



Australians want less drugs, not more

ACT Labor and NSW Greens will bring more drugs . . . and more harm

1. Drugs harm more than the person who uses them
2. Australians want less drug use, not more
3. Drug use increases when there are no legal consequences
4. Keeping drugs illegal works
5. All drug use is problematic
6. There is no "right" to use drugs

**Central Issues
&
Compiled Evidence**

DRUG FREE AUSTRALIA

EXECUTIVE SUMMARY

The NSW Greens and ACT Labor want to decriminalise all drugs following the failed Portugal model

Drugs harm much more than the user

Illicit drug use adversely affects a whole constellation of people – the drug user’s partner, their children, their children’s grandparents, siblings, friends, workmates, other road users, and the rest of the community (crime, welfare etc) drawn into the vortex of their drug use

The unacceptable harms of drug use are attested by a simple fact – our governments have spent hundreds of millions of dollars on [‘harm reduction’](#) programs for drug use – it’s in the name

Australians want less drug use, not more

[96-99%](#) of Australians do not approve the regular use of heroin, ice, speed, cocaine or ecstasy, suggesting that Australians would want less drug use, not more, which only rehab and recovery can achieve, making them mandatory.

The Australian distaste of illicit drug use is not driven by naivete – 43% have tried drugs before and the majority have come to think better of it. The criticism that Australians just passively accept drug prevention messaging is simply not true.

Why there needs to be legal consequences

Illicit drug use has historically attracted a conviction because of the unacceptable harms it causes to so many. For instance, the value of lost retirement and savings for [grandparents](#) raising their grandchildren due to drug-dependent parental neglect represents a ‘stolen’ cost infinitely greater than petty sums attracting criminal sanctions for shoplifters or embezzlers

[96-99%](#) of Australians do not approve the regular use of heroin, ice, speed, cocaine or ecstasy, suggesting that Australians would want less drug use, not more, which only rehab and recovery can achieve, making them mandatory. Decriminalisation will never drive recovery – it removes all meaningful limits or deterrence value in drug laws (e.g. by scrapping our

drug courts), being little different to fully legalising drugs practically-speaking

With no legal coercion for a user to cease drug use by entering rehab, drug use markedly increases as it has in Portugal (their preferred model), which decriminalised all illicit drugs in 2001 only to see drug use rise [59%](#), overdose deaths rise [59%](#) and drug use by high school minors up [60%](#) by 2017. By comparison, Australia's Federal Tough on Drugs policy from 1998 to 2007 reduced drug use [42%](#) and overdose deaths [75%](#) by maintaining convictions and funding more rehab. Portugal increased societal harms, Australia reduced them

US use of cannabis under a legalisation regime, where no consequences for use are possibly be levied, likewise demonstrates sharply increased drug use and associated harms

Drug Free Australia promotes 'spent' convictions, where a criminal record is totally erased if a drug user can return drug free tests over a three-year period

Keeping drugs illegal works

[73%](#) of Australians say they have no interest in illicit drugs. Relevant to the remainder that likely would have an interest, [32%](#) of Australians say they don't use drugs because of their illegality. If cannabis was legalised here, [10%](#) who've never tried it would use it, and [3%](#) who use it would use more, multiplying the established harms caused by cannabis

Changing the legal status of drugs removes these deterrents. When cannabis was decriminalised in the ACT in 1992, [43%](#) of Territorians thought it was now legal to use, explaining its skyrocketing use by 1993 where monthly use amongst lifetime users went from [0% to 31%](#)

All use is problematic

The argument that few have problematic drug use is contradicted by Australia's most prolific researcher on heroin use, Prof. Shane Darke, who [wrote](#) that very few heroin users "use it in a non-dependent, non-compulsive fashion."

Their argument ignores the harms of occasional use where, for instance, [29%](#) of ecstasy deaths in Australia are from car crashes endangering the lives of passengers as well as people in other vehicles. Their argument is akin to saying that drivers who speed on our roads without causing loss of life should not be penalised for speeding. But the law does not work that way. And occasional users still promote their drug use to friends who can become dependent

There is no 'right' to use drugs

A recent Uniting Church [document](#) supporting drug decriminalisation argued that our drug laws should “reflect the essential worth and rights of every person.” But Australian drug users have never been denied any right available to any other Australian. Of greatest importance, there has NEVER been a UN right to use drugs. In fact the UN Convention on the [Rights of the Child](#) accords each the right to live unaffected by illicit drug use and the [UN Drug Conventions](#) have always kept drugs illegal

The aforementioned [document](#) argues for Equity in drug policy, i.e. all drug use should be treated the same – all must be decriminalised. This is the same principle that guided international drug policy for [110 years](#) – all drugs with unacceptable harms, whether heroin or cannabis, should be equally illegal

Australian Parliamentarians must continue to work towards the drug free society that is suggested by Australian attitudes concerning illicit drug use – they do not approve of it. From 1912 until the 1960s, during those years when legislators had the will and commitment to keep their societies drug free, there was [negligible](#) drug use worldwide. Tough on Drugs showed us what works – all we need now is the political will to take that approach again.

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DRUGS HARM MUCH MORE THAN THE USER – 1

Drugs harm much more than the user

Illicit drug use adversely affects a whole constellation of people – the drug user’s partner, their children, their children’s grandparents, siblings, friends, workmates, other road users, and the rest of the community (crime, welfare etc) drawn into the vortex of their drug use

The unacceptable harms of drug use are attested by a simple fact – our governments have spent hundreds of millions of dollars on [‘harm reduction’](#) programs for drug use – it’s in the name

No drug user an island

In 2007 the Federal Government’s Senate Inquiry into the effect of drugs on families documented what all Australians in fact do know – that all drugs, licit or illicit, have a harmful and significant impact on families. The Senate Inquiry, led by Senator Bronwyn Bishop, tracked the harms of illicit drugs only.

Drug Free Australia here reproduces facsimiles from the report found at https://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=fhs/illicitdrugs/report/fullreport.pdf which well-describes the impact of illicit drugs on drug user’s:

- partner
- children
- children’s grandparents
- siblings
- friends
- workmates
- other road users

as well as looking at the public health burden presented by drug use.

Impact on partners

7.36 The Catholic Women’s League of Australia summarised the impact of a family member’s drug use on the mental health of other family members:

The incredible mood swings, and dangerous, erratic and unpredictable behaviour of the addict, has family, friends and colleagues walking on egg-shells. Living with an addicted person is a recipe for madness that frequently results in nervous breakdown and serious physical illness in people riding the roller coaster of pain and uncertainty that is the daily experience of those living with addiction.⁴⁰

- 6.79 Family Drug Help told the committee about some of the problems that can arise in a family where a member is using illicit drugs:

Family members start to change when they acknowledge they have their own problem, and start to let go of forever trying to fix their addicted family member. The family member's problem is typically related to the drug use, but separate, such as:

- I have no real relationship with my child;
- All the family income goes on drugs;
- My partner is not emotionally available to me;
- I am scared to ask for my basic needs;
- I am placing the needs of the addicted member above the needs of other family members;
- My partner/child does not respect my home/my right to a peaceful/clean space; and
- My friends no longer visit our house.⁶⁶

Impact on children

Child development

- 3.28 The impacts of parental drug use on growing children were related by many inquiry participants. They included:
- inadequate nutrition and periods without food;
 - a lack of clothing;
 - inadequate health care, including a lack of immunisation, lack of attention to the child's health problems or disabilities, irregular washing, dental decay, a filthy home environment and untreated head lice;
 - poverty and financial disadvantage;
 - physical, sexual and emotional abuse;
 - traumatic and frightening experiences, such as parents overdosing or losing consciousness;
 - family breakdown and conflict;
 - parental mental health problems;
 - frequent change of residence and carers;
 - involvement in criminal activity;

²⁹ Hamilton C, King Edward Memorial Hospital for Women, transcript, 14 March 2007, p 12; NSW Department of Health, for the Ministerial Council on Drug Strategy, *National clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn* (2006), pp 35-36.

³⁰ Hulse G, transcript, 21 March 2007, p 3.

- poor education outcomes due to learning and behavioural difficulties and interruptions to schooling;
- social problems, including social isolation and lack of attachment and connection to others; and
- problems with emotional development.³¹

Child safety

- 3.38 Parental illicit drug use may compromise child safety through increased likelihood of physical and sexual abuse, neglect or inadequate supervision. Parental drug use is not in itself sufficient to trigger a notification to statutory child protection services. It features significantly, however, in the caseload of child protection authorities in all states and territories.⁴⁵
- 3.39 In 2005-06, there were 266,745 reports to child protection departments around Australia and the most frequently substantiated maltreatment types are child neglect and emotional abuse – the maltreatment types most frequently associated with parental drug use.⁴⁶ According to Odyssey House, parental drug or alcohol problems account for approximately 50 per cent of all substantiated cases of child abuse or neglect in the child protection system in Australia.⁴⁷

Impact on children's grandparents

The negative impact of drug use causing neglect of children doesn't just fall upon the user's own parents, but also on their partner's parents as these grandparents take responsibility for their grandchildren.

- 3.116 Centrelink also reported that the transfer of family support payments along with care of the children was an issue. Grandparents who assumed care of the children were 'emotionally blackmailed' into not claiming the payments they were entitled to:

Grandparents in particular, may be emotionally blackmailed by their child into NOT claiming or pursuing entitlement to a Centrelink payment so they are able to support grandchildren. Usually it is not until an extreme event occurs that grandparents or relatives eventually claim a payment. They are very aware that when they claim a payment, the parent's payment will cease or be dramatically reduced and there will be work obligations for the parent of the child.¹³⁶

- 3.117 Centrelink also reported a case in which two men were attempting to gain custody of their respective children. 'Both males reported that their partners had drug issues, and did not care for the children but wanted the money for their own drug use'.¹³⁷

Impact on siblings

- 1.29 Unsurprisingly, one family member's illicit drug use can often be the underlying cause of another's health problems. Many report that they have needed counselling and treatment themselves to cope with depression and anxiety, or that they have developed chronic health conditions through failing to pay attention to their own health needs. The committee heard examples of where siblings also become drug users: a mother in Western Australia told the committee that four of her five children had been addicted to illicit drugs; once one of them had started using, the 'family morality' broke down and 'the other children then saw it as being an okay thing to do.'¹⁶
- 1.30 The financial costs to families can also be significant, with theft and property damage a common experience, as well as continual requests by users for loans to cover drug expenses and debts. Treatment, rehabilitation, and legal fees can mount into thousands of dollars. Families with a small business may find themselves unable to give it the necessary attention and focus, and others stop working or reduce working hours to look after the drug user or cope with their own problems. A family's ability to earn income, take holidays and save for or enjoy retirement, is thus affected. Illicit drug use presents tremendous opportunity costs to users and their families.

¹⁶ Harris S, transcript, 14 March 2007, p 63.

