

## **Drug Legalisation Assertions and Responses**

Following are collated statements and arguments from the various e-mails and documents sent to Drug Free Australia members and international colleagues.

## 1. Their myth - The war on drugs has failed

*Even though there is not a scrap of evidence to support it, this is a legalisation lobby mantra which I believe many hope will, when infinitely invoked, be self-fulfilling/actualising. Akin to the Germans doing leaflet drops from bombers on England in the last weeks of WW2, telling the English that the Brit government's statements about them soon winning the war are just baseless lies*

1. Note first that Australia has never had a 'war on drugs'. This is a United States term that denoted its drug prevention efforts from the late 70s on. Australia's only concerted drug prevention effort, under the Howard government from 1998 – 2007 had considerable success in reducing drug use in Australia (cannabis from 18% down to 9%, heroin from 0.8% to 0.2%, amphetamines from 3.6% to 2.3%, although cocaine and ecstasy use rose). No other centrally coordinated prevention effort was pursued in Australia previously.
2. The Federal Government's 2007 Illicit Drug Strategy Household Survey which surveyed 25,000+ Australians (that's a survey you can rely on with such a large sample) yielded the following for recent use of drugs (in the last 12 months) for those over 14 years of age

Alcohol	83%
Tobacco	19%
Cannabis	9%
Heroin	0.2%
Cocaine	1.6%
Amphetamine	2.3%
Ecstasy	3.5%

It is clear that the legal drugs have demonstrable, significantly higher use in Australia than the illicit drugs. Even tobacco use, where use has reduced from 55-60% in the 60s to 19% after untold millions have been spent to reduce its use, is still more than double that for cannabis (for which no advertising campaign regarding harms has ever been conducted). And cannabis use has been higher than other illicit drugs because the drug legalisation lobby has specifically promoted the substance to pop culture at every opportunity as benign and less harmful than the legal drugs. Recent scientific studies have reconfirmed the dangers of which we learnt in the 70s and 80s, but the legalisation lobby made great headway in the 90s simply by constantly dismissing these studies as myths or a government conspiracy.

3. Theodore Dalrymple – "Let us ask whether medicine is winning the war against death. The answer is obviously no, it isn't winning: the one fundamental rule of human existence remains, unfortunately, one man one death. And this is despite the fact that 14 percent of the gross domestic product of the United States (to say nothing of the efforts of other countries) goes into the fight against death. Was ever a war more expensively lost? Let us then abolish medical schools, hospitals, and departments of public health. If every man has to die, it doesn't matter very much when he does so. If the war against drugs is lost, then so are the wars against theft, speeding, incest, fraud, rape, murder, arson, and illegal parking. Few, if any, such wars are winnable. So let us all do anything we choose."
4. World Federation Against Drugs (WFAD) - The criticism that the 'war on drugs' can never be won (and therefore is of no value) is no more true than the argument that police 'blitzes' on

highway speeding should be curtailed because they fail to eradicate speeding. While blitzes on speeding very successfully reduce and contain the behaviour, policing of illicit drug use does exactly the same. Removing policing of speeding drivers will have precisely the same effect as removing policing of illicit drugs.

5. Colliss Parrett (ACT) - Those who say the war on drugs is lost must also ask has medicine lost the war on death. Few wars, if any, on our major social or health problems are winnable to the ultimate. So to isolate and example illegal drug use is illogical.
6. WFAD on the US – with illicit drug use peaking in the 1970's in the United States, the 'Just Say No' campaign, initiated under the patronage of Nancy Reagan, coincided with recent (past month) illicit drug use dropping from 14.1% in 1979 to 5.8% in 1992, a drop of 60%.<sup>1</sup> In 2009, despite increases in illicit drug use since 1992, levels are nevertheless still 40% below 1979 levels.

Rising levels of drug use since 1991 across the Western world have coincided with the bankrolling of the drug legalization lobby particularly by billionaire financiers from the US and UK.<sup>2</sup> George Soros, perhaps the most central billionaire financier for drug legalisation worldwide asserts that "I would establish a strictly controlled distribution network through which I would make most drugs, excluding the most dangerous ones like crack, legally available."<sup>3</sup> The drug legalisation lobby's vigorous promotion in media and schools of a 'safe use of illegal drugs' message<sup>4</sup> indicates that drug prohibition has been in the midst of a pitched battle since the early 90s waged by those who are accepting not only of the drug user but who also promote an acceptance of drug use itself.

With extremely low expenditures spent on illicit drug control by countries worldwide until the mid '60s when counter-culture began promoting illicit drug use as mind-expanding and self-enlightening, it can be argued that the counter-culture message that illicit drugs can be used 'safely', backed by the multi-million dollar inputs by drug legalisation financiers, is mostly responsible for the heavy increases in drug use and control expenditures since that time. Increases in drug use lie at the feet of the legalisation lobby's de facto promotion of drug use as quite acceptable rather than at the feet of those who prohibit them.

7. Theodore Dalrymple – "... once a prohibition has been removed, it is hard to restore, even when the new-found freedom proves to have been ill-conceived and socially disastrous."
8. Theodore Dalrymple on the reason drugs are prohibited – "And no one should underestimate the possibility that the use of stimulant drugs could spread very much wider, and become far

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1 See Section 2 "Any Illicit Drug Use" of 1996 National Household Survey on Drug Abuse: Preliminary Results

<http://www.oas.samhsa.gov/nhsda/PE1996/rtst1008.htm>

2 Aisbett N., "The billionaire, drugs and us" The West Australian, November 30, 2002. Also The New Politics of Pot. Time Magazine November 4 2002 p 55 ff <http://www.time.com/time/covers/1101021104/story.html>

3 Soros G, Soros on Soros p 200

4 Aisbett N "The billionaire, drugs and us" The West Australian, November 30, 2002; Bill Stronach – Executive Director, Australian Drug Foundation International Conference on Drug Policy Reform Washington DC 1992 <http://www.drugfree.org.au/fileadmin/Media/Global/UndergroundDFA.pdf>

more general, than it is now, if restraints on their use were relaxed. The importation of the mildly stimulant khat is legal in Britain, and a large proportion of the community of Somali refugees there devotes its entire life to chewing the leaves that contain the stimulant, miring these refugees in far worse poverty than they would otherwise experience. The reason that the khat habit has not spread to the rest of the population is that it takes an entire day's chewing of disgustingly bitter leaves to gain the comparatively mild pharmacological effect. The point is, however, that once the use of a stimulant becomes culturally acceptable and normal, it can easily become so general as to exert devastating social effects. And the kinds of stimulants on offer in Western cities - cocaine, crack, amphetamines -are vastly more attractive than khat."

9. Nigel Keegan – “Finally, here's one I use against government officials or policemen who are misguided enough to refer to the 'failed war on drugs' – “This must be the first war where history gets to be written by the losers!”
10. Dr Ian Oliver (UNODC consultant) - “. . .only 6% of the global population between the ages of 15-64 use drugs; this is hardly justification for legalisation.”
11. Wayne Hall/Don Weatherburn – “Argument number one is that the war on drugs has failed because it's still easy to obtain illegal drugs. This is like arguing that the laws against drink driving have failed because thousands of people each year continue to drink and drive.

The purpose of drug law enforcement is not to make illicit drugs impossible to obtain. The primary justification for prohibition (and the enforcement activity that underpins it) is that it keeps illicit drug prices much higher than they would otherwise be. This, in turn, keeps illicit drug consumption and drug-related harm lower than they would otherwise be. The heroin shortage in 2000 showed us that higher drug prices do reduce levels of drug-related crime, morbidity and mortality. We ought, therefore, to be wary of any policy that reduces the cost of illegal drugs.”

