

ILLICIT AND PHARMACEUTICAL DRUG MISUSE POLICY

It is important to note that the misuse of pharmaceutical drugs refers primarily to diversion – where the person for whom the drugs were prescribed either gives or sells them to another or – deliberate misuse - to enhance the effect of other illicit substances.

The Public Health Association of Australia notes the following:

1. While there is considerable and continuing anxiety in Australia regarding illicit drugs most Australians recognise that the majority of drug-related harm is attributable to the licit drugs alcohol and tobacco. In 2004, 46.4% of Australians said tobacco was responsible for the most drug related deaths in Australia and 24.2% said alcohol.¹
2. In 2004, an estimated 2.5 million Australians (15.3% of those aged 14 years and over) reported using an illicit substance in the previous 12 months¹. Illicit drug misuse results in significant economic, social and health costs to the nation.
3. The misuse of illicit drugs was responsible for 1038 drug induced deaths in 2001. This represents a decrease of more than 30% since 1999. This decrease was largely due to the decline in heroin related deaths from 6.5 per 100,000 to 2.6 per 100,000 between 1999 and 2001.²
4. Pharmaceutical drugs, in particular benzodiazepines, are sometimes used in doses or in a manner that creates significant risks to the individual.³ In 2001 benzodiazepines were involved in 28% of accidental deaths in Australia and 28% of suicides.³
5. Cannabis is by far the most commonly used illicit drug in Australia, as it is elsewhere in the world.⁴ In 2004, 11.4% of Australians aged over 14 years reported recent use of cannabis. This represents a significant decline in use compared to 2001 when 12.9% reported recent use.¹
6. There is growing evidence that regular, heavy cannabis use (daily or near daily use) has the potential to have a significant negative impact on mental and physical health.⁵
7. The National Drug Strategic Framework 2004-2009⁶ encompasses the principle of harm minimisation which is consistent with a comprehensive approach to drug-related harm, involving a balance between demand reduction, supply reduction and harm reduction strategies. However, the vast majority of drug-related budget

expenditure has been shown to be directed towards law enforcement and a more balanced approach to the allocation of funds to demand reduction and harm reduction is needed.

8. Australians support increased penalties for the sale or supply of illicit drugs but differentiate between cannabis and other drugs (heroin, methamphetamine and cocaine). For example, more than 80% of Australians support increased penalties for other drugs, while only 58% support the same for cannabis.¹

9. With regard to penalties for the possession of drugs for personal use other than cannabis 40 to 46% of Australians support referral to treatment or a fine over a caution or warning, incarceration or other detention scheme. In contrast, more than 62% support a caution or warning or no action for possession of cannabis.¹

10. While cannabis and amphetamines are often grown or manufactured within Australia, heroin, methamphetamine and cocaine are most likely to be imported, in particular from South-east Asia. The international drug trade is estimated to be worth \$US400 billion per year and profits are in the region of 300%.⁷

11. The dynamics of the drug supply market have a profound effect on the level of consumption of illicit substances, the substitution of one drug for another and the harms arising from such use. As an example, between 2000 and 2001 the availability of heroin in Australia markedly decreased and, while the origin of the decrease remains uncertain, the decrease had both a positive effect – a marked reduction in the number of deaths through heroin overdose – and a negative effect – the diversion of pharmaceutical drugs for illicit use including benzodiazepines which, when injected, can result in significant harm.⁸

12. The use of illicit drugs by those incarcerated in prison remains a major concern, especially when those drugs are injected. In order to minimise the harms associated with drug use in prisons access to drug treatment to reduce demand is vital.

13. Drug diversion programs also have a role to play in reducing the harms associated with illicit drug misuse. Such programs divert first or second time illicit drug users into treatment rather than the justice system and give individuals the opportunity to resolve their problems rather than face a criminal prosecution or prison sentence.

14. Illicit drugs and drug use attract significant media attention the majority of which is negative and sensationalist. This attention further marginalises drug users and reinforces the negative stereotype of drug users as deviant.

The Public Health Association of Australia affirms that:

15. Abstaining from illicit drugs avoids the harms arising from their use. However, not everyone will abstain from illicit drugs and it is therefore necessary to adopt policies which minimise the harm associated with use. This includes reducing levels of illicit drug misuse and using drugs in ways which result in less harm.

16. Where the use of illicit drugs has a harmful effect on the individual the response should primarily be a matter for the health and welfare sector. Where the use of illicit drugs causes harm to others in the community there is a greater role for law enforcement.

17. The law should be responsible for the regulation of individuals or organisations involved in the manufacture or cultivation, transport, distribution and sale of illicit drugs in quantities greater than that deemed for personal use.

