

The Difference is Research



# Components of good drug policy

Dr Caitlin Hughes

National Drug Summit – 2 March 2015 – Parliament House

Medicine

National Drug and Alcohol Research Centre

# What would a good policy look like?

---

- No silver bullet or one recipe to “solve the drug problem”
- But there are key components for good drug policy

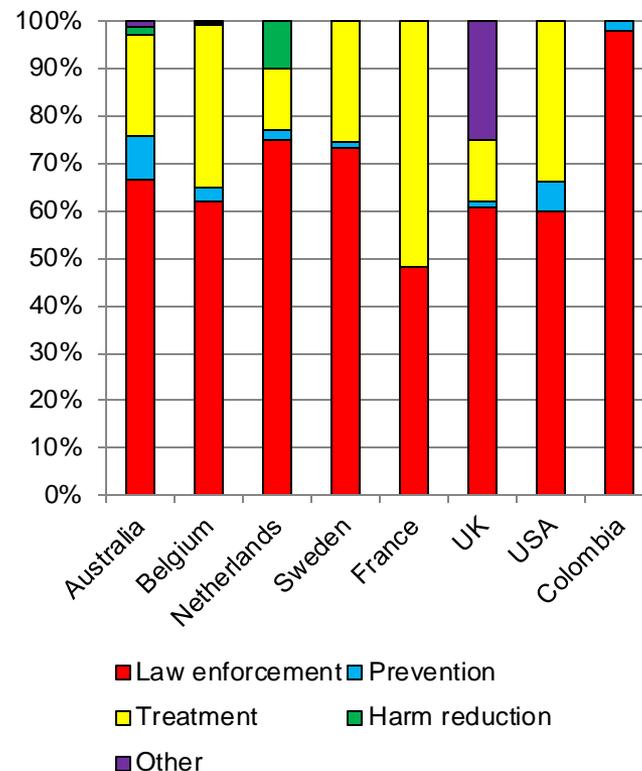


Sources: Babor et al, 2010; Ritter, Hughes, Hull, in press.

# Overarching Drug Strategy and Drug Laws

- Strategy sets purpose and key areas of action e.g. supply reduction, treatment
- Best approaches
  - Focus on reducing harms
  - Comprehensive: Inclusive of alcohol and illicit
  - Evidence informed
  - Balanced expenditure
- Laws affect CJS usage and extent of health and social harms re drug use
- Best approaches:
  - Proportionate
  - Just
  - Enabling of other areas of action

**Expenditure on drug policy across the globe**



Sources: Ritter et al, 2013; Ritter  
Ritter, Hughes, Hull, in press.

# What works in drug policy?

---

# What works? (Babor et al, 2010)

| Area   | Impacts | Other  |
|--|---------|--|
| <b>Prevention</b><br>e.g. mass media campaigns;<br>school based drug education                 | **      | Inexpensive; can still<br>produce valuable long-<br>term impacts |
| <b>Treatment</b><br>e.g. methadone maintenance;<br>brief interventions                         | *****   |  |
| <b>Harm reduction</b><br>e.g. NSPs, naloxone, pill<br>testing, drug consumption<br>rooms       | ***     |  |
| <b>Supply reduction and<br/>law enforcement</b><br>e.g. border seizures; precursor<br>controls | *       | High risk of counter-<br>productive impacts                      |

