LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON COST OF LIVING PRESSURES IN THE ACT
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Submission Cover Sheet

Inquiry into Cost of Living Pressures in the ACT

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Families and Friends for Drug Law Reform (ACT) Inc.

committed to preventing tragedy that arises from illicit drug use

[redacted]

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Submission of Families and Friends for Drug Law Reform to the Select Committee Inquiry into Cost Of Living Pressures

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1.1. Focus of our submission

1. Families and Friends for Drug Law Reform is grateful for the opportunity to make a submission to your important enquiry which seeks to target disadvantage. This is clear from the Assembly's debate on 9 February when Elizabeth Lee, the Leader of the Opposition, in moving its establishment. referred to the scandalous situation of "the cost of living crisis facing Canberrans--the tens of thousands of Canberrans, including over 9,000 children, that are living in poverty in our nation's capital".[1] It is not overstating it to claim the people who become dependent upon illicit drugs are amongst the most disadvantaged and marginalised members of the Australian community on whom cost of living pressures weigh most acutely. If the committee wishes to ameliorate most extreme disadvantage in the ACT community it will consider amelioration of the situation of people who become entangled with drug problems and their families.

2. The interest in drug and alcohol services by people on low incomes reveals this link. A recent survey of people on low incomes by Uniting in Victoria and Tasmania disclosed that 10% of those surveyed considered that "Support with alcohol and drug issues" would make a positive difference to their situation. In the same survey, "double the percentage of men than women thought alcohol and drug services would be useful."[2]

3. Punitive drug policies disempower people who use drugs and fracture families, without whose support recovery is rendered immensely more difficult.

4. Sir Michael Marmot has identified "autonomy, control, empowerment" and what he terms "social participation" as "two important influences on health in explaining the hierarchy in health". Both are "crucially involved in the social hierarchy, because the lower people are in the hierarchy, the less autonomy and control they have, and the

1 Proof Hansard 9 February 2023, p.271.

2. Wilson, E., Churchus, C and Johnson, T. (2022), '*Can't afford to live'. The impact of the rising cost of living on Victorians and Tasmanians on low incomes.* (Melbourne, Uniting Victoria and Tasmania) pp.37 & 9 at https://www.unitingvictas.org.au/wp-content/uploads/FINALCant-afford-to-live-report_web-version-embargoed-until-19.10-1.pdf visited 15/03/2023

less able they are to participate fully in society."[3] Marmot's insights are promoted by the World Health Organization and inform the ACT's commitment to social inclusion.[4]

5. Marmot explains social participation as "being able to take your place in society as a fully paid-up member of society, as it were, to benefit from all that society has to offer. Now, in part that's social supports and social networks, but it also functions at a psychological level; it's self-esteem; it's the esteem of others. It's saying that I can benefit from the fruits that society has to offer."

1.2. Terms of reference that this submission addresses

6. Our submission addresses the disadvantage that flows from punitive drug policies and thus confines its attention to the following aspects of your Terms of reference. Our submission:

> Examines "cost of living pressures faced by low and moderate income households" (TOR 2a);
>
> incorporates "advice and ideas from the consultation process on how the ACT Government can further help address cost of living pressures" (TOR 2b));
>
> contains "timely recommendations to help inform the considerations of the Expenditure Review Committee of Cabinet in the Budget process" (TOR 2c)); and
>
> makes "longer term recommendations on cost of living trends to inform the development of future budgets" (TOR 2d)).

7. In the 28 years of its existence, Families and Friends have advocated the adoption of a drug policy based upon public health principles rather than one that seeks to force people to desist from drug use by exposing them to the stigmatising marginalisation of the coercive processes of the criminal law.

1.3. Recommendations

8. We urge the committee to base its recommendations on the following simple propositions:

> 1. Recognition that the most disadvantaged in the Canberra population include people dependent on illicit drugs. The manifestations of this disadvantage such as homelessness, unemployment and incarceration are outlined in appendix I;
>
> 2. Measures complying with public health principles applied in other jurisdictions in Australia and overseas have shown themselves capable of ameliorating disadvantage. These measures and their effectiveness are outlined in appendix II (pp. 17-21);
>
> 3. The common characteristic of all these effective measures is their reliance on public health principles that promote social inclusion rather than reinforcing

3. Michael Marmot, Interview with Sir Michael Marmot; Edited transcript of interview filmed for Unnatural Causes, (Public Broadcasting Service, October 2009) at https://unnaturalcauses.org/assets/uploads/file/MichaelMarmot.pdf visited 05/06/2021.

