Refuting false claims for Portugal and drug decriminalisation

. . . the evidence from their official statistics

DRUG FREE AUSTRALIA

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Executive Summary

Those within Australia who are promoting the decriminalisation of heroin, ice, speed, cocaine and ecstasy are the same who are pushing for the legalisation of cannabis, and assuredly will push for the legalisation of all illicits in some shape or form is successful with their other campaigns.

This puts these lobbyists at odds with Australian attitudes, where 99% of Australians surveyed in 2019 by the Federal Government stated they did not approve the regular use of heroin, ice or speed, with use of cocaine at 98% disapproval, and ecstasy at 96% disapproval.

This demonstrates that Australians want LESS drug use, not more.

These same lobbyists make false claims for Portugal.

Claim 1 - Portugal a drug policy success

Both the premise and aim of Portugal's policy of dissuasion is that the damages of illicit drug use must be decreased for the sake of a healthy society. Dissuasion committees, which are used to stream drug users into treatment and rehab have failed to work simply because they have seen increased illicit drug use amongst children and adults since 2001 when decriminalisation commenced. Drug-related deaths, which they have aimed to reduce, are also back where they were before decriminalisation.

Claim 2 - no major increased use

While Australia's Tough on Drugs policy reduced the use of the same drugs tracked in Portugal by 42%, Portugal's overall drug use increased 59%, and for school age minors by 24%.

Claim 3 - the policy reduced HIV

In reality, Portugal's per capita HIV rates, which were the highest in Europe in 1998, were already down by around 25% by 2001 when decriminalisation commenced. There is no reason to believe their new policy changed whatever was working before 2001.

Claim 4 - policy reduced heroin use

Portugal's own statistics displayed in United Nations' drug use tables show a halving of heroin use between 1998 and 2005, however the same statistics show that 50% of that decrease had been achieved before decriminalisation in 2001. Whatever mechanism reduced their heroin use was well in play before 2001. Alarmingly, heroin use since 2005, as judged by opiate deaths, has been steadily rising and then accelerating since that date.

Claim 5 - lower deaths than Europe

The low mortality statistics for Portugal are moreso the result of less rigour with drug deaths and slating a significant percentage of deaths to other causes. A journal study found that when all competing causes for drug deaths were tallied, Portugal had the third highest drug-related deaths in Europe.

Why decriminalisation fails

With no threat of a criminal conviction motivating drug users to get off drugs, the internal imperatives of drug law liberalisation will always predominate, leading to increased use, individual and societal harm, and growing death tolls.

This is not what Australia wants.

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Australian attitudes towards illicit drug use

Less drugs, not more

The Australian Government's Australian Institute of Health and Welfare (AIHW) conducts the National Drug Strategy Household Survey every three years, commonly surveying close to 25,000 Australians each time. This enormous sample gives the surveys a great deal of accuracy and validity.

The last survey was in 2019, and Table 9.7 (below) from its statistical data indicates Australian approval (or lack thereof) of the regular use of various illicit drugs.

With 96-99% of all Australians not giving their approval to the use of heroin, cocaine, speed/ice and ecstasy, and 80% not giving their approval to the regular use of cannabis, **there can be no argument that Australians would not approve of drug policy approaches which might increase drug use in their society**. Rather, Australian attitudes to drug use indicate they would want less drugs and less drug use. The only path to less drugs is mandatory rehabilitation, where Australia's drug courts have a long track-record of success.

If Australian drug courts have the threat of criminal sanctions removed as a motivator for drug users to enter rehabilitation and treatment, then it is clear that a drug misdemeanour, which is the equivalent of a speeding fine, will provide no incentive for users to get clean.

Decriminalisation destroys a system that delivers what Australians want - LESS drug use in their community - and replaces it with a drug policy regime that gives them precisely what they do not want - MORE drug use, social harms and deaths within their community.

The picture we have from Portugal is exactly what Australian do not want.

Australians are not naïve about drug use

From the same Australian Institute of Health and Welfare National Drug Strategy Household Survey, Table 4.2 demonstrates that 43% of Australians have tried an illicit drug of some kind, indicating that their distaste for the regular use of any drug is born not of naivete, but from cold, hard experience.

Table 9.7: Personal approval[a] of the regular use by an adult of selected drugs, people aged 14 and over, 2007 to 2019 (per cent)

	Proportion														
	Males					Females					Persons				
Drug	2007	2010	2013	2016	2019	2007	2010	2013	2016	2019	2007	2010	2013	2016	2019
Alcohol	51.7	51.5	51.7	52.4	50.8	38.9	38.9	38.6	39.8	40.1	45.2	45.1	45.1	46.0	45.4
Tobacco	15.8	17.4	17.3	18.1	17.7	12.9	13.3	12.2	13.2	13.1	14.3	15.3	14.7	15.7	15.4
Illicit drugs (excluding pharmaceuticals)															
Marijuana/cannabis	8.7	11.0	12.6	17.8	23.6#	4.6	5.3	7.0	11.2	15.6#	6.6	8.1	9.8	14.5	19.6#
Ecstasy	2.5	3.0	3.3	3.9	5.3#	1.5	1.7	1.6	1.8	2.3#	2.0	2.3	2.4	2.9	3.8#
Meth/amphetamine[b]	1.5	1.5	1.6	1.6	1.6	0.9	0.9	1.1	0.8	0.9	1.2	1.2	1.4	1.2	1.2
Cocaine/crack	1.8	2.2	1.9	2.0	3.0#	1.0	1.2	1.3	1.4	1.7	1.4	1.7	1.6	1.7	2.3#
Hallucinogens	2.1	3.2	4.5	5.1	8.0#	1.2	1.6	1.7	2.4	3.2#	1.7	2.4	3.1	3.7	5.6#
Inhalants	1.0	1.3	0.9	0.9	1.2	0.7	0.8	1.0	1.0	0.8	0.8	1.0	0.9	1.0	1.0
Heroin	1.3	1.5	1.3	1.3	1.5	0.7	1.0	1.1	1.0	0.8	1.0	1.2	1.2	1.1	1.1
Pharmaceuticals															
Over-the-counter pain-killers/pain-relievers[b]	n.a.	14.4	14.8	19.5	n.a.	n.a.	14.3	14.2	18.7	n.a.	n.a.	14.3	14.5	19.1	n.a.
Prescription pain-killers/pain-relievers[b]	n.a.	13.4	13.0	13.2	13.3	n.a.	12.6	12.2	12.1	11.5	n.a.	13.0	12.6	12.7	12.4
Tranquilisers, sleeping pills[b]	4.8	7.2	9.5	10.1	10.1	3.4	5.7	6.8	8.5	8.5	4.1	6.4	8.2	9.3	9.3
Steroids[b]	2.3	3.0	3.0	3.0	3.1	0.9	1.4	1.5	1.8	1.6	1.6	2.2	2.2	2.4	2.4
Methadone or buprenorphine[b]	1.1	1.5	1.3	1.6	1.8	1.0	1.0	1.2	1.1	1.2	1.0	1.2	1.3	1.3	1.5

The false claims

Worldwide vested interests are not interested in evidence-based facts

The constant mantra from pro-drug vested interests, and often repeated in the media, is that Portugal's drug decriminalisation has been a 'major success'. Further, they try to demonstrate that other countries that have maintained criminal sanctions against the use of heroin, ice, speed, cocaine, ecstasy and a variety of other illicit drugs are hard hearted and mean.

By contrast, this document will carefully examine Portugal's OFFICIAL data - the data which is sent to the European Monitoring Centre (EMCDDA) which collects the same data from every other country in the European Union. Rather than relying on sound-grabs and hearsay reports from those managing Portugal's decriminalised regime, this report will only use the actual statistics and analyse the success or failure of Portugal's policy from that standpoint.

The false claims

False claim 1: Portugal a drug policy success

Portugal's drug policy works by decriminalising the use of all illicit drugs, which means that only civil penalties apply for their use, much in the same way as a speeding ticket applies to drivers who go over the speed limit. There is no threat of criminal sanctions, as in Australia, which is used here to get users into a drug court which then orders treatment and rehabilitation to get the user off drugs.

However, decriminalisation is not the only measure in Portugal's policy. Recognising that decriminalisation will likely increase drug use and associated dangers, Portugal's drug policy also implements 'dissuasion' committees to stream drug users into treatment and rehab.

The most important recognition about 'dissuasion' is:

Premise 1: Illicit drug use is bad for the user and the society that permits it

Premise 2: Dissuading users by sending them to treatment will reduce the negative consequences for the user and the community

Conclusion: **Both premises lead to the conclusion that Portugal's starting assumption is that LESS drug use is better for the community than more drug use.**

The success of their starting assumption can be measured by longitudinal drug use statistics. Dissuasion will be seen to be successful only if it leads to a DECREASE in illicit drug use in the community.

