

Fighting the Drugs War: The role of prohibitionist groups in Australian illicit drugs policy

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Abstract

Prohibitionist lobby groups appear to be exerting an increasing influence on Australian illicit drugs policy. Yet remarkably little is known about their history, membership, sources of funding, political and ideological agenda, and employment of empirical evidence. This paper provides a critical introduction to their key activities and objectives. Some conclusions are drawn about their current and likely future influence on national drugs policy.

Keywords: *prohibitionist; harm minimization; illicit drugs.*

Pro-abstinence or prohibitionist groups have long been active in Australian illicit drugs policy debates. Some of the key groups appear to be Drug Free Australia, Drug Arm Australasia, the Drug Advisory Council of Australia, the Australian Christian Network, the Australian Family Association, the New South Wales Council of Churches, Make Illicit Drugs Socially Unacceptable, Coalition on Alcohol and Drug Education, the Southern Cross Bioethics Institute, and sections of the Salvation Army.

Some of their leading spokespersons have been magistrate Craig Thompson, former Judge Athol Moffitt, Salvation Army Major Brian Watters, entertainer Normie Rowe, South Australian state Members of Parliament Nick Xenophon and Ann Bressington, NSW state Member of Parliament Reverend Fred Nile, former ACT public servant Collis Parrett, Queensland naltrexone provider Dr Stuart Reece, Seventh Day Adventist Gary Christian, the Catholic Archbishop of Sydney George Pell, and Australian Family Association activists Jill Pearman, Bill Muehlenberg, Elaine Walters, Isobel Gawler, Joe Santamaria, Geraldine Mullins, and David Perrin. Most of these activists strongly adhere to a socially conservative ideology, and are closely linked to churches or other religious-based groups.

The prohibitionists espouse a zero tolerance perspective which defines illicit drug use narrowly as immoral and/or criminal behaviour, rather than as a health issue. It implies an emphasis on law enforcement and prevention of drug use, rather than reduction of harm, and is often associated with a belief in a war on drugs (Goode 1997:56-59; Lang 1998:10-11; Le Grand 2002). Prohibitionists favour abstinence as the sole goal of practice interventions. They argue that drug law liberalization will: 1) Increase the consumption of dangerously addictive drugs, and lead to large numbers of new users; 2) Fail to substantially reduce crime since a large proportion of users committed crimes prior to their dependency; 3) Is unethical since it gives drug users no incentive to end their dependency.

The key opposing perspective is called harm minimisation. This term refers to a number of strategies which exist along a philosophical continuum: supply-reduction strategies, demand-reduction strategies, and harm-reduction strategies. It is the harm

reduction strategy which overtly distinguishes harm minimisation from prohibitionist practices. Harm reduction involves strategies designed to reduce harm to individuals and the community such as needle syringe programs, pharmacotherapy prescribing programs such as methadone and buprenorphine, supervised injecting facilities, and prescribed heroin.

Harm reduction takes a dispassionate public health and morally neutral approach to illicit drug use, and is based on three core principles. Firstly, drug use is a public health issue, rather than a legal issue. Drug users are entitled to be treated as normal citizens with the same rights and obligations as other members of the community. Secondly, harm reduction is morally neutral making it possible to move away from a punitive approach toward a health oriented response. Indeed, drug use is recognised as an intractable part of society. Not only is the elimination of drug use via punitive law enforcement impossible, it may increase drug-related harm by further marginalising illicit drug users and pushing them beyond the reach of treatment agencies. Thirdly, harm reduction does not advocate the wholesale legalisation of illicit drugs. Rather, it acknowledges a responsibility to implement measures that reduce drug-related harm. If the partial legalisation of proscribed substances, such as marijuana, can be shown to reduce harm, then such a measure may fit within harm reduction strategies (Rowe & Mendes 2004:5).

