



## The need and direction for drug law reform in Australia

Illicit drug use should be viewed primarily as a health and social problem, and be funded accordingly

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Half a century of a drug policy relying primarily on drug law enforcement has failed to curb the demand and supply of illicit drugs in Australia. However, adverse consequences of this approach have increased overall, including deaths, disease, crime and corruption. Every year, 400 Australians die from a heroin overdose. About 1% of Australians now have hepatitis C, most from sharing injecting equipment. Australian governments expended \$3.2 billion in the 2002–03 financial year in response to illicit drugs, of which 75% was allocated to drug law enforcement.<sup>1</sup> Illicit drugs also cost business \$3 billion a year through factors like a reduced workforce and absenteeism.<sup>2</sup>

The adoption by all Australian governments in 1985 of harm minimisation as our official national drug policy was a major landmark. A commitment to reducing the supply, demand and harm from drugs helped Australia to keep HIV under control, thereby providing considerable health, social and economic benefit to drug users, their families and communities. But Australia, once a world leader in harm reduction (ie, reducing adverse consequences without necessarily reducing consumption) now resists even discussing the evident failure of drug law enforcement.

Australia has fallen behind countries like Switzerland, Portugal and the Netherlands in drug policy. These countries reformed some of their drug laws, emphasised health and social interventions, and expanded and improved drug treatment. Outcomes improved and problematic drug use declined. However, in most parts of Australia, demand for treatment with opioid substitutes such as methadone and buprenorphine still far outstrips supply.<sup>3</sup> Patients requiring such treatment, among the most disadvantaged in the country, are required to pay one of the highest copayments in our health care system.<sup>4</sup> Australia still has only one medically supervised injecting centre despite the now impressive evidence of benefits from national and international research, including reduced deaths from drug overdose, increased use of primary health care and drug treatments and improved neighbourhood amenity.<sup>5</sup> Although more than two-thirds (69%) of Australians today support the medicinal use of cannabis,<sup>6</sup> this therapy is not even under consideration. Nor is supervised administration of prescribed heroin since federal cabinet vetoed this in 1997.<sup>7</sup> Yet, seven contemporary trials in six countries provide persuasive evidence of the substantial benefits,

safety and cost-effectiveness of supervised administration of prescribed heroin, combined with providing strong psychosocial support to severely dependent, “treatment refractory” heroin users.<sup>8</sup>

The release in 2012 of the Australia21 report<sup>9</sup> triggered a largely positive debate about the need to consider drug law reform. Mick Palmer, a former Australian Federal Police Commissioner, commented recently that, as in other countries, drug law enforcement has had little impact on the Australian drug market, despite the Australian police being better resourced and trained than ever.<sup>10</sup>

Support for drug law reform is now growing around the world. The Global Commission on Drug Policy noted in 2011 that “the global war on drugs has failed with devastating consequences for individuals and societies”.<sup>11</sup> The Commission concluded that it’s time to “end the criminalization, marginalization and stigmatization of people who use drugs but who do no harm to others”.<sup>11</sup>

As many have argued recently, the threshold decision now required is to redefine illicit drugs as primarily a health and social problem and then to increase funding for health and social measures towards the levels now spent on drug law enforcement. The additional funding could be used in the community and in prisons to expand the capacity and broaden the range of high-quality drug treatments, while also expanding harm reduction measures such as needle and syringe programs and medically supervised injecting centres.

Drug dependence is defined partly by both major international definitions (International Classification of Diseases, 10th revision and *Diagnostic and statistical manual of mental disorders*, fourth edition, text revision) as continuing drug consumption despite severe adverse consequences, so it is not surprising that harsh punishment rarely reduces drug use. Problematic drug use must be recognised for its chronic relapsing natural history, as must the substantial health, social and economic benefit to drug users, their families and the community from drug treatments compared with the socially marginalising effect of criminalisation.

Change should be cautious, incremental and rigorously evaluated. Reform will only happen when supported by the community and enacted by politicians with the courage to accept the evidence. The medical profession should play a leadership role in this difficult transition. The first

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stages of reform might involve enabling the medicinal use of cannabis and removing criminal and, later, civil penalties for personal cannabis use. Australia should then emulate countries like Portugal that have benefited from removing criminal and civil penalties for personal use and possession of all drugs.

Drug treatment should become like any other part of the health system and cease being an adjunct to the criminal justice system. Decreasing the emphasis on drug law enforcement is likely to make the drug market less violent and more stable and to encourage less dangerous drugs to drive out more dangerous drugs. There may have to be a place for the commercial sale of small quantities of selected drugs as there was for edible opium at the turn of the last century. It is now clear that where there is a strong demand for drugs, there will always be a supply.

However, any attempt to introduce reforms will have to contend with the complexities of international drug treaty obligations which bind countries to the status quo. Having reduced some drug-related harms it is time to start trying to reduce the harms of our drug laws.

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