Drug use is a health issue

Simon J Adamson, Fraser C Todd

The Law Commission is reviewing the Misuse of Drugs Act (1975), following a request from the Associate Minister of Health. This review is long overdue. Over the past 35 years there has been a substantial change in drug use patterns, new drugs have emerged, and knowledge about the effects of different drugs and the effectiveness of different means to minimise the harms associated with drug use has increased.

The Misuse of Drugs Act (1975) was designed solely for the purpose of identifying which drugs were illegal, their level of illegality, and the corresponding penalties for a range of use, manufacture, importation and supply offences. Thus it attempted to control drug use through criminalising it. As with most other members of the United Nations, New Zealand is obliged to have legal sanctions against illicit drugs by being a signatory to the various United Nations drug conventions. Despite these widespread efforts to control drug use through the creation and enforcement of legal sanctions, however, drug use continues to be widespread. Drug use is not simply a legal issue however. It is a matter of substantial concern for the wellbeing of the individuals using drugs and for those around them who may be adversely affected by that drug use.

Health professionals and health services have had a substantial impact on this country’s response to harmful use of the legal drugs alcohol and nicotine. While the addiction treatment sector provides interventions for people using a wide range of drugs, the legal status of illicit drugs hampers the ability of health professionals to intervene. Not only may the illegality of a drug reduce the chance that a person experiencing problems with their drug use will disclose their use to a health professional, it also limits the ways health professionals can communicate with and influence drug users. Public health messages around cannabis are a good example of this.

Cannabis is the most widely used illicit drug in New Zealand. Whilst serious consequences may arise as a result of cannabis use there are many people using it who experience little or no serious harms. An important element in minimising harm around alcohol use is a moderation message. People can use alcohol moderately and are far more likely to consider reducing their drinking rather than trying to become totally abstinent. Moderation is defined by recommended upper limits for responsible drinking, such as those developed and promoted by the Alcohol Advisory Council (ALAC).

The illegality of cannabis means that it would be very difficult to undertake a public health campaign promoting moderation, and has also led to the situation where we don’t have a clear idea what would constitute moderate cannabis consumption.

The argument that decriminalisation of cannabis use would be associated with increased rates of use and harm is often used to justify its continued illegality. There is in fact little evidence that decriminalising cannabis possession is associated with
increased rates of use or increased harms\textsuperscript{3} and in young people in New Zealand where we have a high rate of cannabis convictions compared to many other countries, being convicted of cannabis possession does not appear to reduce a person’s cannabis use.\textsuperscript{4}

A hypothetical moderation message with respect to cannabis use and the actual development of the provision of safe and accessible drug injecting equipment are both examples of harm minimisation, the concept that reducing the harm associated with a behaviour should be our primary aim, rather than reduction in the behaviour \textit{per se}, although clearly reduced use can form part of the means to reduce harm.

Harm minimisation arose in the 1980s as a concept in response to the HIV/AIDS epidemic.\textsuperscript{5} It is worth noting that this concept had not arisen at the time the Misuse of Drugs Act (1975) was passed into law. A new Act of parliament designed to address the harms of drug misuse must reflect the concept of harm minimisation. We would argue that decriminalisation of possession for personal use is a minimum step in this direction. There is good evidence to support this view.

Many countries and territories have decriminalised possession of drugs for personal use, perhaps the most notable being Portugal, which in 2001 decriminalised the possession of all drugs in favour of encouraging those with drug related problems into treatment. The results of this policy are worthy of note. While it is hard to attribute changes in the prevalence of drug use to this policy change, it is worth noting that there has not been an increase in drug use. There has, however, been a significant drop in a range of drug-related harms including new cases of HIV in drug users and drug related deaths from opiates and amphetamines.\textsuperscript{6}

The addiction treatment sector witnesses the harms of drug use on a daily basis. This experienced and educated workforce, a quarter to a third of whom are in recovery from the own alcohol or other drug problems, were surveyed in 2004.\textsuperscript{2} One question, not previously published, asked the 288 workers for their view on the legal status of cannabis. The most frequently endorsed option was decriminalisation for personal possession (38%) followed by no change to the current law or enforcement (27%), no change to current law but more lenient enforcement or sentencing (15%), increased penalties (12%) and legalisation (7%). In total, therefore, 60% favoured some sort of liberalisation of laws, particularly in regard to personal use.

Decriminalisation of drug use is not the same as legalisation, which we are not advocating. The preference that our citizens not use psychoactive drugs can and should still be promoted on the grounds that not using drugs is the best way to avoid drug related harm. By the same token, any law addressing drug use should also be designed to minimise drug related harm.

The Law Commission argues that the primary purpose of regulating drugs should be to minimise harm and with that in mind propose the decriminalisation of possession for personal use and what they describe as social supply (i.e. small scale and non-commercial). If this were the case then police, judicial and corrections resources could be directed towards those involved in the importation, manufacture and commercial distribution of drugs. The agencies then charged with addressing the use of drugs by individual New Zealanders would be health services.

The argument can be made\textsuperscript{7} that, just as there would be little property crime without people willing to buy stolen property there would also be no drug importation,
manufacture or dealing without people willing to use drugs, and thus personal drug use should remain a criminal offence of concern to law enforcement and the courts. There is a critical difference between these two scenarios however.

In the case of drug importation, manufacture and dealing, the victims of these offences are the drug users. Although it is acknowledged that drug use can produce victims beyond the user themselves this is also the case for gambling, alcohol and tobacco use. Many health interventions improve not only the wellbeing of the patient but also the wellbeing of those surrounding the patient.

We would therefore like to call for the enactment of new legislation that prominently reflects the reality that drug use is a health issue and acknowledges that drug illegality actively undermines the physical and mental health of drug users.8 The tenets of harm minimisation must hold sway if we are to achieve the greatest gain in health and wellbeing for New Zealand citizens when the Misuse of Drugs Act (1975) is laid to rest.

Competing interests: None.

Author information: Simon Adamson, Senior Lecturer; Fraser Todd, Senior Lecturer; National Addiction Centre, Department of Psychological Medicine, University of Otago, Christchurch

Correspondence: Simon Adamson, National Addiction Centre, Department of Psychological Medicine, University of Otago, PO Box 4345 Christchurch, New Zealand. Fax: +64 (0)3 3641225; email: simon.adamson@otago.ac.nz

References: