

HEROIN

Facing the Issues

A Paper by the Drug Policy Expert Committee

1. Introduction

One of the key policies of the recently elected State Government relates to drugs, particularly illicit drugs. The Government has appointed the Drug Policy Expert Committee to advise it on implementing policy that seeks to reduce the use and harms that drugs cause in our community. The Government's policy, while building on existing activity, includes major reforms that need detailed consideration and the broad support of the community to be fully effective.

The Committee's terms of reference require it to report in two stages:

- **Stage 1:** Introducing local drug plans in areas of high drug usage, and implementing a formally evaluated trial of injecting facilities in up to five locations.
- **Stage 2:** Advising the Government on the implementation of the rest of its policy.

The Government has made available an additional \$17 million, rising to \$20 million over the next two years, to support its drug policy.

This paper provides a brief overview of the issues being considered by the Committee, with special reference to meeting the Stage 1 requirements for a local drug strategy and an injecting facility trial. The Committee has established a number of statewide reference or advisory groups and will, in

collaboration with the relevant municipalities, consult with representatives of the communities most affected by heavy public drug dealing and usage. The Drug Policy Expert Committee welcomes comments either directly or through these mechanisms.

2. The Context

In Australia, use of heroin and other opiates is not a recent phenomenon. Use of medically prescribed heroin (commonly as a therapeutic medicine for women in childbirth, and in the relief of pain from terminal cancer) was high up until the 1950s. It was not until 1953 that the Commonwealth prohibited the importation of heroin. In 1955, the States followed suit and prohibited the use of heroin.

Development of the illicit drug trade in heroin and marijuana dates largely from the mid-1960s when United States troops arrived from Vietnam on rest and recreation leave in Australia.

At first sight, the simplest way to reduce illicit drug use is to contain the availability of such drugs. Unfortunately, this is proving impossible. Some facts help to demonstrate why:

- The United Nations estimates that the international drug trade exceeds \$US400 billion per annum and that production is at an all-time high.

The problem won't go away. We cannot stop the drug supply.

- Production of illicit drugs is highly profitable for Asian countries. Global production of heroin will rise from 289 tonnes in 1998 to 360 tonnes this year, according to the International Narcotics Control Board.
- Australia has 37,000 kilometres of coastline and 9 million square kilometres of ocean to monitor.
- Our Customs Service estimates that about 1.2 million shipping containers cross Australia's wharves each year. Many thousands of sealed cans of food and other produce, some of which may contain drugs, are imported.
- Monitoring of the Sydney heroin market over a two-year period failed to find any effect of seizures on the price of the drug on the street.
- Australia will remain a favoured destination for heroin given our relative closeness to Asia and our affluence as a society.

Recognising the impossibility of preventing the entry of drugs into the country, despite the best efforts of law enforcement, governments have been trying to do more at the local level. In recent years, there have been increasing funds for treatment and other efforts to reduce demand. Direct law enforcement costs (excluding courts) are, by far, the largest area of expenditure on the drug problem, and make up 62 per cent of all spending. Additional expenditures of some \$25 million are largely used for drug treatment services (\$18 million) and drug education in schools (\$5 million).

The Commonwealth Government is also planning to increase its expenditure on drugs. It is anticipated that it will provide a further \$22 million annually to Victoria over the next four years for a range of drug programs.

Despite these efforts, the evidence summarised in the next section clearly suggests that the problem continues to increase.

3. The Problem Now Faced by the Community

Illicit drugs, particularly heroin, have become increasingly attractive to some members of our

community. The impact on drug users' lives, their families and on our ability to enjoy our community has become pronounced and drugs are now a serious concern to many people and to governments.

In 1998, a survey of households showed that almost 1 per cent of the Victorian population aged 14 years and over had used heroin within the past 12 months compared with 0.2 per cent in 1995. This is nearly a fivefold increase over only three years. The use of other dangerous drugs, including so-called designer drugs such as ecstasy, and more recently cocaine, is increasing. The rise in the number of people using heroin includes a rise in the number of younger users. Over the last 30 years, the age when people start using heroin has continued to fall.

There has been a dramatic increase in the number of people dying as a result of heroin overdose, as the chart opposite shows. The trend is set to continue.

