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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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Legislative Assembly for the ACT
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Directions Health Services Submission to Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021

About Directions Health Services

Directions Health Services (Directions) has provided specialist treatment and support to individuals and concerned others impacted by alcohol and other drug use for over forty years in the ACT, and more recently in surrounding regions in NSW.

Over the years Directions' programs have evolved and adapted to suit the community's ever-changing needs and reflect the latest social and scientific research. Today, we offer a broad range of treatment and support services, including the Canberra region's only primary health services specifically for vulnerable people impacted by AOD use, mental illness or other complex needs who are unable to access mainstream health services.

We recognise the importance of minimising substance-related harm and improving personal and public health. Our focus has always been on addressing the needs of our clients in a non-judgmental way and our services are available to anyone, regardless of whether they are able to reduce or cease their substance use. We work with individuals, their families and friends, the sector and wider community to offer a comprehensive range of flexible and complementary programs that include withdrawal, counselling, case management, groups, residential and day rehabilitation programs and the ACT Needle and Syringe Program (NSP).

Our integrated AOD treatment and support and primary health services enable people with complex needs to access comprehensive, coordinated health care in a variety of settings. We outreach to numerous locations in the ACT, including the AMC, headspace, CAHMA, Interchange Health Co-op, public housing estates and Veterans Park, and provide home delivery of opioid maintenance therapies for people self-isolating due to COVID-19 or other health conditions.

At the heart of our organisation is our *Vision for a compassionate society that takes an informed, health-first approach to alcohol and other drugs*, a vision which is clearly aligned with the intent of the Bill. Our *Purpose is to empower individuals, families and communities to maximise health and wellbeing, by working in partnership, without judgement*. With this in mind, we are continually responding to emerging needs and broadening the range of services available. This reflects our ongoing commitment to maintaining best practice in the AOD sector and looking for new, evidence-based innovative models that better meet the needs of our clients and the communities in which we work.

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

Directions Health Services strongly endorses the Drugs of Dependence (Personal Use) Amendment Bill 2021.

In November 2019, Directions Health released a position paper supporting decriminalisation. The paper highlighted the positive impact removing criminal penalties and sanctions for personal use and possession of small amounts of illicit drugs would have on an individual's health and welfare and the community more broadly.

Drug use in Australia is prevalent, with 43 per cent of Australians aged over 14 years having used illicit drugs at some time in their lives¹. Evidence and experience have proven criminal penalties do not reduce drug use. Research has also refuted the oft-used contention that decriminalisation will increase drug use, with international experiences, most notably Portugal, providing strong evidence to the contrary. Not only did decriminalisation not increase drug use, it resulted in increased treatment uptake, improved public health, reduced incarceration and reduced financial and social costs.²³⁴

Australia has a high rate of policing drug use. Illicit drug offences are consistently in the top three offences, accounting for 20% of principle offences in 2019-20⁵. Unfortunately, people who use drugs are disproportionately represented in terms of drug related arrests. According to the Australian Criminal Intelligence Commission (ACIC) latest Illicit Drug Data Report (IDDR), the number of national illicit drug arrests has increased 80% over the last decade (from 85,252 in 2009–10 to 153,377 in 2018–19. Most (90%) of the national illicit drug arrests

¹ "Australian Bureau of Statistics," [Online]. Available: <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-offenders/latest-release>. [Accessed 1 June 2021].

² "Australian Institute of Health and Welfare" [Online]. Available: <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019>. [Accessed 1 June 2021].

³Csete, Joanne, Adeeba Kamarulzaman, Michel Kazatchkine, Frederick Altice, Marek Balicki, Julia Buxton, Javier Cepeda et al. (2016). "Public health and international drug policy." *The Lancet*. 387(10026). 1427-1480.

⁴ Caitlin Elizabeth Hughes and Alex Stevens, 'What can we learn from the Portuguese Decriminalization of Illicit Drugs' (21 July 2010) *Brit J Criminol*, 980.

