

## **Living with Drugs: fostering a safe, open and rational society**

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Friends for Drug Law Reform

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Well thank you very much and good afternoon, ladies and gentlemen. Thank you to Families and Friends for Drug Law Reform for the invitation to come and speak to you this afternoon. Organisations like that body are extremely important in this very significant public issue that we are addressing once again with renewed vigour following some fairly recent developments here and in the international arena. And it's great to see the people behind this organisation and others involved in bringing into public discussion once again the issues surrounding drug law reform and drug use in the community.

The title of this presentation is: "Living with Drugs: fostering a safe, open and rational society." There are really two quite separate parts to that title. The first is living with drugs. Now I have been approached from time to time by an organisation that is called "A Drug Free Australia". And whenever I hear that title - I am not criticising the people who are involved in that organisation or who have the aims of that organisation - but whenever I hear something like that "A drug free Australia" - I immediately react against it. Hang on! What are we taking about here? This is pie in the sky. This is ridiculous. It's like talking about a "road accident free Australia". It's about as pointless to have that as your objective. We have to learn, in my view, to live with drugs because drugs are not going away.

The second part of the title is about fostering a safe, open and rational society. Now we would all like to live in a safe, open and rational society, I'm sure. Why can't we do it? Why can't we do it while living with drugs at the same time? And that's the dilemma that I'm going to try an address in the time I have with you this afternoon. Part of the reason it is so seemingly intractable is that the responsibility for the control of certain drugs - not all drugs - has been given to criminal justice. To the criminal law, to the criminal justice system and the criminal justice processes.

It started really in 1909 so just a little over a hundred years ago when there was a conference in Shanghai called by the United States of America to address the very significant problem of opium smoking. Very common in China, in the Chinese ports, Hong Kong, places like that. And there was concern that opium smoking was withdrawing from the community productive labour and destroying good healthy social relationships with family and friends and society.

So an international conference was convened. That was really the beginning of it. Jumping ahead a little bit, the measures that were put in place saw opium smoking replaced by heroin injection. Call that a win? I certainly don't.

The 1909 conference was followed up by a 1912 conference in The Hague where the scope was broadened a little bit, other kinds of drugs as well – not just opium smoking. The international community was throwing its weight behind some kind of regime of prohibition that would apply to certain designated drugs. And that was followed up by a conference in 1925 under the new League of Nations in Geneva which really put the seal on it.

So the genesis of this problem goes back to those three conferences that were held at the international level that resulted in international action being taken against certain drugs. I say “certain drugs” because while we have been waiting I’ve had a very nice cup of one drug because there aren’t too many controls around the distribution of caffeine. Drugs are of various kinds, therapeutic drugs: some over the counter in a chemist’s shop, some you need a prescription for because the effects of those drugs are seen to be such that you need to be taking them under supervision and under some form of surveillance and control and so they are more restricted, difficult to get and connected with medical consultation which gives some medical input into their use. And then, of course, you have alcohol, another drug around which there are lots of controls that are constantly being monitored, constantly being reviewed.

Nicotine, another highly addictive drug again with a lot of legal controls and I think you must agree, particularly in Australia over recent decades, a lot of progress being made towards the reduction of the use of nicotine in society. And we are yet to see plain packaging come in which will be the next step.

And then you have the other drugs. The drugs we’re here principally talking about today: cannabis, heroin, cocaine, amphetamines, etc, etc, etc. And it’s a very long list of drugs which you can see if you consult any of the drug legislation in any of our jurisdictions in Australia.

Those early conferences resulted in laws being implemented in a lot of jurisdictions around the world, pretty much at the urging of the United States of America. That’s where the main impetus has come from for these measures to be imposed. And it is ironic, I suppose, that after the third of those conferences I mentioned in 1925 the United States tried its own experiment with the prohibition of alcohol; another, I would say, complete failure and something that was initially very effective in destroying the beer brewing industry, but was not effective in addressing the problems caused by alcohol in the community.