## 2. Their myth - Drug users' rights are trampled by prohibition

*Well . . . no. In this country drug users are abundantly accorded every human right other than harming their community, or themselves at very high financial costs to the community (which is not a right but our over-generous folly). Nobody, but nobody, has ever been accorded harm as an inalienable human right. They of course have a far more important right to health, mental or physical, which will come by recovery from their drug use. This argument of the drug legalisation lobby beguiles and bewitches the gullible by cleverly invoking the overlaying notion of human freedom, which always attends the notion of human rights, to blind the unwary public to the obvious fact that no one ever has the right to cause such community harm. Our most powerful and unanswerable arguments are 9 and 10 below*

1. WFAD - Modern illicit drug prohibitions were first initiated as a result of strong societal support for unified political measures against the recreational use of certain drugs which were deemed to either present unacceptable harm to the individual user, to present unacceptable harm to the users' surrounding community or to transfer too great a burden to the community.<sup>5</sup> In the late 19<sup>th</sup> and early 20<sup>th</sup> century drug use was regarded by the public "as alone a habit, vice, sign of weakness or dissipation,"<sup>6</sup> similar to the view of those who could not control their use of the licit drug alcohol. The use of illicit drugs has been prohibited internationally since 1912, almost an entire century, because of international agreement that *the general community has a greater right to protect itself from the harms of illicit drug use than does an individual user to use a harmful substance recreationally.*
2. Theodore Dalrymple - "Addiction to, or regular use of, most currently prohibited drugs affect not only the person who takes them but also his spouse, children, neighbors, or employers. No man, except possibly a hermit, is an island; and so it is virtually impossible for Mill's principle to apply to any human action whatever, let alone shooting up heroin or smoking crack. Such a principle is virtually useless in determining what should or should not be permitted."
3. Theodore Dalrymple - "The freest man is not the one who slavishly follows his appetites and desires throughout his life - as all too many of my patients have discovered to their cost." ". . . a man whose appetite is his law strikes us not as liberated but enslaved. And when such a narrowly conceived freedom is made the touchstone of public policy, a dissolution of society is bound to follow."
4. Theodore Dalrymple - "But the consumption of drugs has the effect of reducing men's freedom by circumscribing the range of their interests. It impairs their ability to pursue more important human aims, such as raising a family and fulfilling civic obligations. Very often it impairs their ability to pursue gainful employment and promotes parasitism. Moreover, far from being expanders of consciousness, most drugs severely limit it. One of the most striking characteristics of drug takers is their intense and tedious self-absorption; and their journeys into inner space are generally forays into inner vacuums. Drug taking is a lazy man's way of

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5 A direct example of societal attitudes driving the International Drug Conventions is the 1925 speech by the Egyptian delegate M. El Guindy to the 1925 Geneva Convention forum which prohibited cannabis – largely reproduced in Willoughby, WW, *Opium as an International Problem* John Hopkins Press 1925 <http://www.druglibrary.org/schaffer/library/studies/op/op1.htm>

6 Terry CE, Pellens M *The Opium Problem* 1928 <http://www.druglibrary.org/schaffer/library/studies/op/op1.htm>

pursuing happiness and wisdom, and the shortcut turns out to be the deadest of dead ends. We lose remarkably little by not being permitted to take drugs.”

5. Theodore Dalrymple – “And it may be that officially sanctioned antisocial behavior - the official lifting of taboos - breeds yet more antisocial behavior, as the "broken windows" theory would suggest.”
6. Theodore Dalrymple – “In addition, the drugs themselves exert a long-term effect on a person's ability to earn a living and severely limit rather than expand his horizons and mental repertoire. They sap the will or the ability of an addict to make long-term plans. While drugs are the focus of an addict's life, they are not all he needs to live, and many addicts thus continue to procure the rest of what they need by criminal means.”
7. Theodore Dalrymple – “Even the legalizers' argument that permitting the purchase and use of drugs as freely as Milton Friedman suggests will necessarily result in less governmental and other official interference in our lives doesn't stand up. To the contrary, if the use of narcotics and stimulants were to become virtually universal, as is by no means impossible, the number of situations in which compulsory checks upon people would have to be carried out, for reasons of public safety, would increase enormously. Pharmacies, banks, schools, hospitals - indeed, all organizations dealing with the public - might feel obliged to check regularly and randomly on the drug consumption of their employees. The general use of such drugs would increase the locus standi of innumerable agencies, public and private, to interfere in our lives; and freedom from interference, far from having increased, would have drastically shrunk.”
8. Theodore Dalrymple on imprisonment as not abrogating human rights – “The problem of reducing the amount of crime committed by individual addicts is emphatically not the same as the problem of reducing the amount of crime committed by addicts as a whole. I can illustrate what I mean by an analogy: it is often claimed that prison does not work because many prisoners are recidivists who, by definition, failed to be deterred from further wrongdoing by their last prison sentence. But does any sensible person believe that the abolition of prisons in their entirety would not reduce the numbers of the law-abiding? The murder rate in New York and the rate of drunken driving in Britain have not been reduced by a sudden upsurge in the love of humanity, but by the effective threat of punishment. An institution such as prison can work for society even if it does not work for an individual.”
9. *A clincher of an emotive argument on the rights of non-users to be free of the harm of drugs is one from Drug Free America. I believe this is the unanswerable argument for the other side, and the one they will NOT want to hear in any debate*

Drug Free America - “Societal costs would be increased. Approximately 60% of all domestic abuse and child abuse and neglect cases are drug related. About 75% of children in foster care are there due to drug using parents. With increased drug users and increases in the amount of drugs that each user administers due to the freedom to use, we could certainly expect to see those numbers rise – all at a tremendous cost to society.”

WFAD – “The notion that illicit drug use is a victimless crime and that everyone should be free to do what they want with their body disregards the web of social interactions that constitute human existence. Affected by an individual's illicit drug use are children, parents, grandparents, friends, colleagues, work, victims of drugged drivers, crime victims, elder abuse, sexual victims, patients made sicker by medical marijuana etc. Illicit drug use is no

less victimless than alcoholism. Taking as an example the effect of illicit drug use on children, in 2007 one in every nine children under the age of 18 in the United States lived with at least one drug dependent or drug abusing parent. 2.1 million children in the United States live with at least one parent who was dependent on or abused illicit drugs.<sup>7</sup> "Parental substance dependence and abuse can have profound effects on children, including child abuse and neglect, injuries and deaths related to motor vehicle accidents, and increased odds that the children will become substance dependent or abusers themselves. Up-to-date estimates of the number of children living with substance-dependent or substance-abusing parents are needed for planning both adult treatment and prevention efforts and programs that support and protect affected children."<sup>8</sup>

10. Drug Free America – "Legalized drug use would escalate the decay of our neighborhoods and the fracturing of our families. With nearly 60% of domestic violence caused by drug abuse, legalize and more neighborhoods will be destroyed. More homeless people will be on the streets and crime will increase. Costs will escalate."
11. Jo Baxter on WFAD input – "The majority of nations of the world have signed the UN Convention on the Rights of the Child, which includes Article 33. Article 33 of the CRC is very explicit when it states that Member states: *"shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances"*.

Specifically Article 3 says: In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration'.

Further, Article 6 of the CRC states that "every child has the inherent right to life and that Member States *"shall ensure to the maximum extent possible the survival and development of the child"*, and Article 27 states that Member States *"recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development"*.

*Therefore, it is clear that protecting children from illicit use/production/trafficking of drugs is not an option for States Parties to the CRC. It is an obligation."*

12. *Here is an argument from our colleague Leena Haraké from Sweden. I believe there is the force of truth in her statement below and I have looked at the Illicit Drug Strategy Household Survey – detailed findings for 2007 where males using an illegal drug in the last month before survey was 10% as compared to 6% for women, and use in the previous week was males – 7%, females 4% yielding women as 36% of regular drug users and men at 64%.*

Leena Haraké – "Last but not least, women are a vulnerable group- a large group- at least a half of the population - mostly among "the loved ones being hurt" and are neglected in

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<sup>7</sup> US National Survey on Drug Use and Health, Children Living with Substance-Dependent or Substance-Abusing Parents: 2002 to 2007 <http://www.oas.samhsa.gov/2k9/SAParents/SAParents.htm>

<sup>8</sup> US National Survey on Drug Use and Health, Children Living with Substance-Dependent or Substance-Abusing Parents: 2002 to 2007 <http://www.oas.samhsa.gov/2k9/SAParents/SAParents.htm>

policy making. Women's rights should not be discriminated against either. Majority of women do not do drugs."

13. Colliss Parrett – "In what other areas of preventive medicine, apart from drugs, do we as a matter of conscience and policy keep patients in their state of illness?"
14. Colliss Parrett – "Australians would reject impurities entering our potable water system - why would they not reject killer drugs entering our community to kill our kids?"
15. Ross Colquhoun – "Like any other form of harmful behaviour as society has a right to enact laws to protect the community, such as drink driving."

