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Students for Sensible Drug Policy (SSDP) Australia are a newly formed organisation, established to support students and youth to have their voices and opinions heard and respected in drug policy discussions. One thing that has been a common feature amongst our members is the value that they gain from having a safe and supported environment for an open conversation about a topic that can often be seen as taboo. Issues of alcohol and other drugs are also highlighted as a priority issue for youth, with 28.7% of survey respondents in the Mission Australia annual youth survey highlighting this as a key priority [1]. We welcome the opportunity to put forward a submission in this parliamentary inquiry and hope that including the opinions of youth and particularly young people who use licit and illicit drugs will help shape policy that is effective and relevant.

The National Drug and Alcohol Research Centre (NDARC) has surveyed the opinions of over 2000 young people in a report commissioned by the National Council on Drugs in 2013[2]. The survey provides an opportunity to understand the views of young people including those who use illicit substances. It is recognised that Indigenous communities should be involved in shaping Indigenous policy and any panel on women's issues that doesn't include the voice of women is rightly decried as patronising and missing the point. In drug policy the same is true, including the perspective of the people most affected by policy, the people who use drugs, is an essential element in getting the policy response right.

According to the 2013 NDARC, study respondents expressed strong support for harm reduction measures such as Needle Syringe Programs (NSP), Supervised Injecting Facilities (SIF) and pill testing as effective ways to reduce drug related harm. Strong support for rehabilitation and treatment services was also highlighted, with young people believing that help should be available to anyone who needs it. Legalisation and regulation of cannabis was seen as an effective pathway to good policy and better health outcomes. The emergence of Novel Psychoactive Substances has produced a challenge for policy makers; but rather than a knee-jerk reaction, a careful evaluation and regulation (perhaps similar to the proposed model in New Zealand) is suggested as a better approach.

A casual and cursory reading of the available evidence, much of which will be presented to this inquiry, will show that the views of young people are much closer to those that are supported by evidence from here and around the world. This is significant as much of the media reporting and public attitudes towards young people and drug use portray them as being naive and irresponsible. It is the age of the internet and information about successful reforms and practical harm reduction measures from around the world are widely available and shared online. Drug education in schools and universities is often out of touch and rooted in a fear-based abstinence approach that highlights only the harms and worse

[1] file:///C:/Users/Ash/Downloads/youth-survey-2016-full-report%20(1).pdf
[2] https://ndarc.med.unsw.edu.au/sites/default/files/newsevents/events/RP27-young-peoples-opinions.pdf

case scenarios. The NSW Government was widely ridiculed for their “Stoner Sloth” advertising campaign. It should be recognised that patronising messages based on shame are not just ineffective, but undermine genuine attempts to address health concerns.

As with the respondents in the 2013 NDARC survey, our members believe that drug law reform is an effective way to balance human rights, public health and community safety. After forming as a fledgling organisation in 2016, SSDP Australia has affiliated clubs or students working on forming clubs, at every major university in Victoria.We have been overwhelmed by the enthusiastic support received from our members. This demonstrates the level of frustration that exists with current policies and the urgent need for frank and pragmatic discussions about practical drug reform. The role we have played in facilitating access to accurate drug safety information and practical harm reduction workshops highlights the desire and the need to have appropriate information available.

We commend the committee for their role in establishing this inquiry and recognise the unique challenges in tackling a policy area where public perception, political narrative and practical realities can all present obstacles to reform. We hope the committee will carefully consider the evidence and that the final report will be able to help shape inspired policy reform in the future.

Historical Context

It is a commonly heard refrain from politicians and people in the community that; “drugs are illegal because they are dangerous”. From people within the drug law reform movement the common response is that,“drugs are dangerous because they are illegal”. The historical record will show that, for many substances prohibition was grounded in prejudice against specific marginalised groups, substances or routes of administration and policies of prohibition often originated from this basis rather than any concern about health.

