

MARCH 22, 2024

QUEENSLAND INJECTORS VOICE FOR
ADVOCACY AND ACTION (QUIVAA),
QUEENSLAND INJECTORS HEALTH
NETWORK (QUIHN) & AUSTRALIAN
INJECTING & ILLICIT DRUG USERS
LEAGUE (AIVL)
**SUBMISSION TO THE ANTI-DISCRIMINATION
BILL 2024**



Dear Commissioner,

We appreciate the opportunity to provide our feedback on the Anti-Discrimination Bill 2024 (the draft Bill), which can directly improve the rights of all Queenslanders, including people who use and inject drugs. We welcome the chance to support our Queensland community members who deserve holistic, effective legal protection under the Act. People who use drugs in Queensland are facing unjust discrimination, violating their human rights and negatively impacting their health and wellbeing.

The peer-led organisations in Queensland, including Queensland Injectors Health Network (QuIHN), Queensland Injectors Voice for Advocacy and Action (QuIVAA), and the Australian Injecting & Illicit Drug Users League (AIVL), the national peer-led peak body representing people who use drugs in Australia, are advocating for amendments to the Anti-Discrimination Act to protect people who use drugs in Queensland. Discrimination against our community exacerbates health and wellbeing disparities, impacting individuals across the state. Ongoing and unchallenged discrimination experienced by our Queensland community results in poorer health and wellbeing outcomes, decreased capacity to engage meaningfully and / or successfully in many aspects of civic, social, and political life. This affects urban, rural, regional and remote communities alike, as evidenced by the *Peak Peer Scoping Survey (2020)* commissioned by Queensland Health, Mental Health Alcohol and Other Drugs Branch and conducted by the Queensland Network of Alcohol and Other Drug Agencies (QNADA), QuIVAA, Queensland Aboriginal and Islander Health Council (QAIHC), Queensland Indigenous Substance Misuse Council (QISM). The recommendations which arose from these findings call for a need to take action with measures that protect people who use drugs from experiences of stigma and discrimination. Our community of people who use drugs are a diverse community that intersect with other diverse communities, including but not limited to, Aboriginal and Torres Strait Islander peoples, migrant and multicultural families, Lesbian, Gay, Bisexual, Transgender and Intersex persons, people living with HIV, Sex Workers, incarcerated and formerly incarcerated persons. The intersectionality of drug related stigma and discrimination, particularly for Aboriginal and Torres Strait Islander peoples, was also evidenced by the Queensland Mental Health Commission (QMHC) Report *'Don't Judge and Listen: Experiences of stigma and discrimination related to problematic alcohol and other drug use'* (2020). Given we are also a geographically diverse community we draw attention to the effects of discrimination which are experienced more acutely across non-urban locations, making statewide Anti-Discrimination

protection for people who use drugs imperative as a means to equity. Additionally, some drugs and drug use behaviours are more stigmatised than others (e.g., injecting) which leads to higher levels of the experience of stigma and discrimination and poorer health outcomes for those members of our community.

The United Nations Office of the High Commissioner published [Protecting Minority Rights: A Practical Guide to Developing Comprehensive Anti-Discrimination Legislation](#) that outline: ‘Comprehensive anti-discrimination law must permit the possibility of recognizing additional grounds of discrimination, through the inclusion of an “other status” or similar provision. Anti-discrimination law may also include criteria for the identification and recognition of new grounds of discrimination.’

The current QLD anti-discrimination draft Bill has no reference to comprehensive anti-discrimination based on illness, health status or other status. These are not protected attributes in the draft Bill that should prevent discrimination based on health status, other status, for example people living with BBV (including HIV, HCV, HBV, etc.), but also opioid dependence treatment/opioid agonist treatment, access to naloxone and safe equipment, and health related behaviours (including using drugs) but all should be included as protected attributes. The denial of the same level of health services to people in prisons as those in the community is also an act of discrimination under the Goods and Services provision as a failure to supply.

The *Building Belonging* report recommended that the Bill clarify that ‘people with addiction are covered by the attribute of disability’. We believe that the proposed definitions of disability in sch 1 1(d) and (f) does not adequately cover discrimination against people who use drugs.

