

**Submission No: 124**  
AUTHORISED

A SUBMISSION TO THE PARLIAMENT OF AUSTRALIA

HOUSE OF REPRESENTATIVES.

Standing committee on family and human services.

12<sup>th</sup> March, 2007. (25 pages).

## INTRODUCTION: THE LANGUAGE OF DRUG POLICY.

As used in the drug debate, harm reduction is based on 2 concepts:

- (1) The legal use of drugs;
- (2) The development of measures to only “reduce”/“minimize” only the perceived harmful consequences of the use of illicit drugs.

A close analysis of these proposals reveals several undercurrents of fundamental beliefs and desires:

- A belief in unfettered personal liberty;
- A desire to use mind-altering drugs for pleasure without any fear of police harassment;
- A belief that occasional personal use of such drugs by ‘mature’ adults is harmless and gainful;
- A belief that legal sanctions are disproportionately costly, degrading and an exercise of authoritarian power that breeds criminal behavior;
- A desire to suppress, belittle or ignore scientific evidence which challenges some treasured tenets of the libertarian faith;
- A belief that personal autonomy greatly outweighs the concept of the common good.

These fundamental beliefs and desires have resulted in a strategy, to convince a growing number of the Australian public and politicians that the legalization of drugs is the way to go. This Harm Reduction philosophy or hypothesis has become the over-riding strategy of Australia’s so-called Tough on Drugs Policy. In Australia there are many Harm Reduction organisations which were formed over the last 20 years to advance these objectives. These are too numerous to be listed but they all have the above Aims and Objectives represented on the plethora of National Drug Strategy committees. Two leading international drug legalization notables, Bill Stronach and Stephen Mugford are in powerful positions which have immense influence on Australian Illicit Drug Policy and the means by which it is administered, directed, funded and maintained.

Mugford is a co-evaluator of the 1998/99 *National Drug Strategic Framework*. He is an adviser on achieving strategic goals in the human resources area to the Australian Federal Police, the Australian Defence Forces, the Royal Australian Navy, the Royal Australian Air Force and numerous Commonwealth and State Government Departments. Stronach and Wodak’s International Harm Reduction Association is funded by international financier and broker, George Soros. A significant, but covert, feature of the rise of Harm Reduction in Australia has occurred because George Soros is pouring his millions into Australian Harm Reduction organization for anti-prohibition purposes. Wodak and Trimingham have both received the Rolleston International Legalisation Award.<sup>1</sup>

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<sup>1</sup> “The Billionaire, drugs and us” – Why does George Soros care about WA’s Cannabis Laws? – The West Australian – 30<sup>th</sup> November, 2002.; “Soros millions to oppose US war on drugs” – The Australian 27/8/1997.

My name is Geraldine Mullins. I am a founding member of three WA community groups, The Australian Parent Movement of WA Inc. (APM); The Family Council of WA and The Coalition against Drugs (WA), which I represent in making this submission. Because my primary mission is to raise the awareness of families hurt by drug addiction and subsequent mental illness – Dual Diagnosis - I am starting my submission with an example of a *Letter to the Editor* of *The West Australian*, by a desperate mother who is heart-broken as her drug-addict son spirals into incurable mental illness and out of control.. Another mother answered the letter. Perhaps this mother’s appeal will give the members of the Committee, some understanding of what is happening in approximately one hundred thousand families throughout Australia and the sense of hopelessness that prevails on a very real level, far removed from the Office of the Prime Minister and Cabinet and the highest echelons of its elitist advisers on illicit drugs.

In 2002, Noel Pearson met with the Prime Minister and he said, “Forget the excuses, our people need a plan”.<sup>2</sup> I and other parents like the writer of this letter endorse Noel Pearson’s common sense approach to drugs, his scathing abhorrence and rejection of the Harm Reduction Drug Policy and what it has done to his people. We echo his words, we hope we don’t have to wait as long as Noel Pearson and his people for an improved outcome for all Australians and we plead with the Standing Committee Members to look past the spin of the drug and alcohol health bureaucrats and professional Harm Reductionists and immediately re-table the Road to Recovery report, Recommendation 122.

The Australian Government Response to the Road to Recovery report omits to provide information re the undue parliamentary process in which the relevant bureaucracies and their administrators advanced and adhered to a highly organized, highly financed and continuing libertarian philosophy – Harm Reduction Illicit Drug Policy.

Harm Reduction is an unsubstantiated ‘model’ used under the guise of the WHO public health policy. It is socially and financially unsustainable. Harm Reduction policy and strategies have undermined national public order and caused exorbitant financial costs, health harms and social impacts on families and communities. To achieve a beneficial result from the Road to Recovery report (which was deliberately buried for 3 years) and to start to turn around (it will take 20 years to be restored to a restrictive policy) Australia’s appalling record on illicit drug availability and use, the following facts and how they became the National Illicit Drug Strategy should be officially scrutinized by unbiased, open and transparent accountability.

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<sup>2</sup> “On the Human Right to Misery, Mass Incarceration and Early Death”. The Charles Perkins Memorial Oration delivered at the University of Sydney on 25/10/2001 by Noel Pearson.

The mother, (naturally remains anonymous as we all do, because we are all stigmatized by our children's illicit drug use – that is until our addicted child dies) acknowledges the suffering and pain caused to her and her family because of their son's drug addiction. She also wrote that this letter would strike a chord with hundreds of families across the State, including hers. She wrote her story:

*“Each night I go to bed and wake up the next day (if I have slept at all) grieving for my handsome, caring, intelligent and highly sensitive 25 year old son who, unknown to us, embarked on a risky journey of drug taking at the age of 14. He, too, suffered a drug-induced psychosis. He was confined to the locked ward of a psychiatric hospital because he was catatonic and almost lost his mind. He now suffers from drug-induced schizophrenia that is controlled by a wonder drug called Seroquel and the personal and extraordinary commitment of a Perth psychiatrist.*

*The glib premise by a recent report that our sons chose to drugs is little comfort because my son has seriously tried to break the cycle on six separate occasions over the last four years. On one of these occasions he was drug free for six months and the whole family experienced the joy of having our real son back.*

*Tragically, his condition has left him weak and vulnerable to damaging influences and irrespective of his attempts to stop taking drugs, a “friend” always lures him back in the marijuana haze”. As he lurches in and out of our lives, the detrimental effects on his siblings, father and I are immeasurable, but we keep on trying, hoping that we will again find that magical moment.*

*He is incapable of making decisions in a drug-induced state and gets only deeper and deeper in debt and becomes more and more paranoid about those who love him and try to help him. We are powerless to stop this destruction and meet with extraordinary bureaucratic barriers and red-tape litanies of confidentiality requirements.*

*I don't know what to do any more. I am well educated, as is my husband and all of my children. I have the skills, knowledge and confidence to break through bureaucratic barriers and we have poured our savings, energies and expertise into saving our son and helping our other children deal with the effects on them. But I have failed and I can see that in front of me stretches a sea of more grief and sadness as he slides into eventual and sadly inevitable premature death or permanent incapacity. Perhaps we all need to share our stories, like you have, Jill. We may be able to found solutions through our collective experiences because I know, like all the other mothers out there, we still keep on trying. Name and address supplied.<sup>3</sup>*

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<sup>3</sup> A Letter to the Editor, The West Australian, 28/8/2004.

FROM THE SISTER OF AN ADDICT WHO DIDN'T LIVE TO SEE HER GIVE UP!

