

Panics and Principles:
A History of Drug Education Policy
in New South Wales
1965-1999

Judith Ann Pettingell
B.A. (Hons), M.A., Dip Ed.

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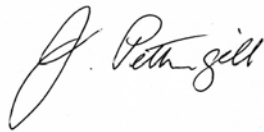
Faculty of Education and Social Work
The University of Sydney
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Author's Declaration

This is to certify that:

1. This thesis comprises only my original work towards the Doctor of Philosophy degree
2. Due acknowledgement has been made in the text to all other material used
3. The thesis does not exceed the word length for the degree
4. No part of this work has been used for the award of another degree
5. This thesis meets the *University of Sydney's Human Research Ethics Committee (HREC) requirements for the conduct of research.*

Signature



Name: Judith Ann Pettingell

Date: March, 2008

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The thesis is dedicated to Audrey Christie, in recognition of her work as Senior Librarian at the Health Education Unit. As a result of Audrey's commitment to the history of drug education, the library had a unique and valuable historical resources section, upon which this thesis was built.



Audrey Christie working at her desk in the Health Education Unit's library in 1989

Abstract

When the problem of young people using illegal drugs for recreation emerged in New South Wales in the 1960s drug education was promoted by governments and experts as a humane alternative to policing. It developed during the 1970s and 1980s as the main hope for preventing drug problems amongst young people in the future. By the 1990s drug policy experts, like their temperance forbears, had become disillusioned with drug education, turning to legislative action for the prevention of alcohol and other drug problems. However, politicians and the community still believed that education was the best solution. Education Departments, reluctant to expose schools to public controversy, met minimal requirements.

This thesis examines the ideas about drugs, education and youth that influenced the construction and implementation of policies about drug education in New South Wales between 1965 and 1999. It also explores the processes that resulted in the defining of drug problems and beliefs about solutions, identifying their contribution to policy and the way in which this policy was implemented.

The thesis argues that the development of drug education over the last fifty years has been marked by three main cycles of moral panic about youth drug use. It finds that each panic was triggered by the discovery of the use of a new illegal substance by a youth subculture. Panics continued, however, because of the tension between two competing notions of young people's drug use. In the traditional dominant view 'drug' meant illegal drugs, young people's recreational drug use was considered to be qualitatively different to that of adults, and illegal drugs were the most serious and concerning problem. In the newer alternative 'public health' view which began developing in the 1960s, illicit drug use was constructed as part of normal experimentation, alcohol, tobacco and prescribed medicines were all drugs, and those who developed problems with their use were sick, not bad. These public health principles were formulated in policy documents on many occasions. The cycles of drug panic were often an expression of anxiety about the new approach and they had the effect of reasserting the dominant view.

The thesis also finds that the most significant difference between the two discourses lies in the way that alcohol is defined, either as a relatively harmless beverage or as a drug that is a major cause of harm. Public health experts have concluded that alcohol poses a much greater threat to the health and safety of young people than illegal

drugs. However, parents, many politicians and members of the general community have believed for the last fifty years that alcohol is relatively safe. Successive governments have been influenced by the economic power of the alcohol industry to support the latter view. Thus the role of alcohol and its importance to the economy in Australian society is a significant hindrance in reconciling opposing views of the drug problem and developing effective drug education.

The thesis concludes that well justified drug education programs have not been implemented fully because the rational approaches to drug education developed by experts have not been supported by the dominant discourse about the drug problem. Politicians have used drug education as a populist strategy to placate fear but the actual programs that have been developed attempt to inform young people and the community about the harms and benefits of all drugs. When young people take up the use of a new mood altering drug, the rational approach developed by public health experts provokes intense anxiety in the community and the idea that legal substances such as alcohol, tobacco and prescribed drugs can cause serious harm to young people is rejected in favour of an approach that emphasizes the danger of illegal drug use.

Table of Contents

Abstract		4
List of Figures		7
List of Tables		7
List of Abbreviations		8
Introduction		10
Chapter 1	Alcohol, drugs and history	17
Chapter 2	The emergence of ‘a looming drug menace’ 1965-1972	50
Chapter 3	Developing drug education, 1965-1972	82
Chapter 4	Re-defining the drug problem: heroin in an intoxicated society, 1976-1984	112
Chapter 5	Putting drugs in perspective, 1977-1984	147
Chapter 6	A national campaign to minimize harm	182
Chapter 7	The Anna Wood crusade	216
Conclusion		250
Appendix:	Interview protocols	254
Bibliography		265

List of Figures

FIGURE 3.1	IMAGE OF HEROIN USE	85
FIGURE 4.1	THE CHANGING FACE OF HEROIN ADDICTION	123
FIGURE 4.2	AN AUSTRALIA FRAGMENTED BY SOUTH EAST ASIAN HEROIN	125
FIGURE 4.3	UNEMPLOYMENT RATES, AUSTRALIA 1969-79 <i>SOURCE: AUSTRALIAN BUREAU OF STATISTICS, SOCIAL INDICATORS No. 2, 1978: THE LABOUR FORCE, AUSTRALIA, MARCH 1979</i>	132
FIGURE 5.1	A BUGA UP BILLBOARD PHOTOGRAPHED FOR <i>CONNEXIONS</i>	159
FIGURE 5.2	ONE OF THE QUIT ADVERTISEMENTS IN THE NORTHERN RIVERS PILOT HEALTHY LIFESTYLE STUDY.....	160
FIGURE 6.1	AT THE LAUNCH OF <i>STRAIGHT TALKING</i>	188
FIGURE 6.2	COST SHARED FUNDING ALLOCATED TO SPECIAL POPULATION GROUPS 1985-91 <i>SOURCE: NCADA COST-SHARED PROGRAM</i>	195
FIGURE 7.1	THE 1995 SCHOOL PHOTOGRAPH OF ANNA AND ANGELA WOOD OBTAINED BY <i>THE DAILY TELEGRAPH</i>	217

List of Tables

TABLE 2.1	INTERNATIONAL CONSUMPTION OF MORPHINE, CODEINE AND PETHIDINE, 1968 AND 1969 (KILOGRAMS PER MILLION OF POPULATION)	57
TABLE 2.2	DRUG ROBBERIES IN NEW SOUTH WALES, 1967-1972	55
TABLE 4.1	HEROIN SEIZURES (AUSTRALIAN NARCOTICS BUREAU).....	113
TABLE 4.2	OFFENCES RELATED TO OPIATES (HEROIN, MORPHINE, OPIUM, ETC).....	113
TABLE 4.3	NSW POLICE DEPARTMENT DRUG DETECTIONS.....	110
TABLE 4.4	FATALITIES	114
TABLE 4.5	CURRENT MARIJUANA USE IN NEW SOUTH WALES HIGH SCHOOLS, 1971-73	129
TABLE 4.6	CURRENT MARIJUANA USERS – TECHNICAL COLLEGE STUDENTS, NURSES AND RISK GROUPS, 1971-73	129
TABLE 4.7	RATES OF NARCOTIC USE	130

List of Abbreviations

AA	Alcoholics Anonymous
ACTU	Australian Council of Trade Unions
ADCA	Alcohol and Drug Council of Australia
AIDS	Acquired Immune Deficiency Syndrome
AMA	Australian Medical Association
ANOP	Australian National Opinion Polling
APMC	Australian Police Minister's Council
BUGA UP	Billboard Utilising Graffitists Against Unhealthy Promotions
CEIDA	Centre for Education and Information on Drugs and Alcohol
CIB	Criminal Investigation Bureau
DAA	Drug and Alcohol Authority
DESC	Drug Education Sub Committee
DODO	Directorate of the Drug Offensive
FDS	Family Drug Support
FRATADD	Foundation for the Research and Treatment of Alcohol and Drug Dependence
HEU	Health Education Unit
INCB	International Narcotics Control Board
LSD	D-lysergic acid diethylamide-25
MCDS	Ministerial Council on Drug Strategy
MOP UP	Movement Opposing the Promotion of Unhealthy Products
NA	Narcotics Anonymous
NACADA	National Campaign Against Drug Abuse
NDARC	National Drug and Alcohol Research Centre
NDEP	National Drug Education Program
NHMRC	National Health and Medical Research Council
NIDE	National Initiatives in Drug Education
NSDES	National School Drug Education Strategy
NSEP	Needle and Syringe Exchange Program
NSCC	National Standing Control Committee on Drugs of Dependence
PACE	Promotion of Action in Community Education
QTL	Queensland Temperance League
STI	Scientific Temperance Instruction
TAFE	Technical and Further Education

WCTU	Women's Christian Temperance Union
WHO	World Health Organisation
WHOs	We Help Ourselves

Introduction

The drug problem is a mislabelled portmanteau, like the abortion question. Open the portmanteau and in it you find unconscious human needs to discuss things not on the label. The drug problem is said publicly by zealots to be about addiction and police work, but it turns out really to be about un-resolved attitudes to the neuro-chemical by-passing of the human motivation to work, and about the fear that our children will become changelings.¹

Today drug education is a 'cornerstone of national drug policy.'² The goal is to make schools safe from illicit drugs, but the main rationale is to prevent the use of illicit drugs by young people in the future.³ The present policy, as articulated in the National School Drug Education Strategy, is founded upon twelve principles. These principles define drugs as a health issue. They include alcohol, tobacco and medicines as drugs. They make the teacher's role in education central and seek to involve the whole school and the community in drug education. They utilize research and good pedagogy to help young people minimise the harm from drug use. These fundamental ideas about drug education are the product of a nation wide consensus-building process amongst drug educators and stakeholders.⁴

In New South Wales drug education is a mandated part of the curriculum in public schools for all students from kindergarten to year twelve. The guidelines for its conduct are found in the Personal Development, Health and Physical Education key learning area.⁵ The state government also supports information services, community programs, media campaigns and professional training programs. However, despite the ambitious rhetoric of the national drug education policy and the spending of 47.5 million dollars to date,⁶ most Australian high school students reported in 2002 that

¹ Earl Hackett, reflecting on his investigations into the drug problem as one of three Commissioners for the Royal Commission into the Non-Medical Use of Drugs, conducted in South Australia between 1977 and 1978. In Valerie Brown et al., *Our Daily Fix: Drugs in Australia* (Sydney: Australian National University Press, 1986), pp. 270-271.

² Richard Midford, "Is Australia 'Fair Dinkum' About Drug Education in Schools?", *Drug and Alcohol Review* 26, no. 4, 2007, p. 426.

³ Department of Education, Training and Youth Affairs, *The National School Drug Education Strategy* (Canberra: Commonwealth of Australia, 1999), p. 1.

⁴ *Ibid*, p. 8.

⁵ New South Wales Department of Education and Training, *School Drug Education* <http://www.schools.nsw.edu.au/learning/yrk12focusareas/druged/whatstudentsdo.php> accessed 24th October, 2007.

⁶ Department of Education, Science and Training, *National School Drug Education Strategy*

they received one or no lessons on drug education during their previous year at school.⁷

A great deal of research has been conducted on the methodology of drug education and the psychology of young people's illicit drug use. Much is now known about what type of drug education program works⁸ and why young people use illegal drugs for pleasure.⁹ However, the question of why drug education programs are not being implemented has received little attention from researchers. This question involves moving beyond a focus on the actual programs and individual drug users to a consideration of the role of the social, economic, political and cultural contexts in which drug education has developed.

Barrows and Room describe how historical research has played a subversive role in alcohol studies, through its examination of ideas that have been often been taken for granted.¹⁰ For example, clinicians involved in the treatment of alcohol problems in the United States last century thought of their work as progressing steadily forward in its ability to achieve a cure. However a study of the history of alcoholism programs during that time revealed that many supposedly new strategies had been tried before.¹¹ Various writers have observed that there seem to be cycles rather than progressions in drug education in Australia.¹² Historical research is a multi-disciplinary and wide ranging method which highlights the processes of continuity and change, thereby providing us with the ability to place drug use and drug policy within a broad social context.¹³ After a review of the literature, the author of this thesis concluded that an exploration of the past contexts for drug education policy may reveal something about the difficulties that face drug educators and policy makers in implementing programs today.

http://www.dest.gov.au/sectors/school_education/policy_reviews/key_issues accessed 12th November, 2007.

⁷ Midford, "Is Australia 'Fair Dinkum' About Drug Education in Schools?", p. 424.

⁸ *Drug Education in Schools: Searching for the Silver Bullet*, ed. Richard Midford and Geoffrey Munro, (Melbourne: IP Communications, 2006), chapter 11.

⁹ *Ibid.*, chapter 1.

¹⁰ *Drinking: Behaviour and Belief in Modern History*, ed. Susanna Barrows and Robin Room (Berkeley: University of California Press, 1991), p. 5.

¹¹ *Ibid.*, p. 5.

¹² *Drug Education in Schools: Searching for the Silver Bullet*, p. 14-15.

¹³ *Drinking: Behaviour and Belief in Modern History*, p. 7.

Today drug education is a response to the increasing use of a number of substances by young people in society.¹⁴ This makes it a complex endeavour as the substances used recreationally by young people have differing legal status, widely different effects and separate social and cultural histories. Drug education presents many challenges for educational institutions. During periods of crisis there is much pressure on the education system to solve ‘the drug problem.’ For those who are involved in its practice, drug education can be personally as well as professionally damaging.¹⁵ Therefore an understanding of the origins of the stresses placed by drug education on schools may help to ameliorate some of these pressures.

Drug use is a part of every day life. Drugs can become symbols for community fears, as in the case of the early drug laws in New South Wales, when the recreational use of opium was prohibited, largely as a response to anxiety about the impact of Chinese migration on the new post-colonial society.¹⁶ Therefore a study of drug use can be a particularly good way to examine social changes. This thesis will endeavour to open up the symbolic portmanteau labelled drug education to investigate the hidden historical discourses inside.

The aims of the thesis

The topic of this study is a history of drug education policy in New South Wales between 1965 and 1999. The overall aim of the thesis is to examine how drug education policy was constructed and implemented during the period between its modern inception in the late 1960s and its most recent re-formulation in the late 1990s, to throw light on the problem of the gap between rhetoric and reality in the provision of drug education in New South Wales.

The main aims of the thesis are to discover the historical discourses about drugs, young people and education in the period between 1965 and 1999 and to explore how they affected the development of ideas about the drug problem and how drug education should respond to it. The thesis will also examine the implementation of drug education policy and identify the difficulties that were encountered.

¹⁴ *Drug Education in Schools: Searching for the Silver Bullet*, chapter 1.

¹⁵ In 1997 Sydney journalist Martin Chulove claimed that the authors of a New South Wales school drug education resource, *Drugsense*, were promoting illegal drug use. In 2000 these authors successfully sued *The Sun Herald*, which had printed the allegations. (Personal communication with Linda Goldspink-Lord, February 2007).

¹⁶ Desmond Manderson, *From Mr Sin to Mr Big: A History of Australian Drug Laws* (Melbourne: Oxford University Press, 1993), chapter 1.

A number of research questions arise out of these aims. At which points in the past did drug education become an issue? Why did this happen when it did? How was the drug problem defined and by whom? What were the meanings of the terms 'drug', 'education' and 'drug education' in the drug discourses? Which were the dominant voices in the debate about young people and drugs and what ideas formed their opinions? What were the views of young people? On which theories were these ideas based? What social, economic and cultural conditions influenced the formulation of policy? What forms did drug education take? What were its aims and purposes? What was the policy process? How was policy reviewed and adapted? These questions have been used as a guide to the primary research for each period.

Policy in this study is examined as an expression of the dominant values, beliefs and assumptions which have guided drug education.¹⁷ These may be formally expressed in specific policy documents, reports, evaluations and guidelines, or may be inferred by the manner in which programs are conducted, especially from stated aims and expectations. Policy making has been examined as a social process. The exploration of the history of drug education policy aims to reveal the role of politics in drug education policy development, the use of power and how decisions were made. It also aims to reveal the interplay of experts, politicians, and other stakeholders with the powerful economic interests involved in the production of legal and illegal drugs, and the impact of this interaction on the nature of the final drug education policy response.

Structure of the thesis

A narrative approach has been taken, using the panics that occurred upon the discovery of increased consumption of hallucinogens, heroin and ecstasy as a focus for the examination of the processes of policy development and implementation. These panics were identified as possible turning points in the history of drug use in New South Wales after a reading of the small body of literature on drug panics and an overview of the frequency and importance of drug debates in the New South Wales Parliament. In relation to these outbreaks of drug anxiety one chapter examines the construction of the drug problem and another examines the nature of the drug education response. The construction of policy has been examined through analysing

¹⁷ Stephen J Ball, *Politics and Policy Making in Education: Explorations in Policy Sociology* (London: Routledge, 1990), p 3.

the social debates, the policies, the images of young people and drug use, the administrative structures and the politics of drug education.

The thesis begins with the year 1965 because this was the year that rates of consumption of illegal drugs began to rise in New South Wales, indicating that a market for some drugs was developing amongst young people. A finishing point of 1999 has been chosen as this was the year of the first drug summit held in New South Wales. This summit marked the peak of social anxiety about drug use in the state to that time.

The first chapter will review the literature on the history of alcohol and drug education, alcohol and drug control, the temperance movement and temperance education, the history of the notion of addiction, and writings on drug panics, outlining how they have contributed to the development of the aims for this thesis. It will also describe in more detail the methodology of historical research, including its benefits and limitations.

The second chapter will examine the first period of crisis about young people's drug use which broke out upon the discovery that the hallucinogenic drugs LSD and marijuana were being used recreationally by young people. The crisis extended from approximately 1967 to 1972. The chapter investigates the social conditions which led to the emergence of drug panic, identifying discourses about drugs and youth. It will also explore the nature of the drug control system at that time.

The third chapter will examine the development of drug education as a response to the social issues raised by the new forms of drug use in the period between 1967 and 1972. It will identify the different forms of drug education, how they were constructed and where they were located. It will explore the ideas about young people at that time, and the impact of the emergence of new professions and their interpretations of changes in thinking about public health that were applied to understanding drug use. It will also identify the new trends in education which had an impact on how drug education was developed.

The fourth chapter will examine how the fear of illegal drugs was reignited by the emergence of a market for heroin amongst young people in the 1970s. The development of this market led to a rise in anxiety about the drug problem and the development of new approaches to solving it. Beliefs about heroin users and the ways

in which young people were thought to be especially vulnerable to heroin will be explored. The contribution of the role of the media in the creation of fears about heroin will then be examined. The weaknesses of the drug control regime already in place will be identified. Finally, the impact of the politics of heroin use during the period will be explored with regard to how this influenced the creation of a moral panic.

Chapter five will explore the impact of the heroin panic on drug education in New South Wales. It will review the responses of politicians, drug educators, parents and health professionals and discuss the nature of their responses, identifying the implications in the context of the pressure from public anxiety about heroin.

Chapter six will examine the development of the most significant public education response to the drug problem between 1967 and 1999. The origins, development and impact of the National Campaign Against Drug Abuse will be explored with particular reference to the consequences of the campaign for the policy and practice of drug education nationally and in New South Wales.

The last chapter will examine the impact of a new drug, ecstasy, and a new panic, this time about drug education itself, which occurred in New South Wales in 1995. The impact on drug policy and drug education will be explored. It will identify the new bureaucratic and policy arrangements that ensued, drawing out the major influences and changes and continuities.

The thesis will conclude by drawing together the main results of the inquiry. In the context of the limitations of the approach, the possible application of the research will be discussed and suggestions for further research proposed.

Drug issues can be used as powerful indicators of the workings of a society:

For any person who thinks about social change and public policy this has to be one of the most cutting edge litmus test sorts of issue. What sort of society do we want; what sort of moral responsibility do we have for each other? Are we our brothers and sisters keepers; to what extent should people have choice and exercise it freely? ¹⁸

¹⁸ Interview with Dr Terry Metherell, 24th July, 2001.

Drug education can enable young people to make safer choices about drug use, thereby improving their health and social functioning.¹⁹ However, research to date indicates that it is not available to them in anything like the needed doses. This thesis will explore the barriers to the implementation of drug education in the state of New South Wales through an examination of the historical discourses that have contributed to the making of drug education policy.

¹⁹ *Drug Education in Schools: Searching for the Silver Bullet*, p. 217.

Chapter One

Alcohol, drugs and history

The literature examined in preparation for this study was drawn from a number of different areas. Histories of drug education and drug control, histories of temperance and temperance education, a landmark historical study of the concept of addiction, the social histories of alcohol, tobacco and other problematic drugs and the study of drug panics have been examined for the purpose of exploring how drug education policy in New South Wales was developed and implemented between 1965 and 1999.

An increasingly rich literature has been developing since the 1960s on the history of the use of various mind-altering substances by differing cultures and societies across the globe. For some years the main focus of the work was alcohol but in 2004 historians began to focus on drug use and the international Alcohol and Drugs History Society was formed.¹ This literature addresses a range of themes which include the social history of substances such as alcohol, tobacco and narcotics, the temperance movement, alcohol and drug control, and the history of medically-derived notions such as alcoholism and addiction. It has contributed enormously to the understanding of how alcohol and other drug problems have been defined, and how and why strategies are developed for their solution, in differing societies and periods. The Alcohol and Drugs History group has included temperance education as a subject for study and although drug education is a modern phenomenon, it echoes the concerns and approaches of the nineteenth century temperance movements and in this way is a descendant of them.²

In recent decades drug use has aroused an even greater degree of social anxiety than alcohol use aroused in western democracies in the late nineteenth century. Sociologists have been drawn to study this phenomenon, theorizing it as a moral panic. There are obvious similarities between the movement against illegal drug use and the moral reform movement of temperance. Therefore writing on moral panic was reviewed in relation to developing a framework for the thesis.

¹ Ian Tyrrell, "Thirty- Three Years of Temperance, 1971 - 2004", *The Social History of Alcohol and Drugs: an Interdisciplinary Journal* 19 (2004), p. 24.

² Dwight B. Heath, "The New Temperance Movement: Through the Looking Glass", *Drugs and Society* 3, no. 3/4 (1989), Jonathan Zimmerman, *Distilling Democracy: Alcohol Education in America's Public Schools, 1880-1925* (Lawrence, Kansas: University Press of Kansas, 1999).

Alcohol and drug education

Literature on the history of alcohol and drug education in Australia is very sparse. One rare Australian study has provided a useful starting point for the research for this thesis. In 1990 Rosemary Mammino was commissioned by the Educational History Unit of the Queensland Department of Education to write a monograph on the history of drug education in Queensland state schools since 1880.³ Her main focus was the provision of drug education by the state education department in state schools, but she examined a wide array of sources relating to the many other organizations that were involved, as well as exploring evidence for connections between drug consumption and wider social changes. Her sources included consumption surveys, police reports, interviews, archives, annual reports of the bureaucracy, teacher's registers, school readers, correspondence, newspaper and magazines, conference proceedings, photographs, cartoons and medical research. Her study encompassed one hundred years, and time periods were determined by major world events such as World War 1 and 2, and then by decades such as the 1970s and the 1980s.

Mammino has found that at the beginning of her period of study the most problematic substance in Queensland was alcohol. Minor concerns were tobacco, headache powders and opium. She traces the development of the temperance organizations that were formed by the Presbyterian, Methodist, Baptist, Anglican and the Catholic churches in response to the concerns about alcohol. The liquor and licensing laws enacted by the state are examined, in the context of the conflict between the temperance lobby and the publicans and how the law affected a compromise between the two opposing interests.

Mammino establishes that temperance lessons were begun by the Department of Public Instruction in the late nineteenth century. They included 'object' lessons which were derived from the new child study movement and focused on concrete studies by the pupils. However they were not a success and had disappeared by 1889. They re-entered again in 1905 as part of a new subject called civics and morals but they were a low priority in schools. Mammino analyses the texts of these lessons, and describes their origins, linking them with influences from overseas. She uses evidence from

³ Rosemary Mammino, *Alcohol and Drug Education in Queensland State Schools: A History since 1880. Historical Perspectives on Contemporary Issues in Queensland Education*, (Brisbane: Department of Education, Queensland, 1993), no. 8, p. 1.

teachers, inspectors and bureaucrats. She outlines the pressure that temperance groups placed on the department, lobbying to make their subject compulsory, and the differing views of teachers and education bureaucrats. She identifies that most teachers drank and/or smoked and this presented the greatest barrier to the implementation of temperance lessons.

Mammino outlines how World War 1 led to greater restrictions on the consumption of alcohol. Temperance lessons continued under 'civics and morals' but were sporadic and dependent on the local teachers' interests. Temperance campaigns increased with the arrival of the Great Depression and the Queensland Temperance League (QTL) was formed. This league did not include the Catholic Church, which was opposed to prohibition. The 1920s and 30s saw a battle between the anti-prohibition and prohibition forces with the drinkers winning. The league wanted to extend the scope of temperance lessons but did not gain enough support. A new syllabus in 1938 provided for temperance lessons between grades four and seven but this was optional, not compulsory.

Mammino writes that the period between 1952 and 1969 saw the foundations being laid for modern day drug education in the state. A Queensland Health Education Council was formed in 1952. This took over from the temperance movement as the leader of drug education in schools. Its main focus was alcohol but also took up anti-smoking education. In 1966 a new health education syllabus included alcohol and drugs and a coordinating committee for health and education on alcoholism was established with Monte Benjamin, its executive officer, as a key figure. Drug education was now to be scientific. At first the QTL had a minor role on the committee but then they were removed by a Cabinet decision.

Mammino describes the 1970s as a decade of uncertainty and rapid change in Queensland. Public attention was on illegal drug use by high school students and there were several national inquiries into illegal drug use. She concludes that the media began to play an indirect role in increasing drug use. Alcohol and tobacco tended to be ignored by the public but experts agreed that alcohol was the worst problem. In 1971 a new syllabus for grades ten and above included drug education with the subject of all substances that influence mood and behaviour. Teachers became the new focus for professional development in drug education. This was a decade in which there was a significant change in drug education methodology. National, state

and overseas research led to the abandonment of information programs and the introduction of a personal development approach to drug education.

Mammino then describes how the national initiatives in the 1980s saw the inclusion of alcohol and tobacco in national drug policy, the beginning of targeted media campaigns and the development of harm minimization as a response to the health crisis threatened by AIDS. She concludes that by 1990 drug education programs were based on the scientific study of human behaviour within a broader framework of a student's social development, with the overall goal of minimizing the harm from drug use.

Mammino's work forms an important base for this thesis. Whilst it does not deal with conditions in New South Wales, it points the way to hypotheses about what might have occurred there. It provides a good account of temperance education in Queensland and of later national events and trends in drug use. It provides many useful sources, particularly concerning temperance. It alerts us to the importance of the role of teachers in drug education. It is nevertheless uncritical of recent state sponsored drug education programs and is based on the idea that drug education just keeps on getting better which is not supported by the evidence of increased drug use amongst young people. It also lacks a developed account of the pro-alcohol lobby so that we do not know enough about the powerful opponents of drug education in schools.

Since the 1960s the United States has been home to the greatest number of drug education programs in the world, becoming the site of a large drug education case study for international drug educators to observe and take note.⁴ Jerome Beck is an American drug education researcher who also has examined the history of drug education in his country from the 1880s to the 1990s. Beck's aim is to compare past efforts to modern methods for the lessons they may provide for today's drug educators.⁵ He has used textbooks, teachers' manuals, school magazines, newspapers, past education journals, official reports, biographies and the writings of key figures as sources. He identifies five major periods, defined by changes in the goals and methods of drug education. Beck's first period encompasses the fifty years between 1880 and

⁴ *Drug education in Schools: Searching for the Silver Bullet*, p. 29.

⁵ Jerome Beck, "100 Years of 'Just Say No' versus 'Just Say Know': Re-evaluating Drug Education Goals for the Coming Century," *Evaluation Review*, 22 (1998), pp 15-45.

1930, and is dominated by the Women's Christian Temperance Movement's Scientific Temperance Instruction (STI). Beck examines the goals, methods and leadership of STI, suggesting that an important reason for its success was the support of parents for abstinence. He concludes that STI made a significant contribution to the complete prohibition of alcohol that came about in the United States in the 1920s.

Beck's next period is marked by the reign of Harry Anslinger, head of the Federal Bureau of Narcotics, between 1930 and 1962. During this time prohibition was repealed and marijuana, heroin and cocaine became the drugs of concern. Programs in schools were replaced by media campaigns alerting the general public to the dangers of these drugs, as Anslinger feared that giving young people information about drugs might arouse their curiosity.⁶ 1963 marked the return of school programs after an advisory commission set up by President Kennedy recommended change was needed to respond to a rise in the use of illegal drugs by young people. Abstinence was still the goal but it was now thought that if teenagers knew the full range of harmful effects of dangerous drugs, they would not take drugs.⁷ Programs proliferated in a haphazard and uncoordinated manner. Then, in 1973, a National Commission on Marijuana and Drug Abuse recommended a moratorium on school drug education as it had failed to halt youth drug use. Reviews led to a new period of programs that promoted informed choice and responsible decision-making as goals rather than having the only goal as abstinence. However, under the Presidency of Ronald Regan in the early 1980s a grass roots parent movement devoted to abstinence formed and succeeded in bringing about a return to the more simple message of 'Just Say No' to illegal drugs.⁸ In conclusion Beck outlines a particular example of an informed choice approach to drug education for which he uses his historical review and other supporting studies to advocate.

Beck's study shows that drug education has followed a different course in the United States to that described by Mammino in Australia. However, it also suggests that Australian observers may have used what happened in the United States as a lesson in what not to do. Beck has focused his work on the goals of drug education and has

⁶ *Ibid.*, p. 26.

⁷ *Ibid.*, p. 28.

⁸ *Ibid.*, P. 31.

used qualitative psychological research method to analyse his sources, rather than the conventional historical research method used by Mammino.⁹ Thus Beck's approach tends to ignore the impact of the social, political and economic conditions which shaped drug education in the United States in favour of a narrow focus on the contents of the programs themselves. His work indicates that a traditional historical research method could produce a richer and more complex understanding.

Some interesting and unique research was done on the impact of the policy making process on the construction of drug education at the time of the inception of modern drug education programs in the early 1970s. In 1972 E. A. Watson studied the development of the new National Drug Education Program (NDEP) which was launched by the Commonwealth government in 1971.¹⁰ She examined the political and bureaucratic process that led to this between 1968 and 1973. She focused on the role of experts in this process. Watson was able to gain access to the inside working of the bureaucracy through Commonwealth Department of Health minutes of meetings, working papers, briefing materials, reports, pamphlets and the files of the Drugs of Dependence section, which she analysed for her study. She also conducted interviews with key players. Although the policy actors in the study have remained anonymous, she has been able to provide some key insights into drug education policy making at that time that have not been repeated. Her findings about the role of the National Health and Medical Research Council (NHMRC) have been invaluable. Watson traced the conflicts and tensions that beset the process of drug policy development in the federal government, identifying how and why conflicts were resolved and what were the implications for drug education. She found that medical experts played the most significant role in the definition of the drug problem, through their membership of the health education sub committee of the NHMRC, and through the fact that they presented a unified and consistent view. She concluded that drug education was an example of a new kind of social control policy, wherein the locus of control was seen by government to be within the individual, not imposed by an outside authority or by government.

The limitations of this study for this research are that Watson did not study the contemporary media debate about drugs and therefore was not able to investigate the

⁹ *Ibid.*, p. 17

¹⁰ Elizabeth A. Watson, *The National Drug Education Program: A Case Analysis of the Role of Experts in Policy Determination*, (Canberra: The Australian National University, 1973).

role of the panic about drugs in policy making process. Also her emphasis was on national, not state policy development. The role of the states, in particular New South Wales, does not get the same attention as federal processes.

In 1970 Alf Colvin researched the impact of a new Physical and Health Education syllabus that was implemented in eighty New South Wales state schools in 1967. Colvin had been a key figure in the implementation of this new syllabus between 1967 and 1970. Colvin administered a health questionnaire to students in schools who had received the new health education syllabus, and to students in schools who had not. He also reviewed teacher training in the new health education.¹¹

The findings of this study indicated no difference in knowledge about drugs, attitudes towards drug use and anticipated drug using behaviour between students who had participated in the new syllabus, and those who had not. Colvin found that drug education was a popular subject in schools in the late 1960s, but it was given not only by teachers but by officers of the Department of Public Health, members of the drug squad, and representatives of the non government body the Foundation for Research and Treatment into Alcohol and Drug Dependence, and ministers of religion. Colvin considered that the large proportion of time devoted to drug education through the mass media and the wide use of speakers by secondary school principals would give most students a body of facts but his main conclusion was that:

Without a continuing period allocation of sufficient time within the school, health education will become nothing more than the whim of a school principal or a substitute for physical education in wet weather.¹²

Colvin's work tells us something about the nature and impact of the first efforts of drug education in state schools as it began in 1967. The information is brief, however, and although Colvin gives an historical background to the new health education syllabus, he did not study the political process leading to its development.

Mamminos' study has alerted the writer to the wide range of sources relevant to the history of drug education, and to the significant national initiatives that impacted upon New South Wales. Watson's and Colvin's research has been an important source for identifying and exploring the approaches and impact of drug education in its early

¹¹ A.C. Colvin, *An Evaluation of the Implementation and Effects of a Health Education Program in the Secondary School*, (Sydney: University of Sydney, 1971).

¹² *Ibid.*, p. 445.

years in New South Wales. Beck's work provides a broad overview of the changing approaches to drug education in the place in which it was most prolific and most researched, the United States.

Alcohol and drug control

It was useful to review histories of alcohol and drug control in Australia for this study as they have examined the social, political and economic conditions in New South Wales that led to drug education campaigns and the development of drug education policy. For example, the public campaigns of the early part of the twentieth century that alerted the community to the dangers of patent medicines and led to legislation which resulted in their dispensation by medical prescription, were attempts at both education and control.¹³ They show that one hundred years ago the state was reluctant to act to regulate medicinal and recreational drug use, especially in the case of alcohol.

In 1977 John Lonie was commissioned by the Royal Commission into the Non-Medical Use of Drugs in South Australia to write a social history of drug control in Australia.¹⁴ This study was the first of its kind to be conducted in this country. Lonie began in the 1890s, tracing the development of the control of opium, which ended in its complete prohibition in New South Wales in 1908.¹⁵ Lonie describes how this substance was associated with threats to the building of a white Australia from immigrant Chinese. The first controls on therapeutic substances were through the Public Health Acts and then the Poisons Acts. By the First World War all states had restricted the availability of medicines containing dangerous drugs and had usually placed the responsibility for their safe use onto the shoulders of doctors and pharmacists. These two professional groups also regulated themselves more closely.¹⁶ Between the wars the new problem was cocaine, which was prohibited in New South Wales in 1927. In 1930 Indian hemp and barbituric acid were added to the list of controlled drugs.¹⁷ Australia became part of the international drug control regime

¹³ Alfred McCoy, *Drug Traffic* (Sydney: Harper and Rowe, 1980).

¹⁴ John Lonie, *A Social History of Drug Control in Australia* (Adelaide: Royal Commission into the Non-Medical Use of Drugs South Australia, 1979).

¹⁵ *Ibid.*, p. 15.

¹⁶ *Ibid.*, p. 36.

¹⁷ *Ibid.*, p. 71.

headed by the League of Nations but with the outbreak of World War 2 the issue of drugs faded from public awareness.¹⁸

Although Lonie ends his study in 1939, he has drawn a useful picture of the development of Australian attitudes to alcohol, medicines, opium, cocaine and over-the-counter preparations. Attitudes towards these substances were carried into legislation and therefore determined to some extent the ideas about drug use that found expression in public debates in the 1960s.

Milton Lewis was the first to examine the history of alcohol policy in Australia, during the period between 1788 and 1988.¹⁹ He explores the themes of treatment and punishment and the struggle between trade and temperance. He gives a good account of temperance, with some attention to its educational activity. He assesses the political and social impact of the temperance movement and outlines the role it played in the development of alcohol control policy. He also describes some of the attempts at alcohol education post World War 2. However, Lewis' focus is primarily control and treatment policies, highlighting how the inherent contradiction between the state's vested interest in taxation income from the alcohol industry and the state's concern with being seen to address the welfare needs of the population who may suffer problems with alcohol, is worked out over time. His discussion of the role of the medical profession in the definition of alcohol problems has been very useful for the formulation and conduct of the present study. He has described how temperance and medical definitions of alcohol problems have differed and why each came to be dominant at differing times. He also points out the differing policies for the white and Aboriginal communities. Lewis has explained the failure of temperance more comprehensively than Mammino. Although his is a national study, there is a good deal of information about New South Wales in his work. The present thesis will attempt to develop Lewis' work by examining the connections between discourses about alcohol and drugs, and the role of discourses about youth.

In the late 1970s an American historian, Alfred McCoy, an expert on the trafficking of heroin in South East Asia, arrived in Sydney to study the history of drug taking in Australia at the University of New South Wales. The outcome of this was a highly

¹⁸ *Ibid.*, p. 82.

¹⁹ Milton Lewis, *A Rum State: Alcohol and State Policy in Australia* (Canberra: Australian Government Publishing Service, 1992).

publicized work, *Drug Traffic*.²⁰ McCoy concluded that Australia was in the grip of a heroin epidemic with origins that could be traced back one hundred years. He examined the political, economic and social history of drugs and drug traffic in Australia up to 1980. He has shown how the control of opiates in the twentieth century began with the international attempt to control the flagrant abuses by patent medicine industry in the nineteenth century. His main thesis is that Australia had already demonstrated an appetite for drugs both legal and illegal for many years before the 1960s. He argued that the Australian drug abuse problem is at least a century old. International pharmaceutical companies had played a key role.

McCoy's research on the nature of illegal drug markets in South East Asia was pioneering. He proposed five conditions necessary for a thriving illegal drug market: a reliable source of supply, a potential group of consumers, a tradition of political tolerance for some sort of organized crime, a modicum of police corruption and an informal alliance between the drug syndicates and some influential leaders of established political parties, senior public servants and skilled professionals. His model was unique at that time in that it included an economic and political analysis, whereas much of the previous work had not examined the role of police corruption and organized crime.

However, the aspect of his work most relevant to this thesis is his chapter on the social history of drug use in Australia, especially the work he did on the changes over time in the views about and control of patent medicines. Expanding the work of Lonie, he examined the development of notions of 'drug problems', how they are perceived and by whom, and what factors have influenced changing perceptions. He also gives a useful account of the sly grog trade. His analysis and description of the traditions and workings of organized crime in New South Wales are valuable. There is much valuable material from newspaper studies describing attempts at public drug education. McCoy played an important role in the development of the panic about heroin that began at the beginning of the 1980s. McCoy's work is an important source for an examination of the discourses and definitions of the drug problem in New South Wales, especially their origins and their changing nature in the 1970s. His extensive media analysis is useful. The publicity that his book received also made the author an historical actor of the 1970s and 1980s.

²⁰ McCoy, *Drug Traffic*.

Building on the work of McCoy, Desmond Manderson examined the history of drug laws in Australia in the one hundred years between the 1890s and the 1990s.²¹ This work grew out of his involvement with a book written about drug issues in 1985.²² His study examined the changes in attitudes to illegal drugs and drug use in New South Wales, beginning at the end of the nineteenth century and ending in 1990. He identified the phenomenon of anxiety about drug use. He argued that the early drug laws arose out of racism but were continued as a matter of foreign, not domestic policy. However, Manderson did not explore the social and cultural background of the panic about youth drug use. His purpose was to delineate, over time, the process by which some drugs had been made illegal, also illuminating the reasons why other drugs have remained legal. His work examined the ways in which drug problems have been defined over the past century in Australia. Manderson portrayed the development of drug laws in Australia as a battle between two opposing factions - the law interest, wherein illegal drug use is defined as a crime, and the health interest, wherein illegal drug use is defined as a health issue.

Manderson argued that Australia's drug laws are primarily a response to international pressures rather than local events and concerns. He also argued that they are often anachronistic. Specifically, they fail to prohibit illegal drug use. However, he ignored the discourses around youth and their impact on drug policy. He did not examine drug education. He examined some of the anti-drug public education campaigns but did not address drug education in schools.²³ Nor does he deal with alcohol, tobacco or prescribed medicines after the 1950s in any comprehensive manner. His work suggests that it would be worth while, in an examination of drug education policy, to identify the part played by influences from overseas. It also lays the groundwork for the present study by identifying and tying together the numerous pieces of drug legislation which have been passed during the last one hundred years.

Australian historians of drug control have, to date, not examined the impact of discourses about youth on drug policy, despite young people being the main target of drug policy since the 1960s. A consequence of this gap is that the nature and

²¹ Desmond Manderson, *From Mr Sin to Mr Big*.

²² Valerie Brown et al., *Our Daily Fix: Drugs in Australia*.

²³ Desmond Manderson, "Symbolism and Racism in Drug History and Policy", *Drug and Alcohol Review* 18 (1999), pp. 179-186.

development of drug education policy in New South Wales has also been overlooked by historians of drug control.

Temperance

The temperance movement was a great nineteenth century people's campaign against alcohol, tobacco and opium, in which public and school education were important strategies. The pioneer of the historical study of this movement in the United Kingdom was Brian Harrison, whose *Drink and the Victorians* stimulated a wave of interest in the field.²⁴ Harrison's main contribution was that he differentiated the working class into the skilled and the unskilled and then examined the attitudes of these different sections to alcohol. Temperance activists tended to come from the more prosperous artisans and skilled workers, who were allied with progressive thought and held hope for their children's future. Harrison focused on the social roots of temperance, constructing it as a movement of dissent. His detailed analysis of the social background of temperance activists has served as a model for analysing the social context of the main actors in the development of drug education in New South Wales.

In 1963 the American sociologist Joseph Gusfield had stimulated interest in the study of temperance amongst social historians in the United States. This was the country where temperance had achieved its greatest success, the total prohibition of alcohol in the 1920s.²⁵ In his study Gusfield examined temperance as a political and social phenomenon. He argued that drinking, or abstaining from drink, was a way of identifying with a particular group or class in society. Drinking threatened the social status of the abstainer 'as his own claim to social respect and honour are diminished, the sober abstaining citizen seeks for public acts through which he may affirm the dominance and prestige of his style of life.'²⁶ In *Symbolic Crusade* Gusfield argued that temperance was an effort by the protestant middle class to maintain its power through the promotion of social and cultural norms such as self control, against the influx of immigrant Catholic workers during the nineteenth century. Two solutions by temperance activists to the problem of drinking were converting the sinner to virtue, using the law to coerce abstinence. Coercion became the more favoured strategy as

²⁴ Brian Harrison, *Drink and the Victorians* (London: Faber and Faber, 1971).

²⁵ Joseph Gusfield, *Symbolic Crusade* (Urbana, Illinois: University of Illinois Press, 1963).

²⁶ *Ibid.*, p. 4.

the abstainer ceased to prevail. Gusfield argued that the law settled the controversies between clashing cultures, because although it was not enforceable, it was symbolic. Gusfield's elucidation of the symbolic nature of anti-alcohol legislation has been a useful guide to the construction of a framework for this thesis and to the analysis of the main drug panics in Australia since 1965.

For some time the only studies of temperance in Australia were frankly partisan in nature.²⁷ In 1985 the Reverend Gar Dillon published the first Australian history of temperance, which he described as 'the golden saga at the heart of the fight for humanity and sobriety in New South Wales.' This history began with the formation of the New South Wales Temperance Society by the Reverend W.P. Crick in 1832.²⁸ Moderation was the goal of this group, but others dedicated to abstinence followed. Dillon identifies and describes the rich variety of temperance groups that followed. These included the Rechabites, the Templars, the Blue Ribbon Signal, the Naval Temperance Society, the Band of Hope (for children) and finally the Women's Christian Temperance Union. In 1882 these groups united to form the Local Option League. Dillon gives sympathetic portrayals of important figures such as the Reverends Robert Hammond and Frank Boyce, in the movement as it gained power at the end of the century.

As a child, Dillon had been a member of a Band of Hope.²⁹ He describes the origins of this children's crusade, the Band of Hope, in Leeds, England, as started by Ann Carlisle in 1847.³⁰ The Band of Hope movement reached NSW in 1858. It had an emphasis on songs, recitations and drama. Shortly after their formation in 1882 the WCTU sent a memorial to the Minister for Public Instruction to introduce temperance education into schools. Dillon went on to describe how the decades of the 1950s, 1960s and 1970s were the twilight years of temperance in New South Wales.

In the opposite corner to Dillon, Keith Dunstan constructs temperance activists as 'wowsers'. 'Wowser', he explains, is a term which came into currency in the 1890s to denote those who opposed the taking of pleasure from alcohol, tobacco, gambling and sex. Dunstan has written a history of wowsers because, he argues, wowsers have

²⁷ Tyrrell, "Thirty- Three Years of Temperance, 1971 – 2004", p. 17.

²⁸ Gar Dillon, *A Delusion of the Australian Culture: A Brief History of the Clash with Alcohol in New South Wales, 1788-1983*. (Sydney: N.S.W.Temperance Alliance, 1985), p. 13.

²⁹ *Ibid.*, p. 13.

³⁰ *Ibid.*, p. 65.

made a significant contribution to Australian society through their opposition to pleasurable activities. He claims that one of the best examples of the impact of wowsers was the closing of hotels every evening at six o'clock in New South Wales. This came about in 1916, and was the result of 'a truly magnificent temperance campaign. There was a petition of over 144,600 signatures over two miles long.'³¹ Dunstan describes how the moral outrage that broke out in Sydney after troops stationed at Liverpool army camp went on a drunken rampage provided the right pressure on the government to act to restrict the availability of alcohol. He then argues that wowsers were responsible for that great Australian drinking phenomenon, the six o'clock swill. His description of this is an enduring achievement:

Imagine the scene, a large room with a cold lavatory-like atmosphere, but filled with pushing men. There are no seats, no tables, no stools, no clutter that might interfere with high speed action. There are only thirty precious minutes left and there are five in one's school; as a point of honour, each man must shout. That is, every man must buy a round of drinks. Can it be done in time?³²

Dunstan gives a good portrayal of the history of the place of alcohol in Australian culture and social life but he has not examined the social backgrounds of the main actors in the battle over alcohol to any detailed extent and he does not examine temperance education in schools at all.

Anthea Hyslop has examined the early history of the WCTU in Victoria.³³ Judith Pargeter, in her centenary history of the Woman's Christian Temperance Union (WCTU), writes about the educational activities of women's temperance as part of a broad account of one hundred years of the movement.³⁴ Pargeter also writes as a member and supporter of the goals of temperance. She has documented the development of lessons for Sunday schools and described the often frustrated attempts to have temperance taught in public schools. She describes how, by the 1970s, 'the Australian community had turned a deaf ear to temperance teaching.'³⁵ The greatest

³¹ Keith Dunstan, *Wowsers* (Sydney: Cassell Australia, 1968), p. 115.

³² *Ibid.*, p. 109.

³³ Anthea Hyslop, *The Women's Christian Temperance Union of Victoria* (Melbourne: La Trobe University, 2006).

³⁴ Judith Pargeter, *'For God, Home and Humanity.'* *National Woman's Christian Temperance Union of Australia: Centenary History 1891-1991* (Adelaide: Golden Grove, 1995).

³⁵ *Ibid.*, p. 157.

success of the movement was apparently the promotion of fruit juice as an alternative celebratory beverage to alcohol.

The Australian historian Ian Tyrell studied the temperance movement in the United States, not at home. Recently he wrote that ‘North American readers will probably not realize the depths of derision with which the study of the temperance movement was greeted in Australia in the mid 1970s.’³⁶ Tyrell did study the Australian movement’s connections with world wide temperance³⁷ and has recently become interested in the history of tobacco and other drugs in Australia.³⁸ In the 1980s feminists began studying Australian women’s temperance in light of its role as a women’s liberation movement. For example, Pixley has argued that through their temperance activities, Australian women showed themselves as historical actors, not passive subjects of the forces of change in society at the end of the nineteenth century. This work again illustrates the complexity of the context of drug education, and the role gender may play in the implementation of policy.³⁹

Temperance education

There has been no history of temperance education in New South Wales. Lillian Shiman has examined the history of the children’s crusade, the Band of Hope, in the United Kingdom from the time it was first inaugurated in 1847 to the decline of its influence at the end of the nineteenth century.⁴⁰ She gives a well-researched and detailed portrait of the main actors and methods. The Band of Hope was a protestant movement whose aim was to train children aged between six and twelve to shun drinking. Bands met for an hour once a week and the children made a teetotal pledge as drink was the devil. There were anti-tobacco as well as anti-drink lessons. Songs and hymns were important, and choirs and orchestras were popular with the young people who attended. After 1870 former school teachers were hired as school temperance lecturers in preference to non teachers, although doctors were also used as well. There were annual temperance examinations and the temperance societies sponsored competitions with prizes. Books and journals were published. The

³⁶ Tyrell, “Thirty- Three Years of Temperance, 1971 - 2004 “, p. 16.

³⁷ Ian Tyrell, *Woman's World/Woman's Empire: The Woman's Christian Temperance Union in International Perspective* (Chapel Hill: University of North Carolina Press, 1991).

³⁸ Ian Tyrell, *Deadly Enemies* (Sydney: UNSW Press, 1999).

³⁹ Jocelyn Pixley, “Wowser and Pro-Woman Politics: Temperance against Australian Patriarchy”, *Sociology* 27 (1991).

⁴⁰ Lillian Lewis Shiman, *Crusade against Drink in Victorian England* (Houndmills, Basingstoke, Hampshire: MacMillan, 1988), ‘Come All Ye Children.’

movement expanded after 1870 and its place in respectable working class society was undisputed. Shiman found that the movement failed to achieve life long abstinence amongst its members - children of the Band often completely abandoned the pledge when they grew up or, more alarmingly, used the self control they had learned to become successful moderate drinkers.

Ruth Bordin's pioneering study of the Woman's Christian Temperance Union in the United States between 1873 and 1900 identified Scientific Temperance Instruction (STI) as its most successful initiative.⁴¹ Judith Erikson has examined the juvenile work of the US Temperance movement from the early Cold Water Army activities of the Jacksonian temperance era to the era of the WCTU.⁴² Moral persuasion through education was the first temperance strategy to achieve abstinence. At first the temperance women viewed young people as passive and empty vessels, as the prevailing pedagogy dictated.⁴³ The best hope to educate them to abstain from alcohol was through the Sunday school. However, following the growth of mass schooling in the 1880s, temperance workers turned their attention to the public school.

Erikson's main aim in examining temperance education is to take lessons from the past for modern drug educators. The title of her article is taken from Anna Gordon's manual for the Loyal Temperance Legion (LTL) of 1887, which recommended as a national motto 'Tremble, King Alcohol, we shall grow up.'⁴⁴ Temperance youth work focused on the use of music, marching, pledges, weekly meetings, rituals, constitutions, officers, and the military drill. However, Gordon adopted the doctrines of the child study movement as the LTL had to compete with emerging other youth organizations constructed by churches and social interest groups. Environmentalist views of human development promoted the empowerment of youth. Endeavour societies used youth as leaders. At the dawn of the Progressive era in the late 1890s temperance moved away from education to focus on prohibition as the main strategy to achieve abstinence. Erickson portrays these nineteenth century drug education efforts as progenitors of the prolific and more formal drug education programs in the

⁴¹ Ruth Bordin, *Woman and Temperance: The Quest for Power and Liberty, 1873-1900*. (Philadelphia: Temple University Press, 1981), p. 135.

⁴² Judith Erickson, "Making King Alcohol Tremble: The Juvenile Work of the Women's Christian Temperance Union, 1874-1900", *Journal of Drug Education* 18, no. 4 (1988), pp. 333-352.

⁴³ *Ibid.*, p. 337.

⁴⁴ *Ibid.*, p. 340.

United States of the late 1980s, making comparisons in aims and methodologies. She links the success of prohibition in the United States to the educational work of the WCTU.

Prompted by his disturbing experience as a modern drug educator in a Vermont school in the United States, Jonathan Zimmerman also turned to the study of STI and its leader Mary Hanchett Hunt. He described Scientific Temperance Instruction as ‘the most successful lay movement in American educational history.’⁴⁵ He writes that, as the largest movement of its kind, it provided ‘a unique window onto the dilemmas and dangers of popular curricula control in an age of expertise.’⁴⁶ STI’s basic assumption was that evil lay in alcohol and that if people were rightly informed and understood its true dangers, they would willingly cast it out. Zimmerman analyses the successful political tactics used by Mary Hunt to establish Scientific Temperance Instruction in schools and to rebuff challenges from educational and medical experts not only in the United States, but in Europe. Hunt amassed and managed a veritable army of women across the nation who entered schools to bring the temperance gospel, and who convinced state legislators to make it a compulsory part of school curricula. Scientific Temperance was, he argues, an example of true democracy working, demonstrating how a popular movement became integrated into the education system without force or coercion.

Zimmerman’s study examines in meticulous detail the dialogue between lay people and professionals about temperance education at the birth of the progressive era. Zimmerman’s strength is in how he connected STI to broad themes in education and society at that time and to the struggle to implement democracy. The new expert discourse was that evil lay in the environment but Hunt, by contrast, had a strong belief in personal autonomy. This raised important issues for the historian:

Expert directives seemed to deny citizens a basic, fundamental right to deliberate and transmit their values. A curriculum of the people could just as easily muzzle such debate. I resolved to find a new [place], somewhere between expert and popular authority.⁴⁷

⁴⁵ Zimmerman, *Distilling Democracy. Alcohol Education in America's Public Schools, 1880-1925*, p. 141.

⁴⁶ *Ibid.*, p. 116.

⁴⁷ *Ibid.*, p. xiv.

Zimmerman describes how STI was challenged by ‘the Committee of Fifty’, representatives of the medical and scientific communities.⁴⁸ In the end the experts overturned it; although not until Mary Hunt had died and had been personally discredited. Zimmerman’s greatest achievement in this excellent study is to link the history of drug education to broader educational and social themes. He has drawn out an important issue about the role of the community in education in a democratic society, one which resonates with the present study.

Addiction

Levine has traced the historical development of the popular notion, addiction. He argues that this concept was first fully articulated at the end of the eighteenth century in the writings of the physician Dr Benjamin Rush, but was the outcome of decades of development of social thought.⁴⁹ Levine observes that the definition of addiction was shaped by the developments in thought about deviance in general, and about mental illness in particular.⁵⁰ He applies Foucauldian theory to conclude that this was part of the establishment of a new view of madness which was made possible by the rise of a more powerful middle class. The conditions of the new enlightened social order depended on self control. In the United States self control was particularly important to the large middle class and temperance supporters were interested in helping people maintain control over their behaviour. Addicts were people who were overwhelmed by their desires and therefore threatening to the foundations of social order.⁵¹

Levine argues that the idea of addiction was at the heart of temperance ideology as well as the idea of alcoholism. However the two movements had a different view of the moderate drinker. Temperance believed that moderate drinking was almost worse than being a drunkard. It was almost sympathetic to habitual drunkards. The alcoholism movement believed that most drinkers could achieve moderation and only those few with a disease became alcoholics. Temperance supporters believed that the power lay within alcohol; doctors believed the problem was located within the person. Levine then describes the emergence of a ‘post addiction’ model of drug and alcohol problems, which focuses on the relationship between the individual and the social

⁴⁸ *Ibid.*, p. 43.

⁴⁹ Harry G. Levine, “The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America”, *Journal of Studies on Alcohol* 15 (1978), pp. 493-506.

⁵⁰ *Ibid.*, p. 16.

⁵¹ *Ibid.*, p. 15.

environment.⁵² In this model deviance is a social and structural process. He linked this to the development of giant organizations and global interdependence in the modern world. His work has assisted in the broad analysis of context in the historical examination of alcohol and drug issues.

Micheline Dewdney studied the history of alcoholism in New South Wales between 1875 and 1970.⁵³ She showed that the concepts of alcoholism and a belief in treatment were not new. She found that the major cause for the failure to implement these beliefs was wrongly thought by professionals to be the punitive and moralistic attitudes to alcoholics which resulted in punitive policies. Between the late nineteenth century and the 1970s there were a number of state programs to treat alcoholics, most of which failed. There was a repeated pattern of initial enthusiasm and heightened activity, followed by disillusion, withdrawal and a search for rationalizations for failure. She conducted a study of professional attitudes at the end of the 1960s and found that they were unaware of the past. She concentrated on the professionals, failing to assess the role of the temperance movement. She outlines the development of the concept of inebriety. She found that professionals were disillusioned with the treatment of alcoholism. Dewdney's professional study provides important source material for chapter three of this study.

Lewis has traced the role that the concept of alcoholism has played in the responses to alcohol problems in Australia between the 1880s and the 1980s.⁵⁴ He describes how beliefs about addiction as the cause of drinking problems have informed policy, legislation and services up to the 1980s and then outlines a change amongst experts from an individualized medical perspective to a social and political view. This has brought about a greater focus on legislation and mass education as the most promising strategies. Lewis identifies the obstacles in the path of the new approach: the public preoccupation with illegal drugs, the lack of political will, low budgets and the sophisticated marketing strategies of transnational companies. The more recent section of this political and economic analysis has been a useful model for the current research.

⁵² *Ibid.*, p. 18.

⁵³ Micheline Sarah Dewdney, *Alcoholism in New South Wales: A Historical and Social Study, 1875 to 1970*, (Sydney: University of New South Wales, 1973).

⁵⁴ Milton Lewis, "Alcoholism in Australia, the 1880s to the 1890s: From Medical Science to Political Science", *Drug and Alcohol Review* 7 (1988), pp. 391-401.

Alcohol and drug use in Australia

There have been many diverse meanings attached to alcohol use in modern history. Duster has famously said: 'alcohol is to social science what dye is to microscopy.'⁵⁵ Thus the study of the social history of alcohol has illuminated the themes and concerns of differing societies and different historical periods. The common concern amongst historians of alcohol has been to examine the meaning of drinking in every day life and the responses of families, social movements, political parties, professions, institutions and states to it.

Social histories of alcohol and specific drugs are beginning to be more attractive subjects to Australian researchers and writers. These have provided useful material for this thesis regarding social attitudes to drug use and drug problems, as well as examples of drug education programs and campaigns. Their limitations lie in that they only deal with one particular drug, and do not address the issue of drug education policy. Often the authors have taken a particular reforming stance in relation to the drug as well, which biases their interpretation of the interplay of conflicting interests in relation to drug use.

A. E. Dingle pioneered the study of the history of Australian drinking habits, arguing that alcohol played an important part in the development of the early colonies.⁵⁶ Robin Room, an Australian by birth but a prolific writer on the history of alcohol across the globe, has also written about the history of alcohol in Australia.⁵⁷ He deals with the period from the Second World War to the mid-eighties. He has sought to understand the place of alcohol in Australian life and examines patterns and trends of use, control and treatment policies and social attitudes to alcohol. However, he has not examined public education or school drug education as part of drug control. He wrote at a time of high alcohol consumption levels and before the anti -alcohol media campaigns of the late 80s began. He examines the dominance of the medical profession in terms of the definition of the alcohol problem.

⁵⁵ Susanna Barrows and Robin Room, eds. *Drinking: Behaviour and Belief in Modern History*, (Berkeley: University of California Press, 1991), p. 1.

⁵⁶ A.E.Dingle, "The Truly Magnificent Thirst: An Historical Survey of Australian Drinking Habits", *Historical Studies* 19, no. 75 (1980).

⁵⁷ Robin Room, "The Dialectic of Drinking in Australian Life: From the Rum Corps to the Wine Column", *Drug and Alcohol Review* 7 (1988), pp. 413-437.

Powell then challenged the notion of colonial Australians being the heaviest drinkers on earth as argued by Dingle.⁵⁸ He has written about trends in alcohol consumption, relating these to the social, economic and political background. He analyses the aims and impact of the temperance movement on consumption patterns and cultural customs, but pays no attention to temperance educational activities.

Diane Kirby is the most recent historian to examine the history of drinking in Australia.⁵⁹ She traced the changes in the patterns of consumption and the social role of alcohol from the early times of the colonies to the 1980s. She concluded that in the early years of the colony the dominant pattern of alcohol consumption was the drinking of beer by men to get drunk. Beer was an emblem of masculinity and drunkenness was a celebration of the good life. By the 1980s the good life was celebrated by a multi-cultural mix of women and men drinking wine in a cosmopolitan café society. Unlike earlier writers, Kirby featured gender more in her analysis to the extent that she examines women's drinking and the role of the barmaid, as well as Aboriginal drinking patterns and meanings.

Robin Walker was the first to write about the history of tobacco use.⁶⁰ Despite being a declared anti-smoker, Walker has written a detailed and thorough account of changes in policy, customs and use. His mission was to present the new findings about the dangers, since previous work had assumed that this had all been scare-mongering. His description of the development of the tobacco industry is a particularly interesting analysis of the way an industry can gain control over, and expand its market. He has also given a good account of various health education campaigns aimed at reducing tobacco use in the period between 1969 and 1982.

Ian Tyrrell has developed this work in *Deadly Enemies*, a history of the war between smokers and anti-smokers in Australia. Tyrrell's task has been to identify the main themes of the battle over smoking, and to trace its historical actors and roots. He found that smoking was not only an ongoing health issue, but also 'part of the history of morality, customs, etiquette, gesture and taste.'⁶¹ In his last chapter Tyrrell

⁵⁸ Keith Powell, "Alcohol and the Eastern Colonies 1788-1901", *Drug and Alcohol Review* 7 (1988), pp. 403-411.

⁵⁹ Diane Erica Kirby, *Drinking 'the Good Life': Australia C. 1880-1980*, ed. Mack P Holt, *Alcohol: A Social and Cultural History* (Oxford: Berg, 2006).

⁶⁰ Robin Walker, *Under Fire: a History of Tobacco Smoking in Australia* (Melbourne: Melbourne University Press, 1984).

⁶¹ Tyrrell, *Deadly Enemies*, p. 226.

attributes the success of the anti-tobacco movement to its public education programs but he has not analysed the impact of discourses about youth on anti-smoking education.

Another pioneer has been Eileen Hennessey, who has used a specific historical drug use study to illustrate the role of gender in the development of a drug problem.⁶² She examined the social processes involved in the rise of analgesic use in Queensland during the post war boom. She described the problems that arose out of this use, both physical and social, and elucidated the way gender stereotypes prevented the identification of this problem until fifteen years after it had been dealt with in Europe. Myths concerning women's work (or the supposed lack of it after the marketing of new electrical labour-saving devices for the home) and the cultural stereotype of the bored housewife meant that the victims of the use of dangerous compound analgesics were blamed for the problem. This study alerted the writer to attend to the issue of gender in researching how drug problems are defined, and how drug education policies are developed.

Examining public anxiety about illegal drugs

Manderson has compared the fear of drugs in the twentieth century to the fear of witches in the Middle Ages.⁶³ He argues that the fear of witches was an outcome of anxiety about the threatened loss of the notion of god that came about through the intellectual challenges posed by the Enlightenment to religion. Inquisitors believed that witches were possessed by the devil, and were therefore a living proof of the continuing existence of god in the world. Driving out the devil was also proving that god still existed. Manderson then argues that drugs in the modern world stand for a fear of the loss of agency and identity that has come about through the rise of genetics, technology and relativism, phenomena that remove the sense of agency from the individual. Manderson has used an analysis of the key concept of modern drug law, possession, as evidence for this argument. In New South Wales law, drugs are constructed as possessing the individual and removing their sense of agency. It is a crime to possess them and be possessed by them. Drugs serve the same role as witches – evidence of possession by a real evil. Drug arrests and busts reported by the

⁶² Eileen Hennessey, *A Cup of Tea, a Bex and a Good Lie Down* (Townsville: James Cook University of North Queensland, 1993).

⁶³ Desmond Manderson, "Possessed: Drug Policy, Witchcraft and Belief", *Cultural Studies* 19 (2005).

media in ritualistic and over dramatized ways reassure us that normal individuals will still be able to control their own lives and the possessed drug user will be cast out.

Drug laws satisfy a deep yearning: they establish the reality, cause and power of Man's presence. They represent the last throw of the dice in the face of the encroaching relativism of late modernity.⁶⁴

This theoretical work on the symbolism associated with drug use is unique and useful for the study of the public debates and panics about drugs that have occurred in New South Wales, especially since the 1960s.

In August 1967 a Scottish sociologist, Jock Young, studied a group of young drug takers in the London suburb of Notting Hill. At that time there was intense alarm about the use of marijuana and LSD by pop stars expressed in the London press. This alarm was triggered by the arrest of Mick Jagger, leading singer of the popular music group The Rolling Stones, on a drug charge. Although the dominant view was that this drug use was engaged in by the dangerous and the deviant, Young's study revealed that young people's use of marijuana and LSD was very different to the way it was portrayed in the media and constructed by experts such as doctors and social workers. The young drug takers in Notting Hill were not dangerous drug fiends, just rebellious young people engaging in a pursuit of pleasure that they saw was part of daily adult social life. Young called the phenomenon of public and professional over reaction to youth illegal drug use a 'moral panic'. He argued that it was this panic that shaped how young drug users lived their lives. He explained it as an attempt by adults to control young people who were rebelling and had achieved more power in society because of their large numbers and increased consumer power.⁶⁵

In 1972 Cohen published a development of Young's ideas.⁶⁶ In this work he expanded the idea of a moral panic into a more substantial theory, using the subculture groups of mods and rockers as an example. He defined a moral panic as:

A campaign against a perceived evil, orchestrated by certain pressure groups, amplified by certain elements of the press, and demonstrably out of proportion to the actual scale of the problem involved.⁶⁷

⁶⁴ *Ibid*, p. 49.

⁶⁵ Jock Young, *The Drugtakers: the Social Meanings of Drug Use* (London: Paladin, 1971).

⁶⁶ Stanley Cohen, *Folk Devils and Moral Panics: The Creation of Mods and Rockers* (London: Granada Publishing Limited, 1972).

Cohen argued that the panic was moral because the phenomenon that caused it was perceived as a fundamental threat to the social order. He then argues that concerns about 'deviant' young people and drugs arose from anxieties by the established and dominant adults about the overthrow of the social order by young people. Media panics facilitated by established social institutions were a way of maintaining control by the establishment. This perspective involves a number of different sections of society - the press, the law, the judiciary and social welfare workers, for example, all deliberately acting together in a kind of conspiracy.

