

# Setting the scene for alcohol and other drug reform

# Thirty+ years of national strategy

- 1985: the first national approach to alcohol and other drugs
- PM Hawke, NCADA, mission to “minimise the harmful effects of drugs on Australian society”
- Three “pillars”: supply reduction, demand reduction, harm reduction
- Underpinned by “harm minimisation”
- 30 years later – same approach
- National Drug Strategy (2017-2021)
- Extraordinary stability and bipartisanship

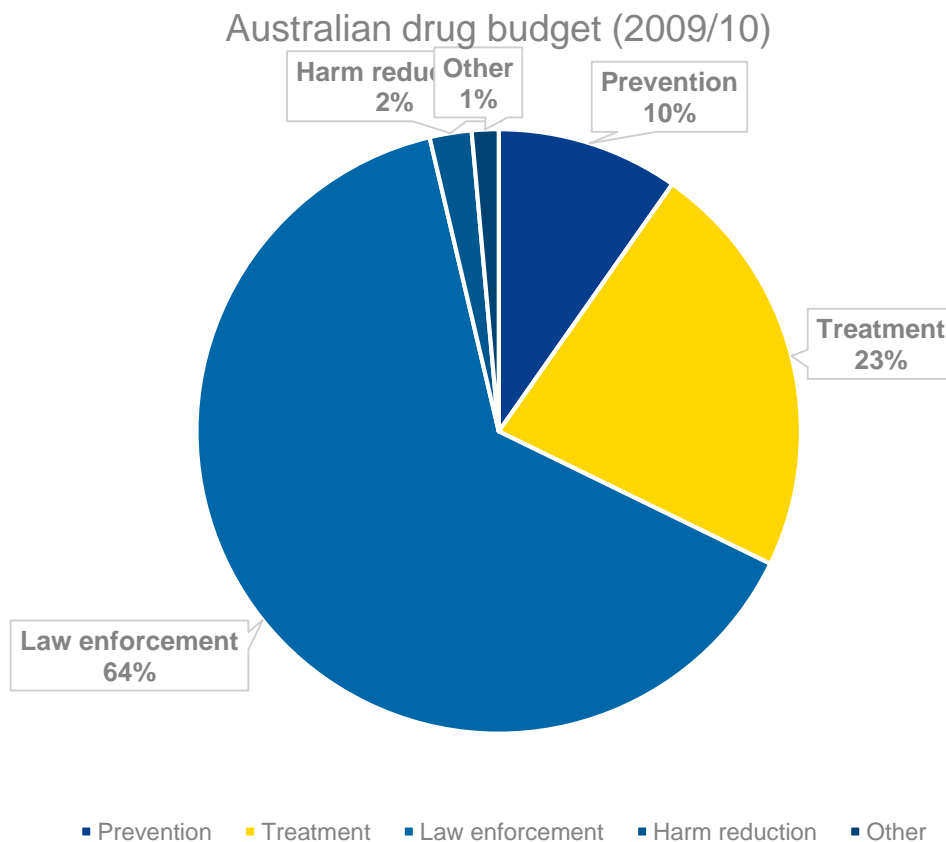
# With changes along the way

- Shifts in treatment funding, commissioning and purchasing arrangements (federal vs state; govt and NGO)
- New technologies – eg online/app based treatments; policing – sniffer dogs
- Evidence-based practice consolidated (eg CBT, pharmacotherapy maintenance)
- Harm reduction beyond needle syringe programs (MSIC, naloxone)
- Importance of integrated, holistic responses

**BUT....**

# Still stuck

- Investment mix – still predominantly law enforcement/criminal justice responses – not ‘balanced’



# Stigma and discrimination are rife

- “It made me feel like a piece of s\*\*t, really. It made me feel like I was nothing better than the thing on the bottom of your shoe.” (Interview 6, Female 32 years)
- Access to health care: “One time I went into hospital for something. One of the doctors said, ‘She’s a bloody drug user. No use keeping her in hospital for the night. May as well just treat her and let her go, because she won’t stay in hospital’. (Interview 9, Female 46 years)
- Fair treatment in the justice system: “‘A lost cause,’ you know, ‘He’s just going to reoffend anyway. He’ll either end up in jail or dead like most junkies do.’ Or alcoholics.” (Interview 8, Male 45 years)
- Internalised stigma: “When you’ve heard it for long enough, after a while people who treat you differently and say this, that and the other, you start to almost feel like that.” (Interview 19, Male 47 years)

