

Drug related crime

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1. Introduction

There are huge debates around the issue of the ‘drug problem’ with many points of view.

In this module we will especially look at **drugs and crime prevention**. We will ask:

- What is the ‘drug problem’ in our society?
- What are the connections between drugs and crime?
- What can the community do to reduce drug-related crime?

Developing discussion

Talking about drugs is likely to bring up strong opinions, emotions and lively discussion. People may relate personal stories that could be painful for them to talk about. There is a diverse range of opinions on issues (even amongst the experts!) about drugs and crime—there is no one correct answer to the ‘drug problem’. It is important to listen carefully. You may wish to talk over your group’s guidelines for discussion.

This module is a resource for your group. How you proceed through the module, and how much time you spend on each section, is for the group to decide.

2. Overview of drugs

What is a drug?

Activity

- Brainstorm a list of drugs on the whiteboard.
- Is there any substance listed that you do not consider a drug? Discuss your reasons.
- Which drugs are causing problems within your community?

The Australian Drug Foundation has defined drugs (based on the World Health Organization’s definition) as:

‘Any substance which changes the way the body or mind functions’.

Discussion starter

- Does the Australian Drug Foundation definition accurately reflect what drugs mean to you? In what way, if any, would you change the definition?

Legal (licit) and illegal (illicit) drugs

Drug-taking can be legal or illegal. The caffeine in coffee and tea is a licit drug and is unregulated. Alcohol is licit, as is tobacco, but both are more heavily regulated. Prescription drugs like benzodiazepine (sleeping pills) and steroids are licit when prescribed but illicit if used by someone without a prescription.

Cannabis is illicit, although in several states there are expiation schemes which allow those charged with some possession offences to avoid having the conviction placed on their criminal record; thus, payment of a fine ‘expiates’ (atones for) the violation of the law.

Heroin, ecstasy, hallucinogens, and others are also illicit drugs. The table below outlines examples of various drugs, their street names (which can change over time and have variable uses across Australia) and some symptoms of their use.

Drug Chart ¹

CANNABIS		
Product	Street name	Symptoms
Marijuana, Hashish	Pot, grass, weed, reefer, joint, spliff, dope, skunk, gungi	Mood swings, slow thinking, slow reflexes, dilated pupils, increased appetite, dryness of the mouth, delusions, hallucinations
INHALANTS		
Product	Street name	Symptoms
Solvent, aerosols, glue, petrol	Nitrous Oxide: laughing gas, whippits; Amyl Nitrate: snappers, poppers; Butyl Nitrate: locker room, bolt, bullet, rush, climax, red gold	Slurred speech, impaired coordination, nausea, vomiting, slowed breathing
DEPRESSANTS		
Product	Street name	Symptoms
Sleeping pills, tranquillisers	Downers, benzos, rohies, temazzies, vals, serries	Drowsiness, confusion, incoordination, tremors, slurred speech, depressed pulse rate, shallow respiration
STIMULANTS		
Product	Street name	Symptoms
Amphetamine, Ritalin, Methamphetamine, MDMA	Uppers, ice, speed, Ecstasy, eccies	Excitability, tremors, insomnia, sweating, dry mouth and lips, dilated pupils, cracked teeth through grinding
HALLUCINOGENS>		
Product	Street name	Symptoms
LSD (lysergic acid diethylamide), MDA (methylenedioxyamphetimine) PCP (phencyclidine)	LSD: acid, trips, wedges; PCP: angel dust, hog, loveboat	Trance-like state, excitation, euphoria, increased pulse rate, insomnia, hallucinations, paranoia
OPIOIDS		
Product	Street name	Symptoms
Heroin, Morphine, Codeine,	Heroin: horse, hammer, H, dope,	Lethargy, drowsiness,

Methadone, Pethidine	smack, junk, gear; Morphine: M, Miss Emma, Mister Blue, morph; Methadone: done	euphoria, nausea, constipation, constricted pupils, slowed breathing
COCAINE AND CRACK COCAINE		
Product	Street name	Symptoms
Cocaine, Crack Cocaine	Cocaine: coke, flake, happy dust, Charlie, gold dust, white girl; Crack Cocaine: crack, rock, base, sugar block	Excitability, talkativeness, anxiety, increased pulse rate, dilated pupils, paranoia, agitation, hallucinations

Activity

- Categorise your list of drugs as either ‘licit’ or ‘illicit’.
- Can drugs be licit in some circumstances and illicit in other circumstances? What makes this so?

Levels of drug use

How much of a problem is drug use within Australia? What percentage of Australians use the various licit or illicit drugs?

This table shows the percentage of Australians who have used the drug in the twelve months prior to 2001, and the average age of Australians when they first used the drug.

Licit drugs	Percentage of Australians (14 yrs+) who have used this drug within 12 months	Average age of first trying the drug
Alcohol	82.4	17.1
Tobacco	23.2	15.5
Illicit drugs		
Marijuana/Hash	12.9	18.5
Amphetamines	3.4	20.4
Hallucinogens	1.1	19.1
Inhalants	Less than 1	17.6
Ecstasy/Designer drugs	2.9	21.9
Cocaine	1.3	22.6
Heroin	Less than 1	20.7

Source: 2001 National Drug Household Survey First Results, May 2002, Australian Institute of Health and Welfare.

