

AN EXECUTIVE SUMMARY OF EVIDENCE PUT TO THE INQUIRY INTO THE DRUGS, POISONS AND CONTROLLED SUBSTANCES AMENDMENT (PILOT MEDICALLY SUPERVISED INJECTING CENTRE BILL) 2017

September 2017

Contact

John Rogerson

Chief Executive Officer

John.rogerson@adf.org.au

INTRODUCTION: The Alcohol and Drug Foundation (ADF) is concerned that the official findings of the Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre Bill) 2017, encapsulated in the report to the Legislative Council by the Legal and Social Issues Committee, do not adequately represent the balance of evidence presented to the committee.

As we believe public policy should be informed by the best available evidence, we think it is important that public attention is drawn to the strength of the case for a medically supervised injecting centre that was put before the committee. We think the findings as set out in our document accurately interpret the evidence submitted to the Inquiry.

The objectives of the Pilot Medically Supervised Injecting Centre Bill 2017 are:

- a) to reduce the number of deaths from drug overdose;
- b) to provide a gateway to health and social assistance for clients of the licensed injecting centre including drug treatment health care and counselling;
- c) to reduce drug overdose ambulance attendances;
- d) to reduce the number of discarded needles and syringes and the incidence of drug injecting in public spaces;
- e) to improve the amenity of the neighbourhood for residents and traders in the vicinity of the licensed injecting centre; and
- f) to assist in reducing the spread of blood borne diseases including but not limited to HIV infection or Hepatitis C.

FINDING 1: A MASSIVE DRUG CRISIS EXISTS IN NORTH RICHMOND

A high rate of overdose deaths due to heroin is entrenched in North Richmond. The City of Yarra is the local government area in Victoria with the highest frequency of heroin overdose deaths in each of the past seven years, and the epicentre is North Richmond. Thirty-four deaths were recorded in the City of Yarra in 2016, and the majority occurred in a small zone in North Richmond. Unless effective action is taken quickly, this preventable toll will continue as people travel to Yarra to procure heroin for instant injection and lack a relatively safe place in which to do so.

Much drug use takes place in public, particularly at retail and public transport access points across North Richmond and Abbotsford.¹ Public injecting has a significant effect on the amenity of the Yarra community, especially on residents and traders, as needles and other drug paraphernalia is deposited in street gutters, residential driveways and footpaths.² Residents and traders report they and their family members, including children, are traumatised by scenes of drug use, overdoses and deaths.

¹ Dwyer, R; Power, R; Dietze, P. 2013 North Richmond Public Injecting Impact Study: Community Report Melbourne: Burnet Institute.

² Dwyer, Power, Dietze, 2013

Some of the people who have died in North Richmond had already tried detoxification and drug treatment programs multiple times. This shows there is not a choice between providing drug treatment and a Medically Supervised Injection Centre (MSIC) as both services are essential: while people who are dependent on drugs want to cease using them, the fact is achieving recovery can be a complex, difficult, long term process. People cannot take up treatment options if they do not survive.

The wider dissemination of Naloxone, which can reverse the effect of an overdose, while helpful, is a second order response because it is reliant on notional rather than actual support in the critical moment of an overdose: first, it relies on an “other” being present and responsive to the overdose; second, that “other” must have a supply of Naloxone ready; and third, the “other” must have the capability to use Naloxone.

FINDING 2: A MSIC IN NORTH RICHMOND WOULD SAVE LIVES, IMPROVE THE HEALTH OF INJECTING DRUG USERS AND IMPROVE AMENITY

MSICs are an established means of saving lives in Europe, Canada, and in Sydney.³ MSIC staff do not help clients to inject substances, but intervene if a person experiences adverse effects of injecting and they use their medical expertise to resuscitate clients in need.⁴ The Sydney MSIC has not lost a single life in sixteen years of operation despite the staff responding to nearly 6000 overdoses.⁵ This is in stark contrast to North Richmond where drug overdoses often occurs in hidden places and when people are alone and uncared for.

The people who die due to heroin overdoses in North Richmond are among the most marginalised people in society and are typically struggling to cope with multiple, complex and interrelated health and social problems including unemployment, mental illness, poverty and unstable housing.

A MSIC in North Richmond will provide its clients with access to treatment. International research has found that clients who frequently attend supervised injection centres are more likely than other injecting users to report engaging with treatment services.⁶ Victoria’s State Coroner found an MSIC in North Richmond would engage drug users who do not usually seek assistance.⁷ Sydney’s MSIC reports that 80% of frequent clients have accepted a referral for dependence treatment.⁸ An MSIC IN North Richmond could offer access to counselling, housing, treatment facilities including mental wellbeing, and health care.

³ Fitzgerald J. 2013. Supervised injecting facilities: a case study of contrasted narratives in a contested health policy arena. *Critical Public Health*, 77-94.

⁴ Wright N, & Tompkins C. 2004. Education and Debate: Supervised Injecting Centres. *British Medical Journal* 100-103

⁵ Uniting, Medically Supervised Injection Centre. 2016. Get to know our story.

https://uniting.org/_data/assets/pdf_file/0005/139370/Uniting-MSIC-Brochure-.pdf

⁶ Wright & Tompkins, 2004.

⁷ Hawkins, J. 2017. Finding into death with inquest: COR 2016 2418. Melbourne: Coroners Court of Victoria.

⁸ Uniting, 2016.

