistan. He published "Squeezing the Balloon: international drugs policy" (*Drug and Alcohol Review*, 1995) and "Troublesome Boomerang: Illicit Drugs Policy and Security" (*Security Dialogue*, 1997).
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MICHAEL HART. Drug policy – an addiction to failure

A careful assessment of our policy towards currently illegal drugs and our struggle with the trade in these drugs brings forth a somber but frank conclusion about the war on drugs. It should stop.

We need to cease our reliance on the criminal law, unthinking blanket prohibition and decriminalise a wide variety of now illegal substances (drugs). Instead, we need to manage those drugs and their use, in the same way as we do other intoxicants and drugs.

Where we went wrong

In the middle of the last century we took an ill thought out step in the wrong direction to deal with a general concern about drug use or intoxication in our community. Those concerns were based upon reasonable ideas about public disorder arising from intoxication, as well as narrow ethical or religious values about human behaviour. We took our lead from Britain and the United States, not realising that there, a variety of forces unwittingly came together to convince law makers and the public that there was something inherently evil and morally deficient in the use of drugs.

The outcome was drug prohibition and the formation of new law enforcement agencies to tackle the so-called 'problem'. Recent research has clearly shown that the actions and outcomes can be traced back to; religious intolerance and bigotry combined with racist and xenophobic attitudes towards people of any colour, their culture, spiritual practices and their preferred intoxicants (Lupien 1995 et al). It was certainly not white people who were now the primary targets of the new laws.

Australia followed suit, as we frequently do, without thinking even if we had any such concerns or problems. After all, they had been around for decades or centuries before and nobody seemed to be overly concerned. The targets of the American laws were actually Hispanics, Black people, people of Asian and eastern origins and for good measure included perceived cultural deviants in the arts and music.

The protagonists for such policy found easy bed-mates in the temperance movement and the subsequent overreach of such policy was prohibition of alcohol in the United States in the 1920s. This was quickly reversed in the early 1930s because the outcome - organized crime, civic violence and the corruption of state and public officials - was worse than the problem.

We also forgot about these failures even after the 1960s again opened up the west to alternative non-white cultures and intoxicant use. In response, out of fear and ignorance and simple racial bigotry, we doubled down on the same failure with the same outcomes ever since.

Some illicit drugs have beneficial uses

Ignored in this rush to moral judgement and action was the fact that we now denied to society and industry a wide variety of products, a lot having more than just a pharmacological value. Two examples, Heroin, for effective pain relief, or, in the case of the Cannabis plant, a common crop that once produced paper (the American Constitution is written upon paper from this plant), oil seeds and cellulose feed stock. Cannabis plants

produce (per acre) up to 20 times more cellulose product than raw timber from a cut hardwood forest (US Forestry and Agriculture, US Senate 1910).

Drug policy failure

Drug law enforcement has clearly done nothing to stop the supply or use of drugs, nor reduced their price. Perversely, it has led to the substitution and proliferation of far more toxic and harmful substitutes, made from specialised industrial chemicals. Ice (methamphetamine) is a prime example.

There is no such thing as drug addiction. Drug dependence, which does exist, is a very different problem. A lot of our fellow citizens, about 20%, indulge and use drugs for various reasons, including stress, anxiety, depression, pain, fun and excitement. This use profile (or market characteristics) has remained consistent over time and across most age cohorts over time. Each generation has more or less that percentage of people who will do it for awhile and then stop. Some keep it up and some sadly die prematurely from using a toxically tainted product.

Most people do not get intoxicated in a way that damages their lives, endangers public order or the social fabric. We need to stop interfering in people's lives when no serious harm is threatened.

The price of illegal drugs has not varied, despite all the law enforcement action, arrests, expensive trials and repeated incarceration for drug offences. The market is adaptable, flexible and sufficiently attractive to regenerate and continue uninterrupted, to allow new and old suppliers to enter and leave without significant impact on demand or supply. Supply and demand of illicit drugs, and their price, have remained steady for a very long time. Law enforcement through market interdiction and supply disruption has clearly not made a difference, nor had any lasting or real impact.

A well-known feature of products and markets in economics is substitution and this feature is also readily apparent in the illegal drug market as well. Temporary supply restrictions are easily met with other substances until supply or new producers and sellers enter the market. Participants may change over time, but the market remains largely unaffected.

Unintended consequences

We fail to understand the nature of how illicit drugs are produced. Most come from simple agricultural products and growing methods, often from crops that are valuable to poor people in undeveloped countries. Even synthetic drugs are easily produced.

Prohibiting some illicit drugs is the very thing that makes them profitable and attractive to criminals. Because the transactional currency is effectively always black money, it attracts a host of criminals and other violent groups to whom such a form of funds and currency is worthwhile and for whom risk is irrelevant. Current drug policy has in this way inadvertently funded civil wars, terrorism and violent insurrections across the globe, causing us to then spend untold trillions of dollars to combat the catastrophic results, failed states and quasi narco-states such as Mexico.

We spend hundreds of millions on policing activity directed at drug enforcement (about AU$600 million in Australia and $6 billion in the US). Inadvertent additional "costs" include

serious drug related corruption within the police force. In NSW alone, there have been four Royal Commissions into drugs and police since the 1970s.

Specialist agencies have also been required to deal with the more talented and robust entrepreneurial criminal enterprises. Hundreds of millions are spent on the Justice and Court Systems to process these people, and then on the prisons to hold them. Meanwhile, organised crime continues to develop and flourish.

About 80% of prisoners are there because of something they did associated with illicit drugs. The majority of property crime is drug related. Insurance companies pass the cost back to the consumer.

Chronically violent or antisocial (criminals) will always exist in society. For them, rehabilitation may not be possible. We would improve society's wellbeing and sense of peace and order by concentrating on them, rather than drug enforcement.

Regulation rather than prohibition

For a miserably smaller sum by comparison to what we spend on drug enforcement, we could instead let a drug and alcohol bureaucracy manage and regulate what are now illegal drugs. We do it for alcohol and tobacco, so why not a wide range of other drugs?

Let's recognise that illicit drugs will continue to be used, and just regulate the drug market and the health impacts, accepting that they cannot be eradicated totally.

An excessive focus on drug law enforcement has proven to be a policy failure. This is not just because it has failed to impact meaningfully on the use of illicit drugs and to reduce harm, but also because it has unwittingly fostered corruption and organised crime, and had many other unintended consequences.

We would do well to learn from drug reform measures in countries like Portugal.

Michael Hart is a former senior Commonwealth Public Servant, ASIO intelligence analyst and Chief Analyst of the NSW ICAC.

IAN WEBSTER. Drug policy and justice

In the final analysis, drug policy based on prohibition fails to meet the test of fairness and justice in the lives of those most directly affected.

