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15 December 2021

Committee Secretary  
Parliamentary Joint Committee on Law Enforcement  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Secretariat,

**RE. Inquiry into illicit drug use and trading, including online availability, importation and supply chains, and law enforcement capability to disrupt the activities of organised criminal gangs (hereafter referred to as the 'Inquiry')**

What follows is the submission from AIVL, the Australian Injecting and Illicit Drug Users League LTD (AIVL) regarding the above-named Parliamentary Inquiry. This submission will address the following terms of reference:

- a. trends and changes in relation to online drug availability;
- b. the impact of technologies, including online communications, cryptocurrency, and encryption and anonymising technologies on law enforcement responses to the online illicit drug trade;
- c. supply chains and sourcing online, including the role of individual suppliers and criminal organisations;
- d. impacts on at-risk groups, young people and their families, and the community due to the availability of illicit drugs online;
- e. the dangers of purchasing drugs online, including the chemical content of 'recreational' drugs;
- f. the impact of legislation and policies that seek to decriminalise drug use and possession on the online availability, quality control and the capacity of law enforcement agencies to police illicit drugs; and
- g. any related matter.

Thank you for this submission opportunity. AIVL would also welcome the opportunity to provide further comment on the matters raised in this submission for the Parliamentary Joint Committee on Law Enforcement (hereafter referred to as the 'Committee').

Yours Sincerely,



Jake Docker  
AIVL CEO

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## INTRODUCTION TO AIVL

The Australian Injecting and Illicit Drug Users League (AIVL) is the Australian national peak organisation representing the state and territory peer-based drug user organisations and issues of national relevance for people with lived experience of drug use.

### AIVL'S PURPOSE

AIVL's purpose is to advance the health and human rights of people who use/have used illicit drugs. This includes a primary focus on reducing the transmission and impact of blood borne viruses (BBVs) including HIV and hepatitis C, and those accessing drug treatment services, through the effective implementation of peer education, harm reduction, health promotion and policy and advocacy strategies at the national level.

Our work is underpinned by values of:

- respecting the rights and dignity of all people
- acknowledging Aboriginal and Torres Strait Islander peoples as the first Australians and respecting their communities' traditions, views and ways of life
- valuing diversity and promoting equality and social justice
- advancing evidence-informed approaches to policies, programs and services for people who use/have used illicit drugs
- promoting and protecting the health and human rights of people who use/have used illicit drugs and people accessing drug treatment services
- empowering people who use/have used drugs and people accessing drug treatment services to have ownership and self-determined control over their health and wellbeing
- challenging stigma and discrimination in all its forms against people who use/have used illicit drugs
- supporting the right of people who use/have used illicit drugs to form their own organisations, provide peer-driven services and programs, and represent their own needs and interests
- ensuring the meaningful involvement of people who use/have used illicit drugs in the development of policies, programs and services that affect their lives
- promoting and supporting peer-based and harm reduction approaches
- maintaining productive links with organisations, networks and communities of drug users through effective networking and capacity building
- enabling people who use/inject drugs to protect their health including prevention, treatment and management of blood borne viruses through education, information and a supportive
- working in genuine partnership and collaboration with all relevant stakeholders; and being accountable and responsive to the community we are part of and represent.

### OUR PRIMARY AIM

Our primary aim is to promote the health and human rights of people who use or have used illicit drugs. The organisation believes people who use/have used illicit drugs should:

- have autonomy over their own bodies
- be treated with dignity and respect
- be able to live their lives free from stigma, discrimination and health and human rights violations.

