



NSW Ministry of Health
1 Reserve Road
St Leonards NSW 2065
Australia

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Submission to the NSW Drug Summit 2024

About 360Edge

360Edge is Australia's leading specialist alcohol and other drugs consultancy. We provide a full suite of policy and practice advisory services across the spectrum of alcohol and other drug use, as well as allied areas such as mental health, justice and education. Our work supports governments and frontline services to improve policy and practice in line with the latest evidence. We have offices in NSW, ACT, NT, Queensland and Victoria, and work with governments and organisations across Australia and Internationally.

Our four core programs are Workforce Development, Service Development, Program Evaluation, and Health Systems Development. 360Edge also supports the development and implementation of workplace alcohol and other drug policy through our WorkEdge program and alcohol and other drug prevention in schools through our Schools of Substance program.

CEO, Professor Nicole Lee, is an international leader in alcohol and other drug responses with 33 years' experience in policy and practice implementation. She is Adjunct Professor at the National Drug Research Institute, Curtin University; CEO of Hello Sunday Morning; and Board Member of The Loop Australia. She is Alcohol and Drug Adviser to the Department of Veterans' Affairs and a member of the Australian National Council on Alcohol and other Drugs, Australia's key expert advisory council to the Australian Government on alcohol and other drugs, which provides policy advice directly to the Health Minister and their department.

She leads a team of highly experienced consultants with specialist frontline expertise in alcohol and other drugs and mental health treatment, combined with postgraduate qualifications in research, health and economics. It means our team not only has the knowledge of best practice but also the real world experience in applying what works to practice and policy in a meaningful and sustainable way.

Our submission reflects our extensive knowledge, skills and experience in alcohol and other drug treatment, harm reduction and policy.

Overview

As a basis, all responses to drugs should be driven by three key principles **human rights** principles, a **health outcomes** focus and are **evidence based**.

If these three core principles are applied to all drug related initiatives, including supply reduction, our results will be more targeted and more effective.

Australia was once a leader in innovative drug policy. Our early adoption of needle and syringe programs in the 1980s for example is reflected in a significantly healthier population today with relatively low rates of HIV and hep C.

A number of successful harm reduction initiatives currently operate in NSW, but we are falling behind.

More needs to be done to expand initiatives that we know are effective in reducing harms and to introduce lifesaving measures much earlier

How can we improve health promotion to reduce drug harms?

The key purpose of any health promotion activity is to enable people to improve their health by increasing control over health outcomes, taking into consideration a range of individual, social and contextual factors. To reduce drug harms we need public health policies that create supportive environments and strengthen community and personal action. Regions with the highest levels of need should be prioritised.

Introducing drug checking services

Drug checking is an effective overdose prevention measure. More than two thirds (65.1%) of NSW residents support drug checking services (5). It is especially critical as new substances such as nitazenes appear on the scene.

Implementing fixed site and mobile drug education and checking services can prevent overdose and improve health literacy and outcomes.

Drug checking services are an effective harm reduction approach that is necessitated by lack of proper government regulation of the drug market. Drugs are made more dangerous because they are illegal, often manufactured in backyard labs by criminal gangs without any controls over dose, quality or who it can be sold to. Often there are contaminants and unexpected substances that can lead to unexpected reactions and fatal and non-fatal overdose.

This is not a new idea. The first drug checking service began in the 1990s and there are around 30 countries that currently have government supported drug checking services across the world. In Australia ACT, Queensland and Victoria have introduced drug checking to reduce harms and overdose.

Drug checking not only enables people to have the contents of their drugs checked but importantly offers access to a health professional who can discuss drug harm reduction.

Drug checking reduces harms by enabling people to make safer decisions about their drug use based on information about the contents of drugs they plan to take. In its first

two years of operation, Canberra's drug checking service, CanTEST, tested over 2,900 samples, with one in 10 being voluntarily discarded (2). It has issued 20 community notices about harmful drugs, reaching the wider community beyond those who access the service (2).