A study by Goode and Ben-Yehuda examined a panic about drugs in the United States between 1986 and 1989. It identified the following as important causal elements: an actual increase in the use of a previously relatively unknown drug (in this case crack cocaine), the deaths of young people, babies reported to be addicted to the drug at birth, the involvement of politicians during an election campaign, media attention, a move towards a more conservative social climate, and moral crusaders. They describe how the drug problem was exaggerated and distorted during this period. They chart how, when the media hysteria was at its height, the actual problem occurrence was at its lowest. This study re-examines the notion of moral panic in the light of the fact that there were people using this drug and it did cause harm. However, the authors overlook the role of expert actors and their discourses about drug use.⁶⁸

After a panic about ecstasy use by young people in England in 1995, Thompson developed moral panic theory further. He again described five key features: they take the form of campaigns or public crusades which are sustained over a period, they appeal to people who feel at risk from a breakdown in the social order, the moral guidelines of the behaviour at the heart of the panic are unclear and politicians and some sections of the media are keen to lead the action to suppress the threat. Finally the crusade leaves the real causes of social breakdown unaddressed.⁶⁹ Thompson argues that moral panics are a characteristic of the modern 'risk society.'⁷⁰ They are part of an increased consciousness of risk. They also show the development of new forms of regulation. They occur as an expression of struggles over competing discourses. Thompson argues that moral panics illustrate key aspects of a society, and

⁶⁷ *Ibid.*, p. 9.

⁶⁸ Erich Goode and Nachman Ben-Yehuda, *Moral Panics: The Social Construction of Deviance* (Cambridge USA: Blackwell, 1994).

⁶⁹ Kenneth Thompson, *Moral Panics* (London: Routledge, 1998), p. 3.

⁷⁰ *Ibid.*, p. 142.

that the concept of moral panic can be useful ‘in spotlighting a form of behaviour and pattern of events that is increasingly common in our media-saturated modern society.’⁷¹

An outburst of concern about youth substance use in 1999 in New South Wales prompted Bonnie Stanton to explore the idea that moral panic led to the development of school drug education programs in New South Wales.⁷² She argued that the media portrayal of a young teenager injecting heroin evoked ‘strong emotional responses’ which set off panic amongst parents, youth workers, teachers, and politicians.⁷³ These fears of youth vulnerability, when connected to the symbolism of addiction and drug sellers, led to an over reaction that constructed young drug users as deficient and in need of correction. School drug education was developed to rectify this deficiency. Stanton’s main aim is to critique the individualization of the problem and she has not identified how the discourses about young people and drugs emerged and why they coexisted in this way. Although she examined the drug education strategies in 1999 she did not examine their historical context.

Shane Homan has examined the panic about ecstasy that began in Sydney and spread across Australia after the death of teenager Anna Wood in 1995.⁷⁴ However, he has focused on social anxiety about popular music, rather than drug use. Reports in *The Daily Telegraph* are his major source, but he has also examined legislation and evidence of judicial and public health responses. He constructs the response as part of the policing of youth, and observes that the option of cancelling or suspending licenses was used more in the policing of dance clubs than in the control of alcohol induced disorder around hotels. Homan concludes that the best strategy for exposing the dishonest political rhetoric of panics, and to prevent recurring cycles of outrage about young people’s drug use, is to use continual, factual historical analysis as a critical tool.⁷⁵

Historians of education have critiqued moral panic theory, alerting us to the fact that there were real concerns underpinning moral panics about young people and drug

⁷¹ *Ibid.*, p. viii.

⁷² Bonnie Stanton, “School Drug Education in New South Wales: Moral Panic and the Individualisation of Youth Drug Use”, *Social Alternatives* 24, no. 4 (2005), pp. 50-54.

⁷³ *Ibid.*, p. 51.

⁷⁴ Shane Homan, ‘Why are they all drinking water?’ *Raves, ecstasy and the death of Anna Wood*. In: Scott Poynting and George Morgan, eds., *Outrageous: Moral Panics in Australia* (Hobart: ACYS Publishing, 2007), pp. 82-99.

⁷⁵ *Ibid.*, p. 95.

use.⁷⁶ Judith Bessant has argued that Cohen did not take into account the historical origins of the discourses involved in moral panics.⁷⁷ He overlooked the fact that the timing and character of the panic were important, as were the discursive terms used to define the problem. In 1991 Bessant analysed the history of the discourse of eugenics and its relationship to the panic about juvenile delinquency in Victoria in the 1950s to illustrate how historical method can contribute to increasing the depth of understanding of moral panics. She asked questions such as: ‘what was it about the young delinquents that caused public outrage?’ and ‘why did this occur at that particular time?’ She examined the role of the professionals who worked with youth because ‘it was their account, their mediations and their social ventriloquism, which created enduring images of juvenile delinquency ready for use by the media.’⁷⁸ Bessant emphasized the important role played by language in the definition of the problem, and the political nature of the process of developing solutions.

This review of the literature on drug panics reveals that the history of young people’s drug use since the 1960s has been marked by cycles of intense awareness and relative indifference from the general public.⁷⁹ The main outbreaks occurred in the late 1960s, between 1986 and 1989, the mid 1990s and finally in 1999 in New South Wales. In each of these periods the focus of the panic was on a new drug that had been taken up by a youth subculture. The 1960s focus was on the use of the hallucinogenic drugs LSD and marijuana by some young people, the 1980s was on the use of crack cocaine by poor blacks in the US, and the 1990s on the use of ecstasy by clubbers or ravers. In 1999 the focus again returned to heroin.

The cyclic process outlined above suggested a framework for the structure of the present thesis. The periods of high social anxiety about illegal drug use could be chosen for analysis as they provided much rich material for the study of the discourses that defined drug problems, the role of experts, the images of youth that informed the discourses and the political processes that led to the development of solutions such as

⁷⁶ Roger Openshaw and John Suler, “When Is a Moral Panic Not a Moral Panic?”, *History of Education Review* 21, no. 1 (1992).

⁷⁷ Judith Bessant, “Described, Measured and Labelled: Eugenics, Youth Policy and Moral Panic in Victoria in the 1950s”, *Journal of Australian Studies For Your Own Good: Young People and State Intervention In Australia* (Special Edition) (1991).

⁷⁸ *Ibid.*, p. 13.

⁷⁹ Richard Midford and Geoffrey Munro eds., *Drug Education in Schools: Searching for the Silver Bullet* (Melbourne: IP Communications, 2006), p. 14, Ben-Yehuda, *Moral Panics: The Social Construction of Deviance*, chapter 12, Bonnie Stanton, “School Drug Education in New South Wales: Moral Panic and the Individualisation of Youth Drug Use”, *Social Alternatives* 24, no. 4 (2005).

drug education. The literature also alerted the author to the idea of constructing the phenomenon for study as drug anxiety, rather than ‘the drug problem.’ The critique of the historians suggested that historical analysis could add depth to the study of the history of drug education by illuminating the complex social, political and cultural origins of drug panics.

History writing has been described by Barrows and Room as ‘a critical chisel, a tool to chip away at our own preconceptions.’⁸⁰ The consumption of alcohol or drugs only acquires meaning when set in its context of time, place, class, gender, belief systems and social customs. The task of the historian is to understand the process of problem definition and response, to go beyond legislative debates and expert medical opinion to investigate how these debates shaped social life.⁸¹

The literature that was reviewed for this thesis included work on the social history of alcohol and drug use, histories of alcohol and drug control, the historical study of theories of drug use such as addiction, and histories of temperance education and drug education, as well as studies of drug panic. The review has shown that a study of the history of drug education in New South Wales has a rich tradition of the study of the history of drug use and drug control upon which to draw, but a tradition which nevertheless embodies a number of weaknesses. The review also revealed that there has been little work done on the history of drug education in New South Wales. Therefore the present study fills a gap and may progress the understanding of the drug education policy in New South Wales in new ways.

The methodology of this study

This thesis is written as a history of drug education in New South Wales, and therefore engages a historical methodology. Such methodology encompasses a great range of specific research methods, but the two most important for this thesis are the assessment of the documentary record and the use of interviews with participants, that is an oral history method.

Historical research methods engage a wide variety of documentary records – written documents, visual records such as film, television, video, posters, photographs,

⁸⁰ Susanna Barrows and Robin Room (eds.), *Drinking: Behaviour and Belief in Modern History* (Berkeley: University of California Press, 1991), p. 20.

⁸¹ *Ibid.*, p. 17.

graffiti and art work, and songs from popular culture.⁸² Sources produced at the time of the period being studied (primary sources) have generally been assigned the greatest value for this study. However, records produced at a later time (secondary sources) such as transcripts of interviews, biographies and historical reviews, were also of value. Historical research interweaves different kinds of research methods in a complimentary fashion to investigate an historical problem.⁸³ This broad scope is useful to reflect and encompass the inter-disciplinary nature of drug issues, which cross many academic and social boundaries.

The range of documentary sources used to develop this thesis is discussed above, but essential for their analysis are the following steps. First is the need to verify the authenticity of the documents. In every case for this thesis the documents are recent, relatively well known and held by public institutions, including libraries. Many of them were published by governments. There is no real question relating to authenticity for any of the documentary sources used in this thesis. The more important questions relate to their interpretation. It is crucial in the study of documentary sources that the researcher makes a thorough examination of the contexts of the production of significant written texts⁸⁴. Therefore the significant questions become:

- Why was this document written, and who was its intended audience?
- Who was the author, and what circumstances of the author may have affected the writing?
- What were the political, social, policy and economic contexts leading to the production of this document?
- What evidence do we have that the document represented significant points of view or analyses in their time?
- What evidence do we have about how this document was received by its intended audience, and audiences beyond the intended?
- Did the document, especially if it was a policy or curriculum document, make a difference to perceptions, analyses and practices?

⁸² Gary McCulloch and William Richardson, *Historical Research in Educational Settings*, ed. Pat Sikes, *Doing Qualitative Research in Educational Settings* (Philadelphia: Open University Press, 2000), p. 6.

⁸³ *Ibid.* p. 20.

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The systematic asking of these questions certainly assists in the development of the thesis, but there is a further issue involved in the application of a historical methodology. This is the theoretical and historiographical grounding of the questions asked of the sources. The literature review above has established a great deal of this ground work. Historical analysis proceeds on the basis of assessing, adapting and challenging previous attempts to analyse the same or similar phenomena. Consequently the general historiographical arguments about the role of drugs in modern social history, the forces that lead to their legalisation and demonization at different points in history, the development of the arguments about harm minimisation—each of these debates has a history, in fact, a historiography. A research methodology that uses historical methods proceeds on the basis of this historiography.⁸⁵

However, using an historical research method does present some difficulties to the present writer. The debate about drug education is current and emotive, some of the actors are known to the author, and the writer herself has been and still is a drug educator, and is therefore a participant. These limitations cannot be totally overcome, but the insight gained from the personal experience of the author has been essential in constructing this study and has been counter-balanced by a rigorous use of historical methodology and a clear documentation of sources.

The main sources that have been used to identify the development of the historical discourses that defined drug problems have been parliamentary debates, newspaper reports and features, biographies, government policy documents, official reports, records of meetings and records of professional conferences and journals. Unpublished theses, university studies, public opinion polls and school student drug use surveys conducted at the time of the period of study were also examined as primary source material.

Parliamentary debates have provided a rich source for the section of this study on how drug problems were defined and responses developed. An examination of the New South Wales parliamentary debates on drugs and drug education between 1965 and

⁸⁵ The following books constitute a reliable guide to these issues, and have been used in the writing of this study: Gary McCulloch, *Documentary Research in Education, History, and the Social Sciences* (New York: Routledge Falmer, 2004), Gary McCulloch and William Richardson, *Historical Research in Educational Settings* (Buckingham: Open University Press, 2000).

1999 was conducted. Debates on alcohol, tobacco and prescribed and non prescribed medicines were also examined. This research revealed the fact that drug use has been a much debated topic, and that a wide range of views have been expressed in these debates. The subject of drugs became increasingly important after 1966 and issues about this topic were raised in question time, debates on budget estimates, maiden speeches, first, second and third readings of legislation, urgency motions, and memorial speeches in both houses. The research also revealed connections between alcohol and drug issues, and that they were often debated together. Often the debate is part of the struggle between the major political parties and has been analysed with this perspective in mind. *Hansard* has been read to provide evidence of the political interplay over drug use, the view of the government of the day, opposing views, expert opinions, and the actual implementation of policy. Budget estimates give a good indication of how many resources a government has actually committed to the solution of a problem.

A study of legislation has been an important source for this thesis. New South Wales law and the international drug laws to which Australia is a signatory have been examined. The law reflects the dominant view of what the causes and nature of drug problems are, as well as the regulations that have been devised as solutions to the dominant notion of the problem. Australian drug law enshrined historical discourses that began at the turn of the twentieth century with the first anti-opium laws, and included an increasing array of substances as the century wore on.

In a study that includes an examination of drug panics as an important part of discovering how the drug problem was constructed, the media has been an important source for research. Examining the reporting of drug issues in newspapers, radio and television and magazines and television tells us about the public debate. It also tells us what the audience is interested in or considers important or significant. The main Sydney newspapers were examined during periods of high anxiety about drug use for concentrated study; that is 1967-1972, 1977-1988 and 1995-1999. These included *The Sydney Morning Herald*, the paper for the educated readership, the tabloids *The Mirror*, *The Sun*, *The Daily Telegraph*, *The Sunday Telegraph* and *The Sun Herald*. Suburban newspapers were also read in relation to localized drug panics. *The Australian* provided a national perspective. Television and radio programs have also been studied when they featured special items on drug issues and drug education.

The content of public debates has been studied through the analysis of media reporting, but the way in which the media has presented drug issues has also been examined. The priority given to the issue (for example, the number of front page stories), the language of headlines, the pictorial representations of drugs, have all been important to the exploration of the understanding of the development of social anxiety about drug use. Comparisons between the style of reporting of illegal drugs as opposed to alcohol, tobacco and other legal substances, have been useful, as well as an analysis of advertisements for legal substances.

Another major source for the thesis has been the reports and proceedings of the numerous official inquiries that have been conducted into drug use and drug corruption on a regular basis since 1971. These are listed in the Bibliography. Although set up for different purposes, they have drawn together a wealth of expert and lay opinion, studies, sworn evidence, statistical analyses, list of programs and services and expert advice as sworn evidence, the most reliable of reports. In particular these inquiries have provided access to the testimony of drug criminals and illegal drug users that would be difficult to obtain in any other way.

Documents studied to examine the development of drug education, particularly in schools, have included syllabi, curriculum documents, school magazines, teacher journals, school texts and other resources such as handouts, articles, films and leaflets, advertisements, radio and television commercials and programs. Reports, newsletters and articles from parents groups such as the Federation of Parents and Citizen's Association have been valuable to examine. The records of the Health Education Unit Library in the Faculty of Education and Social Work at the University of Sydney provided a rich collection for study.

To explore views of young people and drug use, the researcher also investigated the voluminous body of literature on youth drug use and drug education methodology. This literature is dominated by the discipline of psychology, with sociology and cultural studies making a much smaller contribution, and history very little. It has contributed valuable evidence about the dominant ideas concerning the behaviour, images and perceptions of young people at differing times in New South Wales, as well as knowledge about the expert discourses about youth and drug problems. It has been retrieved and analysed for the periods in which it was produced. It has been a good source for professional, lay and young people's beliefs and theories about

education and drugs during the period between 1965 and 1999. This research reveals repeating themes and issues which were of importance to the wider context of the public debate about drug problems and youth. It does not represent the discourse of drug users themselves, however, and for this other sources were sought.

The second important historical method used in research for this thesis has been oral history. Thirty five individuals were interviewed as significant figures in the development of drug policy, drug education research, curriculum and practice or as authoritative commentators on youth drug use during the historical period covered by this study. The voice of the drug user was sought as part of this section of the study. A list of those interviewed is to be found in the section on Primary Sources in the bibliography. These interviews provided much valuable evidence of the subjective experience of decision-makers and politicians who have been involved in developing and implementing drug policy and drug education at key times in the past.

It is not appropriate here to review all the issues associated with the use of oral history as a method, except to make some important and basic points. First is the significance of ethical approaches to interviewing. The interviews were conducted under the supervision of the University of Sydney Human Ethics Committee. The impact of this supervision is to ensure that there is full disclosure of the purpose of the study and to inform interviewees of their rights in relation to the interview transcripts and how they are used. Such supervision minimises the risk that interviewees will lose control of what they have to say, and minimises the possibility of what they have said being misrepresented.

Second are the issue of 'memory', and the reliability of what interviewees have to say about events past. There is a considerable literature on this question, but the literature has moved beyond devaluing the significance of the oral record for history because of its supposed unreliability.⁸⁶ Many of the reliability issues are dealt with by a combination of the interviewer being well prepared before the interview so that unexpected versions of events and phenomena can be explored carefully at the interview, and by checking different versions of events and phenomena from different

⁸⁶ Kate Darian-Smith and Paula Hamilton, *Memory and History in Twentieth-Century Australia* (Oxford: Oxford University Press, 1994), James Fentress and Chris Wickham, *Social Memory* (Oxford: Basil Blackwell, 1992), Robert Perks and Alistair Thomson, eds., *The Oral History Reader* (London: Routledge, 1998).

sources. This does not always lead to certainty of interpretation however. Historical research assumes the probability that discovering the 'truth' of a phenomenon is an unlikely outcome. More likely is a more reliable or more authentic explanation of historical phenomena.

In the end, the transcripts produced by oral history must be subject to very similar questions to those outlined above for the analysis of the documentary record. A historical study, using historical research methods should not only produce a narrative and analysis of phenomena perhaps imperfectly understood previously, but as important, a more satisfactory explanation of those phenomena.

Chapter Two

The emergence of ‘a looming drug menace’¹

1965-1972

Watching the escalation of the drug problem from 1964 to 1970 was like watching a horror movie in slow motion. I could see all the danger signs of what I believed would emerge into one of the major social concerns in the world. And yet, try as I would, it was impossible for me to alert the community to the dangers we were facing.²

In the 1960s some middle class youth in Australia began using drugs such as pep pills, LSD and marijuana for kicks, to get high, to tune in, drop out, for self-discovery and intellectual stimulation, to question and challenge the established order of things. The phenomenon was part of a trend amongst young people in developed countries across the world, especially evident in the United States and Britain, but also manifest in Europe and Canada.³ This form of drug use provoked intense anxiety in many adults and led to public outcries and calls for controls by law and education to prevent the escalation of the problem.

This chapter will explore the reasons for the emergence of panic about drug use in New South Wales in the mid 1960s. It will identify the ideas about young people, drugs and drug problems that existed then, as well as the traditional methods of drug control. It will explore the role of significant actors and influences that led to the creation of a new response, drug education, to this problem. The chapter will also examine how the responses in New South Wales echoed the moral crusades of the past, reconfirming the authority of the law and restoring the legitimacy of the state in a time of challenge to the established order from a youth subculture.

A school drug incident

By the middle of the 1960s a number of tensions and anxieties about new drugs, both legal and illegal, and about the behaviour of young people, had been building in New South Wales. Changes to international laws controlling drug use resulted in pressure

¹ “A Drug Menace Looming, Doctor Warns”, *The Australian*, 6th October 1966, p. 3.

² The Reverend Ted Noffs, *Drugs and People* (Sydney: Ure Smith, 1976), p. 35.

³ David Musto, *The American Disease: Origins of Narcotic Control* (New Haven and London: Yale University Press, 1973), pp. 235-236.

on the government to reform state drug laws, and the emergence of a drug problem amongst young people in the United States worried drug experts in New South Wales. Towards the end of August 1967 the attention of a teacher at a public selective girls' high school in the eastern suburbs of Sydney was attracted by the strange behaviour of three of the girls in her class. The teacher took the girls, aged thirteen and fourteen, to the headmistress, who searched their bags and questioned them. They admitted coming to school under the effects of the drug LSD. The headmistress notified their parents, the Department of Education and the police. A further investigation revealed that the girls had met an older man, a master at a boys' private school in the area, at a coffee lounge in Kings Cross⁴ and that they had been regularly taking LSD with him in the bedroom of his flat.⁵ The master was one of two New South Wales teachers who, earlier in the year, had been stopped from supplying LSD to university students in Queensland.⁶ The girls had to pass through Kings Cross, a disreputable area of Sydney where night clubs, prostitutes and criminals were located, on their way to school.

Unlike a report of the suspension of three boys at St Mary's High for taking 'purple heart pills at parties' in June of the same year,⁷ this news of LSD use by teenage schoolgirls sparked moral outrage across the city and indeed around the country. On the 27th August, the headlines on the front page of Sydney's *Sunday Telegraph* read 'Teacher Gave Drugs to Girls.' Underneath this story was 'Baby Given LSD – claim.'⁸ The reports highlighted the fact that there was no law that enabled the master to be prosecuted. The front page of *The Sun Herald* the same day reported 'Master blamed: LSD for girls.' Another report in the same paper reprinted a British drug detection guide which outlined ways parents could determine if their children were 'on drugs.'⁹ The Leader of the Opposition in the New South Wales Parliament, Jack Renshaw, declared that the illegal use of LSD was becoming widespread and the government should act immediately to control it.¹⁰

⁴ "Teacher Gave Drugs to Girls", *The Sunday Telegraph*, 27th August 1967, p. 1.

⁵ "Master Blamed: LSD for Girls", *The Sun Herald*, 27th August, p.1.

⁶ "Keep Drugs out of Schools' Bid", *The Daily Telegraph*, 28th August 1967, p. 3.

⁷ "Pupils Took Drugs", *The Australian*, 17th April 1966, p. 6.

⁸ "Baby Given LSD - Claim", *The Sunday Telegraph*, 27th August 1967, p. 1.

⁹ "Check on Children and Drugs", *The Sun Herald*, 27th August 1967, p. 48.

¹⁰ Joseph Payne, "Rush Law to Control the Use of LSD", *The Australian*, 28th August 1967, p. 1.

Over the next week *The Sun Herald* fuelled panic when it conducted its own investigation into drug taking amongst school girls in Sydney. A report of this investigation claimed that twelve girls in fourth form at a western Sydney high school had taken drugs, four of them LSD. Other girls went to LSD parties, were hooked on pep pills, and had moved from school to school because of drugs. One girl was reported to have come to school high on drugs: ‘she looked as if she were in a trance.’¹¹

The government acted promptly in response, prohibiting LSD and increasing the penalties for the overall use of illegal drugs. The master who supplied the LSD lost his job and the girls were transferred to other schools. For the next five months reports of LSD and marijuana use by school students and young people in general consistently occupied the front pages of the press and featured on television and radio. Most of the experts, parents and community members who were interviewed expressed horror at the reports. Despite the Director General of Education in New South Wales, Harold Wyndham, assuring parents that there was no drug use in schools,¹² the message conveyed by the media, politicians and drug experts was that recreational drug use by teenagers was a growing problem.

An expanding illegal drug market

The moral panic about teenage LSD use was partly the result of the belief by police and Customs officials that there had been an alarming expansion in the market for illegal drugs in New South Wales. In June 1966 a committee on narcotic drugs, part of a Seminar on Drug Abuse organized by the Institute of Criminology at the University of Sydney, reported that ‘there is evidence of an increase in the smuggling and in the use of narcotics, particularly heroin’, and that ‘criminal elements’ were involved. The increase was a serious problem because ‘the addict becomes a burden on the community’ and because the illicit trade that develops ‘leads to a proliferation of crime of all types.’¹³

¹¹ “12 Pupils in One Class Take Drugs, Says Girl”, *The Sun Herald*, 3rd September 1967, p. 5.

¹² John O'Hara, “Reassurance by Wyndham on Drug-Taking”, *The Sydney Morning Herald*, 29th August 1967, p. 1.

¹³ The Institute of Criminology, *Seminar on the Problems of Drug Abuse in New South Wales: Report of Proceedings*, (Sydney: University of Sydney Law School, 1966), p. 6.

Although in 1965 the Minister for Health, Harry Jago, stated that heroin use was 'almost unknown' in New South Wales,¹⁴ a confidential government report showed that in 1965 customs officers seized 4.485 kilos of heroin in New South Wales and 18.911 kilos in 1966. Customs officials believed that this heroin was for local consumption, not transshipment.¹⁵ The numbers of people in the state addicted to narcotics as reported by Australia to the United Nations Narcotics Control Bureau increased from 107 in 1965 to 199 in 1966.¹⁶ In 1966 two Narcotics Anonymous heroin treatment groups had been established in Sydney, one at Wisteria House, and the other in Kings Cross.¹⁷

Supply for the heroin market came from South East Asia, as heroin had been prohibited in New South Wales since 1953. Opium grown in the hills on the border of Burma, Thailand and Cambodia was harvested and marketed by local tribes that were well equipped and had 'very competent' armies. In the early 1960s morphine factories had been established in the hills by these tribes, as morphine was less bulky to transport.¹⁸ International syndicates then converted the morphine to heroin and smuggled it around the world. In 1965 the most common source of heroin in Sydney was Chinese seamen who worked on the cargo ships that plied the route between Hong Kong, Singapore and Australia but by 1968 aircraft had become the more prevalent form of transport for illegal drugs. Neville Custance, Director of Prevention and Detection for the Commonwealth Department of Customs and Excise, reported to a 1968 expert seminar that 'a large percentage of heroin entering Australia illegally is being smuggled in body apertures.'¹⁹ An indication of the increased possibilities for drug smuggling presented by the improvements in aircraft travel was that a new type of LSD tablet which had been manufactured illegally in the United States was seized by Customs in Australia within weeks of its first being detected by the law in America.²⁰

¹⁴ "Possession of Drugs Proof Onus", *Daily Telegraph*, June 16, 1965.

¹⁵ The Institute of Criminology, *Seminar on the Problems of Drug Abuse in New South Wales: Report of Proceedings*, (Sydney: University of Sydney Law School, 1966), p. 6.

¹⁶ The Faculty of Law, University of Sydney, "Seminar: Drug Abuse", *Proceedings of the Institute of Criminology* (Sydney: 1968), pp. 109-111.

¹⁷ The Institute of Criminology, *Seminar on the Problems of Drug Abuse in New South Wales: Report of Proceedings*, (Sydney: University of Sydney Law School, 1966), p. 8.

¹⁸ *Ibid.*, p.16.

¹⁹ The Faculty of Law, *Seminar: Drug Abuse*, p. 108.

²⁰ The Parliament of the Commonwealth of Australia, *Drug Trafficking and Drug Abuse: Report from the Senate Select Committee* (Canberra: Australian Government Publishing Service, 1971), p. 15.

It has been argued that organised crime figures in Sydney were preoccupied with gang wars during 1967 and 1968 and did not involve themselves in narcotics smuggling.²¹ However, at the beginning of 1966 John Egan, a detective in the NSW Special Branch of the Criminal Investigation Bureau (CIB), was enjoying a beer at the Royal Oak Hotel in Double Bay with his friend George Hopes. Hopes, a waterfront worker and a member of the Painters and Dockers Union, pointed out that smuggling heroin from Asia to the United States could be very profitable as most narcotics officers were focussed on the Turkey-Marseilles-New York route.²² Using his special police investigative skills and NSW policemen on holiday as couriers, Egan set up an international heroin smuggling ring, operating between Hong Kong, Singapore and New York. The heroin was sewn into women's corsets or worn in body packs. In January 1967 Egan, who had retired from the police force, and three other members of his gang, were arrested.²³ The operation of this 'corset gang' revealed the ease with which NSW police could be corrupted. However, the case also indicated that the Sydney market was not yet highly developed.²⁴

In September 1969 Senator Scott, Minister for Customs and Excise, said that most narcotics being used in Australia came from overseas.²⁵ However, marijuana was the other illegal drug whose use was growing and much of the source of its supply was local. The cannabis sativa plant, from which marijuana was made, was first reported to be growing in the Hunter Valley, about one hundred miles north of Sydney, in 1963. The 'infestation' ranged from isolated plants in some areas to dense plantations covering as much as eight hectares.²⁶ In October, 1965, Detective Cec Abbott of the Sydney drug squad told the Central Court that marijuana grown in the Hunter Valley region of New South Wales was being distributed in Kings Cross.²⁷ In February 1966 there was a similar report, this time from Maitland Court.²⁸ The drug squad alerted the government and the New South Wales Institute of Criminology that marijuana use in New South Wales was increasing. There had been fifty seven arrests in the fifteen

²¹ McCoy, *Drug Traffic*, p. 187.

²² *Ibid.*, p. 262.

²³ "Police Seize Passport Forgeries", *The Australian*, 16th January 1967, p. 1.

²⁴ McCoy, *Drug Traffic*, p. 266.

²⁵ "War on Drugs Is Stepped Up", *The Australian* 25th September 1969, p. 5.

²⁶ N.W.Vane, "Cannabis Eradication in the Hunter Valley" in *U.N. Bulletin on Narcotics* Vol XXV No.3 p. 49. Reprinted in *The Technical Information Bulletin* No. 24, p. 7.

²⁷ "Home Grown Drugs", *The Australian*, 6th October 1965, p. 5.

²⁸ "Drug Grows Wild in Farm Valley", *The Australian*, 15th February 1966, p. 7.

months prior to June 1966.²⁹ Publicity about the crop in 1966 had led to a group of young people going to the Hunter region to pick marijuana leaves and smoke them. There was evidence of a ready market and the development of systematic peddling chains. Marijuana sold for between sixteen and twenty four dollars an ounce.

Demand for marijuana in New South Wales was sometimes fuelled by young people's experience when they travelled overseas. Twenty year old Philip Cranston Burton-Gibbs, an artillery signalman in the Australian army serving in Vietnam in 1967, became curious about marijuana after reading reports in *Time* and *Newsweek* of 'the Haight-Ashbury hippie scene' that involved use of this drug. He found Americans who had 'easy access to it', and then found that he could get his own supply from the locals. 'It was a new drug and all of us thought that we should try it' he told the Joint Committee Upon Drugs on the 26th March, 1976. 'In Vietnam we were readily able to buy marijuana cigarettes made up in Peter Stuyvesant packets, or anything else. You could ask at virtually any bar.' Cranston continued his marijuana use when he returned to Sydney.³⁰

Then in November 1967 a new source made marijuana and heroin more available in the Sydney illegal drug market. Many American soldiers had begun using stimulants, marijuana and heroin in Vietnam.³¹ When they spent their Rest and Recreation ('R and R') leave in Sydney, usually in the Kings Cross area, they either brought their drugs with them or sought out a local source. By 1968 a significant number had been arrested by police.³² The Comptroller-General of Customs, Trevor Carmody, told a Senate Inquiry in 1970 that this 'R and R' program was a major source of illegal narcotics in Australia.³³

The knowledge that the illegal drug market was growing worried experts, who compared the situation in New South Wales to that in the United States and Great Britain and feared that the problem was only in its infancy at home. The improvements in transport and communications since the war also showed that

²⁹ The Institute of Criminology, *Seminar on the Problems of Drug Abuse in New South Wales: Report of Proceedings*, p. 10.

³⁰ Parliament of New South Wales, *Progress Report from the Joint Committee of the Legislative Council and Legislative Assembly Upon Drugs Together with the Minutes of Proceedings and Evidence* (Sydney: D. West Government Printer, New South Wales, 1976), pp. 275-276.

³¹ Alfred McCoy, *The Politics of Heroin in South East Asia*, 1st ed. (New York: Harper and Rowe, 1972).

³² The Faculty of Law, *Seminar: Drug Abuse*, p. 109.

³³ "Custom's Hopes on Drug Control", *The Sydney Morning Herald*, 28th January 1970, p. 5.

Australia was no longer geographically isolated.³⁴ Thus the experts were more likely to conclude that the news of LSD use that spread through the media in August 1967 was evidence that ‘the looming menace’ had finally arrived in New South Wales.

An expanding legal drug market

When we talk about drugs and referring them to a committee we must bear in mind that they are being turned out today faster than sausages. Sometimes ten or twelve new drugs a day appear on the Australian market, brought into the surgeries of doctors by a man carrying a little, shiny leather bag: this man tells the doctors what they are purported to do.³⁵

The moral panic about teenage LSD use was also a result of concerns about teenage participation in a general increase in the consumption of medicinal drugs. Due to advances in research and a booming post war economy; there was, during the 1960s, an ever increasing availability of mood altering substances by medical prescription and over the counter at pharmacies and supermarkets. Young people, like their elders, used legal drugs more but sometimes for curiosity or pleasure, not pain or symptom relief. In his evidence to a parliamentary committee in 1975, Royston Symonds described his own experience:

When you are a little kid you want to find out and you go into a shop that has all these pills, and almost invariably you will get sick or stoned. You just buy them and try them. Someone will try something that is good and everyone will give it a go.³⁶

University students were reputed to use ‘pep pills’ to study for exams, young women used stimulants to lose weight and teenagers used amphetamines ‘for kicks’.³⁷

In September 1965 the Director-General of Health, Sir William Refshauge, reported that there had been a 10.1% rise in the consumption of hypnotic drugs, mainly

³⁴ Commonwealth of Australia, *Drug Trafficking and Drug Abuse: Report from the Senate Select Committee*, p. 15.

³⁵ Speech of Richard Crabtree to the Legislative Assembly during the debate on a new Poisons Bill, 24th June, 1966. In: *New South Wales Parliamentary Debates* Vol. 61, p. 4525

³⁶ Evidence of Royston Symonds to the Joint Parliamentary Inquiry Upon Drugs. In: Parliament of New South Wales, *Progress Report from the Joint Committee of the Legislative Council and the Legislative Assembly Upon Drugs Together with the Minutes of Proceedings and Evidence* (Sydney: Government Printer, 1976), p. 213.

³⁷ Speech of J. Cahill to the Legislative Council during the debate on the new Poison’s Bill, 24th June 1966. In: *New South Wales Parliamentary Debates* Vol. 61, p. 4525.

barbiturates. In 1966 an expert estimate of the annual retail sales for the whole of Australia for barbiturates was \$4.8 million, amphetamines one million, and carbromal and bromvaletone one million.³⁸ In 1968 and 1969 Australia had some of the highest rates of consumption of pethidine (6th), morphine, (4th) and codeine (3rd) in the world.

Table 2.1 International Consumption of Morphine, Codeine and Pethidine, 1968 and 1969 (kilograms per million of population)³⁹

Morphine	1968	1969	Codeine	1968	1969	Pethidine	1968	1969
Switzerland	15.24	16.32	Finland	366.25	427.17	Denmark	51.28	46.45
United Kingdom	7.2	8.1	Denmark	386.03	417.62	U.S.A.	50.09	41.54
Denmark	7.27	7.41	Australia	307.46	336.37	Canada	34.13	40.02
Australia	7.81	4.72	Canada	210.04	239.22	New Zealand	40.32	23.54
Norway	7.07	3.9	Switzerland	169.26	224.6	Norway	18.33	17.66
New Zealand	2.88	3.57	New Zealand	213.1	196.5	United Kingdom	17.01	15.94
Belgium	2.6	2.38	Belgium	167.17	193.55	Australia	124.69	115.78
U.S.A.	1.91	1.68	United Kingdom	212.65	192.89	Finland	10.45	9.83
Canada	0.96	1.61	Sweden	183.9	167.96	Switzerland	11.67	9.12
Sweden	1.64	1.13	Norway	118.09	124.9	Belgium	9.36	8.19
Finland	0.85	0.43	U.S.A.	144.87	107.24	Sweden	5.56	4.51

This expansion of the medicinal drug market produced a number of new concerns. In 1962 it was revealed that thalidomide, a medicine used to treat nausea in pregnant women, caused birth defects in their children.⁴⁰ There was a public outcry about how this had been allowed to happen. Dr Lionel Jacobs was concerned that phenacetin, a basic ingredient of the popular headache powders ‘Vincent’s A.P.C.s’, could cause kidney damage and even death.⁴¹ Barbiturates were the most common drugs used for attempted suicide. Bromureides could cause intoxication, dependence and severe mental disorder.⁴²

³⁸ Professor Wright from the Department of Pharmacy at the University of Sydney told the seminar on drug abuse in June 1966 that this was his best estimate. In: The Institute of Criminology, *Seminar on the Problems of Drug Abuse in New South Wales: Report of Proceedings*, p. 16.

³⁹ Commonwealth of Australia, *Drug Trafficking and Drug Abuse: Report from the Senate Select Committee*, p. 17.

⁴⁰ Speech of J.Sheehan to the Legislative Assembly during the debate on the Poisons Bill, 24th June, 1966, in *New South Wales Parliamentary Debates* vol. 61, p. 4522.

⁴¹ *Ibid.*, vol. 61, p. 4524.

⁴² The Institute of Criminology, *Seminar on the Problems of Drug Abuse in New South Wales*, (Sydney: Sydney University Law School, 1966), p. 18.

Drugs were now used non-medically by a number of different social groups. Dr Stella Dalton found when she set up her addiction clinic at Wisteria House that ‘there were ‘huge quantities of housewives who were totally out of it.’⁴³ These women who ‘couldn’t sleep at night as the cats were screeching’ were addicted to bromides and barbiturates.⁴⁴ Then there was the problem of the ‘professional addict.’ People whose work involved handling dependence producing drugs, such as doctors, nurses and pharmacists, were particularly prone to drug addiction as the supply was so easily available. Their addiction might result in professional malpractice and cause them to be a danger to the public.⁴⁵ Drs Bell and Dalton found that another group whose use of stimulants could be dangerous to the public was truck drivers who used them to keep awake during long road trips.⁴⁶

Bob Dash, the senior pharmacist for the Poisons Branch of the Department of Public Health, reported that ‘dependence upon and abuse of a number of drugs not subject to control under the Single Convention on Narcotic Drugs is becoming a problem here.’⁴⁷ He considered that ‘stimulants remain our greatest problem among the drugs liable to abuse.’⁴⁸ Dr David Bell, Psychiatrist in Charge of the Research Unit at Callan Park Hospital, agreed. He had seen a psychotic patient who ‘was admitted as a schizophrenic and looked exactly the same as a schizophrenic, and to my surprise I found that she had been taking the stimulants.’ Amphetamine use, he observed, could be associated with psychosis and extreme violence.⁴⁹

Certainly there was evidence that ‘large quantities of amphetamines were diverted for non medical use.’⁵⁰ There were a number of different sources from which medicinal drugs could be stolen:

⁴³ Interview with Dr Stella Dalton 5th August, 2003.

⁴⁴ The Faculty of Law, “Seminar: Drug Abuse”, p. 23.

⁴⁵ The Institute of Criminology, “Seminar on the Problems of Drug Abuse in New South Wales.”, p. 23.

⁴⁶ The Faculty of Law, “Seminar: Drug Abuse”, p 35, Interview with Dr David Bell 24th July 2003.

⁴⁷ *Ibid.*, p. 61.

⁴⁸ *Ibid.*, p. 64.

⁴⁹ Interview with Dr David Bell 24th July 2003.

⁵⁰ The Institute of Criminology, “Seminar on the Problems of Drug Abuse in New South Wales”, p. 20.

Table 2.2 Drug Robberies in New South Wales, 1967-1972⁵¹

Offence	1967	1968	1969	1970	1971	1972	1973	1974	1975
Pharmacy Break and Enter	17	31	142	380	227	112	71	124	100
Drs' Surgeries, Cars etc	25	31	46	47	88	166	90	51	115
Lost, Stolen, Missing Drugs	22	38	19	17	16	12	28	23	2
Hospital Dispensaries etc	5	2	3	4	23	11	11	12	9
Armed Robberies	-	-	1	4	44	42	23	44	20
Warehouses	3	3	3	6	1	1	-	-	-
Totals	72	105	214	458	399	344	223	254	246

Magistrate Murray Farquhar reported that in 1968 half the offences before the Central Court of Petty Session and the Metropolitan Children's Court were for amphetamines, 95% of which was Methedrine.⁵² In 1967 police charged nineteen people with amphetamine use, three with barbiturate use, twenty seven with amphetamine selling, six with barbiturate selling, and in 1968 one hundred and thirty three were charged with amphetamine use, ten with selling, and twenty four with barbiturate use.⁵³

Justice Brereton told the group of legal experts that gathered in November 1966 to discuss the drug problem what happened when he spoke to the newspapers about his concerns regarding the abuse of prescribed drugs: 'I was staggered. People rang me, doctors, chemists, spoke to me and all assured me of their deep concern at the ready availability of barbiturates and amphetamines.' Students were susceptible to using stimulants to help their study and children liked pep pills. This form of substance use could be the first step in a progress to addiction to the narcotics.⁵⁴

The drug manufacturers feared their products would be given bad publicity if they were linked with reports of drug abuse. Mr. R Green, director of the Australian Pharmaceutical Manufacturers' Association, attempted to distance the pharmaceutical industry from the problem of drug addiction. The 1966 seminar proceedings were held in camera, he said, 'to ensure the public did not receive an incorrect picture of drug addiction in Australia.' He continued that 'drug addiction was the concern of welfare

⁵¹ Parliament of New South Wales, *Progress Report*, p. 137.

⁵² The Faculty of Law, "Seminar: Drug Abuse", p. 99.

⁵³ *Ibid.*, p. 89.

⁵⁴ The Institute of Criminology, "Seminar on the Problems of Drug Abuse in New South Wales", Seminar 2, p. 32.

workers rather than drug manufacturers.’ Social attitudes were, in his view, forcing people to use drugs in an abnormal way, not drug advertising.⁵⁵

Thus when the news of the young girls’ use of LSD broke there were many existing concerns about the non-medical use of legal drugs that were creating uncertainty about the general trend towards the increased production and consumption of medicines.

The psychedelic youth subculture

Fears of a youth subculture symbolised by hallucinogenic drug motifs that had developed overseas and spread to Sydney played a large part in the causes of the moral panic in August 1967. Many young people were attracted to the hippie subculture:

I think there was a general kind of air of questioning about many things at that time and I suppose because there was a certain amount of drug use happening in Britain and the United States, it was the magical summer of Sergeant Pepper, the hippie stuff that was happening in San Francisco, so there was a general atmosphere culturally that we were all drawn towards and LSD and marijuana were a part of that.⁵⁶

In 1967 the drug that was most identified with the new youth subculture was D-lysergic acid diethylamide-25 (LSD). This potent substance was derived from ergot, a substance produced by a parasitic fungus found on rye and other grains. Lysergic acid, a derivative of ergot and a precursor of LSD, was used in new medicines to treat migraine.⁵⁷ LSD was first synthesized by Hofman and Stoll in Switzerland in 1938. It was usually impregnated in blotting paper and taken orally. Only a very small dose was sufficient to produce significant altered perception in the user. Hallucinations of vision, taste and smell could occur and the effects could last from eight to twelve hours. Tolerance developed rapidly and a break from using was needed to return to the experience of the same effects. There was no physiological dependence.⁵⁸ Youth fashion in the decoration of clothing, strobe lighting and poster art imitated these hallucinatory effects. The psychedelic style became highly commercialised with

⁵⁵ “Addicts Not Our Worry - Drug Man”, *The Australian*, 8th June 1966, p. 3.

⁵⁶ Interview with Sue Stock, university student at Sydney University in 1967, 8th July, 2003.

⁵⁷ Donald Horne, *The Time of Hope: Australia 1966-1972* (Sydney: Angus and Robertson, 1980), p. 47.

⁵⁸ *The Non-Medical Use of Drugs: Interim Report of the Canadian Government's Commission of Inquiry*, (London: Penguin Books, 1971), p. 154.

artefacts, music and clothing production increasing to fill an expanding market. LSD could be manufactured in most scientific laboratories if one had the knowledge.

By 1967 some thirty five thousand people had been treated with LSD by psychotherapists in the United States. These people included the world famous actor Cary Grant and the wife of American Senator Robert Kennedy.⁵⁹ LSD had been used in secret by the Central Intelligence Agency as a truth drug.⁶⁰ A clinic to study its effects was established by Dr Timothy Leary, a psychologist at Harvard University. Leary and his colleague Dr Richard Alpert became advocates for the use of LSD beyond the university campus, arguing that it had numerous psychological benefits.⁶¹ Another well known British psychologist and writer, Aldous Huxley, was an advocate of LSD and used it on his death bed to ensure a peaceful passing. In *'The Doors of Perception'* Huxley maintained that through its ability to dissolve the false perception of duality in the world, LSD had a significant contribution to make to intellectual thought.⁶² When Leary and Alpert began recruiting church priests to LSD use there was an outcry in the United States and the drug was prohibited.⁶³

In Australia some prominent psychiatrists on the National Health and Medical Research Council (NHMRC) and in New South Wales believed that LSD had a very definite value in psychiatric treatment.⁶⁴ However, the medical experts believed that its non medical use in Sydney was mostly confined to intellectuals and university students.⁶⁵

With acid, it was something which we took very seriously, read a number of books about beforehand, talked about it beforehand, and it was seen as a slightly sort of intellectual and spiritual exercise to sort of examine ourselves and where we lived in our society.⁶⁶

⁵⁹ Antonio Escohotado, *A Brief History of Drugs: From the Stone Age to the Stoned Age* (Rochester, Vermont: Inner Traditions, 1999), p. 117.

⁶⁰ *Ibid.*, p. 115.

⁶¹ The Institute of Criminology, "Seminar on the Problems of Drug Abuse in New South Wales", (Sydney: Sydney University Law School, 1966), p. 13.

⁶² Aldous Huxley, *The Doors of Perception* (London: Chatto and Windus, 1954).

⁶³ Escohotado, *A Brief History of Drugs: From the Stone Age to the Stoned Age*, p. 119.

⁶⁴ "Doctors against Total Ban on LSD Drugs", *The Australian*, 27th January 1968.

⁶⁵ The Faculty of Law, "Seminar: Drug Abuse", p. 64.

⁶⁶ Interview with Sue Stock 8th July, 2003.

When it was discovered that LSD was being used by some school girls, it was a legal drug in New South Wales.⁶⁷ However, there were many reports of the dangers of LSD. The most concerning was the reports that LSD could damage the chromosomes and thus be associated with birth abnormalities in children. This information engaged the fears that had been aroused by the discovery in 1962 that thalidomide, an anti-nausea medication used in pregnancy, had resulted in birth deformities in the children of the women who had used it to cure nausea in early pregnancy.

As the 1960s progressed the challenges presented by young people to adult authority increased. Youth became a more numerous and powerful consumer group and a generational politics emerged amongst university students, school students and young workers.⁶⁸ The Vietnam War and conscription had alienated many young people and they had begun to participate in a resistance movement. Youth leaders pointed out those adults who sent them off to war had their own drugs such as alcohol and tobacco and were hypocritical about youth drugs.⁶⁹ On the 3rd October 1967 Keith Windshuttle, the editor of the University of Sydney's student newspaper, *Honi Soit*, wrote:

On November 1 the State Government will bring down a vicious and ignorant law to stop the distribution of LSD. This law will be as unjust as it will be ineffectual. All it will do is create a prohibition era that will put the sly grog movement in the shade.⁷⁰

Windshuttle provoked an outraged response from parliamentarians and others in authority when he published the recipe for making LSD in *Honi Soit*.⁷¹

After the world wide youth revolt of 1968 the idea that the main cause of youth drug use was rebellion had become more prevalent amongst experts.⁷² There was also evidence of drug use amongst older students. Two surveys conducted amongst first year students at the University of New South Wales and the University of Sydney in 1969 showed that 43.2% of women and 32.4% of men had taken addictive drugs.⁷³

⁶⁷ The Institute of Criminology, "Seminar on the Problems of Drug Abuse in New South Wales", p. 12.

⁶⁸ Terry Irving et al., *Youth in Australia* (Melbourne: Macmillan, 1995), p. 191.

⁶⁹ Horne, *The Time of Hope: Australia 1966-1972*, p. 48.

⁷⁰ Keith Windshuttle, "Turn on with Honi and Float Down Stream", *Honi Soit*, 3rd October 1967, p. 8.

⁷¹ *Ibid.*, p. 9.

⁷² "Youth Rebellion 'Cause of Drug Crisis'", *The Australian*, 8th May 1969, p. 5.

⁷³ Graham Williams, "Students in Australia Take More Drugs Than in U.S.", *The Australian*, 8th July 1969, p. 11.

However, student leaders declared that this was ‘just a passing phase’.⁷⁴ By the end of the 1960s the public debate focused on universities as sites of youth drug use, away from schools. Although one anarchist leader, a non student by the name of William Dwyer, had used and sold LSD, drug use was not a major issue upon which student radicals campaigned for reform.⁷⁵

The idea that LSD, an unknown, potent and uncontrolled substance that profoundly altered perception of the world, might be used by school students aroused the attention of the media and intense anxiety amongst parents. When this was combined with the increasing challenge to the state from young people at that time, the outcome was intense public anxiety about LSD and marijuana, the other illegal hallucinogenic drug.

Problem amplification by experts

With the intention of alerting the public to what they perceived as a serious issue, socially identified drug experts amplified the moral panic. They were sought out by the media to provide information about LSD, explain why young people used it and propose a solution to the problems it presented. Since the public debate was the main source of information about LSD for the people of New South Wales, the ideas of these experts and their role in forming community views were an important part of the beliefs about the drug problem that developed in the community.

Some of the most powerful voices in the drug debates belonged to psychiatrists because in the 1960s psychiatry was the branch of the medical profession that was thought to have the expertise in drug addiction.⁷⁶ Between 1964 and 1966 Dr William Barclay, the New South Wales Director of State Psychiatric Services, undertook a study tour of mental health and drug addiction services in the United States, where a youth drug problem was already well established. On his return to Australia Barclay declared: ‘we are on the edge of a major addiction problem. It has happened in the US and in Britain, and there’s no reason to suspect it won’t happen here.’⁷⁷ He described how the problem progressed in three stages. Stage one was amphetamine and barbiturate overuse, stage two was the use of hallucinogens such as marijuana and

⁷⁴ Graham Williams, “Student Drugs Are Just a Passing Phase”, *The Australian*, 9th July 1969, p. 15.

⁷⁵ Terry Irving, *Youth in Australia*, p. 125-126.

⁷⁶ Milton Lewis *A Rum State: Alcohol and State Policy in Australia 1788-1988*, Oxford University Press Melbourne 1993, p. 137.

⁷⁷ “A Drug Menace Looming, Doctor Warns”, *The Australian*, 6th October, 1966 p. 3.

LSD, and stage three was the use of narcotics such as heroin and cocaine. Under *The Poisons Act* of 1927, still in force in 1966, cocaine was classified as a narcotic. Australia now had a problem with barbiturates and amphetamines which had been shown, Barclay said, to be 'a precursor to a serious problem.' Marijuana was not 'strongly addictive' but those who used it might move on to something stronger and then 'they were hooked.'⁷⁸ Barclay observed that the most severe drug addiction in the United States was found in the racial ghettos and slums.⁷⁹ He thought the poorer areas in Australia were vulnerable to the same problem. Immediately after the news of LSD use by school girls in August 1967 Barclay warned that children and adolescents should not take LSD; it was very dangerous.⁸⁰

Another psychiatrist who was considered an expert was Dr Stella Dalton, head of Wisteria House, the first drug treatment unit in New South Wales. At a seminar on drug abuse at the Wayside Chapel in Kings Cross in late 1967 she reported that

All the younger people that I have seen in the last four months have been on LSD. It opens up a road to the unconscious which never entirely closes afterwards, making it the most frightening of drugs. It leads to either agony or ecstasy. While on the trip the person is in a psychotic state - he may jump out of a window, some have been known to kill themselves, he may set fire to himself, it just depends what his fears have been. Another person may experience very pleasant sensations. You cannot predict what will happen.⁸¹

Another prominent and influential expert came from a religious rather than a medical background. On the 12th January 1964 the charismatic Methodist pastor Ted Noffs set up a youth mission in Kings Cross, the heart of the illegal drug market in Sydney.⁸² There young people came to him for help when they were in trouble. By May 1966 Noffs was telling the press that teenagers knew a lot about drugs.⁸³ In June he was quoted as saying that up to seventy per cent of young people in some parts of the city had associated with marijuana, and that many children start taking drugs as young as

⁷⁸ Ian Moffit, "An Alert on the Drug Menace", *The Australian*, 11th October 1966, p. 11.

⁷⁹ "Big Rise in Drug Addicts Warns Doctor", *The Australian*, 5th October 1966, p. 1.

⁸⁰ John O'Hara, "Reassurance by Wyndham on Drug-Taking", p. 1.

⁸¹ Phil Jarratt, *Ted Noffs: Man of the Cross*. (Sydney: Pan Macmillan, 1997), p. 252.

⁸² *Ibid.*, p. 175.

⁸³ "Teenage Addicts Tell", *The Australian*, 21st May 1966, p. 7.

thirteen.⁸⁴ Noffs provided the experts who gathered at the seminars in 1966 with information from the front line of young people's drug use.⁸⁵ Drugs were the fundamental insignia of the teenage sub culture, he said. Drug language and experience gave status. The young people who used drugs fell into four types – the experimenters, the escapists, the thrill-seekers and the rebellious revolting against middle class morality. The rebels were the most vulnerable and the most dangerous at the same time. 'A deviate always seeks to make deviates'. At a forum in 1967 at the Town Hall of the Sydney suburb of Mosman, Noffs said 'drug abuse is the most contagious disease in the world today. A drug is a symbol of revolt and we cannot look at drug abuse in a vacuum, but rather as part of a whole youth sub culture.'⁸⁶

Noffs was particularly concerned about LSD. In April 1967 he thought its worship was at the centre of a new religious cult, 'the hippies', that he claimed to have discovered at Kings Cross.⁸⁷ He told the NSW Council of Social Services that addiction to LSD was the most rapidly growing problem. Addicts thought they were enlightened. They asked Noffs to try to have it legalised.⁸⁸ In a pamphlet for youth he wrote:

For the immature person LSD is a short cut to a temporary philosophy. It is the lazy man's road to religion. And most of all, this synthetic drug is symbolic of the synthetic world in which we live and against which the LSD user rebels. In other words, the LSD user has made the final submission. He is the synthetic martyr in the synthetic society.⁸⁹

Noffs focused on schools because, based on what the young people who came to his Wayside Chapel told him, he believed that peddlers were pushing drugs to school children. In October 1968 Noffs claimed that 'a highly organized drug ring has been distributing drugs through a suburban network to school children in Sydney for the past year'.⁹⁰ The school children who were the source of his information went to North Sydney Boys High and the newspaper report said that the Reverend Ted Noffs

⁸⁴ Graham Williams, "Many Children Start Taking Drugs at Thirteen, Claims Pastor", *The Australian*, 18th June 1966, p. 5.

⁸⁵ The Institute of Criminology, "Seminar on the Problems of Drug Abuse in New South Wales", Transcript of experts' papers, pp. 2-5.

⁸⁶ "The Danger Age for Wives Who Take Drugs", *The Australian*, 11th October 1967, p. 11.

⁸⁷ Jarratt, *Ted Noffs: Man of the Cross*, p. 243.

⁸⁸ "Drug Clinics Overworked Says Pastor", *The Australian*, 24th June 1967, p. 4.

⁸⁹ *Drugs: an Open Letter to Young People* in Jarratt, *Ted Noffs: Man of the Cross*, p. 251.

⁹⁰ "City Drug Ring Preys on Children, Says Noffs", *The Australian*, 7th November 1968, p. 5.

had been called in to talk to the student body about LSD and marijuana. Noffs was said to have praised the principal of the school, Mr. R.N. Crawford, for bringing the problem out into the open. However the next day the principal denied the story - there was no drug ring and no drugs had been found at the school. Two boys had been found taking a drug privately, away from the school and Mr. Noffs had been called in to give a lecture to the whole school as a general warning.

Barclay, Dalton and Noffs were all experts who had been observing particular aspects of young people's drug use – in the heart of the illegal drug market in Kings Cross, in the only treatment centre in the state, in another country – where the problem was quite extreme. Their views, when conveyed in the context of every day schools and students, exaggerated the problem to a high degree.

Problem amplification by politicians

Opposition parties in state and federal parliaments were quick to seize the opportunity to gain political mileage from the teenage use of LSD. On the 28th August 1967 the Leader of the Opposition in the New South Wales Parliament, Jack Renshaw, moved an urgency motion on 'drugs.' He said

There is irrefutable evidence from reputable citizens in the community that the illegal use of drugs is spreading at a very rapid rate. The matter is urgent because figures given by the Criminal Investigation Branch show that 74% of drug offenders were aged between fifteen and twenty two.⁹¹

Renshaw claimed the matter was urgent because parents were alarmed at the extent of illegal drug taking and experience it as a threat to their homes and families. The information coming from official sources, said Renshaw, was that peddlers were peddling to schoolchildren drugs to which they could quickly become addicted.

Renshaw called for a Royal Commission 'to investigate and report on the extent of drug trafficking and use in the community particularly among teenagers.'⁹² The source of his information about school children was Ted Noffs. Renshaw explained that Noffs had said that LSD was being peddled on trains and buses by members of a

⁹¹ Urgency motion of the Leader of the Opposition, Jack Renshaw, to the Legislative Assembly on the 27th August, 1967. In: *New South Wales Parliamentary Debates*, vol. 68, p. 837.

⁹² *Ibid.*, p. 842.

professional drug ring who had a plan which targeted young people and children, trying to hook them into taking benzedrine and LSD.

At the end of 1966 Harry Jago, Minister for Health, had told the press that 'There was every sign of the increasing use of addictive and dangerous drugs.'⁹³ However, in reply to Renshaw the Premier of New South Wales, Robert Askin told the parliament: 'I believe that the Leader of the Opposition is trying to climb on the bandwagon of current publicity. The Minister for Health has already taken action in this matter and the Government is having amending legislation prepared'. Askin said that the police were responding and parents had been warned about the dangers of drugs. In his view, the education of young people against taking drugs was the primary responsibility of their parents. Renshaw would need some facts other than fallacious press publicity before the government would consider the problem worthy of a Royal Commission.⁹⁴

On the 30th August in the Commonwealth Senate independent Senator Turnbull moved an urgency motion on 'drugs'. He too was most concerned about LSD:

Although this drug may do some good, unfortunately it has far greater potential for evil than any other drug that has ever been placed on the market in Australia. LSD is not a drug like heroin, the supply of which can be stopped. LSD can be manufactured quite easily in any laboratory. The ingredients are here.⁹⁵

Turnbull suggested that the Federal Minister for Health convene an urgent meeting with state health ministers and the Attorney General to prepare legislation to control the manufacture, sale and distribution of LSD. When he received no support, he withdrew the motion but the federal government gazetted new penalties under the Customs Act for LSD manufacture, distribution and use on the 29th September, 1967.⁹⁶

On the 28th September 1967 Clarence Earl, the Labour member for Bass Hill, moved another urgent motion to debate the spread of LSD in the New South Wales parliament. 'This is the real menace and this is the drug that is doing the greatest

⁹³ "Drug Addicts Hard to Cure", *The Australian*, 21st December 1966, p. 3.

⁹⁴ Speech of Robert Askin, Premier of New South Wales, in reply to an urgency motion on drugs in the Legislative Assembly on the 27th August, 1967 in *New South Wales Parliamentary Debates*, vol. 68 p. 838.

⁹⁵ Speech of Senator Turnbull to the Senate on the 30th August, 1967, in *Commonwealth Parliamentary Debates*, vol S.38, p. 342.

⁹⁶ "\$1000 Fine or Three Years in Gaol for LSD Users", *The Australian*, 30th September 1967, p. 5.

amount of damage to the community' he said. Earl argued that LSD had very dangerous side effects, such as chromosome damage and epileptic fits, and its use could lead to insanity. It could easily be made by a competent chemist and a recent court case had shown how readily available it was.⁹⁷ The government again dismissed the motion and responded that heavy penalties for the distribution, sale or possession of LSD would come into force on the 1st of November and that no other action was needed.⁹⁸

In October David Duncan, social worker at Wisteria House, told the Department of Child Welfare that children in the Western suburbs of Sydney were taking purple heart pep pills, bromides and liquid methedrine which they had been sold or given by their siblings and parents.⁹⁹ After conducting an investigation, the Minister for Child Welfare, Arthur Bridges, embarrassed his government and inflamed the drug debate by telling the press that girls of fourteen, some 'from leading schools and wealthy homes' were led into prostitution through taking drugs such as heroin and cocaine. Bridges announced that the department had the power to enter and search homes and if children were found taking drugs their parents would be charged with neglect.¹⁰⁰

In state parliament Earl used Bridges' statement to highlight the difference between Bridges' view and the rest of his government and to argue that there was a significant drug problem amongst high school children. He told the Premier that 'the public is deeply worried and concerned at drug trafficking. The very fact that the newspapers are persisting with this publicity indicates that the people want more details.'¹⁰¹ Penalties should be even more severe and a joint parliamentary committee set up.

When debating the controversial topic of teenage drug use, some parliamentarians portrayed young drug users in a negative way:

There must be many sorrowful parents when they recognise a daughter among the shuffling, shapeless, gypsy-like wandering females that one sees around the streets, many of them greasy and dirty, attired in all

⁹⁷ Urgency motion by Clarence Earl to the Legislative Assembly on the 28th September, 1967, in *New South Wales Parliamentary Debates*, vol. 69, p. 2438.

⁹⁸ "LSD Has Dangerous Effects, House Is Told", *The Australian*, 28th September 1967, p. 6.

⁹⁹ "School Blitz Planned on Drug Takers", *the Sun Herald*, 15th October 1967, p. 2.

¹⁰⁰ John O'Hara, "School Girls Led to Vice through Drugs", *The Sydney Morning Herald*, 19th October 1967, p. 1.

¹⁰¹ Speech of Clarence Earl to the Legislative Assembly on the 24th October, 1967, in *New South Wales Parliamentary Debates*, vol. 70, p. 2436.

forms of tights, slacks and shorts, with a posterior, in my opinion, that is a lot less elegant than the back of a bus.¹⁰²

Speaking of the young drug users who lived in the Kings Cross area, Senator Ormonde told the federal parliament that ‘my experience of people who are affected by the drug trade is that more or less all of them are people who have not much to live for in this world.’¹⁰³ In the Upper House in New South Wales The Honourable J. Carter said that drug use ‘amounts to the establishment of a section of the population that can only be regarded as unreliable, undesirable, useless citizens and a drag on the community in a country such as Australia that needs above all things industrious and progressive people’.¹⁰⁴

Young people’s drug use became politicised during the moral panic about LSD in 1967. The Labour opposition parties in both state and federal parliaments amplified the youth drug problem to discredit existing governments. During the parliamentary debates about the drug issue negative images of young drug users became a feature of the way politicians attempted to arouse fear amongst parents that their children would become possessed by this new menace. Thus politics exaggerated the issue of teenage LSD use.

Problem amplification by the media

The Sydney media played a leading role in the moral panic about hallucinogenic drugs. It was fascinated with the news of the hippie youth subculture that had developed in the UK and the US during the months of June, July and August, 1967 and the reactions to it. It also reported local youth drug use stories in an amplified way - with banner headlines, on page one, using exaggerated and emotive language, reporting in depth investigations of individual cases that purported to represent many others, prioritising stories about young girls being given drugs by older men, and by reporting other types of drug use in a much more matter of fact manner.

A main source of drug news for the Sydney media was events in the United Kingdom and the United States. During June, July and August 1967 young people publicly

¹⁰² Speech of J.Cahill to the Legislative Council in the debate on an amendment to the Poisons Bill on the 19th September, 1967 in: *New South Wales Parliamentary Debates*, vol. 68, p. 1205.

¹⁰³ Speech by Senator Ormonde to the Senate on the Narcotic Drugs Bill on the 10th May, 1967 in *Commonwealth Parliamentary Debates*, vol. S. 34, pp. 1344-45.

¹⁰⁴ Speech of J. Carter to the Legislative Council in the debate on the Poisons Bill on the 29th March, 1966. In: *New South Wales Parliamentary Debates* Vol. 61, p. 4656.

displayed their youth subculture with the use of marijuana and LSD as part of this. This began in London with the arrest of Mick Jagger, lead singer of the music group *The Rolling Stones*, for drug offences.¹⁰⁵ Jagger's arrest and trial made headlines in the press. It was followed by the lead singer of *the Beatles*, Paul McCartney, revealing that he had taken LSD four times.¹⁰⁶ 'This was an experience I wanted for myself. It has made me a better person I think. It made me understand what God is all about,' he told the American magazine *Life*. On the 1st of June a new album was released by *The Beatles. Sergeant Pepper's Lonely Hearts Club Band* immediately became popular with young people across the globe. It included the song *Lucy in the Sky with Diamonds* which was rumoured at once to be about LSD although the song's author, John Lennon, later explained that the title was taken from a drawing done by his son.¹⁰⁷

In London in July hippies held their first public demonstration when about five thousand marched to Hyde Park in a campaign to legalise marijuana. They urged Londoners to 'expand their minds with drugs.'¹⁰⁸ At the same time in the city of San Francisco in California young hippies took to the streets of the Haight-Ashbury area in large numbers in what became known as the 'Summer of Love' promoting the slogan 'make love not war' and openly smoking marijuana and taking LSD. Adults responded with criticism and condemnation in both countries. Doctors and members of parliament spoke out against hallucinogenic drug use, and the newspapers particularly condemned the use of LSD as extremely dangerous.¹⁰⁹

The marked increase in reports of drug use amongst youth in Britain led the Scottish sociologist Jock Young to describe this phenomenon as 'a great panic over drug abuse' which he argued occurred in the English media between the 27th June and the 21st August 1967.¹¹⁰ His study of drug takers in the London suburb of Notting Hill at this time led him to develop a new sociological theory – moral panic theory - to explain the particular dynamic of youth subculture challenge and reaction amplified by the media.

¹⁰⁵ Young, *The Drugtakers: the Social Meanings of Drug Use*, p. 182.

¹⁰⁶ "LSD Paul Lands in Hot Water", *The Daily Telegraph*, 20th June 1967, p. 1.

¹⁰⁷ Cynthia Lennon, *John* (London: Hodder, 2005), p. 259.

¹⁰⁸ "Hippies Show the Way - How to Go to Pot", *The Daily Telegraph*, 18th July 1967, p. 2.

¹⁰⁹ "Beatle Paul Unrepentant over LSD", *The Daily Telegraph*, 21st June 1967, p. 4.

¹¹⁰ Young, *The Drugtakers the Social Meanings of Drug Use*.

Back in Australia, leading up to the 28th August 1967, there was an increase in local press reports of youth drug use with a fascination with LSD.¹¹¹ One example was *Project 67*, a television show that filmed young people on LSD ‘trip’. This was the culmination of a one month investigative report on drug addiction by John Little from *The Daily Telegraph*.¹¹² Popular singer Billy Thorpe was charged with LSD use and towards the end of 1967 he debated the benefits and dangers of LSD with Ted Noffs on the Australian Broadcasting Commission’s television program *This Day Tonight*.¹¹³ *Sergeant Pepper’s* was released in Sydney on July 28th with early copies of the songs being played by the local Australian group *The Twilights*.¹¹⁴

Since the majority of the population had no experience of the use of LSD and there were no educational organisations or institutions providing accurate information about it, most people learnt about LSD from the media reports. These reports portrayed LSD as a dangerous, potent substance used by a rebellious and deviant youth sub culture that could place young girls in moral danger. The media reporting aroused a general fear that illegal drug use might become, or indeed already was, widespread amongst middle class youth.

