

Law Reform, Road and Community Safety Committee

Victorian Parliament

Submission to an Inquiry into Drug Law Reform

Deadline: 17 March 2017

Submit to: lrrcsc@parliament.vic.gov.au

Terms of Reference:

1. The effectiveness of laws, procedures and regulations relating to illicit and synthetic drugs and the misuse of prescription medication in minimising drug-related health, social and economic harm; and
2. The practice of other Australian states and territories and overseas jurisdictions and their approach to drug law reform and how other positive reforms could be adopted into Victorian law.

Background:

The Australian Drug Law Reform Organisation was established in 1993 to advocate for evidence and rights based approaches to drug policy.

First Terms of Reference:

- (i) Policies relating to illicit and synthetic drugs developed slowly in Australia from the 1920s. Major international changes started after the 1961 Single Convention. The evolving international drug control system affected domestic legislation in Australia. Consequently it is necessary to evaluate the effectiveness of drug policy by examining outcomes over several decades. Supporters of current policy often select data over short periods in an attempt to demonstrate policy success.
- (ii) Since the 1960s, the market for illegal drugs in Australia has expanded

greatly and become much more dangerous. A much greater number of drugs are now available. Newer drugs are often far more dangerous than older drugs. For example, a synthetic form of cannabis known as 'Spice' is considered much more harmful than botanical cannabis. In all likelihood, Spice only came into existence because of attempts to suppress botanical cannabis.

- (iii) Since the 1960s, deaths, disease, crime, corruption and violence related to drugs have all increased greatly. These outcomes matter much more than reported levels of drug use.
- (iv) In the last decade, a growing number of community leaders in Australia (retired and now also serving Police Commissioners, senior politicians) have expressed concern about the effectiveness of our approach to drugs. Several have noted that Australia cannot arrest or imprison its way out of our drug problems. Then Prime Minister Tony Abbott said in 2014 that 'the war on drugs is a war that cannot be won' and 'is a war that can be lost'. Many leaders in Australia and overseas acknowledge that a drug policy heavily reliant on law enforcement has not achieved its objectives and has resulted in very severe unintended negative consequences. It has turned out to be an expensive way of making a bad problem worse.
- (v) Drug law reform is now being implemented in an increasing number of overseas countries.
- (vi) In 2009/10, Commonwealth and State/Territory governments spent \$1.7 Billion in response to illicit drugs with most (66%) going to law enforcement, 9% to prevention, 21% drug treatment and 2% to harm reduction.
- (vii) It is difficult to identify benefits but easy to identify very severe unintended negative consequences from law enforcement. In contrast, benefits of health and social responses are easy to identify while unintended negative consequences generally relatively minor.
- (viii) Problems with heroin in Australia began after the drug was prohibited in 1953. Heroin overdose deaths increased from 6 in 1954, to

peak at 1,116 in 1999. The rate of heroin overdose deaths per 100,000 population increased 55 times from 1964 to 1997.

- (ix) Two out of every three smokers die from a tobacco related illness. The serious health risk of tobacco was first appreciated in the 1950s. It was possible to reduce the number of tobacco related deaths in Australia because cigarettes were legal and therefore could be regulated.
- (x) Procedures in Australia for regulating prescription drugs worked well until the 21st C when growing demand developed for powerful psychoactive drugs. Prescription drugs have become *de facto* yet another illegal drug.
- (xi) The main problem we face is drug demand not drug supply. Many young people feel pessimistic about their future. Drugs will continue to be a severe problem in Australia as long as large numbers of young people are attracted to a brief chemical vacation rather than deal with their poor housing, education, and employment opportunities. Their lives need to be improved and the severity and extent of poverty will have to be reduced. Poverty is not the sole cause of drug use but it exacerbates the problems of people taking drugs.
- (xii) Policy heavily reliant on law enforcement is ineffective, associated with severe collateral damage and is not cost effective

Second Terms of Reference:

- (i) Cannabis law reform in Australia began in South Australia in 1987. Now all states and territories have reformed cannabis laws to some extent but more reform is needed. Charging cannabis offenders is twice as expensive as cautioning them but no difference was detected in cannabis use before or after a law enforcement intervention.
- (ii) Eight states in the USA covering more than 20% of that nation's population have approved taxing and regulating recreational cannabis. Two states began implementing this policy in 2014 with the other six states expected to commence this policy in the next few years. Canada will become the first G7 country to tax and regulate recreational cannabis with implementation due to commence in 2018. Uruguay,

Geneva and Jamaica and some others countries are now committed to start taxing and regulating recreational cannabis.

- (iii) Many countries have now have dropped criminal sanctions for possession or use of personal quantities of drugs including Portugal in 2001.
- (iv) The global consensus on drug prohibition has now clearly broken down as was evident at the 2016 United Nations General Assembly Special Session (UNGASS) in New York.
- (v) Specific measures Victoria should consider include:
 - a. re-define drugs as primarily a health and social problem;
 - b. substantially increase the funding for health and social interventions;
 - c. expand the capacity and improve the quality, attractiveness, and availability of drug treatment;
 - d. concentrate on deaths, disease, crime, corruption and violence as the outcomes of policy rather than drug consumption;
 - e. reduce or eliminate criminal sanctions for personal drug use and possession;
 - f. establish 4-5 drug consumption rooms;
 - g. introduce pill testing;
 - h. start regulating as much of the drug market as possible noting that the needle and syringe programme, methadone/buprenorphine treatment for heroin dependence and a drug consumption room regulate parts of the drug market. Large quantities of concentrated powerful psychoactive drugs should not be available for retail sale. Until 1906 in Australia, edible opium was taxed and regulated and sold commercially. In the USA until 1903, Coca Cola contained cocaine;
 - i. start taxing and regulating recreational cannabis and then consider the same for MDMA;
 - j. introduce Heroin Assisted Treatment for treatment refractory people with severe heroin problems;
 - k. aim to ensure that certain patients have good access to effective, safe, affordable medicinal cannabis. These should be patients with distressing symptoms from a terminal or serious medical condition where conventional medicines have not proved effective and where there is reasonable evidence that medicinal cannabis may be effective.

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