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RACP Submission

Victorian Parliament Law Reform, Road and
Community Safety Committee *Inquiry into Drug Law
Reform*
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Introduction

The Royal Australasian College of Physicians (RACP) is a diverse organisation responsible for training, educating and representing over 23,000 medical specialists and trainee specialists in Australia and New Zealand. Our members cover 33 different specialties including internal medicine, paediatrics, public health medicine, occupational and environmental medicine, rehabilitation medicine, addiction medicine and sexual health medicine.

The RACP welcomes this opportunity to provide a submission in response to the Victorian Parliament's Law Reform, Road and Community Safety Committee *Inquiry into Drug Law Reform*. We note the broad terms of reference for this inquiry, as follows:

- 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.

Overview

The RACP believes that effective policy in this area should take into account two crucial factors:

- **Drug use is complex and varied.** Drugs are substances that alter the way we think, feel and behave. People use drugs for a variety of reasons (e.g. for enjoyment, to relax, to socialise, to avoid or reduce their psychological distress and/or physical pain, etc.). The frequency of use varies widely from occasional use to regular and dependent use with a range of harms associated with different types of drug use, and different patterns of drug use. As such, although all drug 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. Problematic drug use is associated with adverse childhood events including trauma and neglect, family violence, poverty, social inequalities, mental ill health, homelessness and isolation. Intergenerational cycles of deprivation and disadvantage are seen within families and across communities where problematic drug use is most common. Thus if policies are to be effective at breaking this cycle, they should focus on health inequalities, and should cross portfolios outside health (such as housing, employment and education).
- Whilst we need to address the social norms that perpetuate the views across society that drug use can be an acceptable and effective way to cope, socialise, or to minimise internal distress, we also have to accept that **the use of drugs, whether licit or illicit, is a part of our society which we are extremely unlikely to eradicate fully**. Thus, there is an ongoing need for effective, evidence-based policies focused on preventing and reducing harm to drug users, their families and society more broadly.

Whilst we acknowledge that many issues in the drug policy arena can appear confronting to the general public, and attract polarising media coverage, the view of the RACP is that all policy should be based on sound evidence arising from high quality research explained by experts in the field in order to produce the best outcomes for individuals and society more broadly.

Illicit drug use defined as the misuse of licit (i.e. legal drugs such over the counter or prescription pharmaceuticals) and the use of illicit (i.e. illegal) drugs is relatively common in Australia. According to the 2013 National Drug Strategy Household Survey (NDSHS),ⁱ 42 per cent (or 8 million) Australians had used drugs illicitly in their lifetime and 15 per cent of Australians aged over 14 (or 3 million) had illicitly used drugs in the past 12 months.ⁱⁱ Of those 15 per cent, 10.2 per cent had only used illegal drugs, 2.9 per cent had only misused pharmaceutical drugs and 1.8 per cent had used both. The differentiation of illicit and licit drug use is not intended to pre-suppose the harms associated with these categories. It does, however, highlight that illicit use in and of itself has the additional harms which can be associated with prohibition.

In 2011, illicit drug use, including the impact of injecting drug use, cocaine, opioid, amphetamine and cannabis dependence, was responsible for 1.8 per cent of the total burden of disease and injury in Australia.ⁱⁱⁱ The burden of disease attributed to drug use has been increasing, moving from the 10th top risk factor for disease and injury in 2003 to the 9th in 2011.^{iv}

Drug use contributes substantially to social and family disruptions and can also be associated with community safety issues including crime and violence.^v Drug use can affect parenting abilities and children's development. Illicit drug use has broad social and economic costs which were estimated to total \$8.2 billion in 2004-2005.^{vi} In 2009-10, the National Drug and Alcohol Research Centre, University of New South Wales

estimated that the Australian Government spent approximately \$1.7 billion to tackle the issue of illicit drug programs in 2009-10 with the bulk of it (64%) spent on law enforcement compared with 22% on treatment, 9.7% on prevention and only 2.2% on harm reduction strategies.^{vii}

It is also important to highlight that, whilst perhaps not the focus of this inquiry, any assessment of drug use needs to acknowledge the enormous burden of disease associated with alcohol and tobacco use in Australia. Early use of tobacco and alcohol is known to be associated with later problematic drug use^{viii,ix} – so both are likely markers of those most at risk. In 2011, tobacco use was responsible for 9 per cent of the total burden of disease and injury and alcohol for 5 per cent, both are in the top five risk factors contributing the most burdens with tobacco smoking the leading cause of preventable illness and death in Australia.^{x,xi} The RACP, in collaboration with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) recently released a comprehensive *Alcohol Policy* for addressing the significant harms caused by alcohol.^{xii} This policy outlines in detail a number of measures to address these harms including putting the right price on alcohol; further restricting its physical availability as well penalising breaches of advertising and marketing restrictions and raising the minimum purchase age for alcohol to protect children and young people.

