

Select Committee
ACT Legislative Assembly
GPO Box 1020,
Canberra ACT 2601

17 December 2021

Submission to the Inquiry into Impact of Illicit Drugs being Traded Online.

Thank you for the opportunity to make a submission to the Inquiry into Impact of illicit drugs being traded online.

360Edge is Australia's leading specialist alcohol and other drugs consultancy. We provide service, workforce and policy development through best-practice policy and practice responses right across the spectrum of alcohol and other drug use.

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Our submission outlines:

- Current research on Australia's online drug markets
- Best practice policy approaches to reducing harm and societal impacts from drugs traded online
- The evidence for drug decriminalisation

Online drug markets

The number of Australians who purchase and sell illicit drugs online is small, constituting a niche proportion of the overall population who use and sell drugs.¹

The vast majority of Australians access illicit drugs via social supply from a friend. The 2019 National Drug Strategy Household survey found that 65.1%

¹ ACIC 'Illicit Drug Data Report 2018-2019' (2020), Australian Criminal Intelligence Commission: [acic.gov.au/sites/default/files/2020-09/illlicit_drug_data_report_2018-19_internals_v10_introduction_ch.pdf](https://www.acic.gov.au/sites/default/files/2020-09/illlicit_drug_data_report_2018-19_internals_v10_introduction_ch.pdf)

of cannabis users, 63.3% of ecstasy users, 60.4% of methamphetamine users and 75.3% of cocaine users obtained their drug of choice via social supply.²

Nevertheless, Australians seem to be increasingly looking online to purchase illicit drugs. The United Nations Office on Drugs and Crime assessed that among a global cohort of internet users who use illicit drugs, the proportion who reported purchasing drugs via the darknet more than doubled, from 5 per cent in 2014 to 11 per cent in 2019.³

Of the small proportion of Australians who purchase drugs online, cryptomarkets (“darknet markets”) appear to be particularly popular. Darknets are attractive to both vendors and consumers of illicit drugs as they provide the ability to undertake transactions remotely, avoid direct physical contact while purchasing and selling and ensure anonymity.⁴

Analysis of darknets have found a wide variety of drugs available for sale in Australia including methylamphetamine, cocaine, MDMA, cannabis, psilocybin, LSD, fentanyl and benzodiazepines.⁵

Studies looking at the (now defunct) darknet markets Evolution and Silk Road 2 found that Australia’s online drug markets are largely domestic, with only a very small number of foreign vendors able to ship to Australia.⁶ This is likely due to geographic isolation and the higher price range of illicit drugs when shipping to Australia.⁷

Methamphetamine sales appear disproportionately high amongst darknet markets targeted to Australian consumers.⁸ Moreover although prices for most drugs on Australian cryptomarkets are comparable to street prices, methamphetamine prices appear much lower online.⁹ One hypothesis for lower prices for methamphetamine is that the perceived stringency of

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² AIHW. National Drug Strategy Household Survey 2019. 2020.

³ In Focus: Trafficking over the Darknet - World Drug Report 2020

https://www.unodc.org/documents/Focus/WDR20_Booklet_4_Darknet_web.pdf

⁴ Munksgaard R & Martin J 2020. How and why vendors sell on cryptomarkets. Trends & issues in crime and criminal justice no. 608. Canberra: Australian Institute of Criminology. <https://doi.org/10.52922/ti04664>

⁵ ACIC ‘Illicit Drug Data Report 2018-2019’ (2020), Australian Criminal Intelligence Commission:

https://www.acic.gov.au/sites/default/files/2020-09/illicit_drug_data_report_2018-19_internals_v10_introduction_ch.pdf

⁶ ACIC ‘Illicit Drug Data Report 2018-2019’ (2020), Australian Criminal Intelligence Commission:

https://www.acic.gov.au/sites/default/files/2020-09/illicit_drug_data_report_2018-19_internals_v10_introduction_ch.pdf

