A SUBMISSION TO THE PARLIAMENT OF VICTORIA'S LAW REFORM, ROAD AND COMMUNITY SAFETY COMMITTEE INQUIRY INTO DRUG LAW REFORM

National Drug Research Institute

March 2017

National Drug Research Institute
GPO Box U1987
Perth WA 6845
ndriau@curtin.edu.au

NDRI national drug research institute | Curtin University

NDRI is one of the largest centres of drug research in Australia

The National Drug Research Institute's (NDRI) mission is to conduct and disseminate high quality research that contributes to the primary prevention of harmful drug use and the reduction of drug-related harm in Australia. Since its inception in 1986, the Institute has grown to employ about 30 research staff, making it one of the largest centres of drug research and public health expertise in Australia. It is a designated World Health Organization (WHO) Collaborating Centre for Alcohol and Drug Abuse.

NDRI's Key Result Areas are to (i) conduct research that will contribute to the primary prevention of harmful drug use and the reduction of drug related harm, and (ii) contribute to national capacity for research and disseminate research findings to key groups. Researchers have completed about 500 research projects, resulting in a range of positive outcomes for policy, practice and the community.

NDRI has a long history of contributing to drug policy related inquiries in Victoria

Notable among these are: the discussion document The Regulation of Cannabis Possession, Use and Supply (Lenton, Heale et al. 2000) commissioned by the Drugs and Crime Prevention Committee (DCPC) of the Parliament of Victoria; the interim report prepared for the DCPC Inquiry into the Misuse/Abuse of Benzodiazepines and Other Forms of Pharmaceutical Drugs in Victoria (Drugs and Crime Prevention Committee of the Parliament of Victoria 2006); and the inquiry into Amphetamine and Party Drug use in Victoria (Drugs and Crime Prevention Committee of the Parliament of Victoria 2004). However, in this submission, NDRI has not made extensive comments on issues of drug policy reform generally, but rather focused on a number of specific issues that relate to our research activities and/or are of note in the current drug policy debates in Victoria and more generally. Should the Committee request further information, NDRI researchers are available to provide further briefings or address the Committee directly about the matters covered in this submission.

Drug checking service at outdoor music festivals

Since their emergence, outdoor music festivals, and in particular those associated with electronic dance music, have been consistently identified as popular contexts for alcohol and other drug use (Martinus, McAlaney et al. 2010, Ganguly and Friedman 2014), and in recent years they have been linked to a number of drug-related deaths (Staff writer 2015, Gregory 2017, King 2017) and other non-fatal overdose events (Anonymous 2017). In this context, strategies have been recommended including drug checking or 'pill testing' to reduce drug-related morbidity and mortality at music festivals (Barratt and Ezard 2016, Butterfield, Barratt et al. 2016). Experts have noted that the potential benefits of conducting a carefully controlled trial of drug checking services at music festivals far outweigh the potential negatives (Ritter 2014, Butterfield, Barratt et al. 2016). Regarding concerns that such measures will 'send the wrong message' or 'condone drug use', it is important to note that large proportions of patrons at music festivals attend with the intention to take these drugs. Drug checking services reduce the potential risk, and there is evidence that when patrons are told that their drugs contain potentially dangerous substances, such as PMA, almost a third (31%) chose to discard them and not take them (Sage and Michelow, 2016). There is also evidence from the Netherlands that the safety of the illicit drug market can be improved as the proportion of contaminated and excessively dangerous substances declines in

locations where drug checking services operate (Laar, Cruts et al. 2007). Australia has medical experts with the will, the knowledge, the experience and the technology to conduct accurate drug checking and provide a comprehensive health service including advice and warnings regarding drug-related harm and how to stay safe (Caldicott 2017). Experience in Europe is that with the cooperation of law enforcement these services can be conducted (Hungerbuehler, Buecheli et al. 2011, Caldicott 2017).

