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Research that matters.

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The rise in crystal methamphetamine (or ice) use in Australia has vividly illustrated how ineffective, and often counterproductive, current drug policies are. With a Federal Parliamentary inquiry about to hand down a report on how to constrain the illicit market for amphetamines and other synthetic drugs, the question is whether the major parties are ready to put aside political interests and fundamentally reform Australia's drug strategies.

Since the early 1900s, Australia's drug policies have been based on the notion that the law should be the primary mechanism for addressing drug problems. By prohibiting both the supply and use of certain undesirable drugs, governments thought they could stamp out drug use and drug-related activities. But drug markets have proved remarkably resistant to legal pressure.

When law enforcement is directed at suppliers, it appears that the amount of drugs that are intercepted is too small to make a noticeable difference. Tellingly, no study has ever found a statistically significant link between drug seizures and street-level prices and availability. The only exceptions are a small collection of studies into the Australian heroin drought in the early 2000s, which claimed that the drop in supply of heroin was a product of national - and international-level - drug law enforcement.

This is a convenient explanation and one that was leapt upon by prohibitionists to support their cause. However, the ice epidemic has proved that the real reason for the fall in heroin was a commercial decision by South-East Asian drug syndicates to switch from supplying heroin to methamphetamines.

Given this, it is hard to avoid the conclusion that supply-side law enforcement is an ineffective way of tackling drug problems. Similar results have been encountered in relation to efforts to punish drug users.

Domestic and international research has proven that prohibitions on the possession and consumption of drugs do not significantly reduce drug use. Where drug laws have been liberalised, there has not been a substantial increase in use as warned by prohibitionists, and drug-related harms have declined.

And the problems with law enforcement are not confined to ineffectiveness. There is evidence that strict drug laws can encourage the supply of more potent drugs and draw users into a cycle of heavier drug misuse. Prohibition also prevents the state from exercising any control over drug quality.

Moreover, often the worse thing that can happen to a person with a drug-use disorder is for them to be arrested and prosecuted for a drug offence. Arresting drug users can be especially harmful when the person involved suffers from a mental disorder, as is so often the case.

Yet every year 65,000 people are arrested for drug-use offences, which constitutes about 80 per cent of all drug arrests. And every year about 80 per cent of government expenditure on drug-related issues is directed to law enforcement, despite the fact it is ineffective.

If history and the existing academic literature on the subject were not persuasive enough, the recent ice epidemic has proved once again that strict drug laws are no answer to what is a health and social problem.

Since the late 1990s, there has been a dramatic increase in the availability and use of ice. Among party drug users, regular ice use increased by about 400 per cent between 2000 and 2004.

With the increase in use has come a rise in methamphetamine-related harms. Researchers estimate that there are now about 75,000 dependent methamphetamine users in Australia. The head of the NSW police force, Ken Moroney, has described the ice epidemic as worse than heroin and the greatest scourge on the community that he has ever seen.

The explosion in ice use has occurred against a backdrop of rapidly rising methamphetamine seizures, both domestically and by Customs. Yet these seizures have done nothing to abate the harms associated with ice. Clearly, the law enforcement agencies are locked in a war they cannot win.

To tackle the ice epidemic and other drug problems, prevention and treatment must become the focus of our drug strategies. Research shows that treatment yields returns - every \$1 invested saves up to \$12 in health and crime costs.

This is not to suggest that drug law enforcement should be abandoned. Legal mechanisms should continue to play a role, but the pointy-end of law enforcement should be reserved solely for drug suppliers.

To give credit where it is due, there have been improvements in recent times at both the federal and state level that indicate that the message is gradually getting through. The NSW Government's decision to establish five ice treatment centres is one example.

The Council of Australian Governments should build on these developments and ensure prevention and treatment are placed at the centre of Australia's drug strategies. Until they do, drugs like ice will continue to extract a terrible price from society.