



Ms Tracy Sharpe Committee Clerk Select Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community Legislative Council Committee Office Parliament House GPO Box A11 PERTH WA 6837

Dear Ms Sharpe

Submission to the inquiry into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community

The Australian Institute of Health and Welfare (AIHW) welcomes the opportunity to provide a submission to the Western Australia Legislative Council Committee inquiry into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community. This submission highlights data available from AIHW that may be of relevance to this inquiry.

The AIHW provides accessible information and statistics on a wide range of topics about the health and wellbeing of Australians. We aim to inform good decisions—and improve the health and welfare of all Australians—through strong evidence that is timely, reliable, relevant and trusted.

The AIHW publishes over 180 outputs each year, ranging from comprehensive national reports to technical documents and guides, to innovative web-based products. As required by the Parliament, flagship reports, Australia's health and Australia's welfare, are published in alternate years. Further information on the roles and responsibilities of the AIHW is available at www.aihw.gov.au/about-us.

The National Drug Strategy Household Survey 2016: detailed findings report contains the latest data relating to community views and attitudes towards illicit drug use, and their support for various illicit drug policies aimed at reducing illicit-drug related harm. The survey also captures data on Australians' use of alcohol, tobacco and illicit drugs as well as their attitudes about alcohol, tobacco and illicit drug use and policy. A summary of the survey results relevant to the Committee's terms of reference is provided in Attachment 1 and relevant tables are provided at Attachment 2.













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We trust you find the attached information useful. Should the committee have any queries about the information we have provided, or wish to seek additional information from the AIHW, we are available to discuss at your convenience. Please contact our Head of Corporate Reporting, Ms Tulip Penney, on (02) 6244 1114 or at tulip.penney@aihw.gov.au.

Yours sincerely

Barry Sandison Director (CEO)

Australian Institute of Health and Welfare

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Relevant data and information from the National Drug Strategy Household Survey (NDSHS)

This large population survey, conducted every 3 years, asks people about their knowledge of and attitudes towards drugs, and their history of alcohol and other drug consumption. It provides information on the use of alcohol and other drugs in the general population. The sample is based on households—institutionalised people and others not living in private dwellings are not included in the survey.

The most recent survey was conducted in 2016 which was the 12th conducted under the auspices of the National Drug Strategy (NDS). It collected information from almost 24,000 individuals across Australia.

The <u>National Drug Strategy Household Survey 2016: detailed findings</u> contains the latest data on the use of illicit drugs in Australia; including patterns of use, attitudes and policy support, and illicit drug related harms. A list of relevant tables from this report as well as a customised data analysis is provided in **Attachment 2**.

Capturing community perceptions on illicit drug use

The NDSHS includes a number of sections that are designed to capture community attitudes and opinions on various illicit drug related issues, including:

- actions taken against someone found in possession of small quantities of drugs for personal use.
- · community views on where and how to best allocate \$100 on reducing illicit drug use
- community support for measures aimed at reducing problems associated with injecting drug use
- community support or opposition for the legalisation of certain illicit drugs for personal use
- community support or opposition for increased penalties for the sale or supply of certain drugs
- personal approval of regular illicit drug use.

These questions are important to understanding what Australians think about the use of illicit drugs in the community and provide an indication of the relative weighting Australians give to law enforcement, education and treatment.

Public opinion on illicit drug use varies by age, sex and illicit drug use status. **Attachment 3** includes a summary of these findings by age and drug use status as published in the 2016 NDSHS detailed findings report. These findings are presented for Australia overall but can be prepared for Western Australia if the Committee requires these data for Western Australia only.

Actions taken against people found in possession of drugs

When asked about appropriate action for people found in possession of small quantities of drugs, Western Australians support a range of non-criminal actions (that is, actions that equate with the decriminalisation of use/possession of illicit drugs). Table 1 shows the results for each drug. For all drugs except cannabis, most support was for referral to treatment or an education program, while for cannabis, the most popular action was a caution, warning or no action (43%).

Support for actions taken against people found in possession of illicit drugs for personal use differed according to drug type. Western Australians thought that possession of heroin and

meth/amphetamines required a harsher punishment than illicit drugs such as cannabis and ecstasy. For example, 23% of Western Australians thought that possession of meth/amphetamines should result in a prison sentence compared with 5.1% for possession of cannabis.

Budget distribution for education, treatment and law enforcement

The priorities of Western Australians (aligning conceptually with the 3 pillars of the NDS) were explored by looking at how a hypothetical \$100 should be split between education, treatment or law enforcement to reduce illicit drug use (Table 2).

