



MODULE OVERVIEW

This module provides background information about drugs and the laws around drugs and drug use in Australia.

It also offers an introduction to harm minimisation. This is the national and state strategic approach that guides actions to reduce the supply, demand and harms of licit and illicit drug use.



LEARNING INTENTIONS

At the end of this module you will:

- understand the broad definition of a drug
- have greater awareness of drugs and their use
- understand the differences between legal and illegal drugs
- know the laws pertaining to drugs and their use in Australia
- be familiar with what is meant by a 'harm minimisation' approach.



KEY MODULE UNDERSTANDINGS

1.

DRUGS

A drug is any substance that, when taken or administered into the body, has a physiological effect.

A psychoactive or psychotropic drug affects mental processes and can influence mood, behaviour, cognition and perception.

Alcohol and Drug Foundation
<https://adf.org.au/>

Drugs are used by people for the benefits that they expect or hope to experience. Some of these benefits are real and based on experience from previous drug use; some are perceived benefits. Most people take drugs because they want to change how they feel both physically and/or psychologically.

There are multiple and complex reasons why people use drugs, what types of drugs they choose to use, the frequency with which they use them, and the amount they decide to use.

“ Drug use affects people differently and any drug has the potential to cause harm. ”

2.

DRUGS ARE NOT NEW

There has never really been such a thing as a drug-free society. Since human history began drugs have been used across cultures in spiritual or religious ceremonies, to enhance celebrations and to alter consciousness. As time has gone on, the production of drugs has been fuelled by economic interests and technological change, as well as awareness of the benefits of some drugs in promoting and protecting health.

Increased awareness of health harms associated with drug use and resultant changes in legislation also contribute to changes in patterns of drug use. For example, these factors helped influence behaviour change around tobacco use leading to considerable decline in smoking rates in Australia.

In recent times, one change in drug use behaviour that has been identified through research and reported on strongly in the media is an increase in the use of an amphetamine type stimulant known as 'ice' (the crystalline form of methamphetamine) by existing users of amphetamine/methamphetamine. Although the National Drug Strategy Household Survey (NDSHS) results show that use of amphetamine/methamphetamine has decreased since 2013, concern continues to exist around this drug. This is because there is a continuing trend towards the use of the more potent version of methamphetamine – 'ice' – among those that are using amphetamine/methamphetamine (as at October 2017).

Statistics from the Australian School Students Alcohol and Drug (ASSAD) Survey and the NDSHS provide the most recent picture on trends in drug use, including amphetamine/methamphetamine, and illustrate changes in use over time and across the age ranges.

3.

DRUG TYPES USED AND LEVELS OF USE CHANGE OVER TIME

Patterns and prevalence of drug use vary and statistics can help identify changes in trends over time. Sometimes the decision to use a particular type of drug is driven by the effect that drug is expected to have. Other times the decision might be guided by affordability, availability and the way in which certain drugs are promoted.

“ IT IS OUR CHOICES THAT SHOW WHAT WE TRULY ARE, FAR MORE THAN OUR ABILITIES. ”

J.K. Rowling, *Harry Potter and the Chamber of Secrets*



To gain greater understanding of current levels of drug use in student and general populations in Australia and particularly in Western Australia (WA), refer to the link below and read the following bulletins from the ASSAD Survey 2014 and the NDSHS (2016):

MENTAL HEALTH COMMISSION
Australian School Students Alcohol and Drug (ASSAD)
<https://www.mhc.wa.gov.au/reports-and-resources/reports/australian-school-students-national-alcohol-and-drug-survey/>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
<https://www.aihw.gov.au/reports/illegal-use-of-drugs/ndshs-2016-key-findings/contents/summary>

SDERA
Putting methamphetamine into perspective – School Fact Sheet
<http://www.sdera.wa.edu.au/methamphetamine>

4 ANY DRUG CAN CAUSE HARM

“
Drug use is complex and different types of drugs are used for different reasons.
 ”

The majority of people who use drugs experience minimal harm and many may feel that they benefit from the relaxation, distraction, or improved intellectual or physical performance that drug taking allows.

“
Drugs are not all the same.
 ”

Some drugs are familiar to us through history while others appear to be new to the market. Costs also vary as do methods of obtaining drugs. Some drugs are prescribed, others bought over-the-counter while others are obtained anonymously and illegally.

The extent to which a drug can have damaging effects **should not be** determined by its status as being legal or illegal. There are risks to taking drugs of any sort and some of those can be very serious. Risks of harm are increased as intensity and/or frequency of use increases.