4. ACT Human Rights Commission, *Social inclusion plan 2019-2022* at https://hrc.act.gov.au/wp-content/uploads/2021/01/ACT-HRC-SIP-2019-2022-Revised270121.pdf visited 04/09/2021.

stigma and marginalisation that punitive approaches foster. The key to effectiveness of services is that they be accessible, effective and non-stigmatising.

4. Punitive drug policies initiate and compound disadvantage.
Risk factors of disadvantage reinforce each other, which means to say that addressing one such factor like dependency on illicit drugs will limit the prospect of the person accumulating additional risk factors that intensify their disadvantage. The resulting bundle of complexity can become extremely difficult to untangle.

9. This interrelationship between disadvantage and punitive drug policies was expressed in the following terms in the 2018 Australia21 report subtitled *Our drug laws are tearing apart Australia's social fabric, as well as harming drug users and their families*:

> "Dependence on illicit drugs, and other drug-related harms, are generally (though not always) influenced by risk factors commonly associated with disadvantage such as poor health, poverty and crime. For example, the larger the number of young people experiencing squalid housing, poverty, discrimination, poor healthcare, limited education, high levels of unemployment, underemployment and dismal future prospects, the more attractive a brief chemical vacation or lucrative illegal activity becomes. Developing harmful drug use behaviour then becomes a risk factor for acquiring or compounding the risk factors associated with disadvantage."[5]

1.4. Drug dependency as a generator of intergenerational disadvantage.

10. Punitive drug policy kicks off disadvantage that creates and reinforces intergenerational disadvantage. For example, arrest and conviction for a possession offence will very likely destroy a person's life chances producing a cascade of harmful consequences to people who, until their arrest, had no obvious risk factors for disadvantage. In the words of Tony Trimingham, the founder of Family Drug Support, it is "simply not true" to assume that drug problems are confined to "the poor, poorly educated or dysfunctional". "I have seen people in the most exclusive suburbs battle with the same issues as people from stereotypical poorer areas. Drugs do not discriminate."[6] Curiosity, loneliness, a propensity to risk-taking or any number of factors common to teenagers and young adults put them at risk of dabbling in drugs. A proportion of those who dabble will become dependent.[7] In this way a small proportion

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5. Australia21, *We all pay the price; Our drug laws are tearing apart Australia's social fabric, as well as harming drug users and their families* (Australia21 Limited, Weston ACT, October 2018) p.10.

6. Tony Trimingham, *A guide to coping; support for families faced with problematic drug use* (Family Drug Support & Queensland Injectors Health Network, Leura & Fortitude Valley, 2007) p.47.

7. Blue Moon Research & Planning Pty Ltd, *Illicit drugs: research to aid in the development of strategies to target youth and young people prepared for the Commonwealth Department of*

of offspring from "good families with no risk factors"[8] accumulate a wardrobe of disadvantage like dropping out of school, associating with a dysfunctional peer group, unemployment and poverty. Often this descent into disadvantage and serious dependency is precipitated by an encounter with law enforcement.

11. The disadvantage for them and their offspring can increase in intensity from one generation to another. Substance dependency is a most insidious generator as well as a multiplier of those common risk factors. Children from well-adjusted, privileged families may still be born with a personality that puts them at high risk of dabbling with illicit drugs. In Annex I it is related how in 2001 Marymead was attending to the needs of second generation families (para. 2.13, p.14). By now a third generation would have been added to their clients.

1.5. Considerations of cost and expediency in favour of a health focused drug policy

12. The foregoing considerations of justice and humanity are grounds enough to materially reduce disadvantage by the thorough application of public health principles to framing the ACT's drug policy. That said, we submit that the Select Committee would also be advised to have regard to the following two practical considerations:

1. What Families and Friends are proposing will save the budget money. The Swiss showed this to be the case in its assessment of Heroin Assisted Treatment which produced a net financial benefit. This was deduced having regard to the costs of the scheme and the savings most clearly linked to the benefits that the trial measured:

> "The average cost in the ambulatory treatment centres is estimated at 51 francs per patient per day. The general economic benefit flowing from saving realised in criminal prosecutions and prison sentences and from the improvement in the level of health is estimated at 96 francs. After deduction of the costs, an average benefit of 45 francs per patient per day is obtained".[9] The greater part of the economic benefits related to

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Health & Aged Care, Population Health Social Marketing Unit (June 2000)**Error! Bookmark not defined.**

8. Brian and Marion McConnell, *The drug Law wars: 20 years of families fighting at the front* (FFDLR, Kaleen, November 2015) pp.13-14, 20-21.

