

**Christianne Andonovski**

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**From:** Colette Leber <wordpress@wp.greens.org.au>  
**Sent:** Thursday, 23 February 2017 9:09 PM  
**To:** LRRCS  
**Subject:** The establishment of Safe Injecting Facilities in Melbourne's drug 'hot spots' as part of the government's policy on harm minimisation.

RE: INQUIRY INTO DRUG LAW REFORM

The establishment of Safe Injecting Facilities in Melbourne's drug 'hot spots' as part of the government's policy on harm minimisation.

TO: INQUIRY INTO DRUG LAW REFORM

FROM: Colette Leber

SUBJECT: The establishment of Safe Injecting Facilities in Melbourne's drug 'hot spots' as part of the government's policy on harm minimisation.

PURPOSE: To seek your endorsement for the proposal to establish Safe Injecting Facilities in Melbourne's drug 'hot spots' as part of the governments Harm minimisation policy.

BACKGROUND:

The issues and policies around addressing injecting drug use has been one of great debate over the years (Mendes 2004, p.19). The policies governments choose to implement have a significant impact of on the lives of individuals, families and the community as a whole. In 2006, Victoria alone recorded 37 heroin related deaths (Woods, J Gerostamoulos, D and Drummer, O 2008, p.1). The Federal governments' policy of 'Harm Minimisation' has been part of the National Drug Strategy since 1985 (Macintosh, 2006 p.1). The Victorian government's policy is also one of Harm minimisation (VicHealth 2006, p.4). It has taken on some initiatives in a bid to address the harms associated with injecting drug use. Currently, Needle and Syringe Programs (NSP's) are operating very effectively to prevent the spread of diseases such as HIV/AIDS and Hepatitis C. However, issues such as overdoses are not addressed with this program alone. The Safe Injecting Facilities would work in addition to the current NSP's. Safe Injecting Facilities target issues that other services such as needle exchange and outreach are unable to (Broadhead et al 2002; Green et al 2004; Kerr & Palepu 2001 in Ritter, A. & Cameron, J 2005, p.23).

The first Safe Injecting Facility was established in Switzerland in 1986 and has proven to be a success (Van Beek 2008, p.166). Since then, there have been multiple Safe Injecting Facilities introduced around the world. The first and only Australian Safe Injecting Facility was introduced in 2001 (Van Beek 2008, p.165). The Sydney Medically Supervised Injecting Centre (MSIC) is still operating with and making a positive impact on drug users lives (Sydney MSIC 2009). The evaluation findings for the current trial are consistent with international research which suggests that supervised injecting facilities are effective in reducing the harms associated with injecting drug use (National Centre in HIV Epidemiology and Clinical Research 2007, p. 42). The assessment from the NSW government has found that Sydney MSIC has been successful in "deaths being averted, drugs users being referred to drug treatment, public amenity improved, and high and increased support of local community" (Haemmig, R and Van Beek 2005, p. 166). The fact that there has not been a single fatal overdose in any of the safe injecting facilities around the world to date is evidence in itself of the usefulness of Safe Injecting Facilities (Haemmig, R and Van Beek 2005, p.165). The Australian Drug Foundation estimates that for every HIV infection the cost to the community is \$100,000, and every hepatitis C infection costs \$14,000 in direct health care costs alone (Australian Drug Foundation 2001, para.2). In 2006, there were 208 cases of newly acquired Hepatitis C (Fielding 2006, p. 8) and 263 new diagnoses of HIV (Fielding 2006, p. 36). The injecting drug user population, have a high rate of both. The Australian Drug Foundation estimates that each injecting facility would cost about \$300,000 per year to run (Australian Drug Foundation 2001, para.2).

The issue of implementing Safe Injecting Facilities in Melbourne's 'drug hotspots' has been raised previously. In November 2000, the Bracks Labor government proceeded to try and pass a bill to introduce Safe Injecting Facilities in the Cities of Melbourne, Yarra, Maribyrnong, Port Phillip, and greater Dandenong (Mendes 2004, p.22). Unfortunately, the Bill was blocked by conservative MP's in the Upper House (Mendes 2004, p.22).

#### ISSUES:

The policy proposal is that Safe injecting Facilities be implemented around Melbourne, in municipalities identified with a high rate of drug use and activity, as a part of the governments harm minimisation policy. These facilities are to be modelled on the Sydney MSIC (Van Beek, 2008). These facilities are to have medically trained staff and access to support, counselling and referral services. Local community consultation, education and awareness campaigns are advised, after identification of locations.

Safe Injecting Facilities are able to:

- ☐ Reduce the morbidity and mortality associated with drug overdoses (due to them being moved from less safe circumstances such as public places or alone)
  
- ☐ Reduce blood-borne infections including HIV, hepatitis B, and hepatitis C, by providing a clean, safe environment and by giving medical advice and equipment for injecting
  
- ☐ Enhance access for people who inject drugs to drug treatment, health and social welfare services. Access that many homeless and marginalised injecting drug users have great barriers to (Rowe, J 2005)
  
- ☐ Reduce the "public nuisance" associated with drug injecting in streets, parks and other public places such as discarded needle syringes and other injecting paraphernalia
  
- ☐ Reduce the call outs to ambulances and thus freeing up the service for other emergencies
  
- ☐ Save the government money on treatment by preventative and early intervention strategies (Haemmig, R and Van Beek 2005; Van Beek 2008)

The homeless drug injecting population are far more likely to have unsafe injecting practices (Rowe 2005, p.48). Furthermore, the mainstream treatment programs are often unsuitable, unmanageable and unattainable (due to waiting lists and shortages), for many of the homeless population (Rowe 2005, p.54-55). Safe Injecting Facilities may be one of the only access points to safe injecting, medical advice and other supports. Qualitative data is an important part of measuring success. The client feedback from the Sydney MSIC provides us with another way of viewing success. To quote one client: "Without this place I would be dead. Simply, the MSIC saves lives." (Sydney MSIC 2009, para. 2).

The policy of Safe Injecting Facilities is supported by a number of welfare, community, political, church groups and health care organisations (Mendes 2004, p. 21). To list a few: The Australian Drug Foundation, Australian Nursing Federation, Australian Medical Association, the Law Institute of Victoria, the Ambulance Officers Association, Open Family, Sacred Heart Mission, Wesley Central Mission and The Australian Greens (Mendes 2004, p.21). Furthermore when the debate was taking place in 1999, a survey conducted by Turning Point showed that Seventy-seven per cent of the sample indicated that they would be willing to use a SIR if established in Melbourne (Fry 1999, pp. 503). In the last attempt the policy had the support of three out of the five local governments (Mendes 2004, p.21).

There are likely to be a number of opponents. Namely conservative MP's, certain Catholic Church groups local businesses (that may fear loss of revenue) and certain tabloid media outlets. Conservative columnist for the Herald Sun, Andrew Bolt holds strong views. To quote Bolt: "we don't need injecting rooms to save lives. Tougher policing helps to do that already" (Bolt 2001). Another fierce opponent during the previous attempt to establish Safe Injecting Facilities in Melbourne was the then Shadow Health Minister, Robert Doyle. In a policy speech he declared that: "the government [he] lead[s] will never seek to introduce heroin injecting rooms in Victoria" (Doyle, 2002). Given that Doyle is currently Lord Mayor of Melbourne he is likely to be an outspoken critic. The Salvation Army that run many rehabilitation programs and other Catholic Church organisations are likely opponents of the proposal. The issue of Safe Injecting Facilities is not currently a Labor or Liberal policy.

RECOMMENDATION:

On the basis of the above, I recommend that the proposal to establish Safe Injecting Facilities in Melbourne's drug 'hot spots' be implemented as part of the Governments 'Harm Minimisation policy' as s soon as staff and facilities are made available.

By Colette Leber (s3135556)

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-- Colette Leber

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I'm happy for my submission and details to be made public.