It's fine for you to sit back and remove yourself from pain  
Stay in that political world of yours and use it to your gain.  
Be careful of the stories you hear, they come from different views  
The one's coming from the heart and souls are those that will ring true.  
So-called 'expert best evidence' causes many an aching heart –  
Look in to your people's faces, which at least would be a start.  
Who is that you're listening to? I'd really like to know.  
To me it makes little sense to give an addict a shovel and a hoe.  
What's the message you're sending out? They are digging their own graves  
You're helping them kill their soul. Thinking you will keep them alive is really not up to you  
And for those of you who trust and much too often say  
That drugs can be used "safely" you should all be locked away.  
No one deserves this message and as far as I'm concerned  
This shouldn't be your focus – abstinence should be learned.  
With all of its dark evil forces, the drug and the pain it causes, is always the reality here  
When will you see the damage? There's so much that's been done.  
So where does it come from, this irrational point of view?  
To give drug addicts what they want, a needle, syringe and sterile water too.  
Did you ever give a thought that this is all their choice?  
Please don't tell me different I don't want to hear your voice – "They can't help it!"  
I'll hear you say. "They don't know any better or any other way."  
Tell me what happens to their loved ones? The one's who pay the price  
The families that feel the pain in all that dread and fright.  
Waiting for the phone call or the policeman at your door  
Your heart lives in your throat and your soul on the floor -  
You let them tread on it as they've oh so often done before.  
Give the gutless what they want, give them everything they ask.  
They need it to survive, because they haven't got the guts to find the strength inside.  
I know it's so much easier to shut out all the pain, but just remember when they wake  
It'll all be there again. And every time it's so much worse. The shame is always there it never  
goes away. They know that someone cares and say: "This is the last time I'll shoot up". Please  
don't dismiss me as one who doesn't know, because my friend, I've been to hell and

I've got the scars to show.

"Nikki". Died 16/4/2001 aged 29 years.

The reason I was instrumental in forming three WA drug free community groups was due to a parent's worst nightmare, our daughter's escalated so-called "recreational" use of drugs from a teenager until she succumbed to the worst-case scenario, injecting drugs on Sydney's streets. I will provide a hard file of indisputable and scandalous evidence to depict how our daughter and hundreds of other people suffering terrifying and life-destroying drug addiction have had their pitiful condition made immeasurably worse due to Harm Reduction practices at all levels of government drug and mental health services. This of course impacts on all levels of the community, but especially families of drug addicts which are suffering a phenomenon of trauma and negative health effects.<sup>4</sup> These health harms to the family, including many youth suicides, beg to be officially investigated and independently of the pro-drug, Harm Reduction cohort, critically and honestly assessed and exposed.

In the case of our family we have suffered enormous grief, poor health, divorce and irreparable relationship breakdown and spent thousands of dollars. We blame successive Federal, State and Territory Governments which consider that the 'use' of illicit drugs is not as serious as the 'use' of tobacco and therefore does not garner political votes. No politician in his right mind would dare to sanction a policy which upholds the safe use, the Harm Reduction, of Tobacco. We also blame the Harm Reduction orthodoxy and strategies – especially methadone and the free, uncontrolled distribution of needles & syringes to incompetent and socially compromised people, which caused Hepatitis C and for perpetuating the nightmare of our daughter's addiction for 20 years.

Our daughter decided to 'give up' drugs and alcohol in October 2002 and, despite not one ounce of assistance from the WA Drug and Alcohol Authority or the Australian Government, she succeeded to maintain sobriety up to three months ago. She wanted to stop hurting us, she wanted to live and celebrate her 40<sup>th</sup> birthday with us, and she wanted private health insurance to get out of the revolving, incompetent door of the mental health system. She had not attended her beloved sister's funeral, because she could not be found. She wanted to go to live-in rehab and she wanted to be re-united with her 2 children, a girl (b.1988) and a boy (b.2000). By then she was diagnosed as mentally ill and was prescribed debilitating psychiatric prescription medications which created more harms and make it more difficult for the addict to put the dedication that is required into recovery. However, there was no competent, appropriate and safe drug rehabilitation in WA which had the expertise to treat her fractured psyche and tenuous mental state. Her father supports her financially (\$20,000 yearly) which pays her rent (\$180.00 per week), her cigarettes (\$5,400 per year), gives her weekly spending

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<sup>4</sup> "According to official figures, at least 22,500 Australian grandparents are bringing up their grandchildren – at least 31,100 children nationwide and unofficially many more. The most common reasons grandparents are called upon to assume the parent role relate to drug and alcohol abuse, death, mental illnesses, imprisonment and family violence, which can include either abuse or abandonment of the child" – The HBF Well Now Magazine – Summer2005/06.

money to supplement her Centre Link Disability payment and her HBF Membership which allows her to go frequently to the Perth Clinic – a private facility. At last count HBF had paid out, since March 2004, over \$90,000 for her Clinic treatment, private hospital treatment (she ‘caught’ diabetes due to her medication, Zyprexa) and a full mouth reconstruction because of the damage caused to her teeth by heroin and methadone, which cost HBF over \$14,000. Our daughter’s mental illness has now worsened. She is far sicker and socially incompetent than when she gave up illicit drugs. Her psychiatrist says that she “now” suffers malignant mental illness and she could suffer a heart attack and die at any time because of the massive weight gain caused by so-called pharmaceutical therapy, the anti-psychotic medication – Zyprexa.<sup>5</sup> Her doctor, a very patient and dedicated young man, says she needs permanent care, but there is no such place in WA.

Whilst the focus of government spending on Law Enforcement and Interdiction is continuously challenged by the Australian anti-prohibition movement, there has not to my knowledge been an equally exhaustive and comprehensive report on the financial cost to governments, the wider community and families which goes towards keeping an addict.<sup>6</sup>

History shows us that, prior to the concept of Public Health Harm Reduction ideology which has become dogma in Australia, all countries have acted swiftly to do all things possible to stop illicit drug epidemics. One such example is Sweden’s response to its disastrous prescription of amphetamines because of a Public Health liberalized approach in the mid 1960s. Sweden now has a restrictive policy on drugs. The overriding aim of Swedish drug policy is a drug-free society. This aim for a drug-free society is to be seen as a vision reflecting society’s attitude to narcotic drugs. The aim conveys the message that drugs will never be permitted to become an integral part of society, and that drug abuse must remain an unacceptable behavior, a marginal phenomenon. This overriding aim, then, indicates the direction of a restrictive drug policy.

Sweden believes that limiting the aims of drug policy to merely ‘reducing the harmful effects of drugs’ is to capitulate to illegal drug trafficking and to accept that drugs have come to stay in our societies. Sweden’s Drug Policy is distinctly and acutely opposite to Australia’s Harm Reduction Drug Policy. The Swedish Restrictive Drug Policy is formulated and maintained because drug abuse causes harm to society and considerably impairs the quality of life, both for the drug abuser personally and for the drug abuser’s family. The fundamental conviction underlying the aim of a drug-free society is that all people are entitled to a dignified existence. The foundation of its drug policy since 1995 is a close interaction between information and opinion formation, local prevention, control

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<sup>5</sup> “Alert on drug’s link to diabetes” – The Weekend Australian, 30-31/12/2006.

<sup>6</sup> “100,000 addicts claiming benefits” – The Weekly Telegraph, London. 14/12/2006.

policy and treatment of drug abusers. Sweden's purpose now is to communicate its policy on drugs to interested persons in other countries.<sup>7</sup>

It is important for policy makers and politicians to understand the truth how Australia has become swamped in illicit drugs. Our leading police and criminal intelligence agencies admit they have been unable to meaningfully disrupt the availability of ecstasy and amphetamines and we are about to be swamped by these illicit synthetic drugs.<sup>8</sup> Wouldn't the answer lie in Harm Prevention as recommended by the Road to Recovery Recommendation 122 and the Hon Kay Hull's report which would stop the "demand" which would then stop the "supply"?

