# International Overdose Awareness Day – Interview with Harm Reduction Victoria and Kate Seear

### Audio transcript

[Music]

## Renae Fomiatti 0:16

Hi everyone, I'm Renae Fomiatti, a researcher at the Australian Research Center in Sex, Health and Society at La Trobe University. And I'm here with my colleagues Dr Adrian Farrugia and Associate Professor Kate Seear, as well as Sione Crawford and Jane Dicka from Harm Reduction Victoria. And before we begin, I'd just like to acknowledge the traditional owners of country throughout Australia and recognise their continuing connection to land waters and culture. I pay my respects to the elders past and present. I also acknowledge the Wurundjeri people upon whose lands I currently reside, and that sovereignty was never ceded.

So just to tell you a little bit about ourselves and what we're doing here today – Dr Adrian Farrugia and I both work in the Drugs, Gender and Sexuality program at ARCSHS at La Trobe University, and we recently completed a study on overdose prevention and take-home naloxone, which we were lucky to have Jane Dicka who we're chatting to today, she was on our advisory panel. And we also have Associate Professor Kate Seear, who's a researcher at ARCSHS and an Australian Research Council future fellow and practicing solicitor. So Kate's research is socio-legal, and explores intersections between harm reduction in the law, and drugs, gender, human rights in the law. And so we're sitting down for International Overdose Awareness Day to speak to Harm Reduction Victoria CEO Sione Crawford and Health Promotion Officer Jane Dicka about the work they do in overdose prevention and the implications for their work of the recent legislative changes related to naloxone distribution. Sione has been working in peer based organisations of people who use drugs for many years, and is currently the CEO of Harm Reduction Victoria, the organisation representing people who use drugs in Victoria, Australia. Jane has worked in various roles with people who use drugs since 1998. She is a keen advocate of peer work and lived experience in relation to drug use and is passionate about the health and human rights of people who use drugs. And Jane currently coordinates the health promotion team at Harm Reduction Victoria. Hi, everyone. Welcome to the chat.

## Adrian Farrugia 2:25

Hi.

## Jane Dicka 2:25

Hi.

## Kate Seear 2:26

Thanks, Renae.

## Renae Fomiatti 2:27

Got a lot to get through at the beginning. But to begin, I'll just – stick with me for a couple moments longer – and I just thought it might be useful, for those listening, to just say a few words about International Overdose Awareness Day. I actually didn't know this, but International Overdose Awareness Day was started in 2001 by the fantastic Sally Finn, who was working at the time at the Salvation Army NSP in St Kilda. And it's now coordinated by the Pennington Institute. It's the world's largest annual campaign to end overdose, remember without stigma those who have died, and acknowledge the grief of the family and friends left behind. And more broadly, International Overdose Awareness Day spreads the message about the tragedy of drug overdose deaths and that drug overdose is preventable. And a lot of the work we do at ARCSHS also aims to address stigma, overdose prevention and the human rights of people who use drugs. So in addition to personal reasons, and the way we've individually been affected by overdose, this is an important day for us, as well. But Adrian, before we ask Sione, Jane and Kate a few questions about the recent legislative changes, perhaps you'd like to say a few things about overdose and naloxone distribution in Australia and Victoria.

