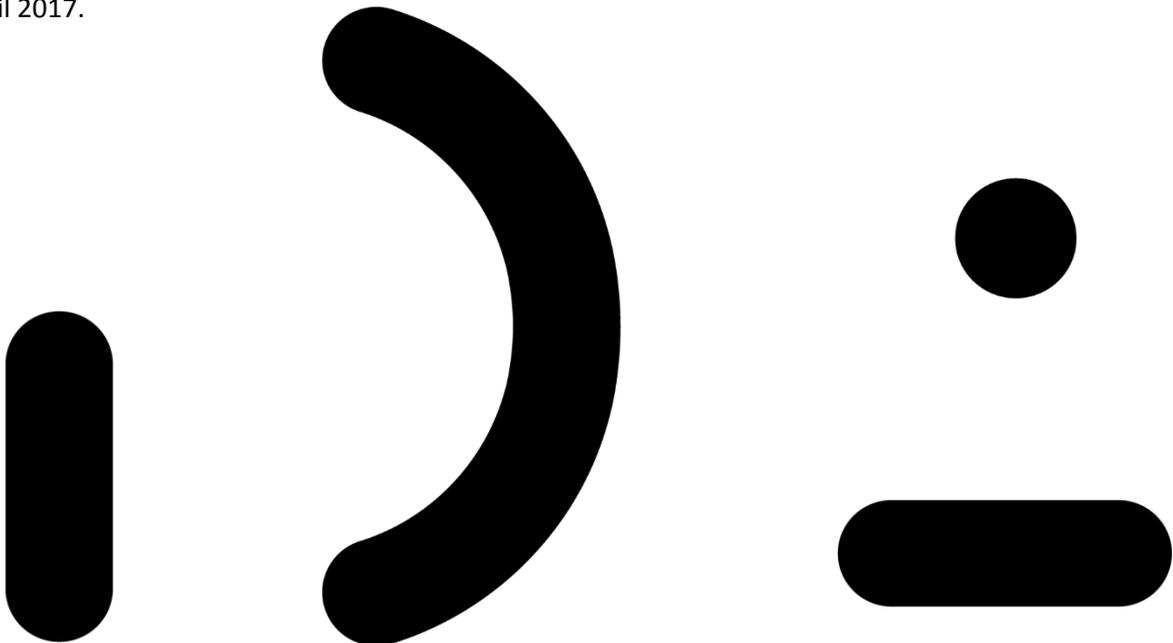


Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017

Legal and Social Issues Committee of the Parliament of Victoria

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THE ALCOHOL AND DRUG FOUNDATION

Founded in Melbourne in 1959, the Alcohol and Drug Foundation (ADF) has nearly 60 years of continuous service to the community. The ADF is one of Australia's leading bodies working to prevent alcohol and other drug problems in local communities around the nation. It is one of the few national, primary prevention-focused organisations in the alcohol and drug field.

Our focus is on primary prevention and early intervention, to that end we employ community action, health promotion, education, information, policy, advocacy and research. Our vision is an Australia that is composed of ‘Healthy People, Strong Communities’.

The ADF is shaping culture change through the provision of high-quality alcohol and drug information and education services, community capacity building programs and advocacy. We influence millions of Australians through our reach into the home, workplace, grassroots community space and professional sporting clubs. Our footprint extends across metropolitan, regional, rural and remote Australia across every State and Territory.

The ADF is the pre-eminent national source of accurate, up-to-date, high quality information regarding alcohol and other drugs, accessible free of charge for all community members. Our telephone, fax, email and web drug information services receive over a million contacts each year. The ADF also conducts seminars and webinars which attract professionals working in the AOD field, researchers, academics and policy makers, and members of the general public, as well as other information and education events.

We have developed alcohol harm reduction programs for workplaces (Good Hosts, ADF Inform, Workplace Consultancy Services) that have been implemented in over 40 Australian workplaces, including the Australian Defence Force, Comcare, RioTinto, St George Bank, NRMA, local government, and the tertiary education sector.

