Australian Christians

Drugs, Alcohol and Tobacco: A Summary

Addictions can come in many forms and affect anyone and everyone. It should be understood that the impact of addiction is felt by family, friends and the general community.

Addiction affects the wealthy and poor, young and old, male and female, married and single. Our drug, alcohol and tobacco policies are founded on our love and care for our fellow citizens. The Government is duty bound to care for the wellbeing of individuals who are suffering from addictions, and their families. Legislation must clearly state that drugs are destructive to the individual, the family and the community. The current approach by successive governments is sending mixed messages to the next generation of Australians.

In relation to drugs, Australian Christians will introduce legislation that has a ‘zero tolerance’ approach and focuses on assisting addicts to be free from addiction rather than on how to use drugs ‘safely’.

In relation to smoking, Australian Christians supports the continuation of all forms of advertisement warning of the harmful health effects of tobacco.

In relation to alcohol, Australian Christians supports an inquiry into the possible benefits of increasing the legal drinking age to 21 and the imposition of lockout times at venues where alcohol is consumed.

Australian Christians supports Drug and Alcohol Rehabilitation programs which clearly aim to free addicts from their dependency rather than maintaining them on various drugs for the duration of their life.

Australian Christians — Drug and Alcohol Policy

Australian Christians promotes positive and proactive alternatives to addressing Australia’s drug and alcohol problems. Our policies seek to care for families and communities through best practice strategies in harm prevention, intervention and rehabilitation.

We support developing safer, healthier communities and individuals through a multifaceted approach. This is no different to how a caring society approaches other high-risk health and community issues such as obesity. These are the leading preventable causes of illness in the developed nations.

The pervasiveness and destruction of Australia’s drug and alcohol problem is not hyperbole. The UN ranks Australians as one of the world’s highest users of illicit drugs.

Australian Education and Rehabilitation Foundation (AER Foundation) research estimates the total economic impact of alcohol misuse at $36 billion per year. In the year of the study, 367 people died and near 14,000 people were hospitalised due to drinking related incidents.

More than 70,000 Australians are victims of alcohol related assaults each year, many of them women and children.

Although these figures do not explain the underlying societal complexities involved, they should not instil a moral paralysis and antipathy. Rather, they should reinforce the need to take a wider view and a courageous stance against vested interest groups that mitigate or soften the seriousness of these issues.

There are motivating factors associated with alcohol and drug dependence that need to capture our careful and compassionate attention, and not merely instil a defeatist attitude of maintaining the status quo. Our culture has a long history of seeking to prevent and eradicate the sources of disease, the same should hold true for drug and alcohol addiction.

For over 27 years, Australian governments across the political spectrum have progressively moved from a 'Harm Minimisation' position (as outlined in the National Drug Strategy 2005-09 which is a more thorough three-pronged approach) toward a 'Harm Reduction' only position. This was achieved through gradually and selectively removing words such as 'prevention', 'early intervention' and 'abstinence'. Eventually, harm reduction hijacked the entire harm minimisation policy to become the dominant means of tackling drug and alcohol addiction. For one, this has lead to the exorbitant use and cost of methadone. Australian methadone users outnumber our armed forces, with many users remaining on this drug for life and still many others overdosing.

But other terms, such as, 'net community benefit' frame the discussion around economic outcomes while lessening the equally valid ethical, moral and psychological costs to individuals and communities. However, in terms of expenses, one injecting room in Sydney costs taxpayers $2.7 million per year and overdose rates are 35 to 42 per cent higher inside compared with outside the clinic. Furthermore, the Australian Injecting Drug Users' league receives funding to educate on how to use drugs 'safely'.

So we are left with the conflicting and demoralising governmental approach of 'picking sides'. For example, while there is an eagerness to readily acknowledge the health dangers surrounding passive smoking there is often dismissiveness surrounding similar concerns related to passive drug or alcohol use. Yet practically, there is no adequate reason why government can persistently and successfully target smoking and not do likewise with drugs and alcohol. The end goal of the anti-smoking campaign is not 'slow down' or 'moderate' but 'QUIT'. Toward the final aim of quitting there is a realistic understanding about the effort required to reach that end, with numerous strategies and support agencies assisting on the journey. And the numbers overwhelmingly suggest that it is working. Today, about 17 per cent of Australian's smoke. Even with such incredible success, the unrelenting 'QUIT' message has many passionately supporting a total ban.

It seems baffling however, that the drugs and alcohol message is less clear, vigilant or optimistic. There is a political double discourse. On the one hand government takes a minimisation stance to drugs and alcohol and the mainstream media decry the 'lost war on drugs' and defend wider liberalisation. Conversely, smoking is a villain that is fought on every level from packaging, advertising, distribution and through to rehabilitation.

