

AUSTRALIAN 2016 DRUG SUMMIT

AUSTRALIAN PARLIAMENTARY DRUG SUMMIT

Canberra, 2nd March 2016

The Parliamentary Group on Drug Policy and Law Reform welcome you to the Australian Parliamentary Drug Summit 2016. Thank you for your attendance and contribution to this important event.

The goal of the Summit is to begin a national debate about the best responses to illicit drug use. There is an unprecedented opportunity for members of the Australian Parliament to maturely debate approaches to drug policy in Australia including what has and hasn't worked and the possibilities for the future. The summit provides a valuable platform from which to influence Australian public policy in advance of the United Nations General Assembly Special Session on the World Drug Problem scheduled for April 2016.

The Summit comprises of international and Australian representatives with expertise in health, NGO, justice, personal addiction and academia, and will provide an opportunity to share experiences and recommendations around harm minimisation and drug law reform. International panellists already confirmed include *Beau Kilmer*, the co-director of the RAND Drug Policy Researcher Center and New Zealand Health Minister Peter Dunne.

The Summit will explore:

1. Components of Good Drug Policy
2. Emerging challenges and issues
3. Australia's current approach to drugs
4. What we should be considering for future drug policies

See more at: <http://www.drugpolicyreform.com.au/>

PARLIAMENTARY GROUP ON DRUG POLICY AND LAW REFORM

The cross party group, co-convened by Richard Di Natale, Sharman Stone (LNP) and Melissa Parke (ALP) recognizes that our national approach to tackling the devastating impact of drugs on individuals and families has failed. The Parliamentary Group on Drug Policy and Law Reform is dedicated to putting policy above politics, and advocating for better approaches to addressing drug-related harms in our communities in Parliament.

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PROGRAM

Time	Item	Responsible
10AM [15 minutes]	Opening remarks and introduce Alison Ritter	Senator Richard Di Natale Senator the Hon Fiona Nash MP Mr Stephen Jones MP Alison Ritter
10:15AM [45 minutes]	1. Components of Good Drug Policy <ol style="list-style-type: none"> a. What would a good policy look like? b. What can we learn from history? c. What can we learn from other countries? <ol style="list-style-type: none"> i. Portugal ii. USA/Uruguay (Cannabis) iii. Sweden <p style="text-align: center;">New Zealand – NPS</p>	Presenter: Dr Caitlin Hughes Panel Members: Ms Carrie Fowlie Hon Peter Dunne MP (NZ) Mr Beau Kilmer Professor Ann Roche
11:00AM [45 minutes]	2. What are the emerging challenges and issues <ol style="list-style-type: none"> a. How do we deal with emerging issues b. Barriers and enablers of effective prevention c. barriers and enablers of effective treatment d. Unintended consequences from policy e. System/structural issues 	Presenter: Professor Simon Lenton Panel Members Professor Beau Kilmer Dr Mary Harrod Mr Garth Popple Professor Michael Farrell
11:45AM [45 minutes]	3. Australia's Current Approach to Drugs <ol style="list-style-type: none"> a) How do we deal with emerging issues b) How effective is our current approach? c) Lessons from our current approach to tobacco and alcohol control d) Unintended consequences e) Diversion, safe injecting facilities, etc. f) Various perspectives: Police/Justice/Health/User 	Presenter: Professor Paul Dietze Panel Members Judge Roger Dive Ms Annie Madden Dr Marianne Jauncey Dr David Caldicott Mr Frank Hansen Professor Adrian Dunlop
12:30PM [45 minutes]	4. What should we be considering for future drug policies?	Panel: Dr Alex Wodak Professor Margaret Hamilton Mr Gino Vumbaca Hon Peter Dunne MP (NZ) Mr Scott Wilson
1:15PM [30 minutes]	5. Closing Remarks <ol style="list-style-type: none"> a) Declaration 	Senator Richard Di Natale Hon Sharman Stone MP Hon Melissa Parke MP
1:45PM	6. End	

PRESENTERS

Professor Alison Ritter is a leading drug policy researcher and Director of the Drug Policy Modelling Program (DPMP) at the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales. She is an NHMRC Senior Research Fellow (2012 to 2016) leading a collaborative, multi-disciplinary program of research on drug policy. The goal of the work is to advance drug policy through improving the evidence-base, translating research and studying policy processes. She is the President of the International Society for the Study of Drug Policy, Vice-President of the Alcohol and Drug Council of Australia and an Editor for a number of journals, including *Drug and Alcohol Review*, and the *International Journal of Drug Policy*. Professor Ritter worked as a clinical psychologist in the alcohol and drug treatment sector (1988 to 1994) prior to commencing full-time research. She was the Deputy Director of Turning Point Alcohol and Drug Centre from 1995 to 2005. She has contributed significant policy and practice developments in the alcohol and drug sector over many years.

