



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON THE DRUGS OF DEPENDENCE (PERSONAL USE)
AMENDMENT BILL 2021

Mr Peter Cain MLA (Chair), Dr Marisa Paterson MLA (Deputy Chair),
Mr Johnathan Davis MLA

Submission Cover Sheet

Inquiry into the Drugs of Dependence
(Personal Use) Amendment Bill 2021

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Dr David Monk
Secretary
Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021
ACT Legislative Assembly
GPO Box 1020, Canberra, ACT, 2601
By email: LASelectCommitteeDDAB2021@parliament.act.gov.au

Dear Dr Monk

Thank you for the opportunity to provide a submission to the ACT's Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021. The Queensland Network of Alcohol and other Drugs (QNADA) submission is attached.

QNADA represents a dynamic and broad-reaching specialist network within the non-government alcohol and other drug (NGO AOD) treatment and harm reduction sector across Queensland. We have over 55 member organisations, representing the majority of specialist NGO AOD providers. This submission is informed by consultation with QNADA members and made in support of the more detailed submission provided by our colleagues at the Alcohol, Tobacco and Other Drugs Association ACT (ATODA).

QNADA is pleased to provide further information, or discuss any aspect of this submission. Please don't hesitate to contact me at [REDACTED]

Yours sincerely



Rebecca Lang

CEO



Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 (ACT)

Submission – June 2021

This submission has been prepared by the Queensland Network of Alcohol and Other Drug Agencies (QNADA). The content of this submission is informed by consultation with QNADA member organisations providing treatment and harm reduction services in Queensland, as well as a review of research evidence.

Best practice policy approaches and responses undertaken in other jurisdictions, including internationally, to reduce harm and societal impacts from drugs

The Queensland Productivity Commission recently conducted an Inquiry into Imprisonment and Recidivism and found that decriminalising personal possession and use of illicit drugs is likely to benefit the Queensland community, both fiscally and socially.¹

The United Nations Office of Drugs and Crime indicates that globally, 88-89% who use illicit drugs do not experience dependence or require a treatment intervention.² This highlights the fact that much of the risk of harm to both the person who uses drugs and community productivity is realised via involvement in the criminal justice system.

There is strong evidence that where alternatives to criminalisation of possession and use are implemented, population level use remains stable, there are no increases in health harms, and people are more likely to access treatment and health information about drugs when they need it.^{3 4 5} For these reasons, we strongly support decriminalisation of personal use and possession of all illicit drugs and recalibration of current system responses towards health-based approaches for people who use drugs.

The adequacy and implementation of the ACT government's current funding commitments to support drug control and harm reduction

The role of the criminal justice system in reducing illicit drug supply is as essential to the effectiveness of Australia's National Drug Strategy as treatment and harm reduction. However, investment is heavily weighted towards law enforcement, making up between 61.3-69.8% of the Australian drug budget, while health investments range between 19.9-23.3% for treatment, 1.8-3.1% for harm reduction.⁶ A significant proportion of this law enforcement funding goes towards policing and prosecuting individuals who use drugs.

When considered in conjunction with the evidence demonstrating the limited benefit of pursuing criminal prosecution for possession and use offences, it is clear that a review and rebalancing of funding that supports drug control, treatment, and harm reduction is a necessary step that is likely to produce better individual and community outcomes, and save money.⁷

A principle benefit of a health-based approach to illicit drug use and possession is that it reduces significant resource impost on the criminal justice system, enabling law enforcement to focus on other

¹ Queensland Productivity Commission, "Inquiry into Imprisonment and Recidivism," (Brisbane: Queensland Productivity Commission, 2019).

² United Nations Office on Drugs and Crime, "World Drug Report Booklet 2: Global Overview of Drug Demand and Supply: Latest Trends, Cross-Cutting Issues," World drug report 2018 (Vienna: United Nations, 2018).

³ Alex Stevens et al., "Depenalization, Diversion and Decriminalization: A Realist Review and Programme Theory of Alternatives Tocriminalization for Simple Drug Possession," *European Journal of Criminology* (2019).

⁴ Glenn Greenwald, "Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies," (Washington: Cato Institute, 2009).

⁵ Queensland Productivity Commission, "Inquiry into Imprisonment and Recidivism."

⁶ Alison Ritter, Ross McLeod, and Marian Shanahan, "Monograph No. 24: Government Drug Policy Expenditure in Australia - 2009/10," in *DPMP Monograph Series* (Sydney: National Drug and Alcohol Research Centre, 2013).

