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The Secretary
 Legal and Social Issues Committee
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INQUIRY INTO THE DRUGS, POISONS AND CONTROLLED SUBSTANCES AMENDMENT (PILOT MEDICALLY SUPERVISED INJECTING CENTRE) BILL 2017

To the Secretary,

Students for Sensible Drug Policy (SSDP) Australia would like to comment on the following terms of reference of the above inquiry:

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

Background - Students for Sensible Drug Policy (SSDP) Australia

We (SSDP Australia) represent a grassroots network of students and allies working towards meaningful drug policy reform grounded in evidence, compassion, and human rights. Our organisation is made up of students involved with networks and clubs formed at university campuses around Australia; including Deakin University, the University of Melbourne, Monash University, Victoria University, RMIT University, Swinburne University, and La Trobe University in Victoria; and a core executive of members of SSDP Australia. We belong to an international network of young people and students working towards public health and human rights based drug policies.

SSDP Australia recognises that the legacy of our current drug laws are steeped in historical racism and prejudice, and that the harms of drug use tend to affect already disadvantaged and marginalised groups disproportionately in society. We are committed to challenging the stigma of drug use and creating an

inclusive environment that welcomes the participation of all people regardless of race, gender, sex, sexual orientation, political persuasion, religious or spiritual beliefs, disability, blood borne virus status, criminal record, age, parenting or caring status, and psychoactive substance preference.

Increasing service access

We call for attention to be given towards increasing access for those who experience multiple forms of discrimination on top of their existing substance use, including young people, Aboriginal and Torres Strait Islander people, members of culturally and linguistically diverse communities, women (including women who are pregnant), people who identify as LGBTI, and older people^{1,2}.

We support an inclusive model that attempts to encompass the values of marginalised groups, by incorporating traditionally significant artwork, women's spaces, and cultural-liaison workers as part of its design³. Feedback surveys may provide valuable information, potentially gauging the extent of client satisfaction when accessing the facility. This could further suggest appropriate developments that may ensure the service better adapts to the needs of its target cohort. In addition to this, existing populations of people who inject drugs should be consulted in the development of any facilities to ensure that it appropriately serves the needs of this group and maximises the efficacy of the service. We also believe that the implementation of a supervised consumption facility in Melbourne needs to reach young people who use drugs and pregnant women, as they are often underrepresented and somewhat excluded from current harm reduction services⁴. We therefore support the recommendation of Harm Reduction International (2012) to remove age restrictions for harm reduction programs⁵. Young people accessing stronger social support and harm reduction services will prevent more harm within the community⁶, particularly as young people are rarely in touch with safe injecting information⁷.

1 The Penington Institute (2015) Submission to the national ice taskforce: Consultation draft (online) <http://www.penington.org.au/>

2 Span, C. (2015) 'Just people being people': A report of client-feedback for Innerspace drug and safety services (online) <http://www.ydhf.org.au/meetings.html>

3 Mugavin, J., Strickland, H., Berends, L. & Eleftheriadis, D. (2011b) Evaluation of Specialist Alcohol and other drug Primary Health Services (SAPHS): Innerspace, including the Alcohol and Drug Counsellor, Victoria: Turning Point Alcohol and Drug Centre.

4 Watson, T. et al (2015). "Drugs don't have age limits": The challenge of setting age restriction for supervised injection facilities. Available at: <http://www.tandfonline.com/doi/full/10.3109/09687637.2015.1034239?src=recsys&>

5 Harm Reduction International (2012). The Global State of Harm Reduction 2012: Towards an integrated response. Available at: https://www.hri.global/files/2012/07/24/GlobalState2012_Web.pdf

6 Helderweert, E. Harm reduction services for young persons who use drugs (YPWUD) in Belgium. Available at: <http://free-clinic.be/wp-content/uploads/2015/03/Erik-Helderweert-presentation-Belgium.pdf>

7 Treloar, C., & Abelson, J. (2005) Information exchange among injecting drug users: a role for an expanded peer education workforce.

Top quality customer service based on the principles of harm reduction would be necessary to establish a non-judgemental environment to engage with people who may not access mainstream services⁸.

Positioning the facility on Victoria Street, itself, might be a good option in terms of making sure that it is most available to street-based cohorts frequenting the area. Making sure it is not too far away from the current heroin market may be a more suitable location compared to that of somewhere residential distance from the main shopping strip.

Utilising peer support workers as part of the model could be important in reaching some of the more isolated members of the drug using community by conducting outreach and, over time, bringing them to the facility⁹. Such workers may also be able to recommend opportunistic health interventions as part of their role, further assisting the health of these clients to improve long term.

Care should be taken to consult with the client group as a way of ensuring that their immediate needs are at the top of the priority list when it comes to the daily functioning of the facility. Partnerships with local community organisations should help to strengthen referral pathways to address the various medical, social, and domestic needs of those who would benefit from attending a Supervised Drug Consumption Room.

Thorough research should be conducted into the best practice of harm reduction for people who use methamphetamine to properly respond towards the dangers associated with heavy use amongst the drug using community in Richmond.