Dr Caitlin Hughes is a criminologist and Senior Research Fellow at the National Drug and Alcohol Research Centre. She works as part of the multi-disciplinary Drug Policy Modelling Program (DPMP) which seeks to improve Australian drug policy by identifying what works, translating research evidence and engaging directly with policy makers. Dr Hughes' prime focus is improving understanding of the effects of different legislative regimes and law enforcement approaches, and the role of law enforcement relative to other aspects of drug policy. Projects include: the impacts of the Portuguese decriminalisation of illicit drug use; mapping out police and criminal justice diversionary policies throughout Australia; identifying optimum policing responses for responding to MDMA and determining legal thresholds for serious drug trafficking offences. Projects have often been undertaken in collaboration with Australian policy makers, including Queensland Health and Police, NSW Police and the ACT Department of Justice and Community Safety, or international organisations, including the European Monitoring Centre for Drugs and Drug Addiction. Other interests include analysing the policy processes by which drug policy reform occurs.

Professor Simon Lenton is one of two Deputy Directors at the National Drug Research Institute, where he has worked since 1993. In addition, he works part time as a clinical psychologist in private practice. Simon previously worked for the WA Alcohol and Drug Authority for 7 years, as clinical psychologist and manager. His research interests include bridging the gap between drug policy research and drug policy practice, illicit drug use and harm reduction, impact of legislative options for drugs, availability of take-home naloxone, and drink and drug driving. His current research program includes evaluations of take-home naloxone programs in Australia, an international collaborative web survey of small-time cannabis cultivators, a study of social supply of cannabis, and a study of users of the online drug marketplace - Silk Road. He has published widely on drugs, health and the law and provided advice to a range of government and private organisations, both in Australia and internationally, on evidence based drug policy and other drug issues. His publications have appeared in journals such as *Addiction*, *The International Journal of Drug Policy*, *Drug and Alcohol Review*, *Drug and Alcohol Dependence*, *The Journal of Drug Issues*, *Medical Journal of Australia*, and *Behaviour Research and Therapy*. He was a deputy editor of *Drug and Alcohol Review* from 1997 to 2013 and edited the 'Harm Reduction Digest' that appeared in that journal.

Professor Paul Dietze heads the Alcohol and other Drug Research Program at the Burnet Institute. With 20 years experience he is one of the leading researchers in the alcohol and other drug sector in Australia with an extensive history of significant and innovative research into the impact of alcohol and other drugs in the community. The recipient of numerous awards and prizes, Professor Dietze is currently supported an NHMRC Senior Research Fellow and past ARC Future Fellow and VicHealth Public Health Research Fellow. He has been awarded a large number of competitive grants from funding bodies such as the NHMRC for work that has had significant impact.

PANELISTS

Beau Kilmer is a senior policy researcher at the RAND Corporation, where he codirects the RAND Drug Policy Research Center. He is also a professor at the Pardee RAND Graduate School. His research lies at the intersection of public health and public safety, with a special emphasis on substance use, illicit markets, crime, and public policy. Some of his current projects include estimating the size of illegal drug markets; assessing the consequences of alternative marijuana policies; measuring the effect of South Dakota's 24/7 Sobriety Program on drunk driving, domestic violence, and mortality; and evaluating other innovative programs intended to reduce crime and violence. Kilmer's research has appeared in leading journals such as *Addiction*, *American Journal of Public Health*, *Proceedings of the National Academy of Sciences*, and his commentaries have been published by *CNN*, *Los Angeles Times*, *New York Times*, *Newsweek*, *San Francisco Chronicle*, *Wall Street Journal*, *USA Today*, and other outlets. His co-authored book on marijuana legalization (with Jonathan Caulkins, Angela Hawken, and Mark Kleiman) was published by Oxford University Press and the second edition will be released in 2016. Before earning his doctorate at Harvard University, Kilmer received a Judicial Administration Fellowship that supported his work with the San Francisco Drug Court.

