



The Secretary  
 Legal and Social Issues Committee  
 Legislative Council Parliament House  
 Spring Street  
 MELBOURNE VIC 3002  
 Email: [injectingcentrebill@parliament.vic.gov.au](mailto:injectingcentrebill@parliament.vic.gov.au)

13 April 2017

Dear Secretary,

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

Founded in 1984 Windana is a major non-government organisation providing a variety of alcohol and other drug treatment services to over 1500 clients per annum. At Windana clients learn new social and practical life skills to equip them for a successful future in the community. This is achieved via residential and a range of supportive community-based recovery and rehabilitation programs.

Windana has over 100 committed and diverse staff offering a range of skills, qualifications and experience including family, individual and group counselling, complementary therapies, social welfare, youth work, nutrition, art therapy, psychology, recreation and specialist health training. Some staff also bring to their roles a personal experience of recovery from drug and alcohol dependence.

I welcome the opportunity to contribute to the review of the above Bill in line with the need to reduce alcohol and other drug (AOD) related harms within Victoria. It has fast become evident that heroin related mortality has increased dramatically in recent years and note that although the epicentre of heroin related harm is contained within a small rectangle in North Richmond, the impact of these harms, and the spread of heroin related morbidity and mortality is evident across the state and in line with this, the commendable recommendations contained within the Inquest into Medically Supervised Injecting Centres should be considered in a state-wide manner.

We will respond to TOR 1 and 3, which we detail below.

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

Windana supports the recommendations contained in Coroner Hawkins' findings related to the trial of a supervised injecting centre in North Richmond, greater access to naloxone and increased access to AOD treatment within that region. These recommendations are formed on the basis of the coronial inquest and in line with the evidence presented by a range of local agencies and experts. The inquest findings note that almost all the submissions highlighted the need for supervised injecting within that region with no submissions specifically stating that this is not suitable.

Robust national and international evidence has found that supervised injecting facilities reduce heroin related mortality, the prevalence of discarded injecting paraphernalia, improving amenity, as well as reducing public injecting, increasing referrals to various health and other services and reducing the spread of blood borne viruses and other intravenous substance use related harms such as vein damage. These facilities do not increase drug trafficking or use (as they are applied in regions with pre-existing high levels of risky intravenous substance use) and provide a vital linkage for highly vulnerable and at risk cohorts to the necessary health and other support services.



Typically, local community groups tend to become accustomed to the presence of these facilities, and enjoy the improved amenity through a reduction of public substance use and a reduced need to engage in the daily grind of locating and removing discarded injecting litter from private property. Further, the local community also benefits from the need to respond to individuals overdosing in and around their private residence and business.

In line with this, we would support the implementation of a number of supervised injecting centres, limited not only to North Richmond, but also St Kilda as well as various regions in the North and West of Melbourne.

We commend the Coroners recommendation relating to naloxone and would encourage governmental support of the provision and training in the administration of naloxone throughout all risk areas within Victoria. We note the high portion of pharmaceutical opioid overdose and would recommend that the friends and families of individuals identified as high risk opioid users should be provided with naloxone. Identifying at risk individuals would be further enhanced when the real time prescription monitoring program is active.

Alcohol and other drug treatment services are significantly stretched with extensive waiting times for many services and varying degrees of capacity from region to region. In regions like Yarra, where AOD related harm is prevalent, AOD service capacity should be resourced to meet demand, provide outreach and facilitate rapid intake into the treatment system. Other regions, including but not limited to St Kilda, Frankston and Latrobe for instance, also require additional AOD treatment capacity. These regions, like many others in Victoria, experience significant AOD related harm which can be reduced through the timely provision of AOD treatment.

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

While we acknowledge the important role police play in the maintenance of community safety, policing policy can engender perverse outcomes and unintended AOD related harms. Many people who consume substances in public places are at greater risk of harm as they will consume these substances in secretive locations to avoid police detection – regrettably, if they overdose, it is also harder to find these people in good time to provide the necessary lifesaving response. We note also that justice related responses to AOD use can result in the development of a criminal record, impeding future employment opportunities and contributing to greater disadvantage and stigma. A strong police presence can also result in the rapid (and thus riskier) consumption of substances as well as the rapid discarding of injecting paraphernalia, reducing amenity.

Police operations can result in temporarily moving street based substance use to new locations, putting health and welfare services 'on the back foot' with regard to providing a rapid response. It also can create greater amenity problems as unprepared communities are faced with these issues.

We would encourage policing policy to prioritise harm reduction in relation to public substance use (not trafficking).

I again appreciate the opportunity to contribute to this important review and trust that the robust evidence and sense relating to Coroner Hawkins' recommendations prevail legislatively going forward

Sincerely,

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Anne-Maree Kaser, CEO  
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