



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON JUSTICE AND COMMUNITY SAFETY
Mr Peter Cain MLA (Chair), Dr Marisa Paterson (Deputy Chair),
Mr Andrew Braddock MLA

Submission Cover Sheet

Inquiry into Penalties for Minor Offences and Vulnerable People

Submission Number: 010

Date Authorised for Publication: 28 April 2023

Families and Friends for Drug Law Reform (ACT) Inc.

committed to preventing tragedy that arises from illicit drug use



TABLE OF CONTENTS

1. Table of Contents

| | |
|----------------------------------------------------------------------------------------------------------------------|----|
| 2. Introduction..... | 4 |
| 2.1. How the submission addresses the terms of reference | 4 |
| 2.2. Organisation of this submission and summary | 5 |
| 2.3. Correlation between crime and drug use in the target cohort of vulnerable people. | 5 |
| 2.4. Policing focuses on drug consumers..... | 5 |
| 2.4.1. Youth offenders | 6 |
| 2.4.2. Causative links between crime and use of illicit drugs..... | 7 |
| 3. Impact on crime of drug law enforcement “ | 8 |
| 3.1. More rather than less crime follows from the stigma and marginalisation implicit in drug law enforcement..... | 8 |
| 3.2. Drug law enforcement is a driver of disadvantage and drug use. | 8 |
| 3.3. Extreme disadvantage is a potent risk factor of addiction and crime | 8 |
| 3.4. Illicit drug use is often a rational response to psychic pain acute disadvantage..... | 9 |
| 3.5. Times when addiction soars bears this out..... | 9 |
| 3.6. The stigma of criminalised abuse fosters social exclusion and marginalisation | 9 |
| 3.7. Stigma and marginalisation trigger and intensify frequently co-occurring mental health conditions..... | 10 |
| 3.8. The stigma of dependency on illicit drugs adds greatly to the complexity of treating and supporting people..... | 11 |
| 3.9. Person centred care is required for those suffering from a substance dependency | 11 |
| 3.10. Treatment and support available to dependent drug users should comply with public health principles; | 12 |
| 3.11. Initiation and perpetuation of intergenerational disadvantage..... | 12 |

JUSTICE AND COMMUNITY SAFETY

| | |
|-------------------------------------------------------------------------------------------------------|----|
| 3.12. Closing the gap of indigenous disadvantage..... | 12 |
| 4. ACT decriminalisation..... | 14 |
| 5. Public health measures reduce reoffending far more effectively than drug law enforcement. | 16 |
| 5.1. Crime reduction and Opiates dependency | 16 |
| 5.1.1. Methadone | 16 |
| 5.2. Heroin Assisted Treatment prevents crime..... | 18 |
| 5.2.1. Liverpool..... | 18 |
| 5.2.2. Switzerland..... | 18 |
| 5.2.3. Cochrane review of the impact of heroin assisted treatment as a crime prevention measure. | 21 |
| 5.2.4. Hydromorphone..... | 23 |
| 5.3. Crime prevention through treatment for stimulant dependency | 24 |
| 5.4. Crime and stimulants | 24 |
| 5.4.1. Rand Corporation study on treatment and cocaine | 25 |
| 5.4.2. Cognitive Behavioural Therapy (CBT)..... | 26 |
| 5.4.3. Cocaine 27 | |
| 5.4.1. Accessible low threshold treatment and psychosocial support..... | 27 |
| 5.4.2. Cognitive Behavioural Therapy (CBT)..... | 28 |
| 6. REFERENCES..... | 30 |

TABLE OF FIGURES

Figure 1: Consumer arrests in the ACT and nationally as a percentage of all drug arrests 6
Figure 2: Illicit substance use in the previous 12 months among indigenous people aged 14 and over, 2019 13
Figure 3: Drugs of Dependence (Personal Use) Amendment Act 2022..... 15
Figure 4: (Meth) amphetamine injections and recorded incidents of abuse or aggression at the medically Supervised Injecting room, Kings cross 28

TABLE OF TABLES

Table 1: Criminal activity at baseline and 12 months by index group of maintenance therapy 17
Table 2: Criminal activity at baseline and 12 months of methadone treatment 17
Table 3: Prevalence and incidence rates of self-reported criminality after one year of treatment compared to the time before admission (reference. Six months, N=305 19
Table 4: Prevalence and incidence of rates of self-reported victimisations after one year of treatment compared to the time before admission to the program (N=604)..... 19

Families and Friends for Drug Law Reform (ACT) Inc.

committed to preventing tragedy that arises from illicit drug use



**SUBMISSION OF FAMILIES AND FRIENDS FOR DRUG LAW REFORM
TO THE INQUIRY OF THE STANDING COMMITTEE ON JUSTICE AND COMMUNITY SAFETY
INTO PENALTIES FOR MINOR OFFENCES IN RESPECT OF VULNERABLE PEOPLE**

2. Introduction

1. Families and Friends for Drug Law Reform is grateful for the indulgence of the Committee in accepting a late submission to its important inquiry. Families and Friends for Drug Law Reform has taken a keen interest in the implication of drug policy for the justice system since its founding in 1995. It opposed the establishment of an ACT prison on the grounds that and argued that had the Commonwealth not vetoed the heroin trial championed by Liberal Chief Minister Kate Carnell it would not have been necessary.

2.1. How the submission addresses the terms of reference

2. This submission focuses principally on the sixth item in the terms of reference, namely how to maximise compliance with legislation, particularly for young people. That said, the submission is also relevant to the third item on impacts of prosecution for vulnerable people for non-payment of fines which arises in the context of the decriminalisation legislation for users receiving a simple drug offence notice. Such offences are minor and it is vulnerable people who are most likely to be netted by this new process.

3. Families and Friends for Drug Law Reform approaches the terms of reference on the basis that the committee is intent upon reducing crime so as to enhance safety and well-being of the ACT community. These objectives are embodied in the terms of reference and indeed the mandate of this standing committee. Compliance with legislation is maximised if people whether young or adult, vulnerable or otherwise, comply with the law. Families and Friends for Drug Law Reform wishes to draw

FFDLR COMMUNITY CORRECTIONS

attention to the capacity of drug policies based on public health principles to prevent crime and thus maximise compliance and enhance community safety and well-being.

4. Drug use is common in the cohort of vulnerable people involved in crime that the committee is to enquire about.

2.2. Organisation of this submission and summary

5. After a brief outline of the extent to which policing focuses upon consumers of illicit drugs who often find themselves in trouble because of their infringement of drug laws (section 2.4 below), the submission turns to the impact on crime of drug law enforcement (section 3 on page 8). It draws the uncomfortable conclusion that this effort works to increase crime and to foster criminogenic characteristics of the people it focuses upon. This is often the consequence of the stigma and marginalisation that go hand-in-hand with the criminalisation of people who use illicit substances. These dynamics explain why closing the gap on indigenous disadvantage is so resistant to improvement and why drug use remains so resilient and attractive to many otherwise law-abiding citizens.

6. The submission then turns to a short examination of the new Drugs of Dependence (Personal Use) Amendment Act 2022 and comments on its likely impact (section 4 on page 14).

7. The last and longest section considers the spectacular success of other jurisdictions in reducing crime through the adoption of a drug policy based on public health principles (section 5 on page 16). In the light of these results, the improvements that realistically can be expected of the considerable efforts of the ACT are puny.

2.3. Correlation between crime and drug use in the target cohort of vulnerable people

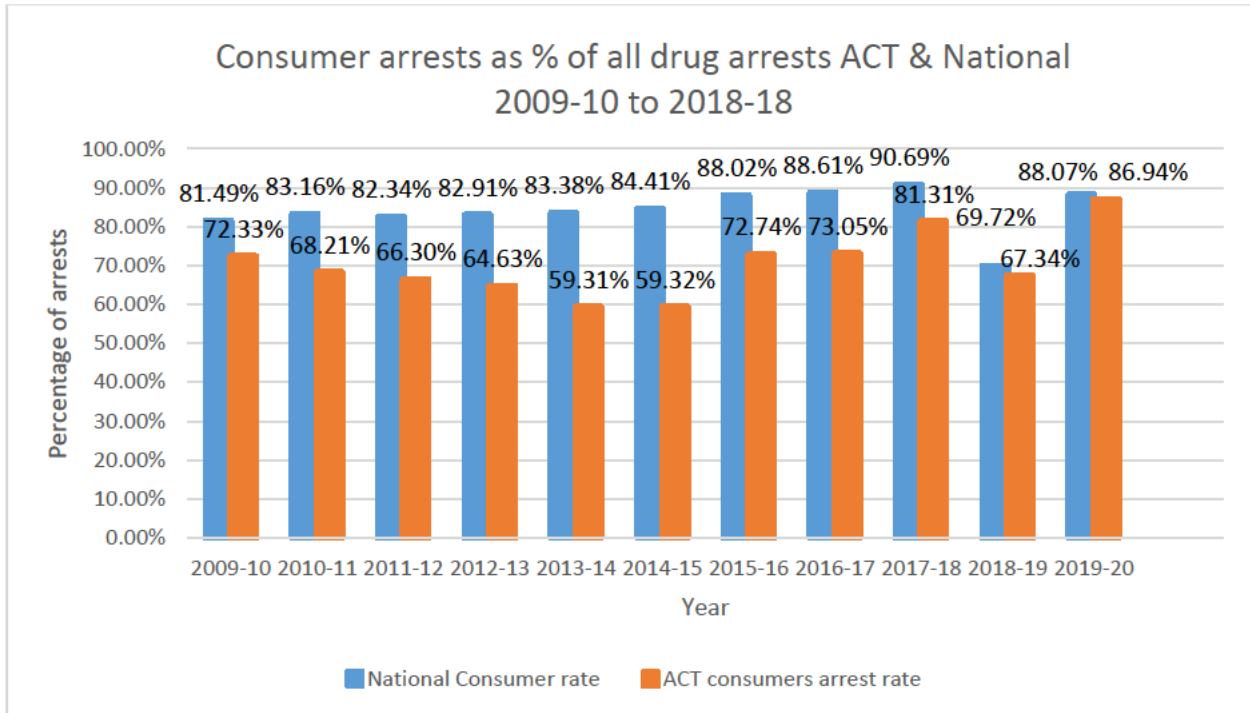
2.4. Policing focuses on drug consumers.

