



Inquiry into the health impacts of alcohol and other drug use in Australia

Submission by the Drug Policy Modelling Program (DPMP) Social Policy Research Centre, UNSW

25 September 2024

Thank you for the opportunity to provide a submission to the inquiry into the health impacts of alcohol and other drug use in Australia.

The Drug Policy Modelling Program (DPMP), at the Social Policy Research Centre UNSW Sydney is the leading policy research program dedicated to alcohol and other drugs in Australia. The goal of the DPMP is to create valuable new alcohol and other drug policy insights, ideas and interventions that will allow governments to respond with alacrity and success to substance-related problems. We do this through generating new research evidence which is timely and relevant to current alcohol and other drug policy issues, translating research findings into meaningful information to assist policy decision-makers, and studying policy processes. We bring more than 30 years' experience working in alcohol and other drug policy, with a particular focus on health policy.

We have a significant range of expertise that we hope the Inquiry will draw on across its deliberations. This includes expertise in relation to:

- alcohol and other drug treatment service system planning
- harm reduction effectiveness
- drug laws and their impacts on health
- evidence synthesis on social determinants of health and the dynamic interplays between determinants, risk factors, and experiences of health harms at the individual, family and community levels.

Before making some specific comments addressing the Terms of Reference, we wish to highlight some key concepts and common misperceptions about health and alcohol and other drugs:

- There is not an inevitable relationship between the consumption of alcohol or other drugs and health harms (Nutt, King, and Phillips 2010, Rehm et al. 2017). The health harms vary by type of substance (Nutt, King, and Phillips 2010), and while the primary health harm is the development of a substance use disorder, this occurs for the minority of people who consume alcohol or drugs (for example, about 10% for alcohol, 23% for heroin and 17% for cocaine, Wagner & Anthony, 2002)
- There is higher consumption of alcohol and other drugs amongst groups of people with high socioeconomic status (SES) and this is a global phenomenon (Degenhardt et al. 2018).

- However, harms are unequally distributed – while low SES groups consume less, they experience greater harms from AOD use. High SES is protective of harms (Collins 2016, Spooner and Hetherington 2004).
- A spectrum of responses at a population level AND at an individual level is required (UNODC and World Health Organization 2018).
- This spectrum includes preventing or delaying the commencement of alcohol or drug use, preventing the transition to more harmful consumption, responding to and reducing the harms associated with consumption i.e. harm reduction, and providing treatment (World Health Organization 2019). In addition to thinking about interventions on a spectrum, we also need to be mindful of health harms associated with policies, for example harms experienced due to criminalisation of drug use (Cohen et al., 2022; DeBeck et al., 2017; Moskalewicz et al., 2020) and health harms associated with poor commercial regulations of legal substances (Rychert and Wilkins 2016, McCambridge, Mialon, and Hawkins 2018, Casswell et al. 2016).
- The term ‘recovery’ is not consistent with the evidence showing the journey in and out of substance use over a lifetime. One does not ‘recover’ from asthma or diabetes which both require a (life)long commitment to behavioural changes and in many cases medications. The same is true of AOD.
- The majority of people who have developed a substance use disorder take many treatment episodes before changing their relationship with substances. For example it may take 30 or more quit attempts to cease nicotine consumption (Chaiton et al., 2016). This means that we need to think about AOD treatment in the context of each treatment episode making a contribution on the journey towards overall wellbeing.
- Australia’s primary response to illicit drugs is law enforcement rather than health. Our research has shown that in 2021/22 (most recent data available) of all government money spent on illicit drugs, 64.3% is spent on law enforcement, 27.4% on treatment, 6.7% on prevention and 1.6% on harm reduction (Ritter et al. 2024).

In order to address the Terms of Reference for the Inquiry, significant research evidence is required.

In assessing “a) *...whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society*” we firstly note the evidence showing that there is simply not enough AOD treatment in Australia. The number of people in need of alcohol and other drug treatment far outweighs the availability of treatment. Estimates of treatment need and utilisation show only a quarter to half of those in need of treatment receive treatment in any one year (Ritter, Chalmers, and Gomez 2019). We have just recently developed new estimates (under review) and would be pleased to provide the Committee members with those details.

