



Level 4, Fitzroy Town Hall
Access via courtyard at 126 Moor Street, Fitzroy

All correspondence to:
PO Box 297
FITZROY. VIC. 3065
(DX no. 96611)

Phone: (03) 9419 3744
Fax: (03) 9416 1124
Email: enquiries@fitzroy-legal.org.au

A Community Legal Centre

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

17 March 2017

Dear Executive Officer,

Thank you for providing the opportunity to contribute to the *Victorian Government's Inquiry into Drug Law Reform*.

Background

The Fitzroy Legal Service (FLS) is one of the oldest community legal centres in Australia. FLS has substantial experience providing legal services to the residents of the City of Yarra and surrounding municipalities.

Since its inception, FLS has worked extensively with a high volume of clients impacted by illicit drug use, through legal assistance in legally aided and non-legally aided criminal matters, victims of crime assistance applications, family law, tenancy law, and infringements matters.

FLS staff have occupied long term positions on the Committee of the Yarra Drug Health Forum¹, the Board of Harm Reduction Victoria (a peer based organisation concerned with illicit drug use)², and currently sit on the board of Harm Reduction Australia (a national organisation committed to reducing the health, social and economic harms associated with drug use)³. FLS has also worked with the Australian Injecting & Illicit Drug

¹ Yarra Drug Health Forum news submissions and forums accessible at <http://www.ydhf.org.au/>.

² Harm Reduction Victoria resources and work profiled at website <http://hrvic.org.au/>.

³ Position statements, advocates, sponsors and publications available at <http://www.harmreductionaustralia.org.au/>.

DONATIONS OF \$2 OR MORE ARE TAX DEDUCTIBLE

ABN 46 187 177 143



Users League, a peer based national organisation focused on rights and elimination of stigma surrounding drug use through production of legal resources for drug users living in the various states and territories⁴.

FLS' approach in this context involves working closely with the local community in health justice partnerships, and reliance on outreach models and/or co-location of services to provide holistic legal service delivery.

FLS' Drug Outreach Lawyer (DOL) has now been providing legal services to vulnerable people who use drugs who are disengaged from traditional in-house legal services for 15 years. The position is currently funded (on a 12 month basis) under the Municipal Drug Strategy Initiative of the Department of Health and Human Services (Victoria). The DOL Program is grounded in the outreach model of service delivery and was initiated through the Yarra Drug Health Program. It aims to provide a holistic and harm reduction approach to legal service delivery including community legal education, referral and advice, advocacy and casework. The DOL works closely with staff from outreach location agencies to provide legal advice and casework assistance to clients who utilise their services. The DOL's casework has an emphasis on criminal law, infringements, Victims of Crime applications, civil law, family violence and basic family law matters. Many DOL clients have multiple legal issues, psychiatric diagnoses or acquired brain injury and are experiencing primary or secondary homelessness. The DOL program submits quarterly reports to the Department of Health and Human Services.

FLS also has two community lawyers based at the Neighbourhood Justice Centre (NJC) who provide criminal, family violence, and civil law advice, casework and representation for people within the jurisdiction of the NJC. FLS lawyers are able to offer holistic and integrated services in relation to complex legal issues and interrelated non-legal issues through:

- Working collaboratively with other services co-located at the NJC, such as drug and alcohol workers, mental health workers from NEAMI and St Vincent's Hospital, financial counsellors, casework counsellors, the Brotherhood of St Laurence, and Berry Street workers; and
- Providing advice and casework on a diverse range of legal matters, wherein there is capacity and resources to identify and address interrelated legal issues, for example, issues relating to family violence and intervention orders, tenancy and infringements matters.

⁴ AIVL (Australian Injecting Drug Users League) resources profiled and services available profiled at <<http://www.aivl.org.au/>>.

FLS has also conducted community legal education with community partners to improve community workers identification of legal issues, appropriate referrals and court support. FLS has also worked on peer engagement, legal education, research and advocacy on behalf of drug users in the City of Yarra.

