Ms Margaret Fitzherbert MP
MLC for Southern Metropolitan
Chair, Legal and Social Issues Committee

Dear Ms Fitzherbert

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

The Australian Injecting and Illicit Drug Users League (AIVL) welcomes the opportunity to provide a submission to the inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017.

This submission has been written in consultation with AIVL’s member organisations to present a national voice for drug user organisations across Australia. At present AIVL’s members are:

- Harm Reduction Victoria (HRVic)
- Hepatitis SA Clean Needle Program Peer Projects (HepatitisSA)
- Northern Territory AIDS & Hepatitis Council (NTHAC)
- New South Wales Users & AIDS Association (NUAA)
- Queensland Injectors Voice for Advocacy and Action (QUIVAA)
- Tasmanian Users Health & Support League (TUHSL)
- Western Australia Substance Users Association (WASUA)
- Canberra Alliance for Harm Minimisation & Advocacy (CAHMA)

AIVL strongly recommends the establishment of a safer consumption facility in Victoria and congratulates the Victorian parliament for examining this issue in more depth. As a peer-based organisation that represents the voice of people who use drugs, this Inquiry makes a statement that our lives matter.

If you would like any more information in relation to this submission, please don’t hesitate to contact me on [censored] or at [censored]

Yours sincerely

Mary Harrod PhD
Acting Chief Executive
Australian Injecting and Illicit Drug Users League
Submission by AIVL to the Parliament of Victoria’s Inquiry Into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017
April 2017

1.0 AIVL – Australian Injecting & Illicit Drug Users League

AIVL (Australian Injecting & Illicit Drug Users League) is the national peak body representing people who use drugs. Similar to other community representative bodies in Australia’s highly successful response to blood borne viruses (BBVs), AIVL and its state and territory member organisations are peer-based, meaning our staff are made up of people who have lived experience of drug use.

Our lived experience as peers is vital to community engagement and consultation. It creates a link between government and service providers, and recognises the challenges faced by people who use drugs. This peer expertise supports better informed policy and legislative responses, and the development and implementation of effective health and social services.

Australians who use drugs have immensely diverse backgrounds and experiences. However, we share common challenges that result from the criminalisation of personal drug consumption. It does not matter what and how we use, whether we are dependent or recreational users, whether we have sought treatment or not, we are all affected by shame, stigma and criminalisation.

While AIVL is primarily funded as part of blood borne virus responses, our strategic goals include advocating for the health and human rights of all people who use drugs. The “Partnership Model” of government and services working with key affected communities in response to the HIV epidemic has led to Australia being recognised as a global leader in preventing and managing the transmission of HIV and Hepatitis C. Our achievements include maintaining a HIV prevalence among people who inject drugs at 1-2%, which is among the lowest in the world and the result of the meaningful collaboration with those who are often among society’s most excluded.

These organisations provide a diverse range of services including needle and syringe programs, peer education, publications, counselling and support and clinical services. They are supported in this work by AIVL as a coordinating agency.

2.0 General comments regarding Victoria’s Inquiry Into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017

AIVL welcomes the opportunity to provide a submission to Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017 (“the Bill”). We feel that the representation of people who use drugs in these discussions is crucially important because our community are the most affected by decisions made in response to inquiries such as this.
We also acknowledge the painful history of our community having lost many of our friends and family to overdose. Many of the decisions that increase the likelihood of fatal overdose - hiding one’s drug use, using while isolated and alone, using quickly and discreetly and in less than ideal environments - are made because the stigma of drug use forces us underground, into the darkness and away from everyone else in the community.

By holding this inquiry, the Victorian government makes a statement that our lives matter. We meet this gesture by contributing our expertise in order to support an effective outcome.

3.0 Response to Terms of Reference

3.1 A review & consideration of recommendations in Coroner Hawkins’ Finding – Inquest into the Death of Ms A, delivered on 20 February 2017 and other relevant reports:

3.1.1 That Martin Foley MP, as minister for mental health, take the necessary steps to establish a safe injecting facility trial in North Richmond.

AIVL is broadly supportive of Coroner Hawkins’ recommendation to establish safer spaces for people to consume drugs, however, we also recommend a number of essential service elements.

In establishing a pilot facility, it is critical that a trial evaluation has an objective of continuing and improving the service, only be undertaken to allow for a review of implementation, and be limited to an 18 month time period. As part of any proposed trial, AIVL also recommends people who use drugs and their peers be key partners in evaluating the trial.

AIVL believes that while progress in establishing a facility for the safer consumption of drugs may be overdue, this delay allows Victorian policy makers to take advantage of the lessons learnt from the implementation of such facilities in other jurisdictions.

Age Restrictions: AIVL is concerned about the Statutory Conditions of Licences in the Bill (section 98J) that states, “no child shall be admitted to that part of the centre that is used for the administration of any drug of dependence”. The Medically Supervised Injecting Centre (Sydney) has identified that a similar restriction on people under the age of 18 creates a barrier for younger people to access support. Conversely, Insite, a safer consumption facility in Canada, has no age criteria and has documented that “the facility attracted high-frequency young drug users [aged 14-26] most at risk of blood-borne infection and overdose, and those that otherwise inject in public spaces.” A number of staff working at AIVL and our member organisations have had first-hand lived experience of injecting drugs prior to the age of 18. We are intimately familiar with the risks created when services cannot be accessed. We know that these restrictions have little bearing on the decision to consume drugs but instead have a significant impact on our safety and ability to seek

appropriate support. AIVL strongly urges allowing all who need to access the proposed facility to do so regardless of their age, and that additional services and support be provided for younger people who access the facility.