The UN Office on Drugs and Crime (UNODC) has highlighted that approximately 10% of people who use drugs worldwide are classified as having substance use dependence. While this portion deserves explicit protection under anti-discrimination legislation, it is essential not to overlook the remaining, and dominant, proportion of people who use drugs who are also facing discrimination. We know that stigma and discrimination directly contribute to drug-induced death. These contributions are explicitly noted by Victorian Coronial findings in January 2023 regarding the death of Veronica Nelson in custody, which was influenced by pervasive drug use stigma and discrimination. A finding from the coronial enquiry into her death in custody was also that illicit

drug use should be a protected attribute in the prison system as well as health care settings and that her death was a direct result of stigma and discrimination she faced from the point of arrest.

Collectively, QuIHN, QuIVAA, and AIVL recommend not placing ‘people with addiction’ under ‘disability’ as it is not adequate or appropriate. A new section should be added instead, acknowledging the importance of protection for all people who use drugs to actively prevent discrimination in all settings, including for people with lived - living experience of substance use dependence, respecting their self-determination, bodily autonomy and right to access services. The phrase ‘people with addiction’ is not aligned with local or international best practice and should be changed to ‘people with lived-living experience of substance use dependence’. The Queensland Government should directly consult with our community to ensure that the Bill contains appropriate, comprehensive and clear, anti-discrimination protections for people who use drugs. Further, we know that ‘Language is Important’, and we take this opportunity to raise the pertinent reminder that these are not simply semantic considerations but have direct corollaries on the health of communities subjected to stigmatising language – which includes people who use drugs.

Our drug user-led network strongly supports the sex worker-led submissions to this draft as part of our communities intersect and should be equally protected. We support the proposed list of protected attributes in cl 10, particularly the replacement of ‘lawful sexual activity’ with the new attribute of ‘sex work activity’ (cl 10(q)), the replacement of ‘impairment’ with ‘disability’ (cl 10(c)), and the new attribute of ‘irrelevant criminal record’ (cl 10(g)). However, the word ‘adult’ must be removed from the definition of ‘sex work activity’ in sch 1. It would be incongruous for anti-discrimination protections to only apply to adult sex workers but be inapplicable for younger people who may be involved in sex work, especially in relation to access to community services. By removing the word ‘adult’ there are positive results for broader protections for all sex workers. The Anti-Discrimination Act will also align with the definitions in the Northern Territory that do not use the word adult as it is not necessary and is also subjective as is the word youth to interpretations of what age is included. In QLD, the current Decriminalisation Bill has the same recommendation to remove the word adult for the definition in relation to sex worker and sex work. No discrimination irrespective of age should happen. There should be a provision in the Bill is the person is younger to consider, more closely, the wellbeing of that young person and whether we can provide community assistance for them. All people who use drugs also need to be protected under human rights law as

we are a global population that faces some of the worst human rights abuses. We believe Queensland can be a world-leader that champions the change to protect people who use drugs and begin reversing the discrimination that is currently happening which results in harms and fatalities of its community members. It is imperative to acknowledge that discrimination against individuals based on their drug use status is unjust and can lead to further marginalisation, harm and death.

Our peer-led organisations also propose that the draft Bill incorporates provisions that safeguard the rights of people who use drugs and sex workers, regardless of their drug use history, in the following ways:

Protection for all People Who Use Drugs: The Bill should explicitly prohibit discrimination against individuals who use drugs. Employers should provide adequate support and have policies in place to prevent discrimination in the workplace.

Inclusion of Substance Use Dependence as a Protected Characteristic: Individuals diagnosed with substance use dependence should be protected from discrimination under the Bill.

Protection for Medical and Therapeutic Drug Use: People who use drugs for medical purposes or as part of a treatment plan should not face discrimination based on their medical needs.

Transparency and Education: The bill should promote transparency and education regarding drug use, emphasizing harm reduction strategies, and support services especially peer support access for individuals who need assistance.

By incorporating these provisions, the *Queensland Anti-Discrimination Bill 2024* can promote fairness, dignity, equity and equal opportunities for all citizens and community members, including those with lived - living experience of drug use. It is crucial to create a legal framework that fosters understanding, support, and access to resources rather than perpetuating discrimination and stigma.

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