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RACP Submission

**Australian Parliamentary Inquiry titled Australia's
illicit drug problem: Challenges and
opportunities for law enforcement**

January 2023

About The Royal Australasian College of Physicians (RACP)

We connect, train and represent 30,000 medical specialists and trainee specialists from 33 different specialties, across Australia and Aotearoa New Zealand. We represent a broad range of medical specialties including addiction medicine, general medicine, paediatrics and child health, infectious diseases, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, and geriatric medicine.

Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

RACP Submission to the Australian Parliamentary Inquiry titled Australia's illicit drug problem: Challenges and opportunities for law enforcement

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide a submission to the Australian Parliamentary Joint Committee on Law Enforcement's Inquiry titled *Australia's illicit drug problem: Challenges and opportunities for law enforcement*.

This submission has been led by the RACP's Australasian Chapter of Addiction Medicine (AChAM) in consultation with relevant committees. The AChAM¹ plays an important role in shaping public policy in the areas of health protection, prevention and health promotion for improved public and population health outcomes.

The purpose of this submission is to stress the crucial importance of prioritising a health approach to drug use to effectively reduce harms for those who use drugs, their families and the broader community.

Illicit drug use is common in Australia

According to the latest National Drug Strategy Household Survey (NDSHS) published in July 2020,² more than 2 in 5 Australians have used an illicit drug in their lifetime. Illicit drug use contributed to 2.7% of the total burden of disease in Australia in 2015.³ Comparatively, tobacco continued to be the leading risk factor contributing to death and disease in Australia accounting for 9.3% of the total burden of disease and injury and alcohol was responsible for 4.5% of the total burden of disease in the same year.⁴

It is important to stress that **although all drug and alcohol use has the potential to become harmful or risky and to reinforce maladaptive behavioural patterns, not all drug use will become problematic or cause health harms.**

Substance use disorder: a complex health issue

Substance use disorder is a health issue with complex biological, psychological and social underpinnings. In its more severe forms, it is a chronic relapsing, remitting disorder characterised by drug seeking and use that is compulsive, difficult to control and persists despite harmful consequences.⁵

The diagnostic term 'substance use disorder' in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) refers to recurrent use of alcohol or other drugs that causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. Substance use disorder is defined as mild, moderate, or severe.

The underlying causes of substance use disorder can be linked to environmental factors and early adverse life experiences such as trauma, abuse, an unstable childhood or home environment, family substance use and attitudes, and peer and commercial influence, and also to biological factors including genetics, being male, and having concurrent mental health disorders.⁶ Other social determinants that impact on a person's substance use and dependence include their socio-economic status, housing status and security, and education.

Substance use disorder is therefore a complex issue, not simply a personal choice. Repeated drug or alcohol use leads to changes to the brain that challenge a person's self-control and interferes with their ability to resist intense urges to take drugs.

Substance use disorder in many people may reflect an inability to cope with the damage caused by early life trauma, and our first responsibility as a society should be to identify people who have suffered such trauma and provide them with the support they need to reduce their suffering and, as much as is possible, recover.

Government funding needs to be re-balanced to prioritise prevention, harm reduction and treatment for problematic substance use

Australia's National Drug Strategy 2017-2026 (NDS) aims to "build safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities". It prioritises three broad approaches to achieve this goal: demand reduction, harm reduction and supply reduction.⁷

The Australian Government's approach to date has overwhelmingly focused on law enforcement responses which mostly fall under the category of supply reduction in the NDS. This has underemphasised the importance of treatment and prevention measures encompassed in the demand and harm reduction categories. It has been estimated that only about 2% of the total budget allocated to addressing the use of illicit drugs is spent on harm reduction, about a third is spent on treatment and over 65% is allocated to law enforcement.⁸

We argue for a rebalancing of the mix of supply, demand and harm reduction approaches, and for law enforcement agencies to partner with the health community in minimising the harm from substance use. Whilst the key focus of law enforcement is to reduce the supply of illicit drugs to the Australian community, there are also some law enforcement initiatives such as the Magistrates Early Referral into Treatment (MERIT) Program in NSW¹ and Drug Court approaches throughout Australia which seek to reduce harm by helping participants address their illicit drug use.² The WA Police Force's Naloxone Pilot Project, a 12 month trial of selected police officers carrying naloxone,³ is another example of a harm reduction initiative led by law enforcement.

Governments need to move away from the dominant paradigm of criminality as the means to deal with individuals who use drugs as it further entrenches and exacerbates the social disadvantage that often leads to alcohol and other drug use in the first place. Instead, Governments need to adopt an increased focus on health and wellbeing to improve outcomes for individuals and communities more broadly. This means prioritising effective regulation and treatment responses paired with investment in evidence-based prevention and treatment measures including trauma-informed care and better funding and access to pharmacotherapy for opioid dependence and balancing funding between the three approaches prioritised in the NDS to ensure that harm reduction, prevention and treatment are adequately resourced.

