1st February 2022

Joe Kelly MP, Member for Greenslopes,
Chair Mental Health Select Committee
Parliament House
George Street, Brisbane QLD 4000
MHSC@parliament.qld.gov.au

Dear Chair,

Thank you for the opportunity to provide a submission to the *Inquiry into opportunities to improve mental health outcomes for Queenslanders.* QuIVAA is the peak body representing people who use drugs in Queensland. This includes the voices of those with histories of drug use and that have accessed the myriad of services associated with drug use. QuIVAA recognises that community attitudes are changing, alongside the evidence of what works in responding to alcohol and other drug use and related harms. It is important that our system and policy responses take into account lived experience perspectives and continue to evolve alongside this shift in community expectations and the growing evidence base. The input of service consumers at all levels of service policy, design and delivery is well documented as providing better health outcomes more efficiently than previous approaches.

QuIVAA does not receive any funding or support from government and is led by a volunteer management committee. Therefore, our capacity to provide a detailed submission is limited. We, however, acknowledge the importance of this inquiry, and provide the following brief written submission outlining some of the more important issues facing our community and their responses to highlight the impacts these are having. We would also welcome the opportunity to meet with you and members of the Mental Health Select Committee to provide you with a more comprehensive understanding of the issues that face people who use drugs in Queensland.

About people who use drugs

- Illicit drug usage in Queensland is common. According to the AIHW (2017), almost half of Queenslanders (44.3 per cent) over the age of 18 have used illicit drugs in their lifetime.
- The vast majority of people who use alcohol and other drugs do so infrequently and without problems.

- Only a small number of people who use alcohol and other drugs experience problematic use. It is this smaller group of people who are more likely to experience greater harms associated with their use and require treatment for their use.
- People who experience problems with alcohol and other drugs often have experiences of trauma and are impacted by the social, cultural, historical, and structural determinants of health, including the challenges mental health can pose.

System responses to people who use drugs

- For many people who use drugs, the risk of harm to both themselves and the community is increased primarily as a result of the social, policy and legislative responses to their use, rather than the substance use itself. This includes associated harms such as contact with the criminal justice system, child protection system, police or, as a result of broader experiences of stigma and discrimination which can have detrimental effects for people over the longer term including through restricting access to employment and education, the right to care for their children and community participation.

> *The stigma around drug use is extremely damaging. Journalists and reporters have written articles about people and parents interactions with the court around drug or alcohol charges. The way these articles are written are full of dehumanising language, stigma and discrimination. The language used is absolutely awful. The effects the articles have on the people who are subjected to this stigma can have long and harmful outcomes especially on mental health. Children of the parents that got "Named and Shamed" have also faced bullying by other kids, judgement and stigma. Some have feared for their life or felt unsafe after an article was published. Stigmatising language creates so many issues around self worth, confidence and many more. It is publicly shaming someone as a form of punishment. It is a form of hate speech.*

- The way in which legislation, legal practices, rules, definitions, and processes are implemented and operationalised can also enable the development and embedding of certain stereotypes of people who use drugs. An example of this can be seen with current approaches from Queensland Police related to drug law enforcement, despite significant evidence internationally that more effective and less harmful policy solutions and responses exist.

> *I rang the police once, after my ex smashed up my house. They came and arrested me for a bong in my son's room. They gave my abuser his backpack and told him good naturedly to go away until he had cooled down for a bit. Then later, he was bailed to my house, without anyone asking me. The worst of my abuse was bestowed on me by our "justice" system. Call the cops? Probably not.*
>
> *When I was pregnant, I disclosed my past drug use of ice and cannabis to my midwife. I was then met with judgment, stigma and scare tactics. The midwife and nurses did not believe me when I told them that I was no longer using and did not trust me and I felt silenced, ignored and very uncomfortable. Being 18 and pregnant was quite overwhelming and I felt even more alone and that I couldn't talk to anyone about the questions I had as it*

would have caused more issues. When I gave birth to my daughter my drug past was brought up again and DOCs were asked to get involved because they did not believe me. My friends mum had to talk to the nurses to get them to not intervene. My daughter wasn't even 12 hours old and I already felt like everyone was judging me and making assumptions about me as a mother all because I said I had used drugs before I found out I was pregnant. I thought I was doing the right thing and it was thrown in my face and disrespected. I understand why other mothers or parents do not seek help or disclose their drug use as the repercussions from just admitting you use drugs are extreme. This fear the health systems have created around drug use are preventing parents from seeking help for drug use, not asking the questions and putting their kids first.

Decriminalisation of possession

- Criminalisation of drugs has created unintended harms to Queenslanders and has proven largely ineffective at significantly reducing the consumption of illicit drugs and reduction in supply.
- Targeted community-level interventions and greater use of diversion to treatment that focus on supporting people with problems associated with their substance use are alternative approaches to the punitive criminal justice system by addressing issues using a health based approach.
- The Queensland Productivity Commission makes a compelling economic argument for decriminalisation of low harm drugs within their *Inquiry into Imprisonment and Recidivism* (2020) finding that illicit drugs policy has failed to reduce supply or harm.

