

### 1. How is the policy development?

Drug policies in Australia and New Zealand are based on Harm Reduction, rather than Harm Prevention. Apart from these two countries, reliable data on drug trends, use, trafficking and control is not readily available in Oceania. Despite regular appeals from United Nations bodies such as the International Narcotics Control Board, (INCB) for smaller countries in Oceania to improve their data collection practices, this does not appear to have eventuated<sup>1</sup>. We are hopeful of seeing some positive changes in data collection the near future.

**In Australia** there are three pillars that underpin drug policy: Supply Reduction, Demand Reduction and Harm Reduction. However for over 30 years, Harm Reduction has been given priority and Demand Reduction has been largely overlooked by policy makers. This is playing out with devastating consequences including:

- an alarming culture of ‘drug normalisation’ and acceptance of drug use;
- creating strong demand in the Australian market for illicit substances;
- enabling a lucrative market for methamphetamines from Asia;
- increased burden of disease (both mental and physical);
- drug treatment and rehabilitation services unable to cope with overwhelming waiting lists
- a real sense of despair, or ‘giving up the fight’ by a demoralised and increasingly angry community.

**In New Zealand** there are also three ‘pillars’ of drug policy – Supply Control, Demand Reduction and Problem Limitation. In effect these amount to a very similar response to that of Australian policy<sup>2</sup>.

### 2. Is there an increase in illicit drug use?

Yes. The Oceania region, in particular the Pacific island States, remains vulnerable to trafficking in drugs and precursors, drug-related organized crime and the potential spill-over effects of drug abuse within local communities. The combination of the unique geography of the region, in particular the vast coastlines and remote, uninhabited islands and the limited resources for monitoring and detecting drug and precursor trafficking, continues to pose a significant challenge.<sup>3</sup>

#### 2.1 Prevalence of drug use - Oceania is highest world wide

According to the United Nations World Drug Report, (WDR) 2017, the Annual Prevalence Percentage of Use in Oceania compared to other regions is as follows<sup>4</sup>:

Substance	Oceania	Europe	Asia	Americas	Africa
Opioids	3.03	0.89	0.59	2.46	0.53
Cocaine	1.89	0.98	0.08	1.38	0.78
Cannabis	14.7	5.4	3.0	7.8	9.8
Amphetamines	*2.08	0.59	1.26	1.33	1.54
Ecstasy	2.49	0.86	0.79	0.53	0.33

\* **NB:** Australia’s methamphetamine use rates may be conservative, based on UNODC information, below. Another example is that of data in the 2017 Australian Crime Intelligence Commission (ACIC) report, which indicates extensive consumption (8 tonnes) of methamphetamine.<sup>5</sup>

**2.2 The United Nations Office of Drugs and Crime (UNODC) in South East Asia and the Pacific report an increase in methamphetamine production in recent years**, and recommends that Australia and other parts of Oceania need to become more vigilant in addressing the impact. Some of the UNODC findings are captured in the following slides:

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<sup>1</sup> INCB Annual Report, 2017

