

# TRANSCRIPT

## 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

Mrs Inga Peulich

Mr Adem Somyurek

Ms Jaclyn Symes

#### Participating Members

Mr Greg Barber

Ms Georgie Crozier

Mr Nazih Elasmr

Ms Colleen Hartland

Mr Gordon Rich-Phillips

#### Witnesses

Mr Robert Richter, QC, President, Victorian Chapter, and

Mr David Stanley, Treasurer, Australian Drug Law Reform Foundation.

**The CHAIR** — Gentlemen, you look ready, so we might start. I believe you were watching the proceedings earlier, so in the interests of time I will not reintroduce everybody. I do need to welcome you to give evidence and also to tell you that all evidence taken at this hearing is protected by parliamentary privilege. Therefore you are protected against any action for what you say here today, but if you go outside and repeat the same things, those comments may not be protected by this privilege.

What we have been asking people to do is to give a few brief comments if they wish. We have about half an hour for this session. So we are in your hands if you would like to make a few points, and then we will move on to questions and conversation.

**Mr RICHTER** — We have prepared a statement, which we would like to read if we may. With me is David Stanley, who is treasurer of the Australian Drug Law Reform Foundation, and I am appearing as president of the Victorian chapter. Thank you for inviting the ADLRF to provide evidence to your inquiry.

As all of us here know — some of us may be too young — in 1999 Victoria's two major parties went to an election with policies to open medically supervised injecting centres as part of their election platform. You will recall that Labor — and I think it was John Thwaites at that stage — promised to open five medically supervised injecting centres. The Liberals, led by Mr Kennett — who has seen a very fine transition on the road to Damascus on many things, for which I thank him profusely — were prepared to concede a trial evaluation of one facility.

In 1999 David Stanley and I met with the Victorian Chief Commissioner of Police, who said the police were happy with a trial of an injecting facility. He said the police had no problem with it and the police would have an amnesty situation. No-one was talking about legislation. The police were prepared to have an amnesty, which was extraordinarily significant. We met with people from the health department; no-one objected. We met with just about everyone; there were no objections — everyone was happy with it.

We then proceeded. The Uniting Church proceeded to build a medically supervised injecting facility at the back of Wesley Church. I drove up here with David, going through to Lonsdale Street and I saw a pile of rubble there. The Uniting Church spent \$500 000 building that facility. It is now a pile of rubble. It is a pile of rubble because a campaign was instituted — I will not name who was the front person or who were the front persons of that campaign, which went along the lines of not in my — —

**Ms PATTEN** — You are under privilege.

**Mr RICHTER** — No, I still do not want to. It went along the lines of 'not in my backyard'. That was number one. Number two: the subtext was that there were developers who had their eyes on that site. I was astonished to find that one of those people, as I understand it, who were opposed to an injecting facility is now responsible for the fact that the injecting facility that was built by the Uniting Church at such a cost has been reduced to a pile of rubble so that a 17-storey apartment block can be built behind Wesley Church.

It is just a historical reference to the fact that this has been an ongoing issue for a very long time, and since 1999 the evidence — and we are talking about evidence-based statistics — shows that there are hundreds of people who would not be dead now, or brain dead, or dead in other ways, had that facility gone ahead. When I am saying evidence based, of course we are talking about the evidence which is furnished by the experiences in Kings Cross, where we know that thousands of people would have been dead in the last 15 years in Kings Cross — in back lanes, alleyways, shopfronts and staircases — had they not been revived, because those people who had overdoses at that centre would be either dead or seriously disabled for life had they not been revived at the centre. Forgive me if I sound a bit passionate about this, but I have been working with drug addicts for about 45 years now, and the effort to see some sense in the way we deal with it has been an uphill climb.

Eighteen years on, with the ebb and flow of the black market in the illicit drug economy, parts of our community have epidemic levels of drug overdoses — again both fatal and non-fatal. We must not forget that we are not just concerned with deaths, we are concerned with non-fatal overdoses as well, which may result in brain damage and lots of other consequences. We in Victoria are also in the grip of a volatile methamphetamine challenge. That facet of Victoria's drug challenges has seen our accident and emergency departments and hospitals put under siege conditions. The epidemic has our ambulance responders, mental health carers, police, traders, shopkeepers and citizens under threat of serious violence.