The major difference between harm reduction and zero tolerance can arguably be summarized as follows: harm reductionists aim to save lives and reduce drug-related harm even if this means an overall increase in drug use, whilst zero tolerance supporters seek to reduce drug use per se even if this means an increase in the number of deaths (Wodak 2002:51; Wodak & Moore 2002:34; Macintosh 2006:20).

Prohibitionists claim to represent what they call the 'silent majority' of the community (Walters 2000). They have played a major role in opposing harm reduction measures, and attacking leading harm reduction advocates. They condemned the introduction of needle and syringe exchanges in the 1980s, the liberalisation of state marijuana laws in the 1990s, the expansion of methadone programs, the introduction of the supervised injecting facility in New South Wales, and the recently proposed trial of medicinal cannabis. They were also strenuously opposed to the proposed but never implemented heroin prescription trial in the ACT. Instead, prohibitionists urge absolute compliance with international drug control treaties, favour the compulsory rehabilitation and drug free policies adopted by Sweden, and support the prompt introduction of contentious naltrexone implant trials to assist addicts to achieve abstinence (Walters 1996; Kyte 1997; Moffitt 1998; Moffitt et al 1998; Watters 1999; Santamaria 1999a, 1999b, 1999c, 2000; Raffaele 2000; Sullivan 2000; Pike 2001; Le Grand 2002; Muehlenberg 2002; Santamaria 2002; Williams 2002; Robinson 2004; see also discussion in Marr 1999; Rowe 1999:176-183; Snow 1999; Swain 1999:64; Mendes 2001a, 2002; Walker 2003; Gunaratnam 2005).

For a number of years their views were largely marginalized within Australian drug practice and policy discourse which was dominated by harm minimization views. However, since the election of the Howard Coalition Government in 1996, prohibitionist groups have become increasingly vocal and influential. For example, a

number of prohibitionists have held leading positions in the government-appointed Australian National Council on Drugs including the successive chairpersons, Brian Watters and more recently John Herron. In addition, the government has begun to provide funding to support key prohibitionist objectives.

The groups have also held a number of significant public forums and conferences including a June 2000 summit chaired by Brian Watters in Sydney (Totaro 2000), the 2001 Citizens Drug Summit hosted by the Family Council of Western Australia, the 2005 National Harm Prevention Conference hosted by the Coalition on Alcohol & Drug Education and Drug Free Australia (Barich 2005), and the 2005 People's Drug Summit hosted by the South Australian independent MLC Nick Xenophon (Roberts 2005; Xenophon 2005).

Despite this, very little is known about the history, membership, and activities of these groups. For example, the following questions deserve consideration. Whom do the groups claim to represent? What agenda drives their views? Are they primarily motivated by religious and moral beliefs, or by broader ideological or political perspectives, or rather by personal or familial experiences of illicit drug use? What are their key sources of funding? And is there empirical-based research evidence to support their views? The remainder of this paper attempts on the basis of the limited existing literature to answer some of these questions.

The Policy Context

In Australia, harm minimisation has been the official drugs policy since 1985. As noted above, it was the addition of the harm reduction component that marked the major departure from past drug policy. The inclusion of harm reduction was directly associated with the public health threat posed by the emergence of HIV/AIDS in the early 1980s. The unprecedented nature of this threat emphasised the need to prioritise the prevention of the collateral health and social damage associated with drug use over the goal of abstinence as the sole objective of drug policy.

The priority accorded to harm reduction meant that, while abstinence remained the preferred outcome of drug treatment, it was one of a hierarchy of possible treatment outcomes. One of the most important initiatives to emerge from the adoption of harm reduction was the establishment of the Needle and Syringe Program. The efficacy of the program has been demonstrated by Australia's success in controlling the spread of HIV/AIDS amongst intravenous drug users ensuring its acceptance as a legitimate public health strategy (Commonwealth Department of Health and Ageing 2002).