Indeed because they had prohibited alcohol in the United States of America they said there was no need for alcoholism treatment programs to be funded anymore: no alcohol, no alcoholics! And so they withdrew federal funding from alcohol treatment programs for the duration of prohibition with disastrous consequences for people who were still getting bootleg liquor and were still suffering from all those problems. Not a very rational approach you would think to the social challenges set up by these drugs.

Well we had, then, three international conventions. In 1961 the Single Convention against drugs amended by a protocol in 1972, in 1971 another convention and in 1988: a set of three conventions, the parties to which undertook to make criminal anything to do with the manufacture, the growth, the supply, the possession, the use, the distribution of listed drugs. At the same time, though, in those conventions, enabling use to be made of certain drugs for scientific and medical purposes: a use that has not been acknowledged and not taken up by most parties to those conventions.

So it's been a very one-sided application of those conventions to criminalise and penalise involvement with those drugs without, on the other hand, exploring the beneficial uses that can be made of some of them.

My experience, as you have heard, goes back some distance. I remember in 1968, 1969, 1970 the Vietnam War and American servicemen coming to Sydney for rest and recreation, R&R, what some irreverent people called "Rape and Revenge".

Nevertheless they were coming to Sydney in significant numbers and they were bringing with them particularly heroin from Vietnam. And as a very junior Professional Assistant in the office of the Deputy Crown Solicitor's Office in Sydney I was involved in the preparation of cases for hearing against these American Servicemen who had been detected bringing drugs into Australia or involved in the distribution of drugs in King's Cross where most of them were billeted.

So that was my beginning. And I've been involved since then as a private barrister prosecuting for the Commonwealth in drug importation cases including some very large importations and in drug distribution cases. I've also, as a private barrister, acted for people charged with importation and distribution of drugs. Not so much. Most of my experience has been on the prosecution side.

But it's given me a bit of an insight into both sides of the argument. And for the last 16 and a half years, 17 years as Director of Public Prosecutions I was involved on a daily basis in the administration of prosecutions against New South Wales Drug Laws and confronting some of the issues that were thrown up there. So I think I've had some practical, hands-on experience that is of relevance.

Just after I started really in the late 1960s. in 1971 we had the beginning of what was described as "a war on drugs". Now make no mistake, we'd had a very hard line approach to these drugs before anybody declared war. Heroin used to be available on prescription in Australia until 1953. It was stopped in 1953 and it became criminal after that. We had been prosecuting all kinds of people including, as I have said, American serviceman for involvement with drugs. Australia and the result of the developed world was not in any sense soft on drugs before 1971 and I can tell you that from my memory.

But in 1971 President Richard Nixon of the United States of America was facing re-election and he had some political issues that he was not dealing with terribly satisfactorily and he was concerned about his prospects for re-election. And in a completely cynical political gesture he created and declared the war on drugs on the 17<sup>th</sup> June 1971. And we know this because his colleagues, the people who were working very closely with him in his political campaigns have told us that in the books that they've written, the interviews that they've done. And it was to divert people's attention away from the other political problems that he was encountering; to declare war on drugs, to focus everyone's attention in a different direction. And it was hugely successful and he was re-elected.

I've always had an intellectual problem about waging a war against a botanical or chemical substance. I'm just not quite sure how you do that, but that has not bothered the politicians. In fact so encouraged have they been about a war on drugs that we now we have a war on terrorism and I'm even less intellectually convinced that you can have a war against an abstract noun.

However, there is a purpose behind the politicians declaring a war on these things. And it has three consequences. The first is that it grabs people's attention and directs

their attention against a particular problem. So it's a very good PR step for a politician to take.

Secondly, it enables resources, money, to be redirected from other programs that might be quite beneficial to the community into this war. Because we're at war and we need all the resources that we can get. And thank you very much taxpayer. We'll have as much of your money as we can allocate to that cause. So it is a justification for moving money from other programs into that program.

And thirdly, it is a justification for bending the rules and for creating new rules about the way in which we will proceed; a justification for introducing extraordinary measures of surveillance, of apprehension, interrogation, investigation, trampling on people's human rights in ways that would not be acceptable if we were not "at war". So there's a very real political purpose behind approaching things in this way and we shouldn't be snowed by this expression.