Impact on friends

- 7.33 Other siblings are often unable to have their friends visit the family home due to the unpredictability of the using member's behaviour.³⁵ A mother told the committee that:

As my son's behaviour and drug use escalated fewer family and friends came to visit our home or include us in social activities in case he came. We had little respite and on reflection as I write I can see my younger children locked themselves away in their rooms, no longer eating together as a family, no longer watching TV together or talking together. We would covet brief times together away from him to share school activities, illnesses, fear, loneliness or wonder where our belongings had gone to. Sometimes we would cry together, hug and just hope everything would change. For many years nothing changed except to worsen.³⁶

³¹ Families and Friends for Drug Law Reform, submission 122, p 4.

³² Ravesi-Pasche A, submission 47, p 2; Koningen S, Gold Coast Drug Council, transcript, 7 March 2007, p 4.

³³ Victorian Alcohol and Drug Association, submission 100, pp 8-9; Chang T, submission 28, p 4; Family Drug Support, submission 15, p 3.

³⁴ Chang T, submission 28, p 4.

³⁵ Centacare Catholic Family Services, submission 116, p 6; Ravesi-Pasche A, submission 47, p 3.

³⁶ Quon M, submission 8, p 3.

Impact on workmates

- 2.78 In addition to the actual harm imposed on the community, the use of illicit drugs also contributes to a broad range of potential harms due to impairment associated with drug use. In 2004, of Australians aged 14 years and older who had used any illicit drugs in the last 12 months, in the same period:
- 581,000 people had driven a motor vehicle while under the influence of illicit drugs;
 - 115,000 people had operated a boat or hazardous machinery; and
 - 326,600 people had gone to work.⁸¹
- 2.79 Drug use by health care and other workers has potentially fatal consequences. The committee is concerned at the potential numbers of people working under the influence of illicit drugs whilst holding positions of professional responsibility in our community.

Impact on other drivers

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THE IMPACT OF ILLICIT DRUG USE ON FAMILIES

Drug driver testing

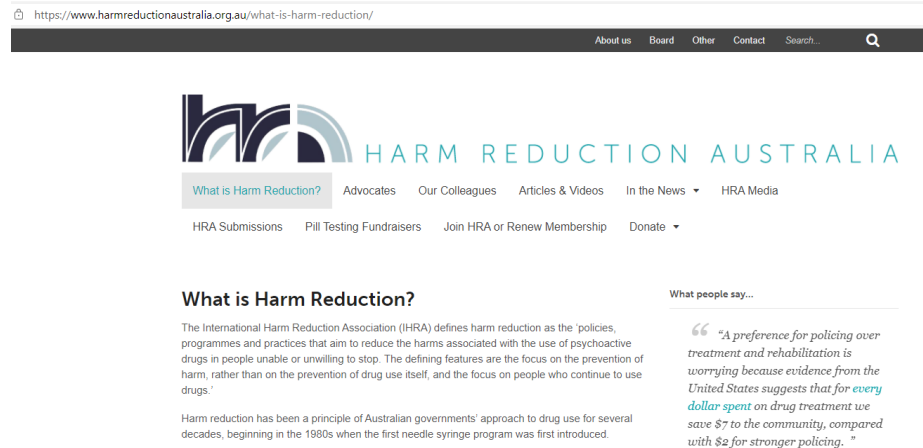
- 5.95 Illicit drug using drivers are responsible for a significant number of road traffic accidents. In 2004, of the 2.5 million Australians aged 14 years and older who had used any illicit drugs in the last 12 months, in the same period 581,000 people had driven a motor vehicle while under the influence of illicit drugs.⁸¹
- 5.96 Recognising this, all Australian jurisdictions have examined roadside drug testing and are at different stages of implementation, with some states and territories yet to commence regular drug driver testing.⁸²
- 5.97 Laboratory studies have shown that cannabis compromises reaction time, attention, decision making, time and distance perception, short-term memory, hand-eye coordination, and concentration.⁸³ Central nervous system stimulants, like amphetamines, ecstasy and cocaine, can impair coordination and judgement through hyperactivity, aggressiveness, overconfidence, blurred vision, hallucinations and fatigue; while narcotic analgesics such as methadone and heroin slow reflexes and blur vision.⁸⁴ All of these effects pose significant risks to those driving under the influence, their passengers and others on the road.

Burden on public health

- 2.61 Illicit drug use causes significant illness, including mental illness, and disease, violence and crime, and devastates families. The most recent estimate of the economic cost of illicit drug use in Australia is \$6.7 billion per year.⁸⁴ This estimate does not include the significant physical and

Unacceptable harms from drugs – thus ‘harm reduction’ programs

The harms of drugs are so recognised that Australia has an entire industry devoted to reducing the harms of drugs inflicted on users as well as families, friends and community. This is attested by the peak body for harm reduction programs in Australia as displayed below. Australia’s drug policy is titled ‘harm minimisation’ again putting the harms of illicit drugs front and centre.



Yet those seeking to decriminalise drugs in Australia expect Australians to ignore or forget those harms for the sake of compassion for the user.

AUSTRALIANS WANT LESS USE, NOT MORE – 2

Australians want less drug use, not more

96-99% of Australians do not approve the regular use of heroin, ice, speed, cocaine or ecstasy, suggesting that Australians would want less drug use, not more, which only rehab and recovery can achieve, making them mandatory.

The Australian distaste of illicit drug use is not driven by naivete – 43% have tried drugs before and the majority have come to think better of it. The criticism that Australians just passively accept drug prevention messaging is simply not true.

Less drugs, not more

The Australian Government's Australian Institute of Health and Welfare (AIHW) conducts the National Drug Strategy Household Survey every three years, commonly surveying close to 25,000 Australians each time. This enormous sample gives the surveys a great deal of accuracy and validity.

The last survey was in 2019, and Table 9.7 from its statistical data <https://www.aihw.gov.au/getmedia/23e94b50-bdfc-4395-a591-e74a60a3fe14/aihw-phe-270-9-Perceptions-and-policy-support-tables.xlsx.aspx> indicates Australian approval (or lack thereof) of the regular use of various illicit drugs.

Table 9.7: Personal approval^(a) of the regular use by an adult of selected drugs, people aged 14 and over, 2007 to 2019 (per cent)

Drug	Proportion														
	Males					Females					Persons				
	2007	2010	2013	2016	2019	2007	2010	2013	2016	2019	2007	2010	2013	2016	2019
Alcohol	51.7	51.5	51.7	52.4	50.8	38.9	38.9	38.6	39.8	40.1	45.2	45.1	45.1	46.0	45.4
Tobacco	15.8	17.4	17.3	18.1	17.7	12.9	13.3	12.2	13.2	13.1	14.3	15.3	14.7	15.7	15.4
Illicit drugs (excluding pharmaceuticals)															
Marijuana/cannabis	8.7	11.0	12.6	17.8	23.6#	4.6	5.3	7.0	11.2	15.6#	6.6	8.1	9.8	14.5	19.6#
Ecstasy	2.5	3.0	3.3	3.9	5.3#	1.5	1.7	1.6	1.8	2.3#	2.0	2.3	2.4	2.9	3.8#
Meth/amphetamine ^(b)	1.5	1.5	1.6	1.6	1.6	0.9	0.9	1.1	0.8	0.9	1.2	1.2	1.4	1.2	1.2
Cocaine/crack	1.8	2.2	1.9	2.0	3.0#	1.0	1.2	1.3	1.4	1.7	1.4	1.7	1.6	1.7	2.3#
Hallucinogens	2.1	3.2	4.5	5.1	8.0#	1.2	1.6	1.7	2.4	3.2#	1.7	2.4	3.1	3.7	5.6#
Inhalants	1.0	1.3	0.9	0.9	1.2	0.7	0.8	1.0	1.0	0.8	0.8	1.0	0.9	1.0	1.0
Heroin	1.3	1.5	1.3	1.3	1.5	0.7	1.0	1.1	1.0	0.8	1.0	1.2	1.2	1.1	1.1
Pharmaceuticals															
Over-the-counter pain-killers/pain-relievers ^(b)	n.a.	14.4	14.8	19.5	n.a.	n.a.	14.3	14.2	18.7	n.a.	n.a.	14.3	14.5	19.1	n.a.
Prescription pain-killers/pain-relievers ^(b)	n.a.	13.4	13.0	13.2	13.3	n.a.	12.6	12.2	12.1	11.5	n.a.	13.0	12.6	12.7	12.4
Tranquilisers, sleeping pills ^(b)	4.8	7.2	9.5	10.1	10.1	3.4	5.7	6.8	8.5	8.5	4.1	6.4	8.2	9.3	9.3
Steroids ^(b)	2.3	3.0	3.0	3.0	3.1	0.9	1.4	1.5	1.8	1.6	1.6	2.2	2.2	2.4	2.4
Methadone or buprenorphine ^(b)	1.1	1.5	1.3	1.6	1.8	1.0	1.0	1.2	1.1	1.2	1.0	1.2	1.3	1.3	1.5

With 96-99% of all Australians not giving their approval to the use of heroin, cocaine, speed/ice and ecstasy, and 80% not giving their approval to the regular use of cannabis, there can be no argument that Australians would not approve of drug policy approaches which might increase drug use in their society. Rather, Australian attitudes to drug use indicate they would want less drugs and less drug use. The only path to less drugs is mandatory rehabilitation, where Australia's drug courts have a long track-record of success.

Australians are not naïve about drug use

From the same Australian Institute of Health and Welfare National Drug Strategy Household Survey, Table 4.2 demonstrates that 43% of Australians have tried an illicit drug of some kind, indicating that their distaste for the regular use of any drug is born not of naivete, but from experience.

