



National Office
4 Champion Street
Deakin ACT 2600
T 02 6259 0431
E natoffice@acl.org.au
ABN 40 075 120 517

17 March 2017

Executive Officer
Law Reform, Road and Community Safety Committee
Parliament House, Spring Street
EAST MELBOURNE VIC 3002

RE: Inquiry into Drug Law Reform

The Australian Christian Lobby (ACL) welcomes this opportunity to contribute to the public consultation process on drug reform being undertaken by the Law Reform, Road and Community Safety Committee. Our submission will focus entirely on the injecting room proposed by Ms Fiona Patten for Richmond and the serious objections that ACL has to such a project.

It is worth beginning by noting that the government made an election commitment to reject injecting rooms. During the Victorian election period in 2014, the Labor party stated its policy position on illicit drugs as follows:

Victorian Labor has released a policy to take action on the scourge of Ice:
<http://www.danielandrews.com.au/media-releases/victorian-labors-ice-intervention-to-confront-ice-epidemic/>

We do not support the introduction of supervised injecting rooms. Harm minimisation and evidence-based responses to drug use like needle and syringe programs, pharmacotherapies as well as treatment and support services are our focus.

Labor believes that medical cannabis should be legal in exceptional circumstances. An Andrews Labor Government will seek advice from the Victorian Law Reform Commission on this issue:
<http://www.danielandrews.com.au/media-releases/labor-medical-cannabis-should-be-legal/>

Proposed injecting room

Sex Party MP Fiona Patten is seeking to pass a bill which would establish an 18-month trial of a drug injecting room in Richmond. She and others, such as the Greens, point to the tragic deaths of 34 people who died from heroin overdoses in the Richmond area since last year and argue that injecting rooms save lives. The Greens even go as far as to say that “a supervised injecting rooms could have saved these people” (sic).¹ Ms Patten wants the trial to be run at the same time as a parliamentary committee looks at the issue, which will take two years. “If we wait another two years we’re looking at another

¹ The Greens’ injecting room campaign website, accessed 17 March 2017, <http://supervisedinjectingrichmond.org.au/>

70 people dying in North Richmond,”² she has said. This submission will show that these claims about saving so many lives is based on false assumptions from the data collected in relation to the NSW injecting room.

Thankfully, Police Minister Lisa Neville as well as Premier Daniel Andrews have since rejected the project and ACL commends the government for upholding its election commitment.

The establishment of an injecting room in Richmond is a highly irresponsible move which should be rejected. Drug-injecting rooms should not be presented as the solution to high drug use in Richmond or any other suburb in Melbourne. Offering drug-injecting rooms sends the wrong message to people dealing with drug addiction; it sends the erroneous message that the practice can be safe. Drug users often become slaves to their addiction, we should be doing all we can to help them overcome the addiction.

A reduction in drug related deaths would best be achieved by reducing the number of people using drugs, this can be achieved through better funding to rehabilitation programs and by reducing the supply of drugs on the street through increased policing.

The asserted success of Sydney’s injecting room is used as a justification for establishing a similar injecting room in Richmond. Before the so-called success of the Kings Cross facility is accepted as fact, we need to assess the actual review data.

Sydney’s Injecting Room

Drug Free Australia (DFA) has strongly criticised the injecting room in Kings Cross which is called the Medically Supervised Injecting Centre (MSIC). The centre was opened in May 2001 on a trial basis and is now permanent feature. The MSIC has undergone a number of evaluations over the years since its opening in 2001.

An evaluation³ of MSIC was published by the National Drug and Alcohol Research Centre in 2003, and painted the clinic in a positive light, however, a report⁴ by DFA strongly critiqued the evaluation, as well as other data to December 2006. As the proposal by Ms Patton seeks to replicate the Kings Cross experiment in Richmond, we must seriously consider the DFA critique.

The criticisms raised by DFA (which will soon be discussed) were dismissed at the time by the then medical director of MSIC without adequately addressing the arguments and data raised by DFA. In addition, the chief of the National Drug and Alcohol Research Centre, Richard Mattick, also criticised the DFA calculations without directly addressing any of the specifics.⁵ The criticism of the calculations by Mattick is surprising considering that DFA only used data from the evaluation and used precisely the same assumptions and methodology as the NDARC evaluators.

² Alex White, Tom Minear and David Hurley, North Richmond safe injecting room to be considered by State Parliament, *Herald Sun*, 7 February 2017, <http://www.heraldsun.com.au/news/victoria/north-richmond-safe-injecting-room-to-be-considered-by-state-parliament/news-story/2a909b88bb72b7af0d611f7086418dc7>

³ MSIC Evaluation Committee. (2003). Final report on the evaluation of the Sydney Medically Supervised Injecting Centre. Sydney: authors. https://uniting.org/_data/assets/pdf_file/0007/136438/MSIC-final-evaluation-report-2003.pdf

⁴ Drug Free Australia, The Kings Cross Injecting Room, The Case for Closure – Detailed Evidence https://www.dalgarnoinstitute.org.au/images/resources/pdf/injecting-rooms/DFA_Injecting_Room_Detailed_Research.pdf

⁵ <http://dailytelegraph.news.com.au/story.jsp?sectionid=1260&storyid=171637>

A booklet⁶ by DFA, which draws on their much longer critique, makes several points some of which can be summarised as follows:

- Calculations by DFA based on the overdose figures published by MSIC led DFA to conclude that the overdose rate was 36 times higher than on the streets of Kings Cross.
- The MSIC's own report attributes the higher overdose rate to clients taking more risks with higher doses of heroin in the injecting room. Only 11% of injecting room clients were referred to maintenance treatment, detox or rehab.
- Only 38% of injections at MSIC in 2006 were heroin injections, with other substances such as ICE, Cocaine, and Morphine being used.

