Submission to the Parliamentary Joint Committee on the Australian Crime Commission - Inquiry into Amphetamines and Other Synthetic Drugs (AOSD)

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1. Introduction

Over the last decade, there has been a significant increase in the availability and use of a number of amphetamine-type stimulants and other synthetic drugs, especially methamphetamines and ecstasy. This is has been documented in numerous studies, including the Australian Institute of Health and Welfare's (AIHW) *National Drug Strategy Household Surveys* and *Statistics on drug use in Australia 2004*, the National Drug and Alcohol Research Centre's (NDARC) Party Drug Initiative and Illicit Drug Reporting System reports, and the Australian Crime Commission's *Illicit Drug Data Reports*.[1]

This submission focuses on the efficacy of strict drug laws as a means of controlling the problems associated with the rise in methamphetamines. It discusses three main issues:

- the size of the methamphetamine problem;
- the effects of rising methamphetamine use on society, with particular emphasis on mental illness; and
- what recent events tell us about drug policy and the effectiveness of drug law enforcement as a means of dealing with substance misuse problems.

2. Trends in drug use – the rising tide of methamphetamines

2.1 The basics on methamphetamines

Methamphetamines are a class of synthetic drugs that are central nervous system and peripheral nervous system stimulants – that is, they speed up the nervous system by triggering the release of certain chemicals, including dopamine and serotonin.

In Australia, amphetamines and methamphetamines have traditionally been associated with the street drug called 'speed', a coarse or fine whitish powder that is snorted, smoked, swallowed, and, in some cases, injected. In the 1980s, speed was usually amphetamine sulphate, but during the 1990s, methamphetamines took over the market. By the mid 1990s, around 80 per cent of speed was methamphetamines. Today, speed in Australia is almost exclusively methamphetamines, which is sold in a powdered form with a purity level of around 10 per cent.

During the mid to late 1990s, three other forms of methamphetamines became more prominent: base, ice (or crystal meth) and methamphetamines sold as tablets.

- **Base** is a more refined form of methamphetamine that is sold as a gluggy paste or sticky powder. Its average purity levels are roughly twice those associated with speed – around 20 per cent.

[1] NDARC has also published a number of papers by Rebecca McKetin and others that provide important insights into the rise of methamphetamines, particularly crystal methamphetamine or ice.

- **Ice** is a highly refined form of methamphetamine. As its other name 'crystal meth' suggests, it is sold in crystallised form, the colour of which should be white, but it varies according to the impurities it contains. High quality ice has a purity of around 80 per cent. However, a significant proportion of ice that has been seized has been of a low quality, ranging from around 20 per cent to 60 per cent.

- The third form of methamphetamines that has emerged in recent times is **methamphetamine tablets**. To date, methamphetamine tablets have remained at the periphery of Australian markets, but they are widely used in many Asian countries. However, there appears to have been a large increase in the use of methamphetamines in the production of tablets that are sold as ecstasy in the domestic party drug scene.

Methamphetamines are often lumped together in drug statistics, or, in the case of ecstasy tablets containing methamphetamine, included under a different drug category. For this reason it is hard to gauge trends in methamphetamine use. However, we know that methamphetamine use has increased considerably since the mid to late 1990s, particularly in relation to ice.

2.2 Trends in use

The popularity of methamphetamines has grown significantly since the 1990s. The 1995 *National Drug Strategy Household Survey* found that recent meth/amphetamine use was at approximately 2 per cent. By 1998 this had risen to 3.7 per cent, and in 2004 it had fallen slightly to 3.2 per cent.

Notwithstanding the recent decline, the data from the *Household Survey* suggest that recent use (i.e. use in the previous 12 months) has increased by 50 per cent over the last decade. The rates of use are also noticeably higher in younger age groups. In 2004, recent use amongst 20 to 29 year olds was at approximately 11 per cent, with 21 per cent of the age group having tried these drugs. The rate of methamphetamine use is now roughly equivalent to that seen in relation to ecstasy.

As bad as these statistics may sound, they hide the more problematic increase in the use of the potent forms of the drug: base and ice. Here we run into difficulties in relation to the information that is available through the *Household Survey*. To get a handle on these trends, we have to rely primarily on surveys conducted with party drug and injecting drug users (IDUs) as part of the Party Drug Initiative and the Illicit Drug Reporting System.

