

SPECIAL EDITION

26th June - What is its significance? It's the:
International Day Against Drug Abuse and Illicit Trafficking



Organised crime is driving the illicit drug trade with devastating consequences for people and communities around the world.

THEME: The evidence is clear: ‘invest in prevention’.

In regions marked by instability, organised criminal networks are expanding drug production and trafficking at an unprecedented scale.

The following has direct impact in Australia:

“In Southeast Asia’s Golden Triangle, methamphetamine now dominates over traditional drugs like opium and heroin while armed groups also engage in large-scale online scams and financial fraud.

In Latin America and the Caribbean, record cocaine production and trafficking are fuelling violence and eroding state institutions. As demand spreads, cocaine markets are rapidly growing not only in Europe but also across Africa and Asia.

Clear and present danger: The rise of **synthetic drugs** — including highly potent opioids like nitazenes — presents a new and deadly challenge. These substances are driving overdose deaths and putting pressure on already fragile health systems.

Drugs and impact of Linked crimes: The illicit drug trade is deeply connected to other crimes including human trafficking, illegal mining and environmental destruction. Together, these interconnected crimes are part of a vicious cycle that entrench poverty, exploitation, institutional weakness and addiction.

Stopping drug trafficking requires long-term coordinated action to address supply and demand and prevent organised criminal groups from exploiting vulnerabilities.

This year's World Drug Day calls for investment in prevention, including justice, education, health care and alternative livelihoods — the building blocks of sustainable resilience.

This year's campaign highlights the need for coordinated long-term action to break the cycle of organized crime and drug trafficking – by addressing root causes, investing in prevention and building stronger health, education and social systems.

As synthetic drugs and new trafficking methods evolve, so must our responses. Innovation and global cooperation are more urgent than ever.

UNODC is working with countries to stem the flow of chemicals used in illicit drug manufacture, strengthen prevention, expand treatment and recovery services and support communities in transition. The cycle can be broken — and together we can make it happen.

WORLD DRUG REPORT



It contains key statistics and factual data obtained through official sources, a science-based approach, and research.

KERRYIN'S KORNER



Hello again. Kerryn here.

Following my last article, I received some questions and here are my responses:

How did your drug use affect your family?

This is such a common question as I know people really relate to the human and emotional side of any kind of trauma, including drug addiction.

For me personally, as a teenager, my parents were blissfully unaware of my drug use until the day they were told by the medical staff at the Alfred Hospital, that I was expected to die within two hours. I can only imagine how horrific it must have been for them and the regret I feel for what I put them through haunts me to this day.

The thing is, I had moved out of home at age 19 and of course you don't tell your parents about your drug use, right? When I was at home, my parents were working full-time in a business they ran in the city, so I guess any behavioural changes from me would have been easily missed. The following is an excerpt from my book, 'Chasing After the Wind.'

"Mum didn't once mention the drugs or how I got sick. She didn't need to. We both knew. She was just there for me. Despite what she may have been feeling, she showed me unconditional love and that is just what I needed.

What I put my parents through back then, I can only imagine. Through all of this they were both working full-time in the family business. My mum showed a love that still amazes me. I know that she couldn't stand the thought of losing her only daughter. When her mother was sick, also in the Alfred Hospital, mum had visited her every day and on the one day that she wasn't able to go, my Nan died. Throughout my long stay in hospital, mum visited me every day and the one day that she rang in to say she was too sick to come in, was the day that I fell into a coma. Mum never missed a day again.

Although I had no doubt that my dad loved me, he didn't handle the whole thing very well. He was totally shocked that I had been using drugs and so disappointed with me. I guess he had to deal with his own feelings and all of this while still trying to keep the business running."

What is the most common question you get asked?

So, the answer to this is the first question asked here. The most common question I am asked in the Q&A time at the conclusion of a presentation is, "How did your drug use affect your family, or how did they respond?" As mentioned earlier, as human beings, we really connect to the feelings and emotions experienced by others who have been through any kind of trauma, even if we have never been in the same position. With teens, they would most likely imagine themselves in a similar position and wonder how their parents might respond in the same situation.

Of course, many other questions are asked and although no one person has all the answers. I welcome any further questions, no matter what part of my story they relate to. I will always answer with absolute honesty.

Kerryn has published two books about her experiences:

- 'Out of the Darkness'
- Chasing After the Wind'

For these books and other resources go to: [Home](#) | [Save Your Brain](#)

What you can do...

If you are concerned about your drug use, or that of a loved one, please reach out to Kerryn.

We hope to share Kerryn's answers some of the common questions she receives from people who are desperate to either stop using drugs, or help a person close to them to stop. Your identity will be kept private.

