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What is our Nations' Drug Policy in the 21st Century?

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MR REGOS: What is our nations drug policy in the 21st century and how do we come to have this policy? Would a different policy be more effective? Whilst they are important questions perhaps the most important and fundamental question is: should someone with a minority taste in psychoactive drugs be punished for using that drug?

In 2012 several countries began developing their own policies. Tonight we will hear that the case for global drug prohibition has begun to collapse and that the threshold decision required is to define drugs as a health and social issue and in need of far greater funding.

This evening we will hear from Dr Alex Wodak. Dr Wodak is physician and former director of the Alcohol and Drug Service at St Vincent's Hospital where he is now the emeritus consultant. This is St Vincent's Hospital in Sydney.

During the early 1980's he made 13 submissions to the New South Wales Health Department requesting them to start a needle and syringe program. All were ignored. So in 1986 with some colleagues he resorted to civil disobedience and began Australia's first needle syringe program and Australia's first medically supervised injecting centre. Dr Wodak was the foundation president of the International Harm Reduction Association and is now President of the Australian Drug Law Reform Foundation.

I could go on and read his extremely long CV but that would take us to dessert. The only thing I want to ask of him is, he comes from a family of over achievers and I want to know whether who in his family has the bragging rights and I think this little item may have given him the bragging rights and that is that he is a

member in the general division of the Order of Australia and he received that honour in 2010 for service to medicine and health. Please welcome Dr Wodak.

DR WODAK: Good evening ladies and gentlemen and thank you very much for the invitation to come and speak here tonight and answer questions. I am very happy to do that. There is no more appropriate an audience to discuss the topic we are talking about tonight than the twin professions of medicine and the law that really have to deal with a lot of the mess that is made by alcohol and other drugs and that no doubt in the future it will have a lot to say about the way in which drug policy evolves.

As Michael mentioned in the introduction, my view is that the case for global drug prohibition is collapsing and this evening I want to explain to you why I take that view. It is not just a view that I take, it is view that an increasing number of very distinguished international citizens take around the world.

On June 2 2011, 19 of these distinguished international superstars met at the Waldorf Astoria Hotel and gave a press conference and that included Kofi Annan, former UN Secretary-General; Paul Volcker, former Chairman of the US Federal Reserve; George Shultz, former US Secretary of State; former Presidents of Brazil, Columbia, Mexico and Switzerland; Sir Richard Branson and some others. I think you get the general idea and they announced at that press conference their view that global drug prohibition was collapsing and that we needed to start an international discussion about what kind of drug policy would replace the drug policy we have had over the last half century or more.

That report triggered Australia 21 Canberra based think tank that deals with so called wicked problems. Problems that, I am not really sure what the question is, not sure what the answer is, we do not know what the time line is, do not know who is responsible for the problem, things like global warming and those sorts of problems. So Australia 21 has a focus on wicked problems and last year Australia 21, triggered by the global commission on drug policy, had two drug policy round tables and the way that works is that they first develop a discussion paper then they invite 20 to 25 people from diverse backgrounds, people of some prominence in the community to a private round table. The round table operates under the Chatham House Rule and the round table discussion is recorded, transcribed then edited and comes out as a report and the report is owned by the Board of Australia 21 not the participants so that participants are free to say whatever they like at the round table, they will not be quoted, unless they wish to be. The first meeting was held last January and then a report was launched on April 3. That indeed was the conclusion of the first report Australia21 last year, that global drug prohibition had failed comprehensively and at the launch Mr Mick Palmer, former Commissioner of the Australian Federal Police, the Commissioner during the tough on drugs period in Australia, looked into the barrel of the television camera and said, "Police in Australia have never been better resourced, have never been better trained and never been more effective and yet their impact on the drug trade is minimal". I think that created quite a reaction around this country. There was vigorous debate and it is

interesting that in that vigorous debate there was only one prominent person in the community, the Shadow Minister for Health Peter Dutton, who stood up to defend the effectiveness of drug law enforcement, and Mr Mick Palmer wrote a response, published in the Melbourne Age and the Sydney Morning Herald which I think took Mr Dutton's response apart.

Now it is interesting that at that January roundtable as it also happened with the second roundtable, prominent people who defend drug prohibition were invited to take part in the roundtable and they all declined and I think we know why. Again it is an illustration that people know that the intellectual case for drug prohibition is collapsing. It is a very hard case to make these days, it is so obvious that it has failed.

Then we held a second roundtable, and a second report was launched in September and that looked at four European countries - the Netherlands, Switzerland, Portugal and Sweden. The first three countries were held up as examples of countries that had realised that their drug problems had reached crisis proportions and realised that something had to be done. The three countries responded in detail slightly differently but the three countries realised that they had to be bold and try innovative responses and they tried different things but much more emphasis on health and social interventions and the result is that in those three countries there is strong support for the drug policy that emerged, the Netherlands in the 1970s and in the case of Switzerland in the early 1990s and in Portugal on July 1 2001.

In contrast, Sweden still has very vigorous debate.