Based on the evidence, the case for a trial of drug checking in the Australian context is strong. However, this will not happen in an environment where law enforcement and health services cannot work together to support such a trial. Law enforcement and health have different goals – enforcing the law vs improving health – and community expectations. As such, we cannot expect the police to do other than enforce the (criminal) law without political leadership and a bipartisan approach to facilitate such a trial. Conducting effective drug checking and health services at music festivals requires police acting in a way that does not compromise this service. This has happened regarding operation of needle exchange services and drug treatment services in the Australian context for more than two decades. If we are going to conduct the much needed trial of sensible, contained and targeted drug checking services at music festivals in this country, then we need our political leaders, and specifically bodies such as the Victorian Parliament, to instruct health and law enforcement to work together and make it happen. Without this we have little hope of reducing the deaths, trauma and grief on family and loved ones and the frustration of police, health workers, governments and the community generally. We await your leadership on this matter.

Cannabis law reform regarding recreational and medicinal use

Much of the recent big movement internationally in drug law reform has been in medical and recreational cannabis, primarily in North America where several jurisdictions have shifted away from criminalisation and prohibition of cannabis towards legally regulated markets. Currently, 28 state governments in the US have enacted some form of medical cannabis legalisation, and eight states have passed laws allowing recreational use of cannabis by adults, including Colorado, Washington State, Oregon, Alaska, California, Massachusetts, Nevada, and Washington DC (National Conference of State Legislatures 2016, Williams 2017) with 17 other states having legislation pending (Maxwell and Mendelson 2016, Lee 2017). Elsewhere, Uruguay is implementing a state monopoly model for cannabis (Room 2014) and the Canadian government is drafting laws and regulations to legalise cannabis for non-medical use (Crépault, Rehm et al. 2016) although implementation may be some time off (Skerritt and Wingrove 2017).

Given these international developments, and with steps taken to improve access to medicines containing cannabis extracts in this country (The Hon. Sussan Ley MP 2016), it is unsurprising that advocates in Australia and elsewhere are calling for further drug law reform. Clearly opportunities for learning about potential advantages and disadvantages of the various models of recreational cannabis availability in North America and elsewhere are enticing. One of the drivers for legalisation of recreational cannabis in US states has been revenue for government, with last years' tax takings from legalised recreational cannabis in Colorado and Washington estimated at $US200M and $US256M respectively (Lee 2017). However, as many of these schemes are still under construction, or at best yet to 'bed-

down', it is too early to tell overall whether they will produce a net social benefit or cost (Lenton 2014), or what detailed policy settings across the range of variables they cover will be most suitable for the Australian context. However, it is worth noting two interim lessons that suggest the fully commercialised model evident in Colorado and elsewhere in North America may not be the most desirable from a public health point of view.

One of the reasons for regulating cannabis supply is to ensure that regulations can be applied that produce a product for consumers of known potency, and free of contamination, in contrast to what has been available in the illicit trade in the black market. As one example, the Colorado system was touted as one with regulation 'from seed to sale' with the aim of ensuring a safe product is provided to both recreational and medicinal consumers of regulated cannabis. However, while a great deal of effort has been put into designing a system from scratch toward this end (Subritzky, Pettigrew et al. 2016), it has become apparent that: (1) ensuring products are free of pesticide contamination has proved much more complicated and difficult to achieve than was envisaged (Subritzky, Pettigrew et al. 2016); and (2) although the involvement of the cannabis industry in contributing to the process of drafting regulations seemed attractive as there was a dearth of information elsewhere about how cannabis was and could be grown, there is emerging evidence that, just like the alcohol and tobacco industries before them, the cannabis industry in seeking to maximise profit, has applied pressure to weaken 'troublesome' pesticide regulations, and has recognised that daily users, many of who will be dependent on cannabis, are the 'backbone' of the industry and should be targeted when considering product offerings, price points and retail space design (Subritzky, Pettigrew et al. 2016).

While we should not be surprised by the influence of the industry, jurisdictions like Victoria, which are considering drug law reform, should be aware of the difficulties of regulation to mitigate adverse public health consequences in a commercialised model where industry aims to maximise profit. A strongly regulated commercial market for cannabis may be possible, although non-commercial policy options such as a state monopoly excluding commercial drivers should also be considered (Subritzky, Lenton et al. 2016). Two examples of monopoly models for currently illegal drugs include the unfolding recreational cannabis model in Uruguay (Walsh and Ramsey 2015) and the Netherlands' medicinal cannabis model, under which an authorised grower company provides cannabis for a government run pharmacy dispensing program (Hazekamp and Heerdink 2013). While watching the developments in legalised cannabis markets in the US, jurisdictions considering drug law reform should look beyond the commercialised legal market models to explore government operated, industry supplied models of cannabis regulation to reduce the likelihood of repeating the mistakes made regarding alcohol and tobacco (Subritzky, Lenton et al. 2016).

