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The real subtext of the decriminalisation push

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The most effective 'drug pushing' measure ever - *permission*.

There is a maxim that remains constant in our consumerist culture and that is '*availability, accessibility* and of course the key component *permissibility* all increase consumption'.

I was speaking with a close friend who spent years in the horse racing industry and he told me the story about the advent of TAB betting outlets and the reason why such measures were introduced. One of the key motivators was the desire to diminish, if not eradicate the underground 'S.P (Starting Price) bookies' who would 'assist' punters who couldn't get to the race track to make a wager on the ponies!

The strategy was to set up government controlled facilities that would enable people to gamble on the horse races in a more 'scrutinized' and accountable manner. Sounds fair? So to introduce state sponsored gambling they most certainly had to have 'safe-guards' in place; the following are just some of the caveats that must be adhered to in the setting up of government licensed TAB's

a) Must not be within 200 metres of a hotel
b) Must not be within 200 metres of a church
c) Automatic Teller Machines or other money distribution mechanisms not permitted at race tracks.

Sounds wise, reasonable, especially to ensure some modicum of 'harm minimisation' was in place. For those at all familiar with this race betting industry, you will have no doubt raised your eyebrows to the clear fact that all of these 'harm minimising' measures have long since fallen by the wayside. Consumer demand insisted on it, didn't it? The thin end of the wedge went deep and went fast!

Now we see….

a) Rows of ATM's at racetracks
b) Gambling facilities and hotels merged into an indistinguishable melting pot of 'alcohol enhanced' entertainment
c) Churches… sorry what about them?

Now in this scenario, *permission* to gamble already existed, but it was *access* and *availability* that changed to increase its incidence.

What of other 'permission' increasing exercises? Let's look at the legalisation of brothels in the State of Victoria; from 1984, when Victoria first legalised brothels, to 2004, the number of licensed 'sexual services providers' increased from 40 to 184 **(Business Licensing Authority 2004a, p.1).** Significantly, these figures do not include the growth in illegal prostitution, estimated to be four to five times the size of the regulated sector. The legalization of a once illegal industry has only seen an increase, not only in the spread of this 'service', but an exponential increase in those workers operating 'outside the law', to avoid regulatory processes and accountability. I'll state it again… *"Operating outside the law to avoid regulatory processes and accountability"* Now, we have two tiers to contend with and still with no more, and one could argue, even less management of this dehumanising 'industry'.

Let's turn this axiomatic formula to the legal drug of tobacco. Certainly more than permission for use of this substance has existed for over a century. More than permission was a sociable 'insist-ability' to partake - it was high fashion. At one point some medical doctors were prescribing cigarette smoking as a stress management tool, as mind-boggling as that is to contemplate in today's social climate.

The growing and relentless assault against tobacco via the **QUIT** campaign in Australia is something only 'mushrooms' would know little of. This vital and effective demand-reduction and education '***crusade'*** that is raging against tobacco has been clear from its inception, and has continued to burgeon, evermore aggressively to the veritable '***war'*** we now see today.

The message is at the very least unambiguous, at times, bombastic! There is no guessing what the outcome of this assault on this 'legal' drug is to be. The message and mandate, at least in Australia, is not 'slow down', it is not 'moderate' it is **QUIT**. The end game is the only game. Sure, there are no illusions about the time it may take for many to reach that goal, but that goal is the only target to aim at and as a consequence measures and outcomes are effective - more and more Australians are quitting!

> *In 1945 approximately 72% of Australian men smoked. The rate has been dropping ever since then. In 2007 only 18% of Australian males were daily smokers. In 1945 26% of Australian women smoked…In 2007 women were smoking at a lower rate than men with 15.2% still smoking daily.* [1]

> *• increases in getting help to quit smoking, especially use of the Quitline (2% to 4%) and nicotine replacement therapy (7% to 10%);*

> *• increase in one year quit rate from 8% to 11% among smokers and recent quitters;*

> *• a statistically significant reduction of about 1.5% in the estimated adult prevalence of smoking.* [2]

However, as successful as this message has been, the fight is not over yet, as the following excerpt so irrefutably affirms…

> *"ANTI-SMOKING campaigners have far from finished their **battle** with the tobacco industry, with some pushing for a ''license to smoke'' and many predicting that cigarettes could be outlawed within a decade."* [3] *(emphasis added)*

Well, so was the bold opening statement in recent article '***Now butt out: new push seeks to outlaw cigarettes'*** in The Age Newspaper.