Since the 1996 election of the Australian Liberal-National Coalition Government, there has been a marked shift in the balance between the three components of harm minimisation as defined above. This reflected former Prime Minister Howard's preference for prohibitionist principles that echo those of zero tolerance exponents. This became apparent when the Prime Minister personally vetoed a proposal for a heroin trial in the ACT, despite years of multidisciplinary feasibility studies and the approval of a majority of the state, territory and federal police and health ministers. Later, Howard strongly opposed the introduction of a supervised injecting facility in

Sydney (Mendes 2001b:22-26). He also wrote a supportive preface to a book by leading prohibitionist Athol Moffitt (Howard 1998).

The then Prime Minister launched his 'Tough on Drugs' national drug strategy in November 1997. This strategy openly utilized drug war rhetoric, and shifted the balance of harm minimisation policy away from harm reduction and back towards prohibitive law enforcement (Australian Government 1997). Howard committed the government to the introduction of 'zero tolerance of illicit drugs in our schools'. He argued that 'illicit drugs are highly dangerous, that there is no safe level of use, that the only sensible objective is abstinence, and that possession and use will not be tolerated in schools' (Howard 1999).

The then Prime Minister also established a new body, the Australian National Council on Drugs (ANCD), to advise on his government's drug policies. Howard appointed Major Brian Watters of the Salvation Army to chair the Council. Watters was the Salvation Army's spokesperson on addictions for NSW, Queensland and the ACT, and a member of the NSW and Queensland Boards of the prohibitionist group, Drug-Arm Australia. Watters has repeatedly described drug addiction as a 'sin. I know it's a medical and psychological problem, but the Bible tells us that sin is falling short of our potential' (cited in Bush & Neutze 2000:135). Watters believes 'there are worse things than death when it comes to heroin addiction' (cited in Bush 1998:5).

Watters' appointment as ANCD Chairman was significant given that the Salvation Army is known to be divided on attitudes to illicit drugs. For example, the Victorian Salvation Army explicitly rejects Watters' views. They support harm minimisation, accept treatment goals other than abstinence, and do not rule out the possibility of endorsing heroin trials (Marr 1999:11-12).

Yet Howard made it clear that his selection was motivated by Watters' outspoken support for prohibitionist policies: 'I deliberately hand-picked Major Watters to chair the Australian National Council on Drugs ... It is no secret that Major Watters was a critic of the heroin trial in the ACT. It is no secret that Major Watters adopts the view, as do many others, including myself, that the policy of zero tolerance of drug taking in this country is a highly credible policy that ought to be pursued more vigorously (Commonwealth Parliamentary Debates 1998:3564).

The political composition of the ANCD also changed over time. The inaugural Board contained three prohibitionists – Dennis Young, Craig Thompson and Tonie Miller – plus Major Watters as Chairman, but also included a number of leading harm reduction advocates such as Ian Webster, Margaret Hamilton, Wayne Hall, Tony Trimmingham, Wesley Noffs, Karen Hart, and Jude Byrne. But the appointment of a new Board in 2001 saw the last four persons removed, and the resignation of Hall plus the addition of pro-abstinence activist Ann Bressington. The Board shifted towards a prohibitionist majority (Mendes 2001b:27-29; Overington 2001; Totaro 2001; Fitzgerald 2004:54).

This process was repeated in 2005. Major Watters (who became a member of the prohibitionist International Narcotics Control Board based in Vienna) was replaced as Chair by John Herron, a former Howard Government Minister. Herron was co-

founder of the socially conservative parliamentary Lyons Forum (Maddox 2005:37-39) which reportedly played a significant role in undermining the ACT heroin trial (Short 1997). Herron is also Patron of the Queensland branch of the prohibitionist Australian Family Association. Whilst Herron has made few personal public statements on drugs (Herron 2002), it is reasonable to assume he shares the former Prime Minister's prohibitionist sentiments.

