

# Illicit Drugs

## Policy Position Statement

<b>Key messages:</b>	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 <sup>1</sup> . 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. Alcohol and tobacco use are related and mentioned in this policy and are the focus in other policy statements.
<b>Key policy positions:</b>	<ol style="list-style-type: none"><li>1. PHAA supports the National Drug Strategy 2017-2026's pillars of reform (supply reduction, demand reduction and harm reduction) and calls for a shift in funding and policy reform towards the latter two pillars.</li><li>2. Substance use should be treated as a preventive health, wellbeing, and education issue, to stop or reduce harm.</li><li>3. A co-ordinated whole-of-government approach is needed to address prevention, health and wellbeing education, early intervention, treatment and ongoing support. This approach should recognise the shared underlying drivers of the many social challenges, related to drug use. It must be adequately resourced and incorporate a range of strategies aimed at building understanding of issues associated with drug use, strengthening resilience of individuals affected, maximising protective factors, minimising risk factors and supporting individuals, families and communities experiencing negative impacts from illicit drug use.</li><li>4. Evidence-based programs that are effective in stopping, reducing or minimising drug-related harm to both the individuals, families and communities should continue to be financially supported, and increase funding for evidence-based interventions (e.g., Needle and Syringe Programs).</li><li>5. Particular attention must be given to the issue of illicit drug use by people who are most negatively impacted. Effective strategies will involve development in partnership with people who use drugs and their advocates supported by national and state/territory funding.</li></ol>
<b>Audience:</b>	Federal, state and territory governments, policy makers, and the public.
<b>Responsibility:</b>	PHAA Health Promotion Special Interest Group
<b>Contact:</b>	Professor Muhammad Aziz Rahman, Health Promotion SIG Convenor
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### PHAA affirms the following principles:

1. Australian policies relating to illicit drug use should be evaluated to determine the extent to which they minimise the health, social, economic and holistic social and emotional wellbeing (SEWB) harms associated with their implementation. Policies relating to illicit drug use should be health-focused and developed with people who have lived experience of using illicit drugs.
2. Prevention, harm reduction, early intervention, treatment programs and ongoing support should be adequately funded to respond to the complex needs of people who use drugs and the diversity of the Australian population affected by illicit drug use.
3. Support ongoing research on illicit drug use and changing substance trends<sup>2</sup> and the implementation of key findings from the National Drug Strategy Household Survey. Increase research on community-based prevention and health responses to illicit drug use, to inform best practice and future national drug strategies and sustainable practices.
4. While many individuals may be able to use illicit drugs with little or no long term harm, for those who experience negative impacts (including dependence, mental health issues, engagement with the criminal system<sup>3,4</sup> or other drug related harm), the most effective intervention involves support, education and treatment.
5. Health, policing and legal systems working with community stakeholders and people who use drugs are required to align initiatives that will collectively maximise shared health and justice outcomes.

### PHAA notes the following evidence:

6. While there is concern about the impact that illicit drugs have on individuals and the broader community, including health, economic and social costs, it is important to note that most drug-related harm is attributable to legal drug use, especially tobacco and alcohol.<sup>3</sup> A tailored, proportionate public health response is required to address illicit and legal drug use in Australia.
7. Approximately 10.2 million people aged over 14 in Australia (47%) have reported ever using an illicit drug, and 3.9 million (18%) had used an illicit drug in the previous 12 months.<sup>4</sup> Illicit drug use contributed to 2.9% of the total burden of disease in Australia in 2024.<sup>5</sup>
8. Cannabis is the most widely used illicit drug in Australia, with 11.5% (2.5 million) Australians aged 14 years or older reporting recent use of cannabis.<sup>5,6</sup> Forty one per cent of Australians aged 14 years or older reported using cannabis once in their lifetime, with an increase in daily cannabis use from 14% in 2019 to 18% in 2022-2023.
9. The National Drug Strategy Household Survey 2022–2023 reports that use of illicit drugs in Australia has remained stable between 2019 and 2023. Inhalants were used by 0.2% of the population and by 0.1% of the population. The recent use (last 12 months) of cocaine increased from 4.2% in 2019 to 4.5% in 2023. A rise in the use of hallucinogens and ketamine was reported in 2019 and 2023, from 1.6% to 2.4% for hallucinogens, and from 0.9% to 1.4% for ketamine.<sup>6</sup>