AIVL's key objectives are to:

- address and advocate for the health and human rights issues for all people who use/have used illicit drugs
- prevent the transmission of blood borne viruses such as HIV and hepatitis C amongst people who inject drugs primarily through peer education and by promoting peer-based programs, services and approaches
- advocate for the provision of peer-based support and information to those already living with HIV and/or chronic hepatitis C and/or chronic hepatitis B and to promote effective models of service delivery and care for our community
- represent the interests of people who use illicit drugs and people on drug treatment to the general public, governments, the media and relevant sectors and services
- promote the need for radical legal and policy reform in relation to the current approach to addressing illicit drugs in society
- promote the need for services and programs that reduce drug related harm among people who use illicit drugs
- undertake consumer advocacy in relation to drug treatment issues.

#### OUR HISTORY

AIVL was formed in the late 1980s in response to an identified need from the state/territory peer-based drug user organisations to have a national 'voice' for people who use illicit drugs and, in particular, in relation to people who inject drugs.

At the time, the Federal Government was formulating Australia's first national response to HIV/AIDS and as drug users we were fighting for the establishment of Needle and Syringe Programs (NSPs) and advocating for the idea that drug users could effectively educate each other about HIV prevention and other issues and run their own organisations. This is the context in which AIVL, as a national organisation representing people who use/have used illicit drugs, came into existence.

AIVL became a formal incorporated, legal entity in 1992. This marked the development of both AIVL as the national body and a national network of organisations that over the ensuing decades have gone on to be highly regarded for resilience in the face of extreme political and moral challenges, the quality of our work and, importantly, the strength of our stance and representation on issues for people who inject and use illicit drugs both within and outside of Australia.

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<sup>1</sup> A VL, 'Wor d A DS Day 2021: We pay tr bute to our predecessors' (pub shed 21 Nov 2021) < <https://a.v.org.au/a.v.and.wor.d.a.ds.day/>>

## AIVL MEMBER ORGANISATIONS

AIVL's members are state and territory-based drug user organisations (DUOs) that deliver peer-led education and support services for people who use drugs (PWUD). Most member organisations are funded by their respective jurisdiction's department to deliver health promotion services and address key areas of concern for PWUD, such as blood borne viruses (BBVs), safer drug use, overdose prevention and response including naloxone education and distribution, alcohol and other drug (AOD) treatment and mental health, and other activities to address the harms caused by the stigmatisation, discrimination, and criminalisation of people who use drugs. DUOs have rapport and credibility among their community and their *finger on the pulse* regarding trends and changes in drug availability in a range of contexts, including online supply. As such, members of the AIVL network are uniquely positioned to provide a voice for people who use drugs to inform the Inquiry Committee. As the national peak, it is AIVL's role to provide a collective voice for its network and advocate for national policies to promote health equity.



ACT's peer-based drug user and drug treatment consumer organisation. The Connection is CAHMA's Aboriginal program run by and for the Aboriginal community of Canberra. CAHMA and The Connection seek to engage people with the alcohol and other drug (AOD) sector and related community and social services to improve health and well being of people who use drugs. CAHMA runs a drop-in centre offering the community peer education and health promotion activities, naloxone training, case management and related programs.



Provides education, practical support, information and advocacy to current and past users of illicit drugs. HRVic seeks to improve the way people who use drugs are treated in the broader community as well as by medical, community and government services to promote a culture of safer drug use.



Hepatitis SA runs a full-time CNP at Hackney as well as having a 24 hour accessible syringe vending machine on-site. Also provides full-time CNP peers at 3 CNP sites, Noarlunga, Salisbury and Port Adelaide. The CNP peer workers all have personal experience and knowledge around injecting drug use and have information on hepatitis B, hepatitis C and other BBV's.



NTAHC is the key non-government organisation working in the area of BBV's, education and support in the NT, with offices in Darwin and Alice Springs. Also delivers a range of programs aimed at

preventing the transmission of BBV's in urban and remote communities via health promotion and one on one care and support. NTAHC staff are recruited from within the priority populations with which the organisation works.



Governed, staffed and led by people with lived experience of drug use. NUAA provides education, practical support, information and advocacy as well as innovative harm reduction services for people in NSW. NUAA has a dedicated position for an Aboriginal Peer Support Worker located in the Nepean Blue Mountains Health District.



