cohealth

position statement

Drug Reform

The use of illicit and synthetic drugs, and the misuse of prescription medication and alcohol, has the potential to cause considerable harm, with clear evidence of long-term health and social consequences for some - but not all – users, as well as the broader community.

As a human rights based health organisation with a long history of delivering alcohol and drug services, cohealth is committed to drawing on the best available evidence and working directly with communities to design and deliver evidence based and effective responses to reduce these potential harms.

Contemporary medical science recognises the use of these substances as primarily a health problem. The predominant current responses to illicit drug use through criminal justice measures are demonstrably ineffective in reducing the harms associated with substance use.

cohealth supports current harm minimisation approaches such as Needle and Syringe Programs (NSP), the provision of naloxone to reverse opioid overdose and opioid substitution therapy programs, and the recently established Medically Supervised Injecting Facility. Increased investment in these programs, along with existing drug and alcohol treatment and support services (including Specialised Alcohol and Other Drug Primary Health Services), would ensure they are more readily available when and where people need them.

However, the international and national evidence is very clear regarding the further steps that should be taken to reduce overdose deaths and other health related harms arising from the use of heroin and other drugs, namely:

1. Decriminalisation of currently illegal substances, with the redirection of money currently spent on policing into treatment and harm reduction services; combined with
2. Medical prescription of heroin
3. Additional medically supervised injection/consumption facilities
4. Pill testing

1. Decriminalisation

The drug response framework needs to shift to one that recognises drug use as a health issue, with treatment and care responses informed by international and national evidence, rather than one grounded in prohibition and law and order responses. Decriminalisation and regulation of all currently illicit substances, combined with reinvesting policing money to expanding prevention, treatment and harm reduction services has been shown by international evidence to be more effective in reducing the harms, both to the individual and society, associated with the use of drugs.

In this context, decriminalisation refers to the removal of criminal penalties for the use or possession of drugs for personal use. It is not the same as legalisation. Decriminalisation does not remove criminal penalties for offences relating to the supply of drugs, such as manufacture, wholesale supply or trafficking.

Portugal has had particularly good results from decriminalisation. In 2001, Portuguese legislators enacted one of the most extensive drug law reforms in the world, decriminalising low-level possession and consumption of all illicit drugs and reclassifying these activities as administrative violations. A person found in possession of personal-use amounts of any drug in Portugal is no longer arrested, but rather ordered to appear before a local "dissuasion commission" – comprised of legal, health and social services professionals. While drug use and possession no longer trigger criminal sanctions, they remain illegal. Further, drug trafficking offenses remain illegal and are still processed through the criminal justice system.

Savings to the criminal justice system have been reinvested into a significant expansion of treatment and harm reduction services.

Results of the Portuguese experience demonstrate that drug decriminalisation - alongside a significant expansion of treatment and harm reduction services – can significantly improve public safety and health. Portugal's current drug-induced overdose death rate of three deaths per million residents is more than five times lower than the European Union's average of 17.3 deaths and significantly lower than Australia's rate of 88.1 per million.[1] Other positive health outcomes have included reductions in drug use among some vulnerable populations, increases in the number of people accessing treatment services and decreases in HIV transmission rates.[2]

[1] Turning Point 2017 Submission to Victorian Inquiry into Drug Law reform, p9 https://www.turningpoint.org.au/research/publications/submission-inquiry-drug-law-reform; https://www.overdoseday.com/resources/facts-stats/

[2] AMA Position Statement *Harmful substance use, dependence and behavioural addiction (Addiction) – 2017* *https://ama.com.au/position-statement/harmful-substance-use-dependence-and-behavioural-addiction-addiction-2017*

Based on the evidence, decriminalisation of drugs such as heroin, methamphetamine, cocaine MDMA and marijuana would be likely to profoundly reduce drug related harms and deaths, particularly if the money that is currently invested in police and justice responses to drug use is reinvested in treatment and harm reduction.