“
It is possible for ANY drug to cause harm.
 ”

5 DRUGS AND THEIR LEGAL STATUS

Some drugs are **legal (licit)** in Australia and others are **illegal (illicit)**.



Legal drugs include:

- alcohol
- caffeine found in coffee, tea and energy drinks
- nicotine
- over-the-counter medications
- prescription medications
- volatile substances.

The active ingredients in legal drugs can be regulated and controlled. Although legal, restrictions still apply such as areas where smoking or drinking are not permitted, legal age for smoking/drinking alcohol, and legislation to prevent driving while under the influence of alcohol and other drugs.



WA – DRINK DRIVING
<https://www.police.wa.gov.au/Traffic/Offences/Drink-driving>

WA – DRUG DRIVING
<https://www.police.wa.gov.au/Traffic/Offences/Drug-driving>



ILLEGAL

Illegal drugs include:

- cannabis
- amphetamines (including methamphetamine)
- ecstasy
- heroin
- cocaine
- New Psychoactive Substances (NPS) including synthetic cannabis (illegal in WA).

There is no possibility of quality control of illegal drugs and the amount of active ingredient in these drugs is not consistent. This makes it hard to ascertain the strength of a drug, to know what other substances may have been added to it and to be certain of the active ingredients. So how do you determine what it actually is and what effects it will have? You can't. These unknown factors increase unpredictability and risk.

Behaviour can be illegal even when the drug being used is legal. For example:

- the sale, supply or misuse of pharmaceutical medications
- the use of legal products containing volatile substances such as petrol, paint or glue if being used outside of the intended purpose eg to get intoxicated, to change mood.



6 UNDERSTANDING THE LAWS AROUND LEGAL DRUGS

Some legal drugs are obtained through a medical practitioner, under guidance from a pharmacist or can be purchased over-the-counter. Others such as tobacco and alcohol are bound by legal restrictions such as age and location of use.

ALCOHOL AND THE LAW

Laws also exist around the supply of alcohol to minors. Under Secondary Supply Law it is now an offence for anyone to provide alcohol to under 18s in a private setting without parental or guardian permission. There is a maximum penalty of \$10,000 for this offence.

It is an offence in WA for persons of any age to drink in public, such as on the street, park or beach. It is also an offence for juveniles to possess alcohol in a public place. A \$200 infringement or maximum \$2,000 fine can be received.



Further information on secondary supply or the legalities around drinking can be found at:

Young people and the law
<http://alcoholthinkagain.com.au/Parents-Young-People/Young-People-and-Alcohol-Laws>

Alcohol and the law
<https://www.police.wa.gov.au/Your-Safety/Alcohol-and-drugs/Alcohol-and-the-law>

VOLATILE SUBSTANCE USE (VSU) AND THE LAW

Volatile substances are products that have intended legitimate uses eg chemicals for thinning paint, glue for adhesive purposes and propellants for aerosols.

If a young person is found using a volatile substance outside of its legitimate purpose, an authorised officer (police officer) can seize and destroy any substance contributing to the intoxication of a minor and take them to a safe place as per the *Protective Custody Act 2000*.



While information is provided in this section about volatile substance use, in schools, education around this must only be provided in the context of early intervention either 1:1 or in small groups with those identified as using these substances.

Further information specific to working with VSU is found in other modules within the Wraparound resource and in the Intervention Toolkit.

<https://vsu.mhc.wa.gov.au/about-vsua/the-law-volatile-substances/>



MENTAL HEALTH COMMISSION

The law & volatile substances
<https://vsu.mhc.wa.gov.au/about-vsua/the-law-volatile-substances/>



TOBACCO AND THE LAW

It is against the law for anyone to sell cigarettes to a person under the age of 18. Anyone who sells cigarettes to someone under 18 can be fined.

It is also against the law for someone else to buy cigarettes for a person aged under 18 years. This can result in a fine.

Cigarettes or other smoking products (even if they don't contain tobacco) can be confiscated by police if they think a person is under the age of 18. ID will be requested. Anything confiscated will not be returned.

If an individual is aged 14 or older, refusing to answer questions or lying to the police is against the law. A fine of \$100 can be given. Parents can be informed if young people underage are found smoking, in possession of cigarettes or attempting to buy cigarettes.

