

Innumerable books, reports, articles, papers, blogs, parliamentary inquiries, etc. have been written and published about Australia's and indeed the global illicit drug problem. Many of the written documents examine the causes of and 'solutions' for the problem. Despite the many useful recommendations that have been offered, the ones currently applied are clearly NOT working, otherwise we wouldn't have the need for another parliamentary inquiry like this one into this matter.

It might be much easier and quicker to start summarizing what is NOT working in controlling the illicit drug problem, instead of proposing a myriad of potential solutions.

## **I. A few selective Historic Lessons:**

### **1. The lead up to and the Opium Wars in China in 1839 – 1842 and 1856 - 1860**

According to Wikipedia, "successive Chinese emperors issued edicts making opium illegal in 1729, 1796-1800, 1814, and 1831, but imports grew as smugglers and colluding officials in China sought profit." [1,2]

### **2. The Drug Prevention Efforts of the UN and its predecessors**

Global efforts to control illicit drugs started in 1909 with the first international conference on drug control: The Shanghai Opium Convention. Many others followed and in 1961 the UN Single Convention on Narcotic Drugs was adopted. That was amended in the 1972 Protocol and in 1981 an International Drug Control strategy was added. In the UN's own words, "the 1988 UN Convention against illicit traffic in narcotic drugs and psychotropic substances comprehensively addressed most aspects of the illicit drug industry." [2] At that time 183 countries, or 95% of all UN member states were parties to the three Conventions. However, the UN admits that there are at least five major unintended consequences of its own policies.

### **3. Richard Nixon's War on Drugs**

In addition to the UN efforts, in 1971 the US President Richard Nixon declared "drug abuse" to be public enemy number one, but the policies his administration implemented as part of the 'Comprehensive Drug Abuse Prevention and Control Act of 1970 were a continuation of the drug prohibition policies in the US, which started in 1914 [3].

In 1980 the US began increasing arrest for drug offences and the prison population skyrocketed from 0.2% to 0.75% (or 2.3 million) [4] of the population by 2008, driven primarily by an intended arresting and sentencing bias against minorities, particularly young black males.

## **II. What is the Global Illicit Drug Situation today?**

### **1. Global Drug Use**

Globally, in 2020, an estimated 284 million people aged 15 – 64 (5.6% of that age group), primarily men, had used a drug within the last 12 months. 13.6% are estimated to suffer from drug use disorder. Total use is up 26% of the estimated user number in 2010, 226 million.

Preferred drugs were cannabis, opioids, amphetamines, cocaine and ecstasy and in that order. Preferred stimulant drugs differ by country and region. [5]

### **2. Deaths attributed to Drug Use**

The Global Burden of Disease Study estimated that there were 494,000 drug-related deaths in 2019. About 70% of these drug-related deaths were from taking opioids. [5] According to the UNODC Annual Report 2018, 585,000 people died as a result of drug use in 2017. [6]

In the USA alone, the death toll from taking drugs is estimated at 107,600 in 2021, largely driven by opioids, in particular synthetic opioids such as

fentanyl and methamphetamines [7]. The US death rate from drugs is 216 per 1 million of the population aged 15 – 64, compared to 14.8 per 1 million of the same population group in Europe [5].

### 3. Harm from Illicit Drug Use in Australia

#### a. Deaths attributed to Drug Use

In 2020, 1,842 deaths were drug-induced, or 72 per 1 million of age-standardised population. This is down from a bit over 2,000 death in 2017 and 91 deaths per 1 million in 1999. Opioids and 'Benzos' were the most common drugs and drug classes present in drug-induced deaths. [8]

#### b. Drug Use

"According to the 2019 National Drug Strategy Household Survey (NDSHS), an estimated 9.0 million (43%) people aged 14 and over in Australia [sic: a wider definition than used by the UN above] had illicitly used a drug at some point in their lifetime (including the non-medical use of pharmaceuticals), and an estimated 3.4 million (16.4%) had used an illicit drug in the previous 12 months. This was similar to proportions in 2016 (43% and 15.6%, respectively) but has increased since 2007 (38% and 13.4%, respectively)." [8]  
Preferred drugs were cannabis, cocaine and ecstasy.

