

Committee Secretary
Parliamentary Joint Committee on Law Enforcement
PO Box 6100
Parliament House
Canberra ACT 2600

12 December 2016

Re: Parliamentary Inquiry into Crystal Methamphetamine

Thank you for your attention to this submission on behalf of the NSW Users and AIDS Association (NUAA). NUAA is the peak body in NSW representing people who use drugs. Our work brings us in close contact with people who use drugs, including methamphetamines, in NSW and allows us a unique insight into the impact that policing and health policy have on people who use illicit substances within our jurisdiction.

Having considerable organisational experience working with, providing targeted programs for and employing people throughout NSW, we would like to comment on the impact of public policy on people who use methamphetamine with consideration given to highly vulnerable groups including Aboriginal peoples and young people.

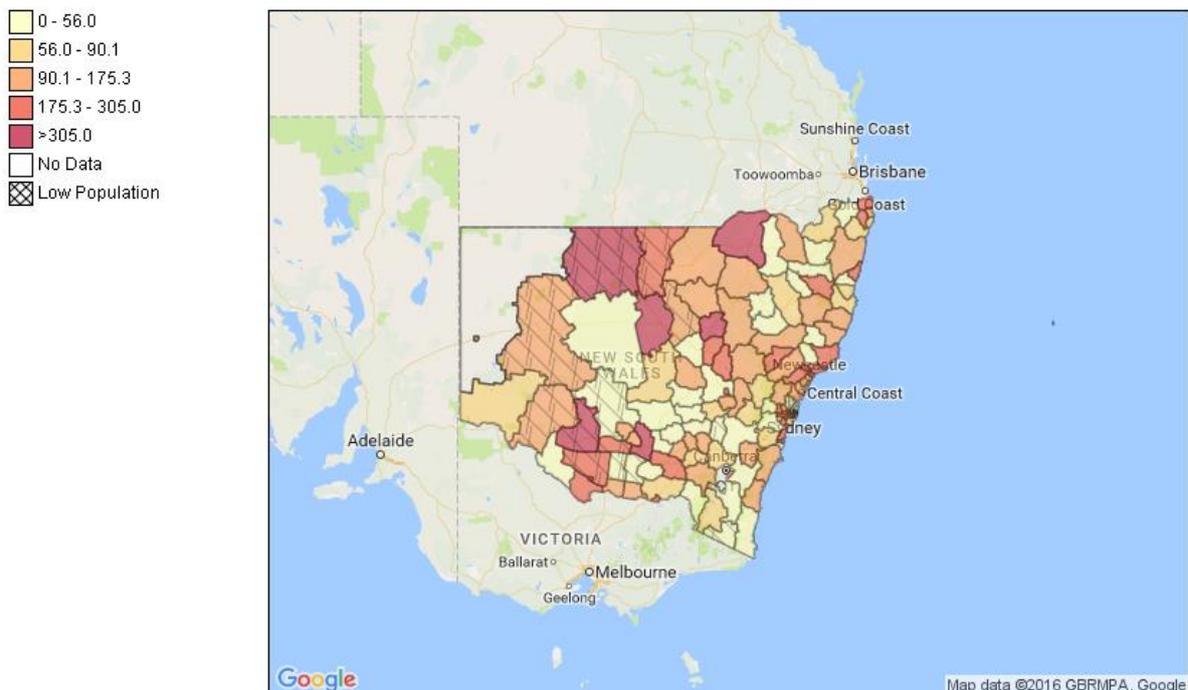
The Australian policy of harm minimisation has three pillars: demand reduction, supply reduction and harm reduction. Demand reduction includes prevention of uptake of drug use and treatment while supply reduction focusses on measures such as border control and interrupting the supply chain. Our organisation is based on the principles of harm reduction. Harm reduction involves working with people who use drugs to reduce the harms of illicit drug use - from drug use itself (for example the prevention of blood borne viral infections) but also from policy impacts including policing, legislation, incarceration and the stigma and discrimination experienced by people who use drugs.