Fascinating! Outlawing cigarettes, even though around 17% of Australians are still smoking - outrageous! The article went on to note that if such a ban were to take place the government would stand to lose around $6 billion dollars in tax revenue, but save an estimated $31 billion dollars currently spent per annum on smoking related health problems.

No doubt to everyone who is not a smoker this makes good health and fiscal sense - maybe even to some smokers too?

So how is that we have managed to convince a society that a ban could actually be possible on a legal drug - tobacco, that in its boom era (during the 40's, 50's and 60's) was a key social accessory? A quick inventory of the processes engaged may give us some insight:

- A clear and uncompromising acknowledgement from health, government and fiscal sectors that cigarette smoking was damaging our community.

- The ensuing resolve that this must change for both fiscal, but more importantly, health reasons.

- The continuing single voice of disapproval of cigarettes from academics, politicians and health professionals. (Stopped the propaganda of the pro-smoking academics/doctors and started the recognition of the undeniable facts that *'every cigarette is doing you damage'*.)

- The sustained political will to create and implement policies to bring about change, including increased taxation, total advertising 'blackouts' and bans – that's right, 'prohibition' on smoking in defined places.

- These have been followed by the creation and implementation of Demand Reduction strategies that only grow in number and intensity; including health warnings and plain packaging on cigarette packets; and the relentless public education campaign on the dangers of smoking.

It would appear from both anecdotal and empirical data that such resolute policies work, even with a once widely accepted and socially palatable 'legal drug' like tobacco.

But I'm confused! How can such a relentlessness, 'war' on this 'legal' drug – tobacco, of which some 17% of Australians still use, be not only waged, but affirmed; while at the same time an apparent 'war' on illicit drugs be waged, declared 'lost' by noisy protagonists and discounted as no longer a worthy strategy? Especially when statistically only 6% of the world's 16-65 y.o. olds have tried or may be using some illicit drug intermittently, why would one give up on changing that statistic?

Why is a 'war' being fought so assiduously against tobacco and given up on against illicit drugs and the human cost they incur? Wouldn't a war to reduce that 6% statistic be worth fighting to do all it can to prevent it increasing? Yet instead we hear, from a very small, but noisy minority, a call to not only stop the all but non-existent war on drugs and instead let them off the leash through decriminalisation or legalisation.

You, the reader, must understand something here and make no mistake; this call is a key component to the greatest drug pushing measure to ever be foisted on a culture - the push of permission! And timing for such a push is everything.

If you are an architect of such a blatant drug 'push' exercise, you must…

a) Cultivate the message that drug use is 'normal', everybody is trying it!
b) Cultivate a notion that some drugs are harmless and drug use is manageable, no different to alcohol or cigarettes.
c) Set up the 'couch of credibility' for some drugs by declaring them 'medicine'. For example push the following specious logic; *Cannabis can be used for some medical purposes,*

therefore marijuana is medicine, therefore marijuana is healthy, therefore marijuana is ok to use!

d) Have 'celebrities' and 'doctors' come out with claims of functional drug use giving credibility to the 'product'.
e) However, the real key, if these elements are going to get real traction, is you must have an easily to manipulate demographic. To do that you have to 'set people up', particularly the young who have never really been taught how to think in any anthropological context of sustainable 'why' on life, rather only being told that what they think they want to right and good or bad, right or wrong, no longer come into it.

In our current confused culture, the plumbline for right and wrong has been ostensibly removed. There is no one unified 'moral code' to keep other than 'one's own'. It is Generation Y and the emerging generation who are best set up for this manipulation. Add to that the attentive issues of a 'fun focused' pop-culture, ruled by and ever distracting technocracy and you have a demographic easy to 'play' in a well-pitched market scenario.

