

The 2009 Australian Illicit Drug Policy Roundtable

Report of proceedings



Report arising from the Illicit Drug Policy Roundtable held on 28th January, 2009

Introduction

In the last year, the Rudd Government has encouraged new thinking and planning for Australia's future to 2020 across a broad range of social topics. The government has taken a laudable approach with alcohol. We welcome the Government's commitment to health reform measures such as the National Preventative Health Taskforce. But there has been relatively little attention to illicit drug policy. This Roundtable was an effort to address the need for new and forward-looking collective thinking about illicit drug policy. It is hoped that the distribution of this summary report of the Roundtable proceedings will contribute to policy discussions into the future.

On 28 January, 2009, twenty-seven leaders and experts in drug policy from around Australia met in Canberra to discuss priority issues for illicit drug policy. The roundtable was convened by the Drug Policy Modelling Program (DPMP), a research and practice program aimed at improving Australia's drug policies.

As with the 2020 Summit, the delegates represented a wide range of policy domains: prevention, treatment, law enforcement and harm reduction, and were limited to only those people in the third sector. Delegates included members of key advisory bodies, national peak organisations and leading researchers and practitioners in the alcohol and drug field.

Delegates were provided with a background report to read prior to the day (see Attachment). In the morning, delegates were asked to brainstorm as many current issues regarding illicit drugs as possible. There was no censoring of the issues listed, and it resulted in about 100 issues being identified. The group then considered how best to cluster these issues together in order to derive a small number of themes. Eight themes, covering all the issues, were derived. The delegates broke into four groups for the afternoon session. Each group focussed on two of the eight themes, fleshing out the issues further. This report provides a summary of the issues within the eight themes.

Consensus was not sought nor obtained on the issues, and there was a divergence of views on some of the issues. Time was short, so there was no opportunity to flesh out and debate the issues in detail.

It is a rare occurrence for such a distinguished group of experts to come together to work towards improving the policy framework in such a highly contentious area of public policy. The enthusiasm and willingness to participate by all those invited demonstrated the high level of commitment, by this unique and diverse group of experts, to creating opportunities for ongoing dialogue about Australian illicit drug policy. There was a resounding view that to exclude illicit drug problems from the current energetic policy development process, with its focus on innovation and commitment to a healthier society, will be to the detriment of all Australians.

The Themes

The eight themes were:

1. Engaging the public and government
2. New responses
3. Integration of illicit drug policy with broader social policy
4. Policy frameworks and processes

5. The legislative basis of illicit drugs
6. Australia's role on the international stage
7. Knowledge gaps
8. Sector development

1. Engaging the public and government

We are in danger of becoming complacent about illicit drugs in Australia. All delegates agreed that the policy focus on alcohol and tobacco is timely and to be encouraged, but we cannot let the problem of illicit drug use slip off the agenda. While use of many illicit drugs is declining, a more circumspect view shows that harms are not necessarily decreasing (for example while the overall population rate of cannabis use has fallen, cannabis-related harms are increasing). At present, around 450 Australians die each year from illicit drugs¹. These are preventable deaths. There is now also substantial concern about the rates of cannabis use in the Indigenous populations². Ecstasy is another drug that is apparently being used more frequently (in 2007 9% of Australian had ever used ecstasy)³.

Other issues identified by delegates as requiring attention included the economic downturn and the potential that it may exacerbate problems associated with illicit drugs, an ageing cohort which will create new demands for treatment, increased use of methamphetamine and cocaine, particularly in NSW, and anecdotal reports that heroin overdoses are once again on the rise.

In order to develop better drug policies, we need an engaged government, new discourses and innovative responses. A non-partisan and evidence-informed approach to this complex social problem is required, plus one that involves consultation with the affected communities (including consumers) and the third sector.

Encouraging the whole community to appreciate and appropriately mobilise around the issue of illicit drug use and harms, and society's responses to these, is vital. In this way, families, schools, those in industry, health services, criminal justice systems, small business and local sporting clubs, as well as parents, peer groups and individuals all see developing solutions for illicit drugs as part of their responsibility.