Peter Dunne MP is a New Zealand politician, Member of Parliament and leader of the United Future political party. He has been an MP since 1984, holding the north-west Wellington seats of Ohariu; Onslow; Ohariu-Belmont and Ohariu. He was a Labour MP from 1984 to 1994, resigning from the Labour Party in October 1994 to become a founding member of United New Zealand (now known as United Future) a few months later. He has been Party Leader since October 1996. Mr Dunne recently launched the 2015-2020 National Drug Policy, which could significantly reform the treatment of drugs such as cannabis, and seeks to prevent and reduce the health, social and economic harms linked to tobacco, alcohol, illegal and other drug use.

Carrie Fowlie works across health and justice to promote evidence-informed drug policy, public health, social justice and Reconciliation. She is the current and founding Executive Officer of the peak body, the Alcohol Tobacco and Other Drug Association ACT (ATODA). She has held several Ministerial appointments, including a Prime Ministerial appointment to the Australian National Council on Drugs. She is a board member of the Alcohol and other Drug Council of Australia, Social Determinants of Health Alliance and Centre for Youth Substance Use Research. She supports collaborations between people who use drugs and their friends & families, researchers, policy-

makers, practitioners and peak bodies to solve complex drug policy problems, for example as chair of the Implementing Expanded Naloxone Availability in the ACT Committee. Her work has resulted in her being awarded the ACT Outstanding Contributions to Young People Award.

Professor Ann Roche is a Professor and Director of the National Centre for Education and Training on Addiction at Flinders University. Previously she was the Director of the Queensland Alcohol and Drug Research and Education Centre (QADREC) at the University of Queensland for five years. She has over twenty-five years experience in the field of public health and has worked as a researcher, educator, and policy analyst in various public health areas and has held academic posts at the University of Sydney, the University of Newcastle and the University of Queensland. For the past 15 years her interests and professional activities have focused exclusively on alcohol and drug issues. She has published extensively in alcohol and drug and related public health areas, including over 100 papers and reports including several book chapters. In addition, she has worked as a temporary consultant to the World Health Organization, undertaken numerous consultancies for government and non-government bodies and has acted as an adviser on a wide range of committees in the alcohol and drug field.

Professor Michael Farrell FRCP FRCPsych is the Director of NDARC. He moved to Sydney from London in March 2011 following his appointment to NDARC. Prior to joining NDARC he was Professor of Addiction Psychiatry at the Institute of Psychiatry at Kings College London. His extensive research interests include treatment evaluation, including the development of the National Treatment Outcomes Profile, a brief outcomes measurement instrument for drug and alcohol dependence. He has a long standing interest in drug dependence in prisons and within the wider criminal justice system. He has been a member of the WHO Expert Committee on Drug and Alcohol Dependence since 1995 and chaired the WHO External Evaluation of the Swiss Heroin Trial.

Judge Roger Dive has been a Judge of the District Court of NSW, and the Senior Judge of the Drug Court, since July 2004. Before those appointments Judge Dive had been a Local Court Magistrate since 1989, sitting in both city and country courts. He held the roles of Senior Civil Magistrate and Senior Children's Magistrate during 15 years on that bench. In the Children's Court, Judge Dive sat in the Care and Criminal jurisdictions, taking a particular interest in the chronic issues of the far West of this State. Judge Dive was awarded the 2011 Prime Minister's Award for outstanding contribution to Drug and Alcohol endeavours.

Dr Marianne Jauncey BMed, MPH (hons), FAFPHM is a medical practitioner and specialist in public health. She is the Medical Director of the country's only supervised injecting centre, located in Kings Cross Sydney. This service began operation 15 years ago, is supported by NSW Police, funded by the Confiscated Proceeds of Crime, and run by the faith based organisation Uniting. Supervised injecting centres are well supported by the medical community (including the AMA) and approximately 100 operate around the world. They save lives, forge connections with a marginalised group of people for whom mental ill health and homelessness is common, and they successfully refer people into treatment and other social and health services. Further, they are cost effective and are supported by the local community. Indeed the majority of Australians support supervised injecting facilities,

according to the last National Drug Strategy Household Survey in 2013. Dr Jauncey began work in Kings Cross in 1998, and has seen firsthand the effects of childhood trauma and neglect leading to problematic drug use. She has also seen the positive impact of treating all people with dignity and respect, having a non-judgemental and welcoming approach and being pragmatic in order to keep people alive so they have the opportunity to grow, and learn, and change. While acknowledging the reality that drugs are a controversial subject, Dr Jauncey calls on all members of Parliament to suspend judgement for the hours of the summit, and to listen to the evidence of what works.

