



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

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

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Submission Cover Sheet

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

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The Committee Secretary
Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021
ACT Legislative Assembly
GPO Box 1020
CANBERRA ACT 2601

To whom it may concern

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

The Australian Alcohol and other Drugs Council (AADC) is the national peak body representing the alcohol and other drugs sector, comprising: specialist health services working to prevent and reduce harms which can be associated with the use of alcohol and other drugs; practitioners working in alcohol and other drug treatment settings and the areas of prevention and early intervention; researchers and policy specialists; and people who use or have used alcohol and other drugs, and their families.

We work to advance health and public welfare through achievement of the lowest possible levels of alcohol and other drug related harm by promoting effective, efficient, and evidence-informed prevention, treatment and harm reduction policies, programs, and research at the national level.

AADC broadly supports the *Drugs of Dependence (Personal Use) Amendment Bill 2021* as an important step towards treating drug use in the ACT as a public health issue, rather than a criminal justice issue. The decriminalisation of the personal use of illicit drugs can reduce drug related harms to individuals and communities, and significantly reduce costs to the criminal justice system. Decriminalisation also serves to reduce the stigmatisation and discrimination experienced by people who use drugs, thereby removing barriers to treatment access and thus reducing the national health burden associated with the problematic use of alcohol and other drugs over time.

AADC notes the Alcohol, Tobacco and Other Drug Association ACT (ATODA) submission to the Inquiry and strongly endorses the principles that underpin it; in the attached document we have summarised the most salient points of the ATODA submission as they relate to the federal jurisdiction, in line with our role as the national peak. AADC would welcome the opportunity to provide further information regarding this submission.

Yours sincerely



Jennifer Duncan
Chief Executive Officer

Attachment



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

The decades-long “war on drugs” has failed to reduce the prevalence of illicit drug use in Australia, and in fact, the *2019 National Drug Strategy Household Survey* found that an estimated 9.0 million (43%) people aged 14 and over in Australia had used an illicit drug at some point in their lifetime¹.

Decriminalising drug use and pivoting from a criminal justice focus to a public health focus redirects public perceptions, policy, resources, and services towards harm minimisation and treatment options and reduces the health burden associated with the problematic use of alcohol and other drugs across the country.

AADC supports ATODA’s view that this Bill provides an opportunity to:

- reframe drug use that leads to harm as a health issue, rather than a criminal justice issue
- decrease stigmatisation and discrimination experienced by people who use drugs, and
- refocus and redirect government funding away from punishment that disproportionately impacts many of the most disadvantaged in the community and towards prevention, treatment, and harm minimisation.

For the AADC, this Bill also provides the opportunity to contribute to a national discussion about the decriminalisation and destigmatisation of drug use and a refocus and reinvestment by governments towards harm minimisation and health interventions for people experiencing drug related harm.

A human rights approach

In order to reduce drug related harm, the use of drugs should be viewed from a human rights perspective. The right to health and access to health-related services is set out in Article 25 of the *Universal Declaration of Human Rights* and Article 12 of the *International Covenant on Economic, Social and Cultural Rights*. Citizens have a right to access high-quality, publicly funded health services to maintain their health and wellbeing and to respond to health issues.

With around 45% of Australians identifying that they have used illicit drugs, there has been a lack of fairness in the application of laws relating to drug possession and use. People from vulnerable and disadvantaged backgrounds are disproportionately represented in drug related arrests and criminal action. In addition, drug related harms, including drug dependency, are linked with socio-economic disadvantage and marginalisation. Criminal conviction carries lifelong consequences for individuals and families and can further exacerbate drug related harms.

Unequal application of the law that disproportionately impacts disadvantaged people is a critical issue when viewed from a human rights perspective, especially since there are no benefits to the criminalisation of personal-level drug possession and use. It is vital that governments create evidence-based and equitable legislation and policy that ensures people can effectively reduce any health risks that can be associated with the use of drugs.

Drug use as a public health issue

As the ATODA submission makes clear, there is no evidence that the criminalisation of drug use leads to a decrease in demand for or consumption of illicit drugs. In fact a range of issues are exacerbated by the criminalisation of drugs, including discrimination and stigmatisation, that dissuade people experiencing drug related harms from help-seeking activities.

¹ Australian Institute of Health and Welfare (2020). *National Drug Strategy Household Survey 2019*. Drug Statistics series no. 32. PHE 270. Canberra AIHW.

Current levels of government funding are skewed towards drug law enforcement rather than health interventions and harm minimisation. An analysis of 2009/10 expenditure by Australian governments on illicit drugs found that nearly two-thirds of the \$1.7 billion in government funding across the country was directed towards drug law enforcement, with just under a quarter (23%) spent on treatment, only 10% on prevention, and a mere 2% on harm reduction.

Drug policy approaches such as the harm minimisation approaches targeted at tobacco and alcohol use, allow people to better understand the health risks of their drug use and enable them to better manage those risks. These approaches have been shown to be effective in reducing individual and population risk from drug related harm and to be cost-effective for governments.

Decriminalising illicit drug use is critical in reducing the stigmatisation and discrimination of people who use drugs, and increasing help-seeking behaviour. As such, we would like to see all governments commit to a shift in focus towards treating drug use as a health issue, rather than a criminal justice issue.

Decriminalisation

Decriminalisation can reduce drug related harms, reduce the overall health burden, and save government spending on the criminal justice system. With the effects of stigma known to present a barrier for individuals seeking alcohol or other drug services or treatment, decriminalisation also presents an opportunity to increase the numbers of people experiencing drug related harm seeking treatment options.

The decriminalisation of drugs is often accompanied by concerns that reduced or eliminated sanctions will inspire increases in people using drugs and increases in drug related harm. However, and as shown in the ATODA submission, decriminalisation in other jurisdictions has demonstrated no increase in drug use following decriminalisation.

According to the ATODA submission, this Bill follows precedents set in at least 29 nations where some form of drug decriminalisation has been implemented. This includes countries such as Portugal that since decriminalisation has seen dramatic decreases in problematic drug use, HIV and hepatitis infection rates, overdose deaths, drug related crime and incarceration rates. The USA has also shown success in the decriminalisation of cannabis with California saving an estimated \$1 billion to the criminal justice system and policing².

The national and international experience demonstrates that decriminalisation, when coupled with investment in harm reduction, and health and treatment services, actually increases service access for people who use drugs, reduces the cost to the criminal justice system, improves public health outcomes, and prevents individuals from unnecessarily entering the criminal justice system³.

Increasing treatment and harm reduction services

Once drug use is viewed as a health and human rights issue rather than a criminal justice issue, it becomes imperative that an accompanying health response is readily available. Increases in help-seeking behaviour have already been observed in jurisdictions where decriminalisation has been implemented demonstrating that decriminalisation must be combined with increased investment by governments in harm reduction services and other treatment options. AADC endorses implementation of the findings of the 2014 *New Horizons Report* to ensure specialist alcohol and other drug services are funded commensurate with community need.

² Eastwood, N., Fox, E., Rosmarin, A. (2016). *A Quiet Revolution: Drug Decriminalisation Across the Globe*. Release: Drugs, The Law and Human Rights.

³ Ibid.