



VAADA 2023

Submission into 'Australia's illicit drug problem: Challenges and opportunities for law enforcement'

VAADA Vision

*A Victorian community in
which the harms associated
with drug use are reduced
and general health and well
being is promoted.*

VAADA Objectives

*To provide leadership,
representation, advocacy and
information to the alcohol
and other drug and related
sectors.*

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1. Recommendations and findings

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2. Introduction

This inquiry adds to the groundswell of public inquiries across state and Australian Governments into optimal responses to illicit drugs. Whilst this inquiry has an immediate focus on law enforcement, there is a need to account for all aspects of responding to illicit drugs to provide useful commentary. Focussing only on supply reduction (largely policing and law enforcement endeavour) will only perpetuate the existing siloed response to illicit drugs and more broadly alcohol and other drug (AOD) issues.

2.1. About VAADA

The Victorian Alcohol and Drug Association (VAADA) is a non-government peak organisation representing Victoria's publicly-funded alcohol and other drug (AOD) services. VAADA aims to support and promote strategies that prevent and reduce the harms associated with AOD use across the Victorian community. VAADA's purpose is to ensure that the issues for people experiencing harms associated with substance use, and the organisation's who support them, are well-represented in policy, program development and public discussion.

VAADA seeks to achieve its aims by:

- 1. Engaging in policy development;*
- 2. Advocating for systemic change;*
- 3. Representing issues identified by our members;*
- 4. Providing leadership on priority issues;*
- 5. Creating a space for collaboration within the AOD sector;*
- 6. Keeping our members and stakeholders informed about issues relevant to the sector; and*
- 7. Supporting evidence-based practice that maintains the dignity of those who use AOD (and related) services.*

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved, or have a specific interest, in the prevention, treatment, rehabilitation or research aimed at minimising the harms caused by AOD.

3. Background and Context

VAADA's key areas of concern are:

1. VAADA endorses the submission from the Australian Alcohol and other Drugs Council (AADC) and recommends that the restoration and enhancement of AOD governance structures be prioritised. We note the separation between state and Commonwealth responsibilities regarding illicit drugs and that this separation contributes to a dissonance in overall policy direction, application and governance.
2. This submission will also reflect on the significant harm engendered by law enforcement through the criminalisation of people who use drugs as well as the illicit drug market's reliance on the continuation of the war on drugs and the preventable harm which that generates.
3. VAADA will also highlight some of the pitfalls associated with public campaigns, both nationally and abroad, which seek to prevent or reduce illicit drug use but often result in greater stigmatisation. We will also outline opportunities for law enforcement to be more proactive in reducing harm and saving lives through recommending that early warning systems are developed and resourced for the timely sharing of information on hazardous substances seized by law enforcement.
4. The status quo of illicit drug policy has led to mounting preventable harms, locked in intergenerational poverty and burdened the state with escalating recurrent law and order expenses. The massive growth in overall prison numbers, and the comorbid health related needs of many who find themselves imprisoned for their mental health or drug dependency issues reflects an abject failure of policy and a failure to look more deeply into the causal factors impacting people's lives and more appropriate longer lasting solutions.
5. The abrogation of a federal commitment to deal with a national plan to bring together the various jurisdictions and key stakeholders to better address the interplay between the legislative base, social and causal factors arising from widespread drug impacts on those affected by the current policy frame.

4. trends and changes relating to illicit drug markets in Australia, including the supply, trafficking, production, distribution and use of illicit drugs;

Law enforcement organisations may be better placed to respond to matters relating to capturing data on the supply, trafficking and production of illicit drugs.

Much of this information can be gleaned from law enforcement reports relating to seizures¹, as well as the Australian Criminal Intelligence Commission's (ACIC) wastewater analysis that provides an analysis of drug consumption patterns through examination of sewerage². There is also information available from the Australian Institute of Health and Welfare³, who run various surveys and collect treatment and other harm data. There are also a range of data sources reflecting regular surveying of people who use drugs and specific cohort studies⁴ as well as the Australian Institute of Criminology's DUMA program⁵.

From a Victorian perspective, there are a number of AOD related data sources such as aodstats.org.au which provides AOD ambulance, treatment, hospital and other data sources as well as the Victorian Agency for Health Information (VAHI)⁶. The Crime Statistics Agency details information on various offences including drug related offending, although this source does not provide drug type⁷.

