



AUSTRALIAN MEDICAL
ASSOCIATION
ABN 37 008 426 793

T | 61 2 6270 5400
F | 61 2 6270 5499
E | ama@ama.com.au
W | www.ama.com.au

39 Brisbane Ave Barton ACT 2600
PO Box 6090 Kingston ACT 2604

AMA submission to the Parliamentary Inquiry into Australia's illicit drug problem: Challenges and opportunities for law enforcement

le.committee@aph.gov.au

Introduction

The Australian Medical Association (AMA) is pleased to have the opportunity to make a submission to the Inquiry into *Australia's illicit drug problem: Challenges and opportunities for law enforcement*, being undertaken by the Joint Committee on Law Enforcement.

We acknowledge that the use of illicit substances can harm the wellbeing of individuals and families in a range of ways including through adversely impacting mental health, physical health, fetal and child development, financial security, and relationships. The AMA believes that substance dependence and behavioural addictions (SDBA) are serious health conditions, with high mortality and disability. Those who are impacted should be treated like other patients with serious illness and be offered the best available treatments and supports to recovery.

The AMA's submission will be responding to the following three terms of reference:

1. the involvement of law enforcement in harm reduction strategies and in efforts to reduce supply and demand, including the effectiveness of its involvement;
2. the strengths and weaknesses of decriminalisation, including its impact on illicit drug markets and the experiences of other jurisdictions;
3. any other related matters.

The role of the medical profession in addressing the harms of illicit drug use as a public health issue

The AMA is very concerned by the trends in substance dependence, which suggest more than 2 in 5 Australians have used an illicit substance in their lifetime.¹ This results in a range of both direct and indirect harms to public health and mental and emotional wellbeing. Like all addictions – substance dependence needs to be understood as a health issue, free of stigma, with appropriate identification, treatment and support offered by qualified health professionals and social services.

In our 2017 position statement; [Harmful substance use, dependence and behavioural addiction \(Addiction\)](#), the AMA acknowledges that medical practitioners, and particularly general practitioners, have a central role to play in identifying and helping those impacted by addiction, noting that people seek help in a range of ways and can present with other physical and mental health problems.

Medical care of those experiencing the harms of illicit drug use

General practitioners (GPs) play a crucial role in the prevention, detection and management of harmful substance use, dependence and behavioural addictions. GPs are a trusted and credible source of advice, and international research has shown that people with substance dependence often prefer to engage with their GPs, rather than attending outpatient drug dependency services.² GPs are often the first point-of-call for identifying, diagnosing and managing harmful substance use³, and must be better supported to continue this role. In many cases, GPs may be the sole provider of medical care for a patient facing substance use disorder. GPs make a positive contribution within the community, interacting with those facing substance related harm through community centred health services⁴ as GPs have a major role in supporting the family and community, as well as the patient affected by substance use problems.

GPs perform the central and crucial support for their patients with substance dependence and behavioural addictions. However, there are several barriers they face. Funding, support, workforce and sustainability issues are negatively impacting general practice in Australia. Improving the funding of GPs must be prioritised, to ensure that patients can develop a long-term relationship with a local GP or general practice and provide the foundation for every

¹ Australian Institute of Health and Welfare (2019) *National Drug Strategy Household Survey 2019*. Retrieved 16/11/22 from <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary>

² Hindler C, Nazareth I, King M, Cohen J, Farmer R, Gerada C. (1995). Drug users' views on general practitioners. *BMJ*;310(6975):302. doi: <https://doi.org/10.1136/bmj.310.6975.302>

³ McDonald, R. (2016) Substance Abuse Editorial, *Australian Family Practitioner* VOL.45, NO.12, DECEMBER 2016.

⁴ Directions Health Services (2016) *Directions- Pathways to Recovery*. Retrieved 03/03/23 from: <https://directionshealth.com/>.

Australian to have their own 'medical home'.⁵ Focus must also be given to multidisciplinary care that is coordinated and centred in general practice, allowing patients to receive equitable access to comprehensive, holistic, longitudinal treatment, for improved health outcomes.