We are active in community and professional sport. Our *Good Sports* program has transformed the drinking culture of thousands of community sport clubs, assisting them to be healthier, safer and family-friendly places. We have partnered with the National Rugby League to introduce a whole-of-organisation, whole-of code approach to alcohol

management and are working to increase our partnerships with other professional sport governing bodies and elite clubs.

We are committed to social inclusion and closing the gap in health and life expectancy between Indigenous and non-Indigenous Australians through partnerships and collaborations with Indigenous communities across the country. We have implemented *Good Sports* in remote towns in Central Australia and we are now working with the Northern Territory government to extend the program to the Tiwi Islands.

While the ADF addresses all types of drug related harm, our main focus is on alcohol because its contribution to personal and social harms and overall cost to the Australian community outweighs that of other drugs. Alcohol is second only to tobacco as a preventable cause of drug-related harm in Australia.

THE ADF SUBMISSION

The ADF is pleased to respond to the request by the Legal and Social Issues Committee of the Parliament of Victoria for interested parties to provide a submission to the Inquiry into the Drugs, Poisons and Controlled Substances Amendment. We would be pleased to make an oral submission to the Committee if the opportunity was available.

TERMS OF REFERENCE

That this Bill be referred to the Legal and Social Issues Committee for report, no later than 5 September 2017, on a review and consideration of the

1. recommendations in Coroner Hawkins' Finding - Inquest into the death of Ms A, delivered on 20 February 2017 and other relevant reports;
2. the nature and extent of the current, relevant regulations;
3. and the nature and extent of the associated, relevant policing policy.

EXECUTIVE SUMMARY

The Alcohol and Drug Foundation supports the findings of the Coroner Ms J Hawkins. The ADF believes the Coroner's Report is authoritative, as the findings are based on an extensive investigation that heard from drug researchers at the eminent Burnet Institute, local health services based in Richmond, and the Director of the Sydney MSIC, whose practice has been subject to evaluation on several occasions and at each time was found to have been successful. To add credibility to the Coroner's Report, her findings and subsequent recommendations are consistent with the international record of supervised injecting facilities and the prevention of opioid overdose.

In addition there are several sound reasons for the Legal and Social Issues Committee to support the Coroner's conclusions. One reason is the establishment of a pilot scheme for a medically supervised Injecting centre would support the approach to illegal drug problems adumbrated within the Victorian Drug Strategy that includes material

support for people who inject drugs. A second reason is on three occasions, in 2011, 2013 and 2017, Yarra Council has voted in favour of a supervised injecting centre in Richmond, proof that the elected representatives of the City of Yarra agree that such a facility is required for the least harmful resolution of this issue (News and media releases, 2017). The third reason is one of consistency: it might seem perverse that Victoria denies people who inject drugs a safe space to inject, on the grounds that it might be seen to condone drug use, when Victoria does its best to ensure that these same people have access to a supply of clean needles and syringes with which to inject illegal drugs in the safest way.

ADF RECOMMENDATIONS

ADF Recommendation 1: That the Legal and Social Issues Committee note that the establishment of a medically supervised injecting facility in Richmond would advance the three strategies for illegal drugs (Strategies 8-10) outlined in the current Victorian Drug Strategy.

ADF Recommendation 2: That the Legal and Social Issues Committee note that national law enforcement authorities report increased shipments of heroin entering Australia, suggesting that heroin use is growing and will likely continue to increase in the foreseeable future.

ADF Recommendation 3: That the Legal and Social Issues Committee note that overdose among regular heroin users is relatively common and that most survivors of heroin overdose do not seek further treatment or information.

ADF Recommendation 4: That the Legal and Social Issues Committee support the finding of the Coroner that the establishment of a Medically Supervised Injecting Centre is essential to prevent unnecessary and avoidable deaths by drug overdose in the City of Yarra.