In order for AOD treatment services to meet need, deliver equity, value for money, and best outcomes, a significant review of the current AOD treatment service system and its funding arrangements (including the problem of federalism) needs to be addressed. These issues were highlighted in our 2014 Commonwealth commissioned review of the Australian AOD treatment service system (Ritter et al., 2014). This is now 10 years old (and remains the only comprehensive independent analysis of the issues raised by the Inquiry’s Terms of Reference). We do not know how the system has changed, whether value for money is being achieved, and whether structures and processes can be enhanced in order to deliver equity and best outcomes. **We recommend that the**

Committee commission an updated analysis which builds on the 2014 report, and includes analyses of equity, value for money and outcomes.

In order to “**b**). *Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services*” a systematic approach to evidence synthesis is suggested. There are multiple topics and areas deserving of in-depth consideration by the Inquiry. We present overleaf one abbreviated example each for:

- Effectiveness of interventions: harm reduction interventions
- Priority populations: people in prison
- Equity of access: people in Western Sydney

This only begins to show the kind of evidence synthesis required across multiple prevention, harm reduction, and treatment initiatives, priority populations, and equity of access. **We recommend that the Committee determine the key knowledge gaps and areas of inquiry and commission systematic reviews of the evidence.**

The attention to factors outside the health system that have major impacts on health outcomes (terms of reference **c**) *Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia*”) is welcomed. In particular we wish to highlight the significant effects of criminalisation of personal drug use (and possession for personal use) as key factors outside the health system with major impacts on health outcomes and equity for Australians. We have conducted research on multiple aspects of the Australian drug laws (some details are provided in the Addendum materials) and we **recommend that the Committee consider the interplay between health harms and the criminal justice system.**

We look forward to being able to assist the Committee with this important inquiry.

Yours sincerely,

Professor Alison Ritter AO on behalf of the DPMP
Director, Drug Policy Modelling Program
Social Policy Research Centre
UNSW ADA | UNSW | Sydney | NSW 2052 | Australia
T: +61 (2) 9385 0236 |
E: Alison.ritter@unsw.edu.au

Addendum material

Effectiveness of interventions: Harm reduction interventions

Two well evidenced harm reduction interventions that we would like to draw the committee's attention to are drug checking and supervised consumption rooms. Drug checking provides the opportunity for people to check for contaminants in their drug supply prior to consumption, while also providing opportunity for a health and education intervention. Evidence has found drug checking services can influence behaviour change, minimise harm and has the potential to reduce mortality (Giulini et al. 2023). Supervised consumption rooms provide a space for people to use illicit drugs under the supervision of trained staff. They are well evidenced to save lives and connect people engaged in high-risk drug use practices with health and other social services (Levengood et al. 2021). The Medically Supervised Injecting Centre in Sydney has been operating for over 20 years and in that time has safely supervised over 1 million injections and over 10,000 overdoses without a single death on site (Day et al. 2022). There are also opportunities for Australia to roll-out other highly effective harm reduction interventions such as short-acting supervised injectable opioid treatment (which we have been trialling with Uniting NSW.ACT and St Vincent's Hospital Sydney through an NHMRC grant (FOpIT).

Priority populations: people in prison

There is currently a serious and inequitable gap in the provision of harm reduction and prevention services in prisons that are exposing people to unnecessary and lethal risks. People in prison have high levels of drug and alcohol use compared to the general Australian population, including rates of injecting drug use (Dolan, Rodas, and Bode 2015, Fazel, Yoon, and Hayes 2017). Despite this, and Australia being a signatory to the Mandela Rules (that require healthcare in prisons to be equivalent to that in the community), a number of key harm reduction interventions are not available to people in prison. As a result, people in prison experience much higher rates of blood-borne viruses than the general public, including hepatitis C and HIV, and are at risk of overdose and highly-complex injecting-related injuries and disease such as septicemia (Merrall et al. 2010, Colledge et al. 2020). Of note: there are no programs operating anywhere in Australia that provide access to new and sterile injecting equipment and no drug consumption rooms, there is a lack of access to condoms in Queensland prisons, needle cleaning agents in (at least) South Australia and Tasmania, and access to naloxone is absent or limited in most jurisdictions as prison guards do not routinely have access to it – meaning that naloxone is restricted based on the availability and operating hours of medical centres and staff (Simpson et al. 2023, Harm Reduction in Prisons Working Group 2023, AIVL 2024).