This document will demonstrate from the official Portugal drug use statistics that dissuasion, although well-meaning, has failed to decrease drug use. It has rather allowed substantial increases in illicit drug use. Therefore, on Portugal's own assumption of decreased drug use, decriminalisation has been a failure and not a success on its own measures.

False claim 2 - no major increased drug use

Increases of 59% in use of all illicits by 2016 and increases amongst high school minors that have been 60% (2015) to 80% (2011) above pre-decriminalisation levels, but in 2019 24% above, definitely do not signal there were no major increases in drug use.

False claim 3 - the policy heavily reduced HIV

in 1998 Portugal had the highest HIV rates in Western Europe. The false claim is that decriminalisation as

enacted in 2001 was responsible for its HIV rates reducing to low levels similar to other European countries.

This document will demonstrate that by mid-2001, when decriminalisation was introduced, that HIV levels were already trending sharply lower, with strategies already well entrenched to ensure those reductions.

False claim 4 - policy reduced heroin use

Portugal had the highest rates of heroin use in the developed world with 0.9% of its population having used heroin in 1998. However heroin use decreased markedly BEFORE decriminalisation and appears to have continued to decrease before sharply rising once again under their new drug policy - to the levels that existed pre-decriminalisation.

Claim 5 - lower deaths than Europe

Claims that drug deaths in Portugal are per capita lower there than in the rest of Europe are unlikely to be true because of Portugal's relaxed attitudes to identifying illicit drug deaths.

As compared to Sweden, where 78.3% of deaths which screen positive for drugs are counted in their drug mortality tables, Portugal counts only 4.5%.

Other competing causes for drug deaths which find their way into other European drug death tables, such as deaths from HIV/AIDS or Hepatitis, appear to be excluded in Portugal's. A journal study has found that when these competing causes of deaths are included for every European country, Portugal rates third-highest for drug related deaths in Europe.

Who's driving these false claims?

Here in Australia, 99% of the 25,000+ surveyed by the Federal Government every 3 years say they do not approve of the use of heroin, ice and speed, 98% don't approve the use of cocaine, and 96% do not approve the use of ecstasy.

An unassailable deduction from these figures is that Australians do not want more drug use in their communities, but want LESS drug use.

It is the use of these very same drugs that Portugal decriminalised, creating the inevitable increases in drug use that were bound to follow.

Yet the lobby here in Australia and internationally that is encouraging governments to follow Portugal's failed policy is the same lobby that wants to legalise cannabis use, and assuredly will want to legalise the use of all the illicits in some shape or form if they succeed with cannabis.

Those promoting the decriminalisation of all drugs are at odds with most every Australian. They do not hold the values that Australians hold. And they are a tiny minority. Only 1% of Australians approve of the regular use of heroin, ice and speed. Only 2% of Australians approve of the regular use of cocaine and only 4% the regular use of ecstasy.

Governments must make the calculation - should they bend to the Soros/World Economic Forum's massively funded drug liberalisation lobby, or should they represent the Australians who elected them?

This last question is one of the greatest existential issues of our time, and 'the people' must accordingly make decisions about any government that bows to other interests.

The failure - increased drug use

All drug use decriminalised since mid-2001

Portugal decriminalised all illicit drug use as of July 2001 and since that time drug decriminalisation/ legalisation activists have inundated politicians and the media with glowing reports of Portugal's touted 'success', selectively using data with no context rather than giving the full picture.

The reality, is anything but glowing, and this chapter will use Portugal's own official data which is sent to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), as is done by all countries in the European Union. These are, of course, the same statistics used for the yearly United Nations World Drug Report drug use tables.

Data in this chapter is drawn from previous REITOX reports which are found on the EMCDDA website, recognising that population surveys are only done every 5 years in Portugal, with the last available survey from 2016. 2021 survey statistics are not likely to be published until late-2023, given a similar lag in time to publish the 2016 statistics.

Further, the previous REITOX report format for European countries appears to no longer be available on the EMCDDA website, and relevant statistics in the last few years are best obtained from the Statistical Bulletin published on the EMCDDA website annually.

Drug use increased by 59% by 2016

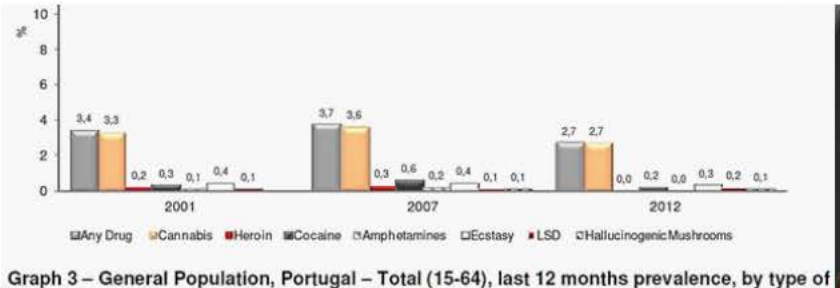
The EMCDDA drug use statistics for Portugal, where the percentage of adults aged 15-64 over the 12 months before survey are the most relevant, indicate increases from 3.4% in 2001 up to 5.4% in 2016, an increase of 59%.

Unfortunately, the current Statistical Bulletins fail to provide comparative longitudinal data for drug use since 2001, which can be found in old REITOX reports for earlier years (as displayed in the graph at the bottom of this page) or on the Powerpoint graph below which was part of a presentation at a Sydney NADA Conference by Portugal's Manuel Cardoso, who is part of the management at their SICAD agency.

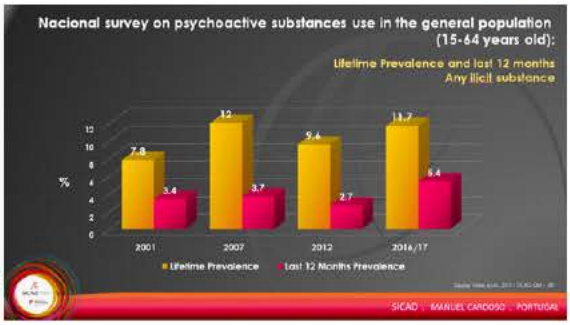
It is self-evident that a drug policy which commits to dissuasion of drug use has as its aim the reduction or elimination of drug use, rather than its proliferation, but the latter is clearly the clearly the case for Portugal.

Australia's Tough on Drugs - use down 42%

Compare the results of Australia's 'Tough on Drugs' strategy between 1998 and 2007 to those of Portugal



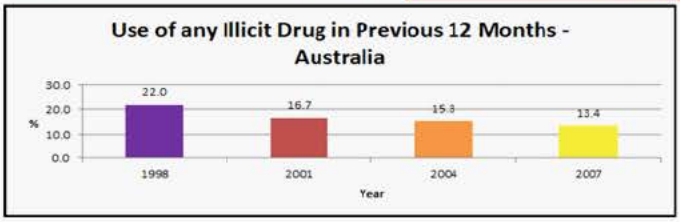
Graph 3 – General Population, Portugal – Total (15-64), last 12 months prevalence, by type of drug (%) (SICAD2013)



in this document (Tough on Drugs was scrapped by the new Federal government of late-2007). The Tough on Drugs approach worked within an environment of States and Territories maintaining criminal penalties for use of all illicit drugs other than cannabis.

Table 2.1: Summary of recent[a] drug use, people aged 14 years or older, 1993 to 2010 (per cent)

Drug/behaviour	1993	1995	1998	2001	2004	2007	2010
Illicit drugs (excluding pharmaceuticals)							
Cannabis	12.7	13.1	17.9	12.9	11.3	9.1	10.3
Ecstasy[b]	1.2	0.9	2.4	2.9	3.4	3.5	3.0
Meth/amphetamines[c]	2.0	2.1	3.7	3.4	3.2	2.3	2.1
Cocaine	0.5	1.0	1.4	1.3	1.0	1.6	2.1
Hallucinogens	1.3	1.9	3.0	1.1	0.7	0.6	1.4
Inhalants	0.6	0.4	0.9	0.4	0.4	0.4	0.6
Heroin	0.2	0.4	0.8	0.2	0.2	0.2	0.2
Ketamine	n.a.	n.a.	n.a.	n.a.	0.3	0.2	0.2
GHB	n.a.	n.a.	n.a.	n.a.	0.1	0.1	0.1
Injectable drugs	0.5	0.5	0.8	0.6	0.4	0.5	0.4
Any illicit[d][e][g]	14.0	16.7	22.0	16.7	15.3	13.4	14.7

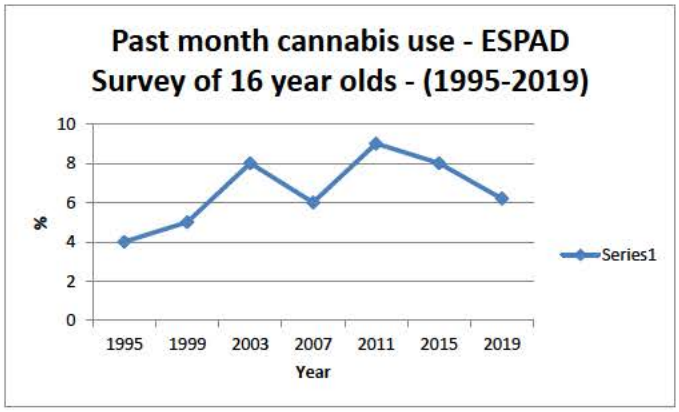


On the above figures for Australia, drug use declined 39% during the Tough on Drugs era, but when Portugal's use is compared drug for drug with Australia, Tough on Drugs reduced the use of the particular drugs measured by Portugal by 42%. Again, this is within a criminalised regime where the threat of a criminal record has been used by drug courts to get users into rehab and treatment.

