Dalgarno INSTITUTE

Opinion:

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W: www.nobrainer.org.au **E:** operations@dalgarnoinstitute.org.au

Injecting Room: Illegal Drug Using Harms at Government Hands; Not Humane – Insane!

Permission empowered models of drug policy interpretation are driving demand for drug use – NOT prohibition models.

A new small, but vocal contingent of drug policy interpreters is attempting, yet again, to further the utterly fallacious meme that 'prohibition' and 'supply reduction' are what is driving drug deaths in this country, not poor policy interpretation and use; interpretation and use that fosters a permission model for the very vulnerable and pop-culture informed community – particularly the young.

The new logic; the new 'sense', weaponized by pro-drug propaganda and manipulative faux compassion pleas, attempt to create a diatribe for those contending for best practice option of demand reduction and recovery practices around illicit drugs.

The National Drug Strategy

The latest National Drug Strategy 2017-26, now puts Demand Reduction as the *priority*!

> The strategy states that *"Harm Minimisation includes a range of approaches to help prevent and reduce drug related problems…including a focus on abstinence-oriented strategies...* [Harm minimisation] *policy approach does not condone drug use."* (page 6)
> *"Prevention of uptake reduces personal, family and community harms, allow better use of health and law enforcement resources, generates substantial social and economic benefits and produces a healthier workforce. Demand Reduction strategies that prevent drug use are more cost effective than treating established drug-related problems…Strategies that delay the onset of use prevent longer term harms and costs to the community."* (page 8)

The National Drug Strategy segments the drug issue into three main categories

Tobacco – Alcohol – Illicit drugs

A quick summary of the policy focus/emphasis on each drug can be encapsulated as follows;

Tobacco – *QUIT!* Cessation, and exit from tobacco use is the ONLY goal for this drug. There is no illusion about the journey to that destination being difficult, and the reality of failure clear, but the goal posts don't move – QUIT is the ONE message ONE focus and ONE voice in

all sectors of the media, community, education and legislation arenas. (Remember this is a legal drug, and until about 20 years ago, utterly socially acceptable) We have reduced smoking rates of 75% of Australian Males (not including females) after World War II down to around 14% of total population. According to health data, approximately 100,000 people give up tobacco each year, but about the same take it up. No prizes for guessing that cohort make up? The 16-24-year-old demographic usually engage (research shows us) in tobacco use *mostly when drinking alcohol*. Of course, learning 'smoking' as a delivery mechanism also equips the tobacco user for 'smoking' of other drugs.

Alcohol – *'Moderate! Drink Responsibility!'* However, a growing educative and legislative push (due to the rising costs of alcohol harms to community) is seeing attitudes change, with now approx. 21 per cent of Australians of drinking age now abstinent! (Remember this is a legal and completely socially acceptable drug.)

Illicit drugs – The mantra? *'Use is likely, so use carefully and don't die!'* And we are perpetually informed by certain vested interests that for the 3.5 – 4% of illicit drug users in this country (Cannabis use excised from stats here) that cessation of, or exiting from, drug use is virtually impossible – well so the mantra educates, and that 'learned behaviour' of powerlessness and choice stripped victimhood is now parroted as reason enough to 'validate' the notion of intractability.

So, then it is touted, the only answer for this demographic is either legalisation or a suite of policies or policy interpretations that enables, empowers, endorses or equips on going drug use, because, it is believed any 'prohibition' messaging will not only fail, but be counterproductive. But apparently NOT so with Tobacco, where such prohibition messaging has worked brilliantly!!The cognitive dissonance in this space continues to be breathtaking!

So, what of Harm Reduction ONLY policy implementation of our three pillar National Drug Strategy?

~~Demand Reduction – Supply Reduction~~ – **Harm Reduction.**

Let's be clear – what we have now in Australia's drug taking public psyche (learned/taught behaviour), is well educated and fully self-aware, (and product aware) young adults determining that any drug use risk is manageable. Why? These purported intelligent, sophisticated 'buzz' seeking and cashed up adult party goers, willingly and deliberately seek out illicit drugs, purchase them with disposable income, not because of the tyranny of addiction, but to 'enhance the party experience'. They then take these substances to public events and consume these psychotropic toxins. Of course, they are fully aware of the mantra they have been taught, ***as early as secondary school*****,** that if something happens all you should do is call the ambulance. Not only will these remarkable and brave tax-payer funded public servants attend to your self-inflicted illegally induced harm, but will ferry you, at cost to the public purse, to an already overcrowded and strained public health facility. There they will be treated by caring professionals, who have more regard for their well-being than the hapless drug user does. Once they are discharged from the hospital, there (for the most part) is no cost to them, and complete impunity from the law. Little, if no legal action or facilitated diversion is taken and the illicit drug user goes on their way until next drug taking episode.