A politically convenient narrative around drugs and race has laid the foundations of drug prohibition as an institutionally racist undertaking. While we do not suggest that current drug laws are crafted with any racist intent, there is still an element of disparity in patterns of use, harm and interactions with the justice system. Within the Aboriginal and Torres Strait Island communities there are higher rates of use of some substances, and harm to individual health and communities have a significant impact, particularly in terms of tobacco. It is important to note however that most Indigenous Australians abstain from illicit drug use and chronic alcohol dependence is roughly equivalent to the non-Indigenous population. We should also remain conscious of the cultural legacy of colonialism and dispossession.[3]

Some of Australia’s first drug laws were crafted to specifically control opium. However, this was not aimed at any kind of medical tincture. It was specifically targeted at the Chinese community and prohibited only smokable forms of opium. We appreciate that such obscene utterances are a rarity in our current parliamentary debates, but the

[3] http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737418265

discussion around Victoria's first drug prohibitions is revealing. In a 1905 parliamentary debate Mr Gaunson expresses his opposition to the bill;

"I am pointing out to the Labor Party what a terrible injustice they are doing to themselves by trying to prolong the existence of the Chinese … it would be considered a . devilish good job to let them all smoke opium until they were wiped out of existence."[4]

It did not take long for the failures of the policy to become apparent. The Commonwealth Comptroller-General of Customs, HNP Wollaston, stated in his report to the Commonwealth Parliament in 1908: 'it is very doubtful if such prohibition has lessened to an extent the amount [of opium] which is brought into Australia'. He added: 'owing to total prohibition, the price of opium has risen enormously … the Commonwealth gladly gave up about £60,000 revenue with a view to a suppression of the evil, but the result has not been what has been hoped for. What now appears to be the effect of total prohibition is that, while we have lost the duty, the opium is still imported pretty freely.' [5]

The restrictions in trade added value to the product, making smuggling a lucrative option and stories of corrupt customs officials followed.[6] The first international drug control treaty was signed at the International Opium Convention of The Hague in 1912. Australia still operates under the framework of international drug control established at this convention. Drug use increased after World War I and Victoria saw the formation of the first drug squads. [7] Policing and international control efforts intensified, interestingly though, Australia refused a request from the League of Nations to eliminate medical heroin use, due to the significance it had gained in medical practice. It took until the passage of the Poisons (Heroin) Act 1953 for Australia to succumb to international pressure, despite the protests of Royal Australian College of Physicians and the Royal College of Obstetricians and Gynaecologists.[8] This also saw a shift in rhetoric, depicting heroin addicts as, "weak, unhappy persons; and many were homosexuals".

1961 saw the introduction of the *Single Convention on Narcotic Drugs* creating a strong international control framework for drugs. Importantly cannabis was included in Schedule 1, with the strictest control measures after heavy lobbying from the United States. This significance of this change is outlined in Johann Hari's book, "Chasing the Scream" which covers the personal and political history of Harry Anslinger, the first commissioner of the U.S. Treasury Department's Federal Bureau of Narcotics. It should be recognised that global cannabis prohibition was primarily the work of a man who described a suspect as a "nigger" in an official memo.[9]

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[4] Victorian Parliamentary Debates, Legislative Assembly, 17 October 1905, p.2124.

[5] Manderson D. Mr. Sin to Mr. Big: A History of Australian Drug Laws. 1993. Oxford University Press

[6] Commonwealth Parliamentary Papers, 'Opium: Report of the Comptroller-General of Customs', Session 1907-8, Vol II, Sydney, p.1917; 'Smuggling opium: A profitable business', *Argus*, 29 November 1910.

[7] Rowe, James --- "Pure politics: a historical look at Australian drug policy" [2001] AltLawJl 47; (2001) 26(3) Alternative Law Journal 125

[8] Victorian Parliamentary Debates, Legislative Assembly, 10 November 1953, p.1986.