Cigarettes and the law

<http://www.lawstuff.org.au/wa/law/topics/cigarettes>

7. UNDERSTANDING THE LAWS AROUND ILLEGAL DRUGS

It is against the law to produce, use, possess, import or sell illegal drugs. It is also against the law to possess drug-using equipment examples of which include a pipe for smoking methamphetamine or a bong for smoking cannabis. The penalties for drug offences vary across the states and territories depending on:

- age of offender
- type of drug
- amount of drug
- previous offences.



Further info on methamphetamine (including ice) related offences in Australia can be found at:

Cracks in the ice
<https://cracksintheice.org.au/pdf/download/what-are-the-laws-about-ice.pdf>

CANNABIS LAWS (WA)

The laws around cannabis in WA are that individuals who:

- do not have any prior offences for cannabis
- are in possession of less than 10 grams of cannabis and/or a used smoking implement

can be issued with a Cannabis Intervention Requirement (CIR) by the police. This requires the individual to attend a Cannabis Intervention Session (CIS) within 28 days of receipt of the CIR at an

approved alcohol and other drugs (AOD) treatment service. If this does not occur, the individual will be prosecuted through the courts.

An adult who has previously received a CIR and commits a second or subsequent minor cannabis related offence, will be prosecuted through the courts. A young person 18 years and under can be issued with three CIR's. Subsequent cannabis related offences may result in the young person being referred to a Juvenile Justice Team, where appropriate under the *Young Offender's Act 1994*.

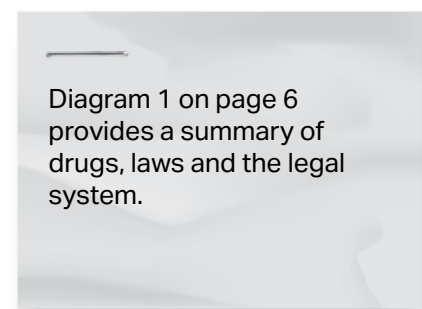
NEW PSYCHOACTIVE SUBSTANCES (NPS) LAWS INCLUDING SYNTHETIC CANNABIS (WA)

In WA, under the *Misuse of Drugs Amendment (Psychoactive Substances) Act 2015*, it is illegal to manufacture, sell, supply or promote psychoactive substances.

Offences under this Act carry heavy fines and/or prison sentences. Penalties of up to \$48,000 or 4 years in jail apply. In WA, it is against the law for anyone to drive impaired by a drug which includes NPS.

MEDICINAL CANNABIS

The legislation around Medicinal Cannabis is complex and evolving and a link to information around this is provided at the end of this module.





8. WORKING TO MINIMISE THE HARMS FROM DRUG USE

Australia's National Drug Strategy and The Western Australian Alcohol and Drug Interagency Strategy work a balanced approach where actions are implemented across the three pillars of harm minimisation:

1 Harm reduction – reduce the adverse health, social and economic consequences of the use of AOD (eg random breath testing to discourage driving while intoxicated).

2 Demand reduction – prevent, delay and reduce use and support people with substance use issues (eg education to increase awareness of the harms from use to discourage uptake).