Discussion starter

- What are Australia’s most commonly used drugs?
- Does any of the drug use in the table surprise you? What was your expectation?

Interesting illicit drug statistics

Teenage drug use

In 2001, 37.7 per cent of teenagers aged between 14 and 19 had at some time used an illicit drug of some type, including cannabis. This includes 0.9 per cent of teenagers who reported use of heroin.²

Obtaining drugs

In 2001, seven out of every 10 marijuana users obtained this drug from friends and acquaintances. Similar proportions of amphetamine, cocaine, methadone and Ecstasy users obtained their drugs from friends and acquaintances.³

Hospitalisations

In 1997–98, more than 14,400 hospitalisations were attributed to illicit drug use.⁴

The cost to our community

The estimated cost of illicit drug abuse to the Australian community each year is \$6 billion.⁵

Drug deaths

In 2001, 1038 deaths were attributed to illicit drug use, including 715 in the age group 15–45 years. The majority of illicit drug-induced deaths were due to accidental overdose and just over one-third of accidental overdoses involved heroin or other opioid.⁶

Discussion starter

- Which of the above statistics causes you most concern?
- Do you think these figures reflect the use of drugs within your community?

Young people and drugs

Why do young people try drugs?

Some people think young people use drugs only if they are having problems at home or at school. But there are many other reasons:

- availability and acceptability of the drug
- curiosity and experimentation
- wanting to be accepted by peer groups
- rebellion
- depression
- as a way to relax or cope with stress, boredom or pain
- to experience a high or a rush.⁷

In trying to understand why some of these young people do have problems, researchers have focused on the ‘risk’ and ‘protective’ or ‘resilience’ factors which influence the ability of young people to cope with the stresses of life and avoid a reliance on drugs. In recent years there has been emerging an accumulation of scientifically persuasive evidence that shows that interventions early in life can have long-term impacts on crime and other social problems such as substance abuse.

‘Risk’ factors are found in a variety of areas, including physiological, relationship, and behavioural difficulties in childhood; family and school problems; traumatic life events; and community problems, such as socio-economic disadvantage, neighbourhood violence, and social or cultural

discrimination. Peer pressure is an example of a 'risk' factor relating to relationships.

'Protective' factors cover the same areas as the above, but include positive attributes, such as good health and social skills; supportive families, a positive school climate and success with school responsibilities. They also include having positive people and opportunities in one's life at important moments; and living in a community to which one feels strong and positive attachments, and which discourages violence and illicit drug use.

Alcohol-related violence⁹

Violence is a widespread and serious social problem in Australia. It and other anti-social behaviours have been shown to be related to the consumption of alcohol. However, there is no simple correlation between the level of drinking and the likelihood of becoming a victim or a perpetrator of violence. A range of factors (apart from, or in addition to, alcohol) can influence the likelihood, frequency and severity of violence. Being young and male is one of the most important predictors of alcohol-related violence (both as victim and perpetrator). However, other factors such as how often people are out and about are also important.

The Australian Institute of Criminology conducted a review of the 1998 National Drug Strategy Survey and found that:

- Alcohol-related violence was widespread in Australia.
- Nearly one-third of those surveyed suffered at least one alcohol-related assault in the previous 12 months (including verbal and physical assault).
- Pubs and clubs (closely followed by the streets) appeared to be the most common locations for victimisation. One quarter of victims suffered alcohol-related violence in their own homes.
- Alcohol-related violence is more likely to affect young people who go out more than young people who usually stay in the home environment.

Similar results were found in the 2001 National Drug Strategy Household Survey¹⁰, including that:

- Australians aged 14 or over were more likely to have been abused by someone affected by alcohol (30.6 per cent) than by someone affected by illicit drugs (15.1 per cent).
- Although males were more likely than females to have experienced verbal or physical abuse, females were more likely to have been put in fear by a person under the influence of alcohol (15.6 per cent) or illicit drugs (9.6 per cent).
- Males were more likely than females to have been abused by a stranger.
- The most common location for physical and verbal abuse was in the street.

Community safety action projects¹¹

As those people who are out and about (particularly young people) are at greater risk of alcohol-related violence, one important crime prevention strategy to help minimise such violence is to increase the safety of leisure and entertainment venues such as hotels and nightclubs.

Some communities have started safety action projects to reduce violence in and around licensed venues such as pubs and clubs in their local business areas. For example, in Surfers Paradise, a safety action project was started with key features including:

- channelling funding through local government
- creating a representative steering committee and community forum
- forming task groups to address safety of public spaces, management of venues and security and policing
- encouraging nightclub managers to introduce a code of practice regulating serving and security

staff

- regulating managers through ‘risk assessments’ and through a community-based monitoring committee.

The initial evaluation of the project showed marked improvement in levels of violence, and server practices, the physical environment (for example, clean toilets and accessible bars) and security practices (such as ID checks at the door).