Recommendations

The following recommendations are informed by evidence, and have broad consensus from within the RACP. These represent best practice, delivered in the context of the principles of autonomy, justice, beneficence, and non-maleficence. Importantly, they acknowledge the key role that the social determinants of health play in the development of problematic drug use.

They are presented as an overview of what is a very expansive field. They are provided with an accompanying offer of an appropriate RACP member to attend the inquiry to discuss these recommendations and provide further explanatory detail, as needed, in person. We are also happy to provide further references to the literature on specific areas should this be required.

RACP Recommendation 1: Governments at a state and national level should commit to a co-ordinated and sustained approach to problematic drug use. The establishment of new and innovative approaches to prevent or reduce avoidable health harms and to expand evidence requires support across all levels of governments in order to ultimately improve the health and wellbeing of communities.

Governments play a key role in maximising the health and wellbeing of individuals and their broader communities. To be effective, this approach needs to include addressing the social determinants of health which contribute to problematic drug use (i.e. poverty; family violence; underemployment and unemployment; racism and other forms of discrimination; mental and physical illness; homelessness and isolation, etc.),^{xiii} and thus work in policy areas outside the traditional health domain. A whole of person and whole of community approach is required. Efforts should be focussed to affect those priority populations where harm is greatest, and to reduce the impact of stigma and discrimination.

RACP Recommendation 2: Government policies need to move away from the dominant paradigm of criminality as the means to deal with individuals who use drugs. They need instead to adopt an increased focus on health and wellbeing to improve outcomes for individuals and communities more broadly.

Governments should prioritise harm minimisation and consider the evidence relating to the removal of criminal sanctions purely related to an individual's use of a drug where no serious harm is caused to others; these sanctions could be replaced with alternative sanctions such as civil penalties combined with health interventions as is the case in Portugal.^{xiv} A number of positive outcomes have been identified from decriminalising individual drug use in this way including reducing the demands on the criminal justice system and improving employment prospects and relationships with significant others for those detected with drugs with no or very small increases in rates of drug use.^{xv}

Whilst increased focus on treatment approaches over punishment may be controversial in some circles, there is evidence that problematic individual drug use is better dealt with as a health issue rather than a criminal one.^{xvi,xvii,xviii}

RACP Recommendation 3: A realignment of funding to approach drug and alcohol issues is urgent and necessary. Funding must focus on evidence-based programs and policies, and move away from those that either lack clear evidence of benefit or have evidence of actual harm.

In practice, this means an increased focus on demand reduction and harm reduction strategies as outlined below with less focus on those supply reduction strategies that have little or no documented evidence of success.

- ***RACP Recommendation 3.1: A national approach is required to ensure increased community distribution of Naloxone as a practical means to reduce the increasing burden of disease associated with accidental opioid overdose.***

Naloxone is an ‘opiate reversal’ agent; it is safe and has no abuse potential.^{xxix} It has been used for decades in the pre-hospital treatment of opioid overdose by emergency workers and its availability for use by peers, families and friends has been associated with a reduction in overdose mortality. While there have been some significant positive steps,^{xxx} such as the co-scheduling of the drug as a Schedule 3 and 4, and expansion of distribution within some alcohol and drug services in various states and territories, there is currently no national approach. Equally this is not exclusively the domain of alcohol and drug services, as many overdoses occur in people taking prescribed opioids. In 2012, pharmaceutical opioids combined constituted the largest proportion (70%) of opioid-related deaths.^{xxxi} Additionally, with the cessation of the previously available prefilled syringe there is now no product readily available that is registered with the TGA.

An effective national approach should ensure the increased community availability and distribution of Naloxone as well as its affordability.

- ***RACP Recommendation 3.2: Increasing investment is required to improve access to evidence based treatment services – especially opioid maintenance treatment or OMT.***

OMT is a very cost-effective treatment for opioid dependence compared with other treatment options such as withdrawal, rapid detoxification or antagonist therapy which are more expensive and have limited outcomes.^{xxxi} However, ongoing issues related to the affordability of OMT (i.e. high cost of treatment/co-payments) need to be addressed to ensure patient outcomes are no longer compromised. The RACP has endorsed the 2015 Pennington Institute’s report, *Chronic unfairness – Equal treatment for addiction medicines?* which outlines the evidence for OMT in detail and we fully support its conclusion that “a subsidy scheme would reduce the financial burden on patients as well as make services more viable, therefore encouraging more providers to offer OMT” and that “people on OMT should be provided the same access to medication as other Australians with chronic health issues.”^{xxxii}

- ***RACP Recommendation 3.3: The establishment of needle syringe programs in custodial settings in Australia is urgently needed to address not only the health of inmates, but also the wellbeing, health and safety of the broader community.***

Custodial settings provide a unique opportunity to protect not only the health of those in custody but also the general community. Needle Syringe Programs (NSPs) have been the mainstay of Australia’s prevention of an epidemic of HIV within the population of people who inject drugs. In 2005, the Australian Department of Health undertook a review of the evidence with regard to NSPs, it concluded that:

“the evidence of the effectiveness of Needle and Syringe Programs is consistent and compelling and has been sufficient to persuade many major scientific authorities and governments around the world about the substantial benefits of these programs. Needle and Syringe Programs are a critical component of strategies to reduce the spread of HIV, hepatitis C and other blood borne viral infections among injecting drug users and the wider community. These Programs have been found to be highly cost-effective compared to the cost of treating HIV and hepatitis C infection. Needle and Syringe Programs have not been found to increase drug injecting, discarded used injecting equipment or result in any other serious negative consequences. These programs also facilitate referral to drug treatment and other health services. In areas where Needle and Syringe Programs have been established, they generally receive strong community support.”^{xxxiv}

There is abundant evidence of HCV and HIV transmission in prisons, including within Australian prisons, and yet no prison in Australia currently has an NSP.^{xxxv} The RACP fully supports their establishment in custodial settings.

- ***RACP Recommendation 3.4: The establishment of more supervised injecting centres in areas of need is required to reduce overdose death and increase links to treatment and support services.***

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.^{xxxvi} Supervised injecting centres also improve local neighbourhood amenity, and reduce blood borne virus

transmission.^{xxvii} Importantly, such services target a particularly marginalised and hard to reach group of marginalised people who inject drugs.

RACP Recommendation 4: Governments should support and fund current efforts to establish a national integrated real-time prescription monitoring system. This system should include other prescribed medication of concern in addition to Schedule 8 medicines and in particular, benzodiazepines, as they are associated with substantial health harm.^{xxviii}

We commend the Victorian Government for their leadership in this area for allocating funding to the establishment of a real time prescribing monitoring system across the state^{xxix} and call for a nation-wide real time prescription monitoring system. This is an important tool for clinicians which would provide them with timely, critical and up-to date information across States and Territories. This information would support doctors in their clinical decision-making in the context of prescribing medicines that can be associated with significant harms. It supports the quality use of medicines in practice.

RACP Recommendation 5: The prescription of benzodiazepine should be limited to a small number of specific acute and short-term clinical scenarios, and initiated with greater caution than is currently the case.

This class of drug is associated with a great deal of harm,^{xxx} not limited to the alcohol and drug field. Their therapeutic role, while present, is small and limited. The initiation of prescription should be well thought out, deliberate, and with clear goals articulated between doctor and patient. The vast majority of prescriptions should be limited to a day or two, save in alcohol withdrawal management where they may be prescribed for up to a week, with longer term prescribing being limited to a small number of specific clinical scenarios. Benzodiazepine should never be considered as the first option, their use should always be limited to situations where other interventions have been tried and failed and where the clinical benefits can be shown to outweigh the potential harms.

RACP Recommendation 6: Further research is required to expand and recognise a range of conditions where careful use of therapeutic cannabinoids can improve outcomes.

Whilst there have been a number of claims made by various groups of the benefits associated with the therapeutic use of cannabis, the RACP is of the view that only well designed and conducted scientific trials can provide the necessary evidence to demonstrate whether particular cannabinoids that satisfy good manufacturing standards are effective in treating specific medical conditions and lead to improved quality of life.^{xxxi, xxxii} To this end, we support ongoing further investments in high quality research and trials.

Concluding remarks

Effective drug law reform and policies require an appropriate balance between enabling appropriate use of drugs for therapeutic purposes, restricting the availability and accessibility of drugs for non-therapeutic purposes to reduce potential harms as well as prioritising treatment for problematic drug users over punishment to maximise positive outcomes for individual drugs users and the broader community.

Whilst we acknowledge that there are many competing influences, drivers, incentives and opinions in this area, it is crucial that we prioritise approaches that have already been proven effective in improving the health and wellbeing of individual drug users, the communities in which they live and society more widely. This requires a multi-level, coordinated and sustained approach where governments at all levels cooperate to implement measures that have already been proven effective and also look to establish new and innovative approaches to prevent and reduce avoidable health harms including addressing the social determinants of health which contribute to problematic drug use. The RACP believes there is a clear and crucial role for the Victorian Government to lead in this domain with vision and with purpose.

Once again, we thank the Victorian Parliament's Law Reform, Road and Community Safety Committee for this opportunity to outline the RACP's key recommendations to improve the health and wellbeing of Victorians and their communities. We urge the Committee to give careful consideration to these evidence-based recommendations and reiterate our proposal to nominate an RACP representative to address these recommendations in more detail in person.

Please contact Claire Celia, RACP Senior Policy Officer, on Claire.Celia@racp.edu.au should you require any further information about this submission.

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- Illegal drugs—a drug that is prohibited from manufacture, sale or possession in Australia—for example cannabis and cocaine
 - Pharmaceuticals—a drug that is available from a pharmacy, over the counter or by prescription, which may be subject to misuse—for example opioid-based pain relief medications and over-the-counter codeine
 - Other psychoactive substances—legal or illegal, potentially used in a harmful way—for example, inhalants (such as petrol, paint or glue), kava, synthetic cannabis and other synthetic drugs (MCDS 2011).
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