The war against drugs, so-called, has had devastating consequences particularly for drug producing countries. And just in recent times, particularly over the last 12 to 15 months, we've seen an enormous amount of agitation in the countries of central and south America, from current presidents and past presidents, people who have been very close to the centre of power of the countries in the peninsula, in the isthmus in Central America and the countries of South America.

Railing against the ham-fisted unproductive, indeed counter-productive approach of the United States which has thrust their countries into turmoil. Statistics are all over the place but in Mexico, for instance where there are wars between the cartels to take control of the routes of transmission of drugs from the south into the United States there have been something like 50,000 deaths in the last 10 years. Billions of dollars spent and whole sections of society disrupted: doctors and teachers afraid to go to work because of the wars that are being fought around them. So there has been that gathering move in that part of the world for a change and what the South American former presidents and current presidents call a market mechanism to deal with these illicit drugs in place of prohibition

If you think that we haven't been having a war here and sometimes I'm met by the argument: A war on drugs? We should have a proper war against drugs. We should be spending more money. We should be doing more. Politicians have been wimps. The police have been fighting with one hand tied behind their back etc etc etc. Well, let a few figures speak for themselves.

In Australia in 2002-3 financial year we spent \$3.2bn on drug related activities – government activity. 75% of that went into supply reduction. Now you might recall from 1985 we've had a three pronged approach to illicit drugs in Australia: supply reduction (trying to stop the drugs coming in and being produced here), demand reduction (trying to reduce people's desire to have drugs) and harm reduction (the reducing of the associated harms of drug use such as disease and death from contaminated drugs or contaminated syringes, such as the health and social consequences of drug use by individuals).

Well you might think that there may be a fairly equal distribution of the funds between supply reduction, demand reduction and harm reduction. And before I go on, we do have to acknowledge that we have made some very significant advances in the area of harm reduction. It hasn't been thanks to the diversion of funds and resources to those programs. It has been because others have been keen to take it up: health

professionals, the churches, other organisations have sponsored much of the harm reduction programs that have been successful here. And I'm speaking of things like methadone programs, of needle and syringe exchange programs that have been enormously significant in Australia in controlling the spread of HIV AIDS and Hepatitis C – enormous success and hats off to the people who have been involved in that, but they've done it on a shoe string. Why? Well in 2002-03 of that \$3.2bn 75% went on supply reduction. Thus only a quarter was left for demand reduction and harm reduction. The next year 2004-05 the total expenditure was down to \$2.292bn and 92% of that went on criminal justice measures directed towards drugs.

And by comparison in other countries. – total measures directed towards drugs. In Canada, 2001, 93.8% of their drug expenditure went on law enforcement so leaving 6% for demand reduction and harm reduction. In the UK in 2002 67% of their expenditure on supply reduction. Two years later 2004 83% of their expenditure in the UK went on supply reduction. Two years later 75%. In The Netherlands 75%. And in Sweden which is sometimes put forward as a model for what we should be doing with a very strict prohibitionist regime and criminalisation of involvement with drugs 78% of their expenditure in 2004 went on supply reduction and criminal justice measures.

So there has been a skew of expenditure and therefore of effort in support of supply reduction and with what consequence? Since the 1980s, and 1985 is a convenient point to start, because it is the beginning of our organised drug policy, drug production internationally has gone up. Despite all of this money and those figures I have given you are just some of the countries. Other countries have comparable sorts of commitment to reducing supply and to the criminal justice enforcement of drug laws, drug consumption has gone up.