When 'selfist' relativism erodes all sense of the 'common' good and any version of collective morality banned. When anchorless, rudderless and directionless 'ethics' are wielded by the manipulative apologists of chaos, thinly cloaked in 'progressive spin', we are left with only one vehicle by which to somewhat order society and prevent descent into anarchy, that vehicle is the **rule of law.**

The prominent Statesman Edmund Burke made this clear…

> *"Human Beings are qualified for liberty in exact proportion to their disposition to put moral chains upon their own appetites... Society cannot exist, unless a controlling power upon will and appetite be placed somewhere; and the less of it there is within, the more there must be without. It is ordained in the eternal constitution of things, that men of intemperate minds cannot be free. Their passions forge their fetters."*

Of course then comes the next question; what law and who gets to make it? This now becomes the arena of debate.

I want to present a couple key scenarios in this brief treatise that leave us little 'wiggle-room' for the idea of abandoning criminal sanctions on drug use, let alone the unthinkable society wide and ultimate 'drug pushing' scenario of legalisation.

A basic principle of good democratic and functional communities is to do with foundational governance issues. When it comes to legislation, what principle/s should it be founded on, or at least informed by?

Gus Jaspert the Deputy Director of UK Home Office speaking at the 3rd World Forum Against Drugs, declared…

> *Governments should aim to…*
>
> a) *Protect their citizens from harm.*
> b) *Provide environments that enable its citizens to reach their full productive potential.*

Any legislation must be filtered through these two foundational principles and the tough questions asked of any proposed introductions or amendments that may breach these principles.

So follow the questions…

a) Does illicit drug use cause harm to citizens?
b) Does illicit drug use impede/diminish the productive potential of a nation's citizens?

Subsequent to these basic questions one then must also ask…

- Will widening illicit drug accessibility, permissibility and availability, improve the safety, amenity and wellbeing of any or all of a nations' citizens?
- Will widening illicit drug accessibility, permissibility and availability, improve familial and community functionality, harmony and cohesiveness?
- Will widening illicit drug use improve or put greater burden on the physical, emotional and mental health of our community?
- And last, but by no means least, will widening illicit drug accessibility, permissibility and availability improve or diminish the well-being and safety of our nation's children?

These last two of these questions are most important to answer, not only on their own merit, but also within the context of other social justice and social responsibility charters, being a) Good professional health care/management and b) nothing less than the United Nation's Convention of the Rights of the Child.

A précised, but lucid look at professional health management strategies of functional societies reveals that all measures and means be taken to maximise community health for one primary reason (other than well-being of its citizens) and that is good fiscal policy. Healthy people not only save any society immense amounts of money, but contribute more productively to its growth and improvement.

In answering above questions a) and b) just the following pieces of data is evidence enough for governments to move against illicit drugs to protect its citizens against such harms:

> ''Illicit drug use shaves approximately 13 million years off the world's collective drug users lives.'' [4]

> "Americans spend approximately $65 billion per year on illicit drugs,[5] but the costs to society from drug consumption far exceed this amount. Illegal drugs cost the U.S. economy $98.5 billion in lost earnings, $12.9 billion in health care costs, and $32.1 billion in other costs, including social welfare costs and the cost of goods and services lost to crime."[6]

> "Principle 16 - Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other substance abuse can be seen (Aos et al. 2001; Hawkins et al. 1999; Pentz 1998; Spoth et al. 2002a; Jones et al. 2008; Foster et al. 2007; Miller and Hendrie 2009)."[7]

> "The success of demand reduction in the US is reflected in long-term decreases in rates of illegal drug use. The percentage of persons aged 12 and older in the US who used an illegal

drug in the past 30 days has decreased 38% from its peak in 1979 (14.1%) to 2009 (8.7%). Equally impressive are statistics from the United Nations Office on Drugs and Crime (UNODC), which has documented a greater than 80% reduction in annual opioid use over the past century!"[8,9,10]

Yet, there is more to professional health management strategies than economic rationalism. Disease control is a primary goal of good health management policy/strategies. Eradication of any disease is the ultimate goal, but in the interim, management practices can be used with an attempt to alleviate symptoms and to improve health status, enabling best opportunities to work toward recovery and wellness. When there is any option for recovery/wholeness then that becomes the goal.

No good health professional will refuse or omit such options when they are available.

For instance, when it comes to the epidemiology of a disease, treating physicians look to a number of factors, including the agent of contagion. They look to manage, negate and prevent these agents from spreading.

