

Executive Officer  
Law Reform, Road and Community Safety Committee  
Parliament of Victoria  
17 March 2017

Dear Sir/Madam,

**Re: Inquiry into Drug Law Reform**

I am writing in my personal capacity to make a submission to this Inquiry into Drug Law Reform.

While the Inquiry's Terms of Reference are broad, I wish to address a specific aspect of the effectiveness of current laws, procedures and regulations related to drugs in minimising drug-related health, social and economic harm, that is, the failure of current approaches in the geographic area around Victoria St, Richmond. In addressing the failure of current laws, procedures and regulations to minimise harm in this area, I will touch briefly on procedures in other Australian states and territories, and suggest positive reforms that could be adopted into Victorian law.

I write from three perspectives. First, as a two-time election candidate for the state seat of Richmond and a previous councillor at the City of Yarra. In that capacity, I have spoken to many hundreds, if not thousands, of local residents, many of whom have raised with me their concerns about the profound negative impacts of drug criminalisation on the residents of Richmond. Second, as a community worker of many years standing, who has worked with many drug users and their families and communities. In that capacity, I have seen how many victims of violence and abuse, as children and as adults, have used illicit drugs to manage their pain and distress, and, in turn, have seen how criminalisation of drug use has been a barrier to them finding the help they need to address both drug use and the trauma that led to their drug use. Third, I write as the family member of an illicit drug user, and know first hand the impact of criminalisation on both individual illicit drug users and their families. I have seen in my family the cross-generational harm caused by criminalising and punishing drug users. I will draw on these three perspectives in this submission.

I wish to address five areas.

**Firstly**, I will describe, in broad terms, the deep problems that have been created in Richmond by the current legal approach to drug use, including the negative impacts on local residents, with a particular emphasis on public housing tenants, and drug users.

**Secondly**, and briefly, I will contrast this with my experience visiting the Sydney Medically Supervised Injecting Centre in Kings Cross, Sydney.

**Third**, I will make connections between family violence, familial and institutional child abuse, and drug use, and argue that reform of our current drug

laws to allow more humane, evidence-based and effective responses to drug users is the next fundamental step in society's recognition of and restitution to victims of family violence and institutional and familial child abuse.

**Fourth**, I will recap the range of individuals and groups, in Richmond and beyond, which support change to the current approach and the implementation of a Supervised Injecting Clinic in Richmond, and highlight that the only genuine obstacle to such a change is the Victorian State Government, including the local state member for Richmond, Richard Wynne.

**Finally**, I will recommend that the Committee recommend that the Victorian State Government allow and fund the establishment of a Supervised Injecting Clinic in Richmond.

### **1) The impact of laws, procedures and regulations in Richmond**

There are at least four types of negative impacts.

#### *On residents' safety and amenity*

I have spent many hours, over many years, talking with individual Richmond residents in their homes and in the community. The negative impacts of the current approach to drug use has been one of the most common issues raised with me. People have described to me:

- seeing people overdose, and sometimes die, including in laneways, private gardens, and on the Richmond public housing estate. Several public housing tenants stated their concern about the impact on children seeing these overdoses and deaths. One woman described to me a group of children running up to a person who had died of an overdose on the grounds of the estate, and touching the deceased person's body. She expressed her great distress at this, including because of the impact on these children of seeing such a death.
- public housing residents' facilities, such as communal laundries, being used by people to inject, leading to threats to residents trying to enter to do their washing, in turn meaning residents feared letting their children go to the laundry or going themselves. For some residents, it meant they could not access clothes washing near their homes.
- living in fear of stick injuries, including in their own yards. Parents describe being too scared to allow their children to walk in the autumn leaves and or to play in the private garden, street or parks for fear of injury from inappropriately discarded needles.
- general threats from drug sellers or users in public places, leading in some instances to residents being scared to leave their homes or allow their children to play in the playground even when supervised.
- public defecation and other public health concerns, and the impact of this on people's homes and public spaces.

To date, nothing, including mass arrests, has successfully stopped the negative impacts of our current approach to drug use.

I note that many of the residents closest to the worse impacts of public drug use, which is often concentrated on the Richmond estate, are refugees, who have escaped violence, threats and exposure to unnecessary early death and who in many cases are recovering from trauma caused by these experiences overseas. I believe that the current failed approach to drug use risks exacerbating such trauma.

However, these problems are not limited to any one demographic group in Richmond, and many residents and visitors are negatively impacted by the current approach. Concern about and deep dissatisfaction with the current approach is widespread in the local community.