The complexity of drug use

The vast majority of clients FLS works in partnership with harm reduction agencies have experienced significant harms at an early age. These harms often include exposure and/or direct experience of serious family violence of a physical and/or sexual nature. A very large number of clients have also singular or multiple diagnoses of mental illness. The reliance on illicit drugs has often begun from ages as early as eleven or twelve, and familial support or social supports may be limited.

The costs of illicit drug use to persons who access our services (which is not necessarily representative of the drug using population some of whom may have well paid employment) often excludes them from secure safe housing, and often any housing at all – a fundamental building block of resolving any issues that may be addressed through the dulling affects of drug use. The average cost of, for example, a room in a rooming house, a caravan, or social housing – generally ranges between \$150 to \$220. (FLS has had a client paying over two hundred dollars to live in a corridor of a rooming house). The additional cost of methadone ranging between \$50 to \$70, food, and other ordinary expenditures leaves those on Newstart and/or the disability support pension in abject poverty. Even in the absence of a single instance relapse, homelessness may be an inevitable, and ordinary occurrence in managing finance in periods where an individual may be seeking to pursue recovery (whether that be addressing psychiatric, emotional or illicit drug use issues).

The stigma associated with dependence on drugs, including opiate replacement therapy programs, does absolutely nothing to support our clients in addressing the suffering that has led to their dependence on drugs. The constant reinforcement that their lives are without equivalent value, and that the suffering they have experienced is something for which they alone are substantially responsible may be the single most harmful impact of our current illicit drug strategy. Additionally, the exclusion from employment those who have been charged with minor offences of possession play a significant role in further eliminating opportunities to engage in lives of contribution. Developing a sense of worthiness and personal integrity and pride is central to recovery from the harms underlying and associated with illicit drug use and current approaches.

A person experiencing severe poverty (physical insecurity) and stigma (social insecurity/ low self esteem), struggling with drug dependence and underlying causes is highly vulnerable to further exposure to trauma through physical circumstance and a precarious sense of self worth. The further exposure again, does nothing to contribute to healing or recovery, or any of the necessary steps involved in that journey.

The cost of criminalisation

There is significant Australian and International research demonstrating that the current law and order approach to drug control has failed to minimise the harms associated with drug use.⁵ In Australia, despite their criminal status, the number of drug users has remained stable over the last decade⁶ while illicit drug markets have grown.⁷

There is also significant evidence to suggest that the criminal regulation of drug use has in fact created more harm than it seeks to prevent⁸, this includes:

- worsening the health and wellbeing of people who use drugs;
- discouraging people who use drugs from seeking treatment;
- increasing preventable overdose deaths; and
- Increasing risk behaviors and encouraging other crime to support a drug addiction.⁹

The costs associated with policing, prosecution, legal representation, and imprisonment could be vastly reduced if evidence based rational drug law reform were enacted. There are significant social problems in our communities. The concentration of imprisoned persons who have committed offences to obtain money to purchase illicit drugs, or who have engaged in the trade of illicit drugs, is clear evidence that dealing with drug dependence in an informed medical way as opposed to feeding off decreasing populist enthusiasm for the notion that these social issues may be eradicated through the law alone must be considered. Each drug of dependence is different. Each client is different. Each solution will be different. However, the impacts of theft on the community, both in person and from homes, the discovery of deceased persons in our alley ways, the appalling state of health of many of our clients, and the death toll from illicit drug use in our local area

⁵ See eg, Global Commission on Drug Policy, *War on Drugs* (June 2011) <http://www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Commission_Report_English.pdf>; Bob Douglas and David McDonald, *The Prohibition Of Illicit Drugs Is Killing And Criminalising Our Children And We Are All Letting It Happen* (2012), Australia21, Canberra 14, 21 <<http://australia21.org.au/wp-content/uploads/2013/11/ASillicitDrugsR1.pdf>>.

⁶ Around 1 in 7 people in Australia have used any illicit drug in the last 12 months; Australian Government, *National Drug Strategy Household Survey* (2013) Institute of Health and Welfare, 49 <<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549848>>; see also Ministerial Council on Drug Strategy, *National Drug Strategy 2010-2015* (2011), 5 <[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)>.

