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Heroin: The Legalisation Debate

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*Heroin: The Legalisation Debate*

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INTRODUCTION

Since 1988, there has been a growing debate in Australia and overseas on alternative policies to the total prohibition of narcotic drugs including heroin.

This debate has been prominent again during 1991 with the latest call for a review of the current prohibition policies coming from Justice Michael Kirby, the president of the NSW Court of Appeal. Justice Kirby expressed concern that in spite of the ever increasing sums spent on enforcing prohibition, the financiers of the drug trade were rarely caught and narcotic drug use, as well as the social and financial costs associated with it, keep increasing.

Some supporters of legalisation take their stance because they are concerned with the economic and social costs to the community, others wish to minimise the spread of the human immune-deficiency virus (HIV) causing AIDS. In addition to Justice Kirby, other prominent members of the community including Professor Peter Baume of the University of New South Wales (who advocated changes to the drug laws when he was a member of the Senate), Dr. Richard Whiting, the Victorian president of the Australian Medical Association (AMA) and Paul Delianis, a former deputy commissioner of the Victoria Police have called for partial or total decriminalisation of injectable drugs such as heroin.

During 1991 also, the Australian National University's National Centre for Epidemiology and Population Health (NCEPH) carried out a feasibility study into conducting trials in the ACT to make opiate drugs, including heroin, legally available to users in a carefully controlled manner. The study was conducted at the request of the ACT's Legislative Assembly's Select Committee on HIV, Illegal Drugs and Prostitution. It found that, of the groups surveyed, more than 70 per cent of service providers and about 66 per cent of the general community were in favour of a 'legal heroin' trial.

Following the report of the feasibility study, the NCEPH has recently (Australian, 24 March 1992) announced that it has received a grant of $450,000 from the Australian National University to enable it to study

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1 The Age, 2 Dec. 1991

2 "Service providers" as used in the survey described people such as social workers, youth workers and health professionals involved in providing treatment and support services to illegal drug users.

3 National Centre for Epidemiology and Population Health, Feasibility Research into the Controlled Availability of Opioids, Canberra, NCEPH (ANU), 1991.
the effectiveness of making heroin available to addicts under certain controls. The project team will compare the use of methadone to that of controlled, legal heroin in managing addiction.

It is important to stress that under the Australian federal system, legalisation of currently illicit drugs is a matter for the various States as well as the Federal government to decide. However, the Federal government has a role to play in the legalisation debate both because of the international conventions ratified by Australia and because of the Federal government's capacity to fund and run a co-ordinated education campaign through the National Campaign Against Drug Abuse. Any attempt to reform the drug laws of any single State or Territory will be successful in the long term, only if such reform is supported and eventually duplicated in other States and Territories. A concerted approach is vital for success.

Australia ratified the Single Convention on Narcotic Drugs 1961 on 1 December 1967 and the Protocol Amending the Single Convention on Narcotic Drugs on 22 December 1972. During the current sittings of Parliament (Autumn 1992), the Government has introduced amendments to the Crimes (Traffic in Narcotic Drugs and Psychotropic Substances) Act 1990 so that it will be able, once the legislation is enacted, to ratify the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988. This more recent Convention reinforces and supplements the earlier Conventions mentioned above.

If the use of heroin and other narcotics were made legal by the State governments, it would eventually be necessary for the Australian Government to withdraw from participation in those international treaties and it may need also to revoke current national legislation on the importation of those drugs. It is worth noting that the international community, through the United Nations, exerts political pressure for countries to ratify rather than abandon the various Conventions.

It may be useful, before looking at the arguments for and against legalisation to distinguish between the different responses that are being called for to deal with the drug problem.
Those supporting legalisation have a variety of suggestions including

- Commercial availability on the same basis as alcohol and tobacco.
- Prescription of currently illegal drugs to registered drug users.
- Licensing drug users in the same way that firearms owners are licensed.
- Government monopoly of supply, and sale through controlled outlets with no advertising or price promotions.
- Decriminalisation.

It is worth pointing out that decriminalisation is not legalisation. Confusion is often caused by the two terms being used interchangeably. Decriminalisation usually refers to the fact that possession and personal use of a drug attract a small fine rather than prosecution while prohibition (and very heavy penalties) are maintained on commercial growing, manufacture, imports, exports and sale of the drug. The use of marijuana has been decriminalised in South Australia, some American States and some European countries.
THE CASE FOR LEGALISATION

Those who support the legalisation of heroin put forward a variety of social, economic and medical arguments in support of their case. Foremost among those arguments is the failure of the current policy of prohibition to stop large amounts of heroin from reaching the streets.

Ineffectiveness of Prohibition

In his report into police corruption in Queensland, Tony Fitzgerald stated

Attempts to stamp out the illegal drug trade have failed all over the world and have consumed more and more resources. There is no benefit in blinkered thinking. The starting point must be an acceptance that illegal drugs are established in the community and that prohibition has not worked. 4

There is widespread agreement with Tony Fitzgerald's view among academic researchers and others investigating the issue of drug trafficking: In terms of their stated aims of reducing drug supply, current policies have failed. Australian Federal Police statistics of selected drugs seizures (Table 1) 5 suggest that large amounts of heroin are coming into the country each year and the quantities keep increasing.


Table 1

Drugs seizures, Federal agencies, 1990-91, 1989-90

(does not include seizures involving National Crime Authority)

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>1990-91</th>
<th>Weight (gms)</th>
<th>1989-90</th>
<th>Weight (gms)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Drug Seizures</td>
<td></td>
<td>Number of Drug Seizures</td>
<td></td>
</tr>
<tr>
<td>Amphetamine</td>
<td>74</td>
<td>3,399,368</td>
<td>94</td>
<td>3,215,391</td>
</tr>
<tr>
<td>Other</td>
<td>33</td>
<td>3,211,763</td>
<td>48</td>
<td>2,748,330</td>
</tr>
<tr>
<td>Cannabis</td>
<td>1,399</td>
<td>1,076,471,604</td>
<td>1,062</td>
<td>1,387,490,216</td>
</tr>
<tr>
<td>Cocaine</td>
<td>103</td>
<td>70,009,385</td>
<td>101</td>
<td>72,432,517</td>
</tr>
<tr>
<td>LSD</td>
<td>25</td>
<td>730,065</td>
<td>25</td>
<td>34,260</td>
</tr>
<tr>
<td>Heroin</td>
<td>286</td>
<td>77,503,860</td>
<td>255</td>
<td>40,948,250</td>
</tr>
<tr>
<td>Opium</td>
<td>7</td>
<td>12,516,180</td>
<td>6</td>
<td>460,511</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,927</td>
<td><strong>1,243,842,205</strong></td>
<td>1,591</td>
<td><strong>1,532,059,475</strong></td>
</tr>
</tbody>
</table>

1. The figures are correct to 30 June 1991 and include seizures awaiting analysis to confirm both weights and presence of the illegal substance. Recorded weights and drug types may vary from those previously reported.

2. Net weight 'confirmed' has been used where available, otherwise net weight 'estimated' has been used.

The Parliamentary Joint Committee on the National Crime Authority investigated the drugs-crime link in 1989 and reached the conclusion that

...there is ample evidence that the present policy of prohibition, is failing to achieve its objective: namely to reduce the use of those drugs which are presently illegal by preventing supplies of such drugs reaching Australia.6

The Committee estimated that in spite of the money and the effort expanded on prohibition, only about 17 per cent of heroin imported for consumption is being seized. One of the reasons for this low success rate is that a larger proportion of police resources allocated to enforcing prohibition is spent dealing with crimes of possession rather than with drug trafficking. Statistics of drug offences reported to police show how this pattern is set (see Appendix 1).

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The high cost of law enforcement

It is not possible to obtain figures separating the cost of enforcing heroin prohibition from that of enforcing the prohibition of other illegal drugs so global figures for all drugs will be used here.

The Parliamentary Joint Committee on the National Crime Authority commented on the extreme difficulties of obtaining accurate figures for drug related crimes generally but came up with a conservative estimate of $123.2 million annually (in 1987-88 dollars) as the direct cost of drug law enforcement. This included the work of customs officers as well as police, courts and prison costs.

In a recent article, Robert Marks of the Australian Graduate School of Management\(^7\) argued that the Committee's estimate understated the law-enforcement costs by at least half of the actual costs. Moreover, in order to obtain a true picture, it is necessary to look at indirect costs as well. Marks quoted estimates that drug use is implicated in 63 per cent of Victorian house burglaries and in 50 per cent of the break-and-enter crimes committed in NSW. In the latter State, 46 per cent of armed robberies are committed by drug addicts. If these indirectly drug-related costs are included, Marks estimates the total amount to be at least $900 million annually (in 1991 dollar terms).\(^8\)

Many of those who point to the high costs of enforcing prohibition argue that, since the legal attempts to reduce drug use prove so futile (see Appendix 2 for patterns of increase in heroin use over the period 1980-1985), those resources would be better spent on educating and training targeted groups of young people and providing them with alternatives to drugs.