## Adrian Farrugia 3:38

Yeah, thanks, Renae. I mean, it's really important to be sort of marking this, I mean, International Overdose Awareness Day is such an important day on our calendar, especially importantly, marking it this year, given the sort of public consciousness is very much focused on one specific kind of public health issue at the moment, being COVID-19. So it's sort of especially important to kind of have an event today. And, you know, while Australia hasn't seen the kind of, the sheer loss of life that we've seen in the full-blown overdose crisis in North America, for example, it's days like today, you know, make us remember that overdose does continue to sort of steadily rise in Australia and in Victoria, where we're all based and so, where these recent legislative changes have occurred. So just before we kind of get into that, it's worth mentioning some background information on that. So overdose is a significant issue in Victoria, or in the recent report by the from the Coroner's Court, for example, indicated that there was over 500 overdose deaths in the state last year. And we know that multiple licit and illicit drugs are sort of implicated in the majority of these, with opioids being particularly significant. And again, yeah, one important dynamic to mention in relation to COVID-19 was that there were really there were these concerns early on that we were going to see a really sharp increase in overdose, sort of to do with some of the things connected to COVID-19. But this report from the Coroners suggests that that hasn't really occurred. And we're seeing seeing this sort of fairly steady, slightly increasing numbers, which itself just remains a significant concern, considering that how many efforts were put into sort of curb this. You know, naloxone is - well, naloxone distribution is one of the key efforts to address overdose. And, you know, for those who don't know, naloxone is an opioid antagonist, that can be administered during a moment of overdose and essentially reverse it. So it's a, it's a very safe and effective way of intervening in the sort of moment of overdose. And it's just a genuine lifesaver. And, you know, while it was used for many years by paramedics and hospitals, Australia was kind of behind a number of other contexts or similar contexts in making naloxone more available and it wasn't until the first trial, I think, in 2012, maybe in the ACT, that it was available, and that now we have programs of varying size and approach in all Australian jurisdictions. And in 2019, the federal government funded sort of what's called a national take-home naloxone pilot, not active in all the states, but in I think three of them. And in Victoria, specifically, naloxone is available from a range of health services for free like in health and Cohealth services, as well as - it can be purchased over the counter in pharmacies that stock it, though not all pharmacies stock it. And, yeah, it's important to mention as well given us sort of the focus on stigma for International Overdose Awareness Day that, you know, drug related reform remains highly controversial, including in Victoria, but in Australia more generally. And, you know, an example of that is the hostile kind of media attention that the North Richmond injecting supervised injecting service deals with, the hostile media discourse around the proposed second site in the CBD. And but you know, although that's kind of all part of the mix, and part of the kind of context, it's good to be able to discuss some, some more positive news in relation to these things. And so we're just before we would turn to Sione and Kate - Sione and Jane - Kate, perhaps maybe you could give us a bit of an overview.

## Kate Seear 7:19

Yeah, sure. Thanks, Adrian. So the field of drug law is really complicated, as many of those watching might know. But in Victoria, the main law that deals with drugs is called the Drugs, Poisons and Controlled Substances Act. And that act has many components, it deals with the classification of different substances, licensing and permits around access to them. It contains a number of offenses around use and possession of drugs, several provisions in that act to deal with the supervised injecting facility, which you mentioned earlier, Adrian, but the law also regulates access to naloxone. And this is a bit complicated because there are regulations attached to the act. But essentially, the kind of bottom line is that there have been, for a few years, some important restrictions around who can access naloxone, and how you actually go about getting naloxone. And so what happened was late last year, the Victorian Labor government proposed changing the law so that more people could get access to naloxone, essentially, in order to help prevent drug overdoses. And the mechanisms by which this happened are a bit complicated, so I won't run you through all of those legal specifics, but basically, in a nutshell, there has been a legal change in the last little while that will now allow needle and syringe programs to give naloxone to peers, who can then use it whenever it's needed. So people will no longer need to attend pharmacies and consult with pharmacists in order to get access to naloxone. You don't need something like a prescription in order to get it. And essentially, naloxone becomes a lot more accessible. And those changes are obviously very important because the more people that we can get, the more people that have naloxone in their hands, the better that the better chances of drug overdoses being reversed or prevented. But also too, it's really important that needle and syringe programs be able to put naloxone in the hands of peers, because we know that stigma is still a major issue for people who use drugs, and having to go to places like pharmacies and consult with pharmacists in order to get naloxone could be a major hurdle for a lot of people. And that's because although there are of course some great pharmacists and pharmacies out there, not everybody feels comfortable in those spaces, they often experience stigma and discrimination. Levels of trust, among or between people who use drugs, and healthcare professionals, is relatively poor. And so this is a really, really important legal change. I should say that there was just another legal change that also went through Parliament at the same time as this change to naloxone, and this is law reform that a lot of us have been pushing for for a really long time. So it's - thrilled to see this get through as well. And that is a change around the rules regarding peer distribution of sterile needles and syringes. So essentially, there has been a law in Victoria, in place in Victoria for a long time, that says, I can go to a needle and syringe program and get a needle and syringe, they can give it to me, but I can't then pass it on to any of you, that that becomes illegal. And that's been known as the prohibition on secondary supply or peer distribution. So the law around around that has now changed. And it means that that practice of peer distribution, which has been going on, you know, for ages anyway, and was always something that people did, is now lawful. And that's really important, because that practice is a crucial, critical part of harm reduction in Victoria.