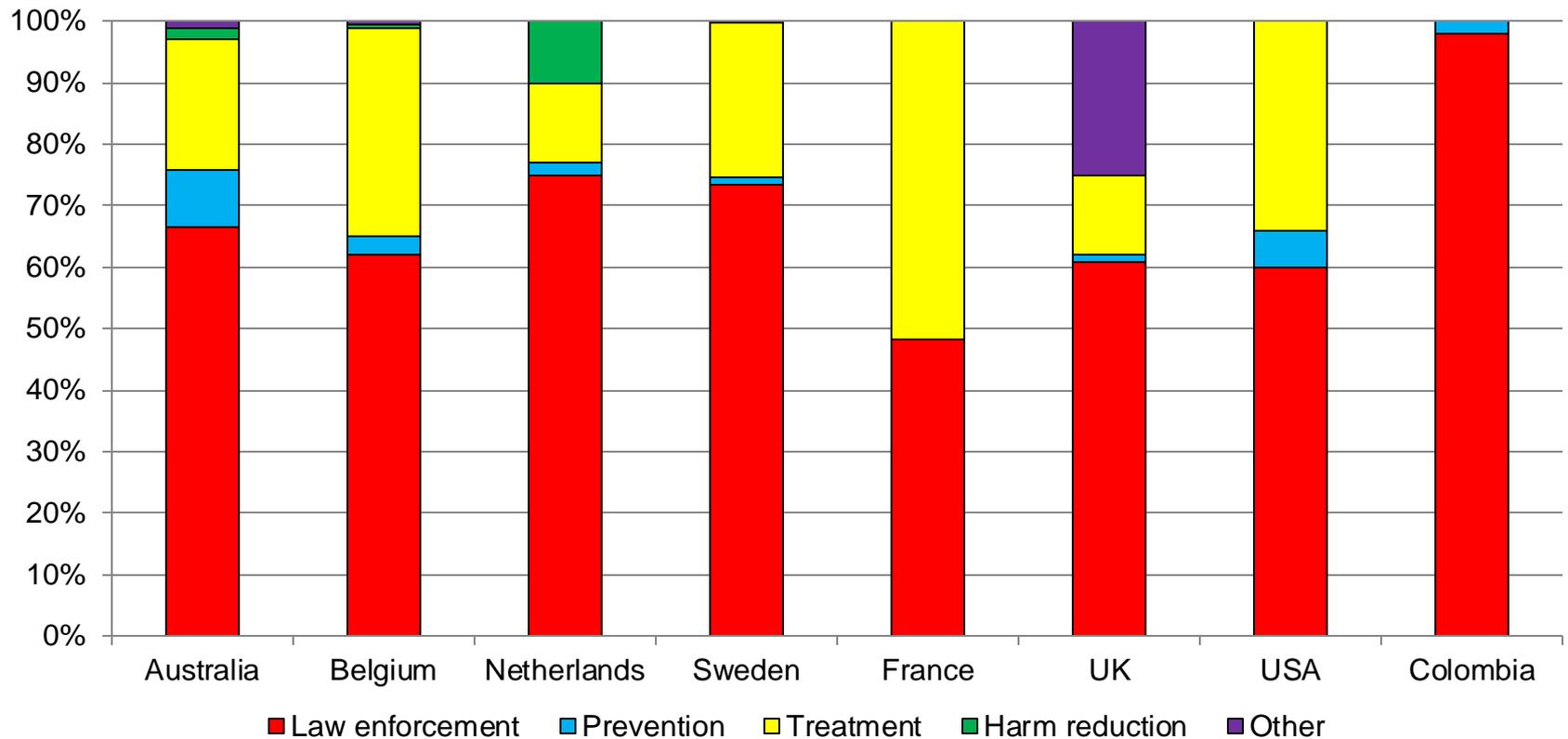
# Evidence-policy paradox (Babor et al, 2010, p.1143)

---

- “Current drug policy in most societies takes little or limited account of the (scientific) research.”
- “Unfortunately, policies that have shown little or no evidence of effectiveness continue to be the preferred options of many countries and international organizations.”

# Lion-share of investment directed at areas with least amount of evidence

Expenditure on drug policy across the globe

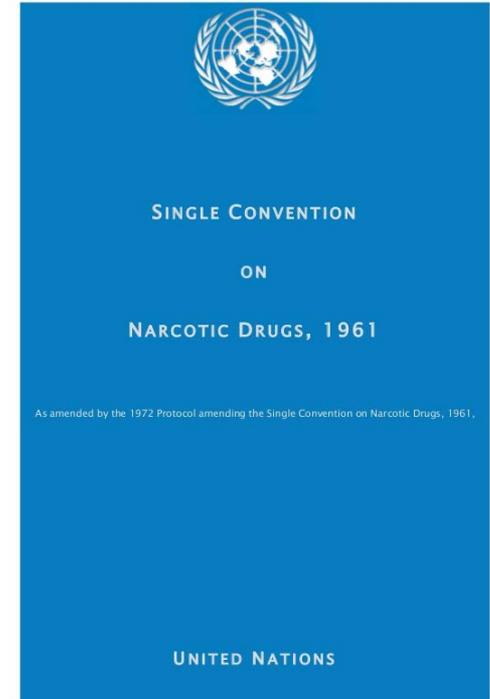


# Where do drug laws fit within this?

---

# International drug controls

- International drug control centres around three UN Conventions:
  - 1961 Single Convention on Narcotic Drugs, as amended by its 1972 protocol
  - 1971 Convention on Psychotropic Substances
  - 1988 Convention Against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances
- These prohibit the production, supply, possession and use of illicit drugs, such as methamphetamine, cocaine and cannabis
- Main aim: to reduce illicit use and supply