Discussion starter

- Are there places in your community where alcohol-related violence appears to be a problem? What strategies could you adopt to make those areas safer?
- Imagine you were drafting a code of practice for a nightclub owner (as in the project outlined above). What would you put in it?
- As a party host, what steps can you take to help reduce the risk of alcohol-related violence or anti-social behaviour at your function?

Is there a relationship between cannabis use and the use of other illicit drugs?

One concern about cannabis use among young people is that it will increase the chance that people will use other more dangerous illicit drugs, such as cocaine and heroin. This is known as the ‘gateway’ effect.

A major focus of concern is the extent to which early cannabis use may increase the risks for escalation to other drug use and drug dependence. Stage theory posits that there is an invariant sequence to initiation and use of drugs, with use of cannabis preceding the use of ‘hard’ drugs such as cocaine and heroin. This theory has been highly influential in drug policy debates and has provided a major rationale for sustaining prohibition against cannabis, as it is assumed that delaying or preventing early cannabis use may reduce risks of other illicit drug use.¹²

Lynskey et al (2003)

As with many areas of the drug debate, there is not full agreement on the existence of a ‘stage’ or ‘gateway effect’ and whether the role of cannabis in the sequence of illicit drug use is related to the drug itself or a range of other social factors. While most people who use drugs such as heroin or amphetamines report that they had used cannabis before using those other drugs, many people have used cannabis without moving on to using other drugs. The fact that cannabis users potentially associate with persons who deal in a range of other illicit drugs could be seen as a risk factor. The 2001 National Drug Strategy Household Survey reported that 33 per cent of Australians aged 14 and over had at some time tried cannabis, while only 1.6 per cent had ever tried heroin.¹³ Many people also report using tobacco and alcohol first.

Discussion starter

- Are drugs an issue for young people in your community? What factors do you think contribute to this?
- What is your impression of the existence of the ‘gateway effect’? What do you think might influence young people to take up use of illicit drugs?
- Consider inviting guest speakers involved with this issue (for example, drug and alcohol counsellors, young people, youth workers) to speak with your group.

Types of drug use

The following continuum or spectrum can be used to describe levels of drug use.

Abstinence	Person chooses not to use or does not encounter the drug so has no opportunity to use it.
Experimental use	Person tries out of curiosity, or is prompted by peer pressure or a rare opportunity.
Occasional use	Drug is used for a special occasion, or to cope with a stressful event.
Regular use	The drug has become incorporated into the person’s ordinary way of life.
Dependent use	The use of the drug is often heavy and frequent; the experience of withdrawal is often severe enough to discourage the person from giving up the drug.

Discussion starter

- Where do most of your acquaintances fit on this continuum? Do you know people in each category? In which category would you place most people you know who use drugs (remember the earlier definition of drugs including alcohol and tobacco).

3. Non-criminal drug harms

To help understand the extent of the damage caused by drugs, attempt the activity below. (To get the most from this exercise, avoid peeking ahead for answers!)

Activity

- Split into small groups. If there are any health or crime experts amongst you, encourage them to work together as their own separate small group. This will enable peer learning by all groups.
- Take the following list of drugs and work out their correct order, from those which result in the most deaths in Australia to those that result in the fewest deaths: heroin, tobacco, alcohol, or cannabis (marijuana).
- When you’ve had enough time to decide the correct order, fill in the first two columns of the table below. Once you’ve made your own estimates, talk it over with the other people in your small group and see if you can come to a common agreement.
- Report your findings to the whole group.
- Check your results against the answer presented by the facilitator (answer contained in ‘Drug-related deaths’ below).

	Your estimate	Your group’s estimate	Actual
Most deadly (causes most deaths)			
Second most deadly			
Third most deadly			
Least deadly			

Drug-related deaths

In 2001, there were:

- 15,524 deaths attributable to tobacco.¹⁴
- 4,279 deaths attributed to hazardous and harmful alcohol consumption.¹⁵
- 821 deaths attributed to illegal drug use.¹⁶

Discussion starter

- Tobacco kills about 50 people a day. Do you consider tobacco to be part of the 'drug problem'? Why or why not?
- Alcohol causes four or five times as many deaths as do all illicit drugs, and is involved in many cases of illicit drug use mortality (because of 'polydrug' use; that is, using more than one drug at a time). Do you think alcohol is a more serious threat to our society than illicit drugs? Why or why not?
- Considering the numbers of people using different drugs and the numbers of deaths and other problems stemming from such use, would you make any drastic changes to laws governing their use? For example, would you make tobacco or alcohol illegal? Would you make other drugs legal or decriminalise their use?

Community perceptions

A 1995 survey found that two-thirds of people interviewed did not recognise tobacco as the major cause of drug-related death.¹⁷ In a 2001 survey, 50 per cent and 24 per cent respectively of those surveyed nominated heroin and marijuana when asked to name the drug they associated with the 'drug problem'.¹⁸

Discussion starter

- What do you think contributes to these perceptions of the relative impacts of different drugs on society?
- Do you think that the media (newspapers, TV, radio, movies) play a role in shaping community perceptions of drug use and their impact on society? How?
- Do you think there are factors other than mortality rate that should be taken into account when determining how dangerous a drug is?