Australia has demonstrated that drug use can be markedly reduced if politicians just have the will.

Increased drug use by High School minors

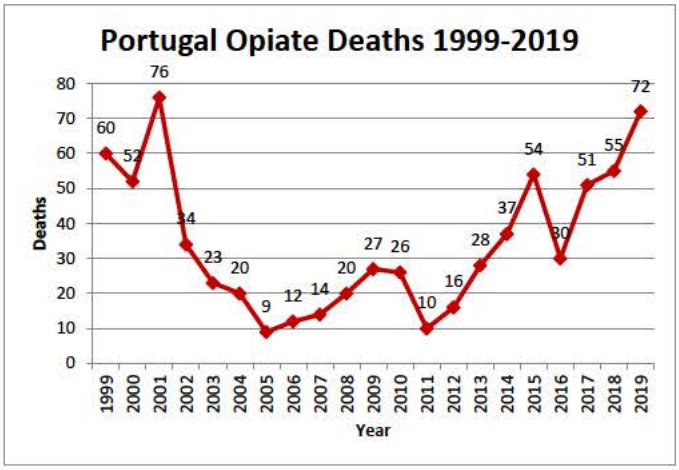
The ESPAD survey of cannabis use (last 30 days before survey) for 16 year old high-school students shows increases in use of the drug from 1999, a couple of years before decriminalisation, through to 2019. After substantial increases of 80% by 2011, and still up 60% by 2015, the 2019 figure is still 24% above the pre-decriminalisation level.



Overdose deaths as a proxy for opiate use

The EMCDDA Statistical Bulletins in previous years have displayed the drug overdose deaths for Portugal with mortality figures only available since 2002. Since 2019, though, the Statistical Bulletins have displayed mortality data for three extra years 1999-2001.

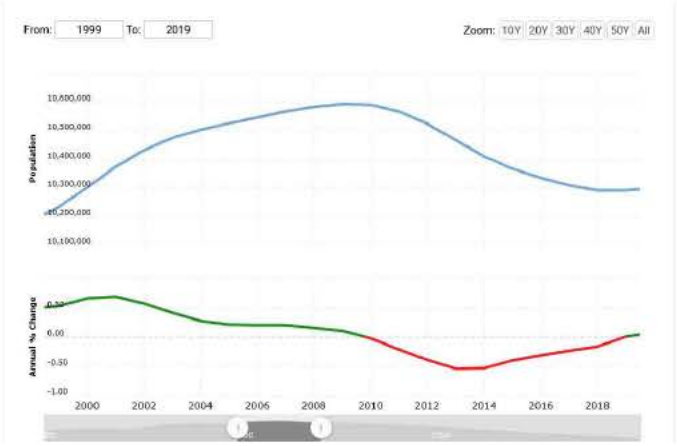
Below is a graph of their overdose mortality.



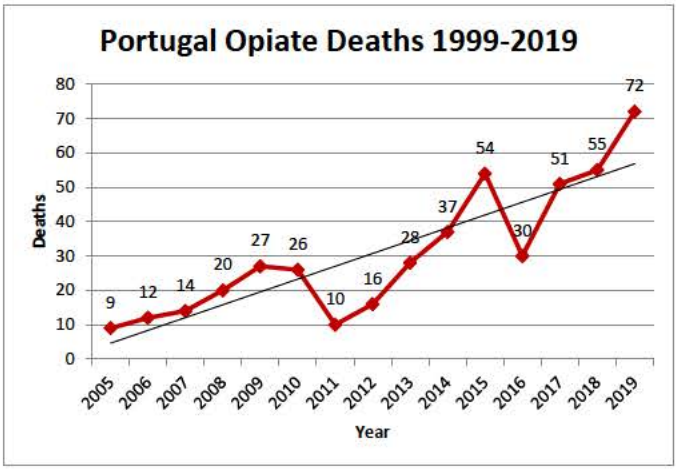
There are two things immediately evident from a glance at this graph.

1. Portugal's policy has failed to reduce opiate deaths with levels in 2019 the same as before decriminalisation, where average deaths for 1999-2001 were 63 annually
2. After drug policy successes in reducing heroin use since 1999, successes which clearly preceded the 2001 decriminalisation policy and then maintained those policies in the decriminalised environment through 2005, Portugal's drug policy regime appears to have persuaded, not dissuaded, citizens since 2005 to initiate more opiate use.

Given the caveat that Portugal's population in 2019 was almost identical to 1999, any *per capita* comparisons of overdose data are superfluous. In 1999 the population was 10,234,000 and in 2019 10,290,000 according to population websites - so roughly the same.



Portugal's increasing trend in deaths since 2005 undoubtedly reflects rising drug use, but more particularly rising opiate use moving back to the levels in the late 1990s when Portugal had the highest opiate use amongst OECD countries. It was these alarming levels that prompted Portugal to propose an alternative



drug policy. Thus decriminalisation has recreated the central Portugues dilemma of very high opiate use.

If the dictum - that high opiate overdose levels are an indicator of high opiate use - is questioned, it must be stated that drug overdose deaths do in fact closely correlate to levels of rising opiate use worldwide.

There is a reasonably inelastic relationship between opiate use and opiate deaths, where typically 1% of drug users who inject opiates will fatally overdose each year. In fact, so solid is the correlation between the percentage change in *overdose* and the percentage change in *use* that Australia in 2000 used the correlation to estimate the number of dependent heroin users in the country for the year 1998.

Such an inelastic correlation between overdose deaths and use necessarily rejects as myth those false objections raised by the drug legalisation lobby - that overdoses are chiefly the result of varying heroin purity levels or otherwise the result of heroin being 'cut' with dangerous and deadly substances. An Australian Government Monograph demonstrated this to be wholly false, with most overdoses the result of polydrug use or alternatively opiates being used with alcohol, another depressant. This correlation is held to still hold even if opiate users in Portugal snort or smoke heroin, which yields far fewer deaths than injecting.

Compared to Australia's overdose mortality figures the most obvious factor for the lower rate of overdose deaths per million population in Portugal is that only 18% of heroin users inject heroin whereas most heroin users in Australia inject. Users who smoke or snort their opiates do not run the same risks of overdose as injectors.

Portugal high in EU wastewater drug reports

Wastewater data is collected on 104 cities throughout the European Union and published on the EMCDDA website. The study tracks particular illicit drugs which are:

- cannabis
- cocaine
- MDMA
- Amphetamine and Methamphetine
- Ketamine

It is notable that Portugal is named in the last March 2023 report as amongst the countries with highest wastewater detections for four of the five illicit drugs measured.

Directly from the report:

*The BE loads observed in wastewater indicate that **cocaine** use remains highest in western and southern European cities, in particular in cities in Belgium, the Netherlands, **Portugal** and Spain.*

*The highest mass loads of **MDMA** were found in the wastewater in cities in Belgium, Czechia, the Netherlands, Spain and **Portugal.***

*The highest mass loads of the **cannabis** metabolite THC-COOH were found in wastewater in cities in Czechia, Spain, the Netherlands and **Portugal.***

*For the first time, **ketamine** loads are being published. The highest mass loads were found in the wastewater in cities in Denmark, Italy, Spain and **Portugal.***

This data suggests that Portugal's illicit drug use may be higher than acknowledged. EMCDDA data indicates that Portugal's surveyed cannabis use is in the lowest 50% of European countries, its cocaine use in the lowest 15%, and ecstasy use in the lowest 10%. Of course, it must be recognised that wastewater analyses are limited to cities and not country areas, which may modify conclusions. However, 67% of Portugal's population lives in cities, so substantial increases in illicit drug use under decriminalisation cannot be dismissed.