Email: admin@drugfree.org.au for more information

More drug harm in Melbourne – setting a dangerous precedence for other communities

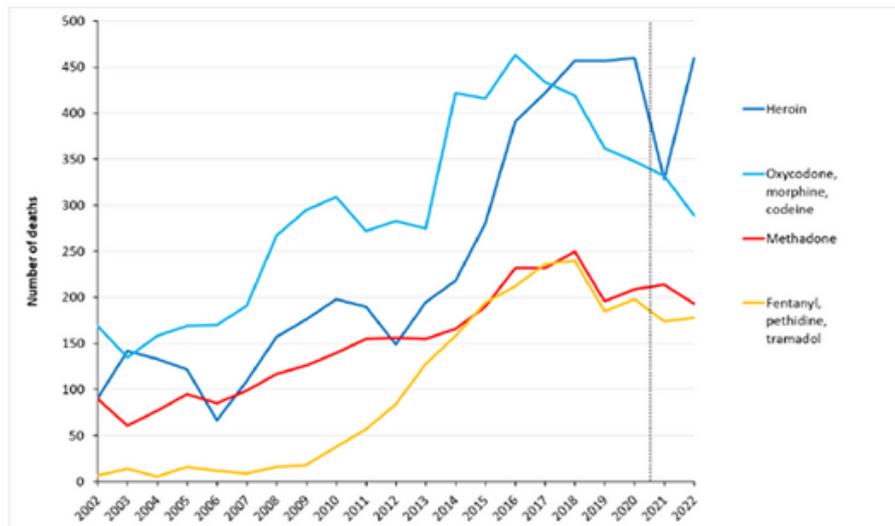
Victoria is in the news seeking to open a fixed pill testing site as Pill Testing Australia operatives have shifted their focus from their ineffective and harm-escalating** pill testing narrative to one that now includes testing all manner of illicit drugs in a new operation they call ‘drug checking’.

ABC has been posting warnings about more potent opioids such as fentanyl and nitazenes, inferring that their higher potencies create higher death ratios amongst opioid users. But Drug Free Australia demonstrates that this is most certainly untrue. The ABC posts say,

“Non-prescription drug overdose deaths in the ACT have doubled since the start of 2024 to 20. Police have renewed warnings to users about the dangers of highly potent substances being increasingly detected in illicit drugs, such as fentanyl and nitazines.”

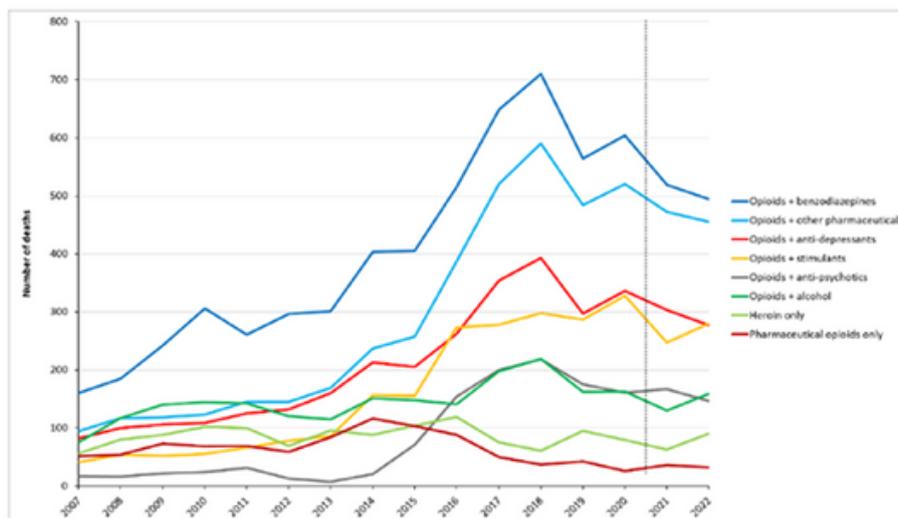
But it takes only two graphs from Australia’s official 2024 opioid overdose report to falsify this misinformation.

Figure 29. Number of unintentional drug-induced deaths by opioid type, 2002-2022



Note: Data to the right of the dotted line (2021 and 2022 data) are preliminary, and likely to rise.

Figure 34. Number of unintentional drug-induced deaths involving opioids by sole-drug and poly-drug use categories, 2007-2022



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The first of these graphs shows that deaths from the use of ALL opioids have risen at very similar rates since the 2007 Federal Government scrapped Tough on Drugs, which had kept opioid deaths at around 360 per annum between 2001 and 2007. Deaths from all opioid types increased sharply post-2007, with deaths from the more potent Fentanyl increasing in line with the other opioids.

Just like pill testing, where Pill Testing Australia falsely implied that most pill deaths came from other drugs or contaminants mixed into the pills, the new 'drug checking' narrative comes from the same playbook now used for decades in Australia. They used to say that our masses of heroin fatalities were from criminals putting toxic contaminants in the powders or from wildly variable purities but the science demonstrated that this was simply false (p_xiii). It later emerged that just as many died from strictly uncontaminated and purity-controlled pharmaceutical opiates as from criminal-supplied heroin, both at roughly 1% of dependent users per year. In fact, the vast majority of opiate overdoses have had the same unifying cause – using opioids with other drugs such as alcohol and benzodiazepenes as the second graph below very clearly demonstrates. NOTE CAREFULLY THE BOTTOM-MOST RED LINE – that is the one that includes deaths from Fentanyl alone. And it says the very opposite of what ABC and their ilk infer.