The organised crime link

It is argued that prohibition is only subsidising organised crime by pushing up prices and making trafficking more profitable. Legalisation would deal a severe blow to criminal networks since the profits to be made would no longer be so lucrative. Some argue that even if the black market does not disappear completely, (there would be a potential market among young teenagers - under 18), law enforcement agencies would have greater control than is currently the case. The hope is that, by imposing taxes on the large drug market, funds that

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are now going to criminal organisations could be diverted to drug rehabilitation as well as other programs aimed at disadvantaged youth.

The corruption issue

Proponents of legalisation point to the involvement of organised crime elements in drug trafficking. It is argued that the scale of the drug trade in countries where prohibition is in force suggests that some police officers, doctors and politicians may have links with the drug trade. In some countries, many have been compromised and some have been arrested even in Australia. Legalisation could halt the spread of corruption.

The public health issue

For injectable drugs, this has two aspects. One group fears the spread of AIDS among intravenous drug users and argue that only by making heroin and other injectable drugs freely and legally available can the problem be controlled.

Others argue that most of the health problems and deaths associated with heroin abuse stem not from the drug itself which they claim is an exceptionally safe drug but from the substances used to adulterate it. Davies (1986)\(^9\) claims that, in Australia, the purity of street opiate is rarely higher than ten or fifteen per cent. The practice of adulterating heroin with dangerous substances would largely disappear if the drug was no longer scarce but was legally and cheaply available with the purity level clearly stated on the product.

The civil liberties issue

Civil libertarians and their supporters strongly support legalisation. They express concern at the large numbers of people who get a criminal record for no other reason than their preference for recreational drugs other than alcohol and tobacco. They argue that in a democratic society, well informed people should be free to choose which drug they wish to use. Decriminalisation allows individuals to take responsibility for their own lives, including responsibility for detrimental effects. Alcohol and tobacco are legal drugs, so why not marijuana and heroin?

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9 Davies, Simon. *Shooting up*, Sydney, Hale & Iremonger, 1986, p.87
DIFFERENT APPROACHES

It is important to recognise that, apart from agreeing on the need for change to current laws of prohibition, the advocates of change to the current policy have different concerns and different aims. It is possible to distinguish three different approaches.

The medical approach to heroin legalisation

The first approach is backed by many professionals in the health area. They believe that people who suffer from health problems as a result of heroin abuse are more likely to seek help if the drug is legal. In cases where the heroin user is reluctant to seek help, those professionals who come into contact with them (such as youth workers) are more likely to force the issue if there is no question of illegality involved. In some cases, such a move could save the young addict life. A large proportion of people in the medical profession are concerned also with controlling the spread of AIDS via the needle-sharing of intravenous drug users. The President of the Victorian branch of the Australian Medical Association (AMA), Dr. Whiting is among those calling for legalising heroin for registered addicts as a means of controlling the spread of AIDS.

As early as March 1988, Professor Ron Penny, then Chairman of the National Advisory Council on AIDS (NACAIDS), the predecessor of the Australian National Council on AIDS (ANCA), called for a pilot program which would provide drugs to antibody-positive intravenous drug users. The aim was to make it unnecessary for this group to share needles and to have recourse to prostitution in order to obtain the drugs they needed. This was seen as one way of preventing the rapid spread of the virus through the drug addict communities. The method that has found widespread acceptance however, has been to provide free needles through a needle exchange program which, together with the safe sex campaign has proved successful in preventing further spreading of the AIDS virus amongst intravenous drug addicts.

The medical advocates of heroin legalisation are also concerned with the provision of safer, purer, heroin which would pose a lesser health risk to the user, (some would even argue that it poses no health risk to the informed user). Legalisation would enable strict quality controls to be enforced and a purer and safer form of heroin would be sold.

Some medical practitioners advocate no more than the legalisation of the medical use of heroin. This has been done in Canada since 1987
and heroin is favoured in that country as an analgesic for terminally ill patients.

The economic approach

The second group takes an economic approach to the problem. It comprises people such as American economist Milton Friedman and Robert Marks, an economist with the Australian Graduate School of Management at the University of New South Wales. They are primarily concerned with the poor return that society currently obtains on the vast amounts it invests in attempting to curb illegal drug addiction and trafficking. They argue that the millions of dollars now spent on enforcement which have demonstrably failed to counter the problem, would be better spent on rehabilitation or other welfare programs.