Alex Wodak (Pearls and Irritations, 24th April 2018) argues cogently for overturning the "iron law of prohibition" pointing to the hold drug-traffickers have over importing and distributing illicit drugs rather than supply being regulated by government through social and health policy.

The UN's drug policy-making body, the *International Narcotics Control Board* (INCB), has promulgated prohibition-oriented global policies since 1968. Australian legislation follows the international conventions and state and territory governments control the access to controlled substances through *Poisons and Therapeutic Goods Acts*.

The failings of prohibition

Prohibition-led policies are based on interdiction and eradication and lead to mass incarceration (disproportionately affecting women). They result in extreme abuses of human rights, such as extrajudicial killings in the Philippines and use of the death penalty. Police are readily corrupted and access to the processes of justice denied. Epidemics of HIV/AIDS, hepatitis B and C and TB result, and there is drug trafficking, violence and corruption. Yet, most drug offences are simply for drug possession.

Global macro-drug policy:

- fails to address underlying causes;
- neglects the health and welfare of those who bear the consequences;
- subverts the humanitarian roles of doctors and other health workers;
- excludes alcohol and tobacco; and
- does not, and cannot, keep pace with new psychoactive substances

In the final analysis, drug policy based on prohibition will fail to meet the test of fairness and justice in the lives of those most directly affected.

In the US opioid crisis, physicians have observed that social conditions and despair drive up the incidence of addictions, alcohol and drug problems, mental disorders and suicides. These problems result, not from the drug alone, but from the social environments in which vulnerable individuals interact with drugs. Which means, "drug" policy should be shaped by the values and strategies of social welfare and health. Of course, it is about justice. Not criminal justice, but practical justice acted out in the lives of marginal and devalued others.

Root causes

In the Boyer Lectures – *Fair Australia: Justice and the Health Gap* – in 2016, Sir Michael Marmot spoke about the 'causes of causes' - the underlying social mechanisms that drive the patterns of disease and exposure to the risks of drugs and mental health. That is a step

too far for governments, as to tackle the starting points, in childhood and adolescence, does not have the electoral appeal of the much-vaunted policies on cannabis or 'ICE' or other drugs.

Australia started to get it right in the 1980s, at the national summit convened by Prime Minister Hawke. There was a shift away from endless criminal justice reports to an inclusive humanitarian approach. The resulting campaign's prime objective was to minimise the harms from all substances, not only illicits. It aimed to reduce the demand for drugs and to improve access to treatment and rehabilitation. It was a cooperative effort, involving all sectors, with a 'common approach' which held sway for over two decades. But fracture-lines have started to appear in the last two decades, driven by the obsession with crystalline methamphetamines, confected as an 'ICE epidemic', and the problems of prescribed opioids.

In 2016 there was welcome movement at the international level. The UN General Assembly on drugs, drawing on its principles of - protecting human rights, public health, proportionate sentencing and the global *Sustainable Development Goals* went beyond the prohibition-oriented conventions. The Assembly's report was about human rights, women and children, international cooperation and development - aiming to minimise the health and social consequences of drug abuse; to end by 2030 - the HIV/AIDS, TB, blood borne virus and other communicable disease epidemics. And, significantly, to support demand reduction, prevention, treatment and rehabilitation and to remove the barriers of access to controlled substances for the relief of pain and suffering and for research.

What needs to be done?

The lessons are that Australia needs to stand on its own feet, as it did in the 1980s, with harm minimisation, and drug policy needs to be set as a key element of social and health policy with clear demarcation from the criminal law and enforcement. The social causes, and the panoply of drug and related problems, become lost in the exaggerated responses to specific drugs. The responses to 'ICE', to the opioid crisis in the US, and to the rise of fentanyl, are recent examples to be set against past conflagrations about marihuana, heroin and 'crack' cocaine.

The Hawke Summit, in 1985, left us the legacy of the current national drug strategy. A strategy which aims to "minimise - alcohol, tobacco and other drug-related - health, social, cultural and economic harms". In principle, it gives equal weight to demand, supply and harm reduction and emphasises prevention, cross-agency cooperation and priority of 'at risk' groups. However, the full potential of such a broadly-based strategy is not being realised, as law enforcement funding dwarfs the funding of social and health measures, especially prevention and treatment services.

Never-the-less, the *national drug strategy* provides a flexible framework and guidance for preventing and managing drug problems - where they occur, in communities, and in whom they affect - the drug user. Proscriptive drug policies are a poor fit and potentially unfair to the predicaments of drug users and their families and communities.

State drug policies can also create difficulties for GPs

A key doorway through which nascent drug (and alcohol) and addiction problems become evident, and where the first crucial steps can be taken, is primary health care – the GP. And, in most settings, it is the GP who will continue to carry the medical care of people with these problems, not the specialist.

An especially vexed problem for GPs is in the management of people in unremitting pain when some medical disciplines are dead set against the use of opioid analgesics, and when, so often, drug fatalities are characterised as careless prescribing or the actions of unscrupulous doctors.

For patients who need an opioid analgesic, GPs must negotiate with state health authorities for approval to prescribe these medicines; but this can turn out to be a frustrating and time-consuming experience for them. In the environment of a busy general practice, the accompanying tensions and complexities can create an unhealthy and hostile attitude towards treatment-seeking patients.

It would be more sensible, and fair to patients and doctors, if regional/local health networks, familiar with the skills and resources available in the local area, could authorise the prescription of controlled substances by competent GPs for patients in their community. Far better than anonymous interactions with a centralised committee which never sees or hears directly from the patients or their doctors. These arrangements would lead to fairer decisions for patients and their doctors.

Unfortunately, when treating patients with drug problems, GPs commonly 'fly blind' as there is no secure way to check the drugs a patient has been prescribed by other doctors or services.

- An online interactive pharmacy data and monitoring system would ensure safer prescribing of controlled substances. Such a system has been advocated by addiction physicians for many years, but it has yet to occur.
- Another reform which would help obviate problems of this kind would be for patients to be registered with one GP, as in UK, NZ and Europe.

There are compelling reasons to base future drug policy on human rights, rather than prohibition and criminal justice, and to ensure that 'drug' policies facilitate medical decision-making so that patients with these complex predicaments are dealt with fairly.

Emeritus Professor Ian Webster, AO, was Professor of Community Medicine from 1975 to 1989, and Professor of Public Health from 1990 to 2001, at the University of NSW. He has been involved in a wide range of organisations and public affairs related to community health.

GINO VUMBACA. At last, a government sanctioned pill testing program

We are finally seeing in Australia the first signs of a recognition by government of the important public health benefits of sanctioned pill testing programs. Law enforcement alone will never overcome the problems that can arise from drug use. Much like needle and syringe programs, pill testing is a real-world response which is evidence based and rightly treats harm reduction as one of the primary objectives of drug policy.