⁷ ACIC ‘Illicit Drug Data Report 2018-2019’ (2020), Australian Criminal Intelligence Commission:

https://www.acic.gov.au/sites/default/files/2020-09/illicit_drug_data_report_2018-19_internals_v10_introduction_ch.pdf

⁸ J. Cunliffe, J. Martin, D. Décarry-Héту, J. Aldridge An island apart? Risks and prices in the Australian cryptomarket drug trade International Journal of Drug Policy, 50 (2017), pp. 64-73 <https://doi.org/10.1016/j.drugpo.2017.09.005>

⁹ J. Cunliffe, J. Martin, D. Décarry-Héту, J. Aldridge An island apart? Risks and prices in the Australian cryptomarket drug trade International Journal of Drug Policy, 50 (2017), pp. 64-73 <https://doi.org/10.1016/j.drugpo.2017.09.005>

Australian border protection inadvertently increases the competitiveness of local cryptomarkets.¹⁰

Overall, online drug markets are quite a small (but increasing) proportion of Australia's illicit drug trade.

Best practice harm reduction strategies

Any strategy to reduce the harms associated with illicit drugs traded online should include the expansion of harm reduction services for people who use drugs.

Harm reduction is commonly used in other areas of public policy and is not unique to illicit drugs. Examples of evidence-based harm reduction strategies from around the world include:

- Random alcohol breath-testing, which reduces road crashes and deaths.¹¹ Accidents decrease as random breath-test rates increase.¹²
- Restricting smoking in public places reduces non-smoker and smoker exposure to the harmful effects of second-hand smoke.
- Needle and syringe programs offer health benefits and cost savings and prevent thousands of HIV and hepatitis C infections and save millions of dollars every year. Every \$1 spent on providing clean needles results in a \$4 saving to the community.¹³
- Medically supervised injecting facilities decrease overdose deaths; reduce ambulance callouts, the spread of blood-borne viruses, public injecting and needle litter; and increase access to treatment.^{14 15 16 17 18}

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¹⁰ J. Cunliffe, J. Martin, D. Décarry-Héту, J. Aldridge An island apart? Risks and prices in the Australian cryptomarket drug trade *International Journal of Drug Policy*, 50 (2017), pp. 64-73 <https://doi.org/10.1016/j.drugpo.2017.09.005>

¹¹ Span D, Stanislaw H. Evaluation of the long term impact of a deterrence-based random breath testing program in New South Wales. *Schaffer Library of Drug Policy*;1995. <https://druglibrary.net/schaffer/MISC/driving/s29p4.htm>

¹² Ferris J, Mazerolle L. Random breath testing: impact on alcohol related crashes. *CEPS Research Quarterly*. 2012;4:4-5.

¹³ Department of Health and Ageing. *Australia's National Drug Strategy Beyond 2009: Consultation Paper*. Canberra: Australian Government;2009.

¹⁴ Salmon AM, Thein HH, Kimber J, Kaldor JM, Maher L. Five years on: what are the community perceptions of drug-related public amenity following the establishment of the Sydney Medically Supervised Injecting Centre? *The International journal on drug policy*. 2007;18(1):46-53

¹⁵ Salmon AM, van Beek I, Amin J, Kaldor J, Maher L. The impact of a supervised injecting facility on ambulance call-outs in Sydney, Australia. *Addiction (Abingdon, England)*. 2010;105(4):676-683.

¹⁶ Salmon AM, van Beek I, Amin J, Kaldor J, Maher L. The impact of a supervised injecting facility on ambulance call-outs in Sydney, Australia. *Addiction (Abingdon, England)*. 2010;105(4):676-683

¹⁷ Marshall BD, Milloy MJ, Wood E, Montaner JS, Kerr T. Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *Lancet (London, England)*. 2011;377(9775):1429-1437.

¹⁸ DeBeck K, Kerr T, Bird L, et al. Injection drug use cessation and use of North America's first medically supervised safer injecting facility. *Drug and alcohol dependence*. 2011;113(2-3):172-176.