Media are critical to engaging the public. But the importance of accurate, factual information, rather than scare campaigns was emphasised. The community has a poor understanding of effective responses. There is a tendency towards alarmist media; creating false perceptions (sometimes encouraged by the sector) that illicit drugs affect a small, specific section of the community. There is a delicate balance between providing accurate information that many Australians have used illicit drugs (largely without harm) versus focussing on the small group of dependent, regular users. In addition, illicit drugs are a complex societal problem - media messages need to be carefully crafted to ensure they do not present simplistic (and unattainable) solutions. This fuels false perceptions of illicit drug use and reduces opportunities for more effective solutions.

¹ Degenhardt, L., & Roxburgh, A. (2007). *2005 Cocaine and methamphetamine related drug induced deaths in Australia*. Sydney: National Drug and Alcohol Research Centre. Degenhardt, L., & Roxburgh, A. (2007). *Accidental drug-induced deaths due to opioids in Australia, 2005*. Sydney: National Drug and Alcohol Research Centre.

² Catto, M. (2009). Review of illicit drug use among Indigenous peoples. *Australian Indigenous Health Bulletin, Vol 9 No 1*.

³ Australian Institute of Health and Welfare (2008). *2007 National Drug Strategy Household Survey: detailed findings*. Drug Statistics series no. 22 Cat no. PHE107. Canberra, Australian Institute of Health and Welfare.

Mass media campaigns are a central mechanism to engaging the public and providing information that contributes to reducing the demand for drugs and reducing the harm associated with existing drug use. Poor public information and media campaigns can lead to further marginalisation and stigmatisation of drug users coupled with denial in the community (“this is not about me”; and “this is not my problem”). Effective mass media campaigns would be evidence-based, not sensational, display realistic and compassionate attitudes towards drug users, and be conducted on a continuous basis. Specific campaigns, such as the national Drug Action Week (usually held in June) provide important opportunities to educate and engage the whole community.

Media campaigns are one component of a modern demand reduction strategy for Australia. At present, there is no overall prevention strategy – a surprising gap in what is otherwise a comprehensive approach to illicit drug strategies.

2. New responses

Effective policy involves some combination of prevention strategies, drug treatment, law enforcement responses to reduce supply and demand, and harm reduction strategies. Good drug policy includes a balance of these four elements. In an ideal world of evidence-based policy, the assessment of the balance between the categories would be driven by evidence that can inform decisions about allocative efficiency. This kind of evidence is very difficult to obtain and is largely absent. Delegates at the Roundtable considered that the balance between law enforcement and public health responses needed to fall more heavily on the public health side: education and treatment were seen as primary responses.

This section describes the discussion on new responses to illicit drugs: firstly the harm reduction area is documented, followed by treatment and then law enforcement.

Harm reduction

There are a number of harms that are preventable. Policy action in relation to preventable harms is essential. For example, death from heroin overdose is preventable with the administration of the antidote drug naloxone. Naloxone could be made available to family members, peers and frontline workers. Blood borne viral infections are preventable with clean injecting equipment: improved access to clean injecting equipment, removal of the current restrictions on needle syringe programs, and availability of clean injecting equipment in prisons were all noted as important policy initiatives.

Delegates noted the rising rates of ecstasy use, and considered the importance of a documented and government endorsed ‘harm reduction strategy’ for ecstasy. Underpinning such a document would be the evidence-base about the extent to which ecstasy use is increasing across Australia, the reasons for this and the harms associated with use.

Drug treatment

A greater number of treatment options would encourage more people into treatment. The affordability and accessibility of drug treatment are critical issues. For example, treatments like opioid pharmacotherapy maintenance require patient payments that can be prohibitive.

New and innovative approaches to drug treatment should be developed. For example, we need new treatment options for methamphetamine dependence that are effective as well as attractive to users. Additionally programs should be flexible, providing for the range of treatment goals that people present with and the variety of needs – including for example housing, job training, and literacy. The full array of interventions across the lifespan is required: early childhood responses through to aged care interventions. The

way in which health and social services are conceived and structured lends itself to a siloed approach. This is notable in relation to opportunities to intervene early in life, rather than later when substantial drug problems have been established. One approach to reducing the 'silos' of health and welfare is to conceptualise and structure services within an individual lifespan perspective.

The need for innovations in relation to pharmacotherapy treatments was noted: for example the introduction of injectable forms of opioids; pharmacotherapy for dependent cannabis users; and pharmacotherapy for dependent methamphetamine users. Delegates were also mindful of the fact that often some treatments that receive much public acclaim and attention, such as naltrexone implants, are not supported by research evidence.

Law enforcement

The evidence base for law enforcement requires strengthening. One important step forward would be to develop agreed upon and appropriate indicators for law enforcement interventions that reflect the impact on reducing harms. Evaluation of law enforcement interventions against these indicators could then proceed.

Incarceration was not regarded as an appropriate response for drug users. Prison should be a response of last resort for drug use. Where users are incarcerated, the focus should be on rehabilitative opportunities. Health and social services in prison should be at least of the same standard as provided in the community. Improved access to drug treatment services, continuity of treatment at point of release (without impeding access to treatment for other community members), and court-based diversion programs were called for.

3. Integration of illicit drug policy with broader social policy

The above section, outlining the deliberations around drug treatment, harm reduction and law enforcement belies the complexity of illicit drug policy – which needs to be firmly embedded within broader Australian health and social policy.

Firstly, consideration of illicit drugs in isolation from alcohol and tobacco is not logical. Aside from the significant overlap in people's use of these substances (for example 64% of injecting drug users reported alcohol intake in the last 6 months and 94% smoke tobacco⁴), there is also traction to be gained in shared cross-substance policy responses. Opioid medications that are misused, such as oxycodone, also highlight the somewhat artificial distinction between legal and illegal drugs. In this case a legal drug is used illicitly. In these circumstances the policy response requires considerable thought: the vital role that opioid medications play in pain management means that simplistic solutions, such as tightening the availability of these drugs, are not necessarily appropriate.

Secondly, the problems associated with illicit drug use do not occur in a vacuum from other physical and mental health problems. Physical co-morbidities include many health conditions, but notably injecting related illnesses (such as hepatitis C). The high rate of co-morbid drug dependency and mental health disorders has been well-documented in Australian research. Despite these substantial co-morbidities in treatment populations, it is important to recognise that illicit drug use and mental health disorders are two separate issues; not all illicit drug users suffer from or develop mental health disorders and not all with mental health disorders use illicit drugs. While treating both where they exist is crucial, focusing only on mental health issues can falsely demonise drug users as "bad and mad". A focus only on mental health issues absents other important issues

⁴ Black, E et al (2008). Australian Drug Trends 2007. Findings from the Illicit Drug Reporting System (IDRS). Sydney: National Drug and Alcohol Research Centre, UNSW.

such as economic disadvantage. This inhibits the development of adequate policy responses.

This leads to the third consideration, that socio-economic factors cannot be ignored in any drug policy. Factors driving demand for illicit drugs include economic, social, demographic and cultural conditions. There is now a widespread focus on the underlying social determinants of health, which can include class, education, occupation, income/assets, gender, race, ethnicity, religion, age and residence. We require strategies, services and interventions that better address the broader socio-economic drivers of illicit drug use.

Social inclusion is a central concept for the well-being of Australians. The Federal government is committed to building social inclusion "so that all Australians can share in our nation's prosperity"⁵. Illicit drug users are marginalised and experience social exclusion. Human rights was mentioned across a number of the themes: the importance of a human rights framework to national drug strategies; the need to pay attention to stigma and discrimination as ways in which human rights are often ignored; and an emphasis on the rights of drug users to services, notably in prisons.

Effectively addressing the links between drug use, socio-economic factors, human rights and social exclusion will require fresh thinking and new ideas. One example is the establishment of an Innovations Fund which would direct resources towards strategies that address the link between drug use and social exclusion; enhance the capacity of the drug sector to initiate such strategies; and consolidate the evidence base.

