



IC SUBMISSION 33
Level 4, Fitzroy Town Hall
Access via courtyard at 126 Moor Street, Fitzroy

All correspondence to:
PO Box 297
FITZROY. VIC. 3065
(DX no. 96611)

Phone: (03) 9419 3744
Fax: (03) 9416 1124
Email: enquiries@fitzroy-legal.org.au

A Community Legal Centre

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

By email only: injectingcentrebill@parliament.vic.gov.au

13 April 2017

Dear Secretary

Thank you for providing the opportunity to contribute to the *Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017*.

Background

The Fitzroy Legal Service (FLS) is one of the oldest community legal centres in Australia. FLS has substantial experience providing legal services to the residents of the City of Yarra.

Since its inception, FLS has worked extensively with a high volume of clients impacted by illicit drug use, through legal assistance in legally aided and non-legally aided criminal matters, victims of crime assistance applications, family law, tenancy law, and infringements matters.

FLS staff have occupied long term positions on the Committee of the Yarra Drug Health Forum¹, the Board of Harm Reduction Victoria (a peer based organisation concerned with illicit drug use)², and currently sit on the board of Harm Reduction Australia (a national organisation committed to reducing the health, social and economic harms associated with drug use)³. FLS has also worked with Australian Injecting & Illicit Drug

¹ Yarra Drug Health Forum news submissions and forums accessible at <http://www.ydhf.org.au/>

² Harm Reduction Victoria resources and work profiled at website <http://hrvic.org.au/>

³ Position statements, advocates, sponsors and publications available at <http://www.harmreductionaustralia.org.au/>



Users League, a peer based national organisation focused on rights and elimination of stigma surrounding drug use through production of legal resources for drug users living in the various states and territories⁴.

As a service, we are not automatically notified of the deaths of our clients. However, we are aware that a significant number of our clients have died as a result of overdose or suicide over the years. Our longest serving drug outreach lawyer, employed between 2007 and 2011, had knowledge of 25 clients who had died during that period, an estimated 75% from overdose/suicide.

FLS also works closely with local community in health justice partnerships, and reliance on outreach models and/or co-location of services to provide holistic legal service delivery. FLS' Drug Outreach Lawyer (DOL) has now been providing legal services to vulnerable people who use drugs who are disengaged from traditional in-house legal services for 15 years. FLS also has two community lawyers based at the Neighbourhood Justice Centre (NJC) who provide criminal, family violence, and civil law advice, casework and representation for people within the jurisdiction of the NJC. FLS lawyers are able to offer holistic and integrated services in relation to complex legal issues and interrelated non-legal issues.

The number of heroin related deaths in the Yarra area, where the FLS services, is alarming. On average each year, over 20 people die as a result of a heroin overdose. This accounts for more than 20% of all people who die in Victoria from this cause, and the number is rising. FLS draws on its knowledge gained through this extensive community-based work in addressing the items of the Terms of Reference below.

Our submission addresses the terms of reference of this inquiry through the framework of the recommendations outlined in the report of Coroner Hawkins in relation to the Inquest into the Death of Ms A.

Recommendations in Coroner Hawkins' Findings – Inquest into the Death of Ms A delivered on 20 February 2017

Coroner Hawkins findings relate to the establishment of a supervised injection facility in North Richmond, as well as expanding access to services and treatments for drug users. Given the strong evidence that measures such as these reduce the harms associated with drug use, particularly the irreversible harm of a fatal overdose, FLS strongly supports these recommendations.

a. The establishment of a supervised injection facility in North Richmond

⁴ AIVL (Australian Injecting Drug Users League) resources profiled and services available profiled at <http://www.aivl.org.au/>

There is strong and substantial evidence that medically supervised injecting facilities such as the Sydney Medically Supervised Injecting Centre in Kings Cross has:

- a. decreased drug overdose deaths and other health related consequences of injecting drug use;
- b. provided a gateway into drug treatment, including methadone maintenance treatment (MMT) and Buprenorphine maintenance treatment (BMT)
- c. Reduced problems associated with public injecting and discarded needles and/or syringes; and
- d. **Not** led to increases in crime or social disturbance in the immediate vicinity.⁵

There is significant support for⁶, and evidence that⁷, a supervised injecting facility in Richmond would have equally successful outcomes. Given the alarmingly high number of deaths in the area each year, FLS strongly supports the establishment of a supervised injection facility. Such a facility could include a holistic and localised range of services including medical, pharmacotherapy, needle syringe program, housing and legal services, as well as social reintegration services such as training, education and employment. Importantly it would also provide an opportunity for harm reduction and naloxone peer to peer education. This peer to peer education is particularly important for vulnerable cohorts such as individuals recently released from custody who face a significantly higher risk of fatal overdose, particularly in the weeks immediately following discharge compared to the general community.⁸

b. The establishment of regulations and policing policies which facilitate user engagement

Expansion and improvement of access to drug treatment is much easier to achieve in an environment where drug use is understood primarily as a health and social issue rather than a law enforcement issue.⁹ As is addressed in the *Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically*

⁵ For complete set of evaluation reports and 110 peer-reviewed papers showing the effectiveness of medically supervised injecting centres see <<https://uniting.org/our-services/for-adults/sydney-medically-supervised-injecting-centre/resources>>; see also Potier et al, 'Supervised injection services: What has been demonstrated? A systematic literature review' (2014) 145 *Drug and Alcohol Dependence*, 48; Supervised Injecting Facilities – Annotated Bibliography at <http://dpmp.unsw.edu.au/sites/default/files/dpmp/resources/SIF_0.pdf> and de Vel-Palumbo, et al *Supervised injecting facilities: what the literature tells us*, (22 January 2013) DPMPBulletin.