[9] Hari, J. (2015). Chasing the Scream

Here in Australia organised crime escalated in the mid-1970's and moved towards the lucrative market. The United States of America exported the militarisation and escalation of the drug war and the accompanying narrative, which portrayed the counter-culture and drug use as an existential threat to society. The murder of anti-marijuana campaigner, Donald Mackay saw the end to the possibility of marijuana reform in the NSW parliament, as efforts were focused on controlling the criminal market rather than addressing health harms and reducing unnecessary convictions for use, and possession. Meanwhile, authorities in Queensland were providing a demonstration of what unchecked power can look like as a paramilitary raid on a property in Cedar Bay, saw a massive use of police resources to produce some minor drug charges, while several police were charged and later acquitted after homes, and possessions were burnt down.[10], The crackdown on cannabis following the murder of Donald Mackay was accompanied by an increase in the heroin market as a 'marijuana drought' persisted.[11]

A comparison between the establishment of the first methadone programs in Queensland and New South Wales in the 1970's offers a window into service delivery for the AOD sector. Queensland adopted a very liberal approach, where it was accepted that providing people with a heroin addiction access to regular methadone at an appropriate dose improved their health and could help break a cycle of crime, and incarceration.[12] The program operated without much attention or controversy for many years. In NSW, their methadone program was subjected to moral arguments about drug use and led to a system that functioned poorly in the perception of both the general public, and people accessing the service. It wasn't until 1985 that the methadone program in NSW gained favour as it was recognized as reducing crime related to the heroin market, and the emergence of HIV highlighted the need to expand the program as a broad public health measure.

The story of Australia's response to HIV within the population of people who inject drugs is referenced around the world as an example of the successful development and implementation of practical harm reduction policy. The first recorded case of HIV transmission from injecting drug use was in 1985. In 1986 the first clean needle exchange was set up at St Vincent's Hospital in Darlinghurst NSW, offering "Free needles and syringes here".[13] At the time Dr Alex Wodak and the people he was working with were breaking the law, and it wasn't clear that the program would survive. The program was adopted as NSW government policy and rolled out across the country not long after that. A 2002 study of the return on investment from the 'Commonwealth department of Health and Ageing' highlights the scale of impact;

"Australian Governments invested $130 million in Needle and Syringe Programs between 1991 and 2000. This resulted in the prevention of an estimated 25,000 cases of HIV and 21,000 cases of hepatitis C among injecting drug users. The savings to the health system in avoided treatment costs over a lifetime are estimated to be between $2.4 and $7.7

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[10] Jiggens, John Lawrence (2004) Marijuana Australiana : cannabis use, popular culture and the Americanisation of drugs policy in Australia, 1938-1988. PhD thesis, Queensland University of Technology.

[11] Consuming Pleasures: Australia and the International Drug Business

[12] http://www.aic.gov.au/media_library/conferences/hcpp/mcarthur.pdf

[13] http://www.smh.com.au/news/national/the-angels-with-a-box-of-needles/2006/11/12/1163266413104.html

billion."[14]

This is in addition to the estimated 4,590 lives being saved by 2010.[15] It is not the whole story though, it fails to acknowledge the role of peer networks and the formation of drug user organisations in helping to establish and deliver this program. In the mid 1980's 'user groups' had already established, focusing around methadone clinics and calling for broader access. These groups became crucial in reaching the marginalised communities and pragmatism forced governments to accept that partnerships with the drug using community were necessary to avoid a HIV epidemic.[16]Unfortunately hepatitis C was not given the same attention and funding, and a similar success wasn't replicated.

The 1990's saw the emergence of an open street heroin market in Collingwood/Fitzroy. In addition to issues with heroin use, the high rates of people using drugs such as cannabis prompted several reviews of government policy with Professor David Penington, heading up the Premier's Drug Advisory Council. In 1996, the committee reported to parliament with recommendations for policy responses.[17] Among the recommendations were proposals for a youth substance abuse service, and importantly decriminalisation of cannabis, completely removing criminal sanctions in recognition of the high rates of use, and the inability of harsh measures to reduce use or the risks, and harms from use.[18] The Government chose to implement many of the recommendations although opting for a 'caution and diversion' system for low level drug use, and possession charges, rather than outright decriminalisation.

