

Policy Document

Illicit Drug Reform Policy

Background

In June 2011 the Global Commission on Drug Policy (GCDP) stated that the 40-year global 'War on Drugs' had failed with devastating consequences for individuals and societies around the world[1]. The findings of the Commission determined that hard-line, prohibitionist tactics of law enforcement to control drug use have been ineffective since their global introduction in the 1970s, and drug markets and drug-related harm are proceeding unopposed by the current sanctions[2].

The Current Drug Strategy

Australia's National Drug Strategy, which was formulated in 1985, is built around 3 pillars:

1. Supply Reduction – reducing the availability of drugs through legislation and law enforcement;
2. Demand Reduction – reducing the demand for drugs through prevention and treatment;
3. Harm Reduction – reducing the harms of drugs among the people who continue to use them[3].

While this framework specifies a balanced approach between the law enforcement and health sectors, the reality is that an asymmetry exists in the allocation of resources between them favouring law enforcement. The most recent economic assessment of spending towards law enforcement and healthcare interventions noted a combined total of \$2.37 billion spent between federal, state and territory governments in 2004-2005; 92% of this was spent on law enforcement and 7% was spent on healthcare interventions (the remaining 1% was spent on associated road crashes, fires and not otherwise included expenditure) [4,5].

The current law enforcement based policies have not achieved their objectives to decrease the supply and demand for illicit drugs in Australia. Over 10 years, the United Nations Office on Drugs and Crime documented a 35% increase in opioid use, a 27% increase in cocaine use, and 8.5% increase in cannabis use worldwide[6]. These global increases in drug use are congruent with the Australian trends suggesting that the current framework is doing little to stem the supply or demand of illicit substances[7],[8]. Inability of current policies to reduce supply in Australia is further evidenced through surveys of illicit substance users who rate most drugs to be 'easy' or 'very easy' to obtain[9] and, moreover, high rates of drug seizures at Australia's borders[10]. Drug education, interventions and marketing campaigns have also had little measurable impact on the demand for drugs thus far [11].

The Current Burden of Drug Associated Harm

Drug-associated harm currently takes many forms in Australian society. These include direct mortality, mental illness and the contraction of blood-borne viral disease[12]. Further harms can be found in domains as diverse as motor vehicle

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accidents, workplace injuries, domestic violence, acquisitive crime and violent drug-market related harms [13,14].

Every year approximately 400 Australians die as a direct result of illicit drug usage [12]; the Australian Bureau of Statistics estimates that more than 900 additional deaths annually are associated indirectly with drug use[15]. Thousands of other citizens suffered from short and long term health consequences, largely as a product of dependence, unsafe injecting practices and infections. The subsequent treatment of these harms comprised 2.0 per cent of Australia's total burden of disease in 2003 [12].

Drug-related crime is over-represented in courts and prisons as current policies imprison minor offenders rather than offer them health care and support[16]. Today an estimated 10.8 per cent of all violent offenders are incarcerated as a direct consequence of illicit drug consumption[17]. A further 20 per cent of male prisoners reported that illegal drugs were at the core of the offence that resulted in their imprisonment[18]. Harm to prisoners is further potentiated by the resistance to incorporate validated harm-minimisation strategies, such as safe-injecting rooms, into the prison setting[19].

These high rates of incarceration comprise considerable detriment to the health of those imprisoned. Aside from the risks of physical violence, there are also striking associations between imprisonment and of the development of mental health disorders and the contraction of blood-borne viruses compared to that of the general public [19],[20]. Imprisonment also impacts social determinants of health; this is evidenced by the poor likelihood that convicted individuals will find meaningful employment on release and; as high as a 70 fold relative risk of all-cause-mortality within 6 months of release [18].

The Role of Harm Minimisation

Despite the use of diversionary policies such as the existing education and treatment sessions for low-level cannabis offenders, a hard-fisted illicit drug policy focused on law and order has been shown to ineffective in suppressing a growing drug market[21]. Not only has there been an observed failing to reduce drug availability and harm, it is arguably producing many more adverse consequences through the marginalisation and stigmatisation of individuals who use or are addicted to drugs. These kinds of social persecution are arguably at the core of much of the detriment associated with drug use; it limits ties to social support networks, financial and health services that could help them evade the deleterious social and physical effects of substance abuse[22].

There is an expanding evidence base suggesting that in order to limit the physical, mental and social detriments of drug use, new strategies should be considered that favour the minimisation of harm and lifting the current stigma that surrounds individuals who use illicit drugs. It is our duty as future leaders in health care policy, to advocate for people who use illicit drugs to be treated as patients, rather than prosecuted as criminals.

The Australian Senate [23] and the AMA[24] have both acknowledged that an evidence-based harm minimisation approach is needed to reduce the negative impacts of drug use. As the peak body for Australia's medical students, AMSA has the opportunity to join in reopening this debate and promote an evidence-based policy that aims to empirically reduce the harms of drug use in Australia.

Position Statement

AMSA believes that a debate surrounding alternative drug policy should be reopened on the parliamentary agenda. We advocate for the establishment of an evidence-based, efficacious, cost-effective drug strategy that protects Australians from harm.

Policy

1. AMSA believes that Australia's drug policies;
 - a. Must be based on solid empirical and scientific evidence;
 - b. Should assess efficacy based on the reduction of harms to the health, security and welfare of individuals and society;
 - c. Must be based on human rights and public health principles. That the stigmatisation and marginalisation of people who use certain drugs should cease, and that they be treated without discrimination and be provided health and rehabilitation services;
 - d. should facilitate increased access and awareness to the services listed in 1.3; and
 - e. drug policies should be reviewed in a comprehensive manner involving families, schools, public health specialists, youth and civil society leaders in partnership with law-enforcement agencies and other relevant government bodies.
2. AMSA believes that medical students should be encouraged to increase their awareness of the issues surrounding illicit drug policy and the implications for community health.
3. AMSA calls on the Australian Governments to:
 - a. Re-open political discussions surrounding drug policy in Australia
 - b. acknowledge emerging evidence suggesting insufficiency of the current policies to address drug-related harm
 - c. To assess the efficacy of policies surrounding illicit drugs using measures of harm reduction to individuals and society

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Policy Details

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