



Promoting Illicit Drug Prevention Initiatives Nationally

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Excellencies, Conference Organisers, Distinguished Colleagues and Friends

May I extend sincerest thanks, **on behalf of Drug Free Australia**, to Her Majesty, Queen Sylvia for her continued Patronage of the World Forum against Drugs – this being the 2nd such event within a two year timeframe. I am pleased to provide a report from the Oceania Region - entitled, '**Oceania – A Situational Analysis of Illicit Drug Use 2010**'.

Ladies and Gentlemen, before I begin, I think it is vital that I preface my remarks by saying that reliable data supporting my report has been quite difficult to collect.

The main source, the **United Nations World Drug Report 2009** does not have detailed data on Oceania, apart from Australia and New Zealand. Other UN sources, such as the INCB do provide some supplementary information.

Clearly, it was necessary to explore additional sources of information and so I have included a recently produced report entitled "*Situational Analysis of drug and alcohol issues and responses in the Pacific 2008-9*" compiled by the Burnet Institute for the Australian National Council on Drugs. (The ANCD is the advisory body to the Prime Minister of Australia).

While this report contains some useful data, we should be aware that it too, is limited. Firstly, it is confined only to the 16 countries in the Pacific that have current Australian engagement. Secondly, the report recommends a future direction for Oceania based on, or at the very least, influenced by, the policy of Harm Minimisation (or harm reduction).

Quite simply, this means it may fail to address primary prevention responses to critical issues, and downplay demand reduction, the cornerstone of successful Swedish Policy.

In summary, the three main sources of information for my report are:

- UNODC World Drug Report 2009
- INCB Annual Report, 2009
- ANCD's *Situational Analysis of Drug and Alcohol Issues and Responses in the Pacific 2008-9*

A Challenge for WFAD?

Ladies and Gentlemen, Oceania needs our help.

Perhaps, once you have heard my report you will consider the merits of WFAD commissioning its own review and research of the situation in Oceania. That way, there will be a balanced discussion to achieve positive outcomes to prevent and reduce illicit drugs in the region.

1. What constitutes the Oceania Region?

Firstly: let us look at the geography and which countries make up ‘Oceania’. The Pacific Island Countries and Territories (PICTS)

The table below gives a comparison of those listed in the three data sources used in this presentation:

World Drug Report (UNODC)	Situational Analysis (ANCD report)	Annual Report 2009 (INCB)
Australia		Australia
New Zealand		New Zealand
Christmas Island		
Cocos Island		
Cook Islands	Cook Islands	Cook Islands
Fiji	Fiji	Fiji
Kiribati	Kiribati	Kiribati
Micronesia	Micronesia	Micronesia
	Marshall Islands	Marshall Islands
Nauru	Nauru	Nauru
	Niue	Niue
	Palau	Palau
New Caledonia		
Norfolk Island		
Papua New Guinea	Papua New Guinea	Papua New Guinea
Samoa	Samoa	Samoa
Solomon Islands	Solomon Islands	Solomon Islands
	Timore-Leste	
	Tokelau	
Tonga	Tonga	Tonga
Tuvalu	Tuvalu	Tuvalu
Vanuatu	Vanuatu	Vanuatu

It is clear to see that the existing research is not comprehensive, and lacks some consistency.

2. Concerning trends in Australia and New Zealand:

According to the United Nations World Drug Report, 2009, Australia has the highest overall per capita rate of illicit drug use, when compared to other OECD nations: **This is mainly due to high levels of ATS and Ecstasy use and an unprecedented rise in cocaine.**

Here are the latest statistics on the Annual Prevalence of Use – 15-64 year olds:

Substance	Australia	New Zealand	USA	Sweden
Opiates	0.4	0.42	0.58	0.17
Cocaine	1.9	0.8	2.8	0.5
Cannabis	10.6	13.3	12.3	2.1
ATS	2.7	2.3	1.6	0.2
Ecstasy	4.2	2.6	1.1	0.2

In Australia and NZ a policy of Harm Minimisation has been adopted.

How does this policy translate into Harm Reduction, without prevention?

