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Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017

D.A.C.A (Drug Advisory Council
of Australia) Submission



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Executive Committee

DRUG ADVISORY COUNCIL OF AUSTRALIA

**Drugs, Poisons and Controlled Substances Amendment (Pilot
Medically Supervised Injecting Centre) Bill 2017
DACA (Drug Advisory Council of Australia) Submission 11/4/17**

Preamble

The 'injecting room' debate will be a short one, if evidence-based and best practice for both the hapless drug user, and community are the priority for decision-making.

Investigations must be held into the drivers of what is clearly a poly facilitated demand. Investigations that go beyond hyperbole around life risking injecting episodes that are undertaken by self-harming and clearly tragically addicted drug users both postures need facilitated change to exit drug use.

The following investigative questions are set to not simply address/evaluate the 'symptom' of syringe discarding and street injecting episodes, but more so what has both facilitated and perpetuates this ongoing practice.

Good policy framework and deployment, must always seek to assist the drug dependant candidate, but never at the expense of sound drug use reducing policy. This dichotomy unfortunately appears to be the very mechanism that continues to drive ineffective Harm Reduction mechanisms within the Three Pillar National Drug Strategy (NDS).

The evidence ignoring, emotional 'felt need' pleas are generating a further 'permission' modelling. If permitted, this approach will facilitate a misinterpretation and misuse of the National Drug Strategy holistic platform, and the International Conventions that the NDS seeks to uphold.

Advocates for Needle Syringe Programs (NSP) and Now Injecting rooms are creating another 'demand' for so-called life 'protecting' activities, but not actual drug use reduction and health enhancing activities.

Investigative questions requiring consideration and an appropriate response.

Questions that need to be asked and adequately answered according to evidence and best practice, drug use reducing/exiting and delay/denying uptake of illicit drugs, are vital:

- I. How many needles and syringes are being discarded and by whom?
- II. Where is the accountability around dispensing rate-payer funded implements to assist in the use of illicit drugs?
- III. Where did these needles and syringes come from? Who is supplying them?
- IV. Has not this process now created this mess to, in turn, enable the 'justification' of a further rate-payer funded illegal drug taking vehicle?
- V. Shouldn't the Needle Distribution Program return to its original mandate of EXCHANGE, not simply distribution?
- VI. Why was the original policy platform to reduce drug use abandoned?
- VII. Is the increase of Blood Borne Viruses (BBV) due to unsafe sex practices that occur when the injecting drug user is 'high' facilitated by the careless bulk distribution program?
- VIII. Isn't such a facility contrary to, or even illegal according to international drug conventions, of which Australia is a signatory?
- IX. Is there any serious and substantial evidence that injecting rooms actually facilitate the exit from drug use, or simply continue to enable it?
- X. Tragically, when facts and data are objectively analysed, the number of lives reported saved can be counted on one hand. So now the question is, how many more lives will be put at risk of a life-threatening drug taking episode, because of a continued promotion of illicit drug use via these clearly failed Harm Reduction methodologies?
- XI. How many people have actually exited drug use as a direct result of injecting drug rooms? 1000's, 100's, or a dozen?

- XII. Will the facility guarantee the massive reduction in discarded needles that is one of the single biggest issues driving this demand for 'shooting gallery'? Will any real monitoring take place?
- XIII. Will the proposed facility ensure it will not be used by current or new drug takers to experiment with a new 'product' to determine its viability – thus aiding and abetting drug use experimentation?
- XIV. Will the Parliament, if enabling such a facility, ensure that the message of 'permission', such a facility will engender, not increase both use of and experimentation with illicit drugs?
- XV. Will tax/rate-payer funds be used to facilitate this centre, thus implicating the state in the administering of illicit drugs under its supervision, contrary to state, federal and international law?
- XVI. Will such a government approved facility guarantee no deaths or further harms, whilst supervising the injecting of illegal drugs? (As was the case with the failed Canadian Injecting facility? *Deaths In Canada*).
- XVII. If such a facility were to be approved, will there be a sunset clause for rates of attendance at the facility, ensuring those who attend the facility are led into drug exiting recovery processes?

Conclusion

The need to look beyond the emotive rhetoric of so called 'life saving' mantras is more vital than ever before, with a growing permission culture of drug use engagement.

To truly maximise the 'saving of a life', the candidate for harm must have less access, not more, to illicit substances and the mechanisms that facilitate any and every harm inducing drug taking episode.

There are other and better options than a convention breaching, state sponsored 'shooting gallery' – why are the following not being given higher priority?

- **Recovery focused rehabilitation vehicles**, including the promotion and co-funding of Therapeutic communities, 12 Step programs and other rehabilitation models. Using Judicial education models such as Drug Courts and diversion processes to facilitate recovery, rather than continue to give permission to engage in life threatening, health harming, family disintegrating and illegal drug taking activities. These failing Harm Reduction Strategies are only perpetuating the problems.

- **Naltrexone and other Pharmacotherapies:**

Naltrexone – For a thorough look at impact, efficacy and cost efficiency read the key Research documents at

<https://dalgarnoinstitute.org.au/index.php/resources/naltrexone>

Another efficient, yet still viable option to ‘injecting rooms’ is to legislate for the use of Suboxone, a methadone alternative which helps to reduce the symptoms of opioid dependency.

Suboxone is less addictive and harder to abuse, making it safer for those with drug problems. Although it is expensive, a pilot programme of 80 users has delivered promising results and it has been recommended by the HSE steering group. It has been proven to be particularly successful in treating people who become addicted to over-the-counter drugs who, due to the stigma associated with methadone clinics, often go untreated. All the while their addiction grows and consumes them, their work, relationships, their family and their whole life.

A study by the British Medical Journal found buphenorphine, the main component in Suboxone, is six times safer than methadone with regard to overdose.

The Department of Health has also given its approval for Suboxone and we believe the Parliament should work collectively to ensure the drug is dispensed.

The roll-out of Naloxone which has prevented overdoses and saved lives should be expedited and widened.

Further Reading

For more in-depth analysis of Injecting Centres short comings;

DFA: Injecting Room Details Research - https://www.drugfree.org.au/images/pdf-files/library/Injecting_Rooms/DFA_Injecting_Room_Detailed_Research.pdf

DFA: Analysis of KPMG MSIC Report - https://www.drugfree.org.au/images/pdf-files/library/Injecting_Rooms/DFA_Analysis_Injecting_Room_2010.pdf

A Case For Closure: https://www.drugfree.org.au/images/pdf-files/library/Injecting_Rooms/DFA_Injecting_Room_Booklet.pdf

LANCET LETTER EXPOSES SERIOUS ERRORS IN VANCOUVER INJECTION ROOM STUDY

1) https://dalgarnoinstitute.org.au/images/resources/pdf/injecting-rooms/ExposingSeriousErrorsInVancouverInjectingRoom_StudyJan12.pdf

2) https://www.drugfree.org.au/images/pdf-files/library/Injecting_Rooms/Second_Letter_to_Lancet_re_Erroneous_Insite_Study.pdf