AUSTRALIAN PARLIAMENTARY GROUP
FOR DRUG LAW REFORM

THE WAY FORWARD:
REDUCING DRUG RELATED
HARM IN AUSTRALIA

CHARTER FOR DRUG LAW REFORM ADOPTED 1993
AND POLICY PAPER ADOPTED 2003
THE WAY FORWARD: REDUCING DRUG RELATED HARM IN AUSTRALIA

“The true surrender is when fear and inertia combine to shut off debate, suppress critical analysis, and dismiss all alternatives to current policies.”

The Australian Parliamentary Group for Drug Law Reform is committed to reducing the harm caused by the misuse of illicit drugs in our community.

According to the Alcohol and other Drugs Council of Australia, nearly one in five deaths in Australia are drug-related, with more than 22,000 people dying annually from the direct or indirect use of drugs. In 1996 it was estimated that 18,580 people died from tobacco related causes, 3,656 from alcohol related causes and 739 people from conditions associated with illicit drug use. In the subsequent few years, that final figure has grown to around 1,000 (ADCA, 2000).

The Australian Parliamentary Group for Drug Law Reform recognises that a comprehensive drug strategy must have harm minimisation as a central principle and involve a whole of government approach across portfolio areas including: education and prevention of misuse, treatment, rehabilitation, law and law enforcement and the provision of aftercare services.

THE NEED FOR LEGISLATIVE CHANGE

“Penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself.” – President Jimmy Carter.

In 1998, a public letter was delivered to Mr. Kofi Annan, Secretary General of the United Nations, with signatories from nations across the world. The letter called for a new approach to growing drug related problems in many countries. Australia’s signatories included past and present politicians of all persuasions, lawyers, media personalities and Olympic gold medallists. The letter acknowledged that not only were current approaches ineffective, but in some instances they were clearly making matters worse:

“We believe that the global war on drugs is now causing more harm than drug abuse itself. In many parts of the world, drug war politics impede public health efforts to stem the spread of HIV, hepatitis and other infectious diseases. Human rights are violated, environmental assaults perpetrated and prisons inundated with hundreds of thousands of drug law violators. Scarce resources better expended on health, education and economic development are squandered on ever more expensive interdiction efforts. Realistic proposals to reduce drug related crime, disease and death are abandoned in favour of
rhetorical proposals to create drug-free societies.”


Subsequently, a number of European countries have been experimenting with new approaches to addressing drug related problems affecting their communities.

Switzerland has made remarkable progress in reducing the problems associated with drug consumption in the last couple of years. Although medically supervised injecting rooms and trials with the medical prescription of heroin are most commonly associated with the Swiss approach, the Swiss drug policy is comprised of four strategic elements – prevention, treatment, harm reduction and law enforcement. The federal government has also introduced new legal instruments against money laundering and organised crime – making it mandatory for banks to report suspicious accounts to the federal authorities and to freeze the assets concerned.

According to the Swiss, “…the fourfold drug policy (prevention, treatment, harm reduction and law enforcement):

- has led to a decrease in the number of new hard drug users among youth;
- has helped a multitude of drug-dependent individuals escape the vicious cycle of addiction;
- protects the physical and mental well-being of drug-dependent individuals.”

(Swiss Federal Office of Public Health, 1999)

In addition, “…in the last few years:

- the incidence of HIV and Hepatitis infections has been noticeably reduced;
- mortality from overdose has been noticeably reduced;
- the open drug scenes have been eliminated;
- the crime rate connected with obtaining drugs has been substantially reduced;
- the number of drug addicts in treatment has almost doubled.”

(Swiss Federal Office of Public Health, 1999)

Consequently, the Australian Parliamentary Group for Drug Law Reform recommends:

1. The establishment of a national trial of the medical prescription of heroin for dependent heroin users for whom other treatments have failed.
2. The establishment of a national trial to evaluate the effectiveness of medically supervised injecting facilities in capital cities and major regional centres.
3. The establishment new legislation relating to money laundering, making it mandatory for banks and other financial institutions to report suspicious accounts to authorities and freeze the assets concerned.

“America has spent billions on enforcement but it has got nowhere. We view drug users as people who need help and care.”
In Portugal, drug use and possession for use have been decriminalised. In recent times, Uruguayan President Jorge Batlle Ibanez became the first head of state in the Americas to call for drug legalisation while Mexican President Vincente Fox also suggested that drugs could eventually be legalised (Bustos, 2003).

