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Social Conservatism vs Harm Minimisation: John Howard on Illicit Drugs

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Abstract

Abstract: This paper argues that John Howard's socially conservative views on illicit drugs are incompatible with the core principles of harm minimisation. Particular attention is drawn to his stated views on heroin trials, safe injecting facilities, liberalisation of marijuana laws, and the concept of zero tolerance.

Reference is also made to key local and international political influences on Howard such as the Australian National Council on Drugs Chairman, Major Brian Watters. The conclusion drawn is that John Howard favors most, but not all of, the key prescriptions of prohibitionist ideology.

Introduction

As Prime Minister, John Howard has made some significant interventions into illicit drug policy. For example, he has opposed marijuana law reform in Victoria, vetoed plans for a heroin trial in the ACT, condemned proposed safe injecting facilities in Victoria and New South Wales, and introduced a major new policy initiative titled 'Tough on Drugs'.

Yet whilst considerable attention has been paid to Howard's views on issues such as industrial relations, economic policy, industry policy, and welfare reform (Prasser & Starr 1997; Mendes 2000a), far less consideration has been given to his beliefs regarding illicit drugs.

This essay redresses this omission by exploring the key political and ideological factors influencing Howard's approach to drugs policy. Attention is drawn both to Howard's personal social conservatism, and to local and international persons and organisations whose views carry weight with the Prime Minister.

The conclusion drawn is that whilst Howard pays lipservice to the core principles of harm minimisation, his personal views and policy preferences are far closer to those of traditional prohibitionism.

Howard's Social Conservative Ideology

John Howard's personal and political ideology involves a blending of classical liberalism in economics and social conservatism in social policy (Howard 1999a, p. 3).

Howard's principal social policy concern is to reintegrate the poor and the marginal with what he considers to be mainstream social values and morality such as a commitment to personal responsibility, the work ethic, and the traditional family (Mendes 2000a, pp. 34-35).

Howard's particular approach to illicit drugs also reflects the influence of his own formative life experiences in the thoroughly Anglo-Saxon, lower middle-class Sydney suburb of Earlwood. As Gerard Henderson comments, this was a suburb of respectable managers and small businessman. It did not include manual workers, or migrants, or slum neighbourhoods experiencing significant social problems such as substance abuse (Henderson 1995, pp. 28-29).

In addition, Howard grew up in a strict Methodist household at a time when the Methodists were the leaders of the sobriety and temperance movement. In this world of clear moral expectations, abstinence was the only path to salvation (Barnett 1997, pp. 7-8; Marr 1999, p. 15). Thus Howard was strongly predisposed to viewing substance abuse as a matter of personal morality and responsibility which required a return to traditional social values, rather than as a public health issue influenced by broader social factors and conditions (Goode 1997, p. 56).

Harm Minimisation Principles

Harm minimisation has been the philosophy underpinning Australia's national drug strategy since 1985. Its key goal is to reduce the adverse consequences of drug use for both the community and individual drug users, rather than to prevent drug use per se (Australian Drug Foundation 1999, p. 1).

Whilst harm minimisation remains a highly contested term (Wellbourne-Wood 1999), there does appear to be a core consensus around the following principles:

Firstly, harm minimisation implies that drug use should be viewed as a public health, rather than a criminal or legal, issue. Drug users are entitled to be treated as normal citizens with the same rights and obligations as other members of the community (Single & Rohl 1997, p. 48).

Secondly, the harm minimisation approach is value neutral and accepts that illicit drugs are and will remain part of our society; that their elimination is impossible; and that further efforts to eliminate them may result in greater harm to society (Rumbold & Hamilton 1998, p. 135). Harm minimisation rejects the notion of drugs wars which inevitably become wars on drug users, rather than on drugs (Mendes 1999, p. 10).

Thirdly, whilst harm minimisation does not involve support for illicit drug use, governments acknowledge that where injecting drug user continues to occur, they have a responsibility to develop and implement public health and law enforcement measures designed to minimize the harm that such behaviours can cause, both to individuals and the community. These measures include education, drug substitution programs, needle-exchange programs, abstinence-oriented interventions aimed at

reducing drug use, and interventions aimed at reducing the supply of illicit drugs (National Drug Strategy Unit 1998, p. 17).

The core principles of harm minimisation have inspired the implementation of strategies which do appear to have reduced the harms associated with drug use. For example, the widespread introduction of needle syringe exchange programs and methadone treatment programs has arguably contributed to a much lower proportion of HIV infection amongst Australian injecting drug users compared to those in the USA (Single & Rohl 1997, p. 44; ADF 1999, p. 2; Berkhout & Robinson 1999, pp. 113-114).

