PENINGTON INSTITUTE

House of Representatives Standing Committee on Health, Aged Care and Sport

Inquiry into the health impacts of alcohol and other drugs in Australia

December 2024

Drugs and the community

Like it or not, drugs are a part of every society.

It would be naive to think otherwise. And cruel to ignore It.

And, while we don't encourage drug use, there are other things that we will always encourage.

Understanding. Openness. Empathy. Communication.

Our default, as a society, has been to pour scorn on those who "use drugs" and judge them harshly by seeing their problems as self-inflicted.

Human beings are complex, and so is this issue. The reasons people use drugs, including alcohol and pharmaceuticals, are countless.

Risky behaviours are part of being human. We need to understand that, not condemn it.

Judging is easy. Helping is a bit more of a challenge. So, how do we rise to that challenge?

At Penington Institute, we believe in approaching drug use in a safe, considerate and practical way. We seek solutions, not scapegoats. We strive for positive outcomes, not negative stereotypes. We follow evidence and data, but we temper it with compassion and empathy, to create change for the better.

Our focus is on making individuals and families safer and healthier.

Our goal is simple: to help communities and frontline services reduce harm and to make public policy work for the people, not against them.

We won't ever give up on that goal, or the people it exists to serve. It is too easy to judge people who use drugs.

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Penington Institute would like to thank the members of the Victorian Harm Reduction Network for the valuable insights and ideas they contributed to this submission.

Every effort has been made to present all information accurately, but any mistakes are ours. Penington Institute accepts no liability for and does not indemnify against any loss or damage that may result from any actions taken based on the information contained in this report. This report may contain references to suicide, self-harm behaviours, mental health disorders, overdose and family violence, which may be distressing to some readers.

About Penington Institute

Frank and fiercely independent, Penington Institute connects lived experience with research to improve the management of drugs through community engagement and knowledge sharing. Our mission is to support cost-effective approaches that maximise community health and safety in relation to drugs.

Summary and recommendations

Australia's law enforcement-centred drug policy has failed to meet the health and safety expectations of Australians and our communities. The overdose toll continues to climb as unsafe, unpredictable drugs permeate the drug supply without a commensurate increase in systemic or community capacity to respond to both emerging and enduring challenges.

Penington Institute strongly advocates a rebalancing of the pillars of the National Drug Strategy, with sharp focus on evidence-informed policies to save lives and reduce harms. An essential catalyst for more effective and sustainable harm reduction is a reinvigoration of the Australian Government's role funding key services and acting as a node for policymaker coordination across levels of government. The following recommendations provide both system-level and program-level suggestions about how to reorient drug policy in a more practical, effective, and humane direction.

Australian Government leadership:

1) **Reinstitute a ministerial-level forum on alcohol and other drugs issues, with biannual meetings of relevant ministers from the Australian, state, and territory levels to facilitate cross-jurisdictional coordination to raise service provision capacity and standards.**
2) **Establish a harm reduction unit within the Department of Health and Aged Care's Population Health division that is allocated a dedicated funding stream to reinforce and enhance harm reduction services across the country.**

In addition, Penington Institute offers a set of recommendations for the Australian Government to contribute to improving value and outcomes across key areas of harm reduction and demand reduction.

Overdose prevention

1) **Convene stakeholders to develop a National Overdose Prevention Strategy that includes Australian Government funding to create consistent, evidence-backed strategies to advance overdose prevention, monitoring, and response across all states and territories.**
2) **Enhance naloxone awareness and access by funding a campaign to raise naloxone awareness and expand availability across the community, including in first aid kits and environments where overdose is likely to occur.**
3) **Fund overdose education and training for police in all Australian states and territories and encourage states and territories to require that all police carry naloxone.**

4) **Provide funding and support to help develop the full capacity of drug-checking services and integrate their data into a comprehensive, cross-jurisdictional drug market and overdose early warning system.**
5) **Fund expansion of the International Overdose Awareness Day campaign's reach across Australia to educate more and different types of communities about overdose risk, recognition, and response.**

Needle and syringe programs (NSPs)

6) **Develop a National NSP Strategy that facilitates coordination among states and territories, establishes baseline standards, identifies opportunities for service innovations, and promotes specialised staff training.**
7) **Implement funding agreements with states and territories to maintain NSP operations and train staff so that NSPs offer up-to-date harm reduction measures responsive to trends in drug use and the drug supply.**
8) **Renew funding for *The Bulletin*, a specialty publication that increases knowledge about drug issues and builds community for workers on the frontline of drug issues in Australia.**

Opioid pharmacotherapy

9) **Address the opioid pharmacotherapy prescriber deficit by implementing patient incentive programs and reviewing relevant MBS reimbursement rates to ensure adequate incentives to prescribe among GPs, nurse practitioners, and addiction specialists.**
10) **Facilitate improvements in efficiency and care quality in the opioid pharmacotherapy system by updating the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence* and funding research designed to produce higher levels of retention and better outcomes for people on opioid pharmacotherapy.**
11) **Prioritise funding to ensure opioid pharmacotherapy access in rural and remote areas and consult with Indigenous Australians to ensure care is available for people in all communities, including via expanded mobile health services and use of telecommunications technology.**

Normalising harm reduction

12) **Fund primary health centres tailored to provide care for people who use drugs within the context of the local communities the services operate in.**
13) **Develop a national whole-of-workforce harm reduction strategy to build sustainable capacity to deliver effective harm reduction information across a diverse range of workforces and environments.**
14) **Reinforce and expand funding streams to improve salaries, contract terms, and work environments in order to improve conditions for workers in the alcohol and other drugs sector.**
15) **Fund the development of curricula that integrate alcohol and other drugs training for all undergraduate and post-graduate medical, nursing, pharmacy, mental health, and other allied health students.**

Cannabis policy

16) Amend federal laws impeding states and territories from developing balanced models of cannabis regulation that enhance community health and safety.