4. The relationship between illicit drugs and other forms of crime

Drugs and crime have a complicated relationship. Much work has been done over the years to try to determine whether drugs cause crime, or whether it's just that criminals use drugs.

A number of researchers have found that most people get involved in crime before they use illicit drugs. At the same time, it also seems that drug use does have an impact on crime, as the amount of crime committed increases after they become drug dependent.

What is drug-related crime?

Defining drug-related crime is not always easy. As seen in the four categories below, a wide range of offences can fall under this heading.

- The first is associated with the drugs themselves, where there is criminality in possession and drug-use. Another, more serious, aspect of this is the manufacturing, sale and trafficking of

illicit drugs.

- The second kind of drug-related crime is where the consumption of a drug leads to unlawful consequences—for example, alcohol and drugs causing dangerous driving on the roads or violent behaviour. These are due to the intoxicating effects of different drugs.
- The third relates mainly to illicit drugs. Their cost and the need to maintain the habit can lead to people committing acts of crime not directly related to the drugs themselves—such as break-and-enters, extortion, stealing, street prostitution. (One researcher noted that a person dependent on heroin would have to find more than \$55,000 each year after tax to support their habit. Given that the dependence makes it difficult for people to hold a job which would provide them with that sort of income, this means that many people turn to crime to raise the money.)¹⁹ Another aspect of this relates to what is known as ‘systemic crime’, where crime is committed in order to establish and protect drug markets. This type of crime is usually violent and may include incidents of violence between rival drug manufacturers or suppliers trying to protect their ‘turf’, or violence resulting from users and dealers ripping each other off.
- The fourth category relates to the ‘erosion’ impact of drugs and drug-related crime. The presence of a drug culture or drug crime erodes community morale and may contribute to other sorts of crime such as vandalism and property damage.

Discussion starter

- How would you define drug-related crime? If you were a judge, would you take drug use into account when dealing with, say, a burglar or a robber?
- What are the implications of the different views of whether drugs cause crime or criminals use drugs?
- Should illegal drugs be legalised or decriminalised in order to do away with possession, use, and trafficking offences? What might be some of the trade-offs of such a move?
- Does drug-related crime occur in your community? If so, what are some examples?
- If perceptions within the group differ, what might contribute to this?
- Is there someone from the local community you could invite to speak to the group to provide a broader picture of drug-related crime in your community?
- Investigate cannabis caution schemes and their potential relationship to the apparent fall in arrests for illicit drugs. Should data on those cautions be kept more accurately to reflect police involvement in detecting cannabis offences?

Drug-related crime statistics

The Australian Crime Commission (2004) annually publishes information on the number of arrests for illicit drug offences.²⁰

- The number of arrests for illicit drug offences decreased from about 83,000 in 1998–99 to about 75,000 in 2002–03.
- The highest percentage of arrests was for cannabis offences. In 2002–03, almost 75 per cent of drug arrests were for cannabis.
- In 2002–03, arrests for amphetamines made up 11 per cent of total drug arrests. Heroin made up 5 per cent of drug arrests.

Patterns of drug-use amongst people detained by police²¹

Drug Use Monitoring in Australia (DUMA), run by the Australian Institute of Criminology, is a

project which seeks to measure illicit drug use amongst those people who are detained and brought to a police station.

Data from DUMA are being used

- to look at issues such as the relationship between drugs and property and violent crime
- to monitor patterns of drug use across time
- to help assess the need for drug treatment amongst offenders.

In 2002, the project conducted voluntary interviews and urinalysis with more than 2,800 detainees in seven police areas: two in Sydney (Bankstown and Parramatta); one in Brisbane; one on the Gold Coast (Southport, Queensland); two in Adelaide (Adelaide City and Elizabeth) and one in East Perth. The project found:

- Averaged across the seven areas, 59 per cent of males and 55 per cent of females tested positive to cannabis (marijuana).
- Averaged across the seven areas, 17 per cent of males and 27 per cent of females tested positive to opiates.
- Seven out of ten males detained for a traffic offence, other than drink-driving, as their most serious charge tested positive to illicit drugs. These drugs included cannabis (60 per cent), amphetamines (26 per cent), opiates (12 per cent) and benzodiazepines (11 per cent).

Discussion starter

- Compare these figures with the ones in the table on page 121 (percentage of Australians who report using drugs in the last 12 months). Are there any surprises for you in these figures?
- Do these figures prove that drugs cause crime?

5. Approaches to crime prevention

The government's approach

The Ministerial Council on Drug Strategy (MCDS) oversees Australia's National Drug Strategy. The MCDS comprises the Australian Government and state and territory Health and Law Enforcement Ministers. Using the goal of reducing drug-related harm to Australian society as a guide, these different levels and sectors of government work in partnership to set the policies relating to all drugs, legal and illegal.

