LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

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

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

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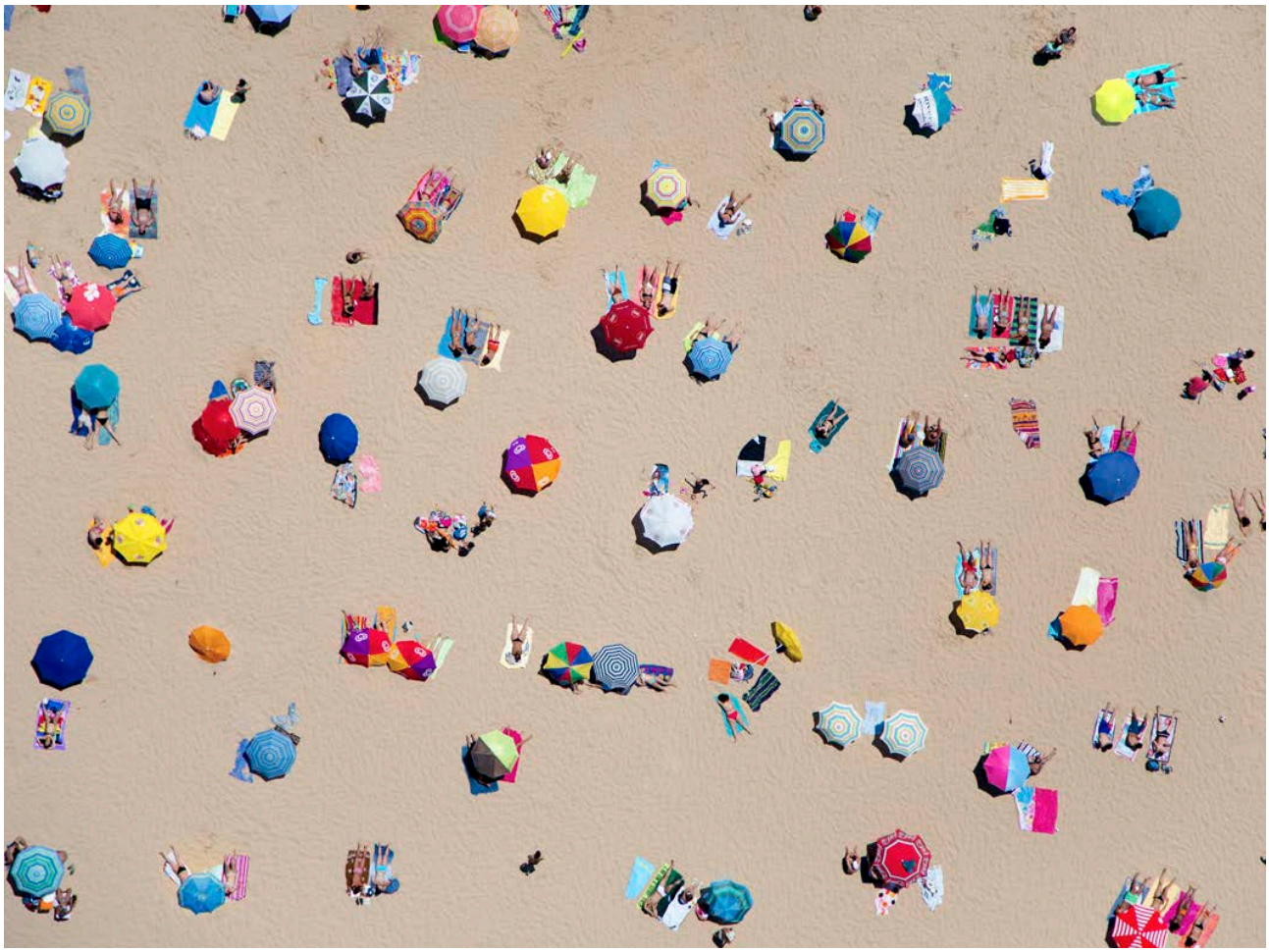

Drugs of Dependence (Personal Use) Amendment Bill 2021

Alcohol and Drug Foundation

Submission to the Committee

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ABOUT THE ALCOHOL AND DRUG FOUNDATION

Founded in 1959, the Alcohol and Drug Foundation (ADF) has contributed 60 years of service to communities across Australia. The ADF works in partnerships with communities to reduce the burden of disease caused by alcohol and other drug problems. The ADF's focus is on prevention and early intervention. Our strategies include community action, health promotion, education, information, policy, advocacy, and research.