# What have experts said about the international drug treaties? (Room and Reuter, 2012)

---

- “The system has failed to achieve its original goals of elimination of illicit markets and the non-medical use of controlled drugs.”
- “Arguably worsened the human health and wellbeing of drug users.”
- Emphasis on criminalisation of drug use has
  - Increased imprisonment for minor offences
  - Contributed to spread of HIV
  - Caused harm to drug users and their families

# Alternative approaches to drug laws

---



## Prohibition

Possession & supply is a criminal offence and criminal penalties are applied in practice

e.g. Sweden

## De facto decriminalisation

Possession & supply is a criminal offence but laws are not applied in practice e.g. due to police guidelines

e.g. Australian drug diversion programs, Netherlands

## De jure decriminalisation

Criminal penalties are removed by law. Optional use of civil penalties or other sanctions. Drugs still seized i.e. not 'legal'

e.g. Portugal

## Legalisation

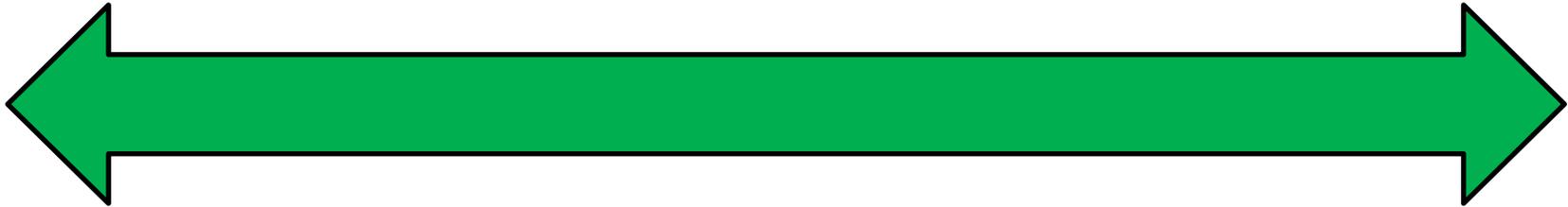
Legal to possess, distribute and produce

e.g. Colorado and Washington State in USA and Uruguay – cannabis only

# Multiple options within each approach

e.g. Options for cannabis legalisation (Caulkins, Kilmer et al. 2015)

---



**Home growing**

**Social clubs**

**Local retail  
sales only e.g.  
Dutch model**

**Government  
monopoly**

**Public authority –  
near monopoly**

**Non-profit  
organisations**

**For benefit  
companies**

**Commercial  
sales – for-profit  
companies**

# What has been learnt from international experimentation with drug laws?

---

# Key lessons (e.g. Babor et al, 2010; Room et al, 2010; Hughes, Ritter et al, 2016)

---

- Proviso:
  - Impacts of legalisation and regulation of drugs not yet clear
  - But, 25 countries have decriminalised use and possession of illicit drugs (most for cannabis alone)
- **What have we learnt about decriminalisation of drug use and possession?**
  1. Removal of or lessening of criminal penalties has not led to an increase in drug use
  2. Saves criminal justice system resources
  3. Ameliorates adverse social impacts for people who use drugs e.g. improves employment prospects
  4. May increase number of people in contact with CJS (net-widening)
  5. But devil is in the detail: specific choice of model matters and where/how implemented matters