## Adrian Farrugia 11:17

Thanks, Kate. So, you know, given, you mentioned sort of all the work that goes into these changes, so Sione, thought we'd maybe we could start with you and think about, you know, legislative changes as a result of a lot of background acts, advocacy, long term activism, which is quite a rich history of that in Australia in this area. But maybe you could tell us a little bit about the work that Harm Reduction Victoria does and maybe your allies, and how this has contributed to these recent shifts that we've seen.

## Sione Crawford 11:44

Sure, absolutely. Thank you for that. For the summary, as well, Kate. As far as sort of peer distribution or secondary supply of needles and syringes goes, some years ago, actually, I wrote a policy paper at NUAA in New South Wales, which is Harm Reduction Victoria's sibling organization in New South Wales, about this very issue. And one of the reasons that we made that a policy and advocacy priority was that continually in the community, when we were doing community development and health promotion projects in the community of people who inject drugs, one of the first things that the community often wanted to do was set up their own outreach, needle and syringe program sort of services, because they were already doing it anyway, and it's a really good way to kind of pass on peer education, because one thing that people inject drugs nearly always need at some point is a needle and syringe. And so that's often a core part of their day. And so, being able to marry peer education and so forth to that is really important. But, of course, as Kate mentioned, it's illegal, which was absolutely crazy. So we weren't able to do any sort of formal projects and nor could NSPs for that matter, do any formal projects around peer distribution, even though it's probably one of the main ways that needles and syringes get out to the population. So it's really important for this to have finally been changed in Victoria, because it does give organisations and NSPs opportunities to sort of do peer distribution in a more informed way and get more syringes out to people, which is really important. It's been something that number of drug user organisations, including AIVL, at the national level, have been advocating for for a long time, and so too have needle and syringe programs as well, in Victoria and elsewhere, as well, because NSP workers know how important it is. So that's been fantastic. They've been able to, sort of, change that little anomaly. But as you mentioned, as far as Overdose Awareness Day goes, the naloxone changes are incredibly important. And I think, you know, just like the needle and syringe program peer distribution change, I think for us, activism is often about the work that we actually do. So you mentioned the program that the ACT drug user organisation, CAHMA, undertook many years ago, to deliver take-home naloxone to their community. Jane, here in Victoria, also started a program like that, very very soon after, and really it was the success of those programs in some respects - I think Jane probably won't say this because she's very - you know, is not one to boast, but - for many years, Harm Reduction Victoria and Jane was really the main supplier of naloxone to the community of people who inject drugs, and were giving out thousands of kits. The one thing that I know we always did was ensure that anyone that left a workshop, left with naloxone, and so Jane would make sure that people knew how to use it before they leave, and ensure that we, that we got that into their hands. But it was always a real - it's always a bit of a - We always have to jump through lots of hoops, really, to get that naloxone into people's hands. So different organisations have done it in different ways. But generally speaking, you needed to get a prescription. And then, later on, when you could get it from chemists, you had to pay large amounts to chemists to give naloxone to people, and then theoretically, they had to go down and pick it up. And so our programs are all about reducing those barriers. And that activism really is where a lot of advocacy came from, which was just saying, 'Can we just get rid of as many of these barriers as possible?' So you know, other organizations - you mentioned Pennington Institute, VAADA, other NSP workers, and NSPs themselves and programs that run NSPs have also advocated for this for quite some time. And being able to hand out the naloxone through NSPs. And I would add as well through peer workers - peer workers were specifically sort of called out as well in some of the communications from the Department of Health, that peer workers will also be able to hand out naloxone - is really, is sort of the culmination of a lot of those efforts. And I suppose those efforts also included quite a lot of behind-the-scenes work with, you know, politicians' offices, with crossbenchers. And I think, you know, it's also fair to say that Martin Foley, who's our current Minister of Health, had a particular interest in making sure that we figured out a way to get naloxone into more people's hands. And that's something that his office in particular has pushed forward and spoke to, spent quite a bit of time talking to Harm Reduction Victoria, about how, you know, how peer workers could be included in this work as well. So yeah, it's a really important moment, I suppose, because really, for us, it's all about getting more naloxone into more people's hands. What impact that has on Harm Reduction Victoria is a different thing. But you're talking about that, probably, later.