Abusing the parliamentary process the ANCD, AFP, ADCA, NDAR and ten government departments contrived The 2006 Australian Government Response to the Road to Recovery. They arbitrarily denied the recommendation of Harm Prevention because the Goliaths of this colossal illicit drug industry know that this would be counter-productive to Harm Reduction. Of course there could be no marriage of the two. A recent UN World Drug Report has named Australians as the world's biggest ecstasy users and second-biggest speed users. Almost twice as many Australians use ecstasy (34 percent) as the next highest nationality, the British (2 per cent).<sup>9</sup>

It is necessary to understand the following extract from the Australian Drug Foundation Library, funded by the Commonwealth, to find out how Australia has arrived at this scandalous position:

"HARMSPEAK – THE ORIGINS OF 'HARM REDUCTION' IN AUSTRALIA:"<sup>10</sup>

*"Initially the drug policy discourse on harm was developed by public health-minded medicos in relation to alcohol. The advent of AIDS saw the reduction of harm transformed to "harm reduction" by a coalition of AIDS bureaucrat, medicos, drug-policy-makers (one of these was recently deceased John Perrin, adviser on illicit drug policy to Bob Hawke, Paul Keating and Prime Minister John Howard) and user-groups who formed a movement to prevent the spread of AIDS. For a brief time in the late eighties the political, medical, bureaucratic and community interest united under threat. Since the epidemic had been seen to be contained this alliance foundered and the harm reduction movement now presents a broad range of conflicting interests who constantly debate the meaning and use of the terminology.*

*The incorporation of a harm discourse into national drug policy represents a triumph for the health lobby. This achievement was assisted by the political strategies of some powerfully placed and enlightened medical figures, a policy based on a cost/benefit analysis combined with an overall trend*

<sup>7</sup> The National Institute of Public Health published Drug Policy – The Swedish Experience (1995:4) describing Swedish drug policy and its evolution. From "Drugs Dilemma – A way forward" edited by Dr Joseph Santamaria. Foreward by Major Brian Watters. ISBN 0-646-39664-1.

<sup>8</sup> "Ecstasy, speed to 'swamp' country – The Australian, 27/3/2006; WA pays high price for use of hard drugs – The West Australian, 20/4/2006.

<sup>9</sup> "Ecstasy, speed to 'swamp' country – The Australian, 27/3/2006.

<sup>10</sup> By Judy Pettingell, University of Sydney. 02 9439 3339.



to cost-cutting in the health sector as a result of economic rationalist policies and the threat of a new public health epidemic. The gay community provided a model for dealing with AIDS and AIDS bureaucracies provided the impetus for changes in the drug policy in the late eighties which created a new voice for illegal drug users.

“Drug policy is decided in the cauldron of law and order and in the context of public ambivalence about drug users. Cast such elements into the less humane political environment of the last decade, and it’s a wonder any progress has been made at all” (Professor Ian Webster, 1995). This comment signifies the achievements that have been made under the harm reduction banner. **In 1997, drug policy was handed over by government to the public health bureaucrats – the Department of Health & Ageing.** This, says Webster, is a logical outcome of the public health model advocated by key advisers on drug policy and it attempts to resolve tensions that have long existed with the separation of drug and alcohol and other public health issues. It introduces new players in the leadership in government drug policy-making.”

NB: Professor Ian Webster is the Patron of the Alcohol and Drug Council of Australia (ADCA) which favors and promotes all Harm Reduction strategies and radical law reforms and is the premium advisory group representing the community to the ANCD. Webster served two terms on the ANCD and achieved many victories for the minimization of illicit drugs and their use.

When he was Federal Minister for Health, Neal Blewett was favorably disposed towards Harm Reduction. During his academic career, prior to entering politics, Blewett had supported cannabis policy reform. In a 1994 interview with Steve Allsop<sup>11</sup> he stated: “I saw alcohol and cigarettes as the premier drug problems in this country – issues that the police generally had little to do with. I wanted to keep the emphasis on these drugs, which would certainly have been lost if the moneys were going into enforcement agencies to respond to what were essentially the minority drug problems in society.”

The threat of an epidemic from the incurable disease AIDS in the mid-eighties created a new meaning for the term harm and a new phrase, harm reduction. It also resulted in new leaders and interest groups becoming involved in drug policy. At this time the director of Drug & Alcohol Services at St Vincent’s hospital, Alex Wodak, was realizing the importance of the connection between drug use and AIDS. One morning he ran into a \_\_\_\_\_ outside his office in Darlinghurst. Wodak reports that \_\_\_\_\_ looked disconsolate and he asked him what is the matter. \_\_\_\_\_ answered .....I’ve just seen xxxxxx who is the son of a Professor \_\_\_\_\_ from in town here and he works at Brett’s Boys which is a gay brothel around the corner... and he’s got AIDS, is HIV positive, and is also a drug user’. Wodak viewed that Sydney was going down the same road as

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<sup>11</sup> Allsop S. Harnessing harm reduction in Australia: an interview with the Hon. Neal Blewett Drug and Alcohol Review (1995) 14, p273-281.

New York, Geneva, Milan, and having 50% positive in 18 months. He had heard about the reduction of harm applied to alcohol problems. He then set to and applied this model to injecting drug use under the subterfuge of the prevention of AIDS. (Wodak, 1997).

The Health Department was emphatically against the needle and syringe programs that Wodak needed. Wodak spent the next two years unsuccessfully writing submissions to fund a program in Darlinghurst Sydney the epicenter of the epidemic. On the 13<sup>th</sup> November 1986 in desperation Wodak opened the first needle and syringe exchange at Rankin Court, unaware that this was in breach of the recent Drugs Misuse and Trafficking Act. On November 12<sup>th</sup>, sick of being rejected funding for his needle exchange, he went down to the Alcohol and Drug Information Service and said “they’re just fobbing me off.. I think we’ll just have to do it... so we took up a collection, we all chipped in... and Dolan and Gino Vambuca went out and bought 1,000 needles and syringes and then we wrote on a piece of paper ‘free needles and syringes ring the doorbell’... and we stuck that with a drawing pin on the front door there and you can still see where the little holes are’ - (Wodak, 1997).

Tony Adams, Secretary of the Department of Health at that time, supported this move, and though Wodak was interviewed by the Drug Squad, they did not take action against him. Shortly afterwards the legislation was modified and the government opened a program operated through pharmacies followed by a community-based program. In August 1989 the National HIV/AIDS Strategy was published and a national AIDS and Injecting Drug Use Media campaign was later launched.

That is how Australian history was deviously and unalterably changed forever. We were promised that drug use and blood-borne disease would be reduced – this promised outcome has never been accountable or achieved.

However, during an expert meeting organized by Institute of Medicine in Geneva on December 19-20, 2005, Alex Wodak, author of the WHO report on the effect of needle exchange on HIV among intravenous drug addicts, admitted that mistakes may have been made, and the he would go over the report again. “There were many reports to read, over 200 of them, there maybe errors, and if that is the case, I will come back with corrections” - said Wodak. The Swedish scientist Kerstin Kall, co-author of a study on the same subject, passed devastating criticism on Wodak’s report. Kall exposed some of the conclusions Wodak made of the materials which he and his co-author gathered, and pointed out the incongruities of the same. The errors are easy to find for anybody who reads the report, said Kall. For example, Wodak has included in his report a study as evidence of needle exchange programs’ effectiveness on HIV prevention which did not measure this factor but only the number of returned syringes. Kall criticized Wodak further for the incorrect methods he used and said that there are great risks when comparing HIV prevalence in various cities around the world.

Harm Reduction was never about stopping drug use *per se*, it was only about controlling AIDS from an epidemiological health perspective, leading to the eventual Legalisation of all illicit drugs<sup>12</sup>. It is difficult to conceive the lack of intelligence and illogic incompetence of the AIDS so-called experts. If they really wanted to stop the spread of AIDS through the injecting drug users, there was no need for either issue to be treated and funded as adversarial. The worst thing to do in regard to safe health practice was to open the doors to permissive, addictive, unaccountable, expensive and uncontrollable injecting of illicit drugs. Similar to the cigarette smoker's addiction to the smoking process, as shown in the latest *Commonwealth Anti Tobacco Campaign: How cigarettes poison a smoker's mind*, the ideation of using, searching and obtaining illicit drugs and even putting the needle into the body is a very powerful addictive process. Injecting drugs in itself is a serious addiction leading to perpetuating the use of narcotics.