8. In spite of the professed police attention on drug dealing rather than consumers, most of those arrested are consumers.

9. The Illicit Drug Data Report tally of arrests for drug offences in the ACT mirrors the whole country in policing consumers rather than providers. The latest Illicit Drug Data report figures for 2019 – 20 report that 366 of the 421 arrests made that year were for consumers (IDDR 2019-20, table 25). The Australian Bureau of Statistics figures for 2021 – 22 mentioned that possession and/or use was the most serious offence in 128 instances (*ABS data 2023 table 6*).

JUSTICE AND COMMUNITY SAFETY

Figure 1: Consumer arrests in the ACT and nationally as a percentage of all drug arrests



SOURCE: IDDR 2019-20, Illicit drug data report, 2019-20 (Australian Criminal Intelligence Commission, Canberra City, October 2021)

https://www.acic.gov.au/sites/default/files/2021-10/IDDR%202019-20_271021_Full_0.pdf IDITRF 17/04/2023.

2.4.1. Youth offenders

10. Drug offences are the third most common offences among young people between 10 and 19 and are probably implicated in other more common categories of offences involving intention to cause injury and miscellaneous offences. According to the latest analysis of offences by the Bureau of Statistics, nationally:

More than one in five (22%) youth offenders were proceeded against for acts intended to cause injury, which was the most common principal offence among youth offenders (10,126 offenders).

Miscellaneous offences more than doubled among youth offenders, an increase of 2,298 offenders from the previous year. These were largely COVID-19 related offences.

There were 3,503 youth offenders with a principal offence of illicit drug offences in 2021-22, a decrease of 14% from 2020-21. This was the seventh consecutive decrease for this offence.

In 2021-22, the youth offender rate for illicit drugs decreased further from the previous year, from 164 offenders to 138 offenders per 100,000 persons aged between 10 and 17 years. This was the lowest recorded rate since the time series began in 2008-09

FFDLR COMMUNITY CORRECTIONS

11. In the ACT 2021 – 22 56 offences were committed by children between 10 and 14 (397.7 per 100,000) and 230 by youth between 15 and 19 (1723.5 per 100,000). (A *ABS data 2023*, Table 15 Offenders, Sex by age, States and territories, 2020-21 to 2021–22).

12. Illicit drug use is very common among people caught up in the corrections system

13. The close association between illicit drug use and involvement in the criminal justice system is attested to by many lines of evidence:

- (a) The 2016 detainee health and well-being survey reported that 74% respondents had ever used methamphetamine/amphetamines (74%); “followed by cannabis (70%), heroin (55%), and ecstasy (46%)” and that “In the year prior to their current incarceration, the illicit drugs most frequently used among respondents were methamphetamine/amphetamine (63%); followed by cannabis (50%) and heroin (34%)” (Young et al. 2016)
- (b) “Two-thirds (65%) of prison entrants in 2018 reported using illicit drugs in the 12 months before incarceration” (AIHW:2022).
- (c) the DUMA [Drug Use Monitoring in Australia] program indicate that drug use is common among police detainees. In 2021, 45% of police detainees had used cannabis in the past 30 days and 41% had used methamphetamine (Voce & Sullivan 2022).
Among police detainees who provided a urine sample:
 - Almost 4 in 5 (77%) tested positive to any drug, and 41% tested positive to more than one drug type.
 - The most commonly detected drugs were amphetamine-type stimulants (52% of detainees), cannabis (45%) and opioids (18%) (Voce & Sullivan 2022; Figure CRIM3)” (AIHW:2022).

2.4.2. Causative links between crime and use of illicit drugs

14. It is commonly understood that there is a link between the use of illicit drugs and involvement in the criminal justice system. Illicit drug use has been identified as a primary motivating factor in non-violent property offences such as burglary and theft (Kopak & Hoffman 2014)” (AIHW:2022).

15. It is postulated on the following grounds that there is a causative link between drug use and crime and not just a strong correlation:

- ◆ Users moved to commit a crime when under the influence of illicit drugs
- ◆ Users moved to commit crime to raise the funds required to procure further supplies of drugs

JUSTICE AND COMMUNITY SAFETY

- ◆ Those attracted to the distribution of illicit drugs by the money to be made
- ◆ the interplay of social determinants of health and well-being as keenly exemplified in the indigenous community. Of which the Australian Law Reform Commission observed that “aspects of Aboriginal and Torres Strait Islander disadvantage . . . contribute to over-representation in prisons . . . The interaction of risk factors including high levels of drug use drive this link. Frequent overlap of risk factors for both crime and drug use frequently interact with a paucity of protective factors. (ALRC 2017)

3. Impact on crime of drug law enforcement “

16. Drug law enforcement contradicts and counters the benefits that it purports to deliver. This is evidenced by the following:

3.1. More rather than less crime follows from the stigma and marginalisation implicit in drug law enforcement.

17. Criminalisation of drug use and possession has the effect of shovelling people into prison (section 2.3 on page 7).

18. The high rate of reoffending of people who have been to prison is consistent with the findings of the NSW Bureau of Crime Statistics and Research and elsewhere. Incarceration has little if any deterrent impact and may actually increase the likelihood of reoffending:

“ . . . prison exerts no significant effect on the risk of recidivism for burglary. The effect of prison on those who were convicted of non-aggravated assault seems to have been to increase the risk of further offending. These findings are consistent with the results of overseas studies . . . most of which either find no specific deterrent effect or a criminogenic effect.”(Weatherburn 2010, p.10).

3.2. Drug law enforcement is a driver of disadvantage and drug use.

19. The well-recognised link between drug law enforcement and disadvantage is considered in the submission of Families and Friends for Drug Law Reform to the Select Committee (FFDLR 2023) on cost of living pressures running concurrently with this Inquiry.

3.3. Extreme disadvantage is a potent risk factor of addiction and crime

20. The architect of the Portuguese drug policy likened punitive drug law enforcement as a “terroristic approach”: “this was ‘the best way to make them [addicts] wish to keep using drugs. To deal with addiction by chaining, by humiliating – it’s the best way to make them angry with the system, to not wish to be normal’” (Hari 2015, pp. 237-38).

21. Stigma fosters, alienation, rejection from families and socialisation isolation are recognised risk factors associated with antisocial and criminal behaviour (*Pathways to prevention* 1999, table 3.3 on page 7)

22. Scientists have “. . . discovered that for each traumatic event that happened to a child, they were two to four times more likely to grow up to be an addicted adult. Nearly two-thirds of injection drug use, they found, is the product of childhood trauma. This is a correlation so strong the scientists said it is ‘of an order of magnitude rarely seen in epidemiology or public health.’ It means that child abuse is likely to cause drug addiction as obesity is to cause heart disease” (Hari 2015, p. 160).

23. Criminalisation of drug use and possession has the effect of shovelling people into prison (section 2.3 on page 7).

3.4. Illicit drug use is often a rational response to psychic pain acute disadvantage

24. “The survivors of childhood trauma are often left with [a] sense of self-hatred all their lives . . . And that is why so many of them turn to the strongest anaesthetic they can find. It is not a spasm of irrationality. It meets a need. It takes away the pain, for a while” (Hari 2015, p.162).

3.5. Times when addiction soars bears this out.

25. Time and again, addiction has soared when human bonds are ruptured as they can be by the criminal justice system:

“the native peoples of North America were stripped of their land and their culture – and [like indigenous Australians] collapsed into mass alcoholism. English poor were driven from the land into scary, scattered cities in the 18th century – and glugged their way into the Gin Craze. The American inner cities were stripped of their factory jobs and the communities surrounding them in the 1970s and 1980s – and a crack pipe was waiting at the end of shut-down assembly line. The American rural heartlands saw their markets and subsidies with a in the 1980s and 1990s – and embarked on a meth binge” (Hari 2015, p.175 citing Alexander 2014).

26. This analysis is directly applicable to the situation of Australian aboriginal and Torres Strait Islanders (section 3.12 below on page 12).

3.6. The stigma of criminalised abuse fosters social exclusion and marginalisation

27. The isolation from family, friends and the community is very often a consequence of the stigma of illicit drug use being characterised as a crime. This isolation compounds drug problems, intensifies social exclusion and which in turn produces disadvantage and extreme vulnerability. A dated but still authoritative respected guideline to early intervention to crime in Australia advises that:

“ . . . Steps need to be taken to make a program accessible, to keep people involved, to avoid stigmatising those who participate, and to help people take an active role in working out what they do. Developmental perspectives add the