In 2007, law enforcement received the greater proportion of the allotted \$100; however, this has been decreasing over time (from \$40 in 2007 to \$35 in 2016). The proportion of funds allocated to education and treatment increased between 2007 and 2016 (from \$33 to \$36 and from \$26 to \$29 respectively). For the first time since 2007, Western Australians thought that education should receive the same amount of funding as law enforcement.

Support for cannabis measures

Similar to the national findings, the Western Australian community showed an increase in tolerance for cannabis use (tables 3, 4, 7), with more Western Australians supporting legalisation (from 27% in 2013 to 34% in 2016) and fewer supporting possession of cannabis being made a criminal offence (from 30% in 2013 to 26% in 2016). More people also supported cannabis being used in clinical trials to treat medical conditions (from 75% in 2013 to 83% in 2016) and supported a change in legislation permitting the use of cannabis for medical purposes (from 70% in 2013 to 80% in 2016).

If cannabis were to be legalised, the greater majority of the population (80%) claimed they would still not use it. However, the proportion of Western Australians that would try it increased from 5.9% in 2013 to 8.8% in 2016 (Table 5).

Support for measures to reduce problems associated with injecting

In 2016, most people supported measures to reduce problems associated with injecting drugs (Table 6). Nearly two-thirds of Western Australians supported:

- · needle and syringe programs
- methadone/buprenorphine maintenance programs
- treatment with drugs other than methadone
- rapid detoxification therapy
- use of Naltrexone, a drug that blocks the effects of heroin and other opiates/opioids.

The least supported measure was for a trial of prescribed heroin (36%).

Compared with 2013, fewer people supported rapid detoxification therapy (from 70% in 2013 to 65% in 2016) and the use of Naltrexone (from 71% in 2013 to 64% in 2016) and more people opposed needle and syringe programs (from 14.0% to 17.8%).

Support for legalisation

Apart from cannabis, support for the legalisation of selected illicit drugs is low and has not changed much since 2007 (Table 7). In 2016, support ranged from 4.7% for meth/amphetamines to 7.8% for ecstasy.

Support for increased penalties for supply of drugs

The majority of Western Australians supported increases in penalties for the sale and supply of meth/amphetamines (88%), heroin (87%), cocaine (84%) ecstasy (83%), and cannabis (56%) (Table 8). More Western Australians supported increasing the penalties for the sale or

supply of meth/amphetamines (from 84% to 88%) and ecstasy (from 79% to 83%) in 2016 than in 2013.

Personal approval of regular illicit drug use

Very few people approved the regular adult use of illegal drugs; approval was generally less than 5% for most illegal drugs (Table 9). Personal approval of regular adult drug use was highest for over-the-counter painkillers (18.6%) and cannabis (14.3%). Approval of both these drugs was higher in 2016 than in 2013.

Attachment 2: Detailed data tables

Table 1: Support^(a) for actions taken against people found in possession of selected illicit drugs for personal use, people aged 14 or older, 2007 to 2016 (per cent)

		Western	Australia	Australia						
Drug/action	2007	2010	2013	2016	2007	2010	2013	2016		
Cannabis										
A caution/warning or no action	31.7	42.4	42.0	43.4	30.4	38.0	42.1	46.6#		
Referral to treatment or education program	39.2	28.5	29.0	28.0	39.2	29,7	28.2	27.0#		
Fine	19.4	18.0	18.1	17.8	18.9	18.9	17.8	16.0#		
Community service or weekend detention	5.2	5.4	5.3	4.9	5.2	6.2	5.8	4.8#		
Prison sentence	3.3	4.4	4.3	5.1	5	6.1	5.0	4.5#		
Some other arrangement	*1.1	1.2	1.3	*0.7	1.3	1.2	1.1	1.1		
Ecstasy										
A caution/warning or no action	3.8	11.2	12.4	13.4	3.7	10.7	12.5	14.8#		
Referral to treatment or education program	52.6	38.7	37.9	37.4	54.3	37.1	37.4	38.8#		
Fine	15.8	26.9	26.1	27.8	15	24.8	24.5	22.9#		
Community service or weekend detention	6.9	8.7	9.3	8.4	6,6	10.7	10.3	8.7#		
Prison sentence	18.8	13.4	12.6	11.4	18,5	15.2	13.7	13.0		
Some other arrangement	2.1	1.2	1.7	1.5	1.9	1.6	1.5	1.7		
Heroin										
A caution/warning or no action	8.3	2.5	2.5	2.9	8.5	2.8	3.1	3.8#		
Referral to treatment or education program	49.8	43.8	43.2	43.7	48.9	43.1	44.3	47.4#		
Fine	21.6	17.8	18.4	22.1#	20.8	16.2	16.8	15.6#		
Community service or weekend detention	6.2	9.0	9.5	8.2	6.3	9.9	10.0	8.5#		
Prison sentence	12.9	24.9	23.7	21,2	13.9	25.7	23.7	22,5		
Some other arrangement	*1.2	2.1	2.7	1.9	1.5	2.3	2,2	2.2		
Meth/amphetamines(c)										
A caution/warning or no action	10.1	3.9	4.1	2.9	10.5	4.3	4.3	4.2		
Referral to treatment or education program	53.7	43.8	41.5	43.3	52.7	42.9	43.1	45.7#		
Fine	18.8	19.2	19.9	20.2	18.9	18.7	18.6	15.2#		
Community service or weekend detention	5.9	11.0	11.0	8.2#	6.6	11.7	11.4	8.9#		
Prison sentence	10.0	19.9	21.2	23.0	9.7	20.1	20.3	23.5#		
Some other arrangement	1.5	2.2	2.4	2.3	1.5	2.3	2,3	2.6		
Hallucinogens										
A caution/warning or no action	n.a.	6,5	7.1	7.6	n.a.	6.5	7.6	9.3#		
Referral to treatment or education program	n.a.	43.1	42.4	43.4	n.a.	42.9	43.0	44.6#		
Fine	n.a.	21.8	21.5	23.6	n.a.	20.2	20.0	18.2#		
Community service or weekend detention	n.a.	11.3	10.3	8.0#	n.a.	11.4	11.0	9.3#		
Prison sentence	n.a.	15.6	16.2	15.5	n.a.	17.0	16.2	15,9		
Some other arrangement	n.a.	1.7	2.6	1.8	n.a.	2.1	2.2	2.6		