It is beyond the normal realms of belief that Wodak and Vumbaca have been able to wield so much power and influence on Australian Drug Policy. And as they both assiduously work towards further and further law reforms, neither, are content with the havoc they have caused<sup>13</sup>. Sumac's position as Executive Officer of the Prime Minister's Australian Council on Drugs is extremely partial and selective. He does not represent the majority of Australians or the majority of families suffering from drug use.<sup>14</sup> His association with Wodak comprises the ANCD due to a serious conflict of interest. The ANCD is not a level playing-field representing both sides of the drug debate. It is extremely alarming that this Council predominantly benefits Harm Reductionists and that the vice-Chair of the ANCD, Professor Margaret Hamilton, is an integral member of the UK drug legalization group, the Beckley Foundation. This is funded by George Soros and other legalization stakeholders. How far does the Prime Minister have to go to support the polarized, David and Goliath illicit drug debate?

It is equally disturbing that "the ANCD provides Ministers with independent, expert advice on matters connected with licit and illicit drugs. It provides a non-government voice to facilitate partnership between the government and community sectors in the development and implementation

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<sup>12</sup> "Legalise personal drug use, says health lobby" – The Australian, 4/10/1993. The Public Health Association resolved at its annual general meeting, convened by Dr Alex Wodak, that people caught possessing small amounts of illicit drugs should not be prosecuted. Instead, small quantities of such drugs should be deemed as being for personal use and their holders should be referred to health and welfare agencies for help.

<sup>13</sup> "WHO report on needle exchange likely to be revised: Dr Alex Wodak was during many years leader of the international harm reduction movement. He launches both needle exchange programs and injecting rooms in Australia on his own initiative, before these became legal in the country. Wodak has also taken an active part for legalizing cannabis." – The European Cities Against Drugs Newsletter. Phone: +46 8 508 29 362 <ecad@ecad.net>

<sup>14</sup> "Recent research reveals that **over half a million Australians had used amphetamines in the previous 12 months and approximately one in three households are affected by illicit drug use**" – Letter from the Australian Government/DOHA, Sgd. Linda Rigby, A/g Director, Illicit Drugs Section, 29/5/2006.

of policies and programs to redress drug-related harm”.<sup>15</sup> Such a system is tantamount to putting Dracula in charge of the Blood Bank. It is little wonder that, on the advice of the ANCD, WA Federal Liberal politicians distance themselves from our members who seek help to fight the WA Government’s Cannabis Laws and to gain assistance for human and mental health services for the drug addicted and their families. WA Liberal’s doors are slammed in my face.

If Australian drug authorities had implemented a Harm Prevention Strategy by funding responsible school drug education, upheld unequivocal Compliance and Law Enforcement and provided competent Live-in Drug Rehabilitation Centers, the uptake of illicit drugs by the young would have been marginal, the police would not have been overrun by lawlessness and chaos which led them to capitulate and solicit Harm Reduction policing and thousands of addicts would have been free of the bondage of addiction to illicit drugs.

A series of illicit drug epidemics started in WA in 1992. Young people, funded by the Commonwealth Homeless Allowance, were leaving home far too early, unprepared for life’s challenges and still in the formation stage of how they would define their lives and relate to wider society. Often these teens, escaped from the confines of their homes and family customs, drifted into the drug culture, would not seek employment, they existed and used cannabis and alcohol by pooling social security resources from fortnight to fortnight. Many of the teenage girls become pregnant. Two WA Medical Abortion Clinics are their means of birth control.

Suddenly amphetamines and heroin were rife in Perth<sup>16</sup>. Parents were plaguing the media to let the public know the devastation of young people using drugs, they wanted to know where they could go to get help (there was nowhere) and they wanted the police to catch the dealers. Some of these parents joined me in starting the APM.

Our groups held successful public meetings and they were attended by police and politicians who turn blamed the parents. We demanded that the truth of illicit drugs be taught via the NDS School Drug Education Project (this did not happen), we called for the dealers to be caught (they weren’t), we called for drug free jails, we called for rehabilitation ‘beds’ based on abstinence far away from the streets where drugs prevailed in abundance. We didn’t get that either, because, academic drug “experts” advised bureaucrats who in turn advised government ministers that bricks and mortar live-in rehabs for drug addicts were not economically viable and anyway, they said, they didn’t work.

Two of the parents who were APM members had sons in jail. Ultimately, one of these parents lost her son to heroin overdose. He and his pregnant partner died in a car after being dealt heroin. They left behind a 4 year old daughter who was cared for by his mother and his two sisters.

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<sup>15</sup> Letter to G. Mullins, The Coalition Against Drugs (WA), West Perth. Dated 12/2/2007. From The Hon Christopher Pyne MP, Assistant Minister for Health and Ageing.

<sup>16</sup> “Heroin deaths double as drug drought end” – The West Australian, 9/12/04.

The other young man, Matt, who had been a capable and likeable school student, brother and son, started using cannabis at age 16 when he was apprenticed as a motor mechanic. Matt only worked for 18 months, was then in and out of psychiatric wards and spent his 21<sup>st</sup> birthday in jail – not for using drugs but he was convicted of physically attacking a young woman he was taking home from a party. The doctors refused to advise Matt that his psychotic episodes were caused by cannabis. Today, Matt is under a mental health order to be injected regularly with an anti-psychotic, he lives alone in state provided accommodation, he longs to have normal interactions with his peers, and he would love to have a female relationship. He is under the supervision of a public mental health unit. He does not touch illicit drugs or alcohol. The last time I heard he had even stopped smoking tobacco.

For the last 2 years, if Matt is in a panic or feels mentally disturbed which is a legacy of his years of cannabis and amphetamine use, day or night, he has a mobile phone to make immediate contact for a home visit from his designated mental health nurse. But he cannot participate in his parental role with his two beautiful, but troubled and deprived children, aged 12 and 14. Instead they live with their mother who is an alcoholic and a drug dealing cannabis user. Matt's parents take care of the children most weekends and subsidize the costs of school and recreation and other needs like school clothes and other treats.

Matt is a “good as it can get under the circumstances” success story of giving up drugs and staying off them. Because he was not a heroin addict, did not use injecting equipment and was not incapacitated by methadone his recovery is not impeded by the results of Harm Reduction “health” strategies. Eventually he realized that the drugs were causing him terrifying psychosis, he was scared that he would suffer these and the other problems he was experiencing all his life. However, his mother gets very down at times as she thinks of her beautiful son whose life will not be the same as his two brothers. She is furious with the psychiatrists who wouldn't listen to a mother who knew her son better than they did. They patronized and ignored her claims that it was the cannabis that was driving Matt's hallucinations and psychosis. His Dad loves him very much and helps him to keep his car on the road. But his Dad, like many drug addicts' fathers, rarely talks about what has happened to Matt and his family. Matt's maturity is halted; he is juvenile and cannot provide his children's basic needs or the expense of recreational activities. The grandparents do all they can to assist these children and supplement the huge deficit in their upbringing.<sup>17</sup>

In WA, home services for the mentally ill are a new style of cost effective public health management to keep these dually-diagnosed ‘clients’ out of public hospitals. In the Mid-West (WA) area where I live, since 2001, there has been a 400% increase in Flying Doctor flights to Perth's expert

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<sup>17</sup> “Tragedy of a family with son an addict” – The Fremantle/Melville Community News, 14/10/1997.

psychiatric facilities because the recently refurbished Geraldton District Hospital does not have adequate locked wards or is not staffed by expert doctors and nurses.

To deal with the huge demand of parents and families with a mentally ill loved one looking for urgent and frequent assistance, the WA Health Department runs a “Mental Health First Aid Course”. There is a cost of \$80.00 for parents to attend a series of these courses. Police, Prison Officers and Human Service employees are urged to attend these courses to learn how to manage the mentally ill – especially the drug addicted person suffering a psychosis – but the police are too busy.<sup>18</sup>

A rising incidence of drug-induced psychosis in country towns has forced local police to abandon their posts to help the mentally ill. In the South-West District, regional police officers had to escort 37 mentally ill patients from their local town to Perth from May to November, 2001. More than 80 per cent of the cases were drug-related and violent. There were only 12 such escorts for all of the 1999-2000 financial year.

