

Illicit Drugs

Policy Position Statement

Key messages:

The National Drug Strategy (NDS) is based on harm minimisation – a comprehensive approach to reducing drug-related harm involving demand reduction, supply reduction and harm reduction strategies. Supply control currently receives the overwhelming majority of proactive and reactive government funding. This policy seeks to outline a series of principles and tangible actions designed to reduce or minimise harm from illicit drug use and drug policy in line with the NDS framework.

Key policy positions:

1. PHAA supports the National Drug Strategy 2017-2026's pillars of reform (supply reduction, demand reduction and harm reduction) as priority areas for the Strategic Plan, and calls for a shift in emphasis towards the last two pillars.
2. Substance misuse should be treated as a health, rather than a criminal justice issue, with personal possession and consumption decriminalised.
3. A whole-of-government approach to prevention, early intervention and treatment, which recognises the common antecedents of many social problems, including drug use, must be implemented. Such an approach needs to be adequately resourced and should contain a range of strategies aimed at building resilience, maximising protective factors, minimising risk factors and providing support to individuals, families and communities with problems resulting from illicit drug use.
4. Evidence based programs that are effective in reducing or minimising drug related harm to both the individual and the community should continue to be supported while funding for interventions of doubtful effectiveness or those accompanied by severe adverse effects should be reviewed.
5. Particular attention must be given to the issue of illicit drug use by at risk population groups. Effective strategies will involve development in partnership with at risk groups, supported by National and State/Territory funding.

Audience:

Federal, state and territory governments, policy makers, and the general public.

Responsibility:

PHAA Injury Prevention Special Interest Group

Date adopted:

23 September 2021

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Policy position statement

PHAA affirms the following principles:

1. Australian policies relating to illicit drug use should be assessed according to the extent to which they minimise the health, social and economic harms arising from their use. The effective regulation of drugs through evidence based, health-focused law and policy is essential to properly controlling their use.
2. Prevention, early intervention and treatment programs should be adequately funded to respond to the complex needs and diversity of the Australian population affected by illicit drug use. Furthermore, decriminalising or legalising illicit drugs should be considered to enhance the capacity of the public health system to respond.
3. Furthermore, decriminalising illicit drugs would enhance the capacity of the public health system to respond.
4. While many individuals are able to use illicit drugs with little or no long term harms, for those that experience dependence, mental health issues or other drug related harms, the most effective response involves treatment and support, rather than arrest.
5. Law enforcement plays an important role in minimising the harms associated with drug impaired driving and enforcing regulation of the manufacture or cultivation, transport, distribution and sale of illicit drugs.

PHAA notes the following evidence:

6. While there is concern about the impact that illicit drugs have on individuals and the broader community, it is important to note that the majority of drug-related harm is attributable to the licit drugs of tobacco and alcohol.
7. Abstaining from illicit drugs avoids the harms arising from their use. It is important that effective prevention programs are adopted which prevent and delay the onset of any drug use. However, given that not everyone will abstain from illicit drugs, it is critical that we also adopt policies which minimise the harm associated with illicit drug use to individual consumers, their families and the broader community.
8. Approximately 9 million people aged over 14 in Australia (43%) have reported ever using an illicit drug, and 3.4 million (16.4%) had used an illicit drug in the 12 months before the survey.¹ Illicit drug use is a serious and complex issue, which is associated with many risks of harm to the user, their

family, friends and the broader community including health, economic and social costs.² Illicit drug use contributed 2.7% of the total burden of disease in Australia in 2015 (up from 1.8% in the 2015 report).³