Dissuasion policy not working

It is abundantly clear that both the premise and objective of Portugal's policy of dissuasion is decreased drug use. This is beyond debate. Dissuasion of drug use necessarily implies that illicit drug use is a behaviour which has negative consequences for the drug-using individual and the community that permits their drug use.

The following graph displaying numbers of users coming before dissuasion committees supports the statistics of rising drug use in Portugal under the decriminalisation regime. While it is difficult to make

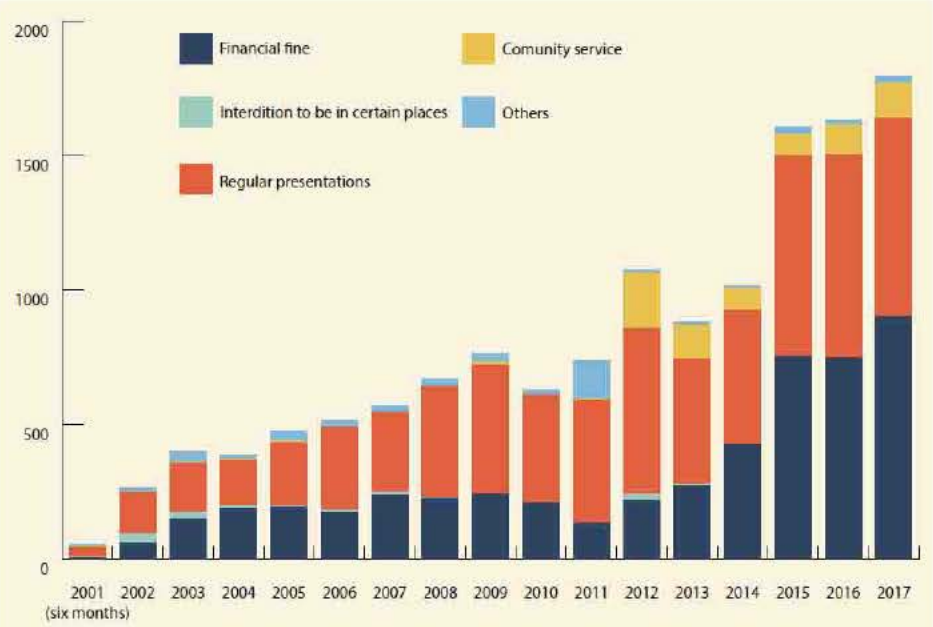


Figure 4. Type of sanction 2001-2017

conclusions about the early years of dissuasion due to the policy being only newly implemented and still finding its way, the accelerating increases from 2010 to 2017 signals that illicit drug use may likewise be accelerating. No conclusions can be definitively made until the 2021 survey results are released.

California faced the same kind of increase

California voted to decriminalise the use of all illicit drugs in late 2014, enacting the new policy in 2015.

Surveys of San Francisco residents indicate that as many as 40% want to leave the city for another location, where drug use and its related homelessness is constantly cited as a reason to leave. The exit rate from California has been so significant that the population loss has cost California a seat in Congress.

Forbes Magazine, a centrist publication, has delved into the dynamics of decriminalisation in California, and has the following observations:

Bales says people have little incentive to do treatment (i.e. rehab – our clarification) when there is no threat of jail time. . . . Things went further in this direction with the passage of Proposition 47 in 2014, which decriminalized hard drugs and released nonviolent offenders from prison without providing after-care support. "Our guests went from 12 - 17% addicted to 50% or higher," Bales says. "Policymakers need to understand that if you allow the use, you also allow the sales, and if you allow the sales, then you allow the big guys to break your legs when you owe them money," says Bales.

"I've rarely seen a normal able-bodied able-minded non-drug-using homeless person who's just down on their luck," L.A. street doctor Susan Partovi told me. "Of the thousands of people I've worked with over 16 years, it's like one or two people a year. And they're the easiest to deal with." Rev. Bales agrees. "One hundred percent of the people on the streets are mentally impacted, on drugs, or both," he said.

Given the impact of illicit drugs on mental health, particularly cannabis and cocaine, the link between drug use and homelessness as it has impacted California is clear.

Most significantly, though, is the fact that California exhibits the same increases in drug use and social decay as does Portugal.

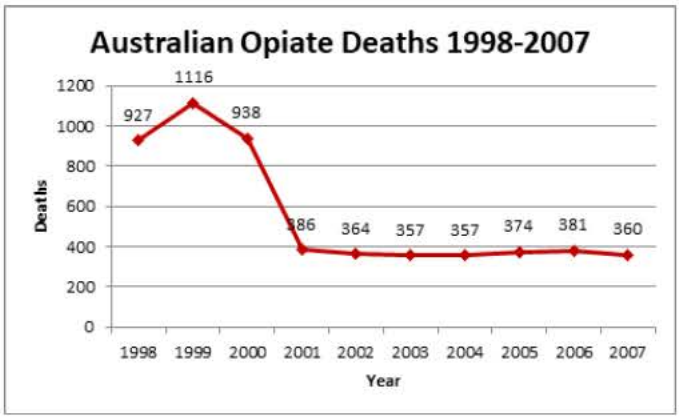
216% increase in overdose deaths in Oregon

Oregon implemented the decriminalisation of all illicit drugs in mid 2020. 10 months later Oregon saw drug overdoses increase from 280 to 607, an increase of 216%.

As usual, US responses to changes in drug policy appear to be more volatile than amongst Europeans, but again the same dynamic of increasing drug deaths, which is a proxy for increasing drug use, is evident.

Compare Australia's Tough on Drugs

Below is the chart for Australia's Tough on Drugs policy which maintained criminal sanctions while adding significant funding to drug rehab and education. The graph says it all.



On every measure of drug use statistics Portugal's decriminalisation has been a failed experiment. The data suggests that decriminalisation will always fail.

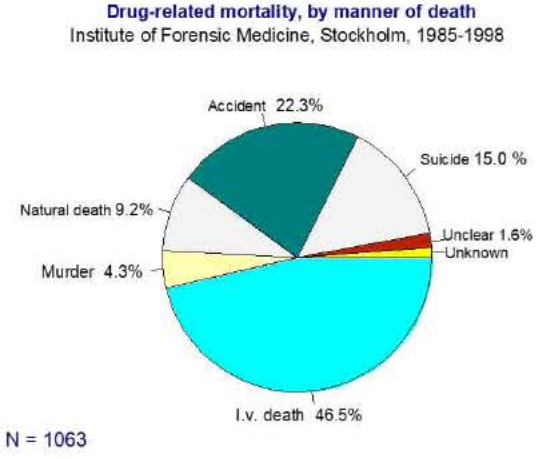
Under-reporting drug-related deaths

Claim that Portugal has fewer drug deaths

Any claim that is made about low numbers of drug-related overdose deaths in Portugal, given that this is a comparison with other European countries, must take into account the wide variance in percentages of testing where illicit drugs are present, and differing definitions of what a drug-related death actually is.

Comparisons have frequently been made with Sweden, which was able to achieve the lowest levels of drug use in the OECD after having the highest levels in Europe in the late 1960s, where Sweden's drug use figures have more recently increased with its immigration intakes from Africa and the Middle East where illicit drug use is moreso a problem.

Sweden has comprehensive definitions of a drug-related death, more rigorous and searching than other European countries. From a document no longer available on the internet, "Drug Related Mortality in Sweden," (2000) by the Swedish Commission on Narcotic Drugs the following graph gives a breakdown of drug-related death categories that contribute to the totals fowarded to the European Monitoring Centre (EMCDDA) each year.



From the same report, they give this description:

In order to group the deaths according to the drug considered to have played the most important part in the death, those deaths where morphine has been found have been designated as heroin related, regardless of the presence or otherwise of other drugs. Due to its toxic effect, we have allowed morphine to dominate over other drugs, heroin is followed by methadone and this is followed by amphetamine and cocaine. Cannabis related deaths, accordingly, are those in which THC but no other illegal drugs has been found at the time of death.