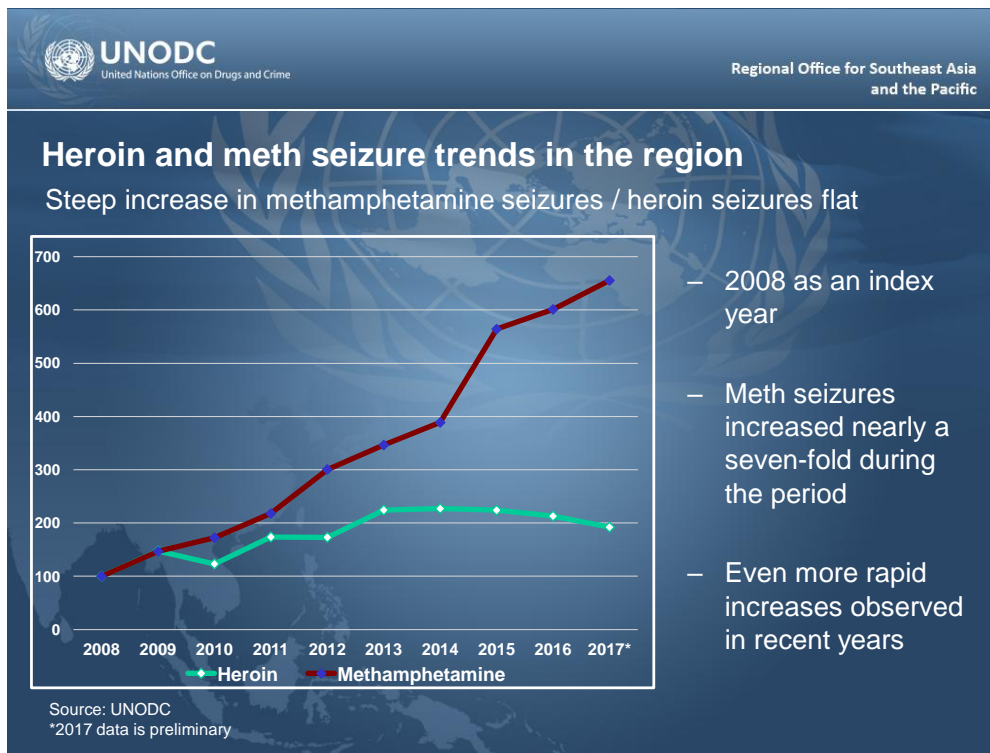
<sup>2</sup> Parliamentary Inquiry into the Supply and Use of Methamphetamines in Victoria, 2015

<sup>3</sup> INCB Annual Report, 2017

<sup>4</sup> United Nations World Drug Report 2017 – Oceania data is corroborated by local surveys and Waste Water Testing

<sup>5</sup> Australian Crime Intelligence Commission (ACIC) August 2017 – National Waste Water Drug Monitoring Program

Examples of a steep increase in methamphetamine production in Oceania:



Large seizures by customs and police are a regular occurrence in Australia.

Example 1 – seizure of meth and precursors in Sydney – February 2018

**Intensified meth production in the Golden Triangle**  
 Combination of several factors – balloon effect & foreign TOC involvement

<b>Date / location</b>	February 2018/ North Shan, Myanmar
<b>Crime threat</b>	Methamphetamine / heroin production
<b>Description</b>	260 kg of crystal meth and various precursor chemicals seized

Year	Meth tablet (million)	Crystal meth (kg)
2012	90	1,500
2013	110	1,800
2014	110	1,000
2015	100	1,000
2016	90	1,000
2017*	220	5,000

Source: Ministry of Home Affairs, Myanmar  
 Source: ONCB  
 \* 2017 data is preliminary

<sup>6</sup> United Nations Office of Drugs and Crime: Regional Office for Southeast Asia and the Pacific

<sup>7</sup> Ibid

## Example 2 – Drug seizures in Australia – December 2017 - Perth



However, this is only the tip of the 'iceberg' as **demand in Australia is high**, due to a permissive 'drug normal' culture and a willingness to pay high prices for the substance. High demand makes Australia (and the region) a direct target of the enormous meth labs that are well established in Myanmar and other parts of Asia.

Trafficking in methamphetamine and its precursor chemicals has also increased in the Pacific and adjacent regions in recent years, and Pacific island countries and territories are emerging as transit and destination points for trafficking in methamphetamine within and through the region. Increased trafficking in drugs, including methamphetamine, into North Pacific countries such as Palau has been reported.<sup>9</sup>

### 3. Is there a tendency towards more permissive drug policy?

**Definitely.** In Australia and New Zealand, Harm Reduction is well entrenched and has been so for over 30 years. This does have an impact on the entire Oceania region, where policy is being promoted as 'good, safe public health practice'. Examples that normalise and accept drug use, with the consequence of increasing use and harm are:

- **In Australia, school drug education appears to have lost momentum, due to, in part, a lack of political will.** Many schools are choosing to omit drug education from their 'crowded curriculum'. It appears from the literature that the successful National School Drug Education Strategy ceased in 2004-5 even though 'an evaluation of the Strategy occurred in 2003, finding that funding (school drug education nationally) had made a significant contribution to the development and support of school drug education across Australian schools'<sup>10</sup>.

**Discussion Point:** There is a need for governments to re-establish a mandatory level of effective, preventative school drug education in schools, similar to campaigns that have previously been successful such the National School Drug Education Strategy and the 'Quit' Tobacco Campaign (which has dramatically reduced smoking rates over the last few decades in Australia).

