

Committee Secretary  
 Standing Committee on Family and Community Affairs  
 House of Representatives  
 Parliament House  
 CANBERRA ACT 2600  
 AUSTRALIA



## **Submission to the Standing Committee on Family and Community Affairs**

### **Inquiry into substance abuse in Australian communities**

**By the Community Coalition For A Drug Free Society (Vic)**  
**Peter Stokes – Chairman**

Firstly I want to thank you for seeking submissions on this issue.

Sadly, I am aware of many ordinary Mums and Dads who would love to tell you what they think of the current situation regarding substance abuse in our nation.

They are, in fact, worried stiff that the continued promotion of illegal drugs and substance abuse through 'HARM MINIMISATION' will eventually be the DEATH of their children.

**Sadly for some they will be right.**

Any nation which tells its young people, "We know you're going to do it, so we will not say don't, we will just show you how to reduce harm" or "How to do it safely" as one youth worker told me he had to say, clearly has little real compassion for its youth or consideration for the long term future of its citizens.

**This policy is a cop-out and too many State governments are doing it.**

We are indeed grateful that the Federal government, from the Prime Minister down, for their commitment to HARM ELIMINATION, CONTINUED PROHIBITION and ABSTINENCE-BASED recovery programs.

It is the "Say NO to drugs" message that most intelligent parents want their young people to hear. What parent will tell their child or young adult that they are happy they use marijuana, heroin or ecstasy when most of them are trying hard to keep them from even using cigarettes?

The Community Coalition For A Drug Free Society was established to draw together a vast array of organisations and individuals from across Victoria. Ordinary people, including Mums and Dads, who opposed the establishment of drug injecting rooms in Victoria following the election of the Bracks Labor Government joined the Community Coalition.

**Thankfully we were successful.**

We then campaigned against the Federal Labor party, the Democrats and the Greens at the last federal election because of their liberal drug policies.

The Australian Labor Party (through Mr Beazley) stated that they would support harm minimisation and give support to State governments that wanted to establish heroin trials and have drug injecting rooms.

Both the Democrats and the Greens had policies supporting harm minimisation AND the decriminalisation of illegal drugs starting with marijuana.

We were well aware of the disaster this type of policy had already caused in South Australia. Some of the harmful effects can be seen by the recent statements from South Australia, some of which are stated in Appendix A.

Our campaign spread across Australia in the lead up to the last election and we believe it is one of the reasons the Labor Party lost the election.

When ordinary Mums and Dads understand what harm minimisation really is, **they don't want it.**

**What they DO want is A NATIONAL, ALL PARTY, ALL STATES POLICY, A strong unified message to the people of Australia that:**

- ALL CURRENTLY ILLEGAL DRUGS WILL REMAIN ILLEGAL.
- ALL SUBSTANCE ABUSE IS HIGHLY DANGEROUS.
- USING ANY ILLICIT DRUG IS HARMFUL.
- TAKING ILLICIT DRUGS WILL NOT BE TOLERATED.
- ALL DRUG DEALERS, EVEN SMALL TIME DEALERS, WILL BE PUNISHED VERY HARSHLY.
- IMMIGRANTS FOUND GUILTY OF SELLING COMMERCIAL QUANTITIES OF DRUGS WILL BE INSTANTLY DEPORTED – REGARDLESS OF HOW LONG THEY HAVE BEEN IN THE COUNTRY.
- ALL COMMERCIAL DEALERS WILL HAVE ALL THEIR ASSETS CONFISCATED
- ABSTINENCE MESSAGES WILL BE PROPER ABSTINEANCE MESSAGES AND WILL BE STANDARD ACROSS THE NATION'S EDUCATION SYSTEM.
- MORE DETOXIFICATION AND REHABILITATION CENTRES WILL BE IMMEDIATELY ESTABLISHED.
- LONG TERM REHABILITATION WILL BE COMPULSORY FOR ALL SUBSTANCE ABUSERS AND ILLICIT DRUG USERS.
- ALL EMPLOYERS WILL BE ALLOWED TO DO RANDOM TESTING FOR SUSPECTED SUBSTANCE ABUSE AND DRUG USE.
- RANDOM TESTING WILL BE MADE COMPULSORY FOR ALL VEHICLE DRIVERS AND PEOPLE IN AUTHORITY WHO DEAL WITH DRUGS, DRUG LAWS AND DRUG USERS – including police, teachers, politicians, welfare workers, judges and solicitors.
- THE ADVERTISING OF ALCOHOL AND CIGARETTES WILL BE TOTALLY BANNED.