*This last argument is pretty philosophical, and was sent by Frans from the Netherlands. This argument comes from what I call the post-post-modernists who were dissatisfied with the rank individualism of postmodernism. The emphasis of making ethics and justice - human relations, responsibilities and duties - the foundational arbiter of human rights has been brilliantly founded by the Jewish philosopher Emmanuel Levinas back in the 60s and coincidentally accords with the approach of the major world religions.*

Frans Koopmans' thesis – "That having been said, another question that should be put forward here is that of *duties*. With all the emphasis on rights, duties seem to come off worst. Where there seems to be a broad consensus on human rights (*universal*, fundamental human rights), these rights are usually given a higher (or even the highest) status compared to other normative elements within politics. However, these rights are connected with (humanistic) self-assertion and autonomy. Being *universal*, these rights suggest that they transcend (and according to its champions, *must* transcend) the creeds of different religions and metaphysical systems. Human rights suppose a professed agreement between many different political persuasions. There seems to be a primary stress laid on human will, autonomy and freedom, but without a parallel stress on human obligation and limits. This tends to lead to the destruction of substantive human rights theory. Marshall (1990) thinks that the notion of rights is gravely overstretched. The problems he discovers are: 1. incoherence, 2. trivialization, 3. legalism, 4. Individualism (rights pertain only to individuals, not e.g. to churches), 5. secularization. Marshall sees as a problem that the current Western stress on autonomy and on human will as the basis of the political order tends to produce a view of rights wherein rights are seen as prior to justice, protected by a foundational contract, a neutral state and social pluralism. He proposes, first, that rights should not be treated as if they pertained only to persons (or other subjects) but always refer to relations. And second, that these rights should not be thought of as pre-existing, but as a *consequence of justice* and not vice versa.

16. *Just a note on the cost of various forms of 'harm reduction' to the Australian public of according drug users the luxury of ongoing drug use. The injecting room has cost \$25 million for benefit of 4 lives saved. Needle exchanges, according to the Federal Return on Investment report, have cost Australians \$243 million with scientific studies to date being unable to demonstrate their effectiveness in preventing HIV or Hep C transmission. Our extending users the virtual right to use drugs comes at a major cost.*



### **3. Their myth - Mind-altering substances have been used in every culture, so must be used in ours**

*The implicit message that the legalisation lobby wishes to convey by this statement is that every other culture has accorded the freedom to use, while ours has not. It's a bogus appeal to historical and pan-cultural weight.*

1. Theodore Dalrymple – “Man's desire to take mind-altering substances is as old as society itself: as are attempts to regulate their consumption. If intoxication in one form or another is inevitable, then so is customary or legal restraint upon that intoxication. But no society until our own has had to contend with the ready availability of so many different mind-altering drugs, combined with a citizenry jealous of its right to pursue its own pleasures in its own way.”

#### 4. Their myth - Prohibition creates criminals/legalisation stifles criminals argument

*The above argument has a certain elemental appeal for those who are easily confused on matters of logic*

1. Theodore Dalrymple – “Likewise, it is the illegality of stealing cars that creates car thieves. In fact, the ultimate cause of all criminality is law. As far as I am aware, no one has ever suggested that law should therefore be abandoned. Moreover, the impossibility of winning the "war" against theft, burglary, robbery, and fraud has never been used as an argument that these categories of crime should be abandoned. And so long as the demand for material goods outstrips supply, people will be tempted to commit criminal acts against the owners of property. This is not an argument, in my view, against private property or in favor of the common ownership of all goods. It does suggest, however, that we shall need a police force for a long time to come.”
2. Theodore Dalrymple – “Having met large numbers of drug dealers in prison, I doubt that they would return to respectable life if the principal article of their commerce were to be legalized. Far from evincing a desire to be reincorporated into the world of regular work, they express a deep contempt for it and regard those who accept the bargain of a fair day's work for a fail; day's pay as cowards and fools. A life of crime has its attractions for many who would otherwise lead a mundane existence. So long as there is the possibility of a lucrative racket or illegal traffic, such people will find it and extend its scope. Therefore, since even legalizers would hesitate to allow children to take drugs, decriminalization might easily result in dealers turning their attentions to younger and younger children, who - in the permissive atmosphere that even now prevails - have already been inducted into the drug subculture in alarmingly high numbers.”
3. Theodore Dalrymple – “So long as any restriction whatever regulates the consumption of drugs, many addicts will seek them illicitly, regardless of what they receive legally.”
4. Drug Free America – “If we legalize drugs for adults, there would still be a black market especially for kids. A black market would continuously work to undercut the prices of the legal markets. If we legalize drugs for adults it will not stop dealers from targeting kids. Cocaine is legal and used in surgical procedures. Has this stopped the black market dealers from targeting kids? Cigarettes are legal; has that stopped unscrupulous people from targeting kids?”
5. Drug Free America – “Around 21% of all tobacco smoked in the UK is smuggled in the country. A third of annual global exports of cigarettes go to the contraband market, representing an enormous impact on consumption thus causing an increase in the burden of disease, especially in poorer countries. Documents uncovered during recent lawsuits confirm that the tobacco industry itself is responsible or involved in many large-scale cigarette smuggling operations worldwide. Why would drugs be any different? Tobacco companies smuggle cigarettes to launch new brands, enter new markets, and fight price wars with competitors – we could expect the same from the drug cartels with respect to drugs. Legal drugs are smuggled all the time. The concept that making something legal will stop black marketers or cartels from developing markets is laughable. Tobacco is an example where, according to sources in UK, roughly 1 in 5 cartons of cigarettes sold are smuggled through the black market. The best organized smugglers in the world are drug cartels. (Source: [Tobaccocontrol.bmj.com](http://Tobaccocontrol.bmj.com))”

6. Drug Free America – “Legalizing drugs would increase crime, not reduce it. Many drug users arrested already have criminal records, meaning they would likely wind up behind bars for something other than drug possession. Drugs impair your judgment and your function, both of which are contributing factors to crimes. While many addicts certainly commit crimes in order to buy their drugs, the DEA reports that six times as many homicides are committed by persons under the influence of drugs than those looking for money to buy drugs and that most arrestees for violent crimes test positive for drugs at the time of arrest. People under the influence of drugs commit 6 times as many homicides as non drug users, Most arrestees for violent crimes test positive for drugs: according to DEA. (Source: LA Times, 12/4/08)
  
7. Dr Ian Oliver – “There is no consideration given to the fact that there is a thriving 'black market' in the legal drugs of alcohol and tobacco”

## 5. Their myth - The 'success' of harm reduction as a public acceptance of drug use

1. WFAD – “Opponents of drug legalisation express concern that ‘harm reduction’ interventions are often used by drug legalisation advocates as a pathway to normalizing drug use in a society, and via a pathway of incrementalism, overwhelming a society’s conscious concerns with a political, but not popular, acceptance of drug use. At the same time, critics of harm reduction, where it is used to alleviate the harms of illegal practices or behaviours, cite concerns about its strategies sending a message of sanctioned acceptance of the very behaviours which the community, through its legislators or governance, do not accept.

Dr Alex Wodak, a member of the International Harm Reduction Association has described the strategic movement from harm reduction to drug legalisation thus,

“In many countries it is time to move from the first phase of harm reduction – focusing on reducing adverse consequences – to a second phase which concentrates on reforming an ineffective and harm-generating system of global drug prohibition.”<sup>9</sup>

2. Theodore Dalrymple – “And it is true that once opiate addicts, for example, enter a treatment program, which often includes maintenance doses of methadone, the rate at which they commit crimes falls markedly. The drug clinic in my hospital claims an 80 percent reduction in criminal convictions among heroin addicts once they have been stabilized on methadone. This is impressive, but it is not certain that the results should be generalized. First, the patients are self-selected: they have some motivation to change, otherwise they would not have attended the clinic in the first place. Only a minority of addicts attend, and therefore it is not safe to conclude that, if other addicts were to receive methadone, their criminal activity would similarly diminish.”
3. Theodore Dalrymple – “Third, the rate of criminal activity among those drug addicts who receive methadone from the clinic, though reduced, remains very high. The deputy director of the clinic estimates that the number of criminal acts committed by his average patient (as judged by self-report) was 250 per year before entering treatment and 50 afterward. It may well be that the real difference is considerably less than this, because the patients have an incentive to exaggerate it to secure the continuation of their methadone. But clearly, opiate addicts who receive their drugs legally and free of charge continue to commit large numbers of crimes. In my clinics in prison, I see numerous prisoners who were on methadone when they committed the crime for which they are incarcerated. Why do addicts given their drug free of charge continue to commit crimes?”
4. Theodore Dalrymple – “So long as any restriction whatever regulates the consumption of drugs, many addicts will seek them illicitly, regardless of what they receive legally.”
5. *Following is a very clever observation by one of our international colleagues, and unfortunately there may be a lot of truth to this motivation for legalisation*

Nigel Keegan – “You might also refer to the massive expansion of harm reduction services in recent years which would grow explosively as consumption went up under any legalisation

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<sup>9</sup> Dr Alex Wodak; Paper presented to the 15th International Conference on the Reduction of Drug Related Harm

regime - Jobs for the boys (and girls)!”