Stigma and discrimination

- According to the World Health Organisation, illicit drug use is the most stigmatised health condition in the world. Facing stigma and discrimination is common for people who use drugs in Queensland, and this has created barriers to seeking help, compounds social disadvantage, contributes to social isolation, and negatively impacts a person's mental and physical health.

Simone is a single mum of two young children who relocated from Brisbane to attend the University of Sunshine Coast. She is linked in with Melaleuca Clinic at Chermside and is stabilised on methadone after a relapse into medication misuse after surgery. She has been unable to find a prescribing GP on the coast so must fund before and after school care to enable her to catch public transport to Brisbane for prescription and treatment review monthly. This is an eight-hour day consisting of multiple trains and buses. Simone is often required to pay an extra cost for arriving late to pick up her children due to public transport timetabling issues.

She was lucky enough to find a space at a pharmacy close to home. The Pharmacy is very small and seems to be unable to cater for large groups of dosing patients. Simone regularly finds herself waiting in a queue with her children for up to 40 minutes whilst other non-OTP customers are served before her. As a result, her children are often late to class.

Touching on the issue of privacy, Simone has been dosed in front of other Mum's from her child's primary school and day-care and has also been seen by a teacher. Simone feels a great deal of stigma and shame and worries about the effect this will have on her children. Simone has requested that the time be changed for her dose so

that she is not late to drop her children to school, but the Pharmacist does not want OTP patients in the Pharmacy outside of a particular time due to past issues of stealing and aggression by other OTP customers.

The Pharmacist also makes a point of not making eye contact with OTP customers and this client feels that she and other OTP patients are viewed as being "undesirable". OTP customers are regularly made to wait to be served even though they have a particular time booked for dosing and are not providing proper privacy so that they can keep some semblance of anonymity from community judgement.

Simone requested support from QPAMS (QLD Pharmacotherapy Advocacy & Mediation Service) who offered her solidarity and support and suggested she write a letter to the Pharmacist citing her issues. The client has not felt as though she can write such a letter for fear of losing her place in the QOTP. QOTP stated that they did not know how to help her and suggested she phone APRHA. She has made a complaint to APRHA however has heard nothing back.

Simone continues to struggle with managing her dosing and trying to make a good life for her and her children. There is an immediate need to increase OTP service provision across QLD, particularly in regional and rural areas. For people like Simone, having increased access to local specialist services would help her mental well being and better able to be a productive citizen and create a better life for her and her children.

- Unhelpful and outdated system responses and philosophies can perpetuate stigma and discrimination.

People who use drugs or have a history of drug use are often stigmatised by mainstream health services. There are assumptions made around why they may be presenting at the ED, are they drug shopping?, are they putting it on? Are they high right now? Do they deserve priority care?
I work in AOD and have consistently heard stories from clients that they had been discriminated against by medical staff due to their drug use. I have a history of injecting drug use and during a recent visit to the hospital around chest pain I too had a discriminatory experience. While being worked up by a doctor and nurse, we were chatting about my work and the doctor said, "It must be so hard working with those people all the time". The "those people" got by back up I suppose so I said, "well I used to inject drugs so I'm not sure what you mean". Instantly the nurse who was holding my arm looking for a vein dropped my arm and took a step back. The doctor then said to the nurse "it's okay I'll do this one" the nurse looked relieved and left. The doctor took my blood with no more conversation and left. For the first time in my life, I felt frightened of not being taken care of by medical staff. I was no longer a 45-year-old woman with who worked full time and took care of her three great kids and aging father, I was a "Junkie". Luckily, I wasn't having a heart attack and I was discharged a few hours later, the whole time being treated like I was substandard human being. I swore to myself I would never reveal my drug use to another medical practitioner again as it is not safe to do so.

Medicinal Cannabis and overcoming stigmatisation

- Many people who are prescribed medicinal cannabis, have raised concerns about where to access information with most not receiving information from their prescribing GP or dispensing Pharmacist. A lack of information in the community about medicinal cannabis perpetuations stigma and discrimination for people prescribed this medication.

Positive THC in urine samples have recently stopped the reunification of families. Child Safety Officers had no knowledge that medical cannabis would present in the same way during testing as illegal cannabis in the sample. This was used against them in family meetings.

- The gap in policy that deals with medicinal cannabis at the system level is resulting in punitive responses to people prescribed cannabis and often leads to discrimination and confusion in the community.

  I have been legally prescribed cannabis for my physical disabilities, chronic neuropathic pain and PTSD. Just recently, I had a horrible experience at Brisbane airport. On arriving at Brisbane airport, I felt I should declare my medical cannabis at the security screening point. In the past, security officers have read the container and not challenged me further.