Provides non-judgemental, friendly peer based support, information and education, advocacy and harm reduction services and services aimed at reducing the transmission of BBVs and STIs associated with drug use amongst the community in WA. The organisation has offices in Perth and Bunbury, with services including NSP, free Hep C treatment and vaccinations for Hepatitis A and B, free sexual health and BBV testing.



Operating on a peer-based philosophy, QuIVAA encourages and supports current and former injectors and illicit drug users to be active and provide input into strategic responses and policy development in relation to drug use in Queensland.



QuiHN provides three primary NSPs across QLD (Gold coast, Brisbane, and Sunshine Coast), as well as offering range of counselling programs and support services. QuiHN provides bulk billed General Practice (GP) primary health care services from its Brisbane office. Also offers individual clinical counselling, therapeutic and psychosocial groups and produces a number of publications.



Is an unfunded, peer-based, community organisation, member of TUHSL work to advance the health of people who use drugs across Tasmania through both individual and systematic advocacy activities. TUHSL has a strong harm reduction focus and aims to prevent BBV transmission, address stigma and discrimination, provide practical support, education and advocacy.

## A SUMMARY OF THE KEY ISSUES RAISED BY THE INQUIRY'S TERMS OF REFERENCE FROM AIVL'S PERSPECTIVE AND SUBSEQUENT RECOMMENDATIONS FOR THE INQUIRY COMMITTEE

The criminalisation of drug use (that is the criminally sanctioned prohibition of scheduled psychoactive chemical structures, like opioids, amphetamine, cocaine, MDMA) increases the complexity regarding a wide range of issues relating to law enforcement, health, and social norms. There is now significant evidence that the criminalisation of drug supply and use has made the unregulated supply of illicit drugs immensely profitable for organised crime syndicates, while the public funds spent on policing operations comes at the opportunity cost of public health initiatives to address drug use related harm.<sup>2</sup> The criminalisation of drug use makes it more difficult for people who use drugs to access health services, like alcohol and other drug (AOD) treatment and harm reduction education and support, for fear of stigma or criminal conviction.<sup>3</sup> This was the reality before the more recent advancements in Information and Communication Technology (ICT) that has given rise to this Inquiry. AIVL urges the Committee to recognise such pre-existing circumstances and instead of focusing resources on policing the Internet, instead, the health equity of people who use drugs is highlighted by policymakers as a priority.

Instead of reducing the harms, the criminalisation of drugs has incentivised the development of innovative ways to avoid the detection of law enforcement. An overview of such innovation has been summarised in Mike Power's *Drugs 2.0: The Web Revolution that's Changing how the World Gets High*<sup>4</sup> and other research.<sup>5</sup> In summary, during the twenty-first century the Internet and the rise of online shopping has changed the illicit drug market, and modified the way products are packaged and supplied to any location where there is connectivity. Another twentieth-century drug market trend is the proliferation of novel psychoactive substances ('NPS/new drugs') that are slight variations of better-known, sought-after drugs that have been designed to evade legislation schedules that list illegal drugs.<sup>6</sup> As noted in the Inquiry's terms of reference, the Committee is investigating the 'dangers of purchasing drugs online, including the chemical content of *recreational* drugs'. In the last 15 years more than 1000 new drugs have been created to meet market demands.<sup>7</sup> A concerning example is Fentanyl and Carfentanyl, which are high strength opioid analogues (100 and 1000 times stronger than heroin) that have dominated the North American opioid market in recent years and effectively caused a fatal overdose crisis.<sup>8</sup> The response to this public health crisis in Canada has been to