6. Colliss Parrett - "Injection of contaminated blood by drug users is now virtually the only means of acquiring the virus [Hep C ]" Professor Geoffrey Farrell, Professor of Hepatic Medicine, Canberra Times, February 8, p11). So why flood the community and prisons with needles?"
7. Colliss Parrett – “To exemplify 6 - Hep C prevalence in Australia has increased in the past 30 years from approximately 30,000 to nearly 250,000. This is despite the distribution of over 500,000,000 needles (Victoria alone issues 6 million annually - The winnable war on drugs, page 133). Hence, needle distribution does not reduce Hep C as claimed. Therefore strategy needs to be changed, and they must not be allowed into prisons.”
8. Colliss Parrett – “Giving clean needles to addicts is like giving them clean revolvers to play Russian roulette.”
9. Colliss Parrett – “Trying to bring HM/HR to acceptable prevention outcomes is like trying to raise a sunken vessel by drilling holes to let the water out!”

## 6. Their myth - Drug legalisation is a superior economics

1. Theodore Dalrymple – “But price and availability, I need hardly say, exert a profound effect on consumption: the cheaper alcohol becomes, for example, the more of it is consumed, at least within quite wide limits.

“It is therefore perfectly possible that the demand for drugs, including opiates, would rise dramatically were their price to fall and their availability to increase. And if it is true that the consumption of these drugs in itself predisposes to criminal behavior (as data from our clinic suggest), it is also possible that the effect on the rate of criminality of this rise in consumption would swamp the decrease that resulted from decriminalization. We would have just as much crime in aggregate as before, but many more addicts.

“In fact Britain, which has had a relatively liberal approach to the prescribing of opiate drugs to addicts since 1928 (I myself have prescribed heroin to addicts), has seen an explosive increase in addiction to opiates and all the evils associated with it since the 1960s, despite that liberal policy. A few hundred have become more than a hundred thousand. At the heart of Nadelmann's position, then, is an evasion. The legal and liberal provision of drugs for people who are already addicted to them will not reduce the economic benefits to dealers of pushing these drugs, at least until the entire susceptible population is addicted and in a treatment program. So long as there are addicts who have to resort to the black market for their drugs, there will be drug-associated crime. Nadelmann assumes that the number of potential addicts wouldn't soar under considerably more liberal drug laws. I can't muster such Panglossian optimism.”

2. Drug Free America - “Legalization will not generate revenue for our government. Who would be stupid enough to pay government tax on something they can grow in their house or back yard?” (*My comment – this argument is only valid for cannabis*)
3. Drug Free America = “Legalizing drugs would increase crime, not reduce it. Many drug users arrested already have criminal records, meaning they would likely wind up behind bars for something other than drug possession. Drugs impair your judgment and your function, both of which are contributing factors to crimes. While many addicts certainly commit crimes in order to buy their drugs, the DEA reports that six times as many homicides are committed by persons under the influence of drugs than those looking for money to buy drugs and that most arrestees for violent crimes test positive for drugs at the time of arrest. People under the influence of drugs commit 6 times as many homicides as non drug users, Most arrestees for violent crimes test positive for drugs: according to DEA. (Source: LA Times, 12/4/08) Legalization will not reduce cost. Legalizing will increase crime, cost communities more to protect citizens, destroy families, increase mental illness and place more impaired drivers on road.
4. Drug Free America – “Drugs contribute to many health conditions and is a significant contributor to mental illness and accidents/injuries. Legalized drugs would create an expensive burden on our healthcare systems due to increased healthcare costs. While legalization advocates claim that taxing and regulating drugs would increase public funds, the increased cost of health related issues would far outweigh any funds generated through drug taxes. (Legalization advocates claim that legalizing marijuana alone would create \$1 billion in tax revenue for the state of California each year and yet substance abuse cost the state \$44

Billion in 2005.) With some of the drugs easily manufactured or grown in the privacy of homes, why should we expect many of the users to purchase them rather than making or growing their own, thereby avoiding any taxation?" Legalization will not be a boon for tax collectors. California in 2005 spent \$44 billion on drug abuse. Proponents of legalization say California can collect \$1 billion in taxes off pot. This demonstrates the impaired thinking and judgment caused by pot use. (Source: ONDCP)

5. Drug Free America – "Health care cost will rise with legalization and who in their right mind will pay tax on pot when they can grow in their home. Guess if you were stoned all the time you might be stupid enough to do so."
6. Drug Free America – "Legalized drugs would put more impaired drivers on the roads, endangering the public and costing society more to police the problem. Impaired drivers kill over 50,000 people each year. Marijuana impairs your depth perception, increases response time to react, and impairs decision making skills up to 48 hrs post use. Rick Gates of Amtrak who caused a train wreck and killed 16 and injured 170 people is the poster boy for this." (Source: NY Times)
7. Drug Free America – "Legalized drugs would cause more workers to be impaired in the workplace creating unsafe working conditions, higher healthcare costs to employers, higher workers' compensation rates, and less productivity. There is a reason drug testing in the workplace is routine. Drug use impairs worker. Drug users require health care support. Drug users drive up health care costs. Drug users are less productive. Drug users are security risks. Drug users make irrational decisions. Drug users have memory impairments."
8. Wayne Hall/Don Weatherburn – "The purpose of drug law enforcement is not to make illicit drugs impossible to obtain. The primary justification for prohibition (and the enforcement activity that underpins it) is that it keeps illicit drug prices much higher than they would otherwise be. This, in turn, keeps illicit drug consumption and drug-related harm lower than they would otherwise be. The heroin shortage in 2000 showed us that higher drug prices do reduce levels of drug-related crime, morbidity and mortality. We ought, therefore, to be wary of any policy that reduces the cost of illegal drugs."  
<http://www.smh.com.au/opinion/society-and-culture/beating-the-drug-trade-isnt-about-blackandwhite-solutions-20100921-1517p.html>
9. Wayne Hall/Don Weatherburn - Argument number three is that if the state provided drugs to dependent users, the black market for drugs would collapse, thereby reducing if not eliminating drug-related crime. The main problem with this argument is that if the state did succeed in meeting a large portion of the demand for illicit drugs like heroin, the price of drugs on the black market could fall. This may encourage more people into the illicit drug market. A second problem is that some drugs (such as amphetamines) have quite toxic mental health effects if used regularly. The state cannot be expected to offer toxic drugs to people just to avoid creating a black market. A third problem is that medicalising a problem does not necessarily reduce crime and corruption. Witness the problems we are having with pharmaceutical opioids, such as oxycodone.
10. Wikipedia - Gil Kerlikowske, director of the US Office of National Drug Control Policy (ONDCP) argues that in the United States, illegal drugs already cost \$180 billion a year in health care, lost productivity, crime, and other expenditures, and that number would only increase under

legalization because of increased use.<sup>[46]</sup>

11. Wikipedia – Gil Kerlikowske, current director of the US [ONDCP](#), argues that legalizing drugs, then regulating and taxing their sale, would not be effective fiscally.

“The tax revenue collected from alcohol pales in comparison to the costs associated with it. Federal excise taxes collected on alcohol in 2007 totaled around \$9 billion; states collected around \$5.5 billion. Taken together, this is less than 10 percent of the over \$185 billion in alcohol-related costs from health care, lost productivity, and criminal justice. Tobacco also does not carry its economic weight when we tax it; each year we spend more than \$200 billion on its social costs and collect only about \$25 billion in taxes.” — Gil Kerlikowske, current director of the [ONDCP](#) (April 2010). [Why Marijuana Legalization Would Compromise Public Health and Public Safety.](#)<sup>[80]</sup>

## **7. Their myth - Alcohol Prohibition never worked**

1. Theodore Dalrymple – “Analogies with the Prohibition era, often drawn by those who would legalize drugs, are false and inexact: it is one thing to attempt to ban a substance that has been in customary use for centuries by at least nine-tenths of the adult population, and quite another to retain a ban on substances that are still not in customary use, in an attempt to ensure that they never do become customary. Surely we have already slid down enough slippery slopes in the last 30 years without looking for more such slopes to slide down.”
2. I am hoping to dig out the stats on alcohol prohibition tomorrow for Greg. Will send ASAP.