Harm minimisation does not include a role for law enforcement in the personal use of drugs including methamphetamine. The view of NUAA is that use of methamphetamine should be rarely if ever subject to criminal sanction and, where appropriate, treated as a health issue. Where the criminal law is exercised for use and possession of an illicit substance, a non-custodial community based order should be the preferred method of resolving the matter and minimising further harms associated with incarceration.

The findings and recommendations of the National Ice Taskforce prioritise support and prevention, including treatment support of people who use methamphetamine. Recommendations for law enforcement are primarily concerned with importation and trafficking with the sole recommendation concerning methamphetamine use being the review of diversionary programs to determine best practice approaches.

The number of people charged with amphetamine possession has been increasing for some time reflecting what experts believe is an increase in problematic use.¹ In 2015, 9,951 people in NSW were charged with possession of amphetamines, up 11.5%.² The frequency of charges related to possession in NSW are variable according to location with some areas of Western NSW and highly selected parts of Sydney having significant discrepancies in arrest rates that can only plausibly be explained by variations in enforcement as opposed to use.³ For example, inner Sydney, which includes areas of significant disadvantage such as Redfern has an arrest rate of more than 305 people per 100,000 population, six times that of neighbouring suburbs while parts of western NSW also experience disproportionate numbers of charges for amphetamine possession.

Incidents of Drug offences (Use/possess amphetamines) from Oct 2015 to Sep 2016



The social costs of the increasing number of possession charges is high. While relatively few people are imprisoned for possession and use of illicit drugs the number is still substantial with sentences applied inconsistently across jurisdictions. For example, the ratio charges for trafficking: possession is 18:1 in NSW; 7:1 in Vic; 2.3:1 in QLD and 1.5:1 in the NT (with small numbers of charges on both counts). Furthermore, in 2015 there were a total of 88 people in prison for drug possession who had

¹ NSW Crime statistics 2013 and 2014: fraud and drug possession offences on the increase, SMH, Harriet Alexander and Su-Lin Tan, April 19 2015, <http://www.smh.com.au/nsw/nsw-crime-statistics-2013-and-2014-fraud-and-drug-possession-offences-on-the-increase-20150416-1mmcsi.html>

² Bureau of Crime Statistics and Research, Statistical Report Series, New South Wales Recorded Crime Statistics, http://www.bocsar.nsw.gov.au/Documents/RCS-Quarterly/NSW_Recorded_Crime_September_2016.pdf, accessed 12 December 2016

³ Bureau of Crime Statistics and Research, Statistical Report Series, New South Wales Crime Tool, <http://crimetool.bocsar.nsw.gov.au/bocsar>, accessed 12 December 2016.

not been convicted with 72% of these people in QLD.⁴ Inconsistent application of the law will typically impact people who are already disadvantaged. Arrest statistics from Surry Hills NSW, for example, show that a high percentage of people under arrest do not have a fixed address (49%) a year 10 education or less (47%) and are not currently working (58%).⁵

These statistics accord with our personal experience that people who are already marginalised experience much more frequent interactions with police including jaywalking charges, stop and search or being stopped and questioned while going about their daily business. Our community experiences a disproportionate burden of policing and incarcerations that in turn has many impacts including putting families at risk of separations, making future employment much more difficult to obtain and housing insecurity. For example, a policy currently under consideration in NSW would allow for public housing tenancies to be terminated for relatively minor offences.⁶

Marginalisation and criminalisation have profound social and health impacts including access to health services such as NSP and drug treatment and social and emotional costs such as family separations.

NUAA has worked with communities in NSW where these are concentrated groups of highly marginalised methamphetamine users. The challenges we face in regional areas are especially acute. We have very good intelligence that Aboriginal communities across NSW are highly impacted by methamphetamine with specific feedback including that injecting is the most common way to administer the drug and that initiation into use and injecting is happening at very young ages, with reports that children as young as 9 are injecting. Access to low-threshold harm reduction services such as peer education and NSP, appropriate treatment and referrals and support to keep families intact are urgently needed.