VAADA's member agencies have noted that there has been some fluctuation in the illicit drug market during the pandemic, with the restrictions having some impact accessibility for certain substances, which subsequently may have contributed to an increase in the availability and use of other substances. It is worthwhile noting that the pandemic impacted upon how people socialise and use public space which also impacted upon the use of certain substances.

VAADA is of the view that domestic law enforcement activities have at best a minimal impact on the domestic illicit drug market and have likely contributed to greater harms among certain groups of people. Current drug laws criminalise subsets of the community, driving them deep into disadvantage and triggering recidivism at great cost to the government and the community.

Finding 1: Law enforcement activities have a deleterious impact on people who use illicit drugs.

¹ ACIC 2021. Illicit Drug Data Report. <https://www.acic.gov.au/publications/illicit-drug-data-report>

² ACIC 2022. National Wastewater Drug Monitoring Program reports.

<https://www.acic.gov.au/publications/national-wastewater-drug-monitoring-program-reports>

³ <https://www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey>

⁴ NDARC. 2022. Drug Trends. UNSW. <https://ndarc.med.unsw.edu.au/program/drug-trends>

⁵ AIC. 2021. Drug Use. <https://www.aic.gov.au/statistics/drug-use>

⁶ Victorian Agency for Health Information. 2022. Mental Health and Wellbeing 8 December 2022.

https://vahi.vic.gov.au/publications?field_publication_report_target_id=8821

⁷ Crime Statistics Agency. 2023.

<https://www.crimestatistics.vic.gov.au/#:~:text=The%20number%20of%20criminal%20incidents,the%20same%20period%20last%20year.>

5. law enforcement's ability to detect and respond to the trafficking of precursor chemicals and illicit drugs, including the adequacy of screening techniques and the impact of seizures on illicit drug availability and use;

Publicly released information from law enforcement bodies boasts a huge number of arrests and significant weight of drugs seized⁸. Separate to what one might perceive through public statements, the majority of illicit drug related policing appears to target people who use drugs, rather than those trafficking illicit substances.

Estimated consumption levels for many drugs surpass the amount seized indicating that interdiction efforts have little impact on supply. For instance, in 2019/20, only 21% and 28% of the total amount of respectively heroin and cocaine estimated to be consumed in that year was seized by law enforcement authorities⁹. Even in cases where there was a higher seizure rate, such as with methamphetamine, availability does not seem to be impaired.

Despite these large seizures, the focus of law enforcement, measured by arrests, seems to be on those who use drugs. In 2018/19, 91% of arrests relating to cannabis were related to use; similarly, 88% of arrests for methamphetamine and 75% for cocaine were also related to use¹⁰. A large portion of the people arrested would have had to navigate the justice system, with some facing penalties such as imprisonment.

Despite the large seizures and abundance of arrests, people who use illicit drugs maintain the view that illicit drugs are still readily available and therefore people do not appear to be strongly deterred from using these substances.

The National Drug and Alcohol Research Centre (NDARC) surveys populations of people who use drugs to ascertain usage patterns, availability, price and a range of other factors. The surveys, being the Ecstasy and Related Drug Reporting System and the Illicit Drug Reporting System, reveal the following:

- 87% of surveyed people noted that heroin was easy or very easy to obtain (similar to 2021 figures)
- 91% of surveyed people noted that methamphetamine was easy or very easy to obtain (similar to 2021 figures)¹¹
- There was an increase in the number of surveyed people who found ecstasy difficult to obtain
- People surveyed noted no significant change in the availability of cocaine
- 93% of surveyed people noted that 'hydro' cannabis was easy or very easy to obtain¹²

⁸ ACIC. 2021. Illicit Drug Data Report 2019-20. https://www.acic.gov.au/sites/default/files/2021-10/IDDR%202019-20_271021_Full_0.pdf

⁹ ibid

¹⁰ NCETA. 2023. National Alcohol & Drug Knowledgebase. <https://nadk.flinders.edu.au/>

¹¹ UNSW. 2022. Australian Drug Trends. IDRS. NDARC. https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/National_IDRS_2022_Report_0.pdf

¹² UNSW 2022. Australian Drug Trends. IDRS. NDARC. https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/National_EDRS_2022_Report_0.pdf

The drug market appears to remain largely impervious to interdiction efforts from law enforcement bodies.