## **Why are we in the substance abuse and drug addiction mess we are in?**

**Mainly because of the corruption of the comprehensive drug policy, agreed to in 1985 by the then Prime Minister, all Premiers and both Chief Ministers (ACT and NT) and adopted as the nation's official drug policy. This total policy has been endorsed on several subsequent occasions by the Ministerial Council on Drug Strategy, Australia's paramount drug policy-making body. Despite this level of official support, the policy has been continually undermined by those advocating a liberal drug strategy of 'harm minimisation' and the legalisation of all drugs.**

**Harm Minimisation** was to be **only about 10%** of this agreed policy. It was to **ONLY** be used to further the aims of the **WHOLE** policy – the **AIM** was to reduce drug use through abstinence education and continued prohibition of those drugs already illegal and well **KNOWN** to be **HARMFUL**.

### **Sadly the program was hijacked by:**

- Those who had a vested interest in short term outcomes – the **STATE GOVERNMENTS**.
- Those who had a philosophical opposition to prohibition – liberal intellectuals who wanted freedom of thought and action.
- Those who had a financial interest in keeping drugs on the streets – drug suppliers.

And, possibly saddest of all

- Some of those who worked as 'drug professionals' and who were clearly concerned about their own future job prospects if Australia did in fact **win** the war on drugs.

### **Why do people promote harm minimisation and drug legalisation?**

The simple answer connecting all the above is **MONEY**.

Unfortunately, the last of the above is the hardest to grasp.

It is painfully clear to all, except those who don't want to see it, that many who work in the drug field, especially many who call themselves 'drug professionals', have given up on getting our young people drug-free and aiming them towards a worthwhile future.

This may be because they are so overcome by the pressure to help that they have lost hope but, sadly, it would appear that too many 'drug professionals' are acting out of self preservation when they promote drug legalisation, heroin trials and injecting rooms.

They know full well that these things will mean a continuation of their employment into the distant future – they don't want to see that in fact, with this attitude, there will one day be so many drug addicts, so many psychosis patients filling our hospitals and so many of our young people dead, that even the blind will have to start understanding the truth.

### **All illegal drugs and even some which are legal are Harmful.**

The drugs which are now illegal, such as marijuana and Heroin, have been around for centuries but they are illegal today **BECAUSE** they were deemed to be harmful many years ago.

**NOTHING** has changed that for the better. In fact, drugs like marijuana have become **MORE HARMFUL** in recent years, not less. The **THC** content of marijuana is far higher today than it was in the 1960s.

What has changed is that there are now a whole range of other drugs, new 'designer' drugs which those talking about decriminalisation DO NOT want to talk about – Why? Because they know, and so do we, that their calls to legalise marijuana and heroin won't stop there.

Alex Wodak states, on page 15 of his Australian Drug Law Reform Foundation submission, "The more dangerous the drug is assumed to be, the less sense it makes to leave distribution to criminals."

**So how can we take the distribution away from the criminals?**

**It is obvious that the only way to do this is to legalise the drugs and have the government become the drug dealer and do the selling. Clearly, this must be what Alex Wodak is suggesting.**

DOES THE GOVERNMENT WANT TO SELL ITS CITIZENS MARIJUANA, ECSTASY, HEROIN and any other drug to come onto the so-called recreational drug market?

Will the government pay out the compensation in 20 years time for the damage caused by such a policy or will Alex Wodak?

Alex Wodak also says, "The current policies are not working. We seize more drugs, we arrest more people, but when you look at the availability of drugs, the use of drugs, the crime committed because of and through people who use drugs, the violence associated with drugs, it's on the increase. It can't be working".