2. Medical prescription

In response to a recent significant year on year increase in heroin overdose deaths, Canada introduced regulations that allow doctors to prescribe medical grade heroin (in the form of diacetylmorphine) to treat patients with heroin dependence. Patients who are prescribed heroin are also supervised by medical staff when they are injecting the drug, further reducing the risk of overdose death.

Canada's approach mirrors that already taken in Switzerland, Germany, the Netherlands and Denmark, with previous studies showing that patients receiving prescription heroin are more likely to be compliant with their treatment, less likely to use illegal drugs, and that, in the case of the Swiss program, no participants have died from a heroin overdose during its more than 23 years of operation.[3] Medicalised heroin programs have also been shown to have a number of other positive health and social benefits, including reduced crime, reduced new user rates, and overall cost savings to the taxpayer.

The introduction of a medical prescription regime could significantly reduce heroin overdose deaths by:

- regulating the strength and supply of drugs to those who are dependent on them;
- connecting people who use drugs with health and other services;
- providing medical oversight, supervision, and (if required) assistance during drug taking; and
- potentially reducing the number of new users of heroin and other drugs.

[3] Wooldridge, H. *Swiss Heroin-Assisted Treatment 1994-2018: Summary* http://www.citizensopposingprohibition.org/resources/swiss-heroin-assisted-treatment-1994-2009-summary/

3. Medically supervised injecting/consumption rooms

The introduction of a pilot medically supervised injecting facility in Richmond, Victoria from June 2018 is a welcome, and critical, step in reducing drug related harms.

Supervised drug consumption facilities, where illicit drugs can be used under the supervision of trained staff, operate in Sydney and around the world and have been demonstrated to have significant public health impacts. These facilities primarily aim to reduce the acute risks of disease transmission through unhygienic injecting, prevent drug-related overdose deaths and connect high-risk drug users with addiction treatment and other health and social services.[4]

Since opening in 2001 Sydney's Medically Supervised Injecting Centre has managed over 6,000 drug overdoses without a single fatality.[5] In addition the MSIC has:

- reduced the number of publicly discarded needles and syringes in the Kings Cross are by approximately 50%;
- decreased the number of ambulance call outs to Kings Cross by 80%; and
- generated more than 12,000 referrals to health and welfare services.[6]

Similarly, the North Richmond supervised injecting facility had more than 8000 visits in its first two months of operation, and successfully reversed 140 separate overdoses, likely saving each person's life.

However, experience from both NSW and internationally indicates that that people who inject drugs are unlikely to travel any considerable distance to access a supervised injecting facility (SIF). It would also be beneficial to establish sites at other potential 'hot-spot' locations in order to deliver an overall reduction in harm. Specialised Alcohol and Other Drug Primary Health Services (SAPHS) operate at six 'hotspots' across Melbourne and are ideal locations to establish further SIFs.

SAPHS operate needle and syringe programs, provide education and health promotion services, and enable people who use drugs to access comprehensive medical services.

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[4] European Monitoring Centre for Drugs and Drug Addiction (2016) *Drug consumption rooms: an overview of provision and evidence* https://www.emcdda.europa.eu/publications/pods/drug-consumption-rooms_en

[5] Uniting Medically Supervised Injecting Facility *Get to Know our Story* https://www.uniting.org/community-impact/uniting-medically-supervised-injecting-centre--msic

[6] Uniting Medically Supervised Injecting Facility *Get to Know our Story* https://www.uniting.org/community-impact/uniting-medically-supervised-injecting-centre--msic

SAPHS have established relationships with many people who inject drugs, experienced and qualified staff, and in many instances operate from physical premises that could be easily modified in order to accommodate supervising injecting facilities.

SAPHs staff are experienced in engaging with people who use drugs about their drug use, education about safer drug use, managing physical and mental health issues, providing brief interventions and supporting access to treatment and other support services. These services strongly respond to the need of people using drugs within the SIF environment and would provide a complementary service.

Locating a supervised injecting facility within an existing SAPH is therefore likely to be cost effective and will ensure that clients using the service can also access and benefit from a broad range of other offerings, including potential referrals to treatment.