- Removing criminal penalties for illicit drug use and possession and introducing police diversion programs reduces the number of arrests without an apparent increase in use.¹⁹
- Nicotine replacement therapy such as nicotine patches, gum and e-cigarettes continue to deliver nicotine to people who are dependent but reduce smoking health risks such as asthma, cancer, and heart disease.
- Opioid replacement therapies such as methadone and buprenorphine reduce overdose and criminal activity and improve physical and mental health and rates of employment.²⁰
- Naloxone, a drug that reverses opioid overdose, reduces overdose deaths²⁰⁻²² and does not increase opioid use.²¹

There is currently a considerable imbalance in drug-related funding to the detriment of effective harm reduction services and this needs to be rectified in order to reduce harms. A modelling study in 2013 found that 66% of drug related funding goes to law enforcement and only 2% to harm reduction, with the remainder to prevention and treatment,²² and little has changed since then.

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Drug checking as harm reduction

One underutilised harm reduction strategy that could be expanded in Australia is drug checking. Drug checking (also known as “pill testing”) involves taking a sample of a drug and testing the contents using one or more forensic analyses in order to identify the contents and strength of the submitted sample.

Many illicit drugs, including MDMA, started as pharmaceutical compounds and are less risky when consumed in their pure state at known and appropriate doses. But because the illicit drug market is unregulated, not knowing what one is consuming is a major risk associated with taking illicit drugs.

¹⁹ Rosmarin A, Eastwood N. *A quiet revolution: drug decriminalisation policies in practice across the globe* London: Release;2012.

²⁰ World Health Organisation. Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Switzerland: WHO;2009.
https://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf

²¹ Jones JD, Campbell A, Metz VE, Comer SD. No evidence of compensatory drug use risk behavior among heroin users after receiving take-home naloxone. *Addict Behav.* 2017;71:104-106

²² Ritter, A., McLeod, R., & Shanahan, M. (2013). Monograph No. 24: Government drug policy expenditure in Australia – 2009/10. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre.

The harm reduction argument for drug checking services is that if people had better information about what they had purchased, they could make safer decisions about whether to use or not. In addition, onsite or offsite testing facilities also provide people who use drugs with an opportunity to gain accurate harm reduction information as well as brief counselling or referral to treatment services if required.^{23 24}

Drug checking services have been around since the 1990s and are currently available in many countries in Europe as well as in the UK and New Zealand.²⁵ Although research is still relatively limited, there is enough evidence to suggest drug checking does reduce harms.

Australian and international evaluations show that drug checking assists people who use drugs to make more informed choices.^{26 27} For example, results of the recent pill testing trial in the ACT, reported that after receiving their results, 58% said they intended to consume the drugs as planned, 18% said they would not use any illicit drugs, 12% said they would use less than they originally intended, 5% said they would not use this drug but another drug, 7% said they were undecided.²⁸

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Drug checking services also assists in “cleaning up” illicit markets (whether online or offline). Some dangerous substances which used to adulterate ecstasy pills have disappeared from the market in Europe following the introduction of pill testing.²⁹ Although further research is required, this is potentially the result of increased consumer pressure for drug profiles to match expectations.³⁰

Allowing for a “fixed-site” drug checking service in Australia would allow people who purchase illicit drugs online to check the content and quality of what they have purchased.

²³ Underground pill testing, down under. Camilleri, M and Caldicott, D. 2005, Forensic Science International, pp. 53-58.

²⁴ Kriener, H, et al. An inventory of on-site pill-testing interventions in the EU. Lisbon : European Monitoring Centre for Drugs and Drug Addiction , 2001

²⁵ Kriener, H, et al. An inventory of on-site pill-testing interventions in the EU. Lisbon : European Monitoring Centre for Drugs and Drug Addiction , 2001.

²⁶ Ecstasy in het uitgaanscircuit. Van de Wijngaart, G, et al. 1997, Utrecht.