The Portuguese national strategy refers to “building upon knowledge and not upon prejudice, a new more scientifically based approach to the drug phenomenon in Portugal.” (EMCDDA, 2003)

The Portuguese plan places a strong emphasis on increasing the availability of treatment options and bolstering the capacity of existing detoxification services. In the field of social reintegration, the plan aims to provide labour training for recovering drug users and addicted prisoners and to expand the network of “reintegration apartments” (supported exit points for those leaving treatment) – increasing current capacity by 100%. The budget for scientific research and information dissemination is to be increased by 200% while a joint program with Spain is envisaged to control the cross-border flow of traffickers and consumers (EMCDDA, 2003).

In short, Portugal has chosen to focus on improving social infrastructure to support the broad societal changes it is hoping to achieve in terms of reducing drug related harm.

The Australian Parliamentary Group for Drug Law Reform recommends:

4. That consideration be given to the decriminalisation of personal possession and use of illicit drugs in the Australian context.

5. That the criminal offence of self-administration be repealed in all Australian jurisdictions.

The medicinal use of cannabis has been a hot topic both in Australia and overseas in recent times. Recent advances in NSW follow changes to Canadian law, allowing severely ill patients with a doctor’s approval to apply to Health Canada to grow and use cannabis for personal pain relief (Bustos, 2003). Humanitarian concerns should be foremost as Australia develops a national approach to medical cannabis.

The Australian Parliamentary Group for Drug Law Reform recommends:

6. That Australians with chronic and terminal illnesses be allowed to access cannabis as a form of pain relief in consultation with their family doctor.

In terms of the recreational use of cannabis, the considerations are entirely different. The 1998 publication, “The social impacts of the cannabis expiation notice scheme in South Australia”, makes some interesting observations about the penalties for possession of the drug in some instances causing more damage than the drug itself. It states:

“Many minor cannabis offenders in both SA and WA appear to be people who are otherwise law-abiding…the majority in both states had respect for the police and the law in general. It was also found that their offence apprehension and
subsequent arrest (WA) or issuing of a CEN (SA) had no impact on their patterns of cannabis use...Those in the WA system were also more likely to report relationship problems, accommodation problems, and further involvement with the criminal justice system related to their first minor cannabis offence.” (Ali et al, 1998).

Consequently, social exclusion and stigmatisation resulting from apprehension and contact with the criminal justice system can be seen to be impacting heavily on the lives of otherwise competent and law-abiding citizens.

The Australian Parliamentary Group for Drug Law Reform recommends:

7. The establishment of a nationally consistent policy framework for the decriminalisation of the possession and use of cannabis for personal purposes.

SCHOOL-BASED EDUCATION, PREVENTION & EARLY INTERVENTION

“We felt the effects of herb were so dangerous that it was better to lie to the American public to save them rather than tell them the truth.”

Partnership for a Drug Free America

In Australia too, drug education has sometimes been well meaning but not necessarily accurate or effective.

According to the Alcohol and other Drugs Council of Australia:

“Drug education strategies should be clearly linked to program objectives, which shouldn’t just relate to the use or misuse of drugs. Program objectives should also relate to developing positive alternatives and building self-esteem, as well as examining the root causes of the misuse of drugs. There is some evidence that specific drug education programs can actually promote the use of drugs by young people.

“To be effective, school drug education needs to be a comprehensive, ongoing program that draws on, and is relevant to, young people’s experiences. Programs that are poorly planned and/or based on scare tactics, testimonials from past drug users, exaggerated information about the effects of drugs, one-off guest speakers, and emotive videos are unlikely to achieve the desired results and may in cases be counterproductive and actually promote the use of drugs by young people.” (ADCA, 2000)

It is fair to state that in the past, school drug education has been fairly inconsistent and sometimes even counter-productive despite the best of intentions. It is essential that future programs are based on established evidence and best practice, providing messages that are relevant to the target audience.

It is also important that schools develop appropriate policies and guidelines with regard to managing alcohol and other drug-related incidents at school. Policies should address the safety, health and wellbeing of the student(s) involved, as
well as other members of the school community.

“Expelling students who have been found to use drugs is a dangerous practice. Removing a young person from their peer group and a network of professionals is a major risk factor in increasing harmful drug use.” (ADCA, 2000)

According to recent research, expulsion can result in increased risk-taking behaviour, rather than having a deterrent effect.

Similarly, drug testing in schools is deemed to be an inappropriate and knee-jerk approach to community concerns about youth drug use.

“Such an approach…will not address any of the underlying issues leading to the use or misuse of drugs…” (ADCA, 2000)

The Australian Parliamentary Group for Drug Law Reform recommends:

8. That pilot drug education programs be evaluated to determine their effectiveness prior to being introduced to the wider school community.