Criminalisation of drug use contributes to harmful and counterproductive stigmatisation of people who use drugs

The Australian Research Council-funded project 'Experiences of addiction, treatment and recovery' (#140100996) conducted by NDRI between 2014 and 2017 (Pienaar et al. 2017) identified a range of negative and discriminatory experiences with police and the criminal justice system. Several participants described being unfairly targeted by police officers. Some recounted incidents in which they were publicly searched on suspicion of carrying

illegal drugs. For example, Peter described an incident in which he was publicly strip searched:

> *That's the embarrassment there [shows interviewer a track mark on his forearm]. That's one of the marks there from using [...] And yeah, as soon as the police see that, just, they know and they do treat you different. They treat you with such little respect. I've had them drag me into an alley before and fully strip search me in an alley, just because they thought I had drugs on me. They thought I was dealing, and I had nothing on me. And anyone could've walked down that alley. And just little things like that, and your lack of dignity really. They really do take away [that] from you (Peter, M, 41, unemployed, heroin)*

According to Peter, encounters of this kind deprive people of their dignity.

Along with accounts that identify policing as a key site of stigmatisation were accounts that focused on other aspects of the criminal justice system, including legal processes. When Dawn (F, 38, works in manufacturing, alcohol) was facing assault charges and hoped to access an alcohol treatment service, she felt that her defence lawyer condemned her as just a 'drunk':

> *The guy that represented me […] I really felt that he was judging me for what I'd done. He was also a lawyer for kids and so when he was representing me, maybe I just felt that he […] really felt that I didn't deserve to go to rehab […] I really felt that he thought that I should just be thrown into jail and I was a drunk.*

The project identified a need for enhanced training and information to ensure contact between people who use drugs and police and the criminal justice system as a whole is free from arbitrary and discriminatory conduct. However, while individualised education might be a worthwhile starting point in responding to stigmatising and discriminatory approaches, examples such as Dawn's suggest it may not be enough. First, the nature of stigma as a process (Fraser et al., in press) means potential targets such as Dawn are understandably primed for negative judgements. Tackling the issue piecemeal by educating relevant service providers is unlikely to produce the sea change necessary to alter Dawn's expectations, that is, her experientially-based sense of felt stigma. Second, it is difficult to argue that highly trained professionals such as lawyers do not already have sufficient access to balanced information about drug use or the skills to find it (although research suggests their professional training does not include drug issues – Seear & Fraser 2014). It is also difficult to argue that what is missing is direct contact with members of the stigmatised group.

Importantly, criminalisation was itself seen as a key driver of the stigma surrounding drug consumption (see also Douglas & McDonald 2012; Lancaster et al. 2015; Radcliffe & Stevens 2008; Simmonds & Coomber 2009). As such, stigmatisation was considered unlikely to diminish to any significant degree until the laws surrounding drug use were revised. As Jim (M, 21, studying, cannabis) explained:

> *I think if [cannabis] was legal, there wouldn't be this whole stigma around it. And, like, the anxiety and stuff that comes when people are high, I think, is based around the fact that you have done something wrong now and you can get in trouble.*

Some participants described avoiding police, health workers and other services providers due to concerns about the illegality of drug use (similar effects have been found by Dechman 2015; Digiusto & Treloar 2007; Lankenau 2013; Moore 2004; Radcliffe & Stevens 2008).

Overall, participant accounts highlighted the need to address the relationship between stigma and institutional and legal conditions. Measures that treat stigma only as an individual issue that can be tackled through education and interaction with stigmatised individuals ignore its institutional dimension and are thus less likely to eradicate the pernicious forms of stigma inherent in institutional processes. This points to a need to take seriously increasing calls for decriminalisation/drug law reform (see for example, Douglas & McDonald 2012; Hughes *et al*. 2016; Macintosh 2006; Ritter 2012; Shapiro early online; Wodak 2012) as a means to reduce harms associated with criminalising and policing drug use, and with the related stigmatisation of people who use drugs.