Prohibiting drug use

The first response of the state government to the intense anxiety about hallucinogenic drugs was to prohibit LSD. Robert Askin, Premier of New South Wales, announced that a new Poison’s Act, which had been in preparation since 1962, would be promulgated on the 1st November, 1967.¹¹⁵ This Act would make it illegal to possess or distribute LSD. The maximum penalty for possession or sale would be \$2,000 with the possibility of a two year jail term. ‘The police are on the job and parents have been warned’ he told parliament on the 29th August.¹¹⁶ The government was going to make a ‘three pronged attack’ on the problem, through detection, treatment and education.¹¹⁷

¹¹¹ Jarratt, *Ted Noffs: Man of the Cross*, p. 251.

¹¹² John Little, “Nightmare World of the Drug Addict”, *The Daily Telegraph*, 15th June 1967, p. 62.

¹¹³ Jarratt, *Ted Noffs: Man of the Cross*, p. 251.

¹¹⁴ Clare Morgan, “Pepper Pirates Pip the Beatles”, *The Sydney Morning Herald*, 31st May 2007, p. 13.

¹¹⁵ Joseph Payne, “Rush Law to Control Use of LSD”, *The Australian*, 28th August 1967, p. 1.

¹¹⁶ Reply of the Premier of New South Wales, Robert Askin, to an urgency motion on drugs by the Leader of the Opposition in the Legislative Assembly on the 29th August, 1967. In: *New South Wales Parliamentary Debates* vol 68, p. 838.

¹¹⁷ “Police Chief to Tell Mps of Drugs”, *The Australian*, 3rd November 1967, p. 2.

This response was in part determined by actions that had taken place long before August 1967. The regulation of narcotic (heroin, cocaine and marijuana) use in New South Wales had begun at the beginning of the 20th century through *The Customs Act of 1901*, *the New South Wales Poison's Act of 1902* and *The Police Offences (Amendment) Act of 1927*. These early laws were a response to anxieties about the impact of Chinese immigration on Australian society¹¹⁸ and to an increase in violence and crime in the 1920s associated with the use of cocaine by 'razor gangs' in the poorer parts of central Sydney.¹¹⁹ They were in accord with an international movement led by the United States, where narcotics control had become a significant foreign policy issue at the turn of the century.¹²⁰ The US had convened the first international meeting to consider the control of opium traffic between nations in 1909. After World War I the League of Nations took on the task of narcotics control and major conventions ensued in 1925, 1931 and 1936. The prohibited drugs expanded to include marijuana and cocaine. The work was continued by the United Nations after World War II, through the Commission on Narcotic Drugs. In 1961 *The Single Convention* established an International Narcotics Control Board, whose function was to regulate the authorised production of opium around the world. Australia, a signatory, had been involved with the drafting of this Convention and had secured lesser controls for the production of poppy straw, as opposed to other forms of opium.

121

However after the war the World Health Organisation was also concerned with drugs and there were significant differences between the approach to the classification of narcotics and the definition of a drug problem between the World Health Organisation and the Committee on Narcotic Drugs.

The International Narcotics Control Board conducted itself on the principle that narcotics had virtually no benefits to mankind and prohibition was the only effective strategy to control their use. The World Health Organisation, through its Committee on Addictive Drugs, maintained that all drugs, including narcotics, had benefits as well as harms and that the causes of drug problems lay with the individual, not the drug. Prohibition, in this view, could be counter-productive. The WHO included

¹¹⁸ Desmond Manderson, *From Mr Sin to Mr Big*, chapter 15.

¹¹⁹ McCoy, *Drug Traffic*, pp. 116-137.

¹²⁰ Musto, *The American Disease: Origins of Narcotic Control*, chapter 1.

¹²¹ Desmond Manderson, *From Mr Sin to Mr Big*, chapter 6.

alcohol as a drug in its system of classification under the category ‘dependence of the barbiturate type’ whereas *The Single Convention* did not include alcohol at all as its use was legal in just about every nation. However, the preamble to *The Single Convention* did state that ‘medical use of narcotics will remain necessary to alleviate pain, and their availability is to be guaranteed’ as protests against the increase in international narcotics prohibition in 1961 came from pharmacologists, psychologists, sociologists, doctors and the judiciary in the United States.¹²²

Thus New South Wales, in the 1960s, became part of an international system to control illegal drugs that was contradictory in some respects to the systems established to control therapeutic drugs. On March 16th, 1966 the Liberal Minister for Health, Harry Jago, explained to the New South Wales parliament that in order to comply with *The Single Convention* and to respond to the threat posed by increased narcotics use overseas, stronger controls were needed. He introduced a Poisons Bill that would address concerns about some legal drugs - amphetamines, barbiturates and bromides - as well.

The Poisons Act of 1966 became the legislative base for drug control in New South Wales from 1967 to 1985. It brought all types of dangerous drugs into one Act. As in *The Single Convention*, dangerous drugs were divided into four main categories: poisons, restricted substances, prohibited drugs and drugs of addiction. There were eight schedules, six of which referred to poisons. Schedule four covered ‘restricted substances’, defined as ‘substances which in the public interest should be supplied only upon the written prescription of a medical practitioner, dentist or veterinary surgeon’. These included amphetamines and barbiturates. Schedule eight related to ‘drugs of addiction and prohibited drugs’, defined as ‘substances which are addiction producing or potentially addiction producing’. These included opium, morphine, heroin, cocaine and Indian hemp.

The new Act introduced two new offences, unlawful possession of restricted substances and forging or fraudulently altering a prescription. It also increased the controls on drugs in schedule four. Drug manufacturers were required to supply details of substances intended for therapeutic use to a medical advisory committee and

¹²² Musto, *The American Disease: Origins of Narcotic Control*, chapter 10.

the Director General of Public health was empowered to prohibit the supply of any therapeutic substance pending evaluation.

Penalties for the use of Schedule Eight drugs, the narcotics, were increased and marijuana smoking was made a specific offence. Police were given greater search powers and magistrates had to order the destruction or disposal of drugs seized during a criminal investigation. To enforce the new prohibitions and penalties the Sydney drug squad was increased to eight male members and a female sergeant. They were expected to address the issue of drug taking in schools in particular.¹²³

The new Act also required that doctors obtain permission from the Director- General of Public Health to prescribe a drug of addiction to a known drug addict and to prescribe a known drug of addiction for longer than two months. The Director General, in these cases, would be advised by a medical committee composed of one representative from the Australian Medical Association (New South Wales Branch), one from the Royal Australasian College of Physicians and a doctor nominated by the Department of Public Health.

Addiction was a central notion in the definition of a drug problem in the Act. It had first been articulated in relation to the consumption of alcohol, but also denoted the process whereby drugs overwhelmed or possessed certain people.¹²⁴ The revised Poisons Act described an 'addict', as:

Any person who has acquired as a result of the repeated administration of a drug of addiction an overpowering desire for the continued administration of any such drug and in whom the cessation of the administration of any such drug is likely to lead to definite symptoms of mental or physical distress or disorder and who does not require the use of any such drug for the relief of symptoms of organic disease.¹²⁵

This was a description of a person who had become possessed by drugs and in the Act a new offence called 'possession' was created. It was now a criminal offence to be found with a narcotic drug on one's person. Addictive was a quality in the drug as well as in the user - hence 'drugs of addiction' and 'an addict'. Another concept,

¹²³ Speech of the Minister for Health, Harry Jago, to the Legislative Assembly in the Budget Estimates debate on the 24th October, 1967. In: *New South Wales Parliamentary Debates* vol. 70, p. 2443.

¹²⁴ Harry Levine *The Discovery of Addiction: Changing Concepts of Habitual Drunkenness in America* Journal of Studies on Alcohol no. 15 1978, pp. 493-506.

¹²⁵ *The Poisons Act of 1966* New South Wales Government Printer Sydney 1966 section 27, p. 35.

habituation, was used to explain similar behaviour involving legal substances such as alcohol or headache powders and users who were not criminals or of a deviant subculture.

When the Poisons Bill was introduced to parliament in 1966 debate was brief and the provisions of the new bill were not contested, having been debated on several occasions since 1962. The new legislation received bipartisan support with the only concern being raised by Reginald Downing, a former Justice Minister, regarding preserving the right to trial by jury when a jail sentence was given. However, when a bill to amend the new Act to include LSD was introduced in August 1967, debate was heated and acrimonious. The new issue of young people's use of hallucinogenic drugs had politicised drug policy.

The 1966 Poisons Act brought a significant change to the administration of drug control in New South Wales. The new administrative partners were doctors and police. A new Poison's Advisory Committee of fourteen was established with a changed membership. Dentists and the Pharmacy Board were no longer represented. New representatives were from the University of New South Wales, the Pharmaceutical Society of New South Wales and the police force. Administration was under the control of the Department of Public Health.

In 1965 the Commonwealth and the states had different responsibilities and roles in drug control. Preventing the importation of illegal drugs was the role of the Commonwealth government and it executed this via the Customs Acts and the Customs Service. Illegal drug traffic was perceived as a serious threat as in the United States. It involved large profits and organised crime, and could undermine the legitimacy of the state when it developed on a large scale. The Department of Customs and Excise was therefore the lead agency in the Commonwealth response to the drug problem and its mission was prohibition. However, the Commonwealth government was also responsible for the control of therapeutic drugs which it exercised through the Commonwealth Department of Health. Safe use was the mission in respect to these drugs. Drug addiction and its treatment was the responsibility of the state health departments.

Australia's ratification of the 1961 *Single Convention* meant that it had to introduce new laws at the federal level of government. *The Narcotic Drugs Act*, which was

promulgated in 1967, was one part of the required new legislation. This Act specifically responded to the fact that Australia had obtained the right to become one of the few opium growers in the world that were sanctioned by the international drug control system. However, what would be produced by the new poppy fields in Tasmania would be poppy straw, and this was subject to less stringent controls. The large pharmaceutical manufacturer Glaxo began trials in Tasmania in 1964. In 1965 the foundations for commercial production were laid and the industry began to steadily expand. An old plant at Port Fairy in Victoria was modified to manufacture morphine. In 1971 and 1972 the poppy crop enabled the production of sufficient morphine to supply the entire needs of Australia and New Zealand.¹²⁶

Another consequence of the *Convention* was that Australia was required to submit annual estimates of narcotic consumption to the International Narcotics Control Board. Importers, manufacturers and wholesalers of narcotics were required to keep appropriate returns on which to base the estimates. The growth of the opium poppy for commercial purposes required new federal legislation that encroached on a jurisdiction that was formerly the province of the states. Relationships between the Commonwealth and the states were strained when the states were only informed of the details of the 1967 bills after they had been enacted.¹²⁷ A revised *Customs Act* increased penalties for illicit drug use as recommended by the 1966 meeting of the Standing Committee of Commonwealth and State Attorneys-General.

The parliamentary debate about the new legislation focused on youth drug use and the possibilities for illegal importation of narcotics. This was where the problem lay. No one spoke about the new opium industry that was to begin in Australia. No-one queried that growing opium in Tasmania might expose Australia to an increase in illicit opium diversion at home. The terms of *The Single Convention* and the obligations it imposed on Australia in regard to narcotic production were not examined in the debate. Economic interests were kept well in the background and young people's rebellious behaviour was highlighted.

¹²⁶ GlaxoSmithKline Australia *A History of Poppy Production* http://www.gsk.com.au/about-us_poppy-production_poppyhistory.aspx Accessed 22nd January, 2008.

¹²⁷ Manderson *From Mr Sin to Mr Big*, p. 150.

Preventing drug use

The high level of public concern about young people's illicit drug use prompted the government to take further action beyond that of prohibiting LSD. The premier had promised detection, treatment and education. Harold Wyndham, Director General of Education, had announced that 'a syllabus on Physical Education and Health had been introduced into secondary schools this year which provided instruction on the dangers of drug taking'.¹²⁸ On the 24th October, 1967, Askin told the press that a Cabinet sub committee on drugs had been formed. This committee included the Ministers of Health, Education and Child Welfare. It would be advised by a sub committee of the Health Advisory Council. The Cabinet sub committee would collect all available information from all agencies involved. There was no need for a joint parliamentary inquiry or a royal commission.

During August and September 1967 the Department of Public Health conducted an investigation of the problem. This inquiry examined statistics from state psychiatric hospitals, non government agencies and the drug squad. It concluded that over the past three years there had been an increase in the abuse of drugs, but this problem was not as serious as overseas. Drug addiction was most prevalent in the inner city area of Sydney. Hallucinogenic drugs such as LSD and amphetamines were being used and the people using them were more likely to be younger than twenty five.¹²⁹

The Minister for Health, Harry Jago, assured the parliament that 'there was a wealth of experience' available to deal with this problem. 'Do not let us separate drugs into a different category. We have known for a century the dire effects of alcoholic excesses and of the poverty, destitution and moral destruction resulting there from.' He told the parliament that there were services to treat addiction and after appropriate research, new services would be developed. The new Poisons Committee would give the government expert advice. An existing advisory committee under the Director General of Health, with senior police, university representatives, doctors and pharmacists that was set up on the recommendation of the 1966 seminars to keep the abuse of drugs under review would also advise the government. The State Health

¹²⁸ John O'Hara, "Reassurance by Wyndham on Drug-Taking", p. 1.

¹²⁹ Speech by Harry Jago, Minister for Health, to the Legislative Assembly on the 24th October, 1967. In: *New South Wales Parliamentary Debates* vol 70, p. 2443.

Services Clinicians Conference had set up a committee on alcoholism and drug dependence.

However, in 1967 the experience gained in the treatment of alcoholism was not indicative of a successful course of action. Amongst health professionals there was disillusionment and a negative attitude to the patients – the failure of treatment was ascribed to their lack of motivation.¹³⁰ A recent development in services was the use of multi-disciplinary teams consisting of medical officers, psychiatrists, psychologists, social workers and nurses. The nurses were most actively involved with the patients, whilst psychiatrists assumed leading administrative positions. An increasingly important role was being played by Alcoholic's Anonymous and other non government agencies such as the Salvation Army.

The issue that divided the professional community most was compulsory treatment.¹³¹ In the UK the 1963 Brain Report recommended voluntary treatment and the use of heroin maintenance for addicts but evidence from the US seemed to show that compulsory treatment to enforce abstinence could be successful.¹³² Barclay's experience on his study tour led him to reject the US model:

I visited a number of so called drug rehabilitation centres in the United States and they were prisons. It was called rehabilitation but you got committed for twelve months. I can remember going to one that had two rows of man-proofed barbed wire fences before you got into the main drug rehabilitation centre. The drug addict was admitted and was allowed a period of time in a room by themselves so that they could disgorge themselves of any drugs that they were carrying before they were passed onto the next room and strip searched. From that point on, to be found in possession of drugs was an offence. It seemed to me to be achieving nothing.¹³³

¹³⁰ Micheline Dewdney *Alcoholism in New South Wales: an Historical and Social Study 1875-1970*, Unpublished thesis, School of Sociology, University of New South Wales 1973, p. 143.

¹³¹ The Institute of Criminology, "Seminar on the Problems of Drug Abuse in New South Wales Report of Proceedings", p. 21.

¹³² Interview with Dr David Bell 24th July, 2003.

¹³³ Interview with Dr William Barclay 10th July, 2003.

In reply to the challenge from Clarence Earl in a budget estimates debate in the New South Wales parliament in October 1967, Jago explained the attitude of the Department of Public Health to the new young drug users:

I emphasize the abysmal ignorance of any person who suggests that increased penalties and gaol sentences will solve the social problems caused by the abuse of drugs. Members will see how limited in outlook and how futile that supposed solution is. If this were a satisfactory solution the Government would not be able to build detention centres fast enough to cope with the number of drug takers.¹³⁴

Therefore, explained Jago, the government had formed the opinion that, in the long run, education was 'the key to the solution.'¹³⁵

Conclusion

When hippies took to the streets in San Francisco and London in the northern summer of 1967, advocating the legalisation of the use of marijuana and LSD and chanting 'make love not war', adults in Sydney were shocked and fascinated. Shortly afterwards, when three young school girls were found to have been given LSD by an older male teacher, a moral panic about drug use at home ensued. The conditions that contributed to this panic were an expanding local market for illegal drugs; a local hallucinogenic youth sub culture, the increased availability and consumption of medicinal drugs by youth, the fears of medical and religious experts, and the politicising of the issue. Another important factor in the moral panic was that the global and local media found that hallucinogenic drugs and the new youth subculture sold newspapers and made a good topic for radio and television. Reporters consequently prioritised and amplified these stories. The fact that LSD was a potent new drug that echoed the dangers of thalidomide and with which the community had little experience added to the panic.

Schools were a major site for the drug panic. It was in those institutions that the young gathered in large numbers. Schools were feared to be prime targets for drug peddlers and places where the infection of drug addiction could be spread. Students were perceived to be in danger from the drug menace as it grew, fuelled by the evil figure

¹³⁴ Speech of the Minister for Health, Harry Jago, to the Legislative Council on 24th October, 1967 in *New South Wales Parliamentary Debates*, vol, 70, p. 2440.

¹³⁵ *Ibid.*, p. 2445.

of the peddler, moving from marginalised youth into the mainstream. On the other hand, drug-using youth were also feared, seen as spreading the contagion themselves into the general community. Young drug users apparently believed they were neither sick nor criminal, but using their drug of choice in the same way as their parents did - for fun.

The government's response to the looming menace was in large part predetermined by its obligations as a participant in international drug control. This required Australia to prohibit drugs such as LSD and marijuana that were popular with the hippie youth sub culture. However, many experts, politicians and adult members of the community, under the influence of the media facilitated moral panic and agreed that prohibition was the best response. They thought LSD was far too dangerous to be freely used by young people.

This new drug issue provoked many existing tensions - the role of the Commonwealth in relation to the states, the relationship between law and medicine in drug control and the conflict between the generations. The issue also engaged significant economic interests. The pharmaceutical industry was experiencing a period of extended growth and development, securing an important place in the New South Wales economy. Pharmaceutical manufacturers did not want to be blamed for the increase in drug problems.

When it prohibited hallucinogenic drug use in November 1967, the New South Wales government created the possibility that large numbers of young people might be criminalized. This was not acceptable to many politicians, educators, health experts, police and parents and so drug education was seen as the most important and humane strategy for preventing the drug problem in the future.

This chapter has endeavored to show that during the mid 1960s in New South Wales concerns arising out of the social effects of the expansion in the production and consumption of medicines combined with concerns about the challenges posed to those in authority by a larger and wealthier youth cohort when some young people took up the recreational use of new drugs. The outcome of this combination was a high degree of public anxiety about young people, LSD and marijuana, which was expressed by exaggerated and intense reporting in the media and calls upon the government for action. The government immediately prohibited LSD, but then faced

the possibility of criminalizing large numbers of youth. Therefore the New South Wales government set about developing drug education as a more humane way of preventing recreational youth drug use in the future.

Chapter Three

Developing drug education, 1965-1972

At that period of time everything was, 'Take a drug, become a derelict and die.' I was trying to get an approach which said students should be aware and understand the use of drugs and their potential as well as their damage and [we] hopefully would be able to be rational about it and therefore not become involved in addiction.¹

This chapter will examine how drug education in New South Wales developed as 'the main hope for the future' in the years between 1965 and 1972.² The location of drug education, its main ideas, actors and structures, the influence of historical discourses and tensions, will be identified. The problems in implementing the new drug education policy will be then be explored.

Providing drug education through the new health education

In 1967, after investigating the problem, Minister for Health Harry Jago told parliament that the drug problem was 'not nearly as serious here as it is in other overseas cities.' Sydney 'had it in a very mild form' which was 'a tribute to the youth of this country and to the general standard of our education services.'³ After tightening the laws and increasing penalties, the main approach to preventing the problem getting worse would be to provide drug education in schools.

On the 15th December, 1967, Norman Jenkins, Chief Guidance Officer for the Department of Education, announced a new health education program. Jenkins told *The Sydney Morning Herald* that the syllabus for this program would deal with drugs, morals, and politics and its implementation would be based on group discussions. The main aim of this program was to prepare children for the realities of life. Under it drug takers would be counseled, not expelled.⁴ The syllabus development had begun in 1962 when Gordon Young, Director of Physical Education for the New South Wales Department of Education, was appointed to prepare a Physical and Health Education

¹ Interview with Alf Colvin 24th June, 2003.

² Australia, *Drug Trafficking and Drug Abuse: Report from the Senate Select Committee*, p. 69.

³ Speech by Harry Jago, Minister for Health, to the Legislative Assembly on the 24th October, 1967. In: *New South Wales Parliamentary Debates* Vol. 70, p. 2445.

⁴ "Morals, Politics, Drugs - Children Will Talk About Them All", *The Sydney Morning Herald*, 15th December 1967, p. 3.

Syllabus for first to fourth forms. Young was assisted by a committee of secondary school inspectors, teachers college lecturers, teachers and medical officers. The new syllabus in PE/Health incorporated the dominant ideas on health education of its day. It was approved by the Secondary Schools Board in October 1965 and the committee that had been formed to develop it remained to actively support it until the 1970s.

Teachers reading the October edition of *The Education Gazette* in 1969 found that the objective of drug education in schools was ‘to provide the individual with opportunities for acquiring knowledge, attitudes and practices that will enable him to make sound decisions about the use of drugs.’⁵ This would be achieved mainly through the health education program, although other subjects could teach some aspects of drug use. Teachers would strive to establish ‘desirable health habits and attitudes’ in pupils so that they could ‘distinguish between pseudo-pleasures and genuine satisfaction.’ Teachers would ‘acquaint pupils with authentic information about drugs’, develop ‘proper attitudes towards the use of drugs of any kind’ and develop ‘an awareness and understanding’ of the problems that resulted from misuse and abuse of drugs. Pupils were encouraged to assume responsibility for their own health, understand the social causes of drug addiction, realize the need for wholesome physical and social activities, understand the needs and problems of others, know where to get help, refrain from self-medication, understand the dangers of drug use, and understand the drug laws.

The emotional and social development of students was the most important aspect in the new health program. The ‘strongest deterrent’ in preventing drug problems would be the child’s ‘strength of character.’ Drug education programs would be flexible, taking into account local needs, and sensationalizing, moralizing and preaching would be avoided. Schools were to take a lead in educating the community through Parents and Citizens Groups and Mothers Clubs.

In the first student handbook on health education written to support the new syllabus, illegal drugs, alcohol and tobacco were categorized as ‘Poor Health Habits.’⁶ Smoking, which was responsible for thousands of lung cancer deaths each year, was

⁵ New South Wales Department of Education, “Drugs and Addiction”, *The Education Gazette* (1969), p. 484.

⁶ Kay Flanagan, *Health Education for Secondary Schools* (Sydney: Jacaranda Press, 1969), chapter 5.

identified as the most serious problem.⁷ To investigate the dangers of smoking, students were instructed on how to build a smoking machine. This novel device attempted to replicate the act of smoking mechanically. Alcohol in itself was taught as 'neither good nor bad'; it was the way in which it was used that was significant. Students learnt that drinking alcohol was an integral part of human culture but that in large doses it could have dangerous short term and long term effects. 'Drug' was broadly defined as 'any chemical substance which alters the structure and function of the body'.⁸ This definition included every day substances such as caffeine, APC powders and prescribed medicines as well as 'dangerous drugs such as LSD', opium and heroin. Students were taught that drugs had been used by humans since before recorded history for religious, cultural and medicinal purposes. Modern drugs were very powerful and needed to be 'treated with respect.' Regular use should be under medical supervision. Abuse occurred when people took stimulating or relaxing drugs too often and a problem existed when people became physically or psychologically dependent on a drug. Drugs were classified into four groups - stimulants, sedatives, narcotics and hallucinogens. Heroin abuse was the worst kind of drug abuse because of the high death rate. LSD was classified as a hallucinogen. It was described as 'extremely powerful' and dangerous. Marijuana was said to be not a true hallucinogen chemically but its effects were similar. Young people who used marijuana were more likely to become dependent on narcotics.⁹

The main problem that the new drug education aimed to prevent was addiction, which transformed normal young people into deviants. The public anxiety provoked by this word was symbolized and invoked by the image of the act of injection:

⁷ *Ibid.*, p. 42.

⁸ *Ibid.*, p. 49.

⁹ *Ibid.*, p. 52.



Figure 3.1 Image of heroin use ¹⁰

This image appeared on the front page of the professional teachers' journal, *The Education Gazette*, and in the public media, to represent the menace of narcotic drug use.

In the new health education program drug addiction was defined as a mental health problem and a major aim in relation to the prohibited drugs or 'narcotics' was to introduce the notions of physical and mental dependency. The beneficial as well as the harmful effects of drugs were to be covered. The teacher was instructed that the information about drugs should be presented 'objectively and impersonally to give students a background of factual information on which future decisions may be based'. Discussion was encouraged and emotion and sensationalism were to be avoided. The dangers of experimentation with the 'hard' drugs (for example, opium) should be pointed out to the students and the likelihood of dependency from the misuse of the 'soft' drugs such as aspirin. ¹¹

The new health education curriculum was a result of a re-thinking of the aims and targets of health education that had come about after World War 2. In 1965 trainee

¹⁰ "Drugs and Addiction", *The Education Gazette* 1st October, 1969, p. 467.

¹¹ The New South Wales Department of Education and the Secondary Schools Board *Syllabus in Physical and Health Education Forms I-IV Supplementary teacher's notes*, Sydney: 1965.

primary teachers were taught that ‘following the mastery of infections by prevention or antibiotics, problems of a nutritional or metabolic nature, congenital abnormalities, heart disease and cancer loom high in the present day picture.’¹² In the new approach, health was defined as a state of positive well-being, not merely the absence of illness. Social health and mental health were just as important as physical health. Health education was ‘concerned with teaching a way of life.’ ‘Right’ attitudes were more important than knowledge, although knowledge was needed to bring about change in attitudes.¹³

The purpose of the new health education was moral and civic as well as physical. Although the target was still whole populations, the life style of individuals now came under more scrutiny. The role of the individual in the overall health of society was thought to have been overlooked.¹⁴ Influenced by behavioral psychology, the aspects of the individual that were significant to the new health educators were attitudes, knowledge and behavior. Smoking, excessive drinking and drug taking were poor habits that would be suitable targets for the new health education as ways of preventing the new lifestyle diseases that resulted from over consumption. This new purpose reflected the fact that the new health educators believed that families had not been successful in preparing young people for a healthy life, as the modern attitudes of young people to sex, morality and preventable disease apparently showed. This was attributed to ‘the present day small nuclear family, mobile and relatively isolated from kin’, generating ‘powerful forces between its members, some of which are disruptive rather than cohesive.’¹⁵ Schools were to take on a substitute role for parents, some of whom, through social changes since the war, were no longer equipped for providing drug education in the home.

The origins of these ideas in Australia can be traced back to 1955 when the first Australian seminar on health education was held in Canberra.¹⁶ It was evident at this conference that public health experts were beginning to construct a new purpose. Papers were given on the social basis of learning, the definition and aims of health education, and new methods and materials. Ideas for the new methods were drawn

¹² Dr Mary Allen, lecturer in Health Education at Sydney Teachers’ College, reported in *The Education Gazette* No. 5, May, 1966, p. 169.

¹³ *Ibid.*, p. 172.

¹⁴ John Krister, *Health Education and the School*, *The Education Gazette*, 1st July 1966, p. 172.

¹⁵ *Ibid.*

¹⁶ Commonwealth Department of Health, *Seminar on Health Education*, (Canberra: 1955).

from ‘advances in recent years in the wider and deeper understanding of human behavior and its motives.’¹⁷ The World Health Organization’s representative Lynford Keys was very active in promoting, organizing and staging this conference. After the conference, frameworks to implement the new health education across Australia were set up and by the 1960s these new ideas were beginning to be put into practice. Dr Fred Clements, Medical Officer in Charge of Social Pediatrics, Institute of Child Health, University of Sydney, and member of the influential National Health and Medical Research Council, became involved. New educational methods assumed ‘considerable significance’ in the ‘fast changing world of public health.’¹⁸ The 1960s saw the practical implementation of this re-conceptualization into schools.

The process of introducing the new health education into schools needed capable and effective leadership. The fact that the Department of Public Health became the leading agency was the outcome of its past role in sponsoring public health campaigns, such as the one against venereal disease,¹⁹ and regulating legal drug use. Doctors were also presumed to be knowledgeable about drugs, since they prescribed them, and they had replaced pharmacists on the Poisons Advisory Committee as the partner to law enforcement in drug control. However, because drugs were constructed only as an aspect of health, the Public Health Department’s view of drug education was that drug education should never be a stand alone topic; it should always appear in a health context.²⁰ The Child Health Sub Committee of the Health Advisory Committee had the oversight of the new drug education in New South Wales. Its meetings were attended by representatives from the Departments of Public Health, Child Welfare and Education with the secretariat being provided by the Health Education Division of the Department of Public Health.²¹

Dr John Krister was appointed as the first health educator to the New South Wales Department of Public Health in 1964.²² During his first year he undertook a training course in modern methods of health education. This course was devised by Professor John Clark of the School of Psychology at the University of New South Wales and

¹⁷ *Ibid.*, Forward, p. C.

¹⁸ *Ibid.*

¹⁹ Interview with Kay Flanagan 26th June, 2003.

²⁰ Interview with Dr John Krister 1st September 2003.

²¹ Interview with Kay Flanagan.

²² Parliament of New South Wales, *New South Wales Parliamentary Paper 1965-66, Annual Report of the Director-General for Public Health*, vol. IV, p. 157.

Professor Fred Clements of the School of Public Health and Tropical Medicine at Sydney University. Clements had attended the key 1955 national health education conference.

Sydney staff virtually designed the course, a twelve month course, to try and replicate something like the masters programs in America. Well, that was very good because it was a mixture of theory and practice, applied psychology and statistics and also some experience. I remember, with Lintas which was a big advertising agency, doing public education, public information and I actually spent time with them in their offices. I did part courses of all kinds. Sociology - I remember Sol Encel, doing one of his classes.²³

Krister was granted a Public Health Travelling Fellowship by the NHMRC to study health education around the world. In 1964 and 1965 he visited the United States, Canada, Great Britain, France, Germany, Holland, Sweden, the Soviet Union and India. His scholarship required that he prepare an extensive report on his tour which he delivered to the NHMRC and which was published in 1970.²⁴ When the course finished Krister was asked to set up a new Division of Health Education, which would combine the old Nutrition and Publicity sections, but also include new health education staff. He became the first Director of the new Division in 1966 and three health educators were appointed soon afterwards.

Krister, an unassuming man with a gentle manner, became a powerful figure in the development of the new health education in New South Wales.²⁵ He took the lead on the Child Health Sub-Committee of the Health Education Advisory Council,²⁶ he wrote on the new health education for professional journals and magazines, gave papers at many medical and education conferences, represented New South Wales on the Drug Education Sub-committee of the National Standing Control Committee on Drugs of Dependence, and had a good relationship with Harry Jago, the Minister for

²³ Interview with Dr John Krister 1st September, 2003.

²⁴ John Krister, *Report of a Study Tour to Examine Health Education Practice in North America, Europe and Asia* (Canberra: NH&MRC, 1970).

²⁵ Interview with Kay Flanagan.

²⁶ *Ibid.*

Health in New South Wales.²⁷ He also worked on several projects organized by the World Health Organization.²⁸

Krister developed a good working relationship with the Education Department to implement the new health education in schools. He believed that the earlier you were able to educate young people, the better chance you had of establishing positive attitudes to good health and negative attitudes to drug taking.²⁹ He also sponsored drug education for youth outside of the school setting. Youth education seminars were run by Robert Lipman, community education officer in the new Division of Health Education:

There were a lot of youth seminars. Weekenders down in Narrabeen or some place where they had accommodation, and you had to be impressed. You'd get the newspaper and you'd think that the youth is all falling to bits but they were all such responsible young people! They got themselves into groups and chewed over these subjects and spouted them out afterwards and they'd really thought about it.³⁰

He opposed public anti-drug campaigns because they had an 'undue emphasis on the drugs themselves. If you emphasize the horror I think on the whole it tends to be more counter-productive.'³¹

The impact of changes in school education

The new health education in schools was underpinned by the ideas of the progressive education movement which had their origins much earlier in the twentieth century. Campbell and Sherington have identified the major features of the new education, as articulated at the landmark New Education Fellowship conference in 1937. 'The great thrust of the conference was toward communal, holistic, child-oriented and citizen-forming education'.³² The whole child or the 'adolescent', including health and the emotions as well as the intelligence, should be the focus of the school. In response,

²⁷ *Ibid.*

²⁸ *Ibid.*

²⁹ *Ibid.*

³⁰ *Ibid.*

³¹ *Ibid.*

³² Craig Campbell and Geoffrey Sherington, "A Genealogy of an Australian System of Comprehensive High Schools: The Contribution of Educational Progressivism to the One Best Form of Universal Secondary Education (1900-1940)", in *The Australian and New Zealand History of Education Conference* (Brisbane: 2004), pp. 12-18.

the curriculum should develop new subjects, such as social studies, spiritual and moral education, and should reflect new knowledge about human development. Schools should not primarily serve the needs of the universities and competition should be abandoned. The general purpose of education was learning to live, and the school should prepare children as citizens for the social world of the future. All children's needs, not just those of the gifted few, should be addressed by the school.

Harold Wyndham, Director General of Education in New South Wales during the 1960s, was influenced by the ideas of the international progressive education movement. 1967 was the first year of the Wyndham Scheme, when comprehensive schooling for secondary students was introduced in New South Wales. In his study of Harold Wyndham as an educational reformer, John Hughes has concluded that the Wyndham scheme was generally acknowledged, at the time of its introduction, as a momentous reform.³³ The Wyndham Report of 1957 listed health as the first objective of schooling:

Most people will agree that health and physical fitness are a worthy component of life and that their achievement and maintenance should be one of the purposes in programs of education. In so far as the school is an agency in achieving this purpose, it has a threefold function. It must provide and maintain physical conditions conducive to healthy development. It must provide a measure of organized training. Especially at the secondary level, it must offer an appropriate background of information which will enable pupils to appreciate the significance of health and understand the basic means of achieving it.³⁴

Comprehensive schooling gave a much greater importance to health and the social purpose of education. One aim of schooling was now to prepare youth for the constructive use of leisure, in a time when drug use was appearing as a recreation amongst young people. The focus on the student in the new education was in sympathy with the methods of the new health education now being introduced into New South Wales schools. Physical and Health Education was recommended by

³³ John Hughes *Harold Wyndham and Education Reform in Australia 1925-1968*, Education Research and Perspectives, vol. 29, No. 1, p. 187.

³⁴ *Report of the Committee Appointed to Survey Secondary Education in New South Wales* Government Printer, Sydney, 1957 p. 57.

Wyndham as part of the core curriculum. Thus the ‘health’ approach to drug education was very much in the progressive tradition.

The new health education syllabus gave the primary role in drug education to the teacher, not an outside expert. Experts could, and did, assist the teacher in a number of ways, through developing resources for both teachers and students, through the education of teachers and even addressing a class from an expert point of view, but the teacher was, for the first time, constructed as the central figure in drug education in the school. The syllabus was introduced, on a trial basis, into eighty secondary schools in New South Wales in 1967.³⁵

The Department of Health, however, did not have direct authority in schools. It relied on working through committees, developing and promoting resources for teachers and students, and training teachers and allied health workers to implement its health education philosophy with students of school age. In 1966 Alf Colvin was seconded from the National Fitness Council to oversee the implementation of the new health education syllabus in New South Wales schools after ‘agitation’ from the Secretary for Health, Jimmy Rimes and the advocacy of Dr Sydney Meyers, Director-General of Health.³⁶ Meyers had also attended the 1955 Canberra Health Education seminar.³⁷ The buoyant state economy and post war growth in the youth population had led to an expansion of education in the 1960s. Colvin found that

There was a lot of support and there was lots of money. You got money from other sources even if the department didn’t have it. And so at the in-service branch where Tom Ingersoll and Harold Wyndham got on all right, a lot of money was poured into running in-service courses for teachers in areas like drug education and health education. If twelve teachers wanted a course in anything - you know, flies crawling up walls - they could apply and the department would allocate the money for them to do it.³⁸

Colvin began to address the issues of curriculum development, teacher training, resource development and identifying and consulting with drug experts of all types. He attended medical and psychology conferences on drugs, including the 1966

³⁵ Interview with Alf Colvin 24th June, 2003.

³⁶ *Ibid.*

³⁷ Commonwealth Department of Health, “Seminar on Health Education”, Appendix 5.

³⁸ Interview with Alf Colvin.

seminar and the 1968 seminar, and worked on the organisation of the 1970 International Congress, in order to obtain resource materials and educate himself on current opinion. In 1966 he organized a series of seminars to introduce principals and teachers to the new health education syllabus. He wrote for professional journals and magazines, gave papers at conferences, sat on committees, but also went into classrooms to support the teachers of the new health education:

I would run one year regional and state conferences where teachers came together and I'd drag in people to help with the teaching about each of the areas, and in the next year I would go to every single school that I could to do a personal visit. And often they'd ask me to try and teach something as well. It's easy as a consultant to wander in, make a mess of the class, and then disappear! But it was good fun.³⁹

Jack Verco, Director of Teacher Training for the Department of Education, set up a committee to prepare a health education course for teachers in 1966. This was implemented in March 1968 as a one year full time course at Sydney Teacher's College, open to physical education students who had successfully completed their second year. In-service training was offered at Sydney Teachers College from 1967 and training was also given to police who went into schools as drug educators. Secondary school principals invited drug experts to their 1967 Principals Conference to address them on drug abuse.⁴⁰

Krister's Division of Health Education provided most of the resources for drug education in the 1960s. An information kit for teachers consisted of six leaflets on the origins of drugs, the problem of drug abuse, the basic pharmacology of drugs abused, signs and symptoms of drug abuse, treatment and control of drug abuse, teaching about drugs and drug abuse 'slang.' The drug companies were a good source of print information, as was the principal pharmacist for the Department of Health, Bob Dash. The first school health education text written by Kay Flanagan, the first education officer in the new Division of Health Education, was published in 1969.

³⁹ *Ibid.*

⁴⁰ Interview with Dr John Krister.

Reinforcement from the findings of research

Public health experts sought ways to counter the moral panic and bring their views and the findings of research to the attention of the public and politicians. A landmark event in this process was the first world conference on alcohol and drugs which began in Sydney on the 2nd February, 1970. The initiator of this conference was the Foundation for Research and Treatment into Alcohol and Drug Dependence, a non government organisation formed to represent the interests of those who suffered from alcoholism. Preparations had begun in 1966, in cooperation with the International Council on Alcohol and Addiction, to locate the next conference in Australia. Alcohol and drug experts came from the United States, Canada, Great Britain, Finland, and Hong Kong. There were detailed daily reports of the proceedings in the Sydney press. There were one hundred and forty three papers and six hundred delegates. The conference was held in three cities: Sydney, Melbourne and Adelaide.

Alcohol, drink driving and the abuse of legal drugs were topics for papers at this conference. Alcohol was defined as a drug similar in its effects to the illegal drugs that were being used recreationally by young people. Most papers followed the approach of the World Health Organization to drug problems, using the term drug dependence in preference to addiction, including alcohol and constructing the drug problem as an illness. Representing drug education in New South Wales were John Krister and Alf Colvin, who gave papers on the construction of a drug education curriculum. They outlined the importance of placing drug education within the broader context of health education, with the aim of teaching students to make responsible drug taking decisions. They identified the construction of clear aims and objectives, the choice of appropriate methods and good evaluation systems as key aspects of the development of a drug education program.⁴¹

The most significant effect of this conference for the development of the new health education was that it publicized views that challenged the assumptions about the drug problem promoted by the moral panic, thereby lending support to the approach of the new health education. It did this firstly by including alcohol in the same context as drug dependence. Then a Melbourne gastroenterologist presented the most

⁴¹ E.G.Kiloh and D.Bell eds., *Papers from the 29th International Congress on Alcoholism and Drug Dependence* (Sydney: Butterworths, 1971), pp. 310-322.

challenging paper of all. In a keynote address Dr Jim Rankin reported on the findings of his pioneering study on alcohol and drug problems:

In Australia, as in other Western cultures, the illicit use of hallucinogens, stimulants and narcotic analgesics by the young is the popular concept of drug misuse and the drug problem which law enforcement agencies, politicians and the news media appear to be most concerned. However, an analysis of the available information clearly reveals that the major drugs misused are the sedatives and the hypnotics which are obtained either on prescription or as proprietary preparations and that the mean age of drug misusers is in the thirties in women and the forties in men.⁴²

Commonwealth support for the new health education

A National Drug Education Program, (NDEP), embodying the approach of the new health education, was launched by the Commonwealth government in February 1970. It was devised by the Health Sub Committee of the NHMRC and put into effect because it presented a united and consistent position for which it effectively advocated.

On February 14th, 1969, a meeting of Commonwealth and State Ministers in Canberra set up a National Standing Committee on Control of Drugs of Dependence (NSCC) to 'advise on all aspects of drug abuse including dependence, education, trafficking and treatment.'⁴³ Its meetings would be attended by the Ministers for Health of all states, the Attorney General and the Minister for Customs and Excise, and it would be chaired by the Comptroller General of Customs. The NSCC then established a Health Working Party to monitor the movement of drugs of dependence in Australia, and to oversee education, publicity and treatment. A Drugs of Dependence Branch was established in the Commonwealth Department of Health to act as a secretariat to the Health Working Party.⁴⁴ The NHMRC, the advisory body to the federal government on dangerous drugs, provided the expert advice to these committees.⁴⁵

⁴² *Ibid.*, p. 16.

⁴³ The Parliament of the Commonwealth of Australia, "Director-General of Health Annual Report for the Year 1970-1971", *Commonwealth Parliamentary Papers* (Canberra: The Government Printer of Australia, 1975), p. 23.

⁴⁴ *Technical Information Bulletin* no. 3, p. 21.

⁴⁵ *Ibid.*

The mandate of the Department of Customs and Excise was the prevention of traffic in and use of narcotics, whereas the mandate of the Commonwealth Department of Health was the control of legal drug use. They came together on the new NSCC for the first time to control the illicit use of drugs by young people. The Customs Department led the NSCC and had overall authority on the control of drug use.

The NSCC asked the Health Education Sub Committee of the NHMRC to provide advice about drug education, in particular education of the public, of the medical and allied professions and the necessity for publicity campaigns.⁴⁶ After meeting on the 14th March 1969 and the 27th July 1969, this group advised that drug education in schools should be set in a health education context and intensive education was needed for those young people already using or at high risk of using. Key professionals, clergy and parents should be involved in learning about drugs, their social impact and their responsibilities in this area. Key health education personnel should be trained in all states.⁴⁷ On the question of a public campaign, the HESC report emphatically stated: ‘no coordinated press campaign should be conducted to counteract sensationalism in the press, the legalize pot campaign and the permissive approach of the so-called liberals.’ The reasons for this were that there was no control over the way the information would be presented, a strong emphasis on prohibition may lead people in the opposite direction, and some people might conclude that drug use was a fashionable behavior.⁴⁸ The media should disseminate information about what was being done and ‘positive information’ about prevalence, needs, sources of advice and facilities.

The basic components of any program should be information about the dangers of all drugs and activities to promote motivation to change. Discussion in an open and encouraging environment would make it more likely that people would change their attitudes and practices so that discussion programs were essential. A number of principles were established as priorities. Ranking high were training of community health educators and establishing government agencies to coordinate community health programs. Programs that focused on changing attitudes ‘in the desired directions’, that collected information about drug use prevalence, and that evaluated

⁴⁶ Elizabeth A. Watson, *The National Drug Education Program: A Case Analysis of the Role of Experts in Policy Determination*, (Canberra: The Australian National University, 1974), p. 3.1.

⁴⁷ *Ibid.*, p 3.2.

⁴⁸ *Ibid.*

education techniques should be given priority. Australian films and literature on drugs were needed.⁴⁹

The members of the NSCC did not all agree with the recommendations about a public campaign. The chair, the Controller General of Customs, protested that drug taking was already fashionable and publicity could counteract this, but the vote was carried by the states and the Commonwealth Department of Health.

The HESC prepared a further submission in June 1970 outlining a national drug education program. A sum of \$500,000 was granted by Cabinet and a Drug Education sub committee responsible to the NSCC was appointed to steer the development of the new NDEP. John Krister represented New South Wales on the sub committee. Sir William Kirkpatrick was the first chair and the membership totaled seventeen. Kirkpatrick was a wealthy pastoralist who was involved with the Australian Cancer Society and the National Heart Foundation.⁵⁰ The Commonwealth Department of Health provided the secretariat. The sub committee could form working parties but not speak in public. Its function was to 'integrate, coordinate and advise on education activities on drug abuse.'⁵¹ When alcohol was excluded from the program, most of the committee objected. However the NSCC insisted that alcohol had to be excluded. When the program was implemented, the states included alcohol and legal drugs anyway.

The underlying approach to drug issues and the definition of the problem of this program was:

We recognize that we live in a substance using society. There are substances available which cater for all needs, physical, emotional, social and spiritual. People living in our society learn to cope with all substances, including those which modify mood and behavior. The drugs used most often to modify mood and behavior are alcohol, tobacco and the minor analgesics. A relatively small number of people adopt more drastic and dangerous methods to cope with private problems.⁵²

⁴⁹ *Ibid.*, p. 3.4.

⁵⁰ *Ibid.*, p. 4.10.

⁵¹ *Ibid.*, p. 4.4.

⁵² *Ibid.*, p. 3.15.

The aims were to prevent drug abuse through preventing the adoption of habits that led to it and by encouraging people to make informed choices based on increased knowledge and discriminatory attitudes.⁵³ The program also aimed to allay public anxiety about the drug problem, to increase the amount of information about drugs and the drug problem in the community, and to increase communication between the generations about drug use and abuse. It also aimed at helping individuals to develop personal resources to cope with stress and build self satisfying personal life styles. The states began receiving money in January, 1971.

The NDEP should aim to ‘encourage people to seek decisions which will enhance the quality of personal health and living.’⁵⁴ This was stated in the pamphlet ‘drug education in schools’ produced by the National Drug Information Service, part of the Commonwealth Department of Health, for the NSCC. Thus drug education was not the same as drug abuse prevention, it was much broader. This brought the NDEP into conflict with the NSCC and the main battle was over the inclusion of alcohol. The NSCC, with its narrow definition of the problem, won.

Watson found that there was ‘an impressive degree of consensus’ amongst the experts who developed the Commonwealth’s approach to drug education.⁵⁵ She described it as pioneering and enlightened in 1973. It was a ‘low key’ approach, not drawing undue attention to the drug problem. In this way it attempted to counter the moral panic and redefine the problem. However, since the new health education experts still operated within the law and enforcement control structure they could not include alcohol in the program. The broadness of their aims was accepted, as was the definition of the drug problem as a health issue. The national programs’ approach was encapsulated as ‘education for living’, echoing the ideals of the progressive educators of 1937:

The NDEP is based on the principle that drug education must be primarily concerned with living and the problems of living in a modern society. It is directed towards facilitating decision-making in respect of the problems of living, decisions which are made on the basis of the

⁵³ The Parliament of New South Wales, *Progress Report from the Joint Committee of the Legislative Council and Legislative Assembly Upon Drugs Together with the Minutes of Proceedings and Evidence*, p. 73.

⁵⁴ Watson, “The National Drug Education Program: A Case Analysis of the Role of Experts in Policy Determination”, p. 3.15.

⁵⁵ *Ibid.*, p. 5.2.

best available information. It recognizes that involvement with drugs is but one of many social issues and social problems and that it should not be considered in isolation.⁵⁶

In 1971 a parliamentary inquiry also recommended that the approach of the new health education be adopted as the basis for drug education in Australia. After a heated federal election campaign in which drugs were an issue, on the 25th November, 1969, the Commonwealth government agreed to an inquiry into drug trafficking and drug abuse that had been proposed by Labour leaders Lionel Murphy and Vincent Gair in the Senate. These senators claimed that drug smuggling was rife, young girls were using heroin, treatment was lacking and legislation was punishing the victims.⁵⁷ The drug problem had become a sensitive political issue and so the incumbent Liberal government agreed to the inquiry.⁵⁸

This first investigation into drug problems in Australia for fifty years was chaired by the Liberal Senator J.E. Marriott. Public hearings commenced on the 27th January 1970 at Parliament House, Canberra. Two hundred and thirteen witnesses were interviewed, thirty three of whom were drug takers who voluntarily came forward to give evidence. Witnesses came from education, government, law enforcement, manufacturing, medicine, pharmacy, religion, social welfare, students, advertising and psychiatry. The Senators made visits to treatment centres, laboratories and drug manufacturing plants. They also went out with the Sydney Drug Squad to the streets of Kings Cross at night. Senators attended the 29th International Congress on Alcoholism and Drug Dependence conducted in Sydney, Melbourne and Adelaide in February, 1970, and some experts who attended the Congress also gave individual evidence to the Inquiry. The Committee studied reports from Britain, Canada, New Zealand and the United States.⁵⁹

The Inquiry aimed to examine the adequacy of present legislation and education programs as well as the effectiveness of international agreements and law enforcement agencies. The Senators also wanted to know the extent, organisation and methods of trafficking, as well as the sources of drug supply. The incidence,

⁵⁶ *Technical Information Bulletin* no. 3, p. 21.

⁵⁷ Speeches by Lionel Murphy and Vincent Gair to the Senate on the 25th November, 1969. In: *Commonwealth Parliamentary Debates* Vol. S. 43, p. 25-29.

⁵⁸ "Senate to Study Drug Abuse Problem", *The Australian*, 26th November 1969, p. 1.

⁵⁹ Commonwealth of Australia, *Drug Trafficking and Drug Abuse: Report from the Senate Select Committee*, p. 9.

distribution and causes of drug abuse would be examined. Treatment and rehabilitation of persons dependent on drugs was also to be investigated.⁶⁰ Marriott actively sought and received continual press coverage as he believed that an open inquiry would educate the public about the problem.⁶¹

The Senators found that there were many meanings of the word drug. They noted a contrast between the negative meanings used in the media and the positive meanings used in medicine and resolved to adopt the definition recommended by the World Health Organisation's Expert Committee on Drug Dependence in its sixteenth report. This was: 'any substance that, when taken into the living organism, may modify one or more of its functions.'⁶² The Senators also included alcohol and tobacco in the meaning of the word 'drug' but did not specifically seek advice on these substances. They confined themselves to the growing social problems associated with the abuse of narcotics, hallucinogens and pharmaceuticals.

Nevertheless, the Inquiry found that the drugs that caused the most problems in the community were legal. Alcohol and tobacco were the worst, then barbiturates, bromureides and other sedatives. Next were minor analgesics, then marijuana, then amphetamines, then opiates. Last on the list was LSD. The Senators found that many of the dangers and benefits claimed for marijuana were unsupported by scientific fact, but that legalisation of the drug was not a good idea.⁶³ They recommended that all stocks of heroin held in Australia should be destroyed and its use prohibited by legislation.⁶⁴

Drug abuse in Australia was described as 'a problem within the individual'. It should be treated as an illness, not punished as a crime. The incidence of the problem was growing but there was no epidemic like other countries. The Senators thought that there was still time, if strong action was taken, to prevent the epidemic from spreading to Australia.⁶⁵ This meant that the issue was largely one to be dealt with by the states, and that the Commonwealth had been successful at its job of keeping Australia's borders safe from drug traffic.

⁶⁰ *Ibid.*, p. 1.

⁶¹ *Ibid.*, p. 7.

⁶² *Ibid.*, p. 9.

⁶³ *Ibid.*, p. 4.

⁶⁴ *Ibid.*, p. 6.

⁶⁵ *Ibid.*, p. 3.

The Senators were critical of the way the media responded to the drug problem, complaining of sensationalised and inaccurate reporting. They recommended restrictions to advertising, and discussions with the media about the reporting of drug problems. The findings that the drug use of adults was greater than the drug use of young people and that the drug use of youth had been sensationalized and exaggerated in the media supported the new health education approach. They also showed the impact of Rankin's paper at the Congress. It was noted that the majority of young drug users were found to be experimenters. This reinforced the notion that concerns over youth drug use were exaggerated.

The Senators found that drug education was 'the main hope for the future.' They were impressed by the new health education experts and adopted their principles for drug education - it should be part of health education and not aim to prevent drug use but promote 'right choices.' They decided that to implement this kind of drug education a major re-orientation of the whole education system was necessary. The present school system was too academic, not related enough to the realities of every-day life, and not preparing young people for the future world they would enter.⁶⁶ The Senators concluded that:

Drawing on experience and events in the world around us today, the evidence indicates that Australia faces within a few years the prospect of an escalation of social disturbances of which drug abuse is but one symptom unless remedies can be found to remove the causes. After carefully considering the evidence, the Committee is convinced that the only long-term solution is in education programs to prepare the individual for living.⁶⁷

The report of the inquiry was leaked to the press prior to the official release date and its recommendations about heroin featured on the front page of *The Australian*.⁶⁸ This newspaper claimed that the inquiry had found that 'most of the heroin supplied to addicts is stolen from doctors and hospitals.' The paper attacked Marriott, the committee chair, as a hypocrite. It described how he puffed on a cigarette as he

⁶⁶ *Ibid.*, p. 5

⁶⁷ *Ibid.*, p. 69.

⁶⁸ "Doctors Told: Scrap All Heroin Stocks", *The Australian*, 2nd May 1971, p. 1.

announced that the banning of marijuana should be maintained.⁶⁹ The Senate personally reprimanded the editor of *The Australian* for leaking the report and it was finally released on the 6th May, 1971. However, apart from the attention given to it by *The Australian*, it did not receive the kind of coverage that the press gave to news of illegal drug use by young people.

The difficulties of implementing the new health education

The low-key, rational, anti-panic approach of the public health experts ran counter to the dominant view in the media and the community that the drug problem only concerned illegal drugs and needed a forceful and strong response through the law. Parents wanted to know that their children were safe from drug peddlers when they went to school. Many wanted drug users to be expelled so that they could not infect other children. The new health education aimed to create more anxiety about substances that adults generally believed to be harmless. It also created a role for the school in areas which the dominant view in the community were not the province of the state – morality, sexuality and alcohol and tobacco use.

Many politicians were not in sympathy with the new moral purpose of health education and were impelled by the panic to show that they were doing something forceful about the dreadful menace. In response to the Oppositions' urgency motion on drugs, Premier Askin outlined how the drug squad had been increased to nine officers and that it now included a female Sergeant, Del Fricker. The squad would give talks to school children on the dangers of illegal drugs in the same way as they already gave talks on road safety.⁷⁰ His view, and that of many other members of his government and the Opposition, was that drug education for young people was 'the primary responsibility of parents.'

New regulations about student drug use were developed by the Department of Education and circulated to all government schools. Police would be notified where there was evidence of the illegal sale of drugs at a school. If a pupil was found to be carrying illegal drugs, the principal should contact the student's parents and the school counsellor first. If in doubt, the principal could contact the senior medical advisor of the child health centre before re-contacting the parents. Drug samples would be

⁶⁹ "Chairman Is 30-a-Day Smoker Now", *The Australian*, 7th May 1971, p. 3.

⁷⁰ Speech of Premier Robert Askin to the Legislative Assembly in response to an urgency motion on the 28th August, 1967. In: *New South Wales Parliamentary Debates*, Vol. 68, p. 837.

analysed by a Department of Health pharmacist. If police or medical action was needed, the principal should notify the parents without delay. Finally the Director of Education should be notified of any suspicious circumstances. If a pupil was found to be carrying medicines, the principal could assure himself/herself that this was necessary. However, it was recognized that maintaining a normal pattern of schooling was important for pupils being treated for a drug problem.⁷¹

The drug squad, parents and non government organisations thought that if young people were told of the dangers and shocked by examples of the devastation wrought by drug addiction, they would not use illegal drugs. Many resources were developed with this in mind. One example was the film 'No Roses for Michael' produced by the Catholic Radio and Television Centre in cooperation with the Langton Clinic. The film portrayed the decline and eventual death of a young heroin user. Colvin recalls his concerns about this approach:

The interesting part was that in the film was the best illustration of mainlining [injecting] I could find anywhere. So any sensible kid who wanted to mainline would have looked at the film and got on with it. But certainly it showed a lovely child, into drugs, derelict in the gutter, and gone.⁷²

One of the main media drug experts, Ted Noffs, began contacting the headmasters of the more wealthy private boys' schools in Sydney in 1966, recommending that they invite police to instruct the students about the drug traffic. He had told the various seminars on drug abuse that young drug users had the potential to be more infectious than other types of users because they used in groups, not on their own.⁷³ Noffs recommended to an expert seminar in 1966 that police should lecture on drugs in government schools.⁷⁴ Because of his high profile in the media debates, school principals began contacting Noffs to speak to their students. After his first talk at a school assembly of one thousand, he discovered that the pupils were 'hungry for facts' about drugs.⁷⁵ Using doctors and social workers, he formed a drug education team that addressed high schools three or four times a week on the dangers of illegal

⁷¹ Department of Education, "Drugs and Addiction", p. 486.

⁷² Interview with Alf Colvin 24th June, 2003.

⁷³ Institute of Criminology, University of Sydney *Seminar on the Problem of Drug Abuse in New South Wales* (Sydney: Sydney University Law School 1966), p. 4.

⁷⁴ The Institute of Criminology, "Seminar on Drug Abuse in New South Wales", p. 5.

⁷⁵ Noffs, *Drugs and People*, p. 37.

drug use. They also provided individual counseling sessions to students. He was often called in by school principals when there was an emergency about drugs in a school. Based on his experience, Noffs told other experts and the press that drug taking was now a normal part of young people's lives.⁷⁶ He found that 'the hierarchy of the Education Department was foolishly defensive' about his drug education activities.⁷⁷ However, his drug education sessions were curtailed when he publicly claimed that North Sydney Boys High School had 'an acute drug problem.'⁷⁸ The Minister for Education attacked him, denying that the problem existed, and the school's principal echoed this view. Noffs then claimed that the drug problem in that area of the city got worse because there was no drug education seminar held at the school.⁷⁹

Many politicians supported the idea of a public anti-drug campaign. In the Commonwealth Parliament, Senator Mulvihill, who represented the Kings Cross area of Sydney as part of his electorate, proposed that 'the Government should contemplate some form of public relations directed at people of school age and those who have left school.' Such a campaign could point out 'in the modern vernacular' that 'there is not much of a prospect for people to attempt to get a short term advantage from the use of drugs.' The advertising agencies could develop this campaign because 'the Opposition believes that the soft sell is the way to do this and is essential if we are to reduce the incidence of drug taking.'⁸⁰ The Department of Customs and Excise, the leading agency on the National Standing Control Committee on Drugs of Dependence set up in 1968, was strongly in favor of campaigns.⁸¹ 'They wanted the kind of high powered program that would be visible evidence of the Government's concern about drug abuse and its willingness to act to contain the problem'.⁸² However, this view did not prevail against the united front presented by the health education experts.

The new health educators had difficulty countering the beliefs about drugs spread by the media in the general community. The fear of illegal drugs engendered by the moral panic created a demand for education about this new phenomenon amongst

⁷⁶ Jarratt, *Ted Noffs: Man of the Cross*, p. 244.

⁷⁷ Noffs, *Drugs and People*, p. 38.

⁷⁸ *Ibid.*

⁷⁹ *Ibid.*, p. 39.

⁸⁰ Speech of Senator Mulvihill to the Senate during the debate on the Narcotic Drugs Bill on the 10th May, 1967. In: *Commonwealth Parliamentary Debates*, Vol S.34 pp. 13333-4.

⁸¹ E.A. Watson *The National Drug Education Program: A Case Study of the Role of Experts*, A.N.U. Canberra 1974, p. 1.7.

⁸² *Ibid.*, p. 1.7.

adults, especially parents. Experts responded as best they could when community groups asked for input at specially arranged drug forums. The speakers at these gatherings took a similar approach to their lectures in schools, the same personnel usually being Pastor Ted Noffs, Dr Stella Dalton, Detective Sergeant Cecil Abbott or Dr Peter Diehm. They were called on to give talks to Rotary and Lions clubs, the Country Women's Association Conference and community meetings which sprang up in suburbs where drug taking was said to be particularly prevalent. Sometimes a range of speakers with different views and different definitions of the problem would address the one meeting.⁸³ Staff from Wisteria House gave over one hundred and fifty talks and lectures to the public between June 1967 and May 1968.⁸⁴ These one off lectures often reinforced the belief that addiction was overwhelming and that young drug users were on a path to destruction.

Another problem was that the Division of Health Education, set up by Krister in 1966, was only a small unit given few resources and a low budget. Progress in implementing the new health education was slow. The new syllabus was controversial and attracted undesirable media attention in 1967, when it was described as 'the sex syllabus' because the topic 'family health' was actually sex education.⁸⁵ It was made optional for schools, depending on the choice of the Principal and only eighty schools introduced it in 1967. Health education was not examinable and it had to compete with the traditional afternoon of competitive sport for allocated periods.⁸⁶ Colvin's carefully prepared and comprehensive resource kit for teachers was not often used:

I saw a set of my documents, my beautiful documents, ha, with a little tear in the corner to reveal the title of one of them, and it was not opened any further, and it held the door open. It was used as a door stop. So it taught me that teachers really didn't want all of the resources in a sense gathered together, they just wanted the notes and things to survive in teaching.⁸⁷

Colvin's research on the implementation of the new syllabus in New South Wales schools in 1970 indicated that the most predominant kind of drug education was

⁸³ Interview with Dr Stella Dalton 5th August, 2003.

⁸⁴ The Faculty of Law, "Seminar: Drug Abuse", p. 39.

⁸⁵ *The Australian* February 13th, 1967 p. 9.

⁸⁶ Colvin, "An Evaluation of the Implementation and Effects of a Health Education Program in the Secondary School", p. 392.

⁸⁷ Interview with Alf Colvin 2003.

delivered in the form of lectures to large assemblies or groups by a visiting expert from the drug squad, the Department of Public Health, a church organisation, the Education Department or the non government organisation, the Foundation for Research And Treatment into Alcohol and Drug Dependence.⁸⁸ Students did not find this approach interesting or relevant to them.⁸⁹ Colvin speculated that this may have been because school drug education focused on abuse of drugs, not use, or that students felt teachers were putting forward a ‘biased view of drugs’.⁹⁰

University student newspapers provided drug education with the objective of safe use, a very different kind to that planned by the authorities for schools and the general public. In August 1967 in the University of Sydney’s student newspaper, *Honi Soit*, John Blount wrote about the benefits as well as the dangers of marijuana, and then a section in October gave information about the benefits and harms of LSD. Keith Windshuttle, editor of *Honi* and author of the article, attacked the new laws banning LSD and accused the government of hypocrisy in that it was overlooking the harms caused by alcohol, the favourite drug of adults, to focus on the lesser harms of marijuana and LSD, the favourite drugs of the youth subculture. He wrote that addiction was a phenomenon associated with heroin use, not hallucinogens like marijuana and LSD. Windshuttle included a section on how to get help if problems from using LSD developed.⁹¹

University students also developed drug courses to meet their own needs and interests. During 1968 and 1969 the new ‘Free University’, set up by radicals to provide the kind of education they felt the universities should now deliver, ran courses on drugs. Terry Metherell, who pioneered the first course, ‘was interested in drug issues, really out of the interest in youth culture, and youth radicalism.’ He explored the work of poets, philosophers and religious thinkers who had used drugs:

I just pulled strands out and we just sat and talked. Someone took the floor and had discussions about why people did it, what they got out of it, what it enhanced in their life, where it plugged in I guess to spiritual and philosophical thinking and feeling. It was really a literature of

⁸⁸ Colvin, “An Evaluation of the Implementation and Effects of a Health Education Program in the Secondary School”, p. 392.

⁸⁹ *Ibid.*, p. 428.

⁹⁰ *Ibid.*, p. 436.

⁹¹ Windshuttle, “Turn on with Honi and Float Down Stream”, p. 8-9.

drugs course rather than a course about addiction or a course for users.

None of us were into therapies or counselling or any of those things.⁹²

Students came from Arts, Economics and Politics and a few from the Biological Sciences where they were ‘part of the ferment about preserving the environment and natural systems.’ Metherell believed that intellectual ferment drove the students who attended his drug courses, which ran for the best part of twelve months on a weekly basis.⁹³

The fact that students found adults hypocritical about drugs, as they did about other forms of social and political behaviour, was beginning, by 1970, to be suggested as a reason for drug education being ineffective in changing the drug use of its target audience, young people. The sociologist of alcohol, Dr Margaret Sargent, in her keynote address to the education workshop of the International Congress, said that drug education amounted to little more than adults trying to impose their attitudes and values on teenagers, a hopeless task when adult society had not resolved its own problems with alcohol. Sargent observed that the task of drug education was impossible owing to lack of data and the difficulties of bringing about cultural change. She recommended examining the moral basis of drug education to discuss questions of individual freedoms, the role of deviance and the protestant ethic. Youth resistances were normal and could express themselves in rebellious drug use. She described the current state of the art of drug education as one of confusion and ambivalence. Controlled educational studies, she recommended, would point the way out of this confusion.⁹⁴

Norman Jenkins, head of the Guidance Section in the Education Department, pointed to another problem confronting drug education in a Congress session called ‘the curriculum without content.’⁹⁵ This image of an empty lesson, Jenkins explained, resulted from an emphasis on educational method in New South Wales Departmental approaches to drug education, where content was unclear, as there was no agreement about how to define or describe the problem that the education was addressing. When it came to drug education ‘there is no systematic body of knowledge available on

⁹² Interview with Terry Metherell 24th July, 2001.

⁹³ *Ibid.*

⁹⁴ Dr Margaret Sargent in E.G.Kiloh and D.Bell eds. *Papers from the 29th International Congress on Alcoholism and Drug Dependence*, (Sydney: Butterworths, 1971), p. 314.

⁹⁵ *Ibid.*, p. 320.

which we can confidently build a cognitive system which is one of the aims of any syllabus.’⁹⁶ Jenkins also described the difficulty of teaching about alcohol and drugs together. To him they were different situations that should be approached in different ways. He thought drug education should engage with general youth concerns such as student movements and increased student participation in the government of the school.

The fact that the drug problem had not been solved by 1970 meant that the drug education efforts embarked on after 1967 seemed to have failed. The new health education had hardly begun to be implemented in schools, but many frightening lectures had been given by visiting experts on the drug menace. A Community Education Conference was called by the Minister for Health, Harry Jago on the 23rd January, 1970, to plan how to educate the people of New South Wales about ‘the facts of drug abuse.’ It was chaired by Doctor John Krister, Head of the Division of Health Education, within the Department of Public Health. Thirty officials attended from state and federal health departments, Customs, the Temperance Alliance, Parents and Citizens Associations, treatment centres, and the Catholic Education Office.⁹⁷

A critique of drug education was delivered by Dr David Bell, physician-in-charge of the Callan Park psychiatric clinic at Rozelle Hospital. Bell argued that there was too great a diversity within drug education and no coordination of all the different efforts. He criticized the Division of Health Education for conveying inaccurate and inadequate information in films and books, especially in the pamphlet ‘Drug Abuse in New South Wales: Facts for Parents’. He recommended that the Health Department set up a division specifically for drug abuse, alcoholism and tobacco smoking which should include treatment, not just education. The Division would train drug educators, research effective programs and gather information about the problem. This proposed Division was opposed by Krister, who wanted to continue the control of drug education from the Health Education Division of the Department of Public Health. Krister opposed drug issues being addressed as a stand alone problem. The conference concluded that there were vast differences in educational programs and that there was a need to collaborate on the next step forward. The lack of reliable information about drug use in all sections of the population concerned the experts and all involved.