⁷ See Australian Criminal Intelligence Commission, *Illicit Drug Data Report 2014-2015* (2015) <<https://www.acic.gov.au/sites/g/files/net1491/f/2016/08/01-introduction-acic-iddr-2014-15.pdf?v=1470179289>>.

⁸ Anand Grover, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, UN Doc A/65/255 (6 August 2010) 1-15, 2.

⁹ Richard Horton, 'Drug use is an issue for society, not the criminal justice system' (10 September 2012) *The Age* (Online) <<http://www.theage.com.au/federal-politics/political-opinion/drug-use-is-an-issue-for-society-not-the-criminal-justice-system-20120909-25m4h>>.

clearly indicate that not only are resources being misallocated, there is a dereliction in duty to the people in failing to acknowledge the complexity and severity of the issues facing the drug using community, their families, neighbours, and the tax payer.

In an effort to effectively contribute to the broad terms of reference of this inquiry this submission draws on FLS' experience to provide some discrete examples demonstrating the failure of laws, procedures and regulations in assisting people who use drugs to minimise (and in some cases make worse) the health, social and economic harms people who use drugs. This submission has also outlines a selection of evidence based models which could be adopted to positively reform Victorian drug laws particularly in relation to decriminalization, rehabilitation and support services, and diversionary options. This submission also supports change in legislation to enable the trial for a medically supervised injecting center in Richmond.

1. How effective are the 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?

a. Policing, charging and pre court procedures, laws and regulations

Many of the everyday harms associated with drug use derive from its criminal status. There are numerous examples of how the criminalisation of drugs ignores the complexity and reality of drug addiction failing to minimise (and in some cases worsening) the health, social and economic circumstances of people who use drugs. Some specific examples drawn from our practice experience include:

- Surveillance and search¹⁰ of persons in the immediate and surrounding vicinity of community health organisations operating needle and syringe programs;
- Issuing of 'move on'¹¹ directions to individuals in the vicinity of health services and their homes,;
- Charging individuals with weapons¹² or possession offences¹³ following an overdose;
- Overzealous charging of offences such as possess proceeds of crime¹⁴ (for any electronic item without a receipt) or incorrect charging such as 'possessing GHB' for a vial of water (for use in administration of heroin) following a search. The significant pressure to plead guilty in the Magistrate's Court has been heightened in recent years by the changes in Victoria Legal Aid

¹⁰ *Drugs, Poisons and Controlled Substances Act 1981* (Vic) s 82.

¹¹ *Summary Offences Act 1966* (Vic) s 6.

¹² *Control of Weapons Act 1990* (Vic); *Control of Weapons Regulations 2000* (Vic).

¹³ *Drugs, Poisons and Controlled Substances Act 1981* (Vic) s 73.

¹⁴ *Crimes Act 1958* (Vic) s 195.

eligibility criteria so that only those facing actual imprisonment are eligible for a grant of legal assistance in summary crime matters leaving many individuals unrepresented. This has resulted in many people who use drugs pleading guilty or accepting a pragmatic ‘sentencing indication’ to matters that could not be established if the evidence was properly tested.

The above examples are illustrations of how policing, charging and pre-court procedures cause health, social and economic harm including:

- Stigmatisation;¹⁵
- Further criminalisation;
- Disincentives to users accessing drug treatments; and
- The discouragement of contact with emergency services following an overdose.

b. Laws, procedures and regulations surrounding, bail, sentencing and parole.

There are also numerous examples of how laws, procedures and regulations surrounding bail, sentencing and parole, which rely heavily on incarceration, do not adequately address the rehabilitative needs of people who use drugs, failing to minimise (and in some cases worsening) the health, social and economic of people who use drugs. Some specific examples drawn from our practice experience are as follows:

- Since parole changes,¹⁶ many more individuals are now released from prison without the supervision and support of parole.¹⁷ Compelling evidence suggests that these individuals face a significantly higher risk of fatal overdose, particularly in the weeks immediately following discharge compared to the general community.¹⁸

¹⁵ See AIVL, *‘We live with it almost every day of our lives’ An AIVL Report into Stigma and Discrimination* (June 2015); ANEX, *Australian drug policy: harm reduction and ‘new recovery’ Discussion Paper: Draft for Consultation*, (April 2012).