Equity of access: people in Western Sydney

Geography is an important factor determining the effectiveness of harm reduction programs. In Sydney, analysis of National Coronial Information System data 2006-2015 identified that Western Sydney had the second highest rate of overdose deaths outside of inner Sydney (Dertadian and Tomsen 2020). Research has also shown that distance from established harm reduction services such as needle syringe programs and the medically supervised injecting centre in Sydney impede service engagement (Yates 2023) and people sleep rough to remain close to services and avoid the risks of encounters with police that come with travelling on public transport and/or longer distances (Dertadian and Tomsen 2022). Older research also suggest that higher risk drug use practices result from fears of police detection in areas of Western Sydney that have seen intensive policing practices (Maher and Dixon 1999, Maher and Dixon 2001). In addition to distance and fear of police detection, both geographic stigma (Dertadian, Caruana, and Maher 2023) and cultural stigma (Ho and Maher

2008) have been shown to shape the effectiveness and reach of harm reduction and support practices for Western Sydney residents generally, and culturally and linguistically diverse residents specifically. Intersections of geography, cultural background, and other factors such as gender and sexuality (Robinson et al. 2020) shape drug use and the effectiveness of interventions for particular areas and communities. Empirical research is needed to explore how specific patterns of use and attitudes can lead to more tailored interventions for particular areas and communities (Munot et al. 2008), with specific focus on areas of intersecting cultural stigma around AOD use (Douglass, et al., 2023).

Equity of access to relevant treatment and harm reduction services must consider both the above identified factors and the political context which frustrates attempts to address these issues. One example is the expansion of supervised consumption rooms. Supervised consumption rooms provide a space for people to use illicit drugs under the supervision of trained staff. They are well evidenced to save lives and connect people engaged in high-risk drug use practices with health and other social services (Levengood et al. 2021), see above. Efforts to establish a second consumption facility in Liverpool, where there is an identified need (as above, (Dertadian and Tomsen 2020)) were not supported by local and state government representatives who denied the evidence-backed nature of the intervention and indicated preference for demand and supply reduction alternatives (Tomsen and Yates 2017). Access limitations to treatment services and harm reduction services such as consumption rooms have also been identified in regional areas of NSW (Howard 2020). The NSW Government has rejected recommendations to establish drug consumption services to address local need (NSW Government 2022). Availability and access to harm reduction services is crucial to ensuring equity, and alignment with the National Drug Strategy's three pillared harm minimisation approach (Department of Health 2017).

Justice and health harms

Criminalisation of drug use and possession does not deter use (Scheim et al., 2019; Weatherburn & Jones, 2001), causes significant harms to people who use drugs, and disproportionately impacts more marginalised groups (Teperski & Rahman, 2023; Cohen et al 2022). Criminalisation of drug use causes stigma and discrimination (Lancaster et al 2018; Lloyd, 2013), deters help-seeking (van Boekel et al 2013; Benfer et al., 2018) and prevents implementation of sensible and evidence-based health and harm reduction interventions (such as drug checking) (The Lancet, 2023; Csete et al. 2016). It increases the risk of harmful practices and health harms including overdose for a range of people and contexts (e.g. people who inject drugs and during high visibility policing operations at music festivals) (Malins, 2019; Lancaster et al., 2019), has a negative effect on HIV prevention and treatment (Baker et al. 2020), and those arrested and charged with drug use offences can experience ongoing social harms including dislocation and exclusion from job markets, education and financial products (Cohen et al., 2022).

Our (DPMP) recent work shows the significant variation in the responses to drug possession across Australia (O'Reilly and Ritter 2024). Whilst all jurisdictions have a non-criminal response (e.g., diversion programs, cautions, and civil penalties) available for cannabis and other illicit drugs, these programs vary significantly by the response available, the eligibility criteria, and the extent of their use (O'Reilly and Ritter 2024). Many people are still charged with drug possession offences and suffer the consequences of criminalisation (IDDR, 2022). We support health-based interventions in response to drug use as opposed to police and criminal interventions.