Introduction

Penington Institute appreciates the opportunity to provide a submission to the House of Representatives Standing Committee on Health, Aged Care and Sport *Inquiry into the health impacts of alcohol and other drug use in Australia.* This inquiry comes at a time when the gap between the urgent needs of communities around Australia and the stagnation of drug policy is increasingly apparent. It is imperative that the Australian Government provide leadership, guidance, and resources for states and territories as they seek to implement more effective service delivery and reduce unnecessary drug harms.

Our submission will start by providing crucial background on drug harms and current policy settings, along with brief overarching recommendations about the Commonwealth's role. We will subsequently respond to the questions posed in the Inquiry's Terms of Reference with reference to specific policy and service delivery priorities.

Drug spending and Australian Government leadership

Australia's National Drug Strategy is built on the three pillars of harm minimisation – demand reduction, supply reduction, and harm reduction – to reduce alcohol, tobacco and other drug-related harms among individuals, families, and the community. However, government spending on services related to the pillars is extremely unbalanced, with law enforcement commanding 64 percent ($3.5 billion) in drug-related expenditures in 2021-22, and prevention and treatment garnering another 34 percent ($1.85 billion). By contrast, the proportion allotted to harm reduction decreased by 27 percent since 2009-10, from 2.2 percent to just 1.6 percent ($90 million) in 2021-22.[1] Indeed, the proportional allocation to harm reduction has fallen by 60 percent since 2002-03, when harm reduction attracted 3.9 percent of illicit drug-related government spending.[2]

The evidence suggests that our focus on law enforcement is not working and that other approaches to mitigate drug harms remain undervalued and underfunded. Over the past 20 years, the proportion of Australians who report ever having used illicit drugs has increased by 24 percent,[3] and signs of the profound level of ongoing harm caused by drugs are abundant. Between 2002 and 2022 the cumulative drug-induced death toll reached 38,838 Australians. In that time, the annual number of unintentional drug-induced deaths per 100,000 people grew by 54 percent.[4] The overdose toll surpassed the road toll in 2014 and continues to rise, with 2,356 drug-induced deaths of Australians

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[1] Ritter, Alison, Meg Grealy, and Paul Kelaita et al. 2024. "The Australian 'drug budget': Government drug policy expenditure 2021/22." *DPMP Monograph No. 36.* Sydney: UNSW.

[2] Ibid., p. 13

[3] Australian Institute of Health and Welfare. 2024. "*National Drug Strategy Household Survey 2022-2023*." Canberra: AIHW. Table 5.2

[4] Penington Institute 2024. *Australia's Annual Overdose Report 2024*. Melbourne: Penington Institute.

in 2022 alone. The increasingly frequent detection of novel, often highly potent psychoactive substances, including powerful synthetic opioids, promises to exacerbate the problem.

While all groups in society are affected by the overdose epidemic, Indigenous Australians are affected at a highly disproportionate rate, with 23.3 unintentional drug-involved deaths per 100,000 population in 2022, compared to 6.1 per 100,000 among non-Indigenous Australians.[5]

The governmental response to this ongoing crisis has been consistently deficient, with the marginalisation of harm reduction exemplifying the misallocation of policy attention and resources. Harm reduction involves programmes and practices that minimise the array of potential negative health and social impacts associated with drug use and drug policies. Harm reduction provides multiple concrete benefits: it keeps people alive; prevents nonfatal health harms from overdose, disease, and injury; and fosters judgment-free connections between people who use drugs and health services, thereby building trust and increasing the likelihood of further steps to reduce harms. The National Drug Strategy explicitly states that harm reduction can 'encourage safer behaviours, reduce preventable risk factors, and can contribute to a reduction in health and social inequalities among specific population groups'.[6]

Despite this official acknowledgment of its value, harm reduction services and frontlines care providers operate on shoestring budgets with unstable funding that hinders investment in enhanced care, including cost-saving early intervention opportunities. Long wait times and complex bureaucracies impede access to detoxification and other treatment facilities,[7] perpetuating the costs of our ineffective drug policy to people and communities. Harms directly caused by criminalised drug policy continue, including hundreds of thousands of arrests for non-violent, minor drug-related offences in the past decade, devouring police and court resources while burdening Australians with a criminal record that can continue to reverberate for years.

The neglect of the harm reduction pillar does not stem from lack of acceptance within the community, nor has it precluded advances in some services to mitigate drug harms to people and the community. Important efforts include medically supervised injecting sites in Victoria and NSW, drug-checking services in the ACT and Victoria, and the decriminalisation of small amounts of illicit drugs in the ACT. At the Commonwealth level, the 2023 addition of drugs used in the Opioid Dependence Treatment Program to the Pharmaceutical Benefits System was a welcome policy change. The gradually expanding Take Home Naloxone program, which is designed to improve access to this life-saving opioid overdose reversal medication, has undoubtedly saved lives, though it remains seriously deficient relative to the rising community need prompted by detections of powerful synthetic opioids in a broader range of drugs.

These developments deserve recognition, but they remain far too small-scale; the meagre 1.6 percent share of state and federal drug policy funding invested in harm reduction means that this sector relies heavily on individual dedication to save lives and protect the community. Australia will be a safer and healthier country if harm reduction is normalised, reinforced, and expanded – none of which is possible with current levels of funding and policy prioritisation.

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[5] Ibid., p. 7.

[6] Commonwealth of Australia (Department of Health). 2017. National Drug Strategy 2017-2026. Canberra: Commonwealth of Australia, p. 13.

[7] Edwina Storie. 2022. "Thousands are waiting for drug and alcohol treatment. For Chloe, the long wait for help almost took her life." *ABC/triple j hack* 3 October 2022.

It is timely to consider whether the architecture of the Australian alcohol and other drugs (AOD) system reflected in budgetary outlays is fit for purpose. The law enforcement sector is allocated vast resources despite little evidence of effectiveness in reducing drug demand or drug harms, while harm minimisation methods with a proven history of enhancing both individual and public health face consistent underfunding and capacity strain, including acute workforce deficits.