Users of NPS should also be eligible for drug diversion programs

Australia in general and Victoria in particular has recognised the benefits of diverting individuals from the criminal justice system, for example into treatment, for minor drug related offences, such as possession. Much of the relevant legislation specifically references type of drug and amount eligible for such diversion. We understand that while, in practice, people who use new psychoactive substances (NPS) do receive diversions to assessment/treatment in Victoria, these substances have not yet been captured or specifically identified under the relevant legislation that would make them formally eligible for diversion. This can create ambiguity. We recommend the review consider the advantages of including simple offences for NPS to be equally eligible for diversion as applies to other drugs and that the relevant legislation be amended accordingly.

Aboriginal imprisonment

NDRI is concerned about the high rates of Aboriginal and Torres Strait Islander imprisonment in Victoria. While, in 2016, the age standardised imprisonment rate of the Aboriginal and Torres Strait Islander population in Victoria was the second lowest in the country (1,564.8 per 100,000 persons), it had nevertheless doubled since 2006 (783.3 per thousand persons) (ABS 2016). In this same period, the ratio of Indigenous to Non-Indigenous Age Standardised Imprisonment Rates had risen from 8.1 to 11.7 (ABS 2016). The role played by alcohol and other drugs in Aboriginal imprisonment and associated costs has been addressed in two reports published under the auspices of the National Indigenous Drug and Alcohol Committee – of which NDRI Professor Ted Wilkes was Chair. These reports canvas the issues in some detail and rather than repeating their content, we draw the attention of the Committee to them (ANCD 2013a; ANCD 2013b).

Social cost of methamphetamine use in Australia

In response to the 'National Ice Taskforce' the Australian Government Department of Health commissioned an analysis of the social cost of methamphetamine use in Australia. The full report is embargoed but NDRI received permission to submit a summary of the findings to a 2016 Parliamentary Joint Committee Inquiry into Crystal Methamphetamine (ice). Below is a verbatim extract from that summary on the cost to the criminal justice system (includes policing, courts, prisons and victims of crime) relative to the costs across the eight different domains identified in the report (Whetton et al 2016).

> *"The costs relating to crime which include the costs to the criminal justice system (police, justice, imprisonment) and the costs to victims of crime was the single largest contributor of costs in the study, comprising about 65% of total costs. Policing*

accounted for 26.1% of these costs. Again there were multiple challenges in estimating policing costs. There are no direct estimates of the actual costs of policing associated with drug-related crime and as such the cost of police work attributed to methamphetamine had to be indirectly estimated from data from the Drug Use Monitoring in Australia (DUMA) project. The DUMA surveys of police detainees are widely used (Coghlan 2015) and formed the basis of our allocation of the fraction of each category of offence attributable to methamphetamine. Across all offences methamphetamine was identified as the causal factor in 18% of offender's most serious offence. As with the police costs, there are no summary court costs for relevant cases, so these were also approximated using the DUMA data, with cases weighted by the average length of trials in each offence category. Further costs from public prosecution and legal aid services relating to the judicial arena were estimated: court costs equated to 5.3% of the costs in this domain. Notable omissions from our estimate were costs relating to juvenile offenders, where data are too sparse to allow estimation, and Federal Police/Border Protection Services, where overall budgets were available but there was no reliable method for allocating a proportion to methamphetamine-related activity.

The costs of correctional services were estimated from Australian Bureau of Statistics reports on the number of prisoner (Australian Bureau of Statistics 2014) combined with the cost of prisons (Steering Committee for the Review of Government Service Provision 2015), giving an average cost of $106,601 per prisoner. There were further costs accrued through community corrections (Australian Bureau of Statistics 2014) and lost productivity of those imprisoned. Some small-scale, offsetting savings in terms of reduced government payments were identified. Overall, for the approximate 6,000 methamphetamine attributable prisoners, we estimated that costs related to imprisonment accounted for 29.9% of the total costs of methamphetamine related crime. Further, the costs to victims of personal or household crime attributable to methamphetamine use accounted for 38.7% of the crime costs" (Commonwealth of Australia).

Limitations

In addition to the above, there are other costs that could also be assigned to the criminal justice system, such as those relating to clandestine laboratories, where we were unable to estimate police costs separately from other costs arising from clandestine manufacture.