JUSTICE AND COMMUNITY SAFETY

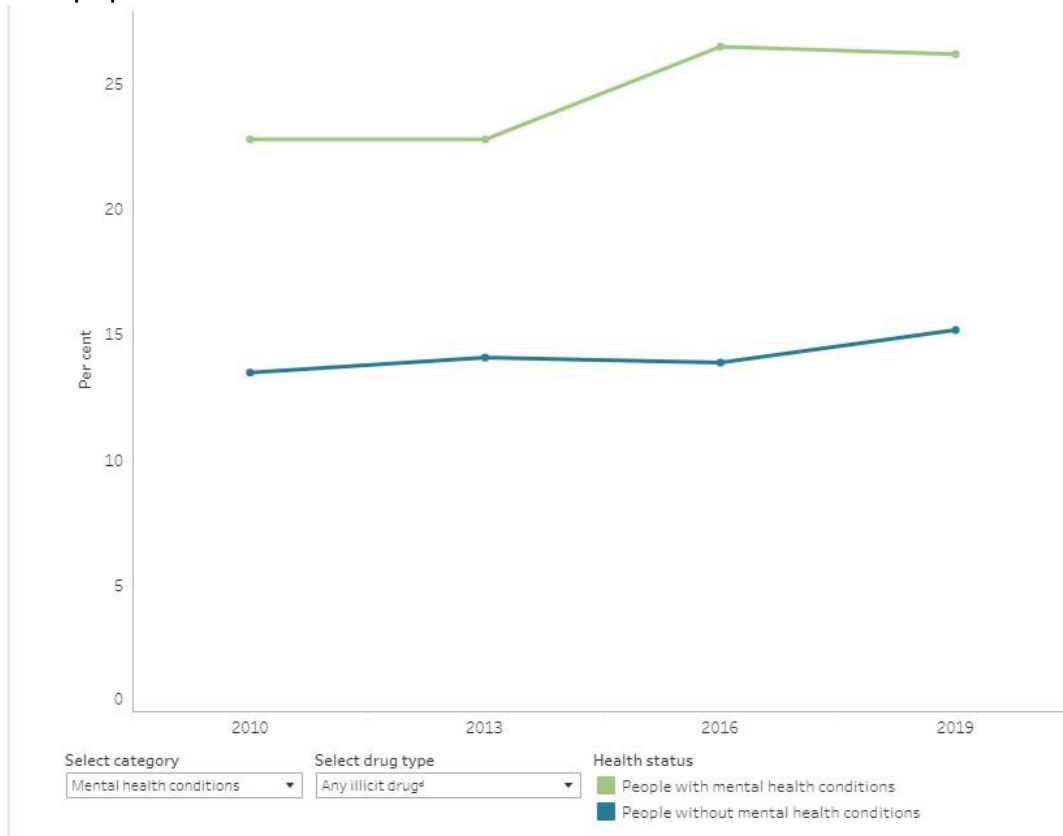
need to think in terms of actions that both divert people from one pathway and to another, that break down lines of division between ‘us’ and ‘them’, and that build on the specific interests of various age groups or social groups” (*Pathways to prevention* 1999, p.26).

28. The shape of early intervention approaches to crime prevention are much the same as the principles that underlie good drug treatment services which should be readily accessible, effective and non-stigmatising. These principles also underlie the harm reduction pillar recognised in the ACT and National drug strategy:

- programs should have a focus on long-term well-being and recovery rather than abstinence;
- coerced or involuntary treatments should be minimised because of the elevated risk of mortality that they present (Vuong *et al.* 2019);
- engagement and stabilisation rather than abstinence should be the primary objectives.

3.7. Stigma and marginalisation trigger and intensify frequently co-occurring mental health conditions.

29. Far more people with mental health conditions use illicit drugs than does the wider population.



SOURCE: Australian Institute of Health and Welfare 2021, *Alcohol, tobacco & other drugs in Australia, People with mental health conditions* (AIHW, Canberra, last updated 16/04/2021 v11.0) at <https://www.aihw.gov.au/reports/alcohol/alcohol->

[tobacco-other-drugs-australia/contents/priority-populations/people-with-mental-health-conditions](#) visited 19/05/2021

30. John Feint, as the President of the St Vincent de Paul Society, Canberra and Goulburn, put it to the select committee on cost of living pressures, “there is generally a mixture of mental health issues and substance abuse; too often go together so they are complex cases . . . A lot of the time mental health and substance abuse are in the same person, in the same family” (Oral evidence, 12 April 2023).

31. The overlap between mental health conditions and substance dependency is so high that it has long been described as the expectation rather than the exception and observed that they are both linked to disadvantage (Senate 2006, Chapter 14, paras. 14.1 & 14.4). The co-occurrence adds to the vulnerability and complexity treating and supporting people with those conditions.

3.8. The stigma of dependency on illicit drugs adds greatly to the complexity of treating and supporting people.

32. In the course of its enquiry into mental health, the Productivity Commission identified “stigma and discrimination . . . directed at both those people with mental illness and those who support them” as among the “Key factors driving poor outcomes in Australia’s mental health system” (PC 2019a, vol. 1, p. 6.).

“All forms of stigma are associated with reduced quality of life, hopelessness, poor self-esteem and reduced ability to function socially. Stigma is associated with a reluctance to seek diagnosis and treatment. It affects the way symptoms are communicated, which symptoms are reported, and compliance with prescribed treatment. In turn, this can harm recovery prospects, particularly for people with severe mental illness. People labelled as ‘mentally ill’ are also less likely to benefit from available healthcare for physical health problems.”(PC 2020, vol. 2, section 88.3, p. 362).

33. The intervention of the criminal law forms an obstacle to people with co-occurring conditions securing the help they need.

Finding. 1

Finding 28: The addition of a diagnosis of a mental illness on top of that of substance dependency can add to the burden on patient and carer without promoting recovery.

3.9. Person centred care is required for those suffering from a substance dependency

34. Exposure to the criminal coercive procedures of the criminal law including the imposition of a fine is the antithesis of person centred care which the [Australian Commission on Safety and Quality in Health Care](#) which “is widely recognised as a foundation to safe, high-quality healthcare.”

JUSTICE AND COMMUNITY SAFETY

35. “It is care that is respectful of, and responsive to, the preferences, needs and values of the individual patient” and “It involves seeking out, and understanding what is important to the patient, fostering trust, establishing mutual respect and working together to share decisions and plan care.”

3.10. Treatment and support available to dependent drug users should comply with public health principles;

36. Public health principles should guide the response to drug use. This means that treatments in terms of pharmacotherapies should be consistent with person centred care and take into account the psychosocial needs in terms of poverty, homelessness and other disadvantages that frequently characterise the life of dependent drug users. This is why treatment in terms of access to pharmacotherapies and these are available and support should be accessible, effective and non-stigmatising.

3.11. Initiation and perpetuation of intergenerational disadvantage.

37. A particularly insidious consequence of the criminalisation of people who use drugs is the extent that it can give rise to disadvantage that can echo and intensify down generations. Common personality traits of young people can predispose them to try illicit drugs; some will do so because they are confident risk takers.. Others will see drug use as a means of coping with their uncertainties and difficulties in socialising with other young people. These are common personality types of teenagers and young adults. This can explain why some children of caring well integrated families can be at substantial risk of trying drugs. Of these, a small proportion, commonly said to be about 10%, will develop a dependency. Of the 90% who probably cease using, some may resume using if caught up in the turmoil of the legal system, the education truncated, unemployed homelessness and their life chances ruined.

38. Their own children will begin life with a set of risk factors that the parents themselves never had. They have grandparents to call upon to raise and support but this support will probably not exist a further generation hence.

3.12. Closing the gap of indigenous disadvantage.

39. So long as governments persevere with a punitive, punishing drug policy, the gap between our indigenous Australians and the rest of the community will never be eliminated. Such a drug policy snares them within the criminal justice system.

40. The latest analysis of use of Alcohol, tobacco & other drugs in Australia by Aboriginal and Torres Strait Islander people published in December 2022 reports that:

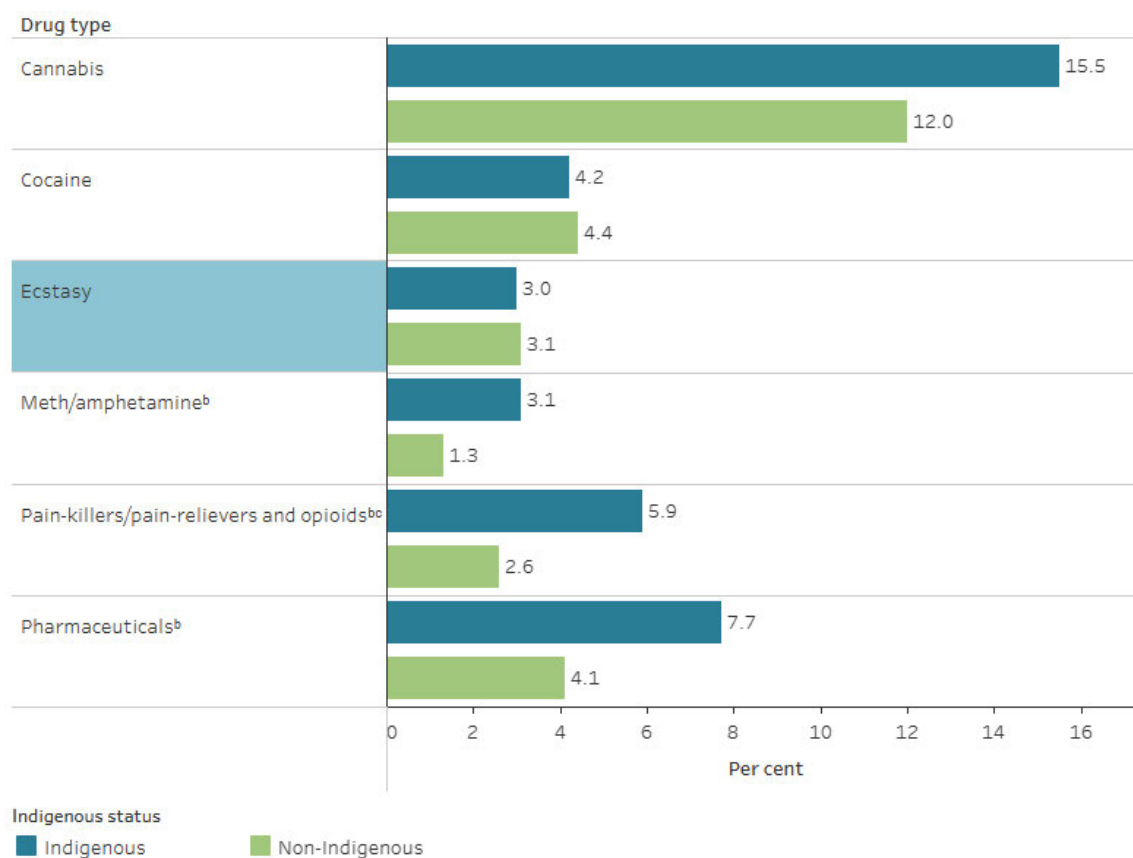
The overall findings are consistent with the 2014–15 NATSISS [National Aboriginal and Torres Strait Islander Social Survey], which also showed that there was an increase between 2014–15 (30%) and 2008 (22%) in the proportion of Indigenous Australians aged 15 and over who reported using illicit substances in the last 12 months (ABS 2016) (AIHW 2022).

