



Executive Officer
Law Reform, Road and Community Safety Committee
Parliament House, Spring Street
EAST MELBOURNE VIC 3002

RE: SUBMISSION RE THE INQUIRY INTO DRUG LAW REFORM

To Whom It May Concern:

I write in submission in response to the launch of the *Inquiry into Illicit and Synthetic Drugs and Prescription Medication*. Given the plethora of drug related concerns and issues noted by the Australian media, health and social work professionals and beyond, I welcome the Victorian Government's decision to take positive steps toward law reform in this area. As a young person, I am incredibly concerned about the way in which prohibition is implicating young drug users, and Victorian society at large.

My view, echoed by many existing studies,¹ is that prohibition frameworks are ineffective. Nonetheless, I recognise that the current policy is so far removed from a progressive deregulation, for instance akin to Portugal. Thus, in this submission, I will instead focus on issues that can be implemented without significantly shifting the existing legislative framework.

Legislative reform

In spite of strict legislative measures, Australia's illegal drug use tops most other nations.² Indeed, a recent report detailed that there has been an increased detection in heroin, cocaine and MDMA imports at Australian borders,³ indicating that illicit drug use is continuing to increase here. Nonetheless, many drug users experience negligible complications stemming from illicit drug use.⁴ In light of this, I find the existing legislation, the *Drugs, Poisons and Controlled Substances 1981* (Vic) to be excessively restrictive. As it is, the incredibly restrictive legislation in place is having deleterious implications on Victoria's population. Lower socio-economic groups, who are already disadvantaged and require greater social supports, are likely to feel the detrimental implications more than other members of society. The current prohibitive framework creates further issues for users, as the small number of people who face addiction or other health related drug issues feel stigmatized, and are less likely to reach out for support. I limit my discussion to currently illicit substances (i.e.

¹ For a summary, read a comparison of 11 different countries and their drug frameworks here: United Kingdom Home Office, *Drugs International Comparators*, October 2014, published at <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368489/DrugsInternationalComparators.pdf>

² Nicole Lee, 'Weekly Dose: ecstasy, the party drug that could be used to treat PTSD', *The Conversation* (online), 6 April 2016 <<http://theconversation.com/weekly-dose-ecstasy-the-party-drug-that-could-be-used-to-treat-ptsd-55149>>.

³ Hughes, Caitlin. (2016). The Australian (illicit) drug policy timeline: 1985-2016, Drug Policy Modelling Program. Last updated 15 December 2016. Retrieved from: <http://dpmp.unsw.edu.au/resource/drug-policy-timeline>

⁴ Douglas Husak, *Legalize This! The case for decriminalizing drugs* (Verso, 2002) 79.

substances that are not available even as a controlled substance), but additionally note the need for reform with regards to pharmaceutically available drugs.

There are many of examples of issues within the Act itself, and I will not endeavor to cover them all. Some examples include:

- The use of the term ‘drugs of dependence’ is problematic. Most people who use or experiment with ‘drugs of dependence’ do not become addicted or experience any health issues;⁵
- The lumping together of substances such as methamphetamines and drugs falling into the psychedelic family, as set out in Schedule 11 of the *Drugs, Poisons and Controlled Substances Act*⁶. A grading system, based on thorough evidence based approaches, is necessary to adequately assess the existing regulation scheme;
- The amounts for all substances that delineate between possession and tracking are far too small. These do not reflect the amount that people typically consume on a personal basis;
 - There should be a *mens rea* requirement with regards to tracking offences, particularly taking into account the high penalties associated with this crime; and
- It should not be illegal to cultivate marijuana plants. Many Australians consume marijuana. Being able to grow one or two plants would be a much more sensible plan. First, it would mean that chemical-free marijuana could be consumed, rather than marijuana potentially laden with toxic chemicals. Second, it is better for the environment. Third, it would mean that demand and thus supply would decrease, ameliorating potential concerns relating to the underground drug trade.

Unfortunately, this is a limited list of issues related to the Act. I urge for a thorough review of the entire Act, giving diligent consideration to how existing laws impact low socio-economic groups, and due emphasis to the outdated nature of the Act. This Act must be revised to reflect changing times and contemporary consumer habits.

Harm reduction model development

There is substantial need for emphasis on an alternative harm-reduction model in response to addiction and other anti-social drug related practices. I am in favour of the following developments:

1. More funding given to organisations like Harm Reduction Victoria. Peer to peer and evidence-based harm reduction techniques are incredibly effective.
 - a. More funding to organisations like DanceWize, so that these very successful services are able to be streamlined across the broader Victorian Community.
2. Development of additional community based harm reduction organisations, particularly those focusing on educational measures are invariably highly successful in preventing drug-related health issues.
3. Better implementation of drug related curriculum in our school systems.

⁵ Paul Hayes, ‘Many people use drugs – but here is why most don’t become addicts’, *The Conversation* (online) 7 January 2016 < <http://theconversation.com/many-people-use-drugs-but-heres-why-most-dont-become-addicts-35504>> .

⁶ *Drugs, Poisons and Controlled Substances 1981* (Vic), Schedule 11.

Practical harm reduction method development

There is substantial need for better practical harm reduction methods to be employed in Victorian society. Removing stringent legislation regarding drug related paraphernalia will assist in employing these measures. Further, additional to the aforementioned organisations will allow for better practical harm reduction techniques. Practical harm techniques that I support include:

1. The availability and dissemination of pill/drug testing kits;
2. The development of syringe exchange programs;
3. The development of safe-injection / supervised injection centers;
4. Greater access to pharmacotherapy maintenance programs; and
5. Greater access and distribution to Naloxone for groups prone to higher opioid use.

Less barriers for drug-related research

The public policy reaction in to LSD in the 1960s sparking the ‘war on drugs’ has minimised the number of subsequent insightful research and publications.⁷ The current legislative framework is incredibly inhibitive, and has minimized the number of insightful research publications following the initial wave of prohibition against ‘drugs of dependence’.

Despite this, there a number of studies that have graphed the potential benefits for the use of currently prohibited drugs. Some longitudinal tests studying wellbeing suggest that those who have experimented moderately with illicit drugs as adolescence are generally well-adjusted adults.⁸ Additionally, numerous studies indicate how MDMA is able to assist in addressing psychological issues, particularly relating to trauma.⁹ Psychedelic drugs, such as LSD, has been an effective tool in assisting heroin and alcohol addicts. Qualitative experience additionally suggests that recreational drug use can hold immeasurable benefits xfor users.¹⁰ The restrictive legislation in Australia holds medical and scientific researchers from further exploring these benefits.

Conclusion

The Victorian Government are responsible for drafting legislation and policies that are conducive to protecting the public’s interest. Ultimately, current drug frameworks are negligent in adequately responding to the needs of contemporary Australian society. Existing policies, based on hysteria and ill-formed opinion, stigmatize drug users and do little to address the – limited proportion – of drug users that face drug related problems such as addiction. I urge the Victorian Government to take this opportunity to reformulate policies relating to drugs in a way that is supported by health-based evidence rather than speculation.

⁷ Stanislav Grof, *Realms of the Human Unconscious* (The Viking Press, 1975) 5.

⁸ Douglas Husak, 79.

⁹ Henri Chabrol, ‘MDMA assisted psychotherapy found to have a large effect for chronic post-traumatic stress disorder’ (2013) 27 *Journal of Psychopharmacology* 9, 865 – 866.

¹⁰ Stanislav Grof, above n 28, 6; Robert Greenfield, *Timothy Leary A Biography* (Harcourt Publishers, 2006).

Best Regards,