## Renae Fomiatti 17:00

Yeah, I think we do have a question about that. But listening to that, it just sounded - you can really hear how effortful, you know, this kind of advocacy has been and so I suppose, related to that, Sione or maybe Jane, if you feel like chatting, I just was maybe just interested in how it felt? Like, I imagine this is kind of quite a meaningful event, and like the history of the work that you do, and if you've been doing it for decades, just yeah, wondering how you feel about it.

## Jane Dicka 17:26

I'll go? Yeah, it is, it's huge, really, when you think about it, like, you know, 2013 was when we first started doing it. And like Sione mentioned, we didn't want to train people and then just tell them, leave it up to them to get it, because there were so many barriers in place for people to get it. Even when the rescheduling happened, where people could get it without a prescription, money was a barrier. But, the cost - and then, even when they removed the cost, and it was up to a person to have to go and collect it, there were still people that were not making that final step of getting to the pharmacy to get it. And it just seemed crazy when you had all these willing workers that were willing to, to hang on to it to give out to people, and legally - we couldn't. So it's huge as far as workers go, but unfortunately, as far as the drug using community go, I don't think they they're aware of all the stuff that goes on behind the scenes for them, you know, they have a hard enough life as it is, and yeah, I just think that, yeah, they're not going to notice it, but workers will for sure. And people will start noticing when they can go and get a needle and syringe, and they can get their naloxone at the same time. I mean, it just makes sense. Well, that's all we've been asking for from the beginning. Why can't they get it when they get their needles and syringes? You know, why can't people have it on hand to give to their friends when they see them? You know, it's common sense.

## Renae Fomiatti 19:07

I suppose that's also important for us to hear because there's like some - for want of a better word, there's some translation work to be done to like communicate these changes to the people that are most affected by them. I mean, we might all be kind of aware of them, but I suppose it's about making sure that the information actually gets into the hands of people who it's actually really important for them to know about it.

## Sione Crawford 19:29

There also needs to be funding, frankly, for NSPs to be able to provide it, so there is definitely this great thing called the Naloxone Subsidy Initiative, which some organizations are able to access, which basically pays for naloxone for people, but, you know, I'm not going to go - criticize too hard for not having a perfect program in place in Victoria yet. You know, we've got the changes made. The regulations need to be sort of sorted, as Kate mentioned, but in some respects, it's just, very much just the first - the door is opened, and now we need to, kind of, populate the room full of stuff for people to actually utilize, because I guess that's really the next step. But as far as meaning, to have - what it means to us, I think it's you know, different at different times, but me myself, like many people who use drugs, you know, I've literally lost count of the number of people I know that have overdosed and passed away, unfortunately, but these changes aren't going to necessarily - wouldn't necessarily have fixed all of that. But in some respects, it's about us getting to a more sensible place, in my opinion, around how we - a more sensible policy environment, more sensible, legal environment, that in terms of dealing with illicit drug use, and from my personal HR Vic's perspective, that includes decriminalisation, it includes safe supply of illicit drugs for people as well, ideally, but these are steps along, I suppose, stepping stones or bricks in the wall, towards those places, so that for me, that's part of what this, this means, which is that, you know, it is possible for changes to occur. And sometimes, as you mentioned, it takes a long time. But I think for me, the meaningfulness is that every time something sensible, that makes sense to me, happens in drug policy, it sort of recharges me just a little bit, to think that maybe we will get to a place where we actually have a sensible overall policy.