Addiction medicine involves the provision of medical care to people with substance use and addiction disorders, including drug and alcohol addiction and pharmaceutical dependency.⁶ Addiction medicine includes primary, secondary and tertiary prevention of harm related to non-medical use of drugs, management of acute drug related problems, and rehabilitation of people who have become dependent on drugs.⁷ Addiction medicine specialists should continue to be recognised appropriately under the Medicare Benefits Schedule. Additional support must be given to addiction medicine services in rural and remote areas of Australia, where shortages in health workforce and long wait times for treatment, especially in relation to mental health services, are being experienced.⁸

Specialised addiction services are very limited across rural and remote Australia. There are extensive wait times for treatment induction, and lack of resources for adequate follow up for patients who frequently have concerns relating to a range of health-related concerns, including addiction and mental health⁹, as well as other health impacting socio-economic concerns such as housing and employment. In rural areas much of the addiction work is undertaken by GPs, usually over some distance and often by Telehealth.¹⁰ Currently there is also a major lack of intensive residential rehab programs in rural areas. Improving access to care via a variety of models close to the patient's location, that engages local services, will reduce recidivism and local crime rates. These models must include adequate support (financial and non-financial) to encourage the participation of GPs and pharmacies within rural communities.

All Australians with a mental illness deserve to have ready access to quality specialist mental health care based on their particular needs. The mental health workforce plays a vital role, in supporting those who are experiencing the harms of substance use. Access to the appropriate

⁵ Australian Medical Association (2022) *AMA's Plan to Improve Access to GP's*. Retrieved 03/01/23 from: <https://www.ama.com.au/improve-access-to-gps>

⁶ Royal Australian College of Physicians. (2022) *Chapter of Addiction Medicine webpage*. Retrieved 16/11/22 from: <https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/chapter-of-addiction-medicine>

⁷ AIHW (2014) *National Drug Strategy Household Survey detailed report 2013*. Retrieved 16/11/22 from: <https://www.aihw.gov.au/reports/illicit-use-of-drugs/2013-ndshs-detailed/summary>

⁸ Amos, A., Coleman, M., Spring Walsh, B., & Gardiner, F. W. (2022). Remoteness and socioeconomic status reduce access to specialist mental health care across Australia. *Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists*, 10398562221139129. Advance online publication. <https://doi.org/10.1177/10398562221139129>

⁹ Amos, A., Coleman, M., Spring Walsh, B., & Gardiner, F. W. (2022). Remoteness and socioeconomic status reduce access to specialist mental health care across Australia. *Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists*, 10398562221139129. Advance online publication. <https://doi.org/10.1177/10398562221139129>

¹⁰ Australian Institute of Health and Welfare (2019). *Alcohol and other drug use in regional and remote Australia: consumption, harms and access to treatment, 2016–17*. Canberra: AIHW.

support services and security must be available for all GPs and mental health practitioners, to ensure they can continue supporting patients with complex mental health needs.¹¹

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

The AMA believes that the best way to improve health outcomes relating to the use of illicit substances, is to treat the substance addiction with intelligent compassion, as a health issue, not a criminal issue. This means that the involvement of law enforcement in harm reduction strategies, must be one of collaboration and engagement with health professionals. Both sectors should work in collaboration, with improved health outcomes being the focus.¹²

The AMA regards harm minimisation as an overarching strategy that aims to prevent and reduce the harms associated with substance use in the community.¹³ Harm minimisation considers the consequences for individuals and the community and is based on the following principles:

- Substance use, legal and illegal, is an inevitable part of society;
- Substance use occurs across a continuum, ranging from occasional use to dependence;
- A range of harms are associated with different types and patterns of substance use; and
- A range of approaches can be used to respond.

The approaches harnessed as part of a harm minimisation response include supply reduction, demand reduction, and harm reduction.

The AMA supports the introduction of innovative policy models and trials. If introduced in a controlled manner, funded and evaluated appropriately, they may reduce harms and improve outcomes for users and society at large. Some of these models include needle exchanges, pill testing, prisoner interventions and services, novel treatments and degrees of decriminalisation for some drugs etc.¹⁴ Law enforcement can help make harm reduction strategies such as pill testing sites, and safe injecting rooms, safe for all involved.

¹¹ Australian Medical Association (2018) *AMA Mental Health Position Statement*. Retrieved 21/12/22 from: <https://www.ama.com.au/articles/mental-health-2018>.

