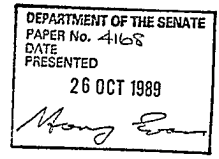




## *INTRODUCTION*

In May 1989 the Parliamentary Joint Committee on the National Crime Authority produced a report on 'Drugs, Crime and Society'. The report deals with the trade in illegal drugs in Australia and the strategies used by law enforcement agencies to combat that trade. It outlines the social costs of the present policy which prohibits the import, export, supply and use of these drugs and sets out alternative ways to reduce the harm caused by the abuse of these drugs.

The Committee recommended that the community consider ways in which governments might impose more controls on the sale and marketing of the presently illegal drugs. It noted that there was a need for Australians to gain a better understanding of what these drugs actually do and of the social costs of the present policy of prohibition. The Committee expressed the hope that its report might assist in this process of public education.

The Committee's report is available from Commonwealth Government bookshops. However the Committee has prepared this summary in order to promote public discussion of alternatives to the present policy of prohibition.

# Rethinking drug policy

A summary of a report by the Parliamentary Joint Committee on the National Crime Authority

## THE ILLEGAL DRUGS

The Committee's report concentrates on four illegal drugs in particular:

***Cannabis*** comes from the indian hemp plant, known for thousands of years for its mind altering effects. The dried leaves and flowering tops are known as marihuana while the resin extracted from the plant is known as hashish. Cannabis is usually smoked, but it may also be added to food.

***Heroin*** comes from the opium poppy, used in medicine since as early as 4000 BC. Opiates such as morphine, injected for relief of severe pain, and codeine, used in headache, cold and 'flu pills, are still vital in medicine today. Heroin is closely related to morphine. Banned from medical use here, it is used for the relief of pain in cancer cases in Britain. Heroin users generally inject into a vein but the drug may also be heated and the fumes inhaled, a practice known as 'chasing the dragon'.

***Cocaine*** comes from the leaves of the coca bush, chewed for centuries by South American Indians to combat hunger and fatigue. Cocaine in a white powder form is usually 'snorted' by users but it may also be injected. 'Crack', a purer form of cocaine, is smoked in pipes.

The ***amphetamines*** are artificial stimulants, used originally to combat fatigue and as diet pills. Trade names include Benzedrine, Dexedrine and Methedrine though users call the drug 'speed'. The pill sold as 'ecstasy' is also related to the amphetamines.

## THE HARM DRUGS DO

The legal drugs pose more problems for public health than the illegal drugs, mainly because many more people use them. Over 80 per cent of adults drink alcohol and 30 per cent smoke tobacco. Only 6 per cent use cannabis and under 2 per cent use the other illegal drugs.

***Tobacco caused over 17,000 deaths in 1986.***

Tobacco caused over 17,000 deaths in 1986, alcohol 3,465 deaths, and the opiates (including legal drugs as well as heroin) 249 deaths. The link between smoking and cancer and heart disease is well known. Heavy alcohol use is associated with mental disorders, cirrhosis of the liver, and an increased risk of heart disease and cancer.

Cannabis causes mental illness in some cases and makes schizophrenia worse. Smoking the drug causes chronic bronchitis and makes breathing more difficult. Prolonged heavy smoking of cannabis will probably cause lung cancer.

Heroin users risk an overdose, which results in them lapsing into a coma. If urgent medical action is not taken they may die, and even if they are revived they may suffer brain damage. Heroin doesn't damage the body or lead to mental illness. However addicts suffer from poor nutrition and a lack of hygiene. Injecting the drug results in collapsed veins, blockage of arteries and permanent scarring ('track marks'). Sharing of needles spreads hepatitis-B and AIDS.

Snorting cocaine can damage nasal membranes. Heavy use of cocaine and the amphetamines leads to mental illness. Users suffer agitation, paranoia and delusions. They may, for example, feel that small insects or worms are burrowing under their skin and may scratch the skin raw trying to get rid of them. Acute intoxication with amphetamines leads to dizziness, shaking, hallucinations and chest pain and may result in death. Similar symptoms have been reported with 'ecstasy'.

*All these drugs are dangerous if used during pregnancy.* Tobacco causes still-births and leads to low birth-weights. Alcohol and cannabis cause a pattern of birth defects including mental retardation, growth deficiency and facial deformities. Babies born to mothers dependent

on heroin, cocaine and the amphetamines may themselves be dependent and cocaine and the amphetamines may also cause birth defects.