EXECUTIVE SUMMARY

The Alcohol and Drug Foundation thanks the Committee for the opportunity to provide feedback to the inquiry. We applaud this Bill as an important step in treating drug use as a health issue. Adopting this approach means we can increase our focus on prevention and education initiatives, treatment, reducing stigma, and enabling open and honest conversations about drugs.

Australian public opinion is in favour of this approach.

The National Drug Strategy Household Survey 2019 asked Australians what action they believed should be taken against people found in possession of selected drugs for personal use. For each drug type, over two-thirds of Australians 18 years and older endorsed one of the following responses:

- a caution/warning/no action
- referral to treatment or education
- a fine.[1]

For ecstasy (MDMA), 80.5% of people supported one of those three options. For meth/amphetamine – arguably the most stigmatised drug in Australia – 68.4% of people supported one of those three options.

Drug use is a health issue that is best managed through the health and treatment systems, supported by a range of prevention and harm reduction initiatives. The ADF recommends implementing the Bill alongside expanding investment in treatment services, prevention programs, and harm reduction initiatives, with more information on these provided below.

This Bill can help address the fact that interactions with the justice system often exceed the harms that may be associated with drug use itself. In addition to the stigma experienced by people who use drugs, which we know delays or prevents help-seeking, people who become involved in the justice system because of drug use can also experience long term negative impacts on their social, employment, housing, and travel opportunities.

A great strength of the draft Bill is the inclusion of highly stigmatised drugs such as heroin and methylamphetamine. People who use drugs with higher risk profiles are often in the greatest need of support, and the higher degree of stigma attached to these drugs contributes to people not reaching out for support even when they want it.

There are several opportunities to strengthen the Bill, namely:

- expanding the list of included drugs and inserting a catch-all clause to capture new and emerging drugs,
- providing a health response instead of a fine,
- providing an alternative to paying a fine,
- increasing the personal possession limits to align with the reality of people's drug use and purchasing behaviours,
- providing clear and consistent guidance for the police force on applying their discretion, and for officers to provide information about support services alongside the simple drug offence notice (SDON).

Additionally, the Australian Capital Territory is well placed to collect robust data and evaluate the impacts of this Bill. This represents an opportunity not only for the ACT and other Australian states and territories, but also for other countries considering implementing similar strategies.

The ADF reiterates its support for the Bill as recognising that a health response to drug use improves health outcomes, reduces drug associated harms and provides the best support possible to individuals, their family and friends, and the broader community.

OPPORTUNITIES TO STRENGTHEN THE BILL

Expanding drugs included in the Bill

The ADF commends the Bill for not discriminating against people who use highly stigmatised drugs such as heroin. However, the ADF suggests that the Bill would benefit considerably from further including other drugs used in Australia, such as gamma hydroxybutyrate (GHB), ketamine, and powerful synthetic opioids such as fentanyl and carfentanil.

Only applying reforms to a limited number of drugs creates a more complex system and can potentially exclude some people in the greatest need of support, such as people who use drugs with high-risk profiles.

Additionally, the ADF considers the insertion of a catch-all statement to be an important addition to the Bill. New psychoactive substances (NPS) continue to emerge, and people using NPS should not be excluded from the proposed reforms. In some cases, people may be unaware of the actual drug in their possession. For example, drugs such as PMA/PMMA may be sold (knowingly or unknowingly) as MDMA. A catch-all statement would also facilitate the inclusion of drugs such as synthetic cannabis, which may be sold under a variety of names and formulations that can further change over time.

These inclusions would ensure that people are not unfairly excluded from the proposed reforms based on drug type and will future proof the Bill as NPS continue to emerge.

Providing a health response

The ADF recommends a response that does not include a financial penalty as they disproportionately impact those least able to pay. People experiencing socio-economic

hardship or disadvantage tend be members of visible (e.g., people experiencing homelessness) and/or historically overpoliced communities, and so are more likely to be in contact with police and thus to receive a fine which may compound upon their existing financial hardship.

The ADF recommends instead the adoption of a purely health-based response, such as a referral to a health professional that a person may choose to pursue or not. It is important that this referral be voluntary. Most people who use drugs do not experience dependence or harms from that use and will not want treatment or support.

For example, people could be given the option to contact an alcohol and other drug support service to complete a screening, brief intervention, and referral to treatment (SBIRT). This enables people to get information about their drug use, including steps they can take to reduce harm and how to access treatment if wanted.