Finding 2: Law enforcement activity does not make any significant impact on reducing the supply of illicit drugs.

6. emerging trends and risks, such as new psychoactive substances, adulterated drugs and other new sources of threat;

The most significant looming threat for the Australian illicit drug market is fentanyl or associated analogues. It is fortunate that the fentanyl market in Australia remains relatively small, and when considered against other jurisdictions where this substance is more available, the harms are comparatively minimal.

While we can hope that fentanyl does not emerge strongly on our domestic drug market, it is probable, particularly in light of last years' seizure¹³, that over time harms associated with this substance may increase and it will have a devastating impact on the community. In this instance there was a 5 month period between interception of this large amount of fentanyl and any form of public messaging of this seizure. As far as we are aware there was no attempt to establish any form of harm reduction strategy or prepare stakeholders for the devastating impact such an intercept could have should a greater quantity arrive in Australia. Much more needs to be done to work more collaboratively with a broad range of stakeholders across the jurisdictions in terms of both prevention, treatment and planning to avert potential crisis.

Finding 3: Australia is not prepared for an incursion of fentanyl.

During the pandemic there has been an increase in NPS substance related harms, particularly NPS related benzodiazepines. A number of Victorian treatment agencies have indicated periods of increased usage amongst certain cohorts which has translated into harms. Data from the Victorian Coroners Court illustrates a surge in overdoses where NPS benzodiazepines have been a contributor. It is unacceptable that early warning systems which are capable of delivering near real time responses are not nationally accessible. This failure simply leaves responders to address need on an individual basis and with limited capacity to shift resources or responses in a more systematic and efficient manner. The consequence of such failures is clearly reflected in coronial data.

¹³ M. Brown. 2022. Why are federal authorities so concerned about a record fentanyl shipment found in Melbourne? ABC. <https://www.abc.net.au/news/2022-08-22/why-authorities-concerned-record-fentanyl-shipment-melbourne/101358180>

Table 1: Annual frequency of NPS-involved overdose deaths by contributing categories, Victoria 2012-21¹⁴

NPS type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Benzodiazepine	0	0	0	1	0	0	1	10	28	26
Stimulant	0	2	0	0	7	2	0	0	4	3
Cannabinoid	0	0	0	1	0	0	6	6	2	2
Psychedelic	0	0	0	0	3	2	0	0	1	3
Empathogen	0	0	0	0	0	0	0	0	5	1
Opioid	0	0	0	0	1	0	0	1	0	3
Dissociative	0	1	0	0	0	0	0	0	2	0
Other and unknown	0	0	0	0	0	0	1	0	0	0
Total	0	3	0	2	8	2	8	17	33	35

Table 1 reveals that NPS benzodiazepines contributions to fatal overdose in Victoria increased from 0 fatalities in 2017 to 26 in 2021, with the increase evident prior to the start of the pandemic.

Multiple Victorian coroners have proposed recommendations in light of this increase, relating to the implementation of a drug checking and public alert system to allow people to have their substances checked for hazardous compounds and an alert being issued to inform the public¹⁵. We support these recommendations.

There is a need for greater coordination between law enforcement and health at all levels as well as the broader community and harm reduction and AOD treatment (including those with lived and living experience and associated agencies) sectors to better coordinate information regarding the emergence of harmful NPS to reduce the harm related to these substances.

Recommendation 1: Drug checking and public alert systems should be implemented nation wide.

¹⁴ Coroners Court of Victoria. 2022. Victorian overdose deaths, 2012-2021. Table 9.

<https://www.coronerscourt.vic.gov.au/sites/default/files/2022-08/CCOV%20-%20Overdose%20deaths%20in%20Victoria%202012-2021%20-%2030Aug2022.pdf>

¹⁵ Coroners Court of Victoria. 2021. Finding into death with inquest of Anson. Coroner Spanos.

