INQUIRY INTO THE DRUGS, POISONS AND CONTROLLED SUBSTANCES AMENDMENT (PILOT MEDICALLY SUPERVISED INJECTING CENTRE) BILL 2017

Submission from Anglicare Victoria, April 2017
Dear Secretary O’Brien,

Thank you for allowing the opportunity for Anglicare Victoria to contribute to this Parliamentary Inquiry. We feel that we are in a strong position to usefully contribute to the Inquiry, given our experience as a provider of drug counselling services, as well as substantial family support and out-of-home care services which work with many people who have substance problems.

In preparing this submission, we have drawn on our experiences and insights as a service provider, as well as referring to relevant research. We also make this submission as an organisation which has its central office literally around the corner from Victoria Street in Richmond, where a great deal of heroin dealing, use and – tragically – overdose occurs. In this sense, we are both a local stakeholder in this discussion as well as a provider of expert comment.

I trust that you will find our comments and recommendations useful, and encourage you to contact me personally at [REDACTED] if you would like any further consultation regarding these matters or for Anglicare Victoria to provide evidence to this Inquiry.

Yours sincerely,

Paul McDonald

CEO, Anglicare Victoria
The case for trialling a supervised injecting facility in Richmond

There is substantial research evidence which supports supervised injecting facilities as effective harm minimisation mechanisms which do not result in negative outcomes or effects for the local community. In 2014, a systematic review was conducted of 75 studies in relation to supervised injecting facilities.\(^1\)

This review examined both international evidence, as well as many studies specifically focused on an Australian context - Sydney’s facility in Kings Cross, which has operated successfully for over 15 years.

This review found that supervised injecting facilities:

- **Lead to substantial reductions in fatal overdoses.**
  
  In Vancouver, the availability of a facility led to a 35% decrease in the number of lethal doses in the vicinity of facility, whilst in Sydney, the number of calls for ambulances was 68% lower during the operational hours of the facility. No death by overdose had ever been reported in either the Sydney or Vancouver facility at the time of the review.

- **Lead to large reductions in harm-related behaviours; with meta-analysis showing that needle sharing was reduced by 69%, and that syringe re-use and public injecting were also substantially reduced.**

- **Provide an opportunity to educate injecting drug users about safer injection practices and care of skin and veins at injection sites on the body, thereby reducing illness and injury. Relevant studies reported many facility users actively requesting such education, and also engaging with harm minimisation education about other issues (for instance, accessing a supervised injecting facility was associated with a small increase in safer sex practices (i.e. condom use)).**

- **Provide an opportunity to engage injecting drug users into dependence care, such as addiction treatment, a detoxification program and/or methadone therapy.** Multiple studies examined in the review found that attending a supervised injection facility significantly increased the odds of an injecting drug user accessing such a program.

- **Lead to reductions in dropped syringes (and other injection-related litter) in public spaces near the facility, and local residents and business owners reporting reduced nuisance from injecting drug users.**

- **Do not increase rates of drug-related crime, violence or trafficking in the vicinity of the facility.**

  Several studies examined in the review looked at police data from Sydney as well as Vancouver. The Sydney-focused research used police data from a 10 year period, and data for other, comparable Australian cities as comparison groups. All of these studies found that the opening of a facility is not associated with an increase in crime, violence or drug trafficking in facility’s locale.

- **Do not increase the number of injecting drug users in the vicinity of the facility.**

- **Do not increase relapse rates among people in the local area.**

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• Do not reduce the number of local heroin users commencing methadone therapy.

• Confer a substantial cost benefit to the state. Several studies examined in the review calculated impressive savings to Governments. Whilst these are not perfectly transferable cost-benefit models to a Victorian context, these savings ran into the tens of millions (mainly due to reduced fatal overdoses and a reduction in new HIV and hepatitis infections).

It is very clear from this research that supervised injecting facilities are life-saving and effective programs that deliver good outcomes for injecting drug users, residents and businesses in the local community, and state Governments. Moreover, this research shows that some of the more common arguments against supervised injecting facilities – e.g. that they would become “honeypots” for drug dealers, and attract more crime and more drug users to the surrounding area – bear no basis in reality.

With regard to the argument against trialling supervised injecting facilities - that it sends a message of condoning illegal drug use - we would assert that this attitude is misguided. In order to reduce problematic drug use and the harms associated with it, substance dependence must be viewed first and foremost as a health and social problem, rather than being viewed primarily as a problem of criminal offending and social deviance.

The reality is that despite clear communication from the Victorian Government and police that the use of drugs such as heroin is not condoned, a substantial number of Victorians continue to use these substances. These are generally not well people. Dependence on drugs like heroin is, in itself, a psychiatric disorder. Moreover, it is frequently associated with a whole host of other psychosocial difficulties (many relating to previous experiences of trauma, and ongoing poverty) as well as physical health problems. Engaging such people into treatment for their addictions (and other, interrelated problems) is a complex, challenging and often long-term task. As services pursue this task with injecting drug users, it is critically important that in the meantime, effective and evidence-based strategies are employed to help keep them alive, and reduce harms to both themselves and others in the community. This is the only ethical course of action, and it is a course of action which can be successfully realised by implementing a supervised injection facility in Richmond.

Additionally, we would assert that another effective course of action which the Government can take to reduce fatal overdoses amongst heroin users is to make naloxone much more available. This will enable heroin users to administer this life-saving and safe medication to another user in the event of that user overdosing. Ideally, naloxone units (whether minijets or inhalers) should be provided to every heroin user who accesses a needle exchange program or supervised injecting facility (if one is trialled), along with educational materials and training on how to use these. This may require that doctors and pharmacists are linked in with these programs so as to facilitate this.
In conclusion, Anglicare Victoria supports Coroner Hawkins’ recommendations; that a supervised injecting facility is trialled within the Richmond area near Victoria Street, and that the availability of naloxone is expanded. We note that Coroner Hawkins’ recommendations are endorsed by the Australian Medical Association Victoria.

Moreover, with regard to the running of the supervised injection facility, we would recommend that social workers (or similar) work in the facility alongside medical professionals, and take a motivational interviewing approach to engaging users into dependence care when the opportunity to do so arises. Motivational interviewing is widely accepted amongst drug treatment researchers and clinicians as the most effective model for intervening in this respect.