The Australian Government has unique power to foster more effective and humane systems to improve management of drugs throughout our communities. While new programs are required in response to changes in drug use and the drug supply, previous governance structures and processes offer guidance for a proactive Australian Government contribution to harm reduction.

A vital area for the Australian Government is renewal of its role in focusing policymaker attention on drug issues and facilitating a nationally coherent approach. Previous structures served this role, notably the Ministerial Council on Drug Strategy that operated until 2011. The Council featured the participation of relevant ministers from the Commonwealth and every state and territory, including all ministers holding health and legal portfolios, with twice-yearly meetings. By ensuring the attention of senior policymakers, this structure facilitated commitment to AOD issues. Since the disbanding of the Council of Australian Governments (COAG), no similarly high-level forum has effectively emerged, to the detriment of a nationally integrated approach. The Australian Government should remedy this deficit by prioritising the reestablishment of a peak forum to instil commitment to a coherent and comprehensive approach to drug policy.

Renewed government commitment must be complemented by increased resources, particularly targeting the neglected harm reduction pillar. Past practice again signals a path forward: the COAG Illicit Drug Diversion Initiative that existed between 1999 and 2012, while focused primarily on diverting eligible people charged with drug offences toward drug education and treatment, also provided dedicated, transformative funding for needle and syringe programs. Given the intensifying threats posed by our unregulated drug supply and the scale of imbalance in the national drug budget, we recommend creating a new, dedicated harm reduction funding stream channelled through a specific harm reduction unit within current ministerial structures.

Australia's unacceptable overdose toll is the appropriate initial focal point for renewed Commonwealth-led harm reduction efforts. While numerous programs relevant to overdose reduction exist across all levels of government, we need a comprehensive strategy. Better and more multidimensional monitoring of the unsafe drug supply, improved understanding of the drivers of overdose across the country, enhancing community awareness of how people in different roles and settings can contribute to preventing and responding to overdoses – integration of these pieces to save as many lives as possible is a role the Australian Government should urgently embrace.

Recommendations:

- **Reinstitute a ministerial-level forum on alcohol and other drugs issues, with biannual meetings of relevant ministers from the Australian, state, and territory levels to facilitate cross-jurisdictional coordination to raise service provision capacity and standards.**
- **Establish a harm reduction unit within the Department of Health and Aged Care's Population Health division that is allocated a dedicated funding stream to reinforce and enhance harm reduction services across the country.**
- **Convene stakeholders to develop a National Overdose Prevention Strategy that includes Australian Government funding to create consistent, evidence-backed strategies to advance overdose prevention, monitoring, and response across all states and territories.**

Response to Terms of Reference (a) and (b)

(a): Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society;

(b) Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services;

Current spending on alcohol and other drugs is not delivering Australia value for money: the law enforcement-centred approach has failed to protect the community from harms imposed by our unregulated drug market. An array of substances, including numerous types of stimulants, opioids, and other depressants remain widely available across the country. A steady drip of newly detected substances – many of them dangerous or poorly understood – show up in the drug supply each year. Existing systems lack capacity to either manage harms from longstanding drugs of concern or minimise the impact of novel substances. Meanwhile, millions are spent on drug prevention and education campaigns without adequate attention to the quality and effectiveness of these programs.

Penington Institute urges an increase in resources and policy attention to the frontline harm reduction services that offer the first line of community defence against drug harms. Needle and syringe programs, drug-checking services, naloxone provision, and opioid pharmacotherapy continue to play a crucial role in preventing drug harms, yet they face urgent capacity constraints and have not received the attention and resources necessary to modernise and expand the scope and quality of services.

Needle and Syringe Programs (NSPs)

NSPs are one of the most successful and cost-effective public health investments in Australia's history. Since 1986, NSPs have played a vital role in reducing the spread of blood-borne viruses (BBVs), both among people who inject drugs and in the wider community, by providing sterile injecting equipment, education and safe disposal options for used equipment. As a public health service, NSPs develop relationships with people who inject drugs, offering meaningful engagement to support clients seeking to better manage their drug use. They provide health information and increase service engagement among people who use drugs by offering referrals to other health services, including those relating to mental health, drug and alcohol treatment, and BBV treatment.[8] NSPs are often the only point of regular health system engagement for their clients – including some of Australia's most marginalised people. By preventing health-care costs associated with blood-borne disease, NSPs have demonstrated their cost-effectiveness, with a return on investment of $1.30-5.50 for every dollar invested.[9]

[8] Stafford, Lauren, Myf Briggs, and Raimondo Bruno. 2023. *'Needle and syringe programs: hubs for brief interventions. Tasmanian Needle and Syringe Program Data 2021 & 2022*.' Drug Trends Bulletin Series. Sydney: NDARC, UNSW.

[9] Kwon, Jisoo A., Jonathan Anderson, and Cliff C. Kerr, et al. 2012. "Estimating the cost-effectiveness of needle-syringe programs in Australia." *AIDS* 26(17): 2201–2210.

Even so, most of these services operate as secondary NSP outlets, where NSP service provision is a secondary, unfunded adjunct to the primary function of the host organisation. The challenge this poses to NSPs' efficacy is compounded by the absence of meaningful minimum standards, let alone established best practice models. Despite the context of a rapidly evolving drug market with continually amplifying drug harms, the NSP sector has remained essentially unchanged for decades. NSP staff are tasked with transmitting a wide range of information to clients often facing multiple overlapping health vulnerabilities, yet they often do so with limited or no training and funding specific to their role. Without funded staff at secondary NSPs keeping up with the ever-increasing complexity of the drug market, the NSP sector is unable to consistently provide optimal primary prevention, early intervention, and pathways to care.

Recommendation: Develop a National NSP Strategy that facilitates coordination among states and territories, establishes baseline standards, identifies opportunities for service innovations, and promotes specialised staff training.

Greater attention to potential NSP innovations would allow these services to stand alongside opioid pharmacotherapy and mental health services as cornerstones of the holistic health model that is ultimately necessary to allow people with substance use issues to thrive. In addition to their underutilised value as harm minimisation hubs, there are additional roles and measures that can help the NSP network achieve its full potential.