¹² Ministerial Council on Drug Strategy. (2011). *National Drug Strategy 2010 –2015. A framework for action on alcohol, tobacco and other drugs. Commonwealth of Australia*. Retrieved 21/11/22 from: [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)

¹³ Australian Medical Association (2017) *Harmful substance use, dependence and behavioural addiction (Addiction) - 2017*. Retrieved 16/11/22 from: <https://www.ama.com.au/position-statement/harmful-substance-use-dependence-and-behavioural-addiction-addiction-2017>

¹⁴ Australian Medical Association (2017) *Harmful substance use, dependence and behavioural addiction (Addiction) - 2017*. Retrieved 16/11/22 from: <https://www.ama.com.au/position-statement/harmful-substance-use-dependence-and-behavioural-addiction-addiction-2017#references>

Pill testing

The AMA supports sanctioned, appropriately supervised, and monitored high-quality pill testing trials to minimise the risk to young people, and build an evidence base to determine the effectiveness of pill testing in Australia.¹⁵ In recent years, analysis and consultation methods of pill testing have been trialled around the country, helping prevent people from using unusually strong or contaminated drugs, as well as communicating knowledge around drug harms and safer use.¹⁶ These trials have been a success, with patrons and stakeholder support, as well as positive impact on drug knowledge, attitudes and behaviours.¹⁷ Almost two-thirds of the Australian public support pill testing at music festivals.¹⁸ Pill testing sites are now also being trialled at permanent locations, that have seen new drugs identified and drug consumers better informed on the makeup of substances they are using.¹⁹

Medically supervised safe injecting centres

As some substances are administered via injection, there is increased risk associated with the transmission of blood borne viruses, noted in the AMA's position statement on [Blood Borne Viruses](#). Medically supervised injecting centres enable people to inject substances, such as heroin, in a clean environment with sterile injecting equipment, under the supervision of trained staff. Studies examining the centres functioning in Australia confirm that medically supervised injecting centres are associated with a range of positive outcomes for the individual and the community²⁰. Law enforcement approaches can make these spaces a safe and health orientated space, rather than a negative setting focussed on the criminality of drug use.²¹

¹⁵ AMA (2019) *AMA Formally Backs Supervised Pill Testing Trials*. Retrieved 21/11/2023 from: <https://www.ama.com.au/media/ama-formally-backs-supervised-pill-testing-trials#:~:text=%E2%80%9CThe%20AMA%20strongly%20backs%20pill,an%20overarching%20harm%20minimisation%20strategy.%E2%80%9D>

¹⁶ Alcohol and Drug Foundation (2021) *Pill Testing in Australia*. Retrieved 21/11/22 from: <https://adf.org.au/insights/pill-testing-australia/>.

¹⁷ Olsen A, Wong G, McDonald D. (2019). *ACT Pill Testing Trial 2019: Program Evaluation*. Australian National University: Canberra ACT.

¹⁸ McAllister, I., & Makkai, T. (2021). The effect of public opinion and politics on attitudes towards pill testing: Results from the 2019 Australian Election Study. *Drug and alcohol review*, 40(4), 521–529. <https://doi.org/10.1111/dar.13211>

¹⁹ Canberra Alliance for Harm Minimisation and Advocacy (2022) *CanTest*. Retrieved 21/11/22 from: <https://www.cahma.org.au/services/cantest/>.

²⁰ Alcohol and Drug Foundation (2020) *Medically Supervised Injecting Centres*. Retrieved 21/11/22 from: <https://adf.org.au/insights/medically-supervised-injecting-centres/>.

²¹ Lachlan Gilbert (2022) *Injecting room has not only saved lives, it has protected clients from violence*. Retrieved 21/11/22 from: <https://www.unsw.edu.au/news/2022/06/injecting-room-has-not-only-saved-lives--it-has-protected-client>

Prevention programs

Preventing experimentation and initiation of drug use, and subsequent dependence, is an important public health goal. School-based resilience building programs have been shown to reduce substance use²² but programs that solely focus on drug use prevention show more limited success.²³ Internationally, there are some models that do appear to be successful in reducing experimentation and initiation of substance use among children and young people. The *Youth in Iceland* approach, for example, introduced a range of measures that have substantially decreased substance use.²⁴ For those who have already initiated drug and alcohol use, there is evidence that brief interventions with health care professionals are an effective means of treating some substance use problems.²⁵ This helps to prevent the marginalisation of substance users, instead offering safe and accessible health intervention and care. This further amplifies our call for greater support for the general practitioners providing this brief intervention support.

Rehabilitation and treatment programs

Access to drug rehabilitation and treatment programs, has the ability to decrease law enforcement expenditure, through intervention which can lead to decreased recidivism. Drug rehabilitation services offer help through a range of health services, including treatment, counselling and support. These programs and services can be offered through community-based treatment centres, or residential rehabilitation services. These services provide holistic health advice and support to those impacted by the harms of drug use, and in many cases help individuals develop tools to help them live without a need to use drugs.²⁶

Drug courts accept referrals from local courts, for those who will be charged and imprisoned, who are dependent on prohibited drugs. If accepted into the drug court programs, specialised addiction support is given, that helps reduce recidivism in the future.²⁷ Recovery support groups

²² VicHealth (2015), *Interventions to build resilience among young people: a literature review*. Victorian Health Promotion Foundation, Melbourne.

