

12 April 2017

The Secretary  
Standing Committee on Legal and Social Issues  
Parliament House, Spring St  
EAST MELBOURNE VIC 3002

By email to: [injectingcentrebill@parliament.vic.gov.au](mailto:injectingcentrebill@parliament.vic.gov.au)

Dear Secretary

**Re: Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017**

The Victorian Branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to respond to the Legal and Social Issues Committee's Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017 (the Inquiry).

The Victorian Branch has almost 1500 members, including more than 1000 qualified psychiatrists, many of whom have specific interest and expertise relevant to the Inquiry. In developing this submission, the RANZCP worked closely with its expert members and representatives in the Victorian Branch as well as the bi-national Faculty of Addiction Psychiatry and Community Collaboration Committee, to ensure that the recommendations made reflect clinical excellence, community experience and insight.

The RANZCP is supportive of the recommendations made in Coroner Hawkins' Finding – Inquest into the Death of Ms A, delivered on 20 February 2017, including the establishment of a medically supervised injecting centre (MSIC) trial. This would be an evidence-based, pragmatic and compassionate response to the reality of drug use and addiction.

There are currently 88 such facilities operating in 58 countries internationally, including the Uniting MSIC in King's Cross, Sydney. These facilities are aimed at reducing harms related to injecting drug use. Over 238 peer-reviewed papers have been published since 1998 demonstrating the effectiveness of MSICs in decreasing morbidity and mortality associated with overdose, reducing ambulance callouts, increasing uptake of substance abuse treatment and reducing blood-borne virus transmission risk behaviour. In Australia, the Uniting MSIC in King's Cross, Sydney, has provided high-quality care for people with injecting drug use for more than 15 years. Extensive service evaluation reports and published literature that show that the Uniting MSIC has met its objectives, is cost effective, and has not resulted in adverse outcomes.

There were 172 heroin related overdose deaths in Victoria in 2016, the majority of which occurred within the City of Yarra in the vicinity of North Richmond and Collingwood. Up to 60% of people with injecting drug use report they have experienced an overdose in their lifetime (Power, 2015). MSICs have been shown to be effective in reducing fatal overdoses, and there has been no on-site fatal overdose at any MSIC to date.

Furthermore, MSICs can play a key role in reaching and engaging marginalised, isolated and high-risk people with injecting drug use who do not access any other services. It is estimated that up to 86% of people with injecting drug use have a mental health disorder, but few have a formal diagnosis or access treatment (Aitken et al., 2008). Homelessness and experiences of violence or trauma can serve as further barriers to accessing care. MSIC staff can reduce psychological distress through the provision of a safe and secure environment and by building trusting relationships with individuals. MSICs also act as a bridge to other sectors and ensure that those most at risk (including those with mental health problems) are engaged with the health and social welfare system sooner than they otherwise would be. The evidence suggests that attendance at an MSIC is also associated with increased access to addiction treatment and detoxification.

For these reasons, the RANZCP supports the trial of an MSIC as an evidence-based harm reduction strategy for people with injecting drug use, along with other evidence-based interventions as recommended by Coroner Hawkins including expanding the availability of naloxone and identifying opportunities to improve access to, and engagement with, services that support the health and well-being of people with injecting drug use.

If you would like to discuss any of the issues raised in the submission, please contact Rosie Forster, Senior Department Manager, Practice, Policy and Partnerships via [REDACTED] or by phone on [REDACTED]

Yours sincerely

[REDACTED]

Associate Professor Richard Newton  
Chair, Victorian Branch Committee

[REDACTED]

Professor Daniel Lubman  
Chair, Faculty of Addiction Psychiatry

## References

Aitken C, Wain D, Lubman DI, Hides L, Hellard M (2008) Mental health screening among injecting drug users outside treatment settings – implications for research and health services. *Mental Health and Substance Use: dual diagnosis* 1(2): 99–103.

Power, R (2015) Safe injecting facilities: reducing harm and improving public safety and amenity. Available at: [http://creidu.edu.au/policy\\_briefs\\_and\\_submissions/7-safe-injecting-facilities-reducing-harm-and-improving-public-safety-and-amenity](http://creidu.edu.au/policy_briefs_and_submissions/7-safe-injecting-facilities-reducing-harm-and-improving-public-safety-and-amenity) (accessed 5 April 2017).