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FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON THE DRUGS OF DEPENDENCE (PERSONAL USE) AMENDMENT BILL 2021
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Submission Cover Sheet

Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021

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Unharm submission to the Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021

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Unharm submission

Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021

Submission prepared by Dr Will Tregoning, Unharm CEO

Introduction

Unharm appreciates the opportunity to make a submission to this inquiry.

About Unharm

Unharm is a health promotion charity founded in 2014. Our goal is to make drug use legal and safe in Australia so that everyone has a better chance to lead a healthy and happy life.

This submission

This submission focuses on the first two parts of the terms of reference for this inquiry:

1. An examination of the Bill's provisions.
2. Best practice policy approaches and responses undertaken in other jurisdictions, including internationally, to reduce harm and societal impacts from drugs.

An examination of the Bill's provisions

This section of the submission reviews the Bill's provisions, including with reference to the Explanatory Statement to the Bill.

The intent of the Bill is consistent with mainstream policy

The explanatory statement alongside this Bill describes an intent to divert people who use prohibited substances out of the criminal justice system. This is commendable and consistent with the *Australian National Drug Strategy 2017-2026* which endorses diversion as evidence-based 'good practice.'[1] This intent is also consistent with the advice of 'several prominent UN agencies, including UNAIDS, the World Health Organisation (WHO), the United Nations Development Programme, and the Office of the United Nations High Commissioner for Human Rights (OHCHR), have all expressed the need to decriminalise the possession of drugs for personal use.'[2]

The specific features of 'decriminalisation' models matters

There is substantial difference in the detail and effects of different policies conceptualised as 'decriminalisation.' This has been described in detail in the recent publication 'Drug Decriminalisation: Progress or Political Red Herring?: Assessing the Impact of Current Models of Decriminalisation on

[1] Department of Health, 2017, *National Drug Strategy 2017-2026*.

[2] Niamh Eastwood et al, 2016, *A quiet revolution: drug decriminalisation across the globe*, Release.

People Who Use Drugs,' from the International Network of People who Use Drugs (INPUD).[3] The authors of that report observe

> *fundamental problems associated with models of decriminalisation that rely upon the use of administrative or civil sanctions that continue to punish, stigmatise, and humiliate people who use drugs through the use of social control, surveillance, and diversion.... [S]uch approaches work to reinforce — rather than challenge — entrenched negative attitudes and values towards people who use drugs.*[4]

As noted in the *Final report of the National Ice Taskforce*, social stigma deters some people from seeking or completing treatment programs.[5] Stigmatisation is also inconsistent with the Australian National Drug Strategy which recommends that

> *It is... important that any responses do not inadvertently or unintentionally further marginalise or stigmatise people who are at higher risk of experiencing alcohol, tobacco and other drug related harm.*[6]