SBIRT is a flexible intervention that determines if an individual's drug use patterns merit a brief intervention, such as an individual who is at risk of developing dependence, or referral to more intensive treatment if the person is experiencing dependence.[2] This ensures people are appropriately supported depending on how risky their use is, and creates the opportunity for those who want to engage with a health service to do so without punishing those who do not want to.

Providing a referral is also aligned with public opinion. Referral to a treatment or education program was the most supported action to be taken against people in possession of MDMA, heroin, meth/amphetamine, and hallucinogens.[1] Cannabis was the exception because the majority of people supported a caution/warning or no action.[1]

This response has natural implications for the treatment sector as services need to be appropriately resourced. Conducting modelling around the number of people who are likely to access the SBIRT option, as well as the number who may subsequently wish to access treatment, would provide good indications of where those resources will be required.

Providing an alternative to a fine

Should the Bill be passed with the inclusion of a financial penalty, the ADF recommends a referral introduced as the response to a first instance of possession, with the fine introduced at the second and subsequent instances.

The ADF further believes an alternative must be provided to paying the fine. For example, completing a SBIRT through with an alcohol and other drug service as an option to fulfil the fine obligation.

Lastly, to manage the non-payment of fines, the ADF recommends using existing systems (e.g., for managing traffic fines) instead of creating a new, separate system.

Increasing the personal possession limits

The ADF believes that the proposed personal possession limits are underestimates that are disconnected from the reality of drug consumption. This issue merits sensible discussion

and we believe such a discussion is best led by people with lived experience of drug use in order to align the limits set in the Bill with the practicalities of the real world.

The purpose of setting threshold quantities is to differentiate people trafficking drugs from people who use drugs so that harsher trafficking penalties can be applied. However, leading researchers in this field have challenged the accuracy of existing limits compared to how much a person who uses drugs would actually use or purchase at a given time.[3]

An Australian Institute of Criminology report examined if threshold quantities worked in practice to separate people who use drugs from people who traffic drugs. The report found that under some circumstances, specifically when people were using or buying at their 'highest doses', many people did exceed the threshold quantities for trafficking.[4] The report further suggested some people are at increased risk for exceeding thresholds depending on:

- the type of drug they use (thresholds for cannabis are typically higher than other drugs, so people are less likely to exceed them)
- if they're a person who regularly uses drugs
- if they're a person who is a heavy consumer of drugs.

These findings highlight how critical it is to establish an informed approach to separating people who use drugs from people who traffic drugs, or risk criminalising people who may be in the greatest need of support.

Developing clear and consistent guidance for police

The ADF recommends a non-discretionary scheme as representing a best practice approach. Discretionary approaches can place police in challenging situations and can result in inconsistency in sentencing (e.g., discriminatory impacts on overpoliced communities).

For example, according to data provided by the NSW Bureau of Crime Statistics and Research (BOCSAR) to The Guardian, from "2013 and 2017 the police disproportionately used the justice system to prosecute Indigenous people, despite the existence of a specific cautioning scheme introduced to keep minor drug offences out of the courts" and that "[t]he data shows police were four times more likely to issue cautions to non-Indigenous people. In the five years to 2017, only 11.41% of Indigenous Australians caught by police with small amounts of cannabis were issued cautions, compared with 40.03% of the non-Indigenous population."[5]

A Police Accountability Project in Victoria report regarding young black men's experiences with police in Melbourne details experiences of over-policing, such as public stop and searches while going about every day activities, feelings that their guilt was assumed by officers, and in some cases weekly contact with police.[6]

However, should the Bill be passed with SDON being issued on a discretionary basis, we believe it would benefit our police and our communities for officers to be provided with clear and consistent guidance on applying that discretion, and a system established to monitor and evaluate the application of that guidance.

Distributing information about support services

To ensure people know where they can access support if they want it, police should be enabled to provide information about support services in the ACT. The ADF recommends this be included as the response to instances of possession of drugs as opposed to issuing a SDON (*see above; providing an alternative to a fine*), or at least that a referral for a SBIRT be introduced as the response to a first instance of possession.

Should the Bill be passed with the inclusion of a financial penalty, information about support services, such as a SBIRT session, should be provided along with each SDON, including how it may be completed in lieu of paying the fine.

While most people who use drugs will not experience a dependence on them and will not want treatment or support for that use, it is critical that people be consistently provided with information on how to access support in the instance that they do want it.

