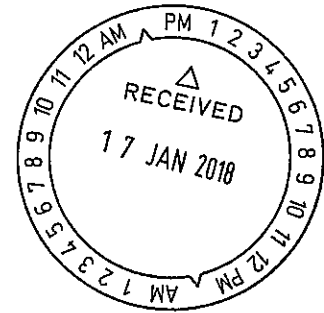




COMMUNITY SERVICES  
*Open Hearts. Bold Strides.*



Hon Alison Marie Xamon MLC  
Chair

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

Via Email: [ridu@parliament.wa.gov.au](mailto:ridu@parliament.wa.gov.au)

Dear Minister Xamon,

### **Inquiry into Alternative Approaches to Reducing Illicit Drug Use and its Effects on the Community**

Thank you for your invitation to make a submission to the Select Committee, dated 12 December 2018. As a key non-government agency supporting Western Australia's most vulnerable populations, Ruah sees evidence everyday of how our community's response to illicit drug use shapes client outcomes. We operate in an environment formed by the legal and funding parameters that reflect accepted social norms with regards alcohol and other drugs, trying within these constraints to provide support, dignity and hope to clients dealing with drug related problems. In each of the mental health, homelessness and family services areas we operate in, we see first-hand the impacts of illicit drug use on people's lives. We see too the impacts of a systems-based response that criminalises and de-humanises drug use and addictive behaviours, creating further barriers to recovery for those seeking help.

***We call for a community based and balanced approach to drug policy and resourcing, wherein investments in treatment and prevention are prioritised and delivered alongside legal and supply reduction measures.***

We call on decision makers at all levels, and on the community as a whole, to recognise problematic drug use as a predominantly health issue.

The strategies, policies, services etc that decision makers at all levels manage in their efforts to address illicit drug use and its effects on the community are a reflection of the tensions between legal frameworks and culture.

The very different approaches and outcomes of Portugal and US drug policy over the last 15 years demonstrate how the outcomes for individuals are shaped by the prevailing attitudes of both its citizens and decision makers.

Drug law reform in Portugal paralleled a unique cultural shift in the Portuguese community – an acceptance of drug users as fellow citizens in need of support. Law reforms of 2001 'formalised' community norms that had shifted from identifying drug users as "junkies/ druggies/ low life's" etc to "victims of drug use". Drug users ceased to be a group of people to be punished and coerced into treatment, to instead be survivors of abuse and trauma, with addictive drug use being the red flag to identify them as such. As a community

Portugal took the approach of sustaining their lives via robust and proactive harm reduction initiatives delivered in-community as part of a process in supporting alternative decisions. That is, Portugal's law reforms enabled problematic drug use to be treated not as a legal problem, but rather as a health problem.

Yet in the 25 years post Portugal's Carnation Revolution, the United States and Portugal were battling very similar epidemics.

## 1. Portugal

Prior to the infamous Carnation Revolution of 1974, Portugal through the ruling dictatorship had been largely insulated against the levels of increasing illicit drug use affecting most of the western world. Four decades of authoritarian rule had not positioned Portugal to prepare for the changing patterns of drug use that had been occurring elsewhere. Pre-1974 Coca-Cola was banned and owning a cigarette lighter required a licence. Portugal's drug use rates changed rapidly post Revolution, and by 1999 the proportion of the population addicted to heroin and drug related deaths were the highest rates in the European Union.

It is important to note that Portugal did not legally distinguish between drugs. Whether cannabis or heroin the penalties were the same. Much of this was due to the rapid availability of all types of substances post 1974, with returning soldiers and borders being relaxed through the EU. All people and all classes were impacted by drug use. HIV, hepatitis, overdose deaths, drug-related crime and incarceration rates exploded and continued to increase exponentially over the next 25 years.

The rapidity and scope of change paralleled cultural shifts that were occurring at all levels of Portuguese society had set the scene for the drug law reforms set to occur in 2001. The community had already shifted its understanding and response to drug use from a legal/punitive stance pre-1974, to one of health, support and keeping people's loved ones. Simply, drug use was rampant and a whole population were fearful of losing loved ones.

What Portugal did:

- In 2001 decriminalised the use of all drugs from cannabis to cocaine and heroin.
- Launched a major public health campaign to "fight" addiction.
- Viewed the "fight" as a medical challenge rather than a criminal justice issue.
- Introduced mobile methadone dispensing vans, described as a crucial link in the county's health reform. These vans are in service every day of the year, are free and anonymous.
- Made treatment standard, with cost non-prohibitive and access issues addressed.
- Trafficking laws did not change, however the possession or purchase of small quantities (up to a 10-day supply) of drugs was viewed as an administrative offense, like that of a speeding ticket.
- The Dissuasion Commission that offenders subsequently present to are tasked with intervening with the process of addiction. They are described as having an approach closer to that of a medical doctor than to a court of law.
- Health campaigns were developed consistent with contemporary public health promotion approaches.
- Health workers actively engage in the most drug affected areas providing needle exchanges, the promotion of methadone, drug-testing stations and other active forms of harm minimisation.

- Worked with doctors to prevent overprescribing opioid painkillers for routine use, including the use of regulators to monitor.

#### Impact of these reforms:

- Portugal experienced an increase in drug use in the first year and then a significant decline.
- Drug use has since stabilized or declined. In 2017, the amount of 15-24-year old's surveyed, stating they have used illicit drugs in the last month has dropped by almost half.
- Health Ministry estimates that heroin use decreased from 100,000 to 25,000 regular users.
- Overdose fatalities dropped by 85%.
- The mortality rate in Portugal is broadly recognised as the lowest in Western Europe. It is one-tenth that of Britain or Denmark and one-fiftieth that of the U.S.
- Mobile methadone dispensing vans are seen to have contributed to stabilising people, including employment.
- Addiction is viewed as a chronic disease.
- People do not fear arrest.
- Health campaigns resulted in improved and earlier access to services for infectious diseases and overdoses and were easier to treat.
- Portugal had the highest rate of drug related AIDS in the European Union; in 2017 HIV diagnoses as a result of injection have declined by more than 90%.