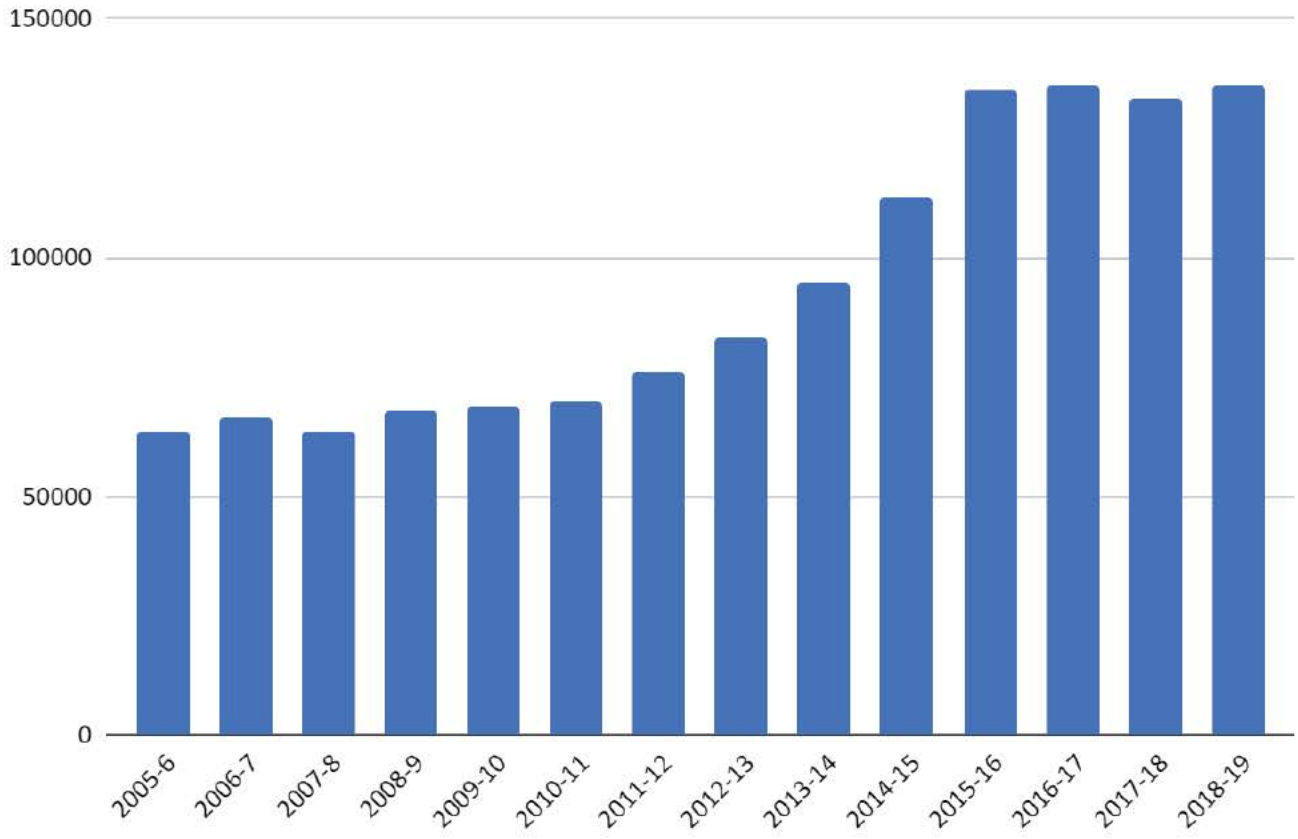
The provisions of this Bill should be considered in the light of the concerns raised in INPUD's report, and as outlined in the following sections of this submission.

Partial decriminalisation may have perverse effects

Over the last two decades in Australia, state and territory governments have all introduced versions of 'diversion' programs for drug consumer offences. As noted above, this is consistent with the National Drug Strategy. However, according to data published annually by the Australian Criminal Intelligence Commission (ACIC), the rate of drug consumer arrests in Australia has approximately doubled in the 15 years to June 2019.

The chart below shows the number of 'consumer arrests' each year in Australia, across the period 2005-6 to 2018-19, as reported by the ACIC.

[3] Annie Madden et al, 2021, 'Drug Decriminalisation: Progress or Political Red Herring?: Assessing the Impact of Current Models of Decriminalisation on People Who Use Drugs,' INPUD.
[4] Ibid, pg., 22
[5] Department of the Prime Minister and Cabinet, 2015, Final Report of the National Ice Taskforce, Commonwealth of Australia.
[6] Department of Health, 2017, *National Drug Strategy 2017-2026*.



This increase in drug consumer arrests, despite the intent to divert people out of the criminal justice system, indicates that limited versions of 'decriminalisation', like that in the proposed Bill, can have perverse outcomes - in this case, an increase in interactions between members of the public and the criminal justice system.

It is notable that despite the national increase in drug consumer arrests, consumer arrests in the ACT have declined in the most recently reported year (2018-19)[7] to levels similar to those reported in 2005-06. Given the similarity between the ACT's diversionary program and those in Australian jurisdictions, at least some of the effect could be attributed to policing practices in the ACT. The Committee might consider whether the parliament could be more ambitious than the proposed Bill in decriminalising drug use, given they are working with what could be considered, in relation to this policy area, among the most progressive police services in Australia.