9. Switzerland, Federal Office of Public Health, *Treatment with prescription heroin, Arguments concerning the popular vote on the Urgent Federal Ordinance on the medical prescription of heroin (treatment with medically prescribed heroin) on 13 June 1999* being translation of Suisse, Office fédéral de la santé publique, *Traitement avec prescription d'héroïne: Argumentaire concernant la votation populaire sur l'arrêté fédéral urgent sur la prescription médicale d'héroïne (traitement avec prescription médicale d'héroïne) du 13 juin 1999* (GEWA, Zollikafen, avril 1999) and

> "savings in criminal investigations in prison days, followed by improvements in the state of health."[10]

Less tangible benefits going to the enhancement of community well-being and social inclusion should also be taken into account. Because public health focused drug policies will materially reduce the costly demand of providing for people with complex co-occurring substance and mental health conditions they will enable more value to be extracted from every dollar spent on social service.

2. Large tangible law enforcement benefits of a drug policy (see 3.10, p. 20) founded on public health materialise quickly and comfortably within short ACT and Australian electoral cycles.

1.6. Hydromorphone

13. Hydromorphone is an opioid analgesic. On the basis of trials of it conducted in British Columbia, the benefits of this pharmacotherapy are comparable to those of Heroin Assisted Treatment (para.3.11, p. 20).

14. In 2019 the National Health and Medical Research Council proposed a trial by the University of New South Wales which was approved by the Commonwealth Health Minister, Greg Hunt, of a trial of:

> "Implementation of time-limited parenteral[11] hydromorphone in people with treatment-resistant injecting opioid use disorder: Feasibility, acceptability, and cost."[12]

15. This trial was approved in 2019, after the release in December 2018 of the 2018-2021 ACT drug strategy.[13]

Felix Gutzwiller & Thomas Steffen, *Cost-benefit analysis of heroin maintenance treatment* (Karger, Basel, Freiburg, Paris &c, 1999) being vol. 2 of A. Uchtenhagen, F. Gutzwiller, A. Dobler-Mikola, T. Steffen, M. Rihs-Middel, Medical prescription of Narcotics

10. A. Uchtenhagen, A. Dobler-Mikola, T. Steffen, F. Gutzwiller, R. Blättler & S. Pfeifer, *Prescription of narcotics for heroin addicts: main results of the Swiss national Cohort Study* (Karger, Basel, Freiburg, Paris &c, 1999) being vol. 1, p. 8 of A. Uchtenhagen, F. Gutzwiller, A. Dobler-Mikola, T. Steffen, M. Rihs-Middel, Medical prescription of Narcotics

11. Administered or occurring elsewhere in the body than the mouth and alimentary canal. In other words, injectable hydromorphone.

12. National Health and Medical Research Council, 2018 Partnership Projects Third Call for Funding Commencing in 2019 at https://www.nhmrc.gov.au/sites/default/files/documents/attachments/grant%20documents/Partnership-third-call-2019.pdf visited 01/06/2020.

13. ACT Health Directorate, ACT Drug Strategy Action Plan 2018-2021: A Plan to Minimise Harms from Alcohol, Tobacco and Other Drug Use (ACT Health Directorate, Canberra, 2018) at https://health.act.gov.au/about-our-health-systempopulation-health/act-drug-strategy-action-

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16. Inexplicably the current 2022-26 ACT drug strategy action plan[14] and its predecessor released in December 2018 shortly before approval of the hydromorphone trial did not retain a commitment found in the earlier drug strategies to "support researchers to seek funding to participate in a clinical research trial of hydromorphone in the ACT."[15] In 2018 a Victorian inquiry into drug law reform recommended "a trial of other controlled and pharmaceutical grade opioids (such as hydromorphone) for a small group of people [which] should be conducted, accompanied by robust evaluation."[16] Such a trial and implementation of hydromorphone are being discussed in Victoria.[17]

17. As a measure to reduce disadvantage the committee would be advised to recommend to the government the introduction of hydromorphone as a pharmacotherapy for opiate dependency in the event that National Health and Medical Research Council approves trials to replicate the results of trials in British Colombia.

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plan.

