VICTORIAN AIDS COUNCIL
WORKING TOGETHER

Submission to the Inquiry into Medically Supervised Injecting Centres

13 April 2017

Introduction and Summary

Injection drug use is significant problem for many Victorians. Though relatively few people engage in the practice, the harms associated with it are much greater than for other methods of drug use. This is particularly true for people who inject in public spaces. Some of the most egregious harms associated with injection drug use include the transmission of blood-borne viruses (BBVs) like HIV and hepatitis C, injury and infection stemming from contaminated injecting equipment, overdose, and in many circumstances, death.

This inquiry and the legislation it concerns originated in the findings of an inquest into the 2016 overdose death of a 34-year-old woman in North Richmond. She was only one of an estimated 172 overdose deaths in Victoria last year, and 257 overdose deaths attributed to illicit drugs. The same small pocket of North Richmond alone saw 20 of these overdose deaths.[1]

These deaths were preventable. The existence of a medically-supervised injecting centre (MSIC) in North Richmond could have saved these lives. The presence of further MSICs in Victoria could have reduced the loss of life due to overdose, and provided the opportunity for people who inject drugs to access vital harm reduction information and dependence treatment services.

These centres have been used to great success in many European countries for several decades, helping authorities there successfully limit problematic drug use, and manage their HIV and hepatitis epidemics.[2] At the MSIC in Sydney, overdoses have decreased dramatically, with attendant decreases in ambulance call-outs and improvements in the public amenity of King's Cross and surrounding areas.[3] Notably, in the 17 years the Sydney MSIC has operated, there has not been a single overdose death at the centre. Of those who have used the centre, nearly one in four have been referred onward to dependence treatment and other health services.[4]

The MSIC proposed for North Richmond in the *Drugs, Poisons and Controlled substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017* is a modest and reasonable step in addressing the harms related to drug use in Victoria. It is based on extensive and reliable evidence, and can help the Government determine how to best expand the availability of such programs throughout Victoria. To that end, the Victorian AIDS Council recommends the following:

Recommendation 1: That the Victorian Government enact the *Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017* as written.

Recommendation 2*:* That the Victorian Government, or other relevant authority, begin determining and assessing sites for future medically-supervised injecting centres and drug consumption rooms in Melbourne and Victoria.

[1] Coroners Court of Victoria. *Submission of Her Honour Judge Sara Hinchey to Inquiry into Drug Law Reform*. 17 March 2017. 35. <http://www.coronerscourt.vic.gov.au/find/publications/>.
[2] Dolan K, et al. 'Drug consumption facilities in Europe and te establishment of supervised injecting centres in Australia. *Drug and Alcohol Review*, 19 (2000): 337-346.
[3] National Centre in HIV Epidemiology and Clinical Research (NCHECR). *Sydney Medically Supervised Injecting Centre Evaluation Report No. 4: Evaluation of service operation and overdose-related events.* Sydney: National Centre in HIV Epidemiology and Clinical Research, 2007. 7.
[4] Ibid 20-21.

The Victorian AIDS Council

The Victorian AIDS Council (VAC) is Australia's first and oldest community-led HIV organisation. As the peak organisation in Victoria for HIV prevention and sexual health, VAC provides services, support, and education for gay men and people living with HIV. In partnership with other organisations, VAC works to improve health outcomes for all members of the sexually and gender diverse communities. VAC is committed to working with health care providers to ensure their services meet the unique needs of all lesbian, gay, bisexual, transgender, and intersex (LGBTI) people.

For more than 30 years, VAC has pioneered HIV prevention and health promotion campaigns designed to improve awareness and literacy of safer sexual health practices. VAC has adopted community development and harm reduction approaches to sexual health, working with diverse communities to address their unique needs, as well as empowering them to make informed decisions about their health. In addition to its work in sexual health, VAC provides comprehensive education and services for people experiencing difficulty with alcohol and other drugs. This includes the provision of harm reduction information, dependence counselling, peer support groups, and practical care and recovery support.

