

England v. Australia

Despite coming ten years before England's, to many Australia's drug abuse policy will seem more progressive, but this comparison of the two also reveals some important strengths in the English approach.

TWO YEARS AFTER Australia's National Campaign against Drug Abuse was launched in April 1985, Dr Neil Blewett, the Minister of Health responsible for its oversight, described its assumptions, arguments and aspirations.¹ While it would be wrong to assume Australia had no drug abuse policy before 1985, or that England only acquired one with the publication of *Tackling Drugs Together* in 1995, nonetheless the two statements present an interesting comparison, separated as they are by a decade.

Both recognise the inter-relatedness of the measures needed to address the problems and both propose a coordinating mechanism with an approach straddling government departments. Where *Tackling Drugs Together* represents an advance on the Australian equivalent is in its adoption of clear objectives and performance indicators. Australia's original campaign document² expressed its objectives in fairly general terms; only with the publication of the *National Drug Strategy* in 1993 were indices of effectiveness identified.³

A harm reduction campaign

Despite the militaristic rhetoric of the term 'campaign', from the start Australia took the view that minimisation of drug-related harm was the only realistic objective of a national campaign, a view which has been consistently maintained. Given its head start, not surprisingly Australia's policy has evolved in several directions. There are, for example, policy documents and

strategies for methadone, tobacco, alcohol, amphetamines and cocaine. But all subscribe to the minimisation of harm objective.

Judging by the responses to the Green Paper which preceded *Tackling Drugs Together* and the changes made to that draft, at national policy level England has been slow to recognise that while we may be able to minimise the harm from drug abuse, in all probability drug abuse itself

Australia saw harm minimisation as the only realistic objective

cannot be eliminated. The pointed omission of reference to harm minimisation in the Green Paper and its only tentative inclusion in the White Paper (which insists that the ultimate objective must be abstinence) suggests that for England this objective is still controversial.

In the evolution of England's policy it seems that at first more faith was placed in the role of enforcement in controlling the supply of drugs, with demand-reducing strategies making a belated appearance. By contrast, from the start Australian policy sought to address both supply and demand. As Neil Blewett observed:

"There are those who would focus attention on the supply side and find all solutions to the drug problem therein, but to restrict supply and do nothing about demand would simply exacerbate social problems arising from drug use. On the other hand, to deal

simply with moderating demand and to neglect supply will ignore the very demand imperatives created by the suppliers".

A marked difference between the two policy statements is in their preparedness to entertain changes in the legal status of drugs. In the Home Office's press release issued with *Tackling Drugs Together*, the Home Secretary says "All drugs now banned by law will stay banned by law". In contrast, Australian policy has allowed for legal reforms. Possessing small amounts of cannabis for personal use has been decriminalised in two jurisdictions, and consideration is being given to the feasibility of a heroin prescribing trial in the Australian Capital Territory (this may seem old hat to England but in Australia heroin is currently a fully prohibited substance). One of the advantages of a federated country is the opportunity to experiment with drug policies and monitor their effects before nationwide application.

Fail to address social conditions

The two policies share a rather naive belief in the effectiveness of education as a means of persuading young people not to use drugs. Education about the effects of drugs must be part of any coherent campaign, but a campaign which assumes that simply providing people with information about drugs will mean they resist their use, or use them in a more discerning way, is bound to fail, precisely because it does not address the reasons why people use drugs.

As a British commentator has pointed out, if social and economic conditions are not addressed, "no amount of committee reports, customs officers, sniffer dogs, life sentences, consultant sessions, or lecturing to schoolchildren, will be able to pick up the pieces".⁴ Only when governments acknowledge the relevance of social and economic conditions to the uptake of drugs, and seek to address these conditions, will the extent of drug use and the harm associated with that use be reduced, if not eliminated.⁵

1. Blewett N. "The National Campaign against Drug Abuse: assumptions, arguments and aspirations." The 1987 Ball Oration. *Australian Drug and Alcohol Review*: 1988, 7, p.191-202.

2. Department of Health. *National Campaign against Drug Abuse: campaign document*. Canberra: Government Publishing Service, 1985.

3. Ministerial Council on Drug Strategy. *National Drug Strategic Plan 1993-97*. Canberra: Australian Government Publishing Service, 1993.

4. Edwards G. "Addiction: a challenge to society" *New Society*: 1984, 70(1140), p.133-135.

5. Hawks D.V. "Why any war against drugs will fail." *Medical Journal of Australia*: 1991, 155, p.38-39.

from
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