²³ Faggiano, F, Miozzi S, Versino E, & Buscemi D. (2014) Universal school-based prevention for illicit drug use. *Cochrane Database of Systematic Reviews 2014*, Issue 12, Art. DOI No. CD003020.

²⁴ Young, E. (2017) *Iceland knows how to stop teen substance abuse but the rest of the world isn't listening*. Retrieved 21/11/22 from: <https://mosaicscience.com/story/iceland-prevent-teen-substance-abuse/>.

²⁵ Madras, B.K., Compton, W.M., Avula, D., Stegbaurer, T., Stein, J.B., Westley Clark, H. (2009). Screening brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and six months. *Drug Alcohol Depend*, 99(1-3): 280 –295. doi: [10.1016/j.drugalcdep.2008.08.003](https://doi.org/10.1016/j.drugalcdep.2008.08.003)

²⁶ Health Direct (2020) *Drug and Alcohol Rehabilitation*. Retrieved 06/01/2023 from: <https://www.healthdirect.gov.au/drug-and-alcohol-rehabilitation> .

²⁷ Weatherburn, D., Yeong, S., Poynton, S., Jones, N. & Farrell, M. (2020). Long-term effect of the NSW Drug Court on recidivism, *Crime and Justice Bulletin No. 232*. Sydney: NSW Bureau of Crime Statistics and Research.

are also a proven tool, improving recovery outcomes regarding addiction, and lower rates of reoffending.²⁸

Rethink Addiction suggests that law enforcement costs count for \$5.8 billion out of the 12.8 billion total cost of drug addiction in Australia.²⁹ Drug related budget spending in Australia, is largely spent on law enforcement (61-69%), compared to treatment (20-23%), prevention (9.5%) and harm reduction (2.5%).³⁰ This is even though for every dollar spent on drug treatment, \$7 is saved, and for every dollar spent on harm reduction, \$27 dollars is saved.³¹ Money would be better spent on prevention, harm reduction and the programs that improve health, and decrease recidivism. In turn, these programs decrease the need for law enforcement spending, and better the health of Australians.

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

Given that drug use is widespread, and predominately non-violent, the preference of governments to criminalise those individuals who use or possess drugs is being questioned. The AMA's 2017 Addiction position statement questioned criminalisation for drug use and possession, in the context of increasing prison populations, recognising addiction as primarily a health problem. Decriminalisation typically refers to the removal of criminal sanctions for drug possession for personal use offences, with the optional imposition of civil penalties such as fines or administrative sanctions, otherwise known as depenalisation, diversionary programs or no penalty at all.³²

A significant percentage of the prison population is incarcerated due to drug related crimes. The 2019-20 [Illicit Drug Data Report](#) (IDDR) found that national illicit drug arrests had increased in the last decade by 96%.³³ The Health of Australia's Prisoners 2018 report found that almost two-thirds (65%) of prison entrants reported using illicit drugs during the previous 12 months, with 16% of prison dischargees reporting using illicit drugs in prison, and 1 in 12 (8%) saying they had injected drugs in prison.³⁴

²⁸ Best, D. & Lubman, D. (2012). The recovery paradigm: A model of hope and change for alcohol and drug addiction. *Australian family physician*. 41. 593-7.

²⁹ Rethink Addiction and KPMG (2022), *Understanding the Cost of Addiction in Australia*, Rethink Addiction, Richmond, Victoria.

³⁰ Ibid.

³¹ Ibid.

³² Hughes, C. & Stevens, A. (2010). What can we learn from the Portuguese decriminalization of illicit drugs? *British Journal of Criminology*, 50 (6): 999-1022. Accessed from: <https://dpmp.unsw.edu.au/sites/default/files/dpmp/resources/HUGHES.pdf>

³³ Australian Criminal Intelligence Commission (2020) *Illicit Drug Data Report 2019–20*. Retrieved 16/11/22 from: <https://www.acic.gov.au/publications/illicit-drug-data-report/illicit-drug-data-report-2019-20>.

³⁴ Australian Institute of Health and Welfare (2019) *The health of Australia's prisoners 2018*. Retrieved 16/11/22 from: <https://www.aihw.gov.au/reports/prisoners/health-australia-prisoners-2018/summary>.