There are many who support the very punitive approach that Sweden has taken to drugs since the 1960s but the results are not quite so glamorous. They look glamorous when you look at later on how many people are using drugs but they are not so glamorous when you look at how many people have died from drugs. As was pointed out in the report in the European report coming from the European centre that mobilises data for the whole of Europe, Sweden has the eighth highest per capita rate of drug overdose deaths compared with the Netherlands at number 19, Portugal is number 25. In some respects though Sweden does some things that are also admirable. They provide a lot of health and social support for struggling members of the community and that is very important because people who have a problem with drugs are often struggling members of the community in other respects.

There is a lot more information I could give you on that point and I will come back to the question of whether our drug policy has indeed failed and how we would make such a judgment.

Before we do that I really want to turn to what I think is the most important question. It is important of course to ask ourselves whether our drug policy works or does not work. It is important to ask what our drug policy is. It is important to ask how we got to have the drug policy that we have got. It is important to ask what the alternatives to our drug policy might be and what stops us from having those policies but I think the most central question of all is the question, as Michael said, why on earth do we punish people who use a drug that you do not want to use and that I do not want to use but

somebody else does want to use? Why should they be punished for it? That is a very important question.

In December I was on my way to a drug policy conference in Ditchley which is near Oxford and the train went through Redding station and as I looked out at Redding station I remembered the ballad Redding Gaol which many of you will have read via Oscar Wilde when he was serving a two year sentence with hard labour for the then crime of having sex with another man. That sentence was handed down in 1895, 118 years ago.

Looking at that through today's perspectives I do not think there would be many people in this room who think that it is fair and just for somebody to get a two year sentence with hard labour for the crime of having sex with another person of their own gender. In fact 62 years after that sentence was handed down the Wolferson Committee in 1957 said that sexual acts between adult males in private should not attract criminal sanctions and 56 years after that report was handed down a majority of members of the House of Commons voted to allow gay marriage, so we have gone 118 years from Oscar Wilde getting that sentence to nearer where gay marriage is going to start happening in the United Kingdom.

There are a lot of parallels between the way we respond to people with minority sexual preferences and the way we respond to people with minority taste for particular drugs but a convincing case, a good case for punishing people who take a drug that you do not want to have and I would not want to have, a good case has never been made.

If you argue, and you could argue that it is just

and fair to have severe sentences, severe criminal sanctions for people who take drugs that might harm themselves then we should also be handing out even more severe sentences for people who smoke tobacco or who drink too much alcohol or who over-eat and do not take enough exercise, who go hang-gliding, who go mountain climbing, so why do we just pick on people who take drugs?

Some of you might say, we pick on people who take drugs because they rob banks and do terrible things. We have laws against all of those terrible things and if somebody robs a bank because they have been taking drugs, well, they will be punished for robbing banks. We do not really need to punish them for the fact that they took drugs which as an unintended side-effect pushes up the black market price of drugs and for somebody who is dependent on drugs and who will buy the drugs at whatever price they are in the black market then goes out and robs banks in order to pay for the drugs that they feel that they must have. So that is really, I think, what is at the heart of this problem and it is a discussion that we never have and it is a discussion that we must have and this is exactly the sort of body that should have that kind of discussion. Is it fair and just to punish people for taking drugs that are a minority preference?

Let us turn to the question of what is Australia's drug policy? It is discussed a lot by our political leaders, and frankly there is not a great deal of difference between the Labor governments and the Coalition governments on this question. They try and claim that there is, but in the cold hard reality when you look at the minutiae there really is not all that much difference.

In 2002-2003 financial year Australian governments, Commonwealth, State and Territory spent $3.2b of your taxes in response to illicit drugs. Seventy five per cent of that went to drug law enforcement, Customs, Police, courts and prisons. A pretty expensive return on an investment that is very poor. Some would even say it is very negative. There were a lot of pretty severe unintended negative consequences because of that huge investment. Only 17 per cent went to efforts to reduce the demand for drugs. Ten per cent went to the prevention of drug use. Seven per cent went to drug treatment. One per cent went to harm reduction, things like needle syringe programs, and the remainder, five per cent went to health treatment for diseases that drug users had, and two per cent miscellaneous so the bulk of government expenditure goes to Customs, police, courts and prisons type interventions. A smaller amount, much smaller amount goes to trying to prevent the uptake of drugs or the treatment of people with drug problems, and then a tiny fraction, one percent, goes to trying to reduce the harm resulting from the drugs. That one per cent provides a magnificent return to taxpayers. Anyone in this room who can get a return like this from the stock market, I would like to have your contact details afterwards, because one dollar invested in the needle syringe program, according to a study commissioned by the Commonwealth Department of Health, one dollar invested in the needle syringe program to prevent HIV infection in Australia reduces health care savings by $4 and overall has a $27 benefit. As I say, if you can get returns like that from the stock market please let me know your contact details.