For people that have been active in the drug policy space for some time, there may be a sense of deja vu as the review into the implementation of the government's drug policy included an analysis of the arguments Supervised Injecting Facilities (SIF's). Importantly it recommended a model incorporating SIF's into a primary health care service;

"*Finding Five: There are good reasons for adopting a model of implementation that incorporates safe injecting as a part or aspect of a primary health-care centre which addresses the general health needs of drug users, rather than having a facility that is devised for and largely dedicated to safe injecting*."[19]

The *Drugs, Poisons and Controlled Substances (Injecting Facilities Trial) Bill 2000 (Vic)* was narrowly defeated in the legislative council.[20] While the injecting centres didn't

[14] Commonwealth of Australia. 2002. Return on investment in needle and syringe programs in Australia. Canberra: Commonwealth Department of Health and Ageing.
[15] Dolan, K. MacDonald, M., Silins, E. & Topp, L. 2005. Needle and syringe programs: A review of the evidence. Canberra: Australian Government Department of Health and Ageing
[16] Madden, Annie. 2005 "A history of drug user activism in Australia. Available at: http://hrvic.org.au/docs/historyofIDUactivism/index.html
[17] Drugs and our Community: Report of the Premier's Drug Advisory Council/ Premier's Drug Advisory Council, March 1996. Melbourne: Victorian Government, 1996.
[18] Recommendations from "Drugs and our Community" report 1996 http://www.druglibrary.org/schaffer/library/studies/dac/pdac_re0.pdf
[19] "Safe Injecting Facilities Their justification and viability in the Victorian setting" Drugs and Crime Prevention Committee PARLIAMENT OF VICTORIA 1997
[20] Malkin, Ian --- "Establishing Supervised Injecting Facilities: A Responsible Way to Help Minimise Harm'" [2001] MelbULawRw 23; (2001) 25(3) Melbourne University Law Review 680

proceed, the associated primary health care services did and they provide an important opportunity for a marginalised community to access services from NSP to treatment referrals and basic health care needs. A separate inquiry into supervised injecting centres has been announced by the Government and SSDP will provide a more detailed analysis of this aspect of drug policy in our submission to that inquiry.

One more proposal that was defeated by federal cabinet is worthy of mention. In 1997, John Howard's federal cabinet vetoed a proposed Heroin Assisted Treatment (HAT) program for the ACT.[21] Excluding the Kings Cross SIF, there has not been a great deal of inspired and courageous policy since then. Policy has focused on improving small aspects behind the scenes and continuing a "hard on drugs" approach in the public eye.

Reflections on past policies

The strict prohibition of psychoactive substances is a policy response that was created, not inherent in the functioning of Government or society. In the consideration of different jurisdictions and how they have approached drug law reform, we feel an examination of past policy development should provide some insight into what has worked and why. What are the patterns behind success and failure, and what are the origins of our current laws? There have been inquiries like this one before and there is a pattern of half-implemented or rejected recommendations. Much can be gained by examining the record from Victoria and around the country, as these issues have been examined by this Parliament, and others. While there is certainly inspiration and insight to be gained from overseas examples there is also an abundance of experience, and expertise at home to craft policies appropriate for our domestic setting. We can do drug policy as well as anyone in the world, and at times we have.

From 1985 to the mid1990s, Australia was the world leader in harm minimisation, a documented priority in our current National Drug Strategy. Progressive drug policies targeted at reducing the real cost of drug-harm undeniably reduced overdose, death and the spread of disease. That is, until the Howard Years' "tough on drugs" stance that have had lasting impact on media-portrayal and misinformed public opinion that has detracted from the merit of progressive, conjunctive health and social approaches to drug policy.[22] We therefore have the expertise and wherewithal to meet an ethical obligation to provide social and medical support for individuals who do use drugs.

Cannabis reform and the possibility of reduced harm and public benefit

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[21] https://www.crikey.com.au/2007/08/22/the-heroin-trial-10-years-on-how-politics-killed-hope/

[22] Reference: RITTER, A., KING, T. & HAMILTON, M. 2013. Drug use in Australian society, South Melbourne, Vic., Oxford University Press

In the USA and around the world we have seen a growing acceptance that cannabis is not the “devil's weed” that it was once made out to be and the evidence slowly builds for the effectiveness of cannabis in treating certain conditions. Jurisdictions around Australia have legislated reforms, supported by federal government legislation to enact their own medical cannabis schemes. While the focus on quality research, and a well regulated scheme meets the needs and criteria of the medical establishment, there continues to be a grey area where many people that want or need access to the plant to treat medical conditions are having to source it from the black market.

We recognise that many of the claims may turn out to be premature and it may take many years to discover exactly what forms of cannabis are effective for which conditions and under what circumstances. It may take many years for the duplication of clinical trials to give us anything like clear prescribing guidelines. There are also conditions that may be rare, or mild that may never attract the attention and interest to go through the clinical trial process. Moving towards a regulated market for adult supply would allow access for people while the clinical research figures out exactly what works and what doesn’t. We recognise and acknowledge the important steps that the Victorian Government has made in initiating an approved cannabis scheme, as it exists however it is a long way from meeting the needs of the community.

A legal market for cannabis offers other benefits and any policy proposal moving in this direction should look in depth at the ways that different states in the USA have addressed the complexities. This includes taxation, which in several jurisdictions has been earmarked to fund specific pro-social programs rather than going towards consolidated revenue. Colorado, which launched its legal cannabis market in 2012 has seen millions of dollars go towards schools and services. Beyond the benefits to state coffers there are also potential benefits for individual consumers. In the first years of legal supply up to 50% of the market was in non-smokable forms of cannabis, including edibles, and oils to vapourise.

In Australia, and in particular Victoria, which has it’s own patterns of use, including many people mixing cannabis with tobacco. A legal market where people shifted from smoking to eating or vaping could presumably help reduce the rates of tobacco consumption. Cannabis consumers complaining about getting addicted to tobacco again through mixing with it with cannabis is one that is heard with relative frequency. Accidental overdose from consuming too much edible cannabis caused dramatic and high profile cases, but this should be considered in the context of the broader public health benefit and the fact that reporting of cases may have increased, due to the legal framework.

There is a more complicated question in relation to cannabis that relates to the specific harms and risk of the different chemical compounds, especially THC and CBD. The relationship of these two compounds to consumer experience, psychological risk and medical benefit is a relatively new area of inquiry, but recent discoveries highlight the need for evidence, patience and scientific curiosity rather than a naive message about risks and harms, such as the infamous “stoner sloth” campaign.

While it is early days in terms of the research, early indications suggest that CBD can have a neuroprotective effect, and is being actively researched here in Australia as a

potential treatment for anxiety and depression. It may be that a better balance of THC to CBD in cannabis plants offers a way to reduce the psychological risk of consumption. From our interactions with many cannabis consumers in our network and our broader relationships, it is also common for consumers to desire the effects of what might be called a “milder” variety of cannabis.

Summary and recommendations

Cannabis prohibition offers little to know public benefit and completely fails at restricting drug use and availability. In addition to the harms created through people interacting with the criminal justice system and a system of regulation that ensures high profits for black market operators, there is now very real questions about patient access for medical use. Cannabis legalisation offers an opportunity to instantly remove some of these harms and create a framework where choice and public health benefit meet and generate revenue so that any support for people with problematic use is well resourced. A well informed and rational debate, involving many stakeholders, including cannabis consumers could help craft a policy response to cannabis use that removes it from the criminal market and genuinely reduces harm.

Key recommendations

- Decriminalise cannabis (and all other drugs) for use and possession of small amounts immediately.