4. Policy frameworks and processes

Within the policy frameworks and processes theme, delegates raised key issues in relation to the current National Drug Strategic Framework, evidence-based policy, governance and policy processes.

The current National Drug Strategy has three pillars: demand reduction, supply reduction and harm reduction; all of which are underpinned by a philosophy of harm minimisation. The Australian Strategy has been applauded internationally as a benchmark for sustainable, successful and coherent policy. Despite this there is a lack of agreement on policy goals and definitions of success. For example are we reducing use or reducing harm and if a law enforcement strategy reduces use but increases harm should this be deemed a successful strategy? In addition, the concept of 'harm minimisation' has been variously defined, interpreted and implemented. For example the political and public discourse under the Howard Government was framed as "Tough on Drugs" – a policy that is potentially inconsistent with harm minimisation. Discussion amongst delegates about the term 'harm minimisation' and the three pillars of the National Drug Strategy reinforced the importance of a thorough review of these frames of reference and the critical role that the third sector can and should play in such a review. The potential to use a human rights framework, inclusion of prevention as part of the framework and the need to effectively communicate the Australian illicit drugs approach across all levels of Australian society were also noted. Delegates noted the need for a strong national policy goal and framework to guide Australian drug policy responses.

Illicit drug policies should be based on the best available evidence. The creation of evidence requires a sustained commitment to research funding. This includes commissioned research but must not impede investigator-driven research. The translation of research evidence into meaningful information to assist policy decision makers is also required.

⁵ www.socialinclusion.gov.au

There are some areas of illicit drug policy where we have good research evidence – in the treatment area, for example. However there are other areas where the research effort has been insufficient– such as drug law enforcement. Greater investment in the gaps in the Australian evidence-base for illicit drug policy is required.

Often there is no research evidence to inform best policy choices. In these circumstances, it is important to explicitly state the absent (or conflicting) evidence base. The delegates recommended that one means of improving Australia’s commitment to evidence-based drug policy would be through mapping out the potential adverse unintended consequences of all policy options, including potential impacts on human rights.

Federalism – the Australian structure of both Commonwealth and State/Territory Governments – was raised as a potential barrier to effective illicit drug policy: for example evidence is not adopted uniformly across all jurisdictions. Delegates also expressed some concerns about current governance structures whereby in some States drugs are subsumed under Mental Health agencies. The separation and amalgamation of drug policy into and out of mental health was noted for its cyclical process. A repositioning of both the illicit drug strategy and the drug service sector to enable a level of independence from the mental health sector may be warranted.

Delegates considered that consumers, families, Indigenous people and the third sector in general need increased participation in the Australian illicit drug policy process. The current advisory structures reflect poor transparency and inequitable access to policy processes. Previously, a more comprehensive expert advisory structure to the Inter-Governmental Committee on Drugs (IGCD) afforded greater opportunity for input. This was particularly the case under the National Drug Strategic Framework 1998-99 to 2002-04.

The role of the third sector in illicit drug policy could be strengthened through a review of the current advisory structures and the establishment of new broader advisory structures. Failure to do so is likely to result in missed opportunities to respond rapidly and innovatively to emerging problems for example, the likely impacts of the global economic crisis on the state of illicit drug use in Australia.

5. The legislative basis of illicit drugs

Delegates discussed the effect of a drug’s legal status on deterrence: the extent to which prohibition deters people from using drugs. Within the context of prohibition, sanctions differ between drug types and offence types. Discussion of the legislative basis of illicit drugs therefore needs to consider both the legal status, and the nature and degree of sanctions.

In relation to whether a drug is legal or illegal, delegates noted the lack of a coherent risk framework that places some substances in the licit category and others in the illicit category. Ideally there would be a relationship between the levels of risk and harm associated with each substance and its legal status. Better evidence on the risk profiles for each drug and the harmfulness of each drug could inform the law. The alignment of legal status with harmfulness of drugs would require new research, for example a wide evidence-based review of the comparative risks and harms of each drug.