Amongst IDUs, it appears the use of speed and base has remained relatively stable since 2000, and it may have even declined slightly. Recent speed use amongst this group hovered around 50 and 60 per cent between 2000 and 2004, while the recent use of base ranged between 35 and 40 per cent. In contrast, the proportion of IDUs reporting recent use of ice increased dramatically from 15 per cent in 2000 to 53 per cent in 2001. After dropping to 35 per cent in 2002, it rose again to 52 per cent in 2004.

Similar trends have been witnessed amongst the party drug scene. Surveys of regular ecstasy users have found that the recent use of speed has remained relatively stable

across most jurisdictions since 2000. Meanwhile, the proportion of regular party drug users taking ice has risen dramatically. The proportion of ecstasy users who reported recent ice use in 2000 was below 10 per cent in the jurisdictions where data were collected. By 2004, the proportion of ecstasy users reporting recent use of ice had risen to 45 per cent – a 4 to 5 fold increase. New South Wales is a good case study. In 2000, only 6 per cent of the surveyed ecstasy users reported using ice in the previous 6 months. By 2004, it had risen to 46 per cent.

There also appears to have been an increase in the use of base amongst party drug users. In New South Wales for example, between 2000 and 2002, the proportion of ecstasy users reporting recent use of base doubled and has remained fairly stable since.

These statistics on use match the police and customs statistics on drug seizures and drug arrests. Between 1999 and 2004, arrests for the supply of amphetamine-type stimulants rose by 53 per cent. Similarly, in 1993/94, the number of amphetamine-type stimulant detections by Customs was around 30. In 2004/05, it was over 200. Customs also seized a little under 1 kg of ice in 1997/98. However, by 2002/03, the quantity seized had risen to over 230 kg (although it appears to have fallen since reaching this high).

Statistics published recently by the Australian Crime Commission indicate that there has been a significant rise in the domestic production of methamphetamines, especially speed and base. Between 1996/97 and 2004/05, the number of clandestine laboratory detections rose from just over 50 to around 380. However, as the ACC has emphasised, most of the crystal meth that is sold in Australia is still imported.

In summary, the data indicates that methamphetamine use and availability has increased significantly since the mid 1990s. Speed has traditionally been the most popular form of methamphetamines and that is probably still the case. However, there has been a dramatic rise in the use of more potent forms of the drug, particularly ice.

2.3 Some positives to balance the negatives

Although the statistics on methamphetamine use are alarming, it should be emphasised that there have been some positive trends in relation to illicit drug markets. The number of people recording recent use of any illicit drug has fallen since the late 1990s, which appears to be mainly due to a fall in cannabis use. There has also been a marked decrease in heroin use, along with heroin-related harms. For example, in 1999, there were approximately 1,100 heroin-related deaths. By 2003, this number had fallen to around 350, which was around the level seen in the early 1990s.

The negative aspects of the drug landscape associated with methamphetamines cannot be allowed to completely overshadow the positives. However, these fluctuations in the patterns of use are characteristic of illicit drug markets worldwide. As one drug rises in popularity, others fall, and these changing patterns of use are reflected in the composition of the harms.

3. The effects of the rise of methamphetamines on society

The growing popularity of methamphetamines, especially ice, is associated with a number of worrying trends, the three main ones being:

- high levels of methamphetamine dependency;
- a high incidence of mental illness; and
- high levels of drug-related violence and crime.

3.1 Methamphetamine dependence

Between 1999/00 and 2003/04, hospital separations due to psycho-stimulant dependence syndrome almost doubled (rising by around 96 per cent). The best available data suggest there are now currently around 102,600 regular methamphetamine users in Australia. Of these, approximately 72,700, almost 75 per cent, are likely to be dependent. This high regular use to dependency ratio is a reflection of the addictive nature of the potent forms of the drug. To put this figure in perspective, it means there are now twice as many methamphetamine addicts in Australia as there are heroin addicts.

One of the most worrying aspects of the growth in ice and base is that these drugs are spreading into social groups that have not traditionally been associated with the hard drug scene. In modern times, heroin has primarily been consumed intravenously, meaning the market for the drug has been limited to those who are willing to inject themselves. Over the past 10 or so years, only around 0.5 per cent of the population have been willing to engage in intravenous drug use.

Methamphetamines are not as constrained by this method of consumption. Surveys of party drug users suggest that popular ways of taking both ice and base include smoking, swallowing and snorting. While people are injecting the drug, other less intrusive forms of consumption appear to be more popular.