<https://www.coronerscourt.vic.gov.au/sites/default/files/2021-04/COR%202016%203441%20-%20Anson.pdf>

7. the involvement of law enforcement in harm reduction strategies and in efforts to reduce supply and demand, including the effectiveness of its involvement;

Harm reduction and law enforcement

Within the Victorian context, law enforcement bodies have not been actively supportive of harm reduction measures; despite the most recent Victoria Police Drug Strategy indicating support for Victoria's medically supervised injecting room (MSIR) and needle and syringe programs, support for these programs is often lagging well behind AOD and other related bodies which remain politically isolated and financially starved. Law enforcement remains resistant to evidence informed life saving measures such as drug checking services (as recommended by the Victorian Coroners Court¹⁶¹⁷), police members carrying naloxone (which has been recommended by the NSW Coroners Court but rejected by the NSW government¹⁸) and the dissemination of information for public benefit relating to seized hazardous substances¹⁹. Of course, while there is an international 'de-criminalisation' trend reflective of the growing dissatisfaction with the 'War on Drugs' the general tendency across most of Australia (with the exception of the ACT) is to continue to support more traditional failed approaches at managing drug harms across the community.

Law enforcement bodies need to be more proactive in supporting evidence informed harm reduction measures and take a more active and public role in advocacy.

Finding 4: Law enforcement bodies are often opposed to evidence informed harm reduction measures.

Recommendation 2: Law enforcement bodies should be more proactive in taking a public position in supporting evidence informed harm reduction measures.

National policing bodies as well as Victorian law enforcement bodies have been aware of the presence of hazardous substances and have not opted to provide this information to the community to prevent overdose. Some of these substances have been implicated in overdoses which, should the information have been made available, may have been prevented. More jurisdictions are implementing drug checking and public alerts to reduce drug related harm. While there are some efforts across Australia to provide the public with information there remains a notable absence of involvement and support from law enforcement bodies.

¹⁶ <https://www.coronerscourt.vic.gov.au/coroner-calls-urgent-drug-testing-services-victoria>

¹⁷ <https://www.theguardian.com/australia-news/2021/apr/07/victorian-coroner-backs-pill-testing-after-inquest-into-deaths-of-four-men-and-a-boy>

¹⁸ Thompson, A. (2019). "It will take courage": Coroner urges summit on drug decriminalisation", *The Sydney Morning Herald*. Accessed 13 December 2022 at <https://www.smh.com.au/national/nsw/coroner-recommends-nsw-government-stage-discussion-on-drug-decriminalisation-20190301-p51138.html>

¹⁹ <https://www.heraldsun.com.au/news/victoria/greens-reintroduce-bill-to-set-up-a-two-year-drug-testing-trial-in-victoria/news-story/609b1e1fa6f03ebbc1bcf9d4f67e22ea>

More recently, in August 2022 news of a significant fentanyl seizure was released, noting that the substance had been seized in February²⁰. It remains highly concerning that law enforcement authorities did not deem the risk associated with a seizure of this size to necessitate providing a warning to the public.

At a minimum there is a need for the development of a protocol between law enforcement and health to provide for the rapid dissemination of information relating to seizures of hazardous substance such as fentanyl. This should span both Australian and state/territory governments and departments and be adequately resourced to streamline information relating to hazardous substances and the subsequent release to the public to reduce harm.

Recommendation 3: A protocol should be developed between health and law enforcement authorities to facilitate the rapid sharing of information on hazardous substances for targeted public dissemination to reduce community harm.

There have been ongoing issues with an excessive police presence within the immediate vicinity of Melbourne's MSIR; police need to be present if there is a crime being committed, however the effectiveness of the MSIR hinges on a high level of consumer patronage. An ongoing and overbearing police presence will deter attendance, increasing street based illicit drug consumption and the subsequent harms. Police need to ensure that they do not impede or otherwise deter use of the MSIR or other harm reduction programs.

More broadly, there is a need for law enforcement bodies to support pragmatic evidence informed harm reduction policies.

Diversion

Given that Australia has become a laggard in implementing pragmatic law reform reflective of international trends, such as decriminalization, we need to expand access to diversion programs. This will reduce the steady flow of people into our justice system and minimise the adverse impact the justice system has on people who use drugs, families, the broader community and on government budgets.

There is a need to ensure that those who are apprehended for use and possession of illicit drugs are not drawn into the justice system. A starting point for this would be to ensure that where criminal sanctions may be applied, options such as diversions or cautions are used.