Policy concerning illegal drugs is guided by the National Illicit Drug Strategy (NIDS), more commonly referred to as the *Tough on Drugs* strategy. Launched by the Prime Minister in 1997, *Tough on Drugs* is a multi-faceted approach to combating the drug problem. Significant resources are directed to reducing demand and supply and to education to combat the adverse effects of drug abuse. *Tough on Drugs* attacks the illegal drug problem by:

- reducing supply through providing the Australian Government law enforcement agencies with the extra resources they need to protect our borders as well as our streets from illicit drugs
- reducing the uptake and use (demand) of drugs, as well as the harm caused by drugs, by educating young Australians and the wider community about the extreme dangers of drugs and providing best-practice treatment for users of illicit drugs.²²

Drug-related crime prevention initiatives in Australia

There are currently many drug-related crime prevention programs or initiatives being conducted throughout Australia. Below is a small selection of such programs, but there are many others operating nationally.

Springvale Community Drug Action Plan

In response to community concern at the growing incidence of drug use and drug-related crime in the Springvale area in Victoria, the Springvale Drug Action Committee was established. The committee has representatives from police, local council, community groups, schools, business and parliament. The committee has developed an action plan to reduce the incidence and harm of drug use, and will implement this plan over a three-year period.

Responsible service of alcohol

In 1996, licensed premises in NSW became legally bound to serve alcohol in a responsible manner. A training program for hotel and club staff was developed and implemented by the health industry, the hotel industry and police. This was trialed in 300 hotels and clubs and was found to be effective in modifying service practices, and to have potential for reducing alcohol-related crime.

Peer education

Queensland Youth Services Inc. successfully sought funding from the Australian Government for a Peer Education Pilot Program for At Risk Youth (PEPPARY). The project aims to provide young people at risk with a creative service which facilitates a partnership approach to preventing drug use in the community. This is to be achieved through providing relevant information through mediums such as music, drama, personal stories, the Internet and role-playing. A peer education program will be developed, and support and referral services will be further developed.

Julalikari Night Patrol, Northern Territory

The Night Patrol service runs radio-controlled patrols around the Tennant Creek area, providing assistance to people affected by alcohol and other drugs. The program is unique in that it addresses major Aboriginal concerns in a culturally appropriate way, yet is able to operate in conjunction with the government's law enforcement system. Alcohol-related crime has significantly decreased, and protective custody figures have reduced by half within two years.

Community partnership to reduce drug and alcohol-related violence

The Gippsland Anti-Violence Project (Vic) is a community-based program which aims to reduce alcohol and drug-related violence in the region. Action research principles are used to identify high assault localities, and then reference groups are created in these localities. These reference groups are provided with an extensive list of what has been effective in reducing violence in other localities, and the reference groups develop and implement appropriate interventions for their locality. Preliminary evaluation of the project suggests it is successful.

Education for primary school students

The Noongar Alcohol and Substance Abuse Service (WA) aims to develop an educational and drug awareness program utilising puppet/arts mediums for primary school children. The project aims to create a family focus for drug education linking parents, schools and children. The project culminates in interactive puppet shows, designed, developed and delivered with primary school children, using their ideas and concepts. A video will be made of performances (as a promotional tool and education resource).

Activity

- Are there aspects of the above programs which might benefit your community?

Alternatives to punishment

Treatment or prosecution? The National Illicit Drug Diversion Initiative

Illicit Drug Diversion is an initiative whereby police and, in some jurisdictions, the courts may divert drug users to education or to compulsory assessment, from where they will be referred to a suitable education or treatment program or both.

In April 1999, the Council of Australian Governments (COAG) agreed to a national strategy to combine strong action against drug traffickers with a strategy of early intervention for first-time or minor drug offenders. Called the National Illicit Drug Diversion Initiative, it allows for minor drug offenders to have the option of treatment and/or education rather than being involved with the criminal justice system. The objectives of the program are to:

- encourage drug users to identify and treat their illicit drug use early
- decrease the social impact of illicit drug use within the community, creating a safer environment for all Australians.

(COAG Illicit Drug Diversion Initiative: Ministerial Council on Drug Strategy Report, 1999.)

Advocates of diversion believe that appropriate education and treatment intervention early in the involvement of minor offenders with the criminal justice system has the potential to have a positive long-term impact on the lives of those given this opportunity.

Examples of drug diversion schemes

A number of strategies designed to prevent drug use leading to other criminal activity have been put in place around Australia. Offenders are assisted to overcome their drug problem, and minor offenders can be diverted from the criminal justice system into drug assessment and treatment instead.²³ For example:

- All states and territories (with the exception of NT, which does, however, have its own expiation scheme) are running Cannabis Cautioning programs. This can involve the provision of a cautioning notice for simple use/possession of cannabis offences to offenders who meet the police criteria. In some jurisdictions, an optional education session is also offered in conjunction with the caution. Generally there are limits to the number of cautions for any one offender.
- New South Wales has been running The Youth Drug Court Pilot, which targets criminal offenders who are substance dependent and facing the possibility of imprisonment. Under the program, participants engage in comprehensive assessment and treatment programs. Schemes are either post-plea, where sentences are deferred subject to offenders complying with drug rehabilitation treatment etc, or pre-plea, where intensive treatment, counselling etc occurs before any plea is entered or sentence imposed.
- Most states and territories have a variety of anti-drug schemes in place, including Police Diversion.