\_\_\_\_\_ now retired (the police hierarchy distanced themselves from him because he was too outspoken about drug and alcohol fueled violence and lack of judicial responsibility), said that two of his officers were forced to stand an overnight guard on a drug-affected 16 year-old girl who repeatedly threatened to kill herself. They then had to close the town’s police station to escort the girl to another town where there was a hospital that could manage the girl’s suicidal intentions. Police in another town had also recently escorted the same psychotic girl who was a heroin user to Perth three times in a fortnight.

South West Mental Health service psychiatrist \_\_\_\_\_ said persisting drug-induced psychosis was extremely prevalent in the region. He believed it would become worse if proposed softening of cannabis laws were passed. Dr \_\_\_\_\_ said that one recent patient, suffering drug-induced psychosis, had torn his room apart. Dr \_\_\_\_\_ had treated several others in the back of a police van because of fears for his personal safety. Superintendent \_\_\_\_\_ said people suffering a psychosis were often violent and a danger to the public. “It’s not just a police issue, it’s everybody’s problem” Superintendent \_\_\_\_\_ said. “Drugs and alcohol can kill and maim and these people are harming their brains. The only thing they will be able to do in the future is lick stamps.”

Supt. Watson blamed increasing drug-induced psychosis on the growing use of amphetamines in the wake of decreased heroin availability. Dr \_\_\_\_\_ said those with the psychosis were often agitated, paranoid and disorganized. They showed a grandiose attitude where they could take on the world. WA Health Department director-general Dr Neale Fong has finally admitted that “the increase in mental health patients attending hospitals was largely due to drug use”.<sup>19</sup>

<sup>18</sup> “Police leave beat to aid mad, dangerous” – The West Australian, 30/11/2001.

<sup>19</sup> “Concerns over mentally ill in hospitals” - The West Australian, 7/10/2006.

According to the 2002-03 Australian Institute of Health and Welfare figures, only 9 per cent of mental health referrals were due to people who have not had any history of substance abuse. Illicit drugs (heroin, amphetamine and cannabis) caused 51 per cent of these referrals and alcohol 40 per cent. Where are the ‘cannabis won’t hurt you’ led by Professor Wayne Hall, *et al*, academic experts who dominate the Sydney University National Drug and Alcohol Centre (NDARC). These social scientists with Curtin (NDRI) and the Flinders SA Centre of Alcohol Education and Training have been exulted to Commonwealth Centers of Excellence and are funded accordingly – even without any evidence of success in reducing drug use or the cost thereof. Their job, together with the *Australian National Council on Drugs*, is to inform the Prime Minister and Cabinet through social policy advisers, how illicit drug policy should be implemented and managed.

The so-called “evidence-based”, politically correct social policy advisers, particularly the President of the Drug Law Reform Foundation, Dr Alex Wodak, led the school of Harm Reductionists and drug legalisers which construed the economics of Prohibition was too expensive, too punitive, it made the police unpopular and that Harm Reduction was much cheaper. Anyway they said, illicit drugs were mainly benign, certainly not as harmful as licit drugs so it wasn’t necessary for people to stop using drugs if they were not ready to give up. In the 90s the catch cry of the drug reform lobbyists was “Prohibition doesn’t work”, based on the so-called failure of US Alcohol Prohibition.

By 1995, Australian Police had adopted the National Campaign Against Drug Abuse (NCADA) National Drug Strategic Plan (1993-1997).<sup>20</sup> “The Harm Minimisation thrust of NCADA continued from 1987, to guide the National efforts in the drugs area”. Similar to today’s National Illicit Drug Strategy (NIDS), illicit drugs are directed and maintained by the Department of Health and Ageing’s philosophical premise that: “Harm Minimization Policy is an approach that aims to reduce the adverse health, social and economic consequences of alcohol and other drugs by minimizing or limiting the harms and hazards of drug use for both the community and the individual without necessarily eliminating their use.”

Via the NIDS, all police and health are partners in a collaborative Memorandum of Understanding that turns a blind eye to drugs and dealing around needle and syringe distribution outlets. Police are enlisted by the NIDS Health Partnership to use their discretion when coming across assumed “first time” users and dealers who possess only a “small” amount of narcotics. This is called the NIDS Illicit Drug Diversion Initiative (IDDI), directed and funded by DOHA, drawn up by the 1999 Ministerial Council of Drug Strategy Meeting in Tasmania and maintained by the Council on

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<sup>20</sup> The National Drug Strategy: mapping the future. A report commissioned by the Ministerial Council on Drug Strategy. Canberra, April 1997. Prepared by Professor Eric Single and Professor Timothy Rohl.

Australian Governments (COAG)<sup>21</sup>. Since all State and Territory Governments are now Labor, the Federal Government has little say in how drug law reforms are legislated or how the policy is interpreted. Despite the Federal Government's condemnation of Labor's soft drug laws, nothing is done to change this at Federal level. Up until 1995, targeting personal use and street drug dealing was a police jurisdiction but it took up too much police time writing up reports and going to courts where magistrates threw out the charges and the police lost respect for the court system. This led to the Heroin Epidemic in the late 90s.

Harm minimization – different expectations of police:<sup>22</sup>

The following explanation of Harm Reduction by police is by Frank Hansen, a past member of the ANCD, a member of the National Drug Law Enforcement Research Fund and a member of the Inter Governmental Committee on Drugs: *There are good examples of Police organizations embracing the concept of harm minimization in their policies and operational practices. The question however, of balancing the demands of traditional law enforcement objectives as they apply to the public domain while attempting to serve the aims of harm minimization remain a challenge for police management. Policing priorities in that arena focus on the notion of advancing a safer environment and improving public amenity by reducing street crime, and the fear of crime, and ensuring responsive public order management in line with community expectations.*

*These priorities are set within the context of harm minimization objectives such as ensuring access to health services for those at risk, diverting offenders to appropriate services and, to that end, strengthening inter-agency cooperation and partnerships.*

*In considering the delivery of front line services, police recognized the local community is a critical stakeholder and, arguably, that is entirely appropriate. That said, the community demands to be able to move freely, and with a feeling of safety, around public areas without being confronted by the visible consequences of drug use and expect police to ensure this is the case. Normally this would not prove a problem, but in areas of significant street level drug activity or where larger health services for drug users are established, there is often conflict with community expectations.*

This seems inexcusable police spin. What does Hansen mean when he intimates that Harm Minimisation (Reduction) is in conflict with Compliance and Law Enforcement and community expectations? So who wins – Law Enforcement and the community or Harm Minimisation?<sup>23</sup>

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<sup>21</sup> What is a Cannabis Education Session? Cannabis Education Sessions are jointly funded by the State of WA and **the Australian Government as part of the COAG Illicit Drug Diversion Initiative.**

[www.drugaware.com.au](http://www.drugaware.com.au) – The West Australian, Saturday, 27/3/2004.

<sup>22</sup> APSAD 2004 National Conference.

<sup>23</sup> "Harm Reduction in Belfast: Science or Social Movement?" – Neil McKeganey, Professor of Drug Misuse Research, Centre for Drug Misuse Research, University of Glasgow.



In a letter to the WA police dated 20<sup>th</sup> October 2000, at the height of the heroin epidemic, I called for two police strategies to be introduced: (1). A mind-set by the whole community that all illicit drugs are seriously harmful. I informed the police that this would not happen while the WA Police Service continues with a policy of Harm Reduction. I wrote that WA is awash with illicit drugs and addicts, drug deaths are common, the addict's children are abused and neglected and many families are devastated. There is an increase in grandparents having to care for the addict's children as well as an increase in the number of placements with Family Services. Our group had six members who were grandparents and were sadly in this category; and (2) a decreased street availability of illicit drugs from user to user by a previously intensive and successful media anti-amphetamine campaign – "Speed Catches Up With You". I explained that the majority of addicts deal amongst themselves and "Harm Reductionists" seek to win-over the addict by making more and more 'user' concessions, whilst they say, they do not wish to 'normalise' drug abuse.