ADOPTING A MULTI-PRONGED APPROACH TO IMPROVING HEALTH OUTCOMES

Adopting a multi-pronged approach to improving health outcomes is likely to yield the greatest benefit across both the short and the long term. Removing existing penalties for the possession of small amounts of drugs and introducing a system such as the issuing of referrals and SDONs is a critical piece of this puzzle. We recommend this be implemented alongside expanding access to prevention programs, treatment services, and harm reduction initiatives.

This means working proactively to prevent harms in the future through initiatives designed to, for example, prevent and delay the uptake of alcohol and other drugs by young people. It also means addressing harms in the present through increasing funding for treatment services and harm reduction programs.

Prevention

Community-based prevention

Community-based prevention initiatives focus on increasing the protective factors and reducing the risk factors that affect a person's likelihood of using alcohol or other drugs, or experiencing harms from alcohol and other drug use. Protective factors interact with risk factors in complex ways. For example, they may moderate the influence of risk factors to reduce the likelihood of alcohol and drug use in young people, delay the uptake of use of these substances in young people, and reduce harm should young people engage in alcohol and drug use. Prevention program that focus on socialisation and social competence, resilience, and connectedness - particularly in young people - can help mitigate risk factors that create social vulnerabilities.

It is important to understand how 'bottom up' approaches can help to improve prevention work. Empowering communities to be knowledgeable and confident in developing and undertaking local prevention work is critical to enhancing whole of system approaches. Communities that understand local health and wellbeing issues and opportunities, and actively work and advocate for improvements contribute significantly to systemic change.

An example of evidence informed, community-based drug prevention is the Local Drug Action Team (LDAT) Program. There are currently 6 LDATs active in the ACT.

LDATs create partnerships between community-based organisations from the public, private, not-for-profit and community sectors. The projects led by these partnerships are evidence informed practice and represent collaborations that build upon longstanding, inter and cross sector relationships. They reflect a common interest of participants in early intervention and prevention activities to address social inclusion, intergenerational substance use, stigma and protective factors in marginalised and high-risk groups.

The ADF's Good Sports program is Australia's largest preventative health initiative in community sport and is adopted in 10,000 clubs nationally. There are currently 171 Good Sports Clubs and Associations active in the ACT.

The program focusses both on individual and peer protective factors such as attitudes, knowledge, and connection as well as societal protective factors such as building healthy culture and norms, awareness about and the reduction of stigma, and establishing clear participant expectations through policies and plans. Promoting the role of a healthy sporting club can be of particular importance in country areas where clubs often play a central role in social life, especially in smaller communities.

Further examples internationally and domestically of the success that community-based prevention can have include the Icelandic Plant Youth Model and the Communities that Care approach originating in the USA and currently being implemented in Australia.

The Planet Youth approach has demonstrated significant impacts on AOD use amongst young people. The approach is modelled around strengthening protective factors in four domains: parents, peers, extracurricular activities the school environment. Since implementing Planet Youth, substance use amongst Icelandic youth has dropped from amongst the highest in Europe to the lowest.

The Communities that Care (CTC) model applies a prevention and early intervention framework to guide communities, families and schools to identify, implement and evaluate interventions that promote bonding with young people. This is facilitated by participation in a social group (e.g., family or classroom, or community), possessing the skills to participate, and being recognised for participating. The program aims to foster healthy behaviour and social commitment among children and youth to prevent and reduce youth problem behaviours.

Drug education in schools

Evidence-based drug education, such as SHAHRP or CLIMATE, is available for delivery in Australian schools and can help to prevent and delay the uptake of alcohol and other drugs and associated harms for young people. Adolescence and young adulthood - the latter the peak period for alcohol, tobacco and other drug use - is a high-risk time for physical and emotional harms associated with use. School is an ideal place to reduce the risk factors and increase the protective factors for alcohol, tobacco and other drug use and related problems.

Evidence-based information

Information and Support Services for Family and Friends

The ADF is currently running a new Information and Support Services program that aims to identify the evidence for what works in delivering information and support to the families and loved ones of people who use drugs, identify existing gaps in services, and implement a best practice model for information and service provision.

To this end, we have commissioned a needs assessment of the family and friends of people who use drugs. Not knowing the right questions to ask, fear of stigma, and not knowing where to go for support were identified as the main barriers to help-seeking.