Critics of Harm Minimisation: Prohibition and Zero Tolerance

In contrast, policies based on prohibitionist assumptions appear to view drug use narrowly as a criminal and moral issue, rather than one of public health. Prohibitionists explicitly reject the principles of harm minimisation, arguing that they serve to encourage drug use, and will lead inevitably to drug legalisation. They oppose needle exchange and methadone programs aimed at safe drug use. Instead, they favor strategies directed solely at abstinence (Pearman 1997; Moffitt 1998, pp. 5-6; Greene 1999).

The concept of zero tolerance specifically refers to the strict policing measures adopted by police authorities in New York City. It also 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, p. 58; King 1998, pp. 154-155; Musgrove 1998; Dixon & Coffin 1999, p. 477).

A number of authors have documented in considerable detail the basic incompatibility between the concepts of zero tolerance and harm minimisation. Concern has been expressed that zero tolerance policies may lead to the 'harm maximisation' outcomes of the USA which has the highest rates of drug addiction, HIV and hepatitis C infection levels, and drug-related imprisonment in the world (McKey 1998a, p. 15; ADF 1999, p. 3; Dixon & Coffin 1999, p. 484; Wellbourne-Wood 1999, pp. 408-409; Rosevear 2000, p. 8).

Howard on Illicit Drugs

Prior to becoming Prime Minister, John Howard was not renowned for his interventions on illicit drugs policy. In fact, David Barnett's 806 page biography of Howard published in 1997 makes not even one single reference to the drugs debate (Barnett 1997).

Nevertheless, Howard did make two early brief, but significant references to illicit drugs which suggest an already formed mindset.

In his 1986 Alfred Deakin Lecture, for example, Howard recommended compassionate assistance for drug users, but principally emphasized the need for 'a ruthless pursuit of drug importers, traffickers and dealers' (Howard 1986, p. 9).

Similarly in his 1988 *Future Directions* statement, Howard called for more effective law enforcement to reduce organised crime associated with the drug trade (Howard & Sinclair 1988, pp. 16-17).

Both these references suggest a narrow identification of illicit drugs as a criminal and legal issue, rather than as a broader public health concern.

Howard as Prime Minister

Howard's first intervention as Prime Minister came in response to the Victorian Kennett Government's proposal to decriminalise personal marijuana use.

Along with a number of other conservative persons and groups, Howard opposed the proposal on the grounds that it would adversely affect the health of users due to its alleged association with mental health problems and harder drug use (Mendes 1996, p. 19).

At this point, Howard also used a key argument which he would often repeat during later illicit drug debates. According to Howard, any liberalisation of existing drug laws would send 'a negative signal' to parents seeking to promote traditional social values and morality (Green et al. 1996).

Howard on the ACT Heroin Trial

Howard's first major intervention on drugs involved the squashing of the ACT's proposed heroin trial in August 1997.

The objective of the trial was to examine whether the provision of heroin to registered users in a controlled manner would benefit the community. The trial was intended to replicate an earlier Swiss trial which had found significant improvements in the social and health status of participants (Mendes 1998a, pp. 10-11).

The trial was endorsed by a majority of Australian States, and the Commonwealth Minister for Health, Michael Wooldridge.

Initially, John Howard expressed ambivalence, stating that he was 'unconvinced that there is a social benefit. It's hard to say that you shouldn't at least give a trial to something, but you have to put me down as being a profound sceptic about the social advantage of legalising things that constitute a problem' (Middleton & Boreham 1997).

Howard added that he was 'profoundly sceptical of the view that the way in which you cure the problem of heroin and marijuana is to legalise it' (Short 1997). Nevertheless, at this stage, Howard appeared to be willing to allow the trial to proceed, despite his personal misgivings.

However, one week later, Howard intervened to terminate the proposal. He stated his concern that 'a trial would send an adverse signal'. According to Howard, he had been

lobbied heavily by ‘the parents of children who have died through drug overdoses not to weaken the law, change the law, not to experiment with trials’.

Howard suggested that he had made the decision as a human being, a father, and Prime Minister. He indicated the importance of offering ‘the right guidance’ to parents, children and young people in the community (Tingle & Middleton 1997).

In a later statement, Howard again clarified that a ‘heroin trial would send a very bad signal...it would say to the community it represents the first step...towards a far more liberal approach to drug activity and the drug trade’ (Walker 1999).