By creating a highly addictive, highly potent drug that can be consumed effectively without the involvement of needles and syringes, drug traffickers have greatly expanded their potential market. They now have the capacity to reach a far broader cross-section of society and the evidence suggests they are achieving this and creating a new collection of addicts in the process.

3.2 Morbidity and mortality

Dependency is a significant health problem as it ruins people’s lives and often drives people to crime. However, there are a number of other important health effects associated with the rise in methamphetamine use.

Before turning to the negative effects of methamphetamines, it should be noted that the changing patterns of drug use witnessed in recent times appear to have had some positive effects. Two of the more important are the apparent decline in injecting drug use and drug-related deaths.

There is evidence that the heroin drought has prompted a decline in injecting drug use as heroin users have withdrawn from drug markets, reduced injecting drug use or switched to other non-injecting drugs (for example, smoking or snorting methamphetamines or morphine tablets). If correct, this could help reduce the spread of HIV/AIDS and hepatitis, although the positive effects of the decline could be offset by changing patterns of injecting drug use. For example, there is evidence that the drought led some heroin users to shift to intravenous use of other drugs (including cocaine, benzodiazepines and methamphetamines) and that there were increases in reported harms associated with these users. There is also evidence that the stimulant properties of methamphetamines may make users more prone to engage in unprotected sex and needle sharing.[2]

Another positive aspect of the recent changes in illicit drug markets is the decrease in drug-related deaths that has been associated with the decline in heroin use. On average, between 1998 and 2000, almost 1,000 people died each year as a result of opiate overdoses. Since 2001, this average has fallen to around 350 deaths each year. The rise in methamphetamine use is associated with a number of adverse health effects, but methamphetamine-related deaths are far less common than opiate-related deaths. For example, between 1997 and 2003, there were only around 400 deaths where methamphetamine was mentioned. Over the same period, approximately 4,800 people died as a result of opiate overdoses.

While methamphetamines may not be as great a cause of mortality as heroin, it is a major cause of mental illness. There is currently insufficient information to draw definitive conclusions on the magnitude of the link between methamphetamines and mental illness. However, that which is available leaves little doubt that methamphetamines-induced mental illness is a substantial problem. For example, between 1999/00 and 2003/04, there was a 58 per cent increase in the number of psycho-stimulant admissions to hospitals.

There is ample evidence that the mental health sector is already struggling to cope with existing demand. This was the case when the issue was examined by the Human Rights and Equal Opportunity Commission in 1993, and the Mental Health Council of Australia's 2003 report, *Out of Hospital, Out of Mind*, as well as the two recent reports published by the Senate Select Committee on Mental Health, suggests that not a lot has changed in more than a decade.

The increase in methamphetamine-related mental illness appears to be placing additional pressure on the available mental health services. This is a product of both the rise in the number of people presenting with stimulate-related mental illnesses and the behavioural traits exhibited by methamphetamine users.

[2] It is unclear to what extent heroin users have switched from opiates to methamphetamines. As discussed, there has been an increase in the reported use of ice amongst IDUs. There has also been a decline in reported recent heroin use and the frequency of heroin use amongst IDUs since 2000. These trends may indicate switching between the drugs. Alternatively, IDUs may have substituted other drugs (most probably one or more opiate-based depressants) for heroin while adding ice to their consumption patterns.

3.3 Crime and violence

A significant proportion of regular methamphetamine users - some have suggested up to 25 per cent - experience acute psychotic episodes that can lead to violence. Again, there is not a lot of hard data on this issue. However, the comments of the Head of Emergency at St Vincent's Hospital in Sydney, Dr Gordian Fulde, that were reported in the recent Four Corners program, *Ice Age*, give an indication of the types of issues that health workers are facing.

According to Dr Fulde, St Vincent's Emergency has had to establish a special containment room for people presenting with amphetamine psychosis. Dr Fulde said that they have had to use the equivalent of elephant tranquilisers to sedate violent methamphetamine users. Tellingly, he described the time when heroin dominated the scene as the 'good old days'.

The rise in amphetamine-related violence not only creates problems for health workers and the general community, but also the police. There is evidence that the growth in methamphetamines is associated with a rise in violent crime and the proportion of violent criminals testing positive for methamphetamines. It is the police that are often left to deal with the immediate effects of amphetamine abuse and face the associated dangers.

