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From:	Inquiry into Drug Law Reform ███████████████
Sent:	Tuesday, 7 March 2017 3:49 PM
To:	LRRCSC
Subject:	New Submission to Inquiry into Drug Law Reform

Inquiry Name: Inquiry into Drug Law Reform

Mr Behn Payten

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SUBMISSION CONTENT:

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To whom it may concern,
RE: Drug Law Reform
Discussion on Drug Law Reform is much needed. It is clear that the American 'war on drugs' policy adopted by Australia is not working.
I have experienced firsthand friends and acquaintances who have been negatively and positively affected both by the use of drugs (both prescription and illicit) and by the laws that pertain to these.

Harm Minimisation
It is clear that the current effectiveness of laws, procedures and regulations relating to illicit and synthetic drugs are not working.
Former Victorian police commissioner Ken Lay, head of the federal government's Ice Taskforce, has explained that "you can't arrest your way out of this problem", while Mick Palmer, former AFP Commissioner, notes that "drug law enforcement has had little impact on the Australian drug market".
Most Australians support some form of decriminalisation (caution, civil penalty or diversion) for all drugs. Only 5% of Australians support a prison sentence for cannabis possession, with support for prison for ecstasy (14%), methamphetamine (21%) and heroin (24%) also relatively low.
One in four Australians (26%) believe that personal use of cannabis should be legal and 69% support a change in legislation to allow the use of cannabis for medical purposes. Some 42% believe that a caution, warning or no action would be appropriate for possession of small amounts of cannabis. Between 5% and 7% of Australians support legalisation of other drugs. Eight million Australians, or 42% of the population, use an illicit drug in their lifetime. Most don't run into trouble. But, we also know that only half the number of Australians who need and want treatment get it, and that global deaths from illicit drug use have risen by 32% in the past 10 years. Worldwide, some 46.4 million people suffer a drug use disorder in any one year. In Australia, our government spends a great deal of money responding to illicit drugs use. That includes prevention programs, healthcare, treatment programs and harm-reduction services; the humane face of drugs policies. However, more than 60% of this is spent on law enforcement. While law enforcement appropriately focuses on disrupting supply chains, protecting borders and controlling access to precursor chemicals, much effort is also spent on arresting people who use drugs.

The best example of the waste of law enforcement time and money can be found in the data of Cannibus use in Australia.

In regards to Cannabis use, a report by a research team at the Drug Policy Modelling Program at the University of New South Wales estimated that in 2009-10, Australian drug law enforcement activities cost between A$1.03 billion and A$1.07 billion. 10% of the population was estimated to be using cannibus. However, the Australian Crime Commission's 2011-12 Illicit Drug Data Report stated that 61,011, or 65%, of drug arrests (including expiation offences) were cannabis-related.

However, cannabis treatment episodes accounted for 22% of all drug treatment episodes in 2011/12.

Positive Reforms

The need for Positive reforms can best be summed up by Nicole Lee, Associate Professor at the National Drug Research Institute, Curtin University & Alison Ritter, Professor & Specialist in Drug Policy, UNSW. They have stated that it's becoming increasing clear that the illegal status of drugs causes significant harms to users and the community. There is increasing recognition that a new approach is needed.

There is decades of research that tells us what works and why, and we are continuously building that evidence base. Smarter drugs policy-making would use that evidence, in conjunction with other policy drivers such as public opinion and personal experience.

Yet, there are several policies with an established strong evidence base that could be implemented. First, get treatment to those who want and need it; some 200,000 Australians are currently falling through the cracks. We can also improve treatment options. For example, randomised controlled trials have shown that heroin-assisted treatment works for the small number of people who don't respond to other current programs.

We also know that needle and syringe programs reduce the risk of HIV and other blood-borne viruses, and 90 countries have put them in place. Yet only eight countries have them in prisons. Australia isn't one of them.

We should also decriminalise the personal use of drugs. In Australia, there are about 100,000 arrests every year for drug use – not for drug supply, but for drug use. This represents an enormous cost, both economically and socially. International evidence shows that the decriminalisation of personal drug use reduces the cost to society and to individuals, and does not significantly increase drug use.

We can also stop doing things that simply don't work, no matter how sensible they might seem. For example, it's now a decade since the NSW Ombudsman reported that sniffer dogs had "proven to be an ineffective tool". The original intention was to focus (appropriately) on drug supply, but sniffer dogs are now extensively used in entertainment precincts and at music festivals to detect drug use.

These examples make clear that current drug policy is rarely driven by evidence. Instead, it is driven by perceptions of what the public wants, fuelled by shock jocks and other outspoken media voices. All too often, this reflects responses to single events and tragedies, not patterns and outcomes established over years or decades of methodical research.

These multiple types of knowledge and evidence need to be integrated and debated. Imagine if this kind of informed debate, bringing in all kinds of stakeholders, could inform policy making, including drugs policies, before – and not after – decisions are made.

What is needed is politically neutral policy decisions based on the best evidence, integrated with other types of knowledge, and engaging all voices, including people who use drugs.

Few areas of policy-making are more emotionally charged than drugs policy. We need to engage in informed policy-setting that involves many stakeholders and types of knowledge so we can save many more lives, reduce needless suffering, and alleviate the financial burden of ineffective drugs policies.

Regards

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File1:

File2:

File3: