



**Public Health Association**  
AUSTRALIA

## **Public Health Association of Australia submission on Inquiry into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community (WA)**

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Illicit Drug Use and its Effects on the Community

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## Preamble

### *The Public Health Association of Australia*

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

### *Vision for a healthy population*

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

### *Mission for the Public Health Association of Australia*

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.



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## Introduction

PHAA welcomes the opportunity to provide input to the Inquiry into alternate approaches to reducing illicit drug use and its effects on the community in Western Australia. Illicit drug use is an issue of major concern in Western Australia. According to the 2016 National Drug Strategy Household Survey, 16.8% of Western Australians aged 14 years or older used an illicit drug in the past 12 months.<sup>1</sup>

Cannabis is the most widely used illicit drug in Australia, with 10.4% of Australians and 11.6% of Western Australians aged 14 years or older reporting recent use of cannabis.<sup>1</sup> Thirty six percent of recent cannabis users used the drug as often as weekly (an increase of nearly 5% since 2013).<sup>1</sup> The rates of ecstasy (3.2%) and methamphetamine (2.7%) use in Western Australia are the highest of any state or territory and well above the national average (2.2% and 1.4% respectively).<sup>1</sup>

Illicit drug use crosses cultural, economic, geographic and social divides. The highest rates of illicit drug use is found in young, male individuals; those entering the justice system; and in regional Western Australia.<sup>1</sup> For example, the National Wastewater Drug Monitoring Program recorded significantly higher levels of methamphetamine in regional Western Australia's wastewater than any other jurisdiction.<sup>2</sup> There is a recognised relationship between illicit drug use and social factors such as unemployment, low income and insecure housing. This social disadvantage coupled with an increased risk of poor mental health do have a real impact on the community both in terms of perceived safety, and expenditure to the community through social services, infrastructure and health.

PHAA recognises that the true cost of illicit drug use in Australia is unknown. There are challenges in calculating some of the intangible social costs (such as psychological impacts) related to the consumption of illicit substances. Estimates of the total social costs of illicit drug use in Australia, both tangible and intangible, have been placed at \$8.2 billion.<sup>3</sup>

There is a need for a nationally agreed harm minimisation approach to reducing the harm arising from drug use, through a coordinated, multi-agency response addressing the three pillars – supply reduction, demand reduction and harm reduction – of harm minimisation. PHAA supports these pillars outlined in the National Drug Strategy 2017-2026.

Illicit drug use should be treated as a health issue, not a criminal justice issue. A whole-of-government approach to prevention, early intervention and treatment - which recognises the common antecedents of many social problems of which drug use is one - must be implemented. Such an approach needs to be adequately resourced and should contain a range of strategies aimed at building resilience, maximising protective factors, minimising risk factors and providing support to individuals, families and communities with problems resulting from illicit drug use.

Evidence based programs that are effective in reducing drug related harm to both the individual and the community should continue to be supported. These include Needle and Syringe Programs and Medically Supervised Injecting Centres, while funding for interventions of doubtful effectiveness or those accompanied by severe adverse effects should be reviewed.

Particular attention must be given to the issue of illicit drug use by high-risk population groups, including Aboriginal and Torres Strait Islander peoples, men who have sex with men and those living

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in remote and very remote areas. Effective strategies will involve development in partnerships with at risk groups, supported by National and State funding.

PHAA also notes that while there is concern about the impact that illicit drugs have on individuals and the broader community, the majority of drug-related harm in Australia is attributable to the licit drugs tobacco and alcohol.



## **PHAA Response to the Inquiry Terms of Reference**

### ***Other Australian state jurisdictions and international approaches (including Portugal) to reducing harm from illicit drug use, including the relative weighting given to enforcement, health and social interventions***