It is misleading to suggest that anyone who tries any of the illegal drugs will become addicted. The majority of users of the illegal drugs do not become addicted at all. Physical dependence on heroin, for example, takes time to develop. Many people cease to use a drug after trying it only a few times.

Despite the picture of the 'hopeless junkie' which most of us have, heroin addicts can and do regulate their use. They may cease to use for quite lengthy periods in the course of their using careers. They generally give up heroin at an early age after relatively brief periods of addiction or 'mature out' of their addiction between 35 and 45 after longer using careers.

***The majority of users of the illegal drugs do not become addicted.***

Experts today generally agree that our response to drugs is the result of the interaction of the drug (the chemical effects of the drug itself), 'set' (the attitude of the person at the time of use, including their personality), and 'setting' (the influence of the surroundings in which use occurs).

By way of example current estimates suggest that 35 per cent of United States soldiers in Vietnam tried heroin and that 54 per cent of those who did became addicted. On return to the United States, however, only 7 per cent continued to use heroin and only about 2 per cent remained addicted. Clearly their experiences in Vietnam had more to do with their addiction than heroin itself or their personalities.

It is therefore misleading to suggest that certain persons are doomed to become addicted because they have 'addictive personalities'. Equally it is misleading to suggest that the illegal drugs enslave their users for life.

Rather than viewing the use of the illegal drugs as something entirely foreign to our experience, it is useful to think of it in the same terms as our own drug use. The reasons given by occasional users of heroin for their drug use are not dissimilar to the reasons most of us would give for social drinking.

Habitual users of heroin speak of having to inject just to feel normal, an experience that will be familiar to those of us who do not feel normal until we have had our first cigarette for the day. This is not to ignore the vast differences in effect between these drugs. Rather it is an attempt to make the phenomenon of drug use intelligible. We are a drug using society and the use of the illegal drugs is merely a part of this behaviour.

## THE ILLEGAL DRUG TRADE (AND WHY THE PRESENT POLICY ISN'T WORKING)

The Committee's estimates of the extent of the trade in illegal drugs are set out below. They should be treated with caution. Nevertheless it is clear that a significant number of Australians are prepared to ignore the law, particularly with regard to cannabis.

Other surveys suggest that as many as 30 per cent of Australians aged between 14 and 19 may have tried cannabis at some time. Such widespread disregard of the law casts doubt on its effectiveness as a means to control drug use.

### Law enforcement strategies

The Committee's estimates suggest that law enforcement agencies have been more successful in making seizures of drugs than they have been given credit for. This does not mean, however, that they are succeeding in preventing supplies of illegal drugs from reaching the market.

Australian heroin comes largely from the 'Golden Triangle', the part of South East Asia where the borders of Thailand, Laos and Burma meet. Cocaine comes from South America: the coca bush is grown in Bolivia and Peru and processed in Colombia and Brazil.

Attempts have been made to attack the drug trade at its source by destroying crops of opium poppies and coca bushes and encouraging farmers to grow other crops. However these attempts have been unsuccessful.

The drug crops offer a better return than alternatives and the farmers may lack the skills or resources needed to grow substitute crops. The drug crops may have legal uses in their countries of origin. The governments of producing countries may only be able to exercise weak control over the areas where the drug crops are grown. Moreover only a small area of production is needed to supply the world demand for illegal drugs.

Australian law enforcement strategies focus on three levels of the trade:

1. the interception of importations of heroin and cocaine, the destruction of cannabis plantations and the detection of illicit amphetamine laboratories;
2. the targetting of major importers and distributors; and
3. the harassment of lower level dealers and users.