Criminal sanctions vary depending on drug and offence. For example, in some cases offenders can be given a warning for the use and possession of cannabis and no criminal conviction is recorded. Criminal sanctions would ideally be tailored to the degree of risk. Delegates noted that criminal sanctions impact on the individual users’ lives – for example reducing future employment prospects. Policing currently appears to focus on

the detection of users – as evidenced by the data showing declines in cannabis dealing arrests but stable numbers of cannabis user arrests. Delegates argued that for problem users, the focus should be on health responses, rather than law enforcement responses.

6. Australia's role on the international stage

Australia is bound by the International treaties: the *1961 Single Convention on Narcotic Drugs* limits production, manufacture, import, export, distribution, trade, possession and use of narcotic drugs to medical and scientific purposes and enshrines international cooperation to deter and discourage drug traffickers; the *1971 Convention on Psychotropic Substances* specifies international control systems for psychotropic drugs, recognising the diversification and expansion of types of drugs, beyond narcotics, including synthetic drugs such as ecstasy and amphetamine-type stimulants; and the *1988 Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances* provides comprehensive measures against drug trafficking, including measures against money laundering and diversion of precursor chemicals.

Delegates discussed the somewhat cumbersome, constraining and dated nature of these treaties, and raised the possibility of a new drug convention which would replace all current ones. A move toward a future convention that includes all psychoactive drugs including tobacco and alcohol was considered a desirable goal. The core United Nations charters, the Universal Declaration of Human Rights, the Declaration on the Rights of Indigenous Peoples and the Convention on the Rights of the Child would be important frames for a new convention. In addition, Australian drug policies should be consistent with these internationally agreed declarations enshrining the rights of all people.

The current opportunities for changes in international drug policy, notably the UNGASS review, were noted by delegates. In 1998 the United Nations held a General Assembly Special Session (UNGASS) on drugs. Resolutions included targets for significantly reducing or eliminating the cultivation of illicit drugs within 10 years. Ten years on, thematic debate at the 2008 Commission on Narcotic Drugs and a series of expert working groups held this year will culminate, in March 2009, with a new declaration made by a high level meeting at the Commission on Narcotic Drugs. The stage is set for the possibility of a shift in United Nations approaches to drug control, with a greater focus on public health as well as understanding and responding to the negative unintended consequences of drug policies. Australia can play a leadership role in the 52nd meeting of the Commission on Narcotic Drugs, 2009.

Australia has the opportunity to be a world leader in drug policy. Delegates encouraged assertion of high level international leadership in drug policy, grounded in Australia's experience and commitment to a National Drug Strategy that includes the full spectrum of responses including harm reduction. In addition to the UN activities, the new leadership in the United States may also afford an opportunity to push for a more evidence-based and effective response to illicit drugs. Australia also has a role to play in encouraging evidence-based approaches to reduce drug production in countries such as Afghanistan. Regionally, there is also the chance for political leadership in the Asia-Pacific region. Delegates noted that historically Australia has taken a leading role in the region but that this has waned in more recent years.

7. Knowledge gaps

In order to implement better drug policy, we urgently need to address the significant gaps in our current knowledge. Even though Australia is ahead of many countries in terms of general population surveys (the National Drug Strategy Household Survey – every three years) and targeted surveys of active drug users (the Illicit Drug Reporting System - annually), we need additional data collection approaches and better data analysis.

At the most simple level, we do not accurately know the size of the problem – for example the last research conducted on estimates of the size of the regular heroin using population was undertaken in 2002, and the figures produced a range for NSW between 17,800 and 41,900⁶. The level of uncertainty in the estimates, coupled with the outdatedness of the data is worrying. Building Australian capacity for regular and current estimates of the size of the problem in Australia is vital.