ADF Recommendation 5: That the Legal and Social Issues Committee recommend that opioid users have ready access to a supply of naloxone and understand how and when it should be administered.

ADF Recommendation 6: That the Legal and Social Issues Committee recommend DHHS facilitate access to naloxone, and relevant training in its administration, for family members and friends of opioid users.

ADF Recommendation 7: That the Legal and Social Issues Committee recommend that DHHS take steps to ensure potentially vulnerable prisoners are trained in the use of naloxone, provided with a supply of naloxone, and understand how they can access further supply, on release from prison.

ADF Recommendation 8: That the Legal and Social Issues Committee recommend that the naloxone education campaign focus on alerting users of opioids and drug user groups on the value of naloxone, how they can access a supply and receive training in its application.

Recommendation 9: That the Legal and Social Issues Committee support the recommendation of the Coroner that DHHS consult with all relevant health and welfare services in the City of Yarra to ascertain whether and how the best interests of users of their clients can be improved.

NATIONAL DRUG STRATEGY

The ADF supports the national drug strategy emphasis on reducing drug supply, reducing drug demand through prevention and treatment, and reducing harm when drug use occurs. As psychoactive drugs can produce harm even when prescribed by medical professionals, it follows that government has a duty to protect citizens from the hazards of drug use as they may not have the necessary technical expertise to judge drug risks themselves (Goldstein A. Kalant., 1993).

VICTORIA DRUG STRATEGY

The Victorian Drug Strategy 2013-17 recognises the complex challenges posed by illegal drugs and outlines a three tiered response of (i) protecting the community from drug use and drug trafficking; (ii) providing drug users with better access to education and treatment; and (iii) better utilization of harm reduction techniques to prevent overdose and save lives, such as through the wider provision of Suboxone® and naloxone. While Suboxone® is a therapeutic agent used in pharmacotherapy treatments for drug dependencies, naloxone is an opioid antagonist that instantly reverses the life threatening effects of overdose from heroin and other opioids. Those three responses represent Strategies 8-10 of the current Victorian Drug Strategy

The ADF believes the establishment of a medically supervised Injecting facility as recommended by Coroner Hawkins would advance each of those three illegal drug strategies. First, it would protect the community in Yarra from the street use of heroin and other injectable drugs; second, clients of the facility would gain access to both education and treatment services that otherwise, due to their difficult life circumstances, they are known to find difficult to source; and third, staff of the facility have naloxone and resuscitation equipment instantly available in case of overdose to prevent an overdose resulting in a fatality.

ADF Recommendation 1: That the Legal and Social Issues Committee note that the establishment of a medically supervised Injecting facility in Richmond would advance the three strategies for illegal drugs (Strategies 8-10) outlined in the current Victorian Drug Strategy.

ILLEGAL DRUG USE IN VICTORIA

The toll taken on Victorians by illicit heroin use is a major problem as 172 people died in heroin related overdose deaths in 2016; at least 25 of those deaths occurred in Richmond as a result of the high concentration of drug use in the Richmond area (Yarra, 2017). Unfortunately, there is no reason to believe the situation in Richmond will improve

without a state sponsored solution as the indications are that heroin use is increasing. According to data from the Australian Criminal Intelligence Commission, the availability of heroin is likely to rise as increasing shipments have been intercepted at the Australian border. In 2014-15 the number of detections rose by 61.7% and the weight of heroin detected increased by 168.9% (Australian Crime Intelligence Commission, 2015). The risk posed by the increasing availability of heroin was borne out by an apparent increase in drug overdoses in recent years in Melbourne. Data from Ambulance Victoria (AV) shows an increase in heroin related ambulance attendances between 2013/14 and 2014/15. In 2014/15 AV attended 2155 heroin overdoses in metropolitan Melbourne compared to 1,894 for the year 2013/14, an increase of 13.8% (Killian J, 2016) The use of naloxone at those incidents increased too, from 969 in 2013/14 to 1,052 , an increase of 8.6% (Killian J, 2016).