April 2018 saw the first ever sanctioned pill testing program take place at a music festival in Australia

The pilot program at Canberra's Groovin the Moo Festival was the culmination of years of advocacy by many, particularly Dr David Caldicott who has led the charge on this key public health initiative for over a decade in Australia.

The pilot pill testing program in Canberra took significant and intensive negotiations with the ACT Government's Ministry, Health and Police Departments, Cattleyard (festival promoters) and the University of Canberra (festival grounds landowners). The pilot was also delivered at no cost to the ACT Government or promoters by the STA-SAFE Consortium - which consists of Harm Reduction Australia, Australian Drug Observatory (Australian National University), the Noffs Foundation, Dancewize (Harm Reduction Victoria) and Students for Sensible Drug Policy Australia.

Given needle and syringe programs were introduced in Australia over 30 years ago, and the first medically supervised injecting centre over 15 years ago, it is quite legitimate to ask why the pill testing pilot program was so long in the making in Australia. And to ask why there is such a continued lack of understanding within some key decision-making bodies on how well public health programs can exist side by side with law enforcement.

In short, the reasons pill testing has taken so long to introduce in Australia, are multiple, but primarily lie with an unfortunate and misguided belief in prohibition policies on drugs in some governments in Australia – the most recent example being from South Australia.

The misinformation campaign run by some groups can also not be underestimated in its contribution to Australia's inability to institute pill testing programs despite the evidence and its successful implementation in Europe for decades.

Coupled with some of the appalling commentary and reporting of drug issues in this country at times - such as ice users gouging their eyes out and eating them (since proved wrong) - it is understandable why some governments are too scared to change their commitment to policies. They see fighting a war on drugs as a vote winner despite knowing it will fail. The seemingly high levels of cognitive dissonance amongst people in power who can privately express an understanding of the evidence but publicly advocate otherwise is extraordinary. The growing line of former politicians, senior police and others that publicly express support and advocate for change in drug policies is an indicator of how people who know the evidence also understand what we really need.

Governments across the country need to publicly acknowledge that our health and law enforcement systems have worked, and can continue to work, effectively together in the grey areas of life. No-one wants to see young people (or any people) harmed from drug use but to simply believe that we have the ability to prevent supply and prevent drug use is at best fanciful and at worst tragic. Quite simply, harm reduction must always be a part of any real-world response to drug use.

The misinformation campaigns that make such pragmatic and evidence-based responses difficult to implement in Australia are generally reliant on some key and common falsehoods.

"It will send a message to young people that using drugs is acceptable"

This is an oft used argument against many harm reduction programs. It ignores the evidence that health professionals engaging with people using drugs often results in lower levels of drug use, lower levels of harm and increased access to treatment and other services for people in need of such help.

The alternative is to send a message of don't use drugs and if you do we will punish you - a message that lacks compassion, honesty and an understanding of human nature and behaviour.

"Young people will be told that it's safe to use drugs after testing and be at greater risk of harm"

This is just not true. At no time are patrons attending pill testing programs advised that it's safe to use drugs. The evidence is clear that people are more likely to discard their drugs after testing than consume at harmful levels.

"Pill testing cannot take into account individual physiological conditions making any advice inaccurate"

This is true but it is hardly reasonable to withhold information on the contents of a product that is about to be consumed by a member of the public on the basis that a full medical check must also be provided to individualise every piece of advice. It is unclear why such concerns are not raised about the information provided when alcohol, tobacco, over the counter pharmaceuticals, junk food etc. are sold to members of the general public.

"The pill testing equipment used is not the same as that used in forensic laboratories"

Again, this is true but the equipment used and operated by qualified technicians is of a far higher standard and quality than the reagent testing kits legally available and used by members of the community. Any field-testing equipment will be of a lesser standard than that available in multi-million dollar laboratories but again it could be raised why such concerns are not raised with the technology of hand-held random breath and drug test equipment operated by police when compared to the laboratory equipment available.

"There is a liability on governments if someone uses the pill testing service and comes to any harm"

One can only assume that the most harmful drugs in our society, alcohol and tobacco, are somehow exempt from such liability for the manufacturers and retailers of these drugs and the governments that earn significant revenue from their sales. The protocols in place around pill testing can never claim to prevent all harms despite our best efforts, such is human behaviour. However, it certainly reduces the likelihood of harm.

Gino Vumbaca is President of Harm Reduction Australia and a member of the STA-SAFE Consortium.

KEITH HAMBURGER. Drugs policy – punishment alone is not the answer.

Australian prisons are severely overcrowded. Much crime is drug related. Some 75% of prisoners have a substance abuse problem. The majority of prisoners are not rehabilitated by their prison experience as evidenced by high recidivism rates, particularly for First Nation people. A holistic, whole of community response is required founded in restorative justice and justice reinvestment.

Drug offenders who pose a serious risk to the community need to be imprisoned. Some may need to remain in prison for long periods of time, perhaps for the rest of their lives.

However, Australian prisons are ill equipped to provide drug rehabilitation services and correctional authorities are powerless to deal with the dysfunctional family and social circumstances to which prisoners return – and which often results in re-offending.

Australian and international experience demonstrates it is not possible to "punish crime away". Reform is needed, and it must be founded in restorative justice.

In considering new approaches to reduce crime generally, and drug related crimes in particular, it is essential to achieve a balance between good social policy and law enforcement. Evidence for the success of this approach exists in Northern European countries, where they have the world's lowest imprisonment and recidivism rates.

Harm minimization is central (Australia21 report)

Australia21's third report on drug law reform www.australia21.org.au advocates a balanced policy approach founded in 'harm minimisation'.

Any changes must take account of the social, health and economic issues inherent in Australia's drug problem for users while supporting law enforcement to strongly target the organised criminal market place for drugs.

A significant number of prisoners are unable to exercise bail provisions as they have drug or alcohol issues and no appropriate accommodation. Some 30% are either held beyond parole release date or re-imprisoned due to parole breaches, often due to substance abuse issues. A large number with substance abuse issues receive very short sentences, weeks or a few months, creating a costly churn factor and occupying expensive secure cells. Sadly, prisoners often graduate to higher level drugs after entering prison

Significant changes in policy settings are required to support correctional and other agencies to reduce social breakdown, crime and increasing imprisonment rates.

Support for community custody options

Magistrates, correctional professionals, criminologists, First Nation Leaders, professionals working in government and NGOs favor, where appropriate, community custody options

linked to holistic family and community strengthening responses in disadvantaged communities across Australia. They argue that social breakdown, including illicit drug use, crime and recidivism, would thereby be reduced and the costly prison accommodation problem made more manageable.

