Victorian Alcohol and Drug Association
211 Victoria Parade, Collingwood 3066
p. 03 9412 5600 f. 03 9416 2085
[redacted]
www.vaada.org.au
[redacted]

Submission 12

The Secretary
Legal and Social Issues Committee
Parliament House, Spring Street
EAST MELBOURNE VIC 3002

e. injectingcentrebill@parliament.vic.gov.au

12 April 2017

Dear Secretary,

Inquiry into the Drugs, Poisons, and Controlled Substance Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017

The Victorian Alcohol and Drug Association (VAADA) welcomes again a further opportunity to contribute to the narrative pertaining to reducing alcohol and other drug (AOD) harms as well as relevant associated regulations and policy.

We note that there have been a number of opportunities to contribute to this subject matter, in part driven by the increasing number of fatal heroin related overdoses occurring within broader context of increasing substance related harms.

These harms have been identified through a range of means, including, but not limited to, the year on year increase in fatal overdose (since 2010), AOD related ambulance call out data as well as family violence associated with AOD. These harms are also impacting upon the justice system, which, in tandem with various acute health institutions, are contending with the consequences of serious AOD related harm in an environment of limited harm reduction measures and extensive wait times for AOD treatment.

It is evident that despite a range of endeavours at various levels of government, AOD related harms continue to increase, necessitating the prioritisation of a number of initiatives.

To that end, we will provide a response to each of the items included in the Terms of Reference.

1. **Recommendations in Coroner Hawkins' Finding - Inquest into the Death of Ms A, delivered on 20 February 2017 and other relevant reports;**

The above findings delivered on 20 February 2017 provides a unique opportunity to examine the entrenched and enduring issue of fatal overdose occurring within a specific milieu. The identified area within a small vicinity in North Richmond has consistently experienced a disproportionate amount of heroin related harm; however the Coroner's Inquest into the death of Ms A provides a blueprint on the necessary means to reduce this alarming toll and the associated harms.

We attach a submission on matters relating to the above Coronial inquest (attachment 1) which details evidence on the effectiveness of medically supervised injecting centres in reducing heroin related fatal overdose as well as improving a range of health and local amenity issues. This submission supports the notion of medically supervised injecting in areas which are experiencing long term heroin related harms.

VAADA supports the second recommendation relating to DHHS expanding the availability of naloxone within the City of Yarra. Naloxone is discussed in VAADA's attached submission; by way of general principle, we note that naloxone should be readily accessible to all at risk populations and note that the Coroners Court identifies the number of individuals fatally overdosing who procured heroin from Yarra but consumed the substance elsewhere. Prioritising only Yarra as a key area for naloxone accessibility would limit the lifesaving potential of this substance.

Maximising access to this life saving substance necessitates eliminating any costs, ensuring broad availability and ensuring that training is available in all regions of Victoria and can be provided in a flexible manner to suit the needs of a range of cohorts.

Although Yarra is at the epicentre of heroin related harms, and various placed based responses such as the implementation of a medically supervised injecting centre are required, reducing heroin and broader AOD related harms also requires endeavour with state-wide application. There is a dire need to increase access to AOD treatment within the City of Yarra, which is replicated across the state.

Individuals experiencing AOD dependency are, across the state, are finding it difficult to access AOD treatment. Despite the breadth of evidence indicating the health, financial and social benefits of AOD treatment, research indicates that, across Australia, the sector would need to provide for 200,000 to 500,000 individuals who are in need of treatment meet national demand (Ritter et al 2014). Many of these people will be falling through the cracks, ending up in our justice systems, our acute health systems or our morgues. In light of this, the Australian Institute of Health and Welfare (2016) notes that, nationally, there were 38,636 overnight hospitalizations for AOD, totaling a daunting 299,829 bed days nationally throughout 2013/14.

These figures highlight the ongoing crisis in AOD treatment access – greater access to treatment across the state would reduce the toll associated with heroin as well as other substances.

2. Nature and extent of current, relevant regulations;

Regulations related to planning, amenity, transport, policing and health would need to be considered in implementing a medically supervised injecting centre. This would impact upon state and local governments, various agencies, as well as others such as the police and ambulance services. Linkages with related health and welfare services would need to be developed and those organisations would need to build additional capacity into their service models.

On a broader scale, there would be a need to consider any increased demand on AOD treatment and other agencies which may occur through referral. Given the likely high levels of complexity associated with these referrals, a robust and well-coordinated service response should be prioritised with the necessary resourcing afforded.

3. And nature and extent of associated, relevant policing policy.

VAADA's attached submission highlights some of the general risks associated with policing practices and how these practices can be contrary to harm reduction approaches. We note that various justice interventions and the development of a criminal history exacerbate issues relating to substance dependence and the many co-occurring morbidities often accompanying this issue.

The Bill makes reference to police practices and scenarios where police practice will not inhibit the primary aim and function of the pilot medically supervised injecting centre, by having it be 'not unlawful' for a person to be in possession of a drug of dependence. Despite the legislation, there is a need for good will

from the police to ensure that individuals known to the police as regular users are not targeted while travelling to the centre and further, that police 'crackdowns' within the vicinity of the centre do not inadvertently re-route consumption patterns into public spaces.

Periodically, there are a number of 'crackdowns' within North Richmond which is accompanied by an increased, visible, police presence. The planning and execution of these crackdowns would need to account for the presence of a medically supervised injecting centre with a view to reducing the likelihood of perverse outcomes, such as deterring individuals from accessing the centre and using in public areas.

Current practices within the vicinity of NSP providers should be reflected on in determining the form of police practice.

Implementing a medically supervised injecting centre will assist in driving down the overdose toll; however, additional significant reform is required to make strong inroads in reducing AOD related harms. There is a need for an overhaul of many current policies and a courageous approach to AOD policy. The myriad AOD harms, manifesting in all facets of the community, are complex but it is evident that other jurisdictions are achieving significant wins. For instance, as discussed in VAADA's (2017) submission into Drug Law Reform, in Portugal, possession and consumption of drugs are dealt with as administrative processes and from this, major reductions have been achieved in AOD related harm; notably, the likelihood of fatal overdose is 43 times greater in Victoria than Portugal. Serious consideration and weighting should be afforded to the Portuguese reforms. Other measures in other jurisdictions relating to decriminalisation or regulation of supply should also be weighed up with regard to how they impact upon AOD related harms.

Justice reinvestment should be prioritised in guiding justice and welfare policy with a view to reducing the prison population through increasing the resilience of at risk communities through targeted support and service provision.

Alcohol related harms, which are pervasive throughout the community, could be reduced through increasing the cost of alcohol, reducing availability and banning alcohol advertising. These less popular measures would greatly reduce the strain on acute health and justice systems. It should be noted that, in addressing heroin related harm, we need to consider the complete range of other contributing substances, with a number of heroin related overdoses also including alcohol as a contributing substance.

We recommend that the recommendations from the Inquest into Ms A be progressed as they provided a strong starting point to reducing entrenched AOD related harm occurring within a high risk area.

Please contact me should you have any further queries.

Sincerely,

Sam Biondo
Executive Officer
Victorian Alcohol and Drug Association

References

Australian Institute of Health and Welfare 2016, *Healthy Communities: hospitalisations for mental health conditions and intentional self-harm in 2013-14*, Cat. No. HSE 177, Canberra: AIHW.

Ritter, A, Berends, L, Chalmers, J, Hull, P, Lancaster, K and Gomez, M 2014, *New Horizons: the review of alcohol and other drug treatment services in Australia*, Drug Policy Modelling Program, NDARC, UNSW, Sydney.

VAADA 2017, *Submission to Inquiry into Drug Law Reform*, Victorian Alcohol and Drug Association, Collingwood.

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