

Statement for the WA parliamentary Inquiry into alternate approaches to reducing illicit drug use and its effects on the community 14/06/2019

My name is Dr Stephen Bright. Edith Cowan University (ECU), which is located at 270 Joondalup Drive, Joondalup WA 6027, employs me as a Senior Lecturer in Addiction. ECU is a member of the Public Health Association of Australia (PHAA). I have been asked to provide evidence to this parliamentary inquiry on behalf of the PHAA. I have read and understand the Committee Hearings Information for Witnesses.

The PHAA provided a submission to this WA parliamentary inquiry that recommended drug use be considered a health issue rather than a criminal justice issue. There is little evidence that criminal penalties reduce the incidence of drug use. Rather, both local and international evidence suggests that criminal sanctions increase drug-related harms.

The prevalence of harm from illegal drugs is higher among socially disadvantaged groups. People from socially disadvantaged groups experience high rates of mental illness for which people often use drugs to self-medicate. Criminal penalties further marginalise these individuals through reducing their capacity to engage in the workforce and iatrogenic effects that potentially perpetuate a cycle of drug use and crime.

Increasingly, the "war on drugs" is being viewed as a war on humanity. Earlier this year, the United Nations adopted a new position on drugs that supports "the development and implementation of policies that put people, health and human rights at the centre" and "promote a rebalancing of drug policies and interventions towards public health approaches". In reviewing WA's current drug policies, the committee should consider the government's obligations as a member of the international community.

By considering drug use as a health issue, the focus of drug policy should be on implementing evidence-based strategies that reduce the amount of harm experienced by the WA community through prevention, early intervention and treatment. While the use of drugs can be reduced through the provision of treatment services that deliver high quality services, primary prevention interventions aim to reduce the demand for drugs prior to people requiring treatment. Such interventions are most effective when holistic approaches are used that aim to increase social inclusion. Mass media campaigns that focus on the low incidence/high severity harms have not only been found to be ineffective in reducing the use of drugs, but normalise drug use and reduce the credibility of drug education.

Drug-related harm can also be reduced through the provision of harm reduction strategies. These aim to reduce the adverse consequences of drugs without necessarily requiring a reduction in consumption. In this respect, harm reduction can be considered similar to sex education and efforts to reduce the road toll. There is no evidence that harm reduction leads to increased drug use. Australian research has demonstrated that for every dollar spent on the Needle and Syringe Program, there is a \$20 return on investment through reduced healthcare costs to the community. A good example of an Australian harm reduction strategy was the mandate that all bread products contain Vitamin B1 to reduce alcohol-related brain injury. Similar innovative harm reduction interventions need to be