



ESTABLISHMENT OF SUPERVISED INJECTING FACILITY IN VICTORIA

SUBMITTED BY THE SALVATION ARMY

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OVERVIEW

About The Salvation Army

The Salvation Army is an international Christian movement with a presence in 128 countries and a reputation built on 150 years of compassionate care and advocacy. In Australia, the Salvos are widely known and relied upon to deliver practical responses to individuals, families and communities in crisis. While we interact on a daily basis with people from all walks of life, we recognise a particular calling to those who might otherwise fall through the gaps of our social security nets, those who find themselves on the margins of our communities, and those who struggle to have their voices heard.

Today Salvation Army churches, community centres and social service networks provide more than 300 distinct social program activities in urban, regional and rural areas across the state. These activities range from frontline emergency support services and targeted interventions, through to more generalist responses. Programs include:

- Drug and alcohol support and treatment services;
- Youth, adult and aged homelessness and housing services;
- Family violence support and accommodation services;
- Material aid and emergency relief;
- Financial counselling and assistance, including Gamblers' Help;
- Community managed mental health services;
- Personal counselling and support;
- Aged care services;
- Youth and children's services, including out-of-home care;
- Education, training and employment services;
- Disaster response and recovery services;
- Chaplaincy and support services in courts and prisons; and
- Services for asylum seekers and refugees.

This support for disadvantaged Australians is driven by our values: integrity, compassion, respect, diversity and collaboration. We share our community's belief in a 'fair go' for all, which grounds our commitment to social justice and a particular interest in the health and wellbeing of those who are most vulnerable in our society.

Document Purpose

The Salvation Army has developed this submission in response to the Legal and Social Issues Committee's invitation to contribute to their consideration of the *'Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017'*. The Salvation Army has, in this instance, chosen to limit comment to only the first identified issue within the terms of reference, that being, "recommendations in Coroner Hawkins' Finding – Inquest into the Death of Ms A, delivered on 20 February 2017 and other relevant reports". In particular, The Salvation Army addresses the coroner's recommendation to establish a trial safe injecting facility in North Richmond.

Background

The Salvation Army's Harm Minimisation Stance

The Salvation Army Australia Southern Territory has been in support of the harm reduction principles of the National Drug Strategy since the mid-1990s. This philosophical alignment has been written into our strategic documents since 2002 and enshrined in our practice 'at the coal face' for decades. Because of this, The Salvation Army has a long and proud history of supporting harm reduction measures in relation to drug use in Victoria.

Our organisational mission calls us to care for others at their point of greatest need and to work for justice. While we cannot solve every problem, at the very least we must do what we can to preserve human dignity and keep vulnerable people alive. The introduction of safe injecting facilities in other parts of the world has allowed us the opportunity to work with people who are alive today and faring well because of this intervention.

The Salvation Army's History in Harm Reduction Innovation

Perhaps the clearest example of The Salvation Army's support for harm reduction measures is the establishment of the Needle and Syringe Program at our St Kilda Crisis Contact Centre in 1991. The history of this ground breaking service is outlined in the publication, '[A Pragmatic Exchange: A short history of the Health Information Exchange and the reconciliation of Christian faith and harm reduction](#)'. This program continues to have more than 50,000 contacts every year and distributes around 1 million needles. It is clear that NSPs like this have been incredibly effective in reducing the spread of blood-borne viruses such as HIV/AIDS throughout Australia.

Similarly, The Salvation Army has recently been at the forefront of introducing peer administered Naloxone programs led by the Access Health service in St Kilda. This program helps intravenous drug users who are at risk of overdose with education and an initial prescription for Naloxone. This is an especially useful strategy for people who inject in company and the recent expansion of the availability of Naloxone across Victoria is very welcome. However, it is not a complete substitute for the safety of a supervised injecting facility.

Harm reduction currently features in The Salvation Army's Territorial AOD Strategy, including in our model of treatment, the Community Integration Model. Our practice in treatment acknowledges the occurrence of lapses along the road to recovery and the reality that for many, abstinence is not an immediate priority. Our focus in these instances remains on the preservation of life, health and dignity.

International Evidence Base

The Salvation Army is committed to evidence-based policy positions. In 2014, The Salvation Army's Moral and Social Issues Council specifically considered our position in relation to supervised injecting facilities. This process included a review of the evidence from around the world in relation to almost 30 years of accumulated research and evaluation regarding these services. Based on this review, the Council formally resolved to support the concept of supervised injecting facilities.

Response to Coroner Hawkin's Recommendations

Recommendation 1: I recommend that the Honourable Martin Foley MP as Minister for Mental Health take the necessary steps to establish a safe injecting facility trial in North Richmond.

Based on the above background, The Salvation Army unreservedly supports Coroner Hawkin's recommendation that the necessary steps be taken to establish a trial safe injecting facility. The Salvation Army runs a church and community centre on Lennox Street, North Richmond, in the heart of the local drug trade and usage area. Officers and staff at our centre must attend daily to the presence of discarded syringes around the property. Many of those who have died of overdose have been within a few blocks of this centre. For those who live and work in this neighbourhood, the plight of addiction and the dangers of overdose are an ever-present reality that urgently need greater attention.

Any trial injecting facility needs to be sufficiently resourced, have robust protocols in place with other health and law enforcement agencies, and have clear outcome measures. The trial period should be clearly defined so that the apparently indefinite trial status of the King's Cross facility is not replicated.

Specific Comment in Relation To the Bill

The Salvation Army has examined the *'Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017'* and seeks to take this opportunity to make specific comment in relation to the Bill.

Our review of the proposed Bill revealed a number of positive aspects. Firstly, the objects outlined in section 98C are not only desirable but, we believe, are extremely likely outcomes of establishing such a facility. This has already been demonstrated in the vast body of research relating to 90 safe injecting facilities operating around the world, the oldest of which was established more than 30 years ago. We are also pleased to see the requirement for data collection in relation to these objects, which is outlined in section 98D. We believe that this data collection is a vital component of good practice and will facilitate Victoria's contribution to the world wide evidence base in relation to safe injecting facilities.

The Salvation Army is further encouraged to see that the Bill includes a legislated obligation for the centre to provide access and/or referral pathways into further health and treatment services (section 98L). The introduction of a safe injecting facility is not a stand-alone solution but should be seen in conjunction with more comprehensive prevention and early intervention services and improved access to health and treatment services for all Victorians. Access to these systems is especially important for those whose health problems are combined with other aspects of social and/or economic disadvantage, such as homelessness, who are often excluded from mainstream systems.

Finally, we are encouraged to see that section 98N provides for exemptions from criminal liability for those accessing the service. Our experience, which is consistent with the research, shows that access to treatment and related services are far more effective than criminalising people who are experiencing health and social problems.

CONCLUSION

The Salvation Army looks forward to continuing to work with the Victorian Government as an interested stakeholder with a key interest in vulnerable client groups. If you would like to discuss any of the issues raised in this submission, please contact The Salvation Army Victoria Social Programme and Policy Unit.