The fact that Australian overdose reports show no major change in the ratio of polydrug-use deaths against opiates used alone suggests, despite the increased potency of Fentanyl and Nitazenes, that drug users accommodate for the increased potency of these newer substances. When opiate deaths peaked at 1,116 in 1999, 1% of dependent heroin users were dying. Very recent fatal overdose rates for countries with heavy Fentanyl use, which is 50 times stronger, show the same 1% dying again - pointing an accusing finger at polydrug use for BOTH opiate types. We would expect similar user accommodation with Nitazenes which can be similar to, or stronger than Fentanyl, where weakened physiology of long-term opiate users and polydrug use are moreso causal in most fatalities.

Across Australia opiate users experience 72 non-fatal overdoses (p59) and two - three opiate fatalities per day, so these already troubling statistics can be alarmingly manipulated by media, and more made of these deaths than is warranted. Drug Free Australia does not deny that criminal-manufactured pills with high potency opioids masquerading as lower potency opioids will cause some unexpected fatalities, but much more evidence is needed to show that these are anything but the tiny minority of fatalities.

Balanced against this are the massive number of opiate deaths caused by the harm reductionist messaging which teaches the 'safe use of illicit drugs', of which drug checking is seminally a part. This messaging quadrupled opiate deaths between 1984(below 250 for 15-44 year olds) and 1,116 for 15-54 year olds in 1999. The prevention and rehabilitation priorities of Tough on Drugs made opiate deaths plummet by 67% (or a massive 750 opiate deaths per year), where they stayed for 7 years until a new Federal Government scrapped them. In the decade following, with the 'safe use of drugs' message again prioritised, opiate deaths skyrocketed 260% with other contributing polydrug-use illicit drug deaths increasing 210-590% as can be very clearly seen in the graph above. Harm Reduction's 'safe use of drugs' ideology has very demonstrably added many, many thousands of opiate deaths to Australian mortality tolls and heavily weights any set of balances against a few lives saved by 'drug checking'. Drug Free Australia has no problem with law enforcement continuing to publicise contaminants or adulterants in seized drugs, maintaining the message that drug use is not acceptable, rather than allowing drug-normalising NGOs to take that role.

WHAT'S HAPPENING IN AUSTRALIA?

FIND OUT HERE

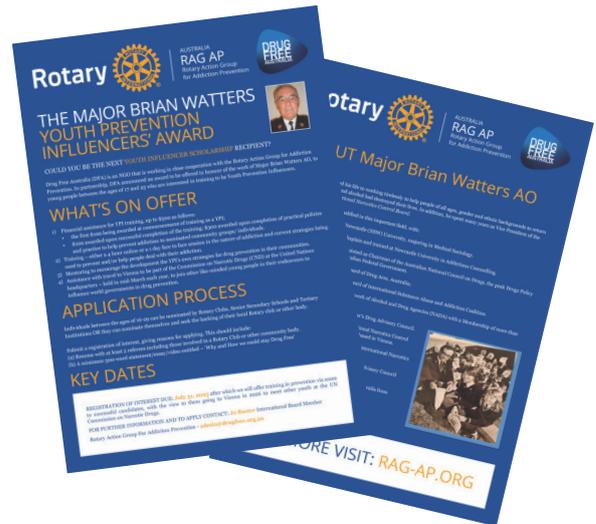


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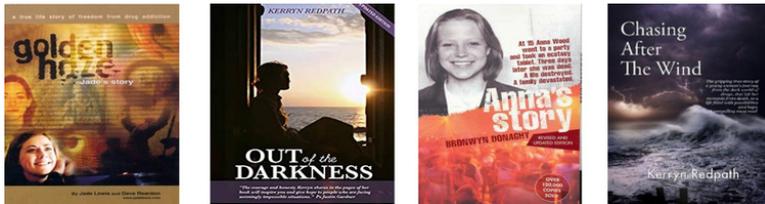


RESOURCES

Click on the images below to access the online resources



Books and more...



For WCTU Primary & Secondary programs contact Dawn Stark: drug-free@bigpond.com



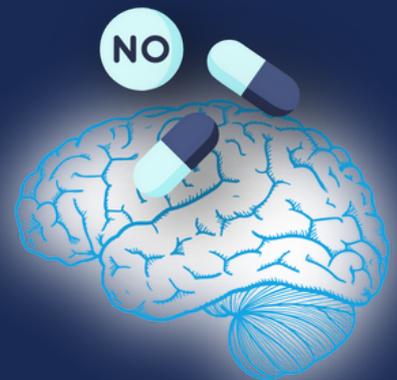
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