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Dr David Monk
The Committee Secretary
Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill
ACT Legislative Assembly
GPO Box 1020
Canberra ACT 2601

Via email: LASelectCommitteeDDAB2021@parliament.act.gov.au

Dear Dr Monk

Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021

The ACT Council of Social Service Inc. (ACTCOSS) is pleased to make a submission into the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021.

ACTCOSS advocates for social justice in the ACT and represents not-for-profit community organisations.

ACTCOSS strongly supports the passing of the Drugs of Dependence (Personal Use) Amendment Bill 2021 (the Bill). We believe the Bill represents a unique opportunity for the ACT to become a world leading jurisdiction on drug policy and harm reduction. Moving toward decriminalising a range of drugs for personal use will have enormous positive impact, especially for some of the most disadvantaged and marginalised people in the Territory and broader community.

We wholeheartedly endorse the submissions to this Inquiry and recommendations from the Alcohol Tobacco & Other Drug Association ACT (ATODA), the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and Families and Friends for Drug Law Reform (FFDLR).

As noted in Uniting's recent discussion paper on legislative options on drug possession and use, not everyone who uses drugs experiences problematic drug dependency.¹ Criminalisation unnecessarily marginalises people without dependencies by putting their jobs, families, and welfare at risk. For people who are dependent, criminalisation works antithetically to healthcare and treatment provision.² That is, criminalisation makes peoples' lives and health outcomes worse.

Many users of drugs suffer greater harm as a result of criminalisation and discriminatory engagement with the justice and healthcare system, than from the drug use itself. People who experience social disadvantage are more likely to come into contact with the justice system, and therefore more likely to have their drug use criminalised, rather than treated as a matter of public health.

For complex reasons, including marginalisation and discrimination, Aboriginal and/or Torres Strait Islander people, people who are experiencing homelessness and people with mental health conditions are all more likely than the general population to experience problematic or harmful drug use.³ Criminalising their drug use further stigmatises them and becomes a barrier to seeking treatment or help, as well as leading to overrepresentation in prisons.

Current legislation and drug policy legitimises the discrimination and stigma that people who use drugs face. In their submission, FFDLR advocates for a move away from punitive responses and toward compassionate, treatment focused responses. They note that treatment is significantly less costly than criminalisation, and results in better health and social outcomes.

CAHMA similarly advocates for a 'support, don't punish' model when responding to drug use, and appreciates this Bill as a step in positive directions and toward a future where consumers are not discriminated against or criminalised, but are instead afforded their human rights to health and safety. They also advocate strongly for more training for police and healthcare workers to ensure that drug consumers can feel safe and protected in our community, just like everyone else.

ATODA makes several recommendations to this inquiry that ACTCOSS supports. They rightly note that as people are moved away from the criminal justice system, there will be an influx in need for the alcohol and other drugs (AOD) sector. As it stands, the sector is experiencing a funding crisis, which will be extended as legislation is changed. We endorse ATODA's call to fund the treatment sector to double its capacity and undertake a detailed, strategic and technical planning

¹ T McLean, A Ritter, W Tregoning, M Jauncey and E Maiden, [Possession and use of drugs: Options for changing the law](#), Discussion Paper: Advocacy, and Research and Social Policy, Uniting ACT.NSW, Sydney, 2020.

² *ibid.*

³ Australian Institute of Health and Welfare (AIHW), [Alcohol, tobacco & other drugs in Australia](#), Cat. No. PHE221, AIHW website, 2021, accessed 28 May 2021.

process to inform appropriate future investment in the AOD sector to adequately meet demand.

This inquiry offers an opportunity to seriously invest in a section of the community sector that performs exceptionally well despite a lack of funding and overstretched services in relation to demand. The AOD sector is demonstrably effective, with 75% of people receiving services reporting reduced substance use, 81% noting improved general health and 73% mental health, as well as 80% reporting reduced involvement in crime.⁴

This is also an excellent opportunity to reiterate and underscore the need for a Community Controlled Aboriginal residential rehabilitation facility in the ACT, as per the commitment made in the Parliamentary & Governing Agreement for the 10th Legislative Assembly.⁵

ACTCOSS particularly supports calls in our members' submissions to make sure that the drugs listed in the Bill reflect the drugs that consumers use here in the ACT. Further, the thresholds should be raised in line with the quantities that people are using, as determined by research conducted here in the ACT.⁶ If enacted at the limits proposed, the Bill risks further criminalising people as suppliers rather than simply as consumers.

While this Bill would decriminalise the possession of small amounts of drugs for personal use, it would not remove the offence of 'self-administration' as specified in the *ACT Medicines, Poisons and Therapeutic Goods Act 2008*, s.37. As ATODA notes in their submission, 'This is an inconsistency which ought to be remedied through additional legislation to decriminalise self-administration of cannabis and the drugs listed in the Bill'.

Further, we support the proposal of a Simple Drug Offence Notice (SDON), similar to the Simple Cannabis Offence Notice (SCON) currently in place that issues a fine, rather than a criminal charge or criminal record. However, we believe there should be robust strategies in place for those who cannot afford to pay a fine, whatever the amount. If, as with the SCON, unpaid SDON fines *are* met with criminal proceedings,

⁴ Alcohol Tobacco & Other Drug Association ACT (ATODA), [Service Users' Satisfaction and Outcomes Survey 2018: A census of people accessing specialist alcohol and other drug services in the ACT](#), ATODA Monograph Series, No.9, Canberra, 2020, accessed 28 May 2021.

⁵ [Parliamentary & Governing Agreement: 10th Legislative Assembly Australian Capital Territory](#), accessed 28 May 2021.

⁶ Alcohol Tobacco & Other Drug Association ACT (ATODA), [Drug Thresholds](#), ATODA website, 2014, accessed 28 May 2021;
C Hughes and A Ritter, [Monograph No. 22: Legal thresholds for serious drug offences: expert advice to the ACT on determining amounts for trafficable, commercial and large commercial drug offences](#), National Drug and Alcohol Research Centre, UNSW, Sydney, 2011, accessed 28 May 2021;
C Hughes, A Ritter, N Cowdery and B Phillips, [Evaluating Australian drug trafficking thresholds: Proportionate, equitable and just? Report to the Criminology Research Advisory Council](#), Criminology Research Advisory Council, Canberra, 2014, accessed 28 May 2021.

this will further criminalise the most disadvantaged and further deter people from seeking treatment or services.

Good policy on social issues, including on drug use, is made from an evidence base and strongly values the voices of affected communities. For years, the evidence internationally and domestically has been telling us that decriminalisation yields better health and social outcomes for people who use drugs, as well as their friends, families and carers and the broader community.

We urge the ACT Government to implement an oversight committee, including people who use drugs and members of the community sector, to provide governance and evaluation of the proposed legislative changes.

ACTCOSS welcomes the opportunity to talk more on any issues raised within this submission with the Select Committee. Please email me on the address below or contact our Senior Policy Officer Gemma Killen at gemma.killen@actcoss.org.au for further discussion.

Yours sincerely

A handwritten signature in black ink that reads "Campbell." with a period at the end.

Dr Emma Campbell
Chief Executive Officer

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