Discussion starter

- What do you think of the concept of illicit drug diversion? Can you think of alternatives to prosecution in minor drug offences?
- What about the people who are not reached by this program (that is, those using drugs but not arrested, and those arrested with prior convictions)? What action, if any, do you think needs to be taken in their case?

Drug courts

In response to the high levels of drug-related crime, increasing numbers of drug users and increasing rates of incarceration, the New South Wales government has set up a pilot Drug Court program. Pilots have also been established in south-east Queensland and north Queensland. Drug courts have been established for a decade in the US and more recently in Britain.

The role of drug courts is to provide opportunities for drug treatment and rehabilitation to offenders who are referred to the court. Probation and parole officers, health providers and the NSW Attorney General's Department work intensively with offenders, who appear regularly in front of the same judge or magistrate to account for their behaviour, and many undergo mandatory urine analysis. The aim is to help the person break the cycle of addiction—and the crime that often accompanies it. The feel of the court is not so impersonal, and positive reinforcement is offered to offenders who are making progress.

In traditional courts, it was a common experience for drug offenders to 'promise the world' prior to sentencing, but afterwards there was no short-term incentive for honouring their pledge. Drug courts are, on the face of it, more expensive than traditional courts, but, when taking into account the whole package (court + imprisonment + cost of re-offending), they could be much more economical in the long term.²⁴

Experience in the Miami Drug Courts in the US suggests that for every \$1 spent on the Drug Court, \$7 is saved elsewhere in the criminal justice system. In Oregon, the saving was \$2.50 to the criminal justice system and \$10 to the community as a whole (when taking into account broader costs such as future offending).

Consider the following quote from a Western Australian Senior Magistrate:

If a person is imprisoned with a drug addiction, a massive drug debt for which he is receiving threats from a dealer, untreated psychiatric and psychological problems, and has children the subject of a care and protection order, then there is no way these problems will disappear simply because that person is placed in custody—nor will the problems diminish on that person's release.

The Drug Court recognises that drug addiction is a health issue and that the taking of drugs and related crime cannot stop until all of the causes are addressed...

...The court is unique in the criminal justice system because the court asks the offenders what they want and what they need. This information is supported by a psychological and general assessment so that the Drug Court team can identify the gaps needed to be filled and tailor an individual program accordingly and so that the magistrate can communicate with each participant on a level that is relevant and meaningful for that participant.²⁵

Discussion starter

- Do you support the establishment of drug courts? Explain your reasons

for supporting the idea, or your hesitations.

Drug treatment

Treatment can provide a pathway out of drug dependence and prevent or reduce the ill-health and other harms associated with alcohol and other drug use.

Treatment has been defined by the Draft United Nations Drug Control Programme Glossary of Demand Reduction Terms as:

The medical, surgical or psychiatric management of a patient or client. Any specific procedure used for the care or amelioration of a disease, disorder or pathological condition.

The aims of drug treatment include:

- to reduce illicit and licit drug use
- to reduce the hazard, harm and disability associated with an individual's illicit and licit drug use
- to reduce the health and social burden and crime associated with illicit and licit drug harm
- to provide an economically viable means of reducing the overall use of illicit and licit drugs and their associated disabilities.

Treatment activities cover a range of strategies, including detoxification, substitution therapy (methadone, nicotine patches), rehabilitation, family therapy, individual counselling, group counselling and self-help groups.

There is no one 'right' form of treatment for licit or illicit drug use. Different treatment options work for different users and it is not possible to develop a 'one size fits all' model of care. A careful assessment of each person needs to be undertaken, taking into account primary drug of abuse (and other drug use), social situation, (for example, employed/unemployed, accommodation/homeless) and individual needs. A range of treatment options needs to be available.²⁶

Treatment terms

Detoxification: Often used interchangeably with withdrawal, 'detox' is part of physical withdrawal. It literally means 'un-poisoning' and refers to the process of eliminating the drug from the body. Medical assistance and supervision are usually required if the person detoxing has a high level of drug dependence. Detoxification is a starting point for further treatment, rather than a stand-alone intervention.

Rehabilitation refers to an intensive treatment program that integrates a range of services and therapeutic activities such as behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (up to 24 hours a day) and tends toward medium to long-term duration. Rehabilitation activities occur in both residential and non-residential settings.²⁷

Psychosocial support refers to those services which take account of the psychosocial dimensions of the client (housing, family, emotions, broad health needs, other social context), usually beyond the primary reason for the client visiting a service.

Pharmacotherapies (in this case, using drugs to reduce or eliminate a person's dependence on other drugs) are used in a range of treatment approaches for persons dependent on heroin, including

detoxification, and drug substitution therapy. Pharmacotherapy approaches aim to reduce health, social and economic harms by engaging and retaining dependent drug users in treatment. Types of drugs being used and tested include methadone, naltrexone and buprenorphine.