Table 4.2: Lifetime^(a) drug use, people aged 14 and over, 2001 to 2019 (per cent)

Drug/Behaviour	Proportion						
	2001	2004	2007	2010	2013	2016	2019
Illicit drugs (excluding pharmaceuticals)							
Marijuana/cannabis	33.1	33.6	33.5	35.4	34.8	34.8	36.5#
Ecstasy ^(b)	6.1	7.5	8.9	10.3	10.9	11.2	12.5#
Meth/amphetamine ^(c)	8.9	9.1	6.3	7.0	7.0	6.3	5.8
Cocaine	4.4	4.7	5.9	7.3	8.1	9.0	11.2#
Hallucinogens	7.6	7.5	6.7	8.8	9.4	9.4	10.4#
Inhalants	2.6	2.5	3.1	3.8	3.8	4.2	4.8#
Heroin	1.6	1.4	1.6	1.4	1.2	1.3	1.2
Ketamine	n.a.	1.0	1.1	1.4	1.7	1.9	3.1#
GHB	n.a.	0.5	0.5	0.8	0.9	1.0	1.0
Synthetic Cannabinoids	n.a.	n.a.	n.a.	n.a.	1.3	2.8	2.6
New and Emerging Psychoactive Substances	n.a.	n.a.	n.a.	n.a.	0.4	1.0	0.7#
Injected drugs	1.8	1.9	1.9	1.8	1.5	1.6	1.5
Any illicit ^(d) excluding pharmaceuticals	34.3	34.8	35.1	37.3	36.8	37.1	38.8#
Non-medical use of pharmaceuticals							
Pain-killers/pain-relievers and opioids ^(c,e)	n.a.	n.a.	n.a.	n.a.	n.a.	9.7	8.3#
Tranquillisers/sleeping pills ^(c)	3.2	2.8	3.3	3.2	4.5	4.7	4.9
Steroids ^(c)	0.3	0.3	0.3	0.4	0.5	0.6	0.8#
Methadone or Buprenorphine ^(c,f)	0.3	0.3	0.3	0.4	0.4	0.4	0.4
Non-medical use of pharmaceuticals ^(e,g)	n.a.	n.a.	n.a.	n.a.	n.a.	12.8	11.7#
Illicit use of any drug							
Any opioid ^(h)	n.a.	n.a.	n.a.	n.a.	n.a.	10.5	9.1#
Any illicit ⁽ⁱ⁾	37.7	38.1	38.1	39.8	41.8	42.6	43.2

WHY LEGAL CONSEQUENCES ARE NEEDED - 3

Why there needs to be legal consequences

Illicit drug use has historically attracted a conviction because of the unacceptable harms it causes to so many. For instance, the value of lost retirement and savings for [grandparents](#) raising their grandchildren due to drug-dependent parental neglect represents a 'stolen' cost infinitely greater than petty sums attracting criminal sanctions for shoplifters or embezzlers

[96-99%](#) of Australians do not approve the regular use of heroin, ice, speed, cocaine or ecstasy, suggesting that Australians would want less drug use, not more, which only rehab and recovery can achieve, making them mandatory. Decriminalisation will never drive recovery – it removes all meaningful limits or deterrence value in drug laws (e.g. by scrapping our drug courts), being little different to fully legalising drugs practically-speaking

With no legal coercion for a user to cease drug use by entering rehab, drug use markedly increases as it has in Portugal (their preferred model), which decriminalised all illicit drugs in 2001 only to see drug use rise [59%](#), overdose deaths rise [59%](#) and drug use by high school minors up [60%](#) by 2017. By comparison, Australia's Federal Tough on Drugs policy from 1998 to 2007 reduced drug use [42%](#) and overdose deaths [75%](#) by maintaining convictions and funding more rehab. Portugal increased societal harms, Australia reduced them.

US use of cannabis under a legalisation regime, where no consequences for use are possibly be levied, likewise demonstrates sharply increased drug use and associated harms

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The high costs of social harms done by illicit drug use

Echoing our first major heading that no person is an island, the social harms, and the associated costs thereof, can be very significant. Behaviours that have negative social effects and which are often attended by high social costs are – aggression, depression, domestic violence – particularly with speed, ice or cannabis, driving under the influence, drug dealing, lying, mental health issues, neglect of relationships e.g. children, offensive conduct,

physical or verbal violence, property crime, psychosis, stealing to pay for drugs, work absenteeism leading to loss of job and welfare dependence.

Taking up just one of these as an example of the social costs of illicit drug use, the neglect of a drug user's children has increasingly impacted the grandparents of those children as kinship care has become seen by welfare agencies as giving better outcomes. This summarises their experience:

Financial impact on grandparent carers

- 9.45 Many grandparent carers have reduced their working hours or retired and may be unprepared for the additional financial costs they face in caring for young children. Grandparent carers may be faced with a myriad of unexpected costs:

Grandparent support required has included payment of fines, buying and replacing essential items, rehabilitation and mental health services, etc, and providing recreational and educational supports for children.⁵⁷

- 9.46 Marymead Child and Family Centre, who operate a 'grandparents raising grandchildren support network', report that many grandparents are on a fixed income, and some are dependent on charities for food and clothing. Physical care issues for children, such as orthodontic treatment, can be left untreated due to the high costs. Marymead said also that the cost of activities such as sports, music lessons and school excursions was outside the budgets of most grandparents raising grandchildren.⁵⁸

- 9.47 In order to meet the costs of living, grandparents may be forced to expend their retirement savings:

The other common story is them having to mortgage their homes, which they have paid for, when they were about to tour the country in their four-wheel drive and caravan, or maybe they were just planning retirement. They are having to sell off property or take out a mortgage on the home that they

54 See for example, Relationships Australia, submission 143, p 2; Commission for Children and Young People and Child Guardian (Qld), submission 146, p 9.

55 Canberra Mothercraft Society, *Grandparents parenting grandchildren because of alcohol and other drugs*, from Families Australia, submission 152, p 13.

56 Miller T, submission 78, p 6.

57 Glastonbury Child and Family Services, submission 74, p 6.

58 Marymead Child and Family Centre, submission 107, pp 5-6.

have paid off after many years of working in order to take out legal proceedings to gain custody of their grandchildren.⁵⁹

https://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=fhs/illicitdrugs/report/fullreport.pdf

Shoplifting presents less harm than drugs – has prison penalties

The complaint of those pressing for drug decriminalisation is that a criminal conviction for using drugs is unfair and inordinate to the harms drugs present. But below is a summary of the legal consequences of shoplifting.

In New South Wales it is an offence to steal or take an item from a store without paying for it. This is commonly referred to as shoplifting. Shoplifting charges are prosecuted pursuant to section 117 of the *Crimes Act 1900*, which is the criminal offence of [larceny](#). The maximum penalty for larceny is 10 years imprisonment, however, where the goods taken are valued under \$2,000 the maximum penalty is 2 year's imprisonment.

<https://www.armstronglegal.com.au/criminal-law/nsw/offences/shoplifting/>

Clearly, the financial consequences of this single example of drug-related harm to grandparents far outweighs the financial harms of shoplifting, which can attract a prison sentence. The social costs of drug use are unacceptably high and that is why legal consequences are necessary, particularly to ensure rehabilitation is taken seriously.

Decriminalisation can never drive recovery

Because recovery is the only conceivable method of reducing Australian illicit drug use in line with Australian expectations, and because the threat of a conviction has driven rehabilitation via Australia's drug court and MERIT programs, decriminalisation's removal of any meaningful consequences for drug use will strip Australians of any mechanism driving recovery. This will lead to the inevitable consequences that overtook Portugal's decriminalisation experiment, where drug use and deaths increased as legal deterrents were removed.

Because recovery is the only conceivable method of reducing Australian illicit drug use in line with Australian expectations, and because the threat of a conviction is a meaningful conduit to treatment and rehab, decriminalisation should never be enacted.

How is it different to drug legalisation in practice?

The Uniting Church [document](#) supporting drug decriminalisation has ventured the following as their ideal scenario:

The Ice Inquiry made a recommendation on these issues, which we discuss under each of the sub-headings ahead. Recommendation 11 was that in conjunction with increased resourcing for specialist drug assessment and treatment services, the NSW Government implement a model for the decriminalisation of the use and possession for personal use of prohibited drugs, which includes the following elements:

- Removal of the criminal offences of use and possession for personal use of prohibited drugs
- At the point of detection, prohibited drugs to be confiscated and a referral made to an appropriately tailored voluntary health/ social and/or education intervention
- No limit on the number of referrals a person may receive
- No civil sanctions for non-compliance.¹²

What is abundantly clear from Uniting's decriminalisation scenario is that they want the same legal consequences as drug legalisation – none. Where no legal deterrent exists, drug users can only be loosely advised to get treatment as is clear from Uniting's proposal.

As with Portugal, where legal deterrents were removed in every practical sense, drug use in Australia will rise along with all of its attendant harms.

Why remove MERIT and Drug Courts which do drive recovery?

Given that Australians want less drug use, not more, Australia's drug courts have successfully driven recovery and driven down drug offense recidivism <https://apo.org.au/sites/default/files/resource-files/2020-09/apo-nid308451.pdf>. But drug decriminalisation will remove the deterrence value these courts and similar MERIT programs have offered. 65% of MERIT participants in NSW finished the program <https://www.abc.net.au/news/2016-04-20/high-rate-of-offenders-completing-merit-program-far-west/7340684> , making them 50% less likely to offend <http://www.connections.edu.au/publicationhighlight/program-completion-and-targeting-high-risk-drug-users-key-success-merit-program>

Portugal paid the price of more drug use and deaths

Portugal is the model which the NSW Greens and ACT Labor wish to follow, but Portugal only saw very significant increases in drug use, drug deaths and drug use by high school minors in the years after decriminalisation.

Portugal's 'compassionate' experiment

Portugal softened drug policy in July 2001 by decriminalising all illicit drug use. Since that time drug decriminalisation/legalisation activists have inundated politicians and the media with glowing and demonstrably false reports of Portugal's touted 'success'.

However below is the graphic reality of drug use in Portugal, using their own official data and graphs sent to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Portugal also used the same statistics for the yearly United Nations World Drug Report drug use tables.

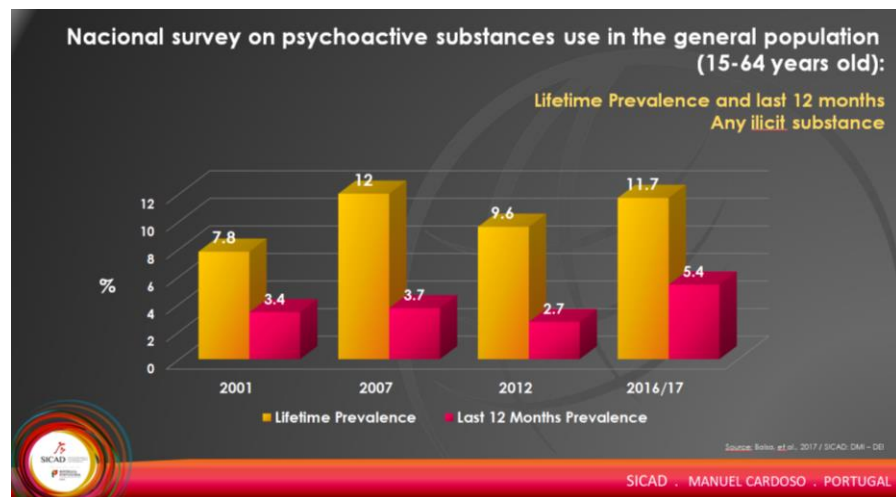
Portugal's drug use rose 59% after decriminalisation

Figures for overall illicit drug use in Portugal from 2001 to their last 2017 drug use survey are available from a presentation by Manuel Cardoso, the Deputy General-Director of SICAD, Portugal's agency responsible for monitoring the country's drug use. This presentation can be accessed at <https://drugfree.org.au/index.php/resources/library/9-drug-information/182-portugal.html> using the link [Integrated Drug Policy Manuel Cardoso SICAD \(zip file\)](#).