Heroin Assisted Treatment (HAT)

While a supervised injecting facility will address the concerns around public injecting, overdose and littering of injecting equipment, it won't have the ability to address community concerns around crime in the area. For population groups that do not respond well to current opioid substitution therapies a program of supplying diamorphine (pharmaceutical grade heroin) in a clinically supervised setting should be considered. The Swiss Government established a prescription heroin program in 1994 to address the high rates of heroin use, associated crime and the high rates of HIV in the injecting drug using community. In 1997 the program was expanded to cover 15% of the estimated 30,000 heroin users in the country. It has since received broad public support in several referendums.¹⁰

⁸ Reid, G., & Crofts, N. (2000) Primary health care among the street drug using community in Footscray: A needs analysis: an initiative of the Maribyrnong Harm Reduction Coalition.

⁹ Rowe, J. (2003) Who's Using? The Health Information Exchange [St Kilda] and the development of an innovative primary health care response for injecting drug users, Salvation Army Crisis Services, Melbourne.

¹⁰ Transform. Heroin-assisted treatment in Switzerland: successfully regulating the supply and use of a high-risk injectable drug - briefing paper. Available at: <http://www.tdpf.org.uk/resources/publications/heroin-assisted-treatment-switzerland-successfully-regulating-supply-and-us-0>

Several studies comparing the effectiveness of HAT to other opioid substitution therapies, such as the methadone program have shown a statistically significant difference in measures such as overall health, reduction in illicit drug use and other criminal activity.^{11,12,13} One study found that the reduction in property crime alone covered the cost of the Swiss program.¹⁴ Six countries have conducted trials into the supply of injectable diacetylmorphine, or hydromorphone and while the programs have varied in their intent and design they have all shown positive outcomes.¹⁵ Despite this only Switzerland and the Netherlands have acted to support ongoing programs.

Here in Australia a program for the establishment of a prescription heroin trial in ACT in 1997 was rejected by John Howard and his federal cabinet. A lot could be said about the program, and the government of Victoria should look into the work that was done to establish the program, a quote from Dr Alex Wodak, one of Australia's leading drug law reform advocates puts the politics of the rejected program into perspective: "The decision also sends a powerful message to medical researchers throughout Australia. Six years of careful scientific work on a significant community problem, widespread consultation, publications in quality peer-reviewed journals, openness to scientific scrutiny, support by the Australian Medical Association, presidents of medical colleges, numerous leaders of the medical profession, police commissioners, directors of public prosecution and a royal commissioner are not enough. An important, but controversial, scientific research project will be brought down politically if opposed by 51% of respondents in a community opinion poll and if subjected to a relentless campaign of media vilification and misinformation."¹⁶

We urge the Government to aim high with any policy reform and consider working towards the establishment of a heroin assisted treatment program for members of the injecting drug using community that do not respond to other treatments. Any such trial should be conducted with the consideration of other programs internationally and adjusted in line with evidence.

Submission

It is the submission of SSDP Australia that legislation should be enacted to establish a Supervised Drug Consumption Room Supervised Injecting Facility to reduce the health and community harms from illicit drug use that are currently present in North Richmond and the City of Yarra. The recommendations of

¹¹ Oviedo-Joekes, E. et al (2009). Diacetylmorphine versus Methadone for the Treatment of Opioid Addiction. *N Engl J Med* 2009; 361:777-786

¹² van den Brink, W. et al (2003) Medical prescription of heroin to treatment resistant heroin addicts: two randomised controlled trials. *BMJ* 2003;327:310-310

¹³ Haasen, C. et al (2007). Heroin-assisted treatment for opioid dependence: randomised controlled trial. *Br J Psychiatry* 2007; 191:55-62.

¹⁴ Killias, M. and Aebi, M. (2000) 'The impact of heroin prescription on heroin markets in Switzerland', *Crime Prevention Studies*, vol. 11, pp. 83-99.

¹⁵ Fischer, B. et al (2007) Heroin-assisted Treatment (HAT) a Decade Later: A Brief Update on Science and Politics. *Urban Health*. 2007 Jul; 84(4): 552–562. Published online 2007 Jun 12. doi: 10.1007/s11524-007-9198-y

¹⁶ Wodak, A. (1997) Public health and politics: the demise of the ACT heroin trial. *Med J Aust* 1997;167 (7): 348-349

both Coroner Hawkins' and the Burnet Institute's 2013 study 'North Richmond Public Injecting Impact Study'¹⁷, to establish a Supervised Injecting Facility on a trial basis, needs to be implemented in order to reduce harm to this community and the wider Melbourne community of people who inject drugs.

We are recommending the implementation of a supervised drug consumption room rather than a facility specific to injecting to increase access to harm reduction services for young people who use drugs. Drug consumption rooms have been operating in Europe for over 30 years, and the emergence of Novel Psychoactive Substances (NPS) and increased use of stimulants has higher potential risks for people who use and inject drugs¹⁸. Personally, I (Penelope) have visited Fixpunkt (a drug consumption room in Berlin, Germany) and was overwhelmed by the level of support and interaction of people who use drugs in the centre. An integrated supervised drug consumption room may offer many different services that will benefit the community, including overdose awareness and reversal; safer injecting advice including advice offering alternatives to injecting; and links into health and welfare services; including drug prevention, drug treatment, housing, employment and education services.

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¹⁷ The Centre for Research Excellence in Injecting Drug Use, Burnet Institute and Yarra Drug and Health Forum (2013) 'North Richmond Public Injecting Impact Study - Community Report', available at:

http://creidu.edu.au/system/resource/9/file/Report-Nth_Richmond_Public_Injecting_Impact.pdf

¹⁸ European Monitoring Centre for Drugs and Drug Addiction (2016). Perspectives on drugs: Drug consumption rooms: an overview of provision and evidence. Available at: <http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>