14. ACT Government, ACT Health Directorate (2022). ACT Drug Strategy Action Plan 2022-2026. Canberra at https://www.health.act.gov.au/sites/default/files/2022-12/ACT%20Drug%20Strategy%20Action%20Plan%202022-26_Accessible%20version_0.pdf

15. ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014 at http://www.atoda.org.au/wp-content/uploads/2017/09/ACT-Alcohol-Tobacco-and-Other-Drug-Strategy-2010-2014.pdf visited 1/3/2021.

16. Victoria, Parliament, parliament, Law Reform, Road and Community Safety Committee, Inquiry into drug law reform, (Victorian Government Printer, Melbourne, March 2018) p. xxxi at https://www.parliament.vic.gov.au/file_uploads/LRRCSC_58-03_Full_Report_Text_WEB_XQB31XDL.pdf visited 28/03/2018 .

17. Alex Wodak, Bob Douglas, David McDonald, The case for an Australian heroin trial: strong then, even stronger now (*Pearls & Irritations*) 8 November 2021 at https://johnmenadue.com/the-case-for-an-australian-heroin-trial-strong-then-even-stronger-now/ visited 14/11/2021

2. ANNEX I: COINCIDENCE OF DRUG USE AND DEPENDENCY WITH DISADVANTAGE UNDER PUNITIVE DRUG POLICY

Coming into contact with police and criminal justice services	Young people in families with a history of intensive income support were more likely to come into contact with police/courts (McLachlan et al 2013 p. 126)

2.1. HOMELESSNESS/ACCOMMODATION

Homelessness	One of the four main pathways into homelessness is "Untreated mental health and substance use disorders that lead to the loss of housing, education, employment, family and other relationships" (Homelessness Taskforce (2008), pp. 6 & 24):

2.1.1. Drug dependency

Drug dependency	" . . . drugs have displaced alcohol as the most abused substance among the homeless, particularly among the young" (Johnson & Chamberlain 2007 p. 5)
	"Many homeless people (women, men and young people) have been victims of crime. A lack of secure housing means that many homeless people are vulnerable to acts of violence while homeless."" (Forell et al. (2005))
	"We are constantly dealing with homelessness and people using drugs are getting into desperate financial difficulties" (Kasey Chambers, Executive Director, Anglicare Australia in Australia21, 2018).

2.1.2. Being a victim of crime

Being a victim of crime	Many people experiencing homelessness have previously had some interaction with the legal system, either as a defendant or victim of violence in a criminal matter (Homelessness Taskforce 2008, p.55)**.**

2.1.3. Mental illness

Mental illness	The Commonwealth's Homelessness Taskforce considered that: "About one third of SAAP clients required intensive and/or ongoing assistance with mental health issues" (Homelessness Taskforce 2008, p. 8).

2.2. Financial distress/Poverty

Poverty/financial distress	"The harms done by poverty and disadvantage are very real and they can be exacerbated by drug use (Australia21, 2018 p.23). "Some drugs can be very expensive – the street price of illicit drugs depends on availability and demand. If you have become dependent on a drug, you could end up in financial trouble." (Department of Health and Aged Care (2019)).

2.3. Disability

Disability	"Every respondent (18 individuals) who was either a parent of a child with disability or carer of an adult with disability additionally identified impacts of cost of living related to use of alcohol and drugs." Wilson et al. 2022)

2.4. Drug dependency and homelessness mutually reinforce each other

Drug dependency and homelessness mutually reinforce each other	We identified that 1,940 people, or 43 per cent of the sample, had substance use issues. Table 2 shows that two-thirds (66 per cent) of them developed substance use problems after they became homeless. Our data confirm that substance use is common among the homeless population, but for most people drug use follows homelessness. Drug use is an adaptive response to an unpleasant and stressful environment and drug use creates new problems for many people" (Johnson & Chamberlain 2007 p. 8).

2.5. Welfare dependence

Welfare dependenc	Young people in families with a history of intensive income support were more likely to take health risks (smoking, drinking, illicit drug use) (McLachlan et al 2013 p. 126). There is a lack of clear evidence that drug dependence, or drug use-related problems, are more prevalent among people on welfare than among the employed; indeed, a classic study estimated that in the USA about 70 per cent of people who use drugs were employed (in Giesbrecht and MacDonald 2001). In Australia, 25 per cent of unemployed people and 16 per cent of employed people reported using an illicit drug in the previous year in 2010 (Australian Institute of Health

	and Welfare 2011; see also Pidd *et al.* 2008b) (ANCD 2013)

2.6. Unemployment

Unemployment	"Use of illicit drugs in the past 12 months was more prevalent among the unemployed, with people who were unemployed being 1.6 times more likely to use cannabis, 2.4 times more likely to use meth/amphetamine and 1.8 times more likely to use ecstasy than employed people." (The Conversation, 2017).