Illicit drug offences are the second most common category of criminal offence among Victorians in prison. As of December 2021, 14.7% of people in Victoria prisons (a total of 1,056 out of 7,180) were serving a custodial sentence relating to a drug offence.²¹ The rate of offences recorded for drug use and possession has almost trebled from 11,775 (2011) to 32,087 (2020)²². This surge in offences recorded has occurred as the percentage of these people receiving diversion has been declining

²⁰ <https://www.theage.com.au/national/victoria/federal-police-seize-record-drug-shipment-of-fentanyl-20220822-p5bbmx.html>

²¹ Australian Bureau of Statistics. 2021, *Prisoners in Australia, 2021*, 9 December 2021, <https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release#data-download>.

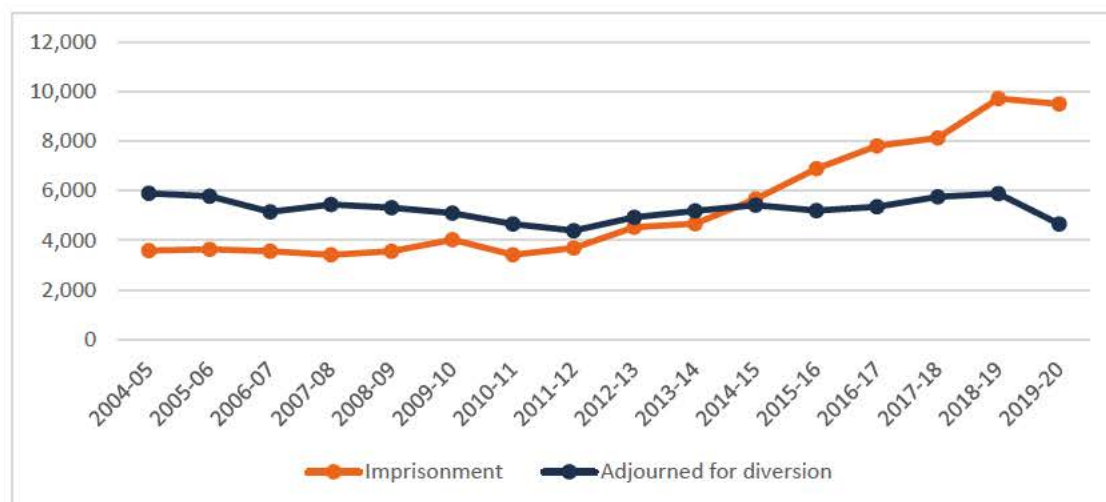
²² Crime Statistics Agency, 'Recorded Offences' 14 January 2021, <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-victorian-crime-data/recorded-offences-1>

from 66% (2010/11) to 62% (2014/15).²³ It is evident that although the Victorian justice system is increasingly more punitive toward drug related offending, there is little evidence that it is curbing the illicit drug market.

The benefits of diversion are well established, including a reduction in recidivism, improved treatment engagement, a reduction in the use of court and police resources and improved social outcomes²⁴. Figure 1 highlights that the use of diversion has been in decline from 8.1% of percentage of cases sentenced in the Magistrates Court in 2004/05 (5,888 sentences) to 6.4% in 2019/20 (4,652 sentences)²⁵. During the same period, the use of imprisonment more than doubled from 4.9% (3,577) to 13.1% (9,490) of all sentences. The Australian Criminal Intelligence Commission notes that cannabis accounted for 46% of all drug arrests, with consumer arrests accounting for 91% of all cannabis arrests in 2019/20. While one in three cannabis arrests resulted in diversion, infringement or a caution, 42% resulted in a summons.²⁶ It is evident that Victoria has undergone an increasingly punitive period with harsher sentencing reforms and a reduction in the use of therapeutic options which can divert people away from the justice system.

Nationally there is a palpable need to address and promote enhanced diversion schemes across the jurisdictions, the lack of appropriate National AOD focussed governance mechanism while not a solution in itself has likely contributed to the spread of failed approaches in managing Australia's drug situation.

Figure 1: Sentencing – Prison and Diversion 2004/05 – 2019/20 (SAC 2021)



The surge in imprisonment has been accompanied by a diminished use of diversion.

