Answers to questions on notice

on

Inquiry into crystal methamphetamine (ice)

to the

Parliamentary Joint Committee on Law Enforcement

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1. Introduction

On 18 March 2015, the parliamentary Joint Committee on Law Enforcement initiated an inquiry into crystal methamphetamine (ice). This inquiry is welcome as the level of methamphetamine usage in Australia continues to grow causing an increase in social breakdown and violence within the community.

FamilyVoice Australia is a national Christian voice – promoting true family values for the benefit of all Australians. Our vision is to see strong families at the heart of a healthy society: where marriage is honoured, human life is respected, families can flourish, Australia's Christian heritage is valued, and fundamental freedoms are enjoyed.

We work with people from all major Christian denominations. We engage with parliamentarians of all political persuasions and are independent of all political parties. We have full-time FamilyVoice representatives in all states.

We made a submission to this inquiry on the 10 June 2015, and afterwards gave evidence at a hearing on 28 July 2015.

2. Questions on notice

At the hearing we took the following questions on notice:

1. Do you have updated (post-2007) drug use statistics from Sweden?
2. Can you provide more details on the "Swedish model" of harm prevention?

3. Latest statistics on Swedish drug use

Drug use evaluations are commissioned annually by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).[1]

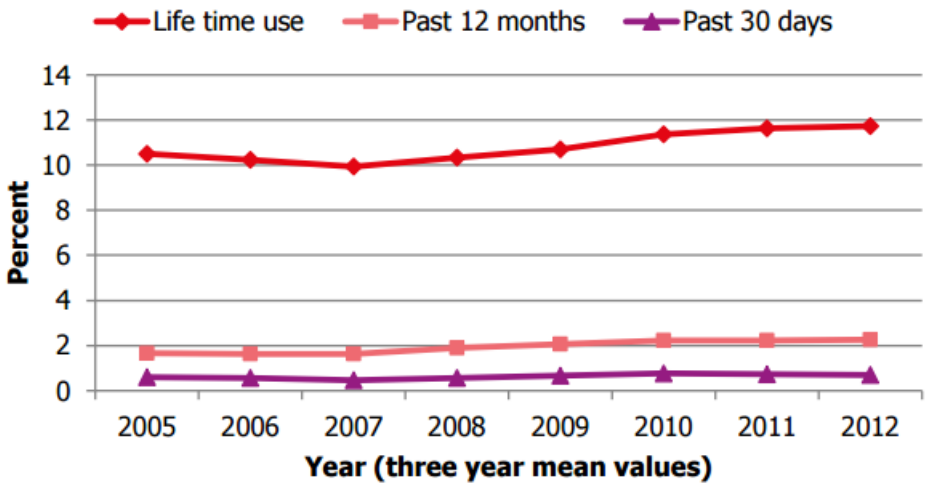
The latest report, published in November 2014 by the Public Health Agency of Sweden, uses 2013 data. It summarises developments and trends in drug related statistics. Previous years' data is available from the EMCDDA.[2]

The 2014 report is available online direct from the Public Health Agency of Sweden at https://www.folkhalsomyndigheten.se/pagefiles/18898/2014-national-report.pdf. A few key statistics are provided as follows.

3.1. Cannabis use

The lifetime use of cannabis, use in the past 12 months and past 30 days have all remained stable and low in the period 2004-2013 (figure 2.1, Public Health Agency of Sweden).[3]

Figure 2.1: Lifetime prevalence, annual prevalence and monthly prevalence of cannabis use expressed as percentages from 2004 to 2013 among respondents aged 16-84.



3.2. Swedish drug use relative to Australian use

The table below compares Australia and Sweden for prevalence of illicit drug use in 2012 expressed as a percentage of the population aged 15-64. Prevalence in Australia as a ratio compared with Sweden ranges from 262% (for amphetamines) to 3000% (for ecstasy).[4]

	Prevalence as % of population aged 15-64 who have used in the last twelve months		
DRUG USED	**Australia**	**Sweden**	**Australia/Sweden%**
Opiates	3.40	0.23	1478%
Cocaine	2.1	0.5	420%
Cannabis	10.3	2.8	368%
Amphetamines	2.1	0.8	262%
Ecstasy	3	0.1	3000%

According to the latest 2014 data from the Australian Institute of Health and Welfare, those figures have not changed much. Cocaine and amphetamine use remains at 2.1%, cannabis is down 0.1% to 10.2%, and ecstasy is down to 2.5%. Cannabis has in fact increased if the new category of synthetic cannabinoids is used, at a further 1.2% use in the last 12 months. Another new category has emerged being “psychoactive substances”, up to 0.4% use.