Their aim is to destroy or at least deal a major blow to the black market, to organised crime and corrupt activities and thereby save the tax payer from spending large sums on counterproductive police, legal and prison costs.

The legal approach

The third group is concerned that the illegal drugs trade takes place both outside the law and completely outside government control. They believe that a legal supply of opioids together with penalties for certain types of behaviour resulting from drug abuse would be more effective in controlling the demand than total prohibition. Their aim is to make sure that scarce legal and crime prevention resources are used where they are most needed for the benefit of society as a whole. Some of them are concerned also with the inefficiency of the law relating to possession and trafficking. They point out that the constant flaunting of the law by those involved in the drug cycle and the demonstrable inability of authorities to enforce the rules contribute to a weakening of respect for the law.

Those opposed to legalisation seize on this variety of aims to show that the advocates of legalisation are unsure of what they want to achieve. It is a fact that the medical approach requires cheap and perhaps free heroin to be made available, apparently placing it at odds with the economic approach and its emphasis on imposing high taxes on the dealers in order to deter them, or failing this, to generate extra government revenue that could then be used to rehabilitate young drug addicts.

Ultimately, the advocates of the different approaches to legalisation share a common goal: reducing the size or eliminating the black
market and preventing the waste of finite community resources now spent in a vain attempt to enforce prohibition.

THE CASE AGAINST LEGALISATION

At the other end of the scale, there are those who are strongly opposed to legalisation. They are calling for tougher penalties for drug dealers and for more funds to the law enforcing agencies to enable them to intensify their fight against the problem. One group advocates more funds to drug education programs such as the Life Education Program to make it possible for them to start as early as second grade in primary schools. At present such an early start has only been achieved in some areas, such as in the Australian Capital Territory schools.

Opponents of legalisation put forward the following arguments:

The number of users would soar if heroin was legalised

Legalisation would socially legitimise the use of heroin and cause an increase in the number of users (a proposition that is accepted by most of those who favour legalisation\(^\text{10}\)). Although some may remain as occasional users, it cannot be assumed that most of those new users would not either become addicted or, as in the case of alcohol, use excessive amounts on a regular basis. Those who support this point of view argue that a large increase in the number of users (even if most are not addicted) would have serious ramifications on health services, industry and other areas. They point to the enormous costs to the community, of alcohol and tobacco abuse.

Damage to public health will be greater

It is argued that there is evidence that addiction is medically harmful: the narcotics addict's immune system is threatened leaving him/her exposed to bouts of pneumonia and a propensity to ulcers, various heart diseases, abnormal liver functions, hepatitis and other diseases\(^\text{11}\).


Opponents of legalisation concede that in the current situation, it is heroin mixed with a variety of substances (some of which are dangerous) that is injected and not heroin processed according to acceptable standards. But they stress that it cannot be assumed, that free of impurities, heroin will prove as harmless as the advocates of legalisation claim.

They point to the fact that sexually transmitted diseases (STD) are more common among addicts and regular drug users, both because of reduced immunity from drug abuse and a failure to engage in safe sexual practices when under the influence of drugs. The AIDS education campaign has raised awareness of the problems among intravenous drug users in the last few years but the problem remains. Concern is also expressed that there have been too few studies of the long-term effects of the drug to justify legalisation.

A proportion of heroin addicts die young usually as a result of overdose. It is argued that, just as young people overdose on legally acquired alcohol, they will do so, in larger numbers than is presently the case, if heroin is legalised.

**Legalisation would not reduce the social costs**

The social costs would be different if heroin was legal but they would not disappear. Users may no longer have to engage in a life of crime to satisfy their habit but it is not known what adverse effects regular use may have on their employment and social interactions.

Among those closely involved in the treatment of young addicts, some go further and argue that society in general has a collective responsibility to protect young narcotic addicts from themselves and from unscrupulous dealers. They point to the social cost represented by the loss of potentially creative and productive young people because of drug addiction. Only an uncaring society, they argue, would make potentially lethal drugs legal just to save on the costs of enforcing prohibition.