The ANCD continued to issue some reports which are balanced and based on empirical scientific research, but overall its role appeared to be primarily to support and promote Howard's personal prohibitionist perspective. As one leading commentator noted, the Council "is not representative of the views of the sector. It doesn't represent the non-government service providers. It is an appointed Council" (Fitzgerald 2002). It would appear in fact that the ANCD was created precisely to sidestep the views of those groups which are representative of most professional drug practitioners and researchers (Fitzgerald 2004:53-56).

Although the then Howard Government reiterated a commitment to harm minimisation in both the *National Drug Strategic Framework 1998-2002* and the *National Drug Strategy 2004-2009* (Ministerial Council on Drug Strategy 2004) it appears that harm minimisation has shifted dramatically towards zero tolerance along the continuum of potential policy responses to illicit drugs. The 2003 House of Representatives Standing Committee on Family and Community Affairs Inquiry into Substance Abuse in Australian communities report arguably formalized this shift from harm reduction towards prohibitive law enforcement.

Despite noting support for harm minimisation from professional organisations such as the Public Health Association, the Alcohol and Other Drugs Council and Turning Point Alcohol and Drug Centre, the report cited concerns that 'harm minimisation may appear to encourage the maintenance of a drug habit and give rise to the idea that taking drugs is alright' (Standing Committee on Family and Community Affairs 2003:297).

This analysis accorded with views expressed in submissions (and given disproportionate weight) from prohibitionist groups such as the Drug Advisory Council of Australia and the Festival of Light, an indication of the Committee's willingness to accord greater weight to ideology as opposed to expertise (Rowe & Mendes 2004:7). Consequently, the report recommended the replacement of harm minimisation with 'a focus on harm prevention and treatment for substance dependent people' (Standing Committee on Family and Community Affairs 2003:297). The latter element was specified as 'treatment that leads to abstinence' (p.296). This new direction was also confirmed by the formal government response to the Report which emphasized a commitment to harm prevention, and abstinence-based programs (Australian Government 2006).

Nevertheless, government policies seemingly continued to reflect a cautious compromise between harm minimisation and prohibitionist perspectives. On the one hand, the government approved and even expanded harm reduction programs such as needle and syringe exchange programs and methadone maintenance treatment (Steketee 2006). Programs that divert minor drug users away from the criminal justice system to education and treatment services also continued. In addition, the former government strongly supported harm reduction programs by Asian countries to address the threat of

HIV infection among injecting drug users. One leading harm reduction advocate suggested that ‘the major difference between the drug policy pursued by the Howard Government and that of the Australian Labor Party (when in government and opposition) has been political marketing. The Howard Government has been conscious of the views of its constituency and the need for product differentiation’ (Wodak 2004).

On the other hand, the former government seemed determined to more closely align national drug policies with its zero tolerance ideals. In 2005 legislation was passed (via the Serious Drug Offences and Other Measures Bill) giving the Commonwealth the right to intervene in drug policies that have traditionally belonged to the States. In addition, the government openly encouraged a media campaign led by the conservative *Australian* newspaper to revoke the civil penalty schemes that apply to minor cannabis offences in four Australian States and Territories (Macintosh 2006). The government later called on the States and Territories to abandon the decriminalisation of personal use of cannabis, and instead agree on national uniform drug laws that will define possession of marijuana as being as dangerous as that of heroin or cocaine (Anon 2006).

The government also provided significant support to medically contentious treatment initiatives such as naltrexone therapy ‘that appear to be driven more by an abstinence-based ideology than evidence-based policy’ (Macintosh 2006:17; see also p.21). In addition, they provided a grant of \$600,000 over three years to Drug Free Australia to ‘advocate abstinence-based approaches to drug issues’ (Howard 2005).

The Prohibitionist Groups and the Inquiry into Substance Abuse

The political agenda and influence of the prohibitionist groups is best illustrated by reference to the above Inquiry into substance abuse in Australian communities. The inquiry prompted almost 300 submissions of which only about a dozen emanated from prohibitionist groups. Yet these small number of submissions were to exert disproportionate influence on the final report.