- Begin the process of building a policy framework for a legal regulated cannabis market in Victoria/

- Represent the voice of reform at COAG meetings in order to work with the federal Government in understanding our obligations under international treaties

- Expunge the criminal records of any people convicted of crimes that are removed from criminal code

- Create a system of taxes or duties on cannabis, with a portion of revenue going back to the AOD treatment sector and other welfare services.

- Allow the introduction of alternative methods of cannabis consumption such as vaping and edibles.

- Create guidelines for products which include safe packaging (single dose packets for edibles) and other safety information.

- Create an immediate amnesty for people supplying medicinal cannabis for patients with diagnosed conditions.

- Direct a portion of any revenue gained from a regulated market into research, covering both positive medicinal use and health risks and harms

Pill Testing/Drug Checking

The issue of drug checking/pill testing has been consistently highlighted as a key concern for our members. Over the last several years the festival season has been marked by tragic deaths here and interstate. The issue of drug checking has emerged as a persistent conversation within the media, drug law reform circles and the various communities who take “party drugs” such as ecstasy/mdma. We have included as an appendix to this submission our position statement on pill testing/drug checking for some background and more detail on why we are supporting the distribution of reagent kits, through student unions and also through SSDP Australia ourselves, pending legal advice and funding.

The argument has been well presented by expert clinicians and drug law reform advocates over the course of the last few years and the inability or unwillingness to act is seen as a policy failure by many in the party scene and in our membership base. Harm reduction within the dance/festival community is well established with the *Dancewize* program providing an important information, welfare and outreach services. People in the festival community know to refer people having a difficult time to, or needing information to *Dancewize,* including police, medical and security staff. The most significant bit of information that people are seeking cannot be provided though, and that is more accurate information about what is in the substances they wish to consume.

A recent survey conducted by Melbourne University's student union asked 600 students their opinions about drugs and in particular the proposal to distribute reagent kits through the union. When asked if they would access the service 87% of students said they would. Around 70% said they would prefer to do so anonymously, but in person, and 92% said they would discard their drugs if they were found to be something other than what was claimed. These figures show that, rather than being reckless or naive, people who use drugs like mdma want more safety information. The fact that people would prefer to access this in person indicates the value of peer-peer based services and support.

In Victoria there are some differences between the “festival scene” and the “club” scene in the way and the types of drugs consumed. To access both communities it would be ideal to have a portable and a fixed site service where people could access one of the lab quality tests. Importantly they should also have access to broader harm reduction information, in the same way that NSP’s can provide an important point of contact for people that may wish to access other services this is also true in the ‘party scene’. Having a fixed site service that is accessible during the week helps prevents one of the problems with an on-site service, waiting time. There are limits to how long people will wait for a service when they are already at the party, but if it is possible to test substances before the weekend then people can be better prepared.

Among the concerns that opponents to this technology express is that, “it provides quality control for drug dealers”. While a generous interpretation suggests a desire to not support a criminal undertaking, for many people in the community it is taken as a tacit acknowledgement that politicians wish drugs to remain as dangerous as possible in order to act as a deterrent. With respect to the committee and the parliament, if the laws and the risks were an adequate deterrent rates of MDMA use wouldn’t be as high as they are. Somewhat ironically drug checking can reduce drug use, as people discard dangerous substances and access to information and services may promote more responsible partying.

Another benefit of drug checking is the data that it provides which can be important for public health responses. There is often a paucity of information about drug trends and dangerous substances in the market, leaving emergency rooms, paramedics and other health services unable to respond appropriately. Any drug checking services should be incorporated into a monitoring and early warning system. The Drug Information and Monitoring Service (DIMS) in the Netherlands provides one model of how this can work.

Key Recommendations

- Approve the introduction of a scientific trial drug checking service in time for 2017/2018 festival season.

- Work with other states and territories and the federal government to introduce a drug monitoring and early warning system. This should incorporate seizure information, emergency room information and data from any drug checking services. Information should be distributed back to the community.