3.4 Summary of trends and impacts

There are six main points that can be drawn from the material outlined in Sections 2 and 3 on the trends in Australia's methamphetamine markets.

- There has been a significant increase in the availability and popularity of the more potent forms of methamphetamine since the late 1990s, particularly ice.

- This increase has come at a time when there has been an equally significant decline in heroin use and heroin-related harms.

- The more potent forms of methamphetamine are associated with a significant increase in methamphetamine dependence, so much so that there are now over 70,000 methamphetamine addicts - twice the number of heroin addicts.

- The rise in methamphetamine use is causing an increase in mental illnesses, particularly amphetamine psychosis, while the long-term mental health consequences for many users are largely unknown.

- The greater prevalence in the use of the more potent forms of methamphetamine is leading to an increase in violence and violent crime.

- These trends are placing considerable pressure on hospitals, mental health facilities and the police, as well as the general community.

4. Lessons from the growth in methamphetamine markets

There are three main lessons to be learnt from the growth in domestic methamphetamine markets.

- Law enforcement is an ineffective means of reducing illicit drug markets.
- Strict drug laws can often exacerbate the harms associated with drug use.
- Drug issues must be seen as a health and social problem, not a legal one.

Details of these issues are outlined in Sections 4.1 and 4.2 below.

4.1 Ineffectiveness

The history of prohibition has shown again and again that it is not an effective means of addressing drug problems and the latest drug trends provide yet another illustration of the futility of drug strategies that place undue emphasis on law enforcement. Put simply, drug law enforcement has been unable to stop or even significantly constrain the rise in methamphetamine use and availability.

When drug issues are analysed from an economic perspective, the failure of law enforcement can be difficult to understand. The general economic theory behind prohibition revolves around cost; the idea being that drug laws increase the cost of supplying and consuming drugs, which should suppress both the supply and demand, leading to a smaller market. The smaller market should then produce lower drug-related harm. However, this theory is not supported by the empirical evidence on how illicit drug markets operate in practice.

The first major flaw in the theory is that the costs imposed by strict laws and law enforcement are not enough to trigger a significant reduction in supply. Traffickers are too flexible, resourceful and fluid to be overly affected by the activities of law enforcement agencies.

The ineffectiveness of supply-side drug law enforcement is illustrated in the evidence concerning drug seizures. Prior to the Australian heroin drought, no study had ever been able to establish a statistically significant link between drug seizures and street level drug availability and price.

The Federal Government has argued that the heroin drought demonstrates that supply-side drug law enforcement can be effective in certain circumstances. To support its case, the Government points to a number of government-funded studies that found a statistical link between heroin seizures and street level availability and research by the National Drug and Alcohol Research Centre at the University of New South Wales that concluded that law enforcement was likely to be a main cause.

While this is a politically convenient explanation, it does not hold up against the most recent evidence. Five facts make the law enforcement hypothesis untenable.

- Heroin production in Myanmar has fallen by approximately 80 per cent since the late 1990s and nobody, not even the AFP, is claiming this is due to Australian drug seizures.

- Contrary to the claims made in a number of the government-funded studies, it appears heroin availability declined in Canada at the same time as the Australian heroin drought. Canada, like Australia, receives the vast majority of its heroin from Myanmar. There were no significant changes in the operational resources or practices of Canadian law enforcement agencies over this period, yet heroin seizures declined, consistent with a drop in supply from source countries.

- While heroin supplies to Australia from Asia fell, ice supplies from the same region jumped dramatically. Methamphetamines in Australia come from both domestic and international sources - most of the speed and base is produced locally, while most of the ice comes from Asia (although there is evidence of increasing domestic production).

- There was a massive increase in methamphetamine seizures during the late 1990s and early 2000s, but ice and other forms of methamphetamines remained readily available and prices were stable.

- Police intelligence shows that the Asian drug syndicates involved in the ice trade are the same groups that were involved in the heroin trade and that these groups are using the same importation techniques in relation to ice as they used to get heroin into the country.

These facts make it difficult to sustain the argument that the heroin drought was brought about by Australian law enforcement. The more likely cause was a commercial decision made by the large Asian drug syndicates to try to expand the market for pure forms of methamphetamine in Australia. Heroin is a relatively low-profit, high production risk drug with a confined market compared to ice, which offers higher profit margins, greater security of production and is popular in the party drug scene.

