1. Introduction
We welcome this opportunity to provide an input into the National Drug Strategy beyond 2009. Our concern is that there needs to be major shift in policy direction if the drug problem is to be brought under control in this country.

2. Values in Society
Of primary importance, in our opinion, is an educational program which incorporates moral and ethical standards based on Judaeo-Christian principles. These principles are the foundation of society as it has developed in this country for nearly 225 years; and which has provided a great many benefits for us. It is precisely because these principles are currently being discarded that Australian society finds itself beset with the problems it now faces, including the havoc wreaked by the drug culture. This culture, because of its preoccupation with greed and egocentric selfishness manifests itself in violence, crime, mental illness and suicide. And, what is worse, it is spiralling out of control.

3. Drug Types
As outlined in your Consultation Paper alcohol and tobacco account for the majority of drug problems, and the finances which are allocated for their amelioration in government budgets. Strategies have been employed to reduce their abuse, and seem to be reasonably effective to a greater or less degree. However, it is our contention that illicit drug use is a more rapidly escalating problem, and therefore a cause for greater concern; primarily because these drugs are ingested purely for the mind-altering characteristics which they possess. They proliferate in all walks of life and so it is necessary to enlist as many groups in society to counter the deleterious effects of this culture: Parents Groups, especially Australian Parents Council and Australian Council of State School Organisations; Defence Forces; Sport and Media/Entertainment.

4. Strategies
While we fully endorse the strategies of supply reduction and demand reduction, the strategy of harm reduction seems to us to be counter-productive. The message that it sends, especially to young impressionable people is that, even if they do indulge in drugs and they are unable to control their ultimate level of addiction, there is always the harm reduction safety net to catch them if all else fails. Thus, harm reduction as a strategy is always going to work against demand reduction. We consider that only two strategies be employed: supply and demand reduction.
We are informed, on p3 of the document, that needle exchange programs have helped to maintain low levels of HIV infections and other blood borne viruses. While that may possibly be true in certain cases, we would draw your attention to the DFA document: “the reality on needle exchanges” which states, inter alia: “Evidence regarding the effect of needle and syringe exchange on HIV incidence is limited and inconclusive, multiple
studies show that (needle exchanges) do not reduce transmission of (Hepatitis C). IOM Review, 2006, p149”.

Other strategies which bear investigation are: Drug Courts, Promotion and Reward for Abstinence, and the 12 Steps Program known to have a high success rate.

We are concerned with the statement made (on p6) that: “…there may be new opportunities to build partnerships with corporate and philanthropic organizations.” Just which corporations are envisaged here? Will there be necessary certification of these organizations and their principal operatives? What safeguards are proposed to ensure that they do not become infiltrated by international drug cartels?

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