⁹⁶ *Ibid.*

⁹⁷ Ian Hicks, “Drug Education Planned”, *The Sydney Morning Herald*, 24th January 1970, p. 3.

Amongst health, pharmacy and education experts there was a growing belief that the media may be adding to the problem. The chief pharmacists for the Department of Public Health in New South Wales, Bob Dash, argued in 1968 that:

Education must not be confused with publicity. I consider that sensational publicity, particularly in the mass media, serves only to stimulate a curiosity in drugs and drug abuse. This can lead to experimentation with drugs and the development of latent instability. The type of publicity often given to drugs even serves to advertise possible sources of drugs to potential users.⁹⁸

In 1970 Drs Bell and Rowe, who had been commissioned by the Department of Health to develop a plan for a drug dependency service for New South Wales, began on what was to become a most significant contribution to drug education policy in New South Wales. This was the first survey of school students' use of drugs. They were able to do this because of a grant from the NHMRC.

We aimed to monitor what we saw as the population at greatest risk, the young people, to see how their ideas were evolving and changing with what was happening out in the big world. The idea was to build up the data to show if you did something what would be the response.⁹⁹

At the 1970 International Congress the Addiction Research Foundation based in Toronto, Canada, called for the evaluation of mass drug education programs. Overseas papers criticized drug education in the US as being counter-productive - promoting drug use by giving information. Dr David Bell again criticized current school drug education efforts. He said that simple fact giving was not enough to prevent drug abuse. The Education Department had possibly promoted drug use by giving information on how to use drugs to young people.¹⁰⁰

The new health education was not generally known or accepted in clinical medical circles. Educators from the Department of Public Health gave lectures to the College of General Practitioners, to post graduate students in public health, and to doctors studying to become a Member of the Australian and New Zealand College of

⁹⁸ The Faculty of Law, "Seminar: Drug Abuse", p. 67.

⁹⁹ Interview with Dr David Bell 24th July, 2003.

¹⁰⁰ *Ibid.*

Physicians. However Krister found that senior doctors presented the greatest barrier to the ideas of the new health education:

I always appeared at the departmental meetings and talked about health education in the early days. It was stony silence at them all. On many occasions my colleagues seemed to like me but were not persuaded. Maybe that was my fault that I didn't go over well and I think the concepts were not broadly understood at the executive. It didn't sound like medicine, didn't even sound public health, it sounded more like psychology and education, a different field. Why would I personally be involved with that sort of thing? ¹⁰¹

There were many seminars in the 1960s that attempted to educate professionals about the new drug problem but did not inform them of the new health education approach as it was still being developed. The Institute of Criminology was the main host but the University of Sydney Extension Board also held a seminar in May, 1967. Papers on the pharmacology, psychiatry and sociology of drug use, as well as its treatment, were presented. Drs Bell and Dalton featured as experts, with Professor Cobbin, head of the Pharmacology Department at the University of Sydney, and the Reverend Ted Noffs. This seminar was attended by stipendiary magistrates, psychologists, psychiatrists, social workers and probation and parole officers. Bell was commissioned to write an edition of its Current Affairs Bulletin on drugs and addiction and this became widely quoted – for example in *The Education Gazette* - and was presented at conferences and reproduced in the report of the Senate Inquiry.

Conclusion

In the 1960s drug education began in New South Wales as a crisis response to a panic about illegal drug use by young people. The government of the day was persuaded that in the long term the best way to prevent the problem was through the implementation of the principles of the new health education. This approach to drug education rejected the idea of public campaigns based on fear, rejected the focus on narcotics by constructing the definition of the drug problem to include prescribed and over-the-counter medicines, alcohol and tobacco, and emphasized the use of interactive educational methods. Young people were constructed in a positive light as

¹⁰¹ Interview with Dr John Krister.

citizens of the future. Drug problems were defined as health problems and public health educators, doctors and teachers were the main actors.

This approach drew on progressive trends in education, which had their origins before World War II and located the responsibility for decisions about drug use with the consumer. It was advocated for and supported by a powerful and influential group of public health experts based in the advisory council on dangerous drugs to the Commonwealth government, the NHMRC. In New South Wales it was implemented through the new Division of Health Education, headed by Dr John Krister.

However, the dominant view held by most members of society - Liberal and many Labor politicians, judges, police, customs officers and many parents, constructed young drug users as deviants, seeking to challenge adults in authority by recruiting other young people to illegal drug use. For these people drug education should consist of the giving of information on the dangers of illegal drugs to young people, attempting to arouse a fear of the consequences. Controlling young people's drug use would assist in quelling other aspects of youth rebellion such as sexual liberation and political protest. Alcohol and tobacco were relatively harmless legal substances that could not be compared to narcotics. This approach was based in an international 'law and order' discourse of drug use that had its origins at the beginning of the twentieth century. Many community lectures and forums given by experts on drugs in the 1960s promoted these ideas.

The new health education approach to drug education could not be implemented quickly. In the meantime many frightening lectures by visiting experts in schools and in the community continued the myths about drug use engendered by the moral panic. Towards the end of the 1960s news from an international congress, a senate inquiry and the launching of a National Drug Education Program challenged these dominant beliefs, drawing in alcohol, tobacco and medicines as possible substances of addiction and adults as the main group of drug abusers. This challenge resulted in a state of confusion about the drug problem in the community. In January 1969 a special feature on drugs in *The Australian* newspaper concluded:

The drug scene in Australia is a mystery. Neither officials nor specialists know what is happening. Statistics are limited and often misleading. How prevalent, for example, are the barbiturates - the calm

down pills that poison thousands of people in Britain each year? Is the drugs underworld as powerful here as New York's? Why do we go on worrying about drugs less harmful than alcohol? ¹⁰²

Since there were differing views of the causes and significance of young people's use of recreational drugs and of the very definition of the word 'drug', drug education came to be a matter in which conflicts were embedded. Young drug users could be feared and therefore punished, or could be trusted to make the 'right' decisions, given the 'right' information. The 'law and order' approach focused on using fear to deter young people from drug use. The 'health' approach focused on general health and educational principles, leaving the 'right' decision about drug use to the consumer. The bureaucracy was endeavouring to implement the health education approach but was given few resources with which to do it. Experts in the community gave lectures that promoted panic.

After young people had taken to the streets to protest in large numbers across the world in 1968, governments, despite the 'generation gap' and fears of 'the hedonistic mass constructed in the teenage leisure market' developed ways of negotiating with youth. ¹⁰³ Although the views of young people about drugs were not taken into account in the construction of drug education, the 1970 National Drug Education Program did modify the harshly punitive attitude to youth expressed in the new legislation. Because of the policy of giving some ground to the youth challenge by the late 1960s, punitive law enforcement alone was not favored and managing the problem through education was seen as preferable. The findings of the Senate Inquiry that the problem was individual abuse, not drug traffic, also facilitated the idea that education was the long term solution. Most of those with an interest in drug issues at the beginning of the 1970s seemed united in the hope that drug education would bring the long term solution to the new menace of drugs.

¹⁰² Patrick Tennyson, "Drugs on the Market", *The Australian*, 25th January 1969, pp. 11-12.

¹⁰³ Terry Irving, *Youth in Australia* (Melbourne: Macmillan 1995), p. 221.

Chapter Four

Re-defining the drug problem: heroin in an intoxicated society, 1976-1984

We have seen in chapters two and three that the way the drug problem was defined was crucial for the construction and implementation of drug education for young people and the general public. In the 1960s LSD was the drug that precipitated moral panic about young people's drug use. In 1979, although Australia had the highest death rate from analgesic nephropathy in the world¹ and one in every five hospital beds was occupied by someone suffering from the adverse effects of alcohol² Royal Commissioner Justice Woodward declared:

The core of the drug problem in New South Wales is the illicit use of narcotics and, in particular, heroin. For those who use the many other drugs which are not notably addictive, or for those who use drugs as casual thrill seekers, there are programs and remedies whereby they can, if suitably motivated, be relieved of the consequences of their carelessness, ignorance or folly.³

This chapter will examine how the drug problem in New South Wales was redefined by an outbreak of moral panic about heroin. The origins of the moral panic will be explored, firstly by explaining how a heroin market became established in New South Wales, identifying the sources of supply and demand. The social context of heroin use at that time will be examined through analysing the images and perceptions of heroin in the 1970s. The beliefs about users and the ways in which young people were especially vulnerable to heroin will be explored. The contribution of the role of the media in the creation and continuation of the moral panic is then examined. The failures of the drug control regime already in place are identified. Finally, the impact of the politics of drug use during the period is explored with regard to how this influenced the creation of a moral panic.

¹ Hennessey, *A Cup of Tea, a Bex and a Good Lie Down*, p. 6.

² The Parliament of the Commonwealth of Australia, *Drug Problems in Australia - an Intoxicated Society? Report from the Senate Standing Committee on Social Welfare* (Canberra: Australian Government Publishing Service, 1977), p. 25.

³ The Honourable Mr. Justice Woodward, *Report of the Royal Commission into Drug Trafficking*, Volume 3 (Sydney: New South Wales Government Printer, 1979), p. 1510.

The expansion of the heroin market

The high degree of social anxiety about heroin that developed in the late 1970s in New South Wales was, at first, sparked off by news of its increased use. Reports were sparse at the beginning of the 1970s, but there was a marked jump between 1975 and 1976. Evidence came from courts, police, Customs seizures, the Health Commission and a report from the government analyst on deaths from opiate use. It was clear from the number of arrests, seizures, deaths from overdose and people on methadone programs that there was now an increased demand for the drug amongst young people in New South Wales.^{4 5}

Table 4.1 Heroin Seizures (Australian Narcotics Bureau)⁶

Year	Quantity kilograms	Percent increase on previous year
1974	5	-
1975	6	20
1976	15	150
1977	12	20

Table 4.2 Offences Related to Opiates (Heroin, Morphine, Opium, etc)⁷

Year	Lower Courts N.S.W	Percent of total Drug Offences
1971	265	30.2
1972	208	19.7
1973	167	12.4
1974	262	12.0
1975	516	13.1
1976	625	13.3

⁴ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses* (Sydney: Government Printer, 1978). pp. 42-46.

⁵ Although heroin seizures declined between 1976 and 1977, the overall trend showed an increase.

⁶ *Ibid.*, p. 42.

⁷ *Ibid.*

Table 4.3 NSW Police Department Drug Detections⁸

Year	Narcotic Opiates (Heroin, Morphine, Opium, etc.)	Narcotic Synthetics (Illegal use of Methadone, etc.)	Total Narcotic Defections	Total Drug Detections
1959	5	4	9	9
1960	5	3	8	11
1961	5	6	11	12
1962	4	8	12	13
1963	9	10	19	23
1964	3	8	11	14
1965	9	7	16	31
1966	28	11	39	98
1967	50	8	58	345
1968	50	14	64	501
1969	125	40	165	780
1970	215	92	307	914
1971	239	123	362	1151
1972	173	68	241	1291
1973	198	73	281	1646
1974	305	89	394	2403
1975	559	102	561	4734
1976	780	147	927	5433
1977	909	286	1195	6003

Table 4.4 Fatalities⁹

Year	Morphine associated deaths	Deaths from abuse of Narcotic Analgesic Drugs
1974	9	14
1975	10	16
1976	16	49

Supply for the growing heroin market was plentiful in the 1970s. It came from South East Asia and Sydney, the capital of New South Wales, was the main point of entry.¹⁰ The Moffat Royal Commission in 1975 had exposed the fact that Sydney, ‘the last of the big, bad cities’,¹¹ had a high degree of tolerance for organised crime. It was a port city which employed strongly unionised labour on its wharves. Expensively furnished

⁸ *Ibid.*, p. 43.

⁹ *Ibid.*, pp. 44-45.

¹⁰ The Government of the Commonwealth of Australia and the Government of the States of Victoria, Western Australia, Queensland and Tasmania, *Australian Royal Commission of Inquiry into Drugs: Report. Book A: Parts I-IV*, (Canberra: Australian Government Publishing Service, 1980), p. A331.

¹¹ McCoy, *Drug Traffic*, p. 199.

illegal casinos operated openly, off-course race betting was commonplace, prostitution and abortion flourished and poker machine fraud was rife.¹² As a result there was a well-organised criminal class ready to take advantage of the incentives provided by the increased heroin supply.

The heroin that was sold on Sydney streets was manufactured from opium grown in the area of land between the Thai, Burmese and Laotian borders known as ‘The Golden Triangle’. The opium was processed into heroin in small factories in the Golden Triangle and then distributed throughout South East Asia by syndicates who were beyond the control of the region’s governments. The major cities of Hong Kong, Singapore, Bangkok and Penang in Malaysia were the main distribution points. For example, international heroin trafficker Terence Clark employed Choo Cheng Kui, or ‘Chinese Jack’, to buy heroin in Bangkok and transport it to Singapore, where Clark’s couriers then smuggled it into Australia.¹³ In 1975 the Chui Chow syndicates of the Golden Triangle were locked out of the United States heroin market by European and Mexican cartels and thus sought new outlets in Australia and Europe. This coincided with increased heroin use in both areas.¹⁴

Between 1976 and 1984 the main bulk of heroin importing and distribution in New South Wales was undertaken by organised criminal syndicates that had already established themselves in other forms of crime.¹⁵ A number of individual entrepreneurs and small groups of users who sought to supply themselves and friends made up a smaller part of the market.¹⁶ No one group had a monopoly of the trade, and it was quite disorganised, with a laissez-faire style of competition.¹⁷ Most syndicates operated internationally, importing from South East Asia and sometimes extending their operations to New Zealand, the United Kingdom, even as far as the

¹² *Ibid.*

¹³ The Government of the Commonwealth of Australia and the Governments of the States of New South Wales, Victoria and Queensland, *Royal Commission of Inquiry into Drug Trafficking: Report* (Canberra: Australian Government Publishing Service, 1983), p. 63.

¹⁴ Alfred McCoy, *Drug Traffic* Harper and Rowe Sydney 1980, p. 349.

¹⁵ The Government of the Commonwealth of Australia and the Government of the State of Victoria, *The Royal Commission on the Activities of the Federated Ship Painters and Dockers Union*, (Canberra: Commonwealth government printer, 1984). Volume 5, p.118.

¹⁶ The Honourable Mr. Justice Woodward, *New South Wales Royal Commission into Drug Trafficking*, p. 1946.

¹⁷ The Honourable Mr. Justice Woodward, *Report of the Royal Commission into Drug Trafficking*, Volume 1 of 3 (Sydney: New South Wales Government Printer, 1979), p. 350.

United States.¹⁸ When a syndicate was exposed, others quickly took its place so that when law enforcement officers made arrests the heroin supply was not interrupted.¹⁹

Official inquiries concurred that 'no legitimate business produces such profit ratios as the heroin business.'²⁰ The lucrative market provided opportunities for making money in a number of different ways: as a financier, importer, distributor, courier, legal advisor, dealer or pusher. A distinct advantage for business was that only a small amount of capital was needed to start up in the trade:

Seven years ago I got together \$2,000. I got a girl to purchase an air ticket to Penang. It cost \$720 return. I gave her the balance in cash and she came back with enough heroin to supply Bankstown for six months. All you have to do in Penang is to get into a tricycle and ask the driver where you can buy heroin and you score heroin. You have it. It is as simple as that.²¹

Heroin was produced very cheaply. There was competition in the market, but its consumers were captive to their need for the drug, and their addiction often led to behaviour that surmounted all caution. This enabled the seller to charge high prices.²²

The prospect of high profits quickly became attractive to some prominent members of Sydney's criminal underground.²³ These included figures such as Arthur 'Neddie' Smith, Murray Riley, Leonard McPherson and William Sinclair.²⁴ These men were survivors of the gang wars that were conducted in Sydney during the late 1960s. That outbreak of violence had the effect of centralizing authority within the underworld and creating a more established hierarchy, thus enabling the more efficient conduct of

¹⁸ Commonwealth-New South Wales Joint Task Force on Drug Trafficking, *Report Investigation of Harry Wainwright, Nugan Hand Limited and Its Associated Companies, and the Affairs of Murray Stewart Riley and His Associates, as Recommended by the Further Report of the Royal Commission into Drug Trafficking, May 1980*, Volume 4: Nugan Hand (Part II) (Canberra: Australian Government Publishing Service, 1983), chapter 18, pp. 438-456.

¹⁹ The Honourable Mr. Justice Woodward, *New South Wales Royal Commission into Drug Trafficking*, p. 350.

²⁰ The Government of the Commonwealth of Australia and the Government of the State of Victoria, *Royal Commission on the Activities of the Federated Ship Painters and Dockers Union: Final Report, Volume 5*, (Canberra: Commonwealth government printer, 1984), p. 118.

²¹ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, p. 41.

²² The Government of the Commonwealth of Australia and the Government of the State of Victoria, *Royal Commission on the Activities of the Federated Ship Painters and Dockers Union: Final Report, Volume 5*, p. 120.

²³ *Ibid.*, p.120

²⁴ McCoy, *Drug Traffic*, p. 187.

organised crime.²⁵ The possibility of large financial gain also attracted criminals from New Zealand, in particular, one Terence Clark, who ran the largest heroin syndicate publicly exposed during this period. The syndicate heads usually did not use heroin themselves but took the role of commercial importer-wholesaler in the market. However, heroin users were employed further down the chain, particularly at the street distribution level. To protect their business, the syndicates had to be successful in bribing police, public officials, Narcotics Bureau officers, Customs agents and even in forming associations with drug experts and politicians.²⁶ The heroin trade was not a monopoly; there was no 'Mr Big'.²⁷ However, members of the small groups and individual importers were the most frequently arrested. The organisers higher up the distribution pyramid mostly escaped detection.²⁸

Heroin, being in powder form, was easy to transport and could enter Australia in a bewildering array of ingenious ways. It came concealed in domestic objects, toys, furniture, artificial limbs, and clothing, and on or within persons:

A Tasmanian witness in confidential session described how a smuggler he had known had swallowed 61g of heroin wrapped in eight condoms and had then swallowed salt after his arrival in Sydney, as an emetic to recover the condoms.²⁹

Heroin could be mailed or transported by ship or by air. Couriers were often paid to carry the drug, but it was also sent in unaccompanied baggage or cargo. Customs officials, airline cargo clerks and mailmen were sometimes bribed to turn a blind eye or to assist in smuggling.³⁰ The development of containers to transport cargo in the 1970s created enhanced opportunities as they were more difficult to search.³¹ Between 1975 and 1984 supply continuously outweighed demand, creating the fear that there was a large untapped market.³²

²⁵ *Ibid.*

²⁶ *Ibid.*, pp. 22-40.

²⁷ The Honourable Mr. Justice Woodward, *New South Wales Royal Commission into Drug Trafficking*, p. 343.

²⁸ *Ibid.*, p. 345.

²⁹ The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report. Book A: Parts 1-IV*, p. A 204.

³⁰ *Ibid.*, p. A199.

³¹ *Ibid.*, p. A210.

³² The Government of the Commonwealth of Australia and the Government of the State of Victoria, *Royal Commission on the Activities of the Federated Ship Painters and Dockers Union: Final Report, Volume 5*, p. 120.

However, the actual number of heroin users was not known. Surveys were rare and the few that were done at the time faced methodological difficulties such as the unwillingness of users to disclose illegal activities. Reports from treatment and law enforcement only represented the users who came into contact with these agencies. Official inquiries adopted different methods of guessing, the most popular of which was the 'indicator-diluter' method advocated by an American drug expert, Dr Michael Baden.³³ Using this method a New South Wales parliamentary inquiry estimated that there were between 7,000 and 10,000 heroin users in New South Wales in 1978.³⁴ It was also used by Justice Woodward in his 1978 Royal Commission. However, the Senate Inquiry in 1977 found the quality of submissions on heroin so poor that it decided that it could not report on the problem at all.³⁵ The heroin market operated in the shadows and it was in this absence of fact that myths and contradictions began to abound, thus preparing a fertile soil for a moral panic.

The limited surveys done at the time indicated that the typical heroin user who came before the court or presented for treatment was a young male in his twenties, in an unskilled job or unemployed.³⁶ These young men also dominated drug deaths.³⁷ Young women comprised one third of those arrested or treated.³⁸ However, the number and nature of the users who were not detected by the gaze of the state was unknown.

There were conflicting views on the class origins of heroin users. In the late 1970s the press featured reports of a trend towards more users from the middle class,³⁹ and these reports were supported by the historian Alfred McCoy who, in 1980, described heroin use in Australia as mostly middle class.⁴⁰ McCoy did not present convincing evidence for this statement and in March 1977 Dr Peter Diehm, head of the Central Drug Advisory Service of the New South Wales Health Commission, noted increasing

³³ The Honourable Mr. Justice Woodward, *New South Wales Royal Commission into Drug Trafficking*, p. 286.

³⁴ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, p. 49.

³⁵ The Parliament of the Commonwealth of Australia, *Drug Problems in Australia - an Intoxicated Society? Report from the Senate Standing Committee on Social Welfare*, p.13.

³⁶ Jerzy Krupinski, Gwen Graves and Alan Stoller, *Drug Taking*, in Edwards, Anne and Wilson, Paul (eds.), *Social Deviance in Australia*, (Melbourne: Cheshire Publishing Pty Ltd, 1975), pp.157-171.

³⁷ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, p. 45.

³⁸ *Ibid.*, pp. A100-101.

³⁹ Dr Stella Dalton reported in *the Sydney Morning Herald* 10th March, 1977, p.12.

⁴⁰ McCoy, *Drug Traffic*, p.12.

heroin use amongst the working class in the western suburbs of Sydney.⁴¹ Most surveys did show that heroin users liked other illegal substances such as cannabis, cocaine and hash, and legal substances such as alcohol, tobacco, mandrax and cough mixtures.⁴²

Most people in New South Wales believed heroin users were sick rather than criminal, but those who preyed upon the sick for profit, the pushers, dealers and drug traffickers, whilst not being addicted themselves were thought, even by criminals, to be beyond the pale.⁴³ Pushers ‘draw a trail of slime across the community which besmirches people in all walks of life’ wrote newspaper columnist Guy Harriott.⁴⁴ Self-confessed criminal Barry James Pyne told the Woodward Inquiry: ‘Whoever told you I was mixed up in drugs has got to be off their head. I can make a good living without getting into that filthy shit.’⁴⁵

However, compared to other illegal drugs such as cannabis, the heroin market was small.⁴⁶ In an overview of the then available surveys done in 1978 Patricia Healey estimated that between 0.4% and 2.8% of the New South Wales population was currently using the drug.⁴⁷ When compared to the market for alcohol (approximately 90% of the adult population⁴⁸) and tobacco (about 40% of the adult population⁴⁹) the heroin market was very small indeed.

Images and perceptions of heroin in the 1970s

In 1953 Australia had the highest consumption of heroin in the world, but this level of use was not constructed by Australians as a social problem.⁵⁰ It has been discussed in chapter one how doctors controlled supply then, and the small number of addicts

⁴¹ Keith Windshuttle, *Unemployment* (Ringwood: Penguin, 1979), p. 64.

⁴² The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report. Book A: Parts I-IV*, p. A163.

⁴³ ANOP poll reported in *The Sydney Morning Herald Heroin users are sick* 12th February, 1980.

⁴⁴ *The Sydney Morning Herald Drugs and Thugs* March 10th, 1980.

⁴⁵ The Honourable Mr. Justice Woodward, *New South Wales Royal Commission into Drug Trafficking*, p. 1448.

⁴⁶ The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report. Book A: Parts I-IV*, p. A287.

⁴⁷ The Honourable Mr. Justice Woodward, *New South Wales Royal Commission into Drug Trafficking*, p. 284.

⁴⁸ The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report. Book A: Parts I-IV*, p. 79.

⁴⁹ The Parliament of the Commonwealth of Australia, *Drug Problems in Australia - an Intoxicated Society? Report from the Senate Standing Committee on Social Welfare*, p. 81.

⁵⁰ The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report. Book A: Parts I-IV*, p. C179.

mostly came from the medical and allied health professions. By 1978 the wider community in New South Wales had little first hand experience of heroin use, but attitudes regarding the power and significance of the drug had changed remarkably.

Heroin is an opiate, a semi-synthetic form of morphine. Thus it is a depressant and has strong analgesic effects. It impacts upon the perception of pain and mood. It is short-acting, especially when injected, as this mode of administration hastens its delivery through the blood to the brain. Its effects are usually experienced for three to four hours. With repeated administration, tolerance develops and withdrawal symptoms occur after the cessation of habitual use.⁵¹

The initial effects of the drug include a surge of euphoria - colloquially known as 'the rush' – accompanied by a warm flush to the skin, a dry mouth and heaviness in the extremities. These initial symptoms were sometimes compared to orgasm and were a major source of the beliefs about heroin's superior ability to produce pleasure.⁵² In his evidence to the New South Wales Parliamentary Inquiry the father of one user described heroin as 'the queen of all drugs on the scene.'⁵³ However, this was not a universal view. Not all users described the rush effect as pleasurable. The majority of people given heroin in a medical setting as part of a controlled study in England in the 1950s found it unpleasant and did not want to repeat the experience.⁵⁴

In Australia in the 1970s heroin had gained a reputation of great power. 'It is so good don't even try it once' the parliamentary inquiry was told.⁵⁵ Heroin was also believed to be the most addictive drug of all, with an extremely severe withdrawal syndrome.⁵⁶ This was because it was short acting and euphoric. These characteristics also made it seem more dangerous. Doctors who had prescribed heroin prior to its prohibition challenged these beliefs, but not in public.⁵⁷ Justice Woodward referred to reports of 'weekend chippers' or casual users, but found no concrete evidence that they

⁵¹ R.M.Julien, *A Primer of Drug Action* (San Francisco: Freeman and Co., 1995).

⁵² McCoy, *Drug Traffic*, p. 378.

⁵³ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, p. 36.

⁵⁴ Royal Commission into the Non-Medical Use of Drugs South Australia, *Final Report*, (Adelaide: Gillingsham Printers Pty Ltd, 1979), p. 54.

⁵⁵ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, p. 37.

⁵⁶ The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report. Book A: Parts I-IV*, p. A60.

⁵⁷ Royal Commission into the Non-Medical Use of Drugs South Australia, *Final Report*, p. 55.

existed.⁵⁸ To add to its power, addiction to heroin was believed to be virtually incurable. Justice Woodward concluded that:

For the great majority of the difficult cases ‘cure’ is not attainable, and the most which can be attained is an improvement in the attitude of the abuser to his drug taking and his lack of personal and social capacity.⁵⁹

The more long-term attractions of heroin use were believed to lie in its ability to eliminate emotional as well as physical pain, achieving a womb-like state of protection from the harsh realities of the world.⁶⁰ The music group Pink Floyd, popular with young people in the 1980s, wrote in their hit song ‘Comfortably Numb’:

Hello.
Is there anybody in there?
Just nod if you can hear me.
Is there anyone home?

Come on, now.
I hear you're feeling down.
Well I can ease your pain;
Get you on your feet again.

Relax.
I need some information first.
Just the basic facts:
Can you show me where it hurts?
There is no pain, you are receding.
A distant ship, smoke on the horizon.
You are only coming through in waves.
Your lips move but I can't hear
What you're saying.

Ok.
Just a little pinprick. Ping.

⁵⁸ The Honourable Mr. Justice Woodward, *New South Wales Royal Commission into Drug Trafficking*, p. 365.

⁴⁴ *Ibid.*, p.1512.

⁶⁰ McCoy, *Drug Traffic*, p. 378.

There'll be no more...ah!
But you may feel a little sick.
Can you stand up?
I do believe it's working good.
That'll keep you going for the show.
Come on it's time to go.
When I was a child
I caught a fleeting glimpse,
Out of the corner of my eye.
I turned to look but it was gone.
I cannot put my finger on it now
The child is grown,
The dream is gone.
I have become comfortably numb.⁶¹

The feelings brought on by heroin use could be remarkably similar to those resulting from regular, high doses of alcohol. In 1980 the Australian historian Manning Clark described alcohol as 'a very powerful comforter,' a substance that came to play this role in the early days of European settlement as a response to the isolation and loneliness men experienced in the bush.⁶²

Heroin's reputation as a powerful drug was also derived from its association with a number of dangers. One of the worst was the possibility of death by accidental overdose. Although when heroin entered the country it was about eighty five per cent pure, by the time it had worked its way through the distribution chain and appeared on the street, it could be anywhere between ten per cent and thirty per cent in purity.⁶³ It was diluted by substances such as talcum powder, household cleaning agents, glucose and strychnine. Occasionally a more concentrated batch would become available and addicts, who were used to a more impure form, might accidentally overdose. Another way overdoses occurred was when a person who had attempted to give up their use, had a dose which formerly would have been safe but was now lethal because of their

⁶¹ www.lyricsfreak.com/p/pink+floyd/comfortably+numb_20108779.html accessed 11th March, 2008

⁶² "Alcohol: An Immediate Comforter", *Connexions* 1, no. 7 (1980), p. 8.

⁶³ The Honourable Mr. Justice Woodward, *New South Wales Royal Commission into Drug Trafficking*, p. 328.

loss of tolerance. Accidental overdose could occur also when heroin was used in combination with other depressants such as alcohol or barbiturates.

Although the actual number of overdoses at this time was small, parents found them particularly frightening.⁶⁴ An example of how this fear might have been amplified by the press is contained in the series of photographs, or steps to death, of a young heroin user published in the 1978 New South Wales parliamentary inquiry and then reprinted in the Sydney Morning Herald:

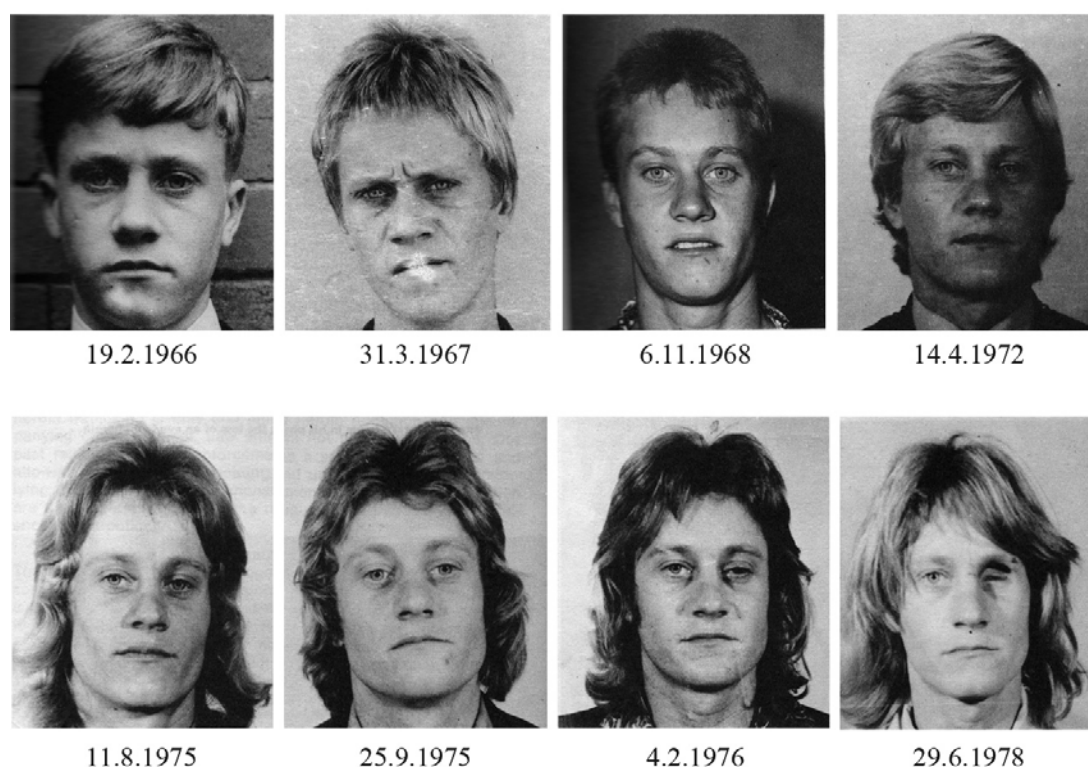


Figure 4.1 The changing face of heroin addiction⁶⁵

To young people the risk seemed low, but those who died from these overdoses were sometimes children of public figures such as businessman Walter McGrath and secretary of the Trades and Labour Council Barry Unsworth. A promising young Sydney poet, Michael Dransfield, died of a heroin overdose on Good Friday, 1973.⁶⁶ Publicity surrounding these deaths led to the conclusion that heroin was a drug that crossed the barrier between the criminal underworld and society to threaten the children of the middle class.

⁶⁴ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, pp. 44-45.

⁶⁵ *Ibid.*, pp. 53-54.

⁶⁶ Louis Armand *Still Life with Hypodermic: Michael Dransfield and the Poetry of Addiction* www.geocities.com/louis_armand/dransfield.html accessed 19/08/2005 9:33a.m.

Other dangers from heroin use were infections such as hepatitis or septicaemia, caused by unhygienic injection practices, health problems caused by the impurities with which heroin was cut, nutritional deficiencies, brain damage from overdose, and threats from the criminal milieu that surrounded the marketing of heroin. Murder and assault were fates that were sometimes met by heroin couriers, dealers and users, especially if they informed on their syndicate to the police. Terence Clark described the revenge he exacted on an informer:

That s...t. I did him myself. I made an example of him. He grassed so I did him over with a baseball bat. I started at his fingers, broke every bone up to his neck and then started at his toes and worked up, just for an example.⁶⁷

Heroin's greatest power, some thought in the late 1970s and early 1980s, was its ability to incite corruption in police and public officials. Because heroin was short-acting and addictive, its consumer needed to maintain a supply almost on a daily basis. Consumers meeting regularly with dealers, and dealers procuring from suppliers, exposed the trade to contact with police to a much greater extent than, for example, the trade in marijuana. It also provided police with more opportunities to be offered bribes, or to retain seized heroin for themselves. The high profits resulting from the heroin business provided plenty of cash for the corruption of police and customs officials. For example, the activities of the heroin trafficker Terence Clark remained largely undetected in Sydney between 1976 and 1979 partly because he was bribing officers who worked in the Sydney branch of the Federal Narcotics Bureau. 'I've got a little bird in the office tells me what's going on' Clark was reported to have said to author Richard Hall.⁶⁸ Bankers and lawyers were also involved in covering up the profits from Clark's heroin trafficking. The conduit between Clark and the Bureau was a law clerk, Brian Alexander, who worked for the Sydney solicitor John Lawrence. Some of Clark's profits were laundered through trust accounts run by Lawrence. Other profits were laundered through the international Nugan Hand bank.⁶⁹ Justice Woodward believed that any syndicate that gained a monopoly of the heroin

⁶⁷ Hall, Richard, *Greed*, Pan Books Sydney 1981, p. 62.

⁶⁸ Quoted in a review of Richard Hall's biography of Terence Clark, in the Book Reviews section of *The Sydney Morning Herald*, 17th October, 1981, p. 48.

⁶⁹ The Government of the Commonwealth of Australia and the Governments of the States of New South Wales, *Royal Commission of Inquiry into Drug Trafficking: Report*, p. 146.

trade could pose a serious threat to the conduct of law enforcement in New South Wales.⁷⁰

Justice Williams concluded his Royal Commission report with the assertion that the drug problem was a national emergency that demanded the type of coordinated response usually only implemented in Australia in a time of war.⁷¹ He expressed this idea also in the image of the drug problem on the cover of his report, which portrayed a fragmented Australia lying beneath a more shadowy South East Asia, conjuring up fears of invasion from the north.



Figure 4.2 An Australia fragmented by South East Asian heroin

Beliefs in the power of heroin, for good or ill, contributed to the moral panic. In one respect it mimicked the power of the most popular and legal comforter, alcohol. These ideas had arisen since heroin had been prohibited. The fact that heroin was mostly imported from South East Asia made it seem alien. Heroin use in the 1970s was invasive and, like communism in the 1950s and 1960s, it came down from Asia. It penetrated the middle class; it affected young men and women, even young mothers.⁷² Heroin use could also blur the boundary between consumers and controllers, as some addicts went on to become the counsellors of those with drug problems. Heroin crossed the borders of the body in a manner that challenged the medical control of drugs, and within the body it crossed the blood/brain barrier to induce changes in

⁷⁰ The Honourable Mr. Justice Woodward, *New South Wales Royal Commission into Drug Trafficking*, p. 354.

⁷¹ The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report. Book A: Parts I-IV*, p. D17.

⁷² N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, p. 40.

mood and consciousness. It derived power in the public mind from the fact that it was a drug that crossed many borders.

The ‘special vulnerability’ of youth

Young people, it was feared, were particularly vulnerable to heroin use. Sir Asher Joel, speaking in a parliamentary debate on amending the Poisons Bill to increase penalties on the 5th October, 1977, declared: ‘any member of this House who has a child must have lived in fear that his child would come home the victim of a drug pedlar.’⁷³

In 1977 parliamentarians were warned that youth were believed to be a particular target of the drug syndicates operating in the Golden Triangle area: ‘I see here a ripe and fertile soil in your young people’ said the American treatment program founder Dr Judianne Denser Gerber, in her evidence to the Joint Parliamentary Inquiry on Drugs:

You must understand that the forces against a stable society are well organised and highly interested in the almighty dollar, regardless of how they get it. They need a market, Mr Durick, and your police here tell me that the heroin on your streets is Golden Triangle heroin. That tells me that they have analysed the market, and found that Australia is affluent, with restless children here, and they are anxious to develop the market here.⁷⁴

These words had added impact because during the 1970s young people had greater access to heroin at its source in South East Asia. With the expansion of global travel, a decline in air fares and the good opportunities for jobs at the beginning of the 1970s, young people were travelling to Asia for holidays more frequently than they had done in the 1960s.⁷⁵ It has already been noted that in cities such as Penang, Bangkok and Hong Kong, it was not difficult, as a tourist, to come into contact with the illicit drug market.

⁷³ Speech of Sir Asher Joel to the Legislative Council during a debate on an amendment to the Poisons Bill on the 5th October, 1977. In: *New South Wales Parliamentary Debates*, vol. 134, p. 8395.

⁷⁴ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, p. 41.

⁷⁵ *Ibid.*, p. 40.

'Pushers' were believed to be targeting youth in Sydney by offering free heroin in places where young people gathered - outside the school gate or near railway stations in the afternoons.⁷⁶ One site of concern was Epping station, in Sydney's North West.⁷⁷

In July 1977 a newspaper article declared:

Drug pushers have given free samples to children at Sydney high schools. The free samples don't last long. As soon as the children were involved, they had to pay for future supplies. The spread of drugs amongst school children is one of the most frightening aspects of today's drug scene. Official statistics only hint at and do not reveal the deteriorating picture of the schools.⁷⁸

This report was based on little evidence⁷⁹ but signified an enduring fear which was featured by the press. The reality was that in one school, Pendle Hill High, when a drug - related incident occurred amongst the year eight students, the 'pusher' was a fourteen year old schoolboy who worked part time in a chemist after school and obtained his supply of mandrax by stealing it from his work, then distributing it to all his friends at school.⁸⁰

Immaturity and susceptibility to peer pressure were also ways in which youth was said to be more vulnerable to illicit drug use than adults. 'The problem of today is that many immature young people are turning to heroin and they cannot control its use. They are killing themselves in increasing numbers' the parliamentary inquiry bewailed in 1978.⁸¹ As noted in previous chapters, youth drug use was thought to be essentially a social activity that involved a group. This view was supported by the police. Sergeant Ken Astill, acting head of the drug squad, claimed:

Drug abuse is a vicious, contagious and environmental disease and it is a brutally plain fact that abusers make abusers; in other words, it is a

⁷⁶ Parliament of New South Wales, *Progress Report*, p.193.

⁷⁷ "Epping Named as New Student Drug Market", *The Sydney Morning Herald*, 20th April 1977, p.3.

⁷⁸ Keith Windshuttle and Elizabeth Windshuttle eds., *Fixing the News: Critical Perspectives on the Australian Media*, (North Ryde: Cassell Australia Limited, 1981), p. 175.

⁷⁹ The Honourable Mr. Justice Woodward, *New South Wales Royal Commission into Drug Trafficking*, p. 299.

⁸⁰ "Twelve Boys in Mass Drug Trip, Say Police", *The Sydney morning Herald*, 7th December 1977, p. 3.

⁸¹ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, p. 38.

centre of contagion or a focus of infection and invariably drug abusers are turned on by their friends.⁸²

In particular, heroin users were thought to need to recruit new users as a way of financing their own habits through small time dealing.⁸³

Young people were also believed to be vulnerable to heroin because of their use of marijuana, the most popular and contentious illicit drug amongst youth. In this theory, marijuana was the 'gateway' to heroin use. Young marijuana users shopped in the illicit drug market and thus were believed to come into contact with heroin because the same dealer supplied both drugs. Also, it was argued that there was a natural progression in drug use, beginning with tobacco and alcohol, then marijuana, pep pills and LSD, then the 'hard' drugs such as heroin. This view was strongly advocated by a visiting American, Professor Hardin Jones, and supported by member of the New South Wales Upper House, Fred Nile and his moral rearmament crusade, the Festival of Light.

There was some evidence to suggest that when the marijuana supply diminished, it was replaced by heroin. When the Royal Commission into Drug Trafficking began to investigate marijuana growing in New South Wales, there were reports of the supply of marijuana drying up and heroin becoming more plentiful.⁸⁴ Also, there was an important connection between marijuana and heroin in the law, which did make young drug users vulnerable to criminal prosecution. Marijuana was classified as a narcotic in the Poisons Act. By 1977 many drug experts found this inappropriate. Even the police advocated a change in the legal classification of marijuana. Astill told the parliamentary inquiry in 1976:

This is being looked at now. It [marijuana] is the same as cocaine, which is not a drug of addiction, just as LSD is not a true drug of addiction. You will probably find in due course that these will be rescheduled in some form or another.⁸⁵

⁸² Parliament of New South Wales, *Progress Report*, p. 136.

⁸³ The Honourable Mr. Justice Woodward, *New South Wales Royal Commission into Drug Trafficking*, p. 300.

⁸⁴ The Sydney Morning Herald, *Dealers creating marijuana drought*, 21st February, 1978.

⁸⁵ Parliament of New South Wales, *Progress Report*, p. 150.

But most young drug users did not think that their marijuana use made it more likely that they would use heroin.⁸⁶ Their attitudes to marijuana were very different. Martha Paitson, who lived in the northern New South Wales town of Nimbin, told an astonished group of parliamentarians on the 5th July, 1977:

The effects and uses of this herb are many. It can be used as a relaxant, helping one to be calm and more tolerant; it can help one to sleep or to stay awake; it inspires creative thinking and doing; it excels in easing the discomforts of influenza; and the plants, grown as a companion crop with brassicas, will repel the cabbage butterfly.⁸⁷

An examination of rates of heroin and marijuana use amongst young people in the early 1970s does not support the conclusion that most marijuana users progressed to heroin.

Table 4.5 Current marijuana use in New South Wales high schools, 1971-73⁸⁸

Year	Form 4 (%)	Form 6 (%)
1971	6.5	7
1972	8.7	10.9
1973	9.8	13.5

Table 4.6 Current marijuana users – Technical college students, nurses and risk groups, 1971-73⁸⁹

Year	Technical College (%)			Nurses (%)		Risk Groups (%)		
	Trade	Day Matriculation	Art school	General	Psychiatric	Prison	Probation	Delinquent Youth
1971	19.5	NA	NA	NA	NA	16.6	NA	NA
1972	26.1	29.7	41.5	9.6	33.6	28	27.7	31.9
1973	28.8	33.3	48	11.5	34.6	36.2	31.4	34.6

⁸⁶ Royal Commission into the Non-Medical Use of Drugs South Australia, *Final Report*, p. 35.

⁸⁷ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, p. 75.

⁸⁸ The Parliament of the Commonwealth of Australia, *Drug Problems in Australia - an Intoxicated Society? Report from the Senate Standing Committee on Social Welfare*, p. 131.

⁸⁹ *Ibid.*

Table 4.7 Rates of Narcotic Use⁹⁰

Year	Reference	Population	Age	Ever Used Percent	Current Users Percent
1971	Bell et al, 1975	N.S.W	15-19	2.8	1.3
1971	George, 1972	Sydney suburb	14+	0.9	0.5
1972	Bell et al, 1975	N.S.W	15-19	4.2	1.6
1972	Graves, 1973	Melbourne	13-23	1.5 (oral) 1 (intravenous)	0.9 (oral) 0.4 (intravenous)
1973	Bell et al, 1975	N.S.W	15-19	4.5	2.1
1973	Healy, 1975	Sydney suburb	14+	1.1	0.5
1973	Irwin, 1975	Canberra high school students	12-17	1.4	-
1974	Irwin, 1975	As above		1.7	-
1974	Turner and McLure, 1975	Queensland school students	11-17	2.3 (M)/1.4 (F)	0.9 (M)/0.2 (F)

The psychological theory of adolescence popular in the late 1970s, epitomized in the work of John Collins at Macquarie University, postulated that a major task of adolescence was developing a sense of identity. Young people, in this view, could be more vulnerable to drug use than adults through a lack of a sense of identity, and the need to develop one. One social role that was available was that of drug addict. According to promising young Sydney University academic David King, heroin use offered an enigmatically chic role, and it could be the ultimate act of defiance. King wrote in his journal in February 1977:

As the year progressed I was growing more concerned with developing the image of myself as a junkie, being accepted by those who used junk, marking myself off from those who didn't. I was seeking it constantly; the desperation, the day to day laughter, the cynical disregard for normal morality, the honesty, rough friendship and all the time the realization that underneath it was an actual physical thing one was doing with the body. That there was a game with death going on.⁹¹

In the 1970s some young artists were also experimenting with illicit drug use. Brett Whiteley, the *enfant terrible* of Australian art at that time, began using heroin around 1975, during the period when it had become more available.⁹² There are many references to drug use in his notebooks and journals, now on display in his former

⁹⁰ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, p. 46.

⁹¹ McCoy, *Drug Traffic*, p. 402.

⁹² Barry Dickins, *Black+Whiteley: Barry Dickins in Search of Brett* (Melbourne: Hardie Grant Books, 2002), p. 75.

home, the Whiteley studio, in Surry Hills. His sculpture, 'heroin clock', also on display in the studio, depicts the distortions of perception of time and space that can accompany the experience of heroin use. Whiteley's drug use and his artistic work were closely bound together, but heroin was the drug that caused his death seventeen years later.

Another identity that became available to young people was that of recovered heroin addict. Even though drug addiction could be treated, the person remained an addict for life, said Gordon Gately to the New South Wales parliamentarians.⁹³ All the public inquiries sought first hand evidence from those who had experienced heroin addiction, who were now used as experts on the nature of addiction. Recovered addicts, such as David Gordon, set up treatment programs, such as We Help Ourselves (WHOs), attracting young people who used illicit drugs. The self help groups Drugs Anonymous and Narcotics Anonymous were established following the model of Alcoholics Anonymous. These self help groups believed that an important part of their role was to educate users and the general public about the phenomenon of drug addiction. Investigative articles in the press examining narcotic addiction also interviewed recovered addicts and publicized their ideas.⁹⁴

Historians and social commentators, such as Keith Windshuttle, Alfred McCoy and Bror Rexed, began to argue in the late 1970s that the high unemployment rate amongst young people made them more vulnerable to heroin use. Because of the international oil crisis in 1973, the long boom experienced in New South Wales after the war had ended, and recession had set in. Jobs for young people had been hit hardest. It was also clear that the beginning of the collapse of the youth labour market coincided with the rise in heroin consumption amongst youth.

⁹³ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, p. 38.

⁹⁴ For example, the Sydney Morning Herald's story *Narcotics: one addict dies every two and a half weeks* published on page one on August 1st, 1977.

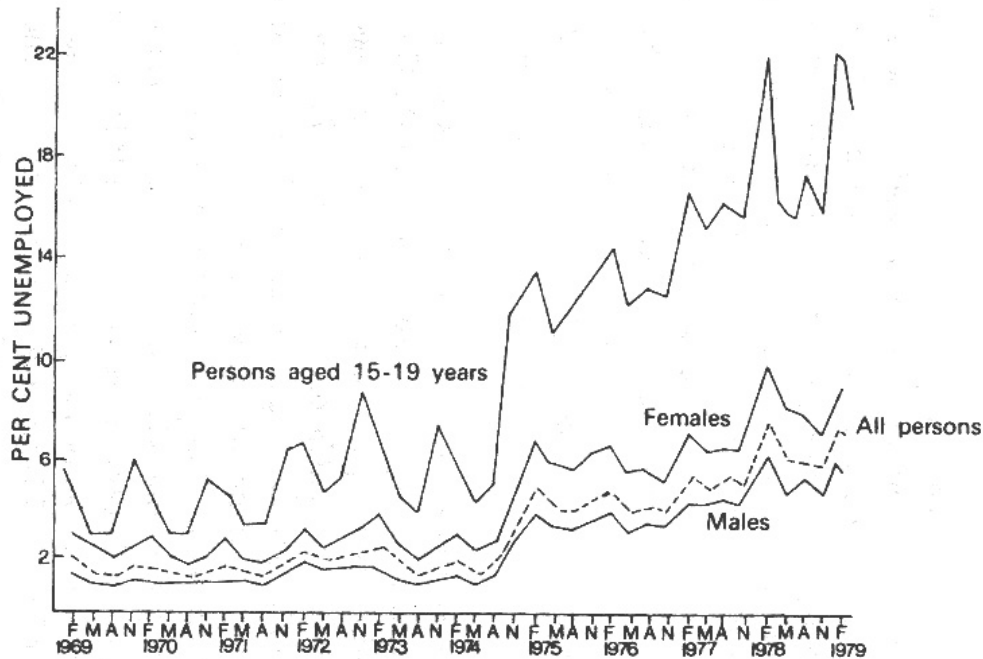


Figure 4.3 Unemployment rates, Australia 1969-79

Source: Australian Bureau of Statistics, *Social Indicators No. 2, 1978: The Labour Force, Australia, March 1979*

Windshuttle argued that the low self esteem that resulted from unemployment led to a desire for ‘chemical escapism’. He quoted one youth from the western suburbs of Sydney as saying: ‘I like Dakker because it makes me forget all my troubles and hassles. As well it is relaxing and soothing.’⁹⁵ Heroin, according to Windshuttle, was particularly attractive to the unemployed because it was extremely anti-social and it offered oblivion from the world. McCoy, in his 1980 examination of what he called the heroin epidemic of the late 1970s, added to the thesis when he wrote: ‘The combination of heroin addiction and permanent youth unemployment is a recipe for profound social malaise.’ He believed that the association between heroin, crime and unemployed youth could bring about a violent ghetto of young narcotics users.⁹⁶

Although young heroin users did commit crimes such as theft, burglary and assault to support their habits,⁹⁷ no ghettos of narcotic users developed in Sydney. Visiting health expert, Bror Rexed, of the United Nations Fund Against Drug Abuse which was based in Geneva, also supported the view that unemployment was a major cause of illicit drug use.⁹⁸ However, this point of view was not one commonly expressed in

⁹⁵ Windshuttle, *Unemployment*, p. 63.

⁹⁶ McCoy, *Drug Traffic*, p. 40.

⁹⁷ The Sydney Morning Herald *Drug Addiction and Non-drug Crime Linked*, 28th October, 1977 p. 5.

⁹⁸ The Sydney Morning Herald *Jobless hit by drugs* 16th April, 1978, p. 44.

the public debates about drugs, as was revealed in the analysis of drug issues in the media done by Philip Bell in 1982.⁹⁹

The possibility of earning money as a heroin dealer or courier was attractive to a few young people.¹⁰⁰ Heroin was, however, risky and expensive and there were legal drugs such as alcohol and tobacco that were cheaper and much more accessible to unemployed young people. These drugs could be found in their homes, having been purchased by their parents, or at any number of social occasions, celebrations or ceremonies, or bought cheaply at the corner shop. Alcohol and tobacco were not feared by adults as they were part of the adult way of life. But certainly recession and youth unemployment heightened the anxieties of parents for the future of young people and had a significant impact on the economic and social prospects of a whole generation.¹⁰¹

The foreign source of heroin, the beliefs about its power and anxieties about its use by the young, combined to produce the idea that heroin represented extreme danger, and therefore was the most serious drug problem of the time. When the extent to which organised crime had moved into the heroin trade was revealed by public inquiries, the notion of threat was elevated to that of a national menace. Anxieties about the increased vulnerability of youth contributed to the fears. Amplified in the media and by socially accredited experts, in a time when the youth labour market was collapsing, the moral panic about heroin took hold as the dominant discourse about drug problems.

Problem amplification by the media

As is the case with all moral panics the media played a significant role.¹⁰² The findings of two studies done during the period 1975-1982 demonstrate how the media amplified the problem of heroin and its context of youth illicit drug use.

⁹⁹ Philip Bell, *Headlining Drugs: An Analysis of Newspaper Reports of Drug-Related Issues in the New South Wales Press, 1980-81, Summary*, (Sydney: Report Prepared for the NSW Drug and Alcohol Education and Information Centre, The Langton Clinic, Nobbs and South Dowling Sts, Surry Hills, 1982), pp. 17-18.

¹⁰⁰ The Government of the Commonwealth of Australia and the Governments of the States of New South Wales, *Royal Commission of Inquiry into Drug Trafficking: Report*. This report showed how the international heroin dealer, Terence Clark, made extensive use of young women as couriers. Some were also heroin addicts.

¹⁰¹ Terry Irving, *Youth in Australia*. See chapter 9, "The 'Lost Generation'", pp. 225-235.

¹⁰² Stanley Cohen, *Folk Devils and Moral Panics*.

A study done by Windshuttle described a moral panic about drugs and youth that followed the publication of a report by the New South Wales Bureau of Crime Statistics in July 1975.¹⁰³ The report revealed a sixty per cent increase in drug convictions for young people but suggested that a special police training program could have accounted for part of the increase. Windshuttle analysed the press coverage of this report. He found that the media exaggerated the problem by using banner headlines to announce great increases in drug consumption whilst ignoring the police training program. Parents were blamed for this increase, being portrayed as naïve and ignorant of their children's drug use. The newspaper stories focused on heroin. The afternoon tabloids titillated the readers with descriptions of heroin use. Pictures showed an addict injecting heroin. Windshuttle gave a good example from the afternoon tabloid, *The Sun*:

Girls of eleven have been hooked on narcotics in Sydney. Boys of fourteen sell themselves to pay for their habits. Organized crime is tightening its grip. International smuggling rings operate shuttle services of drugs into this country.¹⁰⁴

The drug pusher was portrayed as the source of the problem and the solution was more police action. The police, in the form of Sergeant Astill of the drug squad, were heroes in the style of the movie popular at the time, *The French Connection*. The press took a moralizing role, defining the drug problem as one of crime, reinforcing societal norms by rejecting the deviant drug use and showing the dreadful consequences of it. Windshuttle found that the media presented the youth drug issue as one of social deviance, through a consensual paradigm that posited that the media's prime role was to reinforce social norms. The agents of control were reported largely as the police and the villains as rebellious youth.

Six years later Dr Philip Bell, Senior Lecturer in Mass Communications at Macquarie University conducted a more detailed study of press and television coverage of drug issues in New South Wales. For a year between 1980 and 1981, the New South Wales Drug and Alcohol Authority collected 1274 news items concerning drug or drug-related issues from the major daily and Sunday papers. Television items were also

¹⁰³ *Fixing the News: Critical Perspectives on the Australian Media*, pp.169-178.

¹⁰⁴ *Ibid.*, p. 172.

collected. Bell then analysed these items and classified them into drug type and principle theme. He also analysed their semantic structure.

Bell found that drug crime again was a major theme and that drugs were highly visible in headlines, adding to their vague and threatening connotation. Heroin seemed to be on the front page of a newspaper more often than it was used by members of the community. There were numerous references to the foreign source of drugs. Bell's semantic analysis showed that youth was the group most commonly described as the victim, (for example 'girls face death on the street'¹⁰⁵) being portrayed as passive and at risk. Drugs were powerful, active agents, the embodiment of threat, and the cause of the problem. ('Heroin creates crime tidal wave.'¹⁰⁶) If the source of drugs was foreign, they were also portrayed as more potent. ('U.S. killer drug: N.S.W. police set to pounce.'¹⁰⁷) Villains were now drug traffickers, racketeers, pushers. ('Girl killed by drug pushers, court told.'¹⁰⁸)

Bell's study showed that by 1982 media debates about drugs had become more complex. The activity of the agents of control had become a more frequent subject of press reporting of drug issues than the activities of individual drug users. This reflected the fact that a new drug control bureaucracy had been set up by the government to respond to the crisis. Two classes of social control agents were evident in press reporting. They were heroes and helpers, the police and doctors, social workers and counsellors. The control agents' job was to fight for, help, and save a passive society, which had become a victim to the intrinsic power of drugs and the villainy of powerful exploiters. ('Drug fight leader to address meeting' and 'Superforce set to crush drug chiefs'.¹⁰⁹) Power lay with the illegal drugs and the agents of social control, the drug victims and the audience were helpless.

Bell concluded that the drug problem between 1980 and 1981 was presented in the press as a problem of individual consumption, not of society and production. The response of the state was focused on the individual, who was seen to be in need of legally sanctioned correction. He reported that the symptoms of a drug using society were ritualistically portrayed as the disease itself, isolated from an economic or a

¹⁰⁵ Bell, "Headlining Drugs: An Analysis of Newspaper Reports of Drug-Related Issues in the N.S.W. Press, 1980-81". See "Summary", p.14.

¹⁰⁶ *Ibid.*, p. 12.

¹⁰⁷ *Ibid.*, p.13.

¹⁰⁸ *Ibid.*, p.15.

¹⁰⁹ *Ibid.*, p.16.

political context. The individual subject was defined as biological/social, not economic, and the welfare state was not portrayed as a necessary interventionist evil, but as benign or good. Heroes and helpers acted to contain the threat of drugs and ‘perhaps the most likely reaction to such representations of society through drug stories is one of fatalistic alienation tinged with hope that one’s own friends or family will not succumb to the threat that drugs pose.’¹¹⁰ The passive role allocated to the reader in drug stories and the individualized nature of the problem amplified the threat.

Legal drug advertising in the media indirectly amplified the heroin problem. Advertisements for alcohol, tobacco, and over the counter medications such as compound analgesics were commonplace. Often there were ironic juxtapositions in newspapers between stories on illegal drugs and in the next column, an advertisement for cigarettes. The effect of this was to give a message that legal drugs must not present drug problems because their production and promotion was legitimately advertised in the media.¹¹¹

The results of the media studies done in the late 1970s and early 1980s showed that the press and television amplified the problem of drug crime. Illegal drug use was often represented by the images and practices of heroin use. The topic of drugs frequently appeared in headlines and on the front pages of newspapers. Drugs were portrayed as foreign, powerful and threatening. Their victims, young people, were passive and helpless. The readers of the newspapers were also, by inference, passive spectators of this drug problem drama. The heroes and helpers who rescued the victims were engaged in a fight, a struggle, even a war. The prominence of drugs in headlines and the front page and the attribution of intrinsic power amplified the problem. The juxtaposition of legal drug advertising with exaggerated illicit drug reporting conveyed a message that legal drugs were much less threatening. The impact of the amplification of the problem by the media was increased because, having lost most of the knowledge of heroin gained from the experience of its medical use before 1953, the community now learnt about it mainly from the media.¹¹²

¹¹⁰ *Ibid.*, p. 18.

¹¹¹ Jeff Moss, “A Weekly Dose of Integrity”, *Connexions* 1, no. 6, p. 8. (Interview with Ita Buttrose, editor of *The Australian Women’s Weekly*.)

¹¹² The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report. Book A: Parts 1-IV*, p. C127.

However, Bell found that the media, whilst promising much, did little to provide accurate information about heroin use.¹¹³

The failure of the drug control regime set up in the 1960s

In 1980 Justice Williams concluded:

If the Commission is proposing a policy that is not novel the question that inevitably must be answered is why has it not worked before? The answer is that it has not really been tried.¹¹⁴

The public inquiries revealed that a moral panic about heroin was able to occur because the drug control regime set in place at the end of the 1960s had failed to prevent a rise in illicit youth drug use and had failed to prevent the establishment of a heroin market.

Organized drug crime exposed many weaknesses in the Australian law enforcement bodies responsible for Commonwealth and state drug laws. Lack of cooperation, poor coordination, competition and rivalry between forces, states, territories and the Commonwealth, were features of the way the new drug control regime was functioning. There was a degree of public acceptance of some ‘victimless crimes’ such as gambling, prostitution and marijuana use. Corruption eroded public confidence and the law impeded the tracing of the assets of criminals. Justice Williams was particularly concerned by the poor functioning of the main federal law enforcement body, the Narcotics Bureau:

Specialisation has bred an unqualified elitism in the Narcotics Bureau. One of the worst consequences of this is the failure to share information with state police officers. Final sittings around Australia also produced material confirmatory of the original criticisms of the Federal Narcotics Bureau’s efforts and more material for disquiet. In particular, the Commission received evidence that the supplies of heroin were increasing and that criminal and violent elements had

¹¹³ Bell, “Headlining Drugs: An Analysis of Newspaper Reports of Drug-Related Issues in the N.S.W. Press, 1980-81 Summary”, p. 9.

¹¹⁴ The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report. Book A: Parts I-IV*, p. D14.

moved into the drug scene. This evidence clearly indicated that the FNB was not succeeding in its professed role.¹¹⁵

The inquiries revealed that there was a significant gap between the territory covered by the state drug squads and the federal customs officers and this enabled the syndicate heads of organised drug crime to conduct their business undetected. In Sydney, drug squad head Detective-Sergeant Ken Astill told the parliamentary inquiry on drugs that state police looked after the city streets, or 'uptown', and the Narcotics Bureau was responsible for 'downtown' or the wharves.¹¹⁶ The Sydney wharves were a traditional entry point for illegal heroin and a key barrier for importers to surmount. The Stewart Royal Commission uncovered the fact that Sydney narcotics bureau officers were paid by the big international heroin dealer Terence Clark to pass on information to him about police activities in relation to his syndicate.¹¹⁷ Clark's bribes had been targeted to a strategic location and they were very effective, enabling him to carry on his business under the noses of two Royal Commissions. It was Costigan who uncovered associations between members of the Ships Painters and Dockers Union and drug trafficking in his Royal Commission conducted between 1981 and 1984.

Another failing of the drug control regime particularly led to moral panic. In 1971 the Senate Committee had recommended strongly that more research be done to establish detailed knowledge of Australian drug use characteristics and patterns. This knowledge was deemed an essential foundation for a rational drug policy. Although some isolated surveys on drug use had been done, they were limited in scope and, especially in the area of illicit drug use; accurate knowledge was almost completely absent. There was no body responsible for research into drug issues, and dedicated to pursuing this as a goal. The lack of a data base led to a poor standard of public debate about drug issues, a fact that was commented on by all the Royal Commissions. As a result, speculation and myth abounded in media coverage of illicit drug issues, and heroin was the illegal drug that most suffered from this.

¹¹⁵ *Ibid.*, p. B74.

¹¹⁶ Acting Chief of the New South Wales drug squad Ken Astill in his evidence to the Joint Parliamentary Inquiry On Drugs in Parliament of New South Wales, *Progress Report*, p. 144.

¹¹⁷ The Government of the Commonwealth of Australia and the Governments of the States of New South Wales, *Royal Commission of Inquiry into Drug Trafficking: Report*, pp. 390-399, pp. 480-484.

Australia's main drug policy body, the National Standing Control Committee on Drugs of Dependence, was found by Justice Williams to have become powerless and ineffective. Early in its life (it began in 1969) this committee had influential people sitting on it, said Williams, but they had moved on and were not replaced by anyone of influence. As a result, the NSCC did not get much support from the federal government. New South Wales did not have a designated agency responsible solely for drug policy and its Advisory Committee on Drug Education had suffered a similar fate to the NSCC. Thus there was no centralised, coordinated direction of drug policy, either at the state or the Commonwealth level.

There were other obstacles to effective drug policy. Justice Woodward observed that there were competing definitions of the drug problem:

The major problem is that this area of debate revolves around certain ethical or moral beliefs about drug use which differ from one group to another and are virtually irreconcilable.¹¹⁸

In an effort to resolve this dilemma, Sackville conducted an extensive research program into drug use, examining the social and historical foundations for drug policy, and taking a close look at attitudes towards drugs. He found that there was little agreement on the goals of drug policy; whether abstinence or safe use should be the aim of government intervention.¹¹⁹ He concluded, as did the other Commissioners, that containment rather than elimination was the most feasible goal:

In our view, then, the objective of social policy should be to minimize the harmful consequences of the non-medical use of drugs.

The New South Wales Parliamentary Inquiry on Drugs found that education and treatment suffered from the same problems of fragmentation, lack of resources, competition and poor coordination as law enforcement. There was conflict about the roles of the Health Commission and the Department of Education with regard to the conduct of drug education, and both departments seemed to be uncertain about what were effective methods.¹²⁰ There was confusion about the amount of drug use in

¹¹⁸ The Honourable Mr. Justice Woodward, *Further Report of the Royal Commission into Drug Trafficking*, (Sydney: New South Wales government printer, 1980), p. D 3.

¹¹⁹ The Government of the Commonwealth of Australia and the Governments of the States of New South Wales, *Royal Commission of Inquiry into Drug Trafficking: Report*, p. 24.

¹²⁰ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, p. 100.

schools. Teachers had not been adequately trained in drug education.¹²¹ The adult community was ‘abysmally ignorant’ because the Health Commission, whose action was described as ‘pitiful’, had failed to provide services.¹²² Overseas research had indicated that some drug education strategies could be counter-productive, and this was causing concern amongst drug education experts.¹²³

There was agreement amongst commissioners that education was very important. Referring to the National Drug Education Program, Williams wrote:

Apart from availability of drugs the greatest contribution to the recent increase in drug abuse among youth has been the lack of education.¹²⁴

The inquiries had exposed the impact of changes in the health system that began in 1975. In the late 1970s and early 1980s the central thrust of drug education was delivered through health services, under the Community Health Program established by the Whitlam government. Recession and a change of government had led to a transfer of funding away from Community Health to other types of health services which were more oriented to the traditional area of medical treatment. This impacted severely on drug education, as the workforce available to implement the programs was reduced. The politics of health had influenced the effectiveness of drug education.