## 8. Their myth - Prohibition is the cause of most drug deaths

*This is a bogus argument with which the legalisation lobby has bewitched the public for decades. No science to back their claim that users (of which a horrifying 1,115 died of heroin overdose alone in the year 1999 in Oz) were dying because of unknown purity of their heroin, or otherwise heroin cut with cement dust and the like. The real reason we have so many heroin deaths is because of poly-drug use and concurrent alcohol use, which most certainly will happen just as frequently, or more frequently, under a legalisation regime. Users experiment to get the hit of their lifetime (which is so short for so many), and using other drugs with heroin is the pathway.*

1. Drug Free Australia – material from 12 page publication on the injecting room

### **Myth 3 - Heroin overdoses are caused by street heroin cut with toxic contaminants**

*(used by drug legalisation lobby to justify a heroin prescription trial)*

“Two popular misconceptions, among both heroin users and the wider community, are that the major causes of opioid overdose are either unexpectedly high potency of heroin or the presence of toxic contaminants in heroin. The evidence supporting these notions is, at best, sparse.

“If overdose were a simple function of purity, one would expect the blood morphine concentrations of fatal overdose victims to be significantly higher than living intoxicated heroin users. As described above, it has been found that many individuals who die of an opioid overdose have blood morphine concentrations at autopsy that are below the commonly accepted toxic dose.” ANCD Research Paper No 1 ‘Heroin Overdose’ p xiii

### **Major Causes of Heroin Overdose**

“The evidence of polydrug use in fatal overdose is consistent with the experience of non-fatal overdose victims, particularly in terms of alcohol and benzodiazepine use. Overall, overdoses involving heroin use alone are in the minority. ALCOHOL APPEARS TO BE ESPECIALLY IMPLICATED, WITH THE FREQUENCY OF ALCOHOL CONSUMPTION BEING A SIGNIFICANT PREDICTOR OF OVERDOSE.”

ANCD Research Paper No 1 ‘Heroin Overdose’ p xi

2. Drug Free America – “We would certainly see more drug overdoses with legalized drugs. Each year close to a million people are admitted to hospital emergency rooms for problems involving illicit drug use. Each year close to 25,000 people die from drug overdoses. Legalize and this number will increase. Emergency room use is a major hospital expense. Each of us pays for this because most overdose patients have no insurance.” (Source of stats: CDC 2005 & DAWN 2006)

# OUR RESPONSES TO DRUG LEGALISATION

Above are our responses to their attacks on drug prohibitions. Below are our responses to the proposal of drug legalisation.

## Our response – the public do not approve, so why a debate?

Of course we do believe that everything of consequence to anyone is best debated, and we like to see quality in any debate. But only a tiny minority of Australians approve of the legalisation of illicit drugs, so why is there such an inordinate importance given by certain sections of the media to this debate when it is a non-question for most Australians?

To show just how strong Australian support is for a prohibition of drug use I have copied in screen shots of some pretty revealing responses to the 2007 Household Survey.

1. Check out the percentages of Australians who approve the regular use of illicit drugs and compare that with how many approve of alcohol (blue shading). Here is the reason why alcohol Prohibition has very limited relevance to illicit drug prohibitions – see quote from Dalrymple on the section devoted to alcohol Prohibition.

Table 2.6: Approval of regular drug use by adults: proportion of the population aged 14 years or older, by sex, Australia, 2004, 2007

Drug	2004		2007				
	Persons	Males		Females		Persons	
	Approve	Approve	Neither <sup>(a)</sup>	Approve	Neither <sup>(a)</sup>	Approve	Neither <sup>(a)</sup>
				(per cent)			
Tobacco	39.3	15.8	23.2	12.9	21.9	14.3	22.5
Alcohol	77.0	51.7	32.0	38.9	35.5	45.2	33.8
Marijuana/cannabis	23.2	8.7	18.8	4.6	15.1	6.6	16.9
Pain-killers/analgesics <sup>(b)</sup>	8.0	11.5	14.9	9.4	11.8	10.4	13.3
Tranquillisers/sleeping pills <sup>(b)</sup>	5.0	4.8	14.7	3.4	11.2	4.1	12.9
Steroids <sup>(b)</sup>	2.2	2.3	8.7	0.9	5.4	1.6	7.0
Barbiturates <sup>(b)</sup>	1.2	1.3	7.3	0.8	4.5	1.0	5.9
Inhalants	0.8	1.0	2.2	0.7	1.7	0.8	2.0
Heroin	0.9	1.3	2.6	0.7	1.8	1.0	2.2
Methadone <sup>(c)</sup> or Buprenorphine <sup>(e)</sup>	1.1	1.1	4.2	1.0	3.0	1.0	3.6
Meth/amphetamine <sup>(b)</sup>	3.1	1.5	3.2	0.9	2.1	1.2	2.7
Cocaine/crack	2.0	1.8	3.7	1.0	2.3	1.4	3.0
Hallucinogens	2.7	2.1	6.3	1.2	3.5	1.7	4.9
Ecstasy <sup>(d)</sup>	4.2	2.5	5.6	1.5	3.5	2.0	4.6
GHB	0.9	0.8	3.6	0.7	2.0	0.7	2.8
Ketamine	1.0	1.1	4.4	0.8	2.5	1.0	3.4

(a) Neither approve nor disapprove.

(b) For non-medical purposes.

(c) Non-maintenance.

(d) This category included substances known as 'Designer drugs' before 2004.

(e) This category did not include buprenorphine before 2007.

As you can see there is not much of a debate on legalisation for Australians. And as people are re-exposed to what the research always said about the real dangers of cannabis, so the support for its legalisation diminishes.

## Support for the legalisation of illicit drugs

Support for the legalisation of illicit drugs declined slightly between 2004 and 2007 (Table 2.7). A question about support for the legalisation of ecstasy was included for the first time in the 2007 questionnaire.

Table 2.7: Support<sup>(a)</sup> for the personal use of selected drugs being made legal: proportion of the population aged 14 years or older, by sex, Australia, 2004, 2007

Drug	Males		Females		Persons	
	2004	2007	2004	2007	2004	2007
	(per cent)					
Marijuana/cannabis	29.6	23.8	24.4	18.5	27.0	21.2
Heroin	5.5	5.8	4.4	4.6	5.0	5.2
Meth/amphetamine	5.5	5.4	3.9	3.9	4.7	4.6
Cocaine	5.4	6.3	3.9	4.5	4.7	5.4
Ecstasy	n.a.	7.1	n.a.	4.8	n.a.	6.0

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

Note: Statistical significance testing was not undertaken for this table.

*Here's a table the legalisation lads and lasses don't want you to see.*

Table 2.8: Support<sup>(a)</sup> for increased penalties for the sale or supply of selected illicit drugs: proportion of the population aged 14 years or older, by sex, Australia, 2004, 2007

Drug	Males		Females		Persons	
	2004	2007	2004	2007	2004	2007
	(per cent)					
Marijuana/cannabis	54.2	59.6	62.0	66.4	58.2	63.0
Heroin	85.0	84.3	87.1	85.1	86.0	84.7
Meth/amphetamine	82.0	84.2	85.3	85.2	83.7	84.7
Cocaine	83.0	82.4	86.1	84.2	84.6	83.3
Ecstasy	n.a.	80.5	n.a.	83.6	n.a.	82.1

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

*. . . and another that makes them shudder seeing as they have told us for so long that interdiction by police and customs is such a failure, and that the whole budget should go to harm reduction initiatives which allow drug use to continue and be accepted (despite Australians clearly disapproving of drug use)*

Table 2.9: Preferred distribution of a hypothetical \$100 for reducing the use of selected drugs, Australia, 2004, 2007

Reduction measure	Alcohol		Tobacco		Marijuana/ cannabis	Meth/am- phetamine	Heroin/ cocaine	Illicit drug use
	2004	2007	2004	2007	2004	2004	2004	2007
	(\$)							
Education	40.80	39.80	45.60	43.70	41.70	34.10	31.40	34.00
Treatment	30.50	30.70	30.40	30.90	26.70	24.50	24.70	25.70
Law enforcement	28.70	29.40	24.00	25.40	31.50	41.40	43.90	40.30

Note: Statistical significance testing was not undertaken for this table.

*Last but not least, here is what Australians think about harm reduction programs. Note that they have been told a lot of untrue stories by the harm reduction lobby about the wildly successful nature of these interventions, and why wouldn't any compassionate Australian support 'success'? But note that the abstinence-based interventions rate higher than the harm reduction initiatives, reflecting the already-seen Australian disapproval of drug use.*

Table 4.4: Support<sup>(a)</sup> for heroin measures: proportion of the population aged 14 years or older, by sex, Australia, 2004, 2007

Measure	Males		Females		Persons	
	2004	2007	2004	2007	2004	2007
	(per cent)					
Needle and syringe programs	52.9	63.7 #	56.2	70.2 #	54.6	67.0 #
Methadone maintenance programs	55.9	64.9 #	60.1	70.5 #	58.0	67.7 #
Treatment with drugs other than methadone	58.4	66.2 #	59.9	70.9 #	59.1	68.5 #
Regulated injecting rooms	39.4	47.7 #	40.3	52.1 #	39.8	49.9 #
Trial of prescribed heroin	27.6	32.2 #	24.0	33.6 #	25.8	32.9 #
Rapid detoxification therapy	72.7	76.8 #	74.1	80.9 #	73.4	78.8 #
Use of Naltrexone	69.2	73.5 #	66.8	76.0 #	68.0	74.7 #

(a) Support or strongly support (calculations based on responses of 'strongly support', 'support', 'neither support nor oppose', 'oppose' and 'strongly oppose').