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<sup>2</sup> Queens and Product v ty Comm ss on nqu ry on mpr sonment and Rec d v sm, 2020 <[https://s3.treasury.qd.gov.au/files/mprsonment\\_Volume1final\\_report.pdf](https://s3.treasury.qd.gov.au/files/mprsonment_Volume1final_report.pdf)> and <[https://s3.treasury.qd.gov.au/files/mprsonment\\_Volume2final\\_report.pdf](https://s3.treasury.qd.gov.au/files/mprsonment_Volume2final_report.pdf)>. This report just one example that provides contemporary and local evidence regarding the inefficacy of and unintended harms caused by drug policing. Rather than attempting to catalogue evidence that supports this point, a more pointed consideration for the Inquiry Committee is whether there is any evidence that drug prohibition is achieving its objective of reducing supply, use, or harm? Policing indicators often focus on quantities of drugs seized, but seizures have steadily increased without impacting rates of use, harm, or inflicting the street value.

<sup>3</sup> Alcohol and Drug Foundation, 'The Power of Words: background document' (2019) <[https://cdn.adf.org.au/media/documents/The\\_Power\\_of\\_Words\\_Background\\_Document.pdf](https://cdn.adf.org.au/media/documents/The_Power_of_Words_Background_Document.pdf)>

<sup>4</sup> Mike Power (2014) *Drugs 2.0: The Web Revolution that's Changing how the World Gets High*

<sup>5</sup> Moye, L., Chids, A., Coomber, R., & Barratt, M. J. (2019). #DrugsforSale: An exploration of the use of social media and encrypted messaging apps to supply and access drugs. *International Journal of Drug Policy*, 63, 101-110; Pharr, N. (2016) 'The online environment: A precursor for illicit synthetic drug law enforcement' *National Drug Law Enforcement research fund* (online 2/21/2021: <https://www.ac.gov.au/sites/default/files/2020-05/monograph70.pdf>)

<sup>6</sup> *Narcotics Drugs Act 1967* (Cth) gives each state and territory has its own regulations too.

<sup>7</sup> European Monitoring Centre for Drugs and Drug Addiction, 'European Drug Report 2021: Trends and Developments (published June 2021)' <<https://www.emcdda.europa.eu/pub-cations/edr/trends-developments/2021-en>>; Power, Above N. 4.

<sup>8</sup> Ayoo K, Mkhaje J, Huang A, Wąsowicz M. (2020) 'The opioid crisis in North America: facts and future lessons for Europe' *Anaesthesiology Intensive Ther.* 52(2): 139-147.



promote harm reduction initiatives. This includes: the utilisation of peer workforces (people with lived and living experience of drug use), working in collaboration with other mainstream health professionals, to deliver targeted education and naloxone dissemination; fixed-site and pop-up/mobile supervised consumption spaces; drug checking services; and early warning systems.<sup>9</sup> In Australia the health and harm reduction resources already exist and could be implemented almost immediately, but policy barriers limit the ability to offer such services and there seems to be a preference to continue 'legacy systems' that police the drug market.

Drug checking services have been available in other international jurisdictions for more than 30 years and are currently available in more than a dozen countries, including the United Kingdom, Portugal, Switzerland, Canada, and New Zealand. Most recently New Zealand became the first country in the world to entrench their public health initiative with legislation.<sup>10</sup> In Australia, drug checking trials have been administered by Harm Reduction Australia's Pill Testing Australia a large-scale festival in Canberra in 2018 and 2019 that demonstrated the health benefit feasibility of such services in the Australian setting. Further, the ACT Government has budgeted for Pill Testing Australia to run a fixed-site testing in ACT throughout 2022. The Loop Australia is another harm reduction initiative in Australia that promotes drug checking services as a health service to reduce to risk of using from an unregulated market. Further, there are literally dozens of drug surveillance initiative across Australia that aim to monitor for concerning drug trends and offer the potential for an early warning system for health professionals, including harm reduction peer workers. For example, there is a project that aims to link the data from the various and fragmented drug monitoring systems across Australia and is intended to produce early warning drug alerts to be shared among health, public official, and peer networks.<sup>2</sup> This project's working title is the Prompt Response Network and is intended to be launched in 2022. It is funded by the Commonwealth Government, administered by NCCRED, and the project bring together a diverse cohort of stakeholders including the AIVL network. AIVL sees health promotion value in such initiatives and recommends the Commonwealth Government continue to support health focused initiatives to reduce the risk of all kinds of drug related harm, including potential harms from online drug trade. The need to a focus on health over policing the drug market is pressing in Australia, as several concerning use drugs have already been detected.<sup>3</sup>