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10. Despite an overall reduction in the recent use of methamphetamine, there has been an increase in lifetime use of methamphetamine.<sup>4</sup> In 2022-23, 1% of the Australian population (200,000 people) had used methamphetamine in the last 12 months, with around 7.5% of the population reporting a lifetime use of methamphetamine. Changes in the use of methamphetamine have led to 35% of Australians identifying methamphetamines as the illicit drug of most concern to the community (a decrease from 40% in 2019).<sup>7</sup> It was the most commonly reported illicit drug used by people entering prison, increasing from 37% in 2012 to 46% in 2022.<sup>8</sup>
11. Methamphetamine is preferred by 45% of people who regularly inject illicit drugs, 39% preferred cocaine, and others used heroin, all found it easy or very easy to access<sup>1</sup>. In 2023, 73% of surveyed people that use illicit drugs reported driving within three hours of consuming an illicit drug in the past six months.<sup>1</sup>
12. Those living in high socioeconomic areas (HSEA) reported a higher use of illicit drugs compared to those living in low socioeconomic areas (LSEA) in the past 12 months.<sup>6</sup> Including a higher use of hallucinogens (43% in HSEA to 0.7% in LSEA), cocaine (7.4% in HSEA to 1.9% in LSEA, inhalants (2.5% in HSEA to 1.9% in LSEA and pharmaceutical stimulants for non-medical purposes (3.5% in HSEA to 1.3% in LSEA). Levels of recent illicit drug use have also increased in areas of HSEA (from 18.1% in 2019 to 21% in 2022-23). Those living in LSEAs were 1.6 times as likely to have recently used pain-relievers and opioids for non-medical purposes as those living in HSEAs (2.8% compared with 1.7%). The trend in higher use of illicit drugs in high socioeconomic areas can be attributed to urbanisation and geographic influence, including the online drug market and increased accessibility.<sup>9</sup>
13. Use of illicit drugs by school age students is in general decline with the exceptions of Dexamphetamines use, which has increased by 25%. Sniffing spray cans, glue, paint, petrol, thinners, nitrous oxide or poppers has increased from 16% in 2014 to 20% in 2022-2023.<sup>10</sup>
14. Recent illicit drug use by those between 50 and 59 years has increased from 6.7% to 13.6% and for those over 60 years of age from 3.9% to 7.6% between 2001 and 2023. Cannabis is the most commonly used illicit drug by older people (for medical use) followed by non-medical use of pharmaceuticals. Those aged 45 to 54 and older had the highest rate of drug-induced deaths: 13.1 per 100, 000.<sup>7</sup> As Australia's population ages, it is recommended to investigate the changing patterns of illicit drug use of older people including drugs used for medical purposes.
15. The relationship between illicit drug use and mental illness is complex. People who use illicit drugs are more likely to be diagnosed or treated for mental illness and to report high levels of psychological distress.<sup>11</sup> Illicit drug treatment services need to build their capacity to address mental illness and collaborate with mental health services<sup>1</sup>.
16. Abstaining from illicit drugs avoids the risk of harms attributable to their use; effective education and prevention programs are important to prevent and delay the onset of any drug use. It is critical that evidence-based policies which minimise the harm associated with illicit drug use to individual consumers who do not abstain, their families and the broader community, are also implemented.
17. The National Drug Strategy 2017-2026 outlines a collaborative 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.<sup>1</sup> However, 64% (\$3.5 billion) of the \$5.4 billion spent on addressing illicit drugs in 2021-2022 was spent on law enforcement, and only 1.6% (\$89 million) on harm reduction.<sup>12</sup> A more balanced and sustained approach to funding prevention, treatment and harm reduction is needed if we are to reduce the harms to individuals, families and communities

