



The Health and Disabilities Committee, Queensland Parliament:

Inquiry into severe substance dependence and involuntary detoxification and rehabilitation

Submission by: **Queensland Injectors Voice for Advocacy and Action (QuIVAA)**

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Undersigned by: - **Harm Reduction International (HRI)**

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Harm Reduction International is an organisation that works internationally to reduce drug related harms by promoting evidence-based public health policy and practices and human rights based approaches to drug policy through an integrated programme of research, analysis, advocacy and collaboration with civil society partners.

- **Australian Injecting and Illicit Drug Users' League (AIVL)**

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The Australian Injecting and Illicit Drug Users' League is the national peak organisation for the State and Territory Drug User Organisations and represents issues of national significance for illicit drugusers and people on opioid pharmacotherapies. AIVL operates within a health promotion framework as articulated in the Ottawa Charter for Health Promotion (1986) which defines health promotion as 'the process of enabling people to increase control over and to improve their health'.

Operating for the past 22 years, QuIVAA is a community-based organisation which aims to represent the diversity of interests of injectors and illicit drug users, through systemic advocacy and service provision aimed at addressing the issues affecting drug users in Queensland.

Operating on a peer-based philosophy, QuIVAA encourages and supports current and former injectors and illicit drug users to be active in all levels of QuIVAA activity. QuIVAA provides input into strategic responses and policy development of drug use and related issues in Queensland.

QuIVAA would encourage the Queensland Government to consider the following points in regards to the inquiry:

Human right principles require informed consent to treatment and the right to refuse treatment.

Forced treatment violates international human rights standards.

In developing and implementing effective drug dependence programs, human rights must be respected and protected, including the right of people who use drugs to enjoy the highest attainable standard of physical and mental health. The right to freedom from medical intervention without informed consent derives from the right to security of the person – that is, to have control over what happens to one’s body.ⁱ The right also derives from the right to full information about health and health procedures.

The presumption that people who use drugs lack capacity to consent to treatment is dangerous because it ignores legal safeguards regarding competence to make treatment decisions and widens the scope for potential abuse.

Treatment approaches must respect human rights and the fundamental principle that it is always the individual’s choice whether to enter and continue with a treatment program. This not only fulfils human rights obligations but also improves programme effectiveness.ⁱⁱ Treatment systems will be ineffective if they do not respect principles of self-determination and motivation.

No evidence exists that compulsory treatment is effective.

Australian and international evidence shows that there is almost no evidence of the effectiveness, safety and cost-effectiveness of involuntary detoxification and rehabilitation. Evidence shows that long-term behaviour change only comes about when individuals are motivated and enter treatment voluntarily. There are other mechanisms of treatment that are proven effective in managing substance dependence.ⁱⁱⁱ UN agencies have called for the closure of compulsory drug rehabilitation centres and their replacement with community-based, voluntary drug treatment that uses an evidentiary practice framework and respects human rights standards.^{iv}

This proposal lacks clear and specific objectives.

The aims and objectives for involuntary medicated detoxification and rehabilitation of person with a severe substance dependence in Queensland have not been identified. There is no logic in contemplating something for which there is an apparent lack of evidence. Indeed, negative and costly outcomes in regards to compulsory treatment are inevitable in most cases.

Government’s focus should be placed on increasing voluntary treatment places, and improving access and care to voluntary treatment.

Many people with substance dependence issues currently experience significant difficulty, and setbacks in accessing voluntary treatment and rehabilitation programs. It is vital that those who wish

to access treatment are able to do so without excessive waiting periods. While demand outstrips supply, it is considered highly inappropriate to introduce involuntary services to this significantly under-resourced area. It is disappointing that involuntary treatment is being considered for the introduction in Queensland when voluntary detoxification and rehabilitation places are in short supply in most parts of the State. QuIVAA believe the government would be better advised to focus on expanding range and access to evidence informed treatments for drug dependency.

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

Whilst the World Health Organisation has set a clear definition of what constitutes drug dependence^v, there is no clear clinical definition of what constitutes ‘severe’ substance dependence. With no agreed definition, it would be impossible to assess someone’s appropriateness for involuntary treatment and leaves substance users vulnerable to the judgement of individual clinicians.

QuIVAA reminds the Queensland Government of the finding of the UN High Commissioner for Human Rights, Navanethem Pillay: ‘individuals who use drugs do not forfeit their human rights’.^{vi} QuIVAA supports the consumer’s right to choose their treatment and strongly believe that any new policy being implemented should be focused on evidence based alternatives.

ⁱ See Article 9 of the International Covenant on Civil and Political Rights and the interpretation of ‘bodily security’ as a foundation principle of informed consent at Canadian HIV/AIDS Legal Network HIV Testing, *Info Sheet 5 – Consent*, www.aidslaw.ca/testing.

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 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).

^{iv} Letter from Michel Sidibé, Executive Director, UNAIDS, to Rebecca Schleifer, Human Rights Watch, March 30, 2010; Email from Gottfried Hirnschall, Director of HIV/AIDS, Department Cluster on HIV/AIDS, TB, Malaria and Neglected Tropical Diseases, World Health Organization, May 6, 2010; UNICEF East Asia & Pacific Regional Office, Statement on the care and protection of children in institutions in Cambodia, June 8, 2010, http://www.unicef.org/eapro/UNICEF_Statement_on_HRW.pdf (accessed June 14, 2010); Mandeep Dhaliwal, Cluster Leader: Human Rights, Gender & Sexual Diversities, HIV/AIDS Practice, Bureau for Development Policy, United Nations Development Programme, “Harm Reduction 2010 The Next Generation: Addressing the Development Dimensions,” presentation at the International Harm Reduction Association Annual Conference, April 29, 2010; Michel Kazatchkine, Executive Director, The Global Fund to Fight AIDS, TB and Malaria, “From Evidence and Principle to Policy and Practice,” Keynote address, Canadian HIV/AIDS Legal Network 2nd Annual Symposium on HIV, Law and Human Rights, Toronto, 11 June 2010.

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

^{vi} United Nations Press Release (10 March 2009), ‘High Commissioner calls for focus on human rights and harm reduction in international drug policy’, <http://www.unhcr.ch/hurricane/hurricane.nsf/view01/3A5B668A4EE1BBC2C12575750055262E?opendocument>