Annie Madden is currently the Executive Officer of the Australian Injecting & Illicit Drug Users League (AIVL) which is the national peak body representing state and territory drug user organisations and illicit drug users at the national level. Prior to her current role, Annie was the Co-ordinator of the NSW Users & AIDS Association (NUAA) for six years. She has an honours degree in Social and Political Sciences. She is on numerous national, Commonwealth Government and research committees including the recently appointed Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis C and regularly takes extremely effective roles in global United Nations and WHO reviews, committees, global guidance publications and drug related recommendations. She has been working in the areas of illicit drug use, HIV/AIDS and hepatitis for over 14 years, has been an injecting drug user for over 18 years and on methadone for many years also. Annie is one of the world's most inspiring women user activists who has worked tirelessly day in and day out to challenge the discrimination and human rights violations occurring to people who use drugs.

Dr. David Caldicott is an Emergency Consultant at the Emergency Department of the Calvary Hospital in Canberra. He was the convenor of the OzTox Collaboration, an independent multidisciplinary, hospital-based research group committed to a harm minimisation approach to illicit drug use. He has been an outspoken critic of politicians supporting "zero-tolerance" and prohibitionist drugs policy, questioning the evidence of their efficacy in preventing morbidity and mortality from illicit substances. He believes that drugs policy should not be guided by moral values, but by interventions known to have an effect on users' behaviour. He was a strong advocate for a pill-testing program in South Australia, as recommended by the 2002 Drugs Summit. Dr. Caldicott is one of the founding members of *The List*, a politically independent group of experts committed to maintaining the truth on illicit drug debate in the Australian media. The List promised to monitor the media on drugs policy issues in the run up to the Australian federal general election in 2007. He is on the expert database for the Australian Science Media Centre on issues of illicit drug use and medical response to disasters. Dr. Caldicott is one of the designers and co-authors of the Designer Drug Early Warning System, and was the Project manager for the TRAUMATOX Project. Both of these studies are some of the largest of their kind ever conducted in Australia. He designed and piloted the Welsh Emergency Department Investigation of Novel Substances (WEDINOS) project in the UK, a unique program using regional emergency departments as sentinel

monitoring hubs for the emergence and spread of novel illicit products. In addition to having a research interest in the acute health effects of illicit drugs, he is also co-author of the Bombs, Blasts and Bullets course, a primer for first responders approaching mass casualty incidents of terrorist origin.

Dr Alex Wodak is a physician and has been Director of the Alcohol and Drug Service, St Vincent's Hospital since 1982. Dr Wodak is President of the Australian Drug Law Reform Foundation and was President of the International Harm Reduction Association (1996-2004). He helped establish the first needle syringe programme (1986) and the first medically supervised injecting centre (1999) in Australia when both were pre-legal. Dr Wodak's key interests include; prevention of HIV among injecting drug users; brief interventions for problem drinkers; prevention of alcohol problems; treatment of drug users; and drug policy reform. Dr Wodak is President of the Australian Drug Law Reform Foundation and was President of the International Harm Reduction Association (1996-2004). He helped establish the first needle syringe programme (1986) and the first medically supervised injecting centre (1999) in Australia when both were pre-legal. Dr Wodak often works in developing countries on HIV control among injecting drug users. He has published over 200 scientific papers. Dr Wodak helped establish the National Drug and Alcohol Research Centre (1987), the NSW Users AIDS Association (1989), the Australasian Society of HIV Medicine (1990) and the Australian needle syringe programme annual survey (1995).

Gino Vumbaca has extensive experience in the HIV/ AIDS and drug and alcohol fields both in Australia and internationally. He is a Churchill Fellow, has completed a Social Work degree and a Master of Business Administration at the University of Sydney and is a qualified Company Director. Mr Vumbaca is the former Executive Director of the Australian National Council on Drugs – a position he held for over 15 years – and which provided advice directly to the offices of the previous 4 Australian Prime Ministers (The Hon John Howard, The Hon Kevin Rudd, The Hon Julia Gillard and The Hon Tony Abbott) as well as numerous Ministers and senior officials. Previously Mr Vumbaca worked as the Manager of HIV/AIDS and related services with the NSW Department of Corrective Services, in a variety of drug and alcohol centres as a counsellor and was responsible for coordinating the establishment of the NSW network of needle and syringe exchange programs for the NSW Health Department. Mr Vumbaca also continues to provide advice on prisons, HIV and drug issues for international organisations such as the United Nations & World Health Organisation.