## Renae Fomiatti 21:42

Maybe that's kind of important, too, because this work can be really fatiguing, especially when it's not funded properly, as you mentioned at the beginning, as well, when a lot of the advocacy efforts are maybe just people like Jane doing something off their own bat, you know, it's, you know, 10 or 20 years later that these kind of policy changes.

## Adrian Farrugia 22:03

Would this current - these current shifts have implications for your sort of daily work, Jane?

## Jane Dicka 22:11

Absolutely, it will. Because, you know, in the beginning, Harm Reduction Victoria was the only place, really, in Victoria that was hooking people up with naloxone. And now, there's so many more agencies doing it, which the demand - as far as on our job goes - it's dropped. So it means that we can concentrate on doing other things, that are all going to contribute towards the betterment anyway, like, you know - stigma is still a huge issue. You know, you can take down lots of barriers, but that stigma barrier is still going to be there. And that's going to prevent some people from accessing stuff that they need, like naloxone. So I think that's where we can focus our work a little bit more. I don't know, I haven't checked that in wiht the boss yet. [laughter]

## Sione Crawford 23:03

I mean, that's true, and that's the price of innovation, right? As you get copied by everyone, because it works. And then you're, you're slightly less busy. So you get to do other stuff. But yeah, I mean, Jane is I mean, of course, yeah, stigma reduction is really important. And, Jane's already sort of started changing the way that we do our overdose program, and in terms of reaching out to the regions and stuff like that during COVID. So yeah, there's always more more to do.

## Adrian Farrugia 23:29

I suppose that takes pressure off your day, daily work, and you can focus on some of that other higher level advocacy stuff that you were mentioning before as well?

## Jane Dicka 23:36

Yeah, absolutely. And like Sione mentioned, just the fact that we can do it online now, too, which just means we can get to so many more places that physically we couldn't get to. So yeah, people from, yeah, all over the state are actually getting online to doing the naloxone training, which is great.

## Sione Crawford 23:56

And that's partly a function of these changes, right? So previously, when you had to have a prescription, you know, we used to have to line a doctor up or a GP or something, line them up, get everyone's name, get a script in their name, get it into their hands - doing it remotely would have been even trickier. But even just the scheduling changes mean that we can just figure out ways to get it into people's hands and other ways apart from the script.

## Jane Dicka 24:20

Yeah.

## Renae Fomiatti 24:22

Yeah, we kind of covered this a little bit in some of our questions, but I suppose we were just wondering about how you anticipate these changes will affect the health and wellbeing of people who use drugs. You know, we've kind of discussed some of those things like getting naloxone into people's hands, you know, hopefully means there's less overdose. But are there any other things that you can think about or speak to?

## Sione Crawford 24:43

I think, well, I think one of the - I'm not sure whether this will actually be taken up widely, but one of - like I said earlier on - one of the key things about making secondary supply illegal - so much of what we do in harm reduction is in this gray area, and you can't talk about it, you can't promote it, you know, we used to make sure people got naloxone in their hands, sometimes that meant that technically, maybe what we were sometimes doing wasn't entirely 100% legal, it was in the spirit of the law. But the same goes with the needle and syringe program secondary supply stuff, you know, it's not always legal to suggest that you take more syringes for your friends, but we know from a blood-borne virus prevention perspective, that's really super important. So being able to do it openly, and why it's really important, I think that, like a lot of these changes, hopefully - well, hopefully, the changes will happen for people immediately. But also, the longer term impacts are hopefully things like NSPs and needle and syringe programs, I could say being able to do programs where they actually ensure that more and more people are able to access needles and syringes. Like, our peer networking program has always done that. And we focused on peers in the community who are able to access people who don't usually access services. So not only are they able to get access to sterile needles and syringes, which hopefully has an impact on blood-borne virus prevention, HIV and hep C prevention, it also keeps them slightly in touch with a service like ours, and it allows our peers to do peer education. So if more services can do programs like that, then surely more people have access to sterile syringes, which is really important, because we know there's sort of a hard core line about 15% of people who access NSPs continually end up being in situations where they do receptive sharing of syringes, and so if we can nudge that down even further, we will be able to impact on on hep C rates.