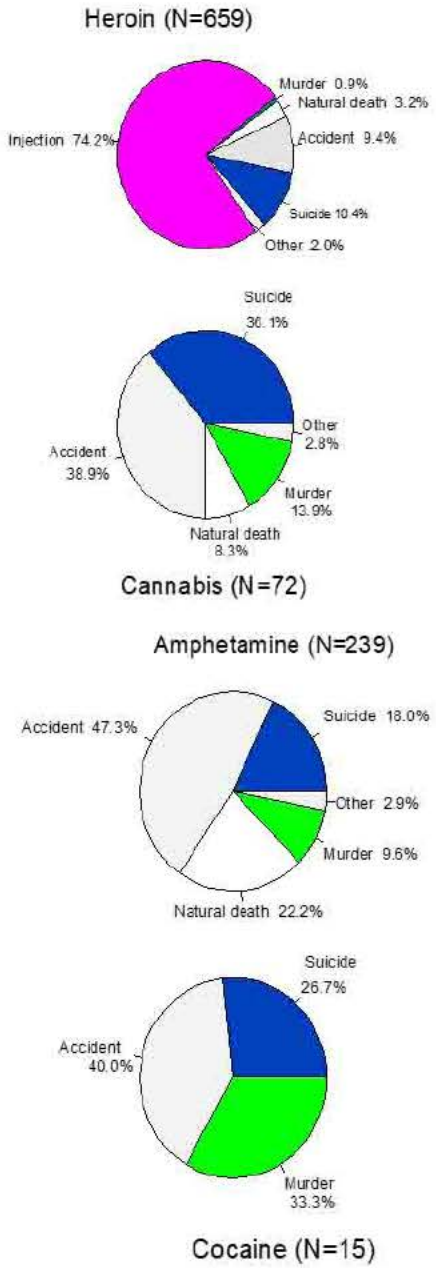
*Apart from drugs, deaths can be divided according to different manners of death. The manner of death differs from cause of death by distinguishing between **natural** and **unnatural deaths**. Unnatural deaths i.e. those due to external violence or poisoning, can in turn be divided into accidents, murders or suicides. The unnatural deaths where it is impossible to tell whether there was an "intention" or not, ie whether the death was accidental or a matter of murder or suicide, are designated "unclear".*

In addition to the manners of death mentioned above, injection deaths, being such an important group, have also been hived off from accidents. This applies only to deaths resulting from injection of heroin and judged to be accidental. Suicides resulting from heroin injection are included in this suicide group. (No murders have been established as a consequence of injection, but on the other hand

there is a suspected murder in the group of unclear deaths.) pp 10,11

The same document makes clear that 'natural' deaths are "deaths due to diseases or organic injuries."

The following breakdowns of drug-related deaths in Sweden indicate inclusions that most European countries would not report, and many of which Australia wouldn't consider reporting.



Sweden's 78% against Portugal's 4.5%

By comparison to Sweden, Portugal appears to have loose protocols around determining drug-related deaths. As per the Table at the top of this page, while Sweden counted 78% of deaths that screened positive for drugs as a drug-related death, Portugal counted

	Number of deaths screened positive for drugs	Drug mortality (EMCDDA sel. B)	Proportion
Portugal	314	14	4.5%
Sweden	396	310	78.3%

Table 3: Comparison between the number of people who died from drugs in the body and the number of deaths reported as drug-related in Sweden and Portugal in 2007. (Source: EMCDDA and Fugelstad 49)

less than 5%. This again highlights the differences in classification and perhaps testing equipment.

Higher mortality from drug-related conditions

Further evidence of under-reporting of drug-related deaths in Portugal comes from considerations about 'competing causes of deaths.' This situation arises when deaths that are directly related to intravenous use, as from HIV/AIDS and Hepatitis B and C, are not counted in the drug-related deaths tables.

In a study by Waal and Gossop where deaths from drug-related diseases such as HIV/AIDS amongst drug users as well as deaths from Hepatis B and C were added to the drug-related mortality figures of European countries, Portugal was ranked third after Estonia and Luxembourg for overall drug-related deaths.

Summary

It is clear from the preceding information that any claims for lower drug-related deaths in Portugal as compared to other European countries cannot be upheld on a number of objections.

There is evidence that Portugal is significantly under-reporting drug-related deaths, making comparisons with other countries worthless.

HIV decreases not due to decriminalisation

False claims about HIV decreases

Drug legalisation/decriminalisation activists falsely claim that sharp decreases in Portugal's HIV incidence year on year are the result of decriminalisation.

Both HIV and Hepatitis C (HCV) are transmitted by sharing used needles. While Australia has some of the lowest HIV rates despite a sizeable injecting user population it has an HCV prevalence of 65% which is no different to any other drug-using country (ie typically 60-70%).

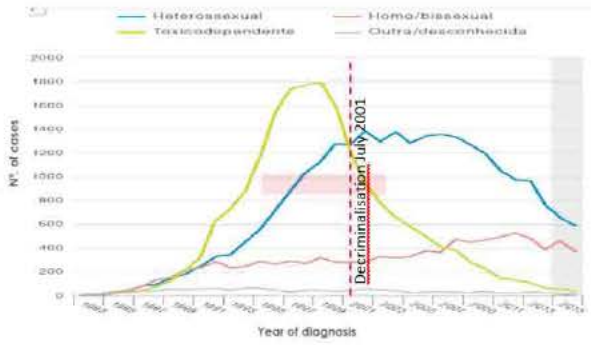
While Australia's Needle & Syringe Programs (NSPs), the envy of every other country worldwide, took credit for our low HIV rates, our high HCV prevalence makes it clear that a majority of our injectors still often share needles despite provision of clean needles by our state-of-the-art NSPs. The failure of NSPs to control HCV has been confirmed by the world's most authoritative review of NSPs (p 145). If so many users are sharing needles as witnessed by high HCV rates, then Australia's low HIV rates are logically due to something other than NSPs.

The founder of Australian NSPs, Dr Alex Wodak, expressed alarm in a 1997 Medical Journal of Australia article titled "Hepatitis C: Waiting for the Grim Reaper" where the apparent ineffectiveness of NSPs in preventing HCV led him to propose a new Grim Reaper campaign to target its spread. This of course suggests that Australia's Grim Reaper television advertising campaign targeting HIV was the likely reason for low HIV levels in Australia, not NSPs. Australia's higher levels of HIV testing than other countries also contributes.

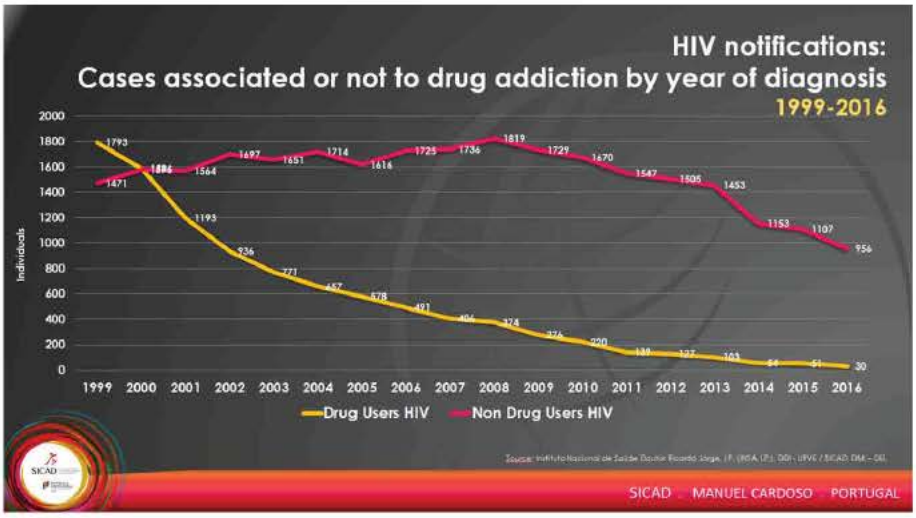
While Australia's HIV interventions effectively stopped any growth in contracted HIV from an initially low base of infected persons, Portugal has had to initially contend with the highest HIV levels in Europe with 45% of Portugal's intravenous users having contracted HIV in the late 1990s. However, the identified interventions which have reduced HIV notifications in 2016 to less than 1 in 10 of their intravenous users are not at all unique to decriminalisation.

First, from the graph below it is clear that the greatest reductions in HIV transmissions were already being achieved BEFORE the introduction of decriminalisation in mid-2001 (decreases from January to June 2001 can reasonably be expected to match the proportional magnitude of those in the year 2000). The significant decreases in opiate use, also before 2001, would be a contributor.

Diagnose of HIV infection by characteristics of sampled population, Portugal 1983-2015



Greater detail in Manuel Cardoso's graph of HIV reductions copied to the right, allows a more exact estimate of HIV reductions before decriminalisation. In 1999 there were 1,793 notifications, reducing to 1,586 by the year 2000. This then reduced to 1,193 by the end of 2001.



Given that decriminalisation commenced in July that year, it is reasonable to attribute half of the reductions for 2001 to pre-decriminalisation drug interventions, giving a 23% reduction in HIV notifications from 1999 to June 2001, the month before decriminalisation. This indicates that whatever the interventions in place in a criminalised drug policy regime they were likely to have worked as successfully in a decriminalisation drug policy regime.