#### Other factors:

- Portuguese economy grew. Link to employment and healthy relationships has been established many times over in sustaining long term change for this population. Anne Case and Angus Deaton (Princeton University) in *Deaths of Despair*, state that '*opioid use in America in part reflects a long-term decline in well-paying jobs for those with a high school education or less.*'
- Cheaper to treat people than to gaol them. The Health Ministry spends less than \$10 per citizen per year on its drug policy.
- Not all of the initiatives for treatment have been operationalised.
- Burden was decreased on criminal justice systems but not on the police [i.e. resourcing for police has not altered].

## 2. United States

For a number of decades, the US has been spending increasing amounts of resources on the 'war on drugs', characterised by legal policy approaches to illicit substances, the majority of which have focused on supply reduction and strict punitive elements.

Simultaneously, across all age groups, genders and demographics drug use is known to have increased despite under-reporting created by the illegal nature of drug use wherein many are not likely to speak about their drug using habits.

- According to a leading diagnostic drug laboratory in the US in September 2015 the percentage of employees testing positive for drugs had reached a 10-year high, based on an analysis of 11 million drug test results.
- The laboratory also reported positive oral drug test results have increased 47% from 2011-2014.
- US heroin users have tripled from 2003-2014.
- US teens are twice as likely as their European counterparts to use illicit drugs (35% vs 18%).
- The UN's World Drug Report 2016 reported that heroin use in the US hit a 20-year high.
- The UN's World Drug Report 2016 also states that heroin related deaths have increased five-fold since 2000.
- Since 1999, the number of drug overdose deaths involving opioids in the US has quadrupled, totalling over a half a million fatalities during that period.

Other factors:

- Women are the fastest growing group of alcohol and drug users in the US, (NCAAD).
- Among girls ages 12-17, nonmedical use of prescription painkillers, alcohol, methamphetamine and other illicit drugs either match or exceed that of boys the same age.
- US has a liberal attitude to prescribing opioid painkillers for routine use.
- Only 10% of Americans struggling with addiction get treatment - cost and access are key barriers.
- US has spent approx. \$10,000 per household (more than \$1trillion) over the decades on what many would say a failed drug policy that results in more than 1,000 deaths each week.
- In the 15 years since 2001, the US reported as many Americans dying of overdoses – 64,000 – as were killed in Vietnam, Afghanistan and Iraq Wars combined the year 2016 only.

### 3. Discussion

In contrast to the experiences of many other western nations, the US's over-reliance on legal responses to drug use has isolated it from decreasing drug use trends experienced elsewhere since 2001.

Efforts to replicate the successful approaches of other countries and jurisdictions needs to bear in mind that there are significant differences and potential limitations in the WA context. We note the Portuguese social environment that lead to decriminalisation was unique, and in particular the attitude of the general public to drug users was and continues to be very different to that of Australia.

The Portugal experience has shown that the social context was integral to the impacts of the 2001 policy reforms. The key lesson that Portugal offers is that "while we can't eradicate heroin, it's possible to save the lives of drug users - if we're willing to treat them not as criminals but as sick suffering human beings who need helping hands, not handcuffs."

Ruah submits both the US and the Portuguese experiences reinforce the need for a balanced approach, with increased resourcing to treatment options and very robust harm minimisation initiatives being delivered in parallel with supply reduction and legal responses.

**Ruah submits the balance of resourcing in Australia is out of kilter, with far less investment in treatment and prevention than would be optimal relative to the massive investments in supply reduction and legislative response.**

It would appear from all the evidence that the resourcing of treatment options that are accessible and affordable are key determinants of better outcomes. Further implied from this is that shifting community understanding towards management of problematic drug use as a health issue, not a legal one; however, this does not necessarily imply that legal sanctions are not part of the management of the problem.

Ruah plays an important role in supporting drug users through community-based support and access to treatment. Our clients in each of our program streams typically have experienced long term, chronic and persistent trauma and disadvantage.

For several years, the conversation around treatment time has been in question. The available evidence appears to support longer term engagements for people with high levels of dependency and chronic harm, with significant deteriorations in outcomes being experienced across most treatment populations post-exit. For example, the San Patrignano model in Rimini, Italy has shown that residential treatment programs delivered for greater than two years have significantly better outcomes than those offered for shorter periods of time. This program reports 70% better treatment outcomes four years post exit, including maintaining employment and healthy relationships. In Australia there is a push to offer at least 12 months of residential support.

Both Portugal and Italy do not charge for services, and most treatment services are conducted in the community or modelled on a community setting. The focus of treatment in these settings is on healthy relationships and contributing to community in some sort of capacity.

Finally, Ruah welcomes the shift in resources foreshadowed by the WA Mental Health and AOD Services Plan 2015-2025 for a greater investment in prevention and early intervention and looks forward to supporting evidence-based prevention. Ruah also has a unique position in providing services to clients accessing services for the first time in times of stress and need. In this regard, we have a unique opportunity to provide early intervention and prevention-oriented responses; yet we are not funded to realise these opportunities. For example, we know that while a high proportion of our Mental Health and Wellness clients are dependent drug users, an even larger number are likely to be experiencing problems related to intoxication and/or long term regular use (but not dependent). The literature is very clear that brief interventions targeted to these groups are associated with much better outcomes than the alternative 'no treatment'.

Yours faithfully



Graham Donnelly  
A/Chief Executive Officer

17 January 2019

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