## Adrian Farrugia 26:59

Maybe given when talking about these sort of broader shifts as well, maybe Kate, I thought maybe you could discuss, you know, how, while these amended laws are significant, but are there any related changes, you know, from a legal perspective that you'd like to see or perhaps, are already being advocated in the area or anything like that that's relevant?

## Kate Seear 27:16

Yeah. So so many, I mean, it could take another hour to kind of run through all the reforms that I think would be valuable. I mean, Sione talked about the long history of advocacy and activism and how long it takes us to get to a point of reforms like this. And, you know, one thing I would mention is that there have been numerous inquiries, parliamentary inquiries into drug law reform across the country in the last few years, including here in Victoria. And so I'd perhaps start there, and mention that, 2017-18, that kind of time, the Victorian Parliament committee did do a very big inquiry into drug law reform. And they produced a report that was many hundreds of pages long, and there were 50 recommendations for reform. And the reforms that we're talking about today were in that report, but they're just two of the 50. I've lost track of how many of those reforms have been ushered through, there might be another couple, but the vast majority of them haven't yet come through the system. And so you could start there, and go back and look at that report. And, and, you know, you'll see numerous reforms that are relevant to the prevention of drug overdoses, but also to the prevention of other harms, including blood borne viruses, as Sione was discussing. Criminalisation of drugs is obviously the number one issue, I think there are many factors that shape fatal drug overdoses, but the criminalisation of drugs is number one on the list. And, and I think, in order for us to ever get to a point where we, you know, we'll see a really dramatic reduction in drug overdoses, that would be the number one reform. But I wonder if I could also just kind of come around at this a different way. And just take you all back to something that minister Foley, Martin Foley, mentioned when this bill was first introduced into the parliament, because I think it's important and it's a kind of useful way to reflect on reforms. And it takes a bit of explanation. So, as I think all of you know, Victoria is one of the jurisdictions in Australia that has a charter of human rights and responsibilities. And what that charter requires is, essentially, every time a parliamentarian introduces a new bill into parliament, a proposed change to the law, they're required to essentially tell the parliament whether that law is compatible with human rights. And if it's not, so that is, if the law would infringe on human rights in some way, the parliament needs to - the parliamentarian responsible for introducing that law needs to explain which human rights might be infringed or breached by that proposed new law, and set out a justification for breaching it. And so when Martin Foley introduced these changes late last year, he had to go through that process, and speak to how these changes to both the law around naloxone and the law around secondary supply related to human rights. And he mentioned something which is known to many of us, but I think is really important. And that is that he talked about the right to life in the context of drug law. And he said, the right to life is the most fundamental of all human rights. It is concerned with both the protection and preservation of life, the right has been interpreted as including an obligation on the state to refrain from conduct that results in the arbitrary deprivation of life, as well as a positive duty to introduce appropriate safeguards to minimize the risk of loss of life. And after taking us through that legal sort of definition of the right to life, he then said that the change to the naloxone law, and indeed the change to secondary supply law, would protect and promote the right to life. And I think the key point I wanted to make here is that many of the laws that we have in Victoria and indeed in other parts of Australia, were introduced before we had this Charter of Rights or in other states were introduced without - we don't even have a charter of human rights just yet. And those laws have never been subjected to human rights assessment or human rights compatibility process. And I think, if they were, by this definition that Minister Foley has reminded us of, and that is the state's positive duty to introduce appropriate safeguards to minimize the risk of loss of life, I think we would find that many of the drug laws that we have in Victoria fall foul of that test. We still don't have a prison needle and syringe program in Victoria - in fact, we don't have one anywhere in the country. And there are numerous other legal changes that I think would fall foul of that. So I think that's a really good reminder, that statement from Minister Foley about how we should think about drug law going forward. I'd like to see parliamentarians be thinking about the future of drug law with this kind of test in mind. And ultimately, I think it should move us to the point where we eventually hopefully see decriminalisation or even legalisation of drugs.