- Distribution of products that reduce harm and reach new cohorts. For example, evidence shows that smoking kits can reduce overdoses, harms caused by injecting, and the spread of blood-borne viruses.[10] Providing these kits can also foster health services linkages for an additional cohort of people who use drugs and may currently receive limited health care, including people who use methamphetamine and other stimulants. Similarly, NSPs can contribute to client safety by offering equipment that is currently not funded in many states, including filters, butterflies, tourniquets, and sterile water, as well as reagent kits and test strips to test for the presence of unexpected substances such as potent synthetic opioids. Distributing this equipment offers cost savings via reduced injecting-related injuries and more comprehensive reporting on the presence of dangerous contaminants in the drug supply.
- Reduction of access barriers and care fragmentation via increased on-site provision of primary care services tailored to people who use drugs. An example is screening for hepatitis C virus, which is prevalent among people who inject drugs; studies have demonstrated that Australian NSPs are effective sites for point-of-care testing and linkage to additional care services.[11] Additional priorities include sexually transmitted infections, injecting-related injuries, assessments for mental health and substance use treatment needs, and targeted attention to the needs of Australia's aging cohort of people who inject drugs. All such services should be conducted by staff trained and interested in substance use and familiar with referral pathways to complementary health and social welfare services.
- Greater attention to ameliorating geographic factors limiting NSP access and service provision. Areas of potential focus include investment in developing and implementing secure dispensing units – which can increase NSP attendance in regional and areas where

[10] Tapper, Abigail, Catherine Ahern, and Zoe Graveline-Long et al. 2023. "The utilization and delivery of safer smoking practices and services: a narrative synthesis of the literature." *Harm Reduction Journal* 20: 160.
[11] Williams, Bridget, Jessica Howell, and Joseph Doyle et al. 2019. "Point-of-care hepatitis C testing from needle and syringe programs: An Australian feasibility study." *International Journal of Drug Policy* 72: 91-98.

lack of anonymity is perceived as a service barrier[12] – enhanced awareness of pharmacy NSP participation and incentives for pharmacy participation, and funding to specifically reduce capacity disparities between urban and regional NSPs.

Despite the clear health benefits and opportunities for primary prevention and early intervention that NSPs provide, funding for these services is managed at the discretion of states and territories and is perennially inadequate. When resourcing provided to jurisdictions starting in 1999 under the COAG Illicit Drug Diversion Initiative NSP supporting measures was rolled into the National Healthcare Agreement 2012, the harm minimisation focus previously attached to the funding was blunted and the national focus and guidance previously afforded by the NSP-specific COAG program was lost. This funding stream demonstrated the value of dedicated resources and ensured continuing support and development of programs targeting a highly marginalised and stigmatised population. Ensuring that NSPs have sufficient resources by establishing robust Commonwealth-state funding agreements will maximise the health, social, and economic benefits they provide.

Recommendations:

- **Fund primary health centres tailored to provide care for people who use drugs within the context of the local communities the services operate in.**
- **Implement funding agreements with states and territories to maintain NSP operations and train staff so that NSPs offer up-to-date harm reduction measures responsive to trends in drug use and the drug supply.**

Another opportunity to leverage proven resources involves *The Bulletin*, Penington Institute's specialty publication providing a vast range of insights regarding substances and best practices to frontline workers, including across the NSP space. Long respected as an effective tool for professional development in the unfunded NSP workforce, *The Bulletin* received effusive praise in an external evaluation from the National Centre for Education and Training on Addiction (NCETA), but it has remained on hiatus since funding from the Australian Government Department of Health and Aged Care lapsed at the end of 2022. No equivalent publication replicates *The Bulletin's* low-cost ability to disseminate crucial information about the ever-evolving drug space.

Recommendation: Renew funding for *The Bulletin*, a specialty publication that increases knowledge about drug issues and builds community for workers on the frontline of drug issues in Australia.

[12] Lobo, Ronana and Melissa Coci. 2021. "Increasing Aboriginal Peoples' Use of Services That Reduce Harm from Illicit Drugs." Sexual Health and Blood-borne Virus Applied Research & Evaluation Network, School of Population Health. Perth: Curtin University.

Opioid pharmacotherapy

Opioid pharmacotherapy is a cornerstone of harm minimisation and has been shown to effectively reduce a broad range of opioid-related health harms and improve wellbeing.[13] It is also highly cost-effective, resulting in thousands of dollars in savings per person compared to non-treatment.[14]

However, there are significant ongoing barriers to opioid pharmacotherapy access and effectiveness that require action by the Commonwealth Government. Of particular concern is the increasing constraint on capacity to provide effective and holistic care posed by an insufficient workforce. As evidenced in Penington Institute's *Opioid pharmacotherapy at the crossroads: enduring barriers and new opportunities* (2023), the pharmacotherapy system is constrained by a serious and increasing deficit of active prescribers in general practice.[15] Across the country, treatment relies on a small number of high-caseload general practitioners (GPs), but this cohort is subject to increasing attrition by age and regulatory scrutiny. GPs and nurse practitioners who could fill the gaps are disincentivised by Medicare Benefits Schedule (MBS) reimbursements that are incompatible with the time necessary to ensure quality care and fulfill regulatory requirements.

Along with a lack of prescribing GPs, Australia's shortage of pharmacists, nurse practitioners, addiction specialists, and mental health professionals impedes effective care coordination. Across the clinical and allied health workforces, the stigma encountered by people experiencing opioid dependence also hinders effective treatment – a pattern that could be combatted with AOD training requirements for all medical and allied health professionals. Commonwealth resourcing and leadership to foster the growth of a well-trained, stigma-free workforce are therefore essential, both to guarantee access to life-changing, cost-effective opioid pharmacotherapy and to encourage holistic care for all people seeking to address substance use issues.

