



The Health and Disabilities Committee, Queensland Parliament:

Inquiry into severe substance dependence and involuntary detoxification and rehabilitation

To the Research Director
Health and Disabilities Committee
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The International Network of People who Use Drugs (INPUD) is a movement of people who are currently, or were formerly, users of illegal drugs, and who support the Vancouver Declaration. The Vancouver Declaration sets out our demand that the human rights of people who use drugs should be respected and for harm reduction measures to be put in place to protect individual and public health.

INPUD is a global network that seeks to represent people who use drugs in international fora, including the United Nations, and to undertake international development work. We believe that people who use drugs should be meaningfully represented in decision-making processes that affect our lives.

Bearing in mind the terms of reference for the inquiry, we would like to remind the Queensland Health and Disabilities Committee of some key considerations which taken together provide sufficient rationale to mitigate such an approach.

There is no evidence supporting the effectiveness of compulsory treatment programs.

It is universally agreed by experts in the field that there is almost no reliable evidence of the effectiveness, safety and cost-effectiveness of involuntary detoxification and rehabilitation. Rather, the evidence shows that long-term behaviour change only comes about when individuals are personally motivated and enter treatment voluntarily. Relevant UN agencies have called for the closure of compulsory drug rehabilitation centres and their replacement with community and evidence based, voluntary drug treatment programs that are proven effective and that respect human rights standards. There are a range of such treatment options whose effectiveness is thoroughly supported by the weight of evidence.¹

The rationale for the inquiry is unclear

It is difficult to comment on the specifics of this proposal as it lacks explicit aims and objectives. Regardless of how well developed a proposal may be, however, the effectiveness of involuntary medicated detoxification programs is not supported by evidence and such an endeavour will inevitably achieve little at great cost. Indeed, such a program may create a range of further and more serious harms, including reducing access to voluntary treatment places.

Access to voluntary treatment places must be improved

INPUD believes that the Queensland Government should focus upon the adequate resourcing and scaling-up of treatment services across the state to increase access to a range of voluntary treatment programs, whose effectiveness is supported by evidence. We understand that currently, across Australia, people often face lengthy waiting lists when attempting to access treatment. In an environment where demand significantly outstrips supply, it is counterintuitive to devote resources to a treatment regime that has been shown to be largely ineffective, at the expense of desperately needed voluntary treatment spaces.

Issues of consent and their relationship to human rights:

Treatment for drug dependence is a form of medical care and should comply with the same standards as other forms of health care. Human right standards require that medical treatment be based on free and informed consent.ⁱⁱ According to the Committee on Economic, Social and Cultural Rights, individual freedoms include the right to be free from non-consensual medical treatment.ⁱⁱⁱ Forced treatment violates internal human rights standards. The right to informed consent to medical procedures and the ethical requirement to secure informed consent are well established. If a person is stripped of their right to refuse treatment, their right to security of the person is transgressed, and can be construed as violence, assault or other violation. The [International Covenant on Civil and Political Rights](#) article 9 The International Covenant on Civil and Political Rights, Article 9 states, “Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law.”^{iv}

There is no clinical definition of what constitutes “severe” substance dependence

The World Health Organisation clearly defines drug dependence^v; however no agreed clinical definition for ‘severe’ dependence exists. This would mean that any classification of an individual’s degree of dependence being sufficiently ‘severe’ to warrant forcible treatment would be based upon the subjective judgement of individual clinicians, creating significant and unnecessary power imbalances, thus increasing the vulnerability of an already marginalised population.

The proposal is inconsistent with Australia's approach internationally

In some countries, conditions surrounding involuntary detoxification and rehabilitation violate scientific, medical and human rights imperatives. Compulsory centres are also very costly and ineffective – and relapse rates are very high (in Vietnam, for example, from 80 to

97%).^{vi} The Australian International Development agency (AusAID) position on Compulsory Drug Centres is that they should be closed in favour of evidence based treatment approaches in the community. Australian development programs abroad advocate against involuntary treatment in other countries, so it is hard to understand why they would be considered for domestic application.

ⁱ Broadstock M, Brinson D, Weston A. 2008, *A Systematic Review of the Literature: The Effectiveness of Compulsory, Residential Treatment of Chronic Alcohol or Drug Addiction in Non- Offenders*, Health Services Assessment Collaboration

ⁱⁱ Stevens, A. (2011) *The ethics and effectiveness of coerced treatment of drug users* Paper presented at the EU-China Human Rights Dialogue, 6-7 September 2011, http://kent.academia.edu/AlexStevens/Papers/909418/The_ethics_and_effectiveness_of_coerced_treatment_of_drug_users

ⁱⁱⁱ Committee on Economic, Social and Cultural Rights, 2000, *Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights: General comment 14*, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G00/439/34/PDF/G0043934.pdf?OpenElement>

^{iv} The *International Covenant on Civil and Political Rights*. 1976. <http://www2.ohchr.org/english/law/ccpr.htm>

^v World Health Organization (WHO). *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical descriptions and diagnostic guidelines*. WHO: Geneva. 1992.

^{vi} Human Rights Watch (2011) *The Rehab Archipelago: Forced Labour and Other Abuses in Drug Detention Centres in Southern Vietnam* <http://www.hrw.org/sites/default/files/reports/vietnam0911ToPost.pdf>