Not only is the risk of arrest greater across Western NSW, access to services is poor including sterile injecting equipment, treatment and access to harm reduction information and services, advocacy and targeted support. While we do not know whether methamphetamine injecting is specifically related to the high rates of hepatitis C notifications in NSW what we do know is that the incidence of hepatitis C in Aboriginal people is disproportionate and increasing in contrast to the general population; that HIV has doubled in Aboriginal people in the past five years with a high percentage due to injecting. These issues must be urgently addressed through peer education, advocacy and increased distribution of injecting equipment, including making peer distribution of equipment available across NSW.

Young people are a marginalised group that are particularly vulnerable. Young people are frequently targeted in police street activities including sniffer dog operations with any criminal record having a

⁴ Australian Bureau of Statistics, 4517.0 – Prisoners in Australia, 2015,
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4517.02015?OpenDocument>

⁵ Australian Institute of Criminology, Drug use monitoring in Australia: 2013-2014 report on drug use among police detainees

⁶ Sydney Criminal Lawyers, Eviction for Public Housing Tenant who Commit Crimes,
<http://www.sydneycriminallawyers.com.au/blog/eviction-for-public-housing-tenants-who-commit-crimes>, accessed 12 December 2016.

serious and potentially devastating and life-long impact. Young people have historically been left out of drug treatment services and have been specifically excluded from services based on age (the Medically Supervised Injecting Centre and NSP services are two examples). There is also little or no participation by young people in service design, a feature of best practice health care. As ice is increasingly injected it is important that young people are not further marginalised. Young people must be able to access primary health care and other important services including the police. Young drug users need to be welcomed into health services and those services need to be made relevant to them. NUAA supports youth peer education as an evidenced based strategy, increasing peer education in rural and regional areas and that young drug users are seen as “at risk” and not further marginalised through criminal operations.

Another gap in the community is appropriate treatment. Methamphetamine specific treatment is not widely available and a very notable feature of recent PHN scoping across NSW is a lack of willingness of clinicians to engage with people who have AOD issues. Recent Federal Government advertising campaigns targeting methamphetamine use that portrays users as violent and bad parents has exacerbated the problem.

Peer organisations have a long and successful track record of engaging positively with people who use drugs including injecting drug users. In the early 1980s as the HIV epidemic was getting a foothold in Australia, drug user organisations successfully galvanised to take the message to their constituents on the risk of sharing injecting equipment. As a result, Australia’s rate of HIV in people who inject drugs is one of the lowest in the world with people who inject drugs accounting for 3.3% of new infections⁷ compared to 30% of cases outside sub-Saharan Africa.⁸ Harm reduction programs and peer education are highly effective and cost effective, with the NSP program returning \$4 in value for every dollar spent.⁹

We believe that harm reduction approaches including peer education and NPS can form an integral part of a best-practice response to methamphetamine use. Low-threshold harm reduction facilities such as the “triage” room proposal currently being developed by stakeholders including NUAA, Harm Reduction Australia and the Noffs Foundation should be trialled. This proposed service would aim to divert people who have consumed illicit substances away from resource intensive services such as the criminal justice system and hospital emergency departments where appropriate. Innovation and support are crucial to address methamphetamine use in the community while avoiding harms not only to the community but the individual.

⁷ The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2015. The Kirby Institute, UNSW Australia, Sydney NSW 2052

⁸ World Health Organisation, HIV/AIDS, People who inject drugs. <http://www.who.int/hiv/topics/idu/en/>, accessed 12 Dec 16.

⁹ Kwon JA; Anderson J; Kerr CC; Thein HH; Zhang L; Iversen J; Dore GJ; Kaldor JM; Law MG; Maher L; Wilson DP, 2012, 'Estimating the cost-effectiveness of needle-syringe programs in Australia', *AIDS*, vol. 26, no. 17, pp. 2201 - 2210