#### c. Other Criteria informing the Harm caused by Drug Use

##### i. Burden of Disease

"According to the Australian Burden of Disease Study 2018, illicit drug use contributed to 3% of the total burden of disease and injury in 2018. This included the impact of opioids, amphetamines, cocaine, cannabis and other illicit drug use, as well as unsafe injecting practices. The rate of total burden of disease and injury attributable to illicit drug use increased by 35% between 2003 and 2018." [8]

##### ii. Hospitalisations

"In 2020–21, hospitalisations with a drug-related principal diagnosis accounted for 1.3% of all hospitalisations (152,000). Amphetamines and other stimulants accounted for 10% (15,100) of drug-related hospitalisations and most of these related to methamphetamines." [8]

##### iii. Ambulance Attendances

The highest number and rate of ambulance attendances for illicit drugs were for cannabis, amphetamines (any) and benzodiazepines. The highest proportion of ambulance attendances where police co-attended involved amphetamines (any). [8]

##### iv. Arrests

"Between 2015 and 2016, in Australia there were a total of 154,538 recorded arrests relating to illicit drugs." [9]

##### v. Imprisonments

"In 2017, 6,155 people were in prison with their most serious offence being an illicit drug crime. This was 15% of all prisoners in Australia." [9]

#### 4. **The Global Illicit Drug Trade**

“The think tank Global Financial Integrity's Transnational Crime and the Developing World report estimates the size of the global illicit drug market between US\$426 and US\$652 billion in 2014 alone. [10] This probably has increased to over US\$1 trillion by now.

The UN estimates that a 100 times increase in illicit drug price from production to retail is not 'uncommon'. [2, pg 96] A PBS / Frontline article comes to similar conclusions [11]. Even if 90% of the illegally trafficked drugs were confiscated, the business of drug trafficking would still be profitable. Therefore, despite some tremendous efforts and successes of law enforcement agencies over time in seizing illicit drugs, this can never be a solution to or even make a dent in this problem.

A second major element of the illicit drug business is that the product can be substituted. If one drug is priced out of the market because of supply issues, other, cheaper ones can be used as substitutes. Amphetamines, like other synthetic drugs, can be produced in the user's kitchen [2] today or in mobile drug labs on trucks that roam the country or continent.

### **III. What does this all tell us?**

The historic and current prohibition of drug supply and demand is clearly NOT working – or has too many and unacceptable and unintended consequences. Prohibition, being it for drugs, sex, alcohol, nicotine, gambling, etc. has never worked effectively anywhere at any time in the world over the long run. It just drives the business underground, increases the price of the product and profit margins of the suppliers, and increases hugely the criminality around the supply and demand of the prohibited product. Despite the best and very expansive law enforcement efforts and even huge increases in incarceration of drug users, the illicit trade is unstoppable with current prohibition rules and will keep on going.

If we continue to do the same and keep the same laws and law enforcement efforts and expect a different outcome, that is a classical definition of neurotic behaviour – or one could put it even stronger.

Many voices, including the UN, are stating that the current illicit drug control measures globally and in Australia are not working satisfactorily. [12, 13, 14] In his article, Brooker cites the then prime minister of Australia, The Hon. Tony Abbott, who told 3AW Radio and its listeners in 2014 that the war on drugs is 'not a war we will finally win', [14] Why would we want to continue to fight this war with its huge demand on resources, but little chance of winning, without from time to time considering options, how to achieve better outcomes?