Howard's statements reflected a number of underlying preconceptions. Firstly, he clearly identified a limited trial of prescribed heroin users with radical changes to existing laws on heroin use. This arguably erroneous assumption reflected an underlying theme in prohibitionist literature, that any liberalisation measures would lead to full legalisation of illicit drugs (Moffitt et al. 1998). It also contradicts the core emphasis of harm minimisation on the safety of drug users and the community, rather than the moral question of continued drug use.

In addition, Howard continued to look beyond the particular merits of the heroin trial per se, and the varied arguments of drug experts about its utility. Rather, his principal concern was the message it would send parents about traditional social values and responsibility.

Apart from his personal predilections, Howard was also influenced by direct political pressures. Polls suggested a majority of Australians were opposed to the heroin trial. Perhaps more significantly, a vigorous scare campaign against the proposal was launched by a number of tabloid newspapers including the *Daily Telegraph*, and high-rating talkback radio hosts such as John Laws and Alan Jones (Tingle & Middleton 1997; Parkin 2000, p. 108).

Howard as Tough on Drugs

Following the rejection of the ACT heroin trial, John Howard announced a new anti-drugs campaign in November 1997 entitled 'Tough on Drugs'.

The campaign provided for \$87 million over three years to be split equally between law enforcement, education and treatment, rehabilitation and counselling. A second installment of \$100 million over four years was also announced in March 1998 (Mckey 1998b).

However, much of the rhetoric of the campaign was that of a law enforcement war against drugs per se, rather than harm reduction. Government literature promised strategies 'to stop the hard drugs getting into Australia', and 'to stop drug dealers preying on our kids'. In addition, the government pledged controversially to promote 'the aim of zero tolerance in schools' (Australian Government 1997).

In a number of associated speeches, John Howard confirmed that he viewed the campaign principally as a 'moral' crusade, rather than as a public health or social issue (Howard 1997; Howard 1998a).

As with mutual obligation and welfare reform (Mendes 2000a, pp. 35-36), Howard was concerned to restore the values of personal responsibility and self-reliance to drug users. Whilst the government and community would provide treatment and rehabilitation services to users, they would have a responsibility to participate in these services, and help themselves out of their drug addiction (Howard 1999a, p. 8; Howard 1999b).

Howard also confirmed his commitment to 'zero tolerance of illicit drugs in our schools'. Howard 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 would not be tolerated in schools' (Howard 1999c). Howard also offered public support for the decision by a Sydney private school to expel nine girls for smoking marijuana. He expressed his hope that 'all schools around Australia would take the same attitude because if you have a black and white attitude at that stage I think you are far more likely to yield results' (Jones & Wright 1999).

A number of commentators including prominent school principals expressed concern about Howard's commitment to a zero tolerance drug education strategy comparing it unfavorably to Nancy Reagan's simplistic 'just say no' strategy (Henderson 1997; Townsend 1997; Hewison 1999; Jones & Wright 1999; Munro & Midford 2001).

Attention was drawn, for example, to the 1996 Victorian Penington Report which found that 50 percent of boys and 40 percent of girls have experimented with marijuana before they leave school (Premier's Drug Advisory Council 1996, p. 14). These figures suggested the potential for large-scale school expulsions, social dislocation of young people, and ultimately imprisonment should the government pursue a campaign of drug abstinence (ADF 1999, p. 2).

Howard on Safe Injecting Facilities

John Howard has also been an uncompromising opponent of safe injecting facilities (SIF's) for drug users. When the illegal Tolerance Room was established at the Sydney Wayside Chapel in May 1999, Howard denounced the room as a publicity stunt. Howard also condemned the subsequent decisions by the NSW and Victorian Governments to establish official injecting facilities (Mendes 2000b, p. 7).

Howard opposed SIF's on two grounds. Firstly, he argued that there was 'no clear evidence' from overseas that injecting facilities reduced the drug problem or saved lives (Jackson 1999). In doing so, Howard ignored considerable international evidence to the contrary from Switzerland, Germany, and the Netherlands (DPEC 2000, pp. 12-17). Nevertheless, it is true that the European experience may not necessarily translate to Australia given the different characteristics of our local heroin market including the significant number of home-based heroin users.

Secondly, Howard argued that SIF's would send the wrong signal to the community about illegal drugs. In particular, they would 'give a degree of acceptability to drug use...Overall, I think they say to the world well we've given up on trying to persuade people not to start taking drugs'. Howard said it was wrong to convey a message of acceptability and harm minimisation, rather than one of deterrence, abstinence in the first place, and rehabilitation (Hudson & Fannin 2000).

