



# Harm Reduction Australia

## *Drug and Alcohol Policy – Time for an Overhaul*

*Australia was once a world leader in its development and implementation of drug and alcohol policy. This is a reputation that has subsided over time with Australia now considered to be well behind in the modernisation process of drug and alcohol policy. This presentation will track the drug and alcohol policy developments internationally against which Australia's response will be considered. The descriptive analysis of Australian policy will be used to propose a new approach and structure to meet the changing challenges here in Australia but also in the Asia-Pacific Region.*



## What is harm reduction?

The International Harm Reduction Association (IHRA) defines harm reduction as the ‘policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop’.

The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.

Harm reduction has been a principle of Australian governments’ approach to drug use for several decades, beginning in the 1980s when the needle syringe program was first introduced.

# But most expenditure is still focused on enforcement

## Harm reduction is not prioritised

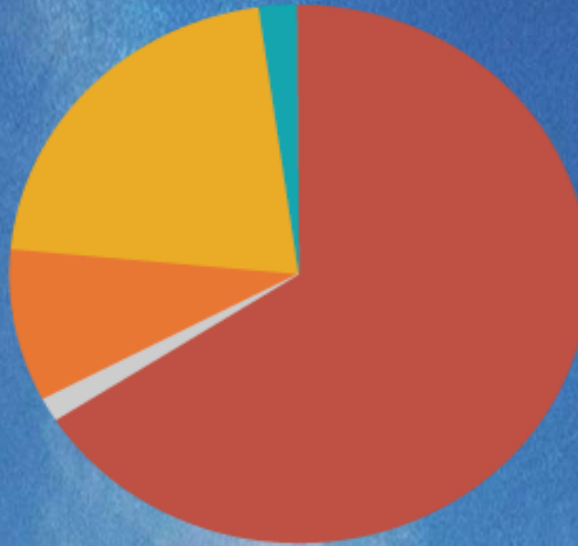
\$1.7bn or 0.8% of all government spending in 2009/10 was allocated to illicit drugs. Out of this total -

**66%**

Law  
enforcement

**9.2%**

Prevention  
measures



**2.1%**

Harm  
Reduction

**21%**

Treatment and  
counselling

[www.harmreductionaustralia.org.au](http://www.harmreductionaustralia.org.au)



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# Which tends to put the wrong people in jail

## Arrests don't catch the biggest criminals

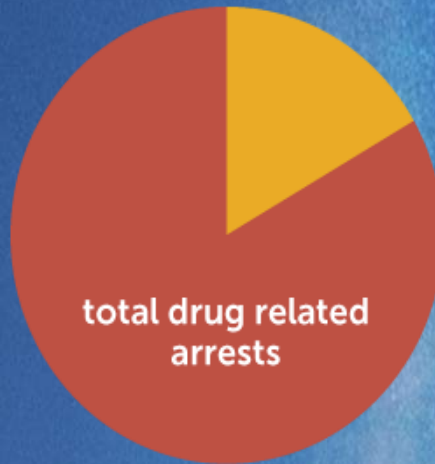
In 2013/14, 112,049 total drug arrests were made, 66,684 or 60% of those for cannabis related charges.

**83%**

arrested for  
possession

**17%**

arrested for  
supply



**87%**

arrested for  
possession

**13%**

arrested for  
supply

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**"Have no fear of perfection,  
you'll never reach it"**

**- Salvador Dali**

# Drugs decriminalisation

## Canberra Declaration, Parliamentary Drug Summit 2016 (Excerpt)

We call personal illicit drug use for what it is, a health issue, not a criminal issue. Regardless of what we may think about this issue, some Australians, mostly younger Australians, take drugs. A new approach is needed.