²⁷ Kriener: H, Schmid, R. Check your pills. Check your life. ChEckiT! High quality on-site testing of illicit substance: Information counselling and safer use measures at raves in Austria. . Drug Text. [Online] 2005

²⁸ Makkai, T., Macleod, M., Vumbaca, G., Hill, P., Caldicott, D., Noffs, M., Tzanetis, S., Hansen, F., 2018, Report on Canberra GTM Harm Reduction Service, Harm Reduction Australia.

²⁹ Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges. Brunt, T. s.l. : European Monitoring Centre for Drugs and Drug Addiction, 2017.

³⁰ EMCDDA. An inventory of on-site pill testing interventions in the EU. Lisbon : European Monitoring Centre for Drugs and Drug Addiction , 2001.

Fixed site facilities operate from permanent offices, outreach centres, community centres, and even churches. These may involve mobile laboratories or access full laboratories for the most advanced chemical analysis techniques to provide the most accurate information on drug composition.

The Netherlands' Drugs Information and Monitoring System (DIMS) was established in 1992. It now provides 30 testing and drop off facilities around the country where service users can submit their drug samples.

More than 100,000 samples were collected and analysed by DIMS between 1992 and 2010. DIMS works by people submitting their samples anonymously.³¹ If a person attends a drop off centre, the person can be provided with some testing results on-site (reagent testing, chromatography etc) or can wait for the sample is sent directly to a central laboratory for further testing.³²

Several studies have shown that the presence of drug checking facilities does not encourage those who do not use drugs to begin drug use.^{33 34 35 36}

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Instead, drug checking facilities appear to make it less likely a drug will be consumed if it contains a substance they were not expecting, potentially reducing drug use.³⁷

Harm reduction education

Another harm reduction strategy that is underutilised in Australia, is evidence-based education.

³¹ Brunt TM, Niesink RJ. The Drug Information and Monitoring System (DIMS) in the Netherlands: implementation, results, and international comparison. *Drug testing and analysis*. 2011;3(9):621-34.

³² Brunt TM, Niesink RJ. The Drug Information and Monitoring System (DIMS) in the Netherlands: implementation, results, and international comparison. *Drug testing and analysis*. 2011;3(9):621-34.

³³ Benschop, A, Rabes, M and Korf, DJ. Pill testing, ecstasy and prevention: A scientific evaluation in three European cities. European Commission, Directorate-General Health and Consumer Protection, University of Amsterdam, Bongers Institute of Criminology. 2002.

³⁴ EMCDDA. European Drug Report 2016: Trends and Developments. Publications Office of the European Union. Luxembourg : s.n., 2016

³⁵ Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges. Brunt, T. s.l.: European Monitoring Centre for Drugs and Drug Addiction, 2017.

³⁶ Drug Checking: A prevention measure for a heterogeneous group with high consumption frequency and polydrug use - evaluation of Zurich's drug checking services. Hungerbuehler, I, Buecheli, A and Schaub, M. 16, 2011, Harm reduction , Vol. 8.

³⁷ Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges. Brunt, T. s.l.: European Monitoring Centre for Drugs and Drug Addiction, 2017.

For people who are already using alcohol or other drugs, education programs are designed to provide factual information about the harms of use and help participants to use in less risky ways.

There is limited research that examines the impact of harm reduction information in isolation, but a broader harm reduction approach and school-based drug education that takes a harm reduction approach has been shown to reduce harms. However, a recent meta-analysis showed that providing only information about drug harms to young people is ineffective.³⁸

Drug education is aimed at preventing uptake of alcohol and illicit drugs, and can be effective. However, not all drug education has positive impact. Several systematic reviews have shown that very few drug education programs are effective, and some could result in higher drug use rather than the expected lower use if not conducted correctly. School based programs that adopt a harm reduction goal rather than a narrow focus on decreasing demand have been shown to prevent and reduce alcohol and other drug use.^{39 40}

Many drug education programs currently used in schools lack a good evidence base, and some have been shown to increase interest in drugs.⁴¹ Those that are effective tend to have a higher financial and time commitment and without specific direction or funding, they are less likely to be implemented.

