T R A N S C R I P T

STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES

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

Melbourne — 7 June 2017

Members

Ms Margaret Fitzherbert — Chair
Ms Nina Springle — Deputy Chair
Mr Joshua Morris
Mr Daniel Mulino
Ms Fiona Patten
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Witness

Mr Dan Flynn, Victorian director, Australian Christian Lobby.

The CHAIR — First of all, welcome. Thank you for coming this evening. I need to say to you that all evidence taken at this hearing is protected by parliamentary privilege; therefore you are protected against any action for what you may say here today, but if you go outside and repeat the same things, those comments may not be protected by this privilege.

We have about half an hour for the session. I will ask you the same as what I have asked others, which is if you would like to make some brief comments of about 5 minutes or so, we can then open up to questions if that suits. I am in your hands.

Mr FLYNN — Thank you for the opportunity to present this submission on behalf of the Austrian Christian Lobby. Firstly, as a Christian organisation we approach this from a point of view of compassion for those who are addicted to illicit drug use, and I think that is the concern that we have and also a wider community concern.

We have taken great efforts federally to stop the import of illicit drugs into Australia, and yet what we are considering here is sending a message that injecting illicit drugs can be safe and that people can attend these premises, use their illicit drugs and then emerge out on the streets and there will be no particular consequences that anybody should be concerned about. We are concerned that this will result in increased drug use.

We look at the Sydney example and what is sometimes referred to as the honey-pot effect. When you have the Sydney safe injecting room, there are reports, which are detailed in the submissions of Drug Free Australia — another submitter against the supervised injecting rooms — where they describe situations of drug dealers and drug users creating a very difficult amenity area around that facility and the railway station that is some 50 metres away. So there can be and, we submit, is likely to be increased drug usage as a result of this and as a result of the message that drug usage can be safe.

We have heard a number of people say tonight that a lot of lives have been saved at the medically supervised injecting room in Sydney. KPMG, which did a review of that facility in 2010, were a lot more guarded, may I say. If I could just quote from what they said about that at page 10. They were very reluctant to attribute any reduction in overdose deaths directly to the injecting centre. They said at page 10:

> These events are impacted by a range of factors, such as changes to the availability, purity and price of drugs.

They also said at page 15:

> The low absolute numbers of opioid-related deaths in the Kings Cross area, in addition to the fact that a similar reduction was observed for the rest of the state, makes it difficult to assess the impact that the MSIC has had on opioid-related deaths outside of the MSIC.

We do need to bear that in mind.

One of the issues that concerns the Australian Christian Lobby about the operation of the facility in Sydney is the very low level of referrals to those who are attending this facility. There is a helpful table in the KPMG report, which I have in front of me. It is table 8-13, 'Drug dependence treatment referrals', and client referrals by year. What we see from that for the last year that is recorded, 2009–2010, is that the rate of referral per 1000 clients translated to a percentage is 24 per cent. So 24 per cent of people received any type of referral, but when we look at the referral that actually relates to drug addiction or dealing with that drug addiction in any way it falls to a very low 12 per cent. So a lot of these other referrals would be to Centacare and Centrelink and other sorts of facilities, so it is in my view a damning figure that only 12 per cent of those who attend these facilities are referred for drug-dependent treatment.

Looking at per visit referral rates per 1000 visits, it is actually only 0.5 per cent of visits that result in referrals. So that is incredibly low and incredibly concerning. It appears to be perpetrating the idea that people can come without accountability in a sense or any much likelihood that they are going to be redirected away from their drug use by attending that facility.

There is a concern that the increased usage that we apprehend in relation to this will not be offset by any benefits that the clinic offers. In the committal report relating to the very tragic death of Ms A, we learn from that report that North Richmond health service provides 70 000 syringes a month. Now, if 70 000 syringes are provided a month, distributed in North Richmond, to what extent is that drug usage actually going to be captured by the drug injecting facility? It would be very low.

If we look at the Sydney example, I think it is something in the range of 150 to 200 injections a day that are supervised at that clinic, but if 70 000 needles are being distributed a month, that is some 2200 a day. So only 7 per cent of those injections are actually going to be at that facility, and the other 93 or 94 per cent are going to be elsewhere.

The Drug Free Australia submission, which I commend to you all, makes that point very, very strongly, saying that something like 33 of 35 injections occur outside of the facility, so there is very little coverage. So if the effect of sending a message that drug usage can be safe, that there is a more lax approach to drug usage, actually increases the uptake of drug usage, there will be no effective cover provided by that facility, which will only provide some surveillance of about 7 per cent of that new user's usage. That is very concerning. It leads to a very dangerous scenario. There ought to be more attention given to naltrexone implants and certainly more rehabilitation beds made available, and there ought to be great efforts to direct people away from drug use rather than encouraging it by this message. I think they are essentially my opening comments, and I am happy to take questions.