  However, this time, I was immediately detained and the AFP called. I was publicly humiliated and bullied by two heavily armed AFP officers and treated like a criminal. The entire process was extraordinarily traumatic and I was treated without dignity nor rapport nor empathy in any way. Not by security nor the AFP. The AFP eventually were satisfied that I was lawfully prescribed cannabis but I had to produce documentation to substantiate what was already printed on the label of my medical cannabis. I was then allowed to board, however I was an emotional mess.

  I don't understand why people who use medicinal cannabis be subject to greater scrutiny or loss of dignity than people who use opioids or any other pharmaceutical.

- There is still confusion amongst law enforcement around the use of medical marijuana with reports of police confiscating the medicine despite being labelled correctly and in someone's possession lawfully. People are taking medication that places them in breach of their community corrections orders and child safety orders. Often clients of government departments of Probation and Parole and Child Safety are required to provide samples for drug testing to comply with court orders around sobriety. If a doctor prescribes medical marijuana to someone as a treatment for a medical condition, then whose direction should be followed? When a person is incarcerated should they still have access to the medications they require?

Mental health issues and AOD

- Mental illness can impact all areas of society, though when those with problematic alcohol and drug use find themselves dealing with mental health issues, they face a further range of barriers to addressing these.
- While most people who use alcohol and other drugs do not have a mental illness, for people with a mental health issue the co-occurrence of alcohol and other drug use is relatively high. Despite this prevalence, people with mental health issues who may be experiencing problematic use often have trouble accessing help.

- Navigating complex pathways through the health system can be particularly challenging for people with co-occurring disorders and can influence whether they stay in treatment. Stigma is also a major issue that influences treatment outcomes. It impacts on people's willingness to seek help and on the level of care they receive when they do.
- There is limited capacity for mental health services to respond to the needs of people who use drugs, with many turned away when they seek help, and are told to "deal with their substance use issues first".

  You can't get into mental health because you use drugs "go to rehab" they say. Ring the rehab "your mental health needs to get sorted before you can come".

- There is limited capacity for drug and alcohol respite services to respond to the needs of people with mental health complications when they seek help to stop their use.

  The ambulance came and got me after my parents rang concerned about my mental health. I was taken to Emergency kept for a night then told it was drug induced and to link with my local AOD service. After being on the waitlist for 1 month they tried to get me into rehab however the rehab would not take me as I had tried to suicide, and I need mental health care. I went back to mental health and my GP who said they could not treat my mental health as I was taking Meth. I have been to ED 5 times this month, not sure how many more I will survive.

- Alcohol and other drug services attract a very small percentage of funding compared to mental health services and a large percentage of AOD workers earn less than the average Australian income. It is very difficult to attract and retain qualified professionals in this environment and to provide the specialised complex care often required.

Lived experience of people who use drugs

The *Peer Peak Body Scoping project* (undertaken in collaboration with the Queensland Network of Alcohol and Other Drug Agencies (QNADA) in 2020) sought to better understand the experiences of people who use drugs in Queensland and their representation needs. The project found that:

- nearly a third of respondents reported that they hadn't experienced any challenges as a result of their substance use.
- representation for people who use drugs in Queensland should include people who use illicit, licit and have previously used drugs, and that there should be particular attention paid to the people who experience the most significant harms in the community.
- representation activities should include advocacy for changing drug laws and policy, activity which creates positive outcomes with a focus on the health, happiness and human rights of people who use drugs and work to end the stigma and discrimination that is pervasive across all levels of service provision.

QuIVAA has identified a number of opportunities to further develop and enhance health-based approaches in Queensland to create better outcomes for people who use drugs. These include:

- Embedding the voices and perspectives of people who use drugs in future system and policy development, program design, delivery, and evaluation.
- Fixed site and mobile drug checking (pill testing) services.
- Safe injection facilities.
- Addressing the barriers to accessing Opioid Pharmacotherapy Treatment both in the community and in correctional settings including cost, lack of flexibility and punitive system responses.
- Cannabis legalisation.
- Access to non-stigmatising health and medical care for people who use drugs particularly older and ageing people.
- Increasing responses to overdose by ensuring availability of Naloxone and associated education and information to the community.
- Investment in support for the AOD peer workforce, recognising and addressing the challenges including difficulties obtaining a Blue Card, lack of specialist certificate level training and lack of job progression.

The absence of an appropriately funded and resourced peak body representing people who use drugs in Queensland is a significant issue. QuIVAA is a community led organisation who provide resources, harm reduction information and advocacy in a completely voluntary capacity. Resourcing for QuIVAA is vital to ensure its capacity to represent the diversity of interests of people who use drugs through systemic advocacy. Operating on a peer-based philosophy, QuIVAA encourages and supports current and former illicit drug users to be active and provide input into strategic responses and policy development in relation to drug use in Queensland. Key activities include providing input into systems level policy development and advocacy for people who use drugs at a system and individual level.

We acknowledge that these points are quite brief and would welcome an opportunity to be involved further in the consultation process, perhaps meeting with members of the committee in person. Please contact me directly to arrange a meeting is possible. I can be contacted on [redacted] or via email at [redacted]

Yours sincerely,

Emma Kill

President QuIVAA