



Hope
Community
Services

26 November 2018

The 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 A11
PERTH WA 6837

Dear Ms Xamon

Chief Executive Officer

Thank you for the opportunity to put forward this submission regarding alternative
approaches to reducing illicit drug use and its effects on the community.

HOPE has been a community service provider in Western Australia for over a century,
providing much needed support to people affected by alcohol and other drugs, mental ill-
health, youth justice issues and socioeconomic disadvantage. In our role, we have first-
hand experience of the harmful impact of drug use on individuals, their families and the
broader community.

As a service provider, HOPE takes the view that the use of drugs is not a disease but rather
a symptom of difficulty in resolving life challenges, including coping with the aftereffects of
severe trauma. In our experience focusing on drug use in isolation has a limited impact; if
people can be supported to resolve the issues/vulnerabilities leading to drug use, then we
can more effectively address drug use itself. Given this, we believe the matter needs be
treated as a holistic wellness issue at both the individual and community levels, rather than
as a criminal issue.

Underpinning Principles

To be genuinely effective, we believe any new drug policy needs to address the following
principles:

1. **Distinguish between drug use and harmful drug use.** Using drugs does not
necessarily result in high levels of harm or problematic behaviour. Given this, there
needs to be a clear understanding of the risk factors associated with drug use, which are
different to the risk factors associated with harmful or problematic drug use: In



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particular polydrug use and/or regularly using of high amounts of drugs can become problematic. Drug strategies are more likely to be effective if they focus on the risk factors for continued and potential problematic use rather than seeking to reduce drug use across the board.¹

2. **Drug use needs to be approached as a health and wellness issue rather than a criminal matter.** Evidence suggests that using a criminal/prohibition approach to addressing drug issues is at best ineffective and in many cases is actually making the problem worse.² Historically prohibition policies have not been effective; they've created thriving black markets, increased product's value and created a social stigma making it harder for people to access support for fear of criminal action. This environment actively supports the current drug supply business model. Prohibition does not eradicate the problem. People still make choices and access what they need regardless of legislation; however, with a criminal focus they are forced to hide their activity making the issue harder to effectively manage.
3. **Remove the distinction between illicit and licit drugs.** Putting drugs into the category of illicit and licit does not prevent harmful use. The reality is that problematic use of any drug, whether licit or illicit creates harm to individuals and communities. Creating a category of illicit drugs does not remove drug use, it simply entrenches all the disadvantages that prohibition style management brings to drug policies.
4. **Accept that a 'drug free world' is unrealistic and unachievable.** Research shows that that in many cases moving towards a 'drug free' model has resulted in counterproductive policies.³ Addressing the issue of drugs in the WA community needs to use a realistic and balanced approach, which accepts that drug use will be present in society but finds a way to minimise its use and reduce harm. Rather than place a disproportionate focus on controlling and banning illicit substances, we argue there needs to be an increased focus on the well-being of individuals and the community. People, and their need for holistic wellness, need to be put at the centre of the policy. If their vulnerabilities can be addressed then we have a better chance of reducing harmful drug use.
5. **Obtain a clear understanding of all the factors contributing to problem drug use.** Addressing drug use is not clear cut. It is a highly complex issue, driven by a complicated web of factors of which supply and demand are only a part. Treatment alone is rarely enough to address the complex needs of drug users⁴. Other factors include Australia's 'binge' and 'tanking' culture, socioeconomic status, education, employment, marginalisation, housing, individual personal characteristics, exposure to drug use, lack of useful and relevant information on health risks, mental and physical health, upbringing, family and social connections. Dealing with single aspects in isolation is unlikely to have a significant impact and may in fact create a flow-on effect whereby success in one area creates problems in another area. The complex nature of

¹ European Monitoring Centre for Drugs and Drug Addiction, Briefing 3

² Taking Stock: A Decade of Drug Policy, International Drug Policy Consortium

³ Taking Stock: A Decade of Drug Policy, International Drug Policy Consortium

⁴ A Guide to Social Return on Investment for Alcohol and Drug Treatment Commissioners



drug use and the interaction between the various drivers needs to be fully understood to determine where effort should be directed to obtain the best outcome.