# Difference between 2004 result and 2007 result is statistically significantly (2-tailed  $\alpha = 0.05$ ).

1. WFAD – “Currently there is still significantly greater public support for the continued prohibiting of illicit drug use than there is for legalizing and regulating the use of these substances. In the United States 82% of those polled by the Family Research Association in 1998 were opposed to the legalization of heroin and cocaine in the same manner as alcohol is legal.<sup>10</sup> In October 2009 a Gallup poll found that 54% of those polled were against the legalization of cannabis.<sup>11</sup> In Australia, which has had the highest levels of illicit drug use in OECD countries for more than a decade, 95% of Australians oppose the legalization of heroin, cocaine and amphetamines, and 79% oppose the legalization of cannabis. In Australia, this opposition to the legalization of illicit drugs is driven by even higher rates of disapproval of illicit drugs, as measured by its triennial national Household Surveys, with 97% disapproving the regular use of heroin, cocaine and amphetamines, 2% undecided and only 1% approving. Only 7% approve of the regular use of cannabis.<sup>12</sup>

In a democracy political representatives must have regard for the kind of society the majority wish to have. This is the meaning of democracy. Taking as an example the Australian Household surveys mentioned above, if 95% of Australians are against the legalization of heroin, cocaine and amphetamines then a politician's support for the continued prohibition of these drugs transcends any kind of cynical political calculation and is clearly a responsible and responsive enactment of democratic representation. In any democracy where 'the will of the people' is respected by its political representatives, the prohibition of these substances might well be expected to remain intact.<sup>13</sup>

<sup>10</sup> Testimony of Barry McCaffrey, Director, US Office of Drug Control Policy to House Government Reform and Oversight Committee. The Drug Legalization Movement In America 1999 <http://www.drugwatch.org/McCaffrey%20Testimony%20on%20Drug%20Legalization.htm>

<sup>11</sup> See US Support For Legalizing Marijuana Reaches New High 1999 <http://www.gallup.com/poll/123728/u.s.-support-legalizing-marijuana-reaches-new-high.aspx>

<sup>12</sup> Australian Institute of Health and Welfare. Drug Statistics Series number 20. Cat. no. PHE 98. Canberra: AIHW. pp 11,12 <http://www.aihw.gov.au/publications/phe/ndshs07-fr/ndshs07-fr-no-questionnaire.pdf>

### Our response – cheaper drugs = more use

1. Theodore Dalrymple - But price and availability, I need hardly say, exert a profound effect on consumption: the cheaper alcohol becomes, for example, the more of it is consumed, at least within quite wide limits. I have personal experience of this effect.  
*My comment – Dalrymple goes on to give an excellent example of cheaper drugs, more use immediately after this quote – I will send his article*
2. Gil Kerlikowske (United States ONDCP) - Controls and prohibitions help to keep prices higher, and higher prices help keep use rates relatively low, since drug use, especially among young people, is known to be sensitive to price. The relationship between pricing and rates of youth substance use is well-established with respect to alcohol and cigarette taxes. There is literature showing that increases in the price of cigarettes triggers declines in use.”<sup>[27]</sup>

### Our response – Which drugs will be legalised and which not?

*Certain drugs are so deleterious to a society that not even the legalisation lobby calls for their legalisation, particularly crack. So criminals will still have a workable market here feeding the still illicit drugs to the impressionable or risk-takers*

1. Dr Ian Oliver – “It is seldom made clear which drugs the legalisers are referring to and to whom they should become available. Is it the position that they wish to legalise “crack” and will all people regardless of age and mental condition be able to buy them? Certainly the medical profession would be reluctant to prescribe them.”

### Our response – A liberal dose of hypocrisy

*Many from the drug legalisation lobby have joined the societal chorus of concern regarding youth binge drinking, a phenomenon which is partly due to the lower prices presented by the legal drug alcohol. Legalising drugs will reduce the price of drugs, if criminals are to be undermined, creating the environment where the rashness of youth will be at play with a broader array of mind and behaviour altering substances.*

1. Dr Ian Oliver – “Instead of calling for legalisation it would be far more sensible to seek improved policies. The compassionate and sensible approach should be that we do everything possible to reduce addiction and drug abuse, not encourage it. Imagine the consequences of widespread bingeing on drugs.”

## Our response – legalisation kills the opportunity to get rehab for users

1. Drug Free America – “When drugs are legal, we lose an opportunity for intervention through law enforcement as well as leverage to push the user into treatment. Currently Judges can force users into rehab and follow up with mandatory drug testing: possibly saving their life. Judges will have less authority to force treatment for drug use that is legal or is described as ‘medical.’”
2. Drug Free America – “Drug courts are a much better option since they hold users accountable and move them to abstinence. Users do not want to be accountable for their actions. They want to use drugs. Their mantra is: “I am not abusing drugs. I am a recreational user of a soft legal drug.” We continue to pay the price with legalization with little support from courts. And more kids will die or have their lives destroyed.”

## Our response – legalisation will increase users and use

1. Drug Free America – ‘Legalization creates more users – many people currently do not use because of the illegality of drugs. It is also likely to increase the amount of drugs consumed on a regular basis by each user since they will be unimpeded by the law. Legalization shifts the social norms and makes the behavior “normal.” (Estimates indicate marijuana users alone would increase from 20% to 30% to 60% to 70% of the population). Rational people want to obey the laws. Legalization removes this natural barrier. Use and destruction caused by drug use will increase. Response from our young people will be “it’s legal.” Look at young people with “medical marijuana” cards in Oregon. When stoned you can’t learn.
2. Drug Free America – “Legalizing drugs creates a perception that drugs are not harmful. This perception makes youth more likely to use, as continuously recognized by the Monitoring The Future Survey. Young people believe if it’s legal it’s ok. If drugs are legal, more will use, suffer short term memory loss and delayed learning. Legalize for adults and “defacto” legalization occurs for young people: alcohol is a prime example.”
3. *David Raynes from the UK sent a lobbying article by the RAND Institute over there, which is a pro-legalisation outfit, from which we copied the following quote.*

### RAND

*What We Do and Don't  
Know About the Likely  
Effects of Decriminalization  
and Legalization:  
A Brief Summary*

Robert J. MacCoun, Peter Reuter

But between 1980 and 1988, the number of coffee shops selling cannabis in Amsterdam increased tenfold; the shops spread to more prominent and accessible locations in the central city and began to promote the drug more openly. Coffee shops now account for perhaps a third of all cannabis purchases among minors, and supply most of the adult market. As commercial access and promotion increased, the Netherlands saw rapid growth in the number of cannabis users, an increase not mirrored in other nations. Whereas 15 percent of 18-20 year olds reported having used marijuana in 1984, the figure had more than doubled to 33 percent in 1992. That increase might have been coincidental—the data permit only weak inferences—but it is consistent with other evidence (from alcohol, tobacco, and legal gambling markets) that the commercial promotion of vice increases consumption. Since 1992 the Dutch figure has continued to rise but that growth is paralleled in the United States and most other rich Western nations despite very different drug policies—apparently another of those inexplicable shifts in global youth culture.

4. *We refer to an article in the Economist titled “Virtually Legal” as an illustration of how the legalisation lobby’s incrementalism of (first) decriminalisation leads to the call for legalisation. This is their strategy, according to another quote that I sometimes use. The call of this article is that drugs are already virtually legal already in various countries, so legalisation is not much of a change. Here is some of the text from that article.*

“ Though many European countries still have prison as an option for convicted drug users, in reality only a fraction end up in jail, according to new research from the European Monitoring Centre for Drugs and Drug Addiction, the EU’s drug agency (see chart). What is more, the sentences are shorter in reality than politicians like to pretend. In Denmark the top sentence for a standard drug offence was recently raised from six to ten years, but the average time actually served is 20 months. More startling is Britain, where possession of cannabis can, in theory, result in a five-year prison term. In fact just 0.2% of people found in possession of pot go to jail; most of the rest get off with a warning. The few who go behind bars—usually serial offenders, or suspected dealers—do an average of three months.

