



LRRCS - INQUIRY INTO DRUG LAW REFORM
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AMA Victoria's Submission to the Victorian Parliament's Inquiry into Drug Law Reform

**20 March 2017
The Australian Medical Association (Victoria)**

AMA Victoria's submission to the Parliament of Victoria's Law Reform, Road and Community Safe Committee's Inquiry into Drug Law Reform focuses on drug misuse and abuse as health issues.

Over the last six years, AMA Victoria has made a number of policy submissions to the Victorian Government on drug harm minimisation, including the Whole of Government Alcohol and Drug Strategy in 2011. This submission outlines recommendations that have already been expressed by our organisation in previous government inquiries and reviews, but have so far not been implemented.

Real-time Prescription Drug Monitoring (RTPM)

The misuse and abuse of pharmaceutical medications (often via "doctor shopping") is a major problem across the state. In Victoria, 358 people died from pharmaceutical overdoses in 2015, compared to 227 from illegal drug overdoses and 257 in road accidents.¹

AMA Victoria has been calling for real-time prescription drug monitoring (RTPM) for many years, as have Victorian Coroners.² In the 2015-16 Victorian State Budget, the Government finally committed to introducing RTPM. RTPM must also be well funded in order to successfully work in general practices and pharmacies across the state. It must be user-friendly in terms of its technological interface for both prescribers and dispensers.

AMA Victoria recommends that this project receives sufficient ongoing funding to support its technology platform.

Pain management services

Greater access to pain management services is needed across Victoria. For patients with chronic and acute pain, timely access to multidisciplinary pain management services, led by pain specialists, is critical to preventing opiate reliance and/or addiction. Chronic pain will affect one in five Australians during their lifetime, and has significant effects on a person's physical and psychological wellbeing.³

Timely access to multidisciplinary pain management services in public settings is necessary to reduce opiate addiction rates in Victoria.

Opioid replacement therapy

Opioid replacement therapy (ORT, also called pharmacotherapy) is used to provide treatment to those addicted to opiates, such as heroin and fentanyl. When patients successfully stabilise their addiction treatment, ORT can achieve long term harm minimisation and the prevention of illicit drug use.

¹ Haggan M., "Mindset change needed on addictive pharmaceuticals", *Australian Journal of Pharmacy* (AJP online), February 2017.

² AMA Victoria's State Budget Submission 2015-16.

³ Hogg, M.N. et.al., "Waiting in pain: a systematic investigation into the provision of persistent pain services in Australia", *The Medical Journal of Australia*, 2012; 196 (6): 386-390.



Many Victorians with opiate addiction would benefit from access to multidisciplinary health teams, which include access to ORT prescribing GPs, ORT dispensing pharmacists, addiction medicine speciality teams, dual disorder mental health services, social workers and support services, and other allied health workers. AMA Victoria recommends that the Victorian Government establishes public multidisciplinary clinics in regional areas, which will provide opioid replacement therapy and other drug and alcohol services.

Residential rehabilitation

The impact of ice is evident across the Victorian community regardless of location or socio-economic status. Victoria's Ice Action Plan was a welcome response, however there needs to be greater investment in residential rehabilitation. This includes increased public places and the appropriate regulation of private services.

Private clinics, which families often resort to in desperation, can be very expensive, with courses of treatment running into tens of thousands of dollars.⁴ This industry requires proper regulation to ensure accountability for patient safety and quality of care, and to protect vulnerable families from exploitative practices. The Victorian Government needs to create a regulatory framework and standards for private residential drug rehabilitation programs (where they are not already subject to stringent quality standards). The Victorian Government currently regulates other private sector activities for vulnerable people, such as Rooming Houses and Supported Residential Services – regulation is also required for private residential drug rehabilitation programs.

Supervised injecting facilities

AMA Victoria supports a trial of a supervised injecting facility in Victoria. AMA Victoria's policy position (formulated in 2012) identifies that supervised injecting facilities are proven to have the capacity to reduce the number of deaths from drug overdose, reduce ambulance call-outs and hospital admissions, improve patient outcomes and improve public order.⁵

A supervised injecting facility in Victoria would provide:

- sterile injecting equipment (e.g. needles/syringes) and associated material;
- a means of safe disposal of needles;
- medical and counselling services;
- trained personnel in attendance to provide assistance in case of overdose;
- a direct telephone line to an ambulance service; and
- drug rehabilitation services.