Finally, the need for attention to geographically disadvantaged Australians is crucial, as pharmacotherapy services tend to be concentrated in capital cities. This is particularly urgent for Indigenous Australians, whose rate of unintentional opioid-involved death was 9.4 per 100,000 in the 2018-2022 period, compared with 3.4 per 100,000 for non-Indigenous Australians.[16]

Recommendations:

- **Address the opioid pharmacotherapy prescriber deficit by implementing patient incentive programs and reviewing relevant MBS reimbursement rates to ensure adequate incentives to prescribe among GPs, nurse practitioners, and addiction specialists.**

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[13] Santo, Thomas, Brodie Clark, and Matt Hickman et al. 2021. "Association of opioid agonist treatment with all-cause mortality and specific causes of death among people with opioid dependence: a systematic review and meta-analysis." *JAMA Psychiatry* 78(9): 979-993; Stone, Jack, Louisa Degenhardt, and Jason Grebely, et al. 2021. "Modelling the intervention effect of opioid agonist treatment on multiple mortality outcomes in people who inject drugs: a three-setting analysis." *The Lancet Psychiatry* 8(4): 301-30; Dunlop, Adrian J., Amanda L. Brown, and Christopher Oldmeadow et al. 2017. "Effectiveness and cost-effectiveness of unsupervised buprenorphine-naloxone for the treatment of heroin dependence in a randomized waitlist-controlled trial." *Drug and Alcohol Dependence* 174: 181-191.

[14] Kenworthy, James, Yunni Yi, and Antony Wright, 2017. "Use of opioid substitution therapies in the treatment of opioid use disorder: results of a UK cost-effectiveness modelling study." *Journal of Medical Economics* 20 (7): 740-748; Dunlop, Adrian J., Amanda L. Brown, and Christopher Oldmeadow et al. 2017. "Effectiveness and cost-effectiveness of unsupervised buprenorphine-naloxone for the treatment of heroin dependence in a randomized waitlist-controlled trial." *Drug and Alcohol Dependence* 174: 181-191.

[15] Penington Institute 2023. Opioid pharmacotherapy at the crossroads: enduring barriers and new opportunities. Melbourne: Penington Institute.

[16] Penington Institute. 2024. *Australia's Annual Overdose Report 2024*. Melbourne: Penington Institute.

- **Facilitate improvements in efficiency and care quality in the opioid pharmacotherapy system by updating the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence* and funding research designed to produce higher levels of retention and better outcomes for people on opioid pharmacotherapy.**
- **Prioritise funding to ensure opioid pharmacotherapy access in rural and remote areas and consult with Indigenous Australians to ensure care is available for people in all communities, including via expanded mobile health services and use of telecommunications technology.**

Naloxone access

Naloxone is a highly effective opioid reversal medication that has few side effects and can be administered by anyone present when a suspected overdose is occurring. With overdoses continuing to rise in Australia, including 9,471 unintentional opioid-involved deaths in the decade spanning 2013-2022,[17] it is essential to expand access to this life-saving medication.

The urgency of policy action is heightened by the rise in detections of nitazenes, a class of powerful synthetic opioids, which have caused dozens of overdoses and deaths in several states in 2023 and 2024.[18] As nitazenes may be found in substances sold as less potent opioids, benzodiazepines, or stimulants, it is essential to ensure that naloxone is readily available to potential overdose witnesses across the country in settings such as libraries, community services, nightlife and entertainment venues, hotels, and GP clinics, as well as becoming a standard component of police and fire brigade first aid kits.

In 2018 Penington Institute proposed a model for an Australian take-home naloxone program,[19] helping spur the 2019 commencement of the pilot Take Home Naloxone Program. An evaluation of that program estimated that it saved three lives per day,[20] and in early 2022, the Australian Government invested $19.4 million over four years for nationwide implementation of the Take Home Naloxone Program. The program makes naloxone freely available without a prescription to all people at risk of, or who might witness, an opioid overdose through participating pharmacies and other sites such as AOD treatment services or NSPs.

The federal government's investment in broadening the program is a welcome one. Nonetheless, more can be done by governments at both the federal and state and territory levels to increase awareness about naloxone and make it available in as many environments as possible. The appearance of potent synthetic opioids in stimulant-type drugs has prompted a significant rise in naloxone demand, with new cohorts – who may be both opioid naïve and unsure how to use and access naloxone – at risk of experiencing an opioid overdose.[21] While this increased awareness of naloxone's role is positive, supply of the medication has been vulnerable to disruption, and the approach across states and territories has been inconsistent, with significant differences in rules for naloxone distribution.

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[17] Penington Institute. 2024. *Australia's Annual Overdose Report 2024*. Melbourne: Penington Institute.
[18] NSW Health. 2024. Nitazenes causing severe opioid overdoses in NSW; Liz Gwynn. 2024. "Synthetic opioid nitazene linked to rise in overdose deaths is emerging in Australia." *ABC News* June 25, 2024.
[19] Penington Institute. 2018. Saving lives: Australian naloxone access model. Melbourne: Penington Institute.
[20] University of Queensland. 2022. Evaluation of the Pharmaceutical Benefits Scheme subsidised take home naloxone pilot. Queensland: University of Queensland.
[21] Natasha May. 2024. "Australian demand for overdose drug naloxone more than doubles after spike in synthetic opioid deaths." *The Guardian* 22 September 2024.

Recommendation: Enhance naloxone awareness and access by funding a campaign to raise naloxone awareness and expand availability across the community, including in first aid kits and environments where overdose is likely to occur.

Moreover, naloxone is not the only component of effective overdose response, and more training of potential witnesses and responders is necessary to ensure lives are saved. Among the key responders are police, who in most states and territories have resisted implementation of a requirement that officers carry naloxone, despite the growing number of police forces around the world providing officers with the medication.[22] Following a successful trial in Western Australia, state authorities announced in August 2023 that naloxone would become standard for all officers to carry[23] and in July 2024 Queensland announced that naloxone would be added to officers' tactical first aid kits in the state.[24] The remaining states and territories should be encouraged to follow their peers in Western Australia and Queensland and require all officers to carry naloxone.

Recommendation: Fund overdose education and training for police in all Australian states and territories and encourage states and territories to require that all police carry naloxone.