A structured survey of 150 people who inject drugs in Melbourne carried out by the Burnet Institute in 2016, supplemented by interviews with key experts, provides data relevant for consideration of Coroner Hawkins' recommendation (Cogger S., 2016). Ninety per cent (90%) of the respondents to the survey were unemployed, fewer than half (45%) were engaged in treatment; fifteen per cent (15%) had been turned away from treatment, and over half (58%) had a history of imprisonment (Cogger S., 2016). Heroin was the preferred drug by most respondents (68%), the median rate of use was four times per week, while over one quarter (27%) injected every day (Cogger S., 2016). Over half of the sample (56%) had experienced at least one accidental overdose and, of that group, one third (32%) had experienced an accidental overdose in the past twelve months (Cogger S., 2016). Of this group 65% reported an ambulance had attended their overdose and 48% had received naloxone, while most did not seek further treatment or information (Cogger S., 2016).

ADF Recommendation 2: That the Legal and Social Issues Committee note that national law enforcement authorities report increased shipments of heroin entering Australia, suggesting that heroin use is growing and will likely continue to increase in the foreseeable future.

ADF Recommendation 3: That the Legal and Social Issues Committee note that overdose among regular heroin users is relatively common and that most survivors of heroin overdose do not seek further treatment or information.

THE CORONER'S FINDINGS

In February 2017, at the conclusion of an inquest into the death of a woman by heroin overdose in a fast food outlet in Richmond, the Coroner, Ms. J. Hawkins, made three separate recommendations pursuant to the injection of illicit drugs in the city of Yarra. The Coroner recommended:

1. that the Minister for Mental Health establish a supervised injecting facility in North Richmond for a trial period;
2. that the Department of Health and Human Services expand the availability of naloxone that would enable relevant persons to reverse opioid drug overdoses in the City of Yarra; and

3. that the Department of Health and Human Services consult with services providers and other stakeholders in the City of Yarra to review health and related services and identify other opportunities to improve injecting drug user's access to and engagement with life-saving services.

The ADF believes the Coroner's Report is authoritative, as the findings are based on an extensive investigation that heard from drug researchers at the Burnet Institute, local health services based in Richmond, and the Director of the Sydney Medically Supervised Injecting Centre (MSIC), whose practice has been subject to evaluation on several occasions and at each time was found to have been successful. To add credibility to the Coroner's Report, her findings and subsequent recommendations are consistent with the international record of supervised injecting facilities and the prevention of opioid overdose.

THE CORONER'S RECOMMENDATION 1:

The need for a supervised Injecting facility.

The ADF agrees with the recommendation of Coroner Hawkins that a supervised injecting centre is required urgently in the City of Yarra, the epicentre of illicit drug injection in Victoria. Despite the best efforts of current health and welfare services in Yarra, people who inject drugs there are dying unnecessarily even though medically supervised injecting centres are proven to reduce the incidence of overdose deaths. Yarra Council has voted in favour of a supervised Injecting facility and it has the support of several locally based health services including the Salvation Army.

Yarra is a suitable site for an MSIC as North Richmond and Abbotsford are areas of extensive drug dealing and drug use, particularly of heroin. This trade has continued for over a decade, despite intensive policing that included Operation Bia and Operation SCADO (Dwyer, Power, & Dietze, 2013). A recent report by the Burnet Institute identified public injecting is widespread across those suburbs and particularly at retail and public transport access points in North Richmond and Abbotsford (Dwyer, Power, & Dietze, 2013).

SUPERVISED INJECTING CENTRES DO NOT CONDONE USE

The ADF understands the concern that the establishment of a medically supervised injecting centre (MSIC) would appear to condone drug use, possibly attract more drug users to the area, create a hazardous environment. and increase the rates of drug use. The evidentiary record from 90 established centres around the world, including the Sydney MSIC, demonstrates that these concerns are unfounded and, rather than creating a hazardous environment, a SIF reduces existing hazards and risks (Donnelly & Snowball, 2006). The ADF views support for an MSIC acknowledges a proven solution to a public health crisis that will minimise health risks to both the individual who injects a drug and to the wider community. Supervised injecting centres also provide a range of other benefits that are outlined in this submission below.