Well-informed decision makers would consider both the overall population trends, as well as the trends in harms to specific groups. For example, reporting the numbers of Australians using drugs annually is less meaningful than knowing the numbers of Australians using illicit drugs on a daily or weekly basis – because it is this latter group of regular users who will be experiencing the most harms and represent the greatest social and economic burden to Australia.

In order to develop policy based on accurate information, we require new data collections that are directed towards specific high risk groups within the population for example the extent of cannabis use in Indigenous communities. Data should be both quantitative and qualitative and allow us to understand the number of illicit drug users in Australia, the contexts and trajectories of use, and to identify vulnerable populations and the consequences of responding or not. Delegates also called for the development of new tactical early warning systems that draw upon diverse data such as that from ED or A&E presentations, ambulance data, telephone inquiries to drug call centres and so on. Too often policy is seen as reactive, not proactive.

There are some important refinements to existing data collections that could be undertaken relatively simply: for example the response rate in the National Household Survey is worryingly low (49%⁷). Identifying the most appropriate indicators of drug-related harm, and then improving the reliability and validity of the data for these key indicators is another simple refinement. Data on other market indicators such as drug price, purity and availability can also be substantially improved. Investment of research funds to close these gaps in our knowledge is required.

In all the instances discussed above, we lack the data to be well-informed. Frustratingly, in other instances, we know the data exist, but we are not able to access them. One example raised by delegates was in the area of criminal justice data. Access to the data, with due attention to ethical safeguards protecting individual privacy, would enable useful steps to be made towards filling some of the knowledge gaps in the areas of price, purity and demand for illicit drugs.

Cooperation and active collaboration between the research community and the decision makers is important in ensuring that the most appropriate data are collected; that the interpretation of the data is accurate; and that the data are translated into meaningful information of relevance to Australian decision makers.

8. Sector development

Effective drug policy requires an expert, innovative and engaged sector. This requires adequate funding and funding arrangements that facilitate flexibility in service provision and delivery, and encourage intelligent use of knowledge and innovation.

⁶ Degenhardt, L., Rendle, V., Hall, W., Gilmour, S., & Law, M. (2004). *Estimating the number of current regular heroin users in NSW and Australia 1977-2002*. NDARC Technical Report No. 198.

⁷ Australian Institute of Health and Welfare (2008). *2007 National Drug Strategy Household Survey: detailed findings*. Drug Statistics series no. 22 Cat no. PHE107. Canberra, Australian Institute of Health and Welfare.

Concerns about the current and future workforce were expressed: the capacity of the sector is already stretched and new strategies to attract and retain a workforce are required. An ageing workforce and difficulty in attracting and retaining replacements was noted. Funding and infrastructure to ensure that the workforce is up-to-date with best practice interventions is required.

The workforce concerns are especially worrying in the context of increasing demand for drug treatment. For example workplace drug testing is likely to increase the demand for treatment and may cause strain on the limited resources, leading to reduced capacity to treat 'voluntary' clients.

Additionally previous governments have transferred the responsibility for providing services to the non-government service sector while at the same time increasing the risk to the NGO sector through increased reliance on short term contracts and limited infrastructure funding. There has been a perceived reduction in the level of frank and fearless advice delivered to government, in association with reduced public policy capacity in the bureaucracy due to high personnel turnover.

Conclusion

The Roundtable afforded the opportunity for high level experts to meet and discuss current issues for illicit drug policy in Australia. The enthusiasm, commitment to the task and goodwill amongst the delegates was notable. Each delegate brought his/her own perspective, philosophy and policy approach. Delegates' views differed on the issues and consensus was not sought nor obtained. But there was a resounding view that to ignore the illicit drug problems will be to the detriment of all of Australian society including Government, businesses, communities, families and illicit drug users. This is not a problem that will go away. Australian illicit drug policy has historically been well respected, but as delegates have made clear there are dangers that this may be changing.

We urge governments to take the problem of illicit drugs seriously. There are many issues that both deserve and need addressing.

We hope the Australian government will be proactive, evidence-based and engage with the third sector in debating the issues highlighted here. Doing so will build better illicit drug policies – something that will be to the benefit of the whole Australian community.