Whilst no one wants to see injury, let alone death from these reckless behaviours, the mechanisms to 'save lives' are already well in play and consequently risk/responsibility

factors are disregarded. What must not happen, but clearly is happening, is this utter carelessness for wellbeing of self and others cannot, must not be endorsed or worse, enabled/empowered by poor policy or policy interpretation/use.

There is little or absolutely no accountability for this costly, dangerous, self-indulgent and illegal behaviour. And the cry from the pro-drug lobby is not to call for best practice demand reduction, prevention and/or recovery/exit from this activity/behaviour – No, it's to declare 'inevitability' of behaviour and then, the careless equipping, enabling or empowering of mechanisms to assist the educated self-harmer to continue to use!

Again, it is this ***permission***, NOT prohibition that is continuing to put young lives (and more of them) at risk. The no-longer tacit, but now abundantly clear message in the cultural market place, is that *'you can take drugs anytime and anywhere and nothing will be done, other than assistance for you if things go pear shaped!'*

It's this message, and not demand and supply reduction vehicles which is empowering ongoing drug use.

It's time to change the narrative around this ever-permissive drug culture – if not for the sake of people's lives, then for the emerging generation who are watching this model set them up for engagement, not avoidance of illegal drug use.

Genuine compassion driven anti-drug Harm Reduction must always be about the cessation and/or exiting from drug use and any policy or policy interpretation that fosters a contrary outcome is not good drug policy.

The drug policy/strategy interpretation narrative has meant that the term 'harm reduction' and 'harm minimisation' are now interchangeable terms. Essentially this ensures that Harm Reduction becomes the only pillar of the three-pillar strategy is in play.

This has worked marvellously at convincing even anti-drug citizens, that there is only one option available. Time will not permit to table every encounter we've had, but the following statement reflects numbers we have heard…

"Pity we can't use your harm prevention education program, because it's illegal. We are only allowed to teach harm reduction in schools!" **Head of a State Government Regional Education group, Victoria**

Of course, this is patently false, as Demand Reduction and prevention are not only best practice models, but mandated in the NDS, particularly for the demographic with the developing brain – 12-28-year-old!
The Key questions that must be asked about illicit drug policy, are the following;

- Does the policy (or interpretation – harm reduction only) lead to an exit from or cessation of drug use, or does it enable, endorse, empower or equip on going drug use?
- Does the policy (or interpretation) increase or reduce demand for illicit drugs?
- Does the policy (or interpretation) undermine or support the other two pillars? (i.e. increase or reduce Demand or Supply for drugs)

If the policy use/interpretation is creating cognitive dissonance in implementation and leads to a conflagration, rather than collaboration of all three pillars, then the strategy is going to

have difficulty in effectively moving a culture away from drug use. Well, perhaps that is exactly the agenda of the pro-drug lobbyists who have inordinate and disproportionate influence in drug policy implementation? I hear even genuine and compassionate harm reductionists, who actually want to stop drug use and see people recover, railing against supply reduction pillar as 'waste of resources'. And staggeringly many of these same good people are silent on Demand Reduction, the key to seeing change. These two modes of thinking are the key elements of ensuring only one 'pillar' of the NDS is focused on, for genuine or disingenuous purposes.

Again, one must ask, does the drug policy interpretation facilitate

Reducing – Remediating - Recovery from drug use?
Or does the policy instead facilitate the…
Enabling – Empowering – Equipping of drug use?

This interpretative matrix needs to be applied to all drug categories and types - for example, do the following strategies lend themselves more to Enabling or Reducing on going drug use?

- **Injecting rooms**
- **Needle Syringe Programs**
- **Pill Testing**
- **12 Step Programs**
- **Therapeutic Communities**

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THE LOW-DOWN ON 'DIRTY' SYRINGES 29/5/17 *(Anex)*

People who inject drugs in Australia can appear to be well provided for with regard to sterile needles and syringes. Across the country there are 3500 needle and syringe programs (NSPs) which distribute almost 50 million pieces of equipment a year. But the international best practice for injecting drugs of a fresh needle for every injection is far from reality. People who inject drugs reuse syringes, share equipment like spoons, water and tourniquets, and a small proportion continue to share injecting equipment with others.

A 20-year survey by the Australian NSP Survey showed that…. Since 2011 the reuse had hovered around 21-25 per cent. The percentage of people who inject drugs who reported they shared syringes with others was also steady at 15-16 per cent from 2011-2015. And the sharing of equipment other than needles remained stable at 28-31 per cent.

This article in a recent *ANEX* update – notice the nonchalant manner that 'best practice' is used and the blithely mentioned MILLIONS of tax-payers funded syringes being unaccountably handed out, yet having 30% of injecting drug users STILL sharing equipment with 16% still sharing needles!

