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**VICTORIAN PARLIAMENTARY INQUIRY INTO DRUG LAW REFORM**

I am a business and IT professional in my 40s with postgraduate education. I am an ex-school teacher and have performed voluntary community work in various sectors over many years. I am well-read and have significant policy and operational experience within a Victorian government regulatory body. I have had some wonderful experiences using illicit drugs and witnessed some situations where people have come to harm in relation to use of illicit drugs. With this breadth of experience, I feel I can speak on this topic with relative authority.

I request that my name and contact details be redacted from this submission before it is published.

I would like to comment on the following terms of reference (TOR):

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;

**Harm reduction**

In my 20s, the lack of infrastructure to keep me safe meant my recreational drug taking exposed me to a great deal of risk that could easily be mitigated with evidence-based policy. As with most young people, the risk of such harms did not hinder my drug taking in the slightest, and like most people, as I got older and priorities changed, my use slowed.

I feel very lucky to have reached my 40s and not have experienced physical or psychological harms for which there is a severe lack of services had I needed them, nor negative interactions with law enforcement or collateral sanctions from a punitive model of prohibition based on ideology rather than solid scientific evidence<sup>1</sup>.

Fortunately most dealers of recreational substances you meet are pretty good people. Adulterated drugs are relatively uncommon, but when they do show up, it tends to be found among younger and less experienced drug users, people that are less likely to know when and how to get help if they need it and whose activities are often targeted by police with operations proven to have little effect and increase harms such as drug dogs<sup>2</sup>.

Organisations like Dancewize provide vital harm reduction information and mental health

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<sup>1</sup> <http://www.sciencedirect.com/science/article/pii/S0955395903000033>

<sup>2</sup> [http://www.unharm.org/public\\_surveillance\\_with\\_drug\\_detection\\_dogs](http://www.unharm.org/public_surveillance_with_drug_detection_dogs)

services at events attended by young people, but their reach seems pretty limited. There are also few options for people who begin to recognise that their usage has become one of dependence, to help them nip the problem in the bud.

Had I been caught with substances bought for a weekend to connect with friends and have insights that make me the well-rounded person I am today, at a time of my life when I was financially hanging by a thread, I may have lost my job and/or become homeless and my education threatened, had I been unable to continue to afford university study.

People's lives can be irrevocably changed through these kinds of situations, for engaging in an activity that does not hurt anyone else. I am appalled that this government that is tasked to represent me instead chooses to consider me a criminal for choosing to have experiences that have strengthened friendships and improved my mental and emotional capabilities.

I am particularly concerned that my taxes pay for Victoria Police Drug Taskforce's drug checking equipment that identifies dangerous substances in the community, results of which are then withheld from the community. This, quite frankly, leaves the government with blood on its hands.<sup>3</sup>

#### Regulation of Drug Treatment Services

I had a recent experience of supporting a friend out of addiction. This person had been smoking methamphetamine at levels they considered problematic for 3 years when they confided in me about their addiction. They were in massive debt, and as a result of widespread stigma about the substance were afraid to tell anyone of their predicament except a small number of friends. This person desperately wanted to get out of the rut they'd found themselves in, but with so few treatment opportunities available, felt completely helpless.

My initial research into what services were available was a frustrating experience. I found a fragmented sector suffering from pitiful funding and poor regulation. Treatment services were disjointed and difficult to navigate and there seems to be a gaping hole between a bit of counseling and full residential treatment, which many, like my friend, are turned away from due to not yet having severe enough symptoms.

When I research this further, I was horrified to learn that harm reduction, the stuff that saves people's lives, accounts for only 2% of drug law enforcement spending, with about 65% spent on futile and often harmful policing. No wonder things are so bad. The experienced professionals in the sector are crying out for funding<sup>4</sup>, why aren't they getting it? The total absence of supervised injecting centres in Victoria also completely baffles me.