It is also argued that, should heroin be legalised, many rebellious youth would turn to other substances such as cocaine and designer drugs – a great many of which cannot be legalised because they are often inherently dangerous. Finally, they point to the drink driving problem and argue that, should heroin and other narcotics be legalised, instances of driving under the influence of drugs would multiply, compounding the road safety problem.
Legalisation would not destroy the black market

The black market would not disappear under most policy options advocated by proponents of legalisation. The British experiment in the late sixties and early seventies showed that heroin obtained under prescription was very often resold to new addicts thus creating a new black market. The Parliamentary Joint Committee on the National Crime Authority's 1989 Report made this point and also commented on the high rate of deaths from overdoses among addicts who were receiving prescription drugs.

There would be a potential black market among the very young. Legal heroin would presumably not be available to under 18 year olds. Others would seek to obtain more of the drug than would be allocated to them by health authorities. Others still would turn to other forms of injectable drugs creating a new black market for such drugs.

Legalisation would not solve the heroin problem

If the young addicts turn to other, more dangerous drugs, it is possible that legalisation will create a new problem for each problem solved. Some argue that the experiment is too dangerous to be attempted. Once heroin has been legalised, it would prove very difficult to turn back and re-impose prohibition if it was felt that a mistake had been made. Critics of legalisation point to the difficult and costly campaign to discourage tobacco smoking in the face of mounting evidence of its harmful effects on smokers' health.

The morality argument

Although there are very few groups nowadays that base their opposition to legalisation of heroin solely on the moral argument, that line of argument is revived whenever there is talk of legalisation: Drug abuse is seen as morally wrong and society must not for whatever reasons, be seen to be condoning it.
OPTIONS FOR CHANGE

The last argument against legalisation highlights the dilemma faced by the policy makers. On the one hand there is the evidence that prohibition has failed to achieve a reduction in demand and on the other the risk that the abolition of prohibition would be seen by those most closely involved with young drug addicts (such as parents, partners and some youth workers) as a pragmatic but cruel attempt to solve a difficult problem.

According to the Director of the Alcohol and Drug Service at Sydney's St Vincent's Hospital, the policy makers are faced with a choice between upholding the status quo, which is Total Prohibition coupled with a well funded drive to control the supply side of the drug market in Australia, or adopting one of the following options:

Partial Prohibition – Personal use and cultivation are not considered an offence but public use, commercial cultivation and sale remain illegal. This option has considerable support in the medical profession.

A Licence System – Under this system, a form of controlled buying and use would be permitted following the issue of a licence or registration. The licence would be issued in much the same way as gun owners and alcohol dealers are licensed under current laws. Those suspected of re-selling could have their licences suspended or cancelled.

A Regulated Market – This could either follow the same model as the current alcohol and tobacco markets or take the form of a government monopoly at a price low enough to undercut the black market. Advertising and sale to under 18 year olds would be prohibited. However, large sections of the community have reservations about this system in view of the high levels of alcohol and tobacco abuse among young people. Some point to the British experiment in the late sixties to argue that a government monopoly would be opened to abuse in a similar way and would do little to reduce demand for heroin.

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13 Wodak, A. 'Heroin Legalisation; To Be or not to Be?' New Doctor, No. 51, Winter 1989: 4-7.

14 In 1991-91, the Commonwealth Government contributed nearly $32 million to NCADA. Of this, 20 million was allocated to the States which matched it dollar for dollar for local drug prevention and treatment projects. Department of Health, Housing and Community Services, Annual Report 1990-91.
**Medical prescription** — This may involve registration as an addict following medical examination but, if it is not linked to a licensing program, it is not favoured by the majority of those advocating prescription because it is difficult to control.

Prescription has been tried: In Britain from 1968 onwards, heroin was made available under prescription in an attempt to control crime among addicts and to help them improve their lifestyles. A 1979 follow-up study by Stimson and Oppenheimer\(^\text{15}\) of 128 addicts who had received prescriptions for heroin in London in 1969 found that 38 per cent had stopped taking opiates, 38 per cent were still receiving prescriptions (some of this group were holding jobs at the same time), 15 per cent had died and the remaining 9 per cent were of uncertain status. The study suggests that one form of legalisation, namely prescription, appeared to encourage some addicts away from a criminal lifestyle but it did not succeed in eradicating the black market. That market has continued to grow in size.\(^\text{16}\)

**Decriminalisation** — Possession for personal use is not a crime but is subject to a set penalty. Commercial sale is still regarded as a criminal offence but gravity depends on the quantity involved. This is the current situation regarding marijuana use in South Australia, the only Australian state to go some way towards decriminalising the private use of marijuana. On the spot fines were introduced in May 1987 at the same time as tougher penalties for trafficking in the drug.