The concept 'Drugs of dependence' deserves reexamination

The Bill takes its name from the existing Drugs of Dependence Act. The name of that Act, and the proposed Bill, implies that there is a specific set of substances that are inherently dependence-causing. The Committee might consider whether there is a scientific basis for this

[7] Australian Criminal Intelligence Commission, 2020, *Illicit drug data report 2018-19*.

categorisation of substances as such, or whether this reflects a misrepresentation or misunderstanding of dependence.

Firstly, drug dependence is not inherently harmful - the clearest example being that many people depend on pharmaceutical drugs that improve their quality of life or indeed keep them alive.

In addition, dependence is a minority experience among people who use the substances covered by the existing Act and the proposed Bill. The United Nations *World Drug Report 2020* reports that:

> *Among the estimated 269 million people who used [prohibited] drugs in the past year, some 35.6 million people (range: 19.0 million to 52.2 million) are estimated to suffer from drug use disorders, meaning that their pattern of drug use is harmful, or they may experience drug dependence and/or require treatment.*

In this analysis from the United Nations, approximately 13% of people who used prohibited drugs are experiencing a drug use disorder. Given that drug use disorders are a minority experience, and that drug dependence is neither unique to the substances covered by the Act and the proposed Bill, nor inherently harmful, the name of the Act and the proposed Bill therefore might reasonably be interpreted as unscientific in nature and worthy of revision.

Consider the legal status of alcohol use as a norm

An alternative approach to 'decriminalisation' would take its form from the current legal status of alcohol use. Alcohol is the most commonly used substance included in the National Drug Strategy.[8] Alcohol might therefore reasonably be considered the 'norm' which should guide the legal status of other substances. Treating alcohol and other drug use as legally equal is the most equitable approach, it normalises regulatory practices across different drug types, and it removes risk of punishment as a barrier to pro-health behaviours.

Although it is sometimes described as 'decriminalisation' the Bill includes provisions for imprisonment of up to two years for possession of small quantities, for example 0.5 grams of MDMA. The explanatory notes make no attempt to justify this provision. It might reasonably be interpreted as unjustifiable, and deserves reconsideration. In addition, the Committee might give consideration to the appropriateness of 'deemed trafficking' provisions based on possession of amounts above the 'personal possession limits.' 'Deemed' offences, which reverse the onus of proof in legal proceedings, are inconsistent with normal principles of the justice system and should be reconsidered.

The explanatory notes for the Bill do not distinguish clearly between 'drug offenders' and 'people affected by drug addiction.' Just as with people who use alcohol, most people who use prohibited drugs are not 'affected by addiction.' This is important because most do not want or need 'treatment.'

[8] Australian Institute of Health and Welfare, 2020, *National Drug Strategy Household Survey 2019*.

Policies that compel people who use drugs to participate in treatment are stigmatising, wasteful and distract from the need to ensure that alcohol and other drug treatment services are appropriate and accessible for people who want them.

The Bill includes fines for possession of amounts above the personal possession limits. Fines for drug use are inherently inequitable in that those fines are not issued for alcohol use, and are additionally inequitable in that they impose the greatest burden on people living in poverty. This provision should be reconsidered.

Best practice policy approaches and responses undertaken in other jurisdictions, including internationally, to reduce harm and societal impacts from drugs.

This section of the submission summarises evidence about best practice in preventing drug-related harm.

Community development

An extensive review of the literature around drugs and poverty concluded that addressing 'relative poverty, deprivation and widening inequalities' should be treated as core business for drug policy because they 'weaken the social fabric, damage health and increase crime rates' and while 'not all marginalised people will develop a drug problem… those at the margins of society, such as the homeless and those in care, are most at risk.'[9]

There is a substantial body of evidence that shows how drug-related problems compound and are compounded by disadvantage and social exclusion. Illicit drug use occurs at all levels of society but illicit-drug-related harms are particularly prevalent among poorer people.[10] [11] Drug-related problems are often rooted in socio-economic issues, disadvantages and personal traumas[12] and key risk factors predicting harmful drug use included 'extreme social disadvantage, family breakdown and child abuse and neglect.'[13] Problem users typically experience 'considerable difficulties before they began taking illegal substances'[14] including problems of health and crime, unemployment, social exclusion and