In the period 1988 to 2000 the Australian government spent $122m on the needle syringe program and the return, the benefit, the saving was between 2.4 and 7.7b dollars. That is billion with a B. Money out, $122 million, savings, 2.4 to 7.7 billion dollars. So just in financial terms, spending money on needle syringe programs which gets criticised by the shock jocks every day of the week is a very good protection for our community. It has kept HIV rates low in this community and it has reduced the Hepatitis C infections not as much as we would like, but it has reduced them at least to some extent. That is what Australia's policy is. We have adopted the policy of harm minimisation on April 2 1985 when the then Prime Minister Bob Hawke met the six premiers and the at that time one chief Minister in Canberra and they all signed onto the National Drug Strategy which included harm minimisation. It was not defined in those days, it was defined during the Howard years as the culmination of efforts to reduce the supply of drugs, reduce the demand for drugs and reduce the harm rendered by drugs, so supply remand reduction, supply reduction and harm reduction all comprise in the Australian definition harm minimisation.

Whatever they say when they are in opposition, governments of all political stripes actively support harm minimisation in practice because especially the harm reduction component saves a lot of lives, prevents a lot of disease, reduces a lot of crime and also saves the treasury a lot of money, saves you the taxpayer a lot of money.

I should mention that at that meeting on April 2 1985, again all variations of Australian governments were

present, and representing Queensland was no less than Joe Bjelke-Petersen so harm minimisation is not a Labor Party policy, it is not a Coalition policy, it is a national official drug policy which we have had ever since 1985. It has been independently evaluated on half a dozen or so occasions and each time found to be working pretty well.

How did we get to have the policy that we have got here? We could spend all night talking about this, it is quite a long and complicated history but I will keep it relatively short.

Two major factors that are involved in this. Our first drug laws were passed before Federation, in the 1880s, and they were passed in South Australia, Victoria and New South Wales. At the same time almost identical laws were passed in California in the United States, British Columbia and Canada. These were laws that provided criminal sanctions for people who smoked opium. Who was smoking opium in those jurisdictions in the 1880s? Chinese on the goldfields, so this legislation, our first drugs legislation came 100 per cent from racism and nothing else. That racism continued and grew in fact in the early 20th century and was fuelled by the Bulletin a magazine that is now extinct, but until 1961 had on its masthead "The magazine for the white man."

The Bulletin used to publish quite racist inflammatory cartoons in the 1920s fanning up anti-Chinese feeling and this helped to develop our drug policies in Australia as similar racist feelings had in the United States that were connected to drugs.

As well as all of this there were two other developments that are worth noting. One is that when the

British arrived in India and established the East India Company and then that morphed into the British Colony in the 17th century with Warren Hastings in Bengal and then grew from there, Britain and India, in fact the whole world was running a huge negative trade deficit with China. China was exporting a lot of tea and silk and porcelain and importing very little else, and as we know from today, huge trade imbalances result in a lot of political tension and sometimes more than that, lead to war.

The British responded by exporting opium from India first through the East India Company then through the British Colony in India and that went through Calcutta to Hong Kong and then was pushed onto the unwilling Chinese by the British with increasing violence towards the unhappy Chinese, having this Indian opium pushed down on them, in the large part, to settle the trade imbalance between those three countries.

That was a major factor and a lot of American Christian missionaries in China saw this at first hand and reported back to Washington DC about what they had seen and put increasing pressure on the American governments until a meeting was convened, the first Opium Commission was convened in Shanghai in 1909 at which 13 nations were represented and that was really the first international meeting where a movement of global drug prohibition was starting to coalesce, and there were subsequent meetings, in 1912 in the Hague, centenary last year, and then a further meeting in Geneva, a critical meeting held under the League of Nations in 1925 when the three plant based drugs, opium and derivatives, coca and derivatives, from

which we get cocaine, and cannabis and its derivatives. Cannabis was not even on the agenda at the meeting and the delegates were not given information about cannabis so how they prohibited cannabis is still a bit of a mystery. But nevertheless it was prohibited.

At that meeting it was agreed that there would be an international prohibition and the commonwealth came back from that meeting and wrote to the States and Territories and said, "You have got to prohibit cannabis." I do not know what the Victorian government replied but the New South Wales government reply was, "We do not know of this drug cannabis in New South Wales but if it is good enough for the commonwealth to want us to do something of course we will do it." I think commonwealth state relations are not quite as cordial these days as they evidently were in the late 1920s. But that is really how this international framework developed.

Another critical factor was the fact that in 1898 the American Spanish Civil War which the Americans won, and as a result of that the Americans took over the responsibility of the Philippines and they found to their horror that the Spanish had been allowing opium addicts to be supplied with regular provisions of opium and the Americans had to take that on and were aghast at this, and this fed into the international developments that I was talking about.

