International Harm Reduction Day 2016

Today (the 7th May) marks a new day in the calendar – International Harm Reduction Day. Though its recognition factor is currently very low, perhaps even non-existent, it will become more important with each passing year.

The reason for this is the changing international momentum for reform on how we deal with of drug in our society. Although the recent United Nations General Assembly Special Session (UNGASS) on the world drug problem didn't achieve the urgently needed reforms, it was always going to be a lost cause. The consensus model of the UN approach to drugs means that virtually any country has a veto power as all countries must agree to changes. The veto was thus regularly exercised by Russia and a few other usual suspects who support an ever failing war on drugs. On the upside, the overwhelming majority of countries supported reform – it would be good to say here that Australia was part of this important shifting world consensus but no public indication of our position at the meeting has been provided. We can only hope that the absence of transparency was not caused by our desire to hide our embarrassment from newfound bedfellows amongst the war on drugs brigade.

Another critical part of the momentum shift in drug policy is happening in civil society. This can be readily seen in the growing chorus of frontline drug workers who call for change. The recent letter to the UN Secretary General signed by over a 1,000 leaders calling for real reform also highlights the growing discontent with the current failed strategy. As Ethan Nadelmann, Executive Director of the Drug Policy Alliance stated while releasing the letter, "Humankind cannot afford a 21st century drug policy as ineffective and counter-productive as the last century's."

The final part of the momentum shift is in the public mood, in particular among families. Many people are waking up to the fact that the current laws and policies only serve to heighten harm for people, especially their children. Lifelong employment and travel problems from a single drug conviction, increases in risky drug taking to avoid being detected and charged by police and a lack of support and treatment as law enforcement soaks up the lion's share of the drug budget all contribute to the feeling of 'enough' among young people, families and all those cruelly touched by the drug wars.

The sheer futility and harm of the current approach is typified by the <u>case of a mother of three and New Zealander of the Year finalist jailed for cannabis in New Zealand</u>. She was growing her own cannabis for her own use but an extraordinary amount of police and court resources have been devoted to prosecuting her and locking her up for an outcome that serves no justice and no benefit to anyone.

So on this day, Harm Reduction Australia is advocating for some key policies to be introduced by governments around Australia. The key point is that they are based on the evidence not ideology and that they are about being humane and pragmatic, not judgemental or punitive.

First, we have to decriminalise the personal use of drugs. How much more evidence do we need about the harms and waste that arise from the current criminal approach to drugs when compared to the public health model that exists in place like Portugal? Law enforcement resources should be used to focus on organised crime, not wasted on prosecuting people simply because they possess a drug for their own personal use.

Secondly, for a small but highly dependent group of heroin users the current treatment programs are not suitable. Rather than ignoring this fact we should adopt an approach that many countries already have done so with tremendous success - heroin prescription programs. The evidence of strong positive outcomes of these programs has been replicated so many times that it is beyond needing to be trialled today. We should just introduce this tried and tested approach.

Thirdly, as we have seen in recent reports, tragic and unnecessary <u>overdoses are starting to rise</u> again. We have only one supervised injecting facility in Australia and its evaluations highlight that many lives have been saved there. It is surely now beyond question for other major urban centres to provide similar services.

These three priorities are not the end of the story.

There is so much that governments could also be doing including pill testing, needle and syringe programs in prisons, , expanding diversionary programs, increasing treatment availability and accessibility, especially in non-urban environments, and more. We should even be looking at introducing managed alcohol programs given the growing evidence for their success.

The question is how many lives must be ruined or ended before our governments decide to act?