⁵ "Australian Bureau of Statistics," [Online]. Available: <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-offenders/latest-release>. [Accessed 1 June 2021]

in 2018–19 were for consumer related offences, with just 10 per cent related to provider (supply-type) offences⁶⁷.

Criminal penalties for illicit drug use can have long lasting harmful consequences that are in addition to, and separate from, any harm associated with the drug use itself. The most significant harms stem from bringing people into contact with the criminal justice system. If found guilty, the person will have a criminal record that will impact their ability to continue their education, secure employment, travel or even undertake voluntary work. Other harmful consequences include poverty, homelessness, relationship breakdown and marginalisation. Criminalisation also impacts the financial security, integrity and well-being of families and can have significant inter-generational consequences.

The community bears the high cost of policing, legal proceedings, incarceration and consequential extended delays for other matters in the court system, despite the fact there is no evidence criminalisation deters or reduces illicit drug use. Most importantly, individuals who use substances illicitly may be deterred from being honest about their substance use and seeking help. When they do reach out, they often experience discrimination from health and other service providers due to the stigma associated with criminalisation of drug use.

There is strong evidence early intervention and diversion into treatment, rather than the justice system, saves taxpayer dollars by reducing criminal recidivism; improving health, wellbeing and life outcomes; significantly reducing costs associated with the judicial process and incarceration; and reducing participants' future reliance on welfare and service supports. A number of international studies, including in New Zealand, indicate that investment in AOD treatment more than pays for itself, with conservative estimates of up to 1:8 cost-benefit ratio for each dollar invested in harm reduction and treatment services.

Portugal's decriminalisation policy provides a salient example of the community benefits of a health-based approach to substance use, with a 43% decrease in the number of people

⁶"Australian Institute of Health and Welfare" [Online]. Available: <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-in-contact-with-the-criminal-justice-system>. [Accessed 1 June 2021]

⁷"Australian Criminal Intelligence Commission" [Online]. Available: <https://www.acic.gov.au/publications/illicit-drug-data-report/illicit-drug-data-report-2018-19>. [Accessed 1 June 2021]

incarcerated for drug offenses, reducing the burden on the criminal justice system, whilst overdose deaths decreased by 80%⁸⁹¹⁰¹¹.

Decriminalisation has the potential to reduce crime rates by providing an opportunity for earlier intervention in a person's offending, before offences become more serious. The current system is not working to reduce drug use or keep the community safer.

Decriminalisation is a harm minimisation strategy

Decriminalisation of illicit drugs is a harm minimisation strategy that involves removing criminal legal penalties and sanctions for offences involving drug use and possession of small amounts of illicit drugs for personal use.

Decriminalisation of illicit drugs reframes the use of illicit drugs from a criminal issue to a health issue. A detrimental effect of our current prohibition approach to all illicit drugs has been that many people who use drugs have been afraid to seek the help and support they need due to a fear of being persecuted and the stigma that has been created around this issue.

Australia's National Drug Strategy is built around three pillars of harm minimisation:

1. *Supply reduction* through reducing the availability of drugs through legislation and law enforcement
2. *Demand reduction* through prevention and treatment
3. *Harm reduction* through strategies that reduce the harms experienced by the people who use drugs and the community

However, in practice, policy and funding has heavily focused on the first pillar and a much smaller proportion is expended on the second and third pillars. Of the \$1.7 billion Australian Government funding allocated to illicit drugs, 66% (\$1.1billion) was allocated to law

⁸ Drug Policy Alliance (2018) Learning from a Health and Human Centred Approach

⁹ Cartwright W (2000) Cost Benefit Analysis of Drug Treatment Services

¹⁰ Community Justice Glasgow (2019) A Social Return on Investment (SROI) study of Positive Outcomes Project (POP)

¹¹ Ettner SL, Huang D, Evans E, Rose Ash D, Hardy M, Jourabchi M, et al. (2006) Benefit-Cost in the Californian Treatment Outcome Project: Does Substance Abuse Treatment "Pay for Itself"? Health Services Research.p41:192-213

enforcement, 32% was allocated to prevention and treatment (\$361million), and a minimal 2% allocated to harm reduction (\$36million)¹².