Recommendations

It is clear the criminal justice costs related to methamphetamine use are significant, and present policy makers, law enforcement, and emergency services providers with considerable challenges. However, it is also apparent that several questions remain unanswered. Additional primary research, and substantial improvements to data collection and its availability, are required before a more comprehensive answer can be provided on the true social impact of methamphetamine either in this area or more broadly. Key areas where more knowledge is necessary include: the resource implications for Border Protection Force, actual policing resources expended on prevention, detection and other responses to methamphetamine, and detailed information on the impact of clandestine laboratories. The dearth of reliable data on the situation in rural and remote areas requires urgent attention.

References

Anonymous (2017). GHB suspected drug behind overdoses at Melbourne dance party that saw 21 people hospitalised. ABC Online. Available at: http://www.abc.net.au/news/2017-02-19/electric-parade-festival-more-than-20-overdose-hospital/8283828

Australian Bureau of Statistics. *4517.0 - Prisoners in Australia, 2016*. http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4517.0~2016~Main%20Features~Imprisonment%20rates~12

Australian Bureau of Statistics. Criminal Courts 2013-14, 4513.0. Canberra: ABS; 2014b.

Australian Bureau of Statistics. Prisoners in Australia, 4517.0. Canberra: ABS; 2014a.

Barratt, M. J. and N. Ezard (2016). Drug checking interventions can track the nature and size of the discrepancy between self-report and actual drugs consumed. *Addiction* 111(3): 558-559.

Butterfield, R., et al. (2016). Drug checking to improve monitoring of new psychoactive substances in Australia. *MJA* 204(4): 145-146.

Caldicott, D. (2017). Yes, we can do on-the-spot drug testing quickly and safely. *The Conversation*. Available at: https://theconversation.com/yes-we-can-do-on-the-spot-drug-testing-quickly-and-safely-73343

Coghlan S, Gannoni A, Goldsmid S, Patterson E, Willis M. Drug use monitoring in Australia: 2013–14 report on drug use among police detainees. Canberra: AIC; 2015.

Commonwealth of Australia. Final Report of the National Ice Taskforce. Canberra; 2015.

Crépault, J.-F., et al. (2016). The Cannabis Policy Framework by the Centre for Addiction and Mental Health: A proposal for a public health approach to cannabis policy in Canada. *International Journal of Drug Policy*.

Dechman, M. (2015). Peer helpers' struggles to care for 'others' who inject drugs. International Journal of Drug Policy, 26(5), 492-500.

Deloitte Access Economics. *An economic analysis for Aboriginal and Torres Strait Islander offenders: prison vs residential treatment*. Canberra: Australian National Council on Drugs, 2013b.

Digiusto, E. & Treloar, C. (2007). Equity of access to treatment, and barriers to treatment for illicit drug use in Australia. *Addiction*, 102, 958–969.

Douglas, B. & McDonald, D. (2012). *The prohibition of illicit drugs is killing and criminalising our children and we are all letting it happen: Report of the Australia21 Roundtable*. Canberra: Australia 21. Available at: http://www.australia21.org.au/wp-content/uploads/2013/11/ASIllicitDrugsR1.pdf

Drugs and Crime Prevention Committee of the Parliament of Victoria (2004). Inquiry into amphetamine and "party drug" use in Victoria - Final report. Melbourne, Government Printer for the State of Victoria.

Drugs and Crime Prevention Committee of the Parliament of Victoria (2006). Inquiry into the Misuse/Abuse of Benzodiazepines and Other Forms of Pharmaceutical

Drugs in Victoria — Interim Report Melbourne, DCPC, Parliament of Victoria.

Fraser, S., Pienaar, K., Dilkes-Frayne, E., Moore, D., Kokanovic, R., Treloar, C. & Dunlop, A. (in press). Addiction stigma and the biopolitics of liberal modernity: A qualitative analysis. *International Journal of Drug Policy.*

Ganguly, S. and M. S. Friedman (2014). Raves and Saves: Massive Music Festivals Call for Advanced Emergency Care. *Emergency Physicians Monthly* Available at http://www.epmonthly.com/features/current-features/raves-and-saves-the-need-for-advanced-emergency-management-at-mass-gatherings/

Gregory, K. (2017). Pill testing at music festivals needed after rave overdose, doctors say. ABC Online. Available at: http://www.abc.net.au/news/2017-01-03/drug-testing-calls-after-rave-overdose-scenic-rim/8159864

Hazekamp, A. and E. R. Heerdink (2013). The prevalence and incidence of medicinal cannabis on prescription in the Netherlands. *European Journal of Clinical Pharmacology* **69**(8): 1575-1580.