¹⁶ Extensive changes to parole in 2013 have made it more difficult for offenders to receive parole, see eg Victorian Ombudsman, *Investigation into the Rehabilitation and Reintegration of Prisoners in Victoria* (September 2015) 18 <<https://www.ombudsman.vic.gov.au/getattachment/5188692a-35b6-411f-907e-3e7704f45e17>>; see also Sentencing Advisory Council, *Parole and Sentencing: Research Report* (February 2016) 14 <<https://www.sentencingcouncil.vic.gov.au/sites/default/files/publication-documents/Parole%20and%20Sentencing%20Research%20Report.pdf>>.

¹⁷ See Adult Parole Board of Victoria, *Annual Report 2013–2014* (2014) 7; Adult Parole Board of Victoria, *Annual Report 2014–2015* (2015) 11, cited in Sentencing Advisory Council, above n 17, [3.44]; see also Victorian Ombudsman, above n 17, 30 – 31; Josie Taylor, *Victorian prisoners ‘maxing out’ jail sentences to avoid strict parole laws, experts warn of risk to community* (9 September 2016) ABC News (Online) <<http://www.abc.net.au/news/2016-09-09/victoria-parole-laws-backfiring-more-prisoners-max-out-sentence/7826940>>.

¹⁸ Segrave and Carlton, ‘Counting the costs of Imprisonment: Researching women’s post release deaths in Victoria’ (2011) 44(1) *Australian & New Zealand Journal of Criminology* 41-55; VAADA, *Position Paper: Reducing the harm of prison* (October 2013) 3-5; Victorian Ombudsman, above n 17, para 711; citing Coroners Court of Victoria, Coroners Prevention Unit, *Data Summary: Overdose deaths of people recently released from prison and/or in the care of Corrections Victoria 2000-2010* (October 2013).

- The effectiveness of bail support programs and sentencing options like community corrections orders are seriously undermined by the absence of funding support for the residential treatment of drug addictions. This is evidenced by the reality that:
 - There are currently significant waiting lists for residential rehabilitation in Victoria;¹⁹
 - There are only two residential rehabilitation facilities in Victoria that take individuals on high doses of methadone (over 20mg of methadone).²⁰ Unfortunately, in FLS' experience, these two services are limited in their accessibility as often deemed inappropriate for 'clients with complex needs'.
 - Anecdotally our service is aware of some clients travelling to New South Wales to access residential rehabilitation unavailable in Victoria

Lack of supervision and support upon release from prison, along with minimal residential rehabilitation options, leaves persons who use drugs vulnerable to drug overdose and trapped in a cycle of reoffending.

2. What other practices could be adopted from other states and territories or overseas jurisdictions to positively reform Victorian drug laws?

a. Decriminalisation

Many overseas jurisdictions have decriminalised drug use in some form, including a number of countries in Western Europe, Eastern Europe, Central Asia and Latin America.²¹ Of particular interest are the extensive reforms undergone in Portugal beginning in 2001, where low level-possession and use of all illicit substances were decriminalised and rehabilitation and harm reduction services were expanded.²² Their adopted model transitioned these drug-related criminal offences to civil matters, with officials given powers to refer persons found in possession of low-quantities of drugs to a voluntary treatment program or impose a civil sanction (such as a fine).²³ The results of these reforms were significantly beneficial to public safety and health. The outcomes included a decrease in use amongst young persons and 'problematic' use, a significant reduction in

¹⁹ Chloe Booker, 'There's no beds': Lack of public rehab forces ice treatment in psych ward' (28 March 2016) *The Age* (Online) <<http://www.theage.com.au/victoria/theres-no-beds-lack-of-public-rehab-forces-ice-treatment-in-psych-ward-20160327-gnrw7i.html>>; APEX Consulting, *Independent Review of New Arrangements for the delivery of Mental Health Community Support Services and Drug Treatment Services* (September 2015), 7.