Second, the success in decreasing ***heterosexual*** HIV transmissions evident from 2007 onwards also demonstrates that factors other than the decriminalisation of drug use were causal for decreases in HIV.

Third, while the move by Portuguese opiate users from intravenous drug use to smoked or snorted opiate use will have been somewhat responsible for the decreased transmissions of HIV, these changes are not the result of decriminalisation because they are not unique to decriminalisation. Smoked and snorted opiate use also happens within drug policy regimes that still maintain criminal penalties for drug use.

Fourth, one important factor has been the provision of free and readily available HIV screening, the very same factor that has led to low HIV transmissions in Sweden and Norway. Yet freely available HIV testing and counseling in Sweden and Norway succeeds in a CRIMINALISED context, therefore free HIV testing is not synonymous with decriminalisation, given that it works successfully in either context.

While Portugal's success with HIV must be applauded, there is nothing to suggest that decriminalisation has in any way been causal. And overblown activist claims about HIV reductions need to be publicly corrected.

Opiate use was falling before decriminalisation

False claims about falling opiate use

Much has been made of the decreases in heroin use in Portugal after decriminalisation. But Portugal's opiate use, which had topped OECD countries in 1998 at a staggering 0.9% according to the United Nation's World Drug Report for 2000, halved to 0.46% by 2005.

ANNEX 2 | ANNUAL PREVALENCE OF ABUSE OF ILLICIT DRUGS

EUROPE	Cannabis		Opiates		Cocaine*		Amphetamines		Ecstasy	
	%	Year	%	Year	%	Year	%	Year	%	Year
Western Europe										
Austria	3.0	1996*	0.2	1998	0.5	1996*	0.2	1996*	0.8	*
Belgium (18-65)	5.0	*	0.2	**	0.5	**	0.5	**	0.7	1998*
Denmark (18-69)	4.0	1995*	0.3	1995	0.3	1995	0.9	1995*	0.7	*
Finland	2.5	1998*	0.05	1997*	0.2	1998	0.1	1998*	0.2	1998*
France (18-69)	4.7	1995	0.3	1997*	0.2	1995	0.3	1995*	0.3	*
Germany (18-59)	4.1	1997	0.2	1998	0.6	1997	0.4	**	0.8	1997**
Greece (12-64)	4.4	1998*	0.4	*	0.5	**	0.06	1998*	0.01	1998*
Ireland	7.9	1995*	0.3	1997*	0.6	**	0.6	**	1.0	**
Italy	4.6	**	0.5	1997*	0.6	1996*	0.5	**	0.5	*
Liechtanstein	0.8	1996	0.1	1998	0.4	1998	0.02	1997	0.2	1998
Luxembourg	4.0	1998*	0.5	1997*	0.4	**	0.3	1998	0.2	*
Malta	2.2	**	0.2	1998	0.1	1996	0.01	1997	0.2	*
Monaco	0.4	1996	0.1	1995	0.01	1994	0.01	1993	0.4	*
Netherlands (12 and above)	5.2	1998	0.2	1998	0.7	1998*	0.4	1997*	0.8	1998*
Norway	3.8	1998*	0.2	1994	0.3	1997*	0.5	1997*	0.1	**
Portugal	3.7	**	0.9	1998	0.5	1998*	0.2	**	0.1	*
San Marino	4.0	1997*	0.02	1997	0.04	1994	0.3	1994	0.3	*
Spain	7.6	1997*	0.6	1999	1.7	1997	0.8	*	1.0	1997*
Sweden (15-75)	0.1	1998	0.1	1997	0.2	1998*	0.2	1997	0.1	1998*
Switzerland (18-45)	8.5	1998*	0.5	1998	0.5	1998*	0.7	**		
Turkey			0.01	1998						
United Kingdom	9.0	1998*	0.5	**	1.0	1998*	1.3	**	1.0	1998*

OCEANIA	Cannabis		Opiates		Cocaine*		ATS [1]	
	%	Year	%	Year	%	Year	%	Year
Australia (14 and above)	17.9	1998	0.7	1998	1.4	1998	3.6(2.4)	1998
Fiji	0.2	1996						
Micronesia Fed.State	29.1	1995						
New Caledonia	1.9	**						
New Zealand	15.0	1998	0.6	1998	0.04	1998	2.0	1998
Papua New Guinea (6-45)	29.5	1995			0.01	1995		
Vanuatu	0.1	1997						

However roughly half of that decreased use predated decriminalisation, with 0.7% recorded in the UN World Drug Report for the year 2000 as displayed in the next column. It is not clear what dynamic was in play for the 22% decrease in heroin use by 2000, the year prior to decriminalisation. However it may well have continued to be the dynamic at play without decriminalisation being a factor – we simply do not know.

World Drug Report 2005 Volume 2. Statistics

OPIATES
Annual prevalence of abuse as percentage of the population aged 15-64 (unless otherwise indicated)

EUROPE	
East Europe	
Russian Federation,2001	2.1
Ukraine*, 2002	0.8
Belarus*, 2003	0.4
Moldova, Rep., 2000	0.07
Southeast Europe	
Croatia,1999	0.7
Bulgaria, 2001	0.5
Albania*,2000	0.5
FYR of Macedonia,1998	0.4
Romania*, 2002	0.3
Turkey, 2003	0.05
Western and Central Europe	
Latvia,2001	1.7
Estonia, 2001	1.2
United Kingdom, 2001	0.9
Luxembourg,2000	0.9
Italy,2002	0.8
Denmark, 2001	0.7
Portugal, 2000	0.7
Spain,2000	0.6
Switzerland,2000	0.6
Ireland,2001	0.6
Lithuania,2002	0.6
Slovenia,2001	0.5

It appears that heroin use is simply not recorded for 2012 in the REITOX report graphs on page 9 of this document, and it is not at all clear why. Other data on page 71 of the same 2014 REITOX report (facsimile below) show that presentations for heroin use scored higher for outpatients and for detox units than any other type of illicit drug. Heroin also made up 42% of residential rehab admissions.

Regarding the characterization of users' consumption that went in 2013 to the different structures of drug treatment[30] can be seen that, in outpatient, heroin remains the main substance more reported by patients in treatment in the year (82%). At the level of those who started treatment in 2013, this also occurred in the case of users readmitted (77%), but not in the case of new users, where cannabis has emerged as the main substance most referred (49%).

Also among patients of DU's, heroin was the main drug most often reported (66% public and 69% in the licensed), but in TC's this occurred at licensed (42%) level but not at the public, where main drug most reported was cocaine (61%).

DRUG FREE AUSTRALIA

Arguments against decriminalising drugs

The NSW Greens and ACT Labor want to decriminalise all drugs following the failed Portugal model

Drugs harm much more than the user

- Illicit drug use adversely affects a whole constellation of people:
  - the drug user's partner
  - their children
  - their children's grandparents
  - siblings
  - friends
  - workmates
  - other road users
  - the rest of the community (crime, welfare etc)

drawn into the vortex of their drug use

- The unacceptable harms of drug use are attested by a simple fact – our governments have spent hundreds of millions of dollars on 34 programs for drug use – it's in the name

Why there must be legal consequences

- Illicit drug use has historically attracted a conviction because of the unacceptable harms it causes to so many. For instance, the value of lost retirement and savings for grandparents raising their grandchildren due to drug-dependent parental neglect represents a 'stolen' cost infinitely greater than petty sums attracting criminal sanctions for shoplifters or embezzlers

- 96-99% of Australians do not approve the regular use of heroin, ice, speed, cocaine or ecstasy, suggesting that Australians would want less drug use, not more, which only rehab and recovery can achieve, making them mandatory. Decriminalisation will never drive recovery – it removes all meaningful limits or deterrence value in drug laws (e.g. by scrapping our drug courts), being little different to fully legalising drugs practically-speaking

- With no legal coercion for a user to cease drug use by entering rehab, drug use markedly increases as it has in Portugal (their preferred model), which decriminalised all illicit drugs in 2001 only to see drug use rise 59%, overdose deaths rise 59% and drug use by high school minors up 60% by 2017. By comparison, Australia's Federal Tough on Drugs policy from 1998 to 2007 reduced drug use 42% and overdose deaths 75% by maintaining convictions and funding more rehab. Portugal increased societal harms, Australia reduced them

- Drug Free Australia promotes 'spent' convictions, where a criminal record is totally erased if a drug user can return drug free tests over a three-year period

Keeping drugs illegal works

- 73% of Australians say they have no interest in illicit drugs. Relevant to the remainder that likely would have an interest, 32% of Australians say they don't use drugs because of their illegality. If cannabis was legalised here, 10% who've never tried it would use it, and 3% who use it would use more, multiplying the established harms caused by cannabis

- Changing the legal status of drugs removes these deterrents. When cannabis was decriminalised

in the ACT in 1992, 43% of Territorians thought it was now legal to use, explaining its skyrocketing use by 1993 where monthly use amongst lifetime users went from 0% to 31%

All use is problematic

- The argument that few have problematic drug use is contradicted by Australia's most prolific researcher on heroin use, Prof. Shane Darke, who wrote that very few heroin users "use it in a non-dependent, non-compulsive fashion."