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18. A significant portion of harm from illicit drug use is related to the criminalisation of drugs and the people who use them. Fear of incarceration and contact with the criminal justice system due to the use of illicit drugs can worsen health and wellbeing outcomes, with arrest records constricting employment options, impacting financial stability, access to housing, reducing access to treatment and negatively impacting relationships<sup>3</sup>. The relationship between low wellbeing, trauma and disadvantage with illicit drug use has implications for all minority groups, including Aboriginal and Torres Strait Islander people.
19. Social and economic factors shape risky behaviours and the health and wellbeing of people who use drugs. Minority groups experience a disproportionately high level of social issues that adversely affect health and wellbeing and contribute to disparities in health.<sup>1</sup> 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, people who are unemployed, people experiencing homelessness, those incarcerated in prison, LGBTQIA+, those with a mental illness, and low wellbeing levels.<sup>6</sup>
20. Use of illicit drugs by people incarcerated in prison is a major concern, especially when the drugs are injected.<sup>13</sup> To minimise the harms associated with drug use in prisons, supply needs to be minimised and access to drug treatment and evidence based harm reduction strategies including Needle and Syringe Programs (NSP) is vital.<sup>14</sup> The period immediately following release from prison is a high risk time for drug relapse and overdose.<sup>15</sup> It is important that criminal justice and community health and wellbeing support services implement strategies to reduce post release risk with benefits for the individual, their families and the broader community, which can include improved reintegration, reduced intergenerational harm and support for caregivers.<sup>15</sup>
21. People who inject drugs are at increased risk of blood borne viruses (BBV), especially those who are incarcerated. In the Australian Hepatitis and Risk Survey in Prisons Study April 2022-June 2023, among people who had reported ever injecting drugs hepatitis C virus (HCV) Ribonucleic Acid prevalence was 15%.<sup>13</sup> Additionally, a modelling study demonstrates the cost benefits of a prison based NSPs in Australia.<sup>17</sup>
22. Evidence from an evaluation of the Australian Capital Territory Pill Testing Trial showed that it is an effective harm reduction strategy that positively impacted patrons' knowledge, attitudes and behaviours.<sup>18</sup> The report recommended future services to improve communication strategies and consider diverse implementation models. Novel responses for effective harm reduction strategies, including drug checking and new treatments for drug dependence, are supported.
23. Take home naloxone programs are an effective public health intervention to reduce opioid overdose mortality. One investigation reported that 21% of those surveyed successfully used this intervention to prevent death.<sup>2,19</sup> Police and emergency responders can also carry naloxone at licensed venues, festivals and gigs.<sup>20,21</sup>
24. 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 and support.<sup>22</sup>
25. People who use drugs are often highly stigmatised. This reduces wellbeing level, self-esteem, mental health, and social participation. Stigma is also a substantial barrier to people seeking treatment and support for illicit drug issues.<sup>22</sup>

### **PHAA seeks the following actions:**

26. The National Drug Strategy 2017-2026 should be reviewed and renewed to prioritise health, environmental, social and economic outcomes. Funding on the supply reduction strategy should be

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continued, and balanced with demand and harm reduction, in line with recent evidence on achieving public health outcomes.

27. An adequately resourced, holistic, and coordinated whole of government approach to prevention education, early intervention, treatment, and ongoing social supports, which recognises the common antecedents of illicit drug use, must be implemented.
28. Government strategies and policies to reduce illicit drug use by target populations are urgent and must be prioritised to minimise harm. This includes funding research into monitoring illicit drug use by those over 45 years of age, as well as how to build the capacity of communities and organisations to respond to and prevent harmful illicit drug use.
29. The successful Needle and Syringe Programs and Medically Supervised Injecting Centres should continue and be extended to incarcerated persons.<sup>23</sup> These programmes and centres should also offer screening and treatment for BBV.
30. Drug checking should be implemented in areas of high drug use, as well as festivals, to reduce drug related harm. This should be supported by cross-sector and state-level of government collaboration.
31. Secondary schools need to increase the number of students receiving preventive illicit drug education from 64% to 100% nationally.<sup>10</sup>

### PHAA resolves to:

32. Continue to assess and advocate for evidence-based drug policies at state, territory and national levels and approach members of key government committees, and others, to support the implementation of evidence-based drug policies
33. Present evidence-based information on illicit drug use to the media and continue to advocate involvement of people who use illicit drugs in the development of all interventions and for national policies to reduce and minimise economic, environmental and social inequality.

**First adopted 2002; revised 2007, 2010, 2013, 2017, 2021 and 2025**

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