### Intercepting importations

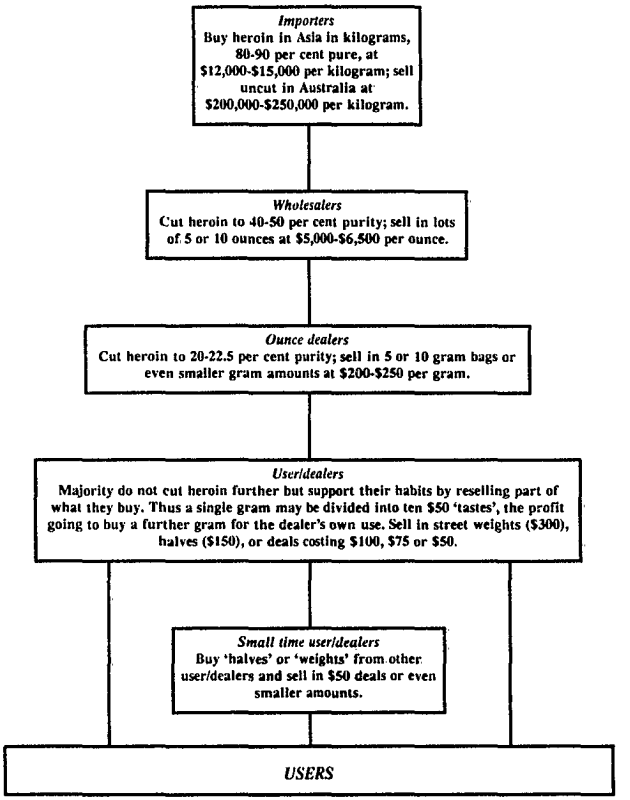
The idea that Australia is especially vulnerable to drug importations because of the length of its coastline and the volume of its incoming passenger traffic and container cargo is something of a myth. The Australian Customs Service relies on intelligence rather than on random searches to identify traffickers.

However the structure of the drug trade (see diagram opposite) is such that the seizure of importations is unlikely to have much effect unless the organisers can be identified and successfully prosecuted. This is because most of the value is added to the drugs after they enter the country.

A kilogram of heroin costs only $12,000 to $15,000 in Asia but it can be sold in Australia for $200,000 to $250,000. Thus the seizure of 2 kilograms of heroin in the luggage of a courier represents a loss to the importer of $30,000 plus the cost of the air ticket, an insignificant amount when compared to the profit to be made from a single successful importation.

| Drug | Cannabis | Heroin | Cocaine |
|---|---|---|---|
| Used in last 12 months | 780,000 | 33,600 | 84,500 |
| Frequent, regular users | 226,000 | 3,360 | 6,640 |
| Estimated annual consumption | 120,000kg | 350kg | 65kg |
| Estimated annual turnover | $1,905m. | $699m. | $13m. |

## STRUCTURE OF THE HEROIN TRADE



Similarly the destruction of a cannabis plantation does not represent a loss to the grower of the 'street value' of the drugs quoted in press reports. At most it represents the loss of any capital invested in the land, improvements such as irrigation equipment, seed and labour costs.

## Targetting traffickers

For the targetting of traffickers to have any long term impact there must be only a few of them. They must require substantial experience in the trade and so must be difficult to replace. Their organisations must take a long time to put together and must adapt slowly to changes in law enforcement strategies.

**The seizure of importations is unlikely to have much effect.**

Unfortunately none of this is true. One does not need substantial experience to become a major trafficker. It appears to be relatively easy for dealers to make money and so to rise up the structure of the trade. An 'ounce dealer' (see diagram) stands to make $7,000 to $8,500 gross profit on each ounce sold. Thus if wholesalers are captured there would be a number of lower level dealers ready to take their places.

Importers may be more difficult to replace. Their contacts overseas are crucial. However they may be prepared to pass their contacts on for a share in the profits. Equally, other members of their organisations may remain at large.

## Targetting lower levels

Targetting lower levels of the trade offers more obvious rewards. Importers and wholesalers cannot risk making direct contact with users and so may find their networks disrupted if a number of dealers at this base level can be locked up. New users should find it harder to obtain supplies. Existing users may find it too difficult and expensive to continue to use and may seek treatment.

However this disruption rarely lasts for any length of time. If law enforcement is concentrated in one area, dealing simply shifts to another area. A temporary drought in the supply of one drug may simply lead users to substitute others.

## A hopeless task?

Despite the law enforcement agencies' success in making seizures and destroying cannabis plantations we do not seem to have prevented supplies of the illegal drugs from reaching those in Australia who wish to use them. *Indeed the Committee argues that we cannot hope to do so.*

It is accepted even by the law enforcement agencies themselves that they cannot hope to stop all drugs reaching the market. So long as there is demand, even at what seem to be irrationally high prices, someone will attempt to supply it.

The most striking proof of this is that, even with the most stringent security measures, we cannot keep drugs out of our gaols. While it seems clear that the extent of drug use in gaols has been greatly exaggerated, nonetheless demand has created a supply, however small.

**So long as there is demand, someone will attempt to supply it.**

Two conclusions follow from this. First, the solution to the problem of drug abuse lies in demand reduction, not in law enforcement. Although law enforcement has some effect on demand, community opinion is far more powerful, as demonstrated by the shift in attitudes to tobacco over the last decade.

