



9 January 2019

Hon Alison Xamon
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 Z11
PERTH WA 6837

Dear Madam Chair

Select Committee into alternate approaches to reducing illicit drug use and its effects on the community

Thank you for the invitation dated 12 December 2018 to make a submission to the Select Committee into alternate approaches to reducing illicit drug use and its effects on the community. I commend your Committee for embarking on this inquiry and note that the terms of reference are broad and complex.

As a leading and trusted service working with people, families and communities affected by alcohol and other drugs, Palmerston Association appreciates the opportunity to make a submission to the Select Committee.

The attached submission briefly informs the Committee of the work of Palmerston and the services it offers. We make the observation that the case for change to drug policy has been well made over recent years and that what we need is the political will to have a meaningful community dialogue. We also canvass pill testing given the recent tragic deaths and the current public discourse. The submission also provides data from our annual report on the current trend in methamphetamine use.

I trust that this brief submission usefully informs the deliberation of your Committee.

Yours sincerely

Sheila McHale
Chief Executive Officer
Palmerston Association Inc

Submission to the Select Committee into alternate approaches to reducing illicit drug use and its effects on the community

Palmerston Association

Palmerston Association is a leading and respected specialist not for profit provider of alcohol and other drug services in Western Australia. Operating for almost 40 years, Palmerston strives for excellence in service and support to individuals, families and communities affected by alcohol and other drug issues through a range of services including counselling, family support, residential rehabilitation and educational initiatives in the community. We operate from 11 locations throughout the metropolitan and Great Southern regions including the South Metro Community Alcohol and Drug Service (Fremantle, Rockingham and Mandurah), South East Metro Community Alcohol and Drug Service (Thornlie and Armadale), the Great Southern Community Alcohol and Drug Service (Albany, Katanning and Denmark), Palmerston Perth (Northbridge), Palmerston Farm Therapeutic Community (Wellard) and our new residential service in the South West.

Palmerston's core services include:

- early intervention supporting individuals, families and the community
- counselling and group work for people experiencing alcohol or other drug problems
- family support for those experiencing difficulties with a family member's drug use
- reintegration program in Albany Prison
- groups specifically designed for women, men, young people, parents or families
- education and training for other service providers, client groups, and the general community
- support and consultation to the local community and organisations such as schools, community groups, other service providers and private enterprise
- outreach counselling for youth
- culturally secure programs for Aboriginal young people, families and adult members
- an integrated service with the WA Health Department 'Next Step' program offering pharmacotherapy services
- needle and syringe exchange program
- residential rehabilitation services in Perth South metropolitan and the South West.

The case for change

The case for a change to Australia's drug policy has been promulgated over many years and from different authorities. There are numerous research papers demonstrating that the policy approach commonly known as the "war on drugs" has failed to reduce the harms associated with drug use and that a different approach is required.

The recently released State Government Methamphetamine Action Plan Taskforce final report recommended that a Parliamentary Inquiry be established to inquire into and report on alternative models for drug regulation (recommendation 48, p260).

The Taskforce expressed its view in the following way: *“there needs to be a comprehensive public consideration of the ways we treat currently illegal drugs in our community which recognises the limitations of criminalisation and imprisonment of drug users and considers alternative non-prohibition models for drugs including those which are being trialled and implemented in other countries”*.

The Federal Parliamentary Joint Committee on Law Enforcement Inquiry into crystal methamphetamine (ice) Final Report (March 2018) canvassed decriminalisation and the Portuguese approach. Whilst the Committee did not reach a conclusive view about decriminalisation, it did state the following: *“What is clear to the committee is that the current approach in Australia is not working. Methamphetamine abuse can have devastating effects on individuals, their families and communities and has broader social and economic impacts. When former law enforcement officers and law enforcement agencies themselves are saying that Australia cannot arrest its way out of the methamphetamine problem, that view must be taken seriously”*.

In addition to these reports, the recently released report of the International Drug Policy Consortium (October 2018): Taking Stock: A Decade of Drug Policy (a Civil Society Shadow Report) is a very useful report for the Select Committee. It is a barometer of global thinking.

Data from the Shadow Report show that the targets and commitments made in the 2009 Political Declaration and Plan of Action have not been achieved, and in many cases have resulted in counterproductive policies.