The primary role of relevant support agencies in First Nation and lower socio-economic communities should be to act as enablers and capacity builders. The aim would be to empower community leaders to develop enterprise and strengthen self-sufficiency in the people of the community, thereby creating strong families and communities. These agencies should be driven by an ethos of not doing things for or to people in lower socio-economic communities, but rather of enabling them to own and deliver the essential services required to build strong families and communities.

While a number of small (150 to 250 bed) high security facilities should be retained for dangerous, intractable and long-term prisoners, we should move away from the failed large prison precincts model. There should be a greater focus on effective rehabilitation and reduction in the rate of recidivism.

Small 24/7 supervised community custody centers

For the majority of prisoners, small 24/7 supervised therapeutic community custody centers would be a better option.

These should offer detox and substance abuse treatment, family and community strengthening (including cultural healing), mentoring and support services for individual offenders – always making sure they are relevant to the offenders' family and community circumstances.

Prisons are disconnected from offenders' communities and are incapable of effectively delivering these services.

The role of Community Corrections should be expanded to incorporate enabling and capacity building in First Nation and other lower socio-economic communities in conjunction with their regulatory supervision function.

In lieu of funding prison expansion, State Governments should contract First Nation and community organisations to provide the therapeutic community custody options mentioned above.

Benefits include huge cost savings and reduced recidivism

Thousands of offenders can be safely dealt with in this less costly and more effective community custody option, with huge budget savings and less crime through reduced recidivism.

Prison remand populations would drop, achieving significant cost savings, as courts could divert many remanded offenders to 24/7 supervised community custody options where

they can immediately commence rehabilitation programs, including substance abuse treatment. Successful completion of these programs while on remand may result in shorter prison sentences for the offenders further reducing prison costs.

Provision of 24/7 supervised therapeutic community custody options that are owned and operated by First Nation communities on Traditional Land would help make these lands economically viable. It would provide meaningful jobs for First Nation people as they work to rehabilitate their people and strengthen their local communities.

Correctional jurisdictions should be empowered to commence trialing the above approach in concert with the various harm minimisation, education and law enforcement strategies outlined in the Australia21 report. The potential savings to Australian government budgets over the next 15 years are enormous.

Keith Hamburger AM had extensive senior executive experience in the Qld Public Sector including Deputy Director General (Corrective Programs), Department of Welfare Services, CEO of the Department of the Public Service Board and Director General of the Qld Corrective Services Commission 1988 – 1997.

From 1997 Keith worked as a consultant in private practice and in 2000 established Knowledge Consulting Pty Ltd to provide policy and operational consulting services to correctional jurisdictions in Australia and internationally.

www.knowledgeconsulting.com.au. ***Keith has visited correctional jurisdictions to study policies and operations in New Zealand, Asia, Northern Europe, the UK and America. He has carried out significant correctional consulting assignments throughout Australia, New Zealand, the Solomon Islands and in PNG.***

HELEN TYRRELL. Grasping the nettle: Prisons, drug use and the law

Every day people are imprisoned for drug-related crimes in line with 'tough on drugs' policies. It's time to face the futility and unsustainability of this approach to drug use.

Prisons are a growth industry. In the 2016/17 Budget the NSW Government announced a $3.8 billion infrastructure plan for the state's prison system to address current and future needs; and between 2006 and 2016 Victoria's prison population increased by 67%.

A quick look at National Prisoner Census data reveals that on 30 June 2017 over 40,000 adults were in Australian corrective custody. They were mostly male, frequently serving a sentence for a drug-related crime and were disproportionately Aboriginal and/or Torres Strait Islanders. Half had injected drugs before, and one-third disclosed injecting while in prison.

Studies show that injecting drug use decreases in prison, while syringe sharing increases posing a high risk for hepatitis C transmission. Around one-third of all prisoners in Australia are living with chronic hepatitis C, a potential life-threatening liver disease. Little wonder esteemed infectious diseases physician and prison blood borne virus (BBV) expert Professor Andrew Lloyd AM said " prisons act as incubators of hepatitis C, driving the epidemic both within the prison system and in the community at large."

How do we turn this around?

Drug law reform is part of the solution to the burgeoning prison population resulting in fewer convictions. Addressing the postcode lottery of inequalities and strengthening disadvantaged communities through prevention and early intervention are also critically important - particularly for young Aboriginal and Torres Strait Islander people. Based on the twin goals of safer communities and reduced incarceration, the Justice Reinvestment approach is a standout in this regard and is unequivocally a better option than punitive custodial environments and the unsustainable cost of building more prisons.

As we wait for a new, more logical, evidence-based, and humane approach to drug use to be constructed in Australia, we must acknowledge that no prison is 'drug free' and therefore we must adopt measures to reduce the harms associated with prisons and drug use.

Take provision of opioid substitution therapy (OST) as an example. The World Health Organization (WHO) recommends OST for prisoners and the United Nations Office on Drugs and Crime (UNODC) describes it as an "essential". Australian studies have found OST is protective against acquisition of hepatitis C and HIV, and that mortality in opioid-dependent prisoners was significantly lower while in receipt of OST. Why then is access to OST restricted rather than mandated in Australian prisons?

Need and syringe programs

Bleach, used to clean injecting equipment, is only available to prisoners in three Australian jurisdictions. It is in any case a sub-optimal choice compared to Prison Needle and Syringe Programs (PNSP), as to avoid detection injecting is often rushed and groups of prisoners are sharing one 'loaded' syringe. The UNODC says "it is unethical to propose bleach when a more efficient means of prevention, such as PNSP, is available".

By not providing PNSP in Australia, every day we are contravening the: International Covenant on Economic, Social and Cultural Rights Article 12; the Universal Declaration of Human Rights, Article 25; and the human rights principle "equivalence of care" (resolution 45/111 of the United Nations Organization ("Basic principles for the treatment of prisoners") whereby prisoners should have health care equivalent to that in the community.

The published evidence supporting PNSP is irrefutable. The Australian Prime Minister's advisory body, Australian National Council on Drugs, reviewed the evidence and recommended an Australian trial in 2002. In endorsing the 2010-2013 National Hepatitis C Strategy, all Australian Health Ministers endorsed trialling PSNP. Since then, the Australian Capital Territory (ACT) Government under the leadership of Katy Gallagher as Chief Minister, committed to introduce a regulated PNSP at the ACT's prison. The commitment stalled however when she left the ACT government for a career in federal politics and it was eventually 'put to bed' by a deed of agreement gifting power of veto over PSNP to the ACT prison union.

This provides a cautionary tale about abdicating power over public health measures to prison unions on the one-hand and over-reliance on a single strong and effective leader to stare down the rhetoric and opposition from those unions on the other. Sustained political will to implement PNSP has, for the most part, been missing in Australia.