VAC commends the Victorian Government for considering the legislation proposed by Fiona Patten MLC. We thank the government for the opportunity to comment on this issue, and to provide recommendations. Australia has long been at the forefront of the response to both problematic drug use and blood-borne viruses (BBVs). Many of the programs that our country has established have been adopted throughout the world. With this issue, Victoria has the opportunity to adopt one of the most successful harm reduction practices used in many other cities and countries.

MSICs reduce harms associated with drug use, including overdose and death

In 2016 alone, Victoria saw at least 257 deaths attributable to overdose of illicit drugs, with 172 of those attributed to injection overdoses of heroin.[5] Many of these deaths occurred in the City of Yarra, or were linked to drugs obtained in the City of Yarra, often in the area around where the proposed MSIC location. Figures for overdose deaths in Victoria have steadily increased over the past eight years, indicating an immediate need for robust, evidence-based interventions. This is particularly true for areas with high prevalence of public injecting drug use, like the City of Yarra.

MSICs (also referred to as drug consumption rooms) are a proven tool for reducing and preventing the worst harms associated with injection drug use, particularly overdose and death. First established in Europe in the 1980s, MSICs now exist in eight countries, with over 90 sites available. According to a comprehensive review of data from all MSIC sites in existence, there was not a single death resulting from overdose at any of the sites during the 24 years studied.[6] Though overdoses have occurred, the rapid medical interventions made possible by supervising MSIC staff have helped save lives. They have also helped prevent morbidities associated with overdose, like

[5]Coroners Court of Victoria. *Submission of Her Honour Judge Sara Hinchey to Inquiry into Drug Law Reform*. 17 March 2017. 35. <http://www.coronerscourt.vic.gov.au/find/publications/>.
[6] Rhodes T, and Hedrich D (eds). *EMCDDA Monographs: Harm Reduction: evidence, impacts and challenges*. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). European Union, 2010. 315

hypoxia of the organs and permanent brain damage.[7] MSICs have also been credited with reducing the incidence of soft-tissue damage in people who use drugs, and associated conditions like infection and abscesses.[8]

Stemming from these decreases in drug-related harms is a reduced need for emergency medical services, like ambulance attendance and emergency room presentations. In Sydney, the NSW Ambulance Service reported a significant decrease in the number of ambulance call-outs to the Kings Cross area after the opening of the Sydney MSIC.[9] This has lessened the burden on the ambulance service and prevented presentations at emergency rooms, improving access to these valuable resources for the general community.

MSICs help reduce the transmission of blood-borne viruses

Certain practices carry increased risk for the transmission of blood-borne viruses like HIV and hepatitis. The sharing of injection equipment carries one of the highest risks of transmission of HIV,[10] and is the primary route for transmission of hepatitis C.[11] The risk of sharing injection equipment – like needles, syringes, and preparation equipment – has long been recognised, leading to the establishment of needle and syringe programs (NSPs) throughout Australia. These provide people who inject drugs with access to clean injection equipment, reducing their risk of contracting BBVs. Though the presence of NSPs has contributed to the relatively low incidence of BBVs in Australia, significant gaps and impediments remain. Few of the NSPs operate outside business hours, preventing many people who inject drugs from accessing sterile injecting equipment at the times and places they are actually using drugs. Moreover, they seldom provide medical supervision and advice to ensure people are engaging in safer injecting practices.