The United Nations World Drug Report for 2018 finds that drug-related deaths are increasing, and calls for “renewed efforts to support the prevention and treatment of drug use and the delivery of services aimed at reducing the adverse health consequences of drug use, in line with targets 3.5 and 3.3 of the Sustainable Development Goals” (p23).<sup>4</sup> Incarceration of users of illicit drugs is commonplace throughout the world, with drug offenders accounting for an average of 19% of male prisoners, 35% of female prisoners,<sup>4</sup> and more than half the total prison population in some jurisdictions.<sup>5</sup> More than eight out of 10 of these drug offences are for possession, not production, selling or trafficking.<sup>5</sup> The lines between personal use and trafficking may not be appropriate, with an analysis of legislation in Australian jurisdictions concluding that in many states, including Western Australia, the thresholds for trafficking are equal to or lower than the amount used in a single heavy session of heroin or MDMA consumption.<sup>6</sup> Data from the 2017 Global Drug Survey shows that people who use drugs in Australia have a higher than global average rate of police encounters, particularly involving drug dogs.<sup>7</sup>

Increasingly, evidence is showing that punishment, including imprisonment, is ineffective as a deterrent, or for rehabilitation, and has minimal effect on crime rates.<sup>8</sup>

Public health alternative approaches to reducing illicit drug use and its effects on the community include:

- Decriminalise personal use of illicit drugs,
- Provide treatment and social reintegration of people with drug dependency who come into contact with the criminal justice system – through specialist drug courts and community-based supervision and treatment programs,
- Move the focus of funding away from supply reduction measures towards demand and harm reduction measures<sup>8</sup>.

Examples of these public health alternatives are evident internationally. By 2015, criminal justice responses to possession of small quantities of drugs had been reduced in Georgia, Italy, Malta, Slovakia, Dubai, Gambia, Jamaica, Ecuador and Japan. Many states in the USA have legalised marijuana for medical use. Colorado and Washington in the USA allow the sale and use of marijuana for recreational use. Uruguay has legalised growing, selling and consuming marijuana.<sup>5</sup>

The Portuguese model is worthy of consideration in reducing harm from illicit drug use. Acquisition, possession and usage of illicit drugs was decriminalised in Portugal in 2001 to an administrative offence. This model seeks to reduce stigma of illicit drug usage and alternatively engages offenders in harm reduction and intervention strategies.<sup>9</sup> The Portuguese model still continues to uphold criminalisation of production, trafficking and/or sale of illicit drugs. This distinction is important, as the model defines those who harm from those who are harmed, and in doing so treats illicit drug usage as a health issue rather than a criminal activity.



It should be recognised that limited data exists to support claims of success or failure of the Portuguese model; however the spirit of the model is an example of policy that seeks to promote harm reduction and provide treatment. Such action was endorsed by The Commonwealth Parliamentary Joint Committee inquiry into crystal methamphetamine (ice) which found that “improvements can and must be made in addressing methamphetamine use in Australia; in the Committee's opinion, this should be done by shifting the focus on methamphetamine from a law enforcement problem to a health issue within an environment where treatment and support are readily available and without stigmatisation.”<sup>10</sup>

In 2014, the UK Home Office reported on a series of fact-finding visits to 11 countries, which included several examples of harm reduction and public health responses:

- Drug consumption rooms in Canada, Switzerland and Denmark (similar to the Medically Supervised Injecting Centre in Kings' Cross, Sydney),
- Heroin assisted treatment in Switzerland, which prescribes medical-quality heroin under supervision to patients where traditional substitution treatment (methadone or buprenorphine) has been ineffective,
- Dissuasion commissions in Portugal where panels sit outside the criminal justice system to consider cases of drug possession and decide whether individuals should be given administrative penalties or referred treatment,
- Drug Courts in the USA where people charged with drug-related offences have the option of pleading guilty and entering a treatment program overseen by a judge, rather than a traditional (possibly custodial) sentence,
- Prison-based harm reduction in Switzerland where needle exchange programs have been operating within prisons since 1992,
- New Psychoactive Substances regulation in New Zealand where producers must prove the safety of substances before they can be sold on licensed premises (similar to the role of the TGA in approving medicines in Australia)<sup>11</sup>.

In addition, pill-testing services currently operate in the Netherlands, Spain, Portugal, Austria, Switzerland, England, Wales and Canada.