### **We, the undersigned recognise that:**

- Putting health and community safety first requires a fundamental broadening of illicit drug policy in Australia away from failed punitive enforcement to proven health and social interventions.
- While policing is an important part of illicit drug policy, law enforcement strategies should focus on the organised criminal supply marketplace where the benefits of police interventions will be highest.
- Australia should implement and evaluate the health benefits of removing criminal sanctions for personal drug use as demonstrated in international settings



# Consumption rooms

2010 KPMG Evaluation of the Sydney found that MSIC delivers:

- a service for a socially marginalised and vulnerable group, many of whom had not previously accessed treatment or support services
- a safe injecting environment and service that reduces the impact of overdose-related events and other health-related consequences of injecting drugs
- improved access to treatment
- a decline in the number of discarded needles and syringes in the vicinity of MSIC; reduced sightings of public injecting
- strong support by residents, business owners and service representatives (ambulance, emergency departments, NSW Police, AOD and mental health services)
- general positive impact of MSIC services reported by clients.



# Pill testing

Sydney Morning Herald editorial from 2016

“No one wants another summer of deaths at music festivals. Not the organisers, not the health experts, not the government, not the festival goers and not the parents left to wonder and worry when their children go to these events.”

## ‘Just One Life’ Campaign



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# Heroin prescription programs

“Heroin-assisted therapy is a safe and effective treatment for people with chronic heroin addiction. It can attract and retain the most difficult-to-reach and the hardest-to-treat individuals who have not been well served by the existing treatment system.

During the study, the group improved significantly in medical and psychiatric status, employment satisfaction, and family and social relations.”

Dr Suzanne Brissette, Head of the Addiction Medicine Department, Centre hospitalier de l'Université de Montréal, and Professor, Université de Montréal, and head investigator, NAOMI Study, Montreal.



Politics is the art  
of looking for  
trouble, finding it  
everywhere,  
diagnosing it  
incorrectly and  
applying the  
wrong remedies.



Groucho Marx

# Medicinal cannabis

Former Prime Minister Tony Abbott in 2014

“I have no problem with the medical use of cannabis just as I have no problem with the medical use of opiates. I was under the impression that personal use of cannabis was no longer an offence in NSW. If a drug is needed for a valid medicinal purpose though, and is being administered safely, there should be no question of its legality. And if a drug that is proven to be safe abroad is needed here, it should be available. I agree that the regulation of medicines is a thicket of complexity, bureaucracy and corporate and institutional self-interest. My basic contention is that something that has been found to be safe in a reliable jurisdiction shouldn't need to be tested again here.”



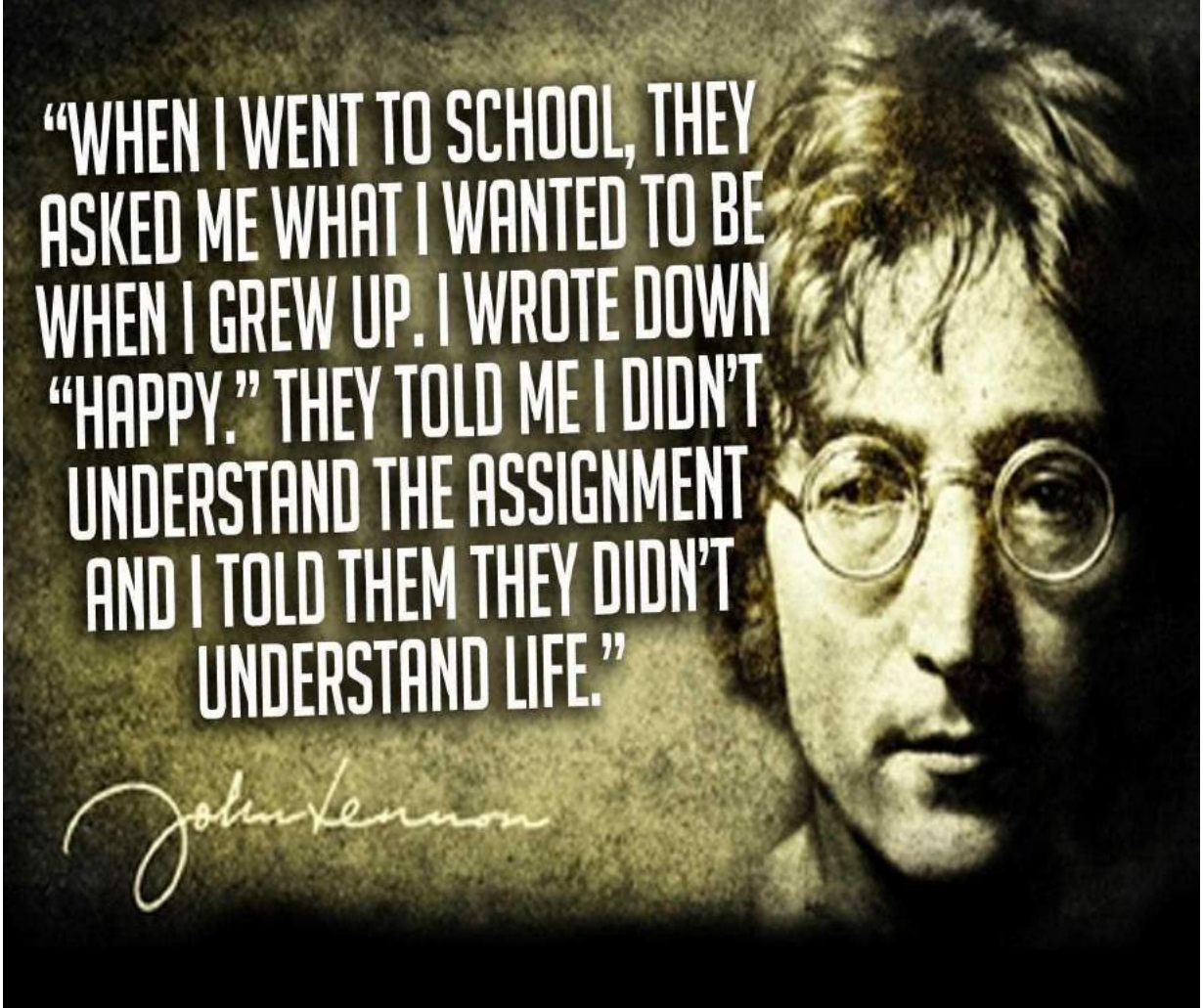
## Naloxone availability

An evaluation of WA's first take-home naloxone program, in which drug users and their peers are taught how to manage opioid overdoses and are provided with the overdose-reversal drug naloxone, has found that the program saves lives and should be continued and expanded.

“Our findings overwhelmingly support the continuation and expansion of the WA Peer Naloxone Project. The program has been proven to provide participants with the necessary knowledge and skills to manage an overdose, including the administration of naloxone, which has undoubtedly led to many lives being saved,” said NDRI's Professor Simon Lenton.





A black and white portrait of John Lennon, looking directly at the camera, wearing his signature round glasses. The image has a grainy, artistic quality. Overlaid on the left side of the portrait is a quote in a bold, white, sans-serif font. Below the quote, the name 'John Lennon' is written in a cursive script.

**"WHEN I WENT TO SCHOOL, THEY  
ASKED ME WHAT I WANTED TO BE  
WHEN I GREW UP. I WROTE DOWN  
"HAPPY." THEY TOLD ME I DIDN'T  
UNDERSTAND THE ASSIGNMENT  
AND I TOLD THEM THEY DIDN'T  
UNDERSTAND LIFE."**

*John Lennon*

# 2016 NDS Household Survey – A mixed bag

**For people aged 14 or older, support for actions taken against people found in possession of illicit drugs for personal use differed according to drug type**

- for all drugs except cannabis, most support was for referral to treatment or an education program, while for cannabis the most popular action was a caution, warning or no action and this rose in 2016 (from 42% in 2013 to 47%)
- a higher proportion thought that possession of meth/amphetamine should result in a prison sentence (from 20% in 2013 to 24%)
- teenagers (aged 12–17) were generally more likely to support fines, community service or weekend detention and prison sentences than any other age group, and those aged 50 or older were more likely to support referral to treatment or an education program than other age groups



# 2016 NDS Household Survey – Injecting drugs

## Support for measures to reduce problems associated with injecting

In 2016, most people supported measures to reduce problems associated with injecting drugs.

- For methadone/buprenorphine maintenance programs it was 68%
- For needle and syringe programs it was 67%
- For treatment with drugs other than methadone it was 67%
- For the use of Naltrexone it was 66%



# 2016 NDS Household Survey – Expenditure

## **Budget distribution for education, treatment and law enforcement**

People's priorities (aligning conceptually with the 3 pillars of the NDS) were explored by looking at how a hypothetical \$100 should be split between education, treatment or law enforcement to reduce the harm of alcohol, tobacco and illicit drugs.

Irrespective of drug type, people thought that a greater proportion of funds should be allocated to education or treatment in 2016—making up about 64% to 77% of total dollars. Conversely, there was a significant decrease in the allotted dollars for law enforcement for all 3 drug types.

Overall, education continued to receive the greater proportion of the allotted \$100 for tobacco (\$44.50) and alcohol (\$40.30), while for illicit drugs it was law enforcement (\$36.00).





# HRA National Survey on Drug Policy Results

## November 2017

In 2017 Harm Reduction Australia conducted a survey to gauge public opinion on what Australians who work and deal with drug issues want from their drug policies.

Over 1,000 people responded to the survey, with 80% of respondents coming from front-line service staff. The results included respondents from every State and Territory with 26% of responses from regional or rural areas and 2.2% from remote areas.

The survey largely confirmed what many of us whom have worked with drug and alcohol issues for many years have known – that the current policy settings are not informed by evidence and in many cases cause more harm rather than reduce harm.

The national survey showed that there was overwhelming support for:

- Greater investment in harm reduction programs
- The introduction of pill testing at festivals
- The establishment of drug consumption rooms and supervised injecting facilities
- Needle and syringe programs being expanded to include prisons
- The widespread distribution and training in the use of naloxone
- The establishment of an early warning



# HRA National Survey on Drug Policy Results

## November 2017

There was also strong support for a range of policies including:

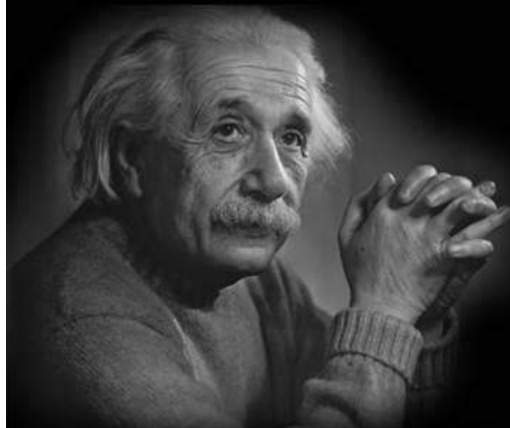
- The decriminalisation of many currently illicit drugs, particularly cannabis.
- The introduction of prescribed heroin programs
- Managed alcohol programs
- The availability of e-cigarettes to reduce the harm from smoking
- Much greater participation of service providers and consumers in determining drug policies in Australia

Of particular note was the very strong opposition expressed for the drug testing people on welfare benefits with the majority of respondents recommending not using drug testing at all.

The results also highlight that there is a need for a far more open and honest discussion with the public on the evidence and outcomes surrounding current drug policies. Too often the public are misled by hyperbolic statements uncritically delivered via the media that simply generate fear rather than a focus on the evidence.



**The difference  
between stupidity and  
genius is that genius  
has its limits.**



**Albert Einstein**

*German Theoretical-Physicist*

(1879-1955)

*QuoteHD.com*



**UNDCP**

United Nations International  
Drug Control Programme



# A Drug-Free World We Can Do It

United Nations General Assembly Special Session  
on the World Drug Problem New York 8-10 June 1998



# Government & Non Government Relationships

## Decisions of what to fund

- Strictness levels determine innovation levels
- Varying knowledge base

## Tendering

- Divisive competitiveness

## Compliance

- Cost and impact



## **Albert Einstein**

"Any intelligent fool can make things bigger, more complex, and more violent. It takes a touch of genius -- and a lot of courage -- to move in the opposite direction."

## **Confucian Proverb**

"Insanity is doing the same thing in the same way and expecting a different outcome"



**THANK YOU**

Please Join HRA

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