- Consider developing technology such as a phone app to better share information and health warnings.

- Continue to review the implementation of any service with the view to reaching communities that may be at higher risk and have less access to services.

Sniffer Dogs

The use of Passive Alert Detection (PAD) or sniffer dogs has become a controversial use of police resources. In NSW a 2006 report from the ombudsman showed that the program failed to deter drug use, had a poor result in apprehending people trafficking drugs and increased the risk of harm from people responding to the dogs. There have been recorded cases where people have panicked and consumed all of their drugs. For other people they might change their choice of substance to avoid detection, possibly shifting to a riskier substance or buying from an unknown source.

Anneke Vo may have been intimidated by the nature of the police operation at Dragon Dreaming and returned to her tent rather than a medical or chill space, possibly contributing to her death. While the use of sniffer dogs in Victoria thankfully doesn’t approach the way they are used in NSW we do question the value provided. There hasn’t

been an explanation for the continued use of sniffer dogs that justifies any kind of success when compared with the known and acknowledged risk and harms from their use. As a deterrent for drug use, they fail, as an intelligence gathering operation they fail, as a tool to target traffickers they generally fail. Targeting electronic music events and festivals with the use of sniffer dogs is a practice that should be immediately reviewed or ceased.

Recommendations

- If sniffer dogs remain in use, amnesty bins should be a mandatory part of the operation. It reduces the operation contributing to accidental overdose and death, and can provide information about drug trends

- The practice of using sniffer dogs should be immediately ceased or at the very least put under review. For any limited success they may have, the risks and collateral damage is too high. Victoria police regularly update and review things such as motor vehicle pursuit policies to ensure that community safety is considered as a priority. The same consideration should be applied, whether people are breaking drug laws, they are still members of the community and their safety should be valued.

Drug Driving

Random roadside drug testing has been implemented in Victoria since 2004. Very few would argue against a policy to remove or deter impaired drivers from our roads. It is a policy with broad support including from our membership. There are very real concerns about the nature of the current testing regime and how a lack of rigorous standards is creating other risks and harms in the community. The concerns focus on a lack of guidelines about what impairment means and any low threshold for drug metabolites detected. This means that people who have consumed a substance, days or weeks ago and have no kind of cognitive impairment, might still lose their license potentially their jobs, and all the other effects. For someone at a festival that has partied safe and partied smart; having their ‘night out’ early at the festival, sleeping and eating well for several days, they may be treated in exactly the same way as someone who truly is impaired and shouldn’t be on the road.

This can also change behaviours in ways that increase rather than reduce risk. People might change substance preference to something more difficult to detect, but that they have less understanding of how to take safely. They might alter travel plans to try and avoid detection, leading to people driving while fatigued or other risks.

The principle behind roadside drug testing has broad support. Even people in the festival scene want people to be responsible and not drive home high. Efforts have been made at many festivals to improve options. From carpooling, to chartered bus service, to shuttle busses from public transport. More appropriate guidelines around impairment or minimum threshold levels would address the most common critique of the policy.

Recommendations

- The committee should contact jurisdictions in the USA that are addressing the issue of roadside drug testing under a legal regulated market and look into research that is being undertaken to better understand the relationship between drug use and impairment

- Guidelines should be established which provide a better relationship between detection and impairment. It should be clear for people that choose to use drugs how they can comply with the law.

- Work should begin on how the State's medical cannabis laws relate to the drug driving laws. Are there going to be exemptions and how might that work?

Treatment and rehabilitation services

The alcohol and other drug sector in Victoria has a wide variety of different services that are targeted toward particular substance related issues for people who use drugs. Research shows that client-focussed, non-judgemental service provision to people who are experiencing homelessness and problematic drug dependance provide a meaningful service from the perspectives of their clients.[23] [24] [25] [26] Consumers have reported, choosing to engage with the staff out of mutual respect and trust, which leads to the acceptance of additional health interventions, increasing their quality of life.