#### *On drug users' safety and dignity*

While most of my discussions have been with residents who are not injecting drug users, I also note that the current approach exposes injecting drug users to significant harm, as the high level of drug overdose deaths documented by the Victorian coroner demonstrates. Beyond death, public drug uses also corrodes people's health and dignity. This in turn makes it harder for drug users to feel confident to reach out to services that might help them, and, indeed, resources that could be used to improve drug users' health are diverted to policing and crisis intervention.

#### *On health services' resources*

Residents have also raised their concern that the current approach is a drain on health professionals and services, including on paramedics and nearby hospitals, as the criminalisation exacerbates the likelihood and severity of overdosing, requiring paramedics and other health professionals to intervene later than would be the case in a Medically Supervised Injecting Clinic.

#### *On community faith in government*

Finally, the failure of government to change its approach to drug use leads the community to lose faith in government. Many people have told me they cannot understand why successive state governments have failed to change the law and allow drug use to be treated as a health issue. Seeing governments' failure to reverse deep harm to many parts of the community damages community confidence in government.

## **2) The Sydney Medically Supervised Injecting Centre**

Last month, I was fortunate to visit the Sydney Medically Supervised Injecting Centre. The Centre is characterised by its evidence-based, compassionate and effective approach to injecting drug use. Staff and local police advised us that safety and amenity have improved markedly since the Centre was established, and this is echoed in many evaluation reports on the Centre, which are available on the Centre's website. I note that the Centre has managed over 930,000 injections and 5925 overdoses without a fatality. Further, the Centre provides a point of contact with the health system for some of the most disadvantaged people in the community, many of whom have no other enduring links to a health service. I attach an article by Centre staff who outline the degree of disadvantage their clients face.

On its website, the Centre references 110 papers that demonstrate evidence that Medically Supervised Injecting Clinics work in addressing harm to drug users and the broader community. The Law Reform, Road and Community Safety Committee does not have to look far to see a replicable model to minimise drug-related health, social and economic harm.

### **3) Drug law reform is the unfinished business of reform re family violence and child abuse**

It is increasingly inescapable that the majority of long-term problematic drug users has experienced significant trauma, often through family violence, as children and/or adults, and/or institutional and/or familial child abuse.

In addition to academic research that makes this connection (eg see Reeve et al, listed below), I wish to point to three examples of this connection:

1. In her findings on the death of Ms A, The Victorian Coroner, Jackie Hawkins, found that Ms A, who died from overdose in Richmond, had been a victim of family violence, and made a direct link to her drug use. The Coroner stated: 'Ms A's cycle of heroin use, engagement and disengagement with drug treatment services appears to have been, at least in part, linked to traumatic events that she experienced including being a victim of family violence and having her children taken into custody of the Department of Human Services.' Ms A's heroin use in turn led her into contact with the criminal justice system, according to the Coroner, and she had been incarcerated as a consequence.
2. Many of the accounts of victims to the Royal Commission on Institutional Child Abuse, and related reports by news agencies, highlight the causal link between child abuse and drug use. Some individual examples are found [here](#) and [here](#). Reflecting this, The Hon Justice Peter McClellan AM, Chair of the Royal Commission, [told](#) the Supreme Court of New South Wales Annual Conference 2015 that:  
"The most commonly reported impacts of child sexual abuse are post-traumatic stress disorder, sexualised behaviours and suicidality and self-harm. A recent study reported the prevalence of PTSD among a sample of sexual abuse survivors to be almost 50 per cent. Other research suggests that victims of child sexual abuse are 18 times more likely than people in the general population to die as a result of self-harm, and almost 50 times more likely to die as a result of accidental drug overdose.'  
Justice McClellan has [further stated](#) that the Commissions 'often see' impacts such as 'drug and alcohol abuse, mental health issues, social and economic issues' as a result of institutional child sexual abuse.
3. Recent research by the Sydney Medically Supervised Injecting Centre (MSIC), that surveyed 50 of their most frequently attending clients, found that:  
"The majority of respondents were unemployed, homeless and had a history of incarceration, and 82% report they had been diagnosed with a

mental health problem, but only 24% report they were receiving treatment. Respondents had poor social networks, had poorer mental health symptoms compared to US inpatients and had experienced multiple traumatic events, and a high number of respondents had scores indicative of PTSD.'

Specifically, study respondents had a high rate of traumatic exposures, 'including a mean of 3.04 traumatic exposures before the age of 16'. For example, before they were 16 years old, 42% had witnessed someone badly injured or killed (going up to 78% of respondents over the course of their life), 56% had been seriously physically attacked or assaulted (72% ever), 32% had been threatened with a weapon, held captive or kidnapped (68% ever), 46% had been molested (52% ever), 40% raped (42% ever), and 26% had been tortured or a victim of terrorism (34% ever).