For school-based drug education programs, the best interventions:⁴²

- use interactive methods
- are delivered by trained facilitators
- are delivered through a series of structured sessions, often with refreshers

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³⁸ Stockings, E., Hall, W.D., Lynskey, M., Morley, K.I., Reavley, N., Strang, J., Patton, J., Degenhardt, J. (2016) Prevention, early intervention, harm reduction, and treatment of substance use in young people, *The Lancet Psychiatry*, Volume 3, Issue 3, Pages 280-296.

³⁹ Teesson, M, Newton, N and Barrett, E 'Australian school-based prevention programs for alcohol and other drugs: A systematic review' (2012) 31(6) *Drug and Alcohol Review* <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1465-3362.2012.00420.x>

⁴⁰ Lee, N. K., Cameron, J., Battams, S., & Roche, A. (2016). What works in school-based alcohol education: A systematic review. *Health Education Journal*, 75(7), 780–798. <https://doi.org/10.1177/0017896915612227>

⁴¹ Teesson M, Newton NC, Barrett EL. Australian school-based prevention programs for alcohol and other drugs: A systematic review. *Drug Alcohol Rev* 2012;31:731–736

⁴² UNODC, 'International Standards on Drug Use Prevention' (2015) available online at: https://www.unodc.org/documents/prevention/UNODC_2013_2015_international_standards_on_drug_use_prevention_E.pdf

- normalise the non-use of alcohol and other drugs
- impact perceptions of risk associated with substance use
- provide opportunities to practise and learn personal and social skills.

Programs are more likely to be ineffective if they:

- use non-interactive methods like lecturing
- are information-only, particularly if they are based on fear
- are based on unstructured chat sessions
- focus only on building self-esteem and emotional education
- address only ethical or moral decision-making or values
- use ex-drug users as testimonials
- use police officers to deliver the program.

There is also scope to expand public education campaigns aimed at adults.

Public education campaigns tend to have small effect sizes but because they reach a large audience, they can have a broad impact.^{43 44 45} However, exposure is often passive and, because the strategy relies on reaching a large number of people, if only a small proportion of the population engages in a particular health behaviour it is unlikely to make a big public health impact.

There is not a lot of evidence supporting public education campaigns as a preventative measure for illicit drug use. In fact, there is indication that some campaigns in the USA, particularly those based on fear messages and scare tactics (such as the Montana Meth Project), have actually increased interest in using illicit drugs.⁴⁶ They tend to work best when they are supported by other strategies and targeted towards behaviours that are higher prevalence in the population.⁴⁷ Therefore they are unlikely to have much impact on the use of illicit drugs by festival goers.

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⁴³ Lee NK, Cameron J, Battams S, Roche A. What works in school-based alcohol education: A systematic review. *Health Education Journal*. 2016;75(7):780-798.

⁴⁴ Snyder LB, Hamilton MA, Mitchell EW, Kiwanuka-Tondo J, Fleming-Milici F and Proctor D. A meta-analysis of the effect of mediated health communication campaigns on behavior change in the United States. *Journal of Health Communication* 2004;9(suppl. 1):71-96. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/14960405>

⁴⁵ Champion, KE, Newton, NC, Barrett, EL, Teesson, M. A systematic review of school-based alcohol and other drug prevention programs facilitated by computers or the Internet. *Drug Alcohol Rev* 2013; 32: 115- 123

⁴⁶ Erceg-Hurn DM. Drugs, money, and graphic ads: a critical review of the Montana Meth Project. *Prev Sci*. 2008;9:256-63

⁴⁷ Wakefield, M. A., Loken, B., & Hornik, R. C. (2010). Use of mass media campaigns to change health behaviour. *Lancet (London, England)*, 378(9748), 1261-1271. doi:10.1016/S0140-6736(10)60809-4

Drug decriminalisation

The decriminalisation of possession and use of illicit drugs should be considered a primary goal for policymakers seeking to reduce the harms of drugs purchased online.