Hughes, C., Ritter, A., Chalmers, J., Lancaster, K., Barratt, M. & Moxham-Hall, V. (2016). Decriminalisation of drug use and possession in Australia – A briefing note. Sydney: Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales. https://dpmp.unsw.edu.au/sites/default/files/dpmp/resources/Decriminalisation%20briefing%20note%20Feb%202016%20FINAL.pdf

Hungerbuehler, I., et al. (2011). Drug checking: a prevention measure for a heterogeneous group with high consumption frequency and polydrug use: Evaluation of Zurich's Drug Checking services. *Harm Reduction Journal* 8: Article 16.

King, C. (2017). Renewed calls for pill testing in wake of music festival death near Ballarat. *ABC online.* Available at: http://www.abc.net.au/news/2017-01-30/renewed-calls-for-pill-testing-in-wake-of-festival-death/8223154

Laar, M. v., et al. (2007). The Netherlands drug situation 2006. Report to the EMCDDA by the Reitox National Focal Point. Utrecht, Trimbos Institute. Available at: file:///C:/Users/167652h/Desktop/PDF%20downloads/National%20Report%20Netherlands%202006%20met%20omslag_190%20pages.pdf

Lancaster, K., Santana, L., Madden, A. & Ritter, A. (2015). Stigma and subjectivities: Examining the textured relationship between lived experience and opinions about drug policy among people who inject drugs. *Drugs: Education, Prevention and Policy,* 22(3), 224-231.

Lankenau, S., Wagner, K., Silva, A., Kecojevic, A., Iverson, A., McNeely, M. & Kral, A. (2013). Injection drug users trained by overdose prevention programs: Responses to witnessed overdoses. *Journal of Community Health,* 38(1), 133-141.

Lee, K. (2017). What is the future of recreational marijuana in Trump's America? LA Times. Available at: http://www.latimes.com/nation/la-na-legal-marijuana-future-2017-story.html

Lenton, S. (2014). New regulated markets for recreational cannabis: public health or private profit? *Addiction* 109(3): 354-355.

Lenton, S., et al. (2000). The regulation of cannabis possession, use and supply: A discussion document prepared for the Drugs and Crime Prevention Committee of the Parliament of Victoria. (NDRI Monograph No. 3). Perth, National Drug Research Institute, Curtin University of Technology.

Macintosh, A. (2006). *Drug law reform: Beyond prohibition*. Discussion paper, No. 83. Canberra: The Australia Institute. Available at: http://www.tai.org.au/documents/dp_fulltext/DP83.pdf

Martinus, T., et al. (2010). Outdoor music festivals: Cacophonous consumption or melodious moderation? *Drugs: Education, Prevention and Policy*. 17(6): 795-807.

Maxwell, J. C. and B. Mendelson (2016). What Do We Know Now About the Impact of the Laws Related to Marijuana?. *Journal of Addiction Medicine*, *10*(1), 3-12. Retrieved from http://journals.lww.com/journaladdictionmedicine/Fulltext/2016/02000/What_Do_We_Know_Now_About_the_Impact_of_the_Laws.2.aspx. doi:10.1097/adm.0000000000000188 (Archived by WebCite® at http://www.webcitation.org/6frH3awMt).

Moore, D. (2004). Governing street-based injecting drug users: a critique of heroin overdose prevention in Australia. *Social Science & Medicine,* 59(7), 1547-1557.

National Conference of State Legislatures (2016, June 8). *State medical marijuana laws*. Retrieved 15/06/2016 from http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx (Archived by WebCite® at http://www.webcitation.org/6iHSHKICb).

National Indigenous Drug & Alcohol Committee. *Bridges and Barriers: Addressing Indigenous Incarceration and Health*, Revised Edition. Canberra: Australian National Council on Drugs, 2013a.