The most significant prohibitionist group appears to be Drug Free Australia (DFA) which describes itself as a national peak body of more than 100 community organisations formed in 2002 to promote a drug free Australia. DFA do not disclose the names of their members, but they do list an affiliate in every state and territory, and acknowledge close links with Christian fundamentalist groups such as the Seventh Day Adventist Church and Salt Shakers. They are headed by Michael Robinson who is a regular contributor to drugs policy debates. DFA’s submission to the inquiry called on the government to implement policies leading to the prevention of harm. Specifically, they urged the review of existing services such as long term methadone maintenance and the NSW supervised injecting facility, and called instead for increased support for abstinence-based programs (Drug Free Australia 2002, 2006).

An associated group is the Community Coalition for a Drug Free Society (CCDFS) which is listed as an affiliate of Drug Free Australia. CCDFS is headed by Peter Stokes who is also the Chair of the Salt Shakers group. The CCDFS submission urged support for prohibition and abstinence-based recovery programs. Specifically, they condemned harm minimisation programs such as needle distribution, supervised

injecting facilities and the decriminalisation of marijuana, and attacked harm reduction advocates and drug professionals (Community Coalition for a Drug Free Society 2002).

Another important group is Drug Arm Australasia or Drug Awareness, Rehabilitation and Management, which is headed by Dennis Young, a long-term member of the Australian National Council on Drugs. Drug Arm is a Christian group which was formerly known as the Temperance League or Alliance. This organisation has attained particular prominence in Queensland where it has managed to supplant the Alcohol and Drug Foundation of Queensland as the primary representative body for non-government services (Fitzgerald 2004:57). It also has operations in New South Wales, South Australia, and the Australian Capital Territory.

The DA submission urged that abstinence-oriented strategies be prioritized, and rejected any proposals for supervised injecting facilities or heroin prescription trials (DA 2002).

Another group is the Drug Advisory Council of Australia (DACA) which acknowledges links with a number of other prohibitionist organisations including the Australian Family Association, the Festival of Light, Focus on the Family, and Saltshakers. The DACA submission condemned harm minimization programs including education in schools around safe drug use, needle exchanges, supervised injecting facilities, and heroin trials as allegedly contributing to increased drug use and abuse in the community. Instead they called for abstinence-based education programs, greater law enforcement, and the availability of naltrexone detoxification and rehabilitation programs (Drug Advisory Council of Australia 2002, 2006).

Another prohibitionist group is the Festival of Light, a Christian fundamentalist church which operates a Drug-Free Ambassadors program. The Festival of Light urged the introduction of abstinence-based rehabilitation programs including naltrexone, and the rejection of harm minimization. They recommended that Australia follow the zero tolerance approach pursued in Sweden (Festival of Light 2002, 2006). Further submissions of a similar nature came from Australian Parents for Drug Free Youth, Coalition Against Drugs Western Australia, Focus on the Family Australia, Keep Our Kids Alive, Tough Love New South Wales and South Australia, and Collis Parrett.

Unfortunately, the submissions (and an associated perusal of their websites and other public statements) don't reveal a great deal of information about the relative significance and legitimacy of these groups. Most of them do not release membership lists or figures so it is difficult to tell whether they are marginal, or alternatively representative of a wide range of socially conservative opinion. Equally, most do not reveal their sources of funding although some such as Drug Arm are known to receive federal and state government resources.

Many of the groups appear to be primarily motivated by morality-based Christian beliefs (Macintosh 2006:29-32), although some individuals (e.g. Normie Rowe, Ann Bressington of Drug Beat of South Australia and Margaret McKay of Keep Our Kids Alive) are known to be influenced by personal/familial experiences of drug abuse or

drug-related death. Some of the groups present what they claim to be evidence from Australia and elsewhere to support their beliefs, but most have never undertaken empirical research that would be recognized by academic bodies or journals.