Mrs PEULICH — I have just a quick question. Thank you very much for your presentation. You quote the figures of referral, but I think there is no capturing of data of the number of people who actually access drug treatment services associated with the Kings Cross facility. So, yes, they capture the number of referrals, but we do not know how many actually take up those referrals to drug treatment services, and so the assumption, therefore, that somehow this is going to help people get off drugs clearly is a very brave one.

Mr FLYNN — Well, if all those referrals were acted upon, it would still be 12 per cent, and bearing in mind that when you break down that 12 per cent of referrals, 59 per cent of it is pharmacotherapy treatment, maintaining people on their drug addiction. So there is very little effort to get people off drugs.

The CHAIR — I had a question. You referenced earlier the number of syringes that are distributed, which is a public health measure. Do you think that should stop?

Mr FLYNN — No, I do not. It is something that is done. Obviously it is a disease preventer; it falls short of sending that message that drug usage is safe. It falls short of sending that message, and that message would be sent loud and clear by us now having a safe injecting room. To go back a step, Drug Free Australia tells us that something like 1.3 per cent of Australians have used heroin. In a New South Wales study which is referenced in their report over 2 per cent of people said they would try heroin in a safe injecting room, so once it is in place it does send that message and people are likely take up on it.

Ms PATTEN — Thank you, Mr Flynn. Welcome. I am very pleased to hear that you support a needle and syringe program. I am curious as to how you fall short as to not support this program, which saves lives. But I am also wondering what you say to the World Health Organization, the Australian Medical Association, the European monitoring — all of the peak organisations — the National Drug Research Institute, the head of St Vincent's and the Royal Australian College of General Practitioners. All of these experts are saying this will save lives and that they are recommending this. That is not to mention the Coroners Court. Why does the Australian Christian Lobby differ from all those experts that totally support your agreement that the needle exchange program reduces disease and saves lives from reducing those diseases, but they go on to support this recommendation for a trial?

Mr FLYNN — I think a lot of the source of that is in the analysis of the Sydney injecting facility, and our — —

Ms PATTEN — Well, the European monitors looked at 91 facilities around Europe.

Mr FLYNN — Well, that may be so, but the real one that is relevant to us is probably the Sydney injecting facility, and that is just simply not providing coverage well. It is sending a message in Kings Cross that drugs can be safely taken there, and it attracts drug dealers and drug users there, and that is why it is unattractive.

Ms PATTEN — With respect, Mr Flynn, we are — —

Mr FLYNN — You have mentioned a number of organisations. Victoria Police do not support this, and Victoria Police have made a statement — —

Ms PATTEN — Victoria Police have said that they cannot make a comment because it is not government policy.

Mr FLYNN — Well, I understand that the Victorian police association does not support it, and that organisation has great contact with them.

Ms PATTEN — Again, they are saying they have maintained an open mind to look at the results of this inquiry.

Mr FLYNN — Well, up to this point they do not.

Ms PATTEN — Yes, but my point is that all of these medical experts — and we are talking about the Australian Medical Association, as I say, we are talking about the head unit of addiction medicine, the World Federation of Public Health Associations, the National Drug Research Institute — and a significant number of expert organisations that certainly would be looking at the evidence from New South Wales, but also would be looking at the evidence from overseas, have all come to the common conclusion that a trial such as this should take place in Victoria and should take place in North Richmond, where 26 people died of heroin overdoses last year.

Mr FLYNN — I certainly disagree with the proposition that we should legalise it. When you are distributing 70 000 needles, to think that a drug injecting room — —

Ms PATTEN — Are they wrong?

Mr FLYNN — I suppose all I can do is make my own submissions, and the idea that some protection is going to be given to drug addicts by reason of this facility is simply incorrect.

Ms PATTEN — We see daily overdoses in North Richmond, and the residents are calling ambulances on a daily basis — one poor resident had a person die in their arms on Victoria Street last week — and the residents are saying, 'We want this facility. We want these drug users, these homeless heroin addicts who have years of neglect, we want them to go somewhere where they can get help'. Now, that is the reality and the desperation of that community.

Mr FLYNN — Well, that may be some members of the community, but, with respect, not all members of the community, because there is a medical issue, there are issues related to the honey-pot effect, concerns of the traders, so there would be stories on both sides of the ledger locally.

Ms PATTEN — But we are yet to receive them.

Mr MULINO — I have just one question. I am just interested in this issue of supporting needle facilitation programs — programs that aim to give people access to clean needles — because there is a bit of discussion in the community around what message a facility would send. I suppose one way to interpret giving people clean needles is that it is very much a harm minimisation message, rather than saying that we are encouraging drug taking or saying that it is safe. Do you think it would be possible to frame a pilot in such a way that it would be in the same spirit as the needle exchanges that you would support?

Mr FLYNN — No, with respect, Mr Mulino, because when you have a state-funded medically supervised safe injecting room you are sending an entirely different message. We are not just dealing with people in North Richmond; we are dealing with people right throughout Victoria who will get this message, many of whom are very vulnerable to becoming addicted to illicit drugs. So I do not think it can be set up in a way that is protective enough of vulnerable Victorians.

Mr MULINO — I have just one follow-up. I suppose I am just trying to think it through. Once we as a government are involved in giving somebody a needle, knowing with almost certainty what they are going to do with it and that there is a high likelihood that that is an illegal activity, we do it knowing that there is a certain duality to that, but we do it because it makes their activity safer. Is there not a way of arguing that it is really just a continuum of that same rationale?

Mr FLYNN — It may be at a certain end of a spectrum, but essentially what you are talking about in the needle exchange program is merely that — merely a needle exchange — and it happens at a level just to ensure

absolute basic sanitation, but it is not a message that the government is saying, 'Drug usage is safe', or, 'Here's a facility where you can come, take drugs and not expect to be referred for any drug rehabilitation or be asked any questions at all'.

Ms SYMES — I just wanted to explore your concern about what I think you called the honey-pot effect, because I put that exact proposition to the Sydney facility when we were up there and also to the police officer that attended on the day, and effectively their response was that it does not attract additional drug users, that the drug users are already there; it is not something that drug users travel to. If they are going to use drugs, they are going to use drugs. But where there are already high levels of drug use, the facility is only effectively dealing with mainly the people on the streets of Kings Cross in that example. So why do you think that a Melbourne facility would have a different experience to what is happening in Sydney?

Mr FLYNN — I think there is a point of difference about what is actually happening in Sydney. The medically supervised injecting facility's own evaluation made this statement, and I am reading from page 32 of Drug Free Australia's submission:

> The increase in loitering was considered to be a displacement of existing users and dealers from other locations.

That is from the MSIC's own evaluation. Police in an interview said that the train station never featured as a meeting place before, but it does now. And city rail workers said:

> We've got members of the public complaining about drug users, homeless and drunks hanging around the entrance on Darlinghurst Road.

So there is apparently some documented dispute about the amenity issue.

Ms SYMES — But weren't they already there before the injecting centre?

Mr FLYNN — Well, not according to MSIC's own evaluation, which said there was a displacement of existing users and dealers from other areas to the Darlinghurst Road area. That is in MSIC's own evaluation — a displacement effect to that area. That is precisely what we are concerned about here.

The CHAIR — I have a question. If the answer is not a supervised injecting room, obviously there is a huge problem in this neighbourhood in North Richmond. What do you think we should be doing to address that?

Mr FLYNN — One of the things that was raised obliquely in the case of Ms A was that she was seeking a naltrexone implant. The funding of that and making that more readily available, which blocks the receptors to opiates, would be an excellent initiative because the drug does not give the high that people want, and they are moved away from seeking that high. I think that would be a very valuable thing to be looked at and funded. That was raised in that committal.

Ms PATTEN — I am just looking at the coroner's report. I am just wondering where there was evidence that she was seeking an implant.

Mr FLYNN — It was fairly early on in the judgement and the situation had — —

Ms PATTEN — I have got the judgement in front of me.

Mr FLYNN — Yes, I have as well. I think the line in the judgement read that the family had come to a point where they had agreed to fund one, but she took her own life before that took effect. The coroner does not otherwise touch on it, but clearly the funding of those implants, in answer to your question, Madam Chair, I think would be a great way forward.

Ms SYMES — How do you encourage someone to seek an implant?

Mr FLYNN — Awareness raising. If people do want to be drug free, this is a way forward to block those receptors, assuming people do want to become free of drugs — and I think we have heard mixed versions of that tonight — but it would certainly be public policy that people do wish to be drug free, and that is a way forward: awareness.

Ms PATTEN — So if we had kept Ms A alive, we might have been able to get her onto methadone or some form of program?

Mr FLYNN — Well, it was her hope that she would obtain that, and she was seeking that, and that obviously would have been a good outcome for her.

Ms PATTEN — Yes, if she had been able to go to a safe injecting facility.

Mr FLYNN — No, no. She would not have got that at a safe injecting facility; she would have got that at a hospital — the implant.

Ms PATTEN — But then she would have been alive.

The CHAIR — I suspect you two could talk about this all night.

Ms PATTEN — Yes, we could in fact. Mr Flynn and I could talk about many things.

The CHAIR — I am not sure you are going to come to any agreement, and we are out of time. If there are no other pressing questions, I am going to close things there, unless, Mr Flynn, there is anything further you would like to add.

Mr FLYNN — No. Thank you for taking the time.

The CHAIR — In that case, thank you very much for the evidence you have given tonight. You will be provided with a transcript within a few weeks for proofreading. Thank you.

Committee adjourned.