Pienaar, K., Dilkes-Frayne, E., Fraser, S., Kokanovic, R., Moore, D., Treloar, C. & Dunlop, A. (In press). *Experiences of alcohol and other drug addiction, dependence or habit in Australia: Findings and recommendations from a national qualitative study.* Technical Report. National Drug Research Institute, Curtin University.

Radcliffe, P. & Stevens, A. (2008). Are drug treatment services only for 'thieving junkie scumbags'? Drug users and the management of stigmatised identities. *Social Science & Medicine*, 67(7), 1065-1073.

Ritter, A. (2012). Decriminalisation or legalisation: injecting evidence in the drug law reform debate. *The Conversation*, 12 April 2012. Available at: https://theconversation.com/decriminalisation-or-legalisation-injecting-evidence-in-the-drug-law-reform-debate-6321

Ritter, A. (2014). Six reasons Australia should pilot 'pill testing' party drugs. *The Conversation*. https://theconversation.com/six-reasons-australia-should-pilot-pill-testing-party-drugs-34073

Room, R. (2014). Legalizing a market for cannabis for pleasure: Colorado, Washington, Uruguay and beyond. *Addiction*. *109*(3), 345-351.

Sage, C. and Michelow, W. (2016). Drug checking at music festivals: A how-to guide. Canada, ANKORS. Available at: http://michelow.ca/drug-checking-guide/

Seear, K. and Fraser, S. (2014). The addict as victim: Producing the 'problem' of addiction in Australian victims of crime compensation. *International Journal of Drug Policy, 25*(5), 826–835.

Shapiro, H. (Early online). In the continuing debate about drug law reform, two books highlight the issue of whether or not the police themselves can be a force for change. *Drugs: education, prevention and policy*: 1-2

Simmonds, L. & Coomber, R. (2009). Injecting drug users: A stigmatised and stigmatising population. *International Journal of Drug Policy,* 20(2), 121-130.

Skerritt, J. and J. Wingrove (2017). Trudeau's Pot Czar Says Canada Won't Rush Marijuana Legalization. Bloomberg. Available at: https://www.bloomberg.com/news/articles/2017-03-07/trudeau-s-pot-czar-says-canada-won-t-rush-marijuana-legalization

Staff writer (2015). Six Dead, Countless Overdoses: Why Has Australia's Music Festival Culture Turned Deadly? *Tone Deaf*. Available at: http://www.tonedeaf.com.au/466572/are-the-recent-deaths-at-aussie-music-festivals-a-cultural-problem.htm

Steering Committee for the Review of Government Service Provision. Volume C, Justice. Canberra: Productivity Commission; 2015.

Subritzky, T., et al. (2016). Issues in the implementation and evolution of the commercial recreational marijuana market in Colorado. *International Journal of Drug Policy* 27: 1-12.

Subritzky, T., et al. (2016). Legal cannabis industry adopting strategies of the tobacco industry. *Drug and Alcohol Review* 35(5): 511-513.

The Hon Sussan Ley MP, M. f. H., Minister for Aged Care, Minister for Sport, (2016). Media Release 24 February 2016 Historic medicinal cannabis legislation passes Parliament. Canberra, Government of Australia.

Walsh, J. and G. Ramsey (2015). Uruguay's Drug Policy: Major Innovations, Major Challenges. Washington, Foreign Policy at Brookings. Available at: http://idpc.net/publications/2015/05/uruguay-s-drug-policy-major-innovations-major-challenges

Whetton S, Shanahan M, Cartwright K, Duraisingam V, Ferrante A, Gray D, Kaye S, Kostadinov V, McKetin R, et al. The Social Costs of Methamphetamine in Australia 2013/14. Perth, WA: National Drug Research Institute; 2016 Currently embargoed.

Williams, S. (2017). Marijuana Stocks Are Doomed if Trump Reneges on His Pot Pledge. *The Motley Fool*. Available at: https://www.fool.com/investing/2017/03/04/marijuana-stocks-are-doomed-if-trump-reneges-on-hi.aspx

Wodak, A.D. (2012). The need and direction for drug law reform in Australia. *The Medical Journal of Australia*, 197(6), 312-313.