In 2019, Dr Caitlin Hughes found that diversion programs provide a significant return on investment, reduce recidivism (one study saw a recidivism rate of 31.5% for diversion participants compared to

²³ Hughes et al. 'Criminal justice responses relating to personal use and possession of illicit drugs: the reach of Australian drug diversion programs and barriers and facilitators to expansion'. *Monograph 27*. UNSW 2019.

²⁴ Ibid

²⁵ SAC. 2021. Sentencing outcomes in the Magistrates Court. <https://www.sentencingcouncil.vic.gov.au/sentencing-statistics/sentencing-outcomes-magistrates-court>

²⁶ ACIC 2021. Illicit Drug Data Report 2019/20. https://www.acic.gov.au/sites/default/files/2021-10/IDDR%202019-20_271021_Full_0.pdf

an average of 41.3%) as well as improving housing and employment outcomes when compared with standard correctional responses.²⁷

There is a need to implement policy to reverse this trend. As noted in the joint AADC submission, increasing the threshold of what constitutes a trafficable offence would make some inroads into transitioning people out of the justice system and increasing eligibility for programs like Diversion.

Recommendation 4: Individuals charged with possession related offences should be offered diversion.

Recommendation 5: Thresholds for drug possession should be increased to ensure that people who are only using illicit substances are not charged with trafficking related offences.

AOD treatment forensic capacity

There were 13,917 Victorians referred into the forensic AOD treatment system in 2020/21 via the justice system²⁸ amounting to roughly one third of people who engage the Victorian treatment system annually. These clients are priority clients, which means that they take precedence over people voluntarily seeking support for AOD dependence. Voluntary clients are pushed to the back of the queue. These figures do not include people who are obtaining AOD treatment support in prison.

The forensic demand contributes to the broader issues of excess demand and capacity shortfalls in for the Victorian AOD treatment system, which during the pandemic, experienced a 71% increase in the number of people waiting for treatment on any given day.²⁹

Surveys undertaken by VAADA indicate that wait list and wait times for Victorian AOD treatment agencies reveal that on any day in September 2020, there were 2385 people waiting for treatment increasing to 4088 people on the daily waitlist in December 2021. These expanding wait lists have led to people waiting for months, not only for residential AOD treatment but also counselling and other non residential modalities.

These pressures align with the national crisis in meeting treatment demand, with an unmet demand for AOD treatment across Australia of approximately 500,000 people³⁰. It is probable that the criminalisation of illicit drugs is driving many people toward an easily preventable interaction with the justice system, simply because they are unable to access treatment at an earlier time due to demand pressures on the sector.

Forensic demand is likely pushing back many people seeking treatment, who, while waiting for treatment, experience more acute and harmful AOD use due to dependency issues which may lead them into the forensic system.

²⁷ *ibid*

²⁸ ACSO. 2021. Annual Report 2020/21. <https://acso.org.au/annualreport/20-21/>

²⁹ VAADA. 2022. Victorian election Statement. https://www.vaada.org.au/wp-content/uploads/2022/05/SUB_VAADA-election-statement_12042022.pdf

³⁰ Ritter, A., Berends, L., Chalmers, J., Hull, P., Lancaster, K. & Gomez, M. (2014). New Horizons: The review of alcohol and other drug treatment services in Australia. Sydney, NSW: Drug Modelling Program, National Drug and Alcohol Research Centre, UNSW.

With these demand pressures in mind, the AOD treatment sector along with allied services should be better resourced not only to meet current demand, but also for an increase in demand resulting from any reform which drives more people towards the treatment system.

Finding 5: The AOD treatment sector does not have capacity to meet current demand levels.

Recommendation 6: Additional resourcing should be availed to AOD treatment.

Criminalisation drives stigma

Stigma generates a significant impediment to help seeking behaviour, reduces social connectivity and exacerbates disadvantage.

The criminalisation of illicit drugs has been a significant and enduring driver of stigma which is reinforced through public commentary regarding illicit drugs and the discriminatory language used to describe people who use drugs and also attributed to a number of support services.

Stigma increases reluctance to engage in support, whether with the family or through the health system, as people feel they will be adversely judged. This can delay service engagement and also for many contributes to the worsening of their circumstances.

