

**From:** Martyn Lloyd Jones - SVHM [REDACTED]  
**Sent:** Thursday, 11 May 2017 12:38 PM  
**To:** Lily and Martyn  
**Subject:** RE: letter to Vic Govt -final draft

Submission to Victorian Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017.

We would like to thank you for the opportunity to make a submission to the Inquiry and to lend our support to the proposal for a medically supervised injecting centre (MSIC) in Richmond.

Worldwide there are now over 88 supervised injecting facilities/drug consumption rooms in 58 cities, in 9 countries. The only facility in Australia has a proven track record of success. Such a proposal has the support of the local community, Ambulance Victoria, AOD workers, medical specialists, Coroner Hawkins, and other experts from around the country.

Deaths from heroin overdoses in Victoria have been increasing since 2012 and there is now evidence of the emergence of Fentanyl (a drug ten times as potent as heroin and one hundred times the potency of morphine) on the local drug scene.

172 individuals died in Victoria of heroin overdoses in 2015; 20 in an area approximately 270m x 150m in North Richmond. Of these individuals 67.4% had had no involvement with treatment services in the six weeks immediately prior to their deaths (see below).

We recognise the Victorian government's policy of not wishing to appear to be condoning illicit substance use. We would like to propose the idea of a pilot project to address the high level of overdoses occurring in North Richmond. Perhaps this could be trialled under the acronym "North Richmond Overdose Prevention Project" to clearly identify the intention of the intervention.

The benefits of a such a facility would go far beyond decreasing and preventing the harms from overdoses and assist drug-users into treatment. The financial burden of illicit drug use is high and the cost savings of such a project would be significant. As an example the Sydney MSIC has been estimated as saving:

Ambulance callouts- reduced by 80%, with an enormous saving to the health service and freeing up of resources to be able to respond to other conditions.

Overdoses- 829 successfully treated in first year and 6000 treated by end 2015, with no fatalities.

No increase in local crime.

The numbers of publically discarded needles and syringes halved, thereby reducing both risk to the public as well as improving the public's perception of the environment.

Of note 70% of the individuals attending the Kings Cross facility had not accessed other local health services prior to visiting the centre. A facility such as the above proposed NROPP, that is accessible to all, and offers a humane and non-judgemental approach to injecting drug use itself, will allow the opportunity for some of the most marginalised and therefore costly groups of substance users – the homeless and mentally unwell injecting drug user – an opportunity to receive treatment. Thus the facility can play a significant role in providing health education as well as improving access to treatment (such as readily available and cost-effective hepatitis C treatment) in those attending.

A service, such as the NROPP identified above, will not solve the drug “problem” but would be an integral and useful component in the government’s response to addressing the significant harms caused by illicit drug use.

We acknowledge that effective drug treatment requires a wide range of services: including enhanced public addiction services, easily accessible and widespread availability of treatment, residential rehabilitation etc. However the current lack of such a service represents a significant failure of our treatment strategy to provide an evidence-based, effective and cost-effective intervention to a highly marginalised and vulnerable group of individuals.

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