2.7. PRISON/ JUSTICE SYSTEM

PRISON/ JUSTICE SYSTEM	

2.7.1. Crime

Crime	"Research shows that more than half, and possibly up to 80% of property offences have some drug involvement. Between 45% and 60% of convicted offenders committed property crimes to support drug habits. Some 64% of offenders admitted using drugs (to give them a lift, or courage) to commit an offence." (Prime Minister, "Launch of the Australian National Council on Drugs" 16 March 1998).

2.7.2. Imprisonment

Imprisonment	In the month prior to their current incarceration, approximately one-third of respondents (35%) reported injecting illicit drugs once a day or more often" (*Young et al.* 2016, p. 42). the key findings of the [2016 ACT detainee health and Well-being Survey] point overwhelmingly to the socioeconomic and cultural disadvantage " (Young *et al.* 2016, p. 55).

2.7.3. Indigenous crime & imprisonment

Indigenous crime and imprisonment	The most powerful predictors of being charged or imprisoned are alcohol consumption and drug use (Dodson & Boyd Hunter, 2006).

2.7.4. Mental illness & justice system

Mental illness	"Among those who formally enter the justice system, people with mental illness are overrepresented at every stage. Among police detainees, about 43% of men and 55% of women were reported to have a previously diagnosed mental disorder; while about 40% of prison entrants have been told they have a mental health disorder (including substance use disorder) at some stage in their life — double the rate among the general population" (Productivity Commission, Report Mental Health vol. 1, No. 95, p. 46, 30 June 2020)

2.8. SUICIDE

SUICIDE	"the highest rates of drug-induced suicide in 2020 were seen in the Australian Capital Territory, with 4.9 such deaths per 100,000 population" A meta-analysis of the number of North American studies showed that someone with an opioid use disorder is 13 times more likely to attempt suicide than a member of the community at large, intravenous drug users are between 13 and 14 times more likely and mixed drug users (those we would refer to as polydrug users) an astounding 16 to 17 times more likely. (Wilcox et al 2004)

2.9. Victimisation & drug use

2.10. Victimisation	People who inject drugs experience "relentless social marginalisation . . . , as well as highlighting the victimisation of men who inject" (Dertadian and Tomsen 2021.

2.11. Domestic Violence

Domestic Violence	"Harmful alcohol and other drug (AOD) use is acknowledged to be associated with, and a risk factor for, experiencing and/or using domestic and family violence (DFV)." (Jenner *et al.* Scope of practice (2017))

2.12. Child abuse & neglect

Child abuse & neglect	"While child abuse and neglect is not necessarily a consequence of families experiencing deep and persistent disadvantage, the rates tend to be higher in families with lower socioeconomic

	status, where parents have a mental illness or misuse substances, or where there is evidence of domestic violence (Taylor *et al.* 2008)" (McLachlan *et al* 2013) The Vardon report identified in the ACT "many children" in need of care and protection who ". . . are living in poor conditions and with domestic violence and/or drug and alcohol-affected parents"(Vardon 2004 168)

2.13. Magnification of intergenerational disadvantage

Magnification of intergenerational disadvantage	"Any of the determinants of disadvantage can be the accumulation of circumstances or events across different life stages and, in some cases across generations." (McLachlan *et al* 2013 p.97) Marymead Director in 2001: "[W]e're now certainly seeing second generation families. Of course, there are children who are resilient, who will break out of the lifestyle of drug abuse but there are others who have not been able to escape that and it's really quite difficult to imagine how they're going to find their way out of that" (Mickleburgh 2001).

2.14. Poor education & education drop out

Poor education & education drop out	Events such as the onset of poor health or disability and relationship breakdowns can trigger disadvantage. People with poor health and disabilities can have more limited opportunities to engage in education, paid work and life in their local community. Others can face personal barriers (ranging from caring responsibilities to addictions and criminal records). These groups have an increased risk of experiencing persistent multiple disadvantage. (McLachlan *et al* 2013 p.97)

2.15. School exclusion

School exclusion Trends in Substance Use Among Australian Secondary Students (2017) use in last month; 12 – 15yo - 5%; 16 – 17 yo 15%; 12 – 17 8%	**In NSW** Immediate Suspension is required from Government schools if students "Use, supply or have an illegal or restricted substance like drugs or someone else's medication (but not alcohol or tobacco)." Exclusionary school policies such as school suspension contribute to exclusion, increase