9. That support and encouragement be provided to teachers and schools developing innovative drug education programs, involving the whole school community and providing an active role for students to help make programs more relevant and meaningful to young people.

10. That all schools develop a comprehensive policy for dealing with drug-related incidents; such approaches should include appropriate referrals to counselling and/or drug treatment and support services.

11. That schools reject expulsion and drug testing and adopt more proactive approaches to addressing drug use.

COMMUNITY PREVENTION, EDUCATION AND EARLY INTERVENTION

“That which we call sin in others is experiment for us.”

Ralph Waldo Emerson.

Programs designed to prevent drug related harm can be highly effective. While there is evidence that prevention saves lives and money, education and prevention have traditionally been overlooked in favour of law enforcement and treatment programs.

Primary prevention is concerned with the risk factors and protective factors that contribute to prevent the misuse of drugs. These factors include things like housing, employment, and family environment. The effects of entrenched socio-economic disadvantage cannot be underestimated in terms of the impact of drug use in our community.

“Federal Government programs that target employment, housing, income support and family services are key players in primary prevention and should be recognised in the National Drug Strategic Framework.” (ADCA, 2000)
Likewise, early intervention programs are typically under-resourced. These are the services that deal with the symptoms of drug misuse – parent crisis phone lines, domestic violence counselling services, programs training young people in peer support.

“Early identification of problems, before the drug takes over a person’s life should be a greater priority for resource allocation…funding for dependency issues is already stretched.” (ADCA, 2000)

Community education programs have already proven their effectiveness in the Australian context. A recent evaluation of the National Tobacco Campaign claimed a significant reduction in adult smoking levels.

“The National Tobacco Campaign has been estimated to have averted $24 million in health expenditure in its first six months of operation.”
(Commonwealth Dept of Health and Aged Care, 2000)

However, national and local campaigns must be relevant to the experience of the target audience. As the Alcohol and other Drugs Council of Australia points out, there is no point producing materials on the dangers of drugs if the target group will not read or believe them. The active involvement of people from the target group in the development of community education resources is the key to reaching the target audience and achieving effective outcomes.

The Australian Parliamentary Group for Drug Law Reform recommends:

12. That greater emphasis be placed upon improving social infrastructure and addressing risk factors contributing to the problematic use of drugs in our community.

13. Increasing the capacity of existing early intervention programs to address unmet need.

14. The planning and development of prevention, education and early intervention activities should involve people from the target group to ensure that messages are relevant and meaningful.

15. That evaluation mechanisms be put in place to enable the assessment of new programs so that best practice standards may be developed and promoted.

DRUG TREATMENT AND SUPPORT SERVICES

“It has been my experience that folks who have no vices have very few virtues.”

Abraham Lincoln.

The Australian Parliamentary Group for Drug Law Reform recognises that drug misuse is primarily a health issue, not a law enforcement problem.
The RAND Corporation’s Drug Policy Research Centre in the US found that:

“Per unit reduction in consumption, source country control costs twice as much as interdiction, interdiction costs one and a half times as much as domestic enforcement, and domestic enforcement costs seven times as much as treatment.” (RAND, 2003)

Treatment has been shown to be a cost effective and efficient means of addressing drug dependencies. Effective treatment has the potential to reduce harmful drug use, hospital costs, drug-related crime, violence and welfare costs (Mattick and Hall, 1993).

“Drug dependency is a complex issue, and it differs between individuals. There is an urgent need, therefore, for a wide range of treatment options to meet the specific needs of each individual…Governments need to urgently invest more resources into the trials of new treatment options and expanding the availability of existing options…” (ADCA, 2000).

The Australian Parliamentary Group for Drug Law Reform recommends:

16. The provision of the widest possible range of evidence-based treatment and rehabilitation options for people dependent on illicit drugs.
17. Increasing the capacity of existing treatment and rehabilitation programs to meet demand across Australia.
19. The establishment of methadone maintenance treatment programs in all states and territories.
20. The provision of adequately resourced aftercare and support services for recovering users of illicit drugs, including counselling, employment, training, housing and outreach services to manage the transition back to community life.
21. The provision of counselling and related support services for the families and friends of people with problematic drug use.
22. That priority be given to the development of a national approach to the recruitment and training of workers in the alcohol and other drug sector, including training in treating people diverted from the criminal justice system.
23. That specific resources be provided to treatment agencies to allow the provision of full and appropriate services to people in custodial settings (including Detention Centres).
24. That methadone maintenance treatment programs be made available in all prisons and custodial settings.
25. The provision of naloxone (Narcan) to every ambulance service in Australia, with no cost to individuals for ambulance attendance at overdoses.
26. Investigating the feasibility of providing naloxone and relevant training to the families and significant others of people at severe risk of overdose.
27. Funding a host of new research projects across the country to identify emerging trends and issues in drug use and develop and trial appropriate responses.
NEEDLE AND SYRINGE DISTRIBUTION

A comparison of HIV/AIDS prevalence among injecting drug users in cities around the world has revealed that in cities where needle and syringe programs have been introduced the rate of HIV infection among injecting drug users was on average 6% compared with an average of 21% in cities where programs had not been introduced. Such evidence suggests that needle and syringe programs have been very effective in reducing HIV infection (Wodak, 1995).