One striking consideration from the very high illicit drug use in Australia of 43 % of the population aged 14 and over is that either almost half of the Australians are breaking the law and engaging in 'criminal activities' and might as well be called 'criminals' for not obeying the law **or** the current laws are not suitable and representative for the lived experience of many ordinary Australians. I put to you that the latter is the case.

### **IV. What can be done to improve the current Illicit Drug Problem in Australia?**

There are already a myriad of suggestions that would improve the current illicit drug problem in Australia. Too many, just to repeat here, but easily accessible. Examples are mentioned in [12, 13]. One of the most comprehensive collection of improvement suggestions comes from the UN and World Health Organization itself: The International Standards on Drug Use Prevention. [15] These are very comprehensive, scientific evidence-based guidelines.

Just a couple of comments on those here:

- The report goes through various life stages when discussing drug prevention interventions and policies, but fails to explicitly headline the unborn-child stage (-9 months to 0), where the human development is at its most vulnerable. It is only tacitly acknowledge within the text under other headlines. For the informed reader, this unborn-child stage is clearly the most critical phase in human development that should be a sacrosanct drug-free stage (including alcohol and nicotine).
- On page 31, this report documents what has been working for alcohol and nicotine intake reduction for many years. Why would similar, more fine-tuned and adjusted measures, not also work equally well on illicit drugs?

In addition to these and other suggestions, it appears to be obvious to me that following suggestions would help to significantly reduce Australia's illicit drug problem:

**1. Change the law and regulations from a drug-use prevention to a harm-minimization strategy**

Elements of such a strategy could include:

- a. Formulate a clear definition of all the harm illicit drug use does currently to individuals, communities, societies, businesses, health care providers, law enforcement entities, etc.
- b. Develop a harm-reduction framework, establish key performance indicators, and measure and report regularly on it.
- c. Decriminalise small drug possessions for personal use. Change the definition of personal drug use from a criminal, law-enforcement issue to a personal health-care issue.
- d. Expand current initiatives on harm minimization like safe injecting rooms, pill testing, etc.
- e. Increase education about the harm caused by illicit drug use, provide sufficient treatment options and facilities (as we have for physical illnesses like obesity, cancer, cardio-vascular, kidney and other illnesses), and affordable housing.
- f. Incorporate learnings from other countries that have already decriminalised illicit drugs successfully (like Portugal, The Netherlands, Switzerland, Canada, many U.S states).
- g. Start regional trials on amended drug use rules in Australia to learn about the impacts and changed behaviours in the Australian context, before rolling it out to a wider region and / or more drugs.
- h. Get all interested parties, from user groups, law-enforcement agencies, politicians, health-care providers, local communities, etc. involved in trial design, analysing of results and ongoing improvement adjustments.

This would reduce significantly law enforcement requirements all along the policing, arresting, prosecuting and jailing chain.

**2. Increase penalties for illicit drug trafficking in all its activities from producing, distributing, dealing, importing, etc.**

Particular financial penalties should be increased with the possibility of the offender losing all his/hers assets, which could be assumed of being acquired through proceeds of crime over many, many years.

Law enforcement efforts should be focused on supply restrictions (production,

distribution, trafficking, dealing and money laundering), but eased off completely on demand restrictions.

3. **Undermine or even destroy the business and financial model of the illicit drug trade by establishing a licensed system to provide major drugs to users well below the prevailing black-market prices.**

A lot of thought would need to go into a licensed drug supply system like this, but it could have many similar elements as the current prescription drug model, where supply and demand can be tracked from producer to user. Users could be required to sign indemnities (at the start and in regular intervals, e.g., annually) for the providers and distributors that they understand the potential harm these drugs can cause with one-off and long-term use.

Any drug dispense should be in plain packaging and come with written warning messages, like current cigarette packaging or alcohol-bottle warnings for pregnant women.