More recently, the South Australian Government committed to investigate the feasibility of implementing "the full suite of harm reduction strategies available to the wider South Australian community in prison settings". We remain hopeful.

In the absence of sustained political will, legal action may turn out to be the catalyst for exchanging the current unregulated needle and syringe supply programs run by prisoners throughout Australia for much safer and effective systems of regulated PNSP. Most recently legal action by Canadian advocacy groups resulted in Correctional Services Canada announcing a phased plan to implement a PNSP which subsequently commenced in mid-2018.

Treatment as prevention

For now, 'treatment as prevention' is the primary strategy being used to control hepatitis C in Australian prisons. This has produced remarkable results in a handful of prisons and has clear benefits for individual prisoners, society as a whole, and potentially for the elimination of hepatitis C in Australia. Acknowledging that the full range of harm reduction strategies in the community is not available inside prisons, the jury is still out on whether hepatitis C reinfections will undermine prison-based 'treatment as prevention' programs.

Hepatitis C treatment is expensive and OST and PNSP are cheap by comparison. Public health experts are in agreement that combining both treatment and harm reduction produces the best results. So why don't we just give it a go in prisons?

Unfortunately, too many of those able to instigate changes put evidence-based harm reduction in prisons in the 'too hard basket' - along with drug law reform.

It is difficult - and the right thing to do.

Helen Tyrrell is the CEO of Hepatitis Australia and a Harm Reduction Australia advocate.

TONY TRIMINGHAM. Don't punish drug users. Help them instead.

This is mostly a personal story, about my son Damien, who died from heroin use in 1997, at the age of 23. I feel sure that his death could have been avoided if we had at the time an approach to drug use that was based on harm prevention rather than punishment.

In June 1996, my life changed forever. My wife Sandra and I had just returned home from an overseas trip to find our son Damien sitting on the doorstep.

I immediately knew something was wrong… "The shit's hit the fan Dad".

Damien told us he'd been using heroin for 18 months, that he and his girlfriend had spent $32,000 on drugs, and each had developed a $300 daily habit. To feed this habit, they had sold all their valuables, used up their savings, stopped paying bills and borrowed money from everyone possible. That week Damien had lost his job, and they'd been evicted from their residence. Crime, dealing and prostitution were not far from their contemplation.

Emotional responses

When I first learned of Damien's drug habit, I was overwhelmed by a range of emotions:

Fear of the dangers of heavy narcotic use.

Guilt for what I sensed was my fault. After all, I was a counsellor, a therapist, and had worked with other people on their problems. Yet I didn't see this happening with Damien.

Grief for what might lie ahead for Damien, whom I knew was so loved by family and friends. I thought of the huge potential that lay before him, which was now taken away.

Anger at the fact that this had happened at all. This emotion often masks the other three. I called Damien every name under the sun, told him how stupid he was and that he'd wrecked his life. But at the same time I assured him: "We're gonna beat this, son".

Struggle for control

Fathers with problems solve them. I call this "fixit" approach masculine control. Feminine control, by comparison, involves looking after the drug user, keeping them safe, rescuing them, sometimes colluding with them to conceal their habit from their angry male partner. Feminine control involves continuous juggling.

Of course, control (whether masculine or feminine) doesn't work. I sort of knew that, but it didn't stop me trying. My attempts to get help for Damien were to no avail. Back in 1997, support services were far less helpful than they are today.

Some of our friends and workmates unhelpfully suggested that we practice tough love and throw Damien out, otherwise he might bleed us dry for money to feed his drug habit.

Our attempts to help Damien

My daughter Gillian offered to do a cold turkey detox with Damien. Over nine days in her care, he detoxed and largely withdrew from heroin, replacing it for the most part with

alcohol. When he was feeling black, he would still use heroin. He wrote poetry, reflecting on the pain relief that heroin provided. Pain which was physical, psychological and emotional. Yet he was clearly ambivalent, as he also wrote about a poison that seeped into his body and took his mind, spirit and soul.

Damien died on 24 February 1997, at the tender age of 23, when he still had so much life to live. Hundreds of people came to his funeral to say goodbye. There was so much support. He was so well liked by so many people. But from that day forth, everybody went back to their lives. For me, the pain was excruciating. I'd dream of him being alive, and then awaken to the grim reality. I was so angry.

At the time Damien died, heroin use was really on the rise. Four people a day in Australia were dying from the use of illicit drugs. In Victoria it was higher than the road toll.

Early political responses

In early 1996, the ACT government proposed a trial of prescription heroin. They obtained agreement for the trial from all the health and justice ministers throughout Australia, including federal minister, Dr Michael Wooldridge.

I'd been talking to people like Alex Wodak, who told me about drug law reform and prohibition and the war on drugs, and I was fired up. I knew it was not going to bring Damien back, but I sensed it was going to save a lot of families.

Just after the proposed heroin trial was announced, then Prime Minister Howard canned it, arguing that it would send the wrong message to young people about these drugs. He vowed not to allow heroin to be imported for use in the trial. I discovered later that we have the biggest crop of opium in the world, in Tasmania, which we export for legal opiates.

The Wood Royal Commission into corruption in the NSW Police force, much of which was drug related, reported in 1997 with a range of recommendations for reform. Most of these were largely ignored by government.

Harm reduction strategies, including supervised injecting facilities

In March 1998, I attended a Harm Reduction Conference in Geneva, and checked out their heroin dispensing and injecting facilities. I was astounded by the humane approach to drug users. The offer of a cup of tea, a bowl of soup, somebody to talk to, a chill-out area where people could relax and watch videos. What impressed me more though was the acceptance by the locals, whether in commercial or residential areas. Nobody batted an eyelid. I came back empowered, convinced that we needed to do the same thing.

Some of us started meeting in secret, plotting to open an injecting facility. It became really powerful when we were offered use of the Kings Cross Wayside Chapel. We spoke to the police and other law enforcement officers and also, quietly, to some politicians. After obtaining legal advice, we opened the "Tolerance Room", in the Wayside Chapel in January 1999.

Not surprisingly, the injecting centre caused a media storm and the usual suspects came out in opposition. Fred Nile and others demanded it be closed down. The police raided it, arresting the minister of the Chapel and three drug users. But we had made our point.

NSW Premier Bob Carr called a drug summit, with injecting facilities on the agenda. The Labour Party came onside, together with some brave souls from the conservative side of politics, and the outcome was approval of the injecting centre.

We really believed this was the start of a wider rollout of supervised injecting centres. Yet it's taken two decades for a second facility to open – in Victoria. Steve Brack reneged on his campaign promise in the 1999 election of six injecting centres in Victoria.

Urgent need for reform

The need for drug policy reform remains as urgent as ever. We need to talk to our politicians, write to the newspapers, enlist the support of young people who are so often damaged by current drug policies. By educating people on the pitfalls of current drug policy, we stand a chance of getting the community onside.