So let's say over the last 25 years we've been talking about. There are now something like, it's calculated, 16 million drug injectors worldwide. The types of drugs have blossomed. In the European Union last year, 2011, a record was set. There were 49 new identified illicit drugs created and put on the market. 49 drugs that didn't exist before last year which were then defined to come into the schedules of the illicit drugs to be dealt with criminally. So the chemists are there brewing away, trying to find formulae that won't be caught by the existing criminal laws but will still give their market a hit that they want. 49 new drugs in the EU last year, 41 the year before, 24 the year before so the numbers are increasing over time as inventive chemists in back rooms in various places are putting together chemical compounds for which there will be a market. In that time the purity of drugs has increased. The price of heroin and cocaine available on the markets of the western world between 1980 and 2003 has gone down by 80%. What does that tell you about prohibition and the efforts to remove these drugs? An 80% drop in price for people who want to use heroin and cocaine.

Surveys show that drugs have become easier to obtain in the face of all of this law enforcement and there have been increases in the incidence of death, disease, crime, corruption, increases in the number of prisoners in prison because of some drug associated criminal offending and huge increases in public expenditure to try and stop all of this. That doesn't seem to me like a very good success rate for the war against drugs. And as I say, it's not because we haven't been trying. We have been waging war. We are waging war. We are doing our best with the resources that are available to try and stop illicit drug involvement.

The problem to my mind is having given this problem to the criminal justice system in the first place. And I just want to read a couple of very short passages to you from somebody whose views are very respectable and worth noting. And they are the words of Ken Crispin who will be known to some of you: a barrister, a Director of Public Prosecutions, a Supreme Court judge, judge of Appeal, chair of the Law Reform Commission, a very distinguished record in this Territory. And he wrote a couple of years ago, and some of you may have seen it, a book called *The Quest for Justice* which is an excellent book. I think you should read it if you have the opportunity.

Julian Burnside on the cover says an “admirable and unflinching examination of the law; a must read for all people with a concern for justice.” And in that book Ken said, and there are two short passages I want to read to you. One is what should the law be in our lives. What should the law be involved in? And he said this:

*“The role of law is not to impose a particular moral or political agenda but to maintain order, facilitate government and protect human rights. The criminal law in particular should generally be governed by the harm principle. [That’s the John Stuart Mill harm principle] expanded to protect the vulnerable and to prevent serious alarm or offence. Hence, we do not stone people for promiscuity but we do imprison people for rape. The system of justice should be fair and penal sanctions accepted as a form of communal self defence subject to the constraint that responses should not exceed those reasonably necessary to protect the community and its members.”*

Now do you see any of those purposes being fulfilled in designating certain chemical and botanical substances as prohibited items and then bringing criminal sanctions over the top of involvement with those things? I don’t.

And in relation to drugs particularly, drug Laws, Ken said this in the book:

*“Ultimately one must return to the issue of human rights. They are often the first casualty in times of war [as I was saying earlier] and the martial metaphors employed in the rhetoric about drugs also seems to have driven them out. It is time that they were restored. It is a fundamental principle of our democratic societies that the rights of individuals should generally be respected. Those who seek to have their fellow citizens arrested, stigmatised as criminals and even sent to prison should plainly bear the onus of establishing that the infringement of their rights and the harm that will be caused to them is justified by the need to protect others or by some other consideration of overriding importance. Similarly, those who wish to withhold effective treatment or public health measures from people in obvious danger should be obliged to justify such an approach. In blindly adhering to our present policies, we are trampling on people’s rights, endangering lives and causing untold misery and hardship. This is making the problem worse rather than better. It is also morally unsustainable.”*

And I think those remarks are absolutely spot on. The laws we have in place has added harms that we do know flow from the ingestion of drugs. If you smoke you’ve got a 50% chance already of dying from a disease. But all drugs, properly managed are not harmful and not threatening to other members of the community outside the people who seek to use them. The human rights of those people should be acknowledged.

Now this year and last year, about 12 months apart there were two significant reports internationally and nationally and have been handed down in the past year. The first of June of last year was the publication of the report of the global commission.