**In New Zealand in 2016** the proceeds of criminal activities were used to support a range of new initiatives in schools, including a pilot of a "whole-school approach" framework to reduce alcohol and drug harm. The pilot aims to integrate a range of best-practice strategies to prevent and address substance related harm at every level of the school environment<sup>11</sup>. However, the website indicates more of a 'harm reduction' focus rather than harm prevention <https://www.drugfoundation.org.nz/info/schools/a-whole-school-approach/>.

**Discussion point:** It will be important to look at the outcomes as they emerge from any evaluation of this pilot.

<sup>8</sup> United Nations Office of Drugs and Crime: Regional Office for Southeast Asia and the Pacific

<sup>9</sup> INCB Annual Report 2017

<sup>10</sup> Australian Bureau of Statistics – Statistical clearing house:

<http://www.nss.gov.au/nss/home.NSF/84c014dd96ddf6cbca257118001dbbee/cce3785fdcbdbbc1ca256e62001ce243>

<sup>11</sup> INCB Annual Report 2017

### Further examples of a Permissive Policy in the region:

- **An injecting room in Sydney** – originally set up as a trial, but is now a permanent fixture – though it does not offer 24/7 help, and the referral to treatment and rehabilitation process remains vague<sup>12</sup>. **A second one is planned to be opened in Melbourne in June 2018.**
- **Needle and Syringe Programs** that lack accountability including no exchange requirement, no minimum age for access to needles, nor in-practice referral requirement, no names of needle recipients recorded and the installation of syringe vending machines in public places, where anyone can insert a coin into the slot and obtain syringes without question or accountability<sup>13</sup>.
- **Many Drug Users can also be Traffickers and receive light or even suspended sentences** – there is little or no deterrent in the legal system and there is also a lack of consistency in drug laws, including Diversion Programs across the country.<sup>14</sup> In New Zealand an Adult Drug Diversion program is used, which covers stipulated offences including those related to controlled drugs<sup>15</sup>.
- **With an ever increasing number of people succumbing to drug addiction, there are already long waiting lists nation-wide for placement in rehab centres and many rural communities are grossly under-serviced.**

**Discussion Point:** There are two powerful, long term solutions to this diabolical situation of preventable suffering:

- ✓ Greater efforts in Demand Reduction to change the culture of drug use
- ✓ a focus on recovery-based interventions
- **High priority given to Methadone maintenance programs which are heavily subsidised by government to reduce personal costs** – many people remain on methadone for life, often sell it on the black market. Overdose rates are high.
- **Soft laws on the use of Recreational Cannabis** – where at most, people are given a warning, or, at worst charged a small expiation fee.<sup>16</sup>
- **Medicinal Cannabis in the Region**  
**In Australia**, the Narcotic Drugs Amendment Act 2016 was introduced in October 2016. The Act provides a legislative framework for the cultivation of and access to cannabis for medical purposes. The first meeting of the Australian Advisory Council on the Medicinal Use of Cannabis was held on 7 April 2017. The Council was established to provide advice to the Minister for Health of Australia on issues relating to the medicinal use of cannabis, in particular the implementation of the regulatory scheme allowing for the cultivation and manufacture of medicinal cannabis, the design of prescription guidelines and the use of the Authorised Prescriber Scheme and Special Access Scheme mechanisms, and evidence supporting the use of medicinal cannabis for a variety of medical conditions. The Council comprises 16 members from various professional fields, including medicine, Government, law enforcement, patient groups and legal experts<sup>17</sup>.

### Discussion Points:

1. Unless wisely managed, through all regulatory processes, there may be unintended consequences in a message to the community that 'Cannabis is safe' when the science clearly indicates it is not, certainly in its recreational realm;
2. This Advisory Council was formed after legislation was passed. Is it a case of 'shutting the gate after the horse has bolted'?
3. What stage have the clinical trials reached? When will the results be made publically available?<sup>18</sup>

<sup>12</sup> Analysis of the KPMG Evaluation of the Sydney Medically Supervised Injecting Centre October 2010 :

[http://www.drugfree.org.au/images/13Books-FP/pdf/DFA\\_Analysis\\_Injecting\\_Room\\_2010.pdf](http://www.drugfree.org.au/images/13Books-FP/pdf/DFA_Analysis_Injecting_Room_2010.pdf)

<sup>13</sup> The Reality on Government Needle Programs – Drug Free Australia <https://www.drugfree.org.au/images/13Books-FP/pdf/NeedleSyringePrograms.pdf>

<sup>14</sup> Police Drug Diversion in South Australia:

[www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs/drug+and+alcohol+programs/police+drug+diversion+initiative+pddi](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs/drug+and+alcohol+programs/police+drug+diversion+initiative+pddi) and Drug Offences in South Australia <https://sa.criminallegal.com.au/crimes/drug-offences-south-australia/>

<sup>15</sup> New Zealand Drug Diversion program: <http://www.police.govt.nz/about-us/programmes-initiatives/adult-diversion-scheme/about> and <http://www.police.govt.nz/advice/drugs-and-alcohol/illegal-drugs-offences-and-penalties>.

<sup>16</sup> Drug Offences in South Australia <https://sa.criminallegal.com.au/crimes/drug-offences-south-australia/>

<sup>17</sup> INCB Annual Report 2017

<sup>18</sup> Beyond the Smoke-Screen - Examining Proposals for Legalisation of Marijuana as Medicine: DFA

[https://www.drugfree.org.au/images/pdf-files/library/Medical\\_Marijuana/Tasmanian\\_Parliament\\_Inquiry\\_August\\_2014.pdf](https://www.drugfree.org.au/images/pdf-files/library/Medical_Marijuana/Tasmanian_Parliament_Inquiry_August_2014.pdf)

- **In New Zealand**, changes in Medicinal Cannabis legislation came into effect in September 2017. The requirement for ministerial approval for the prescription of cannabidiol products was removed, as were related requirements for import licences, the keeping of records on controlled drugs and stock-keeping. Prescriptions from medical doctors would be allowed for a supply of up to three months rather than one, as previously. Another change was that the new Misuse of Drugs Amendment Regulations 2017 allowed for cannabidiol products containing up to two per cent of other cannabinoids, including THC.<sup>19</sup>

**Discussion Point:** Will this obvious softening of the laws lead to an increased illicit trade, as had occurred in parts of the United States?

#### 4. Which factors do you assess to be the most crucial in the future?

4.1 **Prioritising Demand Reduction, Primary Prevention** and focussing on recovery-based rehabilitation

4.2 **Being more vigilant and strategic in addressing the trafficking of drugs**, particularly amphetamine-type stimulants, due to the region's geographical proximity to illicit drug manufacturing centres in the Golden Triangle.

4.3 **Resourcing and supporting smaller nations** in the region to collect data to assist their capacity to report on drug issues as well as good practice

4.4 **Heeding the following advice from the UNODC:**

The slide is from the UNODC Regional Office for Southeast Asia and the Pacific. It features the UNODC logo and name in the top left, and the regional office name in the top right. The title 'Looking ahead' is centered. Below the title are four bullet points:

- Meth and synthetic market in the region will continue to expand, unless the market demand and precursor diversion are addressed
- Meth production may concentrated further in areas where precursors are readily available and/or authorities have weak capacity (Mekong)
- Pacific countries will be further exploited as transit points for drug and precursor trafficking, unless their relevant legislation is amended and capacities are enhanced
- Considering persistent market demand for opiates in the region, synthetic opioids (cheap, easy to disguise, and powerful) will provide another opportunity for TOCs

A small number '20' is visible in the bottom right corner of the slide.

**Conclusion: Demand is the key driver of drug use. The culture of demand can be changed.**

*'Only clear and unambiguous policy frameworks, along with policy implementation which ensures Demand Reduction and Prevention – along with effective drug exiting Recovery Programs – will see the health, community and familial outcomes that societies focused on reducing drug use can achieve'<sup>21</sup>.*

<sup>19</sup> INCB Annual Report 2017

<sup>20</sup> United Nations Office of Drugs and Crime: Regional Office for South Asia and the Pacific

<sup>21</sup> Social Determinants and Substance Use: A Perspective Beyond the Policy 'Silo' Pragmatics, S.Varcoe, D. Steenholdt, Dalgarno Institute