



Submission: Inquiry into alternate approaches to reducing illicit drug use and its effects on the community

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Dear Hon Members of the Committee,

Please find my submission to the *Inquiry into alternate approaches to reducing illicit drug use and its effects on the community* below. This is an area that I work closely in; the PhD I am currently completing is investigating methamphetamine use and associated outcomes amongst people who have been to prison. Therefore, I would welcome the opportunity to give evidence in person should the committee hold public hearings.

The main submissions I make are supported by the background section that follows them. The main submissions are:

1. WA has seen a substantial increase in its prison population, as well as a high rate of drug-related incarceration. Policing strategies currently result in predominantly drug consumers rather than suppliers and traffickers being arrested, likely meaning that many people ending up in prison for drugs offences are actually consumers who require treatment.
2. Incarcerating people in WA is extremely costly and the evidence suggests that prison is not meeting the rehabilitation needs of people who are incarcerated, with a large proportion of them returning to the justice system within two years.
3. The cost of an episode of drug treatment in the community is substantially smaller than the cost of an average prison term. Even if multiple episodes of treatment are required to achieve abstinence for some people, the costs are still less than an average term of imprisonment. From an economic point of view, community-based treatment is more cost effective than incarceration.
4. The limited but growing evidence from Portugal suggests that addressing drug use through the health system rather than the justice system has not resulted in increases in drug use, rather a reduction in the rates of many associated poor health outcomes, likely due to the increase in availability of, and access to treatment.
5. There are effective treatments currently available for drug use, and while not perfect, they are constantly being researched and improved upon. Investing more resources in expanding and improving treatment for drug use appears to be a more efficient use of government resources than targeting drug consumers via the justice system.

Background

Currently cannabis and methamphetamine are the most widely used illicit drugs amongst the prisoner population [1], and account for a large proportion of the arrests for drug offences around Australia [2]. Therefore, I primarily focus on these two substances when discussing the evidence cited below.

Drugs and justice

It is well established that prisoner populations experience issues with drugs and mental health concurrently [3]. Across Australia, 50% of prisoners report a history of mental illness, compared to 19% of people in the general population [4]. Illicit drug use is also highly prevalent in the prisoner population with 67% reporting use

in 12 months prior to incarceration compared to 19% in the general population [4]. This evidence shows that people who go to prison are amongst those in our society with the greatest need of treatment for both drug dependence and mental illness.

In the last 10 years, Western Australia's (WA) prison population has grown from around 3,800 to just under 6,900, an increase of approximately 80% [5]. This is an increase that is largely mirrored across Australia [5]. In WA, illicit drugs offences are the equal most prevalent offence type alongside acts intended to cause injury (each 19% of the total offences) [5]. WA is the only jurisdiction in Australia where illicit drug offences are equal to acts intended to cause injury, the most prevalent offence type nationally and in all other jurisdictions [5]. This suggests that the intersection between drug use and the justice system is highest in WA.

The vast majority of arrests for illicit drugs offences across Australia in 2016-17 were for cannabis (50.1%) and amphetamine type stimulants (ATS) (30.7%) [2]. These arrests were overwhelmingly attributed to consumers (91.2% for cannabis offences and 85.9% for ATS offences) rather than suppliers [2]. Despite justice enforcement efforts aimed at curbing the supply of illicit drugs, recent research found that WA consumers reported easy access to both cannabis and methamphetamine, with some reporting that methamphetamine was becoming easier to access [6]. It appears that the efforts of police are resulting predominantly in consumers rather than suppliers being arrested. There is also no evidence to suggest a meaningful impact on the availability of illicit drugs, suggesting that police-centred efforts at reducing drug use may not be the most effective approach.

In WA, the average cost of incarcerating an adult is \$332 per day [7]. Currently, the majority of WA prisoners are expected to serve between one and five years in prison [8]. This suggests an expected cost of between \$121,180 and \$605,900 per person to incarcerate the majority of current prisoners in WA during their current sentence. These are purely the expenses borne by the government, they do not take into account costs associated with prisoners being removed from the workforce during incarceration, and the social costs caused by the disruption to families of people sent to prison. These figures, coupled with the current upward trend in WA's prisoner population demonstrate the substantial justice-related costs currently faced by WA, as well as a likely increase in this burden should current trends continue.

In 2016/17 it was estimated that 38% of people released from prison would be reincarcerated within 2 years, whilst 45% of the same group would receive some kind of corrective services sanction (including non-custodial sanctions) within 2 years [9]. This calls into question the effectiveness of incarceration with respect to rehabilitation and deterrence for a large number of people who go to prison in WA.

Drugs and health

With respect to treating drug disorders in the community, the cost for a residential treatment episode in 2016/17 was \$10,140, whilst the cost for a non-residential treatment episode was \$1,680 during the same period. Current psychosocial treatment options for cannabis and methamphetamine dependence are far from perfect, and individuals often relapse [10] and require multiple episodes of treatment. However, there is evidence that existing treatment options have been effective for many people who undertake them [11, 12]. Regardless, given the vast difference between the cost of an episode of community-based treatment, and incarceration for an average term of imprisonment, even multiple treatment episodes would incur substantially lower costs than a prison term in almost all cases. Also, given the state's rapidly increasing incarceration rates, and the fact drug use is a major driver of this increase, an expansion of existing programmes that divert individuals from the justice system into treatment, particularly for low level or non-violent offences should be considered.