No advertisements should be allowed, be it in the online or offline world, about the dispensing services or the availability of drugs or their pricing. An appropriate tax system would need to be designed, where producers and distributors can achieve appropriate market returns for their efforts, but the vast majority of the available profit margin should be collected by the government, instead of being siphoned off by drug dealers, traffickers, cartels and criminal or terrorist organisations, as it is currently the case.

This changed approach could start with one drug at the time and build on current efforts of decriminalizing cannabis to learn about the requirements of such a system, trying to avoid unintended consequences along the way.

As already mentioned under the 'harm minimisation' recommendations above, smaller initial trials in regional defined areas could be a good starting point before a wider roll-out.

4. **Strengthen the current anti money-laundering and terrorist-financing laws and regulations**

In Australia, the Australian Transaction Reports and Analysis Centre (AUSTRAC) is the government's financial intelligence agency responsible for monitoring financial transactions to identify money laundering, organised crime, tax evasion, welfare fraud and terrorism financing. However, suspicious and certain cash transactions need to be reported only by a limited number of 'Reporting Entities', like financial institutions and casinos.

[16] As recent court cases and Royal Commission inquiries into various casinos have shown, even these large corporations often show significant shortcomings in reporting the required transactions in a timely fashion or at all and some even encouraged clients actively to use their services to cover up cash transactions and some have done so for many, many years.

As the AUSTRAC and the reporting mechanism are now well established, the reporting requirements should be extended to all individuals and businesses on all cash transactions over \$10,000 and all 'suspicious' transactions. At a minimum, all industry sectors where cash transactions are part of their standard payment model, like real estate agents, accountants, lawyers, luxury car dealers and car repairers, builders, and cash-intensive retail businesses should be included and become 'Reporting Entities'.

Or, as an extreme, make cash payments of \$10,000 and more illegal, as was discussed at some stage during the previous government.

And / or make poker machines, casinos, and indeed all gambling activities cashless.

## Endnotes

- [1] [Wikipedia.org/Opium Wars](https://en.wikipedia.org/wiki/Opium_Wars)
- [2] United Nations Office on Drug and Crimes (UNODC): A Century of International Drug Control (1909 – 2009)
- [3] [Wikipedia.org/War on Drugs](https://en.wikipedia.org/wiki/War_on_Drugs)
- [4] [Wikipedia.org/United States Incarceration Rate](https://en.wikipedia.org/wiki/United_States_Incarceration_Rate)
- [5] UNODC, World Drug Report 2022 (United Nations publication, 2022, Booklet 2)
- [6] UNODC, Annual Report 2018 (United Nations publication, 2018)
- [7] CDC, National Center for Health Statistics: U.S. Overdose Deaths in 2021, May 2022
- [8] Australian Government, Australian Institute for Health and Welfare: Illicit Drug Use, web article, 14-Dec-2022 update
- [9] [Wikipedia.org/Illicit Drug Use in Australia](https://en.wikipedia.org/wiki/Illicit_Drug_Use_in_Australia)
- [10] [Wikipedia.org/Illicit Drug Trade](https://en.wikipedia.org/wiki/Illicit_Drug_Trade)
- [11] Zill, Oriana and Bergman, Lowell, PBS / Frontline: Do the Math: Why the Illegal Drug Business is Thriving, 2015?
- [12] Meadows, Elida, et al: Moving Beyond the War on Drugs? The Rhetoric and Reality of Harm Minimisation in Australia, Springer Link, Law Enforcement and Public Health, 1<sup>st</sup> online: 03 Mar 2022
- [13] White, Vern: Australia's war on drug is a failure, Australian Strategic Policy Institute (ASPI), 19 Feb 2020
- [14] Brooker, Ben: It's Time to End the War on Drugs, Kill Your Darlings, 28 Oct 2021
- [15] United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO): International Standards on Drug Use Prevention, Second updated edition, 2018
- [16] [Wikipedia.org/Australian Transaction Reports and Analysis Centre](https://en.wikipedia.org/wiki/Australian_Transaction_Reports_and_Analysis_Centre)