I pleaded for the police to take back the role of law enforcement and for them to launch a hard-hitting anti-drug campaign so they wouldn't have to be the front line of picking up drug crazed users and ferry them to the psychiatric wards. This is a heartbreaking by-product of drug use for police, the families and the addict. Supt [redacted] phoned me to attend a meeting in his office, he listened genuinely to my case for Harm Prevention strategies, said he agreed wholeheartedly and he would see what he could do. Mr [redacted] was moved to manage "Traffic" and I was advised that there was no money to revisit the "Speed Catches Up With You" Campaign.

WA has the highest rate of speed use in the nation, although cannabis is still the number-one drug used throughout Australia. "The dramatic rise of methamphetamine abuse has created an ultra-violent drug culture that threatens to haunt the WA community for decades and bedevil police and health agencies." The perception by WA drug academics, which are the official source of drug information, is that speed is erroneously considered benign and this helps to give rise to the problem. For instance, with heroin, people knew they could get hooked and have a real problem but they did not see that with amphetamines. It is seen "as an extension of their social life".

The WA Police Drug and Alcohol Coordination Unit said that: "People today don't see there's a real issue with using amphetamine, especially with ice, because they can smoke it. They do not have to inject it. They aren't seeing that there is that added danger".

On the strength of these two astonishing admissions from WA's so-called drug experts, I would expect that, now our governments have spent thousands of dollars over the last 15 years on wages for approximately 50 WA social science "knowledge gatherers" to indicate the size of the problem and the target group of main offenders the WA Drug and Alcohol Authority would and should educate

these young adults with a graphic anti-drug campaign to equal the unequivocal and robust QUIT Tobacco Campaign. However, that is not the case and it is far from becoming reality.

The WA drug and health authorities and police are so committed to cannabis decriminalization, harm reduction strategies and other law reforms, that they will not educate the community about the harm of drugs such as the ravages caused to three British women who were ice and cocaine users.<sup>24</sup> Allsop says 'Shock campaigns may have a short-term impact but have no lasting impact'. So how can governments who are cash cows for the myriad of anti-tobacco/anti-cancer campaigns justify the graphic and gruesome current campaign on tobacco packs and the media if according to Allsop they don't work? What in Professor Allsop's opinion does work? I hope he has now found the answer because he leads and advises the Australian Government Strategy on Ice.<sup>2526</sup>

A recent UN world drug report has named Australians as the world's biggest ecstasy users and second-biggest speed users. This should explain the scandalous size of WA's illicit drug epidemic and the cavalier attitude adopted by the WA Drug and Alcohol Authority and the WA Mental Health Services.

It is very important that I stress emphatically in this Submission that the majority of these drug-induced people who are off the planet and violent, are often young people. They are most likely someone's son or daughter, sister or brother,<sup>2728</sup> On the 12<sup>th</sup> April 2000; a WA Health Department released a survey of 3200 West Australians between 2002 and 2005 which found young men aged 20-24 were the big users of ecstasy, with one in nine reporting having tried it. One in five young West Australians drink alcohol at dangerous levels and uses at least one illicit drug such as marijuana, amphetamines or ecstasy. Another group of acutely mentally ill drug users are mothers or fathers with very young and extremely at risk, vulnerable children. The Premier, Alan Carpenter said, "the Government is increasingly becoming a repository for the neglected children of drug-addled parents who are failing to live up to their responsibilities. The Government was facing a rising number of young people in need of care, requiring more foster parents and residential hostels. Parents have to take responsibility for their children"<sup>29</sup>

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<sup>24</sup> "Drug scare campaigns doubted" – The West Australian, 6/11/2004.

<sup>25</sup> "Big foetal toll in ice plague, warns doctor" – 13/7/2007; "The Ice Storm" – Sleepless binges, manic sexual urges, psychotic episodes...methamphetamine is filling hospitals around the country with its victims. –The Weekend Australian Magazine, 1/10/2006.

<sup>26</sup> "WA prey to violent drug binge – The highly addictive nature of methamphetamine has resulted in a pandemic and at the same time a new cash cow for crime syndicates" - Detective Sen. Sgt Alan Morton, WA Police Service, The West, 1/8/2006.

<sup>27</sup> "Young binge on drink, drugs" – The West Australian, 12/4/2006.

<sup>28</sup> "When the Children arrive..." A resource Book for Kinship Careers – The Mirabel Foundation, St Kilda, Vic. 2004.

<sup>29</sup> "Explain child death figures: Opposition"; "Addicted parents fail offspring: Carpenter" – The West Australian, 6/9/2006.

With the onset of the WA heroin epidemic, parents and the wider community were starting to publicly protest about drug addiction, the crimes they caused, imprisonment of a son or daughter and the abject lack of drug prevention and rehabilitation services. Public anti-drug meetings were frequent. The emphasis being that the drug dealers escaped police action. However, as Heroin was taking its toll on Perth, teenagers were dying of overdose in public toilets and wherever they shot up. The media relentlessly pursued the Liberal Government to be accountable for these deaths. Terry Murphy was CEO of the WA Drug Abuse Strategy Office (WADASO) but by stealth and subterfuge, undermined Liberal's Rhonda Parker, the Minister Responsible for Drug Strategy. She eventually lost this position because she stood in the way of the drug legalisers, Dr Kodak, Professor Penington and Tony Trimmingham and their efforts to have heroin clinics set up in Perth.

Meanwhile, some Perth parents who had sons or daughters who were either drug addicted or had died from drug overdose, were enlisted by Murphy to work as volunteer drug counselors. These parents educated by Trimmingham<sup>30</sup>, that if their child had a safe place to inject, the drugs were provided free and the laws weren't so tough their child would be still be alive. This became a very emotive and appealing solution for some parents who were struggling with their own children's drug habits. So a powerful political lobby group under the guise of a WA Drug & Alcohol Authority Help Group, the Parent Drug Information Service managed by academic and bureaucrat, Lee-Anne Raeside, became the Trojan Horse of the WA Government's Harm Reduction of Illicit Drugs and Law Reforms. Terry Murphy is Acting Director of the WA Drug and Alcohol Authority.

The assault on WA by the drug legalization movement supported by the Public Health Association of Australia (PHAA) was far more organized than our "grass roots" groups. We were ridiculed and patronized by the mental health and the drug addiction industry. Rabid WA drug reform health bureaucrats and academics with the libertarian activists of the legal fraternity, such as Sydney's John Marsden and the WA Minister for Planning and Infrastructure, Alannah MacTiernan, were publicly campaigning for the legalization of drugs. They claimed, to gain the success of their agenda, that drug were benign, that the laws were "Neanderthal", that the police were corrupt and that people were given police records which interfered with travel visas and jobs. They said these measures were too punitive and didn't work. MacTiernan's Parliamentary Maiden Speech compared using drugs to eating ice cream and she said she would do everything in her term of politics to promote the abolition of Prohibition.

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<sup>30</sup> "Mr Trimmingham has become a drug law reform advocate and the founder of Family Drug Support, a group for families and friends of people with drug problems. He was behind the first heroin injecting rooms set up in Australia. He believes it is time to recognize that the zero tolerance approach to drug abuse has failed miserably. He says: There is absolutely no evidence that a zero tolerance approach works. Trimmingham was brought to WA by Terry Murphy of the WA D&A Authority to address two community seminars, the 2003 Drug Action Week and the 2006 Beyond the Boundaries Symposium supposedly to help parents of addicts. – "Phone call set father on reform" – The West Australian, 25/6/2003.

Tragically, WA has had the most pro-active solidarity of drug reform activists compared with the rest of the country. And, as explained by the damning report by the UN International Narcotic Control Board (INCB), “countries that downgraded the cannabis threat got the drug problem they deserved”.<sup>31</sup> However, the state laws are congruent and in compliance with the National Illicit Drug Strategy (NIDS), Ministerial Council on Drugs Strategy (MCDS) and Council on Australian Government (COAG) Guidelines and Infrastructure. The practice of the Harm Minimization “philosophy” underpins Illicit Drug Policy. Harm Reduction is the sole criteria for Federal funding of drug/health agencies or community based projects.