Stigma can also impact upon the family, where an individual may be reluctant to seek help for a substance dependence issue as they feel that they may be labelled and their children may find out. In smaller regional areas, where anonymity is curtailed, people may be reluctant to engage an AOD treatment service as people will make assumptions as to why they are entering an AOD service or a pharmacotherapy dispensing pharmacist.

Finding 6: Stigma is highly harmful and reduces help seeking behaviour which has been exacerbated by recent law enforcement public campaigns.

VAADA has been made aware of a number of situations where people experiencing AOD dependency in particular health and community settings are denied service due to their substance dependency. We are aware of victim survivors seeking support to leave a volatile domestic situation only to have their efforts stymied through systemic discrimination, workers not familiar with AOD and the threat of systemic recriminations. We are aware of victim survivors who are using drugs, at times through coercion from a person who uses violence, being threatened with losing custody of their children should they complain or leave due to substance use issues. Blunt systemic responses, and the perception that authorities will remove children if substance use is present, erects barriers to help seeking behaviour and may lead to people remaining in risky situations.

There have been some positive inroads in addressing stigma towards people experiencing mental health concerns over the past decades but there has been little change with regard to stigma and substance use issues. It is difficult to contemplate how some publically funded campaigns persist in stigmatising those suffering drug dependency. A recent initiative implemented by the AFP³¹ is a repeat of past well understood mistaken approaches to deterring substance use. From our perspective, it did little else other than enable a self-serving agenda to cause stigma, while seeking

³¹ Lee. N & Bartle. J 2021. The police's new scare campaign won't stop people from using drugs. But it will increase stigma. The conversation. <https://theconversation.com/the-polices-new-scare-campaign-wont-stop-people-from-using-drugs-but-it-will-increase-stigma-171303>

to create a sense of urgency for a more enhanced law enforcement response. The Australian public deserves more than this sort of approach from a Federal service.

This campaign, which included a number of images and statements on social media, portrayed people who use drugs in adverse stereotypical ways, which is not aligned to the lived experience of the majority of people who use or have used drugs in Australia. The portrayals shamed people who used drugs, reflecting adversely on their character and/or appearance, and seeking to attribute a range of social and other challenges to their behaviour and 'choice'. This campaign is at odds with the reality of many who are experiencing dependency, who have experienced trauma and other adversity which has contributed to their substance use issues. This campaign is a simplistic example of wilful ignorance of the reality and experience of people who use drugs by the AFP. The stigma generated by the campaign diminishes efforts to reduce the harm related to AOD, further promoting stigma and discrimination.

Law enforcement bodies should not run these types of campaigns.

Recommendation 7: Law enforcement bodies should not run campaigns relating to the prevention of illicit drug use.

In an equally concerning issue, we have grave concerns in relation to the manner in which law enforcement works with other international jurisdictions, especially when there is a clear knowledge that assistance offered by Australian officials may lead to the eventual application of a death penalty for people who have alleged to have been involved with illicit drugs in that jurisdiction. There have been examples where information has been shared which has led to an Australian being arrested for drug related offences in such countries, leading to a penalty of capital punishment. Law enforcement should be compelled to ensure that there is no risk of capital punishment when sharing information with other jurisdictions.

Recommendation 8: Law enforcement should be compelled to ensure that there is no risk of capital punishment when sharing information with other jurisdictions.

8. the strengths and weaknesses of decriminalisation, including its impact on illicit drug markets and the experiences of other jurisdictions; and

More nations and jurisdictions are embracing progressive drug law reform in response to the uninterrupted failure of the war on drugs. The war on drugs creates the conditions which makes an illicit market financially viable, with the consumer paying more based on the level of risk associated with law enforcement.

By its nature, the unregulated illegal market contains a number of hazardous substances as those producing illegal drugs are not compelled by any authority to ensure that highly hazardous additives are not included, nor is there any official oversight on the level of purity. The war on drugs has created the market conditions that directly and indirectly contribute to rising fatal and non-fatal overdose.

The war on drugs has proven successful in corralling people into the justice system, tarnishing them with a criminal record and diminishing their capacity for future gainful employment. It has also failed to deter people from using drugs; as of 2019, approximately nine million Australians have used an illegal drug, making up 43% of the population³². The current approach is failing individuals and the community.