In addition to providing drug checking services, over 4,000 health and alcohol and other drug brief interventions have been provided by staff at CanTEST (3). Seventy percent of people accessing the service during its first six months of operation had never previously spoken to a healthcare worker for information or advice about drug use (2).

Evaluation of drug checking services show that they are a highly effective harm reduction initiative that reduces harms not only by shifting drug use behaviours, but by linking people in with important health and social services, including alcohol and other drug treatment (4).

Expanding access to supervised injecting facilities

The evidence is clear that supervised injecting facilities offer an essential, life saving service that not only reduces harms associated with injecting drugs, but links people to non judgemental healthcare, support and treatment that they may not have otherwise had access to.

Almost two thirds (61.7%) of NSW residents support medically supervised injecting facilities (5).

The Uniting Medically Supervised Injecting Centre at Kings Cross has safely managed over 11,205 overdoses with **no fatalities**, and made **22,000 referrals** to ongoing care and support that have been accepted since it opened in 2001 (8).

We need more supervised injecting facilities but currently the law in NSW is limited to only one facility. The NSW Government can significantly improve health promotion and harm reduction by amending Section 36A of the Drug Misuse and Trafficking Act 1985 to allow more than one license to be issued for more than one premises.

Expanding access to needle and syringe programs

Needle and syringe programs have led to a marked reduction in the transmission of blood borne viruses across Australia, and for every dollar invested in them, \$4 is returned to society in short term healthcare savings (7).

Primary needle and syringe programs are often the first point of contact with the healthcare system for people who inject drugs. They distribute sterile injecting equipment and provide valuable harm reduction education, brief interventions, and referrals to health and social support services (6).

Needle and syringe programs have very strong community support. Close to 70% of NSW residents think they should be available (5).

Supporting early intervention

Expansion of low threshold and early intervention services, especially through digital health initiatives will have a significant impact on reducing harms.

What could improve equitable access and inclusion for people seeking support for drug use?

Significant increase in funding

Alcohol and other drug services provide a critical and cost effective approach to treatment in the community. Every \$1 invested in alcohol and other drug treatment returns \$7 in benefit to society (10).

NSW treatment services are face severe resourcing constraints that inhibit them from meeting demand, leaving thousands of NSW residents unable to access support and treatment. There has been much discussion about the underfunding of the mental health system, but the alcohol and other drug sector received only about one tenth of the funding of mental health. A substantial increase in investment is required.

Chronic underfunding has directly and substantially impacted alcohol and other drug services across NSW, leading to (11):

- Waitlists that are up to six months long, disincentivising people from seeking help
- An inability to respond to emerging drug use trends in real time, increasing risks such as overdose
- Poor rates of remuneration for people working in the sector, alongside high levels of burnout and staff turnout, limited staff availability and limited professional development opportunities
- An inability to respond appropriately to the needs of people with complex health issues and social circumstances, such as co-occurring mental health issues

For effective outcomes, we need to ensure everyone who needs it has access to

In particular to improve equitable access and inclusion for people seeking support for drug use we need to increase funding to address known gaps in treatment services to priority populations, including in rural and regional areas, culturally and linguistically diverse communities, mothers with children, and young people.

Investment mapping, demand analysis and evaluation

To improve equitable access and inclusion for people seeking support for drug use, there needs to be a good understanding of which regions and populations are experiencing the highest level of need and whether there are local services available to appropriately respond to them.

Currently there is little to guide further investment or a way to clearly understand how effective that investment is.

360Edge has been engaged by jurisdictions across Australia to undertake investment mapping and demand analysis, which provide critical information for planning processes that ensure funding is efficiently utilised and access to treatment is equitable.

Investment mapping and demand analysis examine funding investment, treatment demand, the costs of meeting demand, and the experiences of service users seeking treatment and service providers providing treatment services.

This creates a clear picture of what services are operating in a given area, who funds them, what populations and/or regions are underserved, what service types are underfunded and the level of funding required to address this.