# One model of note: the Portuguese decriminalisation of illicit drugs

---

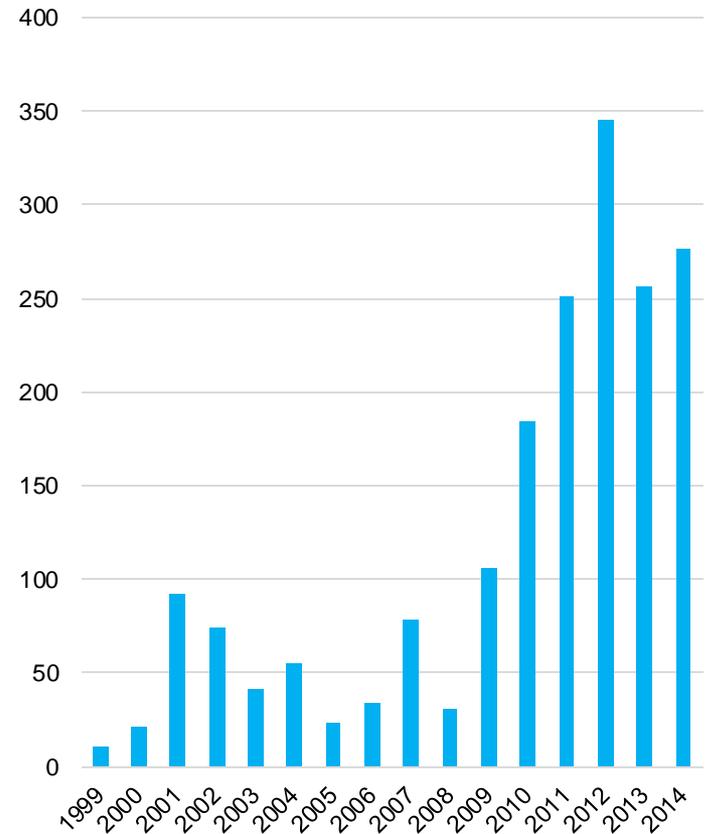
# Portuguese decriminalisation of illicit drugs

- Commonly discussed

## Points to note:

- Decriminalisation – not legalisation
- There are some erroneous accounts about the reform
- Did not just change drug law – also expanded investment in treatment, prevention, harm reduction etc

**Media mentions: Portugal and decriminalization 1999-2014**



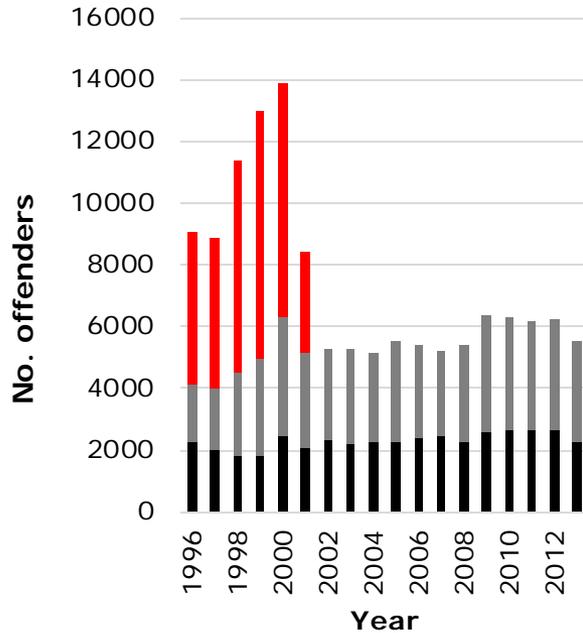
# The Portuguese reform

---

- On 1 July 2001 decriminalised the use, possession and acquisition of *all* illicit drugs
- Key goal:
  1. to treat drug use as a health and social issue
  2. to provide a more humanistic and pragmatic response
- Set up a new system of response:
  - Replaced criminal penalties with administrative sanctions
  - Detected offenders referred to Commissions for the Dissuasion of Drug Addiction (CDTs)
- Introduced as part of a new national drug strategy that expanded treatment, harm reduction and social re-integration including guaranteed minimum income and support with employment assistance