The scope for the justice system to support a reduction in alcohol and other drug related harm include:

- Greater diversion from the criminal system for drug use including the removal of criminal penalties for use and possession. Whilst states and territories are largely responsible for the criminal offences and responses to drug use and possession, we note that since 2005 the Commonwealth Criminal Code Act 1995 also includes drug possession as an offence. As a result, states and territories seeking to change their laws about drug use and possession for personal use are faced with the added complexity of navigating the conflict of Commonwealth and jurisdictional law.
- Greater provision of, and access to, quality, evidence-based AOD treatment, prevention and harm reduction in prisons (for people who are sentenced *and* people on remand) including therapeutic programs (e.g. individual counselling), needle cleaning agents, needle exchange programs, medically supervised injecting rooms and naloxone (Harm Reduction in Prisons Working Group, 2023).
- Greater continuity of care between prison and community including better access to supported transition arrangements (Schwartz et al., 2020).

References

- AIVL. 2024. Recent overdose deaths raise fears for people in prison - Naloxone must be made available to save lives. Canberra.
- Baker, Pieter, Leo Beletsky, Liliana Avalos, Christopher Venegas, Carlos Rivera, Steffanie A Strathdee, and Javier Cepeda. 2020. "Policing practices and risk of HIV infection among people who inject drugs." *Epidemiologic Reviews* 42 (1):27-40.
- Benfer, I., Zahnow, R., Barratt, M. J., Maier, L., Winstock, A., & Ferris, J. (2018). The impact of drug policy liberalisation on willingness to seek help for problem drug use: A comparison of 20 countries. *International Journal of Drug Policy*, 56, 162-175.
- Casswell, Sally, Sarah Callinan, Surasak Chaiyasong, Pham Viet Cuong, Elena Kazantseva, Tsogzolmaa Bayandorj, Taisia Huckle, Karl Parker, Renee Railton, and Martin Wall. 2016. "How the alcohol industry relies on harmful use of alcohol and works to protect its profits." *Drug and Alcohol Review* 35 (6):661-664. doi: 10.1111/dar.12460.
- Chaiton, M., Diemert, L., Cohen, J. E., Bondy, S. J., Selby, P., Philipneri, A., & Schwartz, R. (2016). Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers. *BMJ Open*, 6(6), e011045. 10.1136/bmjopen-2016-011045
- Cohen, A., Vakharia, S. P., Netherland, J., & Frederique, K. (2022). How the war on drugs impacts social determinants of health beyond the criminal legal system. *Annals of Medicine*, 54(1), 2024–2038. <https://doi.org/10.1080/07853890.2022.2100926>
- Colledge, S., S. Larney, R. Bruno, D. Gibbs, L. Degenhardt, W. S. Yuen, P. Dietze, and A. Peacock. 2020. "Profile and correlates of injecting-related injuries and diseases among people who inject drugs in Australia." *Drug Alcohol Depend* 216:108267. doi: 10.1016/j.drugalcdep.2020.108267.
- Collins, S. E. 2016. "Associations Between Socioeconomic Factors and Alcohol Outcomes." *Alcohol Res* 38 (1):83-94.
- Csete, Joanne, Adeeba Kamarulzaman, Michel Kazatchkine, Frederick Altice, Marek Balicki, Julia Buxton, Javier Cepeda, Megan Comfort, Eric Goosby, João Goulão, Carl Hart, Thomas Kerr, Alejandro Madrazo Lajous, Stephen Lewis, Natasha Martin, Daniel Mejía, Adriana Camacho, David Mathieson, Isidore Obot, Adeolu Ogunrombi, Susan Sherman, Jack Stone, Nandini Vallath, Peter Vickerman, Tomáš Zábanský, and Chris Beyrer. 2016. "Public health and international drug policy." *Lancet* 387 (10026):1427-1480. doi: 10.1016/S0140-6736(16)00619-X.
- Day, C. A., A. Salmon, M. Jauncey, M. Bartlett, and A. Roxburgh. 2022. "Twenty-one years at the Uniting Medically Supervised Injecting Centre, Sydney: addressing the remaining questions." *Medical Journal of Australia* 217 (8):385-387. doi: 10.5694/mja2.51716.
- DeBeck, K., Cheng, T., Montaner, J. S., Beyrer, C., Elliott, R., Sherman, S., . . . Baral, S. (2017). HIV and the criminalisation of drug use among people who inject drugs: a systematic review. *The Lancet HIV*, 4(8), e357-e374.
- Degenhardt, Louisa, Fiona Charlson, Alize Ferrari, Damian Santomauro, Holly Erskine, Ana Mantilla-Herrera, Harvey Whiteford, Janni Leung, Mohsen Naghavi, Max Griswold, Jürgen Rehm, Wayne Hall, Benn Sartorius, James Scott, Stein Emil Vollset, Ann Kristin Knudsen, Josep Maria Haro, George Patton, Jacek Kopec, Deborah Carvalho Malta, Roman Topor-Madry, John McGrath, Juanita Haagsma, Peter Allebeck, Michael Phillips, Joshua Salomon, Simon Hay, Kyle Foreman, Stephen Lim, Ali Mokdad, Mari Smith, Emmanuela Gakidou, Christopher Murray, and Theo Vos. 2018. "The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016." *The Lancet Psychiatry* 5 (12):987-1012. doi: 10.1016/S2215-0366(18)30337-7.
- Department of Health. (2017). *National Drug Strategy 2017-2026*. Commonwealth of Australia.
- Dertadian, G. C., & Tomsen, S. (2020). The case for a second safe injecting facility (SIF) in Sydney. *Current Issues in Criminal Justice*, 32(2), 180-192. doi:10.1080/10345329.2019.1689787