The majority of overdose deaths occur among people, aged between 25 and 30 years, who have been using for an average of seven to 10 years. However, with the increasing number of inexperienced, younger heroin users, this pattern might change. We are already witnessing a rise in the number of women using heroin, with gender patterns shifting toward equal numbers of males and females.

Non-fatal overdoses are also increasing and involve the Metropolitan Ambulance Service in attending some nine events per day. Many people recover as a result of the quality and speed of this service, but a number live with acquired brain injury and other health problems.

The reasons for increased usage and the overdose rate are complex, and relate to changes occurring in our society. Some features are:

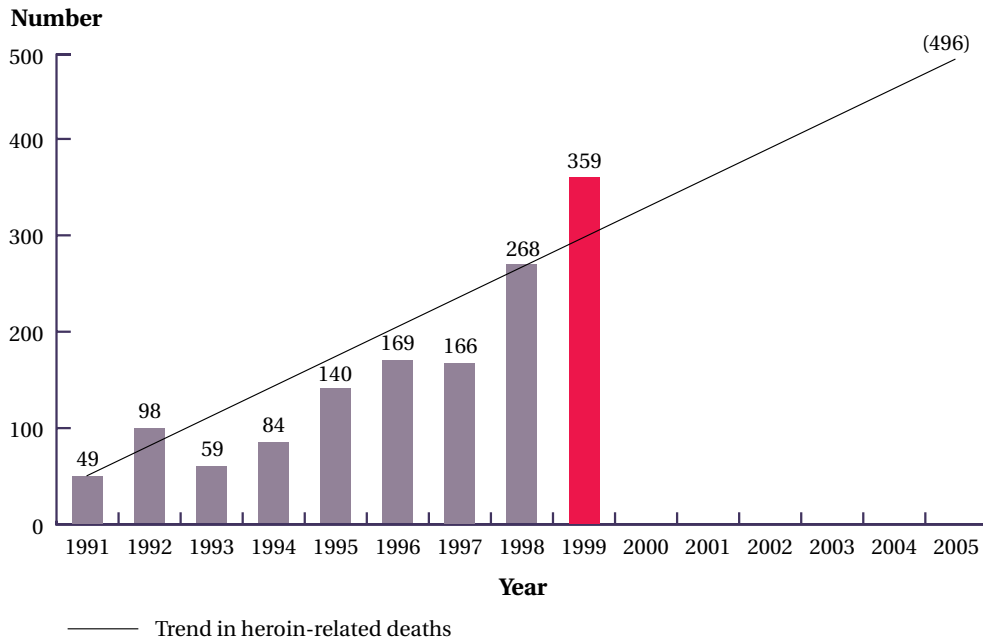
- The stresses of modern life, particularly for young people.
- Early school leaving, unemployment and lack of welfare support.
- Problems in the various social environments of young people – including their family, school and peer groups.

- A more fragmented and disconnected community in which some are more affluent but many others are worse off.
- Changing attitudes about what constitutes conventional and risk-taking behaviours.
- Cheaper and more readily available drugs.

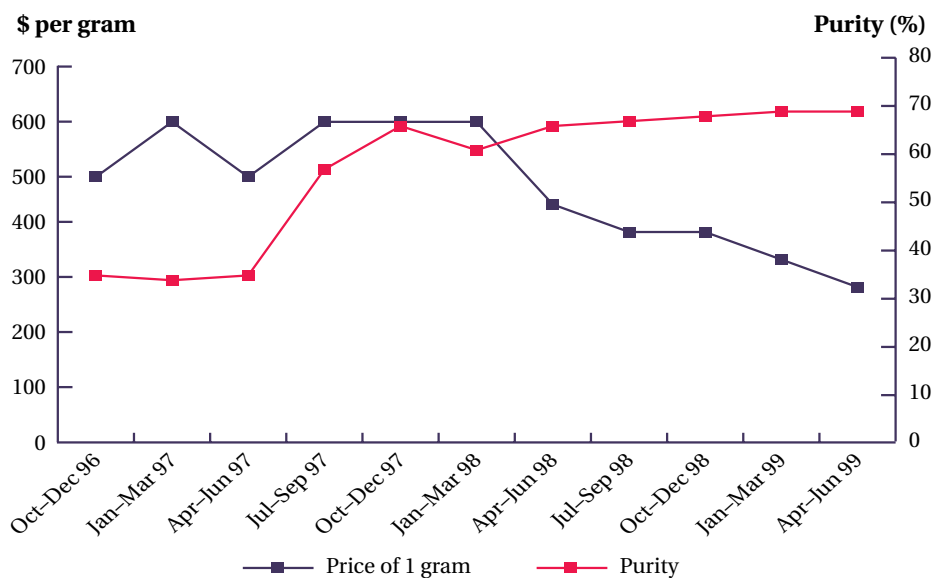
- Lack of awareness of the dangers of drugs.
- Personality and possible genetic factors.

