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

RE: *Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017*

The Australian Christian Lobby (ACL) welcomes this opportunity to provide a submission to the Legal and Social Issues Committee with respect to the inquiry into the *Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017.*

ACL opposes the passage of this bill.

Labor Commitment

Victorian Labor made a commitment during the 2014 election to reject injecting rooms. The Labor party stated its policy position on illicit drugs in response to an ACL policy questionnaire. The text of the response was as follows:

> *Victorian Labor has released a policy to take action on the scourge of Ice: http://www.danielandrews.com.au/media-releases/victorian-labors-ice-intervention-to-confront-ice-epidemic/*
>
> *We do not support the introduction of supervised injecting rooms. Harm minimisation and evidence-based responses to drug use like needle and syringe programs, pharmacotherapies as well as treatment and support services are our focus.*
>
> *Labor believes that medical cannabis should be legal in exceptional circumstances. An Andrews Labor Government will seek advice from the Victorian Law Reform Commission on this issue: http://www.danielandrews.com.au/media-releases/labor-medical-cannabis-should-be-legal/*

Now that Labor is in Government, it would be a breach of its election commitment for the Government to allow passage of this bill. Thankfully, Police Minister Lisa Neville as well as Premier Daniel Andrews have since rejected the project and ACL commends the government for upholding its election commitment.

Proposed injecting room

This bill would establish an 18-month trial of a drug injecting room in Richmond. Fiona Patten and the Greens, point to the tragic deaths of 34 people who died from heroin overdoses in the Richmond area since last year and argue that injecting rooms save lives. The Greens even go as far as to say that "a supervised injecting rooms could have saved these people"(sic).[1] Ms Patten wants the trial to be run at the same time as a parliamentary committee looks at the issue, which will take two years. "If we wait another two years we're looking at another 70 people dying in North Richmond,"[2] she has said. This submission will show that these claims about saving so many lives is based on false assumptions from the data collected in relation to the NSW injecting room.

The establishment of an injecting room in Richmond is a highly irresponsible move which should be rejected. Drug-injecting rooms should not be presented as the solution to high drug use in Richmond or any other suburb in Melbourne. Offering drug-injecting rooms sends the wrong message to people dealing with drug addiction; it sends the erroneous message that the practice can be safe. Drug users often become slaves to their addiction, we should be doing all we can to help them overcome the addiction.

The asserted success of Sydney's injecting room is used as a justification for establishing a similar injecting room in Richmond. Before the so-called success of the Kings Cross facility is accepted as fact, we need to assess the actual review data.

Sydney's Injecting Room

Drug Free Australia (DFA) has strongly criticised the injecting room in Kings Cross which is called the Medically Supervised Injecting Centre (MSIC). The centre was opened in May 2001 on a trial basis and is now permanent feature. The MSIC has undergone a number of evaluations over the years since its opening in 2001.

An evaluation[3] of MSIC was published by the National Drug and Alcohol Research Centre in 2003, and painted the clinic in a positive light, however, a report[4] by DFA strongly critiqued the evaluation, as well as other data to December 2006. As the proposal by Ms Patton seeks to replicate the Kings Cross experiment in Richmond, we must seriously consider the DFA critique.

The criticisms raised by DFA (which will soon be discussed) were dismissed at the time by the then medical director of MSIC without adequately addressing the arguments and data raised by DFA. In addition, the chief of the National Drug and Alcohol Research Centre, Richard Mattick, also criticised the DFA calculations without directly addressing any of the specifics.[5] The criticism of the calculations by Mattick is surprising considering that DFA only used data from the evaluation and used precisely the same assumptions and methodology as the NDARC evaluators.

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[1] The Greens' injecting room campaign website, accessed 17 March 2017, http://supervisedinjectingrichmond.org.au/

[2] Alex White, Tom Minear and David Hurley, North Richmond safe injecting room to be considered by State Parliament, *Herald Sun*, 7 February 2017, http://www.heraldsun.com.au/news/victoria/north-richmond-safe-injecting-room-to-be-considered-by-state-parliament/news-story/2a909b88bb72b7af0d611f7086418dc7

[3] MSIC Evaluation Committee. (2003). Final report on the evaluation of the Sydney Medically Supervised Injecting Centre. Sydney: authors. https://uniting.org/__data/assets/pdf_file/0007/136438/MSIC-final-evaluation-report-2003.pdf

[4] Drug Free Australia, The Kings Cross Injecting Room, The Case for Closure – Detailed Evidence https://www.dalgarnoinstitute.org.au/images/resources/pdf/injecting-rooms/DFA_Injecting_Room_Detailed_Research.pdf

[5] http://dailytelegraph.news.com.au/story.jsp?sectionid=1260&storyid=171637

A booklet[6] by DFA, which draws on their much longer critique, makes several points some of which can be summarised as follows:

- Calculations by DFA based on the overdose figures published by MSIC led DFA to conclude that the overdose rate was 36 times higher than on the streets of Kings Cross.
- The MSIC's own report attributes the higher overdose rate to clients taking more risks with higher doses of heroin in the injecting room. Only 11% of injecting room clients were referred to maintenance treatment, detox or rehab.
- Only 38% of injections at MSIC in 2006 were heroin injections, with other substances such as ICE, Cocaine, and Morphine being used.

  Comment: It is clear from this statistic that the range of the drugs likely to be taken at the proposed Richmond injecting room would, from day one, include drugs other than heroin. This is significant because the rhetoric attached to the campaign for a Richmond injecting room has focused purely on heroin.
- The injecting room averaged 200 injections per day and has a capacity for 330. This means that the facility is underutilised by drug users. On average, only one out of every 35 injections per user took place in in the injecting room.