**But this statement is CLEARLY NOT TRUE today.**

- Drug deaths are down in EVERY state in Australia. Victoria had over 350 drug deaths in 2000, last years figure was about 35 and the total this year to date is said to be about 20.
- Bigger hauls of illegal drugs have been made over the last three years and places like Cabramatta in Sydney and Footscray in Melbourne are virtual paradises compared to three years ago because of the increased efforts of local police, drug courts and better education. Thanks to the strategies of the National Council On Drugs – and all this in spite of a prevailing harm minimisation approach by State governments.
- Crime rates have increased in South Australia since marijuana has been 'decriminalised'. (Statement made by the SA Police Minister.) More information on SA in Appendix 2.

Few people realise that the likes of Alex Wodak have been 'singing the same song' for more than ten years. In fact, long before we had a serious drug problem in the mid nineties, they were singing that "we had lost the war on drugs and that we needed to legalise, legalise legalise".

### **The alternative to harm minimisation**

The evidence is now well established that Sweden legalised drugs in the seventies and after a few years the parents of Sweden had had enough. Liberal as they were, they could not tolerate their children being sold out to the drug barons.

They called a halt to harm minimisation and, through the united efforts of all political parties, they introduced a 'get tough on drugs' program and established a wide range of rehabilitation centres. They introduced compulsory intervention and today have one of the lowest rates of drug use in the world and certainly the lowest in Europe. Through education of young people, they reduced the rate of drug use to just 3% - when they thought they had 'won the war' this rate rose to 9% in 1997 for those around 16-24. (This needs to be compared to the rate for Australia, which was 52% for students in year 9.)

**THIS IS WHAT WE, THE PARENTS OF AUSTRALIA WANT FOR OUR NATION AND OUR CHILDREN.**

### **The dangers of the needle distribution program**

One only has to look at the proliferation of drug use that has been encouraged by the distribution of free needles to see what would happen if the drugs were legal and easily available. It started as a needle EXCHANGE but nobody wanted to enforce the bringing back of needles (this should have been foreseen) so almost immediately the exchange became a distribution system. The first failure. Some people, such as Prof. David Penington who helped instigate the program, are still hailing the free distribution of needles as a success.

Well, we would suggest he tell that to the 80% of drug users who now have Hepatitis C.

Penington often states that needle distribution stopped the spread of HIV/AIDS - BUT THAT IS NOT TRUE.

HIV has always been predominantly spread by homosexual sexual activity in Australia. Almost 90% of all HIV/AIDS patients in Australia are homosexual men. This has been the case ever since HIV/AIDS hit Australia over 20 years ago.

If needles could NOT stop the spread of Hep C, how are they supposed to have stopped the spread of AIDS?

The fact is that because homosexuals are only 2-3% of the community, they are only a small part of the drug scene. So in spite of the fact that the prevalence of drug use is higher in the homosexual community than in the general community, as confirmed by Senator Brian Greig in the Hansard report of the Melbourne Senate Hearing on X rated videos in 2000, the spread of HIV/AIDS was contained more through safe sex than free needles.

### **Legalisation does not reduce crime**

Another catch phrase of the legalisation movement is that legalisation will cut crime – WRONG.

Why should it, UNLESS the government was to greatly subsidise, or better still (for the addict), freely distribute the drugs as well? Which is what the legalisers really want.

If addicts still need money to buy drugs they will STILL do crime to get it!

There is no real evidence anywhere in the world that legalisation has cut the crime rate. Every claim that it has done so needs to be closely looked at. If it is scrutinized, other reasons for the decrease in crime WILL be found, such as increased police action.

### **Injecting rooms are the ‘thin edge of the wedge’ in the legalisation battle**

Sydney’s injecting room is a classic example of fuzzy data supposedly supporting the ‘success’ of injecting rooms. Even if it was a success, which it isn’t, at what cost do you call it so? \$5.6 million in one year was the cost of that experiment to the NSW people. Not many of them seem to think keeping addicts on drugs is worth paying for. Without any independent, conclusive, scientific evaluation it is impossible to claim a success – But what is success? It was not defined before it was set up, so who now says how high the bar should be? It is the same in every country that has experimented with this so-called ‘life saver’ – nobody has defined success so they cannot fail!

Parents DON’T want injecting rooms – they send the wrong message to other members of the community.