Failures in law enforcement had led to the rise of the heroin trade and failures in drug education had led to the moral panic about heroin use. The foundations for drug policy had been revealed as shaky, with no agreement about goals and no data base to build on. Clearly, as Williams pointed out, Australian drug policy was in no shape to respond to ‘a nation wide drug menace’.

Political attitudes

Some politicians used the moral panic about heroin to win votes. In this way heroin became the symbol of the drug problem in the New South Wales election campaign in 1978. Taking advantage of public concern about drug crime and corruption, the opposition Liberal party, under the leadership of Peter Coleman, focused on a law and

¹²¹ *Ibid.*, p.109.

¹²² *Ibid.*, p.110.

¹²³ *Ibid.*, p.111.

¹²⁴ The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report, Book A: Parts I-IV*, p. D11.

order theme. It consulted drug expert David Gordon, the recovered addict and founder of the agency 'We Help Ourselves', who assisted in devising a series of sensational advertisements. These advertisements showed images of young people injecting heroin or degraded young heroin users lying unconscious in the street. The Liberals used these images to oppose what they called the 'soft' policies on drugs of the ruling Labour party. They advertised themselves as having a 'hard' line on drugs, and opposing heroin provided a good example of this because the drug was believed to be powerfully evil and its users socially deviant. After vocal opposition to the publication of images of heroin use from drug experts as well as the government, the Liberals modified their approach, but the images remained in the public memory. Those who opposed this campaign did not do so on the basis that heroin was not powerful, but rather on the basis that it was so powerful that the public should not be shown how to use it. The fracas over the publication of images of heroin use in the media perpetuated the amplification of the heroin problem.

Otherwise both state and federal governments in the late 1970s and early 1980s seemed at a loss as to how to respond to the drug problem. After increasing penalties against illegal drug use, they were uncertain about any other strategy:

Commonly the question has been referred to an independent Commission or Committee when legislators have felt unable themselves to unravel and resolve the complexities and tangled anxieties of the drug problem.¹²⁵

Premier Neville Wran's Labour government had gained power in 1976 with a reform platform on a number of social issues such as drunkenness, swearing in public, and prostitution. These were collectively referred to as victimless crimes. The new left wing Attorney-General, Frank Walker planned to repeal the Summary Offences Act to reform the law on these issues. Wran and Walker wanted to legalise gambling, casinos, off-course betting and prostitution in order to control organised crime. Diversion of heroin addicts was part of this strategy, as was decriminalising cannabis.

The increase in moral panic about heroin halted the government's cautious progress towards drug law reform. The disappearance and presumed murder of anti-marijuana campaigner Donald Mackay in 1977 exposed the involvement of organised groups of

¹²⁵ Royal Commission into the Non-Medical Use of Drugs South Australia, *Final Report*, p. 5.

criminals in the drug trade. After this event, Wran moved to a more conservative stance on drug policy. Control of illegal drug use took greater priority. Penalties were increased again. A semi-independent Drug and Alcohol Authority was established as the main drug policy unit for the government. A Division of Drug and Alcohol Services based in the Health Commission was also created but not resourced. A number of abstinence-based rehabilitation programs were founded by non-government agencies, and were supported by the government through funding administered by the Authority.

Politicians separated policy on legal and illegal drug use, preferring to focus on drug crime rather than the problems that resulted from alcohol and tobacco consumption. This alienated drug experts, most of whom thought that the problem of legal substances such as alcohol, tobacco and compound analgesics was far greater. This view is illustrated in the following exchange during the giving of evidence to the Joint Parliamentary Inquiry on Drugs by Dr Gregory Chesher, senior lecturer in Pharmacology at the University of Sydney:

Chair: As you know Dr Chesher, this is a committee inquiring into prohibited drugs and drugs of addiction?

W. Yes, it excludes alcohol and tobacco which are our major drugs of concern in the drug problem.

Chair: But we have known the effects of those for a long time. It is scientifically known. It is sociologically known too?

W. But we are not doing anything about it. We have this serious problem of drug dependency. We can do something about it but we do nothing. As I have pointed out in my submission, we are not only doing nothing about it but we are doing things to exacerbate it.

Chair: the principal area of concern in relation to tobacco and alcohol is in the Federal sphere, where these topics were covered by the 1971 Senate Inquiry?

W. Yes, but there has been recent state legislation liberalizing licensing laws in theatres and there has been a stated intention of allowing Sunday trading in hotels.

Chair: We are not going to debate that side of it here.¹²⁶

There were a number of economic reasons for the government's desire to avoid action on the problems caused by alcohol, tobacco and medicines. The development of the wine industry made a significant contribution to the New South Wales economy in the 1970s.¹²⁷ Government revenues from taxes on alcohol and tobacco meant that there would be an impact on treasury if consumption of these products declined. In 1977-1978 Australians spent \$3300 million on alcohol and \$1180 million on tobacco.¹²⁸ In fact the New South Wales government was promoting 'civilized drinking' as part of its attempts to make Sydney an internationally attractive, cosmopolitan city to develop tourism and international investment. Taking action to reduce alcohol consumption involved dealing with the powerful liquor interest in the form of organizations such as the Australian Hotels Association and the breweries. In 1977-78 Australians were estimated to smoke 2800 million cigarettes per month.¹²⁹ The Tobacco Institute and international tobacco companies such as Phillip Morris were powerful lobbies. In 1975-76 the Commonwealth government contributed \$429,862 to the Tobacco Industry Trust Account, and nothing to the anti-smoking education program.¹³⁰

Compound analgesics and other pharmaceuticals were also bringing in large profits. In 1971 the Australian community consumed 2904.3 million mild analgesic tablets.¹³¹ There were 92,800,000 prescriptions dispensed under the Pharmaceutical Benefits Scheme in 1978-79,¹³² which cost Australians \$380 million dollars. An intake of more than twenty analgesics a day was associated with illness, and even death through analgesic nephropathy.¹³³ Control aimed at a reduction of consumption was strongly resisted by the pharmaceutical industry.

A final factor that strongly influenced political attitudes was community attitudes to drug use. Professor Sackville found that there was a widespread belief that medical

¹²⁶ Parliament of New South Wales, *Progress Report*, pp. 103-104.

¹²⁷ Milton Lewis, *A Rum State Alcohol and State Policy in Australia*, (Canberra: Australian Government Printing Service, 1992), p. 17.

¹²⁸ The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report, Book A: Parts 1-IV*, p. D8.

¹²⁹ *Ibid.*, p. D7.

¹³⁰ The Parliament of the Commonwealth of Australia, *Drug Problems in Australia - an Intoxicated Society? Report from the Senate Standing Committee on Social Welfare*, p. 102.

¹³¹ The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report, Book A: Parts 1-IV*, p. D8.

¹³² *Ibid.*, p. D8.

¹³³ The Parliament of the Commonwealth of Australia, *Drug Problems in Australia - an Intoxicated Society? Report from the Senate Standing Committee on Social Welfare*, p.117.

drugs were good and non-medical drugs were bad. He also found that there was a general reluctance to recognize that alcohol and tobacco could be harmful. Most people regarded heroin as bad but saw the source of the problem as the pushers, not the users.¹³⁴ Political action reflected these attitudes. Costigan concluded that:

There is little doubt that the Australian public is prepared to accept quite harsh legislation from governments showing a determination to combat the [illegal drug] industry. Most people do not see those laws as being directed at them.¹³⁵

The public inquiries into drug use that were conducted between 1977 and 1984 all recommended a comprehensive national drug strategy which included legal as well as illegal drugs as a basic necessity. However, the main target of government intervention into the drug problem became the organised criminal syndicate, in particular its head, the mythical Mr Big. The hapless young drug user, whilst still the person who was believed to be most at risk from illicit drug use, was now no more than a bystander in the drama of solving the drug problem through finding the large scale drug traffickers. Organised crime posed a threat to the law and order and governments, both state and federal, devoted resources to dealing with this problem, ignoring the advice of judicial, parliamentary and health experts who were clamouring for action on legal drugs. Moral panic about heroin prevented the community from being informed about, and attempting to understand, the complex and confronting nature of the drug problem.

Conclusion

In the late 1970s a rise in the use of heroin in Australia was perceived as a powerful and sinister Asian invasion, setting off another moral panic about drugs. Drug experts, politicians and public officials warned that heroin constituted a threat to the very stability of the state. Some experts challenged this view, but their ideas were ignored. In response to this panic, and a series of public inquiries, the New South Wales government changed its drug strategy from preventing youth drug use to containing the spread of organised drug crime.

¹³⁴Royal Commission into the Non-Medical Use of Drugs South Australia, *Final Report*, p. 35.

¹³⁵The Government of the Commonwealth of Australia and the Government of the State of Victoria, *Royal Commission on the Activities of the Federated Ship Painters and Dockers Union: Final Report*, Volume 5, p.115.

Global increases in supply and demand had led to the rise in heroin use, and panic was facilitated by the media, which portrayed heroin as powerful and threatening, at the same time failing to provide any accurate information about it. The drug problem was presented as one of individual consumption, in need of correction by the benign agencies of social control. Drug education programs, severely reduced by cut backs to the Community Health Program, were unable to counter the impact of the media's inflated representations. The community was influenced by anxieties about the vulnerability of youth, who were often portrayed as helpless victims of the sinister drug traffickers. Schools were said to be a common site where dealers sought out new business.

There was little accurate knowledge about patterns of illicit drug use available to policy makers, government and the community in the 1970s. No comprehensive set of statistics had been developed. This enabled myth and speculation to take hold.

The economic aspects of drug issues were obscured in the public representations of the drug problem. The vested interest of government in legal drug use, through taxation policies, made it difficult for politicians to address the many problems associated with legal drugs. It was much easier for government, despite the pleas of health experts, to emphasize drug crime in its response to the drug problem.

The needs of youth lost their place in the government's drug policy agenda. Therefore solutions oriented towards youth were not implemented. In 1978 a parliamentary inquiry in New South Wales had recommended:

Opportunities for jobs, a decent environment and communication with youth are all indispensable if we are truly concerned with eliminating the crisis. The young people who are turning to drugs must be offered a viable alternative. However, the devices of exhortation have failed miserably and we can no longer rely on them. To do so would be only to further alienate our young people and to solidify the divisions which already exist in our society.¹³⁶

The re-definition of the drug problem had a significant impact on the government commitment to addressing the needs of youth, and as a consequence, on the development and support of drug education programs in New South Wales.

¹³⁶ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, p. 52.

Chapter Five

Putting drugs in perspective, 1977-1984

Drugs and alcohol are incredibly sensitive issues that have become political dynamite. Consequently they are issues about which there have been generated a lot of misconceptions and half truths. Now the exercise is to set the record straight and get a rational approach to the problem.¹

The atmosphere of rising hysteria about heroin and organized crime made it difficult for the New South Wales government to develop and implement a rational drug education policy. Nevertheless, by 1985, the foundations for state-wide drug education, contextualised within general drug and education policy frameworks, had been laid. However, the system was new, fragmented and fragile, severely under-resourced, with only limited political and community support. Its objectives were ambitious.

This chapter will describe drug education during the heroin panic, after the institution of a new drug policy by the Wran Labour government in April, 1977. It will examine the domains of public education, led by the Health Commission, and school education, lead by the Department of Education. It will describe the leadership, policies and the response to the media promotion of myths about drug use. Significant actors will be identified, followed by an examination of their ideas and the strategies they employed to implement them. Competing programs constructed to rectify a perceived inadequate bureaucratic response will be examined. In addition, the actions of the National Drug Education Program in its attempts to support, coordinate and unify drug education in Australia will be explored.

This chapter will identify the overall approaches and themes in the response of drug educators to heroin panic, discussing their responses and identifying strengths, weaknesses and outcomes in the context of the pressure from public anxiety about heroin.

¹ Carol Major, "Planting a Computerised Garden", *Connexions* 2, no. 6 (1981). Interview with Peter White, Coordinator of Drug and Alcohol Information Services, Division of Drug and Alcohol Services, New South Wales Health Commission, p. 12.

Public education: challenging the myths

Between 1977 and 1984, public education about drugs, (the responsibility of the Department of Health), was impeded by two other significant factors, as well as the panic about heroin. The first was that research into drug education conducted in Europe, the United States and Canada during the early 1970s² confirmed that many drug education programs had not only been ineffective but had possibly promoted increased drug use in young people.³ The sensational media coverage and short lectures focused on giving information about the dangers of illegal drugs were thought to be the chief reasons for the failure of the programs. It was believed that these methods had actually encouraged young people to take up the use of illegal drugs. In 1975 the Director of the Drug Education Unit of the Health Commission, psychiatrist Bob Webb, told the Joint Parliamentary Inquiry Upon Drugs:

In general I think we should accept that drug education is a dangerous activity, which, in untrained hands, can, and has led, to nation-wide situations overseas described officially as disastrous. With the evidence before us, and I stress that this is evidence on actual happenings and not theoretical considerations; we would be blameworthy if we allowed demonstrably dangerous activities to develop or even continue in this state.⁴

In October 1973 Webb had represented Australia at the 1st International Congress on Drug Education, which was held in Montreaux, Switzerland and sponsored by UNESCO. It was at this congress that the American representatives, E.M. Brecher and Helen Nowlis, had described the dramatic change in drug education policy that had occurred in the United States. A moratorium on drug education programs in that country had been declared and all pamphlets, films, books and leaflets were to be withdrawn from circulation. This approach was supported by D. C. J. Van Peype from Holland and J. Woodcock from England. The US representatives reported that they were in the process of developing new programs and that their approach would be

² This research was summarised in a paper entitled "1st International Congress on Drug Education, October 14-16, 1973, Montreux, Switzerland", written by Dr Robert Webb, head of the Mental health and Drug Education Unit of the New South Wales Department of Health, and submitted in his evidence to the Joint Parliamentary Inquiry Upon Drugs in 1975. In: Parliament of New South Wales, *Progress Report*, pp. 89-90.

³ Edward Brecher, "How to Launch a Nation Wide Drug Menace", in Edward Brecher ed., *Licit and Illicit Drugs*, (New York: Consumer Reports, 1972), p. 321.

⁴ Parliament of New South Wales, *Progress Report*, p. 91.

similar to what was occurring already in Australia – one focused on people, not drugs. Webb found, to his surprise,⁵ that the concepts that underlay the National Drug Education Program in Australia had been innovative in terms of world practice.

Thus the expert's approach to public education, when heroin panic increased in New South Wales, was characterised by caution and a fear of panic responses. There was a strong desire not to repeat the mistakes of the past. The drug education guidelines developed by the National Drug Education Program and used by the Department of Health at this time emphasized methods that were discussion based, avoiding single sessions if possible, and including legal as well as illegal drugs without the use of fear.⁶

The second significant factor was that the Parliamentary Inquiry had been very critical of the Department of Health's conduct of drug policy since 1971.⁷ Thus the new Labour government did not regard the views of Dr Webb as credible. The new Premier of New South Wales, Neville Wran, ignored overseas evidence on the dangers of promoting drug use through inappropriate drug education methods. In his 1977 drug policy speech at the opening of the new Bourke Street Drug Centre, Wran announced that a marijuana education program for young people would be developed by the Chief Stipendiary Magistrate's committee.⁸ This marijuana education program would be part of a new drug diversionary scheme, designed to divert young people from jail into treatment. After assessment the young marijuana users would be educated about the dangers of marijuana use. This type of program was in opposition to the guidelines for drug education developed by the health bureaucracy. However, the first attempt at the new drug diversion scheme proved unsuccessful and the education program was never implemented.⁹

In 1978 the new Labour government separated the control of school education from public education, thereby setting strategies for youth in schools on a separate path to

⁵ *Ibid.*, p. 90.

⁶ The Centre for Education and Information on Drugs and Alcohol, *An Australian Handbook on Drug Use*, (Canberra: Australian Government Publishing Service, 1984), p. 56.

⁷ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, pp. 136-147.

⁸ Ian Frykberg, "Wran Outlines Two-Stage Plan for Leniency on Marijuana Use", *The Sydney Morning Herald*, 28th April 1977, p. 3.

⁹ Committee of Review into Drug and Alcohol Services in New South Wales, *Final Report*, (Sydney: State Health Publication, 1985), pp. 217-220.

those targeting young people out of school and adults. The Joint Parliamentary Inquiry had found that there were a number of difficulties in the partnership between the bureaucracies of Education and Health, with most of the fault lying with Health. Health workers and resources were too thin on the ground, they did not understand the developmental needs of children, and did not have the necessary knowledge of the pupils needed to contextualize drug issues.¹⁰ A joint agreement between Education and Health issued in October, 1978 stated that health educators would no longer be directly educating students in schools. Drug education was to be the responsibility of the teacher, not an outside speaker, and the teacher was deemed to be the most appropriate person to conduct it. The Health Commission could be involved in teacher training and research, when given permission, but it should stay out of the classroom.¹¹

New administration

To advise and coordinate the new drug policy initiatives, Wran by-passed the Department of Health and established a Drug and Alcohol Authority. The Authority was a small statutory body, governed by a part-time chair and seven members, assisted by a permanent secretary and a small administrative staff. Its goal was 'to reduce the consumption of alcohol and other drugs in New South Wales.'¹² Its functions were to formulate, monitor and evaluate drug and alcohol services, undertake research, provide grants and advise the Minister for Health on matters to do with service provision or drug and alcohol problems. Bob White, secretary of the Authority between 1980 and 1987, recalls the reasons for this approach:

They thought that it was a model that was worth trying for New South Wales because I think they were convinced that the Health Department wasn't responding adequately. There were a number of voluntary agencies that were struggling and hadn't found favour with the Health Commission, so they felt that the Drug and Alcohol Authority would give a real focus to making sure that something actually happened. And it came quite out of the hands of the health professionals then.¹³

¹⁰ Parliament of New South Wales, *Progress Report*, p. 172.

¹¹ New South Wales Department of Education *Policy Statement. An Approach to Drug Education*. D.R.C. Circular No. 78/97 9th October, 1978.

¹² *Connexions* 2, no. 1, p. 1.

¹³ Interview with Bob White. Secretary of the Drug and Alcohol Authority, 1980-1987. 9th August,

The Authority's first chair was Chief Stipendiary Magistrate Murray Farquhar. The Secretary was political appointee, Brian Stewart, a former press officer of Kevin Stewart, the Minister for Health. When Farquhar was accused of improper conduct in his role as Chief Stipendiary Magistrate, Brian Stewart became the full time chair in 1980. The seven member board included Detective Frank Hansen from the drug squad, Staff Inspector Eula Guthrie from the Department of Education, Dr Gary Andrews, Health Commissioner, Reg Bartley, chair of the Liquor Administration Board, Dr George Wilson from the Foundation for Research and Treatment into Alcohol and Drug Dependence, Cec Gidney from Odyssey House and Bill Crews from the Wayside Chapel.

One of the Authority's functions was to 'promote and facilitate the development and implementation of educational or training programs relating to drug or alcohol problems.'¹⁴ However, for most of its ten year existence, the lion's share of the funding went to treatment programs run by non-government agencies.¹⁵ Under the Authority, drug education was not supported and resourced as a leading strategy in drug control, although the Authority did attempt to support education with the opening of a Drug and Alcohol Educational Resource Centre at the beginning of 1980.¹⁶

At the same time, the government created a new Division of Drug and Alcohol Services within the Health Commission. On paper, this appeared to be a step forward in the development of a rational and coordinated response to drug problems. The Director of the new Division was to 'be responsible for the planning, coordination, policy development and evaluation of Health Commission Drug and Alcohol Services.' It was to play a very important role, Stewart told the New South Wales Parliament. A great expert was needed as much would depend on his ability.¹⁷ Professor James Rankin was recruited from Canada to take the post. In the 1960s Rankin directed an alcoholism clinic at Saint Vincent's Hospital and lectured at the University of Melbourne. Following this he had become Director of the Addiction

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¹⁴ *The Drug and Alcohol Authority Act (1980)* Section 9 (1) New South Wales Government Printer, 1980.

¹⁵ Interview with Bob White.

¹⁶ "Education Centre Opens", *Connexions*, February 1980, p. 1.

¹⁷ Answer by the Minister for Health, Kevin Stewart, to a question from the Opposition in the Legislative Assembly on the 15th March, 1978. In: *New South Wales Parliamentary Debates*, Vol. 139, p. 13058.

Research Foundation in Ontario, Canada. As part of his work at the Melbourne clinic, he conducted a study on alcohol problems in Australia. This study became nationally known when it was presented as a keynote paper at the International Congress on Alcoholism and Drug Dependence held in Sydney in 1970. The Health Commission was able to secure a conjoint appointment at the Sydney University Faculty of Medicine for Rankin.

Rankin used experience gained in Canada and in treating alcoholics in Australia to write a response to the Joint Committee of Inquiry Upon Drugs for the Health Commission, thus developing a plan for how he would proceed in his new post. However, when he arrived, he found that he lacked the most basic support:

Suddenly you get there and they actually haven't got an office for you, they haven't got a secretary for you and they haven't got anything for you. Finally I got a person who was a research assistant who started to help me get things sorted out, but this was pretty awful. All this effort to get you there, and having got there, it wasn't clear what they were going to let you do. And also it wasn't very clear what you had to do it with anyway.¹⁸

Rankin had expected to be in charge of the Drug and Alcohol Authority, as the parliamentary inquiry had recommended, but this was not the case. Neither was the chair of the Authority in control of the Division, as Farquhar desired.¹⁹ The bureaucratic leadership of drug policy was split in two, with most of the political support going to the Authority. But the Authority had no power to compel any part of the public service to follow its advice. Conflict between the Authority and the Division was inevitable,²⁰ and since there was no authoritative central direction of drug policy, developing policy was fraught with difficulties.

New policies

In its first years the DAA did not have time to concentrate on policy making, it was preoccupied by distributing funding, and all the conflicts that this involved.²¹ Thus, between 1977 and 1980, the new Division was able to take the lead in the making of

¹⁸ Interview with Professor James Rankin 15th August, 1997.

¹⁹ Wales, "Final Report", p. 299.

²⁰ *Ibid.*, p. 300.

²¹ Interview with Bob White.

policy. Rankin already had a vision for drug policy in New South Wales, based on his Canadian experience, which he enhanced with input gained by travelling around the state to consult with regional drug and alcohol workers.

Rankin's draft drug policy, released in 1980, had as its first objective 'to prevent the development of potentially harmful forms of drug using behaviour in New South Wales.'²² The policy was comprehensive as it concerned a whole range of drug using behaviours, not just drug dependence, as well as legal and illegal drugs. It stated its aims in terms of specific, drug related outcomes. The new target group for interventions would be the more moderate drug users, rather than the deviant drug dependents. Rankin had been influenced by recent research on the distribution of alcohol consumption in large populations being conducted by epidemiologists such as Solly Lederman. The findings of this research showed that the majority of social problems associated with alcohol were caused by the behaviour of moderate drinkers, not alcoholics.²³

Rankin had reduced expectations of the role of drug education in drug strategy:

One of the things that's always concerned me is that politicians, and many other people, equate education with prevention. If we educate, the problem will be prevented. That's not the case. You can educate all you like but if the government doesn't pass certain legislation, or if it does pass certain legislation, that has an impact on education.²⁴

Education, in Rankin's view, became just 'one strategy or tool that can be used for both prevention and/or treatment.'²⁵ It needed to be linked with other strategies to be effective. The concept of prevention in the draft drug policy now took the place of education as the main alternative drug control strategy to legislation. Prevention included new approaches such as community development, health promotion and direct action to lobby politicians to change legislation. In response to the anxieties about drug education being counter-productive, Rankin created a separate category of educational service, which he called information services. This category included telephone help lines, the production of resource material such as pamphlets, films and

²² Rona Sinclair, "A Response to Professor Fitzgerald", *Connexions*, December/January 1981/82, p. 8.

²³ Interview with Professor James Rankin.

²⁴ *Ibid.*

²⁵ Centre for Education and Information on Drugs and Alcohol, *An Australian Handbook on Drug Use*, p. 56.

articles, a magazine style professional journal, *Connexions* and a media monitoring function. This service met the public need for information about drugs, but was not defined as part of education.

In 1978 Rankin began pulling together existing resources to form his new Division. Public drug education services were an important part of this new structure. In cooperation with Jim Lawson, the Regional Director of the Northern Metropolitan region of the Health Commission, a local Educational Resource Centre was converted into a state wide resource in 1980. This process was also assisted by funding from the National Drug Education Program. A position for a Senior Health Education officer was established and Rona Sinclair, who had experience both as a teacher and as a drug treatment worker, took the job. Peter White became Information Services Coordinator. Therefore, despite a lack of resources, Rankin was able to establish a new institutional base for public drug education in New South Wales. When the Health Commission was restructured into the Department of Health in 1982, and the Division reduced to one policy advisor, the Educational Programs section became a separate institution, the Centre for Information and Education on Drugs and Alcohol (CEIDA) with funding supplied by the National Drug Education Program. CEIDA was then able to develop as the most comprehensive semi- autonomous public drug education body in the state. It forged a strong relationship with the DAA but had a more distant one with the Department of Health.

The Authority was the major source of government funding, and Rankin worked hard to cooperate with their personnel, eventually occupying the same floor in the same building. Some joint programs were established, although the directors did not work together.²⁶ From 1983 the DAA gave increased attention to drug education, urged on by the newly established CEIDA. A Standing Committee on Education and Training was formed. The aim of this committee was ‘to coordinate and make available education programs for government and non government workers’.²⁷ CEIDA provided the administrative support to this committee. In 1982; Rankin returned to Canada, as after the reduction of the Division to one policy officer in 1982, there were no further opportunities for him to develop drug policy and his own career in the re-structured Department of Health.

²⁶ Interview with Bob White.

²⁷ “Resource Services”, *Connexions*, January/February 1983, p. 6.

New strategies

Some public drug educators now believed that the media was one cause of the drug problem.²⁸ Therefore targeting the media was a priority in the public education response. Attempts to debunk media myths through community education group sessions, however, had proved disheartening:

You haven't really lived until you've shown a film called *The Way Ahead*. It dealt with a family who managed to get lost in the drug field. Wonderfully non judgmental, it just reported what does happen, particularly a fight between the father, who was terribly keen on beer, and his son, who was terribly keen on marihuana. We used to show this little movie at RSLs, Leagues Clubs and so forth, to the background of the poker machines and people ordering beer. People used to sit at their tables with their glasses and full jugs of beer which they would chuff down. They all wanted to know about marijuana, because that was not only a dangerous drug, but it was sinful as well. Beer was a man's drink, eh, but not this nasty stuff. And yet many of the men who were returned servicemen from the Second World War would have smoked hashish in the Middle East. But that was something they never talked about.²⁹

Monitoring of the media coverage of drug issues was begun by Peter White, head of Information Services at CEIDA. The aims were to use media stories to alert health professionals to new trends in drug use, to find information about law enforcement activities and community attitudes, and to assist in developing new responses to changing patterns in the drug scene. As part of the monitoring process Phillip Bell, Lecturer in Communications at Macquarie University, was commissioned to undertake the 1981 study described in the last chapter. Findings from the media monitoring were regularly reported in *Connexions*.

A new role recommended by the National Drug Education Program for drug educators was that of educating journalists.³⁰ They were urged to provide accurate and

²⁸ Parliament of New South Wales, *Progress Report*, p. 91.

²⁹ Interview with Peter Trebilco, education officer in the Department of Mental Health and Drug Education, a unit of the department of Public Health/Health Commission during the 1970s, 10th August, 2003.

³⁰ "The Role of the Press", *Technical Information Bulletin*, November 1977, pp. 9-10.

up to date information to the press and have regular, helping contact with Press workers with the aim of modifying drug stories.³¹ Also prominent media personalities were targeted for interview and education by the editor of *Connexions*. Some of these personalities included Mike Willesee from television current affairs, Ian Parry-Oakden, radio journalist, and Ita Buttrose, publisher of the famous *Australian Women's Weekly*. However, the strategy of educating journalists had its limitations:

Right at the start, one should note a difference in philosophy here. The non-journalist may take the view that knowledge of some things is dangerous. He may say that it is better to keep people in ignorance. This is a suppressive view. Now the journalist will argue that the more people know, the less likely are racketeers to get away with the exploitation of ignorance. He will believe it his duty to expose and simultaneously warn the public and make them aware. This is the traditional role of the journalist through the generations.³²

Other obstacles stood in the way of educating journalists. Media personalities did not have the control of their program content and this was even true of editors. For example, when asked how she was able to run an advertisement for tobacco opposite a story about the harm of heroin, Buttrose said that she had no control over the placement of advertisements; they were dictated by the owners of Consolidated Press.³³

A more formal method of attempting to educate the press was through the development of guidelines for the coverage of drug issues. These guidelines were prepared by the Drug and Alcohol Authority and the Centre for Education and Information on Drugs and Alcohol and presented to the Press Council in February 1984.³⁴ They attempted to reduce public anxiety and prevent the promotion of illegal drug use to youth. They suggested that information on how to obtain, make or use a drug should not be described. Exaggeration and deliberate provocation should be avoided and reports should not be aimed at arousing fear. New drug problems overseas should not be reported as likely to happen in Australia. Specific drugged

³¹ The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report, Book A: Parts I-IV*, p. 126.

³² Rohan Rivett, "Drugs and the Mass Media", *Technical Information Bulletin*, July 1972, p. 2.

³³ Jeff Moss, "A Weekly Does of Integrity", *Connexions*, August 1980, p. 8.

³⁴ "Guidelines on Press Reporting", *Connexions*, March 1984, p. 1.

states should not be described in detail. Pleasure should be balanced by harm. Slang, street names, generalisations about groups, stereotypes, role models advocating drug use should be avoided. Journalists should check and state sources, designate alcohol and tobacco as drugs, and refer to substances by name rather than use a general term. A drug itself should not be nominated as the cause of harm, but rather the person's use of it. Drug use should be presented in context and useful resources for help with drug problems should be included in articles on drugs. Stigmatising young drug users could be avoided by not using the term addict.

The most contentious public education response to the impact of the media was that of drug educators advocating for increased controls on the advertising of legal drugs. Educators argued that there were close links between the community's consumption of alcohol, tobacco and analgesics and the amount of advertising of these products.³⁵ The advertising of legal drugs was also believed to promote the use of illegal drugs by creating a climate of increased general drug use. The Baume Inquiry had recommended stricter controls in 1978.³⁶

However, industry vigorously opposed external regulation. The Advertising Federation of Australia argued that other Western nations with no proprietary controls had the same kind of drug problem and that television advertising was not linked to illicit drug use. They said that the influence of peers and family background was more important than the influence of the media. Alcoholism and drug dependence were illnesses caused by genetics and suffered by a minority. Advertising was not aimed at increasing consumption but changing brands.³⁷ The Commonwealth Government supported the industry. It had refused Senator Baume's recommendations for stricter controls, preferring a self-regulatory model as expressed in the 1977 Self Regulatory Code.

Some disillusioned drug educators then turned to direct action outside of their work roles. In October 1979 health educators Simon Chapman, Greg Starkey, John Carmichael and Don Dunoon formed the Movement Against the Promotion of

³⁵ Interview with Professor Simon Chapman 4th May, 2001.

³⁶ The Parliament of the Commonwealth of Australia, *Drug Problems in Australia - an Intoxicated Society? Report from the Senate Standing Committee on Social Welfare*, pp. 3-7.

³⁷ A review of these arguments is made by Justice Williams in: The Government of the Commonwealth of Australia and the Governments of the States of New South Wales, Victoria and Queensland, *Australian Royal Commission of Inquiry into Drugs. Report, Book C: Parts X-111*, (Canberra: Australian Government Publishing Service, 1980), chapter 4.

Unhealthy Products. (MOP UP). They adopted moderate methods such as letter writing and the issuing of press releases. Their first aim was to remove actor Paul Hogan from the Winfield cigarette advertisements, arguing that his presence breached the guidelines against using popular personalities appealing to children. They succeeded on May 2nd, 1980.

A long tedious process of letter writing to the Advertising Standards Council eventually led to a hearing before Sir Richard Kirby [the council chair]. We all turned up in our bedraggled appearance, and there were the managing directors for Rothmans for Australasia and the Asia Pacific; they were taking it extremely seriously. And we won.³⁸

This success legitimised MOP UP and gained publicity for their ensuing actions, as well as triggering a public debate about the effectiveness of self-regulation, especially in relation to the tobacco industry.

At the first meeting of MOP UP at the Coroner's Court in Parramatta Road, a more radical splinter group formed. This was Billboard Utilising Graffitists Against Unhealthy Promotions. (BUGA UP) This small group with a larrikin Australian image employed the strategy of illegally altering billboard advertisements. Their billboard graffiti aimed at demystifying the message of advertisements for particular brands of cigarettes or alcohol, highlighting how they played on people's insecurities and desires. The strategy was carefully conceived: 'We always use the term *refacing*. It's crucial. The *defacing* is being done by the people who put the unhealthy advertising on the billboards' explained Bill Snow, a founding member of the group, in an interview with *Connexions*.³⁹

³⁸ Interview with Professor Simon Chapman.

³⁹ Jeff Moss, "Phantom Sprayers Aim to Buga up Adverts", *Connexions*, April 1980, p. 1.

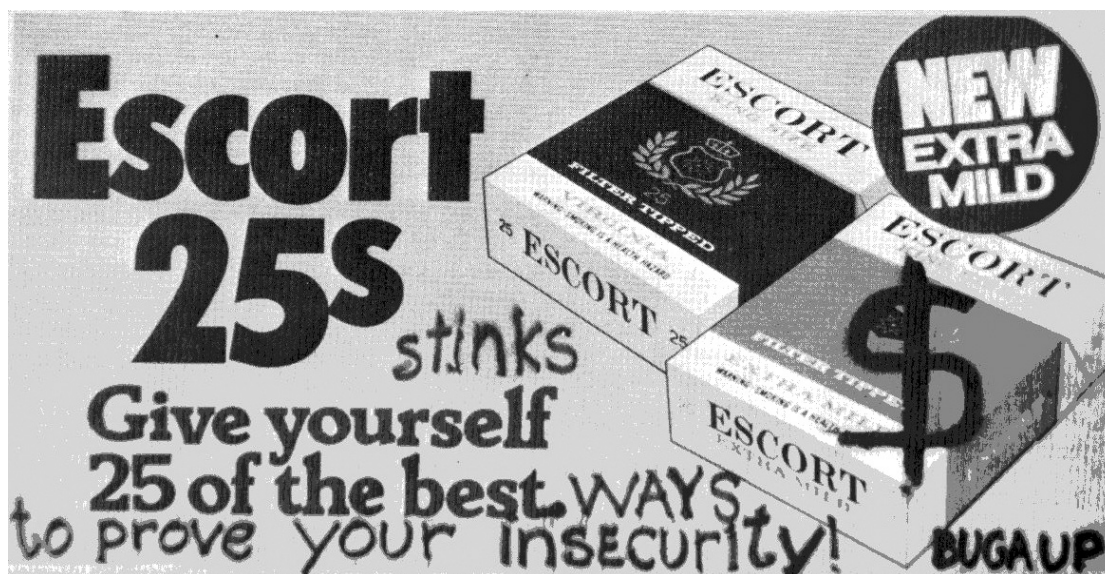


Figure 5.1 A BUGA UP billboard photographed for *Connexions*⁴⁰

BUGA UP used a highly visible public education strategy, becoming very well known for such a small group. The occasional arrest of members further publicised their activities.

Another challenge to the tobacco industry came from a pilot health promotion media campaign trialled in northern New South Wales in 1979. The cities of Lismore and Coffs Harbour were selected to receive a combination of television, radio and print materials advocating achieving a healthy lifestyle through cutting out smoking, improving nutrition and exercise. The city of Tamworth was used as a control group. The Regional Health Commission Coordinator supported this trial with enough funding to enable extensive research of the impact of the campaign. The campaign quickly attracted the attention of the tobacco industry, with Phillip Morris lodging a complaint before the Advertising Standards Council arguing the claim in the printed anti tobacco materials that smoking caused lung cancer was untrue.⁴¹ Immediately the print materials were suspended. They were revised and re-appeared. Television advertisements, such as one showing tar being wrung out of a sponge, were challenged as well. The conflict then became the subject of a Four Corners television current affairs program, with coverage sympathetic to the health promotion view.

⁴⁰ *Ibid.*

⁴¹ "Quit. For Life Alive", *Connexions*, February 1980, p. 1.

How many 'heart starters' will it take to stop your heart for good?

More people die of heart attacks from smoking than from lung cancer. And the first warning sign, in one out of four cases, is the sudden death of an apparently healthy person.

This grim reality is something smokers should understand.

They subject their systems to something like a small heart attack, every morning.

The 'heart starter' they call it. The first of the day. Truth is, it's really a potential heart stopper.

Because it, and the 'ciggies' which follow, put the heart under a lot of unnecessary pressure.

Pulse rates prove it.

After the first few puffs, a smoker's heart beat increases by as much as 20%.

And every subsequent drag, every subsequent 'tag' keeps that pressure up.

Until, in the end, it could kill you!

Let's not smoke supposed to calm you down? To soothe your nerves?

Sure. But, it doesn't.

In fact, tests prove that smoking actually increases stress.

And stress kills. But so far as your heart is concerned, that's only the half of it.

Nicotine, the addictive poison in every cigarette, and Carbon Monoxide, an inescapable component of the smoke you breathe in, both encourage blood clotting.

You probably know that process better by its medical name. Thrombosis.

In fact, you probably have a friend or relative who's died of thrombosis. 95% of the people who do, have been smokers.

Maybe that's sufficient incentive for you to consider quitting. Perhaps the health professionals who put together the QUIT FOR LIFE Programme can help.

Many of them are ex-smokers themselves.

So they realise, anyone who manages to Quit does so for very personal reasons.

The QUIT FOR LIFE Programme is designed to help you find that reason.

Through personal counselling, the Quit questionnaire, special courses and straight, factual information, you'll also discover which method of quitting works best for you.

Why not go down to the Quit Centre now, before you have the first one of the day?

They could help you Quit.

And, as time goes by, that's an idea of which your heart could grow fonder.

**Quit.
For Life.**

Figure 5.2 One of the QUIT advertisements in the Northern Rivers pilot healthy lifestyle study.⁴²

The Health Commission research on the impact of the campaign showed that smoking had decreased in the two target towns, despite the fact that Phillip Morris put in a six hundred per cent increase in advertising during the same period as the campaign.⁴³ The overall result was good publicity for the issue of reducing the consumption of tobacco to prevent health problems. The campaign fracas put the conflict between the health educators and the tobacco industry on the public agenda, with the industry being portrayed as harmful and uncaring. Chapman attributed this success to the new direct action approach:

I think what changed was the way in which the argument shifted very much away from the smoker onto the tobacco industry. It appropriated arguments about decent society, the role of a caring government, the role of rogue industry, the whole political critique.⁴⁴

However, the anti-tobacco movement, which had originated in health promotion, became isolated from other drug education efforts. Anti-tobacco activists thought that, since tobacco was not intoxicating, it was a very different substance to other drugs of

⁴² "Smoking", *Connexions*, February 1980, p. 4.

⁴³ "N.S.W. North Coast Quits for Life", *Connexions*, May 1981, p. 8.

⁴⁴ Interview with Professor Simon Chapman. 4th May, 2001.

dependence.⁴⁵ Some drug educators, whilst not publicly practising other, problematic drug using behaviour, often smoked, and were not keen to become involved in lobbying about tobacco issues.⁴⁶

Another new public education response emerged in 1981. It was promoted by Peter White, head of Information Services at CEIDA. White was an American sociologist interested in community movements and applying information technology to health systems.⁴⁷ He applied the new ideas contained in Rankin's draft drug policy to community education. As a result, White defined community education as 'the development of skills in members of communities to be aware of the consequences of substance abuse in such a way as to positively modify those members' life behaviours.' He came up with a coordinated, planned approach using a community development strategy, as there were few resources. Community education, said White, should be systematic, needs based, long term, have local resources and understand that drug taking is the social norm. The overall goal was to decrease inappropriate drug use on New South Wales. The state level would advise on planning, the regional level would conduct needs analysis and training, and the local workers would train volunteers to establish local community drug action groups.⁴⁸

In 1983 a new committee, the Promotion of Action in Community Education, (PACE) was formed to support the implementation of this plan. Support staff, including two community educators, was employed. The PACE committee then ambitiously brought representatives from government and non-government drug education programs together to support its state wide activities. Service clubs, government departments, non government agencies and self help groups with entirely differing agendas all sat down to debate drug education at the only venue in the state provided for this purpose.

However, Rankin's first priority for drug education was training the growing drug and alcohol workforce. This included generalist professionals, such as doctors, nurses, psychologists and social workers, as well as the new drug and alcohol specialist workers who were employed in the non government sector and by the Health Commission. CEIDA, under the directorship of Rona Sinclair, became the leading agency for this task. It gradually developed a suite of training courses which expanded

⁴⁵ *Ibid.*

⁴⁶ Author's experience.

⁴⁷ Major, "Planting a Computerised Garden", Interview with Peter White, p. 12.

⁴⁸ "The Orphan Comes of Age?", *Connexions*, November 1981, p. 8.

each year. It was able to support these courses with the print and audio-visual resource material from Information Services, and advertise them through *Connexions*.

Doctors and nurses were important target groups. The reduction of prescribing by doctors could have an impact on reducing the supply of drugs such as sedatives and hypnotics which were often given for medically unsanctioned purposes. Professor Neville Wade had submitted to Williams Inquiry that doctors were not adequately trained in therapeutics:

Young graduates in medicine are not let loose to do an appendectomy without supervision, yet most universities graduate doctors with insufficient training in therapeutics and let them loose with drugs that are far more dangerous than an appendectomy. Most of the drugs now available are potent agents, and their safe and effective use involves skills that can only be gained by appropriate training.⁴⁹

Until 1979 no higher education institutions trained professionals in drug issues. The first courses for teachers were provided by the Health Education Unit at the Sydney Institute for Education, but in 1984 Dr Jara Krivanek began to offer a drugs unit in behavioural sciences at Macquarie University. After that, the DAA encouraged other higher education institutions to provide pre-service courses on drugs. Professional and pre-service education was a much less controversial form of drug education, one that politicians found easier to support as it did not bring them into conflict with the liquor interest or the community, and did not attract public attention as was the way of schools.

Thus, between 1977 and 1984 a wide variety of new public education strategies were developed to achieve the goal of preventing drug problems. Although the public still clamoured for education of the young in schools as the main educational response to the drug problem, public drug educators had heeded the advice of experts such as the South Australian Royal Commissioner Ronald Sackville who recommended that the adult community should be the first target of drug education.⁵⁰ Sackville's rationale was that adults could be more successful in encouraging the young to adopt safe drug use through the normative social, legal and economic pressures exerted in daily life if

⁴⁹ The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report. Book A: Parts I-IV*, p. C118.

⁵⁰ Royal Commission into the Non-Medical Use of Drugs South Australia, *Education. A Discussion Paper*, (Adelaide: South Australian Government, 1978), p. 118.

they were well educated. Many drug educators followed this advice through community action, community development, developing media programs, professional education and lobbying for increased controls on tobacco and alcohol advertising.

However, as Sackville observed, the factors impeding these new strategies for public education were formidable:

The fact is that there are strong vested interests in the production and distribution of alcohol, and that these interests often have considerable influence at every level of government. To advocate the public health interest in alcohol controls, therefore, is necessarily a political act.⁵¹

These impediments had resulted in the leadership of drug policy being split between an Authority and a Department of Health Division, with most of the funding going to developing new treatment services. Resources for the new strategies were poor.

Nevertheless, by 1985 public education had a small institutional base and a clear policy with drug-related objectives. A new work force had developed, with communication channels to enhance its identity and some resources to support it. In 1984 James Cowley, in a report commissioned by the Department of Health, recommended combining drug education and health promotion services, and removing the information functions of CEIDA. It was a measure of the power that drug education had established that this idea was vigorously opposed by the DAA, and did not succeed. CEIDA, directed by Rona Sinclair, had proved itself to be a valuable resource for drug education.

School education: don't mention drugs

Drug education in the Department of Education was influenced by a number of different factors to that of the Health Commission. The most important factor was that schools were an integral part of local communities and therefore much more exposed to community attitudes and fears. Heroin panic had increased community anxiety about schools as sites of infection in the youth drug 'epidemic'. As noted in the last chapter, school drug incidents were amplified by the media. Therefore any story about drug taking in or near schools immediately became front page news. Although the reality was that most teachers, students and schools had no experience of heroin use,

⁵¹ New South Wales, *Final Report*, p. 103.

they were well acquainted with the images of alienation and deviancy associated with it. Gaining a reputation for drug taking could be disastrous for a school's image and the future employment prospects of its graduating students.⁵²

For example, the school drug education curriculum and its resources came to state-wide public attention when, on the 4th March, 1977, *The Sydney Morning Herald* reported on its front page that all primary school principals had been ordered to destroy an article on drugs in *The School Magazine*.⁵³ The title of the offending article was 'You Work It Out'. In line with the 'Education for Living' approach it encouraged students to make their own choices about drug use. The Minister for Education, Eric Bedford, immediately repudiated this approach, declaring that the article 'contained comments contrary to elements of government policy and guidelines set by the Department'. The author of the article was suspended. Bedford stated that it was the first time material such as this had reached down to primary schools, and that it was up to parents to make the decisions about drug use for children of this age. After this adverse publicity, the Department instituted a much closer review of *The School Magazine* contents prior to publication, as it was clear that the issue was controversial. Peter Trebilco, senior health education officer at the Department of Health, who was researching student drug use during this period recalls:

Schools were terrified. I remember the very first lot of surveys we did, the principal of a very large public high school in the western suburbs said 'Well there's no point in surveying any of our students, none of them use drugs!'⁵⁴

Schools were responsible for controlling the drug use of students and staff on their premises, for protecting staff and students from adverse and incorrect publicity about drug use, and for educating their pupils and teachers about drugs. In order to deliver a coherent approach to drug issues, they had to implement two different approaches to drug control, law enforcement and education. Schools were also a visible part of local communities, which were strongly influenced by the dominant drug discourse.

⁵² Parliament of New South Wales, *Progress Report*, p. 249.

⁵³ "Drug Article Sparks School Row", *The Sydney Morning Herald*, 4th March 1977, p. 1.

⁵⁴ Interview with Peter Trebilco, 10th August, 2003.

New administration

No Minister for Education at the state level was involved in drug policy making in New South Wales between 1977 and 1985. Neither were the senior officials under him, although two Regional Directors of Education were interviewed by the Joint Parliamentary Committee Upon Drugs.⁵⁵ Upon being interviewed by *Connexions* in 1983, Rodney Cavalier, then Minister for Education, expressed the view that the Department's role in drug education was definitely subsidiary to that of the family or the household. 'I think far too often in this era people will expect that teachers will take over the role of parents,' he said.⁵⁶ 'I think there's been a most unfair burden placed on men and women who have enormous professional responsibilities and enormous social responsibilities.' Cavalier believed that the teacher's responsibility was to impart knowledge to students and to look after their welfare when they were in the teacher's charge.

During the 1970s a leader for drug education in schools emerged from amongst the staff inspectors. Between 1972 and 1981, Eula Guthrie, staff inspector for Pupil Welfare and Curriculum, was responsible for advising the Minister for Education and the senior officers of her department on drug policy. She represented her department on the Inter-Departmental Drug Advisory Committee, the Drug Education Advisory Council of New South Wales, the Health Education Advisory Council and the Child Health Sub Committee. During a study tour of Britain, the United States and Canada in 1967-68, she observed drug education programs. In 1972 she represented Australia at the UNESCO Conference on the Role of Education in the Prevention of Drug Abuse, and subsequently worked on drug education in Europe with some of the delegates. She was also a member of the Advisory Committee to the Minister for Education on Personal Development, and helped draft the Statement of Principles upon which this new program, begun in 1974, was based.

Guthrie had a strong commitment to the welfare of youth:

The patterns of drug use amongst school children should not be taken out of the context of patterns in our society. This is too often done with resultant distortion; hostility towards young people is often engendered without justification, often even without evidence. Often drug abuse or

⁵⁵ N.S.W. Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, pp. 234-5.

⁵⁶ "New Initiatives", *Connexions*, June 1984, p. 3.

other transgressions are cries for help. In such cases, ostracism or punishment is of little use. Counselling and attempts to establish better relationships and self confidence seem more appropriate.⁵⁷

Guthrie placed drug education within the overall aims of progressive education, which emphasised the social as well as the academic development of pupils, aims that centred on the student rather than the institution or the teacher.⁵⁸

New policies

The first response of the Department of Education after 1977 was to develop policies to control drug use by students and staff in schools. Substances most commonly used by young people were targeted first. In October 1978 a Memorandum to Principals on the 'Use of Analgesic Substances in Schools' was circulated.⁵⁹ The Director- General of Education, Donald Swan, alerted principals to the National Medical and Health Research Council's belief that there was widespread abuse of analgesics by school children. The Council recommended that single substance analgesics be administered by a designated staff member, only when absolutely necessary. What would constitute a necessary administration was not defined. A memorandum on 'Smoking in Schools' followed in October, 1979.⁶⁰ This extended memorandum published in 1975 and 1977, completely prohibiting student smoking and limiting staff smoking to staffrooms and offices. Smoking, Swan stated, was linked to many health problems and:

There is evidence that teacher's smoking habits have significant effects on school pupils, even to the point of providing a model which cannot be counteracted by a formal health education program.⁶¹

A circular on 'Alcohol and School Functions' followed in 1980.⁶² In contrast to other substances, this policy increased the availability of alcohol to adults in schools, in line with current social trends, whilst still completely prohibiting its use by pupils. Alcohol could be used at adult functions on school premises, with the proviso that no students were present. In an addition to the Teacher's Handbook in 1981 another

⁵⁷ Parliament of New South Wales, *Progress Report*, p. 159.

⁵⁸ *Ibid.*, p. 171.

⁵⁹ New South Wales Department of Education H.O. Circular 78/79.

⁶⁰ New South Wales Department of Education H.O. Circular No. 79 182.

⁶¹ *Ibid.*, p. 2.

⁶² New South Wales Department of Education Circular No. 80 135.

memorandum instituted a much harsher policy for pupils found in possession of illegal drugs. The principal should call the local police to conduct inquiries in the school, to identify the illegal drug users. In this case confidentiality did not apply.⁶³

In 1983 'Abuse of Solvents and Aerosol Propellants by School Pupils' reflected new policy being prepared by the Drug and Alcohol Authority regarding sniffing of these products by youth.⁶⁴ It was impossible to completely prohibit these substances and a fear of promoting their use is evident in this document. 'It is not appropriate to draw the attention of children to product names and methods used in the abuse of these products.'⁶⁵ Access to volatile hydrocarbons and fluorocarbons should be limited, directed Swan, and teachers trained in their effects and methods of abuse. A CEIDA information sheet outlining the pharmacology, reasons for use, methods of use and resources for help with problems, was attached to the policy.

Policies to control drug use in schools between 1977 and 1988 covered a wide range of substances, legal and illegal, which had differing applications and effects, and which raised a complex array of issues for control. They demonstrate a range of responses to the different issues raised by each drug and that the use of all involved adults as well as youth. Legal drug use in staff as well as students was clearly the main problem for schools, but the response to illegal drug use by pupils was by far the harshest.

Another rational response was to continue the conduct of the three-yearly surveys of student drug use that were begun by Bell, Rowe and Champion in 1971. Guthrie thought this was an essential foundation for drug policy and she managed to convince the Child Health Sub Committee to provide the funding.⁶⁶ With the cooperation of the Health Commission, surveys were done in 1977, 1980 and 1983. These surveys received a great deal of media attention and were a key instrument in the making of drug education policy. An overall summary of trends between 1971 and 1983 showed that, in young people, regular alcohol and analgesic use doubled, marijuana use increased, tobacco smoking peaked in 1980, then began to decline in boys but not in

⁶³ Wales, "Final Report", p. 89.

⁶⁴ New South Wales Department of Education H.O.Circular No. 83-222 (S.168).

⁶⁵ *Abuse of Solvents and Aerosol Propellants by School Pupils* Circular No. 80 135 p. 1.

⁶⁶ Interview with Peter Trebilco, 10th August, 2003.

girls, the use of stimulants declined, and the use of sedatives, hallucinogens and narcotics remained negligible.⁶⁷

The first clear statement on drug education from the New South Wales Department of Education acting independently to the Health Commission came from the Director General in 1978. Drug education should not have a special status external to the curriculum:

Research, both overseas and in Australia, clearly indicates that drug education is a complex task that requires specific education of staff to avoid counter-productivity. While in the past drug education has popularly been seen as an information giving exercise, the main point of this policy is that drug related issues should be integrated into a broad program of education promoting personal development, social awareness and health.⁶⁸

New strategies

Already a part of the optional health education syllabus developed in 1966, drug education also became part of the new Personal Development program which was established in 1974. Guthrie had played a key role in establishing this program. Although the original content was sex education, it broadened in the mid seventies to include other controversial issues. As such, Personal Development was a new form of moral education, as it was concerned with social behaviour and norms. The Personal Development Program was based on the idea that education had for too long been preoccupied with academic standards and the factual content of courses. Guidance in self-perception and relating to others would help students to deal with an ever changing social world.⁶⁹ The Director-General stated that:

Drug education will be concerned less with education about drugs per se, than with broad psycho-social issues which may implicate drugs as one aspect of human response to modern lifestyles.⁷⁰

⁶⁷ The Drug and Alcohol Authority, "Report of the Drug and Alcohol Authority for the Year Ended 30 June, 1984", (Sydney: Parliament of New South Wales, 1984), p. 18.

⁶⁸ New South Wales Department of Education *Policy Statement. An Approach to Drug Education* DRC Circular No. 78/79.

⁶⁹ New South Wales Department of Education *Personal Development in Secondary Schools- the Place of Sex Education. A Statement of Principles* April, 1974 Sydney p. 6.

⁷⁰ *Ibid.*

Therefore the aim of drug education in personal development was to change attitudes, developing a responsible approach to the use of drugs in the student. Pupils should make choices that were based on accurate knowledge and self awareness. To achieve this, long term programs were necessary. Programs should involve discussion as well as information, and must be adapted to individuals in the group targeted. The focus should be on the interaction between the individual and the drug, presenting alternatives to drug use. Teachers of personal development could come from any subject area in the school; it was their personal qualities that were the most important. They were chosen by the principal for their maturity and ability to communicate with students.⁷¹ However, teachers found drug education difficult. It caused embarrassment when the pupils' parents had drug problems, resources dated quickly and the abstinence approach was too extreme.⁷² By 1985 schools were using drug education in personal development as a crisis response to local community concerns about drugs.⁷³

The Department of Education's Drug Education Policy statement of 1978 referred to personal development and health together, implying that they were part of the same program. However during this period Health Studies was developing separately to Personal Development, adopting different ideas about drug education. In 1970 Mick Hatton, on his return from doing a Master's in Health Education at the University of Oregon, secured a position at Wollongong Teachers College and began training teachers in health education. He thought attitude change was not enough:

I developed the concept that physical education should be taught in a manner that allowed kids to develop the skill. You weren't there to make a footballer or a gymnast, you wanted a person who had a responsibility for their own physical well being, who had a certain amount of skills to go and play any sport because they liked it. We looked at a concept of human movement that might have something to do with positional play, whether it is hockey or soccer or whatever. Students could take that skill and adapt it to any sport. It was the same

⁷¹ *Contact* No. 2 p. 5.

⁷² Wales, "Final Report", p. 87.

⁷³ *Ibid.*, p. 87.

with health education. Take that skill and adapt it to any aspect, sexuality, drug education.⁷⁴

In the late 1970s Hatton became chair of the Health Education Syllabus Committee and worked hard to revise the Health Education syllabus, following what he called ‘a concept approach.’⁷⁵ Hatton divided health education into ten concept areas, one of which was ‘Drug Use and Abuse.’⁷⁶ There were four topic statements in this ‘concept.’ They were: the need for an awareness of substance abuse, social and individual factors influencing substance use, the importance of alternatives to substance use and the variety of substances used. Teachers had the freedom to develop their own programs under these broad statements. They were also advised to implement drug education as a sensitive and controversial issue which involved considering ‘parental preferences in the values children hold about these issues.’⁷⁷ Despite this revision of the 1966 syllabus being trialled in schools in 1983 and 1984, and then evaluated, it was not officially endorsed by the Department. Health Studies and Personal Development personnel were sometimes at loggerheads, particularly over whether physical education teachers had the right skills to facilitate discussions about social and emotional issues, so that the two strands of drug education developed without a great deal of coordination and cooperation.⁷⁸

All the public inquiries of this time agreed that teacher training should be a priority, both in the pre-service training at universities and colleges, and on the job through in-service courses. Wollongong Teachers College pioneered health education for physical education teachers, but other colleges also took up this activity, although not in a coordinated fashion. In 1979 the Drug and Alcohol Authority sponsored the establishment of a new drug education unit, The Health Education Unit, as part of the Sydney Institute of Education. This unit developed a course for teachers, *A Program Development Approach to Drug Education*, which aimed to demystify drugs and equip teachers to develop specialist programs suited to their particular students.⁷⁹ The

⁷⁴ Interview with Mick Hatton, chair of the Health Education Syllabus Committee, 3rd November, 2005.

⁷⁵ Interview with Mick Hatton.

⁷⁶ Secondary Schools Board *Health Education Syllabus Years 7-10* D.West Government Printer Sydney, 1982.

⁷⁷ *Ibid.*, p. 1.

⁷⁸ Interview with Mick Hatton, 3rd November, 2005.

⁷⁹ Jean V. Neil and Roger Wheller, “Helping Teachers Plan Drug Education Programs for Schools”, (paper presented at the Eleventh International Conference on Health Education, Hobart, Tasmania, August 1982). In this paper the authors explain the rationale for, and the content of, this course.

Unit also established a library, audio-visual resources, and conducted research. It also developed programs for parents and responded to inquiries from the community.

However there were obstacles to training teachers in drug issues. There was no career advancement attached to drug education, it was not mandated in schools, there was no qualification which would earn an increase in salary.⁸⁰ Funding for the Health Education Unit was annual and this made it difficult to plan ahead. Teachers often only wanted specific information, or one session, not a whole course.⁸¹

Parents had responded to the anxiety aroused by the moral panic by demanding that schools directly teach their children about illicit drugs and their harmful effects.⁸² Teofila Cohen, New South Wales President of the Parents and Citizens Federation, said in her evidence to the parliamentary inquiry:

I am disappointed at the Departmental attitude in this whole field. I have had discussions on this subject with many parents, principals and teachers, but often I hear the suggestion of let us not talk about it. We feel the Department has been trying to push the whole thing under the carpet.⁸³

The Parents and Citizens Federation formed a drug education sub committee which searched for alternative drug education programs. They found that the College of Law had developed a unit on drugs, which they wanted trialled in schools.⁸⁴ Parents were frustrated by the personal development approach. Their need for information for themselves and their children was not met by personal development programs.

Some independent girls' schools also adopted a different approach to that of the Education Department. They combined to support the formation of an informal drug education lecture panel.⁸⁵ This was composed of fee-for service female doctors, often ex-students, who came into schools on request to lecture to small groups of girls about the drug problem. The head of the Association for Independent Girls' Schools called for support for an increase in outside experts to act as drug education lecturers for the

⁸⁰ New South Wales, *Final Report*, p. 86.

⁸¹ Interview with Dr Louise Rowling, Director of the Health Education Unit at the University of Sydney, 1982-1992, 1st October, 1992.

⁸² Royal Commission into the Non-Medical Use of Drugs South Australia, *Final Report*, p. 129.

⁸³ Parliament of New South Wales, *Progress Report*, p. 247.

⁸⁴ *Ibid.*, p. 249.

⁸⁵ Interview with Louise Rowling.

schools.⁸⁶ Outside agencies, groups and individuals responded to this need by developing their own programs. The Seventh Day Adventist church developed a program on tobacco. A former teacher, Elizabeth Campbell, put together a peer support program which gained success in schools and funding support from the DAA. The Festival of Light, led by the Reverend Fred Nile, developed a program warning of the dangers of illegal drugs, based on information and using fear.⁸⁷

Bill Crews from the Wayside Chapel was a non government board member of the DAA:

There was a mentality around at the time, better to do anything than sit on your hands. I agreed with that, but I also had to deal with the fact that the DAA was stuck on the issue of whether drug education actually taught kids how to use drugs. This was a big stumbling block.⁸⁸

Life Education was the largest school education program to originate outside the Education bureaucracy. It was developed by Ted Noffs at the Wayside Chapel after being inspired by a visit to the Robert Crown Health Education Centre in Hinsdale, Illinois. Life Education began in 1979 as a centre in Kings Cross devoted to teaching primary school children to respect their bodies and not pollute them with drugs. It was equipped with the latest in technology, models of the brain and the nervous system, a mannequin called TAM and the famous Harold the Healthy Giraffe. Noffs was able to attract financial support from entrepreneurs such as businessman Dick Smith, and enjoyed personal contact with politicians such as Neville Wran.⁸⁹ Noffs was critical of bureaucratic approaches, although he adopted the same general philosophy of drug education. His talent was for marketing. Life Education was funded through the DAA and it had the Premier's wife, Jill Wran, as a board member. Noffs was willing and able to make a fast response.⁹⁰

The Department of Education faced a number of challenges in responding to drug issues. It had to respond to legal as well as illegal drug use, allay the anxieties of

⁸⁶ The Government of the Commonwealth of Australia and the Governments of the States of Victoria, Western Australia and Tasmania, *Australian Royal Commission of Inquiry into Drugs. Report, Book C: Parts X-XIII*, (Canberra: Commonwealth Government Printing Service, 1980), p. C 113.

⁸⁷ *Ibid.*

⁸⁸ Jarratt, *Ted Noffs: Man of the Cross*, p. 330.

⁸⁹ *Ibid.*, p. 329.

⁹⁰ Interview with Bob White, Secretary to the Drug and Alcohol Authority. 9th August, 2002

parents, secure schools from negative publicity, educate teachers and implement a form of drug education that did not promote use. However, those in charge saw it more as the province of the parent than the teacher. Therefore drug education was not mandatory, it was cautious and it focused more on the welfare of students than their health. In the Health Syllabus Guidelines of 1984, the term drug was not mentioned once; neither did it appear in the first twenty *Contact* resource books for the Personal Development program.

Many in the community were frustrated by this approach. Other organisations began developing programs to fill the unmet need of parents for information about illicit drugs, thus confusing the situation with an array of contradictory programs.

The role of the National Drug Education Program

Between 1971 and 1980 Commonwealth funding for drug education grew from \$500,000 to \$1.45 million.⁹¹ However, a specific annual grant of \$500,000 for anti-smoking education was ceased in 1975.⁹²

The leaders of the National Drug Education program responded to the moral panic about heroin by re-affirming the principles that were developed by the public health experts in 1971. In 1980 they issued an expanded form of previous guidelines, *Principles for Drug Education*, with separate sections for health and drug education. These had been reviewed and approved by the National Curriculum Development Centre.⁹³ However, the program's Acting Director, Jean Nolan, was now interested in responding to the moral panic more directly, using the media itself. In 1979 the NDEP sponsored a unique public drug education initiative, using a special grant of \$200,000. Advertisements promoting the NDEP and its philosophy appeared in all the major newspapers. The slogan presented in the advertisements was *Life. Don't Waste It*. The target group was parents and the message was that drugs were everyone's problem. Alcohol, tobacco and medicines were all defined as drugs and adults were asked to regain credibility with their children by acknowledging that their own drug use could cause problems. Parents were urged to take responsibility for solving the drug

⁹¹ The Government of the Commonwealth of Australia and the Governments of the States of New South Wales, *Australian Royal Commission of Inquiry into Drugs. Report. Book C: Parts X-XIII*, p. C85.

⁹² *Ibid.*, p. C87.

⁹³ *Ibid.*, p. C90.

problem by understanding that it was one made by adults, not young people. They were asked to stop scapegoating young people.

This advertising campaign encapsulated and promoted the principles of the public health approach to drug education. In addition to the newspaper advertisements, health educators were now asked by the NDEP to take on a new role: that of educating the media.⁹⁴ The NDEP also continued to provide information about current research and events around the world through its Technical Information Bulletin series, as well as publishing print and audio-visual resources. The increasing amount of research into the effectiveness of the many drug education programs in the United States was regularly reported in this bulletin.

⁹⁴ The Government of the Commonwealth of Australia and the Governments of the States of New South Wales, *Australian Royal Commission of Inquiry into Drugs. Report. Book C: Parts X-XIII*, p. C123.

Got a drink? Cigarettes handy? Right. Let's talk about kids and drugs.



Drugs. Everybody's problem.

Having a go at kids who take drugs is a pretty popular pastime. (After all, they're always somebody else's kids.) Not surprisingly, kids don't take much notice. They know that drugs are everybody's problem.

Adults and drugs.

Alcohol is a drug. So are cigarettes, aspirins, sleeping tablets, tranquillisers. People take different drugs, but often for the same kind of reasons. So, when an adult starts telling kids to stay clear of drugs, it can often appear to be a case of "Don't do as I do. Do as I say." The result is a loss of credibility.

Whose responsibility?

If young people are cynical about the adult point of view on drugs, it's got nothing to do with the generation gap. It's the credibility gap. The world and its problems are largely of adult making. And in finding solutions, adults must take the lead.

Counteracting the drug problem means coming to grips with the whole subject. Making the effort to understand a complex issue. Taking a different approach to drugs, and maybe life. Limiting our own use of and dependence on drugs. And re-establishing our collective credibility.

Who knows about drugs? The National Drug Education Program. It's been established to help you with any information or advice you need about drugs. Real information and meaningful advice. If you have any queries, all you have to do is contact us.

For helpful advice or information:

NEW SOUTH WALES

Sydney: Division of Drug and Alcohol Services, 1 Oxford Street, 238-8583

Chatswood: 85 Macintosh Street, 411-4099

Hurstville: 2 Croft Avenue, 570-3588

Rozelle: Inner Metropolitan Health Regional Office, Bolinas Road, 827-9200

Parramatta: Cnr. O'Connell & Hunter Streets, 615-3099

Lismore: Richmond Clinic, Lismore Base Hospital, (066) 21-2701

Tamworth: 284 Peel Street, (067) 66-1968

Hamilton: 56 Stewart Avenue, (049) 69-4611

Wollongong: 34 Kembla Street, (042) 28-8131

Orange: Bloomfield Hospital, (063) 62-4188

Dubbo: 34 Church Street, (068) 81-2222

Goulburn: 126 Cowper Street, (048) 21-6244

Wagga Wagga: 153 Docker Street, (069) 21-1922

Albury: 512 Swift Street, (060) 23-0211

VICTORIA

Melbourne: Health Education Centre, Health Commission of Victoria, 555 Collins Street, 616-7334, 616-7139

QUEENSLAND

Fortitude Valley: Division of Health Education and Information, 5-9 Costin Street, 52-2411

WESTERN AUSTRALIA

Perth: Health Education Council of W.A., 514 Hay Street, 325-7911

SOUTH AUSTRALIA

Norwood: Health Education Unit, South Australian Health Commission, 65 Beulah Road, 423-3597

TASMANIA

Hobart: Health Education Section, Division of Public Health, Department of Health Services, 429 Elizabeth Street, 30-1173, 30-3652

NORTHERN TERRITORY

Darwin: Drug Information Centre, P.O. Box 1701, 80-2588

Alice Springs: Drug Information Centre, P.O. Box 721, 50-2211

Nthulunbuy: Drug Information Centre, P.O. Box 421, 87-1555

A.C.T.