Based on the input from our research, expert advisory group, ADF, and Department of Health funder, we will be implementing a series of projects to meet the identified needs. These include developing:

- **Outcome Framework** - working with external providers and stakeholders to produce an outcomes framework that aims to enhance the quality of information and support for family and friends.
- **Digital Portal Development** - creation a digital portal to a service and support directory that will ensure people can easily find high quality, accurate information, treatment and support that is appropriate for their changing needs.
- **ADF Family & Friends Campaign -** Creation of a marketing plan to promote the digital portal that aims to improve information and support accessibility for family and friends.
- **Capacity Building in Partnership Project** - a partnership program that aims to build capacity, improve quality, and collect data to measure impact.

We are also administering a number of grants in order to:

- **Expand the evidence base** for a range of existing delivery models or interventions designed to support families and friends.
- **Improve the evaluation capacity of the sector** delivering information and support to family and friends of people who use drugs.
- **Increase the number of services providing high quality information and support** to families of people who use alcohol and other drugs.

The ADF looks forward to sharing the outcomes of these projects as they become available.

Harm reduction messaging for young Australians who use drugs

The ADF is currently developing an in-depth research piece around what works in harm reduction messaging for 18–25-year-olds who use drugs.

We know that young adults aged 18-25 are the most likely to have used illicit drugs in the past 12 months of any age group in Australia, and that some young adults are more likely to use drugs in ways that can put them at a higher risk of harm.

The aims of our research were two-fold. Firstly, we wanted to understand the extent, settings, patterns of use and commonly used drug types used by young adults in Australia and identify high-risk subgroups and behaviours most likely to benefit from harm reduction efforts. Secondly, we wanted to know what works in terms of effective harm reduction messaging for young adults.

In addition to what we know from relevant Australian survey data, a narrative review of evidence around harm reduction messaging for young adults who are already using illicit drugs has also been undertaken to determine the most effective types of messaging interventions and delivery modes for the target group.

The ADF looks forward to sharing the outcomes of this in-depth research piece as it becomes available.

Treatment

Expanding access to treatment is a critical component of improving health outcomes. Evidence-based treatment options need to be well funded and available for people to access as soon as they want it. Providing treatment on demand – a policy supporting immediate entrance into treatment for anyone requesting it - should be available across the territory.[7] This will require an analysis of treatment gaps and likely additional funding.

Considering the substantial costs savings that will likely result from changes to policing and justice system involvement that would result should the Bill pass,[8] these savings could assist in providing the required funding for the treatment sector.

The critical role that treatment has played in Portugal's success following the decriminalisation of all drugs in 2001 is well summarised by João Castel-Branco Goulão, Portugal's National Coordinator on Drugs, Drug Addiction and the Harmful Use of Alcohol, who shared that:

> "Decriminalization is not a silver bullet. If you decriminalize and do nothing else, things will get worse. The most important part was making treatment available to everybody who needed it for free. This was our first goal."

Harm reduction

Harm reduction is one of the three pillars of Australia's National Drug Strategy, alongside demand reduction and supply reduction. Harm reduction recognises that not everyone who uses drugs wants treatment, wants to cease or reduce their drug use, or is able to cease or reduce their drug use.

Harm reduction services help people who use drugs to reduce their risk of experiencing harm while doing so. Harm reduction services typically involve the opportunity for health workers to provides links to other services such as treatment, housing and homelessness, financial, and social supports.

Needle and syringe programs

Needle and syringe programs (NSP) have been providing sterile injecting equipment to people who use drugs in Australia for decades. What started as an act of civil disobedience in Sydney in 1986 has since become a standard harm reduction program across the country. NSP are proven to reduce the transmission of blood borne viruses.

People who are incarcerated are at higher risk of blood borne viruses (BBVs) transmission due to factors such as the higher prevalence of BBVs in populations of people who are incarcerated and the lack of supply of prevention measures such as sterile injecting equipment and condoms.[9]

Under the United Nations standard minimum rules for the treatment of prisoners, people who are incarcerated "should enjoy the same standards of health care that are available in the community",[10] including access to harm reduction services to prevent the transmission BBVs, such as needle and syringe programs.[11]

This introduction has been called for by organisations such as the Australian Medical Association and Hepatitis Australia, as such programs are a pragmatic way to prevent the transmission of BBVs between people who are incarcerated, and to also prevent BBVs being further transmitted once those people have returned to their home community.[12]

Hepatitis Australia is very clear in stating that "[g]iven the inability of custodial authorities to achieve and maintain the unrealistic expectation of a drug-free prison environment, prevention strategies using proven harm reduction measures including prison-based Needle and Syringe Programs (NSPs) should be introduced in the interest of public health, duty of care and human rights obligations."

The ACT should strongly consider introducing NSP into correctional facilities.

Naloxone

Naloxone can reverse opioid overdose. Providing take-away doses to people who are likely to witness an overdose, such as people who use opioids, can help them respond in case of an emergency and prevent overdose fatalities.

The ACT should continue to support the distribution of naloxone and training in its administration to people likely to witness an overdose, such as is provided by the Canberra Alliance for Harm Minimisation & Advocacy (CAHMA).[13]

Supervised injecting facilities

There are two successful supervised injecting facilities (SIF) operating in Australia, one each in Sydney and Melbourne, with a second planned to be opened in Melbourne. Such facilities also operate in Europe and North America. SIF are life-saving health facilities that provide access to a range of other health and support services.

SIF success has been extensively documented in improving:[14, 15]

- hygiene
- reducing blood borne viruses and infections due to used injecting equipment
- reducing risk of overdose death
- public amenity in areas of historical high drug use.

SIF can reach and stay in contact with people who use drugs in a high risk way who may not be accessing primary health care (often due to a history of discrimination or unsatisfactory treatment).[16] There is growing evidence of the positive impact of SIFs on social determinants of health including:[17]

- social connectedness and community
- emotional support and stress reduction
- safety and security
- current shelter status and search for housing
- health service access and use.

There is no evidence to suggest that the presence of a SIF increases drug use or encourages initiation into drug use in the local area.[18]

Drug checking (pill testing) services

Drug checking is a harm reduction strategy that enables people who use illicit drugs to have their substances chemically analysed to identify the nature and concentration of the contents.

A core component of this approach is providing information about the substance and providing people who use drugs with harm reduction information and brief counselling in a non-judgmental setting, with a potential referral to treatment if wanted.

The service assists people in making safer decisions than they otherwise may, such as to discard particularly dangerous drugs.[19]

Drug checking is not a new or unusual health service. Australia has now had two successful drug checking trials in the ACT, and it is estimated to be provided in over 20 different countries including New Zealand. It is recommended as a health intervention by the Victorian Coroner, the NSW Special Commission of Inquiry into the Drug 'Ice', and the NSW Deputy Coroner.

INTERNATIONAL EXAMPLE: PORTUGAL

All drugs were decriminalised in Portugal in 2001 on the advice of a multi-disciplinary expert committee. They recommended that the nation also focus efforts on prevention, education, harm reduction programs and expanding access to treatment as well as other support networks (e.g. connections to family).[7]

Trafficking remains a criminal offence. Personal use is distinguished from trafficking by a threshold quantity of a drug, set at approximately 10 days' worth of personal supply.

In the Portuguese model, a person found possessing or using drugs is assessed by the Commission for the Dissuasion of Drug Addiction (CDT).

People considered to be experiencing a dependence are referred to treatment. People who are not experiencing a dependence have other penalty options, such as referral to an educational intervention or paying a fine. The emphasis within this model is on drug use as a health and social issue and referring a person to interventions appropriate to their circumstances (e.g. if they're experiencing a dependence).

Australia's Joint Committee on Law Enforcement visited Portugal in 2017 to investigate its model. The Committee noted in its final report that decriminalisation cannot account for all positive improvements in health outcomes because of the simultaneous investment in treatment services.

However, they further noted that decriminalisation may enable people who use drugs to seek treatment without fearing potential criminal penalties.[7]

Conflicting claims have been made about the outcomes of the Portuguese model. These depend on what datasets were used and which indicators considered. For example, if researchers chose to consider indicators of either the 'lifetime use' of drugs or the 'problematic use' of drugs.[20]

A study analysing these conflicting claims determines that "while general population trends in Portugal suggest slight increases in lifetime and recent illicit drug use, studies of young and problematic drug users suggest that use has declined".[20]

According to data from 2015, young people in Portugal have lower lifetime use of cannabis and other illicit substances than the European average.[21]

Reports indicate that people in pharmacotherapy (substitution) treatments increased by 147% between 1999 and 2003 – from 6,040 people to 14,877 people.[22] Pressure on the criminal justice system appears reduced as fewer people are charged with drug offences and enter prison. By 2013 only 24% of prisoners were charged with drug offences compared to 44% in 1999.[23]

Transform Drug Policy, a UK-based non-profit, has produced an updated briefing on Portugal 20 years after decriminalisation: 'In Portugal: Setting the Record Straight'.

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