In addition, the RACP calls on the Australian Parliamentary Inquiry to carefully assess and consider novel approaches to Australia's illicit drug problem, and notes initiatives taken in some jurisdictions towards decriminalisation and regulated supply of illicit drugs.

¹ <https://localcourt.nsw.gov.au/local-court/sentencing--orders-and-appeals/sentencing-in-criminal-cases/diversion-programs/the-merit-program.html>

² <https://aja.org.au/research/resources/drug-courts/>

³ <https://www.police.wa.gov.au/About-Us/News/Naloxone-Pilot-Project>

Access to quality treatment, delivered by a suitably trained workforce, is fundamental for anyone struggling with substance use disorders

Alcohol and other drug treatment (AOD) services are significantly underfunded and are estimated to only meet the needs of fewer than half of those seeking help.⁹ An under-resourced system results in people not presenting for treatment when they need help. In regional, rural and remote areas, a lack of access and availability of these services is even more pronounced than in major cities. There is a significant gap between demand for treatment and supply.

Addressing substance use disorders and related problems requires sustained, long-term funding to increase the capacity of drug and alcohol services to meet the demand for treatment, combined with real and persistent efforts to reduce disadvantage and inequities within society. This includes a greater commitment by governments at all levels to support Indigenous self-determination and leadership to close the gap on Aboriginal and Torres Strait Islander health.

Evidence-based harm reduction measures need to be prioritised

The **RACP strongly supports** the following evidence-based harm reduction measures:

- **Better access to medication treatment for opioid dependence.**¹⁰ Opioid treatment with methadone or buprenorphine is a highly cost-effective treatment for opioid dependence when compared with other treatment options such as withdrawal, rapid detoxification or antagonist therapies which are more expensive and have limited outcomes.¹¹ However, ongoing issues related to the affordability of opioid pharmacotherapy (i.e. high cost of treatment co-payments) and access to treatment (i.e. shortage of prescribers) need to be addressed to ensure patient outcomes are not compromised.
- **Widespread availability of 'take home' naloxone in the community** – Earlier this year, we welcomed the expansion of the national Take Home Naloxone (THN) program.¹²
- **Needle syringe programs (NSPs)** – These programs provide clean injecting equipment to people who inject drugs and have been shown to effectively reduce the risk of blood-borne viruses such as HIV, hepatitis B and C within people who inject drugs, and the broader community.¹³ The RACP supports widespread access to NSPs including in custodial settings.
- **Medically supervised injecting centres** - The RACP supports supervised injecting centres as an evidence-based approach to reduce the burden of disease associated with opioid overdose, as well as to improve links to treatment and support services.¹⁴

As with all other measures employed in this area to reduce the harms of illicit drug use, the involvement of law enforcement in harm reduction should be based on evidence of effectiveness. The recent NSW Special Commission of Inquiry into the Drug Ice investigated the effectiveness of a number of law enforcement approaches and found some of them to be problematic, particularly strip searches and use of drug detection dogs.¹⁵ Where there is evidence that law enforcement practices have low efficacy, or are associated with potential harm, we recommend that alternative approaches are employed.

Conclusion

As has been outlined in this submission, the Government needs to prioritise a health approach to drug use to effectively reduce harms for the individuals who use drugs and the broader community. This is achieved through:

- acknowledging that unhealthy substance use is a complex issue, not simply a personal choice and that repeated drug or alcohol use leads to changes to the brain that challenge a person's self-control and interferes with their ability to resist intense urges to take drugs.
- recognising that the underlying causes of substance use disorder include early adverse life experiences such as trauma, abuse, an unstable childhood or home environment and family

substance use as well as biological factors including genetics and that substance use disorder is often a sign of an inability to cope with early life trauma. As a society, our first responsibility should be to identify people who have suffered such trauma and provide them with the support they need to reduce their suffering and, as much as is possible, recover.

- moving away from the dominant paradigm of criminality as the means to deal with individuals who use drugs and adopt instead an increased focus on health and wellbeing to improve outcomes for individuals and communities more broadly.
- prioritising effective regulation and treatment responses paired with investment in evidence-based prevention measures and balancing funding between the three approaches prioritised in the National Drug Strategy to ensure that harm reduction, prevention and treatment are adequately resourced.
- prioritising evidence-based harm reduction measures including medically supervised injecting centres, needle syringe programs, better access to medication assisted treatment for opioid dependence and widespread availability of naloxone.
- ensuring that the involvement of law enforcement in harm reduction is based on evidence of effectiveness and that any measure which has been proven to be ineffective is abandoned and funding redirected to evidence-based interventions.
- recognising that providing sustained, long-term funding to increase the capacity of drug and alcohol services to meet the demand for treatment, combined with real and persistent efforts to reduce disadvantage and inequities within society, is required to address substance use disorders and related problems.

Thank you again for this opportunity to inform this inquiry,

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