Copied below from Cardoso's Powerpoint presentation at the June 2018 Sydney conference run by the Network of Alcohol and other Drug Agencies (NADA) are both the lifetime prevalence and last 12 months figures for Portugal for 2016/17. The figures for use in the last 12 months before survey are as follows:

Use in the last 12 months

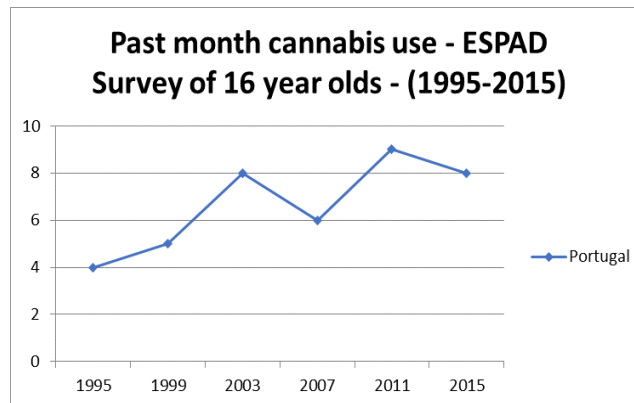
	%
2001	3.4
2007	3.7
2012	2.7
2017	5.4



Note that Portugal's drug use in 2017 for those aged 15-64 was 59% higher than in 2001. This is an alarming outcome, demonstrating that Portugal's drug policy failed to deter rising drug use. This is clearly not a 'success'.

High school use rose 60%

The ESPAD survey of cannabis use (use in the last 30 days before survey) for 16 year old high-school students shows increases in use of the drug from 1999, a couple of years before decriminalisation, through to 2015. The increases are substantial - 60% higher than in 1999. The ESPAD survey is used across the entire European Union with this age-group.

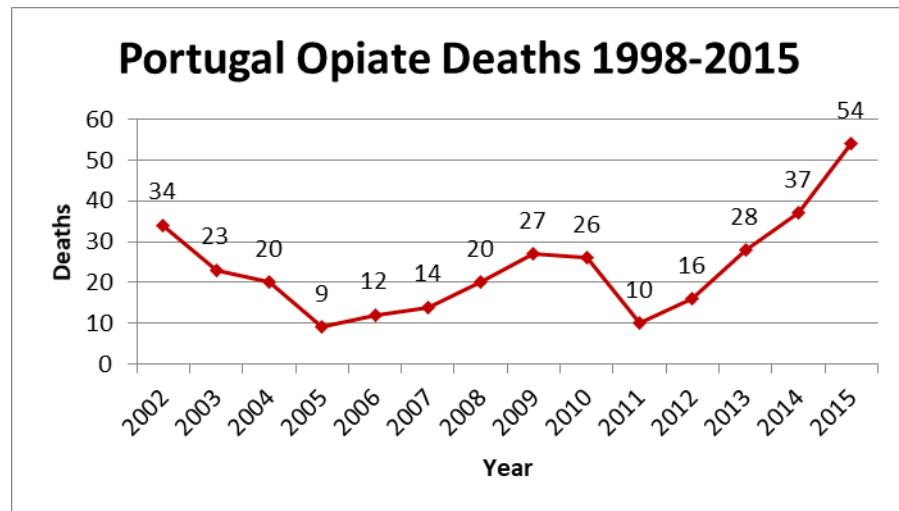


Drug-related deaths rose 59% since 2001

Drug-related deaths in any country tend to inelastically follow rising and falling trends in heroin use, and Portugal is no different.

From 34 deaths in 2002, deaths had increased to 54 in 2015. There is a close relationship between Portugal's rising drug use and deaths, unimpeded by the legal penalties used by most countries.

Drug Free Australia notes that Portugal has two differing counts of drug-related deaths, however the graph below tracks overdose deaths which are directly comparable to overdose deaths in other countries worldwide. For a discussion of the two methods of counting drug related deaths in Portugal see pages 16, 17 and 26ff of our document [The Truth on Portugal](#) which cites the paper by the National Drug and Alcohol Research Centre (NDARC) which, despite it always having been partial to liberal drug policies, nevertheless demonstrates that the figures DFA uses are the correct ones.



http://www.emcdda.europa.eu/data/stats2018/drd_en

Major increases in opiate hard drug use by 2015

Because there is a reasonably inelastic relationship between opiate use and opiate deaths, where 1% of opiate users die each year from an overdose http://mja.com.au/public/issues/173_10_201100/hall/hall.html, Portugal's rising opiate deaths (above) indicate similar increases in opiate use throughout the country. A 59% increase in deaths would normally indicate a 59% increase in opiate use.

Australians don't want more drug use or drug deaths

Liberalised drug policy has continually increased drug use and drug-related deaths where it has been implemented. Australians clearly do not want increased drug use given their non-approval of illicit drug use, so Parliamentarians who seek not to be an elitist political class, and legislate according to the surveyed will of the people will not soften drug policy in this country to the detriment of its citizens.

Now compare Australia's Tough on Drugs policy – 42% less drugs

Compare the results of Australia's 'Tough on Drugs' strategy between 1998 and 2007 to those of Portugal above (Note: Tough on Drugs was scrapped by the new Federal Rudd government of late-2007). The 'Tough on Drugs' approach worked within an environment of States and Territories maintaining criminal penalties for use of all illicit drugs other than cannabis. Most states also implemented drug diversion policies and drug courts, which, for the most part, created a balance of early intervention strategies to be implemented.

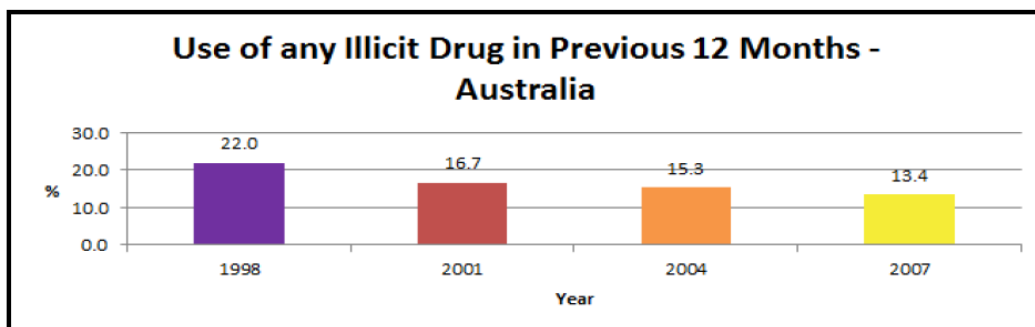
USE OF ALL ILLICIT DRUGS DECLINED BY 39% BETWEEN 1998 AND 2007. HOWEVER, IF COMPARING ONLY THOSE DRUGS TRACKED BY

PORTUGAL TO AUSTRALIAN DRUG USE FOR THOSE VERY SAME DRUGS, AUSTRALIAN USE DECREASED 42% BY COMPARISON.

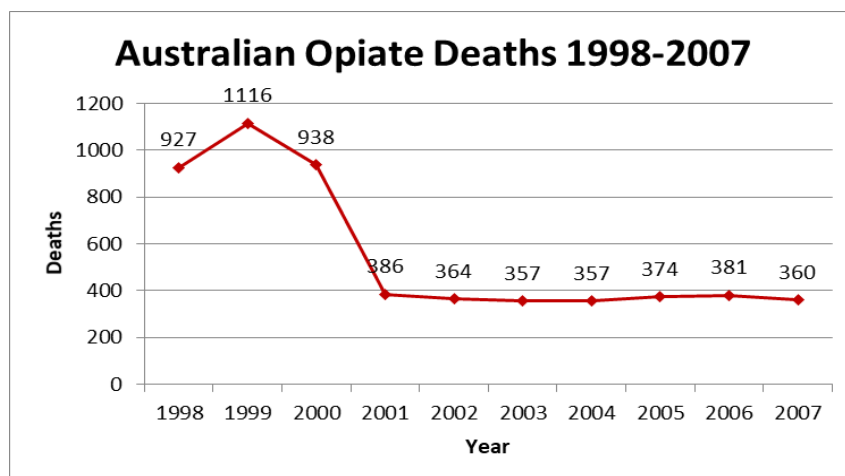
Table 2.1: Summary of recent^(a) drug use, people aged 14 years or older, 1993 to 2010 (per cent)

Drug/behaviour	1993	1995	1998	2001	2004	2007	2010
Illicit drugs (excluding pharmaceuticals)							
Cannabis	12.7	13.1	17.9	12.9	11.3	9.1	10.3
Ecstasy ^(b)	1.2	0.9	2.4	2.9	3.4	3.5	3.0
Meth/amphetamines ^(c)	2.0	2.1	3.7	3.4	3.2	2.3	2.1
Cocaine	0.5	1.0	1.4	1.3	1.0	1.6	2.1
Hallucinogens	1.3	1.9	3.0	1.1	0.7	0.6	1.4
Inhalants	0.6	0.4	0.9	0.4	0.4	0.4	0.6
Heroin	0.2	0.4	0.8	0.2	0.2	0.2	0.2
Ketamine	n.a.	n.a.	n.a.	n.a.	0.3	0.2	0.2
GHB	n.a.	n.a.	n.a.	n.a.	0.1	0.1	0.1
Injectable drugs	0.5	0.5	0.8	0.6	0.4	0.5	0.4
Any illicit^{(d)(g)}	14.0	16.7	22.0	16.7	15.3	13.4	14.7

<https://www.aihw.gov.au/getmedia/85831350-afb6-4524-8d8d-764fa5d2d1f8/12668-20120123.pdf.aspx> p 8



During Tough on Drugs Australian opiate deaths plummeted. This is the difference between drug policy with responsible legal restraints and constraints on drug use, and soft approaches.



US drug liberalisation/decriminalisation increased use

Alaska legalised cannabis in 1975. A study in 1988 found that **72%** of year 12 students had tried it.¹ They recriminalised shortly thereafter.

California decriminalised cannabis on January 1, 1975. 10 months after cannabis use by 18 - 29 year olds was up **15%**.²

Oregon decriminalised cannabis in 1973. 12 months after cannabis use by 18 - 29 year olds was up **12%**.³

If tobacco smoking rose by 12-15% in 12 months for young people in this country, we would be horrified.

Increases in US cannabis use from 1973-76 were **negligible**, as per the US Household Surveys (below) found at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1508375/pdf/amjph00013-0029.pdf> where cannabis use averaged 34.2% in 1974 across all US States, moving to 35% in 1976, an increase of just 2% during that 2 year period.

This signals that the drug liberalisation measures were entirely responsible for the increases in those three US States.

Of real note is that the reduction of cannabis use resulting from the US 1980s 'Just Say No' drug prevention campaign is very evident in the stats below, something drug law reformers constantly deny, against all evidence. Parliamentarians are advised to take note of the fact-free assertions of the drug liberalisation/legalisation lobby.