Comment: It is clear from this statistic that the range of the drugs likely to be taken at the proposed Richmond injecting room would, from day one, include drugs other than heroin. This is significant because the rhetoric attached to the campaign for a Richmond injecting room has focused purely on heroin.

- The injecting room averaged 200 injections per day and has a capacity for 330. This means that the facility is underutilised by drug users. On average, only one out of every 35 injections per user took place in the injecting room.

The key claim by Ms Patton and the Greens is that an injecting room in Richmond will save the lives of those who are overdosing. As highlighted by the above points, MSIC's own study shows no conclusive evidence that injecting rooms save more lives. In fact, it only raises more questions about the effectiveness of such a project.

Media coverage has consistently focused on the claims made by the MSIC reporting the number of overdose interventions which take place in the injecting room as a basis for the number of lives saved as a result of the existence of the injecting room.

Kelly Burke, Injecting room open longer due to demand, Sydney Morning Herald, 22 June 2001.⁷

The centre has recorded more than 500 injecting episodes in its first month of operation. In one four-hour period more than 60 clients used the premises. Four overdoses have been recorded on site. In each case the user had arrived at the centre alone, which is a known risk factor in drug overdose death, Dr van Beek said. "Potentially we've saved four lives in the first month."

This simplistic approach of making a direct equation between the number of interventions in the clinic and the number of lives saved by the existence of the clinic has continued throughout the history of the clinic up until today. Fiona Patten and the Greens have adopted this same approach in their argument for a Richmond trial. However, this direct equation between the number of interventions in the clinic and what might have happened had the clinic not existed is misleading.

Figures cited by DFA show that the overdose rate in the clinic is up to 36 times higher than in the Kings Cross neighbourhood. DFA calculated the overdose rate for Kings Cross using the method adopted by

⁶ Drug Free Australia, The Kings Cross injecting room, the case for closure, accessed 17 March 2017, https://www.drugfree.org.au/images/13Books-FP/pdf/DFA_Injecting_Room_Booklet.pdf

⁷ Kelly Burke, Injecting room open longer due to demand, *The Sydney Morning Herald*, 22 June 2001.

the MSIC report which calculated total overdoses, ie ambulance overdose callouts, divided by 51 and multiplied by 100.⁸

On the injecting room's own calculations there were 6,000 heroin injections in the Kings Cross area, of which only 652 heroin injections per day were in the injecting room. Over the 18 month evaluation period there were 3293 overdoses for less than a total of 35,000 heroin injections in the injecting room. Yet out on the street , for the same period, there was a total of 8455 overdoses out of the report's estimated 3,229,0306 heroin injections.

Thus in the injecting room there was one overdose for every 106 heroin injections, while on the street outside there was one overdose for every 3,821 heroin injections. The injecting room consequently had 36 times more overdoses than the rest of Kings Cross. It would have been remarkable if the injecting room had had twice the number of overdoses, horrifying if it had had 3 times the number, but its own data shows 36 times the number of overdoses...⁹

The critique by DFA concludes the reason behind the higher rate of overdoses in the injecting room was that injecting room clients were “that clients are using the presence of nursing staff as insurance against the risks of experimenting with much higher heroin dosages.”¹⁰

Conclusion

In conclusion, the argument that an injecting room in Richmond will save the lives of those currently overdosing in Richmond is not backed by sound evidence.

The DFA analysis shows that the astronomically high rates of overdose in the Kings Cross MSIC are more likely to reflect higher risk taking behaviour within the injecting rooms than would occur elsewhere. This means that rates of intervention in a clinic setting cannot be used as a sound measure to reveal the number of lives saved had the clinic not existed. It must also be noted that the experience gained from the Kings Cross MSIC shows that heroin users will continue to underutilise the facility and take the majority of their injections outside the clinic, meaning users of the clinic can still overdose elsewhere.

ACL submits that the resources would be better spent on measures that reduce the number of people using drugs rather than enable them to continue their habit.



Daniel Flynn
Victorian Director
Australian Christian Lobby

⁸ Open letter re MSIC Overdoses, Gary Christian 27/09/2003 http://drugfree.org.au/images/pdf-files/library/Injecting_Rooms/DFAInjectingRoomCorrespondence.pdf p.1.

⁹ Drug Free Australia, A critical Response to the Kings Cross Injecting Room 2003 Report. <http://www.salledeconsommation.fr/media/drug-free-australia-a-critical-response-to-the-kings-cross-injecting-room-2003-report-sept-2003.pdf> p.8.

¹⁰ Ibid. p.11.

About the Australian Christian Lobby

ACL's vision is to see Christian principles and ethics influencing the way we are governed, do business, and relate to each other as a community. ACL seeks to see a compassionate, just and moral society through having the public contributions of the Christian faith reflected in the political life of the nation.

With more than 80,000 supporters, ACL facilitates professional engagement and dialogue between the Christian constituency and government, allowing the voice of Christians to be heard in the public square. ACL is neither party-partisan nor denominationally aligned. ACL representatives bring a Christian perspective to policy makers in Federal, State and Territory Parliaments.