(Guerin *et al.* 2017) table 10	the likelihood of school dropout (reducing educational and subsequent employment opportunities), and negatively impact on student wellbeing. Often excluded students are from socio-economically disadvantaged areas" Hemphill *et al.* 2010) **In ACT:** The principal of a school may exclude a student if the student has engaged in unsafe or non-compliant behaviour and the school has exhausted all reasonable alternatives (Part 2A.2 *Education Act 2004*). A student's behaviour is unsafe or noncompliant if the behaviour reduces the safety or effectiveness of the classroom environment because it is: · Persistent or disruptively noncompliant; or · Poses an unacceptable risk to the safety or well-being of another student, staff or someone else involved in the school's operation. The Act does not specifically mention drugs but the Safe and Supportive Schools Policy does: "All school community members are expected to comply with all criminal laws in the ACT, which includes, but is not limited to offences relating to unlawful behaviour involving - weapons, alcohol, drugs, dangerous acts, vandalism, violence, harassment, digital technology and sexual misconduct (para.4.5).

2.16. Poor physical health

Poor physical health	People who inject drugs commonly (two thirds) experience health related injection problems like scarring/bruising, infection/abscess and thrombosis (IDRS 2007, pp.172-73).

2.17. MENTAL ILLNESS

2.17.1. Poor Mental heath

Mental illness	The combination of substance dependency and other mental health conditions is the expectation rather than the exception (SENATE 2006, Chapt .14).

2.17.2. Victimisation & mental health

Victimisation	People with mental illness are more likely to be a victim of crime or require resolution of legal issues than the general population. (Productivity Commission, Report Mental Health 30 June 2020, vol. 2, no. 95, p.102

2.18. Isolation

Isolation of drug users and their families	People who inject drugs "commonly have limited social networks, as rejection by non-using friends often leads to social isolation"(Goodhew *et al.* 2016). Stigma and marginalisation that so disempowers drug users also infiltrates the existence of fearful families and carers compounding their problems.
Isolation of families/carers	"loneliness is exactly what [parents] feel. For many, the stigma and shame of having a drug user in the family has meant that even close friends and family – usually the sounding board for all kinds of personal troubles and secrets – are not confided in. Even if they are told, the resulting reaction – often shock, followed by uncomfortable and unhelpful signs from people who just don't know how to support you – can only lead to feeling further shame, isolation and secrecy" (Trimingham 2007, p. 49).

3. ANNEX II: EXAMPLES OF HOW TACKLING DRUG DEPENDENCE AS A HEALTH RATHER THAN A LAW AND ORDER ISSUE REDUCES DISADVANTAGE

3.1. Financial distress/Poverty

3.1.1. Debt

Heroin assisted treatment – Switzerland	"Debts decreased continuously during the treatment period. After 18 months of treatment, one third of patients were debt free and a further quarter were only moderately indebted. These differences also highly significant." (Uchtenhagen et al. (1999) pp. 60).

3.2. Accommodation

Heroin assisted treatment – Switzerland	"Homelessness decreased and patients no longer had to live in institutions. Even the non-dependent form of accommodation in lodgings decreased, whereas independent accommodation became more common . . . Unstable living conditions dropped below half the initial value, stable living conditions increased accordingly. These changes were continuous over the entire treatment period and are highly significant" (Uchtenhagen et al. (1999) pp. 58-59).
Heroin assisted treatment – Germany	91% of those returned in treatment in year 2 of the trial were in stable housing compared to just 76% at baseline (para.3.13 p.22)
South Australian cannabis expiation compared to Western Australian conviction system.	**"**No respondents in the SA expiation group identified any negative accommodation consequences of their Cannabis Expiation Notice, just under a sixth (16.2%, = 11) of the WA sample identified at least one negative impact on the residential status which they believed was 'somewhat' or 'very' related to their cannabis conviction'' **(**Lenton et al. 1998: p. 24)
Health services and ongoing relationships with homeless clients.	A response to homelessness will require a strong focus on provision of health services, in particular mental health, and drug and alcohol services. Such a response should not only be clinical, but should be based on building an ongoing relationship with the client individual (ACT AHSG 2009, p.12) .

