



10 December 2010

Ministerial Council on Drug Strategy  
National Drug Strategy 2010-2015 Consultations  
Via E-mail: [NDSconsultation@health.gov.au](mailto:NDSconsultation@health.gov.au)

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Dear Madam/Sir,

**Re: The National Drug Strategy 2010-2015 – Consultation Draft December 2010**

The Australian Federation of AIDS Organisations (AFAO) is the national federation for the HIV community response. AFAO's members are the AIDS Councils in each state and territory; the National Association of People Living with HIV/AIDS (NAPWA); the Australian Injecting and Illicit Drug Users League (AIVL); the Anwernekenhe Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA); and Scarlet Alliance, Australian Sex Workers Association. AFAO advocates for its member organisations, promotes medical and social research into HIV and its effects, develops and formulates policy on HIV issues, and provides HIV policy advice to Commonwealth, state and territory governments.

**AFAO's perspective on this Inquiry**

AFAO has a number of concerns regarding the draft Strategy in respect of issues affecting HIV prevention, care and support, the most fundamental being in relation to injecting drug use harm reduction. We note:

- the missed opportunity to commit to a review of policies regarding illicit drug use, as proposed in the Vienna Declaration launched at the International AIDS Conference in July;
- the failure to develop actions that complement priority actions regarding injecting drug use set out in the Sixth National HIV Strategy; and
- the failure to properly engage with AIVL in development of the draft.

The core strength of the response to HIV in Australia has been the active participation of affected communities in policy development and in our view it is essential that organisations representing affected communities be similarly involved in development of the National Drug Strategy. From AFAO's and its member organisations' perspectives this is particularly crucial considering its interplay and linkages with the National HIV Strategy and the other the blood borne virus strategies.

Given the centrality of issues affecting injecting drug use to both the National HIV Strategy and the Drug Strategy, it is unfortunate that the writing and development process for the Drug Strategy did not actively involve AIVL, the national peak organisation representing state and territory user organisations and issues

of national significance for people who use or have used illicit drugs. As outlined below, failing to incorporate the involvement of AIVL in the development process means that affected communities are less likely to be effectively targeted in measures intended to reduce harms associated with injecting drug use.

AIVL is making a separate submission in response to this consultation. AFAO endorses AIVL's submission.

**1. The INTRODUCTORY section provides background and context and the MISSION captures the intent of the Strategy. Comment on this**

AFAO believes that the absence of input from communities affected by injecting drug use has resulted in a perspective that fails to acknowledge or reflect the need for development of effective harm reduction strategies for injecting drug users and other illicit drug users, as is acknowledged for licit drugs such as alcohol and tobacco. We believe that the document would have benefited from the inclusion of AIVL on the writing committee.

We also propose that the draft Strategy fails to provide for nuanced policy development regarding emerging issues affecting particular at-risk populations. Of greatest concern is the absence of consideration of the particular issues faced by Aboriginal and Torres Strait Islander communities and other CALD communities in responding to increased rates of injecting drug use among some communities, and the need for carefully targeted BBV prevention programs.

As argued in our submission to regarding the consultation paper in February this year, the prevalence of licit and illicit drug use among gay, lesbian, bisexual, transgender and intersex people is associated with disproportionately high rates of mental illness, suicide ideation and completed suicide in these communities, and research indicates that high levels of drug use among these populations is associated with psycho-social issues stemming from sexuality and gender identity discrimination and stigma. The relevance of these issues is highlighted in the National HIV Strategy and should be similarly highlighted in the Drug Strategy.

AFAO proposes that the INTRODUCTORY section should list priority communities, similarly to the National HIV and other BBV strategies. This would facilitate targeting of each of these communities throughout the Strategy.

**Recommendations:**

- *AFAO supports AIVL's comments and recommendations regarding the tone and language of the draft Strategy.*
- *We propose that the Committee consult with AIVL regarding redrafting of the INTRODUCTORY section, with a view to acknowledging the need for the input of people from affected communities; enhancing the focus on harm reduction for illicit drug users, particularly people among communities at risk of HIV and other BBVs; and setting out priority communities and priority actions in a style similar to that of the Sixth National HIV Strategy.*

**2. The SUPPLY REDUCTION section outlines objectives and suggested actions to reduce the supply of illegal drugs and control or manage the availability of legal drugs. Comment on this**

- 3. The DEMAND REDUCTION section outlines objectives and suggested actions to prevent the uptake, delay the onset, reduce the misuse and support people to recover from the misuse of drugs. Comment on this**
- 4. The HARM REDUCTION section outlines objectives and suggested actions to reduce the adverse health, social and economic consequences of the misuse of drugs. Comment on this**

The following comments focus on no. 4, harm reduction being the major issue from AFAO's perspective.