Table 2.1. Trends in Prevalence of Lifetime and Last Year Marijuana Use by Age¹ (NHSDA 1974-1996)

	1974	1976	1977	1979	1982	1985	1988	1990	1991	1992	1993	1994	1995	1996
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Lifetime														
12-17 years	23.0	22.4	28.0	26.7	23.2	20.1	15.0	12.7	11.1	9.1	9.9	13.6	16.2	16.8
18-25 years	52.7	52.9	59.9	66.1	61.3	57.6	54.6	50.4	48.8	46.6	45.7	41.9	41.4	44.0
26-34 years	-	-	-	45.0	51.5	54.1	57.6	56.5	55.2	54.3	54.9	52.7	51.8	50.5
26+ years	9.9	12.9	15.3	-	-	-	-	-	-	-	-	-	-	-
35+ years	-	-	-	9.0	10.4	13.9	17.6	19.6	21.1	22.2	23.8	25.4	25.3	27.0
Last Year														
12-17 years	18.5	18.4	22.3	21.3	17.7	16.7	10.7	9.6	8.5	6.9	8.5	11.4	14.2	13.0
18-25 years	34.2	35.0	38.7	44.2	37.4	34.0	26.1	23.0	22.9	21.2	21.4	21.4	21.8	23.8
26-34 years	-	-	-	20.5	21.4	20.2	14.2	14.4	11.6	11.5	11.1	11.5	11.8	11.3
26+ years	3.8	5.4	6.4	-	-	-	-	-	-	-	-	-	-	-
35+ years	-	-	-	4.3	6.2	4.3	3.7	4.2	4.6	3.8	4.6	4.1	3.4	3.8

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1508375/pdf/amjph00013-0029.pdf>

US cannabis liberalisation/legalisation put harms on steroids

The removal of all legal consequences for cannabis use led to major increases in drug use and associated harms such as drugged driving deaths, cannabis-related hospitalisations and cannabis-related suicides. It is the

¹ Olsson O, Liberalization of drug policies – an overview of research and studies concerning a restrictive drug policy. Swedish National Institute of Public Health, Stockholm 1996 pp 33-4

² Ibid pp 32,3

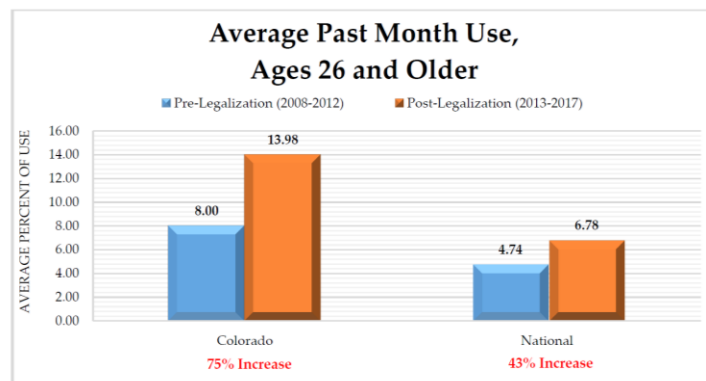
³ Ibid, pp 31,2

adverse consequences of drug use, no doubt, that drives the Australian distaste for illicit drug use.

It is important to note that the harms associated with cannabis began to rise in 2009 when medical cannabis commercialisation gave free rein to cannabis users to treat medical cannabis as a new form of legalised recreational use, albeit with a prescription for a feigned condition such as chronic pain, which can never be verified by a doctor. Legalisation can be seen to steepen the trend lines which track each of the harms displayed below.

Adult drug use 75% higher since legalisation

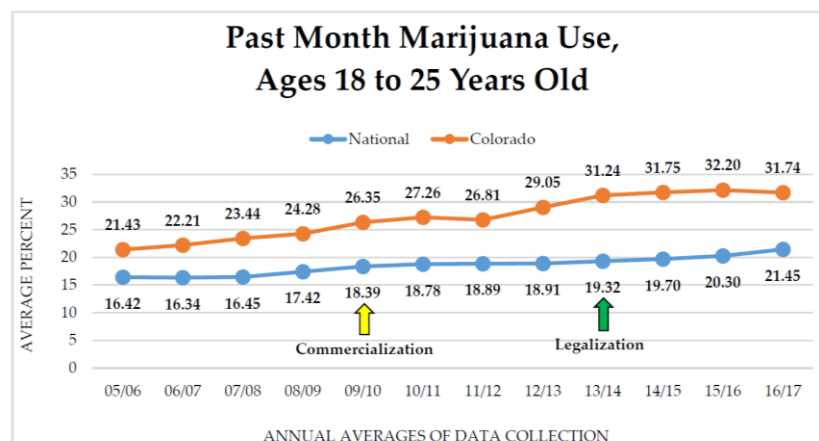
Taking Colorado as an example of the impacts of cannabis legalisation, adult drug use was 75% higher 4 years after legalisation commenced.



SOURCE: SAMHSA.gov, National Survey on Drug Use and Health

18-25 year olds 48% higher than national average

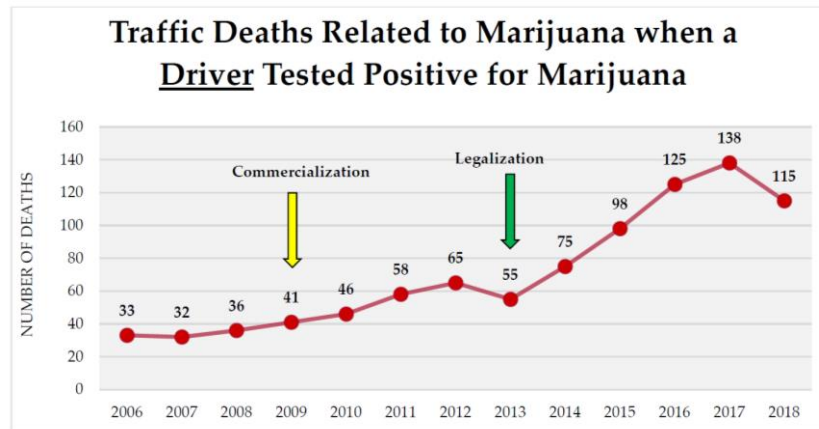
Young people of college age had cannabis use that was 48% higher than the national average, bearing in mind that other US States were legalising cannabis for recreational use during those years, likewise contributing to higher average cannabis use across the USA.



SOURCE: SAMHSA.gov, National Survey on Drug Use and Health

Deaths from cannabis-using drivers up 340%

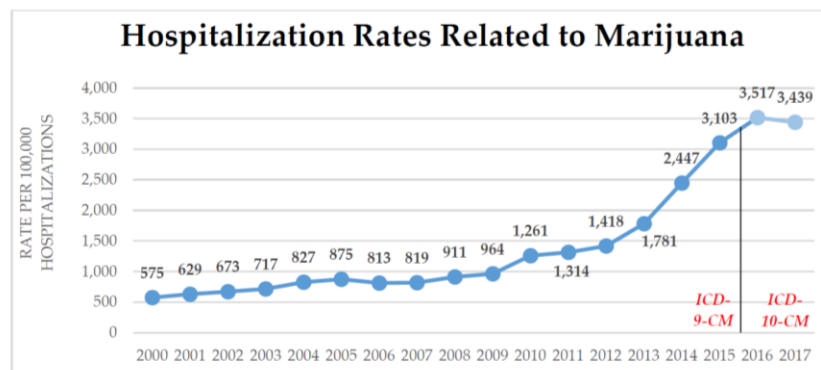
Fatalities caused by the combination of cannabis use and driving rose 340% after medical cannabis was commercialised and made freely available. Note the steepening of the trend line with legalisation in 2013.



SOURCE: National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2006-2011 and Colorado Department of Transportation 2012-2018

Cannabis-related hospitalisations increased 360%

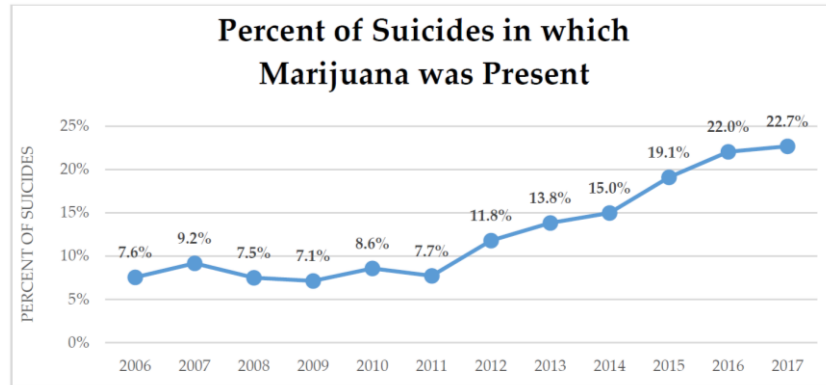
As per the graph below, hospitalisations related to cannabis sharply increased after medical cannabis commercialisation with the trend line steepening with legalisation.



SOURCE: Emergency Department Discharge Dataset, as analyzed by the Colorado Department of Public Health and Environment; 2013-2017

Cannabis-related suicides increased 320%

The odds of a suicide being caused by cannabis are 3.5 times higher than for non-use, so there is no surprise that suicides increased by 320%.



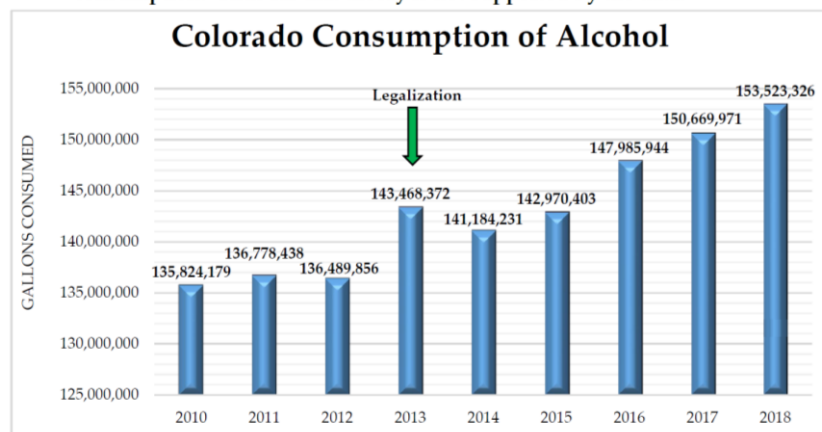
SOURCE: Colorado Department of Public Health and Environment (CDPHE), Colorado Violent Death Reporting System

Alcohol did not reduce with increased cannabis use

Proponents for the legalisation of cannabis for recreational purposes advised that the demand for alcohol would reduce as demand for cannabis increased.

However the following graph of Colorado’s alcohol excise taxes shows strong increases in alcohol consumption.

❖ It has been suggested that legalizing marijuana would reduce alcohol consumption. Thus far that theory is not supported by the data.



SOURCE: Colorado Department of Revenue, Colorado Liquor Excise Tax

‘Spent’ convictions the best motivation for recovery

Drug Free Australia advocates for ‘spent’ convictions which are entirely expunged once a drug user returns negative drug tests over a three year period. This fits with practices already in play throughout Australia.

Spent Convictions (NSW)

Written by Fernanda Dahlstrom

Fernanda Dahlstrom has a Bachelor of Laws, a Bachelor of Arts and a Master of Arts. She also completed a Graduate Diploma in Legal Practice at the College of Law in Victoria.

Fernanda practised law for eight years, working in criminal defence, child protection and domestic violence law in the Northern Territory. She also practised in family law after moving to Brisbane in 2016.