Now some of you I'm sure will be aware of it. It's not a government commission. It's a privately set up global commission on drugs. It has altogether 19 commissioners drawn from all around the world. It has among its commissioners Kofi Annan, former Secretary General of the United Nations, George Schultz former Secretary of State of the United States, Louise Arbour former UN Commissioner for Human Rights, Paul Volker, former chairman of the U.S. Federal Reserve, Richard Branson probably for the glamour needed to sell the report, but a man who puts his money where his mouth is and believes in many causes and the former president of Mexico and the former president of Brazil who chaired the commission and a number of other international people of great note and significance. And they published a report and in it they said that the war on drugs had failed and was indeed counter-productive. And the principles and recommendations of the report were summarised this way:

*“End the criminalization, marginalization and stigmatization of people who use drugs but who do no harm to others.*

*“Challenge rather than reinforce common misconceptions about drug markets, drug use and drug dependence.*

*“Encourage experimentation by governments with models of legal regulation of drugs to undermine the power of organized crime and safeguard the health and security of their citizens. This recommendation applies especially to cannabis, but we also encourage other experiments in decriminalization and legal regulation that can accomplish these objectives and provide models for others.*

*“Offer health and treatment services to those in need.*

*Ensure that a variety of treatment modalities are available, including not just methadone and buprenorphine treatment but also the heroin-assisted treatment programs that have proven successful in many European countries and Canada. Implement syringe access and other harm reduction measures that have proven effective in reducing transmission of HIV and other blood-borne infections as well as fatal overdoses. Respect the human rights of people who use drugs.”*

That is just a brief summary of a lengthy, comprehensive international report. And when that came out in June last year it caused quite a splash as you might imagine. And it started at the international level a dialogue, a conversation about the sort of issues that had been addressed in the report.

Well it has been picked up in Australia and about a year later, a couple of months ago, Australia21, a non-profit think tank known to some of you held a round table discussion on the 31<sup>st</sup> of January of this year. They published the report a couple of months later rather provocatively entitled: “Prohibition of Illicit Drugs is killing and criminalising our children.” And that grabbed a lot of attention and it was intended to grab attention. It's not a recipe. It's not a list of recommendations about how we should approach these issues. It is a call for people to think again with their families with their friends with people in the Community to explore the things that we could be doing without the additional harms caused by prohibition. The Australia21 Report has had that effect. I don't follow the media in all jurisdictions but certainly in New South Wales the *Sydney Morning Herald* picked up on it and there was a whole series for weeks and weeks of articles from all points of view and from all sides and giving

all arguments about drug law reform. And I think this is another example of some of the outflow from the publicity surrounding the Australia21 Report.

For your information there is going to be another round table and there will be another report with a slightly different focus coming from that Round Table discussion. When I speak to people about these issues I get the impression at the end of questions, at the end of discussion that just about everybody in the room agrees that what we are presently doing is not the best solution: that we need to change, that we need to explore something other than prohibition but we need to be very careful about the steps that we should take because we don't want to replace what we presently have with something that is going to produce additional harms and even harms that are unforeseen. This is why we need the conversation. We need to have the conversation.

The reason why prohibition doesn't work is quite simple and it's an economic argument. There's always going to be a demand for drugs. Some people are always going to want to alter their moods.

Now the reasons for that are varied and numerous. Some people like me just want to have a couple of glasses of wine in the evening. Many simply want to escape from life. And there are all kinds of people in between. The University Students that I speak to tell me that if you go to any rave party or pop concert or any of those big events where there is a lot of noise and a lot of excitement and all the rest of it, you can bet that two thirds of the people there have popped a pill.

Regardless of all the measures to keep drugs out of the place and sniffer dogs all over the place and all that kind of stuff, they say, unprompted, Yea, two-thirds of them will have taken something. People are always going to want uppers and downers and whatever other direction they want to be taken so there is always going to be a demand. Wherever there is a demand, the economists will tell you, there will be supply. Somebody will see the opportunity to get into the market and it matters not that it is contrary to the law. We'll still supply it. It's going to be a bit more risky and we don't really want to get caught, we'll just charge more for it. We'll increase the price to cover the risk. And that's exactly what's happened with these drugs.