While harm reduction oriented initiatives such as mobile-outreach services, dispensing needle and syringes, primary health care centres and other foot patrol programs seem to be successful in achieving their desired aim of minimizing drug-related harms for their clientele, Victoria still has many gaps in that of meeting demand of rehabilitation and specialised treatment for people undertaking risky patterns of drug use.

Recommendations

- More funding should be allocated to the growth and expansion of community based responses to alcohol and other drug issues in the community, in terms of increasing capacity of already existing services that have a proven track record of improving health and wellbeing

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[23] Mugavin, J., Strickland, H., Berends, L., Eleftheriadis, D. & Hunter, B. (2011a) Evaluation of Specialist Alcohol and other drug Primary Health Services (SAPHS): Overview report, Victoria: Turning Point Alcohol and Drug Centre.

[24] Mugavin, J., Strickland, H., Berends, L. & Eleftheriadis, D. (2011b) Evaluation of Specialist Alcohol and other drug Primary Health Services (SAPHS): Innerspace, including the Alcohol and Drug Counsellor, Victoria: Turning Point Alcohol and Drug Centre.

[25] Rowe, J. (2003) Who's Using? The Health Information Exchange [St Kilda] and the development of an innovative primary health care response for injecting drug users, Salvation Army Crisis Services, Melbourne.

[26] Rowe, J. (2006) Access Health: Towards best practice in the delivery of primary health care, Salvation Army Crisis Services, Melbourne.

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Reflections and Conclusions

Around the world the facade of prohibition as a successful or appropriate method of tackling drug related harm is showing cracks. Other countries are choosing alternative pathways, out of necessity, desire, or political pressure for reform. The 2016 UNGASS (United Nations General Assembly Special Session on drugs) highlighted the pressure that international treaties are coming under as domestic agendas and priorities no longer reflect a broad consensus. The information age means that drug users are more informed than ever and understand well the arguments for reform. While cynicism may be justified especially when the rhetoric is so far from people's knowledge or lived experience it also presents a challenge.

Health messages about drugs that come from governments are often not trusted or openly ridiculed, whether they are accurate or not. Messages that stigmatise people who use drugs often have the effect of deterring people from seeking treatment when it might be appropriate for them. Those treatment options need to be available for people when they seek them out. Victoria does many things well in client focused treatment, trauma informed care, peer based programs and continued support for harm reduction measures, such as NSP and the recent announcements of subsided naloxone. It must be very demoralising for methamphetamine users in particular, when they choose to seek treatment, in an environment where the media and politics portray them as thoroughly despicable, to then be told that there isn't actually support there. They have to wait three months.

When drug policy is done right it tends to be done with people who use drugs as allies and partners in the process. Young people in particular play a role here as they use drugs at higher rates and are often at the forefront of changing trends. They are also often very informed and have valuable lived experience to contribute to discussions. We hope that the committee will involve the attitudes, opinions and experience of a broad range of people, including people who use drugs in considering the report and future drug policy innovation.

Broad recommendations

- Immediate decriminalisation of all drugs for low level use and possession

- Explore options for the possible regulation and taxation of Cannabis as a tradable commodity

- Expand harm reduction oriented programs for marginalised and street-based drug users, including implementing a Medically Supervised Injecting Facility / Drug Consumption Room in the vicinity of North Richmond and other areas of Melbourne, where open-air drug markets cause public nuisance

- Tailoring AOD sector responses to disproportionately affected groups in the community with a higher prevalence of heavy lilict and illicit drug use, including Aboriginal, and Torres Strait Islander peoples, LGBTI communities, young people, ex–offenders and women who use drugs

- Establish a scientific trial of drug-checking services, operating throughout the summer / festival season moving into 2017 / 2018

- Improve access to, and funding for, treatment and rehabilitation services including youth residential rehabilitation beds'

- Continue funding for harm reduction services expanding them where required to meet need such as NSP programs in prisons.