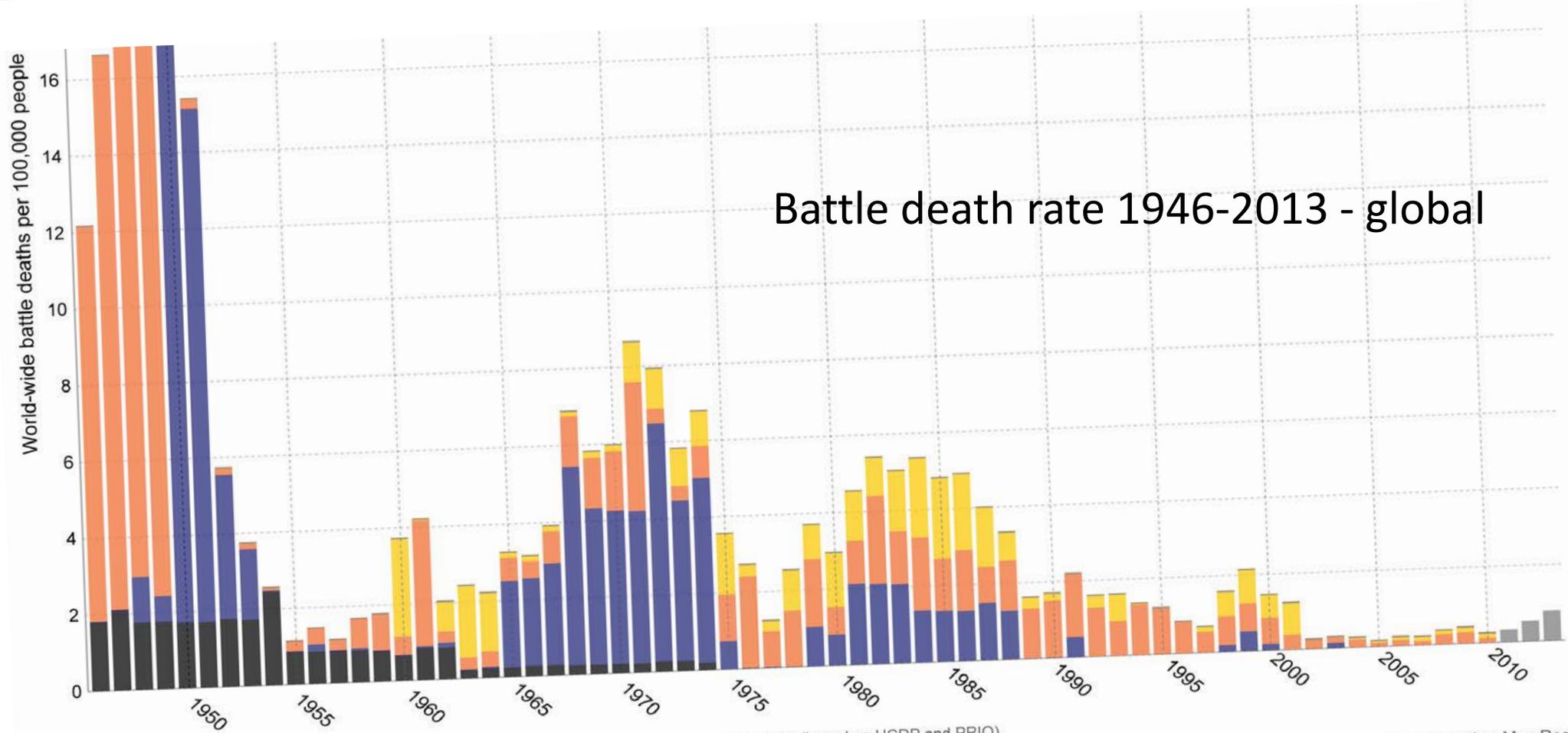


Wellbeing is in people and communities

Will Tregoning

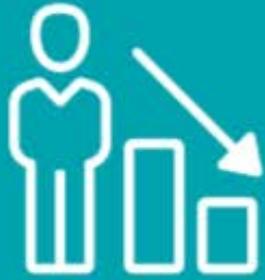


Data source: PRIO Battle Deaths Dataset (1946-2007) and data provided by Steven Pinker for 2009 and later (based on UCDP and PRIO).
 The interactive data visualisation is available at OurWorldinData.org. There you find the raw data and more visualisations on this topic.