Given the scale of drug use, the Global Commission on Drug Policy argues that punitive approaches to drug control fundamentally undermine the relationship between individuals and the State. Further the Commission suggests that such policies:

- Contribute to discrimination and marginalisation of drug users;
 - Justifies criminalising people who cause no harm to others and punishing those who are suffering; and
 - Limits scientific research about the medical utility of illicit substances and build obstacles to the prescription of pain relief and palliative medication.³⁵

Jurisdictions that have adopted non punitive responses to drug possession and/or use have not experienced major increased prevalence of drug use.³⁶ One of the best examples of decriminalisation is Portugal, where drug possession for personal use was decriminalised in 2001. Several positive health outcomes have occurred since then, including:

- A reduction in drug use among certain vulnerable populations;
 - Increases in the number of people accessing treatment services;
 - Significant decreases in HIV transmission rates and new cases of AIDs among people who use drugs; and
 - A significant reduction in drug related deaths.³⁷

More recently, the ACT depenalised small amounts of illicit substances, and those found with the amounts deemed to be ‘personal possession’, would be fined rather than charged and referred for counselling.³⁸ This is a way of seeing substance use as a health issue, more than a criminal issue. Health care access is compromised for those with a criminal conviction, with penalisation instead of conviction providing opportunity to improve the health outcomes of those experiencing the harms of substance use.

Decriminalisation creates an environment that reduces stigma and allows people to feel more comfortable should they need to access treatment services. However, decriminalisation alone is unlikely to be successful. In order to mitigate the health problems associated with problematic use, significant investments in multisector harm reduction strategies and treatment services are also required. This need for collaboration between health and law enforcement sectors is also acknowledged by the Australian Criminal Intelligence Commission.³⁹

³⁵ Global Commission on Drug Policy 2016. Advancing Drug Policy Reform: A new approach to decriminalisation 2016 report. Accessed from: <http://www.globalcommissionondrugs.org/wp-content/uploads/2016/11/GCDP-Report-2016-ENGLISH.pdf>

³⁶ Ibid.

³⁷ Rego, X., Oliveira, M.J., Lameira, C. *et al.* (2021) 20 years of Portuguese drug policy - developments, challenges and the quest for human rights. *Subst Abuse Treat Prev Policy* **16**, 59. <https://doi.org/10.1186/s13011-021-00394-7>

³⁸ Charlotte Gore and Isacc Nowroozi (2022) *ACT government decriminalises small amounts of illicit drugs including speed, heroin and cocaine*. Retrieved 25/11/22 from: <https://www.abc.net.au/news/2022-10-20/act-decriminalises-small-amounts-of-illicit-drugs-heroin-cocaine/101552008>

³⁹ Australian Criminal Intelligence Commission (2020) *Illicit Drug Data Report 2019–20*. Retrieved 16/11/22 from: <https://www.acic.gov.au/publications/illicit-drug-data-report/illicit-drug-data-report-2019-20>.

More research is still needed regarding decriminalisation trials, to better evaluate the significant impacts of the trials. Across systemic reviews undertaken in the US, where multiple states have trialled depenalisation and decriminalisation options, no conclusive change in drug use was found.⁴⁰ It is suggested this is due to irregularity of evaluation metrics, something that Australia's jurisdictions can learn from when introducing similar trials. Evaluation must be approached in a holistic way, understanding both the health, social, human rights, peace and security, including law enforcement, impacts of decriminalisation.⁴¹

For any meaningful improvement to occur in Australia, there will need to be open discussion and consideration of those policies that effectively reduce consumption and that also prevent and reduce the harms related to drug use and drug control. This discussion must recognise the probable benefits of shifting the focus from criminalisation and penalties for drug users, to providing suitable health care and treatment for those who need it.

Any Other Related Matters

The AMA acknowledges that the social, physical and mental health of people with illicit substance dependence— and that of their families, including unborn children – is often at risk as a result of their substance use as well as reduced household income and social disruption.

Substance dependence can be linked to high levels of comorbid mental health disorders, and other addictive behaviours. The adverse effects of addiction more broadly include family breakdown, domestic violence, criminal activity, disruption to or loss of employment, and social isolation.

In 2023, we understand the multitude of health, social, climate and economic challenges that impact all our lives. We ask that this inquiry takes a particular focus on how disadvantaged groups are particularly vulnerable to addiction, and that the intersectionality of addiction with other issues is also well understood and considered. We hope this Inquiry leads to meaningful and contemporary reform and action in this important area of public health.

27 JANUARY 2023

Contact

AMA

Public Health Team

switchalls@ama.com.au

⁴⁰ Scheim AI, Maghsoudi N, Marshall Z, *et al.* (2020) 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

⁴¹ *Ibid.*