Methadone is the most widely and effectively used drug substitution treatment for heroin dependence. It has an effect that is similar to heroin, but it is taken orally. Commonly methadone is used in long-term maintenance programs where the goal is to reduce the harms associated with drug use and to improve the person's quality of life. Methadone is also used in withdrawal to ease the discomfort of withdrawing from heroin. There is reasonable evidence that longer duration of methadone maintenance treatment is associated with reducing the individual and social harms associated with illegal opioid use, such as freeing the user from illegal drug use, separation from the drug culture and decreased involvement in criminal activities. Methadone treatment has been shown to significantly reduce the risk of death from overdose.

Naltrexone is a drug that blocks the effects of heroin and other opioids so that the user does not feel the drug-related euphoria. It is registered in Australia for use as a relapse prevention treatment for both alcohol and heroin and is being used in clinical trials at a number of sites across Australia.

Buprenorphine is an alternative to methadone in the treatment of opioid dependence. Buprenorphine is taken as a tablet that dissolves under the tongue and produces similar effects to methadone but is safer at higher doses and does not produce as severe a withdrawal when treatment ceases.²⁸

The drug use problems of individuals are complex and often related to other life problems and experiences. Pharmacotherapy treatments should be part of a comprehensive treatment program that addresses the user's underlying social, emotional and mental health problems and provides access to counselling and other services.

Discussion starter

- Have you known anyone who has experienced treatment with either methadone or naltrexone? Do you have anything to add to the information above?
- What do you think are the advantages and disadvantages of the different treatment options available? How might they be suitable for different drug use problems?
- Imagine that your community was experiencing a problem with drug-related crime. These problems might involve open and considerable drug dealing on the streets, frequent public overdoses, and acquisitive crime, such as burglaries and robberies. What policies or actions might you suggest to help your community deal with these problems? Who is the target group? What organisations would need to be involved? What resources would you need? What time period would the project continue for? You may want to look at the Community Partnerships Kit, *Supporting local action on illicit drug issues*, available on the Australian Government Department of Health's website <http://communitypartnerships.health.gov.au/>. The kit contains a workbook to assist in developing a community response to the illicit drug problem.

Wind-up

The last part of each learning circle session is an opportunity to reflect on what has been learned, evaluate how the session has gone, and allocate any tasks the group agrees need to be done before the next session. You might find it useful to sum up your discussion under the following headings:

Difficult points

- Are there any areas where you need more information? You might like to invite a guest speaker or find more information from an expert group or government department. Don't forget local libraries, community groups and the Internet.
- Briefly summarise those areas where you have agreed to disagree. This will identify minority views as still being valid.

Decisions

- Is there anything that the whole group has decided about your discussion?
- Is there anything you would like to do differently next time?
- Did you achieve what you had hoped?
- Is there any other action you want to take? This might include contacting your local council or politicians about an issue the group thinks important, or it might be sharing a meal, or watching a video.

Finally

- Remember to collect articles for a local media file.

Additional Resources

More information

The official National Drug Strategy website has information about the strategy's goals, plus information about the partnerships between the Australian Government and state/territory governments, and between different government agencies, such as health and law enforcement.

<http://www.nationaldrugstrategy.gov.au>.

The Australian Institute of Criminology website contains extensive information on alcohol and illicit drug use and related behaviours in Australia, and many useful links.

<http://www.aic.gov.au/research/drugs/>

Drug Use Monitoring in Australia (DUMA)

<http://www.aic.gov.au/research/duma/>

One initiative of the National Illicit Drug Strategy was the creation of the Australian Drug Information Network (ADIN). The website has extensive information and links to both Australian and international web sites, and is designed to inform a broad range of users, from interested members of the public to professionals working in the drugs and alcohol field.

<http://www.adin.com.au/>

For more information about the effects of particular drugs, the website for the Australian Drug Foundation, (a non-government, non-profit organisation) has a *Get the facts section* at:

<http://www.adf.org.au/>.

Alcohol and Other Drugs Council of Australia (ADCA) is the peak, national, non-government organisation representing the interests of the alcohol and other drugs field.

<http://www.adca.org.au/>

The Australian National Council on Drugs (ANCD) is an advisory body which was launched by the Prime Minister in 1998 to ensure that the voice of the non-government sector is heard and that it influences policy and practice <http://www.ancd.org.au/>

National Drug and Alcohol Research Centre
<http://ndarc.med.unsw.edu.au/>

National Drug Research Institute
<http://www.curtin.edu.au/curtin/centre/ncrpd/>

Victorian Government Drug Information website
<http://www.drugs.vic.gov.au/>

State and territory alcohol and drug information services

New South Wales	Alcohol and Drug Information Service (Regional) 1800 422 599
Victoria	Alcohol and Drug Information Service (Metropolitan) (02) 9361 8000 Alcohol and Drugs Direct Line (Metropolitan) (03) 9416 1818 (Country freecall only) 1800 136 385
Queensland	Alcohol and Drug Information Service (07) 3236 2414 Freecall Country Queensland 1800 177 833
South Australia	Alcohol and Drug Service 1300 131 340
Western Australia	Alcohol and Drug Information Service (08) 9442 5000 Country freecall only 1800 198 024
Northern Territory	Alcohol and Other Drug Service Darwin (08) 8922 8399 Central Australia (08) 8951 7580
Tasmania	Alcohol and Drug Information Service 1800 811 994
Australian Capital Territory	24 Hour Alcohol and Drug Telephone line (02) 6205 4545
Translating and Interpreting Service	13 14 50