^{*} Estimate has a relative standard error of 25% to 50% and should be used with caution.

[#] Statistically significant change between 2013 and 2016.

n.a. = not available.

⁽a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

⁽b) Used that specific illicit drug in the previous 12 months.

⁽c) For non-medical purposes.

Note: In 2007, the question was asked separately in each relevant drug section, whereas from 2010 to 2016 it was asked as a grid type question towards the start of the survey for all illicit drugs. Comparisons to 2007 data should be interpreted with caution.

Table 2: Preferred distribution of a hypothetical \$100 to reduce the use of illicit drugs, people aged 14 years or older, Western Australia and Australia, 2007 to 2016 (mean \$)

	, v	Vestern A	ustralia	Australia							
Reduction measure	2007	2010	2013	2016	2007	2010	2013	2016			
Education	33.4	34.0	35.6	36.0	34.0	33.8	34.1	35.2#			
Treatment	26.4	26.0	26.9	28.6#	25.6	25.7	26.1	28.8#			
Law enforcement	40.2	40.0	37.5	35.4#	` 40.3	40.5	39.7	. 36.0#			

[#] Statistically significant change between 2013 and 2016.

Note: Numbers have been rounded to the closest 5 cents and may not add up to \$100.

Source: NDSHS.

Table 3: Support^(a) for measures relating to cannabis use in medical settings, people aged 14 or older, Western Australia and Australia, 2007 to 2016 (per cent)

	Wes	stern Au	Australia						
Measure	2007	2010	2013	2016	2007	2010	2013	2016	
A clinical trial for people to use marijuana to treat medical conditions	73.1	75.5	74.8	82.9#	73.5	74.0	74.7	87.1#	
A change in legislation permitting the use of marijuana for medical purposes	69.3	71.2	69.5	80.2#	68.9	68.8	69.1	84.5#	

Statistically significant change between 2013 and 2016.

Source: NDSHS.

Table 4: Support^(a) for the possession of cannabis being a criminal offence, people aged 14 years or older, Western Australia and Australia, 2007 to 2016 (per cent)

	Wes	Australia						
Support	2007	2010	2013	2016	2007	2010	2013	2016
Support	n.a.	31.1	30.3	26,4#	n.a.	34.0	33.0	26.1#
Do not support	n.a	68.9	69.7	73.6#	n.a.	66.0	67.0	73.9#

^{*} Estimate has a relative standard error of 25% to 50% and should be used with caution.

n.a. = not available.

(a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

Source: NDSHS.