3.3. Welfare dependency

Heroin assisted treatment – Switzerland	Switzerland: The number of patients receiving welfare increased slightly before dropping below that of the initial value in the third six-month treatment period. The group progression is significant. It is noteworthy that not always the same patients were involved. More than a third of those initially requiring welfare no longer needed this type of support, and more than a third of those who were originally independent of welfare later received it, as this income was reduced (Uchtenhagen *et al.* (1999) p. 61).

3.4. Poor Physical health

***Sydney MSIC**:*	"The main impact on client health as identified by staff with less scarring and abscesses and vascular damage, less groin injection, improved self esteem and psycho-social functioning." (MSIC Evaluation Committee, 2003 p.37
North Richmond Medically Supervised injection Centre:	"The service has also removed barriers to critical health and social supports for people who need them. Highly skilled and dedicated staff have provided more than 112,000 health and social services onsite including Hepatitis C testing and treatment, homelessness support, mental health support, dental care, general practice, and addiction support and treatment." (North Richmond Community Health, March 2023).
Heroin assisted treatment – Switzerland	"Nutritional status and general physical status had improved. "There was a marked progression particularly in the area of injection-related skin diseases. Underweight conditions after 18 months of treatment primarily involved patients with an HIV HIV infection. The need for medical treatment was considered to be at about the same level as after 12 months of treatment." (Uchtenhagen *et al.* 1999 p. 48*)*

3.5. Poor mental health

Sydney MSIC	Despite the reluctance [of clients] to engage with other health services, clients suffer poor mental health. As a service that facilitates sustained, ongoing contact with the clients, MSIC is uniquely placed to engage . . . with people who inject drugs around mental health issues. Indeed this potential is reflected both in the visit numbers of the frequent attendees described here (up to 321

	within a 3-month period) and in the 100% response rate of clients invited to participate in this study." (Goodhew *et al.* 2016)

3.6. Domestic Violence

	"There is some good-quality evidence that addressing mental health (particularly PTSD symptoms and depression) in an integrated AOD/DFV intervention assists women who have experienced violence." (Jenner et al. Practice guide (2017)).

3.7. Being a victim of crime

Sydney MSIC:	*Sydney MSIC:* "Our research provides qualitative evidence of the way those who inject are themselves victimised, including by serious police violence and public harassment, and these are further sources of marginalisation from which our interviewees found refuge at the MSIC." (Dertadian and Tomsen (2021))
Heroin assisted treatment – Switzerland	*Switzerland*: A strong drop was observed with the exception of the relatively rare violent offences and of bicycle thefts (unrelated to drug-addicts' lifestyle" (Killias *et al* 2005) Robbery and being cheated when buying drugs became significantly less frequent, as opposed to physical and sexual violence which did not decrease significantly but remained rare events" (Uchtenhagen *et al.* 1999)

3.8. Employment

Heroin assisted treatment – Switzerland	"Despite a difficult labour market situation, there was nearly a twofold increase in permanent employment whereas unemployment dropped to less than half. The differences are highly significant. It also became evident that 28% of those unemployed on admission found regular employment and 24% of those originally working temporarily had found a permanent job. The changes occurred predominantly during the first year of treatment." (Uchtenhagen *et al.* 1999 p. 59-60).
Heroin assisted treatment – Germany	26% of those retained treatment in year 2 were in employment compared to only 15% at baseline (para.3.13 p.22)
South Australian cannabis expiation compared to	

Western Australian conviction system.	”There was a significant difference between the groups in terms of negative employment consequences of conviction or Cannabis Expiation Notice. While only 2.1% of the respondents in the SA expiated group identified any negative employment consequence from receiving their CEN, just under 1/3 (32.4%) of WA respondents identified at least one negative employment consequence which they believed was related to their cannabis conviction” (Lenton et al. 1998: p. 24)

3.9. PRISON/ JUSTICE SYSTEM

3.10. Crime

Heroin assisted treatment – Switzerland	The results of the trial led a leading criminologist to conclude that “heroin treatment constitutes without doubt one of the most effective measures ever tried in the area of crime prevention.” (Translation from Killias *et al.* 2002, p.80). In the first six months of treatment, the number of people committing offences decreased markedly and in the second six months there was a further reduction. In particular, the decrease in shoplifting, breaking and entering, drug dealing and handling stolen goods is highly significant. Only physical violence increased slightly but not significantly. . . . The mean number of offences committed per person in the six months prior to the interview and the number of offenders dropped significantly. The reduction in so-called drug-related offences actually reached 90%.” (Uchtenhagen *et al.* 1999 p. 65).
Heroin assisted treatment – Germany	25% of those retained in treatment over 2 years were involved in illegal activities compared to 70% at baseline (para.3.13 p.22).