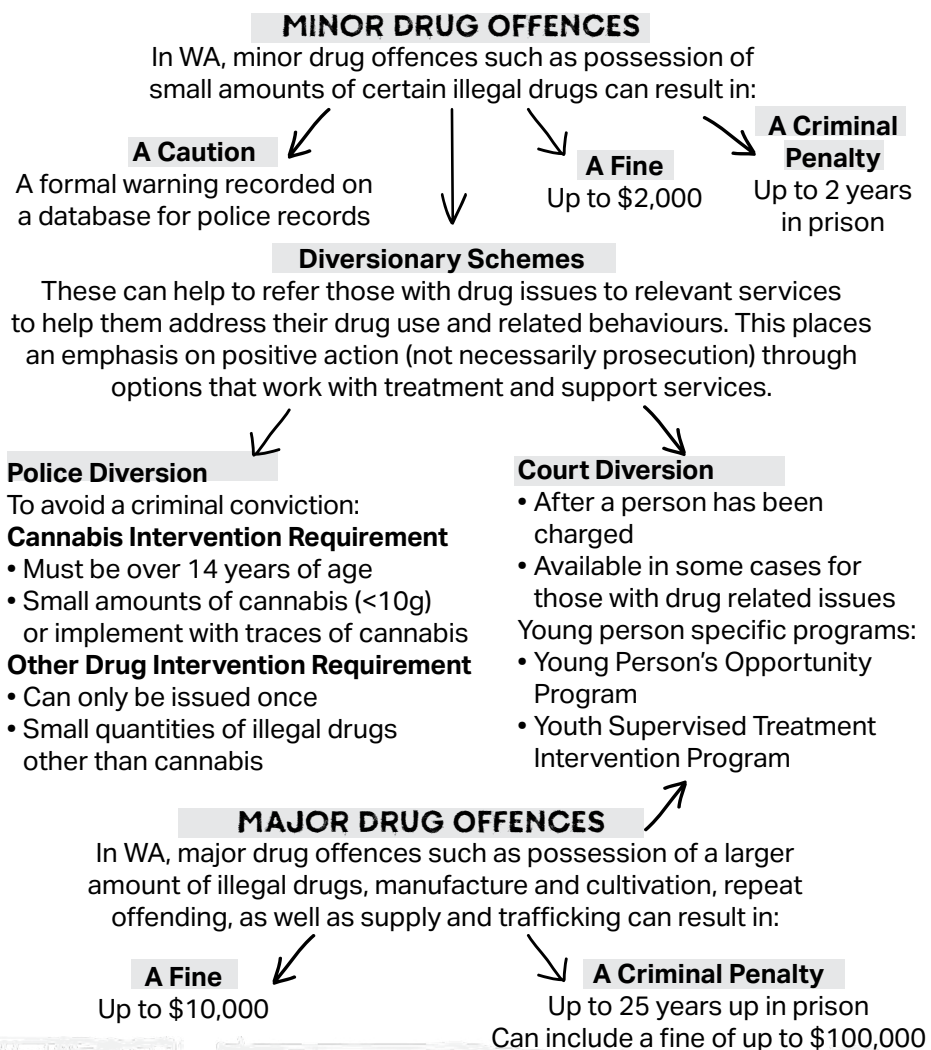
3 Supply reduction – Prevent, disrupt, and reduce production and supply of illicit drugs; and manage and regulate access to legal drugs.

The origins of the practice of working to minimise harm dates back to the 1920s where leading physicians in the United Kingdom first argued that addiction be treated as a health issue. The introduction of needle exchange services through the Mersey Harm

Reduction Model in the 1980s extended the concept of harm reduction. It showed that when users of drugs had access to support through these services this led to a reduction in the sharing of needles and syringes as well as in the use of illicit drugs.

Diagram 1: Drugs, laws and the legal system

A person convicted of a drug offence can receive a criminal record, which can lead to difficulties in getting a job, health insurance, credit, and/or visas for overseas travel.



DRINK DRIVING

Blood alcohol content (BAC) 0.05 – 0.079 (first offence) OR BAC less than 0.02 when on a Zero limit (first offence) (eg taxi driver; L or P plate)

- Infringement with demerit points
- All other drink driving offences result in a notice to appear in court for a magistrate to make the penalty decision

DRUG DRIVING

Driving under the influence of drugs (including prescription drugs) or with an illicit drug in your system

- A fine with demerit points (first offence)
- License suspension, permanent disqualification, jail
- Even if you used drugs several days (or more) prior, they could still be in your system so your test could still show as a positive

Source: Adapted from Newton et al. (2014)



In Australia, measures to reduce the harms associated with drug use have also been around since the 1980s when a harm reduction approach was adopted to reduce the sharing of drug injecting equipment thus reducing the spread of blood borne viruses (HIV).

Harm minimisation aims to reduce the harms associated with drug use that are experienced by individuals and by the community. This approach acknowledges that drug use is complex and that people can be affected by their own drug use or the drug use of others. It neither condones nor encourages drug use. Rather, it promotes non-use and delayed use of all drugs. It encourages

healthier, alternative and safer behaviours, and works to reduce preventable risk factors for drug use. It is an inclusive approach that is supportive of people who are not using drugs, those who may be experimenting or recreating with drugs and of those who may be experiencing issues related to drug use.



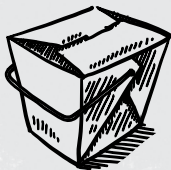
Alcohol and other drugs impact everyone.
National Drug Strategy (2017-2026).

A harm minimisation approach can reduce health harms, social harms and economic harms.



The National Drug Strategy 2016-2025
<http://www.nationaldrugstrategy.gov.au/>

The WA Mental Health Commission, in consultation with the Drug and Alcohol Strategic Senior Officers' Group, is currently revising the WA AOD Interagency Strategy.
<https://www.mhc.wa.gov.au/media/2048/wa-alcohol-and-drug-interagency-strategy-2017-2021-consultation-draft-august-2017.pdf>



TAKE AWAY MESSAGES

- 1 → **Drug use is not new.**
- 2 → **Any drug has the potential to cause harm.**
- 3 → **Some drugs are legal and others are illegal.**
- 4 → **Legislation around drug use behaviour varies across states and territories – know the law.**
- 5 → **National and state drug strategies are based on a harm minimisation approach to reduce drug use and drug related harm.**



ADDITIONAL INFORMATION

ADDITIONAL SUPPORT INFORMATION RELEVANT TO THIS MODULE

LINKS TO SDERA RESOURCES	EXTERNAL RESOURCES
<p>SDERA Putting methamphetamine into perspective – School Fact Sheet http://www.sdera.wa.edu.au/methamphetamine</p>	<p>MENTAL HEALTH COMMISSION Australian School Students Alcohol and Drug (ASSAD) Survey https://www.mhc.wa.gov.au/reports-and-resources/reports/australian-school-students-national-alcohol-and-drug-survey/</p>
<p>The following activities could be adapted and used when working with students with drug use issues.</p>	<p>Cannabis Laws in Western Australia https://www.mhc.wa.gov.au/media/1227/cannabis-laws-in-western-australia-a5-booklet.pdf</p>
<p>CHALLENGES AND CHOICES http://www.sdera.wa.edu.au/resources/secondary-resources/challenges-and-choices-drug-education-resources/</p>	<p>Cannabis Intervention Requirement (Juvenile) https://www.mhc.wa.gov.au/media/1226/cannabis-intervention-requirement-juvenile-brochure.pdf</p>
<p>YEAR 7 Module 2 – Drug Education Topic 5 Activity 1: Clued up on cannabis Activity 3: Cannabis and the law</p>	<p>Strong Spirit Strong Mind https://www.mhc.wa.gov.au/about-us/campaigns-and-programs/strong-spirit-strong-mind-aboriginal-programs/</p>
<p>YEAR 8 Module 2 – Drug Education Topic 1 Activity 4: Other illicit drugs Topic 4 Activity 1: Clued up on cannabis</p>	<p>Western Australian Mental Health Alcohol and Other Drug Services Plan 2015-2025 https://www.mhc.wa.gov.au/about-us/strategic-direction/the-plan-2015-2025/</p>
<p>YEAR 9 Module 2 – Drug Education Topic 1 Activity 3: Illicit drugs Topic 4 Activity 1: Cannabis information</p>	<p>The WA Mental Health Commission, in consultation with the Drug and Alcohol Strategic Senior Officers Group, is currently revising the WA AOD Interagency Strategy. https://www.mhc.wa.gov.au/media/2048/wa-alcohol-and-drug-interagency-strategy-2017-2021-consultation-draft-august-2017.pdf</p>
<p>DRUG TALK: BODY. MIND. FUTURE. Year 10-12 AOD Resource https://www.sdera.wa.edu.au/resources/secondary-resources/</p>	<p>AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE National Drug Strategy Household Survey (NDSHS) https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-key-findings/contents/summary</p>
	<p>ALCOHOL.THINK AGAIN Secondary Supply Legislation http://alcoholthinkagain.com.au/Parents-Young-People/Young-People-and-Alcohol-Laws</p>

Wraparound is a collaborative effort between SDERA and the Western Australian education sectors and has been proudly funded by the Mental Health Commission.

WRAPAROUND

DEF: A PHILOSOPHY, A PROCESS, AN APPROACH. AN INTENSIVE, HOLISTIC METHOD OF ENGAGING WITH YOUNG PEOPLE WHO ARE EXPERIENCING ISSUES RELATED TO ALCOHOL OR OTHER DRUG USE.



ADDITIONAL SUPPORT INFORMATION RELEVANT TO THIS MODULE

LINKS TO SDERA RESOURCES	EXTERNAL RESOURCES
	<p>ALCOHOL AND DRUG FOUNDATION ADF – Drug Facts – Medical Cannabis https://adf.org.au/drug-facts/medical-cannabis/</p> <p>AUSTRALIAN GOVERNMENT The National Drug Strategy 2016-2026 http://www.nationaldrugstrategy.gov.au/</p>

REFERENCES

Newton, N., Rodriguez, D., Teesson, M., Black, E., Allsop, S. et al. (2014). *Illegal Drugs: What you need to know*.
National Drug and Research Centre.

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