Staffing Profile: Peer-based services are effective in reaching highly marginalised population. We recommend that the proposed facility employ a peer workforce as is the practice in similar facilities in Canada, Germany and the Netherlands.\(^3\) We recommend that Harm Reduction Victoria, an effective peer-based organisation, be engaged in the process of setting up the centre and establishing the workforce.

Licensing: While being supportive of an established facility to enable the safer consumption of drugs, we have concerns regarding the proposal of a licensing model. As a public health service, this service should be as accessible as possible if it is to be an effective harm reduction response. Licensing is at odds with this as the state retains authority and can restrict the number of licenses and services that can be established.

Instead, AIVL recommends an accreditation system, where services voluntarily opt in to demonstrate their ability to meet particular service standards. This recommendation is as much of the evidence presented and cited by Coroner Hawkins for the proposed facility being located in North Richmond emphasises the importance of locating this facility in close proximity to illicit drug markets. However, while the current circumstances demonstrate the need for this service, it must be acknowledged that the nature and location of illicit drug markets are constantly changing and a regulatory regime that is responsive to such changes is necessary in order to be effective. We feel that licensing is too prescriptive to adapt to these fluctuations. In this context, while a pilot in North Richmond seems appropriate at this time, a trial must be conducted with a view to opening/integrating other safer consumption facilities in areas that experience similar health needs.

Multiple Sites: Australia has a population of 23 million people and currently only one safe consumption facility. In comparison, the Netherlands, a country of 16 million, has over 30 drug consumption rooms. Rather than creating new separate facilities, accrediting existing health services (such as the five specialist primary health services for people who inject drugs in Melbourne) is recommended to ensure broad availability of this life-saving service. Accreditation recognises the current capacity of services, while licencing introduces an additional regulatory procedure for organisations, which may act as a disincentive for them to provide this life-saving service.

3.1.2 That Kym Peake, Secretary DHHS, take the necessary steps to expand the availability of Naloxone to people who are in a position to intervene and reverse opioid drug overdoses in the City of Yarra.

AIVL believes the rescheduling of Naloxone to enable access without prescription is a positive step towards reducing deaths from overdoses but we must ensure that the people most at risk can access this life-saving medication and have the capacity to manage overdoses. At present, over-the-counter Naloxone available from pharmacies can cost up to $60, a cost that creates barriers for many in our community to access.

To further examine the affordability of Naloxone, close consultation with agencies currently delivering training for community members, such as Harm Reduction Victoria, is required in order to establish a cost-effective model of take home Naloxone. Additionally, we recommend that Naloxone be generally available for emergency response in a similar way to other life-saving medications (e.g., at community health services, included in enhanced first aid kits).

3.1.3 That Kym Peake, Secretary DHHS, review current DHHS funded services that support the health and wellbeing of injecting drug users in the City of Yarra, and consult with relevant service providers and other stakeholders, to identify opportunities to improve injecting drug user’s access and engagement with these life-saving services.

In Victoria, people who use drugs are not consistently included in committees, networks, and working groups that are influential in establishing the state’s response to drug use. This is despite the Victorian government currently funding Harm Reduction Victoria, which supports the voice of people who use drugs and have demonstrated effectiveness in delivering peer-education and harm reduction projects.

AIVL sees the establishment of this new facility as an opportunity to be inclusive of people who use drugs and recognise the value of their contribution. We recommend that consultation with representatives of people who use drugs be prioritised in the establishment of the facility, the implementation of service, and evaluating the trial. We are not the problem, we are a crucial part of the solution.

3.2 A review and consideration of the nature and extent of associated, relevant policing policy.

The nature and purpose of safer consumption facilities mean that people who access its services are at the same time engaging in activities that are currently illegal under Victorian law. In order for a safer consumption facility to have positive harm reduction and wider community outcomes, it is critical that its establishment is done in a way that ensures people who use drugs can freely access the service without fear of police interruption or targeting in nearby areas.

AIVL believes that the Victoria Police Operating Procedures (5.4.6.2 Needle and Syringe Program) demonstrate a precedent for appropriate police discretion with regards to services similar to a safer drug consumption facility.

We recommend a development policing guidelines on the operation of a safer consumption facility in consultation with our community and service providers in order to build collaborative partnerships between senior police leadership, service providers, and the community of people who use drugs. This will help ensure a shared understanding of practice guidelines, the different roles each group plays in this process and development clear protocols to manage all eventualities in the event of a breach.
4.0 Recommendations
In reflection of the above statements, AIVL recommends:

4.1 With regards to the establishment of a safer consumption facility:
   • people who use drugs and their peers should be key partners in evaluating the trial of any safer consumption facility.
   • allow all who need to access the proposed facility to do so regardless of their age, and provide additional services and support to younger people who access the facility.
   • ensure the facility employs a peer workforce, and that Harm Reduction Victoria be engaged in the process of setting up the centre and establishing the workforce.
   • an accreditation system, where services voluntarily opt in to demonstrate their ability to meet particular standards in order to legally provide this amenity in place of the licensing system currently proposed in the bill.
   • accrediting current health services to provide a service for the safer consumption of drugs thereby integrating such facilities into the current service infrastructure.

4.2 With regards to the availability of Naloxone:
   • the affordability of Naloxone be reviewed as part of efforts to expand its availability and that efforts to expand availability be done in close partnership with peer-based organisations.
   • that Naloxone be generally available for emergency response in a similar way to other life-saving medications (eg: at community health services, included in enhanced first aid kits).

4.3 With regards to policing:
   • a review of Victoria Police Operating Procedures (5.4.6.2 Needle and Syringe Program) in consultation with our community and service providers.
   • develop similar guidelines to include policing around any established safer consumption facility, undertaken by senior police leadership, service providers, and the community of people who use drugs.