



# Burnet Institute

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DIRECTOR and CEO – Professor Brendan Crabb AC PhD  
PATRON-IN-CHIEF – The Honourable Linda Dessau AC, Governor of Victoria

The Secretary  
Legal and Social Issue Committee  
Parliament House  
Spring Street  
EAST MELBOURNE VIC 3002

12/4/2017

To whom it may concern:

***Re: INQUIRY INTO DRUGS, POISONS AND CONTROLLED SUBSTANCES AMENDMENT (PILOT MEDICALLY SUPERVISED INJECTING CENTRE) BILL 2017***

I am responding on behalf of the Burnet Institute to the call for submissions from the Legal and Social Issue Committee to the Inquiry into Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017.

The Burnet Institute is one of Australia's leading medical research institutes. Burnet is in a unique position to provide information relevant to the Inquiry, having conducted research with people who use drugs for over 25 years. Our findings have greatly advanced knowledge of the nature of drug use, related harms and responses. We apply a public health approach to drug use – particularly injecting drug use – to improve the health and wellbeing of people who consume drugs and the communities around them.

We welcome the opportunity to respond to the Inquiry into Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017 by the Legal and Social Issue Committee. This Inquiry is an important opportunity to examine the suitability of Supervised Injecting Facilities in Victoria. Our response draws upon a recent submission we have made to the Inquiry into Drug Law Reform by the Parliamentary Law Reform, Road and Community Safety Committee and a similar submission made to Coroner Hawkins' Investigation into the death of Ms A.

Please do not hesitate to contact us if you have any queries about our submission. We would welcome the opportunity to discuss any of the recommendations with the Inquiry.

Yours sincerely,

Paul Dietze  
Professor and Director, Behaviours and Health Risks Program  
Burnet Institute

**Head Office**

85 Commercial Road, Melbourne, Victoria, Australia 3004  
GPO Box 2284, Melbourne, Victoria, Australia 3001

Tel Fax +61 3 9282 2100 Email [burnet.edu.au](http://burnet.edu.au)

## The urgent need for local overdose response in Victoria

In 2015, 20 of the 172 fatal heroin overdoses occurred in the City of Yarra. The Coroners Prevention Unit (CPU) identified a further 15 overdose deaths in 2015 where the death occurred outside of the City of Yarra however there was positive evidence that the heroin which contributed to the overdose death was sourced from within the City of Yarra. It is likely that further overdose deaths also resulted from heroin purchased from within the City of Yarra. North Richmond Community Health (NRCH) reported that between 2014 and 2015 they responded to 101 overdoses, with 56 of those occurring in 2015. On the 20<sup>th</sup> of February 2017 Coroner Hawkins' reported on the Inquest into the Death of Ms A, who passed away in the City of Yarra. This Coronial Investigation into Ms A's death had the broader purpose of contributing to reduction in the number of preventable deaths. Coroner Hawkins recommended that the Victorian Government establish a safe injecting facility trial in North Richmond in order to prevent further deaths. We endorse this recommendation.

### Safe injecting facilities

Safe injecting facilities (SIFs) (also referred to as Medically Supervised Injecting Centres or supervised injecting facility) are a mechanism for regulating the environment in which drug injecting takes place, enabling reductions in harm (Moore & Dietze, 2005; Rhodes et al., 2006).

SIFs refer to services in which drugs acquired from illegal sources can be consumed in a 'safe' environment where safety refers not only to health risk minimisation, by having medical intervention readily available (often involving nursing staff, but sometimes involving other appropriately trained professionals or students) but also to safety from the threat of law enforcement involvement. The illicit nature of the drugs consumed means that they are differentiated from other facilities in which treatment drugs (including diacetylmorphine or heroin) are administered, such as in prescription heroin treatment (Strang et al., 2015).

As outlined in the Coroner's Finding, safe injecting facilities generally include the following features:

- Freely available sterile injecting equipment
- Appropriately trained staff who are available to provide treatment if an overdose occurs
- Appropriately trained staff who provide education to users on safer injecting practices and safer drug use
- Support workers who provide linkage to services, including physical health, mental health, housing, legal and other relevant services

### Evidence supporting establishment of safe injecting facilities

Since the 1980s, 90 SIFs have been established globally in ten countries (Harm Reduction International, 2016).

The only SIF in Australia to date was established in Sydney in 2001. Sydney's Medically Supervised Injecting Centre (MSIC) is located in Kings Cross (Kimber, Dolan, & Wodak, 2005; MSIC Evaluation Committee, 2003).

The supervised injecting facilities in Sydney and Vancouver have been extensively evaluated and overwhelmingly show a range of public health and public amenity benefits that are outlined below.

### **Improved public order and reduction in public injecting and associated discarded injecting equipment**

Evidence from the Sydney MSIC and internationally has shown that the establishment of a SIF improves negative impacts upon public order as a result of IDU presence. Evaluation of the Vancouver SIF showed a 50% reduction in both public injecting and the presence of publically discarded syringes (Wood et al., 2004). Similarly, evaluation of the Sydney MSIC noted a 28% reduction in discarded syringes and a significant decline in self-reported public injecting (MSIC Evaluation Committee, 2003).

### **Referrals to drug treatment**

Drug treatment, particularly opioid substitution therapy, is effective in reducing injecting frequency and injecting related harms such as overdoses and blood borne viruses (Amato et al., 2005; Booth et al., 2011). Evaluations of both the Vancouver SIF and the Sydney MSIC showed evidence of effective referrals into treatment. In just 12 months of operation, the Vancouver SIF made 2171 referrals for 4764 individual clients (Tyndall et al., 2006), and evaluation of the Sydney MSIC found that MSIC clients were more likely than other groups of people who inject drugs (PWID) to report initiation of treatment for drug dependence (MSIC Evaluation Committee, 2003). Additionally, MSIC clients reported safer injecting practices and decreased injecting-related harms (such as skin infections) since registering with the MSIC (MSIC Evaluation Committee, 2003).

### **Minimal 'honey-pot' effects**

Clear evidence of any 'honey-pot' effects, whereby PWID may be attracted to areas where SIFs operate has not been found. Evaluators of the Vancouver SIF examined official recorded crime rates as markers for a 'honey-pot' effect and noted no significant increases in drug trafficking or assaults and robberies in the year following opening of the SIF (Wood, Tyndall, Lai, Montaner, & Kerr, 2006). Instead, they noted a decline in vehicle break-ins/thefts. Similarly, evaluators of the Sydney MSIC noted no increases in the number of thefts and robbery incidents in Kings Cross, or significant increases in drug-related loitering following the opening of the facility (MSIC Evaluation Committee, 2003). Importantly, reports on drug related activity in interviews with key informants and police focus groups were consistent with the overall evaluation finding that the SIF did not increase drug-related activity (MSIC Evaluation Committee, 2003).

### **Increased public support for SIF operations**

Local public support for the Sydney MSIC has been evident since the facility's establishment. At the end of the initial 18 month evaluation period most residents (78%) and business operators (63%) interviewed during the evaluation supported the MSIC (MSIC Evaluation Committee, 2003). This high level of public support continued through to the first five years of the operation of the service, with over 90% of resident and business operator respondents noting positive effects of the facility (Salmon, Thein, Kimber, Kaldor, & Maher, 2007).

### **Reduction in opioid overdoses, in particular fatal overdoses**

Supervised injecting facilities offer the prospect of prompt and appropriate intervention in the case of overdose, by providing access to professional support and/or naloxone (van Beek, Kimber, Dakin, & Gilmour, 2004). Derived largely from studies of the facilities in

Vancouver SIF and Sydney MSIC, published ecological evidence suggests that supervised injecting facilities reduce both fatal and non-fatal opioid overdose.

The establishment and implementation of the Sydney MSIC resulted in a large decline in non-fatal opioid overdoses attended by ambulance (defined as ambulance attendances where naloxone was administered), that was statistically significantly larger than any similar effects seen across Sydney and New South Wales more broadly (Salmon, van Beek, Amin, Kaldor, & Maher, 2010). Similarly, overdose death rates within 500 metres of the Vancouver SIF declined following the implementation of the facility, which was statistically significantly greater than any decline seen in other areas of Vancouver (Marshall, Milloy, Wood, Montaner, & Kerr, 2011). Indeed, estimates of the number of fatal opioid overdoses averted through both the Sydney (estimated between 4-9, MSIC Evaluation Committee, 2003) and Vancouver facilities (estimated between 1.9-11.7 per annum, Milloy, Kerr, Tyndall, Montaner, & Wood, 2008) were a significant contributor to the overall cost-effectiveness demonstrated in economic analyses of the two facilities. Importantly, it is widely known that there has been no recorded overdose fatality in any of the injecting facilities operating across the world and supervised injecting facilities are listed as an evidence-informed intervention in the National Drug Strategy (Intergovernmental Committee on Drugs, 2015).

## Regulatory change

SIF implementation requires regulatory change to allow the legal consumption of illegal drugs. The Sydney Medically Supervised Injecting centre (MSIC) is covered by Part 2A of the NSW Drug Misuse and Trafficking Act 1985 that was enacted specifically to create the operating conditions of the service. These conditions include specifications of the basic operational environment of the MSIC (including the requirements for supervision and medical training of staff) as well as allowing illicit drug possession and consumption, and allowing police to exercise discretion around charging people with drug offences if the person is travelling to or from the MSIC. Equivalent legislative provision for Vancouver's Insite SIF was required at a Federal level in Canada, but such provision is not required under Australian law. Establishment of any SIF in Melbourne requires only amendment of the Victorian Drugs, Poisons and Controlled Substances Act 1981, with the Part 2 A of the NSW Drug Misuse and Trafficking Act 1985 serving as an appropriate model. We note that this type of change has been mooted in the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017.

## Conclusion and recommendation

In light of the evidence we have reviewed supporting the effectiveness of safe injecting facilities in both reducing overdoses and improving public health and public amenity, we strongly recommend the establishment of a safe injecting facility in the City of Yarra. We recognise that implementation of any such facility would need to be supported by rigorous scientific evaluation to determine effectiveness in the Victorian context.

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