That is to say, injecting drug users at the Sydney MSIC are overwhelmingly victims of severe instances of child abuse, often ongoing, compounded by being victims of violence as adults.

While current government investigation of and action on child abuse and family violence is to be commended, it has not come in time to prevent familial and institutional child abuse or family violence against many children and women, nor to ensure victims of such crimes received recognition of the violence perpetrated against them, support services to help them recover, or other forms of restitution. In this context, as the examples above illustrate, many survivors of violence have sought relief from trauma in illicit drugs.

However, rather than recognising problematic drug use as a consequence of such violence, our current approach to drugs criminalises survivors, further exposing them to harm. This harm takes several forms, two of which I will reference here. One, by stigmatising drug users, it places barriers in the way of drug users disclosing their drug use and accessing help. Two, by criminalising drug users, it imprisons many survivors of abuse, in turn exposing them to severe isolation and violence in jail, which in turn compounds trauma and intensifies drug users' dependence on drugs.

If we as a community are serious about recognising the true impact of historic institutional and familial child abuse and family violence, we must recognise that drug abuse is often a consequence of such violence, and insist that drug users be given the services they need to, at a minimum, manage their drug use safely. Drug users can only access further help if they stay alive; services that allow them to manage their drug use safely increase their likelihood of surviving, and so being able to access further help.

If the Victorian government is serious about treating survivors of history violence with compassion and justice, it must stop criminalising drug users, and recognise the link between violence and self-medication through illicit drug use. This is the next, necessary step in reforming our approaches to victims of family

violence and institutional and familial child abuse. A Medically Supervised Injecting Clinic in Richmond is an important first step in doing this.

#### **4) Community support**

Not only is a change in approach just, compassionate and evidence based, it also has strong backing from the community, both within Richmond and beyond, as I anticipate submissions to this Inquiry will demonstrate. To date, support for a Medically Supervised Injecting Clinic in Richmond has been indicated by, among others, local residents including groups such as Victoria Street Drug Solutions, the City of Yarra, the Yarra Drug and Health forum (which represents many organisations in the City of Yarra, such as community health providers CoHealth and youth service the Youth Support and Advocacy Service), the Victoria Street Business Association, North Richmond Community Health, the Fitzroy Legal Service, the Burnet Institute, the federal Member for Melbourne, Adam Bandt, and the Yarra Greens (of which I am a member). More broadly, individuals and groups such as the Australian Medical Association, Ambulance Employee Association state secretary Steve McGhie and former Policy Association secretary Ron Iddles, and a range of high-profile journalists and news papers have expressed support for a MSIC. This indicates significant community support for a Medically Supervised Injecting Clinic in Richmond.

At present, the only obstacle to changing the failed approach to drug law is the Victorian State Government, including local state member, Richard Wynne. That is, if the government changed their position, they would have considerable support in the community.

#### **5) Recommendation: The State Government should fund a Medically Supervised Injecting Clinic as a matter of urgency**

In light of the profound failure of current Victorian approaches to stop drug-related harm, and the high cost of this failure to Richmond residents, to health-care providers, to drug users and to their families and communities, in the context of the clear evidence that supervised medical injecting clinics save and transform lives, and given clear support in the local community for such a change, I urge the Committee to recommend that the Victorian State Government allow and fund, as a matter of urgency the establishment of a Supervised Injecting Clinic in Richmond.

#### **Conclusion**

Our current approach to drug use in Victoria is causing significant harm, as demonstrated most acutely in Richmond. This harm is felt by local residents, including vulnerable residents, service providers, and drug users and their families and community. The community is paying a high human and economic approach for this failed approach. Evidence from around the world, including from the well-evaluated Sydney Medically Supervised Injecting Centre, shows that drug harm can be better addressed through Medically Supervised Injecting Clinics than criminalisation. There is significant community backing in Richmond, and beyond, for introducing a MSIC in Richmond. At present, the only significant impediment to such a change is the State Government's opposition to acting. I urge the Committee to commend the idea of a Richmond MSIC to the

Victorian Parliament, and recommend strongly to the Victorian Government that it allow and fund such a life-saving service.

Yours sincerely,

Kathleen Maltzahn

**References**

Goodhew, M., Salmon, A., Marel, C., Mills, K., & Jauncey, M. (2016). Mental health among clients of the Sydney Medically Supervised Injecting Centre (MSIC). *Harm Reduction Journal*, 13(1), Harm Reduction Journal, Oct 12, 2016, Vol.13(1).

Reeve, Rebecca, & Gool, Kees. (2013). Modelling the Relationship between Child Abuse and Long-Term Health Care Costs and Wellbeing: Results from an Australian Community-Based Survey. *Economic Record*, 89(286), 300.