Research and development continues in the area of drug treatment, with a potential pharmacotherapy for methamphetamine dependence currently undergoing a phase II trial, led by a WA-based researcher [13]. Given that WA generally has illicit drug use rates above the national average [14], the state has an opportunity to lead national efforts aimed at improving treatment aimed at reducing illicit drug use, and the government should consider providing additional resources to achieve this.

Evidence from Portugal

Much has been written and speculated upon since Portugal decriminalised all drug use in 2001 in response to increasing rates of heroin use and related harms. Two of the most publicised and cited reports that have come out since reach diametrically opposed conclusions, with Greenwald [15] hailing the change in policy an unqualified success, and Pinto Coelho [16] suggesting it was a unmitigated disaster. In a more recent paper comparing these two reports and their data sources suggests (with the benefit of more reliable updated Portuguese data that were unavailable when the original reports were written) Hughes, et al [17] conclude that on balance, Portugal has seen many positive changes in drug related morbidity and mortality in the years since the policy was enacted, with domestic pre/post policy comparisons and comparisons to other similar European countries both favourable. There is no evidence of an explosion in drug use since decriminalisation, rather modest declines, and decreased drug-related health harms, likely attributable to an increase in the number of drug users engaging in treatment and harm reduction [17].

The evidence from Portugal should give governments some comfort that adopting a path of decriminalisation of personal drug use, with an emphasis on ensuring that sufficient treatment options are both available and promoted did not result in an explosion in the rates of drug use. Further, on the limited evidence available, it is reasonable to expect that both drug use and related harms would decline over time as treatment options are expanded, and that this will likely reduce the number of drug-related arrests and incarcerations, as by definition, mere possession of drugs for personal use would no longer be a criminal offence. A change in policy would serve two purposes, firstly, it would ensure that people have a greater chance of receiving the treatment they need, making the community safer generally. Secondly, it would likely ease the substantial burden that WA's correctives services faces, by reducing the number of people being incarcerated.

References

1. Australian Institute of Health and Welfare, *The health of Australia's prisoners 2015*. 2015, AIHW: Canberra.
2. Australian Criminal Intelligence Commission, *Illicit Drug Data Report 2016-17*. 2018, ACIC: Canberra.
3. Fazel, S. and K. Seewald, *Severe mental illness in 33 588 prisoners worldwide: systematic review and meta-regression analysis*. *The British Journal of Psychiatry*, 2012. 200(5): p. 364-373.
4. Australian Institute of Health and Welfare, *Australia's health 2018*. 2018, AIHW: Canberra.
5. Australian Bureau of Statistics. *Prisoners in Australia, 2018*. 2018; Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4517.0~2018~Main%20Features~Western%20Australia~25>.
6. Fetherston, J. and S. Lenton, *Western Australia Drug Trends 2017. Findings from the Illicit Drug Reporting System (IDRS)*, in *Australian Drug Trend Series No. 187*. 2018, NDARC: Sydney.
7. Economic Regulation Authority Western Australia, *Inquiry into the Efficiency and Performance of Western Australian Prisons: Final Report*. 2015, ERAWA: Perth.
8. Australian Bureau of Statistics. *Prisoners in Australia, 2017*. 2018; Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4517.0Main+Features302017?OpenDocument>.
9. Productivity Commission. *Report on Government Services 2018: Justice*. 2018; Available from: <https://www.pc.gov.au/research/ongoing/report-on-government-services/2018/justice#attachables>.
10. Milton, A.L. and B.J. Everitt, *The persistence of maladaptive memory: addiction, drug memories and anti-relapse treatments*. *Neuroscience & Biobehavioral Reviews*, 2012. 36(4): p. 1119-1139.

11. McKetin, R., et al., *Predicting abstinence from methamphetamine use after residential rehabilitation: Findings from the Methamphetamine Treatment Evaluation Study*. Drug and alcohol review, 2018. 37(1): p. 70-78.
12. Davis, M.L., et al., *Behavioral therapies for treatment-seeking cannabis users: a meta-analysis of randomized controlled trials*. Evaluation & the health professions, 2015. 38(1): p. 94-114.
13. National Drug Research Institute. *The N-ICE trial: A randomised controlled trial of the safety and efficacy of N-acetyl cysteine (NAC) as a pharmacotherapy for methamphetamine ('ice') dependence*. 2017; Available from: <http://ndri.curtin.edu.au/research/project-detail/780>.
14. Australian Institute of Health and Welfare, *National Drug Strategy Household Survey 2016*. 2017, AIHW: Canberra.
15. Greenwald, G., *Drug decriminalization in Portugal: lessons for creating fair and successful drug policies*. 2009.
16. Pinto Coelho, M., *The 'resounding success' of Portuguese drug policy: the power of an attractive fallacy*. Lisboa: Associação para uma Portugal livre de drogas, 2010.
17. Hughes, C.E. and A. Stevens, *A resounding success or a disastrous failure: re-examining the interpretation of evidence on the Portuguese decriminalization of illicit drugs*, in *New Approaches to Drug Policies*. 2015, Springer. p. 137-162.