- Dertadian, G. C., & Tomsen, S. (2022). The Experience of Safety, Harassment and Social Exclusion Among Male Clients of Sydney's Medically Supervised Injecting Centre. *International Journal for Crime, Justice and Social Democracy*, 11(4), 13-24.
- Dertadian, G. C., Caruana, T., & Maher, L. (2023). 'Grew Up with a Silver Spoon in My Mouth, But it Ended Up the Nose': The Stigma and Labelling of Injection Drug Use in an Affluent Beachside Community. *Critical Criminology*, 31(3), 811-825. doi:10.1007/s10612-023-09710-y
- Dertadian, George Christopher, and Stephen Tomsen. 2020. "The case for a second safe injecting facility (SIF) in Sydney." *Current Issues in Criminal Justice* 32 (2):180-192. doi: 10.1080/10345329.2019.1689787.
- Dolan, K., A. Rodas, and A. Bode. 2015. "Drug and alcohol use and treatment for Australian Indigenous and non-Indigenous prisoners: demand reduction strategies." *International Journal of Prison Health* 11 (1):30-8. doi: 10.1108/ijph-02-2014-0005.
- Douglass, C. H., Win, T. M., Goutzamanis, S., Lim, M. S. C., Block, K., Onsando, G., Hellard, M., Higgs, P., Livingstone, C., & Horyniak, D. (2023). Stigma Associated with Alcohol and Other Drug Use Among People from Migrant and Ethnic Minority Groups: Results from a Systematic Review of Qualitative Studies. *Journal of Immigrant and Minority Health*, 25(6), 1402-1425. <https://doi.org/10.1007/s10903-023-01468-3>
- Fazel, Seena, Isabel A. Yoon, and Adrian J. Hayes. 2017. "Substance use disorders in prisoners: an updated systematic review and meta-regression analysis in recently incarcerated men and women." *Addiction* 112 (10):1725-1739. doi: <https://doi.org/10.1111/add.13877>.
- Giulini, Francesca, Eamon Keenan, Nicki Killeen, and Jo-Hanna Ivers. 2023. "A Systematized Review of Drug-checking and Related Considerations for Implementation as A Harm Reduction Intervention." *Journal of Psychoactive Drugs* 55 (1):85-93. doi: 10.1080/02791072.2022.2028203.
- Harm reduction in prisons working group (2023). [Strengthening injecting-related harm reduction in prisons | Social Policy Research Centre – UNSW Sydney](#)
- Harm Reduction in Prisons Working Group. 2023. Concensus Statement: Strengthening Injecting-Related Harm Reduction in Prisons. Sydney.
- Ho, Hien Thi, and Lisa Maher. 2008. "Có vay có trả' (What goes around comes around): culture, risk and vulnerability to blood-borne viruses among ethnic Vietnamese injecting drug users." *Drug and Alcohol Review* 27 (4):420-428. doi: <https://doi.org/10.1080/09595230801914743>.
- Howard, D. (2020). *Special commission of inquiry into crystal methamphetamine and other amphetamine-type stimulants* (Vols. 1–4). NSW Government.
- IDDR (Illicit Drug Data Report (2022) Available at: <https://www.acic.gov.au/publications/illicit-drug-data-report/illicit-drug-data-report-2020-21>
- Lancaster, K., Ritter, A., Hughes, C., & Hoppe, R. (2017). A critical examination of the introduction of drug detection dogs for policing of illicit drugs in New South Wales, Australia using Kingdon's 'multiple streams' heuristic. *Evidence and Policy*, 13(4), 583-603. 10.1332/174426416X14683497019265
- Lancaster, K., Seear, K., & Ritter, A. (2018). *Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use*. University of NSW, National Drug and Alcohol Research Centre. Retrieved from Sydney: <https://dpmp.unsw.edu.au/sites/default/files/dpmp/resources/Monograph%2026%20Drug%20Policy%20Modelling%20Program.pdf>
- Levengood, Timothy W., Grace H. Yoon, Melissa J. Davoust, Shannon N. Ogden, Brandon D. L. Marshall, Sean R. Cahill, and Angela R. Bazzi. 2021. "Supervised Injection Facilities as Harm Reduction: A Systematic Review." *American Journal of Preventive Medicine* 61 (5):738-749. doi: <https://doi.org/10.1016/j.amepre.2021.04.017>
- Lloyd, C. (2013). The stigmatization of problem drug users: A narrative literature review. *Drugs: Education, Prevention, and Policy*, 20(2), 85-95. doi:10.3109/09687637.2012.743506