Secondly, if law enforcement cannot demonstrate success in preventing the supply of illegal drugs to Australian markets then it is time to give serious consideration to alternative policies, however radical they may seem.

## THE SOCIAL COSTS OF THE PRESENT POLICY OF PROHIBITION

The Committee estimates the direct annual cost of drug law enforcement at $123 million. This is not just a dead cost: it represents police diverted away from other duties and money diverted away from other calls on the public purse. It also represents delays in the courts and overcrowding in the gaols.

The high price of heroin in particular means that users resort to dealing in the drug, to prostitution, and to fraud, property offences and armed robbery in order to support their habits. The community bears the cost of drug-related crime through increased insurance premiums and the need for increased security measures for homes and business premises.

Users seeking to buy drugs are brought into contact with a criminal subculture and may progress from using cannabis and pills including the amphetamines to the use of heroin. The drug trade is violent because it takes place outside the law and the profits to be made also promote corruption in law enforcement agencies.

***The community bears the cost of drug-related crime.***

The high cost of the illegal drugs means that many users prefer to inject them in order to get the greatest effect from a small quantity of the drug. Carried out under insanitary conditions this has obvious health risks. These are magnified by the sharing of needles which spreads hepatitis-B and AIDS.

Rates of infection with the virus causing AIDS are low among intravenous drug users in Australia at present. The overseas experience suggests, however, that the infection may spread very rapidly. There is a very real threat that AIDS may spread from the intravenous drug using population through sexual contact to the community at large.

Prohibition also means that the illegal drugs are adulterated with substances including talc, glucose, strychnine and arsenic, posing further dangers to users' health.

Prohibition has eroded accepted civil liberties. People can be liable to intrusive searches upon suspicion. People's reputations can be damaged not because of any crime that has been proved against them but because they are suspected of having some involvement in the drug trade. Prosecutions depend upon informers and the law bears most heavily on those drug users, primarily the young and the poor, who use drugs in public places.

***Prohibition has eroded accepted civil liberties.***

An obvious double standard prevails in respect of recreational drug use when we give manufacturers of alcohol and tobacco products social recognition but put growers of cannabis in gaol for lengthy periods.

At the same time the illegal drugs are not available for use in medicine. Cannabis has promise as an anti-emetic for cancer patients undergoing chemotherapy and in relieving suffering from glaucoma. Heroin has long been used in Britain to relieve the pain of terminally ill cancer patients.

## SOME ALTERNATIVES TO THE PRESENT POLICY OF PROHIBITION

Whether one believes that the costs of the present policy of prohibition are worthwhile depends on what one believes the policy was designed to achieve. The stated aim of the National Campaign Against Drug Abuse is 'to minimise the harmful effects of drugs on Australian society' but it seems that harm minimisation means different things to different people.

It is clear that at the official level harm minimisation means reducing the use of drugs, both by demand reduction (through education, treatment and rehabilitation) and by supply reduction (through law enforcement). An alternative view, based on an acceptance of certain levels of drug use in Australian society, would emphasise the need to minimise the harm which users may do to themselves as a result of their drug use.

Such a view implies different policies to those being pursued at present. It suggests that the primary emphasis should be on safe use, rather than on deterring use. It suggests that use and possession by themselves should not be criminal offences. It suggests that the supply of the illegal drugs should be regulated by the government in some way rather than being left outside the law in the hands of criminals.

### The need for control

If one were to draw a diagram of all the ways in which governments might control the supply of drugs one would probably put the present policy of prohibition at one end and a complete lack of government control at the other. Yet the Committee suggests that the control exercised under the present policy is an illusion.

Because the trade in the illegal drugs takes place outside the law, it takes place outside government control. There is no control over the chemistry of the drugs, the outlets where the drugs are sold and who the drugs may be sold to. This would not matter if none of the illegal drugs were being sold but this is not the case.

We can contrast this with the situation with regard to alcohol. Quality is monitored and products have labels indicating their alcoholic content. Liquor can only be sold from licensed premises and it may not be sold to persons under the age of 18 or to persons who are already drunk. The law does not punish use as such. Instead it deals with certain types of behaviour which result from the abuse of alcohol: being drunk and disorderly in a public place, for example, and drunken driving.

***The control exercised under the present policy is an illusion.***

The Committee urges that in considering alternatives to the present policy the community should direct its attention to ways by which governments might impose more controls on the sale and marketing of the presently illegal drugs.