The advent of the Internet and related ICT has influenced drug trends and caused changes in availability, but this should not be assumed to mean that the illicit market has grown or become more dangerous because of technological advances. Rather, the emphasis on criminalising drug use, combined with an under-investment in health, particularly community-led health promotion and harm reduction initiatives, has always and continues to make drug use more high risk, and makes delivering effective health promotion and harm reduction services more difficult. The way the Inquiry's terms of reference have been framed implies that purchasing drugs online comes with enhanced 'dangers' compared to purchasing from the traditional unregulated market. While online drug trade

<sup>9</sup> Government of Canada, 'Harm Reduct on: Canad an Drugs and Substances Strategy' (2018) <<https://www.canada.ca/en/hea th canada/serv ces/substance use/canad an drugs substances strategy/harm reduct on.htm>>; La ng M. K., Tupper K. W., Fa rba rn N. (Dec 2018) 'Drug check ng as a potent a strateg c overdose response n the fentanyl era.' *Int J Drug Policy*, 62:59-66.

<sup>10</sup> *Drug and Substance Checking Bill 2021* (NZ).

<sup>11</sup> O sen, A., Wong, G., McDona d, D. (2019) 'Eva uat on of P Test ng Austr a tra s. ACT estab sh ng f xed s te serv ce,' <[https://hea th.act.gov.au/s tes/default/f es/2019\\_12/ACT%20P %20Test ng%20Eva uat on%20report%20F NAL.pdf](https://hea th.act.gov.au/s tes/default/f es/2019_12/ACT%20P %20Test ng%20Eva uat on%20report%20F NAL.pdf)>

<sup>12</sup> Nat ona Drug & A coh o Research Centre, 'Towards an Austr a an Prompt Response Network for emerg ng drugs' (2021) <[Towards an Austr a an Prompt Response Network for emerg ng drugs](https://www.ndarc.gov.au/na onal-drug-and-accoho-research-centre) | NDARC Nat ona Drug and A coh o Research Centre (unsw.edu.au)>

<sup>13</sup> NSW Government, 'Pub c Drug Warn ngs' <<https://www.hea th.nsw.gov.au/aod/pub c drug a erts/Pages/default.aspx>>; V ctor a State Government, 'Drug A erts' <<https://www.hea th.v c.gov.au/a coh o and drugs/drug a erts>>



may be a recent development, there is no evidence that it has increased the risks associated with unregulated drug markets. To the contrary, there is evidence and AIVL members are aware of anecdotal reports that the online market is associated with less risk for a number of reasons.<sup>4</sup> Online drug markets allow for physical distance between a dealer and user. Therefore, the risk of a drug deal resulting in a violent encounter is controlled. Further, online dealers can be rated by purchasers in terms of the quality of their products, in a way similar to star ratings for ride share providers. The online market provides the opportunity for grassroots/pseudo regulation that is enforced by the community of people who drug drugs acquired from the online market. Finally on this point, while online drug trade is a relatively new iteration within the traditional illicit market, this feature is relevant to only a minority of the trade, and it is unlikely to replace *brick and mortar* trade.

The Inquiry's terms include reference to the impacts on at-risk groups, young people and their families, and the community due to the availability of illicit drugs online. We appreciate that for young people social media use is a normal way to socialise,<sup>5</sup> there is evidence that high frequency social media use increases the likelihood of seeing drugs advertised online,<sup>6</sup> and that young people are vulnerable to experiencing drug-related harm including overdose.<sup>7</sup> However, social media and ICT should not be understood as the corroborating factor. Drug use is prevalent in Australia across all demographics and drug-related harm including overdose effects everyone. ICT and social media did not create such trends. Conversely, technology has increased the reach of health services including community-led services.