²⁰ Health.Vic, *Consultation draft: Alcohol and other guidelines Part 2 – Program and service specifications* (Oct 2016), 131.

²¹ Ben Mostyn, Helen Gibbon and Nicholas Cowdery, 'The Criminalisation of Drugs and the Search for Alternative Approaches' (2012) 24 (2) *Current Issues in Criminal Justice* 261, 267.

²² Drug Policy Alliance, *Drug Decriminalization in Portugal: A Health-Centered Approach* (February 2015) 1 <https://www.drugpolicy.org/sites/default/files/DPA_Fact_Sheet_Portugal_Decriminalization_Feb2015.pdf>

²³ *Ibid.*

incarcerations for drug related offences, a reduction in drug related deaths, an increase in persons receiving voluntary treatments for addiction as well as an array of other community health benefits.²⁴

At a minimum, FLS supports the decriminalisation of drug use and personal possession of illicit substances within Victoria in conjunction with a shift in focus to rehabilitation and evidence based harm minimisation strategies. There is already significant work advocating the adoption of this approach within Australia.²⁵

b. Rehabilitation as a central focus of the Criminal Justice System

In the absence of decriminalisation, the focus of a criminal justice response should be reformed to include rehabilitation as its central focus for offences relating to drug use and minor possession charges. Given the realities of drug addictions, including the often multiple interrelated legal and social problems faced by people who use drugs, the key concern in sentencing should be facilitating positive outcomes for offenders.²⁶ FLS supports sentencing practices which focus on rehabilitation at all stages of the criminal justice process: diversion, bail, sentencing, in prison and whilst on parole. The Law Institute of Victoria 2015 submission to the Victorian Attorney General calls for urgent additional sentencing options that focus on drug rehabilitation.²⁷ FLS strongly supports these recommendations including:

- Expansion of the CISP program into the County Court jurisdiction;²⁸
- Better utilisation of the Residential Treatment conditions available on CCOs;²⁹
- Fast-tracking of CCO contravention hearings modelled on the HOPE program;³⁰
- The development of Drug Treatment Units at existing prisons and secure treatment facilities.³¹

c. Increase in diversional mechanisms

²³ Ibid.

²⁴ Ibid 2.

²⁵ Douglas and McDonald, above n 5, 14, 21; Douglas, Wodak, and McDonald, *Alternatives to prohibition: Illicit drugs: How we can stop killing and criminalising young Australians*, (2012) Australia21, Canberra < <http://australia21.org.au/wp-content/uploads/2013/11/ASIlicitDrugsR2.pdf>>; Mostyn, Gibbon, and Cowdery, above n 22; Alex Wodak, 'What works best in the war on drugs' September 10 2014 *The Conversation* (Online) <<https://theconversation.com/what-works-best-in-the-war-on-drugs-31015>>.

²⁶ Pauline Spencer and Fitzroy Legal Service, *Drugs the Law and the Sentencing of Offenders*, (APRINT, 2003) 52.

²⁷ Law Institute of Victoria, Submission to the Victorian Attorney General, Review of Sentencing Options for Drug Related Offending, 2 November 2015.

²⁸ Ibid 4.

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid.

Currently in the Victorian system, drug diversion and criminal justice diversions can generally only be received by an individual once. This process ignores the reality that substance addiction is unlikely to be a once off event, as relapse is common, and further that persons with addiction typically have many complex issues underlying their addictions which require tailored treatment plans.³² By only allowing users diversion on one occasion, their ability to effectively engage with services and overcome their addiction is diminished. Also, in Victoria, the Police Informant is given discretion as to whether or not to allow diversion, so in some circumstances diversion may not be available at all.