While supply-side drug law enforcement is ineffective, it is not completely useless and it has an important role to play in Australia's drug strategies. However, it is not the most cost-effective way of minimising the harms associated with drug markets. The evidence shows supply-side law enforcement does increase drug prices above the levels that would be seen if the markets were legal, but it also shows that these beneficial effects are obtained with relatively little law enforcement and that they will not be lost under alternative treatment-orientated drug strategies.

The available evidence on demand-side prohibitions has shown similar results. People with a propensity to use drugs are generally not deterred by legal sanctions and those that are deterred are unlikely to have ever developed substance misuse problems. Worse still, there is evidence that suggests that strict drug laws can actually increase drug use within certain groups because of the so-called 'forbidden fruit effect' and the fact that prohibition forces users to interact with criminal subcultures where drug use is normalised and there is pressure to escalate to harder drugs.

4.2 Prohibition and drug-related harm

Not only is drug law enforcement ineffective in reducing the size of drug markets, it can also exacerbate the harms associated with drug use. The current trends in domestic methamphetamine markets illustrate how this can occur.

Four of the many ways that strict drug laws can increase the social costs of illicit drug markets are:

- they can lead to increasing potency of the drugs that are supplied and used;
- they can aggravate the causes of mental illness and substance misuse disorders;
- they can obstruct treatment and prevention programs; and
- they can cause corruption and violence.

Details of these impacts of drug law enforcement are discussed below.

Increasing potency

A trend that has been witnessed in illicit drug markets is that the greater the punitive pressure applied, the stronger the drugs that are supplied and used. The most well-known example of this was the growth in spirit consumption, particularly moonshine, during alcohol prohibition in the United States between 1920 and the early 1930s.

More recently, there has been an increase in the use of more potent forms of cannabis in Australia, which appears to be a product of people now using more heads than leaf. There has also been an increase in cannabis users resorting to bongs rather than joints as their preferred method of consumption. As bongs are more effective than joints, this has resulted in an increase in the THC doses being consumed by users.

The rise in the popularity of ice and base is another example of this trend. Where the domestic meth/amphetamine market was originally dominated by amphetamine sulphate and low purity methamphetamines, the potent forms of methamphetamines are now becoming more common.

There are a number of possible explanations of this trend, including the following.

- Higher purity drugs often sell for higher prices, meaning that traffickers are often able to get a higher return for each illicit exchange.
- Higher purity drugs can be more compact, making transportation and distribution easier.
- Higher purity drugs can be more addictive, meaning that users are more likely to become dependent on the drug, which can increase the financial returns to drug suppliers.

- Higher purity drugs can give users a bigger and longer lasting hit, meaning they can decrease the risk of detection because the number of times they consume may be reduced (at least in the short-term).

- Technological advances concerning drug processing that reduce the cost of refinement.

While there is considerable uncertainty surrounding this issue, there seems to be a good case that strict drug laws are a contributing factor in the increasing potency of illicit drugs, including methamphetamines. At the very least, prohibition prevents governments from exercising any control over the quality of the drugs that are supplied.

Aggravating mental illness and substance misuse disorders

Another negative associated with strict drug laws is that they can aggravate mental illness and substance use disorders.

There is a significant overlap between mental illness and drug use – people having one problem often have the other. For example, 31 per cent of recent methamphetamine users report high to very high levels of psychological distress, compared to around 10 per cent in the general population.

The link between mental illness and substance misuse disorders appears to be attributable to a number of factors. Drugs like methamphetamines can cause mental illness. Sufferers of mental illnesses also often have a propensity for using drugs as a form of self-medication. Mental illnesses and substance misuse disorders also share many common risk factors, like poverty, childhood neglect and abuse, unemployment and educational failure.

Strict drug laws can aggravate the causes of these interrelated health problems. For example, the illicit nature of drug markets ensures that people are exposed to more drugs and a subculture where drug use is actively encouraged. Arresting drug users can create relationship, employment and housing problems that magnify the difficulties faced by sufferers of mental illnesses and substance misuse disorders. Similarly, imprisonment breaks social ties that are essential for effective treatment of both mental health and substance misuse disorders, creates additional pressures and stress, and forces people to interact with criminals.