**1. Harsher penalties**

What are the alternatives to the present policy? Is it possible to make law enforcement more effective? One alternative is to increase the penalties for trafficking in the hope that this will deter both those persons already in the trade and those who might be tempted to enter it.

In fact the last two decades have seen a steady increase in the maximum penalties for drug trafficking offences in this country with little effect. Those countries in Asia which have imposed the death penalty for drug trafficking have also seen an alarming increase in addiction.

In Singapore, which introduced the death penalty in 1975, the estimated number of addicts grew from 2,000 in 1975 to 13,000 in 1977. Pakistan, which also has the death penalty, had almost no heroin problem in 1979 but now has an estimated 700,000 to 900,000 addicts.

Increased penalties are unlikely to have real effects unless the risk of detection and conviction can also be increased. At the same time, higher penalties are likely to result in higher prices, thus encouraging others to enter the trade.

Increasing penalties may also create intolerable congestion in the courts and gaols. In 1973 New York State imposed new mandatory minimum sentences for drug trafficking. A study in 1976 found that the new penalties had had no effect on

the use of heroin or its availability in New York City. However the time taken to deal with drug cases had nearly doubled despite the appointment of 49 new judges. The new law was a costly failure.

**2. De facto decriminalisation**

The costs imposed on users by the present policy have led to suggestions that use and possession should not be criminal offences. The present prohibition on commercial supply would remain.

Various methods have been proposed for achieving this. In the Netherlands a policy has been adopted which may be called de facto decriminalisation. The laws prohibiting the possession of the illegal drugs remain on the books but they are not enforced.

Cannabis is sold in limited quantities from certain cafes and youth centres, so separating the sale of the 'soft' and 'hard' drugs. Policies in relation to the harder drugs are aimed at improving the addicts' health and helping them to function in society.

Considerable efforts have been made to ensure that addicts are in contact with treatment services. Where addicts are arrested for drug-related crimes, pressure is put on them to accept treatment as an alternative to imprisonment.

***In the Netherlands laws prohibiting possession of illegal drugs are not enforced.***

What has been the result of these policies? Cannabis use in the Netherlands is low and has remained so. Of the 4,000 to 7,000 estimated hard drug addicts in Amsterdam, 60 to 80 per cent are being reached by some form of government assistance.

Only 8 per cent of Dutch AIDS patients are drug users compared to a rate of 23 per cent for the whole of Europe. The average age of drug users is increasing and there have never been so many drug addicts asking for detoxification and drug free treatment as at present.

However the policy of not enforcing the law in the Netherlands must be seen against a background of a legal system which already affords great discretion to prosecutors. The experience in Australia with an unspoken policy not to prosecute brothels in some States and Territories is not encouraging. It has led to corruption and complaints that police have protected some premises while prosecuting others.

**3. Decriminalisation**

Decriminalisation avoids this problem. It refers to a system where possession for personal use is no longer a crime but is subject to a set penalty. This may be recovered by civil action, like a debt, or it may be dealt with like an 'on-the-spot' fine for traffic offences.

***Decriminalisation in relation to cannabis reflects the present situation where predictable fines are imposed for cannabis offences.***

South Australia has instituted such a system in relation to cannabis. Offenders are issued with 'expiation notices' requiring them to pay the set penalty within a certain time. If they do not pay they are taken to court in the normal manner.

Such a system simply reflects the present situation where predictable fines are imposed for cannabis offences. Its only effect is a saving in court time and in South Australia during the first ten months the new system was in operation a majority of offenders in fact chose to be prosecuted in the normal manner.

The Sackville Royal Commission proposed a system of 'partial prohibition': the legalisation of possession and use and the cultivation and distribution of cannabis provided no profit is made. Such a policy is probably only realistic in respect of cannabis, which can be grown quite easily in Australia.

However permitting the development of an unregulated market in home-grown cannabis would not result in greater government control over the trade. There would be no quality control, no control on use by children or levels of use, and no benefit to government in terms of taxation revenue.

**4. Prescription**

Decriminalisation is impractical so far as heroin, cocaine and the amphetamines are concerned. Even if opium poppies and coca bushes could be

readily grown here, people could not extract heroin and cocaine for their personal use without great difficulty. The amphetamines are manufactured in home laboratories at present but their quality is unreliable.

***Once addicts began to seek drugs for recreational use the British system broke down.***

One alternative would be to allow doctors to make all these drugs, or heroin at least, available on prescription. Such a system applied in Britain up until 1968. However the system only really worked when all the patients involved had become addicted as a result of medical treatment. Once addicts began to seek drugs for recreational use the system broke down.