Illicit drug use dependency has now been widely touted as a 'disease' and as such the term 'disease' has an ever morphing definition in various diagnostic manuals. Regardless of the definition, treatment principles still remain the same – the containment, cessation and future prevention of this disease. Two key factors must be addressed if any sort of positive health outcome is going to be achieved…

a) Susceptibility factors of the patient
b) Exposure factors to the patient

So in treating the disease of drug dependency/addiction one must address both of these factors to have best hope of the drug user becoming healthy again – The health that a) saves money b) keeps you from harm c) enables your full productive potential d) adds to your and the communities general well-being.

The question we now have to ask of any measure that will increase accessibility, permissibility and availability of illicit drugs is, will it *exacerbate* or alleviate a) susceptibility factors and b) exposure factors? If it does the former, then we have breached good, professional and fiscally responsible health care practice. Any action/method/process that enables the increase or worsening of these two factors is at best reprehensible and at worse culpable and worthy of malpractice suites and license revocation.

When it comes to the mental, physical and emotional health of society's citizens and particularly its children, any measure that increases the exposure or susceptibility to a disease must be, if not eradicated, utterly contained. To do less is to collapse the very core of what good governance and good health care strategy is for a nation.

When the already available, well managed and effectively deployed 'exposure' preventing tool of *criminality* is employed, we are half way to achieving best potential for full recovery. Removing this proactively used mechanism will only see the opposite be true in a community.

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In summary, when it comes to the notion of drug decriminalisation or legislation and the key issues that we have looked briefly at here, we need to ask….

a) Will decriminalisation/legalisation of currently illicit drugs increase the harms to citizens, the children and their productivity/potential?
b) Will decriminalisation/legalisation of currently illicit drugs make for better health care policy/practice and outcomes?
c) Can criminal sanctions be used effectively, not as a punitive sanction, but as a collaborative vehicle to enable both unwitting causalities or even recalcitrant purveyors of drug disease to not only diminish harms to the wider society and themselves, but more importantly to discover the potential and productivity that both functional society and good government endeavour to promote?

It is clear that when societal expectations and conventions of protection, safety, productivity, health and wellbeing are breached by its citizens, then sanctions are not only expected, but demanded. However, the caring use of these sanctions and prohibitions is not about what is 'put down', but much more about what can be 'taken up'. Why remove a mechanism (criminality) that has the proven potential (when used proactively for care i.e. diversion/rehabilitation) to provide safety, promote recovery and more importantly promote wholeness?

I think it is time we stopped the 'war' on good drug policy and start to take up the fight for a better society for all our citizens and not just the one dimensional demands of disease promulgating and society damaging minority; the careless minority who seek to avoid, not only the consequences of their bad choices, but more callously, demand the rest of the community to pay for their ongoing bad choices.

I will conclude with a quote from one of the 'fathers' of modern libertine ideology, John Stuart Mills; A caveat even the most self-absorbed, 'rights' demanding drug user cannot easily dismiss…

> *No person is an entirely isolated being; it is impossible for a person to do anything seriously or permanently hurtful to himself without mischief reaching at least to his near connections, and often far beyond them…If he deteriorates his bodily or mental faculties, he not only brings evil upon all who depended upon him for any portion of their happiness, but disqualifies himself for rendering the services which he owes to his fellow creatures generally, perhaps becomes a burden on their affection or benevolence; and if such conduct were very frequent hardly any offense that is committed would detract more from the general sum of good.*

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Endnotes

1 http://www.cancercouncil.com.au/editorial.asp?pageid=371

2 *CHANGES ASSOCIATED WITH THE NATIONAL TOBACCO CAMPAIGN PRE AND POST CAMPAIGN SURVEYS COMPARED* by Melanie Wakefield http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-publicat-document-metadata-tobccamp.htm/$FILE/tobccamp_c.pdf

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4 http://gma.yahoo.com/blogs/abc-blogs/200-million-people-illicit-drugs-study-finds-120123343--abc-news.html

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8 Substance Abuse and Mental Health Services Administration. (1999). National household Survey on Drug Abuse: Main Findings, 1997 (Office of Applied Sciences). Rockville, MD.

9 Substance Abuse and Mental Health Services Administration. (2010). Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings (Office of Applied Studies, NSDUH Series H-38A,HHS Publication No. SMA 10-4856Findings). Rockville, MD.

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