Obstructs treatment and prevention programs

Strict drug laws and drug strategies that place too much emphasis on law enforcement can obstruct the development of effective treatment and prevention programs. The methamphetamine situation provides a vivid illustration of this as doctors have effectively been prevented from investigating pharmaceutical options for treatment due to legal restrictions and lack of funding. We are now left with 73,000 methamphetamine addicts, but no effective treatment options. There is some evidence that cognitive behavioural therapies can help, but unlike the case with opiate addictions, we can offer no pharmaceuticals that are effective in stabilising the lifestyles of methamphetamine users.

There are a number of other examples of how prohibition-orientated drug strategies can obstruct harm minimisation outcomes. Most simply, the swelling of the law enforcement budget draws resources away from the treatment and prevention sectors. It is also currently illegal to test pills to evaluate their chemical composition. As a result, a large number of people consume methamphetamines when they think they are taking ecstasy.

The insistence on viewing drug problems as a legal issue has also driven a wedge between the mental health and substance abuse sectors, leading to the uncoordinated delivery of essential services. People suffering both a mental illness and a substance misuse disorder often seek help for one of their problems. As the workers in each sector are specialists in their fields and there is an institutional division between the two, they are often unable to provide the well-rounded assistance that is necessary to deal with both problems simultaneously. However, as the problems are interrelated, solving one in isolation seldom leads to success. Patients soon relapse and find themselves back where they began.

This skewing of health priorities is reflected in the details that have emerged about the Council of Australian Government's (COAG) proposed new mental health strategy. The Communiqué that was released after the COAG meeting in February mentions the need for a more integrated system of care, but it makes no mention of the need to integrate the mainstream health system, particularly mental health services, with those concerning drug treatment. Admittedly, the National Mental Health Strategy talks of the need for the integration of drug and mental health services, but the evidence that emerged in the Senate Select Committee on Mental Health suggests this process has not occurred because of a lack of funding and political will.

Corruption and violence

Illicit drug markets, like most illegal markets, are often characterised by violence and corruption. This is a product of the absence of legal remedies for those involved in drug transactions and the need for participants to avoid detection by government authorities. The prices and profit margins in illicit drug markets are also usually relatively high compared to those available in licit markets, and they are often well above the levels that would be expected if the drug markets were legal. This increases the attractiveness of drug production and trafficking to criminals. Further, as the intensity of drug law enforcement increases, prices and profit margins tend to rise, thereby providing a greater incentive for the involvement of organised crime networks that are better able to avoid detection and engage in violence and corruption.

The social disruption that characterises illicit drug markets not only affects users, dealers and the government officials and agencies that are corrupted. Third parties can be injured or killed in drug-related violence. Corruption can destabilise the political and legal systems and give rise to flow-on effects that threaten the safety and well-being of the general community. The black market for drugs can also undermine public respect for the law and confidence in those who enforce it.

Drug-related corruption is commonly associated with Asian and South American countries where illicit drug production and distribution are often major contributors to local economies. While in Australia the drug-related corruption is not on the scale seen in some other countries, a number of government inquiries (including at least

three Royal Commissions into police corruption) have found that it is rife within domestic institutions and that it is extremely difficult, if not impossible, to eradicate.

5. Conclusion

Many politicians and media commentators have sought to depict the current drug situation, particularly the heroin drought and drop in cannabis use, as a vindication of their persistence with prohibition-orientated drug strategies. This argument has a number of flaws, the most obvious being that while heroin availability has declined, markets for amphetamine-type stimulants have increased dramatically. Australia now has a substantial methamphetamine problem that seems to be resistant to the efforts of law enforcement agencies. Indeed, law enforcement appears to be exacerbating the harms associated with current drug markets by triggering more dangerous patterns of drug use, inhibiting the development and implementation of prevention and treatment programs and causing corruption and violence.

The problem with current drug strategies is not that they include law enforcement; it is that law enforcement is the nucleus around which all other programs must work. Most people agree that harm minimisation should be the objective of drug strategies. If this is the case, resources should be directed to those areas that offer the greatest returns. This means putting treatment and prevention at the centre of drug strategies, and letting law enforcement fit around the priorities set by these programs.

The first step is to ease the punitive pressure on drug users and expand our capacity to prevent and treat drug problems. Part of this will involve ensuring treatment and prevention programs are integrated with general and mental health services. There must also be an acknowledgement that diversion programs are no long-term solution to drug problems; they are inefficient, ineffective and they offend liberal values.

The best outcomes will be achieved when we deal with drug issues as a health problem rather than a legal one. First and foremost, that means treating addicts and other users as sufferers of a medical and social problem that cannot be solved through the criminal justice system.