6. **Use a holistic approach to support.** Problematic use of drugs, including methamphetamines, is often associated with other complex problems.⁵ For success to be achieved, users need to be provided with access to supports across the areas where they are most vulnerable. Research suggests that when people receive treatment and opportunities to improve their social capital, they have an increased chance of recovery.⁶
7. **Intervention needs to be as broad as possible.** As mentioned earlier, problematic use of any drug, including legal drugs such as alcohol and cigarettes, is harmful. We would argue that any new policy needs to be broad enough to take into account and work to reduce the use of all harmful drugs.
8. **Address community perception and stigmas.** Many activities are harmful to humans yet we do not ban them. There is a 'moral panic' associated with drug use, which drives community perception and judgement, and this needs to be effectively managed. For people to be empowered and supported into the programs they need, requires a shift in community perception and addressing stigma and discrimination. Services need to be user-friendly, safe, culturally appropriate and delivered by empathetic health workers.
9. **Ensure approaches and services are timely.** Determining how to 'catch people in time'⁷ must be a key consideration for future planning. Once someone has taken the step towards accessing services they need to be assisted quickly. The longer people have to wait to access services, the more likely it is that they won't proceed. Once lost, services have a lower chance of getting them back into the system.
10. **Take a long-term view.** Given its complexities, it is unlikely that major inroads to harmful drug use will be achieved in the short-term or in any one government's term of office. Any new policy needs to be looked at as a long-term project including a realistic assessment of the short, medium- and long-term goals to be achieved.
11. **Strong leadership is essential.** Addressing harmful drug use will require significant changes within our community and culture. Strong leadership will be required to lead the necessary changes and shifts in community perceptions rather than follow current public sentiment. This is an approach that needs to be embraced by all political parties and seen through to completion regardless of which party is in office.
12. **Clear measures of success will be required.** There are multiple outcomes from any drug strategy and the alternative forms of treatment. These will be valued differently depending on perspective; therefore, clear and agreed measures will need to be defined up front.

⁵ A Community Controlled Approach to Problematic Ice Use (Penington Institute)

⁶ Estimating the Social Return on Investment of Treating Substance Abuse - Misusing Parents

⁷ Matters of Substance: New Zealand Drug Foundation



The Case for Decriminalisation

Worldwide, twenty six countries including Portugal, Germany, Canada, The Netherlands and Switzerland have adopted a decriminalised model to facilitate access to health services and reduce stigma and prison overcrowding.⁸ It is our view that this model would be an effective starting point for addressing harmful drug use in Australia.

HOPE does not seek to downplay the dangers and impact of drugs on our community. We do not seek to 'normalise' or in any way condone the use of drugs; however, we acknowledge the reality that:

1. the factors that drive drug use are complex;
2. drugs are readily available in our community;
3. it is difficult to address problematic drug use by trying to stop supply chains; and
4. regardless of education and information available, people will still make the choice to try drugs and potentially become an ongoing user.

As a community we are able to:

1. provide information with which to make decisions and discourage drug use;
2. encourage early intervention;
3. enable users to obtain drugs in the safest possible way; and
4. empower users to access the supports they need to minimise and ideally stop their drug use.

Decriminalisation would take away criminal penalties for personal use and possession of drugs (up to specified quantities). Under this model, there would be a strong regulatory controls in place around selling, purchasing and consuming drugs. As part of the regulatory process, there would be heavy penalties for illegal supply-related activities including importation, producing and selling drugs. This model would not aim to normalise, turn a blind eye or encourage drug use. It would accept that we cannot eradicate drug use; however, we can work towards minimising harmful use.

⁸ Taking Stock: A Decade of Drug Policy, International Drug Policy Consortium



Implementing this new approach opens up a number of options that are currently not available in a criminalised/prohibition style system:

- Education can be used effectively. Research shows that education programs are often ineffective and work least for those with the highest risk.⁹ With decriminalisation, we can begin talking more openly about the risks, harms and benefits of drug use and provide useful, timely and relevant information that helps people make informed decisions.
- It would remove the stigma associated with drug use, empowering people to access the programs they need before coming into contact with the law enforcement and justice systems.
- Families would be more empowered to seek assistance with early intervention and support without fear of triggering police intervention.¹⁰ Families have a valuable role in identifying and helping to address drug use early and before it becomes problematic.
- Decriminalisation would break the business model used by drug sellers. The quantity of drugs purchasable would be limited to specific amounts dependent the drug. By providing access to drugs through General Practitioner (GP) prescriptions and a pharmacy-style shop front, it will be much easier to regulate who is doing the selling and buying. Heavy fines would be attached to non-compliance with sale and distribution laws. Income earned through the sale of drugs would be declarable and therefore subject to taxation laws. By regulating the supply via GPs we have a better chance of directing users into support programs and ongoing case management.
- Production would be more regulated and subject to the quality, consumer protection and labelling laws that are designed to keep consumers safe. It is not safe to take a highly concentrated form of any type of drug, whether they are methamphetamines sold at 80% purity or drinks with high alcohol content. Currently drug purchasers don't know what they're buying, but with controls in place that enable regulation of supply to a specific dose, they would have more information with which to make decisions. We cannot prevent people from using drugs but we can regulate to ensure that if they do make the choice to use, they access and use drugs in the least harmful way possible.
- Law enforcement can be focused on the extreme areas of problematic drug use rather than trying to address all drug use, enabling police to concentrate their efforts on those areas where they can have the greatest impact.
- Once people are found to be using, it provides an opportunity to talk to them about their vulnerabilities and redirect them into programs that would assist them to address them. This has a greater chance of success than sending them to prison which:
 - o exposes people to a further criminal element, inevitably moving them further into the justice system and potential future drug use; and
 - o gives them a criminal history that embeds people into cycles of disadvantage, impacting on their ability to gain employment and housing and increasing the likelihood of socioeconomic disadvantage. These factors are known to put people at higher risk of problematic use of drugs.