Legalisation and prohibition of drugs and alcohol have a long history ranging from laissez-faire to outdated draconian and punitive approaches. The context is important because only a historical and nuanced perspective can inform the current debate.

In 19th century China, recreational opium smoking became a major social problem, largely due to the British choosing to use opium as the exchange rate for trade with the Chinese. Opium was a medicinal ingredient well documented in texts as early as the Ming dynasty but its recreational use was limited and there were laws in place against its abuse. The first major British push for opium began in 1781 and between 1821 and 1837 sales increased fivefold.

The Qing government became alarmingly concerned when drug abuse spread widely in Chinese society — at which stage annual British imports were approximately 1 400 tons — usage ranging from the idle rich to ninety per cent of all Chinese males under the age of forty in the country's coastal regions. The effect was a reduction in business activity, a virtual stand still of civil service and, inevitably, a fall in living standards.

But by this stage there were entrenched and overlapping geopolitical interests at play. China was critical of Britain for shipping opium grown in India, many viewing it as an unfair cut-rate competition for their homegrown product. On the other hand, American missionaries in China protested that British opium was ruining the people; whereas American and French traders similarly complained that China could find a better trading arrangement with them.

Legalisation of the opium trade was often debated – and rejected – within the Chinese administration. But in 1838 there was a national policy shift, sentencing native drug traffickers to death, banning the sale of opium and demanding all supplies be surrendered to authorities. Unfortunately, a shrinking pool of addicts was not good news for foreign trade interests and all these factors eventually lit the fuse for the next two Opium Wars.

The heart of the matter centered on the sale and distribution rights of this lethal, highly addictive drug. In the words of British politician, Thomas Arnold, "Ordinary wars of conquest are to me far less wicked, than to go to war in order to maintain smuggling, and that smuggling consisting in the introduction of a demoralising drug, which the government of China wishes to keep out, and which we, for the lucre of gain, want to introduce by force; and in this quarrel are going to burn and slay in the pride of our supposed superiority."

Another tale over the fight between liberalisation and regulation was brewing over in the US, 'the land of the free'. Ironically, it was the great railroad expansion that led to Chinese workforce immigrants introducing their drug of choice to the Wild West. Movies popularise the rugged, free spirited cowhand in saloon bars but many often frequented opium dens, sometimes spending several days and nights at a time in a blurred dream state. By 1890s, opium dens were commonplace, and at a time when modern medicine was still in infancy, the drug was even touted as a cure for alcoholism. Doctors prescribed opiates such as morphine, laudanum, paregoric and codeine. It was used for all types of illnesses and injuries, coughs (common for those with tuberculosis or pneumonia), headaches, depression, old age, sleeplessness and calming fussy babies.

Opium's new found status, found it justifiably hailed as a wonder drug because it quickly eased severe pain associated with medical operations or traumatic injuries, particularly those sustained by soldiers during the Civil War. However, as the law of unintended consequences once again reared its ugly head, due to limited understanding of its addictive effects, tens of thousands of Northern and Confederate soldiers became morphine dependant. In just over 10 years, the US had a major morphine epidemic. Even though no actual statistics were kept on addiction at this time, the problem had grown to large enough proportions to raise serious concerns from the medical profession. Doctors became perplexed and were completely at a loss on how to treat this epidemic. As one turn-of-the-century morphine addict bemoaned, "At first, habit only binds us with silken threads, but alas, these threads finally change to links of strongest steel."

By 1874 the answer to this increasing problem was pitched to American doctors through German manufacturers of Heroin as a "safe, non-addictive" substitute for morphine. And we know how this tragic experiment went and how the saga of one drug of addiction replacing another persists to this day.

In 1925 there were an estimated 200,000 heroin addicts in the country. In 2011, 4.2 million Americans aged 12 or older (1.6 percent) used heroin at least once. An estimated 23 per cent of individuals who use heroin become dependent.

But the problem of generational disconnect however caused Americans to forget lessons from the first drug epidemic.

In the second major wave of American opiate addiction, heroin was integrated into the new cultural identity of the "hipster", particularly though Harlem jazz scene of the 1930-40s and then the 1950s Beatnik subculture. By the time the free loving 60s swung around, the new cool bohemians and literary types, were sending another powerful cultural message — drugs and altered states were part of being hip, social rebels. A generation came to proudly proclaim drug use as "normal" and "free", either wilfully or naively, romanticising the painful consequences of rampant drug use.

Of course, what the historic opiate experiences of both US and China suggest is that drugs once considered safe and legal, similar to cigarettes, but subsequently refuted and found to have a profoundly devastating effect on human life and society require a major policy and cultural shift. More to the point, if these drugs were found to cause such indiscriminate havoc, why would we consider once more re-establishing them as legal?

This is despite the UN World Drug Report 2010, stating that low use of illegal drugs is the success of prohibition controls worldwide. But the 'war on drugs' rhetoric persists, despite the fact that it is largely the legal, regulated drugs that are causing the nightmare of addiction and health problems.

Cigarettes and alcohol are regularly trafficked in the black market. Their use and acceptability outweigh illicit drugs. According to the 2012 World Drug Report, Drug Prevention through a combination of law enforcement, health and education strategies are working, with only 5 per cent of the world's population using illicit drugs, down from 6.1 per cent the previous year.

But no history into drug and alcohol would be complete without an examination of the US Prohibition movement on alcohol. It was introduced in 1919 via an amendment to the Constitution and the Volstead Act. The loudest voices demanding legalisation of drugs, point to this so-called 'failed social experiment'.

As a precursor before examining this further, it is important to state there is no suggestion of returning to a 21st century-styled Prohibition on alcohol. Yet to entirely dismiss the successes, the motivations and its relevance to a specific culture at a historically important social and political crossroads is unfair and dismissive.

Mark H. Moore, professor of criminal justice at Harvard's Kennedy School of Government, highlights the rarely discussed benefits gained through alcohol prohibition. For example, alcoholism was a significant source of violence, contributor to financial hardship, disease and death during this period. Moore notes that subsequent to the Prohibition, cirrhosis of the liver fell drastically among men and arrests for public drunkenness halved.

It is true that organised crime, always creative at eluding authority, put up a good fight, but the mob was already established and powerful before and after the Prohibition. And violent crime did not increase dramatically and homicide rates remained roughly constant. It is also important to underscore that the Prohibition was not a blanket ban, only the commercial manufacture and distribution of alcoholic beverages. Personal consumption was legal. And in the year it took to put the Act into effect, many had already secured alcohol stockpiles and yet others sought legal means of sourcing the banned substance under the guise of medical grounds through a doctor's prescription.

Other nuances also stand out that make a direct comparison between today's drug and alcohol policies impractical. Twentieth century America was a time for progressive reform rather than today's image of an era of suffocating status quo and intolerance. Prohibition was the culmination of 100 years of community tensions and deep concerns.

It was a society that held a popular belief in moral law and material progress, trust in science, support for humanitarian causes to help the disadvantaged and opposition to plutocracy. The Women's Suffrage and Temperance movements were at the fore of the Prohibition push. It was concern for public health that drove the progressive ethos, and, as one historian writes, "the temperance and prohibition movements can . . . be understood as part of a larger public health and welfare movement active at that time that viewed environmental interventions as an important means of promoting the public health and safety."

And the US was not alone in its fervour against alcohol. Other countries were adopting prohibition on a large scale including Iceland, Finland, Norway, both czarist Russia and the Soviet Union, Canadian provinces and Canada. New Zealand voters twice approved national prohibition but never succeeded. As a result of 100 years of temperance activism, a considerable portion of American culture was hostile to alcohol. Bringing about such a shift in societal attitudes to a substance with a long history of widespread, accepted use is no small feat.

Part of the breakdown of the Prohibition was attributed to the lack of uniform law enforcement. Police, prosecutors, judges and juries frequently refused to use the powers the law gave them—the system was fraught with corruption. In 1927, only 18 of the 48 states even budgeted money for the enforcement of Prohibition, some states openly flouting the law.

What we know for certain are that society's attitudes can and do change. Whereas a nationwide ban would seem untenable, the lesson may be that in some communities, families or cultures, a circuit breaker is needed to pause or disrupt the cycle of addiction and help rebuild and heal all those caught in its grip. For example, some Australian Aboriginal leaders have called for dry indigenous communities to assist people trapped in inter-generational alcoholic induced cycles of despair, violence and poverty.

Rather than viewing policies as only prohibiting or legalising, a modern look to a multifaceted drug policy approach is found in Sweden. The Swedish experience contrasts modern attempts between the two extremes of liberalisation and prohibition, focusing on well thought out prevention and reduction policies together with ongoing government policy review and change. Over time, coupled with strong policy and resources, Swedes have developed an antipathy to the production, trafficking and abuse of drugs.

Amphetamine abuse became a Swedish problem in 1938. Large sections of the population were occasional or regular users. Countermeasures such as prescription requirements did not significantly reduce consumption because people found ways to get around restrictions. In 1943, 4.6 per cent of the population aged 15-64, were amphetamine users. Drug use again expanded again in the 1960s and rising government concern prompted the formation the Narcotics Drug Committee (1965).

By 1969, the Government of Sweden approved a ten-point program for increasing public efforts against drugs. It concentrated heavily on law enforcement measures, but it also looked at demand reduction issues, particularly the provision of treatment services, establishing a demand reduction program operated by youth organizations. Literature distribution, newspaper and advertising campaigns on drug facts also followed.

The maximum penalty for serious narcotics offenses was increased from four to six years, and at the same time, the police were allowed to wire-tap – subsequent to a court decision in each individual instance – in order to uncover perpetrators of serious narcotics offenses.

At the same time, another experiment was launched for the legal prescription of drugs. The idea was to limit the harmful effects of drug use. Based on a “liberal and non-authoritarian view” on drug prescription, it meant that although patients were under medical supervision, they were free to decide on their own dosages. If they had finished with their prescriptions, they could easily request more drugs. Generally, it was considered a failure.

A personal perspective of the “drugs on prescription” experiment

“I was then working at the Solna Police Authority, which is now a part of the Stockholm County Police Authority. We had three (!) known abusers in our area who lived in one-room apartments. They knew us, we knew them and we used to visit them in their homes.

The situation changed dramatically soon after the trials started. There were sometimes 10-20 people, all under the influence of drugs, and plenty of illegally prescribed drugs in these apartments, and there was nothing we could do about it. A few months later there were hundreds of abusers in the area and the police had totally lost control of them and the extent of drug abuse in the district. After a couple of deaths involving legally prescribed drugs, the trials were suspended.

During the trial period, the number of drug offenses dropped to almost zero, simply because personal use and possession for personal use were not reported. However, there was a rise in nearly all other types of crime. The police were basically unable to take action against street-level drug offenses.”

(Source: Remarks by Detective Superintendent Eva Brännmark of the National Police Board of Sweden at the International Policing Conference on Drug Issues in Ottawa, August 2003)

Through decades of striving to find balance between various policy measures, in 1984 the government adopted its vision toward creating a ‘Drug Free Sweden’. Organizations, political parties, youth organizations encouraged people to play an active role, stating: “Everybody who comes in contact with the problem must be engaged. The authorities can never relieve [individuals] from personal responsibility and participation. Efforts by parents, family and friends are especially important. Also schools and non-governmental organizations are important instruments in the struggle against drugs.”

Today, a drug-free society still remains the overriding vision, and the country has the lowest drug use rates per capita in the OECD. The ultimate aim became the shifting societal attitudes to view drug abuse as socially unacceptable and its abuse as a marginal problem. Early intervention, recovery based rehabilitation, drug-free treatment, police/social worker models and prosecution and criminal sanctions for drug-related crimes, all came together under this idea.

Australian Christians Drug Policy recommendation:

Adopting a Drug Free Australia vision similar to the Swedish model and a commitment to consistently review best strategy practices from around the world. Nations such as the US (Implementation of Drug courts and not-for-profit organisational initiatives such as Teen Challenge and 12 step addiction programs), and Italy (San Patrignano's restorative/therapeutic community for people with addiction problems)

Promote drug reduction measures that are not draconian or punitive but underscore the historical reality that availability and permissiveness of any substance equals increased usage

Give priority to harm prevention programs and initiatives, not only harm minimisation and particular emphasis to children's rights for protection and safety, in accordance with the UN Convention on the Rights of the Child, Article 33

Participate with countries promoting multifaceted policy approaches to drugs such as the Joint Statement for a Humane and Balanced Drug Policy (May 2012)

Focus on changing societal attitudes toward drug addiction through community input and participation, particularly in learning centres

Whereas Australian Christians supports therapeutic solutions to medical conditions, such as marijuana, we recognise that cannabis is a psychoactive substance, meaning it affects cognition, consciousness, perception and behaviour. For this reason, AC supports the thorough testing of all drugs (including cannabis) via pharmaceutical supervision, quality control, dosage parameters and studies examining placebo and real effects. We do not support the idea that this should be a matter of public opinion or a conscience vote, but rather medical research and safety. Cannabis derived pharmaceuticals are already on the market such as, Marinol and Savitex and these should be made readily available to those most likely to benefit. [1]

<u>Australian Christians Alcohol Policy recommendations:</u>

Alcohol presents as a complex public health policy issue because it has a long history, particularly wine, dating back millennia, and is associated with prosperity and celebration, and may promote some positive health benefits when consumed in moderation. Given this backdrop it is unsurprising that it is one of the most socially accepted substances.

The World Health Organisation (WHO) notes that globally, alcohol is a major cause of disability, disease and death. For this reason, it should not be treated as an ordinary consumer substance. A summary of The Australian National Council on Drugs report highlights the seriousness of alcohol-related problems, particularly among the young:

Almost 1 in 8 deaths of people aged under 25 is due to alcohol

60% of all police attendances (including 90% of late-night calls) involve alcohol

One in 5 hospitalisations of people under 25 are due to alcohol

20% of Australians drink at levels putting them at risk of lifetime harm

Almost two thirds of 18-29 year olds drink "specifically to get drunk"

Today, international companies are the main controllers of alcohol production and distribution. They have the financial ability to aggressively advertise and find modern industrial methods to develop more sophisticated and potentially dangerous products such as caffeinated alcohol 'energy drinks' and alcopops (known to be absorbed more rapidly).

- Australian Christians recommends that since states pay more for the associated costs of alcohol related problems through police, hospitals, courts and prisons, they should have some influence on alcohol taxing policy. Broad, nation-wide taxing would not seem the most efficient means of tackling this issue.
- Australian Christians supports greater price controls that increase taxes and import tariffs on alcohol according to their alcohol content because it is understood that these range anywhere from 4 to 50 per cent. Anecdotal evidence suggests that selective taxing, such as targeting only pre-mixed drinks, merely shifts spending to cheaper priced spirits.
- Australian Christians recommends increased staff training and education in responsible beverage service and the management and prevention of alcohol-induced violence. This is because licensed premises, bottle shops, pubs and bars can all play a key role in preventing alcohol-related issues since they are the initial and often main source of supply.

However, as studies suggest, without consistent, sensible law enforcement all attempts at meaningful alcohol policy will fail. Current drinking age limits need strict enforcement in all venues and followed through via law agencies. The threat of license suspension either by police, liquor authorities or municipal councils needs to be enforced consistently because only through holding alcohol providers accountable for irresponsible selling can situational deterrents be effective.

The WHO study indicates the one punishment that consistently impacts irresponsible drink-drivers is licence suspension and revocation probably because it severely restricts mobility and income production.

Australian Christians believes in the continued law enforcement message and duty to suspend and revoke the licence of drink-drivers, particularly repeat offenders. Also, the continued use of highly visible, non-selective testing such as booze buses, are a known deterrent. However, there also needs to be a corresponding decrease in alcohol advertising, particularly sporting events, where there is a clear contradiction in messages.

Alcohol marketing is a global industry with sophisticated marketing on unprecedented levels, through traditional media (e.g. television, radio and print), new media (e.g. internet and cell phones), sponsorships and direct promotions, branded merchandise and point-of-sale displays. In Australia, the alcohol industry's self-regulation of advertising has been shown to not work. Five major motor sports events are sponsored by the drinks industry.

Compare this with France that has had a complete ban on alcohol advertising and sponsorship since 1991. Sport has not suffered and alcohol consumption over the past 20 years has decreased. And in 1998, France successfully hosted the FIFA World Cup while still enforcing this advertising ban.

Because alcohol is consumed differently among various demographics, it is vital to consider specific and not only broader policy measures. Therefore, some communities may decide to tackle this issue differently, particularly where the problem reaches beyond certain management and restriction stages. For example, community leaders in the remote Aboriginal community of Tjuntjuntjara, 550km east of Kalgoorlie- Boulder, wrote to the Minister to declare a 'dry' community. And they are not alone. More importantly, it is working. [2]

Finally, a strong community message needs to continue that our health is the responsibility not just of the government but of every citizen. Cultural attitudes change over time not merely because the law requires them but because of a strong societal moral impetus that something is inherently better or worse and requires change. Compassionate, proactive individuals and communities still hold the greatest hope to curbing dangerous addictions.

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[1] “A definitive 20-year study into the effects of long-term cannabis use has demolished the argument that the drug is safe. The study found cannabis is highly addictive, causes mental health problems and opens the door to hard drugs. The paper by Professor Wayne Hall, a drugs advisor to the World Health Organisation, builds a compelling case against those who deny the devastation cannabis wreaks on the brain.”

[2] http://www.theaustralian.com.au/news/nation/remote-indigenous-communities-thriving-in-new-dry/story-e6frg6nf-1225913549034

References

www.ncbi.nlm.nih.gov/pmc/articles/PMC1470475/

www.unodc.org/pdf/research/Swedish_drug_control.pdf (2007)

www.dalgarnoinstitute.org.au

www.drugfree.org.au

www.sanpatrignano.org/en

http://teenchallengeusa.com