Drug use is more prevalent among Indigenous Australians than in the general community.

FFDLR COMMUNITY CORRECTIONS

Figure 2: Illicit substance use in the previous 12 months among indigenous people aged 14 and over, 2019

Figure INDIGENOUS5: Recent^a illicit drug use by Indigenous status, people aged 14 and over, 2019 (age-standardised percent)



SOURCE: AIHW 2022.

41. “The 2019 NDSHS [National Drug Strategy Household Survey] data showed that (other than ecstasy, cocaine and hallucinogens), a higher proportion of Indigenous Australians aged 14 and over had recently used illicit drugs, compared with non-Indigenous Australians in 2019, after adjusting for age”:

The 2019 NDSHS data showed that (other than ecstasy, cocaine and hallucinogens), a higher proportion of Indigenous Australians aged 14 and over had recently used illicit drugs, compared with non-Indigenous Australians (Figure INDIGENOUS5; AIHW 2020b, Table 8.2). In 2019, after adjusting for age:

- just under one-quarter (23%) of Indigenous Australians had used any illicit drug in the last 12 months—almost 1.4 times higher than non-Indigenous Australians (16.6%)
- 15.5% had used cannabis in the last 12 months—almost 1.3 times higher than non-Indigenous Australians (12.0%)
- 7.7% had used a pharmaceutical for non-medical use—almost 1.9 times higher than non-Indigenous Australians (4.1%)
- 3.1% had used meth/amphetamine in the last 12 months—almost 2.4 times higher than non-Indigenous Australians (1.3%). The estimate for Indigenous

JUSTICE AND COMMUNITY SAFETY

Australians has a relative standard error of 25% to 50% and should be interpreted with caution (AIHW 2020b, Table 8.2). (AIHW 2022).

42. Combining a drug policy founded on public health principles with its culturally appropriate delivery by indigenous controlled agencies such as Winnunga Nimitija holds out the distinct possibility of the ACT closing rather than widening the gap of indigenous disadvantage.

43. The Productivity Commission makes the point that “Many Aboriginal and Torres Strait Islander people experience high levels of distress — for example, one in three adults report having experienced high or very high distress in a recent four week period.”(PC 2019b p. 831) it then traces a pathway that leads a hugely disproportionate number of indigenous Australians to prison:

“Disadvantage and psychosocial stress often go hand in hand, and pose a concurrent risk to people’s health. Among other things, inadequate housing, a lack of employment, high rates of incarceration or insufficient education opportunities are sources of disadvantage for Aboriginal and Torres Strait Islander people that may lead to psychological distress. Entrenched poverty amongst Aboriginal and Torres Strait Islander people is recognised as a ‘significant underlying factor’ that contributes to self-destructive behaviour, intentional self-harm and suicide.”

44. Social exclusion follows from these experiences. Incarceration further marginalises all those struggling with the chaotic experience of co-occurring substance dependency and other mental health issues whether they be indigenous or non-indigenous Australians. In other words, incarceration intensifies and compounds the very problems that led to imprisonment. It is a bond of suffering with non-indigenous people battling substance dependency and other mental health problems but is that much keener for indigenous Australians because they are marginalised in the land of their ancestors.

45. Drug treatment and support reduces offending and prevents Crime

4. ACT decriminalisation

46. The decriminalisation enacted last year by the ACT Assembly, the Drugs of Dependence (Personal Use) Amendment Act is a politically very cautious measure. As the following diagram the key decisions are hands of the police: police decide whether to proceed against a user by issuing a Simple Drug offence notice or by prosecution and should a user fail to quit his notice by either paying fine for comply with the attendance requirement, that person may be prosecuted or the fine forced under the criminal justice system. To the extent that the criminal law remains the initiator and ultimate guarantor of the system. Whether it will be successful in sheltering users from sufficient of the harmful criminal justice processes will depend on the procedures put in place by the time the legislation enters into effect by police and (in relation to the attendance requirements) by the health authorities.

The danger is that the politically cautious approach may nullify the benefits that would accrue from an approach that was faithful to public health principles. Were anticipated benefits not to accrue decriminalisation risks being discredited and the scheme Deputy

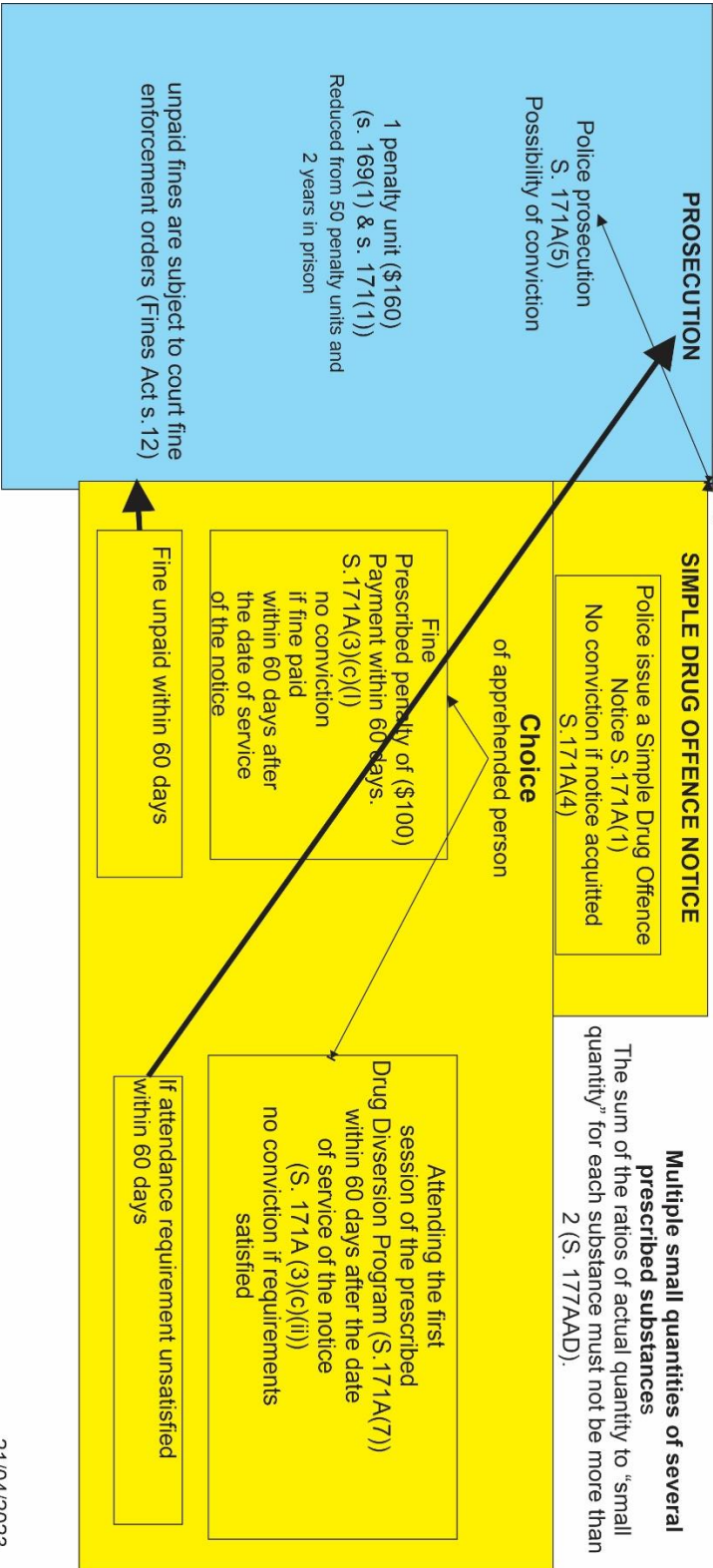
Opposition leader Jeremy Hanson would undermine whatever improvement is brought about by the new legislation (Hansen 2022).

Figure 3: Drugs of Dependence (Personal Use) Amendment Act 2022

Drugs of Dependence (Personal Use) Amendment Act 2022 A2022-20

Small quantity personal possession limit of a prescribed substance or a small quantity of a combination of several prescribed substances

Apprehension by police of a small quantity



DECRI/rev.cdr

21/04/2023

JUSTICE AND COMMUNITY SAFETY

5. Public health measures reduce reoffending far more effectively than drug law enforcement.

This part presents evidence showing that drug policy based on public health principles is a more effective crime prevention measure than drug law enforcement. Drug treatment and support that prevents crime most effectively satisfies the following conditions:

- it must be low threshold;
- it should be attractive enough to engage dependent drug users;
- it should be able to retain them until they are stabilised.

47. Addressing the public health needs of vulnerable populations before the crime is committed may not eliminate the need for corrections services but in line with the principle of justice reinvestment to which the government is committed, it will radically reduce the demand on correction services and alleviate the burden on police.

5.1. Crime reduction and Opiates dependency

5.1.1. Methadone

48. The benefits of treatment in reducing illicit drug consumption and acquisitive crime has been demonstrated in Australia by the Australian Treatment Outcome Study for heroin dependency. For example, the report of the combined outcome after twelve months in New South Wales, South Australia and Victoria reported the following reductions in criminal activity at baseline compared to 12 months according to the form of treatment that users were in at the commencement (maintenance therapies of methadone or buprenorphine, detoxification and residential rehabilitation) compared to a group not in treatment then.