- Maher, L., & Dixon, D. (1999). Policing and public health: Law enforcement and harm minimization in a street-level drug market. *The British Journal of Criminology*, 39(4), 488-512. doi:10.1093/bjc/39.4.488
- Maher, L., & Dixon, D. (2001). The Cost of Crackdowns: Policing Cabramatta's Heroin Market. *Current Issues in Criminal Justice*, 13(1), 5-22. doi:10.1080/10345329.2001.12036213
- Malins, P. (2019). Drug dog affects: Accounting for the broad social, emotional and health impacts of general drug detection dog operations in Australia. *International Journal of Drug Policy*, 67, 63-71.
- McCambridge, Jim, Melissa Mialon, and Ben Hawkins. 2018. "Alcohol industry involvement in policymaking: a systematic review." *Addiction* 113 (9):1571-1584. doi: 10.1111/add.14216.
- Merrall, E. L., A. Kariminia, I. A. Binswanger, M. S. Hobbs, M. Farrell, J. Marsden, S. J. Hutchinson, and S. M. Bird. 2010. "Meta-analysis of drug-related deaths soon after release from prison." *Addiction* 105 (9):1545-54. doi: 10.1111/j.1360-0443.2010.02990.x.
- Moskalewicz, J., Dąbrowska, K., Herold, M. D., Baccaria, F., Rolando, S., Herring, R., ... Pisarska, A. (2021). Unintended consequences of drug policies experienced by young drug users in contact with the criminal justice systems. *Drugs: Education, Prevention and Policy*, 28(1), 36–47. <https://doi.org/10.1080/09687637.2020.1823944>
- Munot, S., Donato-Hunt, C., Copeland, J., Black, M., Chambers, K., Cooper-Stanbury, M., Rissel, C., & Taylor, R. (2008). *Alcohol and other drug use, attitudes and knowledge amongst six CALD communities in Sydney; project evaluation and Overview*. Drug and Alcohol Multicultural Education Centre.
- NSW Government. (2022). *The NSW Government's response to the Special Commission of Inquiry into the Drug 'ice'*. <https://www.nsw.gov.au/departments-and-agencies/the-cabinet-office/resources/special-commissions-of-inquiry/drug-ice>
- Nutt, David J., Leslie A. King, and Lawrence D. Phillips. 2010. "Drug harms in the UK: a multicriteria decision analysis." *The Lancet* 376 (9752):1558-1565. doi: 10.1016/S0140-6736(10)61462-6.
- O'Reilly, Keelin, and Alison Ritter. 2024. Non-criminal responses to drug use and personal possession in Australia. In *Bulletin No 31*.
- Rehm, Jürgen, Gerhard E. Gmel Sr, Gerrit Gmel, Omer S. M. Hasan, Sameer Imtiaz, Svetlana Popova, Charlotte Probst, Michael Roerecke, Robin Room, Andriy V. Samokhvalov, Kevin D. Shield, and Paul A. Shuper. 2017. "The relationship between different dimensions of alcohol use and the burden of disease—an update." *Addiction* 112 (6):968-1001. doi: <https://doi.org/10.1111/add.13757>.
- Ritter, A., M. Grealy, P. Kelaita, and M. Kowalski. 2024. The Australian 'drug budget'. Government drug policy expenditure 2021/2022. In *DPMP Monograph No 36*. Sydney: UNSW.
- Ritter, Alison, Jenny Chalmers, and Maria Gomez. 2019. "Measuring unmet demand for alcohol and other drug treatment: The application of an Australian population-based planning model." *Journal of Studies on Alcohol and Drugs* 18:42-50. doi: 10.15288/jsads.2019.s18.42.
- Robinson, K., Townley, C., Ullman, J., Denson, N., Davies, C., Bansel, P., Atkinson, M., & Lambert, S. (2020). *Advancing LGBTQ+ Safety and Inclusion: Understanding the lived experiences and health needs of sexuality and gender diverse people in Greater Western Sydney*, W. S. U. ACON. 10.26183/mr1b-sb87
- Robinson, Kerry , Cris Townley, Jacqueline Ullman, Nida Denson, Cristyn Davies, Peter Bansel, Michael Atkinson, and Sarah Lambert. 2020. *Advancing LGBTQ+ Safety and Inclusion: Understanding the lived experiences and health needs of sexuality and gender diverse people in Greater Western Sydney*, .
- Rychert, Marta, and Chris Wilkins. 2016. "Legal high industry business and lobbying strategies under a legal market for new psychoactive substances (NPS, 'legal highs') in New Zealand." *International Journal of Drug Policy* 37:90-97. doi: 10.1016/j.drugpo.2016.08.011.