Spent convictions in New South Wales are governed by the [Criminal Records Act 1991](#). The act implements a scheme to limit the effect of criminal convictions for relatively minor offences once the offender completes a period of crime-free behaviour. Once this period has passed, the conviction will be regarded as spent and should not form part of a person's criminal history.

Which convictions can be spent?

All convictions can become spent, except the following:

- Convictions for offences for which a prison sentence of more than 6 months was imposed;
- Convictions for [sexual](#) offences;
- Convictions imposed against bodies corporate;
- Convictions set out in the regulations.

A conviction can become spent even if it is a conviction for an offence outside of New South Wales.

When is a conviction spent?

A conviction is usually spent on the completion of a specified crime-free period. However, some convictions are spent immediately.

<https://www.gotocourt.com.au/criminal-law/nsw/spent-convictions/>

KEEPING DRUGS ILLEGAL WORKS - 4

Keeping drugs illegal works

[73%](#) of Australians say they have no interest in illicit drugs. Relevant to the remainder that likely would have an interest, [32%](#) of Australians say they don't use drugs because of their illegality. If cannabis was legalised here, [10%](#) who've never tried it would use it, and [3%](#) who use it would use more, multiplying the established harms caused by cannabis

Changing the legal status of drugs removes these deterrents. When cannabis was decriminalised in the ACT in 1992, [43%](#) of Territorians thought it was now legal to use, explaining its skyrocketing use by 1993 where monthly use amongst lifetime users went from [0% to 31%](#)

Most Australians have no interest in trying drugs but . . .

The 2019 [National Drug Strategy Household Survey](#) of around 25,000 Australians enquires about the factors influencing a decision never to try an illicit drug.

73% of Australians have no interest in trying any illicit, as per Table 4.27 below. Therefore a conviction for illicit drug use is not relevant to most Australians.

Table 4.27: Factors influencing the decision never to try an illicit drug, people who have never used an illicit drug aged 14 and over, by sex, 2007 to 2019 (per cent)

Factor	Proportion				
	2007	2010	2013	2016	All Persons 2019
For reasons related to health or addiction	45.7	47.0	42.8	43.2	44.0
For reasons related to the law	24.8	28.6	29.1	31.1	31.6
Didn't want anyone to find out	4.5	5.2	3.8	3.8	3.8
Didn't like to feel out of control	18.0	22.4	24.2	24.5	25.5
Pressure from family or friends	10.2	10.8	9.5	10.5	9.7
Didn't think it would be enjoyable	14.4	17.8	17.8	19.3	19.6
Just not interested	69.6	73.3	76.1	73.4	72.8
Financial reasons	5.6	6.7	5.2	6.4	6.5
No opportunity or illicit drugs available	6.1	5.4	4.8	5.0	5.6
Religious/moral reasons	17.0	19.1	22.4	22.9	21.8
Fear of death	13.6	17.6	18.1	18.2	19.2
Other	7.4	2.9	2.1	2.7	2.3

. . . for those who do, the law is a deterrent

The same survey indicates that for **32%** of Australians, the illegality of drugs is a deterrent, thereby safeguarding them from the harms of illicit drug use. Those pushing decriminalisation repeatedly claim that the law is no deterrent, yet this national survey indicates that for a sizeable proportion of Australians the law most certainly is a deterrent.

If hard drugs were decriminalised we would expect that a significant percentage of Australians would be tempted to try illicit drugs.

10% of non-users say they would try cannabis if legal

If the legal status of cannabis was changed such that there were no legal consequences, 10% of non-users would try it according to the 2019 National Drug Strategy Household [Survey](#). Roughly a third of those current cannabis users would use more if it were legal.

Table 9.17: Likely usage of cannabis if it was legalised, people aged 14 and over, by sex, 2010 to 2019 (col per cent)

Action	Persons			
	2010	2013	2016	2019
Not use it, even if it were legal and available	85.5	84.8	82.1	78.0#
Try it	5.3	5.4	7.4	9.5#
Use it about as often as you do now	7.6	8.0	8.3	9.2#
Use it more often than you do now	1.2	1.3	1.8	2.9#
Use it less often than you do now	0.4	0.4	0.4	0.5

Statistically significant change between 2016 and 2019.

Note: Base excludes people that unsure or did not know.

Source: NDSHS 2019

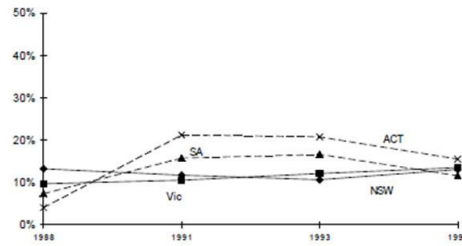
The decriminalisation model being promoted by Uniting, which is likely acting as a less political proxy for the Australian Greens and Labor, has no practical consequences which differ to full legalisation, so there is no doubt that drug use would rise, along with the attendant harms.

Loosening legal restraints in Australia markedly increased use

South Australia decriminalised cannabis in 1987, followed by the **ACT** in 1992. The graphs below from NDS Household Surveys show sharp rises in cannabis use for both jurisdictions.

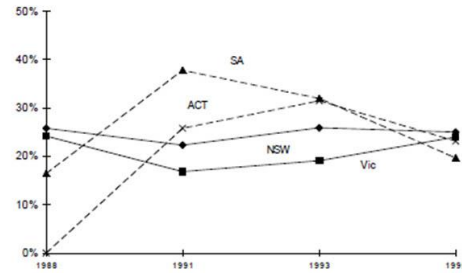
Before decriminalisation use of cannabis was observably negligible in the ACT, with no established criminal networks to mass-supply the Territory. By 1993's Household Survey, criminal networks were well established as a result of the campaign for decriminalisation in the early 90s. The steepness of the curve for South Australia likewise suggests the same dynamic as for the ACT.

Figure 4.1: Used in the past 12 months for four jurisdictions



Source: NDS 1988, 1991, 1993, 1995

Figure 4.2: Use marijuana monthly or more often for four jurisdictions, 1988-1996



Source: NDS 1988, 1991, 1993, 1995; those who have never tried marijuana are excluded

<http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-drugs-mono31-cnt.htm>

Why the increases? Because they thought it was now legal

South Australia decriminalised cannabis in 1987, followed by the **ACT** in 1992. The graphs below from NDS Household Surveys show very sharp rises in cannabis use for both jurisdictions.

SA offences went from 6,231 in '87/'88 to 17,425 in '93/'94 and when researchers asked users about the increases, many said "We thought cannabis was now legal." The import of this should not be underestimated. Decriminalisation was to remove criminal convictions, but the nett result was an tripling of convictions because cannabis users wouldn't pay their fines. We note that the [document](#) produced by Uniting strenuously attempts to avoid the South Australian debacle with its increased convictions. Their answer – no convictions even if users don't follow through on any of the requirements put in place to replace convictions.

As per the year 2000 study of cannabis decriminalisation by Christie and Ali [The Impact of Cannabis Decriminalisation in Austra.pdf](#) 43% of ACT respondents asked about the legal status of cannabis said they thought it was legal:

Research commissioned by the Australian National Task Force on Cannabis showed that in both South Australia and the Australian Capital Territory, the only 18 two jurisdictions at that time with an expiation approach to minor cannabis offences, the general population were significantly more misinformed than in other jurisdictions about the legal status of activities relating to personal cannabis use (Bowman & Sanson-Fisher, 1994). For example, in 1993 34% of South Australians respondents and 43% of those from the Australian Capital Territory incorrectly believed that it was legal to possess cannabis for personal use, compared with less than 10% of respondents from most other jurisdictions. A more recent evaluation

of the expiation scheme in South Australia showed that little change in awareness has occurred: 24% of a 1997 sample thought that possession of less than 100 grams of cannabis was legal, and 53% believed it was legal to grow up to three cannabis plants for personal use. Furthermore, only 40% of this sample knew that there was some legal consequence associated with expiable cannabis offences (Heale, Hawks & Lenton, 1999). Thus, the introduction of the CEN scheme, and the absence of any strategy to inform the community of the implications of offending under the scheme, appears to have given rise to misunderstanding regarding the legal status of personal cannabis use, and of the possible outcomes for offenders.

ALL USE IS PROBLEMATIC – 5

All use is problematic

The argument that few have problematic drug use is contradicted by Australia's most prolific researcher on heroin use, Prof. Shane Darke, who [wrote](#) that very few heroin users "use it in a non-dependent, non-compulsive fashion."

Their argument ignores the harms of occasional use where, for instance, [29%](#) of ecstasy deaths in Australia are from car crashes endangering the lives of passengers as well as people in other vehicles. Their argument is akin to saying that drivers who speed on our roads without causing loss of life should not be penalised for speeding. But the law does not work that way. And occasional users still promote their drug use to friends who can become dependent

57% of illicit drug users report that they were introduced to their drug use by family and friends. This inevitably means that a majority of dependent users with problematic drug use was likely introduced to drugs by non-dependent users who are part of the overall problem

Australian researcher – most heroin users dependent

The proposals to decriminalise all drugs include the highly addictive drug heroin, yet proponents of decriminalisation claim that there are few users who have problematic drug use. This is entirely false.

Possibly Australia's most prolific researcher on heroin use, Professor Shane Darke, said in [The Conversation](#) in 2014,

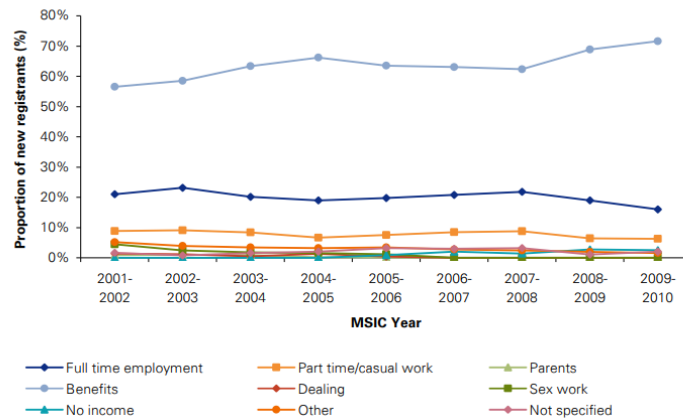
"The typical picture of an active heroin user is a dependent, long-term unemployed person, with a long history of treatment and relapse, and a history of imprisonment. Heroin is simply not the sort of drug that could be termed recreational because very few people use it in non-dependent, non-compulsive fashion."

Decriminalisation proponents are trapped in a logical bind where they are adamant that all illicit drugs must be treated the same but where some of these drugs have very high addiction rates along with high rates of dysfunction.

Injecting room – 61% of clients on welfare

61% of of Sydney injecting room clients are on social security, dispelling the myth of the functional user.