9. Cannabis, is most widely used illicit drug in Australia, with 11.6% (2.4 million) Australians aged 14 years or older reporting recent use of cannabis. Thirty seven percent of recent cannabis users used the drug as often as weekly (an increase of nearly 5% since 2013).¹
10. Despite an overall reduction in the recent use of meth/amphetamine, there was a change in the frequency of use of at least once a week or more for all meth/amphetamine users from 15.5% in 2013 to 20.4% in 2016 to 16.9% in 2019. Changes in the use of meth/amphetamine have led to 39.8% of Australians identifying meth/amphetamines as the illicit drug of most concern to the community (an increase from 16% in 2013).⁴ It was the most commonly reported illicit drug used by prison entrants, increasing from 37% in 2012 to 50% in 2015.⁵
11. Illicit drug users are more likely to be diagnosed or treated for mental illness and to report high levels of psychological distress.⁴ There is a growing need for illicit drug treatment services to build their capacity to address mental illness and maintain relationships with mental health services.
12. The 2017-2026 National Drug Strategy describes a nationally agreed harm minimisation approach to minimise the harm arising from drug use, through a coordinated, multi-agency response addressing the three pillars (supply, demand and harm reduction) of harm minimisation.² However, 66% (\$1.1 billion) of the \$1.7 billion spent on addressing illicit drugs in 2009-10 was spent on law enforcement, and only 2.1% (\$36 million) on harm reduction.⁶ A more balanced approach to funding prevention, treatment and harm reduction is needed.
13. Unhealthy use of illicit drugs is often associated with trauma and other forms of disadvantage. People who use illicit drugs in an unhealthy way may be seeking to overcome past trauma, which independently increases their risk of mental health issues and socioeconomic disadvantage. Unhealthy use of illicit drugs can, in parallel, worsen the spiral of socioeconomic disadvantage and poorer health, for instance by reducing educational attainment or employment prospects.
14. Contact with the justice system is an especially important, and unnecessary, pathway from the use of illicit drugs toward worse outcomes, with arrest records constricting people's life chances. The relationship with trauma and disadvantage with illicit drug use has particular implications for priority minority groups, including Aboriginal and Torres Strait Islander people.
15. The 2019 AIHW Report includes the following relevant insights: Levels of recent illicit drug use increased in areas of highest socioeconomic advantage (from 14.1% in 2016 to 18.1% in 2019). This change has been driven by a rise in the use of cannabis (from 9.4% to 12.4%), ecstasy (from 2.7% to 4.8%) and cocaine (from 3.3% to 6.9%). Conversely there was a decline in the use of painkillers/pain-relievers and opioids (2.6% in 2016 compared with 1.8% in 2019) (Table 7.18). In the lowest socioeconomic areas there were a number of changes in the type of drug recently used, including: i) an increase in ecstasy (from 1.2% in 2016 to 2.0% in 2019) and cocaine (1.2% to 2.5%) and, ii) a decrease in painkillers/pain-relievers and opioids (from 4.8% in 2016 to 3.0% in 2019) (Table 7.18).

16. Social and economic factors shape risk behaviour and the health of drug users. Minority groups experience a disproportionately high level of the social issues that adversely affect health, and contribute to disparities in health.⁷ Compared with the general population, people at greater risk of drug-related harm include Aboriginal and Torres Strait Islander people, those from low socio-economic backgrounds, unemployed, people living in remote and very remote areas, unemployed, those incarcerated in prison, LGBTI and those with a mental illness.⁴
17. The use of illicit drugs by those incarcerated in prison is a major concern, especially when those drugs are injected.^{5,8} To minimise harms associated with drug use in prisons, access to drug treatment to reduce demand is vital. It is also important to implement strategies to reduce the risk of blood borne viruses (BBVs) whilst in prison. The period immediately following release from prison is a high risk time for drug relapse and overdose.⁹ It is important that criminal justice and community health services implement strategies to reduce post release risk with benefits for the individual and for the broader community.
18. People who use drugs are often highly stigmatised. This reduces self-esteem, mental health, and social participation. Anecdotally, stigma experienced by people who use drugs leads to excessive contact with the child protection system and child removal. This is especially important in the context of Australia's history of the removal of Aboriginal and Torres Strait Islander children from their families. Stigma is also a substantial barrier to people seeking treatment for illicit drug issues.
19. Illicit drug use attracts significant media attention, the majority of which is negative and sensationalist. This attention can contribute to the marginalisation of people affected by drug use, further limiting access to and engagement with effective treatment.

PHAA seeks the following actions:

20. The successful Needle and Syringe Programs and Medically Supervised Injecting Centre should continue and be extended to incarcerated persons.¹⁰
21. The National Drug Strategy should be maintained and regularly reviewed to prioritise health, social and economic outcomes. However, the emphasis and disproportionate funding on strategy of supply reduction should be ended in favour of demand and harm reduction, in line with the evidence on achieving public health outcomes.
22. An adequately resourced, whole of government approach to prevention, early intervention and treatment, which recognises the common antecedents of many social problems, including drug use, must be implemented.
23. Illicit drug use by Aboriginal and Torres Strait Islander people and other at risk populations must be prioritised. Building the capacity of Aboriginal and Torres Strait Islander people and organisations to respond is a critical component of effective responses.

PHAA resolves to:

24. The PHAA will continue to assess and advocate on drug policies at state, territory and national levels and approach members of key government committees, and others, to support drug policies that promote fair measures towards harm reduction.
25. PHAA will present evidence based information on illicit drug use to media and continue to advocate for national policies to reduce and minimize economic and social inequality.

(First adopted 2002; revised 2007, 2010, 2013, 2017 and 2021)

References

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