Of course, this proliferation of unaccountable injecting gear has been a key element in the rabid rise in street use and syringe/needle discarding. So, what may be the answer? Will we need to have 3500 injecting rooms open 24/7 for convenience of use and ease of access? Facilities too, with absolute zero accountability as there is absolutely NO potential

'stigma bestowing' process permitted that might challenge the behaviour of the self-harming drug taker!

If every injecting episode for every Intravenous drug user was to take place in an injecting room and a sunset clause on such behaviour, ensuring a transitioning to drug use exiting measures, then this might have some merit, as catastrophically expensive and unmanageable as that would be. However, the data tells us that for every single injecting episode that occurs 'under supervision', there are over 90 that happen elsewhere!

The appalling 'health care' logic, or lack of, is very concerning! It becomes even more so when policy caveats of 'non-judgemental' attitudes (whatever that this subjective descriptor can mean) are foisted upon, even the NSP staff – However, NO SUCH MORAL COMMENTARY can be levelled, what-so-ever, at the person who is the self-harming, law breaking, body destroying, and no doubt, family grieving drug taker! This at best is 'moral' hypocrisy – at worst unconsumable! (Of course, that last sentence itself is viewed as counterproductive and stigmatizing and thus not permitted in the discourse!)

"The perpetual permission of harm reduction only policies, NOT prohibition is putting lives at risk!" **Dalgarno Institute**

Injecting Rooms

Gary Christian, Secretary for Drug Free Australia, has pointed to the lack of success by the Kings Cross Injecting Centre (MSIC) in reducing overdose deaths in the Kings Cross area. He said, *"Tracking of overdose deaths in the Kings Cross area from 5 years before the injecting room opened compared with the 9 years after the injecting room was opened showed no change whatsoever in the percentage of deaths in the area as compared to the rest of NSW. The KPMG review showed that Kings Cross had 12% of NSW opiate deaths before the commencement of the MSIC, and in the 9 years after it remained at 12%, such has been its failure to make any difference."*

Evidence given to the NSW Parliament indicates that overdoses in the Kings Cross injecting room are 32 times higher than the overdose histories of those entering the injecting room, indicating that clients are experimenting with higher doses of opiates and cocktails of drugs knowing that if they should overdose in their experimentation, someone will bring them around. NSW Hansard records testimony from ex-clients of the injecting room who were rehabilitating from drugs that experimentation with higher doses of drugs is the reason for the inordinately high overdose rate in the room.

The question now appears to not be about 'best practice', but simply what emotive or socio-political drivers dictate when it comes to drug policy – So, where do you land? If you're all for drug use, then another conversation and investigation in to the why of that is your priority. However, the disturbing reality for the tens of thousands of ex-users who already know the ultimate outcome of illicit drug use is. The reality is, those conversations and investigations are near impossible for a person using the substance in a culture that passively, no, actively permits it!

Any enterprise that inadvertently enables, empowers or equips ongoing illicit drug use has already breached best health care practice. Harm Reduction can never be about the support of on-going, health diminishing substance use. Caring, responsible and civic minded clinicians and policy makers will always be focused on movement toward exit from, and

cessation of drug use. Mechanisms that enable any government agency to send a message to the community that we are not only supporting, but enabling tax payer funded illicit drug use, not only breaches care for the illegal drug user, but breaches international conventions. It also demonstrates a lack of concern for most of the non-drug using community.

I trust a thorough 'best practice' consideration of any drug policy 'strategy' will always seek to reduce demand for and use of any illicit drug, if not for the sake of the drug user, then for the wider community, who the vast majority of are illicit drug free. Our emerging generation need proactive and protective mechanisms to give them best chance to live drug free lives.

Let us be very clear, we are not conducting a *'war against drugs'.* ***We are however fighting for the brains, potentials, and in many instances, the very future of an entire emerging generation.*** (Dr Bertha Madras - Harvard) That for any caring civic minded human being is a fight worth having, and one worth joining!

Shane Varcoe – Dalgarno Institute.

Injecting Rooms Inventory

http://lvg5.mj.am/link/lvg5/xxro3j2s/a3/36moQwTURJLS9OUYfQ__SA/aHR0cDovL2RhbGdhcm5vaW5zdGl0dXRlLm9yZy5hdS9pbmRleC5waHAvYWR2b2NhY3kvaW5qZWN0aW5nLXJvb21z

Naltrexone Intervention, NOT Drug Use Celebration

Other Resources

ICE Room Bad Policy Narrative that promotes community endorsement of illicit drug use drug use -July 2016.pdf

Injecting_Room_Victoria_DFA_Response.ppt

Mobile_Injecting_Vans_Encourage_Drug_Use.pdf

DrugPolicy-ChangingNarrativeSeptr2016.pdf

DFA_Injecting_Room_Detailed_Research.pdf

DFA_Injecting_Room_Booklet.pdf

2010_Update_Injecting_Room.pdf