A trial has significant potential to:

- lessen the public impact of street-based injecting;
- improve access to primary medical care, drug treatment and health and other welfare services;
- reduce the incidence of fatal heroin-related overdose; and
- assist in reducing blood-borne viral transmission.

⁴ ABC Four Corners, Rehab Inc., 12 September 2016.

⁵ AMA Victoria's policy position – A Trial of Supervised Safe Injecting Facilities in Victoria (2012).

An independent evaluation of the NSW supervised injecting facility (referred to as the Medically Supervised Injecting Centre) found the following:

A trial of the Medically Supervised Injecting Centre (MSIC) commenced in May 2001 with the start of the MSIC's operations in Kings Cross, Sydney. The NSW Government's stated objectives for the Trial are to decrease drug overdose deaths; provide a gateway to drug treatment and counselling; reduce problems associated with public injecting and discarded needles and/or syringes; and reduce the spread of disease such as HIV and Hepatitis C.

The findings of this evaluation are consistent with and build on findings from previous evaluations commissioned by the NSW Government. The MSIC provides a service for, and was utilised by a socially marginalised and vulnerable population group, many of whom had not previously accessed drug treatment or support services. The MSIC provides a safe injecting environment and has a record of managing overdose events. Findings indicate that the MSIC provides a service that reduces the impact of overdose-related events and other health related consequences of injecting drug use for MSIC clients, and provides access to drug treatment with a high degree of uptake of referrals.

Since the commencement of the MSIC, data sources indicate that there has been a decline in the total number of discarded needle and syringes collected in the vicinity of the MSIC and reduced sightings of public injecting. Results from a random survey of local Kings Cross residents and business operators indicate that there is strong support for the MSIC that has trended upwards over time. There was also consistent support for the MSIC voiced by relevant local service system representatives during interview (including NSW Ambulance, local Emergency Departments, NSW Police, public and private alcohol and drug services and mental health services). Further, interviews conducted with current and former clients of the MSIC described the positive impact of the MSIC's services.⁶

On 20 February 2017, Victorian Coroner Jacqui Hawkins made the recommendation "that the Honourable Martin Foley MP as Minister for Mental Health take the necessary steps to establish a supervised injecting facility trial in North Richmond". AMA Victoria supports the Coroner's recommendation.

⁶ NSW Health Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007-2011) Final Report, prepared by KPMG, September 2010.

Needle exchange in prisons

In 2011, the Victorian Ombudsman's Investigation into Prisoner Access to Health Care found that 41% of Victorian prisoners have hepatitis C (compared to 1% of the general population).⁷ Hepatitis B and C are the most prominent and dangerous blood-borne diseases in prisons, which are usually contracted from sharing needles. Both of these viruses affect the liver and can lead to liver disease, liver cancer and, ultimately, death.

The 2013 Victorian Auditor-General's "Report into the Prevention and Management of Drug Use" in Prisons analysed Corrections Victoria and Justice Health's drug and alcohol treatment programs, noting that the effectiveness of these programs cannot be determined due to shortcomings in performance measurements.⁸ A 41% hepatitis C rate needs rigorous monitoring, regular evaluation and a constant striving for improvement in prevention of transmission, education and the provision of healthcare to prisoners, including support after their release. AMA Victoria expects that processes have improved since the release of this report.

Victoria's prisoners are currently provided with "safe injecting information" and bleach, which prisoners can use to clean contraband needles. However, this is not enough: an overwhelming number of organisations and researchers (including the World Health Organization and the United Nations Office on Drugs and Crime) support the implementation of a needle-exchange program in prisons.⁹

Many prisons in other countries provide clean needles to inmates, resulting in lower rates of blood-borne diseases. The availability of clean needles in prisons does not correlate with negative outcomes such as increased incidences of injecting, or needles being used as weapons, as most programs operate on a needle-exchange basis. A WHO review of 55 European prison needle exchange programs found no reported increase in drug use and no negative unintended consequences (for example, no needles were used as weapons).¹⁰

AMA Victoria contends that the availability of safe and sterile needles in Victorian prisons will lower blood-borne infection rates, and the health and safety of prisoners, prison staff and the public will improve.

⁷ Victorian Ombudsman, Investigation into prisoner access to health care, August 2011.

⁸ Victorian Auditor-General, Report into the Prevention and Management of Drug Use in Prisons, October 2013.

⁹ Hepatitis Australia, July 2016.

¹⁰ Glauser, W., "Prison needle exchange programs rare despite evidence", *Canadian Medical Association Journal (CMAJ)*, 2013 Dec 10; 185(18): 1563.