Two years ago I spoke to the First Forum Against drugs and provided some operational examples. Overall the policy framework remains the same. However there is evidence of even further liberalization of drug policy in these two countries:

- **An injecting room in Sydney** – now a 7 + year ‘trial’
- **Needle and Syringe Programs** that lack accountability including no exchange or needles, nor referral requirement. This has just moved into the next level of public health irresponsibility. Just last week, in South Australia, syringe vending machines have been installed in our streets, as a ‘trial’. This means that anyone can put a \$2 coin into the slot and obtain syringes without question. The ramifications are extremely concerning.
- **Drug Traffickers who receive light or even suspended sentences** – little or no deterrent in the legal system and there is also a lack of consistency in drug laws across the country
- **Lack of funding for recovery-based rehabilitation** BUT...
- **Funding for drug user organisations** – for example an organization called the ‘Australian Injecting Drug Users’ League continue to receive funding for ‘peer education’ to help people use drugs ‘safely’.
- **AND high priority to Methadone maintenance** – many people remain on methadone for life, and overdose rates are high
- **Decriminalisation of Cannabis** – where at most, people are given a warning, or perhaps charged an expiation fee.
- **Brochures** and other information with mixed messages directed to young people and students in schools – for example, if you ‘choose to use’ here is how to do it safely. Here is an example of a brochure, freely available to the public – entitled ‘Safer Injecting Practices’.

Other areas of concern related to Australian and New Zealand are highlighted in the INCB Annual Report, 2009:

- in Australia, seizures of cocaine and also of ATS significantly increased in the period 2006-7. This corresponded to an increase in consumption. The primary method for transportation is the postal system and air cargo.
- in recent years there has been an increased smuggling of pharmaceuticals containing pseudoephedrine into NZ
- cannabis production remains high in Australia and NZ

Further the UNODC reports that 'while current consumption rates of ATS appear to be decreasing in Australia and NZ, use by problematic drug users and impacts on public health may be increasing.

For example, in Australia data suggests increasing use of high potency crystalline methamphetamine and an increase in injecting methamphetamine. In NZ frequent meth users are more likely to have used an ambulance and/or hospital emergency room services than in past years'.

Ladies and Gentlemen, given that there is reliable UN evidence to suggest that Prevention Programs return \$10 per \$ of expenditure, it makes good economic sense for the governments of Australia and New Zealand to carefully re-think the level of funding being devoted to prevention initiatives, and in particular, demand reduction.

3. Current trends and concerns in other Pacific countries

It is important to note that there is concern by the UNODC that the trends in Australia and NZ will extend quickly to other countries in Oceania.

In 2005 a research group, the Pacific Drug and Alcohol Research Network (PDARN) was formed, as a mechanism to promote research, data collection and a systematic review of available data to begin the process of filling the gaps in information available. PDARN comprises the following members: Ministry of Health delegates from PNG, Vanuatu, Solomon Islands, Nauru and Tuvalu; Turning Point Drug and Alcohol Centre, WHO, UNODC, Fiji School of Medicine and National Substance Abuse Advisory Centre.

Much of the information that has been compiled in the ANCD's Situational Analysis has come out of this group. For example: injecting drug use is not common, but that illicit alcohol (toddy and homebrew) and cannabis are the substances of greatest concern.

Further, the INCB is concerned that PNG, Fiji and Tonga are increasing their production of cannabis, with associated high use in these countries and trafficking to others in the region.

The INCB is also very concerned that the lack of effective data being reported to the Board in the Oceania region, as it could lead to countries being targeted for trafficking in, and illicit drug manufacture.

According to the Situational Analysis, (the ANCD report), there is evidence to support the following, which I would particularly like to flag as emerging issues for WFAD:

- substance use issues are not considered an urgent health priority. This report makes strong recommendations for a greater health focus (and thus, harm reduction focus) in the region.
- Kava is a 'traditional' and 'cultural' substance in some Pacific nations. International bans have been in place for six years because of the health issues associated with the consumption of Kava.

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- However the International Kava Executive Council expects the kava trade to return to 'normal' in order to 'support local economies and employment opportunities'.

Thankfully, it is important to note that, as yet, the concept of Harm Reduction (Minimisation) has not been widely adopted in many of the smaller countries of Oceania.

However, some recommendations in the Situational Analysis allude to AOD service responses which may encourage greater uptake of Harm Reduction strategies, without corresponding primary prevention initiatives, including effective education campaigns. Here is one example from the report taken from among the matters to be taken into consideration include that:

'International pressure to conform to treaties, agreements and border control issues has skewed the response to substance use toward law enforcement, without the concurrent health interventions to deal with the health and social consequences of substance use'.

AND an example of one recommendation is as follows:

In the medium to longer term it is recommended that an approach similar to that for HIV and Non-communicable disease programming in the region be developed...

In conclusion, I believe that there is a real challenge for WFAD to work with partners in the region to ensure an equitable balance of public health, law enforcement and education aimed at effective demand reduction.

In inviting you to take up the challenge, I would like to recommend that:

Recognising the need for increased data collection, resource allocation and capacity development, the World Federation Against Drugs commissions a review on the illicit drug situation in Oceania, in partnership with key stakeholders in the region in order to:

- **identify gaps in existing data and research on trafficking, consumption and effective interventions and responses to illicit drug use**
- **ensure a balance of options be made available to all countries in the region, including demand reduction, primary prevention and early intervention.**