Figure 5-7: Main source of income of new registrants



Year (May – April)	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Total valid records	2,725	2,006	1,782	1,445	932	877	784	813	687

Source: Medically Supervised Injecting Centre (MSIC)

https://www.directionsact.com/pdf/drug_news/MISC_evaluation.pdf p 64

1 in 3 ecstasy deaths can involve harm to others

[29% of all ecstasy-related deaths](#) in Australia, or almost 1 in every 3 ecstasy deaths, are from vehicle accidents, where not only the ecstasy-affected driver is harmed but potentially passengers, pedestrians and other vehicle occupants. Drug use causing accidents and harm to a suite of other parties is problematic use.

Our laws don't work their way

The logic of the decriminalisation lobby is that most drug use is non-problematic (which is false) therefore no penalties should apply because non-problematic use harms few.

This is akin to saying that drivers who speed on our roads without causing loss of life should not be penalised for their speeding. But the law does not work that way with speeding nor should it with drug use.

Casual users introduce dependent users to drugs

57% of respondents to the 2019 National Drug Strategy Household Survey who had ever used an illicit drug stated that they had been introduced to their drug use by family and friends.

This indicates that casual, non-dependent users are part of the overall problem of drug dependency. All illicit drug use is problematic.

THERE IS NO 'RIGHT' TO USE DRUGS - 6

There is no 'right' to use drugs

A recent Uniting Church [document](#) supporting drug decriminalisation argued that our drug laws should “reflect the essential worth and rights of every person.” But Australian drug users have never been denied any right available to any other Australian. Of greatest importance, there has NEVER been a UN right to use drugs. In fact the UN Convention on the [Rights of the Child](#) accords each the right to live unaffected by illicit drug use and the [UN Drug Conventions](#) have always kept drugs illegal

The aforementioned [document](#) argues for Equity in drug policy, i.e. all drug use should be treated the same – all must be decriminalised. This is the same principle that guided international drug policy for [110 years](#) – all drugs with unacceptable harms, whether heroin or cannabis, should be equally illegal

Drug users never denied any Australian right

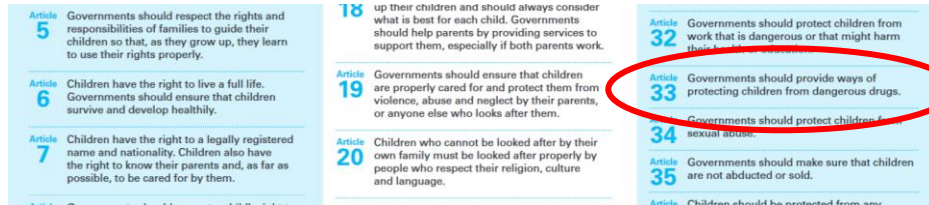
The Uniting Church [document](#) in support of decriminalising all drugs claims the following on page 4:

Uniting's missional principles are drawn from the Church's foundational beliefs. They are to inspire people, enliven communities and confront injustice. The Fair Treatment campaign for drug law reform is well aligned with those principles. **The campaign calls for society to question whether our drug laws reflect the essential worth and rights of every person.** The campaign is proudly a partnership approach in recognition of the mutuality and interdependence between all people. The campaign also seeks to promote the active participation of those affected by the injustice of our drug laws, by giving voice to those with lived experience

If asked, Uniting and other drug decriminalisation proponents would not be able to nominate a single Australian or international right that has ever been denied a drug use. The right of which they speak is the 'right to use drugs' which has never been a right here or anywhere else in the world. There has never been a United Nations right to use drugs.

There is only a UN right to be free of drugs

The UN Convention on the Rights of the Child specifically singles out drug use as something to which a child should not be subjected.



This clearly indicates that there is no UN 'right' to use illicit drugs. In fact there have been international agreements going back to the 1912 Hague Convention expressly making the use of selected dangerous drugs illegal.

Equity in drug policy

The same Uniting [document](#) posits that all drugs must be treated the same, despite the differing harms they present. Their argument is that **all** illicit drugs must be decriminalised on grounds of Equity.

They therefore should recognise that the United Nations argument - all illicit drugs should equally be illegal – is the same argument as their argument from Equity.

WHO IS BEHIND THIS PUSH?

Global Commission on Drug Policy and increased drug use

The Global Commission on Drug Policy, in line with the drug liberalisation policies of New York investor George Soros, who seeks the legalisation of most every illicit drug (Soros on Soros, p 200), is working to legalise the use of most illicit drugs as per their document at <https://www.globalcommissionondrugs.org/reports/regulation-the-responsible-control-of-drugs>.



Notable in the text throughout their website is the lip service given to prevention while simultaneously promoting drug policy approaches which are well-known to demonstrably increase drug use.

The end-game for all drug liberalisation within Australia, and indeed worldwide, is the legalisation of illicit drug use according to the guidelines of the Global Commission, as documented above.

Australians want less drug use, not more. Parliamentarians must preserve the wishes of the Australian people, not those of the deep-pocketed lobbyists who only have their own self-interests at heart.

What the Global Commission finds acceptable

The Global Commission, having championed the regulation and legalisation of illicit drug use worldwide, clearly finds the resulting increases in drug use thoroughly acceptable, given they have never intervened in current legalisation regimes, such as Colorado which was the first US State to legalise cannabis for recreational use.

So what of Australians wanting less drug use, not more?

While the Global Commission on Drug Policy continues to promote legalisation policies that increase drug use and produce greater societal harm, Australians clearly signal that they would never approve of policies that will increase drug use here.

NSW Parliamentarians have been put into positions of community leadership by NSW voters, and should be responsive to the will and wishes of those voters.



**DRUG FREE AUSTRALIA'S RESPONSE TO UNITING'S
DECriminalISATION PROPOSAL**

FACTUALLY INCORRECT STATEMENTS

Uniting Church statements	Drug Free Australia response
<p>“The (Uniting Church) campaign calls for society to question whether our drug laws reflect the essential worth and rights of every person.” (p 4)</p>	<ol style="list-style-type: none"> 1. There is not a single human right that Australia has ever denied any Illicit drug user. But neither has there ever been a UN-sanctioned right to use drugs, something Uniting needs to be told 2. Further, there is no UN-sanctioned right to inflict harm on partners, children, parents, siblings, friends, other vehicle drivers and passengers, other workplace colleagues or the larger community. But this is a reality of drug use that drove a 110 year international consensus that illicit drugs are unacceptably harmful 3. Further, ‘HARM REDUCTION’ is the <u>centre-piece of Australia’s drug policy</u> precisely because illicit drugs cause unacceptable harms, but Uniting has to tacitly deny the many harms caused by drugs to support their extremely narrow compassion focus 4. Inflicting harm on others lessens the self-worth of drug users in their own eyes, let alone in those of their society. They know it is their voluntary choice to use drugs with the harms they inflict on others even if they feel that addiction coerces ongoing bad choices
<p>“The campaign is proudly a partnership approach in recognition of the mutuality and interdependence between all people.” (p4)</p>	<ol style="list-style-type: none"> 1. Uniting’s policy statements specifically IGNORE the interdependence between all people by pretending drug use is an individualist phenomenon, downplayed as essentially affecting nobody, hardly even the user. Uniting specifically denies the Judeo-Christian notion that no man is an island
<p>“The campaign also seeks to promote the active participation of those affected by the injustice of our drug laws, by giving voice to those with lived experience.” (p 4)</p>	<ol style="list-style-type: none"> 1. Uniting narrowly focuses on the self-inflicted misery of the drug user (their choice), elevating it above the broader misery inflicted on a whole constellation of people – partners, children, parents, siblings, friends and the community (not their choice). This is misplaced compassion 2. Drug Free Australia's concern is for the impact on families when drugs become part of their lives. Because of over 35 years of

	<p>Harm Minimisation, where Prevention and Demand Reduction has largely been ignored, intergenerational drug use is now common in families. This leads, in turn, to unprecedented levels of child abuse and neglect, young people unable to reach their full potential and poor role models in parents and significant others.</p>
<p>“Uniting believes in a fair go for everyone, but especially for those that are vulnerable.” (p 4)</p>	<ol style="list-style-type: none"> 1. The UN’s Convention on the Rights of the Child contains the right to be free from illicit drugs precisely because there are many who are more vulnerable to the harms wrought by drug use and users 2. On every available metric, decriminalising drugs predominantly increases drug use in under 25 year olds, whose developing brains are more vulnerable to long-term damage 3. FAIR? Is it fair that drugs cause road accidents which harm more than the occupants of a drug users vehicle? Is it fair that drugs in the workplace cause harms to more workers than the individual drug user? Is it fair that a user inflict harms on a whole constellation of people close to them?
<p>“The stigma that has too long attached to people who live with drug dependency has discouraged many from having the open and honest conversation about their drug use that might have pointed them towards treatment.”</p>	<ol style="list-style-type: none"> 1. Uniting appears to support the LGBTQI+ movement which seeks to stigmatise or even cancel those not supporting its aims, while condemning those not supporting the harms (where harm reduction is an industry) of drug use
<p>“Yet the word ‘decriminalisation’ remains a misunderstood term, often conflated with the concept of legalisation, and often used by some of our media to drive an agenda based on fear, not facts” (p 4)</p>	<ol style="list-style-type: none"> 1. It is the drug users themselves that think decriminalisation allows them to legally use drugs recreationally – 43% of users in ACT thought cannabis was now legal when the ACT decriminalised cannabis. If users and media make the same mistake the problem is with decriminalisation as a policy simply because it invites misinterpretation 2. Uniting’s approach to decriminalisation is, practically-speaking, drug legalisation by another name (despite their protestations otherwise) in that any laws around illicit drug use will have no meaningful limits or deterrent value. It will give all appearances of sanctioning drug use

<p>“We ask questions like: What should happen when someone is found with small quantities of psychoactive substances? Should the same thing happen to everyone? What about the person supplying these substances?” (p 4)</p>	<ol style="list-style-type: none"> 1. It is a fact that drug users often fund their own habit by lower level dealing, where the law already distinguished between higher level and lower level drug dealers. Both low and high-level dealers are part of the same problem 2. Small quantities are carried by drug user/dealers precisely because there are larger penalties for higher level dealing, successfully limiting the number of people that can be harmed by low level dealing
<p>“The 2019 National Drug Strategy Household Survey showed that there continues to be strong public support among Australians for measures amounting to the removal of criminal sanctions for possession for personal use of all prohibited drugs” (p 6)</p>	<ol style="list-style-type: none"> 1. The cited Survey asks only about support for the decriminalisation of cannabis, not of heroin, amphetamines, cocaine or ecstasy. Uniting seeks to position “referral to treatment or education” as support for decriminalisation when the question does not stipulate ‘with a conviction’ or ‘with no conviction’
<p>“Only a small proportion of people who use drugs experience drug dependency (i.e. use that causes social, financial, psychological or physical problems).” (p 7)</p>	<ol style="list-style-type: none"> 1. Possibly Australia’s most prolific researcher on heroin use, Prof. Shane Darke, said in The Conversation in 2014, “The typical picture of an active heroin user is a dependent, long-term unemployed person, with a long history of treatment and relapse, and a history of imprisonment. Heroin is simply not the sort of drug that could be termed recreational because very few people use it in non-dependent, non-compulsive fashion.” 61% of Sydney injecting room clients are on social security (see p 70) and 10% involved in sex work (see p 15), dispelling the myth of the functional drug user 2. Drug dependency is not the only vexing issue with drug use - for instance, 29% of ecstasy deaths within Australia are from car accidents which endanger the lives of the driver, occupants and those in other vehicles 3. Using United’s logic, those drivers who speed on our roads without causing loss of life should not be penalised for their speeding. The law does not work that way with speeding or with drug use
<p>“Existing drug laws create unnecessary barriers, stopping people getting into treatment, increasing social stigma and</p>	<ol style="list-style-type: none"> 1. To the contrary, Australia has a government-sanctioned Australian Injecting and Illicit Drug Users League (AIVL) which has reach into

