Consultation paper

Renewing Queensland's Alcohol and Other Drugs Plan

Options for reform

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– Not Government Policy –

Introduction

Alcohol, tobacco, and other drugs, including prescription medications used outside medical advice and illegal drugs affect everyone in our community. In order to respond effectively, Queensland should consider a whole of government response. This means using all the levers available across government portfolios and the community to:

- Reduce or regulate the supply of alcohol, tobacco, and other drugs
- Reduce the harms by reducing consumption or mitigating the negative impacts of use
- Provide effective programs that prevent or delay the commencement of alcohol or drugs by young people
- Provide treatment to people who are experiencing physical, psychosocial, and/or social harms from their alcohol or other drug use.

Good policy involves three areas of activity, or pillars (Paper #5) to reduce alcohol, tobacco, or drug-related harm:

1. Supply reduction
2. Demand reduction
3. Harm reduction

These pillars, when each of them is working well together, result in minimising the harms from alcohol, tobacco, and other drugs. The pillars can be thought about as three legs of a stool – if one of them is too short or wobbly, the stool will be unstable. A balanced approach across all three pillars is the key to effective policy and achieving the best outcomes for Queenslanders.

Australians prefer a balanced approach, whereby governments spend approximately equal amounts on preventing alcohol and drug use, treating people with alcohol and other drug problems, and responding with policing and law enforcement (Figure 1). There are few differences between alcohol, tobacco, and illicit drugs in the desire to see a balanced approach, with the exception of a slightly greater law enforcement investment for illicit drugs.

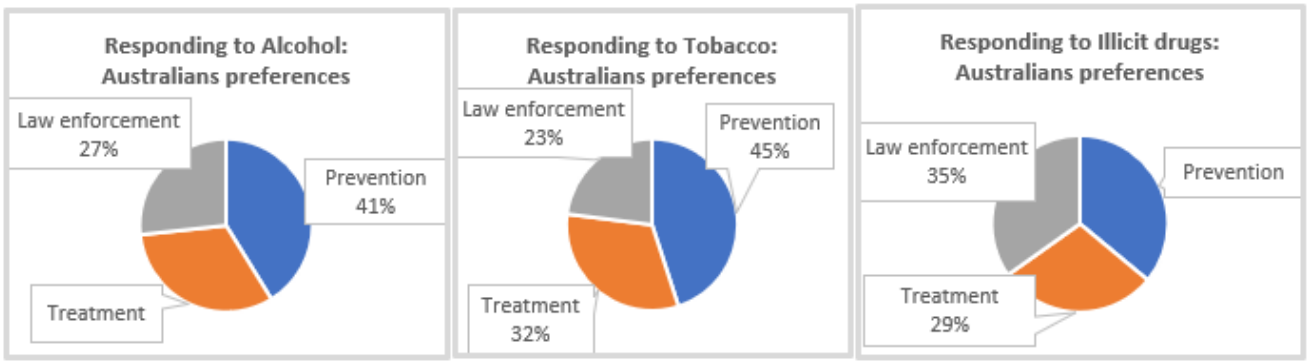

Figure 1 taken from Preferences of Australians for the distribution of spending on alcohol, tobacco, and illicit drugs [1]

How do these preferences match with actual spending by governments? There are no data available for alcohol or tobacco, but for illicit drugs it is clear that governments invest substantially more in law enforcement compared to treatment and education. At last estimate, law enforcement represented around 64 per cent of government spending; treatment 23 per cent, prevention 10 per cent and harm reduction only 2 per cent [2][1]. Thinking about the three-legged stool, this does not seem very stable or sustainable.

We can draw two conclusions from these observations:

1. The largest investment is currently in law enforcement, and there may be ways to enhance this investment and better distribute it within law enforcement (that is, balance within the pillar);
2. A better balance between the pillars could be achieved with increased investment in education, treatment, and harm reduction (that is, balance between the pillars).

Thinking with the idea of balance *within* and *between* the three pillars will enable a reimagined AOD plan for Queensland.

Law enforcement: rebalancing investment within this pillar

Law enforcement (the supply reduction pillar) is central to efforts to curb alcohol and other drug-related harm. The availability of substances is directly linked to consumption. If we can reduce availability, alcohol and drug-related harm will reduce.