Professor Margaret Hamilton AO has over forty years' experience in the alcohol and drug field, including clinical work, education, training, research, publication and policy development. She was founding Director of Turning Point Alcohol and Drug Centre (Vic.) 10 yrs; Chair of the Multiple and Complex Needs Panel (Vic) 5 yrs; an Executive member of Australian National Council on Drugs (ANCD) 16 yrs. She recently retired as President of the Cancer Council Victoria & remains a Board member of VicHealth, Life Governor of the Australian Drug Foundation, Patron of DANA, and other

organisations in this field & is a member of APSAD. She continues as an honorary Professor in the School of Population & Global Health at the University of Melbourne. In early 2015 Margaret was elected to the UN's Civil Society Task Force planning for the special meeting of the United Nations General Assembly meeting on drugs in April 2016.

Mary Ellen Harrod is the CEO of the NSW Users and AIDS Association (NUAA). She is also on the Board of the Australian Injecting & Illicit Drug Users League (AIVL) and is a member of the International Network of People who Use Drugs (INPUD). Mary has a PhD in Psychology and worked as a public health researcher prior to joining NUAA. As a researcher she worked to develop peer and community led research in several fields including Aboriginal Health. Her current role working in drug user organisations focuses on community self-determination and empowerment as a basis for advancing the causes of harm reduction, health and human rights for people who use drugs.

Garth Popple is the Executive Director of We Help Ourselves (WHOS) and Director of WHOS International currently holds the following honorary positions: Deputy Chair (ex officio past President) Australasian Therapeutic Communities Association (ATCA); and recently Executive Member of the Australian National Council on Drugs (ANCD) for the past 13 years; a recent Past President – International Federation of NGOs. The above honorary appointments have a specific interest to Garth due to their focus on the non-government sector, nationally and internationally. Garth has been working in Alcohol and Other Drug (AOD) non-profit sector since 1980 and in management roles since 1986. Garth has held honorary committee and board positions since 1981 for the non-profit sector as well as serving on various State Ministerial committees for NSW Health and on a National Council which directly reported to the Prime Minister of Australia. Garth has primarily been focused on the residential Therapeutic Community (TC) movement and model of treatment for most of his career to date including working with TCs throughout Asia. In 1986 he became involved in harm minimisation initiatives as a result of the HIV/AIDS epidemic and became more focussed with staying in touch with needs of users past and present.

Superintendent Frank Hansen APM commenced his career in the NSW Police Force in 1970. At the time of his retirement at the end of 2010 he held the position of Local Area Commander, Rosehill. Following 15 years in drug law enforcement Superintendent Hansen was promoted to Superintendent in 1994. For the majority of his career Superintendent Hansen has had responsibility for providing policy advice to the NSW Police Force and Government on various aspects of alcohol and other drug use, particularly legislative and training issues, policing practices and their relationship to the provision of public health services. Superintendent Hansen has represented the NSW Police Force on range of state and national committees including the Australian National Council on Drugs (ANCD) and the National Indigenous Drug and Alcohol Committee (NIDAC) and for 6 years chaired the Intergovernmental Committee on Drugs (IGCD). He is currently the Chair of the Ted Noffs Foundation Board.

Dr Adrian Dunlop MBBS PhD GDipEpiBiostat FChAM, is Area Director and Senior Staff Specialist, Drug and Alcohol Clinical Services for the Hunter New England Local Health District, Chief Addiction Medicine Specialist in the Mental Health, Drug and Alcohol Office in the NSW Ministry of Health, Conjoint Associate Professor in the School of Medicine and Public Health, Faculty of Health,

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University of Newcastle. He is a Foundation Fellow of the Australasian Chapter of Addiction Medicine (FACHAM) in the Royal Australasian College of Physicians, Past-President of the Australasian Professional Society on Alcohol and other Drugs (APSAD), member of the Society for the Study of Addiction (UK), International Society for Addiction Medicine and associate member of the College of Problems on Drug Dependence (USA). In 2005 he was awarded a Churchill Fellowship to investigate the treatment of opiate dependence in pregnancy. In 2010 he was awarded Clinical Leader of the Year by Hunter New England Health. In 2014 he was awarded the APSAD clinician award for excellence in Science, research and practice in the drug and alcohol field and was a 2015 James Rankin orator for APSAD. He has over two decades of experience in the drug and alcohol field, over 110 publications including 45 peer reviewed journal articles, 8 book chapters and a co-author on Australian guidelines on addiction management, and attracted on 30 grants including over \$A10 million in collaborative competitive research funding.

Scott Wilson is the Director of the Aboriginal Drug and Alcohol Council (SA) Inc (ADAC). ADAC is the only Indigenous organisation of its kind in Australia, and is based in Adelaide. Scott's experience in the areas of substance use, misuse and abuse has seen him on nearly every major governmental and non-governmental committee in Australia over the past 20 years. For example he was a Prime Ministerial appointment for 9 years on the Australian National Council on Drugs that had a variety of roles including a member of the Executive for 7 years. He was appointed by the Prime Minister, onto the Alcohol Education Rehabilitation Foundation Board in 2001 until 2012. Has been an Executive member of the Alcohol and Drug Council of Australia and has been a co-Deputy Chair of the National Indigenous Drug and Alcohol Committee since it was first formed in early 2004. Mr. Wilson has presented a number of papers on behalf of ADAC at both national and international conferences on Indigenous drug and alcohol. Scott was an Australasian delegate to the 4th International NGO Forum Beyond 2008 Summit in Vienna that was a review of the 1998 United Nations General Assembly Special Session (UNGASS) on Illicit Drugs.

ILLICIT DRUGS ROUNDTABLES SUMMARY OF KEY ISSUES

Background

During February 2016, Australian Greens Leader Senator Richard Di Natale convened roundtables in Hobart, Melbourne, Adelaide, Sydney, Newcastle and the Gold Coast to explore current policy approaches to illicit drugs and the potential for improved responses. The roundtables were scheduled in the lead up to the Parliamentary Drugs Summit in Canberra on 2 March 2016 and aimed to inform Senator Di Natale's participation in the Summit as well as stimulate public discussion. Roundtable participants included health workers, service providers, researchers, drug users, family members, law professionals, researchers and former police officers. Senator Di Natale will continue his engagement through further meetings planned with stakeholders in Victoria and Western Australia.

Key opportunities for reform

Five recurring themes dominated the discussions at the roundtables and represent a common view emerging from many people with involvement in alcohol and drug policy from around the country:

1. There is merit in shifting away from criminal penalties towards a health and harm reduction response for personal drug use and possession in recognition that current law enforcement approaches are not effective in reducing use or mitigating drug-related harms.
2. Current health responses and proposals for a re-aligned approach are significantly hampered by the lack of adequate treatment facilities and long waiting periods for detoxification and rehabilitation, including for people in regional areas, Aboriginal and Torres Strait Islander people, prisoners, and people from culturally and linguistically diverse backgrounds.
3. To be effective, treatment responses for people with addiction and related drug use issues must be complemented by services that address general health, housing, employment and welfare issues.
4. There are compelling reasons and significant opportunities to reduce harms associated with drug use, including overdoses and deaths, by a renewed focus on harm reduction strategies including in relation to making better and more timely use of data about the strength of drugs available on the street, offering drug checking and withdrawing sniffer dogs from public events, increasing the number of clinically supervised injecting facilities, and promoting the uptake of naloxone amongst opiate users.
5. Achieving the potential benefits highlighted above will require leadership on the part of elected representatives across all levels of government, along with the willingness, cooperation and investment from health and law enforcement agencies in the government and non-government sectors, and the inclusion of drug users and families in policy development, decision-making and service delivery.

A summary of contributions from roundtable participants follows. Not all participants agreed on each point and each roundtable offered unique perspectives. The summary reports on 'clustered issues' that were raised by a number of the participants at a roundtable or at a number of roundtables, but the report should not be read as a consensus statement. Some excerpts from discussions are included, but these comments have not been ascribed to individuals as Chatham House rules were applied to encourage open discussion.

Addressing stigma and supporting peer-based organisation

Enabling drug users to speak about their experiences and to maintain social connectedness was considered to be an important way to support people through their journey. Participants expressed an aspiration that the stigma and discrimination faced by drug users could be addressed overtime in the same way that these challenges have been tackled in the mental health field. Supporting peer-based organisations and families to participate in the policy process, public debates and program delivery is critical in achieving this outcome.