Drug-checking services

Global drug supplies are becoming more unpredictable and dangerous, increasing the risk of people experiencing unexpected adverse events. The emergence of nitazenes and other contaminants in the Australian market underscores the urgent need to improve drug literacy in the community and combat the dangers of the unregulated drug market. Penington Institute supports drug-checking services across Australia, not only at festivals but in the community, where dangerous substances are increasingly present in suburbia and regional towns.

Drug-checking services allow people to use the results of the analysis to make an informed decision about whether to take the drug or dispose of it. Importantly, these services are multi-benefit; in addition to drug analysis, clients may also receive practical advice, including substance use education, advice on safer use, brief interventions, and referrals for psychosocial supports. Moreover, data collected within these services about purity and detections of unexpected substances (both psychoactive and harmful adulterants) can be shared with government health departments, enabling more efficient and timely alerts to the general public.

Data from Australia's first fixed-site drug-checking service, which opened in the ACT in 2022, provides evidence for these interventions. During the service's first two years, over 10 percent of all samples were voluntarily discarded, over 4,000 health and brief AOD interventions were provided, and 225 people were given naloxone.[25] New psychoactive substances were detected over 250 times. Along with analyses of purity, these data prompted the release of 20 community notices about dangerous drugs.[26]

State and territory governments are increasingly recognising the essential nature of drug-checking services, with 2024 marking a key inflection point across the country, as Queensland, Victoria, and

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[22] Penington Institute. 2023. "Submission to Joint Committee on Law Enforcement Australia's illicit drug problem: challenges and opportunities for law enforcement."p. 5

[23] Keane Bourke and Zathia Bazeer. 2023. "Opioid overdose countering drug naloxone to become standard issue for WA police officers." *ABC News* 14 August 2024.

[24] The Honourable Mark Ryan. 2024. New life-saving capability to be rolled out to Queensland Police Tactical First Aid Kits. Media statement, Queensland Minister for Police and Community Safety. 26 July 2024.

[25] CanTEST. 2024. *CanTest Health and Drug Checking Service: the first two years*. Canberra, CanTEST.

[26] Ibid.

NSW all followed the ACT by announcing the implementation of mobile and/or fixed-site testing (although the Queensland government elected in October subsequently announced cessation of the service). The Australian Government can help maximise the benefits of these services by facilitating and resourcing the development of a national network of monitoring and data sharing by drug-checking services, clinical drug monitoring programs, and community-based health services. When designing these programs, governments should bear in mind potential biases introduced by the urban and festival-based focus of drug checking; this bias can be mitigated by allowing postal drug checking and funding fixed sites in regional centres. Results from drug monitoring programs can also be integrated with analysis of drugs seized by police and the wastewater analysis program managed by the Australian Criminal Intelligence Commission (ACIC) to facilitate more nimble and effective responses to supply, consumption, and overdose trends.

Recommendation: Provide funding and support to help develop the full capacity of drug-checking services and integrate their data into a comprehensive, cross-jurisdictional drug market and overdose early warning system.

Workforce management

Effective management of AOD issues in general, and harm reduction in particular, is severely constrained by the marginalisation of the sector within the broader field of public health. The root cause is the stigmatisation of people who use drugs, which manifests as underfunding and siloing of organisations that serve this cohort. These conditions, in turn, make it harder to attract and retain workers in the field. Positions throughout the sector often lack contractual stability or competitive salaries, especially for the large share of providers affiliated with non-governmental organisations.[27]

Addressing workforce deficits requires reform along several lines.

- Improving the material conditions in the AOD/harm reduction sector, including compensation, security of contract, and security of funding for services. While the Australian Government has enacted programs to assist AOD services, it has not resolved persistent issues caused by lack of indexation and insecurity of future funding.[28] The Australian Government can promote the development of quality standards that are harmonised across services and ensure stable resourcing support and employment terms for services that consistently meet those standards.
- Normalising AOD-related work within the health field. One tool routinely cited by clinical and allied health practitioners in the sector is requiring exposure to AOD-related issues among all pharmacy, nursing, mental health, and other allied health workers, along with medical students and registrars.[29] Classroom and clinical exposure serve to reduce stigma and normalise AOD treatment as a routine aspect of health care – an essential shift, as most people with AOD issues still see their GP and do not visit NSPs or other harm reduction sites. At the undergraduate and post-graduate levels, inclusion of specific AOD units using materials directly informed by the perspectives of people subjected to stigma is a key element. The combination of improved training and better material conditions is foundational in normalising AOD work as a core element of mainstream, effective care.

[27] Network of Alcohol and Other Drug Agencies (NADA). 2022. Challenges and opportunities for the non government alcohol and other drug workforce.
[28] Australian Alcohol & Other Drugs Council (AADC). 2024. 2024-25 Pre-Budget submission.
[29] See for example the recent Royal Australasian College of Physicians (RACP) statement: RACP. 2024. Achieving a health-focused approach to drug policy in Australia and Aotearoa New Zealand. Sydney: RACP, p. 28.

- Development of a plan to build capacity and sustainability within a diverse range of workforces to deliver effective harm minimisation – a 'whole of workforce' harm reduction approach as an integrated response to a 'whole of community' problem. This effort requires a holistic strategy that assesses the current roles, omissions, and community contexts (including local drug use patterns) affecting the specialist harm reduction workforce; non-specialist harm minimisation partners such as general AOD services; and generalist health and community allies including non-AOD health services, local governments, and social and justice services. Embedding harm reduction literacy into routine clinical and community practice can promote more compassionate, evidence-informed attitudes among practitioners and community members. Harm reduction services will benefit from distribution of the harm reduction burden across the community, relieving pressure on services with limited resources and freeing them up for deeper engagement with people seeking assistance in managing problematic substance use. The health and social services sectors will benefit from more effective opportunistic interventions and more fluid referral pathways that maximise early intervention opportunities. The community will benefit from the diffusion of literacy about harm reduction and AOD issues in general, which will abet destigmatisation and more positive, compassionate engagement with people who use drugs.

Recommendations:

- **Reinforce and expand funding streams to improve salaries, contract terms, and work environments in order to improve conditions for workers in the alcohol and other drugs sector.**
- **Fund the development of curricula that integrate AOD training for all undergraduate and post-graduate medical, nursing, pharmacy, mental health, and other allied health students.**
- **Develop a national whole-of-workforce harm reduction strategy to build sustainable capacity to deliver effective harm reduction information across a diverse range of workforces and environments.**

Drug use prevention and education

Penington Institute supports nationwide education efforts that focus on increasing community knowledge about reducing harms from drug use and believes in early intervention as a key principle of harm minimisation. However, drug education must be evidence-based, non-judgmental, tailored to the needs of specific audiences, and delivered through effective and accessible means. Evidence suggests that the tens of millions of dollars spent on mass media anti-drug campaigns are relatively ineffective,[30] highlighting the need for programs that link research with the knowledge gained from frontline workers and people with lived experience of drug use.

Penington Institute delivers community education and prevention programs tackling substance use and related behaviours in ways that are meaningful for participants and drive sustainable attitudinal and behavioural changes. The most prominent example of our work in this area is International Overdose Awareness Day (IOAD), the world's largest annual campaign to end overdose, remember without stigma those who have died, and acknowledge the grief of the family and friends left behind. In 2024, over 1,000 IOAD events including more than 60,000 participants were held in over 42 countries, with at least 77 events held across Australia. More than 270,000 website views and at least 37,000 downloads of IOAD campaign resources further indicate the reach of the education and

[30] Mewton, Louise, Rachel Visontay and Cath Chapman et al. 2018. "Universal prevention of alcohol and drug use: An overview of reviews in an Australian context." *Drug and Alcohol Review* 31(1): S435-S469.

advocacy campaign, which is grounded in evidence-based responses to prevent overdoses. Despite its proven track record of mobilising activity and drawing policy attention to the overdose crisis, IOAD is run on a minimal budget and has never received funding from the Australian Government.

Recommendation: Fund expansion of the International Overdose Awareness Day campaign's reach across Australia to educate more and different types of communities about overdose risk, recognition, and response.

Response to Terms of Reference (c) and (d)

(c) Examine how **sectors beyond health,** including for example education, employment**, justice**, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia; and

(d) Draw on domestic and international policy experiences and best practice, where appropriate

Sectors across the community have a role to play in minimising drug harms. Penington Institute research routinely includes analysis of the role of these other sectors, calling attention to connections not adequately accounted for in policymaking.

Cannabis and justice

Policies within the justice and law enforcement sectors are especially important because of their cost and impact across Australian society. Both sectors are crucially important in helping people and protecting communities and can deliver value for money when focused on the most harmful substances and criminal networks that undermine Australian communities. They can also be the site of counterproductive policies that lead to misallocation of resources and harms to both individual Australians and the community.

The case of cannabis exemplifies how large portions of Australia's drug budget are poorly matched to actual harms, as well as the ways international experience can guide changes to improve the effectiveness of our drug policies.

Cannabis is by far the most widely consumed illicit substance in Australia. It has a lower harm profile than nearly any other commonly used psychoactive substance – including alcohol[31] – yet it dominates arrests for drug use and possession.

Despite the relatively low harm profile, Australia dedicates enormous resources to cannabis law enforcement – $1.7 billion in 2015-2016 alone,[32] which equates to $2.1 billion in 2023-2024 when adjusted for inflation. Data gathered for Penington Institute's recent report *Cannabis Regulation in Australia: Putting community safety first*[33] strongly suggest that this enforcement is highly ineffective.

[31] Bonomo, Yvonne, Amanda Norman, and Sam Biondo et al. 2019. "The Australian drug harms ranking study." *Journal of Psychopharmacology* 33(7): 759-768.
[32] Penington Institute. 2022. *Cannabis in Australia 2022*. Melbourne: Penington Institute. Drawing on data from Whetton, Steve, Robert J. Tait, and Agata Chrzanowska et al. 2020. "Quantifying the Social Costs of Cannabis Use to Australia in 2015/16." Perth: National Drug Research Institute.
[33] Penington Institute. 2024. Cannabis Regulation in Australia: putting community safety first. Melbourne: Penington Institute.

- Cannabis use remains highly prevalent: According to the National Drug Strategy Household Survey 2022-2023 (NDSHS), 11.6 percent of the Australian population aged 18 and over reported consuming cannabis within the past year, with 42.3 percent reporting lifetime use;[34] the phenomenon of underreporting illegal behaviour suggest that both figures understate the true rate of cannabis use.[35]
- Criminalised cannabis is unlikely to deter use: despite the tens of thousands of arrests, the prevalence of use means the rate of arrest is only approximately 1 of every 3,800 incidents of cannabis use.[36]
- Criminalised cannabis policy has failed to constrain consumption by raising the price: the ACIC reports that the median price for an ounce of illicit hydroponic cannabis declined from $362.50 in 2011-12 to $300 in 2020-21.[37] This trend reflects the marginal level of cannabis seizures relative to national demand; combined domestic and border seizures of cannabis in 2020-2021 amounted to just 2.6 percent of estimated Australian consumption in 2019.[38]
- Cannabis purity continues to rise: while no systematic data are available, a 1997 study found that most illicit cannabis samples contained 0.6-2.5 percent THC, but by 2013, a study found that most such samples contained between 10 and 15 percent THC.[39]

In addition to this ineffectiveness, maintaining the criminalised cannabis model has harmful impacts on Australians and communities. Economists have estimated the illicit cannabis market at $5 billion annually;[40] by definition, these funds enrich criminals, including violent syndicates that also traffic in more harmful substances.