MSICs can help address these gaps. MSICs typically offer a wide range of services, including the provision of sterile injecting equipment, and information about risk reduction practices. They also tend to operate beyond normal business hours. In the MSICs located in Australia, Canada, and Europe, the availability of clean injecting equipment and risk-reduction information has resulted in remarkable improvement in the safety of injecting practices, both inside and outside the centres.[12] People who attended the MSIC located in Kings Cross, Sydney reported significant reductions in the sharing of injecting equipment, and improved hygiene while injecting, practices strongly associated with decreased risk of BBV transmission.[13] Beyond this, MSICs provide a crucial opportunity for interventions and onward service referral, helping to link a hard-to-reach population with various medical services, including those that provide HIV prevention, testing, and treatment. At the Sydney site, MSIC staff have provided on-site medical services on thousands of occasions,

[7] Rhodes T, and Hedrich D (eds). *EMCDDA Monographs: Harm Reduction: evidence, impacts and challenges*. EMCDDA. European Union, 2010. 315.
[8] Ibid 314
[9] NCHECR. *Sydney Medically Supervised Injecting Centre Evaluation Report No. 4: Evaluation of service operation and overdose-related events.* Sydney: NCHECR, 2007. 26.
[10] Baggaley R, et al. Risk of HIV-1 transmission for parenteral exposure and blood transfusion: a systematic review and meta-analysis. *AIDS*, 20(6). (2006): 805-812.
[11] Shepard C, et al. Global epidemiology of hepatitis C virus infection. *The Lancet Infection Diseases*, 5(9). (2005). 558-567.
[12] Above n 7, 312.
[13] Above n 9, 17.

referring clients to external services on many more.[14] For a community that is often disconnected from health services, these interventions are invaluable in BBV prevention and treatment efforts.

MSICs reduce the risk of harm to the surrounding community

A frequently-cited objection to the establishment of MSICs is the impact they might have on the amenity of the surrounding area. More specifically, concerns are expressed about possible increases in the use of drugs in the area, and a resulting increase in discarded needles; that the incidence of drug dealing will increase in the area of an MSIC; and that acquisitive crime – crime for the purpose of acquiring drugs – will increase. While these concerns are valid and understandable, extensive evidence indicates they are unfounded.

Across all MSIC sites, clients report significantly lower levels of public drug use.[15] In centres with the greatest accessibility, longest opening hours, and greatest capacity, reductions in public drug use were significantly higher.[16] Where public drug use persisted, centres were more likely to operate restricted hours, were difficult to access, or had limited space.[17] Regardless of these factors, MSICs contributed to overall declines in public drug use. At the Sydney MSIC alone, 49 per cent of clients reported that they would have injected in public had they not had access to the MSIC. This is estimated to have prevented nearly 200,000 public injections over a six-year period.[18] Corresponding with decreases in public injections has been a decrease in the number of syringes discarded in the areas surrounding the MSIC sites.[19] At the Sydney site, where a nearby health service provides a needle clean-up service, the number of needles collected within 500 metres of the MSIC has decreased by almost 50 per cent since the establishment of the centre.[20] This results in an improvement in the public amenity in the area, and a reduction in the risk of needlestick injuries and potential exposure to BBVs.

The effect on drug dealing and acquisitive crime in the vicinity of MSIC appears to be neutral. While data does not indicate a reduction in either of these activities, it does not show an increase.[21] Only a few centres in Europe have reported incidents involving crime or drug dealing, and have typically been isolated to clients of the centre, rather than affecting the local community.[22]

Overall, there is an improvement in the safety and amenity for the communities surrounding MSICs. Though crime rates and incidents of drug supply may not be affected, the nuisance of public injecting and the risk posed by used, discarded needles is significantly reduced. At worst, the presence of an MSIC can be considered the lesser of two evils, reducing some of the worst harms associated with drug use, while forming part of a more comprehensive approach to addressing problematic drug use in Victoria.

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[14] NCHECR. *Sydney Medically Supervised Injecting Centre Evaluation Report No. 4: Evaluation of service operation and overdose-related events.* Sydney: NCHECR, 2007. 20.
[15] Rhodes T, and Hedrich D (eds). *EMCDDA Monographs: Harm Reduction: evidence, impacts and challenges*. EMCDDA. European Union, 2010. 318.
[16] Ibid 320
[17] Ibid 318
[18] Above n 14, 7.
[19] Above n 15, 318
[20] Above n 14, 33.
[21] Above n 15, 319.
[22] Above n 15, 320.