We need to change the way in which drug use and drug dependence is viewed and shift away from a criminal approach to a health-first approach. We need to introduce a holistic, harm-minimisation based approach in order to have a chance at decreasing the high rates of incarceration and overdose deaths. This can be achieved by removing the stigma people who use drugs experience due to criminalisation and increasing availability of harm reduction and treatment services.

Treatment services are effective in reducing AOD use, improving physical and mental health, reducing criminal behaviour and increasing community connection¹³ However, it is essential to eliminate the economic, social and physical barriers people face in accessing vital health treatment and associated support services. Currently only a small proportion of people with problematic drug use seek and receive the assistance they need. Even if more people were to seek treatment, they would not be able to access it in a timely way.

To ensure the policy will be effective in reducing the harms individuals, families and communities experience, and achieve an increase in treatment uptake, this must be accompanied by the required investment in treatment and other support programs. The NZ analysis unequivocally supports this, asserting that community and cost benefits are contingent upon the availability and accessibility of harm reduction and drug treatment services.

Implementing a health-first approach to drug dependence is in line with community expectations and preferences. The latest National Drug Strategy Household Survey 2019, found the most common action supported for people in possession of selected illicit drugs was for 'referral to treatment or an education program'. For the first time, from a theoretical \$100 to spend on reducing illicit drug use, people allocated more money to education than law enforcement (\$36.00 compared with \$34.80).

¹² Ritter A, McLeod R, Shanahan M. Government Drug Policy Expenditure in Australia 2009/10. NSW: UNSW Medicine; 2010. 60 p.[Online]. Available: <https://ndarc.med.unsw.edu.au/resource/24-government-drug-policy-expenditureaustralia-200910> [Accessed 1 June 2021]

¹³ Ritter A, Berends L, Chalmers J, Hull P, Lancaster K and Gomez M (2014) New Horizons: The review of alcohol and other drug treatment services in Australia, Drug Policy Modelling Program, NDARC, UNSW, Sydney

Recommended enhancements to the Bill

In terms of the Amendment Bill, we support similar enhancements to those proposed by ATODA and other organisations, including:

- Expand and future proof the list of drugs covered by the Bill;
- Ensure personal possession limits reflect the evidence regarding the quantities of drugs people possess for personal consumption;
- Make provision for information about harm reduction and treatment options to be provided with every Simple Drug Offence Notice (SDON);
- Enable people to contact an AOD provider for an initial information session in-lieu of a fine; and
- Waive the SDON fine in circumstances where this will cause undue financial hardship and exacerbate disadvantage.

Expanding service delivery

According to the latest Australian Institute of Health and Welfare's Alcohol and Other Drug Treatment Services report, per head of population, in 2019-20, the ACT had the second highest rate of clients receiving alcohol and other drug treatment compared with other states and territories.

Directions Health is the largest provider of AOD treatment and support services in the ACT. In our experience, demand for services significantly increases each year and is currently outstripping supply in the ACT. For example, 1245 *new* clients accessed our community-based treatment and support services (counselling, case management and therapeutic groups) in 2019-20. In total, Directions provided support to over 5000 Canberrans in 2019/20.

The high number of people seeking support from Directions in the ACT means we need to spread our services too thin, and are unable to provide the appropriate intensity or treatment 'dose' or level of support required for individuals and families to get the best outcomes.

To adequately support Canberrans impacted by substance use, decriminalisation should be combined with increased investment in AOD treatment and support services. Best evidence is that current capacity in the ACT needs to at least double.

While not specifically mentioned in the Terms of Reference, Directions Health Services believes a fixed site pill testing/drug checking pilot in the ACT will significantly reduce harm from drugs and help protect the lives of Canberrans. Pill testing allows people to find out what is actually in the drugs they are considering consuming. Overdoses and adverse reactions to drugs can often be linked to the contamination of these substances with things like fentanyl and other toxic chemicals.