For legal drugs like tobacco and alcohol, this means having very effective regulations on the advertising, sale, and supply of these products. With the COVID-19 pandemic lockdown measures, alcohol availability through licensed venues was greatly reduced. We know that this did reduce harmful consumption among some groups (**Paper #1**; [3]). Great care needs to be taken now, staying alert to potential loopholes in alcohol supply regulations. One example is online alcohol sales and home delivery. Good regulations would make sure that age restrictions stay in place for online sales and there is a lag time between purchase and delivery (restrictions on rapid delivery after 9pm) (**Paper #6**). Another effective approach to reducing alcohol availability is to have good processes around any new liquor licences. It should be up to the alcohol retailer requesting a new licence to show that there will not be increases in alcohol harm (reverse the onus of proof).

To reduce the availability of illegal drugs, such as cannabis, heroin, methamphetamine, and cocaine, we need strong and effective policing. Law enforcement directed to reducing the supply of drugs, including finding and dismantling clandestine laboratories and arresting drug traffickers, suppliers and wholesalers, requires resources for

[1] The figures come from 2009/10 (more recent estimates are not available) and include both state and federal government spending. There is no reason to believe that there is not a similar distribution in Queensland in 2019/20.

Queensland Police to focus on the criminal activities around drug supply. But right now, most Queensland Police resources are used in detecting and arresting people who use drugs. In 2018/2019 there were 40,132 arrests for drug use and 4,160 arrests for drug supply [4]. An increased focus on supply offending could be achieved if policing resources were shifted away from drug use/possession offending.

Queensland has one of the highest rates of police detections for use/possess offences, at 428 people per 100,000 (compared to NSW, for example, at 200 people per 100,000)[5]. Queensland already has a diversion program, but it applies only to cannabis and only under very strict criteria. Relative to other states, Queensland diverts the smallest number of people into alternatives to arrest [5].

In summary,

- Queensland detects the largest number of people for drug possession offences
- Queensland also diverts the smallest number of people (with the exception of WA)
- Queensland only has diversion programs for cannabis
- the current cannabis diversion program is 'strict' e.g. only one diversion allowed.

To rebalance its supply reduction efforts and devote more policing resources to drug supply offending, Queensland has a number of options to better manage drug use offending. Some of the more substantial changes could involve removing illicit drug possession as a criminal offence, or just removing cannabis possession as a criminal offence. A more cautious approach than these two options would be to expand the current drug diversion program to all classes of illicit drugs. This would entail amending the current cannabis diversion legislation to make it applicable to all drugs, just like in Victoria, Western Australia, South Australia, the ACT and the Northern Territory. Where they have these programs, instead of going through the criminal justice system, people are provided with information, education, and referral to treatment. This is one form of 'decriminalisation' of drug use. It does not legalise drug use or drug supply, and the offence remains in law. What it does is provide an effective alternative to a criminal justice response, saving resources and providing the opportunity for the person to change their drug using behaviour.

Many countries have followed models of drug use decriminalisation, including the USA (11 states), Netherlands, Switzerland, France, Germany, Austria, Spain, Portugal, Belgium, Italy, Czech Republic, Denmark, Estonia, Ecuador, Armenia, India, Brazil, Peru, Colombia, Argentina, Mexico, Paraguay, Uruguay, Costa Rica, and Jamaica.

It is common across the globe precisely because it is not only effective but also cost saving. Research has shown positive outcomes from various forms and models of the decriminalisation of drug use, including:

- reduced use of criminal justice system resources (and associated cost savings)
- reduced re-offending
- reduced drug use and/or harmful use
- improved physical health and mental health
- other social, community and economic benefits, including implications associated with avoiding a criminal finding or conviction [6-10].

In addition to a strong evidence-base, the decriminalisation of the personal use of drugs is also strongly supported by the general public. At least 70 per cent of Australians approve of a non-criminal response to heroin use, 68 per cent approve for methamphetamine use, and 92 per cent approve of non-criminal responses for cannabis use [1].

This option fits with the government response to the 2019 Productivity Commission report into imprisonment and recidivism, with its commitment to increase the range of options available for drug use offences, especially health-based responses. The Queensland government is committed to expanding key treatment services. This is in line with providing more treatment places for people who would otherwise go through the criminal justice system.

Providing education, information, and treatment where indicated, instead of a criminal justice response, will not only free up law enforcement resources to focus on drug supply. It will also address some of the major barriers to people getting help – stigma and discrimination (Paper #2). The shame associated with alcohol or other drug problems means that it is hard for people to get help. If the system can direct people towards care and support, instead of criminal justice responses, this will go a long way to reducing alcohol and drug-related harm.

Increase investment in the other pillars: prevention, treatment, and harm reduction

Balancing the three pillars also involves increasing the investment in effective prevention, treatment, and harm reduction, as well as making sure that the current programs are doing what works.

Prevention

New National Health and Medical Research Council (NHMRC) guidelines to reduce the health risks from alcohol, due to be released in December, include clear advice about young people under the age of 18 not consuming alcohol. Young people in Queensland start alcohol, tobacco, or illicit drug use at a younger age (on average) than the national average (Paper #4). Starting young means more problems later. Programs that focus on preventing young people from starting to drink or use drugs are vitally important to reduce later harms. There are evidence-based prevention programs that work (Paper #7), particularly school-based programs.

We don't talk about it very much, but there are other ways to prevent alcohol and drug problems – through giving every Queenslander an equal chance to thrive. Right now, there is a lot of inequality: some people are homeless, poor, unemployed, and dispossessed from their land. The social and cultural environment affects the likelihood of developing AOD problems (Paper #9). This could be changed, reducing poverty, recognising cultural and Indigenous autonomy and sovereignty, promoting social and emotional wellbeing (Paper #8) and ensuring equal access to education and health services in line with the Queensland *Human Rights Act 2019*.

Treatment

It can be challenging to get treatment for an alcohol or drug problem. There are lots of reasons for this: some services are not in the right place; people feel ashamed or get treated badly when they turn up to some healthcare services; treatment is not necessarily tailored to what the person needs; and some services are full.

Greater investment in treatment, which will create more treatment places, needs to be accompanied by better ways of working. One example is the use of telehealth and on-line assessment and triage services. The pandemic has forced many specialist AOD treatment services to use these non-traditional ways of working with clients. And it has worked. There is enthusiasm to continue to use technology to create better treatment services – especially given the large distances in Queensland. Services will need to be funded and supported to continue to roll out new technologies.

Treatment works, and one essential ingredient is skilled, qualified staff, with the necessary training in specialist alcohol and drug treatment as well as training in cultural sensitivity (Paper #3). There are not enough specialist alcohol and drug workers to go around. More training places and workplace skills development would fill this gap. It is not just the specialist alcohol and drug treatments though. People with alcohol and other drug problems also need care and support from primary healthcare (general practice services), social welfare services, legal supports, and mental health services. Each of these workforces needs to be supported to understand and have the skills to work with people experiencing alcohol and other drug problems.

Harm reduction

Queensland currently has a comprehensive range of harm-reduction services and programs (**Paper #5**) for alcohol, tobacco, and illicit drugs. There are, however, some areas for potential improvement, some of which are outside Queensland Government control, such as the availability of nicotine e-cigarettes for people who smoke. There are others, however, that are well within the Queensland Government's mandate. These include a public drug warning program; expansion of the take-home naloxone program; expansion of primary needle syringe programs in regional areas; and pill testing at music festivals and fixed site locations. Alcohol harm reduction is also important, especially given that the health harms from alcohol are at least three times greater than from illegal drugs (**Paper #6**).

Aggression, assaults, and violence are preventable with the right harm-reduction policies. This includes avoiding overcrowding and providing good transport options in night-time entertainment areas. The number of places where alcohol is sold in any one locale (outlet density, see **Paper #6**) is strongly related to violence.