There are no clear benefits from criminalisation of illicit drugs. Some of the major harms from using illicit drugs are precisely because they are illegal. A significant harm is having a criminal record for possessing drugs that are for personal use. This can negatively impact a person's future, including careers and travel.

A large proportion of the work of the justice system (police, courts and prisons) is spent on drug-related offences. Yet, as Mick Palmer, former AFP Commissioner, has noted "drug law enforcement has had little impact on the Australian drug market".⁴⁸

Decriminalisation reduces the involvement of the justice system and allows existing resources to be better used in support clients into treatment services.

Findings from the National Drug Strategy Household Survey 2019 found that an overwhelming majority of Australians support either a caution/warning or no action; or referral to treatment or education, for people found in possession of cannabis (78%), ecstasy (58%), heroin (55%), methamphetamine (52.9%) and hallucinogens (59%).⁴⁹ Support for punitive responses to the possession/use of illicit drugs has continued to decline over the last 20 years.⁵⁰

The most well-known case of decriminalisation as a harm reduction strategy is Portugal. More than 20 years ago they removed criminal penalties for a range of illicit drugs if the amount was less than the equivalent of a 10-day supply.

The legal status of drugs remained, but they were considered an administrative offence rather than a criminal one. They replaced criminal sanctions with what is essentially diversion from the criminal justice system to health-oriented boards made up of an allied health professional, psychiatrist and lawyer who decided whether to impose a fine or other sanction or to refer to rehabilitation if required. At the same time they put more resources into treatment services.

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⁴⁸ Palmer, M 'After 33 years, I can no longer ignore the evidence on drugs' *Sydney Morning Herald* 7 June 2012
<<https://www.smh.com.au/politics/federal/after-33-years-i-can-no-longer-ignore-the-evidence-on-drugs-20120606-1zwpr.html>>

⁴⁹ AIHW. National Drug Strategy Household Survey 2019. 2020.

⁵⁰ AIHW. National Drug Strategy Household Survey 2019. 2020.

Prior to these new laws Portugal had the highest rate of HIV among people who injected drugs, and among the highest rates of overdose deaths and problem drug use in Europe. Since the laws were enacted, Portugal has seen increased rates of uptake of treatment,⁵¹ reduction in the incidence of HIV among people who use drugs from 52% to 6%, reduction in drug related deaths by over 80%, a reduction in early uptake of drugs by teenagers, reduction in drug related deaths, and a reduction in criminal justice time and costs related to drug offences, with incarceration rates decreasing by over 40%.⁵² Rates of drug use for all illicit drugs, except cannabis, fell below pre-decriminalisation levels.⁵³