Then a critical development occurred in the 1970s and what happened then was that the American president Richard M. Nixon was in his second term with a very unpopular war on his hands, the Vietnam War. He was looking to the next elections in - sorry, he was in his

first term, 1968 to 1972 - was looking to his second election, 1972, and wondering how the hell he could pull something out of the hat to get re-elected. John Ehrlichman suggested at the committee for the re-election of the president, acronym CREEP, John Ehrlichman suggested that Nixon wage a war on drugs and Nixon took up that suggestion and announced the war on drugs on June 17, 1971. "Public Enemy No. 1 is drugs." He said that. Nixon won in a landslide. He won 49 out of the 50 states and politicians around the world of all political stripes saw that result and thought, this is the magic political pudding. It does not matter how bad your candidate is, how worthy and impressive his or her opponent is, you say you are going to wage a war on drugs and you get elected in a landslide. I am going to have one of those too, so this became the mantra of politics around the world and to some extent it still works although it is wearing off rather rapidly. That is where our policy really comes from. That is where we got - we got the three international treaties, 1961, 1971 and 1988, and when your country signed it and ratified one of those three treaties your country was required to introduce laws in the parliament which provided for criminal sanctions for the cultivation, production, transport, possession, purchase, use, et cetera, et cetera, of certain substances, and then there are about 250 substances that have been identified through this process, so that is where these laws come from.

Do they work? Two ways of looking at this. One way is looking at the drug market itself and another way is looking at the consequences of that market. Let us have a

look first at the drug market itself.

In the year 1980 the world was producing 1000 metric tonnes of illegal opium, most of that in our region in Burma. By 2007 the world was producing 9.000 tonnes of opium, 1000 to 9000. Since gone down to 5000 and then gone up to 7000 again, but there is no sign of it going back to 1000 tonnes.

In the first half of the 20th century only one country had a serious drug problem in the world, United States. By the end of the third quarter of the 20th century almost every developed country including Australia had a significant drug problem. By the end of the 20th century virtually every developing country outside Africa had a significant drug problem. Now in the 21st century there are about a dozen or 15 important African countries that now have significant drug problems, so the drug problem has been spreading, production has been increasing, consumption has been increasing, price has been dropping. Drug prohibition is meant to make drugs more expensive but the price of heroin and cocaine has fallen, on UN figures, by about 80 per cent in the last quarter century.

Drugs are relatively available so the Australian Government since the year 2000 has been commissioning a survey of drug users asking them once a year whether they have found a particular drug very difficult, difficult, neither one nor the other, easy or very easy to obtain. Ninety four per cent of Australian drug users say that hydroponic cannabis is easy or very easy to obtain. Seventy eight per cent say that bush cannabis which is more highly priced is easy or very easy to obtain, and the

figures for heroin, cocaine and amphetamines are mostly in that 70 to 80 per cent range, so drug prohibition is not making drugs more expensive, is not making them unavailable, is not reducing their consumption. If anything, consumption is going up and production is going up so the effects on the drug market have been terrible.

And something that is closer to home for us here is death, disease, crime and corruption have all been unfortunately increasing. Between 1964 and 1997 drug overdose deaths in Australia per capita increased 55 times so we lost 1,116 young Australians in the year 1999, the peak year, from heroin overdose. And they are going up again. They went up from 360 in 2007 to 500 in 2008 to 612 in 2009 and to 705 in 2010. These are young Australian men and women, mainly men. Young Australian men and women. Deaths are going up.

And drug prohibition did not help us keep the HIV epidemic under control, it was only efforts that were perceived to be contrary to drug prohibition - needles and syringe programs, things like that, that helped to keep Australia relatively free of HIV. And make no mistake about this, if HIV had spread rapidly among drug users it would have spread amongst the general population as well.

Crime has gone up. It is harder to define what is and what is not a drug-related crime, but I do not think anyone in the room would contest that we have serious problem with drug-related crime in Australia today, much more so than we had 50 years ago. And corruption has also, sadly, increased in Australia.

Last year the second most senior officer of the New South Wales Crime Commission received a 22 year sentence

for his involvement in a $300m drug trafficking operation. A few years ago a former head of the South Australian Drug Squad died while in prison serving a 26 year sentence for drug trafficking.

The Costigan Royal Commission in 1985, the Fitzgerald Commission in 1987, the Wood Commission in 1997, the Kennedy Commission in 2004 all came to the conclusion that police corruption was rampant in those States, Costigan of course federally - that police corruption was serious and extensive and closely linked to unsuccessful attempts to enforce drug laws so let us not make any mistake about it, the price of drug prohibition - one of the prices we pay is extensive corruption, a very serious cost if you ask me, and I am sure many of us here today. So however you look at it, prohibition seems to increase deaths, disease, crime and corruption, and it also increases violence. If you want proof of that just look at Mexico. The incoming president in December 2006, Lipe Calderon declared a war on drugs, one of the first things he did on assuming office, and when he left office last December 60,000 Mexicans had been murdered by the police, the army or drug traffickers, 60,000, so the incoming president has declared that he is not going to follow the same policy.

