APPEARANCE OF BILL BUSH & JAN LEE OF FAMILIES AND FRIENDS FOR DRUG LAW REFORM BEFORE THE SELECT COMMITTEE ON THE DRUGS OF DEPENDENCE (PERSONAL USE) AMENDMENT BILL 2021 INTO THE DRUGS OF DEPENDENCE (PERSONAL USE) AMENDMENT BILL 2021

Opening state of Bill Bush, President

Friday 30 July 2021

1. Families and Friends for Drug Law Reform are deeply grateful that you are addressing, under the guise of the Decriminalisation bill, what has been the focus of our attention since our organisation was established 26 years ago in 1996: the injustice of branding as criminals people who use certain drugs; people who need treatment and support and not the burden of the criminal law on their back.

2. We strongly endorse the decriminalisation bill that you are charged with examining because their illicit status often causes more harm than the drugs themselves. The parents, siblings and friends who have spoken at each of the annual remembrance ceremonies since 1996 show we are only two keenly aware of the fatal consequences that can flow from drug use. Our conviction, summarised in our submission before you, is that those deaths and other harms are avoidable by a drug policy that applies public health principles and not the coercive processes of the criminal law.

3. Consider Marion McConnell's son frightened away from family and support in Canberra after being confronted by police in his hospital bed while recovering from a heroin overdose. Think of 16 year old Bindi whose mates were too scared of legal consequences to seek the nearby help of the Canberra hospital and left her to die in the drain where they had been shooting up. Ask Jan about her beautiful Neri.

4. No, we are not advocates of drug use but we and you need to recognise the reality that drug use itself does not necessarily produce this toll of death and suffering: 8.1 million Australians have used an illicit drug at some point in their life (about 136,000 people in the ACT). Of these just 9% or 700,000 in Australia (para. 49, P. 34) (some 4500 in the ACT) are estimated to be seeking treatment.

5. Opponents reckon that the ACT will be flooded with illicit drug use if decriminalisation is enacted. Recent drug use around the country is steadily increasing across states that apply drug laws (Figure 5, PP 24 & & fig.12 p.34). If you want to see how consumption of an addictive substance is being successfully reduced, look only to the regulation of alcohol (figure 3.2, P. 21) and tobacco (figure 2, P. 20). Existing drug laws serve as a form of retail price maintenance for the benefit of organised crime.

6. Harm is maximised when drug use is prohibited just as much as harm flows from the open slather of commercialised gambling (Sec 2.1 Paras. 18-19, p. 19). Your task as legislators is to aim for the sweet spot that minimises harm that can arise from an addictive activity.

7. An avalanche of harm descends on drug users when drug law enforcement intervenes. The 1998 comparison between South Australia which had just decriminalised cannabis and Western Australia which hadn't, is at the heart of your decision whether to endorse the decriminalisation bill. Those prosecuted in Western Australia were more likely to report negative employment consequences than those who received an expiation notice in South Australia – 32% compared to 16%. In personal relationships only 5% of the South Australian group reported negative consequences compared to 20% of the Western Australian group. No negative consequences in South Australia on accommodation (section 6.6, p. 70).

Decriminalisation in Portugal tells a similar story: a dramatic decline in what had been rampant HIV prevalence and the steady decline in hepatitis C infection. I can provide references if that would help.

8. It is the preservation of life that counts most. There is hope when one’s child lives. You have had before you evidence purported to show a rise in overdose deaths since decriminalisation in 2001. The truth is otherwise. May I pass over to you a chart from a 2021 dataset of the European drug Monitoring authority and a comparison of drug overdose deaths rates in Portugal compared to the rest of Europe.

9. As we see it, the choice before you is a no-brainer. Our submission though goes further. There are still far too many overdose deaths in Portugal and still too many drug users disengaged from health and support services. Our submission calls on you to resurrect the case so strongly put by Liberal Chief Minister, Kate Carnell, for heroin assisted treatment here in the ACT. Heroin would have been administered under medical supervision to our mothers or grandmothers for intractable pain in childbirth before epidurals were introduced. A 1994 handbook for medical practitioners stated that "heroin is safe, effective and has a wide safety margin." (P 43). Had not the Howard government blocked the heroin trial Kate Carnell argued for so passionately, the ACT would probably not have needed to build its disaster of a prison. As a foremost Swiss criminologist put it "“heroin treatment constitutes without doubt one of the most effective measures ever tried in the area of crime prevention.” (para. 90, p.48).

10. Low threshold and short intervention services are capable of drawing the small minority of drug users leading a chaotic life into the health system and to engage with services that meet their psychosocial needs. What must end is the disempowerment that, out of fear of having their child taken from them, deters young women from accessing essential antenatal and postnatal care for the child and themselves. The lived experience of drug users is of stigma and marginalisation (figure 20 & 21, pp. 64-65). It is lurking behind most if not all of Australia's intractable chronic social problems and a driver of intergenerational disadvantage in the

indigenous community and a creator of a parallel underclass in the non-indigenous community.

11. Alleviation of stigma and psychosocial support were identified by the Productivity Commission's inquiry into mental health as key factors behind the crisis in the mental health system across Australia. Co-occurring substance dependency and other mental health issues (for dependency is a mental health condition under WHO's ICD and the American DSM-V) are the expectation rather than the exception. To verify this, look only at the health status of people squeezed into the ACT prison and the insupportable pressure on the ACT mental health system that you have heard about. You need services capable of engaging drug users with these dire co-occurring needs. This is why a medically supervised consumption room recommended by the Burnett Institute is vital. Look at the success of the Sydney MSIC in engaging ice users and others with serious mental health problems (figure 29, P. 89 & Figure 22, p. 74).

12. We should look at medically supervised consumption rooms as much as a mental health service as a drug treatment service. We urge you very strongly consult with the medical director of the King's Cross MSIC, Dr Marianne Jauncey, and the mental health nurse who works there.

13. Let me end by quoting from an EMCDDA a report that came to my attention just this week:

> Research shows that, through supervised drug consumption rooms, contact with hard-to-reach populations of people who use drugs, especially marginalised groups and those who use drugs on the streets or in other risky settings, with a high burden of premature mortality can successfully be established. The analysis of two prospective cohort studies in Vancouver, involving at baseline 811 people who inject drugs and tracking their development over more than 10 years, showed that frequent use of such facilities was associated with a lower risk of death, independent of relevant confounders (Kennedy et al., 2019). Furthermore, these facilities reduce injecting-related infections by providing a hygienic environment, enhance safer injecting practices, especially among their regular users, and promote access to social and health care and drug treatment.

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