



Phone – 02 9690 0551  
Fax – 02 9690 1013  
Post – P. O. Box 2167,  
STRAWBERRY HILLS NSW 2012  
Street – Suite 9, 245 Chalmers Street,  
REDFERN NSW 2016

Web – [www.scarletalliance.org.au](http://www.scarletalliance.org.au)

Inquiry into Crystal Methamphetamine  
Parliamentary Joint Committee on Law Enforcement  
PO Box 6100  
Parliament House  
Canberra ACT 2600

9 June 2015

Dear Committee Members,

**RE: Inquiry into crystal methamphetamine (ice)**

Thank you for the opportunity to submit our comments and concerns regarding the Parliamentary Joint Committee on Law Enforcement's inquiry into the importation, manufacture, distribution and use of crystal methamphetamine.

Scarlet Alliance, the Australian Sex Workers Association, is the peak national sex worker organisation in Australia. Formed in 1989, the organisation represents a membership of individual sex workers and sex worker organisations. Scarlet Alliance and our member organisations and projects have the highest level of contact with sex workers in Australia of any agency, government or non-government. Through our project work and the work of our membership we have high levels of access to sex industry workplaces in the major cities and many regional areas of Australia. Scarlet Alliance and many of our member sex worker organisations and projects within Australia have CALD (culturally and linguistically diverse) projects employing bi-lingual project workers. Many Scarlet Alliance member organisations conduct secondary needle and syringe programs in their services and outreach, maintaining a high level of contact with sex workers throughout Australia, including sex workers who use drugs.

The most important element of reducing the negative impact that ice use has on individuals and communities is reducing the stigma attached to drug use and preventing discrimination against people who use drugs.

*“In most countries, discrimination remains legal against women, men who have sex with men, sex workers, drug users, and ethnic minorities. This must change. I call on all countries to live up to their commitments to enact or enforce legislation outlawing discrimination against people living with HIV and members of vulnerable groups... In countries without laws to protect sex workers, drug users, and men who have sex with men, only a fraction of the population has access to prevention. Conversely, in countries with legal protection and the protection of human rights for these people, many more have access to services. As a result, there are fewer infections, less demand for antiretroviral treatment, and fewer deaths. Not only is it unethical not to protect these groups: it makes no sense from a public health perspective. It hurts us all.”<sup>1</sup>*

UN Secretary General Ban Ki Moon

## Terms of Reference

The language used in the media release and Terms of Reference are stigmatising, contain loaded language, and pre-empt the outcomes of the inquiry. The focus on crime, criminal activities, and targeting specific groups of people demonstrates the attitude of the Committee towards people who use drugs. Term f) “strategies to reduce the high demand for methamphetamines in Australia” assumes that there is a high demand for methamphetamine in Australia without defining what is considered ‘high demand’ or how the Committee has come to the conclusion that there is such a demand for methamphetamine in Australia.

Almost every term in the Terms of Reference focuses on supply reduction, or on demand reduction. This is typical of existing efforts to address crystal methamphetamine use in Australia, which emphasise supply and demand reduction from a law enforcement approach at the expense of accurate and honest information and effective harm reduction approaches.

People who inject drugs, Aboriginal and Torres Strait Islander people, and CALD people are priority populations identified in the National Hepatitis B and Hepatitis C, STI, and HIV Strategies.<sup>2</sup> There is concern that this inquiry is seeking to target these populations for criminalisation, contrary to the goals of the National Strategies. These priority populations are already disproportionately targeted by police. The late, former president of the Indigenous Social Justice Association was one of many community leaders who have brought attention to the heavy police and drug dog presence at Redfern station and the targeting of Aboriginal people, stating that the police “use this as a tool to further harass people.”<sup>3</sup> It was noted that there “have been instances where [Aboriginal people] been taken from Redfern station over to the police station and they've been stripped searched and nothing is generally found.”<sup>4</sup> It is a concern that with the increased focus from the inquiry on

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1 UNAIDS, Joint United Nations Program on HIV/AIDS, *UNAIDS Guidance Note on HIV and Sex Work*, Geneva, 2009, 2

2 Australian Government Department of Health, *Third National Sexually Transmissible Infections Strategy*, (2014-2017); Australian Government Department of Health, *Second National Hepatitis B Strategy*, (2014-2017); Australian Government Department of Health, *Fourth National Hepatitis C Strategy*, (2014-2017); Australian Government Department of Health, *Seventh National HIV Strategy*, (2014-2017).

3 Paul Gregoire, ‘Australia Needs to Talk About Drug Sniffing Dogs’ (March 2015) *Vice* [<https://www.vice.com/read/australia-needs-to-talk-about-sniffer-dogs>].

4 Paul Gregoire, ‘Australia Needs to Talk About Drug Sniffing Dogs’ (March 2015) *Vice*.

criminalising ice use, this type of heavy police presence and unnecessary invasive searching of priority populations will increase.

### **Failure of the Criminal Justice Approach**

Supply reduction strategies are very costly - not only in financial terms but also in terms of negative public health outcomes. Based on existing evidence and experience, both in Australia and globally, increased policing and criminalisation have not been successful in achieving a reduction in the demand for ice or minimising the impact of ice on communities.