Several AIVL member organisation's run programs that target harm reduction education and support to young people, such as Harm Reduction Victoria's DanceWize program,<sup>8</sup> NUAA's DanceWize NSW program,<sup>9</sup> QuiHN and QuiVAA's Hi Ground, which offers an online chat forum.<sup>20</sup> There was also a successful pilot of the DanceWize program delivered in 2021, initiative by the NT Public Health Directorate's Harm Reduction Working Group, which consists of a number of stakeholders, including AIVL member organisation, NTAHC. In WA there are stakeholders who want to initiate a similar initiative, but resourcing is a significant issue for peer-based harm reduction across Australia. The efficacy of peer work in the drug harm reduction space is well established and evidence-based in Australia.<sup>2</sup> Providing peer-led education allows an early invention from a place of credibility and rapport. Increasingly and especially during Covid lockdowns, AIVL member organisations have utilised social media as a tool for health promotion. Allowing online anonymity is essential to enable the option for people who use drugs and want education or support to start their search for resources and services. Being able to have frank information exchanges about drug-related risks and harm reduction interventions is critical to promote health and save lives—this is an example of ehealth.<sup>22</sup>

<sup>14</sup> Moy e *et al*, above n. 5; Pha r, above n. 5.

<sup>15</sup> Aux er, B., Anderson, M. (2021) 'Soc a Med a use n 2021' *PEW Research Centre* (on ne 12/2/2021: [https://www.pewresearch.org/nternet/2021/04/07/soc\\_a\\_med\\_a\\_use\\_n\\_2021/](https://www.pewresearch.org/nternet/2021/04/07/soc_a_med_a_use_n_2021/))

<sup>16</sup> Kar Lancaster, A son R tter, Franc s Matthew S mmons (2013) Young peop e's op n ons on a coho and other drugs ssues. *Nat ona Drug and A coho Research Centre, Un vers ty of New South Wa es* p.141: [https://ndarc.med.unsw.edu.au/sites/default/files/newsevents/events/RP27\\_young\\_peop es\\_op n\\_ons.pdf](https://ndarc.med.unsw.edu.au/sites/default/files/newsevents/events/RP27_young_peop es_op n_ons.pdf) ;

McCo och, L., & Fur ong, S. (2019) 'Se ng drugs n the age of soc a med a' *Volteface* (on ne 2/12/2021: [https://voteface.me/app/uploads/2020/08/Voteface\\_Soc\\_a\\_Med\\_a\\_report\\_DM\\_for\\_Deta s.pdf](https://voteface.me/app/uploads/2020/08/Voteface_Soc_a_Med_a_report_DM_for_Deta s.pdf))

<sup>17</sup> Man, N, Chrzanowska, A., Suther and, R., Degenhardt, L & Peacock, A. (2021) 'Trends n drug re ated hosp ta sat ons n Austra a 1999 2019' *National Drug Research Centre* (on ne 2/12/2021: [https://ndarc.med.unsw.edu.au/resource/analytcs/trends\\_drug\\_re ated\\_hosp ta\\_sat\\_ons\\_austra\\_a\\_1999\\_2019](https://ndarc.med.unsw.edu.au/resource/analytcs/trends_drug_re ated_hosp ta_sat_ons_austra_a_1999_2019))

<sup>18</sup> See [www.dancewize.org.au](http://www.dancewize.org.au)

<sup>19</sup> See [www.dancewizensw.org.au](http://www.dancewizensw.org.au)

<sup>20</sup> See [www.hground.org](http://www.hground.org)

<sup>21</sup> Austra an Centre n Sex, Hea th and Soc ety (2020), 'W3 Project' <<http://w3project.org.au/>>