Diversionsary mechanisms used interstate provide useful models for Victorian reforms. The South Australian Police Drug Diversion Program applies to simple possession offences for illicit drugs, excluding cannabis (which is dealt with under a civil system). Under the Program, upon apprehension by police, an offender is mandatorily referred to undergo an assessment with a local health worker. The health worker is vested with the capacity to provide further referrals or treatments as they deem necessary. Health workers are also able to place adults on undertakings to attend treatment for up to six months, and if a person has had more than two diversions within the last 24 months, the health worker is required to do so. If the individual participates in the assessment, no further action is taken. However, if they do not, or if they breach an undertaking, the matter is referred back to the criminal justice system. Adults diverted on more than three occasions are seen by a panel of assessors on their fourth and subsequent diversion. Police do not have discretion over whether to divert an individual and there is no limit on the number of times an individual may be diverted.³³ In South Australia, the rates of recidivism within the program are low, with only one quarter diverted more than once, 15% twice, 5% three times and 4% four or more times.³⁴ This model represents a shift from the primary harms of the criminal justice system to a response focused on the health and welfare of users.

Internationally, a diversionsary measure known as Law Enforcement Assisted Diversion ('LEAD') instituted in a number of US cities beginning in 2011, has had success in minimising the harm associated with drug use.³⁵ The LEAD program applies to minor drug offences (including possession and sale of less than seven grams) and other minor offences. The program allows police to bypass the criminal justice system by directly referring offenders to rehabilitative services such as housing and treatments. Additionally, the program acknowledges the interconnected issues associated with drug use and the reality of drug addiction,

³² For detailed examples, see Spencer and Fitzroy Legal Service, above n 27, 62.

³³ Jason Payne, Max Kwaitkowski and Joy Wundersitz, *Police drug diversion: a study of criminal and offending outcomes* (2008) Australian Institute of Criminology, 7 <http://www.aic.gov.au/media_library/publications/rpp/97/rpp097.pdf>.

³⁴ Office of Crime Statistics and Research, *Ten Years of the South Australian Drug Diversion Initiative: Data Analysis Report* (May 2012) Government of South Australia, 3 <http://www.ocsar.sa.gov.au/docs/evaluation_reports/TenYears-PDDI.pdf>.

³⁵ Drug Policy Alliance, *Law Enforcement Assisted Diversion (LEAD): Reducing the Role of Criminalisation in the Local Drug Control* (February 2016), 1 <http://www.drugpolicy.org/sites/default/files/DPA%20Fact%20sheet_Law%20Enforcement%20Assisted%20Diversion%20%28LEAD%29%20_%28Feb.%202016%29.pdf>.

by including measures which address “health, employment, social relationships and overall well-being” rather than requiring sobriety.³⁶ Because the court system is not involved in the process, the program saves resources which can be diverted to the individual.³⁷ Evaluations have shown the program to be successful in a number of ways, including in minimising the harms associated with drug use, lowered drug use and recidivism, improvements in health and cost effectiveness.³⁸

FLS supports the increased use of diversionary methods in Victoria. One such initiative is already being pioneered by Victoria Police in Melton, which aims to rehabilitate people who use ice through ‘intensive’ treatment programs as an alternative to imprisonment. The offender will undergo treatment for their addiction, and as a result of successfully completing the program, the impending charges will be dismissed.³⁹ A shift to these methods of diversion, which provide a pathway into rehabilitation and associated health and welfare services rather than through the criminal justice system, would be a positive development reflected in evidence based and cost effective policy.⁴⁰

d. Changes in legislation to allow for a Medically Supervised Injecting Centre

Finally, there is strong and substantial evidence that medically supervised injecting facilities such as the Sydney Medically Supervised Injecting Centre in Kings Cross has:

- i. decreased drug overdose deaths and other health related consequences of injecting drug use;
- ii. provided a gateway into drug treatment, including methadone maintenance treatment (MMT) and Buprenorphine maintenance treatment (BMT)
- iii. Reduced problems associated with public injecting and discarded needles and/or syringes; and
- iv. **Not** led to increases in crime or social disturbance in the immediate vicinity.⁴¹

³⁶ Ibid 2.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Chloe Booker, ‘Jail Won’t Help Ice Addicts Courts Must Enforce Rehab, Says Prisoner’s Mum’, *The Age* (online), 8 June 2015 <<http://www.theage.com.au/victoria/jail-wont-help-ice-addicts--courts-must-enforce-rehab-says-prisoners-mum-20150608-ghiz9o.html>>.