The bottom chart demonstrates the reduction in price and increase in purity that makes heroin even more attractive and available. A 'hit' is now not only relatively cheap, but also easy to buy.

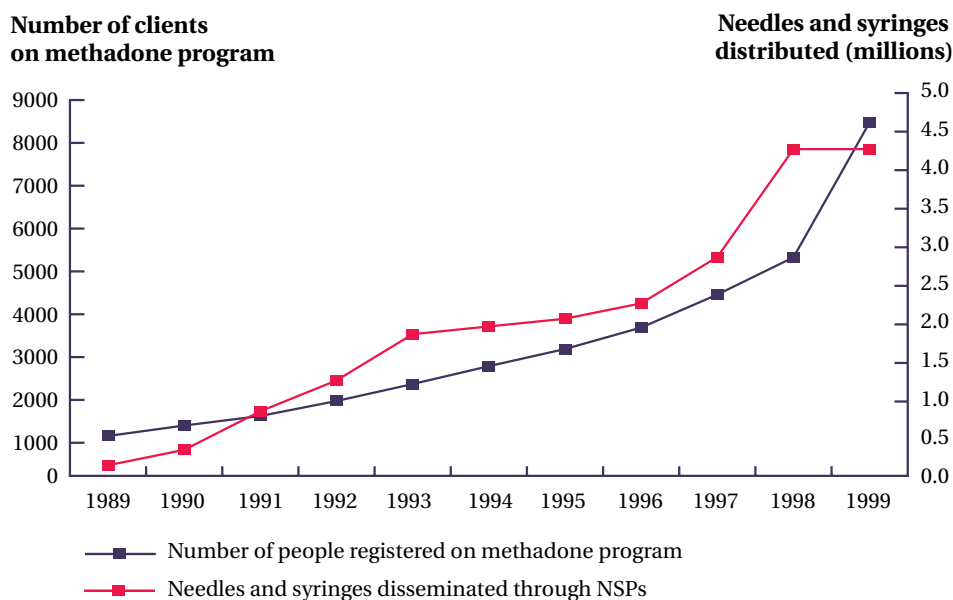
Heroin related deaths in Victoria 1991–1999 and projected deaths to 2005



Heroin price and purity levels in Victoria 1996–1999



Numbers on Victoria's methadone program and number of needles and syringes distributed through Victoria's NSP program 1989–1999



The expansion of the needle and syringe and the methadone programs in the state provides evidence of positive public health programs as well as increased usage.

Victoria is regarded as a leader in drug policy, partly because there has been bipartisan political and widespread community support for recent reforms to treat users and divert them from the courts. Despite this, imprisonment rates continue to grow each year. It has been estimated that 81 per cent of all prisoners have been involved with drugs, many with drug-related crimes that have led to their imprisonment. In turn, many prisoners use drugs while serving their sentences, creating further risks for themselves, other prisoners and staff.

Despite our efforts, the problem has become considerably worse in recent years. It will continue to get worse.

We need to develop new ways of tackling the problem and include these in our overall strategy.

4. Reform: The Issues

The Victorian Government has outlined a substantial drug policy, and identified key implementation initiatives. It has acknowledged that this is one step in a long-term commitment to dealing with drugs in our community. While much of what is required builds on what is already being done, the Government recognises that effectively tackling the problem will also need strategies that are new and, possibly, contentious. The Drug Policy Expert Committee is responsible for advising on new initiatives and consulting with the community to build the necessary shared understanding and support for responsible reform.