There are many studies that show, contrary to what you might think, that the more heavily drug law enforcement authorities push down on the drug traffickers the more violence that community is going to suffer, so it is very clear that drug prohibition does not work. And if you think it does not work for Australia, multiply that by hundreds if not thousands if you look at the countries

that are really savagely affected by this. I am talking now about countries that are major drug producers or major transit countries. Burma, Afghanistan, Columbia, Peru, Bolivia, and the major transit countries, countries like Mexico, Guatemala, Honduras and Pakistan. These countries have had their institution ripped apart by corruption, massive corruption. Presidential candidates have been assassinated in Columbia. Judges have been assassinated, have accepted bribes, silver or lead. Which do you want, judge? Do you want to be murdered or do you want to hand down a sentence that my client is going to like?

This is a serious problem in these countries. Our homicide rate is about 1.2 per 100,000 per year. In the United States it is about 4.8. Mexico is now up to 25 per 100,000 per year and by the time you get to Honduras it is up to 90 per 100,000 per year, so violence is a huge factor. The reason why central America and Latin America has become much more violent in recent years is because the Americans managed somehow to stem the flood of drugs heading through the Caribbean and so now the drugs travel by land and when they travel by land and come into resistance from law enforcement authorities the result is violence on an epidemic scale.

What should we be doing instead? It is clear that we have tried the law enforcement option to the maximum and it is clear that putting the responsibility, rhetorical and financial and practical on law enforcement authorities, that law enforcement is simply not able to achieve the kind of results that we want to see, so if that has not worked, then the obvious thing to do is to treat this as a problem that is primarily defined as a

health and social problem and rapidly increase the funding that is available for health and social interventions, and health and social interventions do work. I have given you the return on investment figures for the needle syringe program and the return on investment figures are pretty good for drug treatment, so the methadone program although criticised by every shock jock in the country and often by ministers on both sides of politics unfortunately, gives us a return of around about $7 per dollar that we invest. Yet people criticise it left right and centre.

We have very few studies comparing the cost-effectiveness of drug law enforcement and treatment but there was one in 1994 carried out by the very distinguished prestigious RAN Corporation in Santa Monica California. They looked at the return on a $1 investment on cocaine by the US government and when a dollar was spent on trying to eradicate the coca plant that produces cocaine in Columbia, Peru and Bolivia, US taxpayers got a benefit of 15 cents, one-five. A dollar spent on trying to interdict powder cocaine travelling from South to North America got a return of 32 cents. One dollar spent on US Customs and police, a little bit better, 52 cents per dollar, so still making a loss of 48 cents per dollar spent but a dollar spent on the treatment of cocaine users got a return of $7.48. So what did the US Government do? They spent - 93 per cent of their budget allocation went to those three loss making law enforcement bodies and seven cent went to drug treatment, and you ask why is our drug policy failing? It is failing because we are allocating much more money than we should to drug law enforcement and not nearly enough to health and social

interventions.

Another study looked at a $1m investment in two different kinds of law enforcement and drug treatment, again with cocaine, again carried out by the RAN Corporation, and what they found was that a $1m investment in mandatory minimum sentences where the judges are told by the parliamentarians, by the politicians what kind of penalties they must provide for certain crimes with no allowance for variations for different circumstances in each case, a $1 investment in mandatory minimum sentences reduced cocaine consumption in the United States by 12 kilograms. However, flexible sentences carried out by the courts reduced consumption by 26 kilograms and a $1m investment in the treatment of cocaine users reduced consumption by 103 kilograms, but this situation still continues in the United States which has been the major country in the world, not the only country, but the most important country in developing the idea of drug prohibition and evangelically spreading this idea around the world.

Some of you will have seen that last November, November 6, at the time of the presidential elections in the United States there were three ballot initiatives to do with legalising cannabis and in the states of Colorado and Washington in the north-west, the majorities of 55 per cent supported the ballot initiative to tax and regulate cannabis like alcohol and tobacco. In fact more voters voted to tax and regulate cannabis in Colorado and in Washington State than voted for Barack Obama to become president. He won both states but cannabis won by more. Cannabis legalisation won by more.

The Gallup Poll shows that the American public is gradually changing its attitude to drug prohibition so in 1969 only 12 per cent of respondents in the Gallup Poll when asked the question, "Do you support the legalisation of marijuana," only 12 per cent supported the legalisation of marijuana, but in 2011 they had become a majority at 50 per cent, so opinion is changing in the United States on this question as it has on the question of gay marriage and let us hope, on gun control.

It is clear where we need to go. It is clear that this is not an easy issue for politicians. It is an issue that is very difficult for politicians. I am one of the few people in this room, I suspect, who actually has a lot of admiration and respect for our politicians. They have got a hell of a job and we have got to make their job even more difficult by telling them that they have got to sort this out, we are not going to stop unless they do sort this out. And what the details are going to be they are going to decide, but I think one thing has to be clear, and I hope the leaders of the legal profession and the medical profession will tell our politicians that we need a new drug policy, we need a national discussion about a drug policy and that drug policy has got to have much more emphasis and much more funding for health and social responses.