Closer to home, supervised injecting facilities in Australia have been found to be an effective way to reduce harm. Extensive evaluation of the Medically Supervised Injecting Centre in Sydney, established in 2001, concluded that the service reduced the impact of health related consequences of injecting drug use (including overdose-related events) and provided access to services for community members who are highly marginalised, without increasing crime rates or social disturbances.<sup>12</sup>

### ***A comparison of cost and effectiveness of drug related laws between Western Australia and other jurisdictions***

Evidence shows expenditure by the Australian government on preventing and responding to illicit drug use is largely focused on law enforcement, including police, prison and court costs.<sup>3</sup> These costs far outweigh the spending on healthcare related to illicit drug use. This allocation of resources does not reflect a harm minimisation approach that treats illicit drug use as a health issue. It also means government expenditure is focused on the less cost-effective measures compared to areas shown to



be most cost-effective, such as treatment and harm reduction.<sup>13</sup> The allocation of resources should be re-distributed to evidence-based prevention (including treatment) strategies.

### ***The applicability of alternate approaches to minimising harm from illicit drug use from other jurisdictions to the Western Australian context***

PHAA supports the consideration of alternate approaches to minimising harms from illicit drug use from other jurisdictions for application in the WA context. The applicability of alternate approaches to the Western Australian context should be assessed in the context of existing and future AOD policies and strategies in WA, and should take into account the unique demographic and geographic features of WA at a whole-of-state level.

PHAA, in line with other key Australian health bodies including the Australian Medical Association<sup>14</sup> and the Royal Australian and New Zealand College of Psychiatrists<sup>15</sup>, publicly supports alternative approaches to harm reduction such as pill testing, and advocates for this approach to harm minimisation to be seriously considered as part of this review. PHAA also supports the position presented by the National Drug Research Institute (NDRI) on alternative approaches, specifically the Portuguese model, in terms of ensuring that appropriate systems are in place to deal with the majority of drug users who come in contact with police as a result of this approach, who will be non-dependent cannabis users. Please refer the NDRI submission to this inquiry for further information on this approach.

Western Australia has an existing flagship strategy, the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 (The Plan) which is based on a whole of sector approach and focuses on improving person centred care, minimising harm, maintaining efficiency, and achieving a balanced investment across the alcohol, other drug and mental health systems. The Plan outlines the need for increased investment in prevention and community support in order to rebalance the AOD system and best serve the community. However, since The Plan's release in 2015 there has been no movement by the WA Government to increase investment in prevention according to the figures outlined in The Plan. A more balanced approach to funding prevention, treatment and harm reduction is needed in WA, including prevention and harm minimisation approaches.

The Western Australian Alcohol and Drug Interagency Strategy 2018-2022 (currently pending release) will also provide a guide for Government, Non-Government Organisations and the community with the goal of reducing and preventing the impacts of alcohol and other drugs in the Western Australian community. Alternative approaches should be considered in the context of the implementation of this strategy.

Importantly, approaches in Western Australia must take into account the unique geographic and demographic features of Western Australia compared to other states. In particular, the tyranny of distance, remoteness, transport and access to services in rural and remote communities must be considered, with evidence showing that cannabis and methamphetamine use is highest in rural and remote areas in Australia.<sup>1</sup> Alternative approaches should also focus on equity and the provision of harm minimisation approaches for vulnerable populations and Aboriginal and Torres Strait Islander peoples.



## Conclusion

PHAA welcomes the work being put into this important inquiry. We urge the committee to focus on the following points:

- As outlined in the National Drug Strategy 2017-2026, there is a need for a nationally agreed harm minimisation approach to reducing the harm arising from drug use, through a coordinated, multi-agency response addressing the three pillars – supply reduction, demand reduction and harm reduction – of harm minimisation.
- Illicit drug use should be treated as a health issue, not a criminal justice issue.
- A whole-of-government approach to prevention, early intervention and treatment - which recognises the common antecedents of many social problems of which drug use is one - should be followed.
- Evidence based programs that are effective in reducing drug related harm to both the individual and the community should continue to be supported.
- Particular attention should be given to the issue of illicit drug use by high-risk population groups, including Aboriginal and Torres Strait Islander peoples, men who have sex with men and those living in remote and very remote areas.

The PHAA appreciates the opportunity to make this submission. Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.



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