⁹ A Community Controlled Approach to Problematic Ice Use (Penington Institute) and Taking Stock: A Decade of Drug Policy, International Drug Policy Consortium

¹⁰ A Community Controlled Approach to Problematic Ice Use (Penington Institute)



It is worth noting that:

- 60% of people in WA prisons are reoffenders¹¹; and
 - the Western Australian prison population is growing faster than the general adult population¹², a situation which is not sustainable in the long-term.
- With the prison system under reduced pressure, taxpayer funds currently allocated towards prison costs can be reallocated towards improving community wellness and harm reduction initiatives. In Australia, illicit drug offences are the second most common reason for people going to prison. As at 30 June 2017 illicit drug offences accounted for 19% of the WA prison population (1271 people).¹³ This is consistent with UN Data that shows 20% of prisoners world-wide are incarcerated for drug offences, with the 83% being drug possession for personal use.¹⁴ In Australia, the median length of stay in prison for those charged with drug offences is 4.8 years.¹⁵

In WA, if we reduced our drug-related offence prison population by 83%, then based on an estimated \$108 405¹⁶ per person per year¹⁷ there is potential to save approximately \$114 million per year in prison costs alone. Further savings would be realised through reduced:

- health costs resulting from lower numbers of emergency admissions, reduced need for hospital treatment from complications from drug use, improvements in mortality risk and quality of life;
- need for child protection intervention and the associated costs; and
- justice system costs required for the current intervention and enforcement system.

Harm Reduction International has estimated that redirecting 10% of drug control funding towards harm reduction and public health would cover harm reduction needs in the community.¹⁸

- In addition to considering the funding costs and benefits, given the enormous social cost of drug use to individuals, families and communities, it is also important to review the social return on investment.

Social returns and value to the community that can be considered include:

- Improved individual and community health and wellbeing;
- Improved productivity of users who are able to continue contributing to society as much as possible rather than being in prison;
- Improved personal capacity for drug users: greater self-esteem, improved mental health, greater knowledge of impact of substance abuse, improved coping

¹¹ Australian Bureau of Statistics, 7 December 2017.

¹² ERA Fact Sheet: Inquiry into the Efficiency and Performance of Western Australia Prisons 2014/15 figures

¹³ Australian Bureau of Statistics, 7 December 2017.

¹⁴ Taking Stock: A Decade of Drug Policy, International Drug Policy Consortium

¹⁵ Australian Bureau of Statistics, 7 December 2017.

¹⁶ Department of Corrective Services 2016-2017 Annual Report

¹⁷ ERA Fact Sheet: Inquiry into the Efficiency and Performance of Western Australia Prisons 2014/15 figures

¹⁸ Harm Reduction International <https://www.hri.global/10by20>

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strategies, improved boundary setting, improved independence, improved relationships, improved financial situation.

- Improved likelihood of users' gaining future employment as a result of an increased opportunity to address their drug use and not having a criminal history that hinders employment;
- Improved educational outcomes;
- Improved safety for the community;
- Reduced criminal activity;
- Improved family outcomes: better relationships, improved financial situation improved housing/accommodation outcomes, reduced violence, reduced number of children in the child protection system;
- Breaking of cycles and improved outcomes for children (housing, school attendance, education, employment, financial situation, social networks.) and reduced risk of them becoming drug users themselves.

In the UK, it has been estimated that for every pound invested in drug treatment, the savings return is two pounds fifty.¹⁹

Recommendations

Evidence from those countries who have used a decriminalised approach shows that rather than increasing the magnitude of the drug problem, decriminalisation and high levels of regulation successfully works to reduce drug use and its associated harms. We appreciate that there is considerable fear within the community and decriminalisation would be a big step for Australia. The community needs to be ready for this approach and for this reason leadership and a long term, holistic view would be essential for success.

As a society, we cannot eradicate the use of drugs; however, we can minimise the harm created by them and improve the overall wellness of our community. Decriminalisation, supported by high levels of regulation and redirection of funding towards early intervention and holistic treatment options that address vulnerabilities, would be a major first step in achieving this aim.

Thank you again for the opportunity to put forward this submission.

Yours sincerely



Mick Geaney
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¹⁹ Tools for Assessing Value for Money for Alcohol and Drug Treatment