Injecting rooms suggest there is a ‘safe’ way to inject heroin – heroin purchased from a street dealer with NO quality control. Of course the ‘quality control’ is the next plank in the propaganda campaign of the Wodaks and the Peningtons of this world, and this is ONLY available IF THE GOVERNMENT PURCHASE, TEST AND RE-SELL THE DRUG.

The government then become liable if someone overdoses! – Not the Wodaks and the Peningtons!

### **The whole harm minimisation and drug legalisation process is a ‘WIN’ for:**

The **drug cartels** who grow the raw material.

The **barons** who produce and import it.

The **salesman** who sells it – even when that is to the government

The 'drug professionals' who pick up the pieces, run the drug clinics, the psychiatric hospitals or the rehabs for those addicts who hopefully eventually see sense and want to get off the treadmill.

**Drug legalisation is a HUGE 'LOSE' situation for:**

- The **Government** which pays the 'drug professionals
- The **Government** which pays the psychiatric nurses and doctors
- The **Government** which pays for the new hospitals they have to build to cope with the rush
- The **Government** which pays the police to continue to chase the growing crime rate.
- The **Government** which eventually pays for the drugs (and we can't even keep up with the pharmaceutical benefit scheme for sick people to get cheap drugs).
- The **Government** which PAYS the unemployment or welfare cheque
- The **parents, husband, wife or friend of the addict** who have to put up with TEMPER TANTRUMS and MOOD SWINGS, the STEALING and the PAIN that are all synonymous with drug addiction.
- The **parents, husband, wife or friend** who wait up not knowing when their drug addict is coming home or if they ever will.
- The **parents, husband, wife or friend** whose goods get stolen and sold to get the money to feed the habit. At least UNTIL the government GIVES the drugs away.
- The **employer** who pays sick leave to his addicted employee because it's legal and he cannot sack him for taking a legal product.
- The **employer** who has to keep finding new employees to work with the drug addict they cannot sack.
- The **employer** who pays higher workers' compensation insurance because his employees are drug addicts.
- The **community** because of the drug addicts they have to support with extra taxation to pay for ALL THE ABOVE (plus welfare, medical insurance, hospitals, police etc.)
- **And last but not least THE ADDICT** whose brain cells are killed, whose life is slowly, or sometimes instantly, destroyed with government-endorsed, and eventually even government-paid for, DRUGS.

**CONCLUSION**

**WHO ARE THE REAL WINNERS OF DRUG LEGALISATION AND HARM MINIMISATION?**

**THE ANSWER IS NOBODY EXCEPT THE WRONG PEOPLE.**

**Certainly NOT the very people we are supposed to be helping – the addict.**

And just in case you still need persuading that HARM ELIMINATION and ABSTINENCE are the ONLY WAY FORWARD for intelligent people, the following information is supplied on what is called the SOFTEST of the drugs we are dealing with in Australia today. (Appendix 1) I can assure you it only goes down hill from there.

Thank you for reading this passionate plea for common sense on behalf of the people, the MUMS and DADS, BROTHERS and SISTERS, FRIENDS and WORK COLLEAGUES and most of all the addict who says;

I DON'T WANT FREE NEEDLES

I DON'T WANT FREE HEROIN

I DON'T WANT INJECTING ROOMS

I JUST WANT TO GET FREE

We conclude by giving you this following letter (with permission), written by a former drug addict to Kerrie Tucker, an ACT politician promoting legalisation of drugs:

“So if my understanding is correct you want the Australian Government and the Australian people to become drug dealers by supplying the drugs instead of the under world, don't you realise that it does not matter who supplies the drugs the problems will remain, in the countries overseas who have followed this approach, yes the crime rate dropped, but a large proportion of the population became drug dependant because all they had to do was say they were on them and they were given them, I find your approach, some what dumb, to think that you can control that which is only controllable by reduction and not production, the people making the most out of drugs are the raw suppliers who you would like to allow to supply to the government, the reason most policing is not having a great affect is the law itself, allowing the pushers back on the streets. Putting these people away for a greater time will have an effect over time. I was a drug addict for quite a time and as an addict you don't care who supplies, but if it's not available you will do whatever your told to either get off or get some, tightening the laws will force many addicts to try to get off. But again this only happens over time. And unless you have been an addict you will never understand the mentality. An addict must be put in the position of having to choose to be clean, not thrown on the scrap-heap, and given drugs that WILL kill them, Methadone is a nightmare, at least on Heroin you can go cold turkey, if you try that with methadone it will kill you. Of all my old friends, from my bad old days, only three of us are alive today, we three turned our lives around because we were given no other choice, get clean or die, we got clean, the ones that said it's ok, drugs aren't a problem, are all dead.”