Now, people say a safe injecting facility is not a magic bullet to the drug problem. It was never intended to be a magic bullet. Its sole intent is to save lives, and that is what it has done in Sydney and that is what it has done in 88 injecting centres overseas. There have been no deaths in those centres, and we are talking 88?

**Mr STANLEY** — Ninety-one, with 88 in Europe.

**Mr RICHTER** — Ninety-one, with 88 in Europe. We are talking about 91 injecting facilities of the kind that we are referring to, where no death has occurred as a result of overdose. There have been one or two deaths, but they were not overdose deaths. So to say that what we are proposing is a magic bullet to the drug problem is a nonsense. We are not. We are talking about avoidable deaths.

If I had my wig on I would take it off for the previous witness, Judge Hinchey, who has given a pretty careful and brilliant presentation of what this is about.

Your committee is faced with determining how to trial a medically supervised injecting centre in North Richmond. The evidence is quite clear from the Kings Cross experience, it is clear from the 88 centres in Europe, and it is clear from the new centres that have opened last month in Dublin, two new centres in Toronto, two in Montreal and one in Seattle. New York and California are considering setting up centres. There has never been a death from any of those by way of a drug overdose. We cannot stress that too firmly.

As this committee evaluates the gathered evidence, it must give serious thinking to the weight and findings of the two Victorian coroners that have been referred to. I will not go through those, because they are quite obvious. Coroner Hawkins said this as part of her findings:

... that the Honourable Martin Foley, MP, as Minister for Mental Health take the necessary steps to establish a safe injecting facility trial in North Richmond.

She did this. Anyone could have put in submissions. The Christian lobby could have put in submissions saying, 'We don't oppose it because God says no'. The fact is that the overwhelming thrust, all of the — —

**Mrs PEULICH** — All of them, coincidentally.

**Mr RICHTER** — All of the submissions, because they are not silly people. We are talking about serious people who have given this matter serious thought.

Then of course there was Coroner Jamieson, who said:

If a safe injecting facility can shift drug injecting from public locations to a clinically supervised environment, this would be hoped to lessen the traumatic impact of injecting drug use, overdose and death on local residents who are exposed to these activities in their everyday life.

There is a degree of complete hypocrisy in terms of opposition to a facility such as this. I say it because people who are concerned with harm reduction have led the field in the creation of needle exchanges — safe needle and syringe exchanges. That was done for harm reduction. The logical follow-up to that is to provide a safe place in which to use those safe needles. It is extraordinary that whilst we provide safe syringes — clean, new syringes — we do not allow the people who are going to go out and use them in a safe facility, but we expect them to go into some backyard or into some alleyway and inject.

We do not have a panacea to drug addiction — drug addiction has always been with us and will continue to be with us — but we have ways of actually saving lives. So what might the success of a trial like this look like? We are talking evidence-based and we have the evidence base from Sydney and from the overseas facilities.

First, a reduction in overdose deaths. Second, a reduction in non-fatal overdoses. People tend to overlook those, but there are serious numbers of people who suffer from non-fatal overdoses and suffer ongoing problems and symptoms. Three, a significant reduction in discarded used syringes and related items, which of course has to do with the amenity of a neighbourhood. Four, a significant reduction in ambulance call-outs to North Richmond — this particular North Richmond issue. Five, a significant reduction in police call-outs, charges and arrests in North Richmond. Six, improved amenity of the streets with a significant reduction in street administration of drugs, fewer unconscious people, fewer sirens, and the like. Seven, there is a quantifiable and immediate saving per person per day to the Victorian Treasury above the cost of providing the service. This committee is in a perfect position to ask the police department to do a costing of how much it costs on every

call-out for the police; to ask the health department on how much it costs for every call-out of an ambulance; to ask the average cost of a call-out for doctors, nurses, and the average cost of hospitalisation, if necessary. By the time you have added all those up, the cost of an injecting facility such as the one that we are advocating needs to be established is minimal. In fact there is a cost benefit in establishing it, because you are saving an awful lot of money. Finally, of course, there is the eighth one, which is that there is provided a means for rehabilitative referrals.