Table 5: Likely usage of cannabis if it was legalised, people aged 14 years or older, Western Australia and Australia, 2007 to 2016 (per cent)

	V	Vestern	Australi	Australia					
Action	2007	2010	2013	2016	2007	2010	2013	2016	
Not use it, even if it were legal and available	n.a.	82.8	82.2	79.6	n.a.	85.5	84.8	82.1#	
Try it	n.a.	5.1	5.9	8.8#	n.a.	5.3	5.4	7.4#	
Use it about as often as you do now	n.a.	9.5	9.2	8.8	n.a.	7.6	8.0	8.3	
Use it more often than you do now	n.a.	2.0	*2.3	2.4	n.a.	1.2	1.3	1.8#	
Use it less often than you do now	n.a.	*0.6	*0.4	*0.3	n.a.	0.4	0.4	0.4	

^{*} Estimate has a relative standard error of 25% to 50% and should be used with caution.

n.a. = not available.

(a) Support or strongly support (calculations based on those respondents who were informed enough to

indicate their level of support).

Source: NDSHS.

[#] Statistically significant change between 2013 and 2016.

[#] Statistically significant change between 2013 and 2016.

Table 6: Support^(a) for measures relating to injecting drug use, people aged 14 or older, Western Australia and Australia, 2007 to 2016 (per cent)

	West	ern Aus	tralia-Su	ıpport	Western Australia-Oppose					rt_	Australia-Oppose					
Measure	2007	2010	2013	2016	2007	2010	2013	2016	2007	2010	2013	2016	2007	2010	2013	2016
Needle and syringe programs	61.3	62.9	68.1	64.7	23.1	20.6	14.0	17.8#	56.8	59.2	67.1	66.9	26.7	24.3	16.5	16.6
Regulated injecting rooms	46.8	47.0	52.6	50.4	33.5	34.2	27.3	27,3	44.3	45.8	54.3	55.0	37.6	36.2	27.0	26.3
Methadone/Buprenorphine maintenance programs ^(b)	73.2	72.6	66.2	64.9	12.6	9.2	13.1	14.4	67.7	69.3	67.0	67.9	15.1	12.8	13.9	13.3
Treatment with drugs other than methadone ^(b)	72.7	71.3	66.6	64.0	8.9	7.0	9.7	13.1#	68.5	69.4	66.0	67.0	11.1	10.2	11.2	11.5
Trial of prescribed heroin ^(b)	36.9	35.5	33.7.	36.4	44.0	43.8	42.1	39.3	32.9	34.8	34.1	35.1	47.3	46.3	44.3	41.9#
Rapid detoxification therapy ^(b)	83.3	77.1	70.2	65.2#	4.2	4.7	8.3	11.0	78,8	77.9	69.4	69.4	5.9	5.9	8.8	9.2
Use of Naltrexone, a drug that blocks the effects of heroin and other opiates/opioids ^(b)	81.8	79.2	70.8	64.4#	5.7	5.3	8.1	13.8#	74.7	75.5	67.9	66.3#	7.8	7.5	10.1	11.6#
The availability of take-home Naloxone, a drug that reverses the effects of a Heroin/Methadone/Morphine overdose ^(b)				F4 F						. 3.0	00	oo.or	7.0	1.5	10.1	11.0#
# Statistically significant change between 2013 and 2016	n.a.	n.a.	n.a.	51.5	<u>n.a.</u>	n.a.	n.a.	21.4	n.a.	n.a.	n.a.	54.7	n.a.	n.a.	n.a.	20.2

Source: NDSHS.

Table 7: Support(a) for the legalisation of selected illicit drugs, people aged 14 or older, 2007 to 2016 (per cent)

		West	tern Aust support			Wes	tern Aust oppose			ralia-su	Australia-oppose					
Drug	2007	2010	2013	2016	2007	2010	2013	2016	2007	2010	2013	2016	2007	2010	2013	2016
Cannabis	22.3	27.3	27	34.2#	57.0	51.1	51.8	46.5#	21.2	24.8	26.0	35.4#	59.3	55.0	53.3	43.2#
Heroin	5.0	6.2	4.8	5.8	90.3	88.8	90.3	89.3	5.2	6.0	5.7	5.8	89.8	89.0	89.1	88.6
Meth/amphetamine ^(b)	4.1	5.0	4.4	4.7	90.7	89	90.8	91.5	4.6	5.0	4.8	4.8	90.6	89.9	90.3	90.5
Cocaine	4.7	6.7	5.5	5.9	89.1	86.4	87.5	87.2	5.4	6.3	6.2	7.0#	88.7	87.2	86.4	85.0#
# Statistically significant shows	5.5	7.5	6.5	7.8	87.5	85	85	84.5	6.0	6.8	7.3	8.2#	87.4	86.2	85,4	83.6#

[#] Statistically significant change between 2013 and 2016.

Source: NDSHS.

n.a. = not available.

⁽a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

(b) Question was modified in 2013. Measures taken to address problems associated with heroin use, was removed and measures taken to address problems associated with injecting drug use was reworded and new responses were added. Therefore, comparisons to previous waves should not be made.