IMPACT ON OVERDOSE

Medically supervised injecting centres are an established means of saving lives in Europe, Canada and Australia (Fitzgerald, 2013). Under the supervision of trained health care workers, nurses and social workers, MSICs bring people who inject illicit and dangerous drugs into a structured, clinical environment that integrates other health and welfare services (Wright & Tompkins, 2004). Staff in those MSICs do not help people to inject a substance: they focus on preventing overdose by providing advice, clean injecting equipment and a controlled environment with good light for people who inject drugs (Rhodes, 2010). They remain on hand to intervene if a person experiences adverse effects of injecting and draw on their medical expertise and resuscitation equipment when needed (Wright & Tompkins, 2004). Since its establishment in 2001, the Sydney MSIC at Kings Cross has supervised more than 965,000 injections, and while 5925 overdoses have occurred, none have resulted in fatalities (Uniting, 2016).

MORE POTENT PRODUCTS: FENTANYL AND CARFENTANIL

The growing danger of the (often inadvertent) use of fentanyl and carfentanil, opioids that are more hazardous than heroin, emphasises the value of the supervision of people who inject drugs. Drug traffickers are mixing fentanyl and carfentanil with heroin as they are easier and less expensive to manufacture than heroin (Linder, Huang, & Hodge, 2016). Fentanyl is highly potent and there is a high frequency of overdose deaths associated with its use (Sheikh, 2016). Carfentanil is even more alarming as it is approximately 100 times more potent than fentanyl (Linder, Huang, & Hodge, 2016). These opioids are used as anaesthetics for large animals and are not intended or appropriate for human consumption (Sheikh, 2016). Often street users are unaware that one of these substances is added to their product (Linder, Huang, & Hodge, 2016). This increased risk of overdose, from the possibly inadvertent and unsuspecting use of fentanyl and carfentanil, underlines the value of a MSIC as its staff monitors the effects on vulnerable users of the substance that they inject.

IMPACT ON DISEASE

Medically Supervised Injecting Centres do not only prevent fatal overdoses: they also reduce the risk of blood borne infections, including HIV, Hepatitis B and Hepatitis C, and injuries and diseases such as abscess, thrombosis and endocarditis that are associated with drug use in unhygienic circumstances (The Salvation Army, 2016). As these viruses have the potential of posing a risk to the wider community, it is important that drug injectors use clean equipment and dispose of it immediately. The MSIC in Sydney has demonstrated the effectiveness of practices that focus on preventing subsequent use of used injecting equipment to improve hygiene and lower infection rates (KPMG, 2010).

BENEFITS TO THE BROADER HEALTH SYSTEM

Assisting people who inject drugs to inject in hygienic ways benefits the overall healthcare system by lessening the number of new blood borne diseases and by relieving pressure on emergency services that respond to drug overdoses (KPMG, 2010). Research from Germany indicates that a person who overdoses on the street is ten times more likely to be admitted to hospital and so occupy a hospital bed, and utilise other public hospital resources, which adds significant costs to the healthcare system (Wright & Tompkins, 2004). As an example, since the Kings Cross MSIC opened in 2001, the number of ambulance calls to Kings Cross has reduced by 80% (Uniting, 2016). This serves to reduce costs to the taxpayer and increases access to the ambulance services for other community members who need to call on them.

IMPROVEMENT IN AMENITY AND PUBLIC SAFETY

A public drug market in Richmond has undermined people's perception of safety and wellbeing. A medically supervised injecting centre most likely will improve public space by shrinking problems associated with the open drug market and public drug use (Freeman K., 2005). Researchers at the Burnet Institute report that public injecting of drugs has a significant effect on the amenity of Yarra's local community, especially on traders and residents, as injecting paraphernalia was evident in street gutters, residential driveways and footpaths (Dwyer, Power, & Dietze, 2013).