NOTES

1 Our Strongest Defence Against the Drug Problem

2 2001 National Drug Strategy Household Survey First Results, May 2002, Australian Institute of

Health and Welfare, p. 20 and 24,

3 *2001 National Drug Strategy Household Survey First Results*, May 2002, Australian Institute of Health and Welfare, p. 6.

4 *The Quantification of Drug-caused Mortality and Morbidity in Australia 1998*, Australian Institute of Health and Welfare, p. 105.

5 *Counting the cost: Estimates of the social costs of drug abuse in Australia in 1998-99*, National Drug Strategy, Monograph Series No. 49, by David J. Collins and Helen M. Lapsley, 2002, p.ix..

6 *Drug Induced Deaths*, Australian Bureau of Statistics, cat no 3321.0.55.001, available at the Australian Bureau of Statistics website at: www.abs.gov.au.

7 'Our Strongest Defence Against the Drug Problem—families' National Illicit Drugs Campaign (2001) available at the Department of Health website at: <http://www.health.gov.au/pubhlth/nidc/order.htm>.

8 See the 'Pathways to Prevention' report from National Crime Prevention. The report is available at their web site, <http://www.ncp.gov.au>. See also 'Resilient and Non-Resilient Behaviour in Adolescents', *Trends & Issues in Crime and Criminal Justice* No. 183, by Sue Howard and Bruce Johnson, November 2000, available on the Australian Institute of Criminology web site, <http://www.aic.gov.au/publications/tandi/tandi183.html>.

9 The material in this section is taken from AIC, 'Alcohol-Related Assault: Time and Place', *Trends & Issues in Crime and Criminal Justice* No. 169, by Michael Teece and Paul Williams, October 2000. <http://www.aic.gov.au/publications/tandi/tandi169.html>

10 *2001 National Drug Strategy Household Survey First Results*, May 2002, op.cit p.26-29

11 AIC, 'Reducing Violence in Licensed Venues: Community Safety Action Projects', *Trends & Issues in Crime and Criminal Justice* No. 101, December 1998 by Marg Hauritz, Ross Homel, Gillian McIlwain, Tamara Burrows and Michael Townsley. <http://www.aic.gov.au/publications/tandi/tandi101.html>

12 Lynskey et al (2003). Escalation of drug use in early-onset cannabis users vs. co-twin controls. *JAMA*, 289 (4) pp 427-433.

13 *2001 National Drug Strategy Household Survey First Results*, May 2001, op.cit p. 4

14 *Smoking: Australian Facts and Figures*, National Tobacco Campaign, available on the Department of Health and Ageing website at: http://www.health.gov.au/pubhlth/publicat/document/tobcfacts_facts.pdf.

15 *Smoking: Australian Facts and Figures*, National Tobacco Campaign, available on the Department of Health and Ageing website at: http://www.health.gov.au/pubhlth/publicat/document/tobcfacts_facts.pdf.

16 *Smoking: Australian Facts and Figures*, National Tobacco Campaign, available on the Department of Health and Ageing website at: http://www.health.gov.au/pubhlth/publicat/document/tobcfacts_facts.pdf.

17 *National Drug Strategy Household Survey 1995*, Department of Health and Family Services,

- 18 *2001 National Drug Strategy Household Survey First Results*, May 2002, Australian Institute of Health and Welfare, p. 7.
- 19 Weatherburn, Don. Introductory speech to the NSW Drug Summit 1999, Sydney: 17 May 1999.
- 20 *Illicit Drug Data Report 2002–03*, Australian Crime Commission, p.40.
- 21 The material in this section is taken from *Drug Use Monitoring in Australia: 2002 Annual Report on Drug Use Among Police Detainees*, AIC Research and Public Policy Series No. 47.
<http://www.aic.gov.au/publications/rpp/47/>
- 22 For more information, see <http://www.health.gov.au/pubhlth/nds/nids/diversion/index.htm>.
- 23 See the <http://www.health.gov.au/pubhlth/nds/nids/diversion/index.htm>.
- 24 Dr Adam Graycar, Director of the Australian Institute of Criminology, 1998.
- 25 Julie Wager SM Drug Court Magistrate–WA—from speech given to the Eighth International Criminal Law Congress, Oct 2-6 2002 Melb.
- 26 Material taken from National Drug and Alcohol Research Centre (1999) *Investing in Demand Reduction*, draft document being developed for the United Nations Drug Control Program.
- 27 Taken from the National Minimum Data Set definition of treatment.
- 28 Definitions taken from Commonwealth National Policy on Methadone Treatment.