The Shadow Report highlights the urgent need to conduct more comprehensive and balanced research and evaluations on the impacts of drug policies worldwide, taking into account government data, but also academic research and civil society findings.

The Shadow Report concludes that member states should identify more meaningful drug policy goals and targets in line with the 2030 Agenda for Sustainable Development, the UNGASS Outcome Document and international human rights commitments. Palmerston Association supports the general intent of this report and believes that there are useful lessons from the international position that could influence positive policy development here in Western Australia.

The 2011 report of the Global Commission on Drug Policy asserted that the global war on drugs has failed, with devastating consequences for individuals and societies around the world. It avers that 50 years after the first UN Single Convention on Narcotic Drugs, and 40 years after President Nixon launched the US government’s war on drugs, fundamental reforms in national and global drug control policies are urgently needed.

The Commission argued for ending the criminalisation, marginalisation and stigmatisation of people who use drugs but who do no harm to others, offering health and treatment services to those in need, ensuring that a variety of treatment modalities are available, including not just methadone and buprenorphine treatment but also the heroin-assisted treatment programs that have proven successful in many European countries and Canada. It also recommended implementing harm reduction measures that have proven effective in reducing transmission of HIV and other blood-borne infections as well as fatal overdoses, respecting the human rights of people who use drugs.

The Commission called for greater investment in activities that can both prevent young people from taking drugs in the first place and also prevent those who do use drugs from developing more serious problems. It highlighted the dangers of simplistic 'just say no' messages and 'zero tolerance' policies in favour of educational efforts grounded in credible information and prevention programs that focus on social skills and peer influences. The most successful prevention efforts may be those targeted at specific at-risk groups.

The Commission recommended replacing drug policies and strategies driven by ideology and political convenience with fiscally responsible policies and strategies grounded in science, health, security and human rights – and adopting appropriate criteria for their evaluation.

Whilst this work is now seven years old, the principles are still highly relevant and valid and shared by others advocating for different policy approaches based on effective, proven policy which places the problem of drug use in the health sphere.

With such a common message expounded by organisations from across the political sphere, it is hard to deny the need for change. However, it is clear that these principles are not politically palatable if a "tough on drugs" approach is the only driver of public policy. There has not been a review of public policy on drug use for nearly 20 years, so it is timely to explore the level of policy shift that the community could tolerate.

Pill testing

With the recent spate of tragic deaths of several young people at music festivals over the last few months, the public debate on pill testing has re-ignited. This is by no means a new debate. It is a debate however that sits firmly within a harm minimisation policy framework for which Palmerston advocates.

In 2009, Palmerston Association advocated for consideration at a national level of pill testing as part of a harm minimisation approach. At the time, the CEO wrote to the then Australian National Council on Drugs (ANCD), now the Australian National Advisory Council on Drugs (ANACAD) on behalf of the Board of Palmerston seeking consideration of this proposal. At the time, the Council rejected the concept.

While producers of regulated pharmaceutical drugs must adhere to strict production standards, illegal drugs are not subject to such requirements. As a result, illicit drug markets have long been associated with harms arising from poor product safety. These harms typically arise due to contamination and adulteration, which can cause poisoning, or unintentional overdose by users due to uncertainty about the strength and purity of the drugs.

Professor Alison Ritter, Director of the Drug Policy Modelling Program at the National Drug and Alcohol Research Centre, UNSW, has very recently argued that pill testing provides feedback to users on the content of illegal drugs, allowing them to make informed choices.

Properly monitored and professional pill-testing kits or booths at venues where pills are known to be consumed could inform users about the content of illicit drugs. International research from Austria in particular demonstrates its usefulness.

According to Professor Ritter, young people are highly supportive of pill testing; more than 82% of the 2,300 young Australians aged between 16 and 25 years surveyed for the Australian National Council on Drugs in 2013 supported its introduction.