Some metropolitan communities are experiencing particular problems with intense and highly public drug use that brings harm to users and creates significant social problems. The Government has asked the Committee to make the needs of these areas a priority, both to help users and to redress the impact on the rest of the community. The intention is to establish well-planned, local drug strategies. The heavily dependent heroin user who injects in public is a small but troublesome part of the larger problem.

Defining what is required at the local level is critical.

What is most important to you?

What is a local drug strategy?

The strategy's goals are to reduce the impact of drug misuse on the public and on the user in ways that are consistent with state and national policy frameworks. The detail of how this will be done is essentially a matter for the relevant councils and communities to consider. The Committee expects that a strategy would be an agreed approach to dealing with the key issues and could include initiatives to:

- Inform, educate and assist relevant groups, including families.
- Support and assist traders and community organisations.
- Support particular cultural communities.
- Improve public amenities and facilities.
- Provide treatment and support services for users, including services for overdose victims.
- Support new ways of improving rehabilitation, potentially involving service clubs and employers.

On the basis of the consultation process, the Committee will advise the State Government on the funding of local drug strategies as part of the drug policy implementation.

Where agreement is reached, up to five areas will be part of the injecting facilities trial. The Victorian Government is committed to establishing injecting facilities as part of the broad local drug strategy on a trial basis, according to strict guidelines and with formal evaluation. This evaluation will provide feedback on the services to inform the Government and participating institutions. It will also provide an important basis for planning future developments. The trial stage will last some 18 months and criteria will be developed for assessing positive and negative impacts on drug users and the broader community.

The next two sections outline the European experience and identify the major issues that must be addressed in formulating the trial plan for Victoria.

The final section summarises several of the major issues that the Committee will consider in the second stage of its work.

5. Injecting Facilities: The European Experience and its Relevance to Australia

Several European countries have supported the establishment of injecting facilities. There are currently 42 such facilities in Germany, the Netherlands, Switzerland and Austria. Spain has recently announced that it will open its first injecting facility in February this year.

The reasons for establishing injecting facilities vary from country to country and include:

- **Public nuisance.** One of the key benefits perceived in a number of the European trials has been removing or containing many public order problems. In particular, these have included a significant reduction in numbers injecting in public areas, and a reduction in discarded needles, syringes and related paraphernalia left in public places. In many instances, businesses and local governments contributed to the cost of injecting facilities in their localities.
- **Public health and safety.** As well as users, many other people are put at risk by unsafe injecting practices. Local government workers and members of the public are exposed to used needles and other disruptions to normal community life.
- **Saving users' lives.** One of the major contributions injecting facilities make has been in dealing with overdoses. Evidence is clear: in Australia, as elsewhere, many users die because they have overdosed alone or with a fellow user who is unwilling or unable to seek immediate

***Injecting facilities can meet some of the needs of users and communities.
There is a potential benefit for all.***

medical assistance. Injecting facilities studied in Europe deal with multiple overdoses on a daily basis, yet few have recorded any deaths from this cause. Injecting facilities will not, by themselves, drive down the overall rate of deaths from drug use, for this has many causes. But they will save lives and slow the rise.

The European facilities vary with community needs, but there are common features, such as:

- A simple, relatively 'clinical' room, commonly with stainless steel benches and hand basins for easy cleaning.
- Staff provide basic equipment, much like a needle and syringe exchange, and monitor the health status of users. At a particular visit, user supervision continues until it is clear that the person has not overdosed. Staff ensure the facilities are orderly, clean and safe, and that overdoses are dealt with rapidly. They are trained in first aid, but do not assist the user to

inject or provide the drug. There are arrangements for safe disposal of injecting equipment.

Some injecting facilities provide additional services such as:

- Hygiene, nutrition, counselling and treatment, and other health services.
- Short-term accommodation.
- Assistance for users to find employment.
- Counselling, to help drug users to move into treatment and rehabilitation programs.

The Committee understands that program managers, police and other groups are satisfied with the way that the services currently operate in Germany and other countries. In many instances, these groups meet weekly to deal with operational issues within the facility and the surrounding area. There is no evidence of a so-called 'honey pot' effect.