18. Policies relating to illicit drug misuse which are adopted in Australia should be assessed according to the extent to which they minimise the health, social and economic harms arising from their use.

19. The use of some illicit drugs by injection results in significant harms including those associated with the transmission of blood borne viruses such as HIV, hepatitis C and hepatitis B. Policies seeking to control illicit drugs must consider whether or not such policies will assist or hinder efforts to control the transmission of these infections.

20. Needle and Syringe Programs (needle exchanges, pharmacy programs and vending machines) have been operating in Australia since 1983 and evidence for their effectiveness in preventing the spread of HIV among those who inject drugs is well documented.⁹

21. Law enforcement has a number of vital roles to play in working with other agencies and community-based organisations to minimise the harms associated with the use of illicit drugs.

The Public Health Association of Australia believes that:

22. The established national approach towards harm minimisation should be adhered to in practice, and be regularly reviewed in order to address emerging issues and patterns of use.

23. A whole of government approach to prevention and early intervention, which recognises the common antecedents of many social problems, including drug use, must be implemented. Such an approach needs to be adequately resourced and should contain a range of strategies aimed at building resilience, maximising protective factors, minimising risk factors and providing support to families affected by illicit drug misuse.

24. Programs that have proven to be effective in reducing drug related harm to both the individual and the community should continue to be supported (eg, needle and syringe programs, methadone maintenance treatment).

25. Attention must be given to the issue of illicit drug misuse by Indigenous Australians. In particular, policies and programs aimed at reducing the misuse of prescription drugs, and reducing drug-related violence and disorder must be developed by the communities and supported by National and State/Territory funding.

26. Any national policy established to address the impact of alcohol in the workplace should include the impact of illicit drugs in the workplace.

The Public Health Association of Australia resolves that:

27. State and Territory branches will assess the current situation with respect to reviewing and updating drug policies in their State or Territory and approach local members of the Ministerial Council on Drug Strategy (MCDS) to implement the PHAA policy.

28. The Board will take corresponding action at the national level.

29. The Board will send a copy of the *PHAA Illicit and Pharmaceutical Drug Misuse Policy* to the MCDS and will promote the implementation of this policy at every available opportunity.

30. The PHAA will develop its capacity in order to have a major role in initiating and participating in debate in Australia which leads to the development of policies which contribute to harm reduction and which protect public health.

31. When invited to comment on illicit drug misuse by any media outlet spokespersons from the PHAA will present evidence based information.

32. The PHAA will continue to advocate for national policies which reduce economic and social inequality.

33. Australia should support efforts to resolve the problem of severe debt among economically developing countries, as such efforts will also reduce the need for countries to continue to rely on proceeds from illicit drugs.

34. The Health Promotion Special Interest Group (SIG) will advocate for the treatment of illicit and pharmaceutical drug misuse as a health issue and will attempt to engage its networks and the community as a whole in supporting drug policies that promote fair measures towards harm reduction.

References:

1. Australian Institute of Health and Welfare 2005. Statistics on drug use in Australia 2004. AIHW Cat. No. PHE 62. Canberra: AIHW (Drug Statistics Series No. 16).
2. Australian Bureau of Statistics 2003. Drug Induced Deaths, Australia, 1991-2001. ABS Cat. No. 3321.0.55.001.
3. Drugs and Crime Prevention Committee (2006) Inquiry into the Misuse/Abuse of Benzodiazepines and Other Forms of Pharmaceutical Drugs in Victoria — Interim Report DCPC, Parliament of Victoria.

4. United Nations Office of Drugs and Crime. 2006 World Drug Report. Geneva: UNODC. 2006.
4. Ministerial Council on Drug Strategy (2006). National Cannabis Strategy 2006-2009. Commonwealth of Australia, Canberra.
6. Ministerial Council on Drug Strategy (2004). The National Drug Strategy: Australia's integrated framework 2004–2009. Commonwealth of Australia, Canberra.
7. Drug Policy Alliance 2006. Drug Trafficking and Interdiction. Accessed on 12 April 2007 from <http://www.drugpolicy.org/global/drugtraffick/index>
8. Day, C., Tropp, L., Rouen, D., Darke, S., Hall, W. & Dolan, K. (2003) Decreasing heroin availability in Sydney in early 2001. *Addiction*. 98(1):93-95.
9. Return on Investment in Needle and Syringe Programs in Australia: Report. 2002. Commonwealth Department on Health and Ageing. Canberra.

This policy was previously named Licit & Illicit Drugs and was first adopted in 2002. The current version was adopted as part of the 2007 policy revision process.