

KEEP OUR KIDS ALIVE

Statement to Parliamentary Committee

- 1. Keep Our Kids Alive believes it is a voice for the vast majority of Australians. It calls on Federal and State parliamentarians to reject the now-dated politics of pandering to well-funded and vocal minorities.**

Gallup surveys in the US in the 1970's and 1980's showed the majority of people to be opposed to the legalisation of marijuana. In 1985 this belief was held by 73%. Opinion polls in the 1990's show that the proportion has risen, with about 90% now opposed to legalisation. See page 18 of Orvar Olsson's Liberalisation of Drug Policies (enclosed).

The Morgan poll within Australia, conducted July 2000 reveals that most Australians believe smoking marijuana should remain illegal. 58% of Australians were opposed to the legalisation of marijuana, 33% were pro, and 9% undecided. This means that only one voter in three wants marijuana legalized. The reaction against harder illegal drugs would presumably be greater.

- 2. Keep Our Kids Alive believes that there can be no doubt that any increase in instances of drug abuse within any society will always be the result of a failure of political courage by its legislators.**

Drug addiction is not akin to a physical or mental disability, but can be analysed and understood in detail, and most importantly, controlled and stopped. At base it is always a political rather than a health question of how to handle drug abuse and create measures for its treatment and prevention. See enclosed conference paper by Anders Eriksson.

- 3. Keep Our Kids Alive directs Australian legislators to consider the well-established link between the acceptance and normalization of illegal drug use and the consequent increase of drug abuse.**

"It is virtually an axiom of alcohol research that, for one thing, the availability of alcohol increases consumption, alcohol abuse and alcohol related harm It seems reasonable to suppose that the use and abuse of other central stimulants and addictive substances are governed by the same factors. The cheaper these commodities are and the easier they are to come by, the greater should be the number of people who use them and the number damaged by them.

"Research findings also point to a link between casual, "experimental" use of drugs and more frequent use (Chapter 4)." Olsson, p 7

"The surveys referred to have shown that if the supply of drugs increases, then the number of persons using them will do the same. This is apparent, for example, from the use of amphetamines as a slimming agent, above all during the 1940s, from the legal prescription of amphetamine and opiates in Stockholm during the 1960's, from the legalisation of marijuana in Alaska, from differences

in opiate abuse between different Asian villages and from drug abuse by American troops in Vietnam.” Olsson p 58

4. Keep Our Kids Alive accepts that drug liberalization measures will only ever result in the maximization of harm to the citizens of the society that allows it.

“Reported experiments in the decriminalization of drug abuse, however, do not appear to have had any restraining effect on crime. If anything, the research findings reported suggest that ‘decriminalisation’ has led to an upsurge of crime. Evaluation of free prescriptions in Stockholm during the 1960’s (Chapter 4) seem to support the thesis, as does experience with legal prescriptions in the UK (Chapter 5).” Olsson, p 53

“Alcohol is easy to come by in Sweden. It is used by about 80% of the population and abused by perhaps 200,000-300,000 persons. Narcotic drugs are much harder to get hold of; they are used perhaps by 1% and abused intensively by perhaps 17,000 persons. Since the legal drug (alcohol) causes so many more problems and so much more harm than illegal drugs (narcotics), it ought to be obvious that narcotics should not be legalized: the suffering and expense inflicted on society by one legal drug are more than enough.” Olsson, p 8

5. Keep Our Kids Alive asserts that the most successful national policy for harm reduction has been the restrictive drugs policy of Sweden, and that their model is demonstrably the most effective and compassionate option for Australian legislators.

“Presumably the first regularly recurring surveys have been carried out in Stockholm compulsory schools. These began in 1967 and have since been repeated at certain yearly intervals. The largest percentages professing to have used drugs are reported for 1970-1971, viz about 35% of the boys and about 35% of the girls. The percentages for 1967 and 1975 were about 10 percentage units lower The percentages for 1975, 1978 and 1981 are on much the same level. Between 1981 and 1984, there occurred a very noticeable decline, from about 22-23% to about 12%. Further declines occur in the succeeding years, to 7% for girls and 9% for the boys. In 1993, the girl’s percentage rose to 9% (the Swedish Council for Information on Alcohol and Narcotics, 1994).” see Olsson pp 21,2

“The emphasis on prevention in Sweden has its roots in the experience that it is easier, cheaper and better in general to prevent a problem than to try to cure it when it has grown big.” See Anders Eriksson p 41.

“Secondary prevention, meaning early prevention in the first stages of a problem, is absolutely vital in order to stop an increase in an epidemic. Early intervention means acting before a person is addicted, and before he or she has spread his habit to others. Drugs are often spread from friend to friend in the early stages of abuse before the negative effects have occurred. Early intervention clearly combines the humanitarian aspect, which is care for the individual and the family, with the social aspect which is stopping the recruitment, so no more youngsters are dragged into the problem.” Eriksson p 43

We note that the academic and government source material quoted here was passed to the Committee but cannot be reproduced in full.

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Our Position on Drug Abuse

1. Drug Addiction among young people is passed on from established addicts to beginners. Curiosity and a tendency to accept group norms are the main psychological mechanisms to understand the onset of drug addiction.
2. Young, unstable people, and those having difficulty in getting accepted among friends run the greatest risk of entering the drug scene.
3. Experimentation with drugs easily passes on to a state of dependence following its own dynamics.
4. The sensational feelings of lust as a result of drug abuse usually mean more to the addict than the sexual urge does to other people. Anyone who has the experience of these sensations does not hesitate to introduce her friends to this “world of chemical delight.
5. The power of resistance to drug abuse decreases when drug abuse is spread and an “understanding attitude” towards the drug abuse is shown. Support and understanding is valid in relation to the drug addict but not in relation to the drugs or the addiction per se.
6. Even if the drug addict is prepared to realize the destructive consequences of his way of living, he is rarely prepared to give up drugs.
7. The drug addict is quite willing to look for help and assistance when in trouble or when the supply of drugs is scarce, but this usually does not mean that he is prepared to give up the drugs forever.
8. A “treated” drug addict cannot become an “occasional user” of drugs in the same way a smoker or alcoholic cannot become an occasional user. Occasional exceptions from this rule of “all or nothing” does not change the validity of the law. Any drug addict thinking she constitutes the very rare exception – as most drug addicts do – will soon realize that they react “normally” according to the rule.
9. ***A liberal drug policy will contribute to an increase of drug addiction. A restrictive drug policy will decrease the risks of drug addiction.***
10. Drug addiction is not akin to a physical or mental disability, but can be analysed and understood in detail, and most importantly, controlled and stopped. At base it is always a political question of how to handle drug abuse and create measures for its treatment and prevention.

