

**Reducing illicit drug use and drug-related crime:  
Some issues & misconceptions**

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## ***Introduction***

The goal of national drug policy in Australia is harm minimisation. At the most general level, the options for achieving this goal comprise:

- Supply-control
- Demand-control
- Measures specifically directed at drug-related harm.

Supply control measures, as the term suggests, seek to reduce the supply of illicit drugs. However these measures are rarely intended or expected to reduce the actual availability of illicit drugs to those who consume them. Normally they involve actions which are designed to have the effect of raising the cost or reducing the quality of illicit drugs; making them more risky or expensive to import, manufacture, cultivate or supply; or reducing the profits obtainable from drug trafficking. Such actions include the imposition of long prison terms on those convicted of drug trafficking, the confiscation of assets, drug seizures, the seizure of precursor chemicals, crop eradication and restrictions on the opportunities for money laundering.

Demand reduction measures seek to reduce the number of people using illicit drugs or the quantity of illicit drugs being sought. Demand reduction measures are often thought of as the prerogative of those who run treatment or drug use prevention and/or education programs. However, to the extent that street-level drug law enforcement makes it harder or more risky for users to obtain illicit drugs, it should also be considered a demand reduction measure. The same is true of measures that rely on the threat of arrest or prison (e.g. Drug Courts) to reduce drug use among those who commit drug offences or drug-related crime.

Because the harm caused by illicit drug use is in part a function of such use, supply and demand control measures have the potential to influence levels of drug-related harm. There are a number of measures, however, which seek to reduce drug-related harm without making any direct attempt to influence the supply of or demand for illicit drug use. Such measures obviously include the provision of needles and syringes to drug users to prevent the spread of blood-borne viruses (BBVs). But they also arguably include measures designed to reduce drug-related property or violent crime, since these, too, are harms associated with drug use.

## ***Key issues***

### ***What do we mean by harm reduction?***

The goal of national drug policy, as articulated in the National Action Plan on Illicit Drugs, is harm minimisation. However it is not entirely clear whether the focus of harm minimisation effort should be upon the aggregate harm caused by illicit drug use or the harms illicit drugs cause to those who use them. We may not always be able to pursue both. Measures designed to make illicit drug use less harmful and less risky for drug users might increase the frequency with which or period over which they are used, thereby increasing the aggregate amount of harm drug users inflict on the wider

community. If the goal of policy is aggregate harm reduction there may be some constraints on the extent to which we can reduce the risks to drug users associated with illicit drug use without at the same time increasing the risks to the general community.

***How do we assess the relative importance of incommensurable drug-related harms?***

Reducing the harms associated with one drug can increase the harms associated with another. The recent heroin shortage is a case in point. That shortage increased the price of heroin and reduced its purity. The price/purity changes reduced heroin consumption and, as a result, reduced the rate of heroin overdose. However one effect of higher heroin prices appears to be increased consumption of cocaine. Cocaine is a drug that carries risks which are quite different to, but are in some ways more serious than, those of heroin. If the goal of national drug policy is harm minimisation, yet measures designed to reduce one set of drug-related harms have the effect of increasing another quite different set of harms, how do we weigh the relative importance of the two incommensurable sets of harms?

***At what level of an illicit drug market should supply control efforts be focussed?***

Supply controls can be effected through measures designed to limit drug production in source countries, measures designed to limit illicit drug importation, measures designed to disrupt high- or mid-level domestic drug distribution or measures designed to disrupt street-level distribution. Drug law enforcement agencies have traditionally tended to try and disrupt drug trafficking at as high a level as possible. However there are reasons for believing that disrupting low-level distributors may be more cost-effective in limiting drug consumption than disrupting high-level distributors. A central issue for Government and law enforcement agencies is how best to allocate law enforcement resources across different levels of illicit drug distribution process.

***How should supply control policy deal with the problem of cross-elasticity?***

Law enforcement agencies engaged in supply control operations traditionally focus their resources on individuals according to the likelihood of success in prosecuting a suspected drug importer/supplier/manufacturer/cultivator and how deeply involved that individual is in a particular drug supply process. They do not (to my knowledge) tend to allocate their surveillance and investigative resources according to the harmfulness of a particular drug to the general community or the risk that users of that drug will switch to another drug if their preferred drug becomes hard to get or too expensive. The shift from heroin to cocaine caused by the current heroin shortage points up the need for supply control policies designed to produce concurrent shortages of drugs that are alternatives to each other.

***How do we reconcile street-level drug law enforcement policy with public health policy?***

Street-level drug law enforcement increases the risk and effort involved in obtaining illegal drugs. This can limit drug use in several ways. It can encourage drug users to voluntarily enter treatment or cause them to limit their consumption of illegal drugs or result in their arrest and placement on a coerced treatment program. The tactics that

are effective in producing these outcomes, however, (stop and search, harassment, arrest for drug possession/use, arrest for drug-related crime) can also encourage behaviour (needle sharing, rapid injection) that are risky or harmful to public health. A key question for police involved in street-level drug law enforcement is how to reconcile their drug market disruption tactics with the goal of limiting the public health harms associated with illicit drug use.