[9] Shaw, April, et al., 2007, Drugs and poverty: A literature review, Scottish Drugs Forum.
[10] Seddon, Toby, 2006, 'Drugs, crime and social exclusion.' In British Journal of Criminology, 46(4), 680-703.
[11] Ministerial Council on Drug Strategy, 2011, National Drug Strategy 2010-2015, Commonwealth of Australia.
[12] Stevens, Alex, 2011, Drugs, Crime and Public Health: The Political Economy of Drug Policy. Routledge.
[13] Loxley, Wendy, et al, 2004, The prevention of substance use, risk and harm in Australia: a review of the evidence, Australian Government Department of Health and Ageing.
[14] Taylor, Stuart, et al., 2016, 'Prohibition, privilege and the drug apartheid: The failure of drug policy reform to address the underlying fallacies of drug prohibition,' in Criminology and Criminal Justice, pp1-18.

poverty.[15] There are also clear correlations between adverse childhood experiences, particularly child abuse and family violence, and harmful drug use in later life.[16]

A growing body of evidence has begun to identify 'the range of environmental and social factors that support the adoption of those deeper and more enduring habits and practices that support resilience and wellbeing.'[17] It has shown the importance of 'individual aspects of community life – such as places and settings, community services, the provision of resources and supports, and the importance of family and peer relationships – in generating therapeutic benefits' which facilitate wellbeing.[18] The capacity of people to recover from drug related problems depends on the availability of affective resources like hope, joy or confidence that extend their capacity to act positively.[19]

Health, crime, unemployment, social exclusion and poverty are often dealt with separately and through different agencies, authorities and specialisms, making it difficult to address the factors that increase drug-related problems.[20] A UK analysis of intersections between community characteristics and drug related problems concluded that 'complex needs require patient, multi-agency responses supported by ongoing partnership networks.'[21] The *Australian National Drug Strategy 2017-2026* reflects a similar approach in that it is underpinned by, among other things, a commitment to 'integrated, holistic and systems based partnerships.'

Strategies for government to promote a 'whole of community' approach to preventing drug-related problems include the following:

- Broad social and economic policies that seek to improve conditions for the healthy development of children and youth, build parenting and family capacity, reduce disadvantage, increase equity, and strengthen community. [22] [23]
- Encourage participation of at-risk groups in community life including recreational, sporting and cultural activities.[24]

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[15] MacGregor S and Thickett A, 2011. 'Partnerships and communities in English drug policy: The challenge of deprivation.' In International Journal of Drug Policy 22(6): 478– 490.
[16] De Venter et al, 2013, 'The relationship between adverse childhood experiences and mental health in adulthood. A systematic literature review', Tijdschrift voor psychiatrie, 55(4)
[17] Duff, Cameron, 2009,'The drifting city: The role of affect and repair in the development of "Enabling Environments,"' in International Journal of Drug Policy, 20 (3).
[18] Duff, Cameron, 2014, Assemblages of Health, Springer.
[19] Duff, Cameron, 2014, Assemblages of Health, Springer.
[20] MacGregor S and Thickett A, 2011. 'Partnerships and communities in English drug policy: The challenge of deprivation.' In International Journal of Drug Policy 22(6): 478– 490.
[21] MacGregor S and Thickett A, 2011. 'Partnerships and communities in English drug policy: The challenge of deprivation.' In International Journal of Drug Policy 22(6): 478– 490.
[22] Ministerial Council on Drug Strategy, 2011, National Drug Strategy 2010-2015, Commonwealth of Australia
[23] Loxley, Wendy, et al, 2004, The prevention of substance use, risk and harm in Australia: a review of the evidence, Australian Government Department of Health and Ageing.
[24] Ministerial Council on Drug Strategy, 2011, National Drug Strategy 2010-2015, Commonwealth of Australia