<sup>22</sup> Wor d Hea th Organ sat on 'Nat ona eHea th Strategy Too k t' (2019) <[https://www.who.int/publications/item/natona\\_ehea th\\_strategy\\_toolkit](https://www.who.int/publications/item/natona_ehea th_strategy_toolkit)>

Allowing the free flow of knowledge exchange is key for AIVL members to achieve health equity outcomes for the marginalised community members they serve. We urge the Inquiry Committee to ensure its recommendations allow for ongoing online anonymity and the free flow of non-discriminatory health information, so drug-related harm reduction education continues without barriers to help-seeking behaviour, such as the fear of surveillance.

Decriminalisation or depenalisation or the removal/reappeal of criminal sanctions reduces the risk that people who use drugs will get caught up within the criminal justice system and experience a raft of associated secondary harms that undermine the social determinants of health, like loss of employment etc. However, decriminalisation does not go far enough to offer safe supply through a quality assured, regulated market. Examples of regulated markets may include:

- heroin being available as a prescription medicine to increase the medicine choices available to people considering opioid therapy; or
- a commercial cannabis market regulated like alcohol.

AIVL supports all reform that would reduce the broad ranges of risks and harms experienced by people who use drugs. In the absence of regulated drug markets being established, decriminalisation still offers some relief. Our network is following the progress of the *Drugs of Dependence (Personal Use) Amendment Bill 2021* and its potential to set a precedent for other Australian jurisdictions, including the Commonwealth, to follow.<sup>23</sup>

There have been a number of Parliamentary Inquiry reports and Coroner reports published by Australian jurisdictions regarding drug policies in recent years. These reports offer recommendations that are likely to improve the health of individual people who use drugs and promote positive public health outcomes. However, such recommendations are yet to be implemented and, in some examples, none of the recommendations have been implemented. Before the Inquiry Committee offers a new suite of recommendations to reduce the risks associated with online drug trade, AIVL recommends the Committee consider the recommendations of the following inquiries and request a review of what has/has not been implemented:

- *Final Report on the National Ice Taskforce*, 2015 (Cth)
- *Inquiry into Drug Law Reform*, 2017 (V c)
- *Methamphetamine Action Plan Taskforce Final Report*, 2019 (WA)
- *Inquest into the death of six patrons of NSW music festivals*, 2019 (NSW)
- *The Special Commission of Inquiry into the Drug 'Ice'*, 2020 (NSW)
- *Finding into Death with Inquest*, 2021 (V c)<sup>24</sup>

An issue faced throughout the AIVL network is that the funding received often does not remunerate the wide remit of issues our member organisations address for our community, including providing advice to researchers, health professionals, and government officials on emerging drug trends. As an emerging drug trend of concern develops, it is the community of people who use drugs who know about it first and are best placed to communicate to their peers about the risks and share information about appropriate responses to reduce risk. Further, the total amount of funding allocated for harm reduction services is only a fraction of the funding allocated under the National Strategy to law enforcement. This is despite the ever-growing evidence that demonstrates funding spent on policing the illicit drug market does not reduce rates of drug use, nor does it remotely come close to controlling the unregulated drug market, but it does cause unintended harms, like inflating the price of illicit drugs so crime syndicates are well-financed and such policing efforts create additional barriers for people who use drugs from accessing health and other social services.

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<sup>23</sup> Sydney Criminal Lawyers, 'Drug Decriminalisation on Lkey for the ACT: An interview with Labor MLA Mchae Petterson (published 8 Dec 2021) <<https://www.sydneycriminalawyers.com.au/blog/drug-decriminalisation-on-key-for-the-act-an-interview-with-labor-mla-mchae-petterson/>>

<sup>24</sup> Coroner's Court of Victoria, *Finding into Death Inquest*, Court reference COR 2016 3441, COR 2016 5703, COR 2016 6116, COR 2017 0214, COR 2017 0216, Mebourne, 2021.

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