Professor Ritter asserts that there are five reasons to support pill testing:

- changes to the black market. Products identified as particularly dangerous that subsequently became the subject of warning campaigns were found to leave the market
- the ingredients of tested pills started to correspond to the expected components over time. This suggests pill testing might be able to change the black market in positive ways
- pill testing changes behaviour: research from Austria shows 50% of those who had their drugs tested said the results affected their consumption choices. Two-thirds said they would not consume the drug and would warn friends in cases of negative results
- visits to pill-testing booths create an important opportunity for providing support and information over and above the testing itself. They enable drug services to contact a population that is otherwise difficult to reach because these people are not experiencing acute drug problems. The intervention has been used to establish contact and as the basis for follow-up work with members of not-yet-problematic, but nevertheless high-risk, groups of recreational drug users
- long-term data can be collected about the actual substances present in the drug scene. It creates the potential for an early warning system beyond immediate users. This is becoming all the more important as new psychoactive substances that may be used as adulterants are appearing more frequently.

Palmerston acknowledges that from a political perspective, there is significant risk aversion to the concept of pill testing as it may appear to show a “soft on drugs” approach. However, there is nothing soft about trying to save the lives of those whose behaviour puts them at risk of significant harm.

The Select Committee is in a position to explore this proposal further and to recommend a sensible policy position as part of a suite of responses to protect young people and the community more broadly.

Methamphetamine

The latest data from Palmerston’s 2018/19 annual report shows that methamphetamine is still the major drug of concern. A copy of the full report is attached (attachment one). Out of 5662 clients who sought help during the year, 30% stated that meth was their problem drug. Whilst we have not experienced the large increase in meth use on the scale that we saw in 2015-16, meth use may be plateauing, but it is too early to say whether or not meth use is plateauing.

The following table shows the trend in major drugs from 2013 to 2018.

TRENDING MAJOR DRUGS OF CONCERN 2013 – 2018



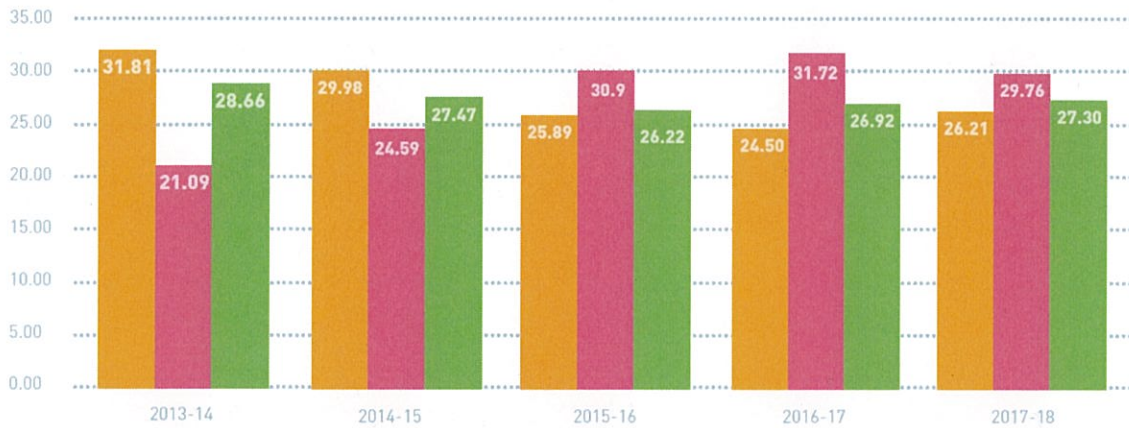
ALCOHOL



METH



CANNABIS



Data drawn from our clients in residential rehabilitation demonstrate that meth is without doubt the overwhelming problem drug. During the financial year 2017-18, Palmerston Therapeutic Community in Perth supported 209 residents. Sixty-five per cent of residents claimed meth was their primary drug of concern, compared to 25% of residents reporting alcohol. However, when we look at the younger population, (under 25 years of age), we see a much larger take up of meth. In this cohort, 77% under the age of 25 identified meth as their primary drug of concern.

Summary

The continual growth in new psychoactive substances and the ever-evolving chemical composition of drugs means that the community will always be facing new and unknown, potentially dangerous even lethal illicit drugs. Drug type can be cyclical as evidenced by the waxing and waning of amphetamine type substances, but drug use itself is ever constant within our families and communities.

Policy makers must always ask the question: what works? Then it is incumbent upon them to ask the important question: what evidence exists to demonstrate that something works?

The Committee has an excellent opportunity to ask those questions and to assess the evidence from around the world about what does and does not work and to encourage a dispassionate and public debate on the development of an effective drug policy.