“Reductions in self-reported criminal activity was paralleled by reductions in the percentages of respondents who reported criminal activity as their major source of income. Specifically, the percentage of people reporting criminal activity fell from 14% to 1% among the MT [Maintenance Therapy] group, from 21% to 3% among the DTX [Detoxification] group and from 24% to 3% among the RR [Residential Rehabilitation] group. In contrast, the reduction in the percentage of people in the non-treatment group who reported criminal activity as their primary income source was less marked: from 32% to 17%.”¹

49. Thus, maintenance therapies were associated with the most striking reductions in criminal activity.

1. Joanne Ross, Maree Teesson, Shane Darke, Michael Lynskey, Robert Ali, Katherine Mills, Anna Williamson, Allison Ritter & Richard Cooke, *Twelve month outcomes of treatment for heroin dependence: findings from the Australian Treatment Outcome Study (ATOS)* (Technical report no. 196, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, 2004), p.31.

FFDLR COMMUNITY CORRECTIONS

Table 1: Criminal activity at baseline and 12 months by index group of maintenance therapy

| | Maintenance Therapies (N=167) | | | Detoxification (N=171) | | | Residential rehabilitation (N=104) | | | Not currently in treatment (N=53) | | |
|------------------------------------|----------------------------------|--------|--------------|---------------------------|--------|--------------|---------------------------------------|--------|--------------|--------------------------------------|---------|--------------|
| | BaseLine | 12mt h | % reducti on | BaseLine | 12mt h | % reducti on | BaseLine | 12mt h | % reducti on | BaseLine | 12 mt h | % reducti on |
| Any crime in preceding mth (%) | 45 | 19 | 57.8% | 59 | 28 | 52.5% | 61 | 27 | 55.7% | 60 | 40 | 33.33% |
| <i>Type of crime committed (%)</i> | | | | | | | | | | | | |
| Property | 29 | 7 | 75.9% | 39 | 13 | 66.7% | 48 | 11 | 77.1% | 23 | 27 | - 17.39% |
| Dealing | 29 | 7 | 75.9% | 30 | 17 | 43.3% | 27 | 16 | 40.7% | 25 | 38 | - 52.00% |
| Fraud | 12 | 1 | 91.7% | 16 | 6 | 62.5% | 25 | 7 | 72.0% | 21 | 15 | 28.57% |
| Violent | 4 | 2 | 50.0% | 11 | 2 | 81.8% | 7 | 1 | 85.7% | 2 | 2 | 0.00% |

SOURCE: Joanne Ross *et al.*, *Twelve month outcomes of treatment for heroin dependence: findings from the Australian Treatment Outcome Study (ATOS)*, (Technical report no. 196, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, 2004) table 8, table 9, p. 30.

50. Crime reduction accompanying methadone maintenance treatment has been carefully assessed in a lot of studies. For example, a large American one reported an 80% reduction in “drug business” among 491 male patients after stabilization in methadone maintenance treatment:

Table 2: Criminal activity at baseline and 12 months of methadone treatment

| Offense | Pretreatment: last addiction period | | In treatment 6 months or longer | | Percent reduction | |
|---------------|-------------------------------------|------------------------|---------------------------------|-----------------|-------------------|---------|
| | No. of offenses | No. of dependent users | No. of offenses | No. of patients | No. of offences | Persons |
| Drug business | 78,548 | 284 | 15,264 | 80 | -80.6% | -71.8% |
| Total | 242,358 | | 50,103 | | -79.3% | |

SOURCE: From table 10.4 at John C. Ball & Alan Ross, *The effectiveness of methadone maintenance treatment: patients, programs, services, and outcomes* (Springer-Verlag, New York, Berlin &c, 1991) p. 202.

51. The pharmacotherapies of methadone and buprenorphine which produced the large reduction criminal activity measured in the Australian Treatment Outcome Study have been available in the ACT. One can speculate that the level of crime would have been much higher had these treatments not been available. Clearly though, they have failed to stem the growth in incarceration since the establishment of the ACT prison. You on this committee cook committee should therefore turn your mind to what else needs to be done to reverse this unfortunate trend. The outcome study shows that methadone and buprenorphine are not for everyone. After 12 months only 44% of the

JUSTICE AND COMMUNITY SAFETY

original maintenance group was still receiving that treatment.² Retention in treatment is a significant factor which points to the need to provide a range of options treatment attractive to a wider group of dependent drug users.

5.2. Heroin Assisted Treatment prevents crime

5.2.1. Liverpool

in the 1980s to the early 1990s Dr John Marks who conducted a programme of expanded heroin prescription in Liverpool.

Reduction in drug use: ‘Most addicts will simply stop, whether they are given treatment or not, provided prohibition doesn't kill him first. They usually do so after around 10 years of use" (Hari 2015, p. 213). This contradicts the given wisdom that the more that drugs were available to dependent users are the more they would use.

Crime reduction: “There was a drop in shoplifting so massive that the department store chain Marks and Spencer publicly praised the policy . . . “(Hari 2015, p. 214).

5.2.2. Switzerland

52. The carefully monitored trial in Switzerland of heroin assisted treatment tracked striking reduction in crime among the highly marginalised, heroin dependent people selected for the trial. They were drug users who had consistently failed to be engaged by existing drug treatments like methadone. The trial assessors compared the reduction in crime of those on the trial. “This reduction in crime was verified in three ways: from self-report, reduction in police contacts and reduction in victimisation of those on the trial (as criminologists acknowledge, being a victim of crime is a recognised proxy for criminal activity). The Productivity Commission has observed that people with mental illness are more likely than others in the community to be victims of crime . . . “.³

2. Ross *et al.*, fn 1, pp. 19-20.

3. Productivity Commission report on Mental health (2020), vol. 1, p. 46.

FFDLR COMMUNITY CORRECTIONS

Table 3: Prevalence and incidence rates of self-reported criminality after one year of treatment compared to the time before admission (reference. Six months, N=305)

Table 1: Prevalence and incidence rates of self-reported criminality, after one year of treatment in the programme, compared to the time before admission (reference period of 6 months, N=305).

| offence type | prevalence rates | | | | incidence rates | | | |
|----------------------------------------|------------------|-------|-------|------|-----------------|-------|-------|------|
| | before | after | p | drop | before | after | p | drop |
| serious property offences ¹ | 11.2 | 0.7 | <.001 | 94% | 0.388 | 0.007 | <.001 | 98% |
| other property offences ² | 39.9 | 17.4 | <.001 | 56% | 7.238 | 0.954 | <.001 | 87% |
| selling «soft» drugs | 26.3 | 12.5 | <.001 | 52% | 8.960 | 2.162 | 0.001 | 76% |
| selling «hard» drugs | 46.9 | 8.2 | <.001 | 83% | 25.297 | 2.030 | <.001 | 92% |
| assault ³ | 1.0 | 1.0 | ns | ns | 0.017 | 0.016 | ns | ns |

¹ burglary, muggings, robbery, pick-pocketing
² thefts, shoplifting, receiving or selling stolen property
³ with or without weapon

SOURCE: Martin Killias, Marcelo Aebi and Denis Ribeaud, “Key findings concerning the effects of heroin prescription on crime” p. 195 in *Heroin-assisted treatment: work in progress* edited by Margret Rihs-Middel, Robert Hämmig & Nina Jacobshagen (Verlag Hans Huber, Bern etc, 2005) pp. 193-98.

Table 4: Prevalence and incidence of rates of self-reported victimisations after one year of treatment compared to the time before admission to the program (N=604)

| offence type | prevalence rates | | | | incidence rates | | | |
|------------------|------------------|-------|-------|------|-----------------|-------|-------|------|
| | before | after | p | drop | before | after | p | drop |
| robbery | 11.5 | 4.7 | <.001 | 59% | 0.273 | 0.084 | <.001 | 69% |
| assault | 3.6 | 2.7 | ns | – | 0.036 | 0.043 | ns | – |
| sexual offences | 1.7 | 1.4 | ns | – | 0.092 | 0.013 | ns | – |
| fraud with drugs | 55.3 | 16.0 | <.001 | 71% | 4.465 | 0.572 | <.001 | 87% |
| thefts | 23.0 | 13.0 | <.001 | 43% | 0.792 | 0.180 | <.001 | 77% |
| theft of bicycle | 14.1 | 9.7 | .096 | 31% | 0.201 | 0.128 | .063 | 36% |

SOURCE: Martin Killias, Marcelo Aebi and Denis Ribeaud, “Key findings concerning the effects of heroin prescription on crime” p. 195 in *Heroin-assisted treatment: work in progress* edited by Margret Rihs-Middel, Robert Hämmig & Nina Jacobshagen (Verlag Hans Huber, Bern etc, 2005) pp. 193-98.

JUSTICE AND COMMUNITY SAFETY

Table 3: Incidence raised of police contact, by offence type, period of six months before and after admission to the program (N equal 604)⁴

| offence type | before | after | drop | p* |
|--------------------------------------------------|--------------|--------------|------------|----------------|
| violent and sex offences | 0.023 | 0.022 | 4% | ns |
| shoplifting | 0.164 | 0.078 | 52% | <.01 |
| burglary | 0.041 | 0.013 | 68% | <.02 |
| robbery / mugging | 0.012 | 0.002 | 83% | .06 |
| trespassing | 0.028 | 0.007 | 75% | <.02 |
| theft of vehicles | 0.048 | 0.020 | 58% | <.03 |
| other theft and property offences ¹ | 0.139 | 0.033 | 76% | <.01 |
| other criminal code offences ² | 0.023 | 0.007 | 70% | <.01 |
| traffic offences | 0.040 | 0.013 | 68% | ns |
| use or possession of cannabis | 0.131 | 0.056 | 57% | <.01 |
| use or possession of heroin | 0.689 | 0.149 | 78% | <.01 |
| use or possession of cocaine or ecstasy | 0.285 | 0.132 | 54% | <.01 |
| use or possession of other or several substances | 0.166 | 0.025 | 85% | <.02 |
| drug trafficking | 0.119 | 0.051 | 57% | <.01 |
| offences to other laws ³ | 0.017 | 0.005 | 71% | .07 |
| overall incidence rate | 1.924 | 0.613 | 68% | <.01 |

* t test for paired samples, two-tailed significance
¹ including receiving stolen property and forgery
² including fare dodging
³ including searches

53. Swiss researchers observed that “. . . The decrease has been particularly strong for serious property crime and drug trafficking.”⁵ Contrary to expectations, heroin prescription tended to decline as did the use of other (i.e. not prescribed drugs).