## **APPENDIX 1**

**Australians need to be informed that medical evidence strongly suggests that marijuana (the so called SOFT drug) affects the brain by –**

- Impairment of short term memory
- Impairment of memory storage which is an essential part of learning
- Adversely affecting psychomotor performance
- Impairment in the performance of complex tasks
- Impairment of coordination
- Change of mood
- Reduction of alertness
- Triggering an acute psychotic episode in schizophrenics
- Developing schizophrenia
- Producing cannabis induced psychosis
- Producing permanent impairment of the basic biochemical neural mechanisms which control coherent behaviour

(Source: The Medical Journal of Australia, April 6, 1992 “The Human Toxicity of Marijuana”.)

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**Another example that the ‘so called’ soft drug, marijuana, has disastrous affects on the brain.**

There are 12,000, world-acclaimed, research papers held at the Mississippi University - all attest to the HARMFULNESS of marijuana.

This evidence includes: brain cells damage or even killed; heart, lung, and endocrine impairment; immune systems broken down; faster lung cancer than tobacco; paranoid psychoses; schizophrenia precipitated and addiction in physical and psychological terms.

**Hardly something we should be tolerating as a recreational drug!**



## Appendix 2:

### Some facts to emerge from South Australia recently:

**These sad facts are a result of the decriminalising of marijuana which, as stated above, sends a message to the community that substance abuse and drug taking are acceptable behaviours.**

"ABOUT 120 babies per year are born at the Women's and Children's Hospital in Adelaide, 'notice this is just one hospital in South Australia', to mothers who are drug addicts. For many their first experiences of the world includes drug withdrawal - with doctors often using morphine to wean them off the substances in their system.

The number of babies born at the Flinders Medical Centre to women addicted to heroin or taking methadone has doubled in the past three years. Other mothers have been using drugs such as amphetamines, ecstasy or cannabis during their pregnancy - and do not always tell their doctor about it.

Babies born with pieces of their intestine or brain missing have been linked to heavy amphetamine use.

Dr Brian Peat, director of obstetrics at the Women's and Children's Hospital, said a key part of managing pregnant women who were using narcotics was stabilising their lives.

"EMERGENCY rooms in the state's public hospitals are on stand-by for a new and dangerous patient - the amphetamine psychotic.

Amphetamine use has doubled in three years and more than 450 South Australians in every 10,000 aged 14 years and over have used the party drug which, with long-term repeated use, causes dramatic and permanent changes to brain chemistry.

Royal Adelaide Hospital emergency department director Dr Marie Kuhn says an increasing number of potentially life-threatening party drugs over-dose are being seen at the hospital. Those who are not unconscious are usually "violent and acting out and have to be restrained and shackled because they are a danger to themselves and others." Dr Kuhn says up to half of an average 10 psychiatric patients a day admitted to the RAH are the result of amphetamine use or its longer-term complication amphetamine psychosis. "We are seeing a lot more than other cities and places in the world." She said.

DASC medical director Robert Ali says methamphetamine, the form of amphetamine widely available in Australia, is "sucked into" the brain's neurones, causing a massive release of dopamine and to a lesser extent release of another brain chemical serotonin. The user experiences an intense "high" or flash that is described as extremely pleasurable, but, at the same time, it creates toxic by-products, which damage nerve cells."

"No one has been able to clarify yet the long-term consequences of that reaction," Dr Ali said. But the belief is that it is involved in areas of movement, control, organisation and planning so you would expect symptoms like Parkinson's disease to become evident in people who have those damages."

Dr Ali said four countries had been identified by the United Nations where the phenomenon of amphetamine psychosis was becoming a public health problem: Australia, Japan, Thailand and the Philippines."

IS THIS THE RESULT WE WANT FOR THE REST OF THE COUNTRY?