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The most effective 'drug pushing' measure ever – permission:
The real subtext of the decriminalization push

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

I was speaking with a close friend who spent years in the horse racing industry and he told me the story about the advent of TAB betting outlets and the reason why they were introduced.

The strategy was to set up government controlled facilities that would enable people to gamble on the horse races in a more 'scrutinized' and accountable manner. So to introduce state sponsored gambling they had to have 'safe-guards' in place, such as;

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

Sounds wise, reasonable, especially to ensure some modicum of 'harm minimisation' was in place. For those at all familiar with this race betting industry, you know that all of these 'harm minimising' measures have long since fallen by the wayside. Consumer demand insisted on it. The thin end of the wedge went deep and went fast!

Now we see….

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

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

So, will this increase in both use and uptake happen with decriminalizing drugs? Of course not, so says the pro-drug lobby! But why would this arena be any different than with the race betting industry as described above?

The emergence of a new drug genre, 'Novel Psychoactive Substances' (NPS) gives us a clear indicator of whether decriminalizing current illicit drugs will promote usage; the colloquial 'tag' given to these ever-morphing chemical cocktails is the giveaway –'Legal Highs'. The idea that one may be able to get a 'buzz' without breaking the law is a 'permission slip' for, if nothing else - a'guilt free' try. Social prohibitions that are informed by not merely health and safety, but economic/productivity values do influence decision making. However, once these are viewed by the egocentric and 'care-less' social isolationist, as arbitrary, and personal 'taste, mood and urge' become the informing agents of policy, then removing illegality gives a further 'push' toward use.

This is not just social theory! A very recent (and first of its kind for Australia) survey/study conducted by Dr Monica Barratt from National Drug Research Institute (Curtin University in Melbourne) reveals some, albeit unintentional, findings. The research, published in Australasian Professional Society on Alcohol and other Drugs, *'Drug and Alcohol Review'* revealed not only the impact of synthetic cannabinoids, but the reasons for uptake. Not surprisingly, the top reason for trying this substance was 'Curiosity' which 50% of those surveyed admitted as the motivation for engagement with the substance. However, it is reason two and three that reinforce what we have always known, 'permissibility, accessibility and availability, all increase consumption.'

The research revealed that 39% of these first time users did so because of its perceived 'legality' and 23% took it up because it was 'available'.

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

The growing and relentless assault against tobacco via the ***QUIT*** campaign in Australia is well known. This vital and effective demand-reduction and education '***crusade'*** that is raging against tobacco has continued to burgeon, evermore aggressively to the veritable '***war'*** we now see today.

There is no guessing what the outcome of this assault on this 'legal' drug is to be. The message and mandate, at least in Australia, is not 'slow down', it is not 'moderate', it is ***QUIT***. The end game is the only game. This aggressive campaign is working – more and more Australians are quitting!

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

> *"ANTI-SMOKING campaigners have far from finished their **battle** with the tobacco industry, with some pushing for a "license to smoke" and many predicting that cigarettes could be outlawed within a decade."*[2] *(*emphasis added) *(*from a recent article in The Age Newspaper, with the opening statement '***Now butt out: new push seeks to outlaw cigarettes')***

The article went on to note that if such a ban were to take place, the government would stand to lose around $6 billion dollars in tax revenue, but save an estimated $31 billion dollars currently spent per annum on smoking related health problems.

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

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

- A clear and uncompromising acknowledgement from health, government and fiscal sectors that cigarette smoking was damaging our community.
- The ensuing resolve that this must change for both fiscal, but more importantly, health reasons.
- The continuing single voice of disapproval of cigarettes from academics, politicians and health professionals.
- The sustained political will to create and implement policies to bring about change, including increased taxation, total advertising 'blackouts' and bans – that's right, 'prohibition' on smoking in defined places.
- These have been followed by the creation and implementation of demand reduction strategies that only grow in number and intensity; including health warnings and plain packaging on cigarette packets; and the relentless public education campaign on the dangers of smoking.

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

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

it make sense to reduce that 6% statistic to prevent it from increasing? Instead, we hear from a very small, but noisy minority, a call to stop the all but non-existent war on drugs through decriminalisation or legalisation.