54. The foregoing tables record large reduction in drug trafficking offences. This reduction appears to have disrupted the retail drug distribution system. As mentioned above, a follow up study published a decade later suggests this disruption contributed to a decline in recruitment of new drug users.

55. While beyond the scope of the trial of heroin assisted treatment, on a population wide basis, street robberies, a crime typically committed by dependent drug users dropped in both the city and Canton of Zürich by about 70%.⁶

4. Martin Killias, Marcelo Aebi and Denis Ribeaud, “Key findings concerning the effects of heroin prescription on crime” in *Heroin-assisted treatment: work in progress* edited by Margret Rihs-Middel, Robert Hämmig & Nina Jacobshagen (Verlag Hans Huber, Bern etc, 2005) p. 196.

5. The same, p. 194.

6. The same, p. 197.

FFDLR COMMUNITY CORRECTIONS

56. A consistent finding from this series of randomised trials is of the substantial improvement in health and well-being of the patients receiving SIH compared with those provided with oral methadone treatment. This improvement includes, in particular, a major reduction in the extent of continued injecting of 'street' heroin, improvements in general health, psychological well-being and social functioning, as well as major disengagement from criminal activities (such as acquisitive crime to fund continued use of 'street' heroin and other street drugs).

5.2.3. Cochrane review of the impact of heroin assisted treatment as a crime prevention measure.

57. Since the spectacular results of the Swiss trial of Heroin assisted treatment a number of other European countries and Canada have introduced that measure. A Cochrane review of trials in six countries (including Belgium) concluded:

“Five studies compared supervised injected heroin plus flexible dosages of methadone treatment to oral methadone only and showed that heroin helps patients to remain in treatment, and to reduce use of illicit drugs”.⁷

58. In the light of these positive results Denmark in 2010 initiated heroin assisted treatment and in October and November 2019 with strong support of the local police clinics providing for that treatment were opened in [Middlesborough](#) and [Glasgow](#) respectively.

59. An overview published in 2007 of the “largely positive” outcome of five trials concluded to that point noted that:

“there is a mounting onus on the realm of politics to translate the—largely positive—data from completed HAT science into corresponding policy and programming in order to expand effective treatment options for the high-risk population of illicit opioid users.”

60. The German trial of heroin assisted treatment recorded comparable reductions in crime by participants in the program:

7. Ferri M, Davoli M, Perucci CA, Heroin maintenance for chronic heroin-dependent individuals (Review), *Cochrane Database of Systematic Reviews* 2011, Issue 12. Art. No.: CD003410.

8. [Benedikt Fischer](#), [Eugenia Oviedo-Joekes](#), [Peter Blanken](#), [Christian Haasen](#), [Jürgen Rehm](#), [Martin T. Schechter](#), [John Strang](#), and [Wim van den Brink](#), Heroin-assisted Treatment (HAT) a Decade Later: A Brief Update on Science and Politics, *J Urban Health*. 2007 Jul; 84(4): pp. 552–562 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2219559/> visited 5/04/2020

JUSTICE AND COMMUNITY SAFETY

“Illegal activities, according to EuropASI formulation of involvement in illegal activities in the last 30 days, decreased [by 2/3] in the first year of treatment, without a further decline in the second year.”⁹

61. The reduction in property crime reviewed above by participants in the Swiss trial of heroin assisted treatment was in the region of 90%. The results of that trial led a leading criminologist to conclude that “heroin treatment constitutes without doubt one of the most effective measures ever tried in the area of crime prevention.”¹⁰

62. Delinquency which “decreased rapidly “. . . was associated closely with the decline of illicit drug use and vanished procuring pressure.”¹¹

63. A 2018 Victorian Parliamentary inquiry strongly endorsed Heroin assisted treatment:

Heroin-assisted treatment (HAT) is particularly used in overseas jurisdictions, including Switzerland, the UK and Canada, which the Committee visited during its overseas study tour. It involves the prescription and strict clinically-supervised consumption of pharmaceutical-grade heroin (diacetylmorphine or diamorphine). The Committee found there was a strong evidence base for such treatments, with key benefits including improved health and wellbeing, reduced crime rates, and cost effectiveness.¹²

64. Heroin assisted treatment is of course, appropriate only for those who have become opiate dependent whether on illicit heroin or prescription medications which are themselves often available black market. Opiate dependency is widespread among people in the prison. This is attested to by the number of people on methadone revealed in the most recent ACT Detainee Health and Wellbeing Survey reported that “Forty-five percent of respondents indicated that they had been on a methadone program, in the past (7%) or currently (38%).”¹³ Not everyone who is opiate dependent wants to use methadone as a pharmacotherapy hence the search for alternatives like

9. At baseline 69.9% of the participants had been involved in illegal activities in the previous 30 days. At the end of 12 months this had sunk to 23.4%. Verthein, U., Bonorden-Kleij, K., Degkwitz, P Christoph Dilg , Wilfried K. Köhler , Torsten Passie , Michael Soyka , Sabine Tanger , Mario Vogel & Christian Haasen (2008), ‘Long-term effects of heroin-assisted treatment in Germany’, *Addiction* 103, pp. 960–966.

10. Translation from Martin Killias, Marcelo F. Aebi, Denis Ribeaud & Juan Rabasa, Rapport final sur les effets de *la prescription de stupéfiants sur la délinquance des toxicomanes*, 3rd ed. (Institut de police scientifique et de criminologie, Lausanne, September 2002) p.80.

11. The same.

12. Victoria, Parliament, parliament, Law Reform, Road and Community Safety Committee, *Inquiry into drug law reform*, (Victorian Government Printer, Melbourne, March 2018) p. xxxi at https://www.parliament.vic.gov.au/file_uploads/LRRCSC_58-03_Full_Report_Text_WEB_XQB31XDL.pdf visited 28/03/2018

13. Young J.T., van Dooren, K., Borschmann R., & Kinner S.A. (2017), ACT Detainee Health and Wellbeing Survey 2016: Summary results. ACT Government, Canberra, ACT. at <https://stats.health.act.gov.au/sites/default/files//2016%20ACT%20Detainee%20Health%20and%20Wellbeing%20Survey%20Report.pdf> visited 12/11/2018.

FFDLR COMMUNITY CORRECTIONS

heroin assisted treatment and hydromorphone. Methadone of course does nothing for those in prison who have become dependent on a stimulant like cocaine or ice. Beyond the demonstrated reduction in engagement in dealing by those on HAT the crime reduction effect of heroin assisted treatment has little if any impact on the behaviour of those addicted to ice.

65. The reduction in property crime reviewed above by participants in the Swiss trial of heroin assisted treatment was in the region of 90%. A leading criminologist concluded that “heroin treatment constitutes without doubt one of the most effective measures ever tried in the area of crime prevention.”¹⁴

Finding. 2

Finding 20: Heroin assisted treatment constitutes one of the most effective measures of crime prevention that has ever been trialled.

5.2.4. Hydromorphone

66. Hydromorphone is an opioid used as a potent painkiller. Trials in Canada have shown that injectable hydromorphone produces results comparable to heroin assisted treatment among so-called “treatment refractory opioid dependent individuals”. A 2010 pilot study compared the “treatment response with injectable hydromorphone [with] diacetylmorphine [heroin].” The result pointed to “Hydromorphone [being] similarly safe and effective as diacetylmorphine as opioid-agonist substitution treatment.”¹⁵ A subsequent trial comparing adverse events associated with the same two treatments concluded that “When injectable hydromorphone and diacetylmorphine are individually dosed and monitored, their opioid-related side effects, including potential fatal overdoses, are safely mitigated and treated by health care providers.”¹⁶ In the midst of an opioid overdose epidemic, injectable options are timely to reach a very important minority of people who inject street opioids and are not attracted to other treatments.

67. In 2019 the National Health and Medical Research Council proposed a trial by the University of New South Wales which was approved by the Commonwealth Health Minister, Greg Hunt, of a trial of:

14. Translation from Martin Killias, et al., fn 10

15. Oviedo-Joekes E, Guh D, Brissette S, Oviedo-Joekes E, Guh D, Brissette S, et al. Double-blind injectable hydromorphone versus diacetylmorphine for the treatment of opioid dependence: a pilot study. *J Subst Abuse Treat* 2010; 38: 408–11.

16. Eugenia Oviedo-Joekes, Suzanne Brissette, Scott MacDonald, Daphne Guha, Kirsten Marchand, Salima Jutha, Scott Harrison, Amin, Janmohamed, Derek Z. Zhang, Aslam H. Anis, Michael Krausz, David C. Marsh, Martin T. Schechter, Safety profile of injectable hydromorphone and diacetylmorphine for long-term severe opioid use disorder in *Drug and Alcohol Dependence* 176 (2017) 55–62.

JUSTICE AND COMMUNITY SAFETY

“Implementation of time-limited parenteral¹⁷ hydromorphone in people with treatment-resistant injecting opioid use disorder: Feasibility, acceptability, and cost.”¹⁸

68. This trial was approved in 2019, after the release in December 2018 of the current ACT drug strategy.¹⁹

69. Inexplicably the current ACT drug strategy released in December 2018 shortly before approval of the hydromorphone trial did not retain a commitment found in the earlier ones to “support researchers to seek funding to participate in a clinical research trial of hydromorphone in the ACT.”²⁰ In 2018 a Victorian inquiry into drug law reform recommended “a trial of other controlled and pharmaceutical grade opioids (such as hydromorphone) for a small group of people [which] should be conducted, accompanied by robust evaluation.”²¹ Such a trial and implementation of hydromorphone are being discussed in Victoria.²²

5.3. Crime prevention through treatment for stimulant dependency

5.4. Crime and stimulants

70. The foregoing section summarises the large impact that treatment by pharmacotherapies have in reducing reoffending by people dependent upon opiates. The stimulants cocaine and synthetic crystal methamphetamine have replaced heroin as the drugs of greatest concern. Ice in particular is associated with florid mental health behaviours and violence. Ice is so challenging because there are no equivalents of methadone, buprenorphine, hydromorphone or even heroin itself that are able to stabilise those hooked on ice. While counselling is quite effective for many people with less problematic methamphetamine use, we currently don't have a proven medication treatment for severe methamphetamine dependence. The search is, however underway for a pharmacotherapy. These are mentioned in the submission of Families and Friends

17. Administered or occurring elsewhere in the body than the mouth and alimentary canal. In other words, injectable hydromorphone.