## Renae Fomiatti 32:53

Funny, some of the things you were just saying about the principle of the right to life, is so similar, or resonates with the principles of harm reduction, you know, that it's about the, you know, the right to health and the right to life, which is not usually a kind of ethics you think about in terms of the law. Interesting. Sione, you have anything to say about any of this stuff that Kate just said, it looked like you were nodding along enthusiastically?

## Sione Crawford 33:20

I just thought it was interesting that, that Minister Foley framed it that way, and I think it is actually something positive, because as you know, just agreeing, as Kate said, so many of our laws are not - potentially would fall foul of that test. And I was just really thinking about how to take that sort of advocacy forward, because I think that, you know, actually, politics is very tricky, you know - or government is tricky, politics makes it even harder, I think is maybe one way to put it. But I think that in Victoria at the moment, we do have a government who at least considers these things. And, you know, there are a lot of things, as we talked about before, there are a lot of activities and actions that go into making changes like this happen. This is a pretty big change, but at the same time, it's not on the same scale as something like doing away with certain drug laws. So just reflecting on the amount of time and effort it sort of took for these changes to happen. I'm just thinking that it's probably as we are probably quite a way away from making those sort of bigger wholesale changes, but countries and around the world have done it in different times. And it's just unfortunate that too often it's linked to some kind of mass death event. So certainly, in Vancouver at the moment in British Columbia in Canada, there have been moves made to offer safe supply to to people who use and inject drugs. So what that means really is providing illicit drugs that have been tested - or have actually been obtained in a legal way, and then offered to illicit drug users perhaps is how I should have put it - without the need for prescriptions and all that sort of thing as well and it's been a process of civil disobedience by other drug users basically. And the reason for that is that there's essentially a poisoned drug supply in Canada at the moment - with fentanyl - is causing a massive overdose epidemic, as we've talked about earlier. And so I guess what I was reflecting on is the fact that, you know, we sort of need a combination of advocates like us to work within the law to make changes to that law, but also, sometimes we need to remember that we often operate in the gray area and to push those boundaries where possible. It's clear that occasionally politicians and governments respond to that.

## Adrian Farrugia 36:13

Should we maybe move towards wrapping up the discussion now? On that note, I think again, like when we were introducing it, sort of thinking about International Overdose Awareness Day this year, as a reminder that overdose and issues around drug consumption stuff remain significant, even in the context of, sort of, where the public psyche is dominated by COVID-19 related restrictions and that kind of thing. And so, you know, a day like this is is is important to mark, it's important to mark days like this, not only for remembering loved ones, friends and family that aren't with us anymore, but also addressing, like we've been discussing, the significant gains and wins for the sector. So which is why chatting about these reforms with you all today is very important. And so, I think, kind of what a lot of what this discussion gets towards is that, you know, while efforts to address overdose, you know, things like overdose, like naloxone and fresh injecting equipment and stuff are really important, we always need to be agitating for these broader legislative changes, such as these amended laws, decriminalisation efforts, and that kind of thing to achieve the kind of level of traction limited to really address this issue as effectively as possible, as well as beyond that - just to think about health, enhancing and improving the health and wellbeing and dignity of people who use drugs beyond just thinking about an acute issue of overdose itself. So, yes, thanks, everyone, for taking the time to participate in the discussion today - Jane, Sione, Kate - taking the time to discuss these recent shifts and also how all your important work relates to the goals of International Overdose Awareness Day.

## Jane Dicka 38:00

Thanks for having us!

## Kate Seear 38:02

Yeah, thanks. A pleasure.

## Sione Crawford 38:03

Thank you.

## Renae Fomiatti 38:04

Thanks Sione, thanks, Jane, thanks, Kate!

[Music]