⁶ Yarra Council Media Release, *Yarra Council calls for public health approach to illicit drug use in Victoria St* (18 May 2016); Australian Medical Association Victoria, *Policy Paper: A Trial of Supervised Injecting Facilities in Victoria* (2012); Australian Drug Foundation, 'Submission to Whole-of-Government Victorian Alcohol and Other Drug Strategy'.

⁷ Robyn Dwyer, Robert Power and Paul Dietze, *North Richmond Public Injecting Impact Study, Community Report*, (May 2013) Centre for Research Excellence into Injecting Drug Use.

⁸ Segrave and Carlton, 'Counting the costs of Imprisonment: Researching women's post release deaths in Victoria' (2011) 44(1) *Australian & New Zealand Journal of Criminology* 41-55; Australian Medical Association Victoria, *Policy Paper: A Trial of Supervised Injecting Facilities in Victoria* (2012).

⁹ Statement provided by Dr Alex Wodack, Coronial investigation into fatal overdoses in the Yarra Area, Victoria

Supervised Injecting Centre) Bill 2017, for a supervised injection facility to be implemented individuals possessing and using small quantities of prohibited drugs and equipment at the facility and individuals responsible for the operation and management of the facility must be exempt from criminal liability.¹⁰ Furthermore, there would need to be a harm minimisation approach by Yarra police with a no arrest zone to encourage use of the facility.

Current harmful policing practices in Yarra known to FLS include:

- surveillance and search of persons in the immediate and surrounding vicinity of community health organisations operating needle and syringe programs
- ‘move on’ directions to individuals in the vicinity of services and their homes and;
- charging individuals with weapons or possession offences following an overdose.

These policing approaches discourage access to drug treatment services and contact with emergency services following an overdose.

The current sentencing regime, which relies heavily on incarceration, fails to adequately address the rehabilitative needs of people who use drugs. The Law Institute of Victoria 2015 submission to the Victorian Attorney General calls for urgent additional sentencing options that focus on drug rehabilitation.¹¹ FLS strongly supports these recommendations but additionally supports the introduction of increased drug diversionary measures. For example, currently drug diversion and criminal justice diversions can only be received by an individual once. FLS strongly supports diversionary measures facilitating access to services being available repeatedly for low quantity prohibited substance possession. This acknowledges that substance addiction is unlikely to be a once off event and facilitates engagement with services, rather than secondary harms from the criminal justice system.

¹⁰ See *Drug Misuse and Trafficking Act 1986* (NSW) ss 36N, 36O.

¹¹ Law Institute of Victoria (2 November 2015) Submission to Victorian Attorney General, Review of Sentencing Options for Drug Related Offending.

c. Expansion in the availability of heroin treatment

As discussed, supervised injection facilities provide a gateway into treatments for persons who use drugs. There is strong evidence that drug treatment effectively reduces the number of heroin overdose deaths.¹² This is particularly true of methadone maintenance treatment (MMT) and Buprenorphine maintenance treatment (BMT).¹³ There is also emerging evidence of the value of heroin assisted treatment for heroin users who are severely dependant and account for a disproportionate share of harms.¹⁴ Additionally, analysis of research data on peer-based Naloxone found that this intervention is effective.¹⁵

Despite this evidence our clients experience significant barriers to accessing drug treatment. For example demand for MMT and BMT far exceeds supply due to the limited number of prescribers.¹⁶ An additional barrier is the high cost of co-payment.¹⁷ Recent changes in funding and approach to drug and alcohol services in Victoria have also resulted in a thirty percent reduction in funding and loss of front line staff to local service providers such as North Richmond Community Health.¹⁸ These changes have also resulted in separation of intake and assessment from other areas of service delivery.¹⁹ This directly disadvantages

¹² Davoli, M., Bargagli, A., Perucci, C., Schifano, P., Belleudi, V., Hickman, M., Salamina, G., Diecidue, R., Vigna-Taglianti, F. and Faggiano, F. (2007). Risk of fatal overdose during and after specialist drug treatment: the VEdeTTE study, a national multi-site prospective cohort study. *Addiction*, 102(12), pp.1954-1959.

¹³ Fugelstad A, Rajs J, Bottiger M, Verdier M. (1995). Mortality among HIV-infected intravenous drug addicts in Stockholm in relation to methadone treatment. *Addiction*, 90(5), pp.711-716. Tait, R., Ngo, H. and Hulse, G. (2008). Mortality in heroin users 3 years after naltrexone implant or methadone maintenance treatment. *Journal of Substance Abuse Treatment*, 35(2), pp.116-124..

¹⁴ John Strang, Teodora Groshkova, Ambros Uchtenhagen, Wim van den

Brink, Christian Haasen, MartinT. Schechter, Nick Lintzeris, James Bell, Alessandro Pirona, Eugenia Oviedo-Joekes, Roland Simon, Nicola Metrebian (Jul 2015) Heroin on trial: systematic review and meta-analysis of randomised trials of diamorphine-prescribing as treatment for refractory heroin addiction
The British Journal of Psychiatry, 207 (1) 5-14

¹⁵ Kim, D., Irwin, K. and Khoshnood, K. (2009). Expanded Access to Naloxone: Options for Critical Response to the Epidemic of Opioid Overdose Mortality. *American Journal of Public Health*, 99(3), pp.402-407, Davis, C., Ruiz, S., Glynn, P., Picariello, G. and Walley, A. (2014). Expanded Access to Naloxone Among Firefighters, Police Officers, and Emergency Medical Technicians in Massachusetts. *American Journal of Public Health*, 104(8) and Lewis, D., Park, J., Vail, L., Sine, M., Welsh, C. and Sherman, S. (2016). Evaluation of the Overdose Education and Naloxone Distribution Program of the Baltimore Student Harm Reduction Coalition. *Am J Public Health*, 106(7), pp.1243-1246.

¹⁶ McNamara S (April 2012) Serious shortage of methadone programs, MJA Insight, Issue 12, 196: 391-394

¹⁷ Chalmers J, Ritter A. (2012). Subsidising patient dispensing fees: The cost of injecting equity into the opioid pharmacotherapy maintenance system. *Drug and Alcohol Review*, 31(7), pp.911-917. See also statement provided by Dr Alex Wodack, Coronial investigation into fatal overdoses in the Yarra Area, Victoria

¹⁸ Submission by NRCH to Coronial investigation into fatal overdoses in Richmond Area.

¹⁹ Berends, L, Ritter a, (December 2014) Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales, The Processes of Reform in Victoria's Alcohol and Other Drug Sector, 2011-2014, Final Report.

individuals who struggle with many of the issues detailed above and are therefore less likely to contact a central intake point.

FLS strongly supports expanding and improving access to drug treatment. This could include:

- a. Improving and expanding MMT and BMT to meet demand;
- b. Establishing heroin assisted treatment;
- c. Establishing a comprehensive Naloxone program including funding of peer distribution;²⁰
- d. Resourcing localised community drug treatment to facilitate ease and simplicity in access to services and treatment, including residential rehabilitation; and
- e. The establishment of a Supervised Injection Facility.

d. Improvement in access to, and engagement with services which support the health and rehabilitation wellbeing of injecting drug users

FLS strongly supports community housing and health sector training to reduce stigma and discrimination experienced by the drug using community, and support to peer driven programs to reduce harms and empower drug users to contribute to solutions to complex problems experienced as a result of dependence and criminalisation.

The vast majority of clients FLS works in partnership with harm reduction agencies have experienced significant harms at an early age. These harms often include exposure and/or direct experience of serious family violence of a physical and/or sexual nature. A very large number of clients have also singular or multiple diagnoses of mental illness. The reliance on illicit drugs has often begun from ages as early as eleven or twelve, and familial support or social supports may be limited.

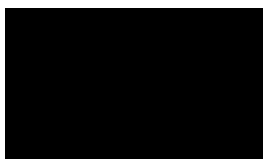
The costs of illicit drug use to persons who access our services (which is not necessarily representative of the drug using population some of whom may have well paid employment) often excludes them from secure safe housing, and often any housing at all – a fundamental building block of resolving any issues that may be addressed through the dulling affects of drug use. The average cost of, for example, a room in a rooming house, a caravan, or social housing – generally ranges between \$150 to \$220. (FLS has had a client paying over two hundred dollars to live in a corridor of a rooming house). The additional cost of methadone ranging between \$50 to \$70, food, and other ordinary expenditures leaves those on Newstart and/or the disability support pension in abject poverty. Even in the absence of a single instance relapse, homelessness may be an

²⁰ Since August 2013, Harm Reduction Victoria has trained and supplied 958 current drug with naloxone. Over 150 reversals have been reported through the peer program to Harm Reduction Victoria. The service receives funding for overdose prevention, but has received no additional funds to factor in costs in relation to the Naloxone distribution and training program.

inevitable, and ordinary occurrence in managing finance in periods where an individual may be seeking to pursue recovery (whether that be addressing psychiatric, emotional or illicit drug use issues).

Thank you for providing the opportunity to contribute to this inquiry. Please feel free to contact me with any further enquiries on [REDACTED].

Yours faithfully
Fitzroy Legal Service



Claudia Fatone
Executive Officer