The Burnet Institute report identified public injecting to be widespread across North Richmond and Abbotsford, particularly at retail and public transport access points (Dwyer, Power, & Dietze, 2013). In contrast, data from Kings Cross demonstrated a reduction in public injecting and a reduction by nearly half of publicly discarded needles and syringes since the opening of the MSIC (Uniting, 2016). This evidence shows that MSICs reduce the public nuisance associated with drug use, including discarded needles in public areas and the likelihood of members of the community witnessing public drug use and overdose. Provision of a supervised injecting centre in Richmond will improve local amenity by relocating the street drug market out of the public arena, and into a supervised space in which drug users can easily make contact with health services.

SUPERVISED CLIENTS ARE ALREADY DISADVANTAGED

The factors that lead people to inject in public places are diverse and complex: they include limited access to safe and secure accommodation; an urgent need to cope with symptoms of drug withdrawal; fear of apprehension by police; a sense of their own 'community' and comradeship among other street based peers. Nevertheless, injecting drug use in open streets presents major risks for people who use drugs, including risk of overdose, unhygienic practices, increased risk of transmission of blood-borne viruses, soft tissue injury due to poor injection practice, and risk of arrest.

Provision of a medically supervised injecting centre will improve the material living conditions of some of Victoria's most disadvantaged people.

SYMMETRY WITH EXISTING SERVICES

Victoria already provides people who inject drugs with needles and syringes in order to prevent the unnecessary and potentially fatal transmission of blood borne diseases, to maintain the health of people who inject drugs and to safeguard the rest of the community. This recognises that most people who inject drugs can eventually stabilise their lives and cease drug use, or undergo long treatment, as long as they survive. Providing a space where they can inject in hygienic conditions under supervision of medically trained staff is the appropriate accompaniment to the needle and syringe service. It might seem perverse that Victoria denies people who inject drugs a safe space to inject, on the grounds it might be seen to condone drug use, when Victoria does its best to ensure that these same people have access to a supply of clean needles and syringes with which to inject illegal drugs.

PROVIDE ACCESS TO SUPPORT SERVICES

The Coroner's Report indicated that supervised injecting facilities (SIF) present an opportunity to extend engagement with drug users who do not usually seek assistance (Hawkins, 2017). Injecting drug users are a hidden population that is difficult to reach with conventional treatment strategies (Wood, Tyndall, Zhang, Montaner, & Kerr, 2007). MSICs have the possibility to maintain contact with high risk drug users who may have no other contact with support resources (Wright & Tompkins, 2004). A wide range of services are available including counselling, housing, education networks and referrals to treatment facilities including mental wellbeing and health care. Findings from the Sydney MSIC report that 80% of frequent clients have accepted a referral for dependence treatment (Uniting, 2016). Similarly, a report into Vancouver's *Insite* showed a 30% increase in the rate of long term addiction treatment amongst those regularly involved in SIFs (Wood, Tyndall, Zhang, Montaner, & Kerr, 2007). Further research supports that clients frequently attending SIFs are more likely than other injecting users to report engaging with treatment services (Wright & Tompkins, 2004).

REDUCING CRIME

Removing drug use from public space is likely to have a positive effect on crime. While some people fear the 'honey-pot effect', whereby drug users may loiter around the centre, the research evidence suggests this theory is not borne out in practice (Freeman K., 2005). The operation of the Sydney MSIC has not caused an increase of robbery or theft or any other criminal activity in the area since it commenced operation (Donnelly & Snowball, 2006). Although MSICs are implemented in locations with high levels of drug use, a supervised injecting facility has not been demonstrated to attract more drug users and dealers and they have consistently demonstrated improvements in public safety (European Monitoring Centre for Drugs and Drug Addiction, 2015). An additional benefit is the freeing of police

resources from responding to drug related nuisances and disturbances on the street, enabling police to direct their attention to targeting drug dealers (Rhodes T. & Hedrich, 2010).