- Their argument ignores the harms of occasional use where, for instance, 29% of ecstasy deaths in Australia are from car crashes endangering the lives of passengers as well as people in other vehicles. Their argument is akin to saying that drivers who speed on our roads without causing loss of life should not be penalised for speeding. But the law does not work that way. And occasional users still promote their drug use to friends and family who can become dependent, in fact 3 in every 5 Australian illicit drug users were introduced to drug use this way

There is no 'right' to use drugs

- A recent Uniting Church document supporting drug decriminalisation argued that our drug laws should "reflect the essential worth and rights of every person." But Australian drug users have never been denied any right available to any other Australian. Of greatest importance, there has NEVER been a UN right to use drugs. In fact the UN Convention on the Rights of the Child accords each the right to live unaffected by illicit drug use and the UN Drug Conventions have always kept drugs illegal

- The aforementioned document argues for Equity in drug policy, i.e. all drug use should be treated the same – all must be decriminalised. This is the same principle that guided international drug policy for 110 years – all drugs with unacceptable harms, whether heroin or cannabis, should be equally illegal

Australian Parliamentarians must continue to work towards the drug free society that is suggested by Australian attitudes concerning illicit drug use – they do not approve of it.

From 1912 until the 1960s, during those years when legislators had the will and commitment to keep their societies drug free, there was negligible drug use worldwide. Tough on Drugs showed us what works – all we need now is the political will to take that approach again.

Appendix A - flawed Uniting Church arguments

FACTUALLY INCORRECT STATEMENTS

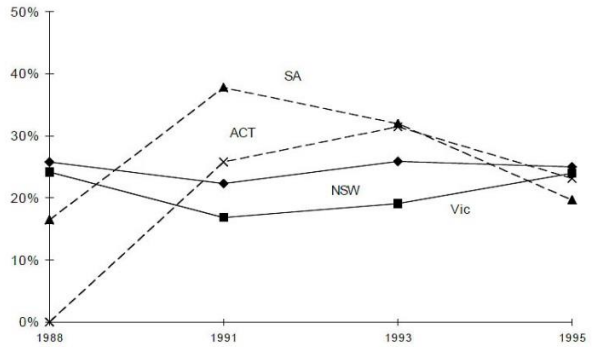
Uniting Church statements	Drug Free Australia response
"The (Uniting Church) campaign calls for society to question whether our drug laws reflect the essential worth and rights of every person." (p 4)	1. There is not a single human right that Australia has ever denied any Illicit drug user. **But neither has there ever been a UN-sanctioned right to use drugs, something Uniting needs to be told** 2. **Further, there is no UN-sanctioned right to inflict harm** on partners, children, parents, siblings, friends, other vehicle drivers and passengers, other workplace colleagues or the larger community. But this is a reality of drug use that drove a 110 year international consensus that illicit drugs are unacceptably harmful 3. **Further, 'HARM REDUCTION' is the centre-piece of Australia's drug policy precisely because illicit drugs cause unacceptable harms,** but Uniting has to tacitly deny the many harms caused by drugs to support their extremely narrow compassion focus 4. **Inflicting harm on others lessens the self-worth of drug users in their own eyes,** let alone in those of their society. They know it is their voluntary choice to use drugs with the harms they inflict on others even if they feel that addiction coerces ongoing bad choices
"The campaign is proudly a partnership approach in recognition of the mutuality and interdependence between all people." (p4)	1. **Uniting's policy statements specifically IGNORE the interdependence between all people** by pretending drug use is an individualist phenomenon, downplayed as essentially affecting nobody, hardly even the user. Uniting specifically denies the Judeo-Christian notion that no man is an island
"The campaign also seeks to promote the active participation of those affected by the injustice of our drug laws, by giving voice to those with lived experience." (p 4)	1. **Uniting narrowly focuses on the self-inflicted misery of the drug user (their choice),** elevating it above the broader misery inflicted on a whole constellation of people – partners, children, parents, siblings, friends and the community (not their choice). This is misplaced compassion

	2. Drug Free Australia's concern is for the impact on families when drugs become part of their lives. **Because of over 35 years of Harm Minimisation, where Prevention and Demand Reduction has largely been ignored, intergenerational drug use is now common in families.** This leads, in turn, to unprecedented levels of child abuse and neglect, young people unable to reach their full potential and poor role models in parents and significant others.
"Uniting believes in a fair go for everyone, but especially for those that are vulnerable." (p 4)	1. **The UN's Convention on the Rights of the Child contains the right to be free from illicit drugs** precisely because there are many who are more vulnerable to the harms wrought by drug use and users 2. On every available metric, decriminalising drugs predominantly **increases drug use in under 25 year olds, whose developing brains are more vulnerable to long-term damage** 3. **FAIR? Is it fair that drugs cause road accidents** which harm more than the occupants of a drug users vehicle**? Is it fair that drugs in the workplace cause harms** to more workers than the individual drug user? **Is it fair that a user inflict harms on a whole constellation of people** close to them?
"The stigma that has too long attached to people who live with drug dependency has discouraged many from having the open and honest conversation about their drug use that might have pointed them towards treatment."	1. **Uniting appears to support the LGBTQI+ movement which seeks to stigmatise or even cancel those not supporting its aims,** while condemning those not supporting the harms (where harm reduction is an industry) of drug use
"Yet the word 'decriminalisation' remains a misunderstood term, often conflated with the concept of legalisation, and often used by some of our media to drive an agenda based on fear, not facts" (p 4)	1. **It is the drug users themselves that think decriminalisation allows them to legally use drugs recreationally** – 43% of users in ACT thought cannabis was now legal when the ACT decriminalised cannabis. If users and media make the same mistake the problem is with decriminalisation as a policy simply because it invites misinterpretation

	2. **Uniting's approach to decriminalisation is, practically-speaking, drug legalisation by another name** (despite their protestations otherwise) in that any laws around illicit drug use will have no meaningful limits or deterrent value. It will give all appearances of sanctioning drug use
"We ask questions like: What should happen when someone is found with small quantities of psychoactive substances? Should the same thing happen to everyone? What about the person supplying these substances?" (p 4)	1. **It is a fact that drug users often fund their own habit by lower level dealing,** where the law already distinguished between higher level and lower level drug dealers. Both low and high-level dealers are part of the same problem 2. **Small quantities are carried by drug user/dealers precisely because there are larger penalties for higher level dealing,** successfully limiting the number of people that can be harmed by low level dealing
"The 2019 National Drug Strategy Household Survey showed that there continues to be strong public support among Australians for measures amounting to the removal of criminal sanctions for possession for personal use of all prohibited drugs" (p 6)	1. **The cited Survey asks only about support for the decriminalisation of cannabis, not of heroin, amphetamines, cocaine or ecstasy.** Uniting seeks to position "referral to treatment or education" as support for decriminalisation when the question does not stipulate 'with a conviction' or 'with no conviction'
"Only a small proportion of people who use drugs experience drug dependency (i.e. use that causes social, financial, psychological or physical problems)." (p 7)	1. Possibly Australia's most prolific researcher on heroin use, Prof. Shane Darke, said in The Conversation in 2014, ***"The typical picture of an active heroin user is a dependent, long-term unemployed person,*** *with a long history of treatment and relapse, and a history of imprisonment. Heroin is simply not the sort of drug that could be termed recreational because very few people use it in non-dependent, non-compulsive fashion."* 61% of of Sydney injecting room clients are on social security (see p 70) and 10% involved in sex work (see p 15), dispelling the myth of the functional drug user 2. **Drug dependency is not the only vexing issue with drug use** - for instance, 29% of ecstasy deaths within Australia are from car accidents