Canberra City: Health Education Section, Health Promotion Centre, Capital Territory Health Commission, Childers Street, 45-4537

Life. Don't waste it.
The National Drug Education Program.
A Joint Commonwealth/State Program. Funded by the Commonwealth Government.

DOH 81 PPT. 48

Example of a *Life. Don't waste it* advertisement⁹⁵

⁹⁵ "Got a Drink? Cigarettes Handy? Right. Let's Talk About Kids and Drugs", *The Sun Herald*, 22nd April 1979, p. 28.

In 1975 Melbourne psychiatrist Dr Les Drew had been appointed chief drug policy advisor to the Commonwealth government. In the 1960s Drew had conducted pioneering research on the natural history of alcohol in Finland, and had been involved with the treatment of alcoholism for many years in Victoria. He was also a member of the Education Sub Committee of the National Standing Control Committee on Drugs of Dependence and was deeply committed to the aims and objectives of the NDEP.

Drew saw countering the sensationalism of the moral panic as a major part of his job:

Well, we all saw our job as to keep policies rational. We were constantly at issue with the senior officials and the politicians who wanted us to go for all the high powered hype and scare and all this kind of stuff. We were constantly saying: look if you're going to do drug education it's got to be integrated with all other education. If you go for this big deal you're going to make the problem worse.⁹⁶

Changes in the structure of federal drug policy making had impacted on the program. The control of drug policy was removed from the Customs Department and put in the hands of Health and the Australian Federal Police. Police and Health now became the two major partners in drug control but no educational body had input at this policy level. The National Standing Control Committee on Drugs of Dependence was disbanded and a new Ministerial Council on Drug Strategy set up in June, 1980. A Health Committee on Drugs of Dependence was constructed to advise the Ministerial Committee, and the old Drug Education Sub Committee was appended to that. Thus the NDEP had a reduced role at the national level. There was little political commitment to drug education policy nationally. Although funding had increased from \$500,000 in 1971 to \$1,450,000, this was still a small amount for a national program.⁹⁷

The national education response to the drug problem was also made difficult by a continuing professional debate and disagreement about the aims and methods of drug education. Justice Williams commented that it was very hard to evaluate the program

⁹⁶ Interview with Dr Les Drew 14th May, 1997.

⁹⁷ Commonwealth Department of Health, "Triennial Review of the National Drug Education Program: Fifth Report", (Canberra: 1987).

as the objectives were so general.⁹⁸ ‘The very meaning of the word education is a topic of endless debate and argument’ he wrote. Ronald Sackville suggested that it was time that the aims of the NDEP were connected to specific drug reduction or abolition outcomes.⁹⁹ In professional drug education journals, regular reviews appeared asserting that only a few studies indicated success.¹⁰⁰ On behalf of the NDEP Jean Nolan, in a review of the international literature, argued that although much work on evaluation remained to be done, it was worthwhile pursuing the strategy, as there were some studies that had had successful outcomes. Irwin’s Canberra study was thought to be a good model. Nolan quoted the Canadian Commission of Inquiry which said that drug education’s informational function, its most successful aspect, was essential in enabling wise choices about drug use to be made.¹⁰¹ The Commissioners concluded that:

Notwithstanding these doubts concerning the efficacy of drug education and these fears that it may sometimes produce harmful results, we believe we should persist with it as one of several means of helping to develop the understanding and the capacity required to enable the individual to deal effectively with the personal challenges presented by drugs. As with any other kind of human problem, we have more to fear from ignorance than from knowledge in the field of non-medical drug use. Even if drug education is more effective in conveying information than in influencing attitudes or behaviour, its informational function is essential. Individuals cannot be said to be adequately equipped to make wise choices if they do not have the requisite informational base.¹⁰²

Another activity engaged in by the NDEP was to regularly review and evaluate itself. This was done through the formation of Assessment Review teams. The process began in 1974, and continued in 1977, 1980 and 1983. These reviews gave a regular snapshot of drug education around the country, but the funding had to be scraped up to do them. In 1977 Senator Grimes raised a question in the Estimates Committee

⁹⁸ The Government of the Commonwealth of Australia and the Government of the States of Victoria, *Australian Royal Commission of Inquiry into Drugs: Report. Book A: Parts I-IV*, p. C 140.

⁹⁹ Commonwealth of Australia, *Education. A Discussion Paper*.

¹⁰⁰ New South Wales, *Final Report*, p. 90.

¹⁰¹ Jean Nolan, “In Defence of Drug Education”, *Technical Information Bulletin*, October 1979, p. 1.

¹⁰² *Ibid.*, p. 13.

about the effectiveness of drug education in order to secure funding for a review of the NDEP.¹⁰³ The 1977 review formed the basis for the section in the Williams Inquiry on drug education.

The new health promotion developments, such as the QUIT campaign in New South Wales, were questioned by associates of the NDEP. Dr Gary Goldstein, member of the 1980 assessment and review team, criticised social marketing theory and the use of media campaigns for anti-drug abuse education. He claimed that in the new media campaigns goals were not defined, budgets not disclosed, fear was used, they were entirely inappropriate for solvents, and that they raised difficulties for evaluation. Goldstein argued that a specific goal of change in drug use behaviour did not fit with the broad aims of the NDEP, which was promoting improved mental health.¹⁰⁴

In this climate, the NDEP had the unenviable task of attempting to craft coherence and unity of philosophy on the multiplicity of programs and diversity of approaches to drug education that had developed across Australia. The program operated from a small power base with limited funding. As a result, its guidelines for drug education used a rather ambiguous rhetoric that avoided controversial statements about the drug specific outcomes of the program. This led to very broad goals, no statements about reductions in drug use amongst young people, and therefore difficulties in evaluation.

Conclusion

Between 1977 and 1984 drug educators were caught between the demands from the community, the media and politicians for a simple fear-based informational type of education and evidence from overseas that indicated that this approach may actually increase drug use. Most members of the community still did not define alcohol and tobacco as drugs, and many believed that the use of illegal drugs by young people was the most serious drug problem.¹⁰⁵ The industries involved in the production of legal drugs and alcohol lobbied against education efforts that successfully reduced the consumption of their products, thereby reducing political support for effective drug education.

¹⁰³ Question asked by Senator Grimes in the debate on budget estimates in 1977 In: *Commonwealth Parliamentary Debates* Vol. S 73, p. 563-564.

¹⁰⁴ Gary Goldstein, "Role of Evaluation of Drug Education", *Connexions*, August 1984, p. 6.

¹⁰⁵ The Government of the Commonwealth of Australia and the Government of the State of Victoria, *Royal Commission on the Activities of the Federated Ship Painters and Dockers Union: Final Report, Volume 5*, chapter 5.

In response to this dilemma, public educators developed new strategies to educate the community and to challenge the myths about drug use that were promoted in the media. Drug educators in the Department of Education, wishing to protect schools from harmful publicity, avoided giving information about the dangers of illegal drugs and focused on teaching personal development skills to prevent youth drug use.

Under new leadership from Dr James Rankin in the Department of Health, and with the assistance of funding from the new Drug and Alcohol Authority, by 1984 the foundations for a rational drug education response to the heroin panic had been laid. New South Wales had developed a comprehensive drug policy within which education had a significantly reduced but realistic place. A central institution was established which developed education policy, coordinated and resourced programs, conducted research and facilitated the development of a new drug education work force. However, the resources committed to this by the New South Wales government were few, and the program relied on funding from the NDEP for its support.

By 1984 there was evidence for the success of the new approaches. The media studies by Bell and White had shown that the new drug policy structures had changed the media debate about drug problems. The new public education approaches coincided with continuing trends to reductions in tobacco smoking, compound analgesic and sedative use and alcohol consumption in adults.¹⁰⁶ Leaders such as Jim Rankin and Rona Sinclair had skilfully realigned existing resources to support the new strategies.

Schools, now more separate from the Department of Health, had begun to address drug issues independently, developing specific drug policies, albeit in a cautious manner. However, some problems existed. Drug education was part of both the personal development and the health studies programs, and these two approaches did not cooperate. The community wanted their children to be given information about the dangers of illegal drugs and often supported other drug education programs that would meet this need to be delivered in schools. These programs were often invited into schools, or representatives gave lectures to selected classes, but contradicted national drug education guidelines. The Department of Education was not represented at the highest levels of drug policy making and its ministers and bureaucrats did not accept that schools should play a big role in drug education.

¹⁰⁶ Parliament of New South Wales, *Report of the New South Wales Drug and Alcohol Authority for the Year Ended 30 June, 1985*, (Sydney: 1985), pp. 8-13.

The NDEP made an important contribution to the development of drug education in New South Wales during this period. Through its funding program it enabled the establishment of CEIDA, a major new centre for drug education in this state. It also funded other programs, and provided forums for professional debate and development, sharing of information and guidance in the development of policy. However, the eventual aim of drug education of the NDEP was rather overwhelming:

Our philosophy was if you had a healthy society you wouldn't have drug problems. If you had an unhealthy society well then you're going to have drug problems.¹⁰⁷

'Drug educators are sometimes faced with the prospect of getting people to consider their whole outlook on life. Obviously a monumental task!' wrote Louise Rowling, Lecturer in Health Education at Sydney Teacher's College, in an article for the *Technical Information Bulletin*.¹⁰⁸ When one compared the magnitude of this task with the size of the workforce and resources available to achieve it, the strategy appeared similar to the battle between David and Goliath.

A Committee of Review was set up at the end of 1984 to examine drug and alcohol services in New South Wales. This committee, chaired by Professor Charles Kerr from the School of Public Health and Tropical Medicine at the University of Sydney, valued and supported the current drug education efforts. Kerr found that

The hesitation to go ahead which has characterized the Department of Education's activity has been based on a justifiable uncertainty about how to proceed without counter-productive results. It has nevertheless rightly aimed to use education to enable personal decisions to be made. The Committee considers that the Department of Education should now use the increased funding becoming available to move much faster, first in in-service education of teachers, second in developing drug education courses, and third in acquiring new insights by carefully evaluating all their programs.¹⁰⁹

This expert review was to become an important foundation for the ensuing expansion of commitment by the New South Wales government and the national government

¹⁰⁷ Interview with Dr Les Drew, 14th May, 1997.

¹⁰⁸ Louise Rowling, *Blocks to community education*. In: *Technical Information Bulletin* No. 67 p. 19

¹⁰⁹ New South Wales, *Final Report*, p. 98.

that occurred after anxieties about heroin reached a climax at the end of 1984. These events and programs will be the topic of the next chapter.

Chapter Six

A national campaign to minimise harm

The fragile New South Wales drug education regime was strengthened by a new national drug policy initiated by the Prime Minister Bob Hawke in November, 1984 and formulated at a national drug summit in April, 1985.¹ The flagship of this policy was a national public education campaign. The National Campaign Against Drug Abuse (NCADA) developed into an innovative, comprehensive public health initiative which was to take Australian drug policy in a direction that was unique for a western democracy or indeed for any country in the world at that time.²

Although precipitated by a political crisis about heroin and organised crime, NCADA was built on the recommendations of the Senate inquiries and royal commissions that were held between 1971 and 1985. In addition, it was the product of a new style of government with a sympathetic Prime Minister and Minister for Health, a well organised public health lobby, a fragmented law and enforcement interest, and the systems and expertise that had already developed in the states. However, although the campaign continued for ten years, it was still hampered by the tensions and conflicts that had bedevilled drug issues in the past.

Education was, at first, a key feature of the campaign. After three years, however, the new research led to uncertainty about drug education amongst experts. This coincided with the appearance of a new public health problem, the issue of AIDS, which began to preoccupy drug policy makers. After 1988 the concept of prevention replaced education as the major partner of treatment in drug strategy. NCADA ultimately failed to develop a coherent and coordinated educational philosophy with which to underpin drug education.

This chapter will examine why Australia embarked upon a new approach to drug policy at this time. It will examine the key actors and new features of NCADA, with particular reference to how a comprehensive approach with a goal of harm

¹ Neal Blewett, *NCADA: Assumptions, Arguments and Aspirations, National Campaign Against Drug Abuse, Monograph Series No.1* (Canberra: Australian Government Publishing Service, 1987), p. 3.

² National Campaign Against Drug Abuse, *Comparative Analysis of Illicit Drug Strategy Monograph Series No. 18* (Canberra: Commonwealth of Australia, 1992), p. vi, and Commonwealth Department of Health, *Triennial Review of the National Drug Education Program: Fifth Report*, p. 52.

minimisation was developed and the problems that were encountered. Then the consequences of the campaign for the policy and practice of drug education in New South Wales will be explored.

A political crisis about drug crime in 1984

The factors that have been described in chapter's three, four and five - increasing levels of recreational drug use by young people, pressure on governments from two Senate inquiries, five royal commissions and a New South Wales Parliamentary Inquiry, moral panic about marijuana, LSD and heroin, and concerns about alcohol, tobacco and prescribed drug use - provided the impetus for a new approach to national drug policy. However, a political crisis centering on the Prime Minister was the immediate trigger for an ensuing Special Premiers' Conference (the 'drug summit') and national drug campaign, which marked the beginning of a new approach to drug issues in Australia.

The crisis began in federal parliament in September, 1984. Andrew Peacock, the leader of the opposition Liberal party, lodged a censure motion against the Prime Minister, Bob Hawke, accusing him of being 'a dirty little crook'.³ Peacock had received information about a confidential briefing given to the Prime Minister by Frank Costigan, Q.C., who had been conducting a Royal Commission into the activities of the Ships Painters and Dockers Union. The briefing, said Peacock, included names of leading drug traffickers that had been revealed by Costigan's investigations. Indeed Costigan had concluded that 'new methods were needed for containing illegal drug trafficking'.⁴ Costigan believed that the taxation system should be used to trace the Mr Bigs, and that they should be publicly exposed, censured and humiliated. Hawke had recently told the parliament that the Royal Commission was to be suspended and that its unfinished business would be transferred to a new National Crime Commission. Peacock then accused Hawke, under parliamentary privilege, of protecting these drug dealers, especially one Mr Big whose code name was 'goanna', by not revealing their names to the public.

³ Speech of Andrew Peacock, Leader of the Opposition, to the House of Representatives, on the 2nd October, 1984 in *Commonwealth Parliamentary Debates*, vol. H. of R. 139, p. 1326.

⁴ The Government of the Commonwealth of Australia and the Government of the State of Victoria, *Royal Commission on the Activities of the Federated Ship Painters and Dockers Union: Final Report, Volume 5*, p. 158.

Peacock also alleged that Hawke was associated with drug related corruption through his alliance with the New South Wales Premier, Neville Wran, saying that there was a 'bad smell coming out of New South Wales.' It was true that New South Wales Labour had helped to get Hawke elected in 1983 and that drug corruption had become an increasingly significant issue in New South Wales during 1984. The inquest into the death of anti-drugs campaigner Donald Mackay, and the recent Royal Commissions by Stewart and Costigan had revealed that police and other government officials had played a role in the heroin and marijuana trade.⁵ The former chair of the New South Wales Drug and Alcohol Authority, Murray Farquhar was in gaol after being convicted of perverting the course of justice.⁶

The national media reported this parliamentary fracas with alacrity. It had begun on the 6th September, when Peacock had questioned the Special Minister of State about the ability of the Australian Federal Police to catch drug criminals.⁷ On the 20th September 1984, in order to defend himself, Hawke gave a press conference. Reporters were astonished when he began to weep. The trigger for his emotion was a journalist's question about the marijuana use of his eldest daughter, Susan. Two days later, Hawke's wife Hazel announced on the Channel Seven television program *Terry Willisee Tonight* that their youngest daughter Rosslyn and her husband Matt were being treated for heroin addiction.⁸ This, she explained, was the cause of the Prime Minister's emotion at the press conference.

The media response to the prime minister's display of feeling and his wife's disclosure of their daughter's heroin use was sympathetic. Hawke countered the corruption allegations, declaring that he, more than others, hated the drug trafficker because of his own personal experience. He appealed to all parents via the media: 'You don't cease to be a husband; you don't cease to be a father. My children and my wife have a right to be protected'.⁹ In October Hawke called an election for the 5th December. It was during the ensuing election campaign that, without prior preparation or consultation with colleagues, he announced the idea of a drug campaign. The government was returned at the election.

⁵ *Ibid.*, Drug Trade.

⁶ Joe Payne, "He's Doing It Easy in Jail", *The Sun Herald*, 17th March 1985, p. 2.

⁷ Question by Andrew Peacock in the House of Representative on the 6th September, 1984. In: *Commonwealth Parliamentary Debates* Vol. H. of R. 138, p. 735.

⁸ "Hazel Hawke Tells Why the PM Cried", *The Sydney Morning Herald*, 25th September 1984, p. 1.

⁹ "Hawke vows to pursue drug criminals", *Sydney Morning Herald* 21st September, 1984 p.1.

An important outcome of the public discussion of Rosslyn Hawke's heroin use was that it placed the drug problem back in the context of youth, away from the preoccupation with organized crime and finding the mythical Mr Big. The press was fascinated with the subject of the Hawke daughter's illegal drug use, and there was a corresponding silence enshrouding the former alcohol use of her father, the Prime Minister. Bob Hawke, who came from a tee totalling Methodist family, began drinking in 1949. His biographer describes his alcohol use from 1952 onwards as increasingly heavy. Whilst on a Rhodes scholarship to Oxford University he became that institution's champion speed beer drinker. D'Alpuget concluded that on many occasions alcohol affected his social and work performance.¹⁰ Eventually it began to impact on his health and family relationships. In 1980 Hawke decided he had to give up alcohol altogether:

I've got close to a helluva lot of people through drinking. I loved it.

But I knew what the minuses were and I just had to admit them.¹¹

However, social and political commentators in 1984 maintained a respectful silence about Hawke's past alcohol use and its effect on his family, even when the national campaign included alcohol in Commonwealth government drug policy for the first time. The Hawke family, the premier family in Australia, had personally experienced problems with legal and illegal drugs, thus embodying the experience of many Australians.

The government's commitment to consensus

Although a personal and political crisis led the Prime Minister to conceive the idea of a national drug campaign, there were a number of other features of the new Labour government that led to a national, comprehensive drug policy that included legal and illegal drugs together for the first time and had as its goal the minimisation of harm. Firstly, consensus politics had been successfully used by Hawke both as President of the Australian Council of Trade Unions and as Prime Minister. As expert commentators of the time observed: 'Hawke laid down his consensus approach in the 1983 campaign; it provided not only a winning electoral formula but also a philosophical basis for the key relationships government built up with pressure

¹⁰ Blanche d'Alpuget, *Robert J. Hawke: A Biography* (Melbourne: Schwartz Publishing Group Pty. Ltd., 1982), p. 39.

¹¹ *Ibid.*, p. 396.

groups'.¹² Hawke had already conducted successful tax and economic summits. The drug problem was an ideal candidate for the politics of consensus because it involved a diverse array of stakeholders - non government organisations, the alcohol and tobacco industries, the pharmaceutical industry, health departments, drug users and the medical profession. Compromise and cooperation seemed a promising way to resolve this conflicted debate. Royal Commissions had already provided thousands of pages of advice, whilst the difficulty had been how to implement it.

Another factor contributing to Hawke's success was that he kept closely in touch with community opinion by making extensive use of polling.¹³ The major agency used by the federal government was Australian National Opinion Polling. Rod Cameron, its head, observed that 'much of the advice that ANOP gave Labour, and much of Labour's campaigning success, came from feeding back to the swinging voters what they were saying, and playing on their values.'¹⁴ A social attitudes survey conducted during November and December 1985 by Reark Research, a private social marketing company, found that most people did not have enough information about drugs and wanted the government to provide more drug education.¹⁵ Surveys of perceptions of what drugs constituted the drug problem found that the community mainly saw the drug problem as one of young people and illegal drugs, especially heroin and marijuana.¹⁶ Drugs were identified as the number one social problem in Australia. Social commentator Hugh Mackay in New South Wales in September 1986 found that for parents:

Drugs are the most terrifying of social issues: they represent an ugly development in modern Australian society which impinges directly on the quality of home and family life and which threatens parents' own belief in their ability to protect their children from the drug menace.

Mackay also found that parents thought alcohol and tobacco much safer options.¹⁷

¹² Fred Gruen and Michelle Grattan, *Managing Government: Labor's Achievements and Failures* (Melbourne: Longman Cheshire, 1993), p. 58.

¹³ *Ibid*, p. 77.

¹⁴ *Ibid*, p. 78.

¹⁵ Neal Blewett, *NCADA: Assumptions, Arguments and Aspirations, National Campaign Against Drug Abuse Monograph Series No. 1* (Canberra: Australian Government Publishing Service, 1987), p. 15.

¹⁶ Toni Makkai and Ian McAllister, *Public Opinion Towards Drug Policies in Australia 1985-1995*, (Canberra: Looking Glass Press, 1998), pp. 2-6.

¹⁷ The Mackay Report, *Contemporary Social Issues*, (Sydney: 1986), p. 25.

Contemporary political commentators concluded that Hawke had personally performed badly in the 1984 election because of the disclosure of his daughter's heroin addiction and because of his alleged association with organised crime.¹⁸ A public anti-drug campaign could certainly help to restore this tarnish to his image.

Another factor significant to the development of NCADA was Hawke's personal style of leadership. Hawke, as 'chairman of the board', gave his ministers a reasonable amount of autonomy and the Minister for Health, Neal Blewett, was left to develop the campaign as he saw fit. However, Hawke's personal support for the campaign in Cabinet was important, particularly when matters of finance were discussed.¹⁹ A national drug strategy was a logical expression of another aspect of Hawke's style: his emphasis on national unity over party politics.²⁰ His popularity originated in his leadership of the ACTU and was more personal and broader than the leadership of his party. Achieving national consensus on the drug issue would enhance this image.

A reforming health minister

The unique and innovative nature of the ensuing campaign can also be attributed to the role played by the Minister for Health between 1983 and 1990, Neal Blewett. Assisted by his chief advisor Bill Bowtell, Blewett researched the drug problem thoroughly. In January 1985 Blewett and Bowtell undertook an overseas study tour to examine drug and AIDS policy in the UK, US, and Hong Kong. This tour resulted in a number of insights that were applied to the development of new drug policy in Australia. It also was the foundation for the federal government's response to the emerging health issue of AIDS.²¹ Blewett familiarized himself with all the previous inquiries and Royal Commissions into drug use. He drew on the problem definition of the 1971 Marriott Report, the seven point strategy of the 1977 Baume Report, the analysis of the social context of drug use of the Sackville Report and the data on drug use patterns of the Williams Report.²² He made special mention of Baume as his predecessor and applauded Baume's attempt to improve community debate. In 1985

¹⁸ Grattan, *Managing Government: Labor's Achievements and Failures*, p. 78.

¹⁹ Steve Allsop, "Harnessing Harm Reduction in Australia: An Interview with the Hon. Neal Blewett", *Drug and Alcohol Review*, 14, no. 3 (1995), p. 274.

²⁰ Grattan, *Managing Government: Labor's Achievements and Failures*, p. 26.

²¹ Allsop, "Harnessing Harm Reduction in Australia: An Interview with the Hon. Neal Blewett", p. 277.

²² The Hon. Neal Blewett, *NCADA: Assumptions, Arguments and Aspirations*, p. 5.

he set about the unenviable task of building bridges between politicians and the drug experts, as well as between the federal government and the states.



Figure 6.1 At the launch of *Straight Talking*

Blewett is seen in this photograph enthusiastically launching the drug education resource *Straight Talking* in New South Wales in 1987. On the podium beside him is Brian Stewart, chair of the Drug and Alcohol Authority, and Louise Rowling, director of the Health Education Unit at the Sydney College of Advanced Education. Through the DAA, the Drug Offensive funded the Health Education Unit to produce this resource. The fact that the states were not always at ease with the emphasis on publicity which was an essential part of the National Campaign, is suggested by this image.²³

Blewett was a reformer who had a good understanding of the complexity of drug issues and a willingness to try to put new ideas into practise.²⁴ He described himself as ‘not much of a populist’.²⁵ As a lecturer in politics at the University of Adelaide, Blewett had been an advocate of marijuana reform for civil liberties reasons. However, he was forced to publicly abandon his position on marijuana when he took up his government post in 1983. Although required to support the focus on youth,

²³ Interview with Dr Les Drew, 14th May, 1997.

²⁴ Allsop, “Harnessing Harm Reduction in Australia: An Interview with the Hon. Neal Blewett”, p. 274.

²⁵ *Ibid.*

organised crime and illegal drug use at the summit, he believed that law enforcement was primarily the responsibility of the states.²⁶ For Blewett NCADA was also the first part of an attempt to move towards preventing ill health rather than treating disease.

Blewett adopted the public health view of drug use:

I saw alcohol and cigarettes as the premier drug problems in this country - issues that the police generally had little to do with. I wanted to keep the emphasis on these drugs, which would certainly have been lost if the moneys going into enforcement agencies to respond to what were essentially the minor drug problems in society.²⁷

However, he found alcohol to be the most difficult substance about which to develop policy.²⁸ The fact that there was some evidence that its use in moderation had benefits for health led him to think that alcohol had to be treated differently. In an interview for *The Drug and Alcohol Review* in 1994 he reflected on the other difficulties of his job with interviewer Steve Allsop:

While governments may endeavour to lead community opinion, they cannot overly distance themselves from community attitudes nor demonstrate insensitivity to dominant community expectations if they are to be successful in achieving their goals. When one considers these constraints, one realises that the task of government is to constantly strike difficult balances.²⁹

An united public health interest

Another important factor that contributed to the innovative nature of the new national campaign was that the public health interest spoke with a united voice. This was crafted by the Senior Medical Advisor on Alcohol, Drugs and Mental Health to the Australian government, Dr Les Drew. Trained as a psychiatrist, Drew had developed a special interest in researching and treating alcohol problems, prompted by his upbringing in a temperance family.³⁰ His first research paper on the natural history of alcohol problems in Finland was published in *The British Medical Journal* in 1958.

²⁶ Allsop, "Harnessing Harm Reduction in Australia: An Interview with the Hon. Neal Blewett", p. 275.

²⁷ *Ibid.*, p. 275.

²⁸ *Ibid.*, p. 279.

²⁹ The Hon. Neal Blewett, *NCADA: Assumptions, Arguments and Aspirations*, p. 7.

³⁰ Interview with Les Drew 14th May, 1997.

He was also a member of the National Drug Education Program Sub committee. He found out about the new campaign by accident:

When Bob Hawke suddenly decided to have this program I actually wasn't in Canberra at the time. I was directing the Commonwealth's health services in Melbourne because there was nothing to do. I came home for Christmas and was in the garden working. The head of the nutrition section rang up to say could I give her a couple of ideas because she was going to draw up this national drug policy. I said 'you're kidding!' I said 'I'm not going back to Melbourne; I'll be back at my old job on Monday.'³¹

Drew had been coordinating regular meetings of drug and alcohol service directors across the country and had also been involved in the setting up in 1983 of the Australian Medical Society on Alcohol and Drugs. The Society's aim was to promote an increased awareness and knowledge of drug and alcohol problems in the medical profession. The society's journal, *The Drug and Alcohol Review*, provided a respected forum for the debate on drug policy. Drew's position was a key one:

Over Christmas I drew up a national program and sent it round to all my mates all round the states. By the time the New Year came round I was able to go back to my head shebang and say 'Look, we've got consensus, all round the states, this is what we want', which was totally different to what Bob Hawke wanted.³²

The Alcohol and Drug Foundation of Australia, the peak non government body for alcohol and other drug issues, held a community conference in Canberra from the 24th to the 27th February 1985, to develop recommendations for the drug summit. Drew and a committee formed for the purpose organised briefing papers 'to give an overview of current drug use and abuse.'³³ Forty four public figures attended, including Senator Peter Baume, chair of the 1977 Senate Inquiry, Dr Earle Hackett, Commissioner of the 1978 South Australian Royal Commission and Justice Stewart, who conducted the 1983 Royal Commission into Drug Trafficking. Professor Charles Kerr from the School of Public Health at Sydney University, who was in the process

³¹ *Ibid.*

³² *Ibid.*

³³ Valerie Brown et al., *Our Daily Fix: Drugs in Australia*, p. ix.

of reviewing New South Wales Drug and Alcohol Services, attended. Drug crime research was represented by Dr Grant Wardlaw from the Australian Institute of Criminology and Dr Jeff Sutton from the Bureau of Crime Statistics and Research in Sydney. Pharmacological research was represented by Dr Greg Chesher from Sydney University. Traffic accident research was represented, as were state health departments, the non government sector and youth work. Politicians included Neal Blewett, Senator Rosemary Crowley and Ros Kelly from the Australian Capital Territory parliament. Women were represented by Anne Summers from the Office of the Status of Women in Canberra.

Despite differing backgrounds this group of experts were able to agree that alcohol and tobacco were the major problems. They decided that controls on the advertising and sponsorship of these products should be instituted. They recommended that methadone, not heroin, should be legally provided for the treatment of heroin addiction and people with a history of drug dependence should not be compelled to register. They thought that the young should not be the only focus of interventions as the drug use of all was of concern. They believed that drug education in schools and professions was essential and a central data base was needed. The family and the community were the front line for prevention. They recommended that the media should be used for public education and there should be drug rehabilitation in prisons. The overall goal of drug policy should be minimising the harmful consequences of drug use. Drugs were a public health problem, not a law and enforcement problem. These recommendations were released to the Minister for Health and the press on February 28, 1985.

Consensus politics worked well for the public health interest. For the first time since the 1960s the government had appealed directly to the professionals, the non government sector and the wider community all together in its search for solutions to the drug problem. The public responded enthusiastically to the invitation to make submissions to the drug summit, sending over five hundred.³⁴ There were one hundred and ten submissions from government and non government agencies, and three hundred and ninety five from individuals. An analysis of professional background showed thirty nine doctors, thirty one addicts, forty two parents, thirteen teachers, six

³⁴ *Ibid.*, p 189, Blewett, *NCADA: Assumptions, Arguments and Aspirations*, p. 6.

law enforcers, three ministers of religion and eighteen Alcohol and Other Drug workers.³⁵

The majority of the submissions concerned illegal drugs. Only fourteen per cent supported the inclusion of alcohol and tobacco as part of the drug problem.³⁶ Of the illegal drugs mentioned, marijuana was the only substance in which changes to the law were addressed with fifteen per cent for and ten per cent against. The main recommendations were for increased penalties for traffickers.³⁷ The *Sydney Morning Herald* reported that ‘there was widespread support among the submissions for drug education initiatives.’ Education targets should be the general public (nine per cent), primary students (sixteen per cent), secondary students (sixteen per cent) and parents (five per cent). Extreme solutions proposed were sterilisation, the death penalty, penal camps and ball room dancing for youth.

The consultation process culminated in a one day Special Premier’s Conference which was held in Canberra on the 2nd April, 1985, at Parliament House. Premiers, police and health ministers attended. Hawke, in his opening speech, described the campaign as an attack on organised crime.³⁸ Blewett supported this focus on illegal drugs in his speech.³⁹ The main problem was drug crime and the use of illegal drugs. However, legal drugs had been included, against protests from Queensland and Western Australia. Many voices had joined the debate. Members of the health bureaucracy, the non government sector and the professions united with the health minister under the banner of defining drugs as a public health problem. Thus the final nature of the campaign was very different from the dominant view of the drug issue that had dominated the summit and the media debate.

A new approach to drug policy

In 1991 the National Campaign Against Drug Abuse was reported to be the most expensive and ambitious health education campaign that had been launched by any

³⁵ Valerie Brown et al., *Our Daily Fix: Drugs in Australia*, p. 189.

³⁶ *Ibid.*

³⁷ Michael Lawrence, “Sterilisation, Dancing as Drug Cures”, *The Sydney Morning Herald*, 6th March 1985, p. 6.

³⁸ Michael Lawrence, “Fourfold Attack on Problem by Govt., Says PM”, *The Sydney Morning Herald*, 3rd April 1985, p. 4.

³⁹ Michael Lawrence, “Focus on Illegal Users, Blewett Urges”, *The Sydney Morning Herald*, 3rd April 1985, p. 4.

federal government.⁴⁰ It marked a much greater involvement by the Commonwealth in aspects of drug policy - treatment, education and rehabilitation - that had formerly been the exclusive province of the states. It consisted of a highly visible national education and research program and a less visible but much more expensive cost-shared strategy designed to develop existing services and new programs in the states.

Between 1985 and 1991 NCADA funding totalled \$247,136,572, one quarter of which went to national projects. The national budget included \$31,488,200 for national media strategies, \$8,769,748 million for education, \$4,550,578 for monitoring and information, \$13,725,816 for research, and \$194,000 for printing with a total of \$8,729,044. Three quarters of the funding (\$188,407,528) went to the states. New South Wales received \$64,027,136, Victoria \$48,141,700, Queensland \$30,440,800, Western Australia \$17,269,892, South Australia \$16,964,000, Tasmania \$6,227,600, the Australian Capital Territory \$3,020,000 and the Northern Territory \$2,316,400.⁴¹

The campaign was overseen by the Ministerial Council on Drug Strategy which had been set up after the Williams Royal Commission in 1980. Attended by health and police ministers, this forum was briefed to meet regularly and report to the premiers' conference. The MCDS was supported administratively by the Standing Committee of Officials (SCO) which was chaired by the Secretary of the Department of Health. Drug education was coordinated by the National Drug Education Program until 1988.

The communiqué released to the press after the drug summit stated that the aim of the campaign was to reduce drug abuse and addiction. This aim would be achieved through promoting awareness, changing attitudes to illegal drug use, promoting more responsible use of legal drugs, improving services, providing firm law enforcement targeting drug sellers, supporting international efforts in supply control and national cohesion. The campaign would be comprehensive, strengthen existing structures, emphasize demand reduction, provide reliable data and have a degree of permanency.⁴² The four strategies identified were education, law enforcement,

⁴⁰ Toni Makkai, Rhonda Moore, and Ian McAllister, "Health Education Campaigns and Drug Use: The 'Drug Offensive' in Australia", *Health Education Research* 6, no. 1 (1991), p. 65.

⁴¹ The second Task Force on Evaluation, *No Quick Fix. An Evaluation of the National Campaign against Drug Abuse*. (Canberra: Ministerial Council on Drug Strategy, 1992), p. 161.

⁴² Department of Health, *National Campaign against Drug Abuse* (Canberra: Australian Government Publishing Service, 1985), p. 3.

treatment and research.⁴³ Education was the top priority. The communiqué outlined a commitment to upgrading the National Drug Education Program, developing new resources, media campaigns, training and twenty four hour information services in all states.

However, in the campaign strategy document the aim was ‘to minimise the harmful effects of drugs on Australian society.’⁴⁴ This new terminology reflected changes in thinking by the leading agency for the public health interest, the World Health Organisation. In 1980 the terms abuse, misuse and addiction were abandoned by the WHO because ‘they are unsatisfactory concepts within a scientific approach. The terms involve value judgements that are impossible to define in such a way that they are appropriate for different drugs in different contexts.’⁴⁵ Instead the terms ‘harmful’ and ‘hazardous use’ were recommended. ‘Harmful use’ was defined as ‘use of a drug that is known to have caused tissue damage or mental illness in the particular person’ and ‘hazardous’ use was defined as: ‘use of a drug that will probably lead to harmful consequences for the user – either to dysfunction or to harm.’ An international working group of alcohol and drug experts called together by the WHO Expert Committee on Drugs has recommended this change. A member of this group was Dr Les Drew from Australia.⁴⁶

In 1984 Drew published ‘Strategies for Minimising Drug Related Problems’ in the Drug and Alcohol review. In this article he argued that the minimisation of harm should be the goal of drug policy. The Review provided an important voice for emerging ideas about drug policy. Drew continued to develop his notions regarding harm and drug policy in the professional journals, whilst lobbying for the establishment of a more accurate data base for drug policy through research.

Four special groups – youth, women, Aborigines and prisoners – were identified in the communiqué and the strategy document as the targets of the NCADA, but the evaluation done in 1992 showed that youth became the major target of the campaign.

⁴³ *Ibid.*

⁴⁴ *Ibid.*

⁴⁵ G.Edwards, A Arif, and R. Hodgson, “Nomenclature and Classification of Drug and Alcohol-Related Problems: A Shortened Version of a Who Memorandum”, *Drug and Alcohol Review* 3, no. 2 (1984), p. 78.

⁴⁶ Interview with Dr Les Drew 14th May, 1997.

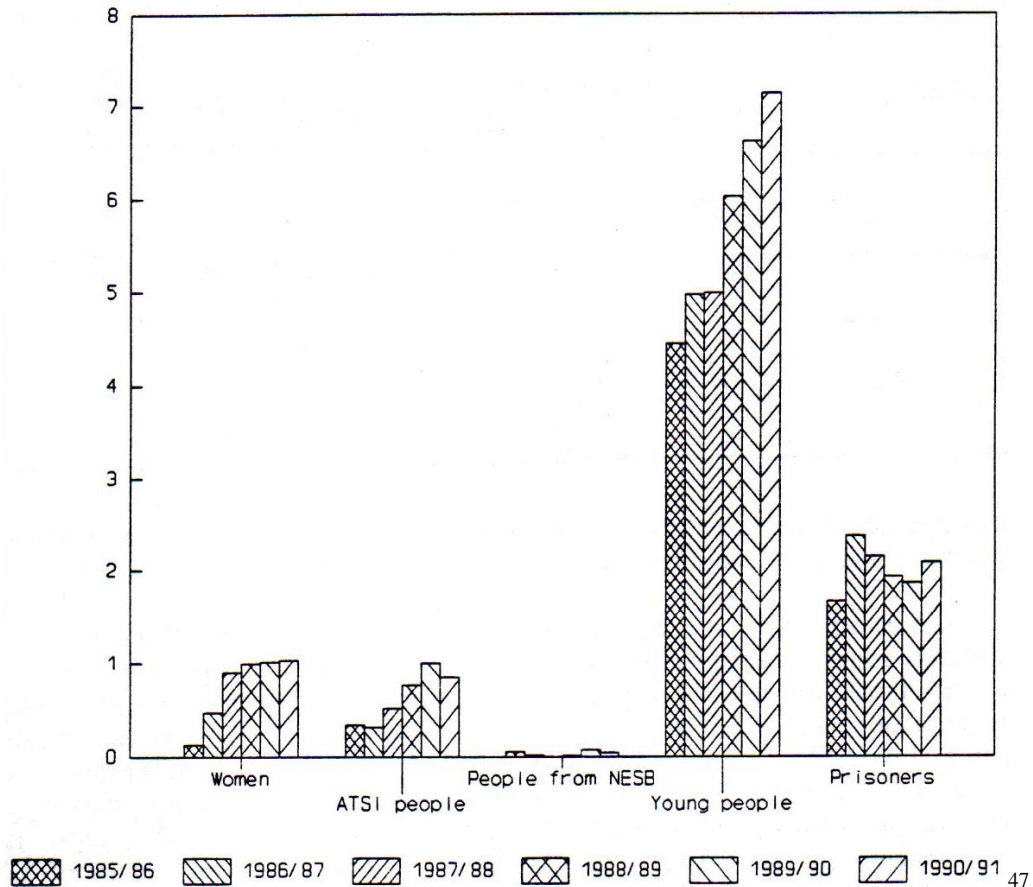


Figure 6.2 Cost shared funding allocated to special population groups 1985-91
*Source: NCADA cost-shared program*⁴⁸

Youth was considered to be at a critical time in terms of the impact of drug problems on their lives and all stakeholders were able to agree that the welfare of the future leaders of the country was important.⁴⁹

A leading role for public education

Market research in 1985 showed that the public wanted more education about drugs and was concerned that the government was not doing enough.⁵⁰ For the Minister for Health, Blewett, educating the general public was of vital importance:

One of the central tasks was, and remains, seeking to raise the level of debate and understanding of drug problems within Australian society.⁵¹

⁴⁸ Evaluation, *No Quick Fix. An Evaluation of the National Campaign against Drug Abuse*, p. 74.

⁴⁹ *Ibid.*, p. 75.

⁵⁰ *Ibid.*, p. 15.

⁵¹ Blewett, *NCADA: Assumptions, Arguments and Aspirations*, p. 6.

However, the new campaign slogans were very different to the *Life. Don't Waste it* slogan of the NDEP media advertisements of 1979. The new campaign images began with showing young people in distressed and degraded situations because of their drug use, with youth as the main target and a focus on illegal drugs. The threat from Asia had arrived. Professional advice from drug experts had led to this change in approach. A review of media programs by Miller and Ware challenged the idea that a media campaign on illicit drugs could increase interest in and use of these drugs.⁵² Anti tobacco campaigns in the 1980s had been successful. There had been consensus about the use of the media in public education at the national workshop and there was an increase in the popularity of social marketing theory in public health circles. Thus the main strategy of the national program became public education through the media. More than fifty per cent of the campaign's national program budget was spent on this approach.⁵³

A Drug Offensive was launched on Sunday 6th April 1986. Three phases were planned at the start. The first phase, extending from April 6th to June 30th, aimed to raise community awareness, provide general information about the drug problem and specific information about particular drugs, and inform the public of what government was doing about the problem. It began with a joint telecast by the prime minister and all state premiers, distribution to every household in the nation of a drug offensive booklet, the opening of a national drug information telephone line which distributed information kits after a call, and an extensive advertising campaign supported by a series of public relations activities.

The aims of the second phase were to target specific 'at risk' groups and specific drugs. Heroin and alcohol were chosen as the drugs: youth and Aborigines were the groups for this second stage. Heroin was justified by its being the second most common cause of drug related deaths in young people, although the actual figures, which showed an increase from 192 in 1980 to 283 in 1985, were quite small. Despite the fact that calls to the national information line showed that cannabis was of more concern,⁵⁴ a media campaign targeting young people aged 15-20 and heroin was

⁵² Mary-ellen Miller and Joclyn Ware, *Mass-Media Alcohol and Drug Campaign: A Consideration of the Relevant Issues, National Campaign Against Drug Abuse Monograph No. 9* (Canberra: The Drug Offensive, 1989).

⁵³ Toni Makkai, *Awareness and Effectiveness of the National Campaign against Drug Abuse and the Drug Offensive*, (Canberra: Australian Government Publishing Service, 1993), p. 14.

⁵⁴ Simon Davies, "Drug Theory up in Smoke", *The Sydney Morning Herald*, 27th April 1986, p. 59.

launched on the 10th May, 1987 in NSW, Queensland and the ACT. The theme was 'heroin screws you up'. However, the other states refused to run it. This campaign was run during the 1987 federal election campaign. Hawke performed better in his own electorate in 1987 than in 1984, indicating the anti-drug campaign may have been a benefit to his personal standing in the community, in contrast to his standing as father of a heroin user in the previous election.⁵⁵

Young people were again the target of the next media campaign, but this time the drug was alcohol and the age range was twelve to eighteen. Parents of this age group were also included as targets, specifically because they were said to be role models for their children. The 'cubbyhouse' advertisement showed two young preschoolers playing grown ups in their cubby, imitating their parents. Alcohol consumption was enacted. The launch of the campaign eventually took place, after some changes, on March 13th, 1988. The focus was on another illegal activity, under age drinking. All the states participated and professionals were much less opposed. School surveys conducted in 1988 by NSW Health showed that there had been a decline in the consumption of alcohol by this age group.⁵⁶ Nevertheless, with the publication of the Burdekin report, there had been an increase in community anxiety about young people on the streets.⁵⁷ Alcohol consumption amongst the young often occurred in public places. Binge drinking, or drunkenness, was the most concerning behaviour to some members of the community and drug experts. This was a new problem identified by service providers and researchers, and drunken young people in groups were certainly more frightening for adults than sober ones.⁵⁸

A pharmaceutical campaign was launched on the 7th April, 1989 by Neal Blewett and the Housing Minister, Peter Staples. It followed research into problems associated with the prescription and use of pharmaceuticals. These problems included the dangers to children, overuse in the elderly, the need for patient education by doctors, and the dangers of date medicines and using the medicines of others. The first phase focussed on children, using a television advertisement and four print ads. Nine pamphlets and a medication chart were made available for doctor's surgeries and

⁵⁵ Grattan, *Managing Government: Labor's Achievements and Failures*.

⁵⁶ Directorate of the Drug Offensive, "1989 Survey of Drug Use by NSW Secondary School Students", (Sydney: NSW Department of Health, 1990), pp. 15-16.

⁵⁷ Terry Irving, *Youth in Australia*, p. 229.

⁵⁸ Drug and Alcohol Directorate, "Youth Alcohol Strategy", (Sydney: NSW Health 1993), pp.4-5.

pharmacies. Alcohol and Other Drug workers were encouraged to develop complimentary activities in their communities.

The Drug Offensive borrowed the images of war and soothed the fears of invasion expressed in the Williams report. The technique of feeding the community's fears back to them resulted in the choice of heroin and youth as the themes for the first visual media campaign. Many drug educators opposed this approach. It had been developed entirely separately to the National Drug Education Program and they had not been consulted during the development process. Previous research had concluded that media coverage of illicit drug issues could cause outbreaks of illicit drug use.⁵⁹

The campaigns were coordinated by a national steering committee and used private market research firms to develop them. After 1988 more coordination with the states was attempted. However, the Drug Offensive covered much wider territory than media visual and audio advertisements. Sponsorship of sporting, cultural and educational activities was part of the Drug Offensive. This was also a marketing strategy of the alcohol and tobacco industries. Radio music programs were sponsored; for example the 'Drug Offensive National Top Ten' was broadcast by forty four regional stations. The Drug Offensive also sponsored competitions such as the Rock Eisteddfod and the creation of a new music award night, the Aria awards.

The strengths of NCADA: research

The national campaign's greatest contribution to the response to drug problems in Australia was in sponsoring and supporting research to establish more accurate data on which to base policy. Twenty-nine per cent of campaign funds were spent on the establishment of new institutions and key reviews.⁶⁰ Research paradigms were expanded from the bio-medical approach that had been the main tool of the National Health and Medical Research Council to include psychological, cultural and sociological research methods.⁶¹

In 1987 two national research centres, one for treatment at the University of New South Wales in Sydney and one for prevention at Curtin University in Perth, were established with a total funding, between 1985 and 1991, of \$6.9 million. A national

⁵⁹ Brecher, "How to Launch a Nation Wide Drug Menace". In: *Licit and Illicit Drugs* (New York: The Consumers Union, 1972).

⁶⁰ Makkai, *Awareness and Effectiveness of the National Campaign against Drug Abuse and the Drug Offensive*, p. 14.

⁶¹ Evaluation, *No Quick Fix: An Evaluation of the National Campaign against Drug Abuse*, p. 61

Research into Drug Abuse Program (RIDAP) funded one hundred and ten projects between 1985 and June 199, at a cost of \$6.8. Million. A National Drug Abuse Information Centre (NDAIC) containing a library and an information system was located in the Drugs of Dependence Branch of the Department of Health, Housing and Community Services. The National Drug Abuse Data System (NDADS) provided base line data on drug use. In 1990 a research centre for professional training (the National Centre for Education and Training in Addictions) was established in Adelaide.

The landmark monograph *The Effectiveness of Treatment for Drug and Alcohol Problems* by Heather et al had a significant impact ⁶²on the development of the alcohol and other drug work force.⁶³ It proposed that the emphasis in treatment should be on early and brief interventions rather than the detoxification, rehabilitation and support of people with chronic alcohol and drug problems, justified by cost effectiveness and research. Cognitive Behaviour Therapy was the treatment mode supported as the most promising. Since this was a speciality of the psychologist, this recommendation meant that psychology was to play a greater role in the treatment area. The resulting professionalization of treatment, which had traditionally been delivered by the non government sector, alienated that sector as it was advocating controlled use, not abstinence.

Another landmark study funded by NCADA and published as part of the monograph series was the foundation for drug policy. This was *Estimating the economic costs of drug abuse in Australia* by David Collins and Helen Lapsley. The aim of this study was 'to provide economic information on the basis of which drug-related public policy decisions could be made'.⁶⁴ Very little research on this topic had been done in Australia and some new methods had to be developed for the study. The authors concluded that the economic cost to Australia of drug abuse in 1988 was, at minimum, over fourteen million dollars. Tobacco was the most costly drug. The net cost to the Commonwealth after excise revenues were taken into account was 623.3

⁶³ Nick Heather and Jennifer Tebbutt, *The Effectiveness of Treatment for Drug and Alcohol Problems: An Overview, National Campaign Against Drug Abuse Monograph Series No. 11* (Canberra: The Drug Offensive, 1989).

⁶⁴ David Collins and Helen Lapsley, *Estimating the Economic Costs of Drug Abuse in Australia, National Campaign Against drug Abuse Monograph Series No. 15* (Canberra: The Drug Offensive, 1991), p. 1.

million. This kind of data was more significant when governments were becoming more interested in the cost of social and health services.

Three seminal reviews of drug education were conducted. '*A Review of Strategies for the Prevention of Drug Abuse*' rejected personal development as an effective approach for drug education and suggested that law enforcement for legal drugs was most effective.⁶⁵ A review of mass media alcohol and other drug campaigns indicated that these programs could be useful if linked with community programs.⁶⁶ In 1991 James and Fisher reviewed national school drug education and found:

Most educational systems are not participating to a degree that will make a difference. Programs such as the ones we reviewed, suddenly appear, get evaluated, and then disappear in a totally random fashion.⁶⁷

NCADA supported new research into school drug education programs. Jeffrey Wragg of the University of Wollongong conducted a significant study in schools in the Illawarra region of New South Wales in the late 1980s. He found that a program based on a psychosocial development model produced reduced levels of alcohol, tobacco and marijuana use in adolescents.⁶⁸ Wragg based his program on the latest American drug education research, with an explicit theoretical base that included a sound pedagogical rationale, and conducted a rigorous study with control and intervention groups. His results were celebrated by drug educators as a successful model for future programs.⁶⁹

The campaign itself was a good example of the new commitment to a more accurate evidence base for policy. Evaluation and monitoring was built in from the beginning. A review after three years was planned. Attitude surveys were important to the first review. Two task forces evaluated NCADA in 1988 and 1991. They both noted that it was a difficult program to evaluate because of the cost shared component. A large part

⁶⁵ Peter Homel and Catherine Reilly, *A Review of Strategies for the Prevention of Drug Abuse*, (Sydney: The Directorate of the Drug Offensive, 1989).

⁶⁶ Ware, *Mass-Media Alcohol and Drug Campaign: A Consideration of the Relevant Issues*.

⁶⁷ Ray James and John Fisher, "A Review of School-Based Drug Education in Australia, 1978-1990", (Perth: Curtin University of Technology National Research Centre into the Prevention of Drug Abuse, 1991).

⁶⁸ Jeffrey Wragg, *An evaluation of a model of drug education*, (Canberra: NCADA Monograph Series No. 22, National Campaign Against Drug Abuse, 1992).

⁶⁹ Richard Midford and Geoffrey Munro, *Drug Education in Schools: Searching for the Silver Bullet*, (Melbourne: IP Communications, 2006), p. 26.

of the funds were used for projects already commenced by the states. The evaluations used a wide range of measures - attitude surveys, a key informant survey and special research papers and statistics to ascertain the impact of the media campaigns, the prevention and treatment strategies. The new research came into play.

Professional training

Professional education was an important target of NCADA. It aimed to raise the status of the Alcohol and Other Drug Work field by improving training, sponsoring journals, conferences, professional organizations and magazines. A Task Force on Training was appointed in October 1985 'to examine the training needs of persons who play a significant part in the treatment or rehabilitation of those with drug problems and make recommendations for improvements.'⁷⁰ Teachers were excluded from the definition of practitioner and so drug educator training was separated from other professional training. A Tertiary Education Conference was held in Sydney in July, 1987 as part of the consultation process for the Task Force. The final report, released in November 1987, concluded that professional training and education were generally inadequate and recommended a large number of initiatives to remedy the situation. Education should be based in tertiary institutions but in-service training was also necessary as an interim measure. All levels of tertiary education should provide courses, including technical education institutions. Drug and alcohol workers should have a specialist role, supporting generalist health and welfare workers by acting as consultants and educators. The first stage of implementation involved medical and nurse education projects, and TAFE courses were developed to train workers for the non government sector.

In 1987 Donohue and Rankin were commissioned to survey teacher training in drug education for the Higher Education Board. Also the board commissioned Margaret Sargent, a sociologist, to report on the training of social and welfare workers, as well as lawyers and administrative workers. An interim report on social and welfare work was put out by Sargent in 1987. The final report included law and public administration and was released in 1989. In the tertiary sector Dr Jara Krivanek at Macquarie University pioneered clinical drug dependency studies at the post graduate level.

⁷⁰ Task Force on Training *Alcohol and Other Drug Problems: Education and Training Requirements of Practitioners* November, 1987, p. i.

A series of five National Drug Educator Seminars was sponsored by NACADA. In the preferred style of the NDEP, these workshops were run by and for drug educators themselves. Open debate and criticism were encouraged, and representatives from all the major programs attended. A commitment to the broad guidelines of the NDEP was evident, but there was plenty of variety and conflict. The workshops declared that they emphatically were not conferences, and were a venue for sharing wisdom and not dictating guidelines and practice. Concern with the media approach led to the theme of the third workshop being media issues.

The Drug Education Journal of Australia was begun in March 1987, and a specific review of school drug education by James and Fisher was commissioned. Drug educators, now more numerous and diverse, attempted to unify, organise, coordinate and professionalise the practise of drug education with the support of the NDEP. A review after the first three years of NCADA found that its boost to drug education in Australia was one of its major successes.⁷¹

More controls on legal drug use

The most innovative feature of the campaign was that it included alcohol in drug policy. ‘Now we were not always explicit on this point’ commented Blewett when asked to discuss this aspect by Allsop.⁷² Blewett had never been convinced that alcohol could be compared to drug use. However, having legal drugs on the national agenda had a considerable impact on policy making, services and controls on alcohol and tobacco. National health policies on tobacco, alcohol, and methadone, were developed for the first time, as were national guidelines for the responsible service of alcohol.

Many restrictions on tobacco advertising were legislated in the late 1980s and early 1990s. Advertisements in newspapers, magazines and the cinema were banned and the sponsorship of sport restricted. Smoking on domestic flights and commuter services was banned, also in all Commonwealth public service buildings. The tobacco industry agreed to reduce levels of tar and nicotine, and promote compulsory health warnings

⁷¹ National Campaign Against Drug Abuse, *The National Campaign against Drug Abuse 1985-88 Evaluation and Future Directions, Monograph Series No.12* (Canberra: Australian Government Publishing Service, 1989), pp. 29, 52.

⁷² Allsop, “Harnessing Harm Reduction in Australia: An Interview with the Hon. Neal Blewett”, p. 275.

on packets. The High Court case on passive smoking was partially financed by NCADA.

Many smokers regarded restrictions on tobacco advertising as an infringement of their rights but there was a stable and increasing majority in favour of bans. By the 1990s there was also strong support for strengthening the enforcement of the ban on tobacco sales to minors. Environmental Tobacco Smoke was identified as a health risk during this period. There was a high level of support for workplace and public space restrictions on smoking. Smoking restrictions were largely supported by non smokers who were educated, professional and had young children. Smoking prevalence continued to decline, more sharply than alcohol.

Five national household surveys were conducted in 1985, 1988, 1991, 1993 and 1995 to track changes in consumption and attitudes in the community. Although these surveys were not sufficiently sensitive to provide useful data on the target groups of indigenous people, prisoners, and people of non English speaking background, they were weighted in favour of youth and provided some useful information on general trends of drug use in that group. They also provided data on general trends and attitudes about alcohol and tobacco.

Alcohol consumption continued to gradually decline according to a general trend that began at the beginning of the twentieth century, although alcohol users were least in favour of controls.⁷³ There was a slight decline in harmful and binge drinking by youth. There was a 'stark' decline in tobacco consumption and the age of initiation into smoking increased amongst young people. There was little change in the adult figures for the consumption of illicit drugs but amongst New South Wales school children, the consumption of illicit drugs declined between 1983 and 1989. Young people who lived on the street had a much higher rate of illicit drug use than their peers in the general community.

There was more support for measures which reduced demand for alcohol rather than reduced supply. Increasing the drinking age was more supported than in the past. Restrictions on the consumption of alcohol at public events, such as the creation of alcohol free events and zones and the training of bar staff to refuse service to those intoxicated, were supported. There was increasing support for some supply side

⁷³ Taskforce on Evaluation, *No Quick Fix. An Evaluation of the National Campaign against Drug Abuse*, pp. 9-12.

measures such as limiting advertising and sponsorship and reducing trading hours. Raising prices and reducing outlets were the strategies least supported. Reported frequency of alcohol use was the determining factor in these attitudes.

There was pressure placed on the system of self-regulation: the Media Council of Australia was requested to review alcohol advertising. The National Food Authority was requested to support the labelling of drinks concerning the number of standard drinks and the NHMRC recommended safe drinking levels. Barbiturates and benzodiazepine poisonings fell markedly. Methadone programs and hospital services were expanded. Legal drug policy legitimated the work of the established alcohol and other drug work field which 'came out of the shadows'.

In 1994 Neal Blewett observed that:

I think the Australian community turned out to be much more tolerant and understanding about these issues than one would have predicted from the literature on community attitudes in the 1970s.⁷⁴

By 1995 the ranking of the drug problem's importance in society had dropped from first to third. Popular opinion had also become more diverse. Although heroin and cocaine were still viewed as being the heart of the drug problem, more people had become concerned about the social consequences of the use of alcohol, tobacco and pharmaceuticals.⁷⁵ The perception that heroin was the major drug problem declined from fifty two per cent in 1985 to thirty per cent in 1995. There were major discrepancies between the perceived and actual causes of drug related mortality in all surveys. Less than four in ten correctly identified tobacco as the major cause of drug related death. However, knowledge about drug deaths slightly increased between 1988 and 1995. The use of a drug lessened the impact of the campaign on the user.

The public supported education as the most popular intervention and the proportion of those with a tertiary education who mentioned licit drugs as part of the problem rose from thirteen per cent in 1985 to thirty six per cent in 1995.⁷⁶ This was attributed to greater uptake by this group of drug information provided by NCADA and other coexisting tobacco and alcohol campaigns. It may also have been the result of the

⁷⁴ Allsop, "Harnessing Harm Reduction in Australia: An Interview with the Hon. Neal Blewett", p. 274.

⁷⁵ McAllister, *Public Opinion Towards Drug Policies in Australia 1985-1995*, p. 36.

⁷⁶ Toni Makkai and Ian McAllister, *Public Opinion Towards Drug Policies in Australia 1985-1995* (Canberra: Looking Glass Press, 1998), p. 40.

tertiary education initiatives in medicine, nursing, teaching and welfare that were sponsored by NCADA.

Weaknesses of the new approach

Drug strategy involved policing, customs, education and the non government sector as well as health. The national emphasis on public health sidelined these other significant partners. In fact, one outcome of the campaign was to separate public health and law enforcement. These two approaches became controlled quite separately.

Although having the aim of ‘directing firm and effective law enforcement efforts at combating drug trafficking, with particular attention to those who control direct and finance such activities’ NCADA only funded a small number of initiatives in law and enforcement.⁷⁷ This led to seven applications, beginning in 1987, from law and enforcement to the Ministerial Council on Drug Strategy to allocate NCADA funds for this purpose. All were declined. The task of pursuing Mr Big was left to the National Crime Commission chaired by Justice Stewart. The apprehension of national drug traffickers was carried out by the Australian Federal Police Force.

By 1992 the second taskforce on evaluation found that the MCDS was not the only council that oversighted drug policy. The other main council was the Australian Police Ministers Council (APMC). The APMC requested a national law enforcement policy on alcohol to be developed in 1990. During the life of NCADA law and enforcement policy was largely decided by the APMC. The task force also found that the law and enforcement sector had no united national coordination and that this limited its effectiveness in regard to drug policy as it had no integrated policy on drugs of its own. The result of this was a very strained relationship between the two major partners in drug policy, law and health. The Commonwealth Attorney General’s Department represented law and enforcement on the MCDS but did not see its mandate as being to speak for all aspects. It also did not see NCADA as relevant to its core business. The second evaluation also found that police had little knowledge of NCADA and there was no evaluation of policing strategies.

The drive to professionalise alcohol and other drug work left a major partner, the non government sector, out of the policy making process. This sector was represented in Canberra by the Alcohol and Drugs Council of Australia. However non government

⁷⁷ Evaluation, *No Quick Fix. An Evaluation of the National Campaign against Drug Abuse*, pp 51-56

organisations provided most of the treatment services in the states.⁷⁸ They also created employment. This was the sector that usually included users. Representatives from the sector, for example Ted Noffs, often gained support by going direct to politicians rather than to government bureaucracies. They felt isolated from current initiatives in policy making.

Of the illegal drugs, NCADA focussed on heroin and did not specifically address the issue of marijuana. However, between 1985 and 1995 marijuana, not heroin, had come to symbolise the drug problem for those in their adolescence.⁷⁹ It was the most commonly used illicit drug for this group and it was nominated by them as the major component of the drug problem.⁸⁰ The legal status of this drug was the main focus of concern for young people. Most did not support legalisation but there was a trend to increase support for legislative change. Those who used the drug were most supportive of legalisation. Those who used marijuana generally were more likely to have a tertiary education and young people favoured drug education as their preferred drug strategy. Amongst eighteen to twenty four year olds lifetime prevalence of marijuana use in 1993 was sixty three per cent. During the campaign the annual prevalence of marijuana use among adolescents and those in their twenties increased.⁸¹ Between 1988 and 1995 the proportion of 14-15 year olds who said they had tried marijuana almost doubled, from twelve per cent to twenty two per cent, although it remained stable for 16-19 year olds.⁸² The use of amphetamines by young people also increased.

The second review of NCADA, *No Quick Fix*, showed disillusionment with drug education as a strategy.⁸³ The report divided what had been previously categorised as 'education' into a collection of strategies which included media programs, training, workplace programs, and information services. The only category that remained under the heading of education was school education. The report referred to the review of school drug education by James and Fisher, done in 1991, which concluded that the

⁷⁸ Interview with Peter Connie, Director, Network of Alcohol and Other Drug Agencies (NADA) Sydney. 18th June, 1996.

⁷⁹ McAllister, *Public Opinion Towards Drug Policies in Australia 1985-1995*, p. 4.

⁸⁰ *Ibid.*

⁸¹ Toni Makkai and Ian McAllister, *Patterns of Drug Use in Australia 1985-1995*, (Canberra: Commonwealth of Australia, 1998), p. viii.

⁸² McAllister, *Public Opinion Towards Drug Policies in Australia 1985-1995*, p. 5.

⁸³ Evaluation, *No Quick Fix. An Evaluation of the National Campaign against Drug Abuse.*

results of school drug education had been disappointing.⁸⁴ More research into the effectiveness of school programs was needed, said the report. The value of programs brought into schools by outside organisations was doubtful. The level of commitment by education departments to NCADA was criticised. It complained that the Education Ministers Council had last discussed drug education in 1979 and there was no involvement of education ministers with MCDS. Little had been done in schools to embed drug education as part of health education in the curriculum across Australia, as recommended by the first review.

In 1988 drug education leadership at state and federal levels was lost. The Drug Education Sub committee had been put into abeyance in 1985, and now the old National Drug Education Program was wound down. The media campaigns were developed entirely separately to other drug education initiatives. After 1988 the School Development in Health Education program, lead by Dr Rob Irwin of the University of Canberra began, but drug education largely merged into general health education during the period of this program, although specific professional development continued to be offered.⁸⁵

By 1992 prevention had replaced education as the unifying concept for interventions targeting those who did not already have a drug problem. However, no guidelines for prevention were developed. Under NCADA there was now no national mechanism for coordinating drug education and no commitment to developing an overall education policy. Then, in 1994, a National Initiatives in Drug Education (NIDE) program was begun, using funding from the confiscated assets of drug criminals. This program sought to expand and publicise school drug education and encourage the education sector to participate more in its development and practice.⁸⁶ The NIDE program produced a number of excellent resources for student, parent and teacher education about drugs, which were disseminated throughout Australia during 1996 and 1997. It was also innovative in that, for the first time, a national drug education program established harm minimisation as the guiding principle and goal for a national school drug education program.

⁸⁴ Fisher, "A Review of School-Based Drug Education in Australia, 1978-1990".

⁸⁵ Midford, Richard and Munro, Geoff (eds.), *Drug Education: Searching for the Silver Bullet* (Melbourne: IP Communications 2006), p. 27.

⁸⁶ *Drug Education in Schools. Searching for the Silver Bullet*, p. 26.

NCADA in New South Wales

Premier Neville Wran described the campaign as ‘the most exciting and positive thing that has occurred in the attack on drugs in Australia’s history, and I might go so far as to say the history of any western country.’⁸⁷ He declared that it would help to reduce crime, stop young people from being recruited to drugs and improve rehabilitation.

Funding from the campaign enabled drug education in New South Wales to expand. With the \$1,088,034 the Department of Education received, it developed a drug education team of ten regional consultants, two central consultants and a research officer, to in-service teachers, support schools and produce resources, through its pupil welfare directorate.⁸⁸ This team conducted seminars on drug issues at schools but involving local communities. The seminars were attended by teachers, parents and community members together in the one group, and this way of providing drug education was called a ‘school team’ approach. The Sydney College of Advanced Education conducted training courses for teachers and produced resource materials to support the courses.⁸⁹

With \$269,966 the Department of Technical and Further Education received it employed two researchers to develop policy and programs. It also began a Certificate IV in Alcohol and Other Drug Work, a specialty of welfare work. New youth programs funded by NCADA included peer leadership school programs, an adolescent alcohol misuse campaign, a campaign about prescribed sedatives for women, a campaign for ethnic communities, a medical education survey, drug education materials development by CEIDA, six regional community development officers and the expansion of the Alcohol and Drug Information Service. The Higher Education Board developed policy papers on drug education. Aboriginal initiatives included the formation of an Aboriginal Education Consulting Group which compiled a resources directory, built a library and prepared educational material for Aboriginal communities. The Commonwealth Schools Commission received \$42,000 to define the extent of the drug problem, and to examine and evaluate programs.⁹⁰ District Officers in Youth and Community Services were trained in drug issues with

⁸⁷Speech of Premier Neville Wran to the Legislative Assembly on the State Drug Crime Commission Bill, *New South Wales Parliamentary Debates* 2nd October, 1985 Vol. 186, p. 7362.