The current laws criminalising drugs criminalise a huge amount of Australians and contribute to curtailing evidence informed policy that saves lives. These laws also come at a significant financial cost to the Australian tax payer; at a time of great debt, states are locked into recurrent expenditure on a burgeoning prison and justice system that continues to grow in light of its' failure to address the causes of crime.

Sadly, drug law reform is almost always triggered by catastrophe. Governments seem willing to wait until a crisis emerges rather than take a proactive stance to minimise the future harm of a highly probable issue. For instance, positive drug law reform has occurred in some jurisdictions after escalating opioid and other drug related overdose or in an effort to reduce the prevalence of blood borne viruses. The human and financial cost in waiting for a catastrophe is huge.

Recommendation 9: Through national leadership, supported by law enforcement, Australia should implement policies which eliminate interaction with the justice system for possession and use offences.

9. other related matters.

The AADC submission highlights the clear imbalance between supply, demand and harm reduction. Law enforcement receives 66% of drug policy expenditure³³, yet has minimal evidence in reducing harm, curtailing the illicit drug market or deterring Australians from using drugs. At the same time, there are lost opportunities in harm reduction and AOD treatment capacity both of which could make significant inroads in reducing AOD related harm.

Recommendation 10: The Australian government should provide additional resourcing into harm reduction programs.

The funding spread is not just about financial decisions made by governments – it is also about policy priorities.

Victoria currently has only one MSIR, despite Melbourne having the highest heroin use of all metropolitan areas of Australia³⁴, and persistently high levels of preventable heroin related harm despite a pandemic related reduction in supply. There is at times a wilful lack of understanding

³² Australian Institute of Health and Welfare. (2020). National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra: AIHW

³³ Ritter, A., McLeod, R., & Shanahan, M. (2013). Monograph No. 24: Government drug policy expenditure in Australia – 2009/10. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre

³⁴ ACIC. 2022. Report 17 of the National Wastewater Drug Monitoring Program.
<https://www.acic.gov.au/publications/national-wastewater-drug-monitoring-program-reports/report-17-national-wastewater-drug-monitoring-program>

among some with regard to the purpose of MSIRs, where optics and populism supersede evidence and pragmatism. It took decades for Victoria to have its first injecting room over which time there were thousands of preventable overdoses.

Recommendation 11: Law enforcement needs to ensure that harm reduction services are not impeded through heavy policing activity.

While VAADA cannot speak for other jurisdictions, there is a crisis in hiring and retaining skilled AOD workers. Many agencies, particularly those in regional Victoria, are posting job ads two or three times and often taking on an employee who requires upskilling to perform in the role. There are time and cost issues with regard to this.

Remuneration for our workforce remains a challenge, as does job security, both of which create pull factors to other sectors, such as the growing mental health sector. There is a real risk that as related service sectors grow, which may be viewed as being more secure with greater career progression, the AOD sector will be denuded of skilled workers.

In addition to the workforce issues, there is an overall capacity deficit. The AOD sector cannot cater for current demand levels, with waitlists and times blowing out, particularly during the pandemic. It is probable that changes in AOD consumption habits may not manifest as treatment demand for some years and to that end, it is anticipated that there will continue to be upward demand on the sector over the coming years.

There is no immediate quick remedy to these issues; there is a need for workforce forecasting and planning, as well as the establishment of a coherent Industry plan to put in the building blocks to grow the sector and incentivise people to work in AOD. In the shorter term, we need to create opportunities for nurses and GPs to specialise in AOD and to generate greater employment opportunities for people with lived experience. Ensuring that there are enough opioid replacement therapy (ORT) prescribing GPs is an acute and pressing issue with the Victorian system in crisis as more long term moderate to high frequency prescribers exit the program. This is creating holes in the system, with people in some regions facing extensive travel times and perhaps opting to exit the program, therefore relying on the illicit or other markets.

As a priority, the Australian government should lead the development of a coordinated planning approach between all levels of government to ensure that the AOD workforce is viable and can support the need of Australians.

Recommendation 12: A coherent industry plan for the sector should be established to incentivise people to work in the AOD treatment sector.

These issues could in part be addressed through a rebalancing of the resourcing between supply, demand and harm reduction. The skewed leaning toward policing, which leads to the criminalisation of thousands of Australians, also limits resourcing for treatment and harm reduction. There is a need for a consensus on pragmatic evidence base policies which save lives and reduce AOD related harm.