Law enforcement agencies have had little or no success in reducing the availability of illicit drugs.<sup>5</sup> As the UNDP Global Commission on HIV and the Law Report states:

*“Several decades of experience show that repressive drug control laws and policies fail to achieve their purported goals, whether fighting crime or reducing drug use or drug-related harm. They worsen health and contribute to increasing human rights violations against people who use drugs. And they decidedly do not stem HIV infection.”<sup>6</sup>*

Criminal justice approaches unfairly impact people of colour, street-based sex workers,<sup>7</sup> drugs users, and the most marginalised communities. People who are already over-policed and vulnerable to police harassment may have to prioritise police evasion over best practice health measures when using drugs, therefore increasing risk of harm. Criminalising priority populations creates considerable barriers to accessing health and social support services, undermining the objectives of the National Hepatitis B and Hepatitis C, STI, and HIV Strategies.

The ability to minimise the personal and social impact of blood-borne viruses (BBVs) is negatively impacted by stigma, discrimination, social marginalisation and criminalisation.<sup>8</sup> Drug policy should be based on evidence and not myths and hysteria.

The UK Home Office’s comprehensive 2014 report backed up existing research, finding a “lack of any clear correlation between the ‘toughness’ of an approach and levels of drug use.”<sup>9</sup> What we do know, is the ways in which ‘tough on drugs’ criminal and police responses undermine health outcomes while increasing harm and stigma. We hope the inquiry can consider such evidence and move in a direction that works towards policies that have been demonstrated to be effective in improving health and reducing crime and corruption.

### **The Importance of Harm Reduction**

Best practice approaches prioritise harm reduction and health focused outcomes. Peer education on safer using practices and access to support services are essential elements of harm reduction to

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5 L. Mazerolle, D. Soole, & S. Rombouts, ‘Drug law enforcement: a review of the evaluation literature’ (2007) 10(2) *Police Quarterly* 115-153.

6 UNDP HIV/AIDS Group, *Global Commission on HIV and the Law: Risks Rights and Health* (2012) 30.

7 ABC News, “NSW crime report: Lockout reduces Sydney CBD violence, drug use increases across state” 29 April 2015 [http://www.abc.net.au/news/2015-04-16/crime-statistics-and-lockout-laws-nsw-2015/6396486].

8 Australian Government Department of Health, *Seventh National HIV Strategy*, (2014-2017) 15.

9 UK Government, *Drugs: International Comparators* (2014)

[[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/368489/DrugsInternationalComparators.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368489/DrugsInternationalComparators.pdf)].

ensure that people who use drugs are not forced underground when seeking peer support, community or health services. Existing sex worker outreach programs and drug user organisations already have strong levels of contact with sex workers who use drugs. Improving drug policy to better utilise these existing evidence-based peer-led interventions would be the most cost-effective approach to deliver improved health outcomes. These strategies have also been shown to improve access for people who use drugs to resources, peer support, and referrals to appropriate services if needed.

The *Seventh National HIV Strategy* acknowledges the success of sex workers in preventing HIV transmission, which can be attributed to the effective implementation of safer sex practices by sex workers.<sup>10</sup> These practices have been established and supported by effective peer education, contributing to a wide culture of condom use and voluntary testing among sex workers.<sup>11</sup> Existing sex worker outreach programs already have high contact with sex workers including sex workers who use drugs.

Another important element of harm reduction that needs to be addressed is the lack of adequate and appropriate services available to people who use drugs in prison. The World Health Organization (WHO) Guidelines on HIV Infection and AIDS in Prisons states:

*“All prisoners have the right to receive health care, including preventative measures, equivalent to that available in the community without discrimination...”<sup>12</sup>*

However, Australian governments continue to fail in providing such services and equipment to people in prison, contributing to BBV transmission and other drug use related health issues. AIVL states in a 2008 discussion paper that:

*“The provision of holistic services for people who inject drugs that include access to sterile injecting equipment will save lives and improve the health of prisoners. This in turn, will protect and improve the health of individuals in the wider community.”<sup>13</sup>*

Anecdotal evidence suggests that banning smoking in prisons is producing negative unintended consequences. Many prisoners chose to smoke rather than inject drugs in the prison setting to avoid contracting BBVs. Prisoners are switching to injecting due to the unavailability of lighters due to the implementation of no-smoking policies in prisons across Australia. Given the existing environment in Australian prisons, where there is no harm reduction approach and no Needle and Syringe Programs (NSPs), the risk of transmission of BBVs is further increased.

## **Conclusion**

No approach can be effective without the direction and inclusion of affected communities.

All inquiry recommendations or outcomes should recognise that:

- policing/criminalisation approaches have not been successful in reducing drug use or supply, furthermore, such approaches have seen the health and well-being of people who use drugs and the wider community undermined;

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10 Australian Government Department of Health, *Seventh National HIV Strategy* (2014-2017) 15.

11 Australian Government Department of Health, *Seventh National HIV Strategy* (2014-2017) 19.

12 WHO Global Program on AIDS, *WHO Guidelines on HIV Infection and AIDS in Prisons* (1993).

13 AIVL, *Prison-Based Syringe Exchange Programs* (2008) 4.

- harm reduction approaches have proven to be successful in improving health outcomes for people who use drugs;
- peer-led programs and evidence based policy have resulted in the most cost effective and successful outcomes;
- no approach can be effective without the direction and inclusion of affected communities, in this case- people who use drugs.

Scarlet Alliance recommends the inquiry shift their focus from a criminal justice framework to a best-practice health and rights based approach to tackle stigma and discrimination and enable people who use drugs to access suitable services and support. This is the most appropriate approach to reduce harm and support priority populations.

If you require further information please contact our Chief Executive Officer Janelle Fawkes on

Regards,

Ryan Cole  
President