## Submission

#### То

## The Parliamentary Standing Committee On Family and Community Affairs

## Drug Abuse How are we handling it?

## Ву

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#### Terms of reference

The terms of reference are reproduced at Appendix A

#### Concern about abuse of drugs

"A level of community concern about the abuse of ... drugs" (Terms of Reference, 1<sup>st</sup> para) implies a commonly agreed definition of abuse, and commonly understood criteria for the measurement of harms.

However, there has been no agreed definition of abuse.

There have been no published criteria for the selection of drugs for prohibition. Nor have there been generally agreed criteria for measuring the detrimental or beneficial effects of drugs, or of the policies enacted for their control, prohibition, or regulation

#### Definition of abuse

For the purposes of this paper 'abuse' of any particular drug means a degree of use that causes a net detrimental effect to an individual or to a community.

Abuse occurs when the drug is used for an inappropriate purpose or in an excessive amount.

#### Beneficial use

Each of the drugs covered by the terms of reference is capable of beneficial use.

Whereas abstention precludes abuse, it also precludes beneficial use.

#### Criteria for prohibition

The Acts that comprise Australian drugs legislation do not include the criteria on which it was decided to prohibit the specified drugs. (Acts listed in Appendix B)

A clue can perhaps be caught from The Single Convention on Narcotic Drugs 1961, to which Australia is a party:

"Article 2-5.

The drugs in Schedule IV shall also be included in Schedule I and subject to all measures of control applicable to drugs in the latter Schedule, and in addition thereto:

- a) A Party shall adopt any special measures of control which in its opinion are necessary having regard to the particularly dangerous properties of a drug so included; and
- b) A Party shall, if in its opinion the prevailing conditions in its country render it the most appropriate means of

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protecting the public health and welfare, prohibit the production, manufacture, export and import of, trade in, possession or use of any such drug except for amounts which may be necessary for medical and scientific research only, including clinical trials therewith to be conducted under or subject to the direct supervision and control of the Party."

Schedule IV of the Single Convention includes only six drugs, of which heroin and cannabis are the only commonly known ones.

#### Particular dangers

The particularly dangerous properties mentioned in Article 2-5.a) are not specified.

The Australian Illicit Drug Report 1997-98 said, "It is estimated that in 1998 approximately 22,500 Australians would die as a direct or indirect result of drug use. Smoking is the primary cause of premature and preventable death and disease in Australia: it is responsible for 80 per cent of all drugrelated deaths. Alcohol is second to tobacco as a preventable cause of death and hospitalisation for Australians, causing 16 per cent of all drug-related deaths. Three per cent of preventable deaths are attributable to illicit drug use."

### Other dangers

Are there other dangers posed by either cannabis and heroin, prohibited as a result of our ratification of the Single Convention, or the other drugs that have been prohibited in our drugs legislation?

If there are other dangers, what are they, and how can their impact be measured?

If there are not other dangers, logic suggests either that tobacco and alcohol should be prohibited, or, that some other policy should be adopted for the presently illicit drugs.

#### Modifying regulatory policies

In the cases of tobacco and alcohol, it has been possible to relate policies and legislation to the harms perceived for each substance.

As a consequence the harms have been steadily reduced, and the modifications made to laws and regulations from time to time have been perceived as acts of strength.

In contrast to this pragmatic approach, the attempt to prohibit alcohol in USA was an unmitigated disaster

## Modifying prohibitory policies

In 1987 Australia modified prohibition of heroin to permit the supply of clean needles, and co-incidentally expanded methadone maintenance.

As a consequence, Australia has one of the best records with regard to the transmission of blood borne diseases in the world.

Of particular note in this regard is the 42 cases of paediatric AIDS reported up to 1995 for New South Wales compared with 17,000 cases over the same period for New York City, a jurisdiction of comparable size, which discouraged both needle exchanges and methadone maintenance.

South Australia, the ACT and NT have modified prohibition of cannabis to the extent that small quantities may be dealt with by way of expiation notices.

The National Drug Strategy monographs 34 to 38 have reported no consequential increases in cannabis use for SA, and a consequential improvement in social outcomes compared with Western Australia, which followed policies of full prohibition.

## Reason for Prohibition

The reason for prohibiting a substance is presumably to reduce the likelihood of persons using that substance, and consequently to decrease the dangers associated with its use.

#### Effects of prohibition

The actual effects of prohibition (see expansion in Appendix C) are:

- provide an incentive to sell the prohibited substance;
- encourage pyramid selling;
- make the substance more dangerous by concentration and adulteration;
- enable and encourage corruption of Law and Order;
- ensure that a dangerous substance is made and distributed by criminals caring only for the immense profits enabled;
- ensure criminal acts to fund purchase Of addictive substances massively overpriced
- fill prisons and require additional prison building;
- reduce civil freedoms;
- make sales to children easier;
- erode children's belief and trust in authority;
- make treatment of dependence less accessible;
- make treatment of dependence less effective.

## A pragmatic approach

Wherever a pragmatic approach has been taken to drug abuse; wherever the harms resulting from drug abuse have been specified; wherever the policies adopted have been made accountable against specified criteria, there have been either significant reductions in public harm or positive modifications of policy that enable further improvements.