Howard has also emphasized that he will not change his mind on this issue: 'I don't support injecting rooms. I never have and I never will' (Waldon & Costa 1999). As with the ACT heroin trial, Howard displayed little genuine interest in the potential harm minimisation utility of injecting facilities. Rather, his principal concern was to reinforce traditional social values including a core intolerance of drug use.

Initially Howard indicated that he would not act to stop the proposed injecting facilities going ahead given that these matters properly fell under state jurisdiction. However, in December 1999, Howard brandished a report by the International Narcotics Control Board (INCB) condemning the plans of the NSW and Victorian Governments (Shanahan 1999).

The Board, which is well known for its hardline prohibitionist views (Powell 2000), suggested that the proposed facilities contravened international drug control treaties via the encouragement of illicit drug trafficking (INCB 1999, pp. 26-27 & 62). Howard then indicated he would seek legal advice on whether the Federal Government could use the INCB report to invoke its external powers to stop the planned facilities.

Howard's attempt to use an international report to persuade the states not to proceed with SIF's provoked considerable condescension given the Prime Minister's frequent dismissal of international concerns regarding Australia's treatment of its Aboriginal population. It also raised questions about the selective nature of the Narcotic Board's interpretations, given that it had not criticized the safe injecting programs already operating in Holland, Switzerland, and Germany (Major 2000; Mendes 2002).

The Chairman of the Victorian Drug Policy Expert Committee, Dr David Penington, went so far as to accuse the Prime Minister or his office of having directly influenced the INCB report. Penington said that the report's criticisms were 'remarkably consistent with the views of the Prime Minister' (Koutsoukis & Riley 2000).

Howard vehemently rejected this suggestion, denying that 'there was any intervention to induce a report in particular terms' (Howard 2000). However, he eventually conceded that the Federal Government could not interfere in the decisions of the states regarding injecting facilities.

Local and International Political Influences on John Howard

John Howard's principal adviser on illicit drugs is the NSW Salvation Army's Major Brian Watters, a hardline prohibitionist. Howard appointed Watters as Chairman of the Australian National Council on Drugs (ANCD), the peak body established in March 1998 to provide advice to government on drug policy and service issues.

Watters is the Salvation Army's spokesperson on addictions for NSW, Queensland and the ACT. He is also a member of the NSW and QLD Boards of the Drug Awareness Relief Movement or Drug-Arm Australia (formerly known as the Temperance Alliance), an organisation which opposes harm minimisation strategies including needle exchanges (Rule 2000).

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' (Bush & Neutze 2000:135). He has publicly criticized harm minimisation strategies, favors abstinence (Moffitt 1998, p. 82; Overington 1999; Watters 1999), and believes 'there are worse things than death when it comes to addiction' (Mendes 1999, p. 9).

Watter's appointment as ANCD Chairman is significant given that the Salvation Army is known to be divided on attitudes to illicit drugs. The Victorian Salvation Army explicitly rejects Watter's views, describing them as 'abhorrent'. In contrast to Watters, they support harm minimisation, accept treatment goals other than abstinence, and do not rule out the possibility of endorsing heroin trials (Brunt 1999; Gough 1999; Marr 1999a, p. 17; Marr 1999b, p. 12).

The Deputy Chairman of the ANCD is Mick Keelty, the Australian Federal Police Commissioner, who rejects heroin trials, and appears to be strongly wedded to a law enforcement perspective (Taylor & Gray 2001).

In addition, the inaugural Board included three other representatives of hardline prohibitionist groups. They are Dennis Young, the National Director of Drug-Arm Australia, Craig Thompson, a member of Australian Cities Against Drugs and co-author of a book condemning harm minimisation strategies, and Tonie Miller, Coordinator of Tough Love in Hobart (Moffitt et al. 1998, pp. 59-60; Swain 1999, p. 64). According to a former member of the ANCD, these three persons were appointed to the Board at the specific request of Major Watters in an attempt to balance the presence of harm minimisers (Anonymous 2000). They have since been joined by another zero tolerance advocate, Anne Bressington from the Drug Beat of South Australia Program.

