Public Health Association of Australia
submission to the Victorian Parliamentary Inquiry into Drug Law Reform

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Priorities for 2017 and beyond

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. The aims of the PHAA include a commitment to:

- Advancing a caring, generous and equitable Australian society with particular respect for Aboriginal and Torres Strait Islanders as the first peoples of the nation;
- Promote and strengthen public health research, knowledge, training and practice;
- Promote a healthy and ecologically sustaining human society across Australia, including tackling global warming, environmental change and a sustainable population;
- Promote universally accessible people centered and health promoting primary health care and hospital services that are complemented by health and community workforce training and development;
- Promote universal health literacy as part of comprehensive health care;
- Support health promoting settings, including the home, as the norm;
- Assist other countries in our region to protect the health of their populations, and to advocate for trade policies that enable them to do so;
- Promote the PHAA as a vibrant living model of its vision and aims.
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Preamble

PHAA welcomes the opportunity to provide input to the Law Reform, Road and Community Safety Committee’s inquiry into Drug Law Reform in Victoria. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Health Equity

As outlined in the Public Health Association of Australia’s objectives:

*Health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions of society that underpin people’s health. The health status of all people is impacted by the social, political, and environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease.*

The PHAA notes that:

- Health inequity differs from health inequality. A health inequality arises when two or more groups are compared on some aspect of health and found to differ. Whether this inequality (disparity) is inequitable, however, requires a judgement (based on a concept of social justice) that the inequality is unfair and/or unjust and/or avoidable. Inequity is a political concept while inequality refers to measurable differences between (or among, or within) groups.

- Health inequity occurs as a result of unfair, unjust social treatment – by governments, organisations and people, resulting in macro politico-economic structures and policies that create living and working conditions that are harmful to health, distribute essential health and other public services unequally and unfairly, preventing some communities and people from participating fully in the cultural, social or community life of society.

Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. This is particularly pertinent when considering issues such as drug law reform.

The determinants of health inequities are largely outside the health system and relate to the inequitable distribution of social, economic and cultural resources and opportunities. Health inequities are the result of the interaction of a range of factors including: macro politico-economic structures and policy; living and working conditions; cultural, social and community influences; and individual lifestyle factors.
PHAA Response to the Victorian Parliamentary Drug Law Reform Inquiry Terms of Reference

The PHAA notes the Terms of Reference of this inquiry:

1) The effectiveness of laws, procedures and regulations relating to illicit and synthetic drugs and the misuse of prescription medication in minimising drug-related health, social and economic harm; and

2) The practice of other Australian states and territories and overseas jurisdictions and their approach to drug law reform and how other positive reforms could be adopted into Victorian law.

With respect to the context of drug use in Victoria and nationally, the PHAA notes that:

- Nationally, 42% of people aged 14 and over report having ever used an illicit drug (3)
- In Victoria, 1 in 7 people aged 14 years and over (14.4%) reported using illicit drugs in the year prior to 2013 (4)
- 4.8% of Victorians aged 14 years and over reported using a pharmaceutical for non-medical purposes ('misuse') in the past year (4)
- Nationally, drug use was responsible for 1.8% of the total burden of disease in 2011; this increased by 22.3% over the decade to 2011 (5)
  - Almost two thirds of the burden of disease is due to premature mortality
  - In addition to direct harms due to drug use disorders, drug use is responsible for: 55% of the liver cancer burden; 52% of the chronic liver disease burden; 5% of the HIV/AIDS burden; 6% of the burden due to suicide and self-inflicted injuries; 45% of acute Hepatitis B burden; and 83% of the acute Hepatitis C burden
- Contrary to common belief, prescription drugs are responsible for more than 2 in 3 (69%) drug-related deaths (6)
- Death due to accidental drug overdose have increased in Victoria over the past decade, from 4.3 to 4.9 per 100,000 people (6)
  - Similar to national trends, the greatest increases in deaths due to overdose occurred in regional Victoria
  - Deaths due to accidental overdose were almost twice the rate among Aboriginal and Torres Strait Islander people compared with non-Indigenous people in Australia
- Use of illicit drugs and misuse of pharmaceuticals is higher among the Australian prison population than in the general community (7)
  - Two thirds (67%) of prisoners report using illicit drugs in the past year.
  - Illicit drugs are also accessible in the prison system; on discharge, 10% of prisoners reported using illicit drugs and 6% reported injecting drugs during their incarceration
- Mental illness is almost twice as high among illicit drug users (21%) than in non-illicit drug users (13%). People who use illicit substances also report high levels of psychological stress (3)
  - The majority (60%) of Victorians who inject drugs report experiencing a recent mental health problem, most commonly depression and anxiety (8)
- Risk behaviours are common among people who inject drugs; in Victoria, 42% of drug users interviewed reported they had reused their own needle, 18% reporting lending a needle and 11% reported borrowing a needle (8)
Minimising harm from illicit drug use will save lives

The PHAA supports a comprehensive approach to laws, procedures and regulations relating to illicit and synthetic drugs, including strategies to reduce harm.

The PHAA also notes that the Australian Parliamentary Group for Drug Law Reform and the associated body the Australian Drug Law Reform Foundation has set out the major actions that are appropriate to “encourage a more rational, tolerant and humanitarian approach to the problems created by drugs and drug use in Australia”. This Charter was originally adopted on 4 October 1993 and has subsequently been signed by a broad range of current and past members of Parliament from across the political spectrum (at State, Territory and Federal levels) including Sir John Gorton, Don Dunstan and more recently by Tanya Pliberseck, Richard Di Natalie and Fiona Patton. The Charter sets out an agenda in terms of Urgent Reforms, Short Term Goals and Long Term Goals concluding with “the minimisation of the harmful use of drugs”. ([http://adlrf.org.au/charter/](http://adlrf.org.au/charter/))

There is strong evidence regarding the effectiveness of Needle and Syringe Programs to reduce blood borne viruses among those who inject drugs (9). The PHAA recommends that these programs continue to be available for people who inject drugs, through initiatives that provide 24 hour access to clean needles (e.g. syringe vending machines) and disposal bins. The PHAA notes that illicit drugs are accessed and used in Victorian prisons, which necessitates equal access to needle and syringe programs and other initiatives to reduce the risk of blood borne viruses within the prison environment, as for the broader community (see PHAA submission on NSP in prison for the ACT Government [Balancing Access and Safety](https://www.phaa.net.au/documents/item/369)). The PHAA supports the Victorian Government Department of Health and Human Service’s recognition that increasing access to Needle and Syringe Programs is a priority action under the Hepatitis C Strategy 2016-2020.

The PHAA notes that it is illegal for members of the public to supply sterile injecting needles to peers. The PHAA believes that amending the current legislation to allow peer distribution of sterile injecting equipment has the potential to improve access to sterile equipment and thus reduce the risk of blood borne viruses among people who inject drugs.

The PHAA supports a trial and evaluation of a similar Medically Supervised Injecting Centre in a suitable Victorian location, as one component of a comprehensive approach to drug policy and law reform. Feasibility studies provide support for such a facility in North Richmond, where public injecting has been found to be widespread, frequent and highly visible (10). Further, the PHAA notes that evaluation of the Medically Supervised Injecting Centre in Kings Cross has shown that ambulance call outs to Kings Cross reduced by 80%, the number of publicly discarded needles and syringes in Kings Cross has halved and that more than 12,000 referrals to health and social services have been made since the centre was established (11).

Additionally, the provision of Naloxone to be provided by peers has been shown to be effective in reducing death. In the American Journal of Public Health, Kim and colleagues state: “Naloxone is an eminently safe and nonabusable substance that has one pharmacological function: to reverse the effects of opioids on the brain and respiratory system in order to prevent the ultimate adverse event, death” (12).