But, do the addict and their family deserve to be the discarded, ignored, collateral damage for the ultimate and heinous aims of the drug reformists and Harm Reduction movement? These activists, fuelled by pedantic fanaticism, subscribe to socialistic ideologies. These are the health “union” - the Public Health Association of Australia [www.phaa.illicitdrugpolicy.net](http://www.phaa.illicitdrugpolicy.net), a cohort of the legal fraternity and Curtin University Health Sciences/Public Policy Department. These Harm Reductionists educated the WA Government and community leaders that illicit drugs were benign, no-one ever died from cannabis, and that WA laws were too extreme and punitive. Their aim was to sanction the personal use, dealing and cultivation with impunity.

The evidence of this permissive, libertarian practice is the Harm Reduction drug and alcohol school education program “Drugs in Perspective” which teaches high school students “if you are going to use, use safely”.<sup>32</sup> Since 1991, the Curtin University health sciences has filled young West Australian’s minds with misinformation about illicit drugs, such as “The Illicit Drug User’s Guide to the Galaxy” printed in the Curtin *Grok* student paper by Assoc. Professor Bill Saunders who failed to publicly disclose his position as Patron of the National Organization of the Reform of Marijuana Laws (NORML). When Labor was elected in 2001, Saunders received a very large amount of funding for Dual Diagnosis. Could this be a Golden Handshake for his years of rabid drug reform incitement? I have tried to uncover where this money has gone but to this stage the WA Health Minister can only ‘openly’ provide 2 pages of Overhead Lecture notes for a Joint Services Graylands Psychiatric Hospital Think-Tank set up by Saunders.

Many of these ‘90s university trained persons are now holding influential positions throughout the community, such as the police, doctors, pharmacists and lawyers. It is little surprise that young up and coming, trendy West Australians have a love affair with illicit drugs and alcohol and are completely circumspect and inured to using them with impunity<sup>33</sup>. WA has the most permissive cannabis laws in the nation and possibly the western world. The architect of these laws, Dr Simon

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<sup>31</sup> “WA urged to drop soft stance on cannabis” – The West, 28/6/2006.

<sup>32</sup> “Booze, sex and drugs spark school warning” – The West Australian, 2/12/2006.

<sup>33</sup> “Our expensive love affair” – The West Australian, 18/6/2003.

Lenton<sup>34</sup>, led the international project team the UK Forward Thinking on Drugs funded by the legalization group, the Rowntree Foundation. Cheryl Kernot was also implicated in this project. Lenton constantly lobbies politicians and the media for the survival of the WA Cannabis Laws, despite the fact they have failed abysmally.<sup>35</sup>

In the mid '90s Social Science academics from Curtin University called public meetings to inform unsuspecting parents that it is “normal, human behavior for kids to use drugs”.<sup>36</sup> The academics and sociologists insisted drugs were benign, comparing them to their perceived harms of the licit drugs. Such propaganda was to pave the way for firstly, the harms of cannabis to be denied and secondly, the legislation of the most permissive cannabis laws in the world. Health bureaucrats, lawyers, the AIDS and anti-tobacco “industry” lobbied governments, showing construed opinion polls, to decriminalize drugs.

A very committed and libertarian academic fraternity took to the state podiums, minimized the harm of illicit drugs and campaigned for the legalization of marijuana, amphetamine and heroin. These university lecturers proposed to their young students that, all drugs should be restricted to licensed premises or that all drugs should be unrestricted, with the usual conditions as to age of purchase – sold like alcohol in bottle shops, believing that the policy of restricting supply would be an ‘expensive failure’.

Saunders repeatedly minimized the harm of drugs, called for heroin in one-shot syringes to be supplied to ‘addicts’<sup>37</sup> and told people how to use ‘safely’. Saunders did not disclose that he was the Patron of the National Organization of the Reform of Marijuana Laws (NORML) and to this end he was a constant and entertaining proselytizer for drug reforms at every level of WA society. This public brainwashing introduced Harm Reduction and drug reform to Rotary and Lions Clubs, the medical establishment and politicians.

Saunders suggested that all drugs be distributed through automatic teller machines similar to those used by Banks and accessible only in limited amounts to registered users billed at the time of use. The Parliamentary Committee on the National Crime Authority (NCA) was not averse to Legalization. It reported that “whether the industry is publicly or privately owned, there is strong

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<sup>34</sup> National Drug Research Institute/Curtin Media Release: “New Cannabis Laws Recommended”, “Doubts over drug-drive tests” – Simon Lenton. *The West Australian*, 11/9/2006.

<sup>35</sup> “Marijuana users ignore the penalties” – *The West Australian*, 20/5/2006; “Move to curb acceptability of marijuana” – *The West Australian*, 16/5/2006; “WA urged to drop soft stance on cannabis” – *The West Australian*, 28/6/2006, “Parents seethe – state under fire over drug laws” – *Fremantle/Melville Community Times*, 1-7/1/2002 and “Cannabis penalties attacked” – *The Sunday Times*, 21/5/2006.

<sup>36</sup> “Learning to live with drugs”, the drug/health academic’s “bible” by the expert on Harm Minimisation of Drugs, Michael Gossop.

<sup>37</sup> *Sun/Herald*, 2 September 1990.

support for the argument that supply should be 'regulated by government, rather than being left outside the law'.

I realize that the reading of this early nineties saga is onerous. Nevertheless, I believe the background history of how Australia has been steeped in drug abuse since 1991 coincides with the proliferation of drug legalization propaganda. Is it simply an accident that WA academics led the push for drug legalization and WA has the highest rate of drug abuse in the nation? Surely, this must be seen in the light of the facts which show permissive drug taking utopias especially without realistic and responsible drug education are fertile ground and primary targets for what followed - a continuing cannabis endemic, the heroin epidemic followed by the five year and current amphetamine epidemic.

Due to the tsunami wave of disaster happening to our daughter, I was fortunate to be directed to Holyoake Drug and Alcohol Services in 1987, to seek help for my all-consuming grief and hopelessness. There I learned the facts about addiction, caretaking and rescuing the user. The methodology of Alcoholics Anonymous and the Twelve Steps were the basis of the Holyoake program. I became a voluntary parent group facilitator for several years and I spoke to parents referred to Holyoake by the WA Children's Court about "grief and loss". It was about this time that Australia was experiencing the advent of AIDS. AIDS changed the way in which drug issues were governed and human services and illicit drug non-government organizations were funded.

Bob Hawke's family tragedy led to the launch of the National Centre against Drug Abuse (NCADA). Health Minister, Carmen Lawrence, widely distributed explicit brochures to instruct addicts how to "inject safely" and to use "a new hit for every fit". Essential scientific data on the physiological and psychological innate harms of drugs and the traditional drug services, such as that practiced by the Salvation Army, demanded an abstinence state for its live-in clients or else they were tipped back on the streets. Today, the Salvation Army is a Harm Reduction stakeholder so that it qualifies for Commonwealth funds. Such capitulation and compromise of years of abstinence-based Salvo programs, shows the devious means of enlisting highly respected community organizations for the purpose of promoting left wing philosophies pertaining to illicit drugs.

Many parents have sought accountability in seeking the truth of what happened to cause their teenager's death in Graylands. The matter is sacrosanct and hushed up. The WA government escapes accountability for its drug/health casualties. Over 85% of Graylands beds are due to illicit drug use causing madness. The "revolving door" and rapid discharge of most seriously ill young people is not for medical reasons but for legal reasons. This is due to the 1996 WA Mental Health Act. Our daughter has had over 30 admissions over the last 20 years. Most hospitals do not have the expertise or locked facilities to manage psychotic and delusional drug addicts.