***How do we more effectively coordinate drug law enforcement and treatment?***

It is sometimes said by treatment providers that it ought to be easier to find treatment for drug use than to find a drug dealer. This is because one of the primary ways by which drug users seek to leave an illegal drug market is through entry into treatment. While the determinants of entry into drug treatment are probably quite complex, treatment and drug law enforcement have complementary roles to play in reducing the harms associated with drug use. If we are to maximise the value of our investment in drug law enforcement we need to minimise the barriers to treatment entry. Unfortunately, Government investment in drug law enforcement and local drug law enforcement operations sometimes proceed without sufficient regard to the availability of treatment or the impact of local law enforcement operations on treatment-seeking by drug users.

***How long should heroin users stay in methadone treatment?***

Individuals who obtain a place on a treatment program, such as methadone maintenance, are not generally encouraged to leave the program and abstain from opiates altogether. The assumption underpinning this policy is that the benefits of keeping someone on a methadone program often outweigh the costs of keeping them on. From the perspectives of drug users and treatment providers this assumption may be quite valid. However from the perspective of aggregate harm reduction, most of the benefits of treatment may accrue in the first couple of years. The opportunity cost of keeping someone in treatment one year longer is that it limits the rate of entry into treatment. It may be better to have a large number of heroin users getting access to methadone for a small number of years, rather than a smaller number of users obtaining access to the program for many years. Research is needed to help resolve this issue.

***How cost-effective are drug courts and other drug diversion programs?***

Diversion of drug users into treatment has become a popular option but we still know very little about its effectiveness or cost-effectiveness. Diversion carries potential risks as well as potential benefits. Drug users arrested for drug-related crime and diverted from prison to treatment may continue using drugs and committing criminal offences. The only drug diversion program in Australia that has been rigorously evaluated so far is the NSW Drug Court program. That evaluation revealed the Drug Court program to be more cost-effective in reducing re-offending than prison, but not markedly so. Other less stringent drug treatment diversion programs may not be cost-effective. A key question for Government is when, and under what circumstances diversion of offenders into drug treatment actually reduces the harm associated with illicit drugs.

## ***Misconceptions***

There are a number of misconceptions about drug use, drug users and drug markets that impede rational policy development. Some of these are reflected submissions quoted in the Report of the House of Representatives Inquiry into substance abuse in Australian communities and are therefore worthy of comment.

### ***‘The justice system shouldn’t be used a dumping ground for social problems’***

To the extent that crime is a social problem or drug users commit serious crimes to obtain drugs, we cannot avoid using the justice system to deal with social problems. Even if drug users did not commit any crime other than drug use, prohibition remains the primary means by which Australia currently seeks to deter people from using illicit drugs and so minimise the harms associated with them. The justice system is clearly essential to the maintenance of prohibition. The argument that illicit drugs are a social or health problem rather than a crime problem tacitly assumes that the justice system has nothing to offer to the management of health or social problems. This is false. Rather than dismissing the relevance of the justice system in dealing with social problems we should be trying to determine the limits and circumstances of its effectiveness.

### ***‘The offender and illicit drug user populations are different’***

Depending on how this statement is interpreted it could be true, misleading or false. Given the size of the cannabis-using population, the vast majority of cannabis users probably do not have a criminal record for any other offence. Although we do not know for sure, few middle class users of cocaine who snort the drug probably commit other kinds of crime. Given its cost, however, many of those who regularly inject the drug probably commit other kinds of crime. Certainly, a very large percentage of dependent heroin users commit crime. We recently examined the criminal records of a random sample of 503 heroin users on the methadone program in NSW and found that 86% of them had a prior criminal record for violent or serious property crime.

### ***‘The heroin shortage was caused by heroin suppliers manipulating prices’***

There is absolutely no evidence of this and, anyway, it is inherently implausible. Raising heroin prices would only make sense if there were cartel or monopoly control of the heroin market and users did not respond to increased heroin prices by reducing heroin consumption. Every commission of inquiry that has examined Australian illicit drug markets has concluded that there is no evidence of monopoly or cartel control. More importantly, there is now clear evidence that demand for heroin is price-elastic (i.e. demand for heroin is sensitive to its price). This means that the recent increase in heroin prices would have reduced revenues to heroin dealers rather than increased them. That may be one reason why there are fewer street dealers of heroin in Cabramatta these days.

### ***‘The heroin shortage increased levels of crime and violence’***

Claims that the heroin shortage increased crime have, for the most part, been based entirely on anecdotal evidence. The evidence which has been offered in support of

this claim has sometimes been based on a simple comparison of crime the year before the shortage and the year after, with no allowance made for pre-existing trends. More thorough research on the effects of the shortage carried out by the NSW Bureau of Crime Statistics and Research and the Australian Institute of Criminology found evidence of an increase break and enter and robbery after the shortage but no change in any other offence. The increase in break and enter, and robbery, moreover, was only temporary. Levels of these offences are now back to or lower than they were before the heroin shortage.

***‘Those who are drug dependent are best understood as suffering from a health problem’***

This is an oversimplification of the issue. Most people who become dependent on drugs such as heroin were involved in crime prior to becoming drug dependent. Drug dependence may increase the amount of crime a drug user commits but there is no evidence that that drug dependence, per se, turns a lot of otherwise law-abiding citizens into active offenders. Treating dependent drug users as if they only had a health problem ignores these facts. It also ignores the possibility, evidenced in the research literature on coerced treatment, that the police and the court system may be helpful in managing drug-related health problems.