- Ensure individuals and groups with a high number of developmental risk factors have ready access to services that reduce risk and enhance protective factors. This is particularly important in disadvantaged areas, family crisis settings, police and court contacts, and mental health settings.[25]
- Skills training to provide individuals with coping skills to face situations that can lead to risky behaviour including harmful drug use.[26]
- Support programs targeting life transition points—primary to secondary school, secondary school to tertiary education, school to work and prison to community—to help individuals develop the skills to manage the next stage of life.[27]
- Programs for adolescents and adults that have high rates of drug related harm, focusing on immediate protective strategies and coordinating services to address physical and mental health problems, including levels of drug use. Examples include broad-based health promotion interventions delivered by primary care health professionals such as general practitioners, occupational health workers; community-wide health screening; and brief intervention programs.[28]

Early life stage interventions to support vulnerable families and children

Preventive programs in childhood have been shown to contribute to reductions in harmful drug use and associated behavioural problems in later life, through improving social environments for healthy child development.[29]

Normal market regulation

The *Australian Government Guide to Regulation* might usefully be considered by the committee as an existing framework for 'best practice' market regulation to manage risk of harm related to drugs. Attempts to regulate the illicit drug market through prohibition and enforcement has achieved what the *Australian Government Guide to Regulation* would characterise as 'regulatory failure.' [30] Using prohibition and enforcement as the primary regulatory strategy also creates opportunity cost in preventing the use of more conventional regulatory strategies to manage the risk of harm in drug markets. The failure of the current regulatory system, and an alternate approach, is outlined in this section of the submission.

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[25] Loxley, Wendy, et al, 2004, The prevention of substance use, risk and harm in Australia: a review of the evidence, Australian Government Department of Health and Ageing.
[26] Ministerial Council on Drug Strategy, 2011, National Drug Strategy 2010-2015, Commonwealth of Australia
[27] Ministerial Council on Drug Strategy, 2011, National Drug Strategy 2010-2015, Commonwealth of Australia
[28] Loxley, Wendy, et al, 2004, The prevention of substance use, risk and harm in Australia: a review of the evidence, Australian Government Department of Health and Ageing.
[29] Loxley, Wendy, et al, 2004, The prevention of substance use, risk and harm in Australia: a review of the evidence, Australian Government Department of Health and Ageing.
[30] Office of Prime Minister and Cabinet, 2014, The Australian Government Guide to Regulation, Commonwealth of Australia.

The Australian illicit drug market is large and persistent, despite the efforts of law enforcement and Customs to enforce laws against production, importation and sale of prohibited substances. In 2015, the National Ice Taskforce reported that despite increased law enforcement activity, the methamphetamine market remained 'strong,' with the drug still 'easy to get' at a price that had remained stable.[31] The Taskforce described this as a 'lack of any discernible market response,' and noted that even 'very large seizures' had no discernible effect.[32] This observation is consistent with international research which has found that enforcement of prohibition is unable to control the market for illicit drugs. A 2013 analysis of international drug surveillance databases, including data from Australia, assessed the long-term impact of enforcement-based supply reduction interventions. On the basis of this analysis, the researchers concluded that

> *'with few exceptions and despite increasing investments in enforcement-based supply reduction efforts aimed at disrupting global drug supply, illegal drug prices have generally decreased while drug purity has generally increased since 1990. These findings suggest that expanding efforts at controlling the global illegal drug market through law enforcement are failing.'*[33]

There are many examples of this phenomenon, including from Australia. A tripling of cannabis seizures in Australia in 1997-98 had no discernible effect on cannabis prices, which continued to decline[34] and a 1995 analysis of heroin law enforcement in Australia found that 'attempts to increase the street price of heroin (and therewith reduce the demand for it) by creating a shortage of the drug are not likely to prove successful.'[35]

A recent review of the effectiveness of tougher enforcement on illicit drug prices concluded that there was little correlation between tougher enforcement and increased drug prices, and the authors observed that

> *'given the high human and economic costs of stringent enforcement measures, particularly incarceration, the lack of evidence that tougher enforcement raises prices call into question the value, at the margin, of stringent supply-side enforcement policies in high-enforcement nations.'*[36]