18. National Health and Medical Research Council, 2018 Partnership Projects Third Call for Funding Commencing in 2019 at <https://www.nhmrc.gov.au/sites/default/files/documents/attachments/grant%20documents/Partnership-third-call-2019.pdf> visited 01/06/2020.

19. ACT Health Directorate, ACT Drug Strategy Action Plan 2018-2021: A Plan to Minimise Harms from Alcohol, Tobacco and Other Drug Use (ACT Health Directorate, Canberra, 2018) at <https://health.act.gov.au/about-our-health-system/population-health/act-drug-strategy-action-plan>.

20. ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014 at <http://www.atoda.org.au/wp-content/uploads/2017/09/ACT-Alcohol-Tobacco-and-Other-Drug-Strategy-2010-2014.pdf> visited 1/3/2021.

21. Victoria, *Inquiry into drug law reform*, (March 2018) fn 12 p. xxxi.

22. Alex Wodak, Bob Douglas, David McDonald, The case for an Australian heroin trial: strong then, even stronger now (*Pearls & Irritations*) 8 November 2021 at <https://johnmenadue.com/the-case-for-an-australian-heroin-trial-strong-then-even-stronger-now/> visited 14/11/2021

FFDLR COMMUNITY CORRECTIONS

for Drug Law Reform to the inquiry of the Select committee considering the Drugs of Dependence (Personal Use) Amendment Bill, 2021.²³ Addressing the considerable mental health and crime prevention dimensions of ice will therefore need to have recourse to more time-consuming processes involving a combination of Cognitive Behavioural-Like Therapies (subsection 5.4.2 on page 28) and low threshold counselling/psychosocial support such.

71. Stimulants may be very different drugs to a depressant like heroin but similar considerations apply when considering the link between their use and crime. Ice (crystal methamphetamine) is notorious for its association with aggression and violence. A very different profile of crime is therefore commonly linked to its use. Heroin is most commonly linked to property crime committed by dependent users seeking the means to acquire their next hit. As a depressant someone under the influence of opiates like heroin is typically peaceful so that someone who overdoses on it may simply quietly stop breathing and die. Those under the influence of a stimulant like ice can feel paranoid, believe people want to hurt them, yell or be aggressive or get violent.²⁴ That said, the underlying principle remains the same. Engagement in treatment offers the most likely prospect of crime prevention. The evidence is not as strong for this proposition as it is for heroin but is still very persuasive.

5.4.1. Rand Corporation study on treatment and cocaine

72. A highly regarded study on the control of cocaine undertaken by the Drug Policy Research Center of RAND in California compared the relative effectiveness of treatment with various forms of law enforcement in achieving a reduction in the number of users, the quantity of the drug consumed and the societal costs of crime and lost productivity that arise from use of the drug. The study estimated that “the costs of crime and lost productivity are reduced by \$7.46 for every dollar spent on treatment.” Domestic law enforcement is the most efficient form of law enforcement. It “costs 4 times as much as treatment for a given amount of user reduction, 7 times as much for consumption reduction, and 15 times as much for societal cost reduction.”²⁵

73. Addiction being a chronic relapsing condition, it is to be expected that many users will leave treatment early or relapse before they achieve long term abstinence. To the objection that for this reason treatments tend to be ineffective, the study has a blunt response:

23. Families and Friends for Drug Law Reform, Submission of Families and Friends for Drug Law Reform to the Inquiry of the Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021 (11 June 2021) at https://www.parliament.act.gov.au/data/assets/pdf_file/0019/1780003/Submission-38-Families-and-Friends-for-Drug-Law-Reform.pdf.

24. Australian Drug Foundation, Breaking the Ice: Fact Sheet; Crystal meth (ice), A support guide for family and friends (North Sydney, 2017) at [ice use in the family.pdf \(adf.org.au\)](https://www.adf.org.au/ice-use-in-the-family) visited 17/10/2021.

25. C. Peter Rydell and Susan S. Everingham, Controlling cocaine: supply versus demand programs prepared for the Office of National Drug Control Policy, United States Army (RAND, Drug Policy Research Center, Santa Monica, 1994) pp. xv-xvi.

JUSTICE AND COMMUNITY SAFETY

“ . . . this report concludes that treatment of heavy users is more cost-effective than supply-control programs. One might wonder how this squares with the (dubious) convention wisdom that, with treatment, ‘nothing works.’ There are two explanations. First, evaluations of treatment typically measure the proportion of people who no longer use drugs at some point after completing treatment; they tend to underappreciate the benefits of keeping people off drugs while they are in treatment—roughly one-fifth of the consumption reduction generated by treatment accrues during treatment. Second, about three-fifths of the users who start treatment stay in their program less than three months. Because such incomplete treatments do not substantially reduce consumption, they make treatment look weak by traditional criteria. However, they do not cost much, so they do not dilute the cost effectiveness of completed treatments.”²⁶

5.4.2. Cognitive Behavioural Therapy (CBT)

74. In the absence of an effective pharmacotherapy, treatment for ice dependency relies principally on skilled psychological counselling practising Cognitive Behavioural Therapy (CBT). That has been shown to be a powerful crime reduction intervention. A survey published in the College of Policing in the United Kingdom succinctly summarises this impact as follows:

“A meta-analysis of outcomes from all 58 studies in Review 1 showed a statistically significant reduction in reoffending of 25% amongst participants who received CBT compared to those who did not. The meta-analysis, containing 8 studies, from Review 2 showed a similar statistically significant reduction in general (23%) and violent (28%) reoffending among those who underwent CBT.”²⁷

75. Even the development and evaluation agency of the United States Department of Justice, the National Institute of Justice praises the effectiveness of CBT:

“ . . . even high-risk behavior did not reduce the therapy’s effectiveness. For example, some of the greatest effects were among more serious offenders. It may be that the therapy’s enabling, self-help approach is more effective in engaging typically resistant clients, that it increases their participation and therefore the benefits of participation. The therapy is more effective in reducing further criminal behavior when clients simultaneously receive other support, such as supervision, employment, education and training, and other mental health counseling.”²⁸

76. CBT helps people address distorted thinking such as: “

26. *Ibid.*, pp. xvii-xix.

27. College of Policing, Cognitive Behavioural Therapy (CBT) at <https://whatworks.college.police.uk/toolkit/Pages/Intervention.aspx?InterventionID=32> visited 17/09/2021.

28. Patrick Clark, Preventing Future Crime with Cognitive Behavioral Therapy: One form of psychotherapy stands out in the criminal justice system, 28 May 2010, [NIJ Journal Issue 265](https://nij.ojp.gov/topics/articles/preventing-future-crime-cognitive-behavioral-therapy), April 2010 at <https://nij.ojp.gov/topics/articles/preventing-future-crime-cognitive-behavioral-therapy> visited 17/09/2021.

FFDLR COMMUNITY CORRECTIONS

- An egocentric viewpoint with a negative view or lack of trust in other people.
- An inability to consider the effects of one's behavior.
- An inability to manage feelings of anger;
- The use of force and violence as a means to achieve goals.²⁹

5.4.3. Cocaine

77. The first point to note is that little chaotic criminal behaviour is associated with another stimulant, cocaine, compared to ice. That has to do with the typical profile of the consumers of that drug: more often well-resourced cocaine users are able to manage their recreational use of that more expensive drug. They do not so often come to the attention of police.

78. A classic 1994 Californian study confirms that engagement in treatment reduces the incentive for cocaine users to engage in dealing to support their habit. The study undertaken by the Drug Policy Research Center of RAND on the control of cocaine found that "the least costly supply-control program (domestic enforcement) costs 7.3 times as much as treatment to achieve the same consumption reduction." The study compared the relative effectiveness of treatment with various forms of law enforcement in achieving a reduction in the number of users, the quantity of the drug consumed and the societal costs of crime and lost productivity that arise from use of the drug. The study estimated that "the costs of crime and lost productivity are reduced by \$7.46 for every dollar spent on treatment." Described in other terms, domestic law enforcement, the most efficient form of law enforcement, "costs 4 times as much as treatment for a given amount of user reduction, 7 times as much for consumption reduction, and 15 times as much for societal cost reduction."³⁰