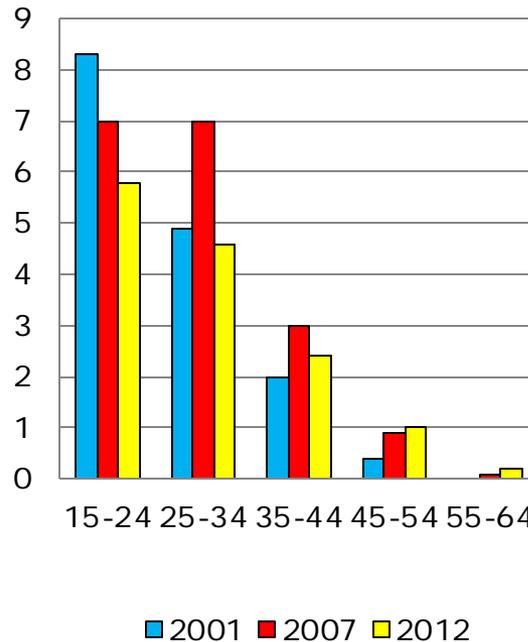
# Trends post reform

### Trends in criminal charges



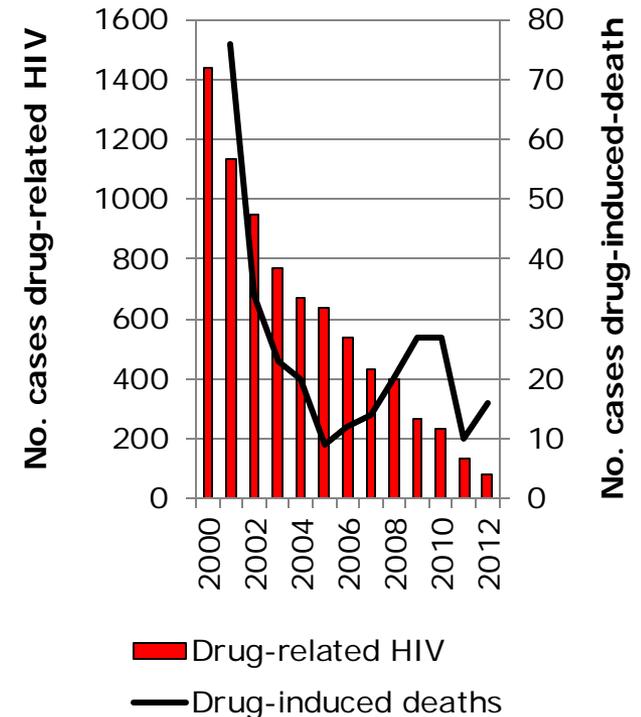
- Consumer
- Trafficker-consumer
- Trafficker

### Trends in recent drug use



- 2001
- 2007
- 2012

### Trends in drug-related HIV and deaths



- Drug-related HIV
- Drug-induced deaths

# Key impacts (Hughes & Stevens, 2010; 2012; Gonçalves et al, 2015)

---

- Fourteen years post the Portuguese reform there is evidence of:
  - Reduced burden on criminal justice system
  - Small increases in recent drug use (amongst sub populations)
  - Reductions in problematic drug use
  - Reduction in drug-related harms
  - Increase in treatment access and employment assistance
  - Reduction in social costs of responding to drugs
- Other impacts on public policy:
  - Bipartisan response to drugs
  - Drugs less stigmatised and sensational in public debates
  - Strong links between drug policy and other policy areas e.g. social welfare front and centre
- Impacts not attributable solely to drug law reform but suggests:
  - Decriminalisation can have positive impacts when applied to all illicit drugs
  - Drug law reform can be a tool to enable a more public-health approach towards drugs

# How does the current Australian response compare?

| Portugal   | Australia  |
|--|--|
| Objective of humanism and pragmatism                                   | Objective of harm minimisation   |
| People who use drugs avoid criminal sanctions for use and possession   | People who use drugs often receive criminal sanctions for use or possession of minor quantities of drugs |
| Laws designed to enable treatment, harm reduction and social responses | Laws often conflict with treatment, harm reduction and social responses                                  |
| Drugs readily discussed in public debate: sophisticated debate         | Polarised debate   |
| Bipartisan issue   | ?  |

# Current Australian drug laws on use/possession

- Use and possession is a criminal offence in most parts of Australia
- Mixture of de jure and de facto decriminalisation across the country
- But many gaps in the system: many people continue to be charged and sent to court for possession of small quantities of drugs

| STATE | De jure reform |               | De facto reform |               |
|-------|----------------|---------------|-----------------|---------------|
|       | Cannabis       | Other illicit | Cannabis        | Other illicit |
| NSW   |                |               | ✓               |               |
| Qld   |                |               | ✓               |               |
| Vic   |                |               | ✓               | ✓             |
| SA    | ✓              |               |                 | ✓             |
| WA    |                |               | ✓               | ✓             |
| Tas   |                |               | ✓               | ✓             |
| ACT   | ✓              |               | ✓               | ✓             |
| NT    | ✓              |               |                 | ✓             |

For further details see DPMP briefing paper on decriminalisation: Hughes et al. (2016).

# Implications

---

- No one silver bullet
- Many avenues by which to build good drug policy:
  - Attend to the evidence on what works
  - Focus on reducing harms and avoiding unintended policy consequences
  - Invest more in treatment and harm reduction
  - Ensure drug policy is not considered in isolation: remember social welfare and human rights
  - Re-consider dominant legal framework: inc potential benefits of removing criminal penalties for drug use and possession across all states/territories

# Thank you!

---

[caitlin.hughes@unsw.edu.au](mailto:caitlin.hughes@unsw.edu.au)