Damien's death is my family's tragedy. That will never go away. The burning pain of the first few years is gone for me, though I still dwell on what might have been. The missed conversations with Damien, seeing him grow, get a career, marry and have kids. That pain will be with me until I die.

Since Damien's death in 1997, some 20,000 Australians, mainly between the ages of 14 and 40, have died from drugs. If people were dying for any other reason there'd be an outcry, and action would be taken. We must decriminalise the use of drugs.

Just as with so many other moral issues, including prostitution, homosexuality and abortion, perceptions change over time, as society becomes more aware of the downsides of a punitive approach. We need to recognise that the use of illicit drugs is a health and social issue, rather than one for the criminal justice system.

Adopting a compassionate rather than moralistic and punitive approach will help save lives and benefit the whole community.

Tony Trimingham, OAM, is the Founder and CEO of Family Drug Support

PETER BAUME. Drug policy: None so blind

Current drug policy is based on the unrealistic belief that we can stamp out possession and use of illicit drugs, much like prohibition of alcohol in 1920s America. It also fails to account for the harm caused by our strictly punitive policy approach.

Illicit drugs harm people and families. Many individuals lose their homes, their assets, their health, their self- esteem and their families if they become addicted. Some recover too and that is why we offer treatment. The effects are sometimes disastrous and no one should deny this. So the opponents of current system (like me) should be ready to acknowledge that illicit drugs are harmful (but so are licit drugs) and that parents, who want to protect their children, are right to be scared and worried and to want to do the best for their children, including keeping those children away from illicit drugs.

But the arrangements we have made to control illicit drug use have harms and costs too – and it ill behoves those who defend the current system to deny this – as some of them seem to do. There are great harms from the current system. We have seen corruption in our justice system – corrupt prison officers, corrupt customs officers, corrupt magistrates, corrupt police. We do not want corruption because it weakens vital organs of our organised public life and because it goes wider than illicit drug use and threatens our whole society. Today we see drugs of uncertain content and uncertain dosage at dance and music functions – and we have politicians who refuse to agree to drug testing at these venues. The young are entitled to know what they are taking – even when the drugs concerned are illegal, We want to keep them alive and well – even while they break our laws. The people taking the illicit drugs are often adults too – and often make good decisions about themselves. They would make even better decisions with more information – for example, a lot of dangerous drugs were thrown out (and not used) at a recent music festival in Canberra.

Our children have contempt for our systems of justice – they regard the police as corrupt too often. We want our young to trust and to believe in the systems of protection and justice we have set in place – at present they do not too often. We do not want our young to despise and dislike the protective organs we have put in place.

Today we see criminals waxing rich off the misery of illicit drug use by others. We see bikie gangs engaged in the illicit drug industry in a major way – and we see executions and damage to individuals from “turf wars” over illicit drug use. The criminal groups pay no tax on their drug activities and so make no contribution to our common needs. For them, arrests and court expenses are just a cost of business and are factored in to their business model.

We see our beautiful young condemned to mix with criminals to get the cannabis they want –cannabis is a mass use drug in spite of our laws and our prohibition. Millions use it every year. It makes us realise just how ineffective our laws and our huffing and puffing have been.

It is as if we learned nothing from the American experiment in outlawing the use of alcohol a Century or so ago. The Americans achieved the entrenchment of the Mafia as many citizens continued to seek alcohol – if they could not obtain it legally, then they went

elsewhere. The Americans are still paying for that foolish experiment. What the Americans did with alcohol we are doing with many illicit drugs – and we have been doing it, with mounting evidence of the ineffectiveness of the policy, for three quarters of a century.

People use and want drugs.

Every school has illicit drugs. Young people know where illicit drugs can be obtained, contrary to the law. The often know much more than we parents think they know.

And we are hypocrites anyhow. A famous cartoon showed a middle-aged man smoking and drinking alcohol and decrying drug use by the young. We just use different drugs – which we then make legal at the same time as we try to prevent different drug use by the young.

The question we have to answer concerns the proper balance that should exist between these different sets of harms – one set of harms from the drugs themselves, and one set of harms from the arrangements we have made to control illicit drug use. One harm is visible and the other, real as it is, is largely hidden from view. The whole question needs re-visiting. After all, there has been time – perhaps three quarters of a century for the current system, based as it is on prohibition and punishment, to work. If it has not worked so far, it is unlikely to work with more sanctions, more punishment and more prohibition. To argue for more of the same is to tread the road of the frightened zealot.

We have the balance wrong. People are going to use these drugs. Let us pick up the victims and help them overcome what they have done. Their lives are worth preserving; their social participation is important and valuable. Let us recognise that tomorrow's drugs will be more potent and will scare us – but let us not be put off because of that. Let us help people rather than punishing them. We know that the merchants of illicit drugs are often a step ahead of rules and laws – again that is no reason not to re-visit the whole area.

The question of legality and illegality are questions of fashion too. What was illegal at one time is legal at another time, and what was legal at one time is illegal at another.

Punishment has not achieved what we are seeking. It will not work. Going down that path will not work. Let us have policies based on the needs of people and let us care for people. We can and should do better.

The Honourable Emeritus Professor Peter Baume A.C. is a facilitator in Medicine at the University of New South Wales. He is a physician, a former Senator, a former Minister, a former cabinet Minister, a former Professor of Community Medicine and a former university chancellor.

CHRIS PUPLICK. The evidence for drug policy reform is clear.

Australia's drug policy regime is ruining people's lives and causing more misery and cost than it saves. A new approach is needed, one that is evidence based and recognises the personal, social and economic benefits of policies other than mere prohibition and law enforcement. With good leadership and open-minded public debate, we can do better.

There are few areas of public policy where evidence and prejudice collide with such devastating outcomes on the lives of ordinary people as the area of drug law reform. The debacle of a so-called "debate" on climate policy may be just as illustrative of the problem, and may produce more victims in the long run, but for immediate negative impact/outcome drug policy is up there as the number one example.

The evidence is clear: medically supervised injecting centres save lives; inappropriately punitive drug laws put people in prison and destroy lives; national policy initiatives (such as those undertaken by Portugal) work; Australia's drug policy regime doesn't.

The dilemma is exquisite because, even though all the evidence is on one side, the fact that it challenges both the fears and the prejudices of people and politicians makes it hard to for it to be translated into effective policy and outcomes.

Ordinary people's fears are real and we should not dismiss them as mere ignorance, stupidity or prejudice. They know that drugs kill and ruin lives. They know that vast criminal enterprises control and profit from drugs. They know that drug money corrupts politics, policing and civil society. What they fear is that "giving into" drugs will make the problem worse. Our approach to them has to be one which is engaged, patient, sympathetic and understanding. It has to be persuasive not hectoring and it has to be based not just on "objective facts" but on personalised instances of showing what works and what doesn't.

