

The failure of drug prohibition and the future of drug law reform in Australia

Alex Wodak

Emeritus consultant
Alcohol and Drug Service
St Vincent's Hospital

Visiting fellow
Kirby Institute
University of New South
Wales

President
Australian Drug Law
Reform Foundation

Director
Australia21
Sydney

Key words

drug control, drug
legislation, drug trafficking,
harm reduction

Aust Prescr 2015;38:148-9

Australia's first drug laws, introduced before Federation, banned only the smoking of opium and were aimed at Chinese people working on the goldfields. Since then, like most other countries, Australia has slowly adopted an evolving system of drug prohibition. This included approving three international drug treaties (1961, 1971, 1988) which require signatory nations to pass legislation imposing criminal sanctions on persons convicted of trafficking any of the listed drugs, now numbering approximately 250. A complex UN system has devised and implemented international drug policy and monitored national drug policy. Drugs were defined as a law enforcement issue by the political use of harsh language when referring to people who use drugs and the allocation to the criminal justice system of the overwhelming majority of government expenditure in response to drugs. Politicians have seen benefits in responding to drugs punitively and relying on the criminal justice system.¹

In recent decades, this approach has been increasingly questioned on the grounds of ineffectiveness, often severe collateral damage and the waste of scarce resources.² Former Prime Minister Tony Abbott conceded in 2014 that regarding the war on drugs 'It's not a war we will ever finally win. The war on drugs is a war you can lose.'³ In recent years, retired (and recently serving) senior police⁴ and politicians in Australia and other countries have acknowledged the failure of global drug prohibition.

During the last 50 years, the drug market in Australia and other countries has continued to expand and become more dangerous. The production and consumption of drugs, the number of drug types and the hazardousness of drugs available have all increased. Prices fell, purity often increased and an overwhelming majority of drug users continued to report that obtaining illicit drugs was 'easy' or 'very easy'. Although the aim of our drug laws was to protect the health and well-being of Australians, deaths, disease, property crime, violence and corruption have increased. For example, the rate of heroin overdose deaths in Australia increased 55-fold between 1964 and 1997.⁵

In contrast to the poor record of criminal justice measures, health and social interventions have often had impressive results. Harm reduction measures such as needle and syringe programs, strenuously opposed initially, averted the spread of HIV among and from people who inject drugs, thereby protecting the

community. \$1 spent on needle and syringe programs saved an estimated \$4 of healthcare costs and \$27 overall, while \$1 spent on methadone treatment saved an estimated \$7.⁶ The incidence of hepatitis C has declined substantially in Australia in recent years following expansion and improvement of the needle and syringe and drug treatment systems. This trend is likely to continue with further reform of drug laws.

Outcomes for the USA and a number of other countries that have relied on law enforcement have also been poor, costly and have often led to severe unintentional negative consequences. In contrast, countries such as the Netherlands, Switzerland and Portugal that have started to emphasise health and social interventions have achieved improved outcomes including reductions in overdose deaths, HIV infections and crime. Some US states (Colorado, Washington) started taxing and regulating cannabis like alcohol in 2014. Oregon, Alaska, Uruguay and Jamaica are now also committed to this approach. For almost a year from July 2013, New Zealand regulated some new psychoactive substances but stopped because the assessment system was not adequate.^{7,8}

The threshold change required for drug law reform is to redefine the problem as primarily a health and social issue.² This means that illicit drugs will be treated more like alcohol and tobacco with much more emphasis on expanding and improving the drug treatment system and ensuring that disadvantaged populations have better opportunities in life. Many people with severe drug problems manage to regain control of their lives without help.⁹ For those who need assistance to lead normal and useful lives as members of the community, GPs will play an increasingly important role.

If Australia starts moving from criminal to civil penalties for drugs, the thresholds for drug offences will need to be raised and the severity of criminal sanctions reduced. Cannabis, and possibly ecstasy, are among the few drugs that could be taxed and regulated. Drug checking could replace drug sniffer dogs at youth music events. Prescription heroin treatment has proved effective in trials and clinical practice in half a dozen countries and would be helpful in Australia for the small minority of people with severe and treatment refractory heroin dependence.¹⁰ Pressure is now growing in Australia for the medicinal use of cannabis.¹¹ Like any other medicine, policy and practice should be based on evidence of its effectiveness and safety.¹²

Drug prohibition took many decades to evolve and implement. It is likely that a reformed system based on harm reduction will also evolve slowly over several decades. **A**

The author began publicly advocating drug law reform in 1987 and has worked on a voluntary basis for drug law reform full time since 2012. He is president of the Australian Drug Law Reform Foundation.

REFERENCES

1. Wodak A. Drug law reform: when bad policy is good politics. *Lancet* 2012;380:1624-6.
2. Wodak A. What works best in the war on drugs. *The Conversation*; 2014 Sept 10. <http://theconversation.com/what-works-best-in-the-war-on-drugs-31015> [cited 2015 Sep 7]
3. Mitchell N, presenter. Interview with Prime Minister Tony Abbott [radio broadcast]. Melbourne: Radio 3AW; 2014 Apr 29.
4. Moor K. Police chief admits drugs they seize are just the tip of the iceberg. Melbourne: Herald Sun [online edition]; 2014 Apr 29. www.heraldsun.com.au/news/law-order/police-chiefs-admit-drugs-they-seize-are-just-the-tip-of-the-iceberg/story-fni0fee2-1226900023298 [cited 2015 Sep 7]
5. Hall WD, Degenhardt LJ, Lynskey MT. Opioid overdose mortality in Australia, 1964-1997: birth-cohort trends. *Med J Aust* 1999;171:34-7.
6. Australian Government Department of Health and Ageing, National Centre in HIV Epidemiology and Clinical Research. Return on investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia. Sydney: University of New South Wales; 2009.
7. Wodak AD. New psychoactive substances: reducing the harm caused by untested drugs and an unregulated market. *Med J Aust* 2014;201:310-1.
8. Newberry J, Wodak A, Sellman D, Robinson G. New Zealand's regulation of new psychoactive substances. *BMJ* 2014;348:g1534.
9. Granfield R, Cloud W. The elephant that no one sees: Natural recovery among middle-class addicts. *J Drug Issues* 1996;26:45-61.
10. Schechter MT. Drug users should be able to get heroin from the health system. *BMJ* 2015;350:hi753.
11. Mather LE, Rauwendaal ER, Moxham-Hall VL, Wodak AD. (Re)introducing medicinal cannabis. *Med J Aust* 2013;199:759-61.
12. Rolles S. An alternative to the war on drugs. *BMJ* 2010;341:c3360.

FURTHER READING

Ending the Drug Wars. Report of the LSE Expert Group on the Economics of Drug Policy. London: LSE IDEAS; 2014 May.

Harm Reduction International. What is harm reduction? London: International Harm Reduction Association; 2015. www.ihra.net/what-is-harm-reduction [cited 2015 Sep 7]

Manderson D. Like men possessed: what are illicit drug laws really for? *The Conversation*; 2014 Nov 3. <http://theconversation.com/like-men-possessed-what-are-illicit-drug-laws-really-for-31739> [cited 2015 Sep 7]

Wodak A. The abject failure of drug prohibition. *Aust N Z J Criminol* 2014;47:190-201.

The Doctor's Bag

EMERGENCY DRUG DOSES AT YOUR FINGERTIPS

FREE app to support GPs during emergencies. Provides recommended doses for drugs in the PBS Prescriber Bag, including:

- adrenaline doses for anaphylaxis
- calculator for weight-based dosing.

Search for "The Doctor's Bag".

Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Google Play is a trademark of Google Inc.