⁷ Queensland Productivity Commission, "Inquiry into Imprisonment and Recidivism."

types of offences.⁸ Additionally, health-based responses to illicit drug use and possession reduce the adverse social consequences of contact with the justice system and provide a more efficient and cost-effective opportunity to identify people likely to benefit from accessing treatment.

Opportunities and challenges for community-based and community-controlled organisations, programs and initiatives to reduce harm from drugs (for example a clinically supervised drug consumption site in the ACT)

There are opportunities to embed harm reduction initiatives such as drug checking (pill testing) services and supervised drug consumption sites (eg supervised injecting facilities) in the ACT and across Australia.

Drug checking is a well-established intervention that has been successfully implemented in more than 20 countries around the world. It benefits individuals, health services, law enforcement and the broader community. Adding to the wealth of evidence in support of drug checking, recent 2018 and 2021 studies focused on the outcomes of a drug checking service operating at a music festival in the UK. The service provided the general public who submitted drugs for content analysis with a comprehensive health assessment and harm reduction intervention.

Findings indicated that drug-related festival hospital admissions reduced by 95% when compared to a previous period without drug checking.⁹ Ongoing behavioural changes were also found at three month follow up with almost two thirds of people who were followed up reporting sustained changes to their drug-related behaviours.¹⁰ Positive results of on-site drug checking at music festivals have also been found in trials held in the ACT in 2018 and 2019.¹¹

Likewise, evidence for supervised injecting facilities is well established. A 2013 review of the literature identified 134 papers relating to supervised injecting facilities and indicates that implementation of supervised injecting facilities can:

- Reduce overdose
- Increase the use of safe injecting practices
- Increase treatment and other health and welfare service access
- Improve public amenity
- Reduce crime.¹²

More recently, a parliamentary review of a medically supervised injecting facility in Victoria found the facility has led to:

- a reduction in ambulance attendances due to overdoses
- a reduction in reports of public injecting.
- increased access to other health and support services.¹³

⁸ Caitlin Elizabeth Hughes and Alex Stevens. "What can we learn from the Portuguese Decriminalization of Illicit Drugs?", *British Journal of Criminology* 50, (2010), 999-1022.

⁹ Fiona Catherine Measham, "Drug Safety Testing, Disposals and Dealing in an English Field: Exploring the Operational and Behavioural Outcomes of the UK's First Onsite 'Drug Checking' Service," *The International Journal on drug policy* (2018).

¹⁰ Fiona Measham and Gavin Turnbull, "Intentions, Actions and Outcomes: A Follow up Survey on Harm Reduction Practices after Using an English Festival Drug Checking Service," *International Journal of Drug Policy* Article in press (2021).

¹¹ Anna Olsen, Ella Dilkes-Frayne, Gabriel Wong, David McDonald. 2019. Pill testing trial in the ACT: Evaluation Progress report

¹² Melissa de Vel-Palumbo et al., "Supervised Injecting Facilities: What the Literature Tells Us," in *Bulletin No. 22*, ed. Drug Policy Modelling Program (NSW2013).

¹³ Victorian Government, "Review of the Medically Supervised Injecting Room, Medically Supervised Injecting Room Review Panel, June 2020," (Victoria: State of Victoria, 2020).

Issues specific to the drug rehabilitation and service sector (covering alcohol and other drug services) including the following:

In order for the service system to effectively respond to issues related to drug use there must be a mix of targeted, evidence informed health responses which are readily available to all people who use drugs, regardless of their pattern of use.

It has been estimated that every dollar invested in treatment and harm reduction services returns seven.¹⁴ However, the current level of funding does not meet the demand for services. A comprehensive 2014 report highlighted that in order to meet demand in Australia, funding would need to be doubled.¹⁵ While there have been welcome increases to funding in recent years, it hasn't scratched the surface in terms of addressing the unmet need.

Estimating population level treatment needs, and mix of services is challenging but not insurmountable. The Drug and Alcohol Services Planning Model (DASPM) may provide some guidance for policy makers to inform planning and investment in specialist alcohol and other drug treatment services in order to meet current and future demand. In Queensland, peak organisations, PHNs, and Queensland Health have worked with Drug Policy Modelling Program to develop the Q-DASM, making it a locally relevant tool. Similar work could be achieved in the ACT to support future planning.

¹⁴ Alison Ritter et al., "New Horizons: The Review of Alcohol and Other Drug Treatment Services in Australia," in *Final Report* (Sydney: University of New South Wales, 2014).

¹⁵ Ibid.