Licensed under CC-BY-SA by the author Max Roser.



“We are ensuring that the war on drugs is fought as fiercely as we humanly can. It's not a war we will ever finally win. The war on drugs is a war you can lose – you may not ever win it, but you've always got to fight it.”
(3AW radio, 2014)



Demand Reduction

Preventing the uptake and/or delaying the onset of use of alcohol, tobacco and other drugs; reducing the misuse of alcohol, tobacco and other drugs in the community; and supporting people to recover from dependence through evidence-informed treatment.



Supply Reduction

Preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs; and controlling, managing and/or regulating the availability of legal drugs.



Harm Reduction

Reducing the adverse health, social and economic consequences of the use of drugs, for the user, their families and the wider community.

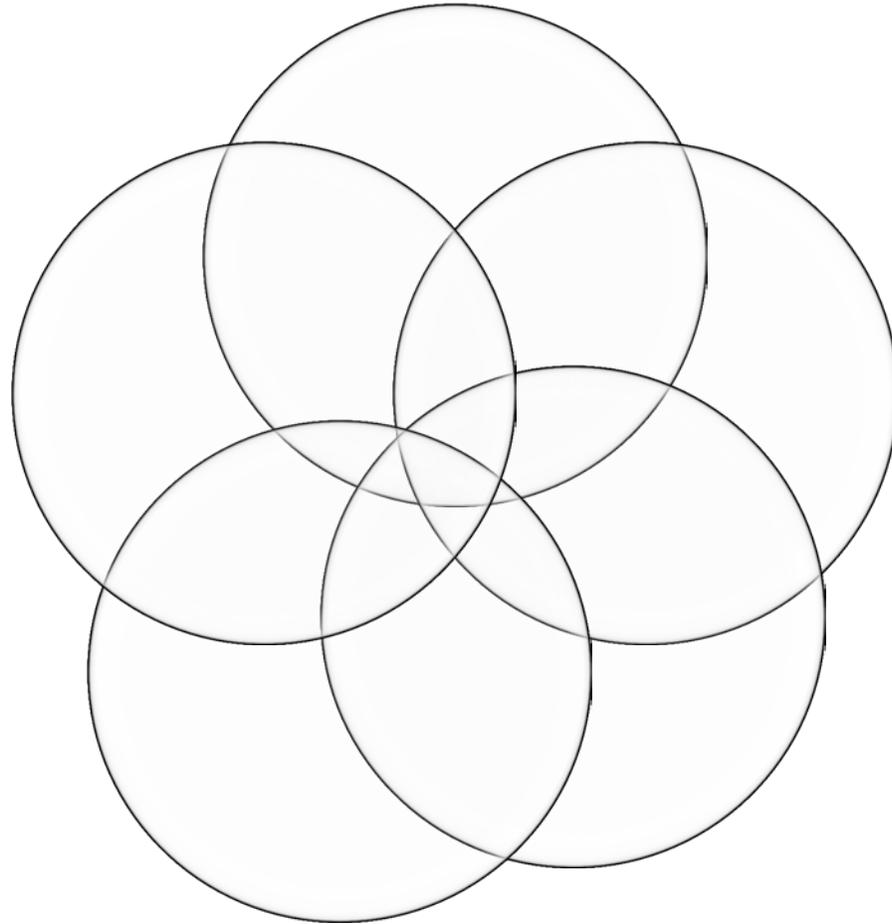
Affected
community

Philanthropy

Policy
makers

Police

Health &
social
workers





- Minimal consultation
- Late, low profile launch
- No authorship, implementation plan or accountability
- Reflects policy stagnation

The 'consistent approach'

'Since its first iteration in 1985, Australia's National Drug Strategy has been underpinned by an objective of minimising the harms associated with alcohol, tobacco, illicit drug and pharmaceutical drug use.