⁸⁸ *Ibid.*, p. 7537, Commonwealth Department of Health, “Triennial Review of the National Drug Education Program: Fifth Report”, p. 5.

⁸⁹ *Ibid.*, p. 6.

⁹⁰ *Ibid.*, p. 7537.

\$361,100. The Community Employment Program was given \$52,000, and the Redfern services research project received \$20,000.

Parent programs were expanded:

It wasn't until the National Campaign that parent drug education really took off. I can remember the change was amazing, between 1984 and 1986. 1984 was reasonably quiet and then suddenly everyone was ringing up wanting parent programs and you used to have these things up on the wall about how many you could do. In the end we wouldn't move out of central Sydney because we had so many, so we were trying then to get people in country areas to do parent programs.⁹¹

Community education expanded between 1985 and 1988 through the Promotion of Action in Community Education project. The PACE Committee, which tried to include all drug education stakeholders no matter their approach, attempted to provide policy and direction to drug education until 1989. It was responsible to the Drug and Alcohol Authority's central education and training committee. Guidelines for community drug education were launched in 1986 by MLC Barrie Unsworth, who was then Minister for Health. At this time there was a state-wide commitment to policy for drug education. Local communities were encouraged to take action on drugs.

The professional training programs begun by CEIDA were expanded. They were delivered to a variety of government and non-government agencies, and included the training of youth workers and the preparation of courses for TAFE Colleges. The *Connexions* journal became more widely distributed and resource materials were developed to support the new media campaigns, as well as community education.⁹²

After the Stewart and Costigan Commissions revealed drug related corruption in New South Wales, the state premier Neville Wran was personally lobbied by Ted Noffs to respond to the heroin problem.⁹³ In September 1984 the Premier launched a new drug education initiative, of which the Life Education program was a major beneficiary.⁹⁴

⁹¹ Interview with Audrey Christie, Senior Librarian, Health Education Unit. 5th September, 2001.

⁹² Commonwealth Department of Health, "Triennial Review of the National Drug Education Program: Fifth Report", p. 8.

⁹³ Jarratt, *Ted Noffs: Man of the Cross*, p. 329.

⁹⁴ "State Anti-Drugs Campaign Aims at School Children", *The Sydney Morning Herald*, 5th November 1984, p. 4.

The Wayside Chapel was able to build a new drug education centre at Colyton in Western Sydney with funding from NCADA, \$750,000 from the state government and \$750,000 from the Sydney entrepreneur Dick Smith.⁹⁵ Noffs became well known and active in the community, as his son Wesley remembers:

Now in 1986 Dad talked to hundreds of meetings throughout New South Wales and Australia in country areas. Hundreds! It was quite astonishing. They'd fly him up to speak at this town or to that community group, at that Rotary club, and he did all of those and at every one of them he talked about prevention of drug use and he talked about Life Education.⁹⁶

The success of Life Education lay in its visibility in the schools and its ability to attract political and business support.⁹⁷ Everyone had heard of 'Healthy Harold,' the cartoon giraffe that was the main character of the program. It was reassuring to parents who feared that their children were being attacked by the shadowy menace of drugs.⁹⁸ Politicians supported his programs as he had no compunction about going direct to the media with his dissatisfactions, whereas the government drug education bureaucrats were hampered in this respect.⁹⁹ However, the Life Education programs were planned without consultation with the state Education Department and as they received more funding than the state department, they were a source of dissension between the non government and the public sector.¹⁰⁰

Developing the policy of harm minimisation in New South Wales

Using over three million dollars from NCADA the Greiner Liberal government established a new drug policy body, the Directorate of the Drug Offensive, in 1988. It also created a Drug Offensive Council to advise the Minister for Health. This newly-formed Drug and Alcohol Directorate adopted harm minimisation as its goal and broadened the use of the term to include all drugs, legal and illegal.¹⁰¹ It articulated a

⁹⁵ Jarratt, *Ted Noffs: Man of the Cross*, p. 330.

⁹⁶ Interview with Wesley Noffs, 18th July, 1996.

⁹⁷ Dick Smith, a well known entrepreneur, matched funds dollar for dollar with the New South Wales government in 1985. In Jarratt, *Ted Noffs: Man of the Cross*, chapter 31.

⁹⁸ Interview with Dr John Howard, Coordinator, Masters/Diploma in Clinical Drug Dependency Studies, Macquarie University. 20th June, 1996.

⁹⁹ Interview with Peter Homel, Deputy Director, Drug and Alcohol Directorate, 1992. 20th June, 1996.

¹⁰⁰ Commonwealth Department of Health, *Triennial Review of the National Drug Education Program: Fifth Report*, p. 6.

¹⁰¹ The Drug and Alcohol Directorate, *New South Wales Drug Strategy, 1993-1998*, (Sydney: State

new policy that included new approaches to injecting drug users. In 1989 it launched an extensive re-education program for the drug and alcohol field through a series of training workshops, and it developed a much closer partnership between school education and public education regarding drug issues. The new policy was built on NCADA philosophy and developed with NCADA funding assistance, but it was also a response to a new public health issue.

The arrival of the threat of an epidemic from the incurable disease AIDS in the mid nineteen eighties saw a new meaning created for the term harm and a new phrase, 'harm reduction', to describe the particular set of drug related strategies designed to prevent the spread of the HIV virus. It also saw new leaders and interest groups become involved in drug policy. The newly set up AIDS bureaucracy drove the changes in drug policy,¹⁰² as many drug agencies and policy bodies were not in the habit of consulting with injecting drug users. A coalition of AIDS bureaucrats, drug policy makers, medicos and user groups, supported by the federal Minister for Health, united under the banner of preventing the spread of the HIV virus into the wider community by injecting drug users.¹⁰³ These developments coincided with, and linked to, the birth of an international harm reduction movement which was anti-prohibition and pro civil rights for drug users.

'Harm' was now used specifically in the context of transmission of the HIV virus, and a public health model seemed most appropriate. The virus could be identified, measured, studied and mapped with the aid of traditional epidemiological tools, unlike 'the drug problem' which had proved a slippery and complex social phenomenon. There was panic in the health bureaucracy and in the general community about the HIV virus, which gave a sense of urgency to government interventions. The subsequent success of the public health experts in containing the spread of AIDS into the general community through the decreased sharing of used syringes by injecting drug users gave support to the more widespread use of a public health model to underpin drug policy.

The need for knowledge about the behaviour of injecting drug users on which to base prevention strategies led to a new attitude on the part of drug and alcohol workers and

Health Publications, 1993).

¹⁰² Interview with Cecilia Gore, HIV Education Officer, CEIDA. 19th May, 1997.

¹⁰³ *Ibid.*

policy makers to illicit drug users. Heroin addicts were questioned about their injecting practices closely. These practices had formerly been a taboo subject, but now they were a valuable source of data for the research process. Injecting drug users began to find their voice as they also began to participate in the policy making process. User groups were formed and were represented nationally by the Australian IV League. A Users Group journal, *Junk Mail*, began. The new user groups were supported by the new AIDS bureaucracy. However, many injecting drug users still felt alienated and unaccepted by the wider community.¹⁰⁴

A top priority for professional education was to inform drug and alcohol workers of the way in which AIDS could be spread through injecting drug use. Training workers in the new methods of containing the spread of HIV was begun by CEIDA. A re-orientation of drug and alcohol workers attitudes to illicit drug use was needed. That is, they needed to have a greater acceptance of and knowledge about injecting practices, an acceptance of the user, and knowledge about prevention strategies, in order to educate their clients about how to prevent the spread of the HIV virus.

An improved partnership between health and education

In 1993 a New South Wales Drug Strategy was developed.¹⁰⁵ This policy was the culmination of the strengthening impact of NCADA and the perceived need by public health experts to respond to the new public health threat of AIDS. The top priority for the state drug strategy became young people's use of alcohol.¹⁰⁶ This reflected the importance of legal drugs to drug policy makers, and the commitment to youth as the major target of drug policy. Although drug education was a part of this strategy, the unifying concept of intervention was now prevention, not education. This was the result of the poor performance of drug education in preventing the use of illegal drugs by young people which had been revealed by NCADA research.

The new state priority on youth and alcohol led the Drug and Alcohol Directorate to work more closely with the drug education team at the Department of Education during the late 1980s and early 1990s.¹⁰⁷ The Education Act of 1990 had mandated drug education as part of the school curriculum for the first time. Drug education was

¹⁰⁴ Michael Rimmer, *Junk Mail* March 1992, p. 12.

¹⁰⁵ The Drug and Alcohol Directorate, *New South Wales Drug Strategy, 1993-1998*.

¹⁰⁶ The Drug and Alcohol Directorate, , (Sydney: State Health Publications, 1993).

¹⁰⁷ Interview with Peter Homel, Deputy Director of the Drug and Alcohol Directorate, 30th September, 1992.

now part of the newly formed Key Learning Area of Personal Development, Health and Physical Education.¹⁰⁸ In 1991 a new school drug education policy, ‘Drug Education: Making a Difference’ was launched by the Minister for Health, Peter Collins, at Willoughby Public School, in Collins’ Lower North Shore electorate.¹⁰⁹ This policy stated that the overall aim of school drug education was harm minimisation. It was the most comprehensive statement about school drug policy that had been issued to this date. It reiterated that schools had a key role in preventing drug problems through effective programs, policies, procedures to support students and by supporting their local communities. Drug education should aim at increasing awareness of the complexity of drug issues, and assisting students to make responsible decisions about drug use. Effective programs would include supplying accurate information, skills training, applying skills to drug scenarios, peer leaders, promotion of drug free alternatives and support from resource personnel.

A number of memorandums supported this new policy. A Controversial Issues Policy stated that outside personnel could be used by a school but the teacher should remain in control of the drug education sessions. Another memorandum (89/118) established schools as ‘drug free’ zones. Number 86/045, Police Authority in Schools, stated that the principal could suspend a student found in possession of illegal drugs. Interviews by police with students should be conducted in the home. Memorandum 88/061 abolished smoking in schools completely and Memorandum 79/005 stated that no alcohol could be bought or consumed during school hours. Other memos regulated the administration of prescribed drugs by school personnel. Peter Homel, Deputy Director of the Drug and Alcohol Directorate in 1992, believed that a high level of cooperation between the Departments of Health and Education was very important:

The Department of School Education’s drug education policy was the direct result of quite difficult and volatile discussions followed up by cooperation and collaboration. And it’s an essentially different policy and program approach to what they had ten years ago and it operates on different principles.

¹⁰⁸ Government of New South Wales, *Education Act 1990*, Part 3 The School Curriculum, http://www.austlii.edu.au/au/legis/nsw/consol_act/ea1990104.txt/cgi-bin/download.cg accessed 21st February, 2008.

¹⁰⁹ New South Wales Department of School Education, “Drug Education: Making a Difference”, (Sydney: Department of Education, 1991).

If the Directorate hadn't actually intervened and said look this is just not working and these are the reasons why, it would have been a mess.¹¹⁰

Conclusion

In 1984 the Commonwealth government was forced by a scandal about organized crime to take a new approach to drug policy. Through its commitment to consensus policy making, the knowledge of drug issues obtained through official inquiries, a reforming health minister and a united public health interest, an innovative new approach to drug policy was developed. The ensuing national drug campaign included legal drugs in drug policy for the first time. In so doing it gave impetus to an increase in tobacco and alcohol controls, the development of separate national alcohol and tobacco policies, and contributed to a decline in tobacco and alcohol consumption. It provided the framework for a rapid response to the new issue of the possible spread of AIDS by injecting drug users. By 1995 the Australian community had demonstrated that it could change its ideas about drug issues. However, NCADA failed to halt the increasing use of cannabis, amphetamines and ecstasy by the young.

NACADA raised the profile of drug work in Australia and Australian drug policy overseas. In 1991 Griffith Edwards, Professor of Addiction Behaviour at the University of London, told the Window of Opportunity Congress in Adelaide:

The National Campaign has succeeded in moving Australia toward a position where it can justly claim to be among the world leaders in terms of a rational, integrated and effective response to the whole spectrum of substance misuse. No other country has over recent years achieved so much in the short term in this respect.¹¹¹

NCADA had some uniquely Australian qualities. Although passionate about alcohol, Australians had proved tolerant of new initiatives which restricted its consumption. In 1988 Dr John Saunders, a drug and alcohol specialist émigré from the UK wrote:

In many ways the NCADA shows what is best about Australia. There has been a courageous acknowledgement of the extent of the drug and alcohol problem. Prominent individuals have admitted their own drinking or drug problem and those of their families. Governments and

¹¹⁰ Interview with Peter Homel, Deputy Director, Drug and Alcohol Directorate, 1992.

¹¹¹ Evaluation, *No Quick Fix. An Evaluation of the National Campaign against Drug Abuse*, p. (iii).

the community at large have acknowledged the impact of drugs on society in what can only be described as unflattering terms.¹¹²

However, it was not the integrated strategy that it aimed to be. Consensus politics had failed to achieve a cooperative approach that included law and enforcement, treatment and education and the non government sector. This failure showed that the response to drug problems was still beset with entrenched and inflexible interests that had very different perspectives. The community was aware of the campaign's limitations:

Standing by itself such an education program transfers too much of the responsibility for the drug trade on children and parents. It neglects the Government's responsibility for allowing the Mr Bigs and all the corrupt officials to operate without restraint. If Mr Hawke wants to be taken seriously, then, he must point out to Mr Wran that the institutional corruption that exists in New South Wales is a cornerstone of the illegal drug industry.¹¹³

Research sponsored by the campaign led to disillusionment with drug education, which had been a top priority of drug strategy in 1986. By 1995 the concept of prevention had taken the place of drug education as a minor drug strategy to those of treatment and policing. Although a new national drug education initiative, NIDE, was begun in 1994, and the principles of school drug education were updated by Ballard et al in the same year, these activities focused on schools and the attempt to articulate an overall policy for drug education in all its forms fell by the wayside. A comprehensive national drug education policy had ceased to exist.

¹¹² John Saunders, "Stepping on to Foreign Shores", *Drug and Alcohol Review* 7, no. 4 (1988), p. 482.

¹¹³ Editorial, "Drugs: A Time for Action", *The Sydney Morning Herald*, 2nd April 1985.p. 4.

Chapter Seven

The Anna Wood crusade

I've made a decision: there are no more drugs for you – only alcohol.¹

At the end of November 1995 fifteen year old Cheyne Renton, a student at Moorebank High School in western Sydney, drank a bottle of bourbon in a park after his school formal. He was admitted to hospital unconscious at 2:45 a.m. and spent nine hours in intensive care. The next day's *Daily Telegraph Mirror* front page headline read 'Boy collapse'.² One of his friends told the reporter: 'We were drinking Jim Beam, vodka, spirits and beer but there were no drugs. It was just our year ten after party – you're supposed to get trashed.'³ The story disappeared from the news in that paper after this report.

The previous October, however, another fifteen year old had collapsed after taking an illegal drug. Anna Wood, a former student of The Forest High in the northern suburbs of Sydney, celebrated her transition to the adult world by taking ecstasy and going to a dance party. After vomiting violently, then falling into a coma, she was admitted to intensive care, but did not survive. The story of her death occupied the headlines for weeks. Parents, politicians, teachers, doctors, drug experts and commentators joined in an intense debate about young people's use of illegal drugs. This debate was to have a significant impact on drug education and drug policy in New South Wales and Australia.

This chapter will examine the reasons for this new moral panic, and the impact of it. It will argue that the main reasons for the panic were that Anna was middle class and she took an illegal drug. These two factors aroused existing fears of many parents across Australia. The chapter will examine how Anna's parents, to assuage their grief, began a moral crusade, which echoed the fears of other parents and acted as a catalyst for the organisation of groups opposed to current federal and state drug policies. It will also examine the way in which the crusade was fuelled by the revelations and recommendations of the Royal Commission into Police Corruption. It will attempt to

¹ Extract from a letter from Anna Wood to a friend, quoted in *The Daily Telegraph Mirror* 24th November, 1995 p. 5.

² Steve Gee and Lisa Power, "Boy Collapse", *The Daily Telegraph Mirror*, November 30th 1995, p. 1.

³ Nigel Vincent, "Boy Collapses after Binge on Bourbon", *The Daily Telegraph Mirror*, December 1st 1995 p. 24.

identify the roles played by, and the significance of, key actors and interest groups in the moral panic.

The chapter then argues that the fear of illicit drugs and young people mobilised the government to review its approach to drug policy and drug education. Under pressure from parent groups, non government organisations and economic and media interests, politicians gave greater priority to a form of school drug education without the possibility of measurable outcomes and abandoned a coherent and coordinated approach to educating the general public. Young people's use of alcohol lost its top place in the New South Wales drug policy agenda, as drug policy itself was downgraded in the bureaucracy. State and federal governments retreated from the endeavour to establish a comprehensive approach with the philosophy of harm minimisation as the base for drug policy. They also retreated from a drug policy that prioritised alcohol as the most harmful drug. As a result, drug education in New South Wales became more fragmented as leadership was lost and the mission to develop a coherent and coordinated state drug education policy was abandoned.

An accidental death

Anna Wood was an attractive, blonde fifteen year old who lived with her older sister and parents in Belrose, a middle class suburb of northern Sydney. She had just left Year Ten at The Forest High to take up an apprenticeship as a beautician. She was popular, with a wide circle of friends at school and in her local community.



Figure 7.1

The 1995 school photograph of Anna and Angela Wood obtained by *The Daily Telegraph*.

At 9:30 p.m. on the night of Saturday, 21st October 1995, Anna told her parents that she was going to a friend's house to watch videos. The friends were nineteen year old Nicholas Katheritas and two fifteen year old girls, all members of a social group that met at the local shops. However, Anna and her group actually went to a 'rave' or dance party at the Phoenician Club in Ultimo. The rave was called *Apache*, and promised lasers, balloons and pyrotechnics. It had been advertised in the youth magazine *3D World* on the 16th October and tickets were twenty dollars. It began at ten p.m., continued on until six a.m. and was attended by fifteen hundred young people.⁴

Some time after midnight, Anna and one of the other girls took half an ecstasy tablet each in the laneway outside the club. Anna then went back for another half, which she was given free. Katheritas smuggled them into the club and they all began to dance. Whilst dancing Anna and her friends continuously drank water to stave off the dehydration which they knew was a possible effect of ecstasy and strenuous dancing in a hot, crowded dance party.⁵

About five a.m. her friend saw signs of distress:

I saw Anna sitting at a table with a boy, a friend of ours, and I went over to talk to them. I could see she'd had her E. She was the full hap. I asked her how she was. She said she was having the best night of her life. Then she grinned and said, 'I think I'm going to throw up.'⁶

Anna began vomiting violently. After trying unsuccessfully to help her at the club, friends drove her to one of their houses near her home. She was, by then, slipping in and out of consciousness. Her condition continued to worsen at her friend's house and eventually, at ten a.m. her mother was called. On finding Anna almost comatose and covered in vomit and urine, Angela Wood called an ambulance but by the time it arrived Anna had lapsed into a coma. She was admitted to Royal North Shore Hospital at eleven a.m. on Sunday morning but never regained consciousness. On the afternoon of Tuesday, 24th October, her life support system was turned off.⁷

⁴ Nigel Vincent, "'All Things Interesting' the Ad Promised", *The Daily Telegraph Mirror*, 25th October 1995, p. 5.

⁵ Bronwyn Donaghy, *Anna's Story* (Sydney: Angus and Robertson, 1996), p. 149.

⁶ *Ibid.*, p. 156.

⁷ *Ibid.*, chapters 16-18, pp. 141-172.

The manner in which ecstasy might have caused her death was not clear to medical staff at the time and became the subject of claims and counter claims later on. It took eight months for the New South Wales Deputy State Coroner to make his final report. Finally, on June 8th 1996, John Abernethy concluded that Anna died ‘of hypoxic encephalopathy following acute water intoxication secondary to the ingestion of MDMA.’ This meant that Anna had drowned internally – the drug and the volume of water she drank caused the sodium content of her blood to be lowered. Water left her tissues and her brain swelled so that it pushed down through the base of her skull and stopped her breathing. The coroner recommended that an educational pamphlet be prepared, warning of the dangers of ecstasy and giving advice on action to take if there was a medical emergency related to the use of this drug.⁸

The reasons for the new moral panic

This section of the chapter will attempt to show how and why this new moral panic occurred. It will argue that the characteristics of Anna and her family, and the way in which they became known to most Australians were of prime importance. It will describe the culture of ecstasy use in 1995, which, although of secondary importance, was still significant, and the development of the myth that it was prevalent amongst youth. The section will also identify another key factor - the way in which Anna’s death provided the opportunity for a number of interest groups, the media and politicians to develop a moral crusade. The crusade will be examined, focusing on the motivations of key actors. It will then argue that the context of the Royal Commission into Police Corruption was also important to the amplification of the moral panic about this drug problem.

A normal middle class family

Anna Wood was not an isolated person – indeed, she could have been the daughter of any one of us, attending any school in New South Wales and Australia.⁹

⁸John Abernethy, Deputy State Coroner, *Notice of Dispensing with Inquest*, (Sydney: Glebe State Coroner's Court, 1995).

⁹ Speech of the Minister for Education, John Aquilina, to the Legislative Assembly on the 10th October, 1995, supporting a motion for an urgent debate on the death of Anna Wood, in *New South Wales Parliamentary Debates*, vol. 247, pp. 2348-2353.

The person that the people of New South Wales came to know through the moral panic was lively, immature, hyperactive, caring, generous and beautiful. According to her mother, she was nothing like the stereotype of someone who used illegal drugs: marginalised, unhappy, unemployed, alienated from family and community. She had good self esteem and related to adults and other teenagers well.¹⁰

Anna was also popular at school and in her local community. She had been involved with a theatre group at her local youth centre and worked part time in a nearby beauty salon. She was passionate about techno music. After leaving school she spent more time at home or with the group of friends that went with her to the rave. This group included Nicholas Katheritas, a nineteen year old who had a job and a car, had taken ecstasy and been to a number of raves, and two close girlfriends from her school. Illicit drug use was part of the social activity of this group. One girl experienced drug problems and Anna had tried to help. Anna had already been to a rave and tried ecstasy once, as well as marijuana with these friends.¹¹ Marijuana was discussed openly at home. Her parents felt that she had got in with a bad group of friends, but she was not tarnished by this in the media reporting.

Anna's family was middle class but not wealthy. They conformed to the iconic Australian image of 'the battler'. They were undergoing economic hardship at the time of Anna's death – Tony Wood's business had failed and he had a contract job that meant he was frequently away from home. They were renting their house, and Angela Wood was working six days a week. Their suburb, Belrose, was quiet and attractive and their house was in a safe cul de sac. Their eldest daughter, Alice, was studying for her Higher School Certificate at The Forest High School and was a good student.¹² These were all characteristics that parents in New South Wales, whilst perhaps not conforming to them themselves, regarded as normal enough.

Drinking alcohol was a normal part of life for the Wood family. Anna's parents had managed a hotel in England for four years and the family lived on the premises. Tony often drank a beer to relax when he got home from work. Anna had seen that drinking alcohol was part of every day life. She and her sister Alice were allowed to drink but did not show much interest. Alcohol was a safe and known substance in this

¹⁰ Angela Wood, "My Girl's Story Is Not Over", *The Daily Telegraph Mirror*, 27th October 1997, p. 4

¹¹ Donaghy, *Anna's Story*, chapters 7- 9.

¹² *Ibid.*, chapters 1-3

household, very different to illegal drugs. This view was also shared by other families in her community.¹³

Anna was at an important transition point in her life. She was about to enter the adult world. She had left school and begun an apprenticeship as a hairdresser. She had a career ahead of her, as her parents had hoped, and was excitedly looking forward to it.¹⁴ However, she chose to celebrate this rite of passage in a way that was unfamiliar and therefore more frightening to adults. The Forest High School Principal Pat Kidd commented: 'When I was younger you celebrated your first job by having a couple of beers with your mates, not by taking drugs.'¹⁵

When *The Daily Telegraph Mirror* reported on the 24th October that a girl was in a coma from a possible drug overdose,¹⁶ the paper achieved its highest circulation to that date.¹⁷ The following day, when Anna's death was reported again on page one, circulation increased again. During the next eight days, stories relating to Anna's death occupied the front page six times. Clearly *The Daily Telegraph Mirror* was attracting an increasingly wide readership. The story was picked up by the national media, although New South Wales was the location of the most intense coverage. It reached into most middle class homes across the country.

The story of Anna's death aroused powerful feelings in parents. Dr David Bennett, head of the Department of Adolescent Medicine at the New Children's Hospital at Westmead, wrote in the introduction to *Anna's Story* that 'Anna's death has been like a communal punch in the gut.'¹⁸ In the weeks that followed the family received hundreds of cards, letters and phone calls. Parents, some of whom were grieving the loss of their own child, wrote that they felt powerless to stop drug dealers. They did not understand their children taking drugs to have fun and they were worried about what was happening to this generation of children.¹⁹

¹³ *Ibid.*, pps. 37, 94, 132, 202, 47, 71-2, 106-7, 116-117, 125, 206-7.

¹⁴ Nigel Vincent and Lucinda Duckett, "Teenager's Tragic Dance Party", *The Daily Telegraph Mirror*, Wednesday October 25th 1995, p. 1.

¹⁵ Nigel Vincent, "Pocket Money Is Drug Money", *The Daily Telegraph Mirror*, 25th October 1995, p. 5.

¹⁶ Steve Gee and Lucinda Duckett, "Dance Girl Coma", *The Daily Telegraph Mirror*, 24th October 1995, p.1.

¹⁷ Personal communication with Paul Dillon, October 2006.

¹⁸ Donaghy, *Anna's Story*, p. x.

¹⁹ *Ibid.*, p. 215.

The people who want to do something about drugs are all worried about their kids. Everyone is worried about their kids. Nobody feels safe any more.²⁰

These fears were evident in research done for the National Drug Strategy. In 1995 a national household survey by AGB McNair conducted in May and June showed that illegal drugs were feared much more than legal drugs.²¹ Experts in the field of adolescent health reported the same thing - that illegal drugs were feared by parents more than most issues that faced adolescents.

Ecstasy: a subculture drug

In 1995 drug experts thought that ecstasy use was confined to a distinct subculture and therefore information about it had not been widely disseminated.²² When the panic began, Paul Dillon, Information Officer for the National Drug and Alcohol Research Centre at the University of New South Wales, was interviewed about this drug by members of the media and government fifty times in the two days following Anna's death.²³

Experts at the National Research Centre in 1995 believed that not many young people used ecstasy. The national household drug survey conducted in 1995 showed that three per cent of the general population and eight per cent of those aged between fourteen and nineteen had been offered ecstasy in the previous twelve months.²⁴ The number of people who had ever used the drug during their life had increased from one per cent in 1988 to two per cent in 1995. 'It's not everywhere – people don't view it as good value for money,' Dillon was quoted as saying in *The Sydney Morning Herald*.²⁵

The experts thought that, compared to other drugs on the illegal market such as amphetamines, heroin and cocaine, ecstasy was relatively safe.²⁶ Paul Dillon told *The*

²⁰ *Ibid.*, p. 194.

²¹ McAllister, *Public Opinion Towards Drug Policies in Australia 1985-1995*, p. 36.

²² CEIDA, "Ecstasy Information Sheet Number 22", *Connexions, The Journal of Drug and Alcohol Issues* 8, no. 2, 1988, p. 22.

²³ Paul Dillon, Linda Goldspink-Lord, and Nicolas Parkhill, "Sex, Drugs and Just Say No: The Media Perspective", (paper presented at the 7th International Conference on the Reduction of Drug Related Harm, Hobart, Tasmania, 1996), p. 390.

²⁴ McAllister, *Patterns of Drug Use in Australia 1985-1995*, p. 60.

²⁵ Alicia Larriera, "Ecstasy Pill Laced with Hard Drugs, Say Experts", *The Sydney Morning Herald*, 26th October 1995, p. 5.

²⁶ Murray Griffin, "Busting the Myth About Ecstasy", *Connexions* 16, no. 4 (1996), p. 9.

Sydney Morning Herald that in the short term many young people felt no ill effects, other than tiredness and depression the day after use. ‘Their experience every weekend is of having a great time on it. They don’t see people dying on it, or collapsing or being taken off in an ambulance.’²⁷ Professor James Rankin, acting head of the Drug and Alcohol Directorate and ‘a father of six’, when interviewed by *The Sydney Morning Herald* said that taking ecstasy was no more dangerous than bungee jumping or surfing.²⁸

Ecstasy was thought to be mainly used at dance parties or ‘raves’. These were large, informal dance parties held in abandoned warehouses, storage facilities and later clubs. They used massive sound systems, computerised sound shows and laser displays. At a rave ‘you dance all night and you don’t come home until the morning,’ Anna excitedly told her mother.²⁹ This description of a rave was written in *The Sydney Morning Herald* on August 19th, 1995:

The crowd at *Smile* was a typically young and exuberant group of ravers: predominantly teenage, non-drinking and sporting a full array of faux-naif techno accessories – clown make-up, cartoon character T-shirts, smiley-face buttons, beanies, lollipops and baby pacifiers jammed in mouths.³⁰

In the early 1990s, raves were attended by young adults who were often experienced recreational drug users.³¹ They had attracted the attention of the police and in 1993 the Drug Enforcement Agency conducted an undercover investigation of drug dealing on the scene. This investigation found no evidence of the involvement of organised crime. Drugs were distributed by an informal network of individual users and suppliers.³² Thus the rave scene had fallen mostly into the bailiwick of the health workers. However, raves were now appealing to younger teenagers because, as Alice Wood said, ‘They are a place to go without worrying too much about having to show

²⁷ Larriera, “Ecstasy Pill Laced with Hard Drugs, Say Experts”, 26th October, 1995 p. 5.

²⁸ Alicia Larriera and Deborah Smith, “Teenagers: The Facts About Drugs”, *The Sydney Morning Herald*, 6th November 1995, p. 15.

²⁹ Donaghy, *Anna's Story*, p. 19.

³⁰ Richard Guillet and Shannon Kennedy, “Dancing All the Way to the Bank”, *The Sydney Morning Herald*, 7th October 1995, p. 29.

³¹ Murray Griffin, “Busting the Myth About Ecstasy”, *Connexions*, August/September 1996, p. 10.

³² Speech by Minister for Police, Paul Whelan, to the Legislative Assembly on the death of Anna Wood, 25th October, 1995. In: *New South Wales Parliamentary Debates*, vol. 247, p. 2351.

a driver's license or proof of age'³³ and because, as Anna told her mother, they featured techno music, which had lately moved into the top ten on the hit parade.³⁴

By 1995 ravers, rave promoters and medical experts had begun to report that there was evidence of harder drugs on the rave scene.³⁵ *Rave Safe*, a small drug education project whose main aim was to reduce the spread of the HIV virus, had developed an information booklet on safe use of party drugs which was distributed at raves.³⁶ Tamara Marinelli, the project officer and a former raver commented that 'I would be amazed if anyone on the scene today has had real ecstasy'.³⁷ Therefore, when Anna died, experts were concerned that perhaps the ecstasy she had taken was adulterated by heroin or morphine and it was this that had caused her death.

Ecstasy was appealing to young adults and teenagers because it combined the euphoria usually associated with a depressant such as cannabis, alcohol or heroin, with an increase in energy usually obtained from stimulants such as amphetamines or cocaine, thus enabling all-night dancing and enjoyment.³⁸ Anna's friend said: 'E makes you feel good. The music you are listening to sounds better, everything you touch feels good. You love the world. You want to hug complete strangers.'³⁹ In ecstasy users tolerance appears to occur without dependence.⁴⁰ However the positive effects of use could diminish over time. Anna's friend Nicholas Katheritas said: 'At first, ecstasy made me feel really happy and talkative. I'm sort of shy, I suppose;' but this wore off and he got bored with it.⁴¹ Another member of the group at the rave said: 'Reality is a pressure for me and I wanted to release myself and I thought I could do it with ecstasy.'⁴²

Before October 1995 the main risk associated with ecstasy use was thought to be dehydration - from heat, constant dancing and the effect of the drug on the brain.⁴³ Hyponutremia as a cause of ecstasy-related death was unknown. At raves, young

³³ Donaghy, *Anna's Story*, p. 37.

³⁴ *Ibid.*, p. 13.

³⁵ Richard Guillat, "Lethal Cocktail", *The Sydney Morning Herald*, 26th October 1995, p. 13.

³⁶ Tim Baxter et al., "Targetting Psychostimulant Drug Users: The Rave Safe Project", (paper presented at the The Proceedings of the Autumn School of Studies on Alcohol and Drugs, St Vincent's Hospital, Melbourne, 11th-13th May 1994).

³⁷ Guillat, "Lethal Cocktail", p. 13.

³⁸ CEIDA, "Ecstasy Information Sheet Number 22", p. 22.

³⁹ Donaghy, *Anna's Story*, p. 60.

⁴⁰ CEIDA, "Ecstasy Information Sheet Number 22", p. 22

⁴¹ Donaghy, *Anna's Story*, p. 79.

⁴² *Ibid.*, p. 73

⁴³ CEIDA, "Ecstasy Information Sheet Number 22", p. 23.

people knew that it was important to drink water.⁴⁴ Experts thought other risks came from the adulteration of ecstasy with other more dangerous chemicals such as paramethoxyamphetamine (PMA), heroin or methamphetamine.⁴⁵

The revelations about Anna's friends' drug use publicized in the media created the impression that ecstasy use was widespread and that drug experts were in a conspiracy to hide this truth. Now, in the media, parents and journalists became the experts on ecstasy use. The views of the established drug experts were directly contradicted by the statements of Anna's parents about the direct cause of her death, about her friend's drug use and reports from her local community and other parents which were publicised around the country. Tony Wood told the Herald that:

It's the every day kids in the suburbs that are taking these drugs and they should be careful. We have got to do something about these bloody drug dealers to ensure this doesn't happen again.⁴⁶

The idea that ecstasy had a high availability and use was supported by Channel 9's program *A Current Affair*, which sent Alice Wood and Anna's friend Nigel Hazon to a rave in Canberra and filmed them, being offered ecstasy.⁴⁷ Angela said to *The Daily Telegraph Mirror*: 'They think ecstasy is safe enough – if you could have seen Anna there on the floor when I saw her, you'd know what ecstasy really does.'⁴⁸

A moral crusade

Anna's death provided the catalyst for her family and various groups and interests to unite in a spontaneous crusade to prevent further such tragedies. This crusade, sponsored by sections of the media, became the dominant voice in the drug debate as it received wide publicity and experts were left to struggle for the opportunity to express their opinions.⁴⁹

The tabloid press was the first section of the media to become involved. The day after Anna's life support was turned off the editor of *The Daily Telegraph Mirror* declared

⁴⁴ Donaghy, *Anna's Story*, chapter 16.

⁴⁵ CEIDA, "Ecstasy Information Sheet Number 22", p. 22.

⁴⁶ Greg Bearup, "Parents Plea over the Designer Drug That Killed", *The Sydney Morning Herald*, 26th October 1995, p. 1.

⁴⁷ Nigel Vincent, "Sister's Drugs Crusade", *The Daily Telegraph Mirror*, 30th October 1995, p. 14

⁴⁸ "Ecstasy Agony", *The Daily Telegraph Mirror*, 26th October 1995, p. 1.

⁴⁹ Dillon, Paul, Goldspink-Lord, Linda and Parkhill, Nicholas, "Sex, Drugs and Just Say No: The Media Perspective", p. 392.

that this death could not be ignored.⁵⁰ Drug peddlers, the dangers of ecstasy and the ineffectiveness of school drug education were to blame. He suggested that ‘Some of her young associates might consider launching their own anti-drug campaign among their peers’ using their grief as a driving force because we could not permit ‘the insidious murderers of our young people to continue destroying the future of our country.’

Anna’s family quickly took up the idea of a campaign. Angela Wood wrote in *The Daily Telegraph Mirror* that they did not want Anna ‘to die for nothing,’ her story ‘was not over’.⁵¹ She wanted to tell other parents not to let this happen again. The Woods gave numerous interviews, released baby and childhood photographs of Anna and published items from her diaries and letters. People who had known Anna, her friends, teachers, neighbours, her new employer and her school principal, spoke to the media about her.⁵² A smiling, open faced, happy school photograph of Anna appeared on the front page of *The Daily Telegraph Mirror* on the morning of the 25th October, the day after her death. This photograph became a powerful symbol of her tragedy and the many details of her life that became known to the public. The photograph and the slogan: ‘Say No to Drugs’ was on badges handed to all who attended her funeral on the 31st October, 1995.⁵³

The rave culture was attacked. It was portrayed as secret, sinister, menacing and preying on children.⁵⁴ Tony Wood called Anna’s last rave a ‘death dance.’⁵⁵ Angela Wood wrote that ‘The culture of this drug was beyond my knowledge until this terrible tragedy.’⁵⁶ In Donaghy’s book the reconstruction of the last rave attended by Anna portrayed the dance party as a ritualistic, exciting and overpowering event, like a primitive tribal ceremony. The disc jockeys were ‘high priests’ that sat on a stage like a pagan altar. The young dancers were worshippers. The theme was ‘possession’.

⁵⁰ Editorial, “Drugs Are Destroying Our Future”, *The Daily Telegraph Mirror*, Wednesday October 25th 1995, p. 10.

⁵¹ Angela Wood, “My Girl's Story Is Not Over”, *The Daily Telegraph Mirror*, 27th October 1995, p. 4.

⁵² Donaghy, *Anna's Story*, chapters 1-10.

⁵³ Miranda Devine, “Tears, Rain Fall on White Roses”, *The Daily Telegraph Mirror*, 1st November 1995, p. 5

⁵⁴ “Ecstasy's Secret World”, *The Daily Telegraph Mirror*, 27th October 1995, p. 4.

⁵⁵ Donaghy, *Anna's Story*, p. 29.

⁵⁶ Wood, “My Girl's Story Is Not Over”, p. 4.

Anna was possessed by ecstasy, no longer in control of herself. She became a being invaded by ecstasy.⁵⁷

School drug education soon became the scapegoat. The following Saturday, front page headlines in *The Daily Telegraph Mirror* reported that ‘community leaders’ were outraged by a New South Wales school drug education kit that promoted illegal drug use.⁵⁸ The story was taken up by the press, radio and television around Australia.⁵⁹

The kit was a teacher’s resource for secondary students called *Drug Sense* written by Linda Goldspink-Lord and Craig Griffin of the Macarthur Drug and Alcohol Youth Project, and Helen Clancy, a drug education consultant employed by the Department of Education. *Drug Sense* was based on the underlying philosophy of harm reduction which had been adopted by the Department of Education in 1992.⁶⁰ The stated goal of the resource was ‘to reduce harmful and hazardous drug use and promote responsible and safer use of drugs.’ A special note stated that choosing not to use a drug was part of responsible drug use.⁶¹

The ‘outraged community leaders’ quoted in *The Daily Telegraph Mirror* did not include any government drug experts. Even though Dillon was the source of most of the information about ecstasy, his input was not acknowledged by the newspaper. Those outraged were Yvonne Vane-Tempest, a high school teacher and Craig Thompson, a Sydney magistrate, both members of *Parents Reaching Youth Through Drug Education* (PRYDE), a small group founded in 1983 ‘to prevent drug use among young people.’⁶² This group advocated no use of illegal drugs and no illegal use of legal drugs. It was affiliated with *Parents For Drug Free Youth*, an international organisation founded in the United States. This group’s charter was ‘preventive education through parents.’ They believed that all adults had to make a ‘strong anti-drug stand’ and that it was ‘possible to create a drug-free world for the next generation.’⁶³ They had supplied the newspaper with a copy of *Drug Sense*

⁵⁷ *Ibid.*, chapter 27.

⁵⁸ Bruce McDougall, “Drugs ‘Right’”, *The Daily Telegraph Mirror*, October 28th 1995, p. 1.

⁵⁹ Dillon, Paul, Goldspink-Lord, Linda and Parkhill, Nicholas, “Sex, Drugs and Just Say No: The Media Perspective”, p. 395.

⁶⁰ Linda Goldspink-Lord, Craig Griffin, and Helen Clancy, “Drug Sense a Harm Reduction Resource for Senior Secondary Students”, (Sydney: Macarthur Drug and Alcohol Youth Project, 1993), p. 2.

⁶¹ New South Wales Department of School Education, “Drug Education: Making a Difference”, (Sydney: The Drug Offensive, 1992), p. 7.

⁶² Jenny McKey, “Parents Reaching Youth through Drug Education (Pryde)”, *Connexions* (1997), p. 13

⁶³ Jenny McKey, “Parent Power”, *Connexions* (1997), p. 13.

saying that it had ‘just sneaked into schools’ and many parents were unaware of it. Thompson said: ‘they’re preaching that drug taking is a normal part of living, that you can take drugs in a responsible manner’.

The third ‘community leader’ quoted was Major Brian Watters, a ‘spokesperson from the Salvation Army.’ The Salvation Army was an important provider of services for drug and alcohol detoxification and rehabilitation in the non government sector. The organisation had a long tradition of involvement in the drug and alcohol field. The goal of its services was abstinence and some in the organisation were opposed to the adoption of harm minimisation as the goal of the national drug strategy. Their opposition was exacerbated by the fact that, since 1988, the non government sector had less input into drug policy in the state. Watters told *The Daily Telegraph Mirror* ‘abstinence has become a dirty word,’ and kids weren’t being encouraged to ‘say no’.⁶⁴

The newspaper’s editor concluded that the policy of harm reduction was ‘tantamount to encouraging illegal activity’ and ‘a direct attack on the value systems of most right thinking parents.’ The editorial recommended that this policy should be banned before more students were killed.⁶⁵

A feature article in the same paper the next day suggested again that a campaign focussed on abstinence from illegal drugs was necessary. ‘Anna Wood could become the most powerful and most important anti-drugs campaigner in this country’s history, but only if her peers hear her message from the grave.’⁶⁶ The tabloid recommended that the message of the anti-drugs campaign should be to ‘Say No’ and the money spent on ineffective cigarette campaigns by ‘the obsessively politically correct’ should be put towards anti-drug programs.⁶⁷

Objections to the methods of the moral crusaders were dismissed out of hand. In a letter to *The Telegraph* the Minister for Education defended *Drug Sense*, saying the criticisms ‘were deeply offensive to all of the educational community’ and the facts had been ‘mischievously distorted.’ His government did not condone illegal drug use and neither did *Drug Sense*. John Aquilina pointed out that the kit was primarily for

⁶⁴ Bruce McDougall, “Booklet Preaches Choice on Drugs”, *The Daily Telegraph Mirror*, 28th October 1995, p. 4.

⁶⁵ Editorial, “Philosophy That Could Be Lethal”, *The Daily Telegraph Mirror*, October 28th 1995.

⁶⁶ Piers Ackerman, “For Anna's Sake, Say No”, *The Daily Telegraph Mirror*, 29th October 1995, p. 11.

⁶⁷ *Ibid.*

the use of teachers, not students. He said his department's programs provided students with strategies for saying 'No' to drugs as well as strategies for reducing the risks. Furthermore, his government was supporting drug education by doubling its funding for the next five years.⁶⁸

The next day Piers Ackerman, reporter for *The Daily Telegraph Mirror*, wrote that Aquilina 'should do his homework'.⁶⁹ *Drug Sense* did condone illegal drug use because it was based on the philosophy of harm reduction. The harm reduction approach, he said, was a 'major watering down of hard-line opposition to drug use' and those who advocated it had 'given up the fight against eliminating drug use' and 'consider that the legalisation of all drugs would be the ultimate in harm reduction for the drug user.' The National Drug Strategy, the source of harm reduction, reflected 'the influence of trendy theorists rather than those who work at the front line.' Ackerman based his attack on a verbal sleight of hand. In his article he used the word 'drug' to stand for illegal drugs only, whereas the teaching resource he criticised used 'drug' to refer to alcohol, tobacco and prescribed medicines as well as illegal drugs.

The expert authority for the opinions expressed in *The Daily Telegraph Mirror* was identified as Drug Watch International, a volunteer, anti-drug parent group, affiliated with PRYDE, based in Omaha, Nebraska in the United States.⁷⁰ This group had played no part in drug education in New South Wales until this date. Aquilina was told by the newspaper that 'Most parents in New South Wales don't want their children caught up in some semantic game about soft and hard drugs, in arguments about alcohol and tobacco use, as opposed to heroin and marijuana.' The most important issue was 'the increasing use of illegal drugs by school children.'⁷¹

The Australasian Medical Association (AMA) joined the Woods' anti-drug campaign at this point. This was facilitated by the AMA's public relations officer, Chris Thomas, who was a neighbour of the Wood family. Anna had been his children's baby sitter.⁷² Thomas made the key suggestion to the Woods that they give a press

⁶⁸ John Aquilina, Minister for Education and Training, "Policy on Drugs 'Misrepresented'", *The Daily Telegraph Mirror*, 30th October 1995, p. 12.

⁶⁹ Piers Ackerman, "More Harm Than Good Trendy Drug Strategy Is No Alternative to Abstinence", *The Daily Telegraph Mirror*, 31st October 1995, p. 11.

⁷⁰ <http://www.drugwatch.org> Accessed 23rd February, 2007.

⁷¹ Piers Ackerman, "More Harm Than Good", *The Daily Telegraph Mirror*, 31st October 1995, p. 11.

⁷² Donaghy, *Anna's Story*. pp. 195-198, Interview with Dr Louise Rowling, 10th July, 1996.

conference when they returned from the hospital after her death.⁷³ In April 1995 the AMA had initiated a 'Youth At Risk' program to address youth homelessness, suicide and drug and alcohol abuse. They were looking for ways to implement this program and Thomas suggested the new anti-drug campaign being proposed seemed like a good idea.⁷⁴

After Anna's funeral the AMA invited the Wood family to a meeting to plan a drug education campaign.⁷⁵ Amongst those present were Thomas, a sub editor from *The Daily Telegraph Mirror*, Dr Kerry Phelps, board member of the foundation, the executive producer of *A Current Affair*, and drug experts Dr Louise Rowling and Dr Alex Wodak.⁷⁶ The outcome of this meeting was the formation of The Anna Wood Drug and Alcohol Education Project, a national campaign to prevent drug abuse among young people in Australia.⁷⁷ This was launched on November 30th, 1995 at the Hotel Nikko in Sydney. The Minister for Education, John Aquilina, presented a check for \$50,000, and other sponsors included *The Daily Telegraph Mirror*, Channel 9, the Commonwealth Bank, the Medical Benefits Fund, Radio 2UE, *The Woman's Day* and AAP Telecommunications.

Project activities began with a one day National Youth Forum at the Manly Pacific Park Royal on December 7th organised and chaired by Alice Wood. Seventy young people aged between fifteen and seventeen from across Australia attended. They did not uniformly support the approach of the moral crusade. Young people said that drug programs and messages in schools were sound but that there were not enough of them. Programs were not implemented consistently, sometimes outside speakers who were emotive and sensational might be called to discuss difficult issues, and some issues were not discussed at all.⁷⁸ On the 27th March 1996 a Live the Future Campaign involved a mufti day in schools to promote prevention of youth drug use. Angela Wood spoke at Roseville public school where she released one hundred and fifty anti-drug balloons. Bronwyn Donaghy, a Sydney journalist with three teenage children of her own, was commissioned by the AMA to write an account of the events

⁷³ *Ibid.*

⁷⁴ *Ibid.*

⁷⁵ Interview with Dr Louise Rowling, 10th July, 1996.

⁷⁶ *Ibid.*

⁷⁷ Donaghy, *Anna's Story*, p. 196.

⁷⁸ Jane Mundy, "Lessons to Be Learned the Challenge of Teaching About Drugs", *Connexions* 16, no. 2 (1996), p. 12.

surrounding Anna's death. *Anna's Story* was published at the end of May, 1996 and all royalties from the sales went to the project.

The involvement of the AMA brought in a wide range of opinion from doctors, some of whom had considerable experience in the drug and alcohol field. At the beginning representatives of the AMA supported a strong 'Just Say No' approach, but by December, they were softening this line.⁷⁹ A number of doctors spoke on the issue, from different perspectives. David Bennett and Simon Clark spoke as adolescent and child experts, Alex Wodak spoke in support of harm minimisation, Kerryn Phelps as a general practitioner.

The Wood family then began to pursue the crusade separately to the AMA project. They attended the 7th Internal Conference on the Reduction of Drug Related Harm held in Hobart from the 3rd to the 7th March 1996 where they placed themselves in the front row at a session which attempted to examine the nature and cause of the moral panic around the death of their daughter.⁸⁰ The Woods interjected during the session, and then left. The media accompanied them to this conference and it received national publicity. An edition of the Channel 7 program *Witness* on the death of Anna Wood was filmed there.⁸¹ Paul Barry, the journalist who prepared and presented *Witness*, was initially sympathetic towards the Wood' view, but after the Hobart conference, thought they were misguided. Barry convinced the editors of his program to support his representation of official drug education policy in a more moderate light.⁸²

Drug education became more politicised when Liberal and National party opposition members of the New South Wales government supported the Woods' movement to attack harm minimisation, attending a forum against drug abuse held on Monday 23rd June, 1996. At this forum Alice Wood claimed that harm minimisation gave young people the message that they could use recreational drugs successfully.⁸³ Parents, professionals and representatives from the non government agencies and those who advocated abstinence as the only goal of drug policy attended. Angela Wood also associated herself with a law enforcement phone in called Operation Noah and joined the anti-drug group Drug Watch International.

⁷⁹ Kerryn Phelps, "We Should No Better", *The Daily Telegraph Mirror*, 8th November 1995, p. 34.

⁸⁰ Personal communication with Linda Goldspink-Lord, 21st February, 2007.

⁸¹ Personal communication with Paul Barry, presenter of *Witness*, February 2007.

⁸² Personal communication with Paul Barry.

⁸³ Speech of Marlene Goldsmith to the Legislative Council, describing a Forum Against Drug Abuse. In: *New South Wales Parliamentary Debates*, vol. 259, p. 11262.

Others who supported the Woods were John Malouf from Pharmacists Against Drug Abuse and Athol Moffit, who had conducted the first Royal Commission into Organised Crime in 1974. Moffit argued that parents had turned the tide in US drug policy in the late 1970s and this had caused a big drop in the consumption of illegal drugs by young people there.⁸⁴ He recommended building a strong anti-drug parent movement in Australia to bring about the same change in drug policy.

For parent groups opposed to harm minimisation, drug education in schools was the most concerning area.⁸⁵ One parent wrote in a suburban newspaper:

If there is one good thing to come out of the unfortunate death of Sydney teenager Anna Wood it is the uncovering of the attitude of the authorities to drug usage and their so called 'harm minimisation' policy. As a parent, I am totally disgusted, to say the least, with the New South Wales Government's and the Department of Education's attitude to drug education in this state. And I am sure that I am not the only parent with these views.⁸⁶

Problem amplification by politicians

The Premier of New South Wales, Bob Carr, at first took a leading role in the crusade. On the 25th October, parliament was in session and he used the opportunity to express his opinion at the beginning of the debate. In opposition to his own drug experts, he described ecstasy as a very dangerous substance.⁸⁷ It was 'manufactured illegally by backyard chemists,' often 'cut with junk toxins' and the effects included 'hallucinations, irrational behaviour, convulsions and vomiting.' Acute poisoning, a very fast heartbeat and a very high body temperature could result from taking ecstasy. Those who sold ecstasy were peddling 'death to children'. It was 'dangerously within the financial reach of many young people at \$30-\$70 per tablet'. It was an example of a broader problem: 'Her tragic death is a reminder to our community that illegal drugs are killing our teenagers – ruining their lives and the lives of their family and friends.'

⁸⁴ Donaghy, *Anna's Story*, p. 190.

⁸⁵ Jill Pearman, *Australia's Harm Reduction Strategy: a Failure* Drug Watch website <http://www.drugwatch.org> accessed October 2007.

⁸⁶ Jane Mundy, "Lessons to Be Learned", *Connexions*, April/May 1996, p. 11.

⁸⁷ Speech of Premier Bob Carr to the Legislative Assembly on the 25th October, 1995 in *New South Wales Parliamentary Debates*, vol. 247, p. 2339.

Carr warned that his government would take a very tough stand against this drug. Traffickers would face fifteen years in gaol or a \$200,000 fine. He assured the parliament that those involved in selling the drug to Anna had been arrested and charged under the Drug Misuse and Trafficking Act. The Phoenician Club's functions license had been removed. He also warned licensed premises that 'We will come down on you like a ton of bricks' over under-age drinking and the sale of drugs. A special taskforce was monitoring the daily movement of chemicals that were being illegally diverted to make ecstasy and the police minister had been asked to focus increased attention on raves and dance parties.

Carr told the parliament that a new school discipline policy would suspend students and the school Principal would call the police if illegal drugs were found on a student at school. A special service to analyse drugs within forty-eight hours was provided. Schools had dealt with fifty four marijuana related incidents in 1995. Principals had the power to suspend these students immediately. However, parents, said Carr, had the ultimate responsibility for their teenagers.

Schools are not, and never will be, sanctuaries from the law. Students found dealing in drugs at school and hence bringing harm to their colleagues would be subject to the full force of the law.⁸⁸

Carr also wrote his own personal articles for the press. He chose *The Daily Telegraph Mirror* as his mouthpiece where, on October 26th he wrote: 'As Anna's family grieves, we need to heed the lessons of this tragedy. The greatest fear of many parents is that their teenagers will try drugs'. 'Children needed to know that drug taking was dicing with death'. It was a myth that ecstasy was risk free. Tablets were affordable to many young people at 30-70 dollars. Carr gave the clear message that ecstasy was the cause of Anna's death.⁸⁹

When Terry Metherell, a former education minister, newly appointed as National Research Director for Life Education, joined the critique of school drug education in *The Sydney Morning Herald* on the 27th October, Carr agreed with him. Metherell claimed that there was little drug education actually delivered, teachers were trained in sport but not specifically for drug education. It was not occurring in other aspects of the curriculum. Programs were failing to address the high levels of marijuana use.

⁸⁸ *Ibid.*, p. 2340.

⁸⁹ "Ecstasy Agony", pp. 1, 4-5.

Metherell thought that schools should make drug education a compulsory subject with ten hours a year spent on it. He announced that Life Education planned to introduce programs for years eight and nine in secondary schools.⁹⁰ Carr responded that the government would institute a review of school drug education to ensure that programs were effective and appropriate and to make sure that children were being educated to say 'no' to illegal drugs.⁹¹

On the 24th of November, when the Anna Wood project was launched, Carr repeated his mantra again in *The Daily Telegraph*. He wrote that no illegal drug was safe and that experimentation with illegal drugs could kill young people. The Anna Wood drug education project would provide the opportunity for schools to work collaboratively with parents and the AMA to make drug education more effective. The government was doubling funding to its drug education programs in government schools. 'Anna Wood has struck a chord with our community. Her legacy must be better education and through this, the saving of lives.'⁹² He urged the community to support the project, as did his government.

For Carr, the issue was a potential threat to the credibility of his government. It was the media unit in the Premier's Department, not the Health Department nor the Education Department that developed the response.⁹³ His first priority was reassuring the public that this death did not indicate that there was a breakdown in law and order. An important part of Labour's success in the recent state election of March 1995 was a promise to imprison drug dealers for life, an attempt to allay community anxiety about the breakdown of law and order provoked by the assassination of politician John Newman in the Sydney suburb of Cabramatta in 1994. Mandatory life sentences for drug dealers and stronger sentences for young drug dealers were part of this platform. Drug education had been promoted by Labour during this election campaign as a way of preventing juvenile crime.⁹⁴

⁹⁰ Terry Metherell, "We Are Failing Our Young People in Drug Education", *The Sydney Morning Herald* 1995, p. 15.

⁹¹ Bernard Lagan, "School Anti-Drug Lessons to Be Reviewed", *The Sydney Morning Herald*, 31st October 1995, p. 5.

⁹² Bob Carr, "Teaching Young the Lessons of Tragedy", *The Daily Telegraph Mirror*, 24th November 1995, p. 5.

⁹³ Interview with Professor Jim Rankin, Acting Director, Drug and Alcohol Directorate, 15th August 1995, and interview with Peter Dwyer, Director, Drug Programs Unit, Department of Technical and Further Education, 19th June, 1996.

⁹⁴ Morris, Linda, "Hard Line 'Politics', Says Govt", *The Sydney Morning Herald*, 21st February 1995, p.6, Paola Totaro, "Main Parties Trying to Outbid Eachother in a Law and Order Auction", *The Sydney*

On the day after Anna's death, the 25th October, politicians from both sides of the house expressed grief and outrage.⁹⁵ The Minister for Education, John Aquilina, described drug taking as 'a pernicious evil, a hidden evil, a prevalent evil and it is an evil that has the potential to hit and hurt every one of us in this society.' He moved that the house recognize the importance of 'effective drug education to prevent the destructive effects of youth drug abuse'. Dr Andrew Refshauge, Minister for Health, said 'havoc is being wreaked on our society because of the use of illegal drugs.' 'We need better drug education.' Stephen O'Doherty from the Opposition said 'as a parent, when I heard the news I was shocked, horrified and overcome with sadness.' Anna's local member, Andrew Humpherson, broke down in tears. He said 'the use of drugs by young people and their availability and accessibility is very high' and 'we all need to focus on drug education'.⁹⁶

Carr's actions undermined the authority of his government's experts in the Department of Education and the Department of Health. His domination of the political debate sidelined the professional discourse. The overall effect was to reinforce the dominant idea that the country was in the grip of an epidemic of illegal drug use by youth. Yet only two months before, the Premier had hosted an alcohol forum, declaring that alcohol use by young people was the worst problem.⁹⁷ The Minister for Gaming and Racing, Richard Face, had told the parliament on the 18th October that 'for the first time the licensing laws will be amended to directly acknowledge the level of harm that is related to alcohol consumption in our community.'⁹⁸ On the 18th October the policy of harm minimisation was supported by the government and Face described it as the primary object of the new legislation. However, only a week later, the Premier separated alcohol and illicit drugs policy and attacked the approach of harm minimization when it was applied to illicit drug use.

The Wood Royal Commission

During this moral panic the fear of illegal drugs was also being fanned by regular, sensational news from a Royal Commission into Police Corruption and the

Morning Herald, 20th March 1995, p. 9.

⁹⁵ Speeches made during the debate on the death of Anna Wood in *New South Wales Parliamentary Debates*, vol. 247, pp. 2339-2353.

⁹⁶ *Ibid.*, p. 2351.

⁹⁷ Metherell, "We Are Failing Our Young People in Drug Education", p. 15.

⁹⁸ Speech of Richard Face, Minister for Gaming and Racing, introducing amendments to the Liquor Act of 1982 and the Registered Clubs Act of 1976, to the Legislative Assembly on the 18th October, 1995. In: *New South Wales Parliamentary Debates*, vol. 246, pp. 1989-1992.

conclusions reached by Commissioner Wood provided further reasons for a crusade, although not the sort that Wood intended. (Commissioner Wood was no relation to the Wood family.)

The Royal Commission into Corruption in the New South Wales Police Service was established on the 13th May, 1994, and chaired by Justice James Wood of the New South Wales Supreme Court. Wood began his investigations at the beginning of 1995. Due to the 'roll over' of a very experienced detective at the beginning of his inquiry, Wood quickly found evidence of systemic corruption in the drug law enforcement area.⁹⁹ The detective described the reception by police of bribe money from drug dealers and the sharing of that money with senior detectives. Other detectives then 'rolled over' and went under cover to provide more evidence, first at Kings Cross, then throughout other regions. The forms of corruption revealed were protection of drug dealers, licensing of drug cartels and 'shooting galleries', the stealing of money and drugs, warning of pending drug raids and recreational drug abuse and supply of drugs for this purpose amongst police. The inquiry revealed that police had been involved in the selling of ecstasy at raves.¹⁰⁰

Wood's investigations exposed the development of a new business venture in Kings Cross. This was the use of hostel and hotel premises to develop 'shooting galleries' or rooms off the streets where heroin users could inject or 'shoot up' without being harassed by police. There they might also obtain a free syringe in exchange for a drug deal.¹⁰¹ These commercial operations were sometimes protected by corrupt police. They were also dingy and unhygienic and associated with a recent increase in deaths through heroin overdose. Through them, backpackers and holiday makers might also be accidentally exposed to the drug trade, and this could impact on tourism.

The most disturbing disclosures related to the activities of the joint Commonwealth-State Task Force on Drug Trafficking, which had been set up as a result of the 1978 Woodward Royal Commission into Drug Trafficking. This unit was a hand chosen elite, supposedly of high calibre and experience, but it 'quickly became a hotbed of corruption.' Evidence given to the inquiry indicated that participation in corruption

⁹⁹ Justice James Wood, "Royal Commission into the New South Wales Police Service: Final Report", (Sydney: The Government of the State of New South Wales, 1997). Vol. 1: 'Police Corruption', chapter 2.

¹⁰⁰ *Ibid.*

¹⁰¹ Steve Gee, "Hostels Havens for Drug Deals", *The Daily Telegraph Mirror*, 4th April 1995, p. 15.

was part of a rite of passage on joining this group. Some of the federal police seconded to Wood's inquiry had to resign because of their involvement in corrupt activities.

Wood linked this systemized police corruption to an institutional culture of respect for the image of a hard, knowledgeable, 'metro cop' who fraternized with and protected organized crime figures, maintaining a degree of order but personally profiting from these associations. He also linked it to 'a long term tolerance of victimless crime in New South Wales' where it was assumed that corruption only applied to a chosen few and that in a large city, which had a reputation for 'raciness', it did no harm.¹⁰²

Most of the corruption detected by the inquiry stemmed from drug law enforcement.¹⁰³ By October, 1995 Wood had developed definite ideas about how to address the drug problem and was presenting them in statements to the press only weeks before the death of Anna Wood. He thought that law enforcement was making little impact on the supply of illegal drugs.¹⁰⁴ Huge profits, low risks of detection, ease of the movement of funds, a limitless number of foot soldiers and no will to address the problem in countries of supply, were reasons other than police corruption for the failure of law enforcement to impact on supply. These factors meant that trying to completely eradicate supply was useless. Law enforcement should still target the drug trade but new initiatives were needed to lessen the opportunities for corrupting police.

According to Wood, the drug problem presented 'one of the most difficult law enforcement challenges that society presently faces.'¹⁰⁵ He believed that safe, sanitary injecting rooms should be licensed by the Department of Health. Guidelines for the policing of Needle and Syringe Exchanges Programs (NSEPs) and the supply of methadone to addicts should be developed. Support should be given to a controlled heroin trial in the ACT. Strategies should promote greater public awareness of drug problems and treatment programs. The Police Service, through its Drug Programs Unit, should work towards more support for the goal of harm minimization in the

¹⁰² Justice James Wood, "Royal Commission into the New South Wales Police Service", (paper presented at the 8th International Anti-Corruption Conference, 1998), p. 6.

¹⁰³ The Hon Justice James Wood, "Royal Commission into the New South Wales Police Service Final Report Volume I1: Reform", (Sydney: The Government of the State of New South Wales, 1997), p. 223.

¹⁰⁴ *Ibid.*

¹⁰⁵ *Ibid.*

National Drug Strategy. To further these proposals, there should be another national drug summit.¹⁰⁶

The investigations of the Wood inquiry revealed drug policing in New South Wales as corrupt and ineffectual. Some parents now felt that they could no longer rely on the police to protect their children from illegal drugs. For example, after Anna's death, Tony Wood went on his own campaign to catch drug dealers, taking names from Anna's friends and sitting outside the homes of suspects in his car.¹⁰⁷ To the moral crusaders, the failure of law enforcement made drug education seem more attractive as a control strategy to respond to the problem. It could empower parents, make the young impervious to the dealer's message and negate police corruption.

The impact of the moral panic on public education

The pursuit of a moral crusade by the Wood family prompted drug experts to defend their work and their credibility, and a public struggle between those advocating 'Just Say No' and those advocating a policy of harm minimisation ensued. This struggle became more intense and polarised after the publication of the recommendations of Justice Wood in May, 1997. The conflict culminated in a state drug summit in May, 1999, after widespread publicity of the image of a young boy injecting heroin in a laneway in the inner city suburb of Redfern aroused further criticism of harm minimisation strategies.¹⁰⁸ The themes of the public debate echoed earlier struggles between alcohol abstainers and moderate drinkers in temperance times.

On the side of the 'Just Say No' group was the newly elected Liberal Prime Minister John Howard.¹⁰⁹ Howard embraced the rhetoric of the campaign for complete abstinence from illicit drugs. Sidelineing the existing National Drug Strategy with its goal of harm minimisation, he launched a new National Illicit Drugs Strategy in November 1997. The slogan for this program was 'Tough on Drugs'. Howard also introduced the term 'Zero Tolerance', which he borrowed from policing in New York, into drug policy. In that city zero tolerance involved intense policing of low level street crime in order to reduce the overall serious crime rate. In drug policy in Australia it meant 'Just Say No' to illegal drugs. An important part of Howard's new

¹⁰⁶ *Ibid.*, p. 235.

¹⁰⁷ Sarah Harris, "Her Death Will Not Be in Vain", *The Sunday Telegraph*, 29th October 1995, p. 8.

¹⁰⁸ "It's Wrong!", *The Sun Herald* 2nd April, 1999, p.1.

¹⁰⁹ The federal Liberal party had gained power at the national election on the 3rd March, 1996.

illicit drug strategy was a greater emphasis on school drug education, which became the major preventive initiative of the new Liberal government. In May 1999 The National School Drug Education Strategy, with the goal of 'no illicit drugs in schools,' was launched, with funding of 27.3 million dollars.¹¹⁰

At first, drug experts found themselves powerless to refute the myths promoted in the media as the tabloid press denied them a voice. 'We are fighting a losing battle against ignorance and fear' said Paul Dillon.¹¹¹ In late November 1995 an informal coalition of alcohol and other drug workers met to discuss how to defend drug education policy.¹¹² They developed a strategy to provide the media with information about successful alcohol harm reduction strategies, a list of drug experts, and regular media releases promoting harm reduction. Three members of this group critically analysed the media's treatment of the death of Anna Wood and presented this to the 7th International Conference on the Reduction of Drug-Related Harm held in Hobart, Tasmania, in March, 1996.

Other groups had also recently formed to support the approach of harm minimisation and to push for changes in drug law. In 1993 the Families and Friends for Drug Law Reform and the Parliamentarians for Drug Law Reform groups began in Canberra, setting up a Foundation for Drug Law Reform in 1994. These groups advocated that the drug issue should be defined as a health, not a law and enforcement problem, that only programs based on evidence from research be funded, that prevention should receive eighty per cent of the funding and law enforcement only twenty per cent. The position advocated by these groups was strengthened by the recommendations of Justice Wood for safe injecting rooms, a heroin trial and a national drug summit.