Even as the operations of these networks grow in size and sophistication, enforcement remains both widespread and focused on low-level offences. According to the ACIC, cannabis accounts for almost half of all drug-related arrests in Australia. Of the nearly 77,000 cannabis offences registered in 2019-2020, over 90 percent involved personal possession or use rather than illegal drug selling.[41]

Although alternatives to arrest such as cautions and diversion are available, data suggest that application of these alternatives is far from standard. In Victoria, 62.4 percent of registered offences between 2018 and 2023 (a total of 33,496 offences) resulted in an arrest or summons rather than a caution or formal warning,[42] with arrests disproportionately concentrated in less advantaged communities. Similarly, of the 82,432 incidents involving cannabis use or possession registered by NSW Police in the period between 2018 and 2023, 43,349 alleged offenders were proceeded against in court, while diversion processes were applied for just 22,682 offenders.[43]

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[34] Australian Institute of Health and Welfare. 2024. *National Drug Strategy Household Survey 2022-2023*. Canberra: AIHW. Tables 5.5 and 5.48.
[35] Penington Institute. 2022. *Cannabis in Australia 2022*. Melbourne: Penington Institute, section 4.2.
[36] Penington Institute. 2024. *Cannabis in Australia 2024*. Melbourne: Penington Institute.
[37] Australian Criminal Intelligence Commission. 2023. Illicit Drug Data Report 2020-21. Canberra: ACIC.
[38] Australian Criminal Intelligence Commission. 2023. Illicit Drug Data Report 2020-21. Canberra: ACIC; Jenny Williams and Christiern Rose. 2024. "How can we measure the size of Australia's illegal cannabis market – and the billions in taxes that might flow from legalising it?" *The Conversation* 10 May 2024.
[39] Hall, Wayne, and Wendy Swift. 2007. "The THC content of cannabis in Australia: evidence and implications." *Australian and New Zealand Journal of Public Health* 24(5): 463-558.
[40] Jenny Williams and Christiern Rose. 2024. "How can we measure the size of Australia's illegal cannabis market – and the billions in taxes that might flow from legalising it?" *The Conversation* 10 May 2024.
[41] Australian Criminal Intelligence Commission. 2023. Illicit Drug Data Report 2020-21. Canberra: ACIC.
[42] Penington Institute analysis of data obtained from Crime Statistics Victoria. Crime Statistics Victoria. 2024. Recorded offences.
[43] NSW Bureau of Crime Statistics. 2024. Use-possess illicit drug offences.

The average cost of arrest for a cannabis offence has been estimated at over $1,900,[44] so the current model represents a cumulative outlay of tens of millions of dollars in law enforcement and court costs and the imposition of significant repercussions on the thousands of people designated as offenders – all in service of punishing behaviour that over 80 percent of Australians do not think should be a criminal offence, according to the 2022-2023 NDSHS.[45]

An increasing number of international jurisdictions have recognised the counterproductive nature of criminalised cannabis. At least four countries and 24 US states have embraced regulated cannabis markets, providing instructive lessons for Australia. The models adopted in these jurisdictions vary significantly, but they offer accumulating evidence indicating that the twin imperatives of reducing the illicit market and protecting community health are achievable. In Canada, for example, respondents to the government-sponsored Canadian Cannabis Survey (CCS) who reported they "always" obtained cannabis from a legal or licensed source increased from 37 percent in 2020 to 67 in 2024, while "only 3 percent of people reported using an illegal purchase source."[46]

Notably, this policy shift can be implemented without compromising public health or community safety. Even in the highly commercialised US cannabis market, survey data suggests no or little rise in the prevalence of youth consumption,[47] while a large-scale study found no increase in cannabis-induced schizophrenia or psychosis following the implementation of regulated markets.[48]

Penington Institute calls for the development of a legislative and regulatory framework for the implementation of a legal, regulated adult-use cannabis regime. As stated in November 2024 by the federal Deputy Leader of the Government in the Senate, state and territory responsibility concerning laws related to 'recreational' cannabis is 'a basic fact'.[49] To ensure states and territories can fulfil their obligations in this area, the Australian Government should identify and amend all relevant laws that conflict with or otherwise impede state and territory authority to administer cannabis policy in the manner they deem appropriate. These laws include, but are not limited to, the *Criminal Code Act 1995 (Cth)*, the *Crimes (Traffic in Narcotic Drugs and Psychotropic Substances) Act 1990 (Cth)*, and the *Therapeutic Goods Act 1989 (Cth)*.

Recommendation: Amend federal laws impeding states and territories from developing balanced models of cannabis regulation that enhance community health and safety.

[44] Shanahan, Marian, Caitlin Hughes, and Tim McSweeney. 2016. *Australian police diversion for cannabis offences: Assessing program outcomes and cost effectiveness*. Canberra: Australian Institute of Criminology National Drug Law Enforcement Research Fund.
[45] AIHW. 2024. National Drug Strategy Household Survey 2022-23, Table 11.15
[46] Government of Canada. 2024. Canadian Cannabis Survey 2024. Figure 18; note that social sources comprised a large share of non-retail purchases.
[47] Coley, Rebekah L., Noaka Carey, and Claudia Kruzik et. al. 2024. "Recreational Cannabis Legalization, Retail Sales, and Adolescent Substance Use Through 2021." *JAMA Pediatrics* 178(6): 622-625.
[48] Elser, Holly, Keith Humphreys et. al. 2023. "State Cannabis Legalization and Psychosis-Related Health Care Utilization." *JAMA Network Open* 6(1).
[49] Australian Senate. 2024. *Parliamentary Debates*, 27 November 2024, p. 7.

Conclusion

Australia's people and communities have been ill-served by the treatment of illicit drug use as primarily a problem of law enforcement. In the context of acute, rapidly evolving threats from novel and emerging drugs, never have we so needed a comprehensive strategy that embraces national ministerial-level leadership and focus on harm reduction as a pillar. The current inquiry presents an opportunity to rebalance the pillars of the National Drug Strategy and prioritise evidence-based, health-led solutions to new and enduring challenges related to drug use. It is time to break the policy inertia that contributes to the persistence of severe drug harms, including overdose. We hope this Committee's valuable work will serve as an inflection point marking the initiation of a new era of Commonwealth Government leadership on this pressing issue. Penington Institute would be pleased to participate in any hearings the Committee may schedule to explore the issues presented in this submission.