International models of supervised consumption facilities now also recognise7 that a facility that allows for the consumption of any sort of drug - licit or illicit - will provide the greatest opportunity to reduce individual and community harms. While opioids present the clear and greatest risk of overdose death, the consumption of methamphetamines and other drugs also carries significant risk, creates considerable community concern and can impact on public amenity.

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[7] European Monitoring Centre for Drugs and Drug Addiction (2016) *Drug consumption rooms: an overview of provision and evidence* https://www.emcdda.europa.eu/publications/pods/drug-consumption-rooms_en

4. Pill testing

Pill testing, also known as 'drug checking', is a harm-reduction intervention that analyses the contents of drugs to help people avoid taking unknown and potentially dangerous substances often found in illicit drugs. Pill testing facilities have been effectively used internationally since the 1990's and are currently available in approximately 20 countries in Europe, the Americas and New Zealand.

The published evidence reveals a number of benefits from this approach. Pill testing has been shown to change the black market. Products identified as particularly dangerous that subsequently became the subject of warning campaigns were found to leave the market, thus making the community safer.[8] Research also shows the ingredients of tested pills started to correspond to the expected components over time. This suggests pill testing might be able to change the black market in positive ways.

Research from Austria[9] has also indicated that 50% of those who had their drugs tested said the results affected their consumption choices. Two-thirds said they wouldn't consume the drug and would warn friends in cases of negative results.

Visits to pill-testing booths or services also create an important opportunity for providing support and information over and above the testing itself. They enable drug services to contact a population that is otherwise difficult to reach because these people are not experiencing acute drug problems. Indeed, the intervention itself has been used as the basis for follow-up work with members of not-yet-problematic, but nevertheless high-risk, groups of recreational drug users, thus helping to prevent potential harms from developing or occurring

Pill testing also enables the capture of long-term data about the actual substances present in the drug scene, and it creates the potential for an early warning system beyond immediate users. This is becoming all the more important as new psychoactive substances that may be used as adulterants are appearing more frequently.

[8] Spruit, I. (2001) *Monitoring Synthetic Drug Markets, Trends and Public Health*. Substance Use and Misuse

[9] European Monitoring Centre for Drugs and Drug Addiction (2001) *An inventory of on-site pill-testing interventions in the EU* http://web.archive.org/web/20081021045950/http:/www.drugtext.org/library/articles/kriener.htm

5. Harm minimisation approaches

Continuing and increased investment in alcohol and other drug treatment, support and harm minimisation programs is an essential adjunct to drug reform. Those seeking to address problematic substance use need to be able to access appropriate assistance when and where it will be most effective for them. Specific harm minimisation approaches needing immediate attention include:

a. Ongoing funding and support of existing drug and alcohol services, particularly the SAPHS

There is strong evidence that drug treatment works and is cost effective[10], and there is a well recognised need[11] for continued expansion of treatment services.

Specialised Alcohol and Other Drug Primary Health Services (SAPHS) provide access to holistic health services using harm reduction principles for marginalised people who often do not feel able to access other health services.

As described above, SAPHS provide a broad range of core services, but also create an accessible platform for other services required by people who use drugs for example, family drug support, co-location of lawyers and housing workers.

SAPHS operate in metropolitan Melbourne 'hotspots', with five of the six SAPHS operate in the inner suburbs of Melbourne. Only one, in Dandenong, operates outside this area. Expanding the SAPHS model to other areas would improve accessibility and the health of people from other areas. Ongoing funding for SAPHS is yet to be secured, with the services being frequently being reviewed and funding commitments often short term. Long term, sustainable funding commitments are required to ensure the viability of these critical services.

b. Introduce needle and syringe programs to all Victorian prisons, modelled on international best practice.

Despite being a proven harm minimisation approach, needle and syringe programs are currently not provided in Victoria's prisons, despite clear evidence of a very high prevalence of Hepatitis C infection amongst prisoners.

