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# Inquiry into the impact of illicit drugs being traded online

Alcohol and Drug  
Foundation

Submission

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## ABOUT THE ALCOHOL AND DRUG FOUNDATION

The Alcohol and Drug Foundation (ADF) delivers evidence-based approaches to minimise alcohol and other drug harm. We recognise the power of strong communities and the important role they play in preventing problems occurring in the first place. A community-centric approach is at the heart of everything we do.

The ADF thanks the Committee for the opportunity to provide a submission to this Inquiry.

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## TERMS OF REFERENCE A: trends and changes in relation to online drug availability

While the use of technology to facilitate the sale of drugs is not a new problem, the advent of the internet and increased access to technology has changed the way that drugs can be sold. Many people now own a smartphone, and it is common for households to have at least one computer. This has increased the number of options available for accessing drugs, however, more 'traditional' drug sales still appear to be the most common.

Anecdotally, we've heard from our communities that many communication platforms such as Discord, Snapchat, WhatsApp, Facebook, and Instagram are used to facilitate the sale of drugs in addition to sales through the 'dark net'.

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## TERMS OF REFERENCE E: the dangers of purchasing drugs online, including the chemical content of 'recreational' drugs

A primary risk of drug use, regardless of if the purchase is made online or in person, is the unknown content and purity of the substance. This risk may be reduced through trialling fixed site drug checking. Drug checking is a harm reduction strategy that enables people who use illicit drugs to have their substances chemically analysed to identify the nature and concentration of the contents.

A core component of this approach is providing information about the substance and providing people who use drugs with harm reduction information and brief counselling in a non-judgmental setting, with a potential referral to treatment if wanted.

The service assists people in making safer decisions than they otherwise may, such as to discard particularly dangerous drugs.<sup>1</sup>

Drug checking is not a new or unusual health service. Australia has now had two successful drug checking trials in the ACT, and it is estimated to be provided in over 20 different countries including New Zealand. It is recommended as a health intervention by the Victorian Coroner, the NSW Special Commission of Inquiry into the Drug 'Ice', and the NSW Deputy Coroner.

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TERMS OF REFERENCE F: the impact of legislation and policies that seek to decriminalise drug use and possession on the online availability, quality control and the capacity of law enforcement agencies to police illicit drugs

Decriminalising the possession of drugs would not affect law enforcement's capacity to enforce drug trafficking laws. Decriminalisation does not change the supply of drugs. Selling and manufacturing drugs would still carry criminal penalties.

Drug use is a health issue that is best managed through the health and treatment systems, supported by a range of prevention and harm reduction initiatives.

Treating drug use as a health and social issue can reduce stigma and increase the likelihood that a person will seek help when they want it.<sup>2</sup> A person may also avoid negative social outcomes – such as loss of employment or housing – that can result from a criminal record or engagement with the criminal justice system. Decriminalisation may also reduce strain on the criminal justice system by reducing the burden on the court system; time spent by police and legal practitioners on court matters; and costs of imprisonment.<sup>3,4,5</sup>

In 2020, the Australian Capital Territory decriminalised the possession of cannabis. There does not appear to have been an increase in cannabis-related harms since the change.

Decriminalisation, however, is not a single solution. Advocates of decriminalisation emphasise that success depends on investments in drug treatment and support services. This means increasing the number of spaces available in treatment services like detoxification units, therapeutic communities and pharmacotherapy treatment (e.g., methadone), as well as reducing wait times for those services.(Hughes)

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TERMS OF REFERENCE G: any related matter

The increased availability of drugs through online sources underscores the critical need to invest in evidence-based prevention initiatives to prevent and delay the uptake of alcohol and other drugs, particularly by young people.

It is extremely challenging for parents and carers to monitor everything their child does online, especially with older children as many young people are likely to be more technologically savvy than their parents. Digital communication is also an important part of young people's social worlds and can bring a range of benefits, such as facilitating communication in their peer group.

Law enforcement agencies play a key role in protecting young people by reducing the supply of drugs. However, adopting a multi-pronged approach to improving health outcomes is likely to yield the greatest benefit.

This means working proactively to prevent harms in the future through initiatives designed to prevent and delay the uptake of alcohol and other drugs by young people. Community-based prevention initiatives focus on increasing the protective factors and reducing the risk factors that affect a person's likelihood of using alcohol or other drugs, or experiencing harms from alcohol and other drug use.

Protective factors interact with risk factors in complex ways. For example, they may moderate the influence of risk factors to reduce the likelihood of alcohol and drug use in young people, delay the uptake of use of these substances in young people, and reduce harm should young people engage in alcohol and drug use. Prevention program that focus on socialisation and social competence, resilience, and connectedness - particularly in young people - can help mitigate risk factors that create social vulnerabilities.

An example of evidence informed, community-based drug prevention is the Local Drug Action Team (LDAT) Program.

LDATs create partnerships between community-based organisations from the public, private, not-for-profit and community sectors. The projects led by these partnerships are evidence informed practice and represent collaborations that build upon longstanding, inter and cross sector relationships. They reflect a common interest of participants in early intervention and prevention activities to address social inclusion, intergenerational substance use, stigma and protective factors in marginalised and high-risk groups.

The ADF's Good Sports program is Australia's largest preventative health initiative in community sport and is adopted in 10,000 clubs nationally.

The program focusses both on individual and peer protective factors such as attitudes, knowledge, and connection as well as societal protective factors such as building healthy culture and norms, awareness about and the reduction of stigma, and establishing clear participant expectations through policies and plans. Promoting the role of a healthy sporting club can be of particular importance in country areas where clubs often play a central role in social life, especially in smaller communities.

Further examples internationally and domestically of the success that community-based prevention can have include the Icelandic Plant Youth Model and the Communities that Care approach originating in the USA and currently being implemented in Australia.

The Planet Youth approach has demonstrated significant impacts on AOD use amongst young people. The approach is modelled around strengthening protective factors in four domains: parents, peers, extracurricular activities the school environment. Since implementing Planet Youth, substance use amongst Icelandic youth has dropped from amongst the highest in Europe to the lowest.

The Communities that Care (CTC) model applies a prevention and early intervention framework to guide communities, families and schools to identify, implement and evaluate interventions that promote bonding with young people. This is facilitated by participation in a social group (e.g., family or classroom, or community), possessing the skills to participate, and being recognised for participating. The program aims to foster healthy behaviour and social commitment among children and youth to prevent and reduce youth problem behaviours.

## References

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- <sup>3</sup> . Single E, Christie P, Ali R. The Impact of Cannabis Decriminalisation in Australia and the United States. *Journal of Public Health Policy*. 2000;21(2):157-86
- <sup>4</sup> Hughes C, Stevens A. The effects of decriminalization of drug use in Portugal: Discussion paper. Oxford; 2007
- <sup>5</sup> Baker J, Goh D. The cannabis cautioning scheme three years on: an implementation and outcomes evaluation. Sydney; 2004.