Decriminalisation works best with a simple substance such as marijuana which simply has to be grown and dried before it is smoked. Heroin is a much more complex drug requiring extraction from the plant and some processing before it can be used. Commercial sale seems inevitable.

The Netherlands has adopted a policy which has been called de facto decriminalisation: the laws prohibiting possession of drugs such as heroin remain on the books but they are not enforced towards drug users. In an attempt to 'deglamourise' hard drugs, a minimum of publicity surrounds arrests for possession and trafficking. The police try to ensure instead that addicts are in contact with treatment services.

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The system places total responsibility in the hands of the police and of the prosecutors if a case gets to the courts. When addicts are arrested for drug-related crimes, pressure is put on them to accept treatment as an alternative to imprisonment. Studies reveal that there have not been excessive increases in the number of users since the implementation of decriminalisation. There is currently a free heroin program for registered addicts throughout the Netherlands.

CONCLUSION

The present laws prohibiting use have not stopped a huge increase in drug trafficking and drug abuse between 1954, when the drug was banned and the present time. However, all of the other methods advocated, including legalisation and decriminalisation, are experimental at best. Carefully monitored trials would need to be carried out before the law is changed.

Moreover, in an area such as drug abuse, it must be recognised that changing the law is only one step in the process of reform. Community education is extremely important: If the community can see the drug problem as a community problem rather than as the government's or the addict's problem, it might be more supportive of new programs aimed at reducing the numbers that fall prey to drug-linked criminal activity and drug-linked health and social problems. Community attitudes often determine the ease with which funds can be allocated to projects. The community also plays a crucial role in the support (or lack of it) it affords those addicts on rehabilitation programs.

The need for better community education was recognised when the National Campaign Against Drug Abuse (NCADA) was formed in April 1985 following a special Premiers' Conference on Drugs. While NCADA's campaigns in the past six years seem to have contributed to greater awareness in the general community of the dangers and cost of legal drug abuse (alcohol and tobacco in particular), there has been at the same time a rise in the number of young people abusing those drugs.

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18 Heroin addiction (but not heroin use) was reported as "rare" in Australia in 1951 and Victorian police reported no known addicts in 1955. This information is quoted by Robert Marks, *A Free Market for Heroin in Australia: Alternatives to Subsidizing Organised Crime*, in *The Journal of Drug Issues*, vol.20, no.1, 1990: 131-176.
The lack of attractive alternatives (for the young) to the perceived 'entertainment'\textsuperscript{19} provided by drug abuse seems to represent a problem that has to be addressed if any anti-drug campaign is to be successful in encouraging young people to give up drugs. In the past two years, NCADA has spent a proportion of its resources in sponsorships of rock music concerts, sporting events for young people such as surfing clinics, all promoting an anti-drugs message and alternative entertainment for the young. The success or failure of such promotion campaigns will take some time to become apparent.

The calls for reform of the drug laws stem from the fact that many people in the community believe that the emphasis on fighting the supply side of the drug problem has failed to produce the sort of results that would justify a continuance of the same approach. It seems that the time has come for a greater focus on the social problems that lead young people to experiment with drugs such as heroin. The call is for a drug abuse policy that aims at reducing demand for hard drugs rather than one that narrowly focuses on the supply side.

\textsuperscript{19} Teenagers repeatedly gave 'entertainment' as their reason for binge drinking in the television documentary, \textit{Drinking like there's no tomorrow}, funded by the National Campaign Against Drug Abuse and screened on the Seven network on Tuesday 17 December 1991.
Drug Offences Reported by Type of Offence, 1987–88

Indicators of Heroin Use, 1980-1985

Notes: 1. **Quantity Seized** is amount of heroin seized by Federal agencies (SDAA).
   2. **NSW Dependency Deaths** are the estimated number of deaths in NSW, related to morphine-type drug dependence (NSWD&AA).
   3. **NSW Guilty — Opiates** are the number of court appearances for drug offenses which resulted in a finding of guilty, from the NSW Court Statistics 1984, NSW Bureau of Crime Statistics and Research (NSWD&AA).
   4. **Opiate-Related Deaths** is the product of the death rate per 100,000 population when opiates were involved for Australia and the total population (SDAA).
   5. **NSW Users** is the estimated size of heroin user population in NSW from police arrest data (NSWD&AA), using Sandland's (1986) method.

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