5.4.1. Accessible low threshold treatment and psychosocial support

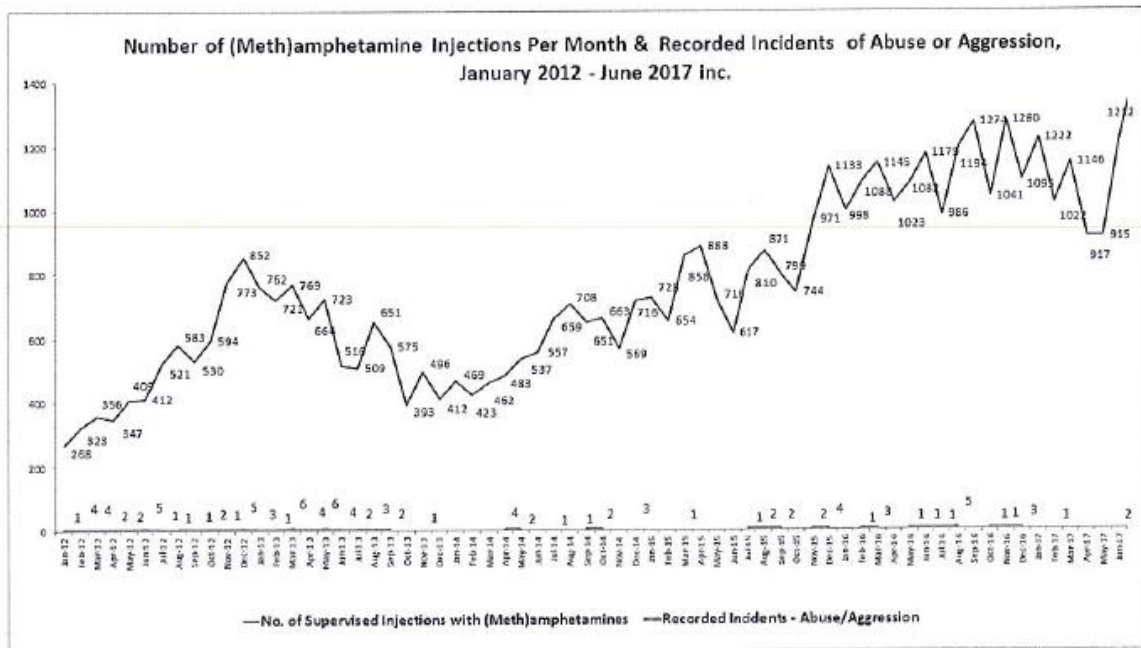
79. The aggression and violence associated with the poor user of the stimulant ice can be allayed if not eliminated by harm reduction drug strategies involving low threshold services staffed by skilled, patient and understanding workers. This is the experience of the Medically Supervised Injecting Centre in Sydney which has long permitted the injection of crystal meths.

29. The same.

30. C. Peter Rydell and Susan S. Everingham, Controlling cocaine: supply versus demand programs prepared for the Office of National Drug Control Policy, United States Army (RAND, Drug Policy Research Center, Santa Monica, 1994) pp. xv-xvi.

JUSTICE AND COMMUNITY SAFETY

Figure 4: (Meth) amphetamine injections and recorded incidents of abuse or aggression at the medically Supervised Injecting room, Kings cross



SOURCE: Uniting. Marianne Jauncey & Robert Graham, *Uniting Medically Supervised Injecting Centre Submission; Special Commission of Inquiry into the Drug "ice" (Sydney, 2019)*

80. A steady rise in injection of ice did not produce any increase in abusive or aggressive behaviour.

5.4.2. Cognitive Behavioural Therapy (CBT)

81. In the absence of an effective pharmacotherapy, treatment for ice dependency relies principally on skilled psychological counselling practising Cognitive Behavioural Therapy (CBT). That has been shown to be a powerful crime reduction intervention. A survey published in the College of Policing in the United Kingdom succinctly summarises this impact as follows:

“A meta-analysis of outcomes from all 58 studies in Review 1 showed a statistically significant reduction in reoffending of 25% amongst participants who received CBT compared to those who did not. The meta-analysis, containing 8 studies, from Review 2 showed a similar statistically significant reduction in general (23%) and violent (28%) reoffending among those who underwent CBT.”³¹

82. Even the development and evaluation agency of the United States Department of Justice, the National Institute of Justice praises the effectiveness of CBT:

31. College of Policing, Cognitive Behavioural Therapy (CBT) at <https://whatworks.college.police.uk/toolkit/Pages/Intervention.aspx?InterventionID=32> visited 17/09/2021.

FFDLR COMMUNITY CORRECTIONS

. . . even high-risk behavior did not reduce the therapy's effectiveness. For example, some of the greatest effects were among more serious offenders. It may be that the therapy's enabling, self-help approach is more effective in engaging typically resistant clients, that it increases their participation and therefore the benefits of participation. The therapy is more effective in reducing further criminal behavior when clients simultaneously receive other support, such as supervision, employment, education and training, and other mental health counseling."³²

83. CBT helps people address distorted thinking such as: “
- An egocentric viewpoint with a negative view or lack of trust in other people.
 - An inability to consider the effects of one's behavior.
 - An inability to manage feelings of anger;
 - The use of force and violence as a means to achieve goals.³³
84. Drug treatment is a particularly effective crime reduction measure because the best drug treatments are capable of engaging, retaining and stabilising people at high risk of reoffending.

Bill Bush
President
Families and Friends for Drug Law Reform

21/04/2023

32. Patrick Clark, Preventing Future Crime with Cognitive Behavioral Therapy: One form of psychotherapy stands out in the criminal justice system, 28 May 2010, [NIJ Journal Issue 265](#), April 2010 at <https://nij.ojp.gov/topics/articles/preventing-future-crime-cognitive-behavioral-therapy> visited 17/09/2021.

33. The same.

6. REFERENCES

- ABS 2023: *Recorded Crime – Offenders - Latest release: Statistics about offenders proceeded against by police including age, sex, Indigenous status and most serious offence, Reference period: 2021-22 financial year, released visited 9/02/2023* Australian Bureau of Statistics (abs.gov.au) at <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-offenders/2021-22> visited 18/04/2023
- ABS data 2023: *Recorded Crime – Offenders 2021 – 22, Data Downloads Offenders States and Territories Released at 11.30am (Canberra time) Thursday 9 February 2023 at https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-offenders/2021-22/2.%20Offenders%2C%20states%20and%20territories.xlsx visited 17/4/2023* AIHW:2022, *Australian Institute of Health and Welfare 2022, Alcohol, tobacco & other drugs in Australia*, (AIHW, Canberra, last updated 14 Dec 2022) at [Alcohol, tobacco & other drugs in Australia, People in contact with the criminal justice system - Australian Institute of Health and Welfare \(aihw.gov.au\)](#) visited 17/04/2023.
- AIHW 2022, *Alcohol, tobacco & other drugs in Australia: Aboriginal and Torres Strait Islander people* Web report, last updated: 14 Dec 2022 at [Alcohol, tobacco & other drugs in Australia, Aboriginal and Torres Strait Islander people - Australian Institute of Health and Welfare \(aihw.gov.au\)](#) visited 20/04/2023.
- Bruce K. Alexander, *The Rise and Fall of the Official View of Addiction* (Simon Fraser University, Revised July 3 2014) at [Rise and Fall of the Official View of Addiction \(brucekalexander.com\)](#) visited 19/04/2023.
- ALRC 2017: *The Australian Law Reform Commission (ALRC), Pathways to Justice—An Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples*, (ALRC Report 133, Sydney, December 2017 at https://www.alrc.gov.au/sites/default/files/pdfs/publications/final_report_133_amended1.pdf visited 29/03/2018.
- Australian Commission on Safety and Quality Health Care, *Person-centred care at https://www.safetyandquality.gov.au/our-work/partnering-consumers/person-centred-care visited 23/09/2020.*
- FFDLR 2023: *Submission of Families and Friends for Drug Law Reform to the Select Committee Inquiry into Cost Of Living Pressures, 2023, Submission 030 at https://www.parliament.act.gov.au/_data/assets/pdf_file/0005/2203565/030-Families-and-Friends-for-Drug-Law-Reform.pdf* visited 19/04/2023.
- Jeremy Hanson, *Does drug decriminalisation reduce harm - or do the exact opposite? The Riot Act 5 Jun 2022* at <https://the-riotact.com/does-drug-decriminalisation-reduce-harm-or-do-the-exact-opposite/571141> visited 21/04/2023.
- Johann Hari, *Chasing the scream: the first and last days of the war on drugs* (Bloomsbury, New York, London, New Delhi, Sydney, 2015)
- IDDR 2019-20, *Illicit drug data report, 2019–20* (Australian Criminal Intelligence Commission, Canberra City, October 2021) https://www.acic.gov.au/sites/default/files/2021-10/IDDR%202019-20_271021_Full_0.pd visited 17/04/2023.
- Pathways to prevention* 1999: National Crime Prevention, *Pathways to prevention: developmental and early intervention approaches to crime in Australia*; research team convenor Ross Homel; (National Crime Prevention, Attorney-General's Department, Canberra, 1999) at https://eprints.qut.edu.au/4482/1/4482_report.pdf visited 02/04/2019

FFDLR COMMUNITY CORRECTIONS

- PC 2019a, Productivity Commission, Draft Report Mental Health, (2019) vol. 1.
- PC 2019b, Productivity Commission, Mental Health, *Draft Report (Productivity Commission, October 2019, volume 2)* p. 831 at <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-volume2.pdf> visited 24/04/2020
- Productivity Commission, Mental Health Report, vol. 2, section 88.3, p. 362, No. 95, 30 June 2020)
- Senate 2006: Australia, Parliament, Senate, Select Committee on Mental Health, *A national approach to mental health: from crisis to community*, First report (March 2006) at https://www.aph.gov.au/~media/wopapub/senate/committee/mentalhealth_ctte/report/report_pdf.ashx visited 13/11/2018.
- Vuong *et al.* 2019: Thu Vuong, Alison Ritter, Caitlin Hughes, Marian Shanahan, Liz Barre, Mandatory alcohol and drug treatment: What is it and does it work? Bulletin No. 27 — March 2019; Drug Policy Modelling Program (Social Policy Research Centre, UNSW Sydney DOI:10.26190/5cc258e2a385c) at <http://unsworks.unsw.edu.au/fapi/datastream/unsworks:57804/bin864b3668-7ff6-408a-b387-c6b9c126aa92?view=true> visited 31/08/2021.
- Don Weatherburn, “The effect of prison on adult re-offending” in *Crime and Justice Bulletin, contemporary issues in crime and Justice*, (NSW Bureau of Crime Statistics and Research) *Crime and Justice Bulletin*, no. 143, August 2010
- Young *et al.* 2016, Young J.T., van Dooren, K., Borschmann R., & Kinner S.A. (2017), ACT Detainee Health and Wellbeing Survey 2016: Summary results. ACT Government, Canberra, ACT. at <https://stats.health.act.gov.au/sites/default/files//2016%20ACT%20Detainee%20Health%20and%20Wellbeing%20Survey%20Report.pdf> visited 12/11/2018.

JUSTICE AND COMMUNITY SAFETY