#### **Europe’s lenient lands**

Elsewhere in Europe, the law itself is softer. Personal possession of any drug—even the hardest—is not a crime in Spain, Portugal, Italy, the Czech Republic or the Baltic states. Some German states and Swiss cantons take the same line. Portugal is especially liberal: rather than fining users or punishing them in other ways (such as removing their driving licences), it usually just impounds their stash and sends them on a course of treatment and dissuasion.

*My comment further – But note that the countries with decriminalisation are paying the price of high drug use, as per average drug use for each country from the 2009 UN World Drug Report (I have ranked the most drug-abusing countries in Europe) . . .*

Italy	3.8	1
UK	3.5	2
Spain	3.1	3
Czech Repub.	2.8	4
Switzerland	2.7	5
France	2.1	6
Luxembourg	2.1	7

Ireland	2.0	8
Belgium	1.8	9
Netherlands	1.6	10
Denmark	1.6	11
Norway	1.5	12

### **The Truth on Portugal**

*The legalisation lobby makes much of the decriminalisation of possession and use of all drugs in Portugal, and the fact that drug use did not sky-rocket immediately after its introduction in July 2001. A reading of the journal article which highlights this success shows that enforced drug rehab, as in Sweden, was introduced at the same time which obviously would have been the chief factor in suppressing demand for all drugs. The legalisation lobby makes little of the rehab, and the famed journal article downplays it. The article uses the term 'drug treatment' as distinct from harm reduction, and uses it in the context of getting users free from drug use. The excerpts below are from "What can we learn from the Portuguese Decriminalisation of Illicit Drugs?" Also, the legalisation lobby fails to talk about the real increases in drug use from 2003 on, after the initial decreases. I am also sending an excellent appraisal of this paper by the US Agency for Drug Control - ONDCP.*

"Equally importantly, one key rationale for the reform was to provide a more health-oriented response, including the possibility to refer people who are dependent on drugs into treatment. Many of the reforms in other countries simply seek, in contrast, to avoid criminal penalties for drug users."

"Equally importantly, one key rationale for the reform was to provide a more health-oriented response, including the possibility to refer people who are dependent on drugs into treatment. Many of the reforms in other countries simply seek, in contrast, to avoid criminal penalties for drug users."

"The CDTs are regional panels made up of three people, including lawyers, social workers and medical professionals. Alleged offenders are referred by the police to the CDTs, who then discuss with the offender the motivations for and circumstances surrounding their offence and are able to provide a range of sanctions, including community service, fines, suspensions on professional licenses and bans on attending designated places. However, their primary aim is to dissuade drug use and to encourage dependent drug users into treatment."

"The number of (CDT) processes that have been decided upon or 'finalized' decreased between 2003 and 2006, which meant there was an overall decline in the proportion of cases in which drug users received an administrative sanction from the CDTs (from 75 per cent in 2003 to 48 per cent in 2006). While this trend has been reversed in recent years, it has decreased the capacity to sanction or refer drug users to treatment. The decline in finalized processes was linked to the reduction in operational CDTs ([Instituto da Droga e da Toxicodpendência 2009](#)). As of mid 2008, all CDTs, with the exception of Vila Real, were back in operation.

Since 2001, most cases have involved only use—acquisition or possession of cannabis or heroin. The proportion involving heroin decreased from 33 per cent in 2001 to 14 per cent in 2006 (and remains at 13 per cent in 2008) ([Instituto da Droga e da Toxicodpendência 2009](#)).



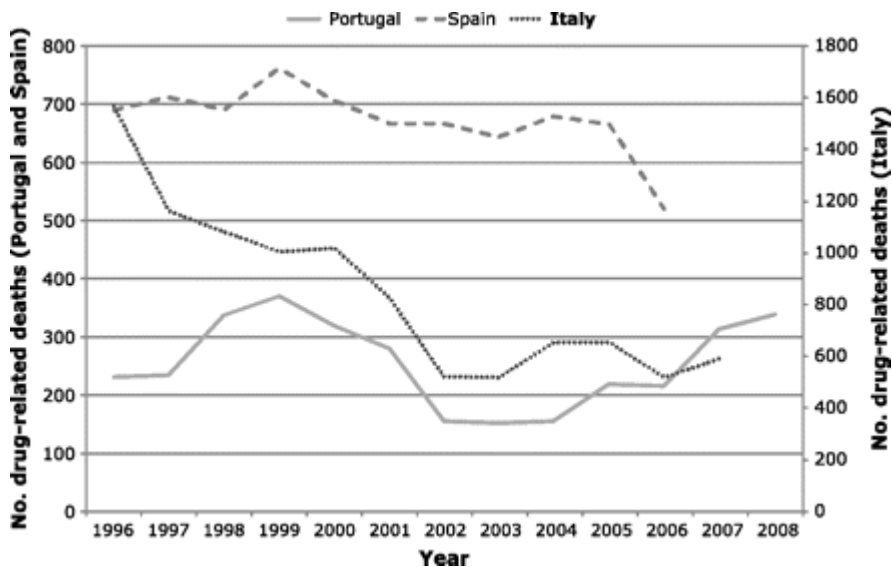
Conversely, the proportion involving cannabis increased from 53 per cent in 2001 to 70 per cent in 2006, decreasing to 64 per cent in 2008. These reflect trends in drug use, particularly a decline in heroin use (see below). The major sanction used by the CDTs has been the provisional suspension of proceedings for individuals who are deemed non-dependent on illicit drugs. These have been used in 59–68 per cent of cases per year. Perhaps due to the decline in offenders being seen for heroin, the use of provisional sanctions with treatment (for dependent individuals) has decreased since the first full year of operation (31 per cent in 2002) and made up only 18 per cent of sanctions in 2008. Conversely, the use of punitive sanctions such as warnings, bans on attending designated places or requirements to visit the CDTs has increased (from 3 per cent in 2002 to 15 per cent in 2008). This has been attributed in part to the lack of appropriate treatment options in Portugal to which to refer non-heroin dependent drug users.<sup>6</sup>

“The most controversial impact of the Portuguese decriminalization has been in regards to drug use. Key stakeholders in Portugal were in general agreement that there has been small to moderate increases in overall reported drug use among adults.”

“Between 2001 and 2007, lifetime and last-year use was reported to have increased in Portugal for almost all illicit substances (see [Tables 1](#) and [2](#)). The increase was seen in all age groups above 19 ([Balsa et al. 2004; 2007](#)).

“Portuguese trends largely mimicked the trends observed in neighbouring Spain and Italy (see [Tables 3](#) and [4](#)). All three nations reported increases in lifetime prevalence of hashish, amphetamines and cocaine as well as increases in the last year prevalence of cannabis and cocaine use. The congruity with the other data from neighbouring nations provides little evidence that any apparent increases were directly attributable to the decriminalization. *My comment – remember that neighbouring Spain and Italy also have lax enforcement and decriminalisation regimes as well*

“The major perceived success of the Portuguese reform has been its contribution to changes in public health problems, with significant referrals—particularly in the early years—by the CDTs of heroin users to treatment.”



*Note that Portugal’s drug deaths are back where they were before decriminalization in graph from the article.*

# Portugal's Drug Statistics since Decriminalisation of All Drugs

## Population Surveys

	Adults			young adults			15-24 year olds		
	2001	2007	% change	2001	2007	% change	2001	2007	% change
Lifetime Prevalence (Ever Used)									
Cannabis	7.6	11.7	53%	12.4	17	37%	12.2	15.1	23%
Cocaine	0.9	1.9	111%	1.3	2.8	115%	1.1	1.4	27%
Amphetamines	0.5	0.9	80%	0.6	1.3	117%	0.4	0.8	100%
Ecstasy	0.7	1.3	85%	1.4	2.6	186%	1.8	2.1	17%
LSD	0.4	0.6	50%	0.6	0.9	50%	0.7	0.6	-14%
Used in last 12 months									
Cannabis	3.3	3.6	9%	6.3	6.7	6%	8	6.6	-19%
Cocaine	0.3	0.6	100%	0.6	1.2	100%	0.7	0.7	0
Amphetamines	0.1	0.2	100%	0.1	0.4	300%	0.1	0.4	300%
Ecstasy	0.4	0.4	0	0.8	0.9	13%	1.2	1	-17%
LSD	0.1	0.1	0	0.2	0.3	50%	0.4	0.4	0
Used in last 30 days									
Cannabis	2.4	2.4	0	4.4	4.5	2%	5.5	4.1	-25%
Cocaine	0.1	0.3	200%	0.3	0.6	100%	0.5	0.2	-60%
Amphetamines	0.1	0.1	0	0.1	0.2	100%	0.1	0.1	0
Ecstasy	0.2	0.2	0	0.4	0.4	0	0.6	0.4	-33%
LSD	0	0.1-		0.1	0.1	0	0.1	0-	

Portugal's drug-related deaths are as below. Portugal deaths in 2007 are closing in on levels pre decriminalisation (which may have been falling before decriminalisation, as one commentator has asserted). However there are no figures for Portugal since 2007 because the 2010 statistical bulletin records nothing for Portugal at all due to discrepancies between what they count as a drug-related death and what other countries count. It is important to recognise that Portugal's data is still valid for a longitudinal comparison of pre-decriminalisation and post. Wodak is sure to say that the Portugal figure for 2007 is not

correct, which is entirely false. It is correct, but ALL Portuguese data includes deaths from ALL illicit drugs, not just acute opiate-related deaths, which is what most other Euro countries record - thus the reason Portugal wants to redo their figures. I have copied the explanation from an EMCDDA report below these figures so you can see this explanation for yourself.