Australia’s total illicit drug use in the last 12 months according to 2013 data remains at 12% - the same as 2010. Any illicit drug use, together with pharmaceuticals used in non-prescribed ways was 15% in 2013.[5]

In Sweden’s latest 2013 report, they also do not report any increasing trends in drug use over the previous year.[6] Therefore the percentages in the above table continue to remain accurate.

3.3. Death rates

Criticism has been levelled at Sweden for their tough stance on drugs. Critics point out there has been a recent trending rise in the number and percent of deaths related to drug abuse. However, a detailed analysis of drug-related deaths reveals two-thirds of the increase of deaths from 2006 to 2013 was due to methadone and bupre-norphine, as shown in table 6.2 (Public Health Agency of Sweden).[7] Both of these substances are used in harm-reduction policies as substitutes for other drugs.

Table 6.2. Number of drug-related deaths 2003-2013 according to toxicological analysis from the SMR (6-AM = 6-acetylmorphine; THC = Tetrahydrocannabinol) (Statens folkhälsoinstitut, 2013b).

Table 6:2

Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Morphine (6-AM)	134 (51)	128 (42)	138 (60)	110 (33)	142 (65)	144 (46)	135 (52)	120 (34)	143 (39)	154 (41)	167 (53)
Methadone	29	26	25	22	48	74	76	94	86	120	113
Bupre-norphine	2	7	16	15	22	52	37	59	66	70	88
Fentanyl	7	5	4	5	12	11	15	17	32	44	44
Amphetamine	98	96	72	97	107	105	80	90	76	65	80
Cocaine	18	10	9	6	9	13	7	10	5	10	16
Other drugs	7	6	9	3	11	16	7	5	10	4	6
THC	32	47	28	41	44	63	63	56	60	56	76
Total	327	325	301	299	395	478	420	451	478	523	590

Also, as explained in United Nations Office on Drugs and Crime (UNODC) report, a similar trend during the 1990s was due to “the economic crisis” that forced serious reallocation of the budget away from social services and drug control.[8] It is not difficult to see that the Global Financial Crisis in recent times could have affected things similarly.

4. The Swedish model in operation

In 2011, Sweden updated its long-time approach to harm prevention by adopting a new drug strategy: "A cohesive strategy for alcohol, narcotic drugs, doping and tobacco (ANDT) policy". The strategy establishes the goals, priorities and direction of public measures for the period 2011–2015.[9]

The ANDT policy outlines seven long-term objectives, under an overall objective to "of a society free of illegal drugs and doping …", entailing "zero tolerance towards illegal drugs and doping".[10]

These are not dissimilar from drug policy objectives in prior years, being broadly harm prevention oriented, rather than a focus on harm minimisation.[11]

The long-term objectives are as follows:

1. Curtailing the supply of illegal drugs, doping substances, alcohol and tobacco.
2. Protecting children against the harmful effects of alcohol, narcotic drugs, doping and tobacco.
3. Gradually reducing the number of children and young people who initiate the use of tobacco, narcotic drugs or doping substances or begin drinking alcohol early.
4. Gradually reducing the number of people who become involved in harmful use, abuse or dependence on alcohol, narcotic drugs, doping substances or tobacco.
5. Improving access by people with abuse or addiction problems to good quality care and support.
6. Reducing the number of people who die or suffer injuries or damage to their health as a result of their own or others' use of alcohol, narcotic drugs, doping substances or tobacco.
7. Promoting a public health based, restrictive approach to ANDT in the EU and internationally.[12]

The policy provides an integrated approach with involvement from federal, state and local government offices, police authorities, businesses, schools, NGOs and values-based organisations such as churches.[13]

What follows are some practical examples of the policy at work in different areas of society.

4.1. National Government

Drugs in general criminalised

Drug use has been punishable by fines since 1988 and imprisonment since 1993.[14]

Harm reduction and prevention

The 2007 United Nations Office on Drugs and Crime (UNODC) report describe how harm reduction policies work in tandem with, but very much secondary to, harm prevention policies:

> *In 1985, the number of newly registered HIV positive persons among injecting drug users was 142 (45 per cent of all reported cases) and in the following year, when 204 additional cases of HIV infection were recorded, a debate flared up. Should drug-free treatment continue to be the main policy of treating drug abusers or should the policy instead be aimed at limiting the social and medical damages? It was decided that both were possible. The strict line was maintained while harm reduction measures were implemented in areas where they were needed.*

A key difference with Sweden's implementation of harm reduction policies is their scope. Whereas in Australia, harm reduction is the norm across all drugs and levels of society, in Sweden harm

prevention is the norm. Needle exchange programs, methadone treatments and similar harm reduction strategies only come into play where they are needed to reduce harm. Their ultimate aim is not maintenance but "detoxification and treatment".[15]

4.2. Local Government

Community Drug Plans

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) report:

> *Community Drug Plans are not explicitly mentioned in the strategy for alcohol, narcotic drugs, doping and tobacco policy (2011-2015) but there is an emphasis on the development of a structured, long-term and knowledge-based local drug preventive work. About 70 percent of the Swedish municipalities had a local alcohol and/or drug prevention policy in 2012.*[16]

Interagency work

EMCDDA report:

> *About 80 percent of the municipalities did cooperate with the police authority in the preventive work regarding narcotics in 2012 and about half of the municipalities did cooperate with the health-care sector.* [17]

4.3. Police

Compassionate but strict policing

Stockholm County Police combine with Social Services in an early intervention approach when minors are found to be using drugs. They attend raves and other venues where young people might be tempted to experiment, and when they are alerted to an incident they speak to the young people and request them to attend a special centre (not a police station) for questioning and testing. At that point they are introduced to staff from Social Services and Health Care and offered treatment.[18]

At-risk targeting

Young people who are suspected of using drugs are visited by the narcotics police and a social services representative. The model is called the "Linköping Model".[19]

Cooperation against alcohol and drugs in traffic

When police apprehend intoxicated drivers, they will apply the "Skellefteå Model".

> *The basic idea is that Drivers under the Influence of Drugs (DUID) are most open to receiving support immediately after being apprehended. The DUID – directly after interrogation and the taking of samples – will thus be referred to an initial contact with the social services or healthcare services for addicts – preferably within 24 hours. In 2012, all police authorities worked according to the method.*[20]

4.4. Schools

Teaching on national law

EMCDDA report on their "extensive" school policy development:

> *Each school must have discussed how they shall handle different situation, such as smoking on the school yard, where we have a national law that it is forbidden.*[21]

Flourishing school environments

EMCDDA explain a helpful school environment "is the most important preventative factor for children's future health":

> *The Swedish National Agency for Education doesn't implement specific programmes for drug prevention. The Agency has a commission during 3 years to support schools in "Health Promoting School development" which means to develop a school with good relations, motivation, good feedback, no bullying, a school where the pupil can succeed which is the most important preventive factor for children's future health. The concept of HPS also includes to raise the quality of the education about ANDT.* [22]

Total smoking ban

EMCDDA research suggests that smoking and drinking can provide a 'gateway' to later use of illicit drugs:

> *With this knowledge in mind, the tobacco prevention efforts in schools are also of importance to the prevention of illegal drugs. In 2013, about 60 % of the municipalities undertook measures to promote smoke-free school grounds and about 40 % of the local authorities had structured programs to prevent tobacco debut in primary school (Folkhälsomyndigheten, 2014b).*[23]

4.5. Families

Parental education

EMCDDA report on the importance of parents:

> *Parents are important partners in the drug preventive work. Almost 70 percent of the municipalities offered programmes on alcohol and drugs for parents. Example: EFFEKT [a drug program targeting parents] seeks to reduce the use of alcohol by teenagers by changing the attitudes of their parents. Information is disseminated to the parents at middle-school parent meetings. EFFEKT is offered in approximately 60 % of the Swedish municipalities. This might also influence the use of narcotics among the youths.*[24]

4.6. Community groups

Cooperation with community groups

Provision of alternatives to drugs is "extensive" in Sweden:

> *Cooperation in the prevention work between municipality authorities and non-profit organizations of different kinds is common in Sweden. In 2012 about 30 percent of the municipality authorities cooperated with sport associations to prevent the use of narcotics and about the same number cooperated with religious communities. Also government grants are provided to nonprofit organizations with the purpose of encouraging voluntary work in the field of drug prevention.*[25]

Education

EMCDDA report that Sweden provides a "full" level of training for community groups. Various groups within communities are provided training in prevention and empowerment.[26]

4.7. Businesses

Drug-free restaurants, bars and clubs

From 2001 some restaurants, bars and clubs in Stockholm began to devise methods to curb drug use on their premises. Called the "clubs against drugs" project, a 2007 study showed it was more difficult for drug-impaired people to enter these premises. The Public Health Agency of Sweden provides financial support for this project.[27]

Drug testing of employees

A Swedish newspaper has cited the example of one large business has taken up random drug testing of employees, with the aim of rehabilitation, and refusals met with firing.[28]

4.8. International

UN advocacy

The UNODC reports active and successful UN Conventions to help limit certain drugs worldwide:

> *In 1970, Sweden participated in the first special session of the United Nations Commission on Narcotic Drugs and assumed an active role in promoting the control of psychoactive substances. During the negotiations for the Convention on Psychotropic Substances, Sweden, together with other Scandinavian Governments and Soviet bloc countries, formed what drug policy researcher McAllister called a "strict control" coalition that argued for stringent limitation of all classes of psychotropic substances." The provisions of the Convention that was eventually adopted in 1971, were in some respects weaker than what Sweden had hoped for, mainly due to the efforts of the pharmaceutical industry which enlisted the help of former United Nations officials to ensure that their products escaped control. The Convention did, however, succeed in placing stringent controls over amphetamines, which continued to be Sweden's prime concern in terms of abuse.*[29]