	which endanger the lives of the driver, occupants and those in other vehicles 3. **Using United's logic, those drivers who speed on our roads without causing loss of life should not be penalised** for their speeding. The law does not work that way with speeding or with drug use
"Existing drug laws create unnecessary barriers, stopping people getting into treatment, increasing social stigma and heightening the isolation among those who need support." (p 7)	1. To the contrary, Australia has a government-sanctioned Australian Injecting and Illicit Drug Users League (**AIVL**) **which has reach into most drug user networks**. Syringe programs also boast an extensive reach.
"By responding with law and order rather than treatment and support, society is punishing people rather than trying to help." (p 7)	1. **Uniting's false dichotomy between 'law and order' and 'treatment and support' is contradicted by the success of Sweden** which had Europe's highest drug use in the 1960s but the lowest by the 1990s using mandatory rehab, which coalesces treatment with court inducement
"Treatment works. By refocusing the system on helping people, lives can be saved, money can be saved, and law enforcement resources can be redirected." (p 7) **" . . . because the act of removing currently-existing sanctions could send a signal that drug use is now permissible. The experience of countries that have decriminalised use/possession is that this does not occur (see, for example, the discussion of Portugal in section 3 ahead)." (p 12)**	1. **Uniting is referencing here the failed Portugal model where law enforcement funds were redirected into treatment.** Portugal's drug use rose 59% in 16 years, drug deaths increased by 59% and use by high school minors increased 60%. Australia's Tough on Drugs prevention approach between 1998 and 2007 saw a 42% decrease in drug use (p 8) and a 75% decrease in overdose deaths (p 8). 2. **Increased drug use means more treatment, more mental health issues, more school drop outs, more workplace accidents, more abuse and neglect of children, as well as increased family violence and dysfunction.**
" . . .many schemes only withhold criminal sanctions for the first few occasions a person is found in possession. This is presumably on the grounds that if a person is repeatedly found in possession, after having been provided with an alternative and a more lenient response, then it is appropriate for the full force of the criminal law to operate." (p 11)	1. Uniting's assertion that repeated violations of drug laws should not eventually attract a criminal penalty **wrongly assumes that addiction is a disease, like leukemia, which may or may not be reversed. Rather addiction is clearly a psycho-social issue** where the choices of a drug user, albeit at times psychologically constrained by their

Uniting calls for: **"• No limit on the number of referrals** (to treatment or education) **a person may receive** **• No civil sanctions for non-compliance." (p 13)**	addiction, are paramount 2. **Stripping meaningful consequences for repeated illicit drug use entails a quasi-legalisation drug policy model** simply because Uniting argues against even coerced treatment or rehab. In this regime, the drug user controls Australian drug policy 3. The 2019 NDSH Survey indicates 99% of Australians do not give their approval to the use of heroin, speed and ice, with cocaine (97%), ecstasy (96%) and cannabis (80%) indicating that Australians would rather live without drug use. **Australians clearly want LESS drug use, not more, whereas Uniting's approach will only create more drug use**, as has happened with decriminalisation regimes before
"A second rationale appears to be that removing criminal sanctions itself has risks. This may be either because criminal sanctions are presumed to be an effective and appropriate deterrent, or because the act of removing currently-existing sanctions could send a signal that drug use is now permissible." (p 12)	1. According to the 2019 NDS Household Survey 73% of Australians say they have no interest in ever trying drugs. 32% of Australians say they will not try drugs because of their illegality – that means that drug laws are working nicely. 10% of Australians who have never used cannabis would try it for the first time if made legal, while another 3% of users would have it more often**. Illegality as deterrence is demonstrably evidenced**
"Given the fact that 43.2% of people over the age of 14 have used drugs in their lifetime (with 16.4% in the past year), taking no action is a credible option, at least for the vast majority of people who use drugs and are not dependent." (p 13)	1. The statistics do not support Uniting's assertion. The very same 2019 survey they cite shows that 96-99% of Australians do not give their approval to the regular use of heroin, ice, speed, cocaine or ecstasy, with 80% not giving their approval to regular cannabis use. **This means that 62%, the majority of past illicit drug users, agree on their futility and harm and no longer use them.** Australian disapproval of drugs indicates they would prefer users not use drugs
"There has been no major increase in drug use in Portugal in the nearly two decades since criminal penalties were removed, while rates of problematic use and use by adolescents has fallen, as have rates of drug-related deaths. Outcomes have also	1. **Who has misled Uniting with these egregiously false statements about Portugal?** Portugal surveys their drug use every 5 years

improved, with fewer people appearing before the courts, increased rates of people receiving drug treatment, and reduced social costs of drug misuse." (p 16)	- use increased between 2001 and 2017 by 59%, an alarming increase - overdose deaths increased 59% - use by high school minors rose 60% - overdose deaths increasing by 59% indicates opiate use has increased by roughly the same percentage – so problematic use demonstrably increased - when drug use is no longer a crime there is no need for courts or appearances - but that doesn't stop the increased harm from increased drug use - social costs of drug use obviously rose with increased use and deaths - see Drug Free Australia's document on Portugal with all the official data 2. If Uniting is trying to infer decriminalisation does not increase drug use elsewhere, here are Australia's own statistics of huge initial increases for SA (1987) and the ACT (1992) from a level of negligible baseline use (p 53), finally settling at the same levels as NSW and Victoria, which already had entrenched criminal networks selling cannabis *Use marijuana monthly or more often for four juridictions, 1988–1996*  Source: NDS 1988, 1991, 1993, 1995; those who have never tried marijuana are excluded The same happened in all US States that decriminalised as well as the Netherlands where virtual decriminalisation was pursued. WA decriminalised cannabis and then recriminalised recognising the damage cannabis was doing
"However, we would hope and expect that decriminalisation would mean better access to help for parents whose drug dependency is impacting their parenting." (p 17)	3. The evidence is in, and Uniting is ignoring that **the diversion of policing resources to 'treatment' in Portugal only led to increased use of the most dangerous drugs along with**

	increases in overdose deaths. Australia's Tough on Drugs prevention approach 1998-2007 saw a 42% decrease in drug use (p 8) and a 75% decrease in overdose deaths (p 8). Children were the winners with these positive impacts.

MISGUIDED ASSERTIONS

Uniting Church statements	Drug Free Australia response
"For those who do not develop drug dependency, the current reliance on criminal sanctions puts at risk careers and opportunities." (p 7)	1. **Uniting ignores the fact that drug users who don't develop a debilitating dependency are often the agents promoting their drug use to others who will develop a debilitating dependency.** They are part of the problem and have historically been treated as such
"We believe that, among other things, good laws generally display the following characteristics: transparency, equity, focus and proportionality. Uniting proposes these principles should be applied to the legislation governing the possession and personal use of illegal drugs in NSW and the ACT. In fact, to not do so would, in our view, be an abrogation of good public policy making." (p 8)	1. **These 'principles' are based on the misleading premise that 'drugs will always be here**, so laws should be focused on reducing harm, rather than reducing and preventing initial use'. A more balanced approach is the alternative as laid out by Drug Policy Futures. Of particular note are principles 4 and 5 of their listed Principles
"The principle of equity supports the decriminalisation of the personal use of all prohibited drugs" (p 12)	1. **And unfortunately for Uniting, the same principle of Equity historically led to all illicit drug use being criminalised**. They cannot therefore complain if cannabis use was treated as severely as heroin use
"Drug dependency generally is a symptom of underlying vulnerability and disadvantage, and therefore sanctions like fines and community service are likely to exacerbate that disadvantage." (p 15)	1. **This is a naïve statement and omits the fact that many who possess small quantities of drugs are actually in a network of people selling drugs to make money**, only keeping small amounts in possession to pretend its for personal use. Taking away the ability to

	confiscate and the deterrent of possible civil sanctions will allow these business-people to flourish and increase in numbers.
"The question is, in a decriminalised system where there are no criminal sanctions for possession/use on its own, should possession/use remain an aggravating factor when other crimes are charged?" (p 17)	1. In cases where drug induced violence, particularly due to cannabis or ice is concerned, **the causality of an addiction should not go without penalty or coerced rehab.**
"The more serious a person's drug dependency, the more likely it will be that their use does not exist in isolation, but is a symptom of deeper social and psychological issues or part of a reinforcing complex of structural vulnerabilities. Therefore, people with drug dependency may have difficulty making good decisions about their own long-term best interests and compounding this by adding fines or orders for non-compliance helps no one." (p 15)	1. **This kind of thinking comes from the same George Soros-funded irrationality that seeks to empty prisons of people doing real crimes.** The fact is that the harms done by drug use to families and community are a crime, and must be treated as such with penalties and coerced rehab.
"A staged approach would probably be required, starting with the removal of criminal sanctions for possession/use under the threshold quantity, and the gradual replacement of threshold quantities with other criteria for determining supply/trafficking in due course."	1. **Uniting again ignores the fact that traffickers of large quantities of drugs use syndicates of individual 'pushers or mules'** so that, if caught, they claim 'possession for personal use'.