**Table DRD-2. Number of drug-induced deaths recorded in EU Member States according to national definitions**

**Part (i) Total drug-induced deaths, 1995 to 2007**

Country	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Belgium	132	137	123	:	:	:	:	:	:	:	:	:	:
Bulgaria	19	11	16	21	28	41	24	13	15	26	40	29	52
Czech Republic	(1) :	:	:	61	79	80	84	44	55	57	62	42	40
Denmark	214	242	256	243	217	240	221	:	:	:	207	227	:
Germany	1565	1712	1501	1674	1812	2030	1835	1513	1477	1385	1326	1296	1394
Estonia	:	:	4	7	22	31	45	86	36	98	57	68	:
Ireland	:	:	:	104	115	113	106	125	107	126	159	:	:
Greece	176	222	232	245	265	304	321	259	217	253	314	173	175
Spain	(2) 371	381	321	271	258	254	240	204	274	212	237	218	:
Spain	(3) 698	690	711	689	761	705	666	667	643	679	665	518	:
France	465	393	228	143	118	247	272	242	231	267	301	305	:
Italy	1195	1566	1160	1080	1002	1016	825	520	517	653	652	517	589
Cyprus	:	:	:	:	:	:	:	:	:	14	9	7	12
Latvia	:	1	5	3	32	42	36	35	12	14	14	17	21
Lithuania	9	23	34	32	37	45	35	33	40	38	31	62	72
Luxembourg	22	17	9	16	17	26	18	11	14	13	8	19	27
Hungary	:	52	47	31	42	38	40	:	32	34	28	25	25
Malta	1	2	5	5	5	6	7	8	5	6	8	7	:
Netherlands	70	108	108	110	115	131	144	103	104	127	122	112	99
Austria	170	191	136	109	128	167	139	139	163	185	191	197	175
Poland	175	179	253	235	292	310	294	324	277	231	290	241	:
Portugal	(4) 198	232	235	337	369	318	280	156	152	156	219	216	314
Romania	(5) :	:	:	:	:	:	12	3	7	7	6	21	32
Slovenia	:	:	20	27	33	32	34	38	32	45	44	39	:
Slovakia	:	:	:	:	:	:	:	:	:	23	17	20	17
Finland	51	107	98	84	119	134	110	97	101	135	126	138	143

Sweden	70	122	133	138	153	191	162	160	152	135	168	157	:
United Kingdom (ONS)	(6) 3012	3118	3310	3482	3653	3478	3704	3457	3166	3396	3311	3201	:
United Kingdom (DSD)	(7) 1341	1440	1558	1739	1941	1930	2172	2037	1780	1887	1987	2025	:
Croatia	47	33	36	34	48	51	64	52	57	88	84	72	115
Turkey	:	:	:	:	:	:	:	:	:	:	26	51	147
Norway	143	195	185	274	237	360	398	291	231	285	200	222	:
Totals	6714	7642	7057	7407	7939	8537	8280	6904	6408	6879	7251	6700	-



### Our response – rehabilitation decreases drug use

1. Colliss Parrett - The cardinal objective of our public health policy must be to reduce the incidence and prevalence of illegal drug use. If you do not reduce the number of users the problem will escalate.
2. Colliss Parrett - Put the ambulances and rehabilitation clinics at the top of the cliff, not the bottom.
3. Colliss Parrett - Why do the Greens and Labor want to green the environment - but not the lives of the drug-afflicted ?
4. WFAD - Libertarians argue that only drug dealers should be fought and not the drug users themselves. But this rests on the fundamental error that big-time drugs smugglers and dealers hawk illicit drugs to new consumers. This is most often not the case. Rather it is the users themselves that are mostly responsible for recruiting new users through networks of friends or relatives<sup>14</sup> demonstrating that users need to be targeted as the recruiters of new drug use, and that an emphasis on early rehabilitation for young users is the best answer to curbing widespread dealing. Sweden's mandatory rehabilitation program has resulted in the lowest drug use levels in the developed world.

### Our response – recovered addicts are never consulted regarding policy

1. Dr Charles Slack (recovered heroin user who started using as an Asst Psych lecturer at Harvard) – “When epidemiologists encounter a disease, they seek out and carefully study two groups: those who were exposed but failed to contract, and those who contracted but recovered naturally. This approach works whether the problem is a disease or a behavioural disorder.

Regarding the drug problem, two groups are not being heard or, when heard, not heeded. These are people like myself who *used to be* the problem but are now abstinent from all drugs. One or two token ex-addicts receive attention (if they look good, have written a popular book, and are willing to promote their rehab) but, by and large, the council of persons who actually personify the solution to the drug problem in Australia is not sought.

Likewise going unheeded is the advice of those who by all rights *should have become* addicts but through some miracle *did not get started*, did not smoke dope or get drunk on weekends. Let's hear more from them.

Raise the image of two groups of people:

- Those who can prove they know how to avoid the first drug.

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14 Australian Institute of Health and Welfare 2007 National Drug Strategy Household Survey – detailed findings p 117  
<http://www.aihw.gov.au/publications/index.cfm/title/10674>

- Those who can prove they know how to quit for good.

<b>Our response – miscellaneous responses</b>
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1. You tell everyone that nobody overdoses on cannabis, so it can't be harmful, but just how many nicotine overdoses do we record in Australia each year?
2. David Raynes - It has been said, nations get the drug problem they deserve. We certainly deserve ours. We have allowed stridency, stupidity and noisy "drug user advocacy", to *trivialise* and to *normalise* unnecessary drug taking, on route to the nirvana of *legalisation*, of anything and everything apparently. Madness.
3. It is like listening to an alcoholic, about the social benefits of a bottle or two of spirits per day.
4. In excess of 80% of Australians do not support the legalisation of illicit drugs (National Household Drug Survey, 2007). So this should be the end of it.
5. Colliss Parrett - The firm Australian Ethical Investment refuses to invest in shares in tobacco companies. Those supporting legalisation of illegal drugs appear not to have reached this level of ethics !
6. WFAD - That illicit drugs are inherently harmful substances is attested by the very nomenclature of the 'harm reduction' movement.
7. Shane Varcoe - Questions I think not only the decriminalisation lobby, but all responsible legislators and social architects need to answer, are ....
  - *Why, when the vast majority of Australians want no part in illicit drugs, are so many resources being pitted toward greater permissibility, accessibility and availability?*
  - *Who are the key architects of this new policy push and what is the real agenda?*
  - *Which group/profession/industry gets to profit from a more permissible and liberal drug policy?*
  - *Who will be the losers? What will be the collateral damage to society, community, families and individuals?*
  - *Do you believe prevention based and demand reduction options are invalid or unimportant, if so why?*
  - *Who will be responsible for the burden of social, mental and physical disease of the public sanctioned use of illicit drugs?*

- *Who will bear the burden of the fiscal costs (particularly long term health care) incurred by State sanctioned promotion of currently illicit drugs?*
- *Who will bear the emotional, social and moral burden for the cultural and societal damage that will be incurred by the public sanctioned use of illicit drugs? (The damage done by the two State sanctioned legal drugs has already crippled our nation!)*
- *Why have we failed to even seriously consider, let alone implement, recovery focused rehabilitation processes/programs?*
- *Why have we failed to fully engage in the implementation of the full range of demand reduction strategies as we have seen with tobacco in this country and that have been very successful in other nations, such as Sweden?*
- *Do you believe our nation's children and grandchildren will be better off on illicit drugs?*
- *Do you believe our nation's children and grandchildren will be better off with easier access to illicit drugs?*