The ACT Groovin' the Moo Pill Testing pilots found that more than half the pills bought for testing were adulterated with other substances, some of which were dangerous¹⁴. Evidence from the ACT pilots and international pill testing services demonstrates that pill testing can positively change drug taking behaviour when potential harms are explained by trusted experts in an objective clinical manner¹⁵.

Pill testing sites also provide people with the opportunity to connect with treatment and support services. We commend the ACT Government for their commitment to implement a fixed site service in the ACT.

DIRECTIONS HEALTH SERVICES RECOMMENDATIONS

The following recommendations are informed by the evidence, and Directions' extensive experience providing services in Canberra and surrounding regions.

- 1) Pass the Bill, with consideration of the above recommended enhancements;
- 2) Increase diversion options for offences associated with AOD dependence, including low level offences, and more serious offences eligible for the Drug and Alcohol Sentencing List;
- 3) Urgently fund an expansion of existing specialist AOD treatment, support and harm reduction services, where feasible within current infrastructure constraints. This includes increased access to community-based counselling and harm reduction services for individuals regarding their own substance use, as well as family members and friends impacted by someone else's use;

¹⁴ Australian National University. Pill Testing Trial 2019: Program Evaluation [Online]. Available: <https://openresearchrepository.anu.edu.au/bitstream/1885/195646/1/ACT%20Pill%20Testing%20Evaluation%20report%20FINAL.pdf> [Accessed 1 June 2021]

¹⁵ Brunt T. (2017) Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges. Netherlands: European Monitoring Centre for Drugs and Drug Addiction

- 4) Work collaboratively with the sector and industry experts in a co-design process to further expand capacity, address infrastructure constraints and develop new models of care to meet current unmet need, including more intensive community-based treatment and specialised methamphetamine services;
- 5) Improve outcomes for people with substance use and mental illness by implementing integrated primary health services that have the capability to address substance use and mental illness concurrently, and improve coordination between specialist mental health and AOD services;
- 6) Ensure access to culturally appropriate services for Aboriginal and Torres Strait Islander people, LGBTQI+ community members and people from culturally and linguistically diverse communities, with a focus on population groups disproportionately impacted by substance use;
- 7) Reduce deaths resulting from unintentional overdose by increasing health sector and community understanding of the overdose risks associated with prescribed and illicit drugs and boosting the number of medical practitioners routinely prescribing Naloxone.
- 8) Implement evidence-based overdose prevention and harm reduction strategies that are appropriate to the local context, including fixed-site pill testing/drug checking and supervised drug consumption, and increase access to NSP and peer support services;
- 9) Better utilise existing data and evidence, and improve information management systems to demonstrate outcomes and build the evidence base to inform future planning;
- 10) Address underlying social issues through significant increases in emergency accommodation, stable affordable housing, domestic and family violence services and other support services for vulnerable people;
- 11) Reduce harms resulting from current drug driving laws, by implementing evidence-based laws that are based on level of intoxication and driving impairment, similar to drink driving laws; and
- 12) Implement targeted evidence-based education programs that increase understanding and reduce stigma and discrimination experienced by people who use substances and their families, including mainstream health and community services.

In addition, Directions supports the submission made to this inquiry by the Alcohol Tobacco & Other Drug Association ACT (ATODA). It endorses each of the recommendations made by ATODA, including those associated to the other matters specifically raised in the inquiry's Terms of Reference.

Directions Health Services would like to thank the Committee for consideration of this submission. In summary, we would like to confirm our support for a health-first, harm reduction approach that includes decriminalisation of personal possession and drug use and increased access to information, early intervention, treatment and support.

Whilst this submission is intentionally brief, Directions would welcome the opportunity to elaborate on any of the points made, or any other matters that are of interest to the Committee.

Yours sincerely

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