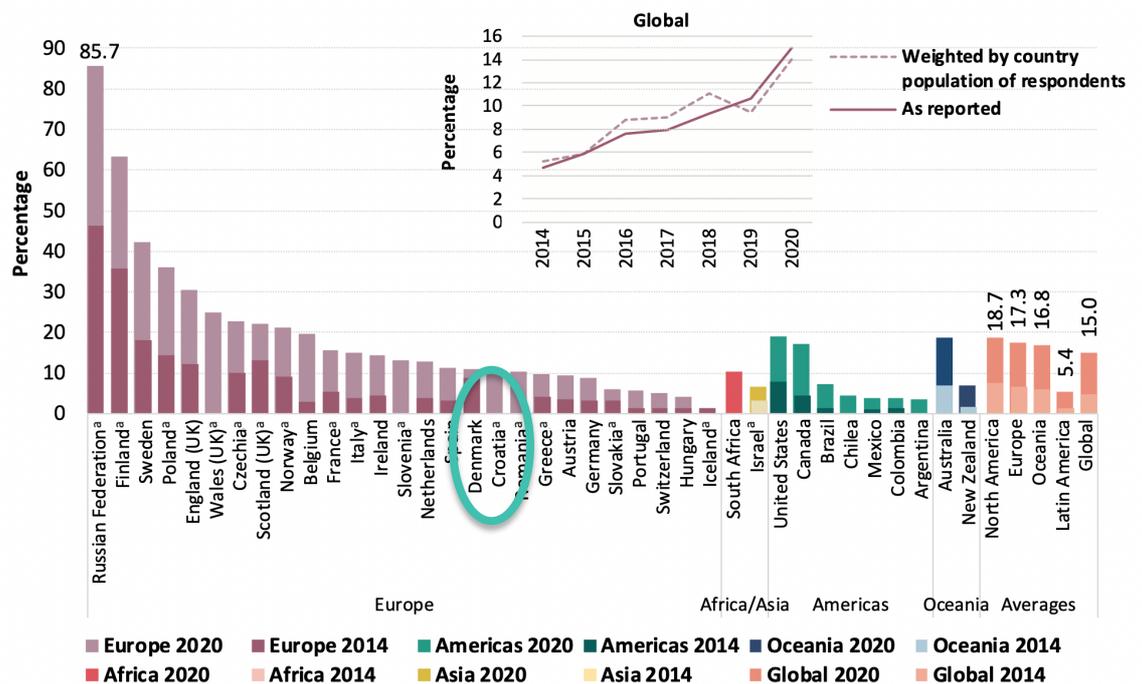
There is no evidence that drug decriminalisation would increase the number of illicit drugs sold online. Indeed, an assessment by the UNODC Global Drug Survey 2020 data (Figure 1) found that Portugal has one of the smallest proportions of illicit drug users purchasing drugs online in the world (at less than 10%).⁵⁴

Figure 1. Proportion of surveyed internet users using drugs (in the past year) who purchased over the darknet, UNODC analysis of Global Drug Surveys

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⁵¹ web.archive.org/web/20150426030351/http://www.beckleyfoundation.org/bib/doc/bf/2007_Caitlin_211672_1.pdf

⁵² drugpolicy.org/sites/default/files/dpa-drug-decriminalization-portugal-health-human-centered-approach_0.pdf

⁵³ drugpolicy.org/sites/default/files/dpa-drug-decriminalization-portugal-health-human-centered-approach_0.pdf

⁵⁴ In Focus: Trafficking over the Darknet - World Drug Report 2020

https://www.unodc.org/documents/Focus/WDR20_Booklet_4_Darknet_web.pdf



Overall, the case for the decriminalisation of illicit drugs is strong and can only work as an added tool for harm reduction in relation to online drug markets.

360Edge is grateful for the opportunity to comment on these issues and is available for further consultation if required.

Yours sincerely,

A stylized, handwritten signature in black ink, enclosed in a thin black rectangular border.

Professor Nicole Lee
Founder and CEO

A handwritten signature in black ink, appearing to read 'Jarryd'.

Jarryd Bartle
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Nicole is an international leader in alcohol and other drug responses, with 30 years' experience in policy and practice implementation.

She is Adjunct Professor at the National Drug Research Institute Curtin University, board member of Hello Sunday Morning and of The Loop Australia, and a member of the Australian National Council on Alcohol and other Drugs (ANACAD) - Australia's key expert advisory council to the Australian Government on drugs.

She has provided advice to Australian, State and Territory governments as well as International governments across South East Asia, New Zealand and the Pacific Islands. She has worked on alcohol and other drug policy with major international organisations such as the World Health Organization and the United Nations Office on Drugs and Crime.

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Jarryd is a specialist in criminal justice reform. Utilising his unique background in legal practice, science communications and criminology research Jarryd has consulted to not-for-profits, government bodies and industry groups on AOD initiatives and law reform.

Jarryd has worked as a therapeutic jurisprudence researcher and as an advisor on the intersection of scientific knowledge and the criminal justice system.

As a criminal defence lawyer Jarryd frequently performed duties within Magistrates Courts throughout Victoria including referrals and appearances within the ARC List and CISP.