The government does not routinely collect or report on effectiveness of the programs it funds. For investment to be effective, programs must be based on latest evidence about what works *and* be able to demonstrate effectiveness.

We *do not* support outcomes based funding because evidence suggest that benefits are small with little impact on improving services. But we do encourage the NSW government to ensure that funding is directed to where it is needed most, based on analysis and outcome evaluation that demonstrates value for money and enables continuous quality improvement.

How can NSW ensure its law enforcement response to drug use is fair, proportionate and effective?

By applying the three key principles of a **human rights approach**, a **health outcomes focus** and an **evidence based approach**, all responses to drug use, including law enforcement responses, will necessarily be fairer, proportionate and more effective.

Currently law enforcement responses in NSW would not meet these three principles.

Australia's National Drug Strategy 2017–26 is designed to balance harm reduction, supply reduction and demand reduction, but this has not been implemented in practice (13). State and territory expenditure on drug policy across Australia is dominated by law enforcement efforts, with 69.7% of spending going towards law enforcement (12). Conversely, treatment receives 22.1%, prevention only 6.6%, and harm reduction only 1.6% (12).

Despite high expenditure on law enforcement efforts, 17.5% of NSW residents have used an illicit drug recently, an increase of 44.6% since 2007 (5).

There is no evidence that criminalising drug use and possession deters people from using drugs (7). But there is good evidence that it leads to profound long term impacts associated with having a criminal record, inhibits quality and safety controls in drugs circulating in the community, and exacerbates stigma and discrimination (7).

The harms of a law enforcement approach disproportionately affect populations who are often already facing some level of socioeconomic disadvantage and marginalisation, such as Aboriginal and Torres Strait Islander people.

Making police diversion fairer

Currently, NSW has two police diversion schemes in place for adults in possession of illicit drugs. The Cannabis Cautioning Scheme allows police to issue a caution to adults caught for minor cannabis offences, while the Early Drug Diversion Initiative allows police to issue a \$400 fine for minor drug offences that can be waived if the person speaks to a nominated health professional over the phone (14).

These initiatives would be more effective if they were mandatory, eliminating police discretion. Police discretion results in significant risk of inequitable application of diversion.

There is a high risk that these laws are applied differently by different police based on their variable and often limited knowledge of and attitudes to drug use.

Police are not well trained nor are they well positioned to determine whether a person needs treatment or what kind of treatment they require.

People who use drugs already face high levels of stigma and discrimination, which is compounded for further marginalised populations, including Aboriginal and Torres Strait Islander People, people from culturally and linguistically diverse backgrounds and people in low socio-economic circumstances. There is evidence that, when given discretion, police are less likely to divert these populations (15).

Both schemes are limited to a maximum of two diversions and are not available to people with prior serious drug offence convictions, further limiting their impact and outcomes. Furthermore, the Early Drug Diversion Initiative is limited to possession of only one type of drug (excluding cannabis). This places further restrictions on the coverage of the initiatives and leaves a high number of people still at risk of being charged.

Significant reworking of the current diversion schemes is needed, especially focusing on the EDDI, to make it fairer, proportionate and effective.

Decriminalising all drugs for personal use

Although improving the diversion schemes is needed, decriminalisation is the preferred approach to improving police responses to drugs. Decriminalisation is not intended to *reduce* drug use per se, but to remove the significant harm associated with contact with the criminal justice system and to reduce the stigma associated with illicit drugs which is a barrier to help seeking.

It significantly reduces harms by taking a public health approach to illicit drugs, where people receive harm reduction information, support and/or treatment, rather than sanctions. It also enables police to divert resources to more serious crimes affecting the community.

The vast majority of people who use illicit drugs are not dependent on them and do not require any treatment (5). Decriminalisation reduces or eliminates the harms and costs associated with involvement with the criminal justice system for these people. And for people who do require treatment, it enables the community to support access to and engagement with treatment services.