It has been estimated that 3000 cases of HIV/AIDS were avoided in Australia in 1991 as a direct result of such programs (ADCA, 2000).

Given that most injecting drug users go on to recover and resume normal lives, get jobs, get married and have families, it will always be in the best interests of Government to protect them from contracting diseases that will have a huge impact on their families and significant others later in life.

The Australian Parliamentary Group for Drug Law Reform recommends:

28. That needle and syringe programs be supported and adequately resourced by all Australian Governments.

MENTAL HEALTH AND DUAL DIAGNOSIS/COMORBIDITY

“Here was a panacea...for all human woes; here was the secret of happiness about which philosophers had disputed for so many ages, at once discovered; happiness might now be bought for a penny and carried in the waistcoat pocket; portable ecstasies might be had corked up in a pint bottle; and piece of mind could be sent down in gallons by the mail coach.”

Thomas DeQuincey, Confessions of an English Opium Eater, 1822.

There is little doubt that many people with mental illnesses also use alcohol and other drugs. Whether such people are self-medicating or simply exacerbating their illness is still a matter for debate. However, there is little doubt that the coexistence of mental health problems and problematic drug use is creating significant problems for service delivery in both the mental health and alcohol and other drugs fields, with clients presenting with an increasingly complex set of problems and challenges to overcome.

“There is growing recognition that as many as three quarters of all clients of alcohol and other drug services, have a comorbidity with a similar percentage of people with mental illnesses misusing alcohol and other drugs. There is an urgent need for a strategic national approach to comorbidity, including innovative pilot programs trailing the effectiveness of different integrated service delivery models.” (ADCA, 2000)

Recent research has revealed that appropriately targeted programs addressing both the mental illness and the problematic drug use together are the most cost-effective interventions leading to better outcomes for clients (ADCA, 2000).
However, such programs are rare and currently collaboration between mental health and alcohol and other drug services is limited.

**The Australian Parliamentary Group for Drug Law Reform recommends:**

29. That as part of the development of a strategic national approach to dual diagnosis, a detailed needs analysis should be undertaken to assess the current level of demand and case management arrangements for dual diagnosis clients.

30. The creation of new collaborative arrangements between mental health and alcohol and other drug services to enable the allocation of single, rather than multiple, case managers for clients with dual diagnosis.

31. The provision of relevant training and professional development to both mental health and alcohol and other drug workers, addressing dual diagnosis issues.

32. The provision of relevant information and education to mainstream health professionals to facilitate appropriate referrals.

33. That resources be made available for innovative pilot programs trailing the effectiveness of different integrated service delivery models, with a view to developing and establishing best practice.

**INDIGENOUS SUBSTANCE MISUSE**

“We have become a nation floating in a sea of Jack Daniels, punctuated by bobbing capsules of Prozac, adrift on rafts in a catatonic sea.”

-Al Martin.

There is little doubt that Indigenous Australians are over-represented in statistics indicating a whole range of harms stemming from the use of alcohol and other drugs.

“The use of alcohol and other drugs has long been closely linked to the deep levels of emotional and physical harm that has been suffered by the Indigenous community since the arrival of European settlers.” (Commonwealth Dept of Health and Family Services, 1998)

The need for an increased emphasis on primary prevention for Indigenous communities is entirely consistent with the kind of practical reconciliation measures advocated by the Federal Government.

“Governments and the wider community need to commit to steps to achieve real and measurable improvements in health, employment, education, housing, law and justice.” (Council for Aboriginal Reconciliation, 1999)

**The Australian Parliamentary Group for Drug Law Reform recommends:**

34. That Commonwealth agencies work with Indigenous communities to identify problems and develop culturally and locally appropriate programs involving members of the local community and community-controlled health services.

35. Ensure that mainstream health services are accessible to
Indigenous people through the provision of cultural awareness training and the employment of Indigenous staff.

36. Statistical analysis of regular population surveys to identify and target communities and groups with extreme and urgent substance abuse service needs.

37. A review of the impact of diversion initiatives on Indigenous communities, with the view to modifying the national diversion initiative to maximise the health and wellbeing of Indigenous people.
IN CONCLUSION

In this paper, the Australian Parliamentary Group for Drug Law Reform has outlined an agenda for change in the way we approach illicit drug issues in Australia. Rather than advocating the utopian dream of a “drug-free society”, the Group has sought to develop a practical and common sense approach, based on the experience of other countries with similar political systems and identified best practice from around the world.

Increasingly, European nations and democracies the world over are executing a “sea change” in the way people think about and deal with issues relating to the use of drugs in our societies. Drug problems are now seen as primarily a health problem, rather than a law enforcement issue. Governments are realising that demand and supply are intrinsically related and that where demand exists, supply cannot be eliminated. Australian Governments must therefore adopt policies that are practical, dealing with the reasons why people demand drugs, as well as striving to reduce supply through law enforcement and interdiction.

Whether we care to admit it or not, the use of alcohol and other drugs is entrenched in our culture and national identity as Australians. We can choose to ignore it, or we can be practical and develop appropriate responses that reflect the needs of families and communities who are faced with these issues. The choice is ours.
REFERENCES


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RAND Corporation, RAND Drug Policy Research Centre, Santa Monica, CA. Website: www.rand.org/multi/dprc


Australian Parliamentary Group for Drug Law Reform

Charter for Drug Law Reform

This Charter seeks to encourage a more rational, tolerant, non-judgemental, humanitarian and understanding approach to people who currently use illicit drugs in our community. The aims of the Australian Parliamentary Group for Drug Law Reform are to minimise the adverse health, social and economic consequences of Australia’s policies and laws controlling drug use and supply.

Part A: Preamble

The members of the Australian Parliamentary Group for Drug Law Reform recognise:

the massive size and escalation of the illicit drug trade and the resulting prevalence and power of organised crime;

national and international policies of prohibition have failed to suppress illicit drug supply notwithstanding enormous financial and legal resources expended in their implementation;

current policies have led to an escalation of crimes against property and associated crimes of violence;

prohibition is a greater threat to personal and community health than a system of controlled availability;

civil liberties are being eroded in attempts to stem the supply of illicit drugs;

potential profits and pyramid supply structures in illicit drug dealing lead to active recruitment of new drug users and active introduction of new products to existing users;

prohibition increases the burden on the criminal justice system;

prohibition promotes corruption.

We therefore:

unequivocally oppose the policies of prohibition;

recognise the fact that drug use will continue in our society and we can no longer abrogate our responsibility to reform drug laws, policies and programs;

seek to establish policies and laws that will control production, manufacture and distribution of drugs of dependence and psychotropic substances.

Part B: Urgent Reforms

The Australian Parliamentary Group for Drug Law Reform recognises:

Australia has current obligations under International Treaties;

there is no approach to the use of drugs of dependence and psychotropic substances which will ever provide a drug free community;

some measures of success has already been achieved through adoption of policies which give priority to the minimisation of harm;

there is positive overseas experience of new approaches to drug law which can provide useful models for Australian reform;

Therefore, Australian Parliamentary Group for Drug Law Reform calls for the urgent adoption of harm minimisation strategies throughout Australia including:

expansion and maintenance of sufficient needle exchange and distribution programs which are
readily accessible to users throughout Australia;

introduction and maintenance of broad based substitution programs for all heroin users seeking this type of assistance;

expansion of rehabilitation programs in range and number to provide access and choice;

provision of politically independent finance and support for properly conducted scientific studies into the treatment of drug users, or the use and misuse of drugs of dependence and psychotropic substances, including alcohol and tobacco;

development of education programs based on self reliance and sound scientific research.

Part C: Short Term Goals

In dealing with drugs of dependence and psychotropic substances in the short term The Australian Parliamentary Group for Drug Law Reform calls for:

an increasing focus on the reduction of harm associated with drug use;

abolition of criminal sanctions for the personal use of drugs;

the adoption, on a national basis, of the South Australian and Australian Capital Territory expiation notice model for the reform of laws regarding the personal use of marijuana;

the adoption of a process including consultation and prescription by medical practitioners for selected illicit drugs.

Part D: Long Term Goals

The Australian Parliamentary Group for Drug Law Reform calls for a commitment to undermine the black market and illicit drug trade with its inherent problems by adopting the following long term goals:

the reassessment of Australia’s commitment to its International Treaties on illicit substances;

independent cost-benefit analyses of all policies which seek to resolve the problems of dependence and substance misuse;

the reform of drug laws in planned stages with detailed evaluation of such laws at all stages;

the minimisation of the harmful use of drugs.

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<td>Ian Cohen MLC or John Mills MP</td>
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