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[31] Department of the Prime Minister and Cabinet, 2015, Final Report of the National Ice Taskforce, Commonwealth of Australia.
[32] Department of the Prime Minister and Cabinet, 2015, Final Report of the National Ice Taskforce, Commonwealth of Australia.
[33] Werb, Dan, et al 2013, 'The temporal relationship between drug supply indicators: an audit of international government surveillance systems', BMJ Open, accessible at http://bmjopen.bmj.com/
[34] United Nations Office on Drugs and Crime, 2008, Drug Policy and Results in Australia, United Nations, pg 57.
[35] Weatherburn, Don, et al., 1995, Drug law enforcement policy and its impact on the heroin market, New South Wales Bureau of Crime Statistics and Research.
[36] Pollack, Harold, et al., 2014, 'Does tougher enforcement make drugs more expensive?', Addiction, Volume 109, Issue 12, pages 1959–1966

This finding was foreshadowed in Australia in 1989, when the Parliamentary Joint Committee on the National Crime Authority concluded that 'all the evidence shows... not only that our law enforcement agencies have not succeeded in preventing the supply of illegal drugs to Australian markets but that it is unrealistic to expect them to do so.'[37]

On annual sales of $7.1 billion in 2010, the ABS calculated that wholesale and retail distributors made margins of $5.879 billion. Given substantial profits, corruption of legal authorities is a common, unintended consequence of illicit drug markets.[38] The *National Ice Taskforce Final Report* described how, within these drug markets, 'the threat of violent retribution is used to deter competition or unpaid debt.'[39] Tough enforcement measures that disrupt and destabilize the illegal market have been shown to be associated with increases in drug-related violence, as well as increasing the harms experienced by drug users and wider society.[40]

Illicit drug production is also hazardous to the environment and to health through unregulated production methods, disposal of byproducts, accidental explosions, and chemicals absorbed into surfaces of properties used to manufacture drugs like methamphetamine.[41]

Prohibition makes drug use less safe by preventing quality control and accurate labelling,[42] and brings consumers into contact with criminal networks.[43]

Given the size, persistence and harms of illicit drug markets, there is a clear need for effective regulation to support safe and healthy communities. The regulation of the supply of tobacco and alcohol products, supported by a range of public education measures, is 'strongly supported in the research literature.'[44]

The table below uses the example of alcohol market regulation, in comparison with illegal drugs, to indicate the additional regulatory options that are open to governments in the absence of complete prohibition.

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[37] Parliamentary Joint Committee on the National Crime Authority, 1989, 'Drugs, crime and society', Australian Government Publishing Service.
[38] Reuter, Peter H. 2009, The unintended consequences of drug policies, European Commission.
[39] Department of the Prime Minister and Cabinet, 2015, Final Report of the National Ice Taskforce, Commonwealth of Australia.
[40] Taylor et al 2016
[41] Department of the Prime Minister and Cabinet, 2015, Final Report of the National Ice Taskforce, Commonwealth of Australia.
[42] Reuter, Peter H. 2009, The unintended consequences of drug policies, European Commission.
[43] Taylor et al 2016
[44] Loxley, Wendy, et al, 2004, The prevention of substance use, risk and harm in Australia: a review of the evidence, Australian Government Department of Health and Ageing.

	Alcohol	Illegal drugs
Legislative regulations	• Licensing of production and sales • Prohibition of unlicensed sale • Commercial practices of licensed premises • Offences and duties of licensees • Disciplinary procedures and penalties • Who may consume and access alcohol • Where alcohol may or may not be consumed and/or possessed • Recording of supply • Advertising of products • Labelling of products • Permitted ingredients, additives and processing aids • Location of outlets • Opening times of outlets • Licensing of stills • Alcohol excise • Wine equalisation tax • Export levy and fees • Export licenses • Export permits • Exported product registration	• Prohibition of production, importation, sale and supply • Prohibition of consumption
Non-legislative market regulations	• Liquor Accords • Advertising codes	

Self regulation by people who use drugs

A recent review of the evidence found that 'the reality is that the majority of illegal drug use is non-problematic, most commonly associated with leisure, pleasure and desired outcomes and rarely does drug use lead to addiction or require treatment.'[45] Furthermore, the review found evidence that