It takes someone a lot of personal strength to prepare themselves for residential treatment, but when they finally muster up that strength, they can then be forced to wait for up to six months to gain access to a treatment facility. From reading various reports, asking people working in the AOD sector and parents of addicts through Family Drug Support, who do great work, I have learnt that the poor regulation of facilities also makes their efficacy very hit and miss depending on where the addict is referred. The costs of some of these facilities,

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<sup>3</sup> <http://www.theage.com.au/victoria/police-defend-decision-not-to-warn-public-of-new-drug-after-melbourne-club-deaths-20170206-gu6zf2.html>

<sup>4</sup> [http://www.vaada.org.au/publication/vaada-annual-report-2016/?doing\\_wp\\_cron=1489664969.0530560016632080078125](http://www.vaada.org.au/publication/vaada-annual-report-2016/?doing_wp_cron=1489664969.0530560016632080078125)

among them some with very poor results, can be astronomical.

Narconon, a Scientology-based organisation, is one of these. They are one of the most expensive “treatment” centres and are also widely known to be one of the worst performing<sup>5</sup>. They have been found to make a raft of false claims, yet they are still operating in Victoria and charge tens of thousands of dollars for a course of treatment. I can’t think of another industry where the government allows people to be duped out of such large sums of money without any regulatory protections.

The poor funding for public services and lack of regulation on private services allows unscrupulous organisations such as these to thrive. There are only about 200 public treatment beds for addicts in Victoria, well below the national average.<sup>6</sup> In NSW there is something around 700. Failing to use widely-adopted and evidence-based harm reduction practices, and then so severely underfunding the few treatment services on offer is just cruel. The \$18m allocated to treatment in the Government’s response to the Ice Inquiry is a drop in the ocean, particularly seeing \$15m to drug and booze buses.<sup>7</sup>

I spent several years in a leadership role in a Victorian Government regulatory body in which I played a key role in designing and refining a range of regulatory models. Through this I have a strong operational knowledge of what elicits behaviour change and what makes a regulatory framework effective. In my opinion, all treatment services should be regulated more strictly, by a government entity with specialist healthcare knowledge. Treatment centres should be listed on a central register, and be required to operate and report against internationally-benchmarked success criteria that is externally evaluated in a way that prevents them from fudging their data. Performance against these KPIs should be linked to future funding.

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.

Provision of a broader scope of evidence-based harm reduction services has been proven to deliver fiscal benefits for the state as well as keeping its population far safer, particularly evident in Portugal’s model.<sup>8</sup>

Decriminalizing drug checking allows organisations to provide life-saving services to the community that the government may not wish to deliver itself. Energy control in Spain is a great example of this.<sup>9</sup>

## Recommendations

1. Decriminalise possession of small amounts of recreational drugs
2. Release publicly the results of tests on drug checking equipment paid for by

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<sup>5</sup> <http://narcononreviews.net/about-narconon-reviews/>

<sup>6</sup> <http://www.smh.com.au/national/money-makes-all-the-difference-when-it-comes-to-tackling-ice-addiction-in-victoria-20150210-13b2ic.html>

<sup>7</sup> [http://www.parliament.vic.gov.au/images/stories/LRDCPC/Ice\\_Inquiry/Government\\_response.pdf](http://www.parliament.vic.gov.au/images/stories/LRDCPC/Ice_Inquiry/Government_response.pdf)

<sup>8</sup> <https://mic.com/articles/110344/14-years-after-portugal-decriminalized-all-drugs-here-s-what-s-happening#.RBrv8RBbZ>

<sup>9</sup> <https://energycontrol-international.org/what-is-energy-control/>

- taxpayers to provide public health alerts to keep the population safe
3. Provide drug checking services for the public, allowing people the opportunity to test a substance without fear of arrest, so they can discard it if found to be harmful
  4. Raise the funding of public treatment and information services to that above the national average
  5. Establish a regulatory framework for treatment services that includes deregistration of entities that do not provide satisfactory results based on internationally-benchmarked criteria
  6. Introduce supervised injecting rooms in Melbourne and hotspots in Victoria

Yours sincerely,

A solid black rectangular box used to redact the signature of the sender.