The prejudice of politicians is a different matter. They can't be blamed for responding to their constituents – that's part of representative democracy. What they can be blamed for is distorting the truth for electoral advantage, playing the sleazy card of accusing others of being "soft" on things that will allegedly endanger the community and demonstrating no human sympathy or understanding for either the victims, or their families. Their determination to use the judicial system to destroy lives, rather than help save them, demonstrates moral failing on their part. It is also irrational (because it always fails) and economically irresponsible (spending money on a failed system when there are so many better uses for it).

From time to time one despairs, but there are still rays of hope. We must continue to accumulate the evidence. When proposals for a medically supervised injecting room first came before the NSW State Parliament, the then Shadow Health Minister (Jillian Skinner) opposed it. When it next came – backed up by solid evidence of its success and efficacy - she not only supported it, she became a great champion and carried this over into her distinguished period as Minister for Health. All around us the laws on cannabis are slowly changing. More American states, countries like Uruguay and Canada and of course Portugal

provide solid evidence on which to base changes in public policy and help reinforce the necessary changes in public opinion which are also taking place.

Policy change is possible when one starts to add sound economic reasons – showing people why money is being wasted in one area when it could be so much better used elsewhere. The economics of our failing drug policy regime need to be better articulated and more persuasively used.

We need to frame the arguments about drug policy in a way which resonates with the public. Consider how, in just my own lifetime, we have moved from a veil of ignorance and prejudice (complete with the usual raft of grubby, hypocritical politicians and media outlets) where gay men were sent to prison for loving the "wrong" person to a stage where the Prime Minister falls over himself to show his support for gay marriage. What was the key element in the same-sex postal vote triumph? In my view, reflecting what happened in Ireland, it was because the "yes" campaign could show what the negative policy was doing to the lives of real people.

The real people in the drug law reform debate may not always be particularly nice. They may include "junkies" who steal our money to feed their nasty habits or "morally weak" people who could kick the habit if they wanted to.

However, that sort of argument did not prevent us (at least in NSW) from making major reforms to our laws on prostitution. We now have among the best of legal frameworks for regulating what is accepted as a legal business. That reform has helped not only protect people but also improve public health outcomes.

Above all I take comfort from the success of our national HIV/AIDS policy and strategy. Back in the mid-1980's, proponents of reform and of intelligent public policy had to confront all those debilitating prejudices – AIDS was all about promiscuous homosexuals, drug users and prostitutes; it was about people who were infecting others and whose blood killed innocent babies via transfusion; it was in any case their own fault or God's judgement – views reflecting both ignorance and prejudice.

At the time we had to make the crucial policy decisions, we still didn't know what really "caused" AIDS, nor how it was transmitted, and there was no "cure" (indeed even real treatment) available. But we made those decisions and got them spectacularly right – unlike the United States and so many other places. By getting the public policy right, we saved enormous amounts of money and more importantly, innumerable lives.

It took courage, but it also required evidence. The Grim Reaper gave way to the Good Shepherd.

It was a combination of political leadership, expert researchers and devoted clinicians providing the data and the evidence, economists calculating the cost of getting it wrong and personalisation of who was really at risk, who was really going to suffer, who was really going to die.

In the drug law reform debate the evidence is there, the economics are clear and the ultimate sufferers are identifiable.

Some may say that our politics has become so debased that we can no longer find the sort of politicians prepared to lead as they did then. I don't believe that. It is we, the proponents of reform, who have not yet done enough to identify them and give them the real tools they need to repeat the sort of success which we know we can achieve as Australians working together.

Chris Puplick, AM, is a former Liberal Party Senator in the Australian Parliament with a long interest and involvement in public policy, particularly in relation to human rights and social justice. Relevant public sector roles he has held include that of President of the NSW Anti-Discrimination Board, NSW Privacy Commissioner and Chair of the Australian National Council on AIDS, Hepatitis C and related diseases.

DOUG TAYLOR. Drug Reform Series. Canada is set to become only the second country in the world to legalise marijuana.

Canadian Prime Minister, Justin Trudeau, announced the move to legalise marijuana earlier this year. He said the move would take the market share away from organised crime and protect the country's youth.

It's a radical move. And given that drug law reform is a largely a state issue in Australia, NSW should also take a radical approach to drugs. Arguably it should take a more radical approach.

It is an issue where Australia is failing. In fact, in drawing inspiration from other countries, Australia would do well to look at the road taken on drug law reform in Portugal.

Not so long ago, Portugal, was a heroin capital of Europe.

The population was suppressed for decades by an authoritarian regime, Coca-Cola was banned and even owning a cigarette lighter required a licence. So when the regime fell and the prosperity of the 80's arrived, the drugs also flooded in.

By the late 1990's, one in ten people were using heroin. The country was crippled by an unprecedented national health emergency.

That was then. Today the number of deaths due to drug overdose in Portugal is 0.35 per 100,000.

That is over 20 times less than the overdose death rate in Australia (7.5 per 100,000).

Portugal's solution? The government changed how it dealt with people who use drugs: decriminalising drug use and possession in small quantities, while enhancing treatment options.

The radical approach has been hailed internationally as a success. In stark contrast, Australia's current approach to tackling drugs is failing.

The Uniting Church's NSW and ACT Synod in 2016 passed a resolution calling on governments to direct greater investment in demand and harm reduction practices and the further decriminalisation of personal drug use – the only church in the world to do so.

There are compelling reasons why we must see drug addiction primarily as a health and social issue rather than a criminal justice issue.

Evidence suggests most illicit drug use does not result in severe harm. Each year, about 2,800,000 Australians use illicit drugs and about 7,800,000 have done so at some time in their life. Only a very small proportion of people use illicit drugs frequently and in a way that carries substantial risks.

Globally it is estimated that only one in ten illicit drug users are, 'problem drug users'.

Australia has a longstanding national drug strategy based on the model of harm minimisation. This bipartisan policy is comprised of three pillars: Supply Reduction (law

enforcement), Demand Reduction (treatment services) and Harm Reduction (needle and syringe programs and injecting centres).

The tragedy is that we provide the bulk of funding to the least effective measure.

Law enforcement measures receive around 66% of our national drug budget with much more limited funds going toward evidence-based demand reduction strategies like treatment (22%) and even less for harm reduction initiatives (2%), like the Uniting Medically Supervised Injection Centre, in Sydney.

In reality there is no link between a law enforcement approach to reducing the rate of drug use. Of the more than 80,000 Australians charged with drug related offences in 2014/15, 66% were charged only with personal possession or use, and this number is increasing.

Decriminalisation does not mean legalisation. Under decriminalisation there is no legal means to obtain drugs for personal use. Decriminalisation is simply the removal of criminal penalties for drug use/possession.