Following the scandalous results of the 2005 *Not for Service* Mental Health Report by Professor Ian Hickie and the Human Rights Commissioner, Dr Sev Ozdowski, the Prime Minister and The Minister for Customs, Senator Ellison slammed states for their 'soft' drug laws. Mr Pyne, as Parliamentary Secretary on Health, released a statement in October 2005 that WA has some of the most liberal cannabis laws in the nation. He called on the States to scrap liberal cannabis laws because, noting Professor Hickie's expertise, he warned of the drug's link to mental illness. The Prime Minister and Cabinet have had 10 years to change Hawke and Keating's autocratic and arbitrary drug laws and piece-meal drug regulations. Australian Drug Policy is devised, driven and funded by faceless bureaucrats advised by a left wing social cohesion, a myriad of NDS committees with duplication of the same pro-drug identities with a raging conflict of interest, over and over again. The states and territories have not publicly or openly disclosed the legislation of 'soft' laws, they have usurped law and order and authorized radical regulatory procedures without independent scrutiny for evidence based outcomes.<sup>38</sup> I do not know whether the Federal Government is under the direction of the NDS or vice versa but both secretly refuse to impose sanctions on illicit drug users.<sup>39</sup>

Under a WA Liberal Government, the Young Offenders Act 1994 was passed. This was to make police paper work less onerous. The young offender was cautioned with little consequences. This of course suited many parents who didn't want their son or daughter deprived of entry into other countries or having a black mark on a police reference which could influence their employment. Once again records were not kept. The result of this senseless law is that in WA the number of juveniles appearing in the Children's Court jumped by more than 1200 last year.<sup>40</sup>

There are two main drug reform parent groups, Tony Trimmingham's Family Drug Support and Brian and Marian McConnell's Families and Friends of Drug Law Reform. When these two families lost a son to a heroin death, they were enlisted to lend weight to the burgeoning drug reform push, to garner the sympathy of the media and the public through the message that if their sons had free drugs and a place to shoot up they would be still alive. They are closely aligned to Dr. Alex Wodak's and Michael Moore's Australian Drug Law Reform Foundation (ADLRF) and the Australian Parliamentary Group for Drug Law Reform (APGDLR). These are really sister groups, lobbying at two levels and sharing the same aims and philosophies.

The ADLRF educates health professionals, think tanks and government at all levels on economic rationalization of the benefits of legalization. The APGDLR Canberra Office is situated in Parliament House. Duncan Kerr is the Convener of the APGDLR. It will not publicly release the names of its

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<sup>38</sup> "Marijuana users ignore the penalties" - *The West Australian*, 20/5/2006;

<sup>39</sup> The National Drug Strategy: mapping the future. NDS Evaluation by Canadian Harm Reductionist, Professor Eric Single and Timothy Rohl.

<sup>40</sup> "Juveniles in court more often" - *The Sunday Times*, 16/5/2004.

members. It is a strictly secretive parliamentary ‘insider’ movement in the Federal Parliament and all States and Territories. Therefore, if there are APGDLR members representing the Standing Committee into *The Impact of Illicit Drug Use on Families* or an APGDLR representative, such as the Hon Sue Ellery, the Parliamentary Secretary to the WA Health Minister or the WA Liberal, Dr Mal Washer, they should declare their specific ‘interest’ in the matter of drug policy. APGDLR members occupy a prime position to influence the development of drug propaganda. APGDLR members on all sides of Parliament vote for and covertly influence anti-prohibition strategies and drug reform in the MCDS engine room and Parliament. Ellery says she will not be bullied by the Federal Government to rescind WA’s cannabis reforms. The Hon Peter Beattie was a foundation member of the APDLRF.

At a 1999 MCDS meeting in Tasmania, the illegal and senseless Illicit Drug Diversion Initiative (IDDI) [www.health.gov.au/pubhlth/strateg/drugs/illicit/diversion/coag.htm](http://www.health.gov.au/pubhlth/strateg/drugs/illicit/diversion/coag.htm) was launched by the COAG. Inexplicably, the Prime Minister frequently lauds this *de facto* decriminalization of all drugs. He claims it keeps first time offenders out of jails and provides rehabilitation. But, this could not be further from the truth.<sup>41</sup> In WA this police policy was adopted without Cabinet approval or a public announcement.<sup>42</sup> The outcome of the program has not been formally evaluated although the Federal Government promises that this will happen in 2007.

The WA Opposition slammed the policy, labeling the WA Government soft on drugs and saying the program sent the wrong message. But this caused the Opposition to drop the subject because the government revealed that the program is an initiative of the Federal Government funded by the DOHA.<sup>43</sup> The majority of offenders do not get to counseling and there are no police records of those who do. There is no doubt that the IDDI has caused the escalation of the use and personal dealing of drugs, leading to unstoppable current drug epidemics. The IDDI should not be administered by the police to be assessed at their own personal discretion. The Police should uphold the law and the offender should be referred to a responsible and qualified Drug Court. Following that the supervision of counseling with a view to not re-offending could be used as an incentive to not receiving a criminal conviction but with the full authority of the Drug Court to register, monitor and deal personally with the offender.

The Australian Government as part of the COAG Illicit Drug Diversion Initiatives funds ‘soft’ laws and permissive illicit drug strategies. Inexplicably, the Prime Minister praises the COAG for adopting a national approach to illicit drug diversion. Initial funds for this diversion program were

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<sup>41</sup> “No checks on counseling for drug users” – The West Australian 11/1/2006.

<sup>42</sup> “A close reading of the Misuse of Drugs Act indicates that there is no capacity for any person to be in possession of any prohibited substances set out in the schedules with the Police having a duty to arrest and charge such persons”. A Letter from David Johnston, Senator for WA, dated 23<sup>5/2005</sup>.

<sup>43</sup> Libs started “soft” drug program, says Gallop – The West Australian, 27/7/2004.



\$220million provided by the Australian Government.<sup>44</sup> This was bolstered by another \$250million in 2004.

In respect of three International Conventions on Drugs which Australia has signed and ratified, has the Australian Government reported the *de facto* Illicit Drug Diversion Initiative drug decriminalization of all narcotics which has not been approved by State or Territory Cabinet or openly exposed for public debate to the UN International Narcotic Control Board (INCB)?<sup>45</sup>

The INCB is the independent and quasi-judicial control organ for the implementation and monitoring of the UN Drug Conventions. It promotes and assists with government compliance with International Treaties on Illicit Drugs. The INCB aims to ensure that adequate supplies of drugs are available for medical and scientific uses and that those diversions from licit activity do not occur.<sup>46</sup> According to the provisions of the Conventions, each signatory is required to ban the use of the mind-altering drugs, taken for non-medical reasons, and to impose and enforce appropriate sanctions. Heroin, amphetamine and cannabis are listed as dangerous and proscribed substances. The prohibition of such substances covers the growing, manufacture, transport, export, import, sale, purchase and possession of all the drugs listed in the various schedules of categories. All signatories to the international conventions are obliged to implement the necessary legislative and administrative measures to achieve the purpose of the agreements.

It is a breach of these international agreements to take action that allows any of the above prohibitions to be negated, such as heroin injecting rooms and the possession, use and cultivation of some plants. The INCB has the responsibility for monitoring the implementation of the provisions of the Conventions at national levels. Indisputable evidence shows that the Australian Government has failed to uphold the spirit and intention of these Treaties.

In closing I submit the following Extract from the Paper assessing observations of the International Conference on the Reduction of Drug Related Harm convened in Belfast for its sixteenth meeting: Harm Reduction: Science or Social Movement? - Neil McKeganey, Professor of Drug Misuse Research, Centre for Drug Misuse Research, University of Glasgow:

“In many parts of the world harm reduction has become the orthodoxy. As a result, whether at this conference or at some other, we need to have an unfettered discussion of the pros and cons of harm reduction if we are to form a realistic assessment of what it can achieve. If the conference remains at the level of social movement it will be long on rhetoric and short on critical self reflection and drug treatment services will have been diminished in the process. The Australian Government Dept of Foreign Affairs (DOFA) provided funding for this Belfast Harm Reduction Conference.

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<sup>44</sup> Illegal Drug Use: Diversion Program –House of Representatives Hansard, Thursday, 30/2/2000.

<sup>45</sup> Libs started ‘soft’ drug program, says Gallop.

<sup>46</sup> Internet Site [http://www.undep.org/international\\_legal-framework.html](http://www.undep.org/international_legal-framework.html)>

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