As noted by John Fitzgerald:

Historically, abstinence-based organisations with religious/moral frameworks have advocated for services, such as compulsory detoxification and long-term rehabilitation that have the lowest level of evidence of efficacy... Whilst the scientific basis for evidence relies on objectivism, moral frameworks function from a vastly different epistemological base. Evidence emerges from faith and the interpretation of the word of God rather than through experimentation and testing. (2004:57)

Nevertheless, their submissions to the inquiry were highly influential. The Road to Recovery report released in 2003 made numerous references to their representations. For example, the report positively cited the Festival of Light and Drug Beat Australia as endorsing naltrexone treatment as a path to abstinence in recommending that priority be given to naltrexone (pp.159–161). Similarly, the report noted Drug Arm's objection to heroin prescription trials in opposing any such trials (pp.164–165).

The report also cited the Community Coalition for a Drug Free Society, Joe Santamaria, and Drug Arm in opposition to supervised injecting facilities in warning against the establishment of further facilities (pp.191-192). And finally, the report cited the Drug Advisory Council of Australia, the Festival of Light, The Community Coalition for a Drug Free Society, Keep our Kids Alive, the Australian Family Association, and Drug Free Australia in recommending a shift from harm minimisation to harm prevention policies (pp.292-297 & 318). Notably, this recommendation was strongly opposed by the minority Labor Party members of the Committee who argued that harm prevention was the equivalent of zero tolerance (p.319).

In contrast, surprisingly little weight was given to the views of key professional policy and practice organisations such as the Australian Drug Foundation, the Alcohol and other Drugs Council of Australia, the National Drug & Alcohol Research Centre, the Youth Substance Abuse Service, Turning Point Alcohol & Drug Centre, and the Public Health Association of Australia. This appeared to be because their harm minimisation perspectives were at odds with the Howard government's "Tough on Drugs" agenda. The report acknowledges their views, but chooses to give precedence to the contrasting and favoured opinions emanating from the prohibitionist groups. The Chair of the inquiry, Coalition backbencher Kay Hull, subsequently re-emphasized her overwhelming opposition to harm minimisation, and her preference for abstinence (Stafford 2007).

A similar biased approach influenced the recent House of Representatives inquiry into the impact of illicit drug use on families which was headed by Coalition backbencher and hardline prohibitionist, Bronwyn Bishop (Standing Committee on Family and Community Affairs 2007).

Likely Future Policy Directions

Former Prime Minister Howard personally held prohibitionist views on illicit drug use. He regarded drug use as morally unacceptable, favoured law enforcement over public and social health interventions, and prioritized abstinence rather than harm reduction. Given these personal preferences, it was hardly surprising that he promoted prohibitionist groups and individuals, and gave them significant access and influence both in relation to policy development and funding grants. This process is of some concern given the apparent reliance of such groups on moral and theological rather than evidence-based judgements.

Nonetheless, the importance of the prohibitionist groups should not be over-stated. They retain little if any influence within the major national professional policy and practice groups such as the Australian Drug Foundation, the National Drug and Alcohol Research Centre, the Australasian Professional Society on Alcohol and other Drugs, and the Alcohol and Other Drugs Council, or within most of the key state bodies such as Turning Point Alcohol and Drug Centre and the Victorian Drug and Alcohol Association that influence state government policies.

The newly elected ALP Government does not appear to favour the agenda of the prohibitionist groups. The ALP is committed to 'harm minimisation as its underpinning philosophy' including a range of harm reduction programs such as supervised injecting facilities (ALP 2007). Only time will tell whether the ALP maintains the existing tenuous compromise between harm minimisation and zero tolerance.

In the meantime, researchers have an obligation to uncover more detailed information about the prohibitionist groups. Some detailed case studies would seriously improve our understanding of their role and likely future influence in illicit drugs policy.

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