Addicts were receiving massive doses of heroin and cocaine for their own personal use and were also re-selling part of what they received to occasional users. These users in turn became addicted. The fact that heroin was legally available therefore did not mean that there was no black market. In fact it stimulated the growth of such a market. Moreover, although addicts were being supplied with unadulterated heroin in known doses, they still died from overdoses and other health problems linked to their drug use.

The British Government acted in 1968 to restrict the power of doctors to prescribe drugs to addicts. Heroin, cocaine and methadone are now provided chiefly through special clinics.

Methadone, a synthetic opiate, is also used in this country in the treatment of heroin addicts. It has largely replaced heroin as the preferred drug for the maintenance of addicts in Britain. Doctors feel that offering methadone (taken orally, like cough syrup) rather than injectable heroin is a step towards getting the addicts off drugs altogether.

On the basis of the British experience we cannot hope that making the illegal drugs available on prescription will cause the black market to disappear. If prescription drugs are restricted to addicts there will always be a substantial number of occasional and experimental users who remain outside the system.

On the other hand, maintenance schemes such as the British system and that operating here using methadone do offer addicts who wish to do so a chance to stabilise their lives. Methadone maintenance schemes have also shown great potential in cutting rates of drug-related property crime.

Methadone has advantages over heroin as a maintenance drug because it can be taken orally and needs to be taken only once a day. With heroin the health problems of injection remain and the drug must be taken at least three times a day.

***Maintenance schemes offer addicts a chance to stabilise their lives.***

If users are allowed to take their doses away with them they may be tempted to sell some of what they receive on the black market. If they must inject the drug on the premises where they receive it they will effectively be prevented from leading normal lives.

**5. Licensing**

An alternative approach for the controlled supply of drugs would be a licensing system. Users would be required to be licensed in much the same way as persons are licensed to have guns under existing laws. They would be required to be over 18 and to have undertaken a course in drug education and they would be required to wait for a 'cooling off' period between applying for and actually obtaining their licences.

They would be able to purchase over the counter quality controlled, government taxed drugs on the production of their licences. Details of all purchases would be filed in a central computer allowing monitoring of levels of use. Heavy users could be identified for counselling and those suspected of re-selling could have their licences suspended or cancelled.

There are privacy problems with such a scheme, particularly as regards the monitoring of levels of use. Because it could come to resemble a policy of free availability it would very likely lead to a dramatic increase in the use of the presently illegal drugs.

**6. Regulation**

Two other options are available if the supply of the presently illegal drugs is to be regulated by governments rather than being prohibited. First,

the drugs could be sold commercially like alcohol and tobacco. Controls could be imposed on the age of users, the outlets where the drugs were to be sold, and the content of advertising. A tax could be imposed which would make the drugs more or less expensive depending on their potential for abuse. Ordinary controls on the quality of products would apply.

This model was not supported by most people who made submissions to the Committee. It was considered that commercial interests would push the consumption of the illegal drugs in the same way they market alcohol and tobacco. The alternative is to place the supply of the presently illegal drugs in the hands of a government monopoly.

***Regulation would eliminate many of the costs of the present policy.***

Cannabis could be cultivated, and the other drugs manufactured, under licence from a government agency. The agency would then be responsible for making the products available through licensed retail outlets, possibly pharmacies, with labelling giving details of purity and strength. Sale to children and all advertising would be prohibited.

It is argued that regulation would eliminate many of the costs of the present policy. The black market, it is said, would die away. There would be savings in law enforcement costs and taxes could be used to fund drug education and rehabilitation programmes. Drug-related crime would disappear as would the violence and corruption associated with the illegal trade. Some health problems would go and users could be educated on the dangers of sharing needles and AIDS.

On the other hand there would be a substantial increase in the use of the illegal drugs and a consequent increase in health problems associated with this. If regulation were adopted only for heroin, a black market would remain in the other illegal drugs. Crime and corruption would remain, as would the health problems of those users who choose to follow a 'junkie' lifestyle.

## *Conclusion*

There is no easy solution. Each option involves trade-offs between costs and benefits. The Committee hopes that making this summary available will lead to a more informed debate within the community on drug policy.

## *WHAT YOU CAN DO*

If you have an opinion on the direction we should be taking in dealing with drugs, write to:

The Secretary
Parliamentary Joint Committee on the
National Crime Authority
Parliament House
CANBERRA ACT 2600



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