⁴⁰ Caitlin Hughes and Alison Ritter, *A summary of diversion programs for drug and drug related offenders in Australia* (February 2008) National Drug and Alcohol Research Centre: Drug Policy Modelling Program Drug Policy Modelling Unit <<https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/16%20A%20summary%20of%20diversion%20programs.pdf>> 17.

⁴¹ For complete set of evaluation reports and 110 peer-reviewed papers showing the effectiveness of medically supervised injecting centres see <<https://uniting.org/our-services/for-adults/sydney-medically-supervised-injecting-centre/resources>>; see also Potier et al, ‘Supervised injection services: What has been demonstrated? A systematic literature review’ (2014) 145 *Drug and Alcohol Dependence*, 48; Supervised Injecting Facilities – Annotated Bibliography at <http://dpmp.unsw.edu.au/sites/default/files/dpmp/resources/SIF_0.pdf> and de Vel-Palumbo, et al *Supervised injecting facilities: what the literature tells us*, (22 January 2013) DPMPBulletin.

There is significant support for⁴², and evidence that⁴³, a supervised injecting facility in Richmond would have equally successful outcomes. As such, FLS strongly supports the establishment of a Yarra drug consumption room. Such a facility could include a holistic and localised range of services including medical, pharmacotherapy, needle syringe program, housing and legal services, as well as social reintegration services such as training, education and employment. Importantly it would also provide an opportunity for harm reduction and naloxone peer to peer education. This peer to peer education is particularly important for vulnerable cohorts such as individuals recently released from custody who face a significantly higher risk of fatal overdose, particularly in the weeks immediately following discharge compared to the general community.⁴⁴

Obviously for a drug consumption room to be implemented individuals possessing and using small quantities of prohibited drugs and equipment at the facility and individuals responsible for the operation and management of the facility must be exempt from criminally liability⁴⁵ Furthermore, there would need to be a harm minimisation approach by Yarra police with a no arrest zone to encourage use of the facility.

Summary

There is significant Australian and International research demonstrating that the current law and order approach to drug control has failed to minimise the harms associated with drug use. This submission has provided some discrete examples demonstrating the failure of current laws, procedures and regulations to minimise (and in some cases make worse) the health, social and economic circumstances of people who use drugs. This submission has also outlined a selection of evidence based models which could be adopted to positively reform Victorian drug laws particularly in relation to decriminalisation, rehabilitation and support services, and diversionary options. This submission also supports changes in legislation to enable the trial of a medically supervised injecting centre in Richmond.

Thank you for providing the opportunity to contribute to this inquiry. Please feel free to contact me with any further enquiries on 9411 1302.

⁴² Yarra Council Media Release, *Yarra Council calls for public health approach to illicit drug use in Victoria St* (18 May 2016); Australian Medical Association Victoria, *Policy Paper: A Trial of Supervised Injecting Facilities in Victoria* (2012); Australian Drug Foundation, 'Submission to Whole-of-Government Victorian Alcohol and Other Drug Strategy'.

⁴³ Robyn Dwyer, Robert Power and Paul Dietze, *North Richmond Public Injecting Impact Study, Community Report*, (May 2013) Centre for Research Excellence into Injecting Drug Use.

⁴⁴ Segrave and Carlton, 'Counting the costs of Imprisonment: Researching women's post release deaths in Victoria' (2011) 44(1) *Australian & New Zealand Journal of Criminology* 41-55;
Australian Medical Association Victoria, *Policy Paper: A Trial of Supervised Injecting Facilities in Victoria* (2012).

⁴⁵ See *Drug Misuse and Trafficking Act 1986* (NSW) ss 36N, 36O.

Yours faithfully

Fitzroy Legal Service

A handwritten signature in cursive script that reads "Jennifer Black".

Jennifer Black

Principal Solicitor