Social setting influences the nature of drug use

Roundtable participants drew attention to the on-going practices of drug use in the community. While these practices vary over time and in social contexts, in general drug use continues in the Australian population despite strengthened efforts in recent years at law enforcement to reduce use, harms and related criminal activity.

There is an apparent trend of drug composition changing to become more harmful, including with contaminated drugs (eg pills) causing mass overdoses that were not occurring 10-15 years ago. This was considered by some roundtable participants to be a result of prohibition in that drug strength is increased while volume decreases to make drugs easier to conceal and transport with the shift from amphetamine sulphate (speed) to crystal methamphetamine (ice) being one example. Developments in strains of cannabis are another example. This has parallels with the US experiment in prohibition of alcohol where production moved from relatively low alcohol content per volume (beer) to a more concentrated form (spirits).

For some, drug use is unproblematic and amounts to an occasional occurrence during a relatively short period of late adolescence to early adulthood. At the other end of the spectrum drug use may be associated with chaotic lifestyles that damage relationships and the health of the user, involve criminal or anti-social behaviour, and may have significant negative consequences such as persistent ill health, unemployment, homelessness, imprisonment or death.

Occasional drug use may best be addressed through strategies that aim to reduce harms and keep people safe. More chaotic modes of drug use may be associated with family circumstances, trauma and alienation requiring sophisticated, multi-faceted responses. Roundtable participants expressed a view that policy and law enforcement approaches need to be calibrated across the spectrum with a clear identification of the 'problem' and the policy objective.

Treatment services are unable to meet demand

Roundtable participants emphasised that timeliness of treatment interventions was of the utmost importance with the consequence that a drug user who reached out for assistance but whose needs could not be met may be lost to the health system and may subsequently experience considerable harms and exposure to the criminal justice system. Participants consistently expressed the view that treatment services are unable to meet the current demand resulting in long waiting times for treatment and missed opportunities to assist users.

There was a view that there are little to no intermediate access points for people coming into problematic drug use and that their drug use may have to become significantly more problematic before assistance is available. This may result in harms that may have been avoided and generally higher costs of care, including custodial care in some cases. Sometimes government policies can exacerbate and amplify harms, such as in NSW where a drug user (and their family) can be evicted from public housing if they have a conviction for drug possession.

In particular, regional and remote services were considered to be inadequate along with specialist services offering cultural safety close to family for Aboriginal and Torres Strait Islander people in both urban and remote settings. Similarly, there was a view that services for people from culturally and linguistically diverse communities were inadequate.

While population health planning tools (eg Drug and Alcohol Clinical Care and Prevention, DA-CCP) have been developed and are available to assess the needs for drug and alcohol services, these tools are not in use in all jurisdictions. As a result, it is difficult for decision-makers to understand more precisely the gap between demand/need and current levels of service provision across the country. There was a view that a holistic approach to understanding and addressing problematic drug use is required through treatment and social services.

No one comes for just one thing – we should look holistically at their needs. Jobs, homes and friends are the recipe for recovering. Supportive social networks lift people up – providing treatment alone isn't enough. Portugal provided subsidies for employers to take people on and 95% of users were still in the program 2 years on. It's not good enough to just say we are removing criminal penalties.

Support for access to pharmacotherapies would assist users with addiction issues seeking this treatment pathway. This could be designed to better facilitate the relationship between consumers and pharmacists that sometimes becomes fraught due to debts and late payments.

Roundtable participants also raised health workforce issues. A poorly trained workforce may deliver suboptimal interactions when users present which in turn may deter them from returning for care thus leading to health complications that ultimately require more acute care at a higher cost and with potentially poorer long term health outcomes.

Opportunities to reduce harms

There was a clear view from roundtable participants that there are many strategies that could be adopted to reduce harms. There was a view that we have slipped from being a global leader in harm reduction through our pioneering work and success in HIV prevention through needle and syringe programs to being overly risk averse and punitive.

There are three immediate steps that governments can take in partnership with non-government organisations, police and health authorities to save lives.

The first is to enable a trial of pill testing at public events such as music festival to provide people with valuable information to inform their decision-making with the likely outcome that there would be fewer adverse events.

The second is to remove drug sniffer dogs from public events. There are reports that the presence of dogs causes people to take their drugs in one go and contributes to overdoses rather than preventing them. Research backs up the connection between the dogs and the risky behaviour, and anecdotal information suggests that overdoses are occurring at festival gates where dogs are present.