The key claim by Ms Patton and the Greens is that an injecting room in Richmond will save the lives of those who are overdosing. As highlighted by the above points, MSIC's own study shows no conclusive evidence that injecting rooms save more lives. In fact, it only raises more questions about the effectiveness of such a project.

Media coverage has consistently focused on the claims made by the MSIC reporting the number of overdose interventions which take place in the injecting room as a basis for the number of lives saved as a result of the existence of the injecting room.

Kelly Burke, Injecting room open longer due to demand, Sydney Morning Herald, 22 June 2001.[7]

> *The centre has recorded more than 500 injecting episodes in its first month of operation. In one four-hour period more than 60 clients used the premises. Four overdoses have been recorded on site. In each case the user had arrived at the centre alone, which is a known risk factor in drug overdose death, Dr van Beek said. "Potentially we've saved four lives in the first month."*

This simplistic approach of making a direct equation between the number of interventions in the clinic and the number of lives saved by the existence of the clinic has continued throughout the history of the clinic up until today. Fiona Patten and the Greens have adopted this same approach in their argument for a Richmond trial. However, this direct equation between the number of interventions in the clinic and what might have happened had the clinic not existed is misleading.

Figures cited by DFA show that the overdose rate in the clinic is up to 36 times higher than in the Kings Cross neighbourhood. DFA calculated the overdose rate for Kings Cross using the method adopted by

[6] Drug Free Australia, The Kings Cross injecting room, the case for closure, accessed 17 March 2017, https://www.drugfree.org.au/images/13Books-FP/pdf/DFA_Injecting_Room_Booklet.pdf

[7] Kelly Burke, Injecting room open longer due to demand, *The Sydney Morning Herald*, 22 June 2001.

the MSIC report which calculated total overdoses, ie ambulance overdose callouts, divided by 51 and multiplied by 100.[8]

> *On the injecting room's own calculations there were 6,000 heroin injections in the Kings Cross area, of which only 652 heroin injections per day were in the injecting room. Over the 18 month evaluation period there were 3293 overdoses for less than a total of 35,000 heroin injections in the injecting room. Yet out on the street , for the same period, there was a total of 8455 overdoses out of the report's estimated 3,229,0306 heroin injections.*
>
> *Thus in the injecting room there was one overdose for every 106 heroin injections, while on the street outside there was one overdose for every 3,821 heroin injections. The injecting room consequently had 36 times more overdoses than the rest of Kings Cross. It would have been remarkable if the injecting room had had twice the number of overdoses, horrifying if it had had 3 times the number, but its own data shows 36 times the number of overdoses…*[9]

The critique by DFA concludes the reason behind the higher rate of overdoses in the injecting room was that injecting room clients were "that clients are using the presence of nursing staff as insurance against the risks of experimenting with much higher heroin dosages."[10]

Undermining the work of police

The provisions of the bill provide exemptions from criminal liability to users of the medically supervised injecting centre. The exemptions would apply to the offences of possessing (other than for supply) and using a small quantity of a drug of dependence, at the centre. Possessing a drug of dependence outside of the medically supervised injecting centre would still remain illegal.

The explanatory memorandum to the bill explains:

> *The successful operation of the centre is therefore contingent on the appropriate exercise of police discretion.*

This implies that police will need to turn a blind eye to drug users travelling to and from the injecting facility in order to not undermine the existence and expense of the facility. In effect, it will prevent police from conducting drug operations as they see fit. The location of the clinic in Richmond is a hotspot for heroin. This means that the need for "discretion" around the clinic is likely to have a significant impact on police operations. It has been reported that the Victorian Police Association executive does **not** support the injecting room. Guidelines to address the exercise of police discretion in relation to users of the medically supervised injection centre would, in effect, tie the hands of officers on the ground.

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[8] Open letter re MSIC Overdoses, Gary Christian 27/09/2003 http://drugfree.org.au/images/pdf-files/library/Injecting_Rooms/DFAInjectingRoomCorrespondence.pdf p.1.

[9] Drug Free Australia, A critical Response to the Kings Cross Injecting Room 2003 Report. http://www.salledeconsommation.fr/_media/drug-free-australia-a-critical-response-to-the-kings-cross-injecting-room-2003-report-sept-2003.pdf p.8.

[10] Ibid. p.11.

Conclusion

In conclusion, the argument that an injecting room in Richmond will save the lives of those currently overdosing in Richmond is not backed by sound evidence.

The DFA analysis shows that the astronomically high rates of overdose in the Kings Cross MSIC are more likely to reflect higher risk taking behaviour within the injecting rooms than would occur elsewhere. This means that rates of intervention in a clinic setting cannot be used as a sound measure to reveal the number of lives saved had the clinic not existed. It must also be noted that the experience gained from the Kings Cross MSIC shows that heroin users will continue to underutilise the facility and take the majority of their injections outside the clinic, meaning users of the clinic can still overdose elsewhere.

ACL submits that the resources would be better spent on measures that reduce the number of people using drugs rather than enable them to continue their habit. This can be achieved through better funding to rehabilitation programs and by reducing the supply of drugs on the street through increased policing.

Daniel Flynn
Victorian Director
Australian Christian Lobby

About the Australian Christian Lobby

ACL's vision is to see Christian principles and ethics influencing the way we are governed, do business, and relate to each other as a community. ACL seeks to see a compassionate, just and moral society through having the public contributions of the Christian faith reflected in the political life of the nation.

With more than 80,000 supporters, ACL facilitates professional engagement and dialogue between the Christian constituency and government, allowing the voice of Christians to be heard in the public square. ACL is neither party-partisan nor denominationally aligned. ACL representatives bring a Christian perspective to policy makers in Federal, State and Territory Parliaments.