*The **concept of harm minimisation is again central** to this, the seventh iteration of the National Drug Strategy (the Strategy).*

*This **consistent approach to the national drug policy framework** has earned high international regard for its progressive, balanced and comprehensive approach and has made considerable achievements.'*

Minimalist to maximalist aim

Mission or aim of each National Drug Strategy document.

Title of National Drug Strategy document	Mission or Aim
National Campaign Against Drug Abuse 1985–1992	“to minimise the harmful effects of drugs on Australian society”
National Drug Strategic Plan 1993–1997	“to minimise the harmful effects of drugs and drug use in Australian society”
National Drug Strategic Framework 1998–1999 to 2002–2003 Building Partnerships	“to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society”
The National Drug Strategy: Australia’s Integrated Framework 2004–2009	“to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society”
The National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs	“to build safe and healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities”

K. Lancaster, A. Ritter / International Journal of Drug Policy 25 (2014) 81– 87

National Drug Strategy 2017-2026

Aim: To build safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities

Problematic use, objectified users and communities

Harm minimisation

Australia's long standing commitment to harm minimisation considers the health, social and economic consequences of drug use on individuals, families and communities as a whole and is based on the following considerations:

- drug use occurs across a continuum, from occasional use to dependent use;*
- a range of harms are associated with different types and patterns of drug use; and*
- the response to these harms requires a multifaceted response.*

A harm minimisation policy approach recognises the clear recognition that drug use carries substantial risks, and that drug-users require a range of supports to progressively reduce drug-related harm to themselves and the general community, including families. This policy approach does not condone drug use.

Unharm!
Getting drugs right.

What does condone *mean*?

Definition of *condone* in English:

condone 



VERB

- 1 *[with object, often with negative]* Accept (behaviour that is considered **morally wrong** or offensive)

'the college cannot condone any behaviour that involves illicit drugs'

[+ More example sentences](#)

[+ Synonyms](#)

Top-down back up

Construction of drug use per se as the policy problem over time led to representations of the causes of drug problems as resting within individual drug-using subjects (i.e. 'determinants' which placed individuals at risk of use). The problematisation of drug use meant that the policy focus became the authoritative management of individuals' drug using behaviour (i.e. through prevention of initiation to use altogether, or medical treatment, or limiting access through supply control, or harm reduction interventions for particular 'at risk' groups). In turn, acceptable solutions came to be constructed as top-down in nature, rather than being generated at the community level (as NCADA in 1985 had contemplated).

K. Lancaster, A. Ritter / International Journal of Drug Policy 25 (2014) 81– 87

Weaponised community – not the answer

Joint Media Release

The Hon. Greg Hunt MP
Minister for Health

Senator the Hon. Bridget McKenzie
Minister for Sport
Minister for Rural Health
Minister for Regional Communications

18 January 2018

The Turnbull Government is continuing to take action to combat the scourge of ice and other illicit drugs with more Local Drug Action Teams set to rollout across Australia.

One of these is realistic

National Drug Strategy 2017-2026

Aim: 'To build safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities'

National Drug Strategy 2010-15

'Socially inclusive communities and resilient individuals and families are less likely to engage in harmful drug use.'

“from Lismore to
Geraldton, police said the
same thing: We can’t arrest
our way out of this... We
need help from the whole
community.”
(The Age/SMH, 2015)