A decriminalisation approach coupled with investment in harm reduction and treatment services can have a positive impact on both individual drug users and society as a whole.

And here we come back to Portugal. It decriminalised use, acquisition and possession of all illicit drugs when conducted for personal use. The country also expanded and improved prevention, treatment, harm reduction and social reintegration programs. Put simply it has worked.

Portugal has experienced reduced problematic drug use, reduced drug use by adolescents, fewer people arrested and incarcerated for drugs, more people receiving drug treatment, and reduced incidence of new HIV/AIDS cases among people who inject drugs.

In June this year, more than 700 people packed into St Stephen's Uniting Church in Sydney on a cold, rain swept night for a discussion on drug law reform. The headline speaker was Dr Manuel Cordoso, one of the key people behind decriminalising drug use in Portugal.

In 2001 the Uniting Church supported the establishment of the Uniting Medically Supervised Injecting Centre (MSIC). This was the first supervised injecting facility in the English-speaking world. There are now 110 such services in 10 different countries.

The Uniting MSIC has successfully treated thousands of overdoses, reduced the spread of diseases like HIV and Hepatitis C, taken public injecting off the streets and provided a pathway into health and social services for people who might otherwise have not contacted them. There have been no deaths since it started. The Uniting MSIC now enjoys broad support including from the police to the Australian Medical Association. Despite the success it remains the only one in NSW.

It is now time for Australia to change its approach to illicit drugs. Portugal has shown a path to success and the evidence is clear that if we continue on with our current approach we will continue to fail.

Doug Taylor is a senior executive of Uniting (NSW and ACT) which runs the nation's first medically supervised drug injecting centre.

ALEX WODAK. Portugal's successful drug law reform in 2001

Treating personal drug use as an administrative offence along the lines of a parking violation has worked well for Portugal. It has not only been a public health and public policy success but also a political one.

In 2001 Portugal began to treat minor drug possession as an administrative offence. Although the benefits of this approach have been many and far outweighed the minor negatives, few countries have so far sought to emulate Portugal's policy.

The last couple of decades of the 20th century were a difficult time for Portugal. Many people from across the social and economic range of the community developed severe problems related to illicit drugs. The rate of drug overdose deaths and crime reached very high levels while the rate of HIV infection among people who injected drugs was the highest in Western Europe and kept rising.

At that stage, Portugal's drug policy was much the same as other European countries: Portugal relied heavily on drug law enforcement to keep illicit drug problems under control. But it was increasingly difficult to deny that Portugal's drug policy was not working. Drug policy was discussed vigorously in the nation's parliament, media and community.

In the late 1990s, the government of Portugal began to consider a different approach relying more on health and social interventions rather than the criminal justice system. António Guterres was the Socialist Party Prime Minister of Portugal from 1995 to 2002 and oversaw the introduction of a drug law reform package. The Portuguese government commissioned an alternative policy. Dr João Goulão, a well-respected Portuguese doctor with considerable experience in providing drug treatment, was influential in devising the reform package. The package of recommendations was adopted much as it had been written and was then implemented from 1 July 2001. Guterres, now Secretary General of the United Nations, has recently encouraged the international community to consider Portugal's experience.

The main elements of this policy were to: (i) abandon criminal penalties for personal drug use and possession (with threshold quantities defined for each drug type according to an estimated ten days supply); (ii) expand and improve health and social care for people with drug problems; (iii) establish a national network of assessment and referral centres for people using drugs; and (iv) improve the social integration of people with serious drug problems. A small panel of the 'Commission for the Dissuasion of Drug Addiction' (CDT) carries out assessments for people found in possession of personal quantities of drugs. The panel can refer people for help if they are struggling with drug problems preventing them from functioning responsibly as citizens. The help provided may include drug treatment, guaranteed minimum income and employment assistance. The CDT system includes 'carrots and sticks' to ensure high levels of compliance. Methadone and buprenorphine treatment for heroin dependence is now readily available and reasonable quality. Persons found in possession of quantities of drugs above the specified threshold levels are still managed, as before 2001, by the criminal justice system.

This package of reforms has been a substantial public policy and political success. Positive outcomes have far outweighed the few negative results. In a country of about ten million people, drug induced deaths dropped from over 70 in 2001 to 15 in 2012. HIV infections

among people who inject drugs fell from over 1,400 in 2000 to less than a hundred in 2012. Criminal charges fell from almost 14,000 in 2000 to about 6,000 per year. In 2017 the number of drug induced deaths per million was 6 in Portugal, 60 in UK, 100 in Sweden and 185 in USA. Reported drug use in Portugal dropped considerably after 2001 among young people (15-24 years old) but rose slightly in older age groups (35-44 years old, 45-54 years old). Drug use increased to a greater extent in neighbouring Spain and Italy during this period. There is little argument that problematic drug use became less common in Portugal after 2001. The generally encouraging trends in drug consumption in Portugal were in stark contrast to the frequent and confident predictions that illicit drug use would soar after a less punitive approach to drugs was adopted.

Treating personal drug use as an administrative offence along the lines of a parking violation has worked well for Portugal. It has not only been a public health and public policy success but also a political one. The major criticism of the 2001 policy heard in Portugal is that selling of illicit drugs by dealers is now more brazen and sometimes confronting. People dining in outdoor restaurants are now more likely to complain that a drug dealer interrupted their meal. In the scheme of things, it's perhaps not a major concern.

The drug policy package has survived pretty well intact since being adopted and implemented in 2001. Changes in government after elections and major cuts to government spending after the global financial crisis of 2008/09 have barely affected Portugal's drug policy.

Many politicians and policy makers from other countries have visited Portugal to see the strengths and weaknesses of Portugal's approach at first hand. Some official visitors from Norway recently visited Portugal and then announced that Norway would adopt some of Portugal's drug policy. Australian politicians visiting Portugal have been impressed.

It may seem surprising that more countries have not adopted Portugal's successful policy if the results have been as favourable as claimed, especially considering the generally dismal results of policy heavily reliant on the criminal justice system. But there is a strong and consistent pattern that governments often adopt with alacrity expensive criminal justice approaches with, at best, mediocre results while rejecting for many years harm reduction and drug law reform approaches that have been shown convincingly to save lives, improve social functioning, reduce crime and save substantial government expenditure.

Another criticism of Portugal's policy is that the demand for illicit drugs is still met by an unregulated black market. But improvements in drug policy are difficult to achieve, with slow and incremental progress better than nothing.

Australia should consider the very positive experience of Portugal's drug policy reforms.

Dr Alex Wodak, AM, is an Emeritus Consultant at St. Vincent's Hospital, Sydney, a Director of Australia21 and is President of the Australian Drug Law Reform Foundation.