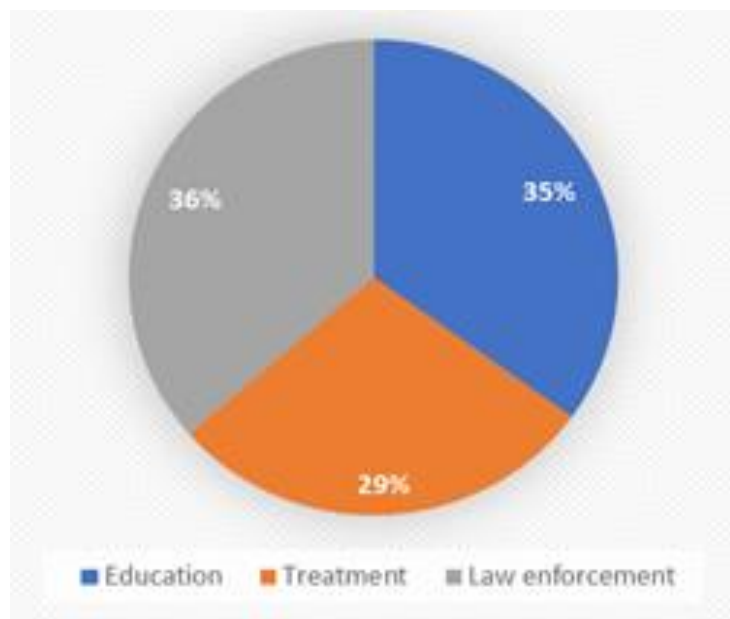
With thanks to QMHC for funding the Queensland AOD stigma project

# Why have we become stuck?

- Stigma – as above. Applies to us, those who work in the area; & those who try to make change happen
- Federalism – while an opportunity (for diversity, experimentation etc), it has also hampered national coordinated efforts. The various roles of the different levels of government (eg drug laws are a state responsibility) are confusing/unclear
- Political appetite – no votes in ‘harm minimisation’. Perception by politicians/leaders that the public favour a “law and order” approach, yet the evidence goes against this....

# Opinions on drug policy

Preferred investment mix (NDSHS 2016)



	Support for decriminalisation
<b>Cannabis</b>	<b>77.5%</b>
<b>Ecstasy</b>	<b>57.1%</b>
<b>Methamphetamine</b>	<b>50.0%</b>
<b>Heroin</b>	<b>52.2%</b>

**NDSHS 2016**

Where: Decriminalisation actions include: no action; caution/warning; referral to education; referral to treatment; and small fine (\$200).

Criminalisation actions include: substantial fine (\$1000); community service; weekend detention; prison; or other.

# Time of opportunity

- Australian public opinion supports a shift in policy direction
- Contemporary international moves towards
  - a stronger health response to drug use
  - increased treatment investment
  - drug law reform
  - renewed focus on reducing the harms that can arise from drug use
- Queensland can build on this, and lead
- What might be needed?



# What might be needed?

1. Stronger partnerships with those with lived experience
2. Better engagement with the public
3. Avoiding the 'muddles' (that have hamstrung past efforts)
4. Courage

# 1. Partnership with those with lived experience

- Meaningful engagement
- Multiple perspectives

Meanwhile, at today's meeting on feline healthcare...



## 2. Better engagement with the public

- Expert knowledge balanced with public engagement
- Privileging of experts is problematic
- Reliance on expert knowledge needs to be rethought:
  - “Science will have to...abdicate its protected political status and embrace both its limits and its accountability to the rest of society” (Sarewitz, New Atlantis, 2016)
- The exclusion of non-experts from policy deliberation contributes to mistrust and “threatens the foundation of democracy itself” (Mansbridge et al). Vicious circle
- How to engage in an inclusive, democratic, deliberative/thoughtful process in order to give effect to the public will on drug policy

### 3. Avoiding the ‘muddles’

1. Harm minimisation, harm reduction and abstinence
2. Injecting rooms versus injectable treatment (“heroin trials”)
3. Medicinal cannabis versus recreational cannabis
4. Prevalence of use versus the harms arising from use
5. Decriminalisation versus legalisation

# 4. Courage!



Thank you

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