[45] Taylor, Stuart, et al., 2016, 'Prohibition, privilege and the drug apartheid: The failure of drug policy reform to address the underlying fallacies of drug prohibition,' in Criminology and Criminal Justice, pp1-18.

most people use drugs responsibly, sensibly and recreationally; most drug taking is controlled rather than chaotic; most drug users enjoy and take pleasure from their use; most drug users exercise agency and choose to use drugs rather than finding themselves propelled by a series of external pressures and/or negative life experiences; and most drug use does not result in drug-related crime.[46] There is therefore substantial evidence that most people who use illicit drugs are able to effectively self-regulate their use, indicating the importance of self-regulation by people who use drugs as a strategy for prevention of drug-related problems.

Social regulation of drug use through peer education

Peer education is an effective means of social regulation of behaviour and most young people say that they turn to a friend for information about alcohol and other drugs.[47] The full extent of informal peer education has not been measured but formal peer-education programs have been implemented and evaluated, particularly in the dance club or 'rave' environment where they provide 'advice about proper hydration, managing body temperature, and avoiding risky behaviours, such as unsafe sex or driving whilst intoxicated by dance drugs.'[48] Research that has compared the effectiveness of peer-based outreach with 'traditional' outreach, supports the greater effectiveness of the peer-based models.[49] Peer education is credible, cost effective, empowering and beneficial for those involved, accesses hard to reach populations, reinforces learning through ongoing contact, and provides positive role models.[50]

Decriminalisation of drug use and personal possession

Decriminalising drug use and personal possession would have both direct and indirect effects that would increase the safety of people who use drugs, and contribute to safe and healthy communities. The most direct effect would be to make people safe from arrest for drug use and personal possession of drugs. A substantial indirect effect would be to increase the accessibility of treatment and of services that promote safety among people who use drugs.

In 2010, UN Special Rapporteur on human rights Anand Grover found that 'criminalization of drug use and possession are implicated in violation of several human rights, including the right to health' and recommended that Member States undertake reforms.[51] Having identified that the criminalisation of

[46] ibid.
[47] Lancaster, Kari, et al., 2013, Young people's opinions on alcohol and other drugs issues, Australian National Council on Drugs
[48] Loxley, Wendy, et al, 2004, The prevention of substance use, risk and harm in Australia: a review of the evidence, Australian Government Department of Health and Ageing.
[49] Loxley, Wendy, et al, 2004, The prevention of substance use, risk and harm in Australia: a review of the evidence, Australian Government Department of Health and Ageing.
[50] Goren, Netzach, et al., 2006, 'Peer education as a drug prevention strategy' in Prevention Research Quarterly, Australian Drug Foundation.
[51] Anand Grover, 2010, Report submitted by Anand Grover, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, UN General Assembly.

drug use is a barrier to essential health services, the World Health Organisation (WHO) has called on countries to make legislative changes and adopt 'policies and protective laws in accordance with international human rights standards,' including the decriminalization of drug use.[52] UNAIDS has also called on governments to 'end the criminalization of people who use drugs', as part of a suite of interventions to address rates of HIV among people who use drugs and their sexual partners.[53]

Decriminalisation of drug use and personal possession in Portugal has reduced the burden on the criminal justice system while contributing to social and health benefits, including a substantial reduction in the rate of drug-related death.[54]

Legal access to controlled drugs

Treatment modalities that provide legal access to controlled drugs have been successful, particularly for opiate dependencies. As an alternative to illegal heroin use, methadone maintenance treatment reduces mortality risk by about two thirds and 'is related to less frequent injecting, less frequent sharing, fewer sharing partners and lower HIV seroprevalence.'[55] Treatment with fully supervised self-administered injectable heroin has also been trialled successfully in Switzerland, the Netherlands, Spain, Germany, Canada and England. Compared with oral methadone substitution, 'treatment with heroin brings about additional reductions in illicit heroin use,' and therefore also 'a greater reduction in the costs of criminal procedures and imprisonment as a result of associated criminal behaviour.'[56] Evaluation of the Swiss program observed that access to treatment with heroin enabled long term, problematic users 'to move away from the damaging illegal environment and pattern of life and… engage in productive and healthier lifestyles.[57]