These facilities allow the gathering of intelligence into emerging drug patterns and new substances which enables workers to monitor the current drug market and determine which drugs pose the highest risk. Staff from the Sydney MSIC recorded 189,203 injections by 4177 individuals and discovered that fentanyl injections had increased by 1000% (Latimer J., 2016). Fentanyl injecting had an increased overdose risk of 4.5% when compared with heroin (Latimer J., 2016) and such information is helpful in assisting authorities to gain knowledge of current drug practice and to more effectively monitor drug trafficking.

SUPPORT OF THE CITY OF YARRA

Coroner Hawkins' recommendation for a pilot of a medically supervised injecting centre in Yarra followed the death of a 34-year-old woman in a toilet of a fast food restaurant in North Richmond (Hawkins, 2017). The Coroner noted that North Richmond has the highest rate of overdose deaths in Victoria and the woman's death was one of 20 such deaths in that area in 2015. The deceased had a range of contacts with different drug treatment services over several years and while that contact was intermittent, local workers reported that she had recently expressed a desire to cease using drugs with assistance (Hawkins, 2017). As noted above, apart from the saving of lives, medically supervised injecting centres offer their clients a clear pathway to treatment and staff at the Sydney MSIC report the majority of frequent clients eventually decide to take that option.

North Richmond and Abbotsford are known sites for dealing and using drugs, particularly heroin. Over the last decade an active drug market has persisted, despite ongoing intensive policing that included Operation Bia and Operation SCADO (Dwyer, Power, & Dietze, 2013). Victoria Street is identified as the centre of the heroin market and many people travel considerable distance to the area to purchase drugs. As they typically consume the drug quickly after purchase, the number of overdoses in the locality is high and fatalities occur in carparks, toilet bocks, alleys, restaurants and other publically accessible locations (Hawkins, 2017). Members of the public are subjected to considerable trauma in spaces that they consider ordinary, familiar and safe when they witness people self-injecting, overdosing, and dying.

On three occasions, in 2011, 2013 and 2017, Yarra Council has voted in favour of a supervised injecting centre in Richmond, proof that the elected representatives of the City of Yarra are in agreement with the Coroner that such a facility is required for the least harmful resolution of this issue (News and media releases, 2017).

ADF Recommendation 4: That the Legal and Social Issues Committee support the finding of the Coroner that the establishment of a Medically Supervised Injecting Centre is essential to prevent unnecessary and avoidable deaths by drug overdose in the City of Yarra.

THE CORONER'S RECOMMENDATION 2:

That the Department of Health and Human Services expand the availability of naloxone that would enable relevant persons to reverse opioid drug overdoses in the City of Yarra.

The ADF agrees that naloxone must be accessible to people who are in a position to use it to reverse a heroin or other opioid overdose but the wider availability of naloxone is best seen as a complement to a medically supervised injecting centre and not an alternative strategy. Naloxone can reverse the effects of overdose by opioids, such as heroin or morphine, by temporarily blocking opioid drugs from attaching to opioid receptors in the brain. Use of naloxone does not cause a 'high', and there is no evidence that even extended use can cause harmful physical effects or dependence. Naloxone does not produce tolerance and it has no effect if there are not opioids in the person's system (COPE, 2015). However, naloxone is useful only when another person is present to use it to revive the person; it cannot replace the need for a supervised injecting centre which can guarantee that person who experiences an overdose will gain immediate attention.

The need for wide dissemination of naloxone evident from the data in Section 2 (above), which indicates heroin use is increasing and that over half of all heroin users surveyed had experienced at least one accidental overdose (Cogger S., 2016). Furthermore, formal medical attention is not received in many cases of fatal opioid overdose (COPE, 2015) either because medical assistance is not summoned in good time or when the emergency assistance is delayed, so the burden often falls on witnesses to administer help to the person. The availability of naloxone for heroin users, their peers and their families will assist in preventing avoidable deaths from opioid overdose.