Foyer to Fixpunkt, Hanover. The room functions as a reception room, waiting area and as a cafe offering coffee and subsidised food. After injecting, users can also access health services. However not all injecting facilities overseas are the same. Others, for example, do not include a cafe in the services available.



Injecting room in Niddastrasse, Frankfurt. There are stainless steel benches for injecting and up to 12 people can use the room at any one time. However rules prevent users assisting others with their injecting.

6. Considering Injecting Facilities in Victoria

European experience may not be directly transferable to Melbourne. One of the Drug Policy Expert Committee's key roles is to consider the many issues that may affect the operation of injecting facilities here and, following wide consultation, to recommend to the Victorian Government an approach to trialling them as part of an integrated local drug strategy.

Not all the issues are covered in this paper. It focuses on the major issues that need to be considered before a proposal for a trial can be put to the Government. More detailed work will be required once the broad approach has been resolved by Government.

As noted above, it will be critical to the trial of injecting facilities that the objectives of the service are clear. Injecting facilities attempt to meet objectives regarding the health and welfare of drug users, public nuisance and community safety. The balance and interaction between these objectives must be resolved.

Injecting facilities in Victoria will require a clear legal framework. Options for establishing that framework include:

- Amendments to the *Drugs Poisons and Controlled Substances Act 1981* (or making new Regulations under that Act) to the effect

that use of heroin in an approved injecting facility, or possession of heroin for the purpose of use in an injecting facility, would no longer be an offence.

or

- An agreement between the Government, Victoria Police and the Director of Public Prosecutions that, even though the existing offences of use and possession of heroin in the *Drugs Poisons and Controlled Substances Act* would remain in force, offences would not be prosecuted when they were committed in an approved injecting facility.

The framework will also need to address the legal obligations and risks of any agency managing one of the trial sites, and the staff working within them.

Local communities will also need the chance to contribute to decisions regarding the location of the injecting facilities. The *Health Services Act 1958* and the *Planning and Environment Act 1987* provide mechanisms for ensuring relevant groups are consulted. The Committee expects that, through discussion, issues of concern can be resolved, and that partnerships supporting injecting facilities will develop in local areas.

In addition to being in locations that are acceptable to the community, injecting facilities need to be positioned where drug users will use them.

Arguments For Injecting Facilities

Injecting facilities may save lives by preventing overdose.

Injecting facilities provide a place for drug use that is off the street and generates less disruption and distress to the community than injecting in public.

Injecting facilities can provide primary health care and access to treatment that can lead to rehabilitation and reduced harm.

Injecting facilities may reduce the amount of syringe litter and thereby improve community safety and reduce costs.

Arguments Against Injecting Facilities

Injecting facilities may lead to an increase in drug use.

Injecting facilities may lead to a congregation of users and dealers in the area and cause it to be labelled a drug centre.

The money spent on injecting facilities would be better spent on law enforcement, treatment or community education about drugs.

They send the wrong message.

Facilities must be in close proximity to existing street drug trade. The location of a facility may need to be changed if there is a shift in patterns of street trafficking. Such flexibility will be important for the future.

To work well, the facilities will need to be linked to a range of other health and welfare services and to specialist drug treatment services.

Some general arguments that require consideration are outlined above.

There are also many operational issues that must be considered such as:

- Police protocols to enable them to maintain law and order, particularly in the vicinity of the facilities, and to continue to tackle drug dealing.
- Relationships with the ambulance and other health services to ensure effective backup is available to the service.
- Protocols with other drug services to ensure users of the facility who decide to move into treatment are able to do so.
- Working arrangements with the local community to systematically address any issues that may arise.

7. Future Work Of The Committee: Phase 2

The Drug Policy Expert Committee's terms of reference require it to undertake a broad review of current drug policy, and to advise on ways it needs to be developed and integrated with other new initiatives of the Victorian Government. Advice on local drug strategies for areas of high use, and trialling injecting facilities, are only the first stage of the Committee's work. Many critical issues such as development of strategies to reduce commencement of drug use, intervention with early users, improvements to treatment and rehabilitation programs, cannabis law reform, and improving monitoring and evaluation arrangements will have to be examined in greater detail in the second phase of the Committee's work.

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www.dhs.vic.gov.au/phd/dpec/index.htm

A more detailed paper on this subject is also available from the Committee on request.