The death of twenty three year old Damien Trimingham from an accidental heroin overdose in February 1997 led his father Tony to form Family Drug Support (FDS), another organisation to support parents who had children with drug problems. However, Trimingham's approach was the opposite to that of Anna Wood's family. He believed that illegal drug users should be offered education about safer drug use, through programs such as the Needle and Syringe Exchange and the establishment of safe injecting rooms. Drug addicts should be supported as useful and loved members

¹¹⁰ Department of Education, *The National School Drug Education Strategy*, p. 1.

¹¹¹ Mundy, "Lessons to Be Learned the Challenge of Teaching About Drugs", p. 11.

¹¹² Dillon, Paul, Goldspink-Lord, Linda Parkhill, Nicholas, "Sex, Drugs and Just Say No: The Media Perspective".

of society, not outcast as criminals. Trimingham agreed with the overall policy approach of harm minimisation and he used the media to publicise the story of his son's death and his cause to improve the help offered to heroin users.

By 1996, the New South Wales Premier Bob Carr had distanced himself from the drug debate. In 1995, the Minister for Health, Andrew Refshauge, had distanced himself from the policy of harm minimisation as outlined in *The New South Wales Drug Strategy, 1993-1998*.¹¹³ He disbanded his Ministerial Advisory Council on Drugs. This was chaired by Wesley Noffs, son of Ted Noffs, and it had been very active during 1995, forming four sub committees to develop policy for the supervision of non government organisations, the accreditation of drug help agencies, drug education and harm reduction. After the death of Anna Wood this Ministerial Council was disbanded and the guidelines on drug education and harm reduction it was developing were never finished. Eventually a new council was formed, but it was chaired by the media representative, Richard Walsh. Thereafter, it was not regarded by drug experts as playing a significant role in the development of drug policy.¹¹⁴

However, after Justice Wood had released his recommendations, the Carr government became more supportive of changes to drug policy. Refshauge announced the formation of a Joint Select Committee on Injecting Rooms.¹¹⁵ He also told the parliament 'at the next meeting [of the Australian Health Ministers] I will support the Australian Capital Territory heroin trial.'¹¹⁶

In 1996 the Carr government decreased the power of the Drug and Alcohol Directorate by moving it into a new Centre for Disease Prevention and Health Promotion within the NSW Health Department. The head of this new Centre, Dr Andrew Penman, was the now the leader of drug policy but he was not a drug expert. He had a mission to integrate alcohol and drugs more closely with general public health rather than conduct it as a separate enterprise. Penman's main priorities were to reduce the risks from alcohol, tobacco and illicit drugs, and these substances were each represented at the Centre by a policy position.

¹¹³ The Drug and Alcohol Directorate, "New South Wales Drug Strategy 1993-1998."

¹¹⁴ Interview with Professor Jim Rankin, 15th August, 1996.

¹¹⁵ Speech of Andrew Refshauge, Minister for Health, to the Legislative Assembly on the 19th June, 1997. In: *New South Wales Parliamentary Debates* vol. 259, p. 10761.

¹¹⁶ *Ibid.*

Penman supported the use of social marketing to achieve better health. The youth alcohol campaign *Drink Drunk: The Difference is U* and the QUIT anti-tobacco campaign continued and a new low profile campaign, *Project E*, educating users about the harms of ecstasy, began.¹¹⁷ However, these campaigns were considered as prevention, not education. Although the policy developed by the Drug and Alcohol directorate continued to be in force until 1999, there was no expert drug leadership to guide it. The number of strategies aiming at reducing the harm to young people from alcohol declined as the public debate focused on illicit drugs again.

Penman was sceptical of the impact of drug education:

An enormous amount of money is spent on ineffective education for primary prevention. It receives a great deal of community patronage and support but there are unresolved questions about its effectiveness.¹¹⁸

In contrast to his predecessor, Penman did not see the need for the Department of Health to have a policy on drug education. In 1995 the former Acting Director of the Drug and Alcohol Directorate, Jim Rankin, had commissioned Merriel Schultz, Director of CEIDA, to develop ‘a strategic plan for alcohol and other drug education, identifying education as an integral part of a health strategy’, after a special NSW Interim Taskforce on Education and Training had made this recommendation.¹¹⁹ The project brief covered the health, justice and community sectors. The task was to establish benchmarks for best practise and case studies were commissioned. Schulz explained that:

What we keep identifying is that we’re working in a policy vacuum. The best we can do is to be pretty pro-active about what should be happening so we that can inform policy development.¹²⁰

However, the consulting group she formed to advise her could not agree on the meaning of the word education.¹²¹ In the end the model of education adopted was simple information giving through information services, professional training and

¹¹⁷ Jane Mundy, “Interview”, *Connexions* 16, no. No. 4 (1996), p. 15.

¹¹⁸ *Ibid.*

¹¹⁹ Interview with Merriel Schultz, CEIDA Director, 1996-97. 7th August, 1996.

¹²⁰ *Ibid.*

¹²¹ Interview with Peter Dwyer, Director of Drug Programs at the Department of Technical and Further Education. 19th June, 1996.

media campaigns. Educating the community about harm minimisation, although recommended by the two NCADA evaluations ‘The National Campaign Against Drug Abuse 1985-88: Evaluation and future directions’ and ‘No Quick Fix’, was never attempted.¹²² The project to develop a clearly stated comprehensive drug education policy for New South Wales had ground to a halt by 1998.¹²³ From 1995 education was delivered through information services, professional training and media campaigns, but was not called ‘drug education’ and did not have any clearly articulated educational principles or philosophy.

The polarised public debate and policy vacuum created other difficulties for drug educators. The leading agency for public education in New South Wales, CEIDA, tried to develop a print drug resource for parents but could not recruit participants for focus groups and forums to give guidance. The community seemed to be split between parents in Tony Trimmingham’s group who said ‘Just say know’ and parents who supported Tony Wood who said ‘Just say no’. The drug educators decided that more research into the needs of parents was needed before programs were trialled.¹²⁴

The death of Anna Wood in 1995 had many negative consequences for public drug education and drug education policy in New South Wales. It precipitated a period of conflict and confusion wherein the government adopted rhetoric about youth drug use that was opposed to state drug policy, thus undermining the credibility of its drug experts. The government then moved the conduct of drug policy away from those experts. Public education strategies provided by the Department of Health became devalued and there was no longer any perceived need to ground them in any kind of educational policy. With the public focus on illegal drugs, the former top priority given by the state to young people’s consumption of alcohol was lost.

The impact of the moral panic on school drug education

After 1995 school drug education became the most prominent and well supported drug education strategy in New South Wales. The Department’s approach followed the Principles of Drug Education that were first developed in 1970 and had recently been revised by Rod Ballard et al, as part of the national School Development in

¹²² The National Campaign against Drug Abuse 1985-88, *Evaluation and Future Directions*, p. 38. Ministerial Council on Drug Strategy, *No Quick Fix. An Evaluation of the National Campaign against Drug Abuse*, p. 20

¹²³ Interview with Lyn Stoker, Director of CEIDA 1997-2001, 7th February, 2000.

¹²⁴ CEIDA, “Ceida Annual Activity Report”, (Sydney: NSW Department of Health, 1995-96), p. 11.

Health Education project.¹²⁵ However, the Department now emphasized the fact that abstinence was the main goal of drug education and avoided references to the phrase ‘harm minimisation’ in its resources and documents.

The fears of illegal drug use aroused by the death of Anna Wood again made any news of illegal drug use in or near schools a honey pot for journalists. In September 1997, two girls at Castle Hill High School were expelled for cannabis use, and then re-instated. The incident was widely reported by the media. In responding to criticism of his government’s handling of this incident, the Minister for Education, John Aquilina, used the rhetoric of the moral crusade. He told the parliament that the government had ‘the most comprehensive and extensive preventive drug education policy’ to ‘protect students from illegal drugs.’¹²⁶ There would be compulsory counselling for students suspended because of drugs and a special program for students in years five to eight. Other initiatives included new resources and courses for teachers and school counsellors. However, the Department was concerned for the welfare of drug using students and was prepared to offer them support in giving up their drug use instead of just telling them not to do it.¹²⁷

The Premier had announced that he would instigate a review of school drug education during the March 1995 state election campaign and again shortly after the death of Anna Wood.¹²⁸ This review would examine the effectiveness of drug education programs, especially in regard to the aim of ‘persuading young people not to risk their health and well-being by experimenting with illegal drugs’.¹²⁹ Carr emphasized that he wanted students ‘to be educated to say No to illegal drugs when they are ready to get the message, when they are perhaps coming under the first peer group pressure.’ He wanted this education to prevent them from trying ‘something like this dreadful drug ecstasy’ that was ‘being pushed to school age kids.’ Carr said that he would dedicate an extra five million dollars to school drug education.

At the beginning of 1996 this funding enabled the establishment of a specific drug education unit which was located in a new Student Welfare Directorate. However, the

¹²⁵ Rod Ballard, A. Gillespie, and Rob Irwin, *Principles for Drug Education in Schools* (Canberra: University of Canberra, Faculty of Education, 1994).

¹²⁶ Speech of John Aquilina, Minister for Education, to the Legislative Assembly on the 23rd September, 1997 in *New South Wales Parliamentary Debates*, vol. 260, p. 318.

¹²⁷ Interview with Elizabeth Callister, Manager Drug Education, New South Wales Department of Education. 3rd June, 2002.

¹²⁸ Lagan, “School Anti-Drug Lessons to Be Reviewed”, p. 5.

¹²⁹ Mundy, “Lessons to Be Learned the Challenge of Teaching About Drugs”, p. 7.

five million was to be spread over five years and the unit was established largely with existing staff positions. Two new positions were dedicated to Aboriginal education and young people at risk.¹³⁰ The funding was administered by the Drug and Alcohol Directorate, and schools were required to comply with the state's overall approach to drug policy by this organisation.

The school team approach, which had been introduced in 1985 and was described in this thesis in chapter five, was abandoned. New priorities were safe celebrations, professional development, resources for teachers and the training of school counsellors.¹³¹ Teachers employed by this new drug education unit developed their own professional training as the then current courses designed for health and welfare workers did not suit their needs.¹³² An important target group was Aboriginal students. This was a group identified by a specific school Aboriginal education policy and smoking policy.

Dr Louise Rowling, Director of the Health Education Unit at the University of Sydney, was a consultant to the Anna Wood Drug and Alcohol Education Project from its inception in 1995. In 1996 she was optimistic about the changes to school drug education in New South Wales:

I think it [the death of Anna Wood] has actually 'put a bomb' under the Department of Education. I think this is wonderful because they've been stuck in a ten year old view of how drug education should occur. This has actually prompted them to take a serious look at drug education and make a couple of changes of personnel as well.¹³³

The Department reconsidered its approach to the use of the concept of harm minimisation. Helen Kerr-Roubicek, Chief Education Officer, Guidance and Student Welfare, when interviewed for an article on school drug education in the professional magazine *Connexions*, stated that it was difficult to explain harm minimisation to the community. The message had not clearly got through that schools did not condone the use of illegal drugs. She thought that too much effort had gone into promoting safe

¹³⁰ Interview with Merriel Schultz, Director of the Centre for Education and Information on Drugs and Alcohol, 1996-1997. 7th August, 1996.

¹³¹ Interview with Elizabeth Callister, Manager, Drug Education, New South Wales Department of Education, 3rd June, 2002.

¹³² *Ibid.*

¹³³ Interview with Dr Louise Rowling, Associate Dean, Faculty of Education, University of Sydney. 10th July, 1996.

use and that ‘the balance is due to be redressed.’¹³⁴ Abstinence, according to Kerr-Roubicek, should clearly be the goal of school drug education policy. Thereafter explanations of the philosophy of harm reduction such as the one that introduced *Drug Sense* and provoked such controversy disappeared from school drug education resources. However, the phrases ‘minimising the harm’ and ‘reducing the harm’ were still used in the context of alcohol, tobacco and the use of prescribed medicines. However this did not mean that students who had already become drug users were expected to simply abstain. There was no ‘Just Say No’ approach with this group. They were supported to reduce and then give up their drug use.

The drug education unit began to distribute *Candidly Cannabis*, a resource kit composed of a video and booklets produced by the Commonwealth Department of Health and Family Services, to schools. This was the first time since the 1960s that information about an illegal drug had been part of the school curriculum. An End of Year Celebration kit and drug education resources for the new primary syllabus were also produced. Courses on drug issues for teachers and school counsellors were developed and run in 1999. These courses included video presentations by drug experts from the National Drug and Alcohol Research Centre.¹³⁵

The moral crusade had a significant personal impact on drug educators who had espoused harm minimization in their work. Linda Goldspink-Lord, one of the authors of *Drug Sense*, told the 7th International Conference on Harm Reduction, held at the Wrest Point Casino in Hobart in March 1996: ‘I was appalled and outraged at the deliberate misrepresentation of the kit’.¹³⁶ The week beginning the 23rd October 1995 had been one in which she had been in a personal and professional state of distress, she told the conference. In 2000 she and the other authors of *Drug Sense* successfully sued Martin Chulov of *The Sun Herald*, who had claimed in 1996 that the kit promoted illegal drug use. Chulov named the authors in his article on drug education and for this reason the law suit against the newspaper was a success. However, the drug educators failed in their suit against *The Daily Telegraph Mirror*, which had not personally identified them.¹³⁷

¹³⁴ Mundy, *Lessons to Be Learned: the Challenge of Teaching About Drugs*, p. 10.

¹³⁵ Speech of John Aquilina *New South Wales Parliamentary Debates*, vol. 260, p. 318.

¹³⁶ Paul Dillon, Linda Goldspink-Lord, and Parkhill, “Sex, Drugs and Just Say No: The Media Perspective”, p. 393.

¹³⁷ Personal communication with Linda Goldspink-Lord. February, 2007.

The moral crusaders believed that it was possible for teachers to solve the drug problem. However, the experts disagreed. Drug educator Tess McCallum, health education officer at the Health Education Unit at the University of Sydney, expressed the frustration that many drug educators felt at the high expectations in the community of the role of schools in the prevention of drug problems. She told *Connexions* that ‘The drug problem is not caused by a gap in the curriculum and it won’t be fixed by trying to fill it’. McCallum’s research showed that teachers had less impact on the drug taking of children than parents. She concluded that parent education was an important intervention that could be facilitated by schools.¹³⁸

In response to the grief of Tony and Angela Wood, Tony Trimmingham, and his supporters, the Department of Education acknowledged the new strength of the voice of parents in the public drug debate. It consulted with the Federation of Parents and Citizens Association and the Federation of School and Community Organisations when developing resources. It also briefed these organisations on its activities and wrote articles for their newsletters.¹³⁹ In 1998 seminars ‘to brief parents about drugs’ were conducted across the state, and new resources were developed to support this initiative.¹⁴⁰ However, there were a number of difficulties in relation to working with parents. The notion that tobacco and alcohol were drugs and caused the most harm was still not accepted by many parents.¹⁴¹ Also, these parent education sessions could provoke public controversy. In parliament on the 5th May 1988, the Reverend Fred Nile asked the Attorney General Jeff Shaw in the Legislative Council:

Will the Minister investigate why a DET drug consultant Melinda Bower informed a parent awareness night at Concord High School on Thursday 26th March that Anna Wood died from an overdose of water? That statement greatly upset the Wood family. Will the Minister investigate why such departmental consultants are not making it plain that people overdose on drugs, not water, so that parents and teenagers are not given misleading information?¹⁴²

¹³⁸ Jane Mundy, “More of the Same”, *Connexions* 16, no. 4 (1996), p. 13.

¹³⁹ Interview with Elizabeth Callister, Manager, Drug Education, NSW Department of School Education. 3rd June, 2002.

¹⁴⁰ Speech of John Aquilina, Minister for Education, to the Legislative Assembly on the 23rd September, 1997. In: *New South Wales Parliamentary Debates*, vol. 260, p. 318.

¹⁴¹ Mundy, “More of the Same”, p. 15.

¹⁴² Question from Fred Nile to Jeff Shaw in the Legislative Council on the 5th May, 1998 in *New South Wales Parliamentary Debates*, vol. 263, p. 4294.

The Department maintained its stance that it was important not to focus on emphasizing information about the dangers of illegal drugs, contrary to the demand of the crusaders. The curriculum's main focus was still legal drugs and facilitating choice was still the aim. The only illegal drug dealt with in the school curriculum was cannabis. The department also had a supportive attitude to students who had problems with drug use. It was considered important to offer them support and guidance on how to deal with their problem, not to expel them outright.¹⁴³ Drug education was now a mandatory part of the curriculum but still each school had the discretion as to how much and what was delivered, and some schools did very little.¹⁴⁴ All teachers were trained in health education and each school had the flexibility to develop its own drug policy based on the determined its specific community needs. However, there was not a lot of control from the centre and some schools might do nothing.¹⁴⁵

School drug education resources were supplemented in March, 1999, by the CD Rom produced by the AMA Charitable Foundation.¹⁴⁶ This was titled *Boswell's Dilemma*, an interactive computer drug education program, targeting years five and six in primary school, aiming to teach the safe use of prescribed medicines. This was part of the final outcome of the moral crusade for better drug education begun after the death of Anna Wood. However, distribution of this resource was in the hands of the Lions Club, a voluntary organisation, and copies of it did not reach many schools.¹⁴⁷ The Anna Wood Drug and Alcohol Project ended up achieving much less than its objectives set out to do. It provided the people of New South Wales with two new resources: *Boswell's Dilemma* for primary school children, and drug information packages in state libraries. This concrete outcome was quite small when compared to its aims, which were national in their scope.

The moral crusade resulted in more support being given to school drug education by the government. However it also led to the end of attempts by some experts to instate harm minimisation as the goal of school drug education. The National Initiatives in Drug Education (NIDE) program was replaced by The National Drug Education Strategy, launched in May 1999. This policy had the goal of 'No Illicit Drugs in

¹⁴³ Interview with Elizabeth Callister, Manager Drug Education.

¹⁴⁴ Mundy, "More of the Same".

¹⁴⁵ *Ibid.*

¹⁴⁶ James Jeffrey, "Kids Get Tool for Drug War", *The Weekend Australian*, 13th March 1999.

¹⁴⁷ Interview with Audrey Christie.

Schools' and it became the umbrella policy for New South Wales school drug education.

Conclusion

Anna Wood's death again aroused the fear of young people's use of illegal drugs across Australia. The ensuing moral panic re-focused the public debate away from young people's use of alcohol. Anna's parents began a moral crusade which focused on illegal drug use, rejected the policy of harm minimisation and advocated that young people should be taught to simply 'Say No to Drugs.' This was countered by an opposing crusade led by parent Tony Trimmingham and other bureaucratic and professional supporters of harm minimisation who advocated that abstinence should not be the only goal of drug policy. Because of the moral crusade, the period between 1995 and 1999 became one of intense and polarised debate about drug issues, which culminated in a drug summit in 1999.

Myths about the extreme dangers of illegal drugs and the relative safety of alcohol were reinforced and perpetuated by the Anna Wood crusaders. Parental fear focused on schools and demands for schools to prevent this problem led to school drug education again being promoted as the best solution to the drug problem. However teachers and the Education Department felt that school drug education was a team effort, and that schools could do little on their own.

The moral panic revealed the fact that drug education was the most sensitive area of drug policy to public opinion. It also revealed that drug experts could easily be silenced by a combined force of politicians, self appointed experts and the media.

One unintended outcome of the crusade was that drug education policy as a state wide coordinated endeavour ceased to exist. Drug education became referred to as 'information services', 'professional training', 'media campaigns' and 'school education.' There was no guiding policy at the state level. The NSDES took over the role of policy for school drug education, but the aim was no longer to reduce young people's use of illicit drugs. It adopted 'educational' objectives which were not outcome based. School drug education became separated from policy making about other educational strategies.

In October 1995 David Brearly wrote an article in *The Australian* reflecting on the realities of the task of educating young people in a comprehensive manner about legal as well as illegal substances:

[Bob Carr] speaks of tackling the need for drugs, targeting the demand as well as the supply. If he's serious then he's talking about a feat of social engineering so profound it could scarcely begin in the lifetime of one government.¹⁴⁸

The new moral panic of 1995 had again shown the difficulties that beset those engaged in the task of educating young people and the community to better understand drug issues, especially regarding the major task of changing public opinion about the safety of alcohol, the drug that caused the most harm in to youth in New South Wales.

¹⁴⁸ David Brearly, "The Agony and the Reality", *The Australian*, 6th November 1995.

Conclusion

The aim of this study was to examine the construction and implementation of drug education policy in New South Wales between 1965 and 1999. The study examined the development of discourses about drugs, education, drug policy and youth, as outcomes of the economic, social and political forces of the times, attempting to identify how these discourses led to the construction and implementation of drug education policy. The study also examined the development of new systems for drug control in the New South Wales, and their impact on the public debates about drug education.

A wide variety of documentary and visual sources, both primary and secondary, as well as oral interviews, was used as the source for the study. The three periods examined indicated an increase in anxiety following the uptake of a new drug by youth - the introduction of hallucinogens in the 1960s, the development of a heroin market in the 1970s and the use of ecstasy by teenagers in the mid 1990s.

The emergence of drug education as ‘the main hope for the future’:

1965 – 1972

An examination of the first significant period identified by the study has shown that in the mid 1960s a strong fear of illegal drugs emerged amongst adults in New South Wales. This fear was symbolised in August 1967 by a media fascination with news of the use of LSD by three school girls. However, it had deeper origins than this. It was fuelled by images and perceptions associated with LSD and another popular hallucinogen in youth culture, marijuana. It was also a result of the desire of young people to explore new ways of thinking and seeing, as well as to experience pleasure. The way in which drugs had been classified and regulated in the past and the social perceptions of drug users was also important. A recent panic about the medicine thalidomide and a lack of regulation of the pharmaceuticals industry contributed to this new fear of drugs, as did news from overseas. The fear was enabled by ignorance of the nature and effects of illegal drugs, or ‘narcotics’, which were no longer used medically. The moral panic was expressed as an intense public debate wherein drug experts gave views on the process of addiction and the type of persons prone to this problem. Youth experts gave views on modern youth, police gave their views on the

drug crime underworld, travellers reported on the same phenomena overseas, and governments formed a plan to prevent young people using illegal drugs.

Drug education then began to develop as an important part of the solution to this drug problem. The early form saw short lectures to school and community groups by police, doctors and clergy. This approach was based on a belief that the problem was caused by a deviant minority or 'addicts' who could infect others. These deviants were to be isolated, and a simple 'dose' of warnings and threats about the dangers of illegal drugs via a lecture would keep the sensible majority safe from being tempted to use these powerful substances. Drug problems were the result of the rebellious nature of youth and responses needed to be firm and controlling. Deviants needed to be identified, restrained, and rehabilitated. Drug users should be dealt with mainly by the law.

However some public health experts were not afraid of illegal drugs or their users. They developed a contrasting progressive discourse that placed drug education within the new areas of comprehensive schooling and life education and emphasized a cooperative attitude to working with young people and the belief that increasing life skills would lead to an avoidance of illegal drug use. Recreational drug use by young people was a normal part of being young and growing up, they argued. Using fear to warn young people off drugs was not credible when they could observe alcohol use by adults for pleasure around them every day. Drug problems resulted from social dislocation caused by rapid change in modern life. The solution, according to this alternative discourse, was to progressively include young people in the public debate. Public health experts were concerned not to alienate and criminalize young people. Drug users who developed an addiction should be treated. These fundamental principles became the basis for a national approach to drug education.

The main response to the new drug problem by the New South Wales government was to strengthen law and enforcement. Schools and communities called on police, doctors and clergy to inform them about illegal drugs. A Health Education Unit was established in the NSW Department of Health and this unit became responsible for the beginnings of drug education in the bureaucracy. It took a public health approach to the problems presented by drug use. The development of a drug education curriculum began as part of a new Physical education and Health Syllabus.

In 1970 a small National Drug Education Program based on public health principles was set up by the Commonwealth government to guide efforts to prevent drug use among young people across Australia. This program was proposed by public health experts but at first the Drug Education Sub Committee was chaired by the Customs Department and the law enforcement view dominated. 'Drug' was not defined to include alcohol, tobacco and prescribed medicines. However, a progressive view of the process of education was accepted. Through this program public health experts lobbied to emphasize cooperation with youth through education and held this approach as the main hope for the future.

The growth and development of drug education: 1977 - 1988

The examination of the second period identified by this study showed that, after subsiding between 1972 and 1975, the fear of illegal drugs began again to intensify. This was largely an outcome of the emergence of heroin as the designated main drug problem in the state. Heroin was deemed to be very powerful and dangerous because of its pleasures, its increased availability, and its ability to corrupt the organs of the state. Images and perceptions of this drug were different to the hallucinogens. It was mind numbing, not mind opening. Users apparently retreated from society and became criminals. They stole and assaulted people to finance their drug habits and thus they presented a more serious threat to the safety of the community than the hippies of the 1960s. Economic conditions in the state had changed since the 1960s and there had been an increase in youth unemployment. Unemployed young people were seen as being especially vulnerable to the feelings of protection and pleasure that heroin was believed to afford because of a decrease of economic power and increasing social isolation.

The Wran Labour government, which had come to power in New South Wales in 1976, focused on attempting to divert young drug offenders from gaol and expanding treatment services through the non government sector. A semi-autonomous Drug and Alcohol Authority became the lead agency for drug policy following the recommendations of a joint parliamentary inquiry. However, the Authority became preoccupied by the process of allocating and managing treatment services grants, and although it did set up a committee to coordinate drug education programs, it added to the confusion about drug education by funding programs for political rather than educational reasons.

After lobbying by doctors, a small Division of Drug and Alcohol Services was set up in the Department of Health. The head of this Division, James Rankin, attempted to develop a coherent and rational policy for drug education. However, Rankin's main focus was on developing treatment services within the Department of Health and he was not well supported by his Minister for Health. Finally the Division was reduced to one staffed policy position, but funding from the NDEP created a separate institution for educational services in the drug and alcohol field, the Centre for Education and Information on Drugs and Alcohol (CEIDA) which was able to continue the attempt to develop and implement a coherent approach to drug education. However this agency had no authority to impose its policy on other government departments.

Without strong central control, drug education programs multiplied and diversified. Some educators began to use the media, and some took to political action against the tobacco and alcohol industries. Community groups set up their own programs, funded by the Authority. These included peer support programs and Christian prevention programs focusing on the dangers of illegal drugs. These groups sometimes followed approaches that differed from the guidelines developed by the Drug Education Subcommittee, CEIDA and the NDEP.

Schools, now more independent of the Department of Health, were terrified of coming under the spotlight of public hysteria. To reassure parents that their children would not become infected by drug users they developed specific policies controlling the use of illicit drugs and medicines on school premises. Drug education programs were a small part of both the personal development and the health studies programs but were not compulsory for schools to implement. Teachers found drug education controversial and difficult because it did not address the voiced demand from the community to give information about the dangers of illegal drugs. Teachers avoided drug education. There was conflict between the health education and personal developments strands about how drug education should be taught. Overall, during this period those who were attempting to provide drug education in schools thought that dealing with drug problems was more the role of the parent than the teacher.

Heroin seemed to the general public to be a much more serious problem than alcohol. Experts had an opposing view supported by research from the United States. In the early 1970s researchers in the US concluded that drug education which gave information about the dangers of illegal drugs had not only been ineffective, it might

have increased use. Programs for youth should avoid giving information about illegal drugs altogether, concentrating on alcohol and tobacco or developing living skills such as self esteem and assertiveness.

In 1985 a new federal Labour government under the leadership of Bob Hawke introduced a comprehensive national drug policy for the first time. This was a result of concerns about an increase in drug crime and corruption revealed by several Royal Commissions and followed publicity about Hawke's daughter's heroin use. The centre piece of this new policy was a public education strategy, the National Campaign Against Drug Abuse, (NCADA), which was based on social marketing theory. Through NCADA, funding for drug education increased considerably. Research institutes were established. In New South Wales this enabled the creation of the Centre for Education and Information in Drugs and Alcohol (CEIDA) as a separate institution dedicated to developing and delivering drug education and policy. It funded and coordinated programs, conducted research and facilitated the development of a new drug education work force. However, drug education did not have a voice at the highest levels of policy making and politicians often funded programs that contradicted policy guidelines. Most members of the community still tended to think that alcohol and tobacco were not harmful drugs, and the majority believed that the use of illegal drugs by young people was the most serious drug problem.¹ Parents were still becoming concerned when their children only learnt about the harm from legal drugs at school.

The period 1977-88 saw a considerable expansion in drug education programs, especially after NCADA was instituted in 1985. However, the fundamental principles upon which it was based did not change. The NDEP grew and promoted its guidelines for drug education, which amounted to a national drug education policy. In New South Wales the government funded a wide variety of diverse programs, some of which did not comply with the NDEP guidelines. It attempted to coordinate these through the Drug and Alcohol Authority, (DAA), but the DAA was preoccupied with treatment services. Schools were aware of the fear and panic that illegal drug use in or near a school could cause and were reluctant to implement drug education. Federal and state government worked in closer cooperation during this period. Media

¹ The Government of the Commonwealth of Australia and the Government of the State of Victoria, *Royal Commission on the Activities of the Federated Ship Painters and Dockers Union: Final Report, Volume 5*, p. 101.

programs and information services became the two main approaches to community education with school education the other arm. The term 'education' began to disappear from the literature on health, being replaced with the terms 'health promotion' and 'prevention'.

The disappearance of a policy for public education and the emphasis on schools: 1995 – 1999

The third significant period of this study, 1995-1999, began with a moral panic about ecstasy. This panic was triggered in part by the death of a fifteen year old girl, but was also an expression of the unresolved tensions about drug use that had emerged in the 1960s and continued throughout the 1970s and 1980s. Again the middle class seemed to be under threat from the shadowy menace of illicit drugs possessing their young. During this panic public attention focused on a new kind of drug that had both energizing and euphoric effects. The media promoted the myth that this drug, ecstasy, was widely used by young people and extremely dangerous. Fear of illegal drug use, which had begun to decline, increased again.

A vocal group opposed to the inclusive and comprehensive approach of national and state drug policy was coalesced by this panic and it directly challenged the principles of drug education established by the public health experts. This group gained a strong voice in the public debate through connections with politicians, the tabloid press and other prominent sections of the media. The group embarked upon a moral crusade which was led by the girl's grieving parents. This group blamed the girl's death on the poor quality of drug education programs in schools and on the philosophy of harm minimization. It advocated a return to drug information programs about the dangers of illicit drugs for young people – an echo of the first response to drug panic in the 1960s. A new Liberal Prime Minister supported these ideas and changed Commonwealth drug policy to an increased emphasis on illicit drugs.

Public health drug experts were sidelined in the public debate about ecstasy and illegal drug use. However, support for the alternative discourse of the experts had grown and more powerful voices, including that of the Royal Commissioner Justice James Wood, advocated moderate drug law reform as a solution to the drug problem. The period between 1995 and 1999 was one of an intense public debate about drug issues, polarized in the media as a conflict between the opposing philosophies of

‘harm minimization’ and ‘zero tolerance’. When the major Sydney newspaper *The Sun Herald* published a photo of a young boy injecting heroin supposedly with a syringe he had obtained in a government program on its front page² and at the beginning of an election campaign in January 1999, the Premier called a state drug summit to placate another public outcry and attempt to resolve these conflicts.

As a result of the challenge to the principles of drug education, between 1995 and 1999 the government tried to protect schools from media hysteria. The term ‘harm minimization’ was almost completely removed from school policy manuals, training and resources, and the political and bureaucratic leaders of school drug education emphasized abstinence as the main goal of drug education. Schools received increased funding for their drug education programs and a specific drug programs unit was created within the Student Welfare Directorate. Resources about the illegal drug cannabis were developed and made available to schools for the first time. The funding for school programs was delivered through the Department of Health, and activities were part of the policy laid down in the New South Wales Drug Strategy and the National Drug Strategy. However other programs outside school were still funded as well and these were not coordinated with the school programs.

As a result of the new moral panic about ecstasy, the Premier, the Minister for Education and the Minister for Health adopted the rhetoric of the ‘Just say no’ campaign, which defined the drug problem as illegal drugs, and proposed abstinence as the only solution. In 1996 the Carr government mainstreamed drug policy into public health, where it became fragmented into the specific areas of alcohol, tobacco and illicit drugs. During this period CEIDA, the leading agency for alcohol and drug education in the state, tried to respond to the demands for education that emerged from the moral panic. However, an attempt to develop a strategic plan for drug education in 1996 failed because the Department of Health did not view education as part of its mandate. There was a great deal of confusion and a lack of agreement about the meaning of the term. CEIDA continued to deliver information services, media campaigns and professional training with no overall educational policy guidelines and the outcomes of the information services were unexamined. A formal policy for public drug education in New South Wales ceased to exist but in schools and in the community a public health approach was still taken.

² “It’s Wrong!”, *The Sun Herald*, 31st January 1999, p. 1.

Drug education began in New South Wales in the 1960s as a minor partner to law and enforcement in the solution to the problem of young people using illicit drugs, grounded in principles established by the public health experts of the time. It developed during the 1970s and 1980s as the main hope for preventing illicit drug use by the young in the future. However, during the 1990s drug policy experts ceased to value having a drug education policy as a strategy to prevent harm from drug use. Schools were now the only public institution to state that they delivered drug education. Whilst continuing to provide drug education for the community and for professionals, public health experts no longer addressed the issue of developing policy for the education of adults. School drug education continued to be supported by governments, although there was no exclusion of programs that were not evidence based, but the education of adults became fragmented into separate strategies. The main approaches to public drug education continued to be media campaigns, community information services and professional training. However, after 1995, there was no overall framework which united these strategies into a coherent policy, and there were few attempts to rationalize the way they supported drug policy objectives.

This analysis has shown that a major factor hindering the attempt by government to develop a rational drug education policy was the difficulty of reconciling two competing discourses about young people's drug use in Australian society. In the dominant discourse, 'drug' is used to stand for illegal drugs, young people's drug use is considered to be qualitatively and quantitatively different to that of adults' use of legal drugs, and illegal drugs were the main problem. Education should have been simply a matter of giving young people information about the dangers of illicit drugs so that they could abstain from using them. This discourse drives the cycles of fear and panic that have occurred regularly since 1965 and politicians are regularly influenced by it. However, research has shown since the 1970s that this approach is contradicted by the evidence and does not lead to reductions in drug use. Between 1965 and 1999 the use of illicit drugs by young people steadily increased.

In the alternative 'public health' discourse, illicit drug use is constructed as part of normal experimentation amongst youth. Alcohol, tobacco and prescribed medicines that are psychoactive are all drugs, and those who develop problems with their use are 'sick', not 'bad'. This health discourse concludes that an interactive process of drug

education is essential, and that harms and benefits should be addressed. It uses published and peer-reviewed research to support its methods. Legal drugs actually cause the most harm and should be most studied. Since the 1960s this public health approach to drug education has been set out for drug educators and the general public in policy documents usually entitled 'Principles of Drug Education.' These principles were first laid down by the National Drug Education Program in 1971, and although the document that outlined them has been revised on many occasions since then, the essential philosophy has remained the same.

The architects of the state and Commonwealth drug education programs have been predominantly public health experts. Therefore the term 'drug' was defined in a broad way to include all psychoactive substances. Drugs were defined as health issues and new ideas from public health and the growing discipline of health education were incorporated as they developed. Thus there has been a marked division over the use of the term 'drug' and the goals of drug education between key drug education policy makers and the dominant public discourse, especially in times of moral panic.

The findings of this study also show that the main division between the two discourses is over the significance of alcohol to the 'drug problem'. Since 1965 health experts have concluded that alcohol poses a much greater threat to the health and safety of young people than illegal drugs. This was the main conclusion of the pioneering Senate Inquiry of 1971. A follow up inquiry by the Senate Standing Committee on Social Issues in 1977 reinforced the idea. It was also supported by the Sackville South Australian Royal Commission in 1978 and the Williams Royal Commission in 1979. However, parents and the general community have been reluctant to accept this view. Attempts to educate the general public and parents in the 1970s, 1980s and 1990s have all foundered. Successive governments have also been reluctant to adopt this stance. They were influenced by the economic power of the alcohol industry, represented by not only the powerful brewers and wine makers but the Australian Hotels Association and the Registered Clubs Association. Thus the positive view of alcohol and its importance to the economy in Australian society is a significant hindrance in developing effective drug education.

The other significant hindrance to effective drug education is provided by recurring moral panics about illicit drugs, which has been highlighted by this study. An examination of the history of drug education policy has revealed that government

responses that are based on populist policies have only been associated with increased drug use. They have short-changed young people at a most vulnerable point in their lives – the transition to adulthood. It is at this time that youth is acculturated into alcohol use and it is also at this time that the fear of illegal drugs becomes most prominent. The evidence which has been amassed by research and examined by this study shows that drug education should rightly target the drug that causes most harm to young people – alcohol. However, young people do not live in a vacuum. Their parents and other adults in their community also need good drug education so that they can support their children. A comprehensive drug education policy that includes clearly articulated aims and methods for both public education and the implementation of evidence based school programs would assist this endeavour.

Appendix

Interview protocols

One of the richest sources for this study was the thirty five interviews conducted by the author. The participants were mostly drug policy makers or senior drug educators who had many years of experience in working with drug issues. However, some participants were chosen for their own lived experience, or the unique window that their work gave them on the drug problem. Others were chosen because their political position placed them in a decision-making role in relation to drug and education policy. In some cases a participant suggested several others, the significance of whose roles had not been revealed by the documentary search.

All the participants gave their time with great generosity and enthusiasm. They are listed under Primary Sources in the Bibliography. The interviews lasted from between forty five and one hundred minutes, punctuated by short breaks if necessary. They were loosely structured using reflective interview methods to allow exploration of new lines of thought, those who requested it were sent copies of the text in which they were quoted, and were invited to make changes as they saw fit. Several took up this opportunity and their requests for change for greater accuracy have been duly incorporated into the text. A further ten experts also commented on particular events over the telephone, by e-mail or in informal conversations in person. These conversations have been foot-noted as ‘personal communications,’ or used as background material for the text.

The interviews were tape-recorded and transcribed verbatim by the author. All interview notes, transcripts and bibliographical material provided by the interviewees are in the possession of the author.

The interviews proved valuable in a number of different ways. Firstly they provided many unique insights into the ways of thinking and sources of information of policy makers. However, in periods where documentary sources were sparse, they also indicated the way to further sources for the study.

Approval for the conduct of interviews for this study was first obtained from the University of Sydney Human Ethics Committee in 1997. However, a record of this approval is no longer available from the Committee's archives. Enclosed below is a copy of the Approval to Continue Research which was granted as the study progressed in 2001. Also enclosed is copy of the Information Letter which outlined the objectives of the study, the purpose of the study, the supervisors, and the areas of research interest and questioning. The interviewer was introduced. Every participant received this letter. Finally a copy of the Consent to Be Interviewed form that was signed by each interviewee is included.



HUMAN ETHICS COMMITTEE

The University of Sydney
Room K4.01 Main Quad A14
Sydney 2006

Tel: (02) 9351.4474 Fax: (02) 9351 4812 E-mail: human.ethics@reschols.usyd.edu.au

Professor G Sherington
Dean
Faculty of Education
A35

18 September 2001

Dear Professor Sherington

Receipt of "Report Form - Monitoring of Research"

Thank you for returning the progress report for the protocol:

Title: *A history of drug education policy in New South Wales, 1945-2000
(previously 93/6/21)*

Ref No: 99/10/23

It was noted that the study was currently in progress and renewal of approval has been granted.

The report will be filed with your original application.

Renewal of the approval for the above protocol is given on the understanding that you will return the "Report Form - Monitoring of Research", which will be provided by the Committee, as a progress report on your research by no later than 31/12/01.

Approval has been given for one year and further renewal is contingent upon the provision of the progress report.

Yours sincerely,

Kokila De Silva
Secretary to the Human Ethics Committee

HEC STANDARDS/MONITORING LETTER

Consent Form



The University of Sydney

CONSENT FORM

I.....do hereby consent to being interviewed by Judy Pettingell of the University of Sydney in relation to her thesis "A History of Drug Education Policy, 1965-2000".

I give my permission to be quoted in the text unless otherwise stated in writing.

I understand that the purpose of the study is to examine the way drug education policy has developed in New South Wales since 1965 and to analyse the major forces which have shaped this development.

I have agreed to participate in this interview on a voluntary basis and will accept no remuneration for it.

I understand that I may choose to withdraw from the interview at any time.

Signed..... Date.....

Interview Letter



The University of Sydney

3rd November, 2005

Dear _____,

I am a PhD student in the Faculty of Education, University of Sydney. My thesis topic is "A History of Drug Education Policy in New South Wales, 1965-2000". The thesis is supervised by the Dean of the Faculty of Education, Professor Geoffrey Sherington, and has the approval of the University of Sydney Ethics Committee.

As part of my thesis I have been interviewing key policy makers and others who have had a unique insight into the making of drug education policy. I would be very interested in interviewing you regarding:

1. How you came to be involved in health education-influences and ideas
2. The development of drug education 1976-1988
3. The work of the Health Studies
4. Relationships with other key drug education and drug policy makers

With your permission, I would like to record the interview, which should take about 90 minutes. A copy of a Consent Form is included with this letter.

Could you let me know if there are any times that are suitable for you? I am available at most times of the week or weekends if that is more convenient. I can be e-mailed on: j.pettingell@edfac.usyd.edu.au, telephoned on: 9351 6290 (work) or 9439 3339 (home).

Thanking you very much for your time

Yours sincerely

Judy Pettingell
PhD candidate

Bibliography

Primary sources

Parliamentary Debates

New South Wales Parliamentary Debates, 1965 – 1999.

Commonwealth Parliamentary Debates, 1965 – 1999.

Legislation

Poisons (Amendment) Act, 1966

Drug Misuse and Trafficking Act, 1985

State Drug Crime Commission Act, 1985

Drug Offensive Act, 1987

Public Health (Tobacco) Amendment Act, 1987, 1991

Tobacco Advertising Prohibition Act, 1991

Narcotics Drugs Act, 1967

Customs Amendment Acts, 1967, 1971, and 1979

Psychotropic Substances Act, 1976

Parliamentary reports, papers and inquiries

CEIDA, *CEIDA Annual Activity Report*, Sydney: New South Wales Department of Health, 1996.

Committee of Review into Drug and Alcohol Services in New South Wales, *Final Report*, Sydney: State Health Publication, 1985.

Commonwealth Department of Health, *Seminar on Health Education*, Canberra, 1955.

Commonwealth Department of Health, *Triennial Review of the National Drug Education Program: Fifth Report*, Canberra, 1987.

- Commonwealth-New South Wales Joint Task Force on Drug Trafficking, *Report of the Investigation of Harry Wainwright, Nugan Hand Limited and Its Associated Companies, and the Affairs of Murray Stewart Riley and His Associates, as Recommended by the Further Report of the Royal Commission into Drug Trafficking, May 1980, Volume 4, Nugan Hand (Part II)*, Canberra: Australian Government Publishing Service, 1983.
- Commonwealth Department of Health, *National Campaign against Drug Abuse*, Canberra: Australian Government Publishing Service, 1985.
- Directorate of the Drug Offensive, *1989 Survey of Drug Use by New South Wales Secondary School Students*, New South Wales Department of Health, Sydney, 1990.
- The Drug and Alcohol Directorate, *New South Wales Drug Strategy 1993-1998*, State Health Publications, 1993.
- , *New South Wales Youth Alcohol Strategy*, New South Wales Department of Health: State Health Publications, 1993.
- The Drug and Alcohol Authority, *Report of the Drug and Alcohol Authority for the Year Ended 30 June, 1984*, Sydney: Parliament of New South Wales, 1984.
- The Government of the Commonwealth of Australia and the Government of the State of Victoria, *Royal Commission on the Activities of the Federated Ship Painters and Dockers Union: Final Report, Volume 5*, Canberra: Commonwealth Government Printer, 1984.
- The Government of the Commonwealth of Australia and the Government of the States of Victoria, Queensland, Western Australia and Tasmania, *Australian Royal Commission of Inquiry into Drugs Report, Book A: Parts I-IV*, Canberra: Australian Government Publishing Service, 1980.
- The Government of the Commonwealth of Australia and the Governments of the States of Victoria, Queensland, Western Australia and Tasmania, *Australian Royal Commission of Inquiry into Drugs Report, Book B: Parts VI to IX*. Canberra: Commonwealth Government Printing Service, 1980.
- The Government of the Commonwealth of Australia and the Governments of the States of New South Wales, Victoria, Queensland, Western Australia and Tasmania,

- Australian Royal Commission of Inquiry into Drugs Report, Book C: Parts X-XIII.* Canberra: Australian Government Publishing Service, 1980.
- The Government of the Commonwealth of Australia and the Governments of the States of New South Wales, Victoria and Queensland, *Royal Commission of Inquiry into Drug Trafficking Report*, Canberra: Australian Government Publishing Service, 1983.
- Information Canada, *Final Report of the Commission of Inquiry into the Non-Medical Use of Drugs*, Ottawa, 1973.
- The Institute of Criminology, *Seminar: Drug Abuse* Sydney: Sydney University Faculty of Law, 1968.
- The Institute of Criminology, *Seminar on the Problems of Drug Abuse in New South Wales*, Sydney: Sydney University Law School, 1966.
- Krister, John, *Report of a Study Tour to Examine Health Education Practice in North America, Europe and Asia* Canberra: NH&MRC, 1970.
- New South Wales Joint Parliamentary Committee Upon Drugs, *Report into Drug Abuses*, Sydney: Government Printer, 1978.
- The Non-Medical Use of Drugs: Interim Report of the Canadian Government's Commission of Inquiry*, London: Penguin Books, 1971.
- The Parliament of the Commonwealth of Australia, *Drug Problems in Australia - an Intoxicated Society? Report from the Senate Standing Committee on Social Welfare*, Canberra: Australian Government Publishing Service, 1977.
- The Parliament of the Commonwealth of Australia, *Drug Trafficking and Drug Abuse: Report from the Senate Select Committee*, Canberra: Australian Government Publishing Service, 1971.
- , *Annual Report of the Director General of Health for the Year 1970-1971*, Canberra: The Government Printer of Australia, 1975.
- The Parliament of New South Wales, *Progress Report from the Joint Committee of the Legislative Council and Legislative Assembly Upon Drugs Together with the Minutes of Proceedings and Evidence*, Sydney: D. West Government Printer, New South Wales, 1976.

- , *Report of the New South Wales Drug and Alcohol Authority for the Year Ended 30 June, 1985*, Sydney: D. West Government Printer, New South Wales 1985.
- Royal Commission into the Non-Medical Use of Drugs, South Australia, *Education: A Discussion Paper*, Adelaide: South Australian Government, 1978.
- Royal Commission into the Non-Medical Use of Drugs, South Australia, *Final Report*, Adelaide: Gillingham's Printers Pty. Ltd., 1979.
- The Second Task Force on Evaluation, *No Quick Fix: An Evaluation of the National Campaign Against Drug Abuse*, Canberra: Ministerial Council on Drug Strategy, 1992.
- Second Report of the National Commission on Marijuana and Drug Abuse, *Drug Use in America: Problem in Perspective*, Washington: United States Government Printing Office, 1973.
- United States National Commission on Marijuana and Drug Abuse, *Marijuana: A Signal of Misunderstanding*, Washington: United States Government Printing Office, 1972.
- Wood, Justice James, *Royal Commission into the New South Wales Police Service*, Paper presented at the 8th International Anti-Corruption Conference, 1998.
- Wood, Justice James, *Royal Commission into the New South Wales Police Service: Final Report*, Sydney: The Government of the State of New South Wales, 1997.
- Wood, Justice James. *Royal Commission into the New South Wales Police Service Final Report Volume 11: Reform*, Sydney: The Government of the State of New South Wales, 1997.
- The Honourable Mr. Justice Woodward, *Report of the Royal Commission into Drug Trafficking Volumes 1 and 2*, Sydney: New South Wales Government Printer, 1979.
- . *Report of the Royal Commission into Drug Trafficking Volume 3*, Sydney: New South Wales Government Printer, 1979.
- The Honourable Mr. Justice Woodward, *Further Report of the Royal Commission into Drug Trafficking*, Sydney: New South Wales Government Printer, 1980.

Newspapers and magazines

<i>The Australian</i>	1965-1999
<i>Connexions</i>	1980-2002
<i>The Daily Mirror</i>	1965-1999
<i>The Daily Telegraph</i>	1965-1999
<i>The Daily Telegraph/Mirror</i>	1980-1999
<i>The Drug Offensive Bulletin</i>	1986-1996
<i>Junk Mail</i>	1988-1995
<i>The National Times</i>	1980-1988
<i>The Technical Information Bulletin</i>	1971-1988
<i>The North Coast Times</i>	1972-1984
<i>The North Shore Times</i>	1975-1996
<i>The Sun</i>	1965-1978
<i>The Sun Herald</i>	1965-1999
<i>The Sunday Telegraph</i>	1965-1999
<i>The Sydney Morning Herald</i>	1965-1999
<i>The Women's Weekly</i>	1983-1988

Published interviews

Allsop, Steve, "Harnessing Harm Reduction in Australia: An Interview with the Hon. Neal Blewett", *Drug and Alcohol Review* 14, no. 3, 1995, pp. 273-81.

Professional journals

The Drug and Alcohol Review
The Drug Education Journal of Australia
The History of Education Review
The International Journal of Drug Policy

Author's interviews

Dr William Barclay	10 th July, 2003
Dr David Bell	24 th July, 2003
Elizabeth Callister	3 rd June, 2002
Professor Simon Chapman	4 th May, 2001
Audrey Christie	5 th September, 2001
Peter Collins	17 th July, 1996
Alf Colvin	24 th June, 2003
Peter Connie	18 th June, 1996
Dr Stella Dalton	5 th August, 2003
John Della Bosca	20 th May, 2000
Dr Les Drew	14 th May, 1997
Peter Dwyer	19 th June, 1996
Kay Flanagan	26 th June, 2003
Cecelia Gore	19 th May, 1997
Mick Hatton	3 rd November, 2005
Peter Homel	20 th June, 1996
Dr John Howard	8 th June, 1996
Kate MacKenzie	15 th May, 2000
Dr John Krister	1 st September, 2003
Dr Terry Metherell	24 th July, 2001
Wes Noffs	18 th July, 1996
Ron Phillips	17 th July, 1996
Meg Pickup	6 th June, 2006
Larry Pierce	12 th October, 1999
Professor James Rankin	11 th August, 1995
Dr Louise Rowling	10 th July, 1996

Dr Margaret Sargant	14 th May, 1997
Merriel Schultz	7 th August, 1996
Chris Shipway	11 th June, 1996.
Sue Stock	8 th July, 2003
Lyn Stoker	7 th February, 2000
Peter Trebilco	10 th August, 2003
Dr Julia Tressider	13 th June, 1996
Professor Ian Webster	16 th August, 1997
Bob White	9 th August, 2002
Dr Alex Wodak	14 th May, 1997

Media studies

Bell, Philip, *Headlining Drugs: An Analysis of Newspaper Reports of Drug-Related Issues in the N.S.W. Press, 1980-81 Summary*, Sydney: Report Prepared for the NSW Drug and Alcohol Education and Information Centre. The Langton Clinic, Nobbs and South Dowling Streets, Surry Hills, 1982.

Windshuttle, Keith and Windshuttle, Elizabeth. (eds.), *Fixing the News: Critical Perspectives on the Australian Media*, North Ryde: Cassell Australia Limited, 1981.

NCADA monographs

Blewett, Neal, *NCADA: Assumptions, Arguments and Aspirations. National Campaign Against Drug Abuse Monograph Series No. 1*, Canberra: Australian Government Publishing Service, 1987.

Heather, Nick and Tebbutt, Jennifer, *The Effectiveness of Treatment for Drug and Alcohol Problems: An Overview, National Campaign Against Drug Abuse Monograph Series No. 11*, Canberra: The Drug Offensive, 1989.

Homel, Peter and reilly, Catherine, *A Review of Strategies for the Prevention of Drug Abuse*, Sydney: The Directorate of the Drug Offensive, 1989.

Lapsley, Helen and Collins, David, *Estimating the Economic Costs of Drug Abuse in Australia. National Campaign Against Drug Abuse Monograph Series No. 15*, Canberra: The Drug Offensive, 1991.

Miller, Mary-Ellen and Ware, Joclyn, *Mass-Media Alcohol and Drug Campaigns: A Consideration of the Relevant Issues, National Campaign Against Drug Abuse Monograph Series No. 9*, Canberra: The Drug Offensive, 1989.

National Campaign Against Drug Abuse, *Comparative Analysis of Illicit Drug Strategy Monograph Series No. 18*, Canberra: Commonwealth of Australia, 1992.

———, *The National Campaign against Drug Abuse: 1985-88, Evaluation and Future Directions, Monograph Series No.12*, Canberra: Australian Government Publishing Service, 1989.

Wragg, Jeffrey, *An Evaluation of a Model of Drug Education, National Campaign Against Drug Abuse Monograph Series No. 22*, Canberra: Australian Government Publishing Service, 1992.

Drug education policy documents

Ballard, Rod, Gillespie, A. and Irwin, Rob, *Principles for Drug Education in Schools*, Canberra: Faculty of Education, University of Canberra, 1994.

The Centre for Education and Information on Drugs and Alcohol, *An Australian Handbook on Drug Use*, Canberra: Australian Government Publishing Service, 1984.

Department of Education, Training and Youth Affairs, *The National School Drug Education Strategy*, Canberra: Commonwealth of Australia, 1999.

The New South Wales Department of Education, "Drugs and Addiction", *The Education Gazette*, October, 1969.

New South Wales Department of School Education, *Drug Education: Making a Difference*, Sydney: The Drug Offensive, 1992.

Unpublished theses

- Colvin, A.C, *An Evaluation of the Implementation and Effects of a Health Education Program in the Secondary School*, Sydney: University of Sydney, 1971.
- Dewdney, Micheline Sarah, *Alcoholism in New South Wales: A Historical and Social Study 1875 to 1970*, Sydney: University of New South Wales, 1973.
- Watson, Elizabeth A, *The National Drug Education Program: A Case Analysis of the Role of Experts in Policy Determination*, Canberra: The Australian National University, 1974.

Secondary sources

- Ball, Stephen J., *Politics and Policy Making in Education: Explorations in Policy Sociology*, London: Routledge, 1990.
- Barrows, Susanna and Room, Robin, (eds.) *Drinking: Behaviour and Belief in Modern History*, Berkeley: University of California Press, 1991.
- Baxter, Tim, Bacon, Paul, Houseman, Min'e and Van Beek, Ingrid, "Targeting Psycho stimulant Drug Users: The Rave Safe Project", paper in *The Proceedings of The Autumn School of Studies on Alcohol and Drugs*, St Vincent's Hospital, Melbourne, 11th-13th May, 1994.
- Beck, Jerome, "100 Years of 'Just Say No' versus 'Just Say Know': Re-evaluating Drug Education Goals for the Coming Century", in *Evaluation Review* 22 (1998), pp 15-45.
- Ben-Yehuda, Nachman and Goode, Eric, *Moral Panics: The Social Construction of Deviance*, Cambridge U.S.A.: Blackwell, 1994.
- Bessant, Judith, "Described, Measured and Labelled: Eugenics, Youth Policy and Moral Panic in Victoria in the 1950s" in: *Journal of Australian Studies For Your Own Good Young People and State Intervention in Australia (Special Edition)* 1991, pp. 8-20.
- Bordin, Ruth, *Woman and Temperance: The Quest for Power and Liberty, 1873-1900*, Philadelphia: Temple University Press, 1981.
- Brecher, Edward M., "How to Launch a Nation Wide Drug Menace", in Brecher, Edward M., (ed.), *Licit and Illicit Drugs*, New York: Consumer Reports 1972.

- Brown, Valerie, Manderson, Desmond, OCallaghan, Margaret and Thompson, Robyn, *Our Daily Fix: Drugs in Australia*, Sydney: Australian National University Press, 1986.
- Campbell, Craig and Sherington, Geoffrey, "A Genealogy of an Australian System of Comprehensive High Schools: The Contribution of Educational Progressivism to the One Best Form of Universal Secondary Education (1900-1940)" in *The Australian and New Zealand History of Education Conference*, Brisbane, 2004.
- CEIDA, "Ecstasy Information Sheet Number 22", *Connexions* 8, no. 2, 1988.
- Cohen, Stanley, *Folk Devils and Moral Panics: The Creation of Mods and Rockers*, London: Granada Publishing Limited, 1972.
- d'Alpuget, Blanche, *Robert J. Hawke: A Biography*, Melbourne: Schwartz Publishing Group Pty. Ltd., 1982.
- Dickins, Barry, *Black+Whiteley: Barry Dickins in Search of Brett*, Melbourne: Hardie Grant Books, 2002.
- Dillon, Gar, *A Delusion of the Australian Culture: A Brief History of the Clash with Alcohol in New South Wales, 1788-1983*, Sydney: New South Wales Temperance Alliance, 1985.
- Dillon, Paul, Goldspink-Lord, Linda and Parkhill, Nicholas, *Sex, Drugs and Just Say No: The Media Perspective*,. Paper presented at The 7th International Conference on the Reduction of Drug Related Harm, Hobart, Tasmania, 1996.
- Dingle, A.E, "The Truly Magnificent Thirst: An Historical Survey of Australian Drinking Habits", *Historical Studies* 19, no. 75, 1980.
- Donaghy, Bronwyn, *Anna's Story*. Sydney: Angus and Robertson, 1996.
- Dunstan, Keith, *Wowsers*, Sydney: Cassell Australia, 1968.
- Edwards, Anne and Wilson, Paul (eds.), *Social Deviance in Australia*, Melbourne: Cheshire Publishing Pty. Ltd., 1975.
- Edwards, G., Arif, A. and Hodgson, R, "Nomenclature and Classification of Drug and Alcohol-Related Problems: A Shortened Version of a Who Memorandum", *Drug and Alcohol Review* 3, no. 2, 1984.

- Erickson, Judith, "Making King Alcohol Tremble: The Juvenile Work of the Women's Christian Temperance Union, 1874-1900", *Journal of Drug Education* 18, no. 4 1988, pp. 333-52.
- Escohotado, Antonio, *A Brief History of Drugs: From the Stone Age to the Stoned Age*. Rochester, Vermont: Inner Traditions, 1999.
- Fisher, J. and James, Ray, *A Review of School-Based Drug Education in Australia, 1978-1990*, Perth: Curtin University of Technology National Research Centre into the Prevention of Drug Abuse, 1991.
- Flanagan, Kay, *Health Education for Secondary Schools*. Sydney: Jacaranda Press, 1969.
- Goldspink-Lord, Linda, Griffin, Craig and Clancy, Helen, *Drug Sense: A Harm Reduction Resource for Senior Secondary Students*,. Sydney: Macarthur Drug and Alcohol Youth Project, 1993.
- Grattan, Michelle and Gruen, Fred, *Managing Government: Labor's Achievements and Failures*, Melbourne: Longman Cheshire, 1993.
- Gusfield, Joseph, *Symbolic Crusade*, Urbana, Illinois: University of Illinois Press, 1963.
- Harrison, Brian, *Drink and the Victorians*, London: Faber and Faber, 1971.
- Health, Dwight B., "The New Temperance Movement: Through the Looking Glass", *Drugs and Society* 3, no. 3/4 1989, pp. 143-67.
- Hennessey, Eileen, *A Cup of Tea, a Bex and a Good Lie Down*, Townsville: James Cook University of North Queensland, 1993.
- Horne, Donald, *The Time of Hope: Australia 1966-1972*, Sydney: Angus and Robertson, 1980.
- Huxley, Aldous, *The Doors of Perception*, London: Chatto and Windus, 1954.
- Hyslop, Anthea, *The Women's Christian Temperance Union of Victoria*, Melbourne: La Trobe University, 2006.
- Irving, Terry, Maunders, David and Sherington, Geoff, *Youth in Australia*. Melbourne: Macmillan, 1995.
- Irwin, Rob, *Drug Education Programs and the Adolescent in the Drug Phenomena Problem*, Canberra: Australian National University, 1976.
- Jarratt, Phil, *Ted Noffs: Man of the Cross*, Sydney: Pan Macmillan, 1997.
- Julien, R.M., *A Primer of Drug Action*, San Francisco: Freeman and Co., 1995.

- Kiloh, Edward and Bell, David. (eds.), *Papers from the 29th International Congress on Alcoholism and Drug Dependence*, Sydney: Butterworths, 1971.
- Kirby, Diane Erica, *Drinking 'the Good Life': Australia C. 1880-1980*, in Holt, Mack P., *Alcohol: A Social and Cultural History*, Oxford: Berg, 2006.
- Lennon, Cynthia, *John*. London: Hodder, 2005.
- Levine, Harry G., "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America", *Journal of Studies on Alcohol* 15 1978,: pp. 493-506.
- Lewis, Milton, "Alcoholism in Australia, the 1880s to the 1890s: From Medical Science to Political Science", *Drug and Alcohol Review* 7, 1988.
- , *A Rum State: Alcohol and State Policy in Australia*, Canberra: Australian Government Printing Service, 1992.
- Lonie, John, *A Social History of Drug Control in Australia*, Adelaide: Royal Commission into the Non-Medical Use of Drugs, South Australia, 1979.
- Makkai, Toni, *Awareness and Effectiveness of the National Campaign against Drug Abuse and the Drug Offensive*. Canberra: Australian Government Publishing Service, 1993.
- Makkai, Toni and Mc Allister, Ian, *Patterns of Drug Use in Australia 1985-1995*, Canberra: Commonwealth of Australia, 1998.
- The Mackay Report, *Contemporary Social Issues*, Sydney: 1986.
- Mammino, Rosemary, *Alcohol and Drug Education in Queensland State Schools: A History since 1880, Historical Perspectives on Contemporary Issues in Queensland Education No. 8* Brisbane: Department of Education, Queensland, 1993.
- Manderson, Desmond, *From Mr Sin to Mr Big: A History of Australian Drug Laws*. Melbourne: Oxford University Press, 1993.
- Manderson, Desmond, "Possessed: Drug Policy, Witchcraft and Belief", *Cultural Studies* 19, 2005.
- , "Symbolism and Racism in Drug History and Policy", *Drug and Alcohol Review* 18, 1999, pp. 179-86.
- , *Public Opinion Towards Drug Policies in Australia 1985-1995*, Canberra: Looking Glass Press, 1998.

- McCoy, Alfred, *Drug Traffic*, Sydney: Harper and Rowe, 1980.
- , *The Politics of Heroin in South East Asia*, New York: Harper and Rowe, 1972.
- McCulloch, Gary, *Documentary Research in Education, History and the Social Sciences*, London: RoutledgeFalmer, 2004.
- McCulloch, Gary and Richardson, William. *Historical Research in Educational Settings*, Philadelphia: Open University Press, 2000.
- Midford, Richard and Munro, Geoffrey (eds.), *Drug Education in Schools: Searching for the Silver Bullet*, Melbourne: IP Communications, 2006.
- Midford, Richard, "Is Australia 'Fair Dinkum' About Drug Education in Schools?", *Drug and Alcohol Review* 26, no. 4, 2007.
- Musto, David,. *The American Disease: Origins of Narcotic Control*, New Haven and London: Yale University Press, 1973.
- Neil; Jean and Wheller, Roger, *Helping Teachers Plan Drug Education Programs for Schools*, Paper presented at the Eleventh International Conference on Health Education, Hobart, Tasmania, August 1982.
- Noffs, The Reverend Ted, *Drugs and People*, Sydney: Ure Smith, 1976.
- Nolan, Jean, "In Defence of Drug Education", *Technical Information Bulletin*, October 1979.
- Pargeter, Judith, *'For God, Home and Humanity': National Woman's Christian Temperance Union of Australia: Centenary History 1891-1991*, Adelaide: Golden Grove, 1995.
- Pixley, Jocelyn, "Wowsers and Pro-Woman Politics: Temperance against Australian Patriarchy", *Sociology* 27, 1991.
- Powell, Keith, "Alcohol and the Eastern Colonies 1788-1901", *Drug and Alcohol Review* 7, 1988.
- Rivett, Rohan, "Drugs and the Mass Media", *Technical Information Bulletin*, July 1972.
- Openshaw, Roger and Suler, John, "When Is a Moral Panic Not a Moral Panic?", *History of Education Review* 21, no. 1, 1992.
- Poynting, Scott and Morgan, George (eds.), *Outrageous: Moral Panics in Australia*. Hobart: ACYS Publishing, 2007.

- Room, Robin, "The Dialectic of Drinking in Australian Life: From the Rum Corps to the Wine Column", *Drug and Alcohol Review* 7, 1988, pp. 413-37.
- Saunders, John, "Stepping onto Foreign Shores", *Drug and Alcohol Review* 7, no. 4, 1988, pp. 479-85.
- Shiman, Lilian Lewis, *Crusade against Drink in Victorian England*, Houndmills, Basingstoke, Hampshire: MacMillan, 1988.
- Stanton, Bonnie, "School Drug Education in New South Wales: Moral Panic and the Individualisation of Youth Drug Use", *Social Alternatives* 24, no. 4, 2005.
- Thompson, Kenneth, *Moral Panics*, London: Routledge, 1998.
- Makkai, Toni, Moore, Rhonda Ian McAllister, Ian, "Health Education Campaigns and Drug Use: The 'Drug Offensive' in Australia", *Health Education Research* 6, no. 1 1991, pp. 65-76.
- Tyrell, Ian, *Woman's World/Woman's Empire: The Woman's Christian Temperance Union in International Perspective*, Chapel Hill: University of North Carolina Press, 1991.
- Tyrrell, Ian, *Deadly Enemies*, Sydney: University of New South Wales Press, 1999.
- , "Thirty- Three Years of Temperance, 1971 - 2004 ", *The Social History of Alcohol and Drugs: an Interdisciplinary Journal*, 19, 2004.
- Walker, Robin, *Under Fire: a History of Tobacco Smoking in Australia*, Melbourne: Melbourne University Press, 1984.
- Webb, Robert, *1st International Congress on Drug Education, October 14-16, 1973, Montreux, Switzerland*, Sydney: The Department of Health 1975.
- Windshuttle, Keith, *Unemployment*. Ringwood: Penguin, 1979.
- Young, Jock, *The Drugtakers: the Social Meanings of Drug Use*, London: Paladin, 1971.
- Zimmerman, Jonathan, *Distilling Democracy: Alcohol Education in America's Public Schools, 1880-1925*, Lawrence, Kansas: University Press of Kansas, 1999.