<p>heightening the isolation among those who need support.” (p 7)</p>	<p>most drug user networks. Syringe programs also boast an extensive reach.</p>
<p>“By responding with law and order rather than treatment and support, society is punishing people rather than trying to help.” (p 7)</p>	<ol style="list-style-type: none"> 1. Uniting’s false dichotomy between ‘law and order’ and ‘treatment and support’ is contradicted by the success of Sweden which had Europe’s highest drug use in the 1960s but the lowest by the 1990s using mandatory rehab, which coalesces treatment with court inducement
<p>“Treatment works. By refocusing the system on helping people, lives can be saved, money can be saved, and law enforcement resources can be redirected.” (p 7)</p> <p>“ . . . because the act of removing currently-existing sanctions could send a signal that drug use is now permissible. The experience of countries that have decriminalised use/possession is that this does not occur (see, for example, the discussion of Portugal in section 3 ahead).” (p 12)</p>	<ol style="list-style-type: none"> 1. Uniting is referencing here the failed Portugal model where law enforcement funds were redirected into treatment. Portugal’s drug use rose 59% in 16 years, drug deaths increased by 59% and use by high school minors increased 60%. Australia’s Tough on Drugs prevention approach between 1998 and 2007 saw a 42% decrease in drug use (p 8) and a 75% decrease in overdose deaths (p 8). 2. Increased drug use means more treatment, more mental health issues, more school drop outs, more workplace accidents, more abuse and neglect of children, as well as increased family violence and dysfunction.
<p>“ . . .many schemes only withhold criminal sanctions for the first few occasions a person is found in possession. This is presumably on the grounds that if a person is repeatedly found in possession, after having been provided with an alternative and a more lenient response, then it is appropriate for the full force of the criminal law to operate.” (p 11)</p> <p>Uniting calls for: “• No limit on the number of referrals (to treatment or education) a person may receive • No civil sanctions for non-compliance.” (p 13)</p>	<ol style="list-style-type: none"> 1. Uniting’s assertion that repeated violations of drug laws should not eventually attract a criminal penalty wrongly assumes that addiction is a disease, like leukemia, which may or may not be reversed. Rather addiction is clearly a psycho-social issue where the choices of a drug user, albeit at times psychologically constrained by their addiction, are paramount 2. Stripping meaningful consequences for repeated illicit drug use entails a quasi-legalisation drug policy model simply because Uniting argues against even coerced treatment or rehab. In this regime, the drug user controls Australian drug policy 3. The 2019 NDSH Survey indicates 99% of Australians do not give their approval to the use of heroin, speed and ice, with cocaine (97%), ecstasy (96%) and cannabis (80%) indicating that Australians would rather live without drug use. Australians clearly want LESS drug use, not more, whereas Uniting’s approach will only create more drug use, as

	<p>has happened with decriminalisation regimes before</p>
<p>“A second rationale appears to be that removing criminal sanctions itself has risks. This may be either because criminal sanctions are presumed to be an effective and appropriate deterrent, or because the act of removing currently-existing sanctions could send a signal that drug use is now permissible.” (p 12)</p>	<p>1. According to the 2019 NDS Household Survey 73% of Australians say they have no interest in ever trying drugs. 32% of Australians say they will not try drugs because of their illegality – that means that drug laws are working nicely. 10% of Australians who have never used cannabis would try it for the first time if made legal, while another 3% of users would have it more often. Illegality as deterrence is demonstrably evidenced</p>
<p>“Given the fact that 43.2% of people over the age of 14 have used drugs in their lifetime (with 16.4% in the past year), taking no action is a credible option, at least for the vast majority of people who use drugs and are not dependent.” (p 13)</p>	<p>1. The statistics do not support Uniting’s assertion. The very same 2019 survey they cite shows that 96-99% of Australians do not give their approval to the regular use of heroin, ice, speed, cocaine or ecstasy, with 80% not giving their approval to regular cannabis use. This means that 62%, the majority of past illicit drug users, agree on their futility and harm and no longer use them. Australian disapproval of drugs indicates they would prefer users not use drugs</p>
<p>“There has been no major increase in drug use in Portugal in the nearly two decades since criminal penalties were removed, while rates of problematic use and use by adolescents has fallen, as have rates of drug-related deaths. Outcomes have also improved, with fewer people appearing before the courts, increased rates of people receiving drug treatment, and reduced social costs of drug misuse.” (p 16)</p>	<p>1. Who has misled Uniting with these egregiously false statements about Portugal? Portugal surveys their drug use every 5 years</p> <ul style="list-style-type: none"> - use increased between 2001 and 2017 by 59%, an alarming increase - overdose deaths increased 59% - use by high school minors rose 60% - overdose deaths increasing by 59% indicates opiate use has increased by roughly the same percentage – so problematic use demonstrably increased - when drug use is no longer a crime there is no need for courts or appearances - but that doesn’t stop the increased harm from increased drug use - social costs of drug use obviously rose with increased use and deaths - see Drug Free Australia’s document on Portugal with all the official data <p>2. If Uniting is trying to infer decriminalisation does not increase drug use elsewhere, here are Australia’s own statistics of huge initial increases for SA (1987) and the ACT (1992) from a level of negligible baseline use (p 53),</p>

	<p>finally settling at the same levels as NSW and Victoria, which already had entrenched criminal networks selling cannabis</p> <hr/> <p><i>Use marijuana monthly or more often for four jurisdictions, 1988–1996</i></p> <table border="1"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Year</th> <th>SA (%)</th> <th>ACT (%)</th> <th>NSW (%)</th> <th>Vic (%)</th> </tr> </thead> <tbody> <tr> <td>1988</td> <td>15</td> <td>25</td> <td>25</td> <td>25</td> </tr> <tr> <td>1991</td> <td>38</td> <td>25</td> <td>22</td> <td>18</td> </tr> <tr> <td>1993</td> <td>32</td> <td>32</td> <td>25</td> <td>19</td> </tr> <tr> <td>1995</td> <td>20</td> <td>25</td> <td>25</td> <td>25</td> </tr> </tbody> </table> <p>Source: NDS 1988, 1991, 1993, 1995; those who have never tried marijuana are excluded</p> <p>The same happened in all US States that decriminalised as well as the Netherlands where virtual decriminalisation was pursued. WA decriminalised cannabis and then recriminalised recognising the damage cannabis was doing</p>	Year	SA (%)	ACT (%)	NSW (%)	Vic (%)	1988	15	25	25	25	1991	38	25	22	18	1993	32	32	25	19	1995	20	25	25	25
Year	SA (%)	ACT (%)	NSW (%)	Vic (%)																						
1988	15	25	25	25																						
1991	38	25	22	18																						
1993	32	32	25	19																						
1995	20	25	25	25																						
<p>“However, we would hope and expect that decriminalisation would mean better access to help for parents whose drug dependency is impacting their parenting.” (p 17)</p>	<p>3. The evidence is in, and Uniting is ignoring that the diversion of policing resources to ‘treatment’ in Portugal only led to increased use of the most dangerous drugs along with increases in overdose deaths. Australia’s Tough on Drugs prevention approach 1998-2007 saw a 42% decrease in drug use (p 8) and a 75% decrease in overdose deaths (p 8). Children were the winners with these positive impacts.</p>																									

MISGUIDED ASSERTIONS

Uniting Church statements	Drug Free Australia response
<p>“For those who do not develop drug dependency, the current reliance on criminal sanctions puts at risk careers and opportunities.” (p 7)</p>	<p>1. Uniting ignores the fact that drug users who don’t develop a debilitating dependency are often the agents promoting their drug use to others who will develop a debilitating dependency. They are part of the problem and have historically been treated as such</p>

<p>“We believe that, among other things, good laws generally display the following characteristics: transparency, equity, focus and proportionality. Uniting proposes these principles should be applied to the legislation governing the possession and personal use of illegal drugs in NSW and the ACT. In fact, to not do so would, in our view, be an abrogation of good public policy making.” (p 8)</p>	<p>1. These 'principles' are based on the misleading premise that 'drugs will always be here, so laws should be focused on reducing harm, rather than reducing and preventing initial use'. A more balanced approach is the alternative as laid out by Drug Policy Futures. Of particular note are principles 4 and 5 of their listed Principles</p>
<p>“The principle of equity supports the decriminalisation of the personal use of all prohibited drugs” (p 12)</p>	<p>1. And unfortunately for Uniting, the same principle of Equity historically led to all illicit drug use being criminalised. They cannot therefore complain if cannabis use was treated as severely as heroin use</p>
<p>“Drug dependency generally is a symptom of underlying vulnerability and disadvantage, and therefore sanctions like fines and community service are likely to exacerbate that disadvantage.” (p 15)</p>	<p>1. This is a naïve statement and omits the fact that many who possess small quantities of drugs are actually in a network of people selling drugs to make money, only keeping small amounts in possession to pretend its for personal use. Taking away the ability to confiscate and the deterrent of possible civil sanctions will allow these business-people to flourish and increase in numbers.</p>
<p>“The question is, in a decriminalised system where there are no criminal sanctions for possession/use on its own, should possession/use remain an aggravating factor when other crimes are charged?” (p 17)</p>	<p>1. In cases where drug induced violence, particularly due to cannabis or ice is concerned, the causality of an addiction should not go without penalty or coerced rehab.</p>
<p>“The more serious a person’s drug dependency, the more likely it will be that their use does not exist in isolation, but is a symptom of deeper social and psychological issues or part of a reinforcing complex of structural vulnerabilities. Therefore, people with drug dependency may have difficulty making good decisions about their own long-term best interests and compounding this by adding fines or orders for non-compliance helps no one.” (p 15)</p>	<p>1. This kind of thinking comes from the same George Soros-funded irrationality that seeks to empty prisons of people doing real crimes. The fact is that the harms done by drug use to families and community are a crime, and must be treated as such with penalties and coerced rehab.</p>
<p>“A staged approach would probably be required, starting with the removal</p>	<p>1. Uniting again ignores the fact that traffickers of large quantities of drugs</p>

of criminal sanctions for possession/use under the threshold quantity, and the gradual replacement of threshold quantities with other criteria for determining supply/trafficking in due course.”

use syndicates of individual 'pushers or mules' so that, if caught, they claim 'possession for personal use'.