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

a) Cultivate the message that drug use is 'normal', everybody is trying it!
b) Cultivate a notion that some drugs are harmless and drug use is manageable, no different to alcohol or cigarettes.
c) Set up the 'couch of credibility' for some drugs by declaring them 'medicine'. For example push the following specious logic; *Cannabis can be used for some medical purposes, therefore marijuana is medicine, therefore marijuana is healthy, therefore marijuana is ok to use!*
d) Have 'celebrities' and 'doctors' come out with claims of functional drug use, giving credibility to the 'product'.
e) However, the real key is, if these elements are going to get real traction, you must have an easily to manipulate demographic. To do that you have to 'set people up', particularly the young.

In our current selfist culture, the plumbline for right and wrong has been ostensibly removed. There is no one unified 'moral code' to keep other than 'one's own'. It is Generation Y and the emerging generation who are best set up for this manipulation. Add to that the attentive issues of a 'fun focused' pop-culture, ruled by an ever-distracting technocracy and you have a demographic easy to 'play' in a well-pitched market scenario. When selfism erodes our sense of the common good, we are left with only one vehicle to somewhat order society, the **rule of law**.

The prominent Statesman Edmund Burke made this clear…

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

Of course then comes the next question; what law and who gets to make it?

The following are a couple key scenarios that leave us little 'wiggle-room' for the idea of abandoning criminal sanctions on drug use, let alone the unthinkable society-wide and ultimate 'drug pushing' scenario of legalisation.

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

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

Governments should aim to…

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

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

So follow the questions…

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

Subsequent to these basic questions one then must also ask…

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

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

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

In answering the questions; does illicit drug use cause harm to citizens, and does it impede/diminish the productive potential of citizens, the following data is evidence enough for governments to move against illicit drugs to protect its citizens against such harms:

‘‘Illicit drug use shaves approximately 13 million years off the world’s collective drug users lives.” [3]

“Americans spend approximately $65 billion per year on illicit drugs,[4] but the costs to society from drug consumption far exceed this amount. Illegal drugs cost the U.S. economy $98.5 billion in lost earnings, $12.9 billion in health care costs, and $32.1 billion in other costs, including social welfare costs and the cost of goods and services lost to crime.”[5]

“Principle 16 - Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other substance abuse can be seen (Aos et al. 2001; Hawkins et al. 1999; Pentz 1998; Spoth et al. 2002a; Jones et al. 2008; Foster et al. 2007; Miller and Hendrie 2009).”[6]

“The success of demand reduction in the US is reflected in long-term decreases in rates of illegal drug use. The percentage of persons aged 12 and older in the US who used an illegal drug in the past 30 days has decreased 38% from its peak in 1979 (14.1%) to 2009 (8.7%). Equally impressive are statistics from the United Nations Office on Drugs and Crime (UNODC), which has documented a greater than 80% reduction in annual opioid use over the past century!”[7,8,9]

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

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

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

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

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

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

When the already available, well managed and effectively deployed 'exposure' preventing tool of ***criminality*** is employed, we come close to achieving best potential for full recovery. Removing this proactively used mechanism will contribute to the opposite in a community.

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

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

It is clear that when societal expectations and conventions of protection, safety, productivity, health and wellbeing are breached by its citizens, then sanctions are not only expected, but demanded. Why remove a mechanism (criminality) that has the proven potential (when used proactively for care i.e. diversion/rehabilitation) to provide safety, promote recovery and more importantly promote wholeness?

I will conclude with a quote from one of the 'fathers' of modern libertine ideology, John Stuart Mills.

> *No person is an entirely isolated being; it is impossible for a person to do anything seriously or permanently hurtful to himself without mischief reaching at least to his near connections, and often far beyond them…If he deteriorates his bodily or mental faculties, he not only*

brings evil upon all who depended upon him for any portion of their happiness, but disqualifies himself for rendering the services which he owes to his fellow creatures generally, perhaps becomes a burden on their affection or benevolence; and if such conduct were very frequent hardly any offense that is committed would detract more from the general sum of good.

Author Information

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Endnotes

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