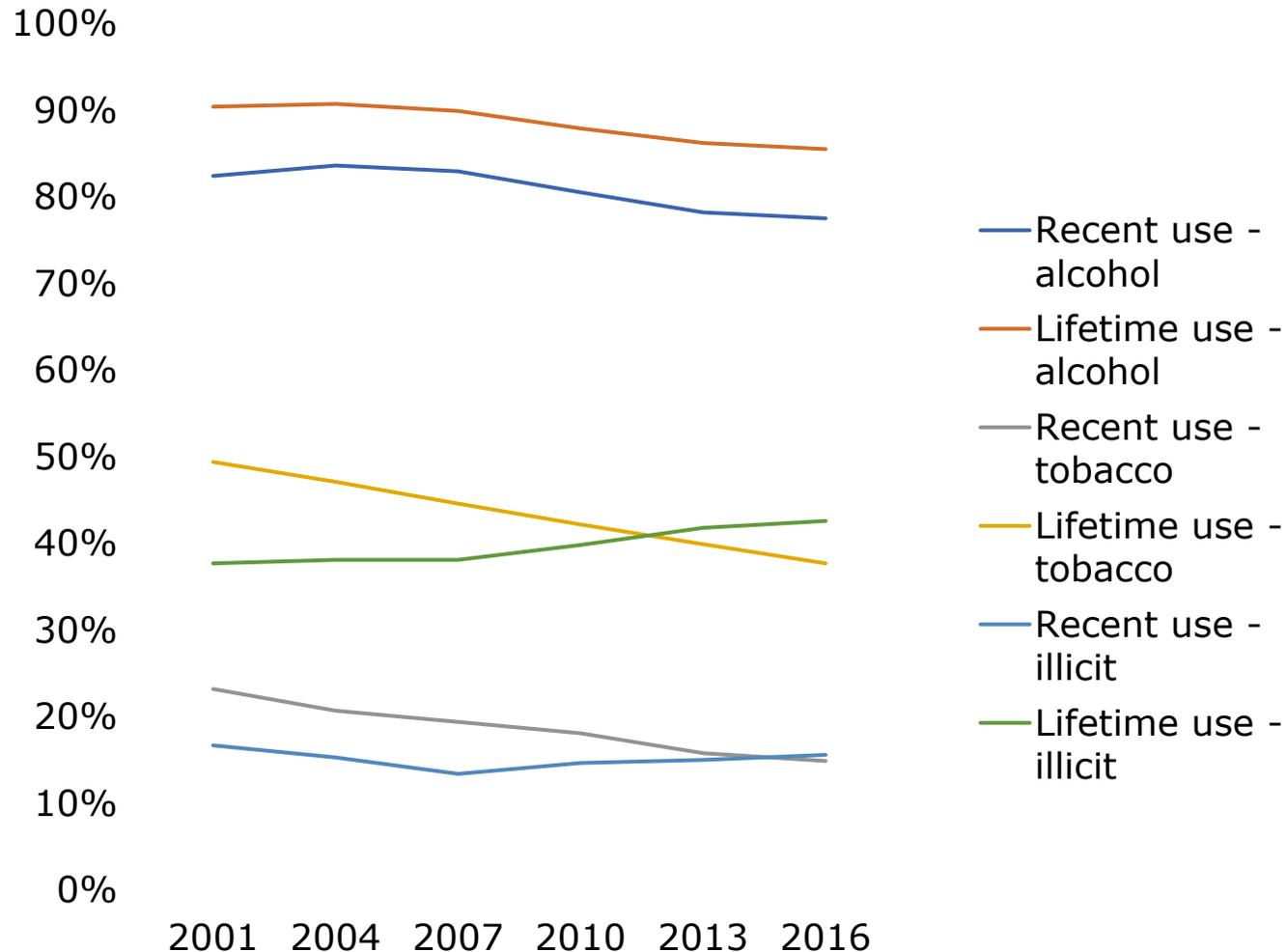


Fifth national mental health plan

Vision

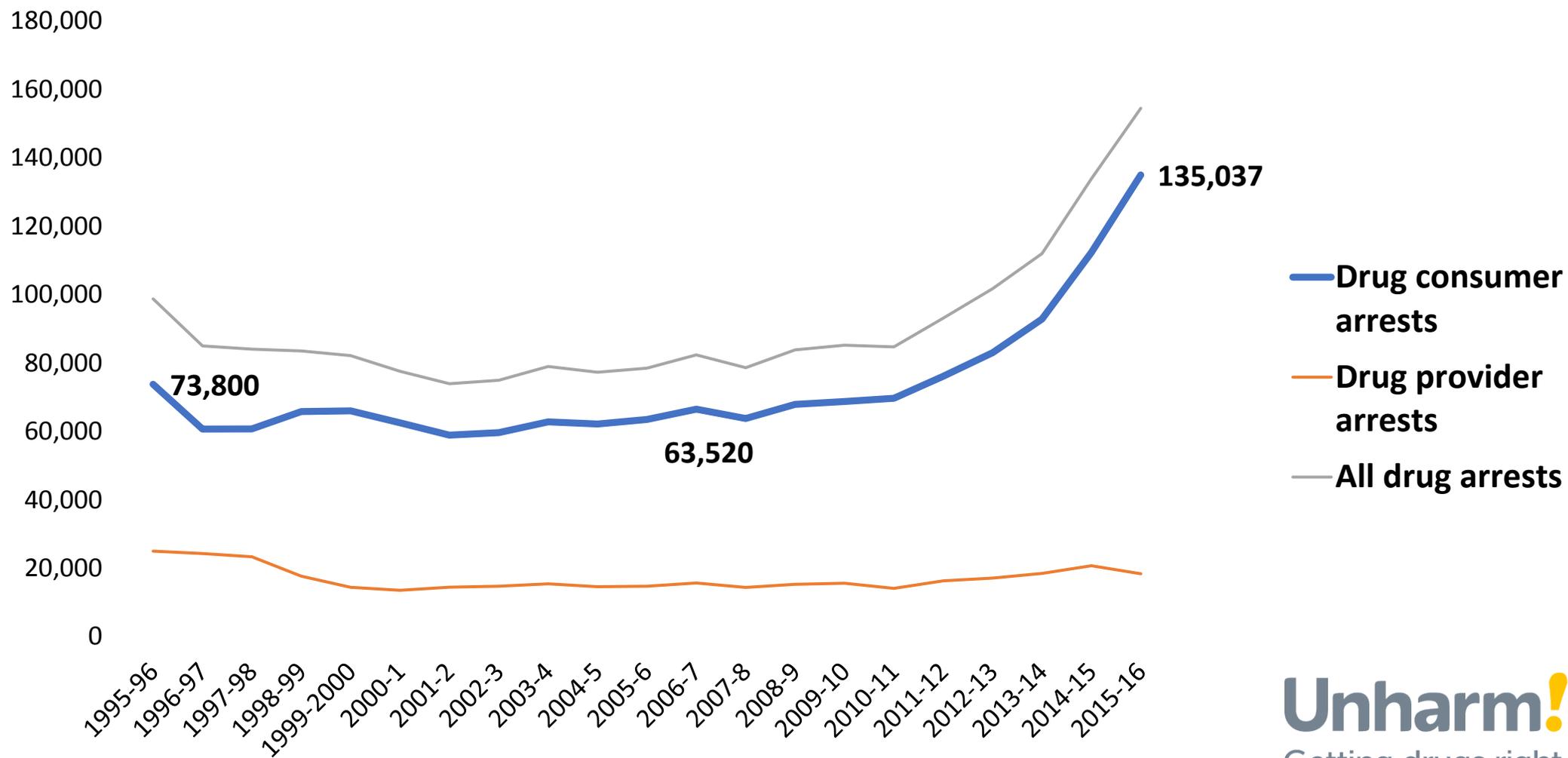
- ▶ More people will have good mental health and wellbeing.
- ▶ More people living with mental health issues will recover and have a meaningful and contributing life.
- ▶ More people living with mental health issues will have good physical health and live longer.
- ▶ More people will have a positive experience of care and support from a responsive and effective service system.
- ▶ Fewer people will suffer avoidable harm.
- ▶ Fewer people will experience stigma and discrimination.

Illicit use of drugs is normal



- 42% of Australians in 2016 reported lifetime illicit use
- Among adults under 60, reported lifetime use more common than not.
- 15% reported recent illicit use
- Real proportions likely to be higher - people often unwilling to admit use in social surveys.

Consumer arrests: the hidden trend



Source: Illicit Drug Data Reports, Australian Criminal Intelligence Commission