The third is in recognition that police and other government agencies hold data and information on the composition of street drugs gained through seizure and hospital presentations. This information could be publicly available, in partnership with non-government organisations, to also enable drug users to make better choices around their drug use. We should explore the potential for governments to work nationally to publish information on a searchable database in a timely manner about 'code red' dangerous drugs circulating on the streets.

Other harm reduction strategies worthy of exploration and/or trialling include:

- Assessing drugs for their actual risks of harm and legislating accordingly as NZ is attempting.
- Making clinically supervised injecting facilities more widely available given the demonstrated benefits to reduce overdoses and deaths, and connect drug users to health workers.
- Promoting the uptake of naloxone amongst opiate users as a front-line response to overdoses.

Cautions, police diversion, court diversion and imprisonment

There was a variety of views expressed at roundtables about the design and effectiveness of police cautions, police diversion and court diversion programs.

In summary, these policies and programs vary widely across jurisdictions and sometimes within jurisdictions they have unclear policy objectives. The measures relate to some classes of drugs and not others, and the threshold definitions for quantities of drugs considered to be for personal use is highly variable.

There was a view that homeless people, young people, Aboriginal and Torres Strait Islander people were more likely to be apprehended and drawn into the criminal justice system compared to middle class, middle aged drug users. Inadequate legal advice around the ramifications of a guilty plea, and

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the consequences of non-compliance with diversion orders were also considered barriers to the effectiveness of these programs.

Participants noted an increase in young people coming to court with charges relating to one pill or minor cannabis possession. There was a view that this was wasteful of court resources and could be unproductive for the individuals involved. In contrast, some participants held the view that brief interventions associated with diversion can be beneficial and more significant treatment accessed as a result of diversion can work.

CANBERRA DECLARATION ON ILLICIT DRUGS [DRAFT]

We call personal illicit drug use for what it is, a health issue, not a criminal issue. Regardless of what we may think about this issue, some Australians, mostly younger Australians, take drugs.

Whether in the pursuit of a good time or to ease pain and hardship, drug use will continue in our communities.

The National Drug and Alcohol Research Centre¹ reported that Australian governments spent approximately \$1.7 billion in 2009/10 on illicit drugs. Of this spending, \$1.12 billion or 66% went on law enforcement, 21% on treatment, 9% on prevention and 2% on harm reduction. Despite the overwhelming bias in funding towards law enforcement, or perhaps because of it, we continue to see deaths, overdoses, accidents, illness and addiction in our communities. A new approach is needed.

We, the undersigned recognise that -

- Putting health and community safety first requires a fundamental broadening of illicit drug policy in Australia away from failed punitive enforcement to proven health and social interventions.
- While policing is an important part of illicit drug policy, law enforcement strategies should focus on the organised criminal supply marketplace where the benefits of police interventions will be highest.
- Australia should implement and evaluate the health benefits of removing criminal sanctions for personal drug use as demonstrated in international settings
- Some current law enforcement strategies, for example drug sniffer dogs, can lead to increased harm and should be reviewed or ceased and their resources redirected into more effective strategies.
- Drug checking presents as a potentially valuable option for reducing harm at public events and governments should enable trials to be implemented as a matter of priority.
- Police and other government agencies hold data and information on the composition of street drugs gained through seizure and hospital presentations. These data and information

¹ Ritter, A., McLeod, R. and Shanahan, M., Government Drug Policy Expenditure in Australia - 2009/10, Drug Policy Modelling Program Monograph 24, National Drug and Alcohol Research Centre, 2013.

should be publicly available, in partnership with non-government organisations, to allow drug users to make better choices around their drug use and to assist in the development of more effective drug policy.

- The Kings Cross clinically supervised injecting facility has been proven to reduce overdoses and deaths, and connects drug users to health workers. Given the demonstrated benefits, clinically supervised injecting facilities should be more widely available.
- We should increase funding of drug treatment to a level sufficient to meet realistic demand, including for culturally appropriate services for Aboriginal and Torres Strait Islander people, those with culturally and linguistically diverse backgrounds and for those in prisons.
- We should enhance the capacity and expand the availability of early drug intervention and treatment services for young people, including funding for meaningful workforce strategies and appropriate housing.
- We must pursue an open debate on more effective policies to prevent and reduce all harms related with drug use and its control.

Name: _____

Title: _____

Organisation: _____

Email: _____

Signature:

Date: