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From: Inquiry into Drug Law Reform [REDACTED]
Sent: Monday, 6 March 2017 4:14 PM
To: LRRCS
Subject: New Submission to Inquiry into Drug Law Reform

Inquiry Name: Inquiry into Drug Law Reform

MS MARGOT FOSTER
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SUBMISSION CONTENT:

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File2:

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Submission to Parliamentary Committee on drug Law Reform

I address the terms of reference as follows:

1) The effectiveness of laws, procedures and regulations relating to illicit and synthetic drugs and the misuse of prescription medication in minimising drug-related health, social and economic harm

I am a resident who has lived in this 'epicentre of illicit public drug use' for more than 23 years. I can tell you that the situation has been bad for all of this time but I have never known it to be as bad as it is now.

I cannot step out of my front door and make a return visit to Victoria St without confronting users publicly injecting, managing overdoses, or hunting for a dealer. I see dealers blatantly selling, spruiking, arguing all along Victoria St. I see the drug affected in doorways, on porches, between rubbish bins and in our gardens. I clean litter, faeces, and vomit from my pathway.

Tram stop 20 at Lennox St (locally known as Crack Alley) is typically surrounded by a dozen users and a handful of dealers milling, moving, trading, and pacing. I watched a dealer on Victoria Street working out of his satchel, money and drugs changing hands efficiently, clients moving briskly on once they've scored. Many locals choose not to use the new 'super stop' because it can be quite confronting and parents certainly do not want their children exposed to the behaviours on display there. I tell visitors to avoid the area and go to Hoddle street and catch a bus.

I cannot count the number of times I've called triple 0 for someone I see prone and apparently unconscious in a lane, gutter or footpath. Every neighbour has a story of waiting with an overdose victim until help arrives. My son was traumatised by seeing a body in our lane. My neighbour told me how she found an unconscious body in her lane. She wrestled with how she might provide CPR while waiting for an ambulance. Locals should not have to take on responsibility for life and death in this way.

Users routinely come into my front garden to try the tap. Everyone in the street has removed their tap fitting and keeps them hidden inside. It's inconvenient but necessary. I found a box of food stashed under shrubs in my front garden. I've had to lock one of my access gates because it is always pushed open and my garden hose dismantled. Little things accumulate into a depressing reality.

I'm doing a test to see if I can get down to the Hive and back with the world being normal but I can say that without exception there is someone shooting up, loitering in a car dealing, someone lurching and swaying in a drug swoon threatening to pass out right in front of me. I see used needles and drug paraphernalia littered along the gutters or on the porches. Someone pinned will push past, racing frantically along the pavement. Dealers will be working from cars or along Victoria St and gathering junkies will be scanning and pacing.

In the increasingly sad shops nearby I feel sorry for the bakery and the restaurants whose doorways are crowded by the drug affected and their creepy dealers. I watched a user screaming into a restaurant "I'm going to kill you" while the owners desperately tried to barricade the door.

I've been living with the drug problem along Victoria St since the 90's.

More than 20 years ago my son had needle stick injury. He was at the local kindergarten. Some jerk had tossed a used needle into the playground tan bark where the 3 year olds found it. He went through several years of testing at the Royal Children's Hospital for Hepatitis C and HIV.

I keep a lookout for needles. I carefully collect dispose of the ones in my garden, nature strip and laneway.

This is our neighbourhood and we have had enough. It's too much for residents. It's too confronting each day. The tipping point has been reached when compassion is frayed and residents consider moving away.

The State Parliament has the power to do something about this but it has not acted.

Residents want to know why.

2) The practice of other Australian states and territories and overseas jurisdictions and their approach to drug law reform and how other positive reforms could be adopted into Victorian law.

I have examined proven drug harm minimisation strategies in place in Australia and internationally and believe a medically supervised drug consumption centre is integral to an effective and compassionate broader response to a problem this area has endured for 20 years.

I think after 20 years of tackling symptoms rather than cause a bold attempt to find solutions is due because whatever is being done is not working.

Those lobbying for CCTV and focussing on criminal aspects are misguided. Apart from the prohibitive cost, studies on the efficacy of CCTV show that it would at best simply move the problem elsewhere.

The Kings Cross model, a Medically Supervised Injecting Centre (MSIC), trialled for 15 years, rigorously monitored, documented and evaluated, is now operating independently and is unequivocally a success story.

(In 2011) It demonstrated the halving of numbers of syringes strewn in public places. It managed 4,400 overdose related events without fatality. Ambulance call outs to the precinct were reduced by 80% . Users and addicts accessed support services with many finding a pathway out of their despair and dependency. The centre generated more than 9500 referrals to health and social welfare services.

Its operation is funded entirely by the Confiscated Proceeds of Crime Account, managed by the New South Wales Treasury.

Importantly the amenity of Kings Cross has been returned to residents.

Early reservations about the strategy have been replaced by confidence. Police, doctors and the community now support the Kings Cross Medically Supervised Injecting Centre.

Dr Jauncey is the Medical Director at the Kings Cross centre. She says wherever there is evidence of public injecting harm the model would work but the key is to locate the Injecting Centre close to where the use is occurring.

We require enabling legislation that allows for a fixed site Medically Supervised Injecting Centre. (MSIC).

People who don't understand the concept are fearful of all sorts of 'honeypot' consequences, and loss of amenity, but they are mistaken.

This has not been the experience at Kings Cross or the many centres internationally that offer a similar service.

There is excellent documentation and regular reporting of the Kings Cross Medically Supervised Injecting Centre outcomes and I urge you to recommend establishing a similar centre for Victoria Street.

The groundwork in Australia on this essential harm minimisation strategy has been done at Kings Cross. It demonstrates a proven solution with superior health outcomes. The model at UMSIC in Sydney is recognised internationally and Sydney has just assisted Dublin in setting up such a centre.

Our Yarra Council is treating the issue seriously and again exploring solutions but we need the enabling legislation in order to progress.

The number of fatal overdoses in Victoria is rising each year. Many of these 168+ deaths (in 2015) may have been saved had there been a supervised injecting facility offering safety and rehabilitation.