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[10] VAADA 2017-18 State Budget Submission https://www.vaada.org.au/publications/vaada-state-budget-submission-2017-2018/

[11] Ritter, A. & Stoove, M. (2016) *Alcohol and other drug treatment policy in Australia: We need more resources that are better spent*, MJA https://www.mja.com.au/journal/2016/204/4/alcohol-and-other-drug-treatment-policy-australia

By contrast, needle and syringe programs currently operate in more than 60 prisons across several countries including Spain, Moldova, Romania, Germany, Luxembourg, Tajikistan and Kyrgyzstan, and whilst the exact models differ, independent evaluations are consistently positive.[12] Notably, prison based needle and syringe programs have been found to[13]:

- reduce behaviours that contribute to HIV and hepatitis C transmission, such as the
- sharing of injection equipment;
- decrease overdoses and abscesses; and
- increase referrals to programs for drug dependency treatment.

Perhaps most significantly, no prison with an NSP to date has recorded a case of HIV or hepatitis C infection due to injecting drug use since the implementation of the program, nor have there been any recorded instances of prisoners using needles as weapons or corresponding increases in injecting drug use.

c. Support to people with a history of drug use who have recently exited prison

There is also an urgent need to improve the treatment and counselling services available within Victorian prisons, and to improve the pre-release planning and post-release referral for inmates with a history of drug and alcohol problems.

There is abundant international evidence that demonstrates that effective drug and alcohol treatment programs both within and outside of prison settings can reduce drug use and recidivism, with community based therapeutic programs and narcotic replacement programs found to be especially effective.[14] In spite of this, Victorian prisoners have minimal access to treatment whilst incarcerated, with those on sentences of six months or less often receiving no support, and the remainder of inmates only able to access group, rather than individual treatment and counselling. Furthermore, a majority of inmates - especially those who have served a full sentence without parole - are released without any referral or connection to health providers and/or other appropriate community-based supports. This

[12] Dolan K, Rutter S, Wodak A. (2003) Prison-*based syringe exchange programmes: A review of international research and development*. Addiction. https://www.ncbi.nlm.nih.gov/pubmed/12534419
[13] Jurgens, R. (2007). *Interventions to address HIV in prisons: Needle and syringe programmes and decontamination strategies.* Geneva: World Health Organization, United Nations Office on Drugs and Crime, and UNAIDS. http://apps.who.int/iris/handle/10665/43758
[14] Mitchell O., Wilson D. & MacKenzie D. (2006) The effectiveness of Incarceration-Based Drug Treatment on Criminal Behaviour. The Campbell Collaboration https://onlinelibrary.wiley.com/doi/10.4073/csr.2006.11

creates a high likelihood of relapsing and reoffending, whilst research has also shown that it places recently released prisoners at a very elevated risk of drug overdose and death.[15]

Priorities for action:

1. Shift the framework for drug response to a health focus, away from the current law and order based responses, as informed by international and national evidence.
2. Decriminalise currently illegal substances, with money currently spent on policing reinvested into treatment and harm reduction services.
3. Introduce medical prescription of heroin.
4. Expand the trial of medically supervised injection/consumption facility to other areas.
5. Establish pill testing services, modelled on international best practice.
6. Support and expand existing prevention, treatment and harm minimisation approaches, including:
    a. Introduce needle and syringe programs to all Victorian prisons
    b. Provision of naloxone and opiate replacement therapy
    c. Support to people with a history of drug use who have recently exited prison
    d. Ongoing funding and support of existing drug and alcohol services, particularly the SAPHS

[15] Merrall, E. L. C., Kariminia, A., Binswanger, I. A., Hobbs, M. S., Farrell, M., Marsden, J., … Bird, S. M. (2010). Meta-analysis of drug-related deaths soon after release from prison. *Addiction (Abingdon, England)*, *105*(9), 1545–1554. https://onlinelibrary.wiley.com/doi/full/10.1111/j.1360-0443.2010.02990.x