In the ACT, some form of cannabis decriminalisation has been in place for around 30 years. They have recently extended the previous expiation-style scheme, using a “home grown”, which means that there is no police diversion or penalty for people aged over 18 who are in possession of or cultivate small amounts of cannabis for personal use (16, 17).

Decriminalisation in the ACT has had no impact on cannabis consumption, cannabis price and availability, or cannabis related hospital and ambulance presentations (18). It has significantly **reduced involvement with the criminal justice system** among people who use cannabis, **reduced stigma and discrimination**, and an **increased willingness of people to seek help** for cannabis use issues (18).

The ACT has also decriminalised small quantities of other illicit drugs. People found in possession of small quantities have the option of paying a small fine or attending a

health education and information session (16). One year on, decriminalisation in the ACT has led to no change in drug use behaviours, drug driving and rates of overdose, and an increase in people accessing drug checking services (19). Fears of a ‘honeypot’ effect drawing people to the ACT to use drugs have not been realised (19).

Introducing this model in NSW will mean that a significantly higher proportion of people will be diverted, diversion will be applied more equitably across different demographics and communities, and it will be easier for police to divert people. Eligibility criteria should not limit people to a certain number of diversions – South Australia’s diversion program has unlimited options for diversion, yet still has very low recidivism rates (15).

A single drug charge costs up to 15.6 times as much as diversion through a caution, expiation, or warning (20), so decriminalising drugs will also lead to large savings to the community so police could have more resources and time to respond more effectively to more serious crimes.

Importantly, decriminalising illicit drugs will not only make NSW’s law enforcement approach fair, proportionate, and effective, but will also mean that drug use is treated as the health issue.

What can be done to help keep young people safe and support families?

Young people in their 20s have the highest rate of drug use of any age cohort, but relatively continue to use drugs or become dependent on them. In 2001 34.6% of 20-29 year olds said they had used an illicit drug recently. That cohort is now in their 40s with only 17.5% reporting recent illicit drug use.

It is critical to reduce harms during young people’s experimental phase with legal and illegal drugs, keeping in mind that they are more likely than not to stop using illicit drugs in the future or reduce the quantity and frequency they use.

The single most important measure to keep young people who use drugs safe is to implement **fixed site and mobile drug education and checking services** and **decriminalisation of drugs for personal use**.

When it comes to families, there is a dearth of early intervention and treatment services for women, in particular women with children. Many women who need treatment services have a history of trauma. Trauma is one of the risk factors for developing an alcohol or other drug problem. These women tend to have better outcomes in women only treatment settings. Women’s treatment, especially that which can accommodate children and reduce the risk of intergenerational drug use and trauma.

In addition, risk of family violence is strongly related to high risk alcohol use, so any measures to reduce risky alcohol consumption in the community, including greater restrictions on advertising and expansion of early intervention services, would help families.

How can we ensure that integrated support and social services are available and working effectively?

We also know that our services are often not well connected. There are not enough structures and too little funding to ensure holistic connected care and support for people who use drugs and their families.



The NSW government can provide better guidance, infrastructure and architecture to enable better collaboration and connect care between alcohol and other drug services and a range of other clinical and social services, including mental health, homelessness, education and the justice system, by introducing a **whole of government strategy** for alcohol and other drug responses and advocating for the reestablishment of a **national alcohol and other drug governance framework** that supports integration of activity across both sectors and jurisdictions.

The highest priority? Adopting a strategy in which all responses to drugs are driven by **human rights** principles, a **health outcomes** focus and are **evidence based**. If this was the basis of all decision making and applied to all new and existing initiatives, it would result in reduced harms, reduced stigma, better outcomes and fairer treatment for people who use drugs and the community.

Thank you for the opportunity to make a submission to the NSW Drug Summit. 360Edge are specialists in alcohol and other drug policy and can be called upon to provide further advice if required.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Nicole Lee', followed by a period.

Professor Nicole Lee, CEO and Suz Stainthorpe, Policy and Communications Officer
On behalf of 360Edge

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