- Scheim AI, Maghsoudi N, Marshall Z, et al Impact evaluations of drug decriminalisation and legal regulation on drug use, health and social harms: a systematic review *BMJ Open* 2020;10:e035148. doi: 10.1136/bmjopen-2019-035148
- Schwartz, M. Sophie Russell, Eileen Baldry, David Brown, Chris Cunneen, Julie Stubbs, (2020) *Obstacles to Effective Support of People Released from Prison: Wisdom from the Field* (Rethinking Community Sanctions Project, UNSW, 2020).
- Simpson, Paul L., Bree Gardoll, Luella White, and Tony Butler. 2023. "HIV policies in Australian prisons: a structured review assessing compliance with international guidelines." *The Lancet Regional Health – Western Pacific* 41. doi: 10.1016/j.lanwpc.2023.100813.
- Spooner, Catherine, and Kate Hetherington. 2004. Social Determinants of Drug Use. In *Technical Report Number 228*. Sydney.
- Teperski, A., & Rahman, S. (2023). Why are Aboriginal people less likely to receive cannabis cautions? (Crime and Justice Bulletin No. 258). Sydney: NSW Bureau of Crime Statistics and Research.
- The Lancet (2023) Editorial: Drug decriminalisation: grounding policy in evidence. Volume 402, Issue 10416, 1941 [https://doi.org/10.1016/S0140-6736\(23\)02617-X](https://doi.org/10.1016/S0140-6736(23)02617-X)
- Tomsen, S., & Yates, K. (2017). *Scoping report: Proposed drug consumption rooms in South-Western Sydney*. SSRN. <http://dx.doi.org/10.2139/ssrn.3222097>
- UNODC, and World Health Organization. 2018. International Standards on Drug Use Prevention: Second Updated Edition. Vienna.
- van Boekel, L. C., Brouwers, E. P., van Weeghel, J., & Garretsen, H. F. (2013b). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. *Drug and Alcohol Dependence*, 131(1-2), 23-35. doi:10.1016/j.drugalcdep.2013.02.018
- Wagner, F. A., & Anthony, J. C. (2002). From first drug use to drug dependence; developmental periods of risk for dependence upon marijuana, cocaine, and alcohol. *Neuropsychopharmacology*, 26(4), 479-488. 10.1016/s0893-133x(01)00367-0
- Weatherburn, D., & Jones, C. (2001). Does prohibition deter cannabis use? Crime and Justice Bulletin, NSW Bureau of Crime Statistics and Research, 58. [Does prohibition deter cannabis use? \(nsw.gov.au\)](https://www.nsw.gov.au)
- World Health Organization. 2019. The Public Health Dimension of the World Drug Problem. In *WHO/MVP/EMP/2019.02*. Geneva.
- Yates, K. (2023). *What Do Needle and Syringe Programs Do? : An Assembled Account of Staff-Client Relationships at Needle Syringe Programs*. Switzerland: Palgrave Macmillan