There is demand. There is supply. There will always be supply. Do you know that in Australia just over twice as much is spent on cannabis as on table wine. I find that a pretty scary statistic but it comes, I think, from the Productivity Commission (don't quote me, it's one of the official sources anyway). Just over twice on cannabis as is spent on table wine in Australia. Where's all this stuff coming from? And make no mistake. We do know a lot about drugs, drug use and drug attitudes in the community because there are a lot of research centres, data collection organisations. A lot of very good work is done and has been done for a very long time so there are very reliable statistics about these things.

If you prohibit these things, prices go up. Because consumers are operating in a black market they have to operate under cover so the conditions in which they use drugs, and particularly injecting drugs are furtive, secret, unsanitary. The equipment that they must get to use the drugs may have been used before a number of times, may be unsanitary, may be diseased. The drug they're getting they really don't know what's in it. They take somebody's word for what they're getting. They don't know the chemical composition of what they've got. They don't know the purity of what they've got and I've had cases as the DPP of people being prosecuted for the supply of drugs when on analysis the pills or the powders have turned out not to contain any



drugs at all. The police have charged. We've had to withdraw the charges. So somebody's being ripped off there.

But the other side of the coin, of course, is you can have too much drug and you can have impurities put in to bulk out the powders and the tablets and so forth and that can create death, disease, health complications for people who are trusting that what they're getting is OK. And because the profits are so high in this market, the people who are involved in the market can afford to toss some of their profits to law enforcement to make sure that they're not interrupted in their profit making.

And despite all our efforts there are always going to be some law enforcement officials who are going to be susceptible to corruption. And we know that because we've had Royal Commissions and Commissions of Inquiry that have exposed flagrant corruption in law enforcement. And that will always be the case because law enforcers like everybody else are human. Some are greedy. Some need money. Some see opportunities and take advantage of them. So we get death, disease, corruption and we get secondary crime because the higher the price that people have to pay for their drugs, the less likely they're going to be to be able to afford them out of their own resources and so they come looking for yours and mine: stealing things that they can convert into money to use to buy their drugs. So secondary crime is an offshoot of the regime of prohibition as well.

Where do we go from there?

I think we have to accept that there's always going to be the market and so what we should do is take it over; to remove or at least reduce the profit to make it less attractive for criminal elements to become involved in the supply of drugs. And the only way that we can do that, it seems to me, is by setting up a system of regulation and control of drug production and distribution under licence from the government, perhaps - licences that would be very difficult to get and very easy to lose. Licences that would need to be policed very closely. It's not impossible. We grow opium in Tasmania. We supply about 45% of the world's medicinal morphine from farms in Tasmania. It's all very carefully controlled, it's very carefully policed in a licensing system and it's very successful and it's a good export earner for the country so it can be done. We should tax the supply of drugs and, yes, if you like, divert the tax revenue into the treatment of addicts and people with health and social problems associated with drug use. So there would be some spin off. Some win from that situation.

Well how do we do it?

I know I'm probably jumping the gun a little bit here because we need to have the conversation about how we should do it before we go to the politicians with suggestions. When the Australia21 report came out, the immediate reaction from the Prime Minister down was: "Ah, no! no! no! Go away!" And indeed all that Australia21 was saying was "let's talk about it". Not "here is a list of things that should happen" but just "let's talk about it". "No, no, no, no, no!" say the politicians. All too hard. I know politicians who agree that there should be drug law reform, and I'm sure that some of you might too. But they won't put their heads above the parapet if they think they're going to have their heads shot off. So what we need to do is to encourage them to come forward in due course, properly prepared with arguments for alternatives that should be considered. And that's why we need the conversation, to

build the support to bring it to the politicians to then empower them to do something about it.

There are some practical steps we could take. I know that there is a controversy here in the ACT at the moment about a needle-syringe program in prison, the Maconochie Centre. Yes! We can't keep drugs out of maximum security prisons. How can we keep drugs out of the community generally? And they are going to spread blood-borne diseases unless something is done just as in the general community. Oh, say the corrective services officers there'd be danger to the officers in the prison. Well that can be managed. There doesn't have to be danger. These programs can be administered in a way that doesn't cause additional risk to people and that can have productive health outcomes for the people who are involved.