## Examples of pragmatic improvements

A slow and steady reduction of tobacco harms in Australia.

A slow and steady improvement in traffic accidents resulting from alcohol abuse in Australia.

Reduced cannabis use in The Netherlands compared with Australia and USA.

Lower incidence of overdose deaths in The Netherlands and Switzerland that in Australia and USA.

Reduced emergency call out in Frankfurt am Main resulting from Safe Injecting Rooms.

## Appendix A

#### Terms of Reference

In view of the level of community concern about the abuse of licit drugs such as alcohol, tobacco, over-the-counter and prescription medications, and illicit drugs like marijuana and heroin, the Committee has been asked by the Minister of Health and Aged Care, the Hon Dr Michael Wooldridge, MP, to report and recommend on:

The social and economic costs of substance abuse, with particular regard to:

- family relationships;
- crime, violence (including domestic violence), and law enforcement;
- road trauma;
- workplace safety and productivity; and
- health care costs.

## Appendix B

## List of Australian drugs legislation

## Commonwealth

Customs Act 1901 Crimes (Trafficking in Narcotic Drugs and Psychotropic Substances) Act 1990

## Australian Capital Territory

Drugs of Dependence Act 1989

## New South Wales

Drug Misuse and Trafficking Act 1985

## **Northern Territory**

Misuse of Drugs Act

## Queensland

Drugs Misuse Act 1986

## South Australia

Controlled Substances Act 1984

## <u>Tasmania</u>

Poisons Act 1971

## Victoria

Drugs, Poisons and Controlled Substances Act 1981

## Western Australia

Misuse of Drugs Act 1981

## Appendix C

## **Effects of Prohibition**

## 1. Provide an incentive to sell the prohibited substance

Prohibition has increased the prices, and therefore the margins available for prohibited substances, to many thousand times the margins available on licit goods.

Bayer first produced Aspirin and Heroin commercially about 100 years ago, at roughly equal cost and price.

Today 1 gram of aspirin sells for approximately \$0.12, whereas 1 gram of heroin sells for approximately \$400, a factor in excess of 3,000.

The inherent cost of growing cannabis and tomatoes is approximately the same.

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1 gram of tomatoes in the supermarket sells for about \$0.004, whereas 1 gram of cannabis sells for about \$30, a factor in excess of 7000.

Such margins are so many times greater than those available for any licit substance or service that they are irresistible to the unscrupulous. Successful interdiction merely increases the price and the margins available.

## 2. Encourage pyramid selling;

Pyramid selling is the safest system for any illicit substance. It reduces the number of involved people known to any operator. It makes replacement of dropouts much easier. It reduces the need to warehouse. It is the most efficient means of recruiting new users.

# 3. Make the substance more dangerous by concentration and adulteration;

The more concentrated the substance, the easier to store and transport without interdiction.

There is no quality control and no control over fraud for illicit substances.

#### 4. Enable and encourage corruption of Law and Order;

Illicit drugs have been the prime cause of corruption in each of the independent inquiries carried out.

This should not surprise in view of the massive margins available, and in view of the fact that illicit drugs are in the top three of the World's trade substances by value.

The surprising thing is that in view of the findings of the Fitzgerald and Wood inquiries that we have not had a similar inquiry in each jurisdiction.

## 5. Ensure that a dangerous substance is made and distributed by criminals caring only for the immense profits enabled;

While any demand exists for a prohibited substance, it will be made and distributed, and those who do so will be criminals, and the greatest profits will accrue to the least scrupulous.

## Ensure criminal acts to fund purchase of addictive substances massively overpriced;

Dependent users unable to afford the prices inflated several thousand-fold by prohibition, resort to prostitution, theft or trafficking to fund their addiction.

#### 7. Fill prisons and require additional prison building;

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USA has now achieved the highest rate of incarceration in the World, and has achieved this solely because of illicit drugs.

Building university places has given way to building prison cells.

#### 8. Reduce civil freedoms;

Again USA leads the way with:

- trafficking deemed without proof of sale;
- asset forfeiture on suspicion;
- intimidation of defence attorneys;
- misuse of plea bargaining;
- prosecution on anonymous & unsupported evidence.

#### 9. Make sales to children easier;

It is advantageous for a seller to sell to children.

It is easier for a child to purchase cannabis or heroin than it is to purchase tobacco or alcohol.

## 10. Erode children's belief and trust in authority;

Whereas illicit drugs are dangerous for children, they are not more dangerous than tobacco and alcohol, and they are not necessarily dangerous in the manner taught to children.

This has unfortunately led to children discounting the real dangers, discounting adult messages in general, and law and order messages in particular.

#### 11. Make treatment of dependence less accessible;

Those who need treatment for dependence on illicit drugs are very reluctant to come forward because of the illicit nature of their dependence.

The cost of drug law enforcement is so great that insufficient moneys have been made available for treatment.

## 12. Make treatment of dependence less effective.

Regardless of whether dependence relates to a licit or illicit substance, treatment is less likely to succeed if it is not sought voluntarily

Involuntary patients decrease the effectiveness of treatment for voluntary patients undergoing the same treatment.

Whereas dependence has a notoriously chronic nature, relapse is both more likely and of more lasting damage to involuntary patients.