4.9. Conclusion

Drug Free Australia summarises the situation succinctly:

> *Sweden's 'Top Down & Bottom Up Approach' is the key to their successful drug strategy. This is a combination of Political Will + Leadership from the Swedish Government combined with the implementation of education and health programs to achieve the strategy. Education and public awareness campaigns are conducted with a synchronized message of prevention between school, health and law enforcement.*[30]

Australia should take note of the importance of families and community groups – including religious groups – and support them in a combined "top down and bottom up approach".

5. Endnotes

[1] For the full list see: EMCDDA, Publication search result, http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=w203. See also: Public Health Agency of Sweden.

[2] Ibid.

[3] Public Health Agency of Sweden, p. 30.

[4] United Nations Office on Drugs and Crime, "*World Drug Report 2012: Statistical annex: Tables: Prevalence of drug use among the general population*", http://www.unodc.org/unodc/data-and-analysis/WDR-2012.html

[5] Australian Institute of Health and Welfare, "National Drug Strategy Household Survey detailed report 2013", 2014, Canberra, AIHW, p. 12.

[6] Public Health Agency of Sweden, pp. 11, 32-33.

[7] Public Health Agency of Sweden, p. 63.

[8] United Nations Office of Drugs and Crime, pp. 27-29.

[9] Ministry of Health and Social Affairs (Sweden), *"A cohesive strategy for alcohol, narcotic drugs, doping and tobacco (ANDT) policy: A summarised version of Government Bill 2010/11:47"*, Feb 2011, p. 3, http://www.government.se/contentassets/0e3caf84b1ff4a038ec70c3c9c4db2ac/a-cohesive-strategy-for-alcohol-narcotic-drugs-doping-and-tobacco-andt-policy.-s.2011.02.

[10] Ministry of Health and Social Affairs (Sweden), p. 8.

[11] United Nations Office of Drugs and Crime, "*Sweden's Successful Drug Policy: a Review of the Evidence*", Feb 2007, p. 20, http://www.unodc.org/pdf/research/Swedish_drug_control.pdf.

[12] Ministry of Health and Social Affairs (Sweden), pp. 8-9.

[13] Ministry of Health and Social Affairs (Sweden), p. 6.

[14] United Nations Office of Drugs and Crime, pp. 16-17.

[15] United Nations Office of Drugs and Crime, p. 16.

[16] European Monitoring Centre for Drugs and Drug Addiction, "Prevention Profiles (Sweden)", 2013, http://www.emcdda.europa.eu/countries/prevention-profiles/sweden.

[17] European Monitoring Centre for Drugs and Drug Addiction, "Prevention Profiles (Sweden)".

[18] J. Baxter, *"Methamphetamines and Demand Reduction: How can we change the market culture and demand for methamphetamines?",* Drug Free Australia, Jun 2014, p. 5.

[19]Public Health Agency of Sweden, "*2014 National Report (2013 data) to the EMCDDA by the Reitox National Focal Point*", 2014, https://www.folkhalsomyndigheten.se/pagefiles/18898/2014-national-report.pdf, p. 48.

[20] Public Health Agency of Sweden, p. 48.

[21] European Monitoring Centre for Drugs and Drug Addiction, "Prevention Profiles (Sweden)".

[22] European Monitoring Centre for Drugs and Drug Addiction, "Prevention Profiles (Sweden)".

[23] Public Health Agency of Sweden, p. 46.

[24] European Monitoring Centre for Drugs and Drug Addiction, "Prevention Profiles (Sweden)", 2013, http://www.emcdda.europa.eu/countries/prevention-profiles/sweden.

[25] European Monitoring Centre for Drugs and Drug Addiction, "Prevention Profiles (Sweden)". See also Public Health Agency of Sweden, p. 47.

[26] European Monitoring Centre for Drugs and Drug Addiction, "Prevention Profiles (Sweden)", 2013, http://www.emcdda.europa.eu/countries/prevention-profiles/sweden.

[27] Public Health Agency of Sweden, p. 49.

[28] Bo Joffer, "ABB facing random drug testing of every fourth employee [translation]", Dalarnas tidningar, 3 Oct 2012, http://www.dt.se/dalarna/ludvika/abb-infor-slumpvisa-drogtester-av-var-fjarde-anstalld.

[29] United Nations Office of Drugs and Crime, pp. 13-14.

[30] J. Baxter, p. 5.