We have a medically supervised injecting centre in Sydney, in Kings Cross. It's the only one in the country. They exist in other countries. In Vancouver in Canada there is one. In some European countries they have them. It's a wonderful facility. It's been running now for about 12 years. It's now a permanent feature of New South Wales, in the administration. It has saved hundreds of lives. And we know that if you can keep a heroin addict, for example, alive for ten years, he or she will probably stop using the drug. You just have to get to people. You have to support them, you have to keep them alive to be able to get them out of the track that they're on. And the medically supervised injecting centre has saved hundreds and diverted hundreds more into appropriate drug treatment regimes at other institutions. It's anomalous because you've got to bring your own which seems to me whacky. But you can score. You've got a free run into the place and then you inject your drugs under medical supervision.

I think we need to take the extra step. I think we need to have a system, particularly of heroin prescription as we had before 1953: Medical prescription of heroin under supervision for two things, first for the treatment of intractable pain which cannot be addressed by other means and there is some pain that people feel particularly with terminal illnesses that cannot be effectively dealt with otherwise but also to treat heroin addicts and to bring them away from that addiction as can be done in Switzerland and in the United Kingdom. In Switzerland they've had it for 10 years and the amount of new registered heroin injectors has fallen in those ten years from 850 to 150 per annum. The level of criminal offending by those people has dropped enormously. The amount of disease transmission between injecting drug users has fallen enormously. I mean the evidence is there. These things have been running for some time.

Cannabis prescription. There are some ailments for which the use of cannabis can provide some alleviation and there is agitation for it to be able to be provided on prescription. Now there is some concern about cannabis which arises from the increasing ingestion of hydroponic cannabis which has a different chemical composition: a different balance of chemicals from field grown cannabis. So lets get away from the hydroponic stuff and go back to the stuff that grows naturally which is less harmful than nicotine. And there are medical uses for it.

In sixteen States of the United States of America cannabis can be prescribed by doctors. It can be prescribed in Canada, in The Netherlands, in Israel. Think about that. And in about half a dozen other countries in Europe. And these are programs that are carefully regulated. There are proper records kept by the doctors. Returns submitted and proper scientific backing for these programs that have been running for years, and years and years and we don't have it.

And the other major thing that we could try is to look at what's happened in Portugal. Portugal in 2000 decriminalised associations with drugs where the amounts are consistent with personal use. That might be personal use over a period of a week, or two weeks – but consistent with personal use – all drugs. Now they haven't changed the law. So they're still keeping faith with the international conventions and making it criminal to be involved in the supply or the use or the possession of these drugs but instead of going to court you go before a committee. They have a very quaint description of the committee in Portuguese: it is something like the “Commission for the Dissuasion of Drug Addiction”.

These committees are set up all around the country and they are comprised of a medico (a doctor), a lawyer and a social worker. They bring these people before them, discover what is the extent of their use and involvement with drugs and the particular drug, explore their employment situation, their social situation, family relationships. All that sort of thing and their criminal history if they have one and put in place a program for these people to follow *in the community*. So they don't go to court and they don't go to prison.

And that decriminalisation model has been assessed up hill and down dale by international bodies over the last ten years or so. True, there are a couple of reports extant which are critical and say that it hasn't really achieved what it set out to achieve but the preponderance of evidence based on good methodology is that it has been successful, that it has seen for most drugs a reduction in drugs, a reduction in overall use, that it has seen the re-integration of these people into society in a meaningful way. And that it has not produced a honeypot effect bringing people from other countries nearby in Europe. We should look at something like that. We are in a very good position to do it, being an island because it is more difficult for people to get here than simply walking across a border. But I think there are lessons in what has happened in Portugal that we should be exploring.

And then there are other things that we can do but there may be different things for different drugs and we need to proceed incrementally and cautiously and on the basis of the evidence that we can identify to get away from prohibition and to get into other ways of dealing with particular drugs that are going to reduce everybody's harms overall. So I leave those thoughts with you.

Very happy to answer any questions if I can. This is a discussion, this is an argument that is going to continue.

So thank you very much.