### **The Vienna Declaration**

Given the launch of the Vienna Declaration at the XVIII International AIDS Conference in July 2010, and the associated public debate regarding drug law reform over the last year, it is disappointing that the Draft Strategy makes no reference to the issue of whether illicit drug use should be decriminalised. We propose that the failure to recognise this international call for evidence-based policy reform is short-sighted, and will mean that Australia's new Drug Strategy is dated in its policy perspectives.

We also note that the Sixth National HIV Strategy's Priority Areas for Action in respect of human rights, legislation and anti-discrimination, includes a commitment to consider the impact of drug control laws on efforts to prevent HIV (section 6.4). Such an approach appropriately reflects current international policy development regarding drug law reform. Direct comparison of the HIV Strategy and the Drug Strategy reveals the latter to be outmoded in a broad sense, and out of kilter with Australia's progressive and evidence-based public health response to HIV and other BBVs.

The Vienna Declaration (<http://www.viennadeclaration.com/the-declaration/>) notes that 'the criminalisation of illicit drug users is fuelling the HIV epidemic and has resulted in overwhelmingly negative health and social consequences'. It states that a 'full policy reorientation is needed' and calls on international agencies to review policies regarding illicit drug use, and to:

- undertake a transparent review of the effectiveness of current drug policies;
- implement and evaluate a science-based public health approach to address the harms stemming from illicit drug use;
- scale up evidence-based drug dependence treatment options;
- abolish ineffective compulsory drug treatment centres that violate the Universal Declaration of Human Rights; and
- unequivocally endorse and scale up funding for the drug treatment and harm reduction measures endorsed by the World Health Organization (WHO) and the United Nations.

The declaration also calls for the meaningful involvement of people who use drugs in developing, monitoring and implementing services and policies that affect their lives.

AFAO believes that there is a pressing need for Australia to pay due regard to the Vienna Declaration and to draw on the strength of the international advocacy surrounding its development. Failing to incorporate reference to the Vienna Declaration in the new Drug Strategy would be a glaring omission from an international perspective – and would undermine Australia's reputation as providing leadership in the development of evidence-based public health policy. Australia would in no way be standing alone in responding to international developments in addressing harms related to illicit drug use by considering the decriminalisation of illicit drug use. The Vienna Declaration was developed in response to a growing focus internationally on the desirability of shifting the approach to harm reduction for illicit drug users from a criminal framework to a regulatory framework, with policy development based on sound scientific evidence. Among other problems, the criminalisation of drug use is considered to create access barriers to

drug treatment programs – especially for people in the most at-risk populations. The continued criminalisation rather than regulation of drug use means that those most at risk of acquiring or transmitting HIV can be deterred from participating in prevention, treatment and harm reduction programs targeting injecting drug users, people living with HIV and those in at-risk populations.

❖ *Recommendations:*

- *That the Drug Strategy make reference to the Vienna Declaration, and incorporate its principles and actions*
- *That the Committee urge the Commonwealth and state/territory governments to sign the Vienna declaration and thereby commit Australia to the actions set out in the declaration*
- *That the National Drug Strategy include the establishment of an inter-governmental review of laws relating to the supply and consumption of illicit drugs, including cost-benefit analyses, with serious consideration given to fundamental reforms involving decriminalisation and/or legalisation (e.g., regulating supply and non-criminal sanctions involving treatment, care and support) in respect of some illicit drugs, including heroin.*

### **Complementary responses**

Fear of discrimination, stigmatisation and criminal sanctions can present a significant obstacle to illicit drug users presenting for BBV tests. Although the Commonwealth Disability Discrimination Act implicitly prohibits discrimination against a person with disability arising from addiction and thereby provides some protection, albeit limited, against discrimination for injecting drug users or past users (with some differences between states/territories), few illicit drug users would be aware of this protection. There is also limited awareness of confidentiality and privacy protections covering disclosure of drug use by healthcare providers and legal advisors to third parties, and the most vulnerable populations are the least likely to be aware of or feel confident in these protections.