3.11. Imprisonment

British Columbia followed Sydney in pioneering a	BC imprisonment rate 66 per 100,000 compared to 116.2 for ACT; BC’s rate is 43% less than the

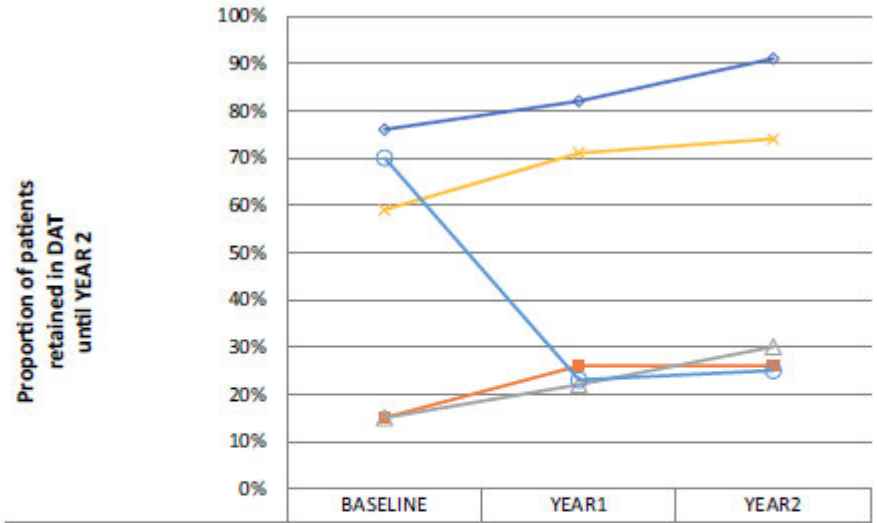
medically supervised consumption room in Vancouver and subsequently moved to adopt heroin assisted treatment and a trial of hydromorphone	ACT imprisonment rate (ROGS 2023 table 8A.5 & Statistics Canada, Table 1, Average daily counts of adults in correctional services, by type of supervision and jurisdiction, 2018/2019)
Heroin assisted treatment – Switzerland	80 per 100,000 = 31% less than ACT (World Prison Brief)
Heroin assisted treatment – Netherlands	??? 60 per 100,000 = 48% less than ACT

3.12. Changes in social integration

Effect on relationships of South Australian cannabis expiation or Western Australian conviction system.	There was a significant difference between the groups in terms of negative relationship consequences of conviction or CEN. 120 (5.1%) of the SA expiated group identified any negative relationship consequences of the CEN, while one in five (20.1%) of the WA respondents identified at least one negative relationship event related to their cannabis conviction." (Lenton et al. 1998: p. 36)
Heroin assisted treatment – Switzerland	The proportion of those who had contact with drug users several times weekly fell to less than half during the first year of treatment. Accordingly, the number of those increased who rarely or never had such contacts. . . . Contact with the drug scene regressed significantly. This is in line with the reduced use of illicit substances." ((Uchtenhagen *et al.* 1999 pp. 62-63).
Heroin assisted treatment – Germany	After 2 years retained in treatment 30% had drug-free social contacts compared to only 15% at baseline. And 74% were involved in leisure activities compared with just 59% at baseline (para.3.13 p.22) "The appeal of [opioid agonist treatment] for dependent heroin users is that a daily dose of medication will abolish withdrawal and reduce cravings, freeing them from the need for compulsive drug use and allowing them to resume normal interests and activities" (Bell *et al.* (2018))

3.13. Social situation of patients of Heroin Assisted Treatment in Germany

Improvements in the social situation of patients in the German trial of heroin assisted treatment	Chart reproduced from James Bell, Vendula Belackova, Nicholas Lintzeris, Supervised Injectable Opioid Treatment for the Management of Opioid Dependence, Drugs (2018) 78:1339–1352; Drugs. 2018 Sep;78(13):1339-1352 at p. 1347. doi: 10.1007/s40265-018-0962-y.at https://pubmed.ncbi.nlm.nih.gov/30132259/.



	BASELINE	YEAR1	YEAR2
Stable housing	76%	82%	91%
Employment	15%	26%	26%
Drug-free social contacts	15%	22%	30%
Leisure activities	59%	71%	74%
Illegal activities	70%	23%	25%

Fig. 2 Significant impact of DAT on participants' social outcomes over 2 years (German study—Verthein et al. [49])

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