

2022-23 Budget Submission

About us

Registered as an incorporated association in 1992, AIVL is the Australian national peak organisation that seeks to promote the health and human rights of people who inject or use illicit drugs. Our core business is about reducing the harms caused by drugs, whilst recognising that drug use will always be present in our community. Our position on drug use is neutral, we neither promote nor discourage it, which gives AIVL the unique ability to hone its focus on promoting safer drug use in the community and have real impacts on things like reducing BBV/STIs rates among PWUD and reducing the impacts of an illicit drug overdose.

As the national peak, AIVL has eight state/territory jurisdiction member organisations, all of which are either peer-led, or have people who as part of their role identify as drug users working within them.

All of AIVL's member organisations provide direct services to drug consumers via Needle Syringe Programs (NSPs) peer education and case management support.

Much of this work is led by PWUD for PWUD, giving AIVL's network the unique ability to connect with consumers, given advantages such as consumers being much less likely to experience or perceive stigma and discrimination when accessing these services that include peer workers, comparative to mainstream services.

AIVL's budget submission identifies 3 key areas that at present; are of significant community need and are directly linked with both reducing the current strain on the health system and saving human life.

1. Having a much higher focus on the reduction of drug overdose deaths and other related and acute harms.

Since the late 1990s, Australia has seen roughly 1500 accidental drug overdose deaths each year. The vast majority of which are related to illicit drugs. If you were to multiply the number of Australia's federal parliamentarians by 10, that's how many Australians lose their lives to drug overdose each year. According to the Australian Institute of Health and Welfare (AIHW), of the 1865 people who died of drug overdose in Australia in 2019, 474 (25%) of those were due to opioids, the highest number of deaths attributed to heroin since 1997. Comparatively, the AIHW also reported that deaths related to psychostimulant overdose were 4 times greater in 2019 compared to 2000.

According to the 2019 National Drug Strategy Household Survey, an estimated 43% of Australians aged over 14 had used illicit drugs at some point in their lifetime, and an estimated 16.4% had an illicit drug in the previous 12 months. The reality is, drug use in Australia is prevalent, which means that without sensible drug policy and harm-reduction focussed intervention, overdose-related harms will remain as concerning and prevalent as they are now.

AIVL is calling for:

- The development and implementation of a National Overdose Strategy, noting that the only thing close in existence is the outdated 2002 Heroin overdose strategy. Estimated cost: \$140k.
- Urgent allocation of funding focussed on resourcing peer-based consumer organisations to provide intervention to support the reduction of overdose related harms with the community of PWUD.
Estimated Cost: \$2M P.A (Indexed).



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2. Further support and recognition of peer-based harm reduction services as complementary (and preventative measures) to aid treatment

2021 saw Australia creeping into the top 5 of 30 countries surveyed as part of the Global Drug Policy Index, which compares countries drug policies and their alignment with UN principles of human rights, health, and development. On face value, it looks as though Australia is doing 'OK, Deeper analysis reveals that Australia ultimately ranks higher than other countries because of factors like the absence of extra-judicial killings or the death penalty for drug crimes, not because we are seen as a trailblazer in the area of harm reduction. In fact, our performance in that area attracted a disappointing index rating of 35/100.

The fact of the matter is, harm reduction response to drug use saves lives. The Federal health jurisdiction continues to have a heavier emphasis on abstinence-related drug treatment which continues to marginalise a large proportion of the drug using population who are not able or willing to become abstinent. For the last 20 years, AIVL's prime source of funding from the federal Department of Health has been in the Blood Borne Viruses and Sexually Transmitted Infections area. This is a perfect example of how for decades, the legitimacy of harm reduction has been undermined by the Federal Government- when in fact it is recognised as the most effective model of intervention internationally.

AIVL is calling for:

- AIVL to be funded to provide national coordination and leadership for consumer focussed harm reduction support and interventions. Estimated cost: **\$1M P.A (indexed)**.

3. Supporting the growth of a peer workforce within Alcohol and other Drug intervention settings.

The efficacy of peer workforces is recognised and highly regarded in areas like disability and mental health, maintain principles like intervention and professional support provided to peers by peers has better uptake. PWUD are no different in this respect, and there are significant bodies of evidence to support this. Working hand in hand with the principles of harm reduction is supporting a peer workforce to be able to provide the best possible harm reduction interventions to consumers.

AIVL is calling for:

- Funding to support the training and development of the existing peer workforce providing direct support to PWUD, which allows for better professionalisation of the peer workforce, and an increased likelihood that services are being delivered as effectively as they can be. **Estimated Cost: \$350K p.a. (Indexed)**