Given challenges associated with reaching and engaging people who inject drugs, the opportunity for referral to health and social supports is of immense value.

The PHAA supports medically supervised pill testing as an integral part of Australia’s harm-minimisation approach to drug use and asks that Federal, State and Territory governments provide support to undertake this life saving initiative (See attached: PHAA Pill Testing Position Statement).
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Programs that address the antecedents of drug use and rehabilitate drug users will change lives

The PHAA supports a whole of government approach to promotion, prevention, early intervention and treatment of illicit drug use in Victoria. The PHAA believes that the treatment of overdose and substance use disorders is primarily a health concern not a justice concern.

The PHAA advocates for access to comprehensive treatment programs, which address comorbid mental illness and psychosocial risk factors. It is important that these programs are: evidence-based; available for people who misuse prescription medicines as well as for people who use illicit drugs; accessible in regional parts of Victoria (where morbidity and mortality due to drug use is high); and that programs meet the needs of at risk groups. Access to culturally relevant and sensitive programs should be a priority to support Aboriginal and Torres Strait Islander people who use drugs. Meeting the needs of affected communities is best determined by involving community members in the design and delivery of these programs.

The PHAA believes that well-resourced and evidence-based diversion programs will be more effective to rehabilitate offenders and reduce recidivism than incarceration for minor drug-related offences. Given the high incarceration rates of Aboriginal and Torres Strait Islander peoples, the PHAA emphasises the importance of involving Aboriginal and Torres Strait Islander peak bodies in the design and delivery of these programs.

The PHAA strongly believes that prisoners have the same rights to access health services as other Australians; this includes the right to access to Medicare and the Pharmaceutical Benefits Scheme. The PHAA supports the application of the Department of Health’s Principles of Drug Treatment to drug users who are incarcerated in Victorian prisons. Differential standards and services are likely to create structural barriers in access to treatment for drug dependence in the prison population compared with the broader community.

The PHAA supports subsidy of medicines such as Naloxone and Methadone/Buprenorphine as part of a comprehensive treatment program.

Supply and demand and reduction strategies are required to address pharmaceutical misuse and diversion

The PHAA believes a public health approach is required to reduce prescription drug misuse and the associated harms, with a focus on preventing drug misuse. The PHAA believes that policy and programs should be designed and implemented to:

- Raise public awareness about risks associated with use and misuse of pharmaceutical drugs, including substance use disorders that can arise from self-medication for pain, anxiety and other symptoms;
- Reduce demand by promoting other evidence based forms of treatment for conditions such as chronic pain, anxiety and stress;
- Raise prescriber awareness of the burden of disease associated with use and misuse of pharmaceutical drugs;
- Implement strategies to build the capacity of prescribers and pharmacists to screen and refer patients who are misusing prescription drugs such as opioids for treatment;
- Strengthen strategies that restrict supply of pharmaceuticals that are prone to misuse and diversion. Real-time online databases, such as the award-winning Project STOP, have been successfully implemented to prevent travel from pharmacy to pharmacy for supply of pseudoephedrine-based drugs. Similarly, the development and implementation of an online database to monitor prescription of
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Pharmaceuticals would prevent ‘doctor shopping’ for prescription of pharmaceuticals that are prone to misuse and diversion.

The PHAA welcomes recent measures to legalise supply of medical cannabis. The PHAA support the removal of penalties for possession, consumption and supply of personal-level quantities of cannabis for personal use as a short-term interim measure to ensure supply of medicinal cannabis for those who need it.

Conclusion

PHAA supports the enquiry into Drug Law Reform in Victoria. However, we are keen to ensure a harm minimisation approach is at the forefront of consideration, in line with this submission. We are particularly keen that the following points are highlighted:

- Minimising harm from illicit drug use will save lives
- Programs that address the antecedents of drug use and rehabilitate drug users will change lives
- Supply and demand and reduction strategies are required to address pharmaceutical misuse and diversion

The PHAA appreciates the opportunity to make this submission.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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References