⁽a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

⁽b) For non-medical purposes.

Table 8: Support(a) for increased penalties for the sale or supply of selected illicit drugs, people aged 14 or older, by sex, 2007 to 2016 (per cent)

	Wes	Western Australia-support					tralia-opį	oose		Aust	ralia-su	pport	Australia-oppose						
Drug	2007	2010	2013	2016	2007	2010	2013	2016	2007	2010	2013	2016	2007	210	2013	2016			
Cannabis	62.2	56.2	55.3	55.5	18.3	23.2	23.6	25.2	63.0	60.5	58.0	50.0#	18.8	20.1	21.8	27.5#			
Heroin	86.7	84.8	84.7	86.6	7.7	9.2	8.3	7.9	84.7	85.2	84.4	83.4#	9.7	8.7	8.9	9.7#			
Meth/amphetamine(b)	87.2	84.1	83.7	87.7#	7.5	9.0	8.6	7.4	84.7	84.9	84.4	84.6	9.6	8.7	8.8	9.5			
Cocaine	85.2	82.3	81.2	84.0	8.3	10.4	9.1	8.4	83.3	83.0	81.4	79.7#	10.0	9.4	9.6	10.9#			
Ecstasy	84.6	80.2	79.2	82.5#	8.7	11.3	10	9.1	~82.1	81.9	80.5	78. 7 #	10.6	10.0	10.3	11.8#			

[#] Statistically significant change between 2013 and 2016.

Source: NDSHS.

Table 9: Personal approval of the regular use by an adult of selected drugs, people aged 14 years or older, 2007 to 2016 (per cent)

	West	rove	Weste	m Austra	lia-disap		ustralia	-арргоу	e	Australia-disapprove						
Drug	2007	2010	2013	2016	2007	2010	2013	2016	2007	2010	2013	2016	2007	2010	2013	2016
Cannabis	8.4	9.0	10.5	14.3#	74.4	70.2	68.2	63.8#	6.7	8.1	9.8	14.5#	76.4	74.0	70.5	62,2#
Ecstasy	2.6	2.7	2.4	3.0	92.5	91.3	90.2	90.0	2.0	2.3	2.4	2.9#	93.4	92.2	91.1	90.4
Meth/amphetamine ^(a)	1.0	1.3	1.6	1.3	96.1	94.4	94.5	95.1	1.2	1.2	1.4	1.2	96.2	94.7	94.6	94.9
Cocaine/crack	1.5	1.6	1.5	1.9	95.9	94.3	94.1	93.8	1.4	1.7	1.6	1.7	95.6	94,1	93.7	93.6
Hallucinogens	2.1	2.6	3.7	3.6	93.0	88.5	87.9	86.0	1.7	2.4	3.1	3.7#	93.4	90.1	88.3	86.7#
Inhalants	*0.6	1.1	*0.8	8.0	97.9	96.0	96,9	96.3	0.8	1.0	0.9	1.0	97.2	96.2	95.9	95.5
Heroin	*0.9	1.3	1.4	1.3	96.4	96.0	96.2	96.2	1.0	1.2	1.2	1.1	96.8	96.3	95.8	96.1
Prescription pain-killers/analgesics(a)	n.a.	12.5	12.1	10.9	n.a.	68.4	67.2	68.0	n.a.	13.0	12.6	12.7	n.a.	68.1	67.7	68.3
Over-the-counter pain-killers/analgesics ^(a)	n.a.	14.4	13.8	18.6#	n.a.	63.2	63.3	59.1#	n.a.	14.3	14.5	19.1#	n.a.	64.5	64.1	58.9#
Tranquilisers, sleeping pills ^(a)	4.4	6.6	8.0	8.2	81.7	73.5	69.4	68.8	4.1	6.4	8.2	9.3#	83.0	74.0	69.0	67.6#
Steroids ^(a)	1.6	2.2	2.1	2.5	91.0	87.2	85.5	84.5	1.7	2.2	2.2	2.4	90.8	88.5	86.6	86.2
Methadone or buprenorphine(a)	0.9	1.1	1.3	1.1	95.5	93.8	93.5	90.8#	1.0	1.2	1.3	1.3	95.4	93.7	93.1	92.0#

^{*} Estimate has a relative standard error of 25% to 50% and should be used with caution.

⁽a) Support or strongly support (calculations based on those respondents who were informed enough to indicate their level of support).

⁽b) For non-medical purposes.

[#] Statistically significant change between 2013 and 2016.

n.a. = not available.

⁽a) For non-medical purposes.

Note: The list of response options changed across survey waves. Comparisons should be interpreted with caution.