These issues will be particularly important over the life of the draft Drug Strategy given the Government's roll-out of e-Health initiatives. Confidentiality and privacy protections need to be explained to and understood by drug users, so as to facilitate access to treatment and care by reducing real and imagined risks of disclosure of drug use to third parties. Whether or not drug laws are reformed, raising awareness of human rights and privacy protections regarding third party disclosure is essential if people who engage in high risk behaviours are to access prevention programs and participate in mainstream and specialist testing and treatment services.

Taking a human rights approach to law reform means that a number of related legal issues need to be considered, including the criminalisation of HIV transmission and laws regulating sex work. All of these issues require significant inter-jurisdictional co-operation.

❖ *Recommendation:*

- *That the draft Strategy be revised so as to include actions to address human rights and privacy considerations regarding third party disclosure of drug use, HIV status or any other sensitive information.*

**5. The WORKFORCE section provides direction on the support and development of the alcohol and other drug workforce. Comment on this**

AFAO supports AIVL's view that there is a pressing need for the development of training and workforce development programs to enhance service providers' understanding of issues faced by people who have injected drugs, and for development and better funding and support of peer workers. We also believe that training is required for alcohol and other drugs workers, medical professionals and others, to reduce the negative impact of uninformed attitudes and values held by these professionals regarding injecting drug use.

We understand that ACON and other AIDS Councils have made submissions regarding the Draft Strategy. These organisations' experience in delivering NSP and other harm reduction programs provides an invaluable policy perspective regarding workforce issues affecting the access of people who use drugs to health and community services. AFAO recommends the AIDS Councils' recommendations and proposals regarding workforce issues, particularly regarding the need for sensitivity training and for development of a peer-based workforce for particular services such as for NSP programs and safe injecting rooms.

**6. The EVIDENCE BASE section provides direction on maintaining and improving the evidence base of Australia's approach to drug misuse and Performance Measures which provides a framework to measure the progress of the Strategy. Comment on this**

As outlined above, the Vienna Declaration calls for evidence-based approaches to drug policy formulation.

Each of the blood borne virus and STI national strategies outlines the need for increased research regarding prevention and treatment, with research priorities informed by stakeholder consultation. Research that occurs in partnership with affected communities, community based organisations, professional organisations and the workforces they represent is highly valued in these strategies and essential to inform program development, monitoring and evaluation.

AIVL, state and territory user organisations and agencies delivering BBV prevention, care and support programs must be included as leading voices in stakeholder consultations regarding the Drug Strategy and the roll-out of its initiatives. We support AIVL's call for research to fill gaps in knowledge regarding issues affecting illicit drug users, particularly regarding harm reduction strategies for people who use and inject illicit drugs, and the general need for a more strategic approach to identifying research needs.

❖ *Recommendation:*

- *That research be commissioned into the issues and needs of people who use and inject illicit drugs, as identified via consultation with AIVL and its member organisations.*

**7. The GOVERNANCE section provides direction on engagement and collaboration between different levels of government, various sections, and the broader community who are faced with the misuse of drugs and alcohol. Comment on this**

**Partnerships**

Nurturing the effective partnership between people living with HIV, affected communities, health care professionals, researchers and government has been fundamental to the development of effective HIV

prevention programs, as has recognition of the need to build in the meaningful participation of people living with HIV and affected communities. Australia's HIV response continues to be recognised globally as a sophisticated, systematic and successful partnership approach.

The draft Strategy states that the health-research-law enforcement-education partnership remains at the heart of the strategy. This partnership must also include community organisations representing people who have injected drugs, and priority at risk populations such as gay, lesbian, bisexual, transgender and intersex (GLBTI) people, and people from Aboriginal and Torres Strait Islander communities. The current draft reflects the lack of proper engagement with community organisations in its development; it fails to acknowledge the crucial nature of consumer participation, peer education and peer support.

❖ *Recommendations:*

*That the Drug Strategy be revised so as to facilitate the development of meaningful partnerships that include peak organisations representing defined at risk priority populations, including within the new governance structures of Medicare Locals.*

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Thank you for the opportunity to provide input to this consultation. Please do not hesitate to contact me should you wish to discuss these issues further.

Yours sincerely



Don Baxter  
Executive Director  
Australian Federation of AIDS Organisations