The Department of Health and Human Services has announced it will provide funding for the strategic dissemination of naloxone, for training in the use and administration of naloxone, and for a public education campaign about naloxone. The Naloxone Forum conducted by DHHS on 21 March 2017 allowed an extensive discussion of those issues by experienced representatives of leading drug agencies in Victoria. Service providers suggested users of heroin require open access to naloxone as they are often on hand to administer it to their peers in adverse circumstances. Other strategic recipients of naloxone include existing drug outreach workers, drug treatment services and needle exchanges as they are in touch with and are trusted by the target group, and can train heroin users in its use. An especially vulnerable cohort is heroin users on discharge from prison, as their tolerance for opioids may be low and they are known to be vulnerable to overdose. It should be possible for prisoners to be trained in naloxone administration prior to their release and possibly provided with a supply on release to forestall potential fatalities.

As many overdoses occur in private homes or settings, partners, family members, and close friends of the person who uses drugs are likely to witness overdoses (World Health Organisation, 2014). Therefore, the families, friends, and partners of those at risk of opioid overdose should have access to naloxone and receive training in naloxone administration training and overdose first-aid. A possible complication is the cost of naloxone: when prescribed by a

medical professional the retail price is around \$6.70, whereas an over-the-counter purchase will cost around \$70.00. This cost will be prohibitive for many opioid users and the state will need to subsidise the costs and provide supplies of naloxone without charge to the user if the program is to meet its potential.

Participants at the Forum were agreed that the resources of the education campaign should focus on informing the drug user group of the availability of naloxone, how they can access it and how they can receive training in its use, rather than advertising to the general public. Participants also believed that current training programs and materials were sufficient, that training in the use of naloxone is relatively straightforward, and that the main value would lie in ensuring that the strategic groups had ready access to a supply of naloxone.

ADF Recommendation 5: That the Legal and Social Issues Committee recommend that opioid users have ready access to a supply of naloxone and understand how and when it should be administered.

ADF Recommendation 6: That the Legal and Social Issues Committee recommend DHHS facilitate access to naloxone, and relevant training in its administration, for family members and friends of opioid users.

ADF Recommendation 7: That the Legal and Social Issues Committee recommend that DHHS take steps to ensure potentially vulnerable prisoners are trained in the use of naloxone, provided with a supply of naloxone, and understand how they can access further supply, on release from prison.

ADF Recommendation 8: That the Legal and Social Issues Committee recommend that the naloxone education campaign focus on alerting users of opioids and drug user groups on the value of naloxone, how they can access a supply and receive training in its application.

THE CORONER'S RECOMMENDATION 3:

That the Department of Health and Human Services consult with services providers and other stakeholders in the City of Yarra to review health and related services and identify other opportunities to improve injecting drug user's access to and engagement with life-saving services.

The ADF agrees that it is crucial that every effort is made to ensure that people who use drugs in the City of Yarra understand the nature of the health and welfare services that are available to them and that the services can coordinate their efforts to deliver the best outcomes for the clients. We agree that DHHS has an important role to consider, in conjunction with the services, how the best interests of the clients in Yarra can be served. We suggest that the following agencies engaged in the City of Yarra should be involved in that task, although we note this list is not necessarily exhaustive: ACSO, Brotherhood of St Lawrence, Co-Health, Fitzroy Legal Service, Jesuit Social Services, Launch Housing, Neighbourhood Justice Centre, North Richmond Community Health Centre, Odyssey House, Victoria

Street Traders' Association, Salvation Army, St Vincent's Hospital, Victoria Police, Yarra Drug and Health Forum and the Youth Support & Advocacy Service.

ADF Recommendation 9: That the Legal and Social Issues Committee support the recommendation of the Coroner that DHHS consult with all relevant health and welfare services in the City of Yarra to ascertain whether and how the best interests of users of their clients can be improved.

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