Other local influences on the Prime Minister appear to include his conservative social policy adviser John Perrin (Totaro 2000); anti-drugs campaigner Tony Wood whose daughter died after taking ecstasy (Martin 1997), and the former Royal Commissioner for Organised Crime Athol Moffitt who opposes any liberalisation of existing drug laws (Moffitt 1998; Moffitt et al. 1998; Musgrove 1998). Howard wrote a supportive preface to Moffitt's book, *Drug Alert* (Howard 1998c)

A further influential group is the socially conservative Australian Family Association which strongly opposes harm minimisation, heroin trials, and safe injecting facilities

(Mullins 1998; Santamaria 1999). The AFA is closely aligned with the influential Liberal Party ginger group - the Lyons Forum - which reportedly enjoys the support of around 45 to 50 of the Coalition's 130 federal parliamentarians including 15 members of Howard's front bench (Mendes 1998b). The Lyons Forum reportedly lobbied heavily against the proposed ACT heroin trial (Short 1997).

Howard has also been influenced by overseas sources. For example, in November 1999, he invited the US Drug Czar Barry McCaffrey to Australia. McCaffrey views harm minimisation as a mere smokescreen used by legalisers to undermine public distaste for drug use. He opposes both needle exchanges and safe injecting facilities, comparing the latter to 'pouring alcohol into an alcoholic' (McGregor 1999; Wodak 1999, pp. 502-503).

Howard also met with the FBI Director, Judge Louis Freeh, who endorsed his opposition to heroin trials (Parkinson 1999).

Nevertheless, the Prime Minister and the ANCD are not immune to non-prohibitionist influences. Howard himself has acknowledged that some parents of children who have died from drug overdoses hold 'different views' to his own on heroin trials and related issues (Tingle & Middleton 1997).

Howard appointed to the inaugural ANCD Executive some persons who support liberalisation of drug laws. They included, for example, Tony Trimingham, Chief Executive Officer of Family Drug Support, Professor Ian Webster, President of the Alcohol and other Drugs Council of Australia, and Professor Margaret Hamilton, Director of the Turning Point Alcohol and Drug Centre. Trimingham is the Chief Executive Officer of Family Drug Support, an organisation which assists the families of illicit drug users. He is well known for his support of harm reducing legislative reforms including the removal of criminal sanctions for personal use of illegal drugs (Trimingham 1997).

Hamilton is well known for her advocacy of safe injecting facilities and a heroin trial. She has publicly stated that the Prime Minister has positively listened to her views, but has accepted that there will not be a heroin trial while Howard is Prime Minister (Saltau 1999).

However, in March 2001, Howard took the opportunity to restructure the Board and purge prominent harm minimisers such as Trimingham, Wesley Noffs, Karen Hart, and Jude Byrne. The Board, which was originally dominated by harm minimisers now appears to be controlled by a prohibitionist majority (Overington 2001; Totaro 2001).

Nevertheless, it is arguable that the presence of Trimingham and Hamilton and other non-prohibitionists on the ANCD has in part moderated the influence of hardliners such as Watters. For example, the ANCD has conceded that safe injecting facilities might attract their support if the NSW trial demonstrated that they save lives, decrease infection rates, and reduce a number of other harms to the individual, their families and the community (ANCD 1999; ANCD 2001).

In addition, the Prime Minister has announced a national Diversion Programme which suggests a move away from viewing drug use as principally a law enforcement issue.

The programme refers first time or minor drug offenders to compulsory assessment and then treatment and/or education, rather than them entering the criminal justice system (Howard 1999b).

It is also noticeable that the Prime Minister has not endorsed the more radical objectives of the leading prohibitionists such as the abolition of needle exchange programs, and the promotion of abstinence as the major goal of the national drug strategy. In addition whatever the personal preferences of the Prime Minister, the Commonwealth Government continues to pay at least lipservice to the notion of harm minimisation.

Conclusion

John Howard's formative life experiences and socially conservative ideology lead him to reject the basic principles of harm minimisation. His stated views on a range of illicit drug issues demonstrate his rejection of its core assumptions around the moral neutrality of drug use, and the importance of targeting the adverse consequences of drug use rather than its prevention per se.

Rather, Howard's natural inclination is to regard drug use as morally unacceptable, to favor law enforcement over public and social health interventions, and to prioritize abstinence rather than harm reduction. This personal inclination is reinforced by advice from a number of local and international prohibitionist sources including most importantly Major Brian Watters, the Chairman of the Australian National Council on Drugs.

Nevertheless, Howard is also a cautious political pragmatist who is influenced by broader electoral and political considerations (Mendes 1998, p. 75). Whilst he personally favors prohibitionist principles and has vetoed any movement towards liberalisation of existing illicit drug laws, he appears to recognize the continuing popularity of harm minimisation programs. Consequently, he has retained existing treatment and education programs including needle exchanges. In addition, he has not sought to alter the government's formal commitment to harm minimisation goals and objectives (Wodak 2000, p. 185).

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