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RACP Submission

Victorian Parliament Inquiry into the Drugs, Poisons
and Controlled Substances Amendment (Pilot
Medically Supervised Injecting Centre) Bill 2017

April 2017

Introduction

The Royal Australasian College of Physicians (RACP) is a diverse organisation responsible for training, educating and representing over 23,000 medical specialists and trainee specialists in Australia and New Zealand. Our members cover 33 different specialties including internal medicine, paediatrics, public health medicine, occupational and environmental medicine, rehabilitation medicine, addiction medicine and sexual health medicine.

The RACP welcomes this opportunity to provide a submission in response to the Victorian Parliament Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017 which proposes to amend the Drug, Poisons and Controlled Substances Act 1981 to enable the licencing and operation of a medically supervised injecting centre for a trial period of 18 months.

We note the terms of reference for this inquiry, as follows:

1. the recommendations in Coroner Hawkins' Finding– Inquest into the Death of Ms A.,ⁱ delivered on 20 February 2017 and other relevant reports;
2. the nature and extent of current, relevant regulations;
3. and the nature and extent of associated, relevant policing policy.

The RACP urges the Victorian government to establish a Pilot MSIC in Victoria

The RACP is a strong supporter of MSICs and we call for the Victorian government to establish a Pilot MSIC as outlined in the proposed *Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017*. This Pilot MSIC would save lives and would improve the health and wellbeing of marginalised and vulnerable people in Victoria.

“Supervised injecting facilities are an evidence-based approach to minimise harms associated with injecting drug use. The scientific evidence is clear, and shows they provide significant benefits to the individuals who use them as well as to the broader community in which they are situated.”
RACP (2012)ⁱⁱ

The RACP supports the establishment of more supervised injecting centres in areas of need to reduce overdose death and increase links to treatment and support services. MSICs are an evidence-based approach to reduce the burden of disease associated with opioid overdose, as well as to improve links to treatment and support services.ⁱⁱⁱ They improve local neighbourhood amenity, and reduce blood borne virus transmission.^{iv} They are also cost effective, and operate with a positive return on investment^{v,vi} and importantly, such services target a particularly vulnerable and hard to reach group of marginalised people who inject drugs.

As outlined in the proposed Bill, the aims of the establishment of a Pilot Medically Supervised Injecting Centre (MSIC) are to:^{vii}

- reduce the number of deaths from drug overdoses
- provide a gateway to health and social assistance for clients of the licensed injecting centre, including drug treatment, health care and counselling
- reduce drug overdose related ambulance attendances
- reduce the number of discarded needles and syringes and the incidence of drug injecting in public places
- improve the amenity of the neighbourhood for residents and traders in the vicinity of the licensed injecting centre
- assist in reducing the spread of blood-borne diseases, including but not limited to HIV infection or hepatitis C.

Australia already has one MSIC established in the King's Cross area of Sydney in 2001. The aims of the Sydney MSIC are the same as those outlined in the proposed Bill and multiple independent evaluations^{viii} have demonstrated that it has fulfilled all of them since its establishment. These studies have consistently shown that the Sydney MSIC has not only save lives (no overdose deaths have happened on the premises since the opening of the centre), it also successfully prevents other potential harms from non-fatal overdoses, such as brain damage, by intervening immediately in such cases. In addition, centre staff are highly trained and can assist vulnerable clients with a wide range of interventions to increase their motivation to seek drug treatment; minimise the risk of infections and prevent disease transmission; advise on Hepatitis C treatment and care; provide crisis counselling and assist in the assessment and coordination of care for those experiencing significant mental health issues.^{ix}

Coroner Hawkins' report on the Inquest into the Death of Ms A.,^x a 34 year old who died from a fatal heroin overdose in Richmond Victoria in 2015, makes a strong evidence-based case for the establishment of a Pilot MSIC in the City of Yarra. It provides a detailed review of the evidence regarding the circumstances surrounding Ms A.'s death including "the nexus between heroin-related harm and deaths and the City of Yarra, with particular focus on potential prevention opportunity in the Richmond area".^{xi}

The Coroner's report cites evidence that the City of Yarra is the local government area with the highest frequency and rate of heroin overdose deaths in Victoria. It highlights the range of evidence-based strategies currently in place to reduce the harms from injecting drug in this local area including needle and syringe programs, specialist outreach to engage injecting drug users, Naloxone distribution and peer education and the North Richmond Community Health's response to heroin-related overdoses. All of these measures focus on harm reduction and save lives. Yet, despite the range of measures being deployed in this area, the Coroner's report outlines that 20 of the 172 fatal heroin overdoses recorded in Victoria in 2015 occurred in the City of Yarra. This clearly demonstrates that more could, and indeed *should*, be done to save lives in this area.

The Coroner concludes by making three recommendations which the RACP fully supports to complement the range of strategies already in place in the City of Yarra:^{xii}

1. That the Victorian Minister for Mental Health take the necessary steps to establish a safe injecting facility trial in North Richmond
2. That the Secretary of the Department of Health and Human Services Victoria take the necessary steps to expand the availability of Naloxone to people who are in a position to intervene and reverse opioid drug overdoses in the City of Yarra
3. That the Secretary of the Department of Health and Human Services Victoria review current Department of Health and Human Services-funded services that support the health and wellbeing of injecting drug users in the City of Yarra, and consultation with relevant service providers and other stakeholders, to identify opportunities to improve injecting drug users' access to and engagement with these life-saving services.

In the words of the Coroner, the establishment of a Pilot MSIC in North Richmond is "an essential intervention that could reduce the risk of future overdose deaths occurring in circumstances similar to those of Ms A".^{xiii} The Coroner's report also refers to strong support for a Pilot MSIC from the local community: "there have been longstanding calls for a safe injecting facility to be established in the City of Yarra, with strong support from the Council, local traders and residents".^{xiv} This mirrors the evidence from the Sydney MSIC which shows strong ongoing support for the centre from local residents and businesses.^{xv}

Concluding remarks

The evidence demonstrates that MSICs save lives. Since its opening in 2001, the Sydney MSIC has directly helped thousands of New South Wales' most marginalised drug users who tend not to access health and other welfare services by providing them with assistance to improve their health, wellbeing and general quality of life. In so doing, the centre has also benefited the wider community and has contributed savings to the health system.^{xvi} **We urge the Victorian government to make this support available to vulnerable and marginalised drug users in Victoria through the establishment of the Pilot MSIC as outlined in the proposed *Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017*.**

Please contact Claire Celia, RACP Senior Policy Officer, on Claire.Celia@racp.edu.au should you require any further information about this submission.

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