The establishment of a medically supervised injection facility would likely have a positive effect on crime in North Richmond. The operation of the Sydney MSIC has not caused an increase of robbery or theft or any other criminal activity in the Kings Cross area since it commenced operation.⁹

FINDING 3: OPERATION OF AN MSIC IN NORTH RICHMOND WOULD MEET THE OBJECTIVES OF THE BILL

The evidence presented to the Inquiry indicated that each of the six health and social objectives of the Bill would be met in full by the establishment of a Medically Supervised Injecting Centre for a trial period in North Richmond. All evidence indicated that such a facility would

- save the lives of numerous Victorians who otherwise will die of a drug overdose;
- provide users of drugs with access to drug treatment and other health and welfare services;
- reduce the call on ambulance and other emergency workers who respond to street overdoses;
- reduce the transmission of disease among users of intravenous drugs;
- reduce the number of discarded needles and other drug related paraphernalia;
- improve amenity for people living and working in North Richmond.

The government of Victoria is thus justified in establishing the facility without delay.

It would be perverse for Victoria to continue to supply people who inject drugs with needle and syringes to prevent them from acquiring a disease, but refuse them a place in which to use that equipment in a context and circumstances that would prevent them from dying.

FINDING 4: THERE IS OVERWHELMING PUBLIC SUPPORT FOR AN MSIC IN NORTH RICHMOND

It is important that the attitudes of the local community and the local government authority are taken into account on the question of a MSIC in North Richmond. The City of Yarra supports the proposed Bill. On three occasions, in 2011, 2013 and 2017, Yarra's elected representatives have voted in favour of a supervised injecting centre in North Richmond.¹⁰

Residents in North Richmond support the Bill. Fifteen favourable submissions were received from residents of Abbotsford and North Richmond. Local residents' support for the Bill is also evident in the testimony of the Residents for Victoria Street Drug Solutions. State Coroner Hawkins received no submissions opposed to a trial MSIC when she conducted a review in 2016. State Coroner Hawkins recommended a trial MSIC, a position that was supported subsequently by Coroner Hinchey and Coroner Jamieson. An MSIC is supported by a large range of local health, medical, and welfare services including the Salvation Army, Co-Health, the North Richmond Community Health Centre, the Yarra Drug and Health Forum.

⁹ Donnelly N. & Snowball L. 2006. Recent trends in property and drug related crimes in Kings Cross. Sydney: NSW Bureau of Crime Statistics and Research.

¹⁰ City of Yarra. 9 March 2017. News and media releases <http://www.yarracity.vic.gov.au/News/support-for-a-supervised-injecting-facility/>

The Victoria Street Business Association have stated in principle support for an MSIC while adding that it cannot be the only response to the problem and that more than one MSIC might be required.

Little formal opposition was voiced against the Bill. Only two submissions out of 49 opposed establishment of an MSIC. Those two submissions did not provide robust evidence to support their opposition. Their assertion that an MSIC would encourage greater drug use is not supported by the evidence: despite free access to needles and syringes over the past 30 years, the prevalence of intravenous heroin use has remained miniscule— since 1993, no more than 0.8% of the Australian population has injected heroin in any single year.¹¹

FINDING 5: AN MSIC IN NORTH RICHMOND WOULD ADVANCE THE VICTORIAN DRUG STRATEGY

The Victorian Drug Strategy 2013-17 outlines a three tiered strategy for action on illegal drugs issues: protecting the community from drug use and drug trafficking; providing drug users with better access to treatment; and better utilization of harm reduction techniques to prevent overdose and save lives. Each of these three measures will be advanced by an MSIC in North Richmond. Lives will be saved, public use of drugs will decrease, and the most vulnerable drug users will gain access to treatment and support.

FINDING 6: THE MAJORITY OF SUBMISSIONS TO THE INQUIRY FAVOUR A MSIC

46 out of 49 formal submissions to this inquiry support a trial of an MSIC in North Richmond. Expert opinion overwhelmingly favoured the Bill. That expertise included the medical fraternity (Alfred Health); professional medical bodies (Royal Australian College of General Practitioners; Royal Australasian College of Physicians; Australian Medical Association; Australasian Professional Society on Alcohol and Drugs); drug research bodies (The Burnet Institute, Turning Point; National Drug & Alcohol Research Centre); prevention leaders (Beyond Blue, Alcohol and Drug Foundation); drug treatment organisations (Turning Point, Windana Drug & Alcohol Recovery); parents groups (Family Drug Support, Families and Friends for Drug Reform); community health (North Richmond Community Health); legal (Fitzroy Legal Centre); advocacy bodies (Yarra Drug & Health Forum, Victorian Alcohol and Drug Agencies Association, Victorian Aids Council); and local government (City of Yarra).

FINDING 7: OPERATION OF AN MSIC IS CONSISTENT WITH LAW ENFORCEMENT AND INTERNATIONAL CONVENTIONS

There is no contradiction between law enforcement and the operation of a MSIC. In the case of the Sydney MSIC, NSW police do not take action against personal users who are making their way to the Centre but continue to target drug trafficking near the MSIC. New South Wales police support the Sydney MSIC: the NSW Commissioner of Police shares responsibility for the overall operation of the Centre, and NSW Police are represented on the MSIC's Community Consultation Committee.

¹¹ AIHW 2017. National Drug Strategy Household Survey 2016. Key Findings. Summary of recent drug use by people aged 14 years or older 1993-2016. www.aihw.gov.au

Victoria Police also adopt a harm minimisation approach to drug issues in order to balance health, social and economic outcomes for the Victorian community. As an example, police in Victoria act with discretion in cases of drug overdose in order to avoid discouraging people from summoning emergency aid at those critical times.

Similarly, at the international level, there is recognition that the saving of human life is paramount and that it should override a punitive response to use of illegal drugs. The International Narcotics Control Board, (INCB) which has previously enforced a strict prohibitionist approach, has conceded that the operation of “drug consumption rooms” can be consistent with the international drug conventions to which Australia is a signatory. The INCB caveat is that an MSIC must not stand alone, but be part of a broader response that offers drug treatment options. Victoria already complies with that condition.

September 2017.