Drug checking services

Although quality control at or near the point of manufacture is not possible for illegal drugs, drug checking services that operate at or near the point of consumption have been shown to be successful

[52] World Health Organisation, 2014, Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations, World Health Organisation.
[53] UNAIDS, 2014, The gap report, UNAIDS.
[54] Hughes, Caitlin, et al., 2010, 'What can we learn from the Portuguese decriminalisation of drugs?', British Journal of Criminology.
[55] Loxley, Wendy, et al, 2004, The prevention of substance use, risk and harm in Australia: a review of the evidence, Australian Government Department of Health and Ageing.
[56] Strang, John, et al., 2012, EMCDDA Insights No. 11: New heroin-assisted treatment Recent evidence and current practices of supervised injectable heroin treatment in Europe and beyond, European Monitoring Centre for Drugs and Drug Addiction.
[57] Taylor, Stuart, et al., 2016, 'Prohibition, privilege and the drug apartheid: The failure of drug policy reform to address the underlying fallacies of drug prohibition,' in Criminology and Criminal Justice, pp1-18.

in eliminating particularly dangerous drugs from illicit markets,[58] and in enabling users to avoid consuming particularly dangerous drugs.[59]

Needle and syringe exchange

The effectiveness of needle and syringe programs is 'consistent and compelling' in reducing the spread of HIV, hepatitis C and other blood borne viral infections among injecting drug users and the wider community, without increasing drug injecting, discarded used injecting equipment or any other serious negative consequences. The programs also facilitate referral to drug treatment and other health services.[60]

Access to naloxone with overdose management education

Naloxone is an opioid antagonist used to reverse the effects of opioid overdose. Evaluation of naloxone distribution and overdose management education shows that the risk of opioid-related overdose fatalities in communities with the program was significantly lower than in communities without it.[61] Educational and training alongside naloxone provision also shows evidence of effectiveness in improving knowledge about signs of overdose, the correct management of patients and naloxone use.[62]

Supervised drug consumption rooms

These are facilities where people can use illicit drugs under the supervision of trained staff, with the aims of reducing the acute risks of disease transmission through unhygienic injecting, preventing drug-related overdose death, connecting high-risk drug users with addiction treatment and other health and social services, and reducing the impact of open drug scenes on the community. Given these aims, supervised injecting is typically accompanied by a wider range of service provision, including via referral to more extensive support services if necessary. These have shown

> *improvements in safe, hygienic drug use, especially among regular clients, increased access to health and social services, and reduced public drug use and associated nuisance. There is no evidence to suggest that the availability of safer injecting facilities increases drug use or*

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[58] Spruit, I.P., 2001, 'Monitoring synthetic drug markets, trends and public health,' in Substance use and misuse, 36 (1-2).

[59] Johnston, Jennifer, et al., 2006, 'A survey of regular ecstasy users' knowledge and practices around determining pill content and purity: Implications for policy and practice,' International Journal of Drug Policy, 17.

[60] Dolan, K. MacDonald, M., Silins, E. & Topp, L. 2005. Needle and syringe programs: A review of the evidence. Australian Government Department of Health and Ageing.

[61] European Monitoring Centre for Drugs and Drug Addiction, 2015, Preventing fatal overdoses: a systematic review of the effectiveness of take-home naloxone, EMCDDA Papers, Publications Office of the European Union.

[62] European Monitoring Centre for Drugs and Drug Addiction, 2015, Preventing fatal overdoses: a systematic review of the effectiveness of take-home naloxone, EMCDDA Papers, Publications Office of the European Union.

frequency of injecting. These services facilitate rather than delay treatment entry and do not result in higher rates of local drug-related crime.[63]

End.

[63] European Monitoring Centre for Drugs and Drug Addiction, 2016, Drug consumption rooms: an overview of provision and evidence, EMCDDA.