Conclusions

The case for reform is a simple one – make sure that alcohol, tobacco, and other drug interventions are the most effective at the lowest cost and are aligned with the Queensland *Human Rights Act*. The way to achieve this is to balance the effort between the pillars of supply reduction, demand reduction, and harm reduction; and to balance the effort within supply reduction. Alcohol, tobacco and other drugs represent significant health, social and economic burdens to Queensland. Prevention, education and early intervention will reduce the demand for downstream interventions such as residential rehabilitation. For those people who use drugs, the most cost-effective response is to encourage them to change their behaviour. The least cost-effective response is locking them up in prison or applying other sentencing options that reduce opportunities for employment and full economic participation. Police resources to combat illicit drugs are essential and, when focussed on drug supply, not drug use, can have the greatest impact. Remembering that the biggest problems are associated with alcohol, effective mechanisms to regulate the supply of alcohol and tobacco and reduce demand for these through pricing mechanisms is another balancing act.

None of this is easy. And while the image of a three-legged stool helps think about how to get a more balanced approach, it is true that some things cost more than others – harm reduction is much less expensive than policing. So it's really about balancing the effort, not just the amount of money being spent. This means valuing and placing priority on prevention, harm reduction and health responses. Money is also a problem. With the pandemic, all governments are facing budget challenges. But there are many opportunities here that do not involve new resources. For example, rebalancing within the supply reduction pillar does not reduce law enforcement resources – it redistributes them.

The pandemic (**Paper #1**) has presented opportunities for people to change their relationship with alcohol and drugs. In one survey, the majority of people (two-thirds) did not increase alcohol consumption under lockdown [3][2]. This reminds us that it is not just government who is responsible for reducing alcohol, tobacco and other drug harms; it is also the power of community. Queenslanders are resilient, and we need to work out how to empower communities and build on the ways in which people are changing by themselves, of their own accord.

[2] In a NSW survey, but again, no reason to think Queensland would be any different.

References

1. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2019. Canberra: AIHW; 2019.

2. Ritter A, McLeod R, Shanahan M. Monograph No. 24: Government drug policy expenditure in Australia - 2009/10. Sydney: National Drug and Alcohol Research Centre; 2013. Available from: https://ndarc.med.unsw.edu.au/resource/24-government-drug-policy-expenditure-australia-200910.

3. Ritter A, Wilkinson, C., Vuong, T., Kowalski, M., Barrett, L., Mellor, R. & Sommerville, K. . Distilling our changing relationship with alcohol during COVID-19. DPMP Monograph No. 29. Sydney: UNSW Social Policy Research Centre; 2020. Available from: http://doi.org/10.26190/5f84c1dba9f36.

4. Australian Criminal Intelligence Commission. Illicit Drug Data Report 2018-2019. Canberra: Commonwealth of Australia; 2020. Available from: https://www.acic.gov.au/publications/illicit-drug-data-report/illicit-drug-data-report-2018-19.

5. Hughes C, Seear K, Ritter A, Mazerolle L. Criminal justice responses relating to personal use and possession of illicit drugs: The reach of Australian drug diversion programs and barriers and facilitators to expansion. DPMP Monograph No. 27. Sydney: UNSW; 2019. Available from: http://doi.org/10.26190/5cca661ce09ce.

6. Baker J, Goh D. The Cannabis Cautioning Scheme three years on: An implementation and outcome evaluation. Sydney: New South Wales Bureau of Crime Statistics and Research; 2004.

7. Hughes C, Ritter A, Chalmers J, Lancaster K, Barratt M, Moxham-Hall V. Decriminalisation of drug use and possession in Australia – A briefing note. Sydney: Drug Policy Modelling Program, NDARC, UNSW Australia; 2016. Available from: https://ndarc.med.unsw.edu.au/resource/decriminalisation-drug-use-and-possession-australia-per centE2 per cent80 per cent93-briefing-note.

8. Hughes CE, Stevens A. What can we learn from the Portuguese decriminalisation of illicit drugs? British Journal of Criminology. 2010;50(6):999-1022.

9. Lenton S, Christie P, Humeniuk R, Brooks A, Bennett M, Heale P. Infringement Versus Conviction: The Social Impact of a Minor Cannabis Offence Under a Civil Penalties System and Strict Prohibition in Two Australian States. Canberra: Commonwealth Department of Health and Aged Care; 1999. Report No.: Monograph Series No. 36 Available from: http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/41F09105FB3735F2CA2570370002A564/$File/mono36.pdf.

10. Payne J, Kwiatkowski M, Wundersitz J. Police drug diversion: A study of criminal offending outcomes: Australian Institute of Criminology AIC Reports Research and Public Policy; 2008.