All this is pretty simple. There are a lot of other things, more detailed things we should be debating. Should Victoria for example have a safer injecting facility, especially something similar to the medically supervised injecting centre that we have at Kings Cross, about 100 such centres around the world. Victoria

unfortunately has got rapidly rising deaths from drug overdose so there is a strong case to have a safer injecting facility here in Melbourne. Where that should be, how many that should be, they are not questions for me to answer but they should be questions that Victorians should start asking of the Victorian government.

Should we be allowing people dying of cancer who have not had relief from terrible symptoms from conventional medicines, should we be allowing some of them to have cannabis used as a medicine? What is stopping us is prohibition. That is what is stopping us. I do not see why a grandpa or grandma who has got intolerable vomiting after their cancer chemotherapy cannot have the benefit of relief from that terrible symptom by having some cannabis. Should we be allowing people with distressing spasticity from multiple sclerosis to have medicinal cannabis? We have to ask ourselves what kind of a civilised country we are where we cannot be a bit more practical about these things and there are many other issues that we could discuss.

So what stops us getting to have a rational discussion and having more effective less expensive policies, policies that are not quite so counterproductive? What stops us doing that? There are a lot of things stopping us. One is the politics of it. Up until now bad policy has been good politics and what we have to do is make sure that good policy becomes good politics. That is not going to be easy but this is not going to happen from within politics, this is going to have to start from outside political life, from groups such as these.

We are going to have a lot of problems. We will run into some groups that have a vested interest in today's arrangements even though today's arrangements are not all that effective. We have private prisons that are not going to be quite as lucrative if we downsize the prison population and we can downsize the prison population if we stop defining certain things as drug-related crimes. There are going to be other groups like that in the police and the Corrective Services Union who are going to fight these changes and I think we are going to have to ask ourselves what is in the public interest rathe than what is in the interest of the Police Union or the Corrective Services Union. So there are a lot of questions that we need to ask ourselves, and fundamentally will you pull this issue apart? What is happening is a battle between the inexorable forces of economics and the immovable mountain of politics, and in the short term the immovable mountain of politics always wins, but in the long run the inexorable market forces always win. The sooner they win the better.

I think many of us took a different view of the world when we saw the Berlin Wall crashing in the 1980s and realised that there is a very heavy price to be paid by governments or communities that thought that they could ignore powerful market forces. This particular market force is worth an estimated $332b a year. That is a UN estimate from 2003, so presumably it is more than that now.

For $US322b a year there is probably something like a third of the national Australian economy so it is pretty hefty market forces. Do we pretend that we can ignore

such an important, such a powerful market force? We have tried over the years, and we have tried previously to ignore powerful market forces.

In this State, I remember growing up in Victoria in the days when it was illegal to place a bet outside a racecourse. If you wanted to bet on the horses you had to go to the racecourse. Millions of Australians disobeyed that law seven days a week. We had extensive police corruption as a result of trying to enforce an unenforceable law and after a few decades of this, the community got sensible and decided that we would scrap that and we would create the TABs and ultimately the TABs have been privatised.

Now quite how all these details are going to play out I do not think should concern us tonight, should concern us in the future, but it brings up the next important principle and that is that change should not be revolutionary in this area, change should be slow and incremental, should be carefully evaluated, we should only go on to the next stage when we have done the previous stage. I make an exception in the case of taxing and regulating cannabis, I think the case for that is unarguable today. It will take a long while for that to happen but many of us, I think, would not mind if some of the resources allocated to law enforcement authorities today to enforce the unenforceable cannabis laws which are broken by 1.9 million Australians every year and which were broken by the current prime Minister before, the current leader of the Opposition, the previous leader of the Opposition, the current president of the United States, the previous president of the United States, the

president before him, so I think these unenforceable laws should be the first to go and we should create a market where we can generate some revenue.

In Colorado some of the revenue is going to be dedicated to rebuilding schools in that State so there is a lot of attraction in this area.

We could have cannabis marketed with packets that say, "This stuff could give you schizophrenia. If you want help, ring this number, go to this website." We could have on the packets, "This packet contains cannabis at such and such a concentration." We could have proof of age laws like we have for alcohol. We could have hard to get but easy to lose licences for people who grow cannabis, who are wholesalers or retailers so if they misbehave they lose their lucrative licence overnight without the right of appeal so there are a lot of attractions for us. We could learn from the mistakes we made with alcohol and tobacco, we could start off with plain packaging required for cannabis. We could ban advertising for cannabis right from the start, and if we can do it I would love to see a ban on donations from the cannabis industry to the political parties.

So it is exciting times ahead and the legal profession and the medical profession I hope will be at the forefront of arguing the case for change and talking our politicians into having the gumption to change laws that clearly do not work. Thank you very much.

MR REGOS: Dr Wodak has indicated he is happy to take some questions so if anyone has some.

QUESTIONS:

MR EDWARDS: (Off microphone) Will Edwards. I am an orthopod. Thank you for a wonderful talk. I am a little concerned with freeing up gambling. It was a great move because it eliminated the SP bookies and we got the TAB and so forth, and we now hear that pokies are the devil's work in the western suburbs and they are destroying families and that our sports are being corrupted by betting on who is going to get the first kick at the Grand Final, so on and so forth and the pendulum seems to be swinging a little against betting. Will not this similar ramification be seen before the freeing up of the (indistinct).

DR WODAK: Thank you. That is an excellent question, very relevant, and I agree with you we should be concerned about the precedent that has been created by gambling but you will notice that people like Tim Costello and Nick Xenophon who I suppose would be the leaders amongst Australians in trying to have a more effective approach to gambling and to bring the gambling industry under some kind of control again, they never talk about going back to the days when all gambling would be prohibited. They are talking about better regulation of gambling, more effective regulation, a market where the gambling industry does not have so much control, and I agree with Tim Costello and Nick Xenophon and Anna Wilkie and others on this point. I think this is a monstrous problem. We have allowed it to get much too large and it does need to be brought under control but nobody wants to go back to the bad old days where the demand for gambling was provided by two groups of people only, and that is criminals and corrupt police, and those are really the choices, a

regulated market which has its faults, it is not perfect, or a market which is run by criminals and corrupt police, and much as I detest the gambling industry I detest the criminals and corrupt police even more.

DR (INDISTINCT): I am a physician in adolescent medicine. Thank you very much for this evening. I certainly very much support your proposal that cannabis should be allowed for therapeutic use. I think that would be an enormous advance.

My concern particularly is for the vulnerable group of young people that I am concerned with in their adolescence when their vulnerability with great immaturity and their sensitivity to the social pressures put them at great risk. My understanding is that banning alcohol until the age of 18 has not been very effective in preventing them from drinking and I am just wondering if any of the studies that you have seen are aware of effective ways of protecting vulnerable people from entering the whole field of drug abuse, whether it is (indistinct).

DR WODAK: Thank you. That is also a very important question and I think the best way of protecting vulnerable people is to have fewer vulnerable people. I do not mean this frivolously at all. There is a book that some of you may have seen or heard of which came out a few years ago by Michael Marmot Wilkinson called the Spirit Level in which the authors have - the book got a lot of publicity, a lot of favourable publicity, some unfavourable publicity, and they have looked at indicators of inequality amongst rich countries and what they found is that when you look at a lot of social ills, whether this is mental illness or

obesity or illicit drug use or incarceration rates, they found that the more unequal countries like the United States have more of those problems and the less unequal countries, the Scandinavians and the Japanese have less of those problems. I regret to say that Australia is close to the US in terms of measures of inequality measured by something called the Gini Coefficient. Australia is not quite as unequal as the United States but we are pretty close, and I think it is clear from that and from work that other people have done that we have allowed our communities to become much more unequal and I guess many of us in this room have benefited from that, and I think we would benefit even more if we had a healthier community and not so much inequality and it would be a healthier community because there would be less inequality.

It is beyond me, I am not an economist, beyond me to go into the mechanics of this but I can say that there will be a talk in Melbourne somewhere, we are trying to find a venue, where Tim Costello and Ross Giddins will be speaking on the subject of inequality here in Melbourne, so watch this space.

I think that is the main response I would give to you. the other response I would give to you is that when we did this project in Australia21 last year and we looked at those four European countries, although we found a lot to criticise in Sweden for the way, the very harsh and punitive way they respond to young people who use drugs, we also were struck by the very impressive way that Sweden organised its health and social services for vulnerable groups and they do a very good job and I think their drug outcomes would be even worse if they removed those

supports from vulnerable populations.

The other thing that I would draw some encouragement from is President Obama's second inaugural speech on 21 January when he announced that amongst the measures that he was going to introduce in his second term was much more support for pre-school children and I think investing - once again it is outside my area - I am sure you know thousands of times more about this than me - but I am aware that there is very impressive literature in that field where there is a solid investment by the community in many different aspects of life, from putting money, putting resources into pre-school children so that would be another - so it would be inequality and putting resources into pre-school children, and also the health and social supports modelled on what Sweden and other countries do.

DR MICHAEL VOQUIST: Dr Wodak, I am Michael Voquist, I am an anaesthetist. My question really is, I guess, whilst I agree with the thrust of what you are saying, are there any drugs - I mean there are drugs and there are drugs. Are there any drugs that you would consider just so heinous and which have such a low therapeutic index, if you like, that they just can not be legalised? I am thinking of drugs such as gamma hydroxyburyate, GHB or some of the methamphetamine family, such as ice et cetera, that really - it is very difficult to see how their use could be argued for in any legal sense.

DR WODAK: I am not sure that I heard the question. Is it, are there any drugs that are safe?

DR MICHAEL VOQUIST: I am asking basically if there are any drugs that you would say, look, you just cannot legalise

that drug, such as GHB or ice?

DR WODAK: Okay, thank you. That is the sort of complicated question that is hard - it is also a critical question - it is hard to answer it very quickly but in general terms I think there are three groups of drugs.

The first group, clearly cannabis is in this group, should be taxed and regulated and sold like alcohol and tobacco but in a way that government would be handled much more stringently, and I would handle alcohol much more stringently too, I would have to say. It is a pity we have not got time to talk about that tonight. That is the first group. Possibly - I am not sure - possibly ecstasy could go in that group, maybe. First I would try and fix cannabis, do not try and fix everything at once. It has taken us fifty years to get into this mess, do not try and solve it in 50 days would be my response. First would be cannabis, maybe at a later stage I would add ecstasy to that.

Then there is a group of drugs like heroin, cocaine and amphetamines and I do not think anybody in their right mind, certainly not me, wants to see heroin or cocaine sold in one kilogram blocks of pure heroin or cocaine at the supermarket checkout counter. That is never going to happen, it should not happen, I do not think anybody in the world would support that. I think that area of the market, the best we can do is to provide a rich variety of treatments in the health field based on evidence of what works and provide a variety of choices and treat that condition as a health problem like any other health problem, do research in it that is not governed by what politicians tell us what research can be done and cannot

be done.

The heroin trial was rejected by Prime Minister Howard on August 19, 1997 with the phrase that that would send the D list research - providing heroin to heroin users would send the wrong message. Sorry, Prime Minister, butt out of it. These decisions about which research should or should not happen should be handled the way we make decisions about breast cancer research or any other kind of medical research, so there is a strong case I think to mop up as much demand as possible with drug treatment, and possibly, as we do for heroin users with methadone, provide an analogue where other treatments have not worked.

Seven countries have now done eight trials of heroin-assisted treatment where heroin - like we were going to do in 1997 - and the results of all of those trials have been very very impressive. This is not even first line treatment, it is not even second line treatment, it is a third line treatment for that five per cent who have very longstanding very severe problems and who have not benefited from any other previous treatment, and that five per cent is particularly important because they account for 30 or 40 per cent of the crime.

The benefit of doing that, the cost benefit is for every dollar invested you save $2. Not as good as methadone but this is a much more difficult population we are talking about. So that is the second group of drugs.

Possibly there is a third group of drugs, and I say possibly, and the third group of drugs are drugs that we might one day entertain the possibility of commercial retail sale for selected drugs in low concentrations in

small quantities. What on earth does he mean by that? What I mean by that is going back to Australia that existed prior to 1906 when your great great grandfather and your great great grandmother could buy edible taxed regulated edible opium, that existed until 1906. Coca Cola until 1903 contained cocaine so maybe we could have things like that.

In South America you can buy cocaine tea bags and you can take the tea bags to your hotel room, you can add boiling hot water and drink an infusion of cocaine, a very weak infusion, so I think possibly we might end up mopping up some of the demand in that kind of way, but let us see first how the earlier stages go, and let us only do this if we are still in a bit of a mess and we want to get a little bit better and let us do it very carefully and very slowly and with a lot of careful, rigorous scientific evaluation. So it is a complicated answer but I hope that helps you.

I will say one other thing before I finish and that is that one of the things that really never gets talked about - we talk about the damage that drug prohibition does, and I have talked a lot about that tonight, one of the things that we do not talk about is the effect that prohibition has on the drug market itself, and what prohibition does to the drug market is that it makes more dangerous drugs drive out less dangerous drugs, so when opium smoking was banned in Asia half a century or more ago - opium smoking used to be practised by elderly old men in the villages - and there are enough women here who can attest to the fact that elderly old men are not very useful in villages or anywhere else for that matter, but

in any case, what happened when opium smoking was banned was that it was replaced by the injection of heroin, and the people who injected heroin were not the elderly old men but were young and sexually active men, so we created the perfect conditions for the biggest public health catastrophe the world has ever known, an HIV epidemic among half of the world's population that lives in Asia.

There are many other examples. When the US prohibited alcohol from 1920 to 1933, when that came in in 1920 beer disappeared and was replaced by wine and spirits and when prohibition was repealed in 1933 beer came back, so prohibition has a very negative effect on the drug market and is an expensive way of making a bad problem even worse so we should be very wary of it, thank you.

MR REGOS: Thank you. May I call upon Mr Darren Bracken, member of the committee, to deliver a vote of thanks. Thank you.

MR BRACKEN: Ladies and gentlemen, can I tell you that Dr Wodak seems to have been able to convince the editors of the Bulletin of his thesis. There is an article in February's Economist that takes up his theme and develops it along the lines of the presentation he has provided tonight.

Amongst other things they talk about is what Dr Wodak referred to as the group that is maintaining the prohibition and it describes them as the - is describing the evangelical approach that they have - and describes that industry as the "mighty prohibition industry." One can well see how such an industry might cause some difficulties for those with Dr Wodak's thesis.

It also describes the prohibition problem and the difficulty of trying to do something about drug addiction as "The perfect sisyphean of futility." You could think of a few, I would have thought, examples of that.

I wonder if you would join me in thanking Dr Wodak for providing considerable insight this evening.

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