The Australian Drug Law Reform Foundation puts to the committee that these are the measurable benefits that will accrue from following the coronial findings of both Coroner Hawkins and Coroner Jamieson.

**Mr STANLEY** — The Australian Drug Law Reform Foundation puts to the committee that in the development of a trial an evaluation could look to quantify the following. How many clients who overdosed were administered oxygen to reduce brain damage and how many clients who overdosed were administered naloxone. How many clients were screened for and put in contact with health and social services and how many engaged with services referred to? So in relation to Sydney, according to KPMG, there were 8500 referrals, of which there were 3871 that were drug-related. Measure in year to date and monthly in the agreed North Richmond catchment area the following: ambulance attendances related to overdose and drug-affected behaviour, both fatal and non-fatal; substances ingested — the committee no doubt would have heard that in Sydney there were 21 000 administrations of methamphetamine in just over two years, with not one reported act of violence; behavioural incidences attended by police, ambulance and first responders; collected discarded syringes that would otherwise be on the street; measure the cost per person per month of providing the services; measure the reduction in cost per year of savings; that this be a minimum data set to measure the trial outcomes; and, finally, the referral of people with severe mental health illnesses to and be seen by mental health services.

The Australian Drug Law Reform Foundation recommends the committee consider the trial having a committee representative of the affected and effected community within the principles of the Ottawa charter, chaired by a senior member of Victoria Police, a member of the user community, two residents, a representative of Ambulance Victoria, a management member of the North Richmond health centre, a member of Yarra health, a member of the Yarra council, representatives of the local police area command, a member of the Victorian Coroners Court for research purposes, and a representative of the department of health. We recommend that the committee look at a three-year period to be set as the minimum for a trial, with equal term renewal periods as recommended by that committee; and that the committee publish scientific and other metrics quarterly for the community and other stakeholders.

We in Victoria are world leaders in preventative health. In 1989 the state's road toll was 776; by 2012 it had halved to 303. This is a result of progressive thinking, collaborative multilateral response to the growing number of road deaths, and widespread community concern led by the Victorian state government, its agency the TAC and its various stakeholders. A similar proactive approach must be taken in responding to this overdose epidemic.

**Mr RICHTER** — As members of Parliament you would appreciate that from time to time you would get letters from a constituent who says about a family member, 'Why did my brother' — sister, mother, father or friend — 'die in North Richmond in a lane, toilet or car park when, if in a healthy facility', such as the one that we propose, 'they would be alive?', because, as we all know, each one of the deaths in North Richmond is someone's brother, someone's sister, someone's father and someone's mother.

This committee — the Parliament of Victoria, Victoria's law reform and road safety committee et cetera — is charged with important work. From the work of this Parliament, Victoria has become a world leader in road safety, for example, as David has said, and thousands of lives have been saved over the last 35 years. No-one was talking about eliminating motor cars from the roads, but we were talking about harm reduction as the consequence of the existence of motor cars.

We are not talking about eliminating the drug problem, because that will not be eliminated and cannot be eliminated. We are talking about harm reduction, which is consequent upon the existence of drug abuse. So it is in that spirit that we say that the establishment of a medically supervised injecting facility in Richmond, whilst not a panacea for the whole of Victoria, is a worthwhile experiment. I wish we could go back to 1999 when John Thwaites proposed five centres, but as it is there is one subject to a proposal, and we think that it is 20 years too late, but better late than never.

**The CHAIR** — Thank you very much.

**Mrs PEULICH** — First of all, we could certainly debate line for line your evidence, but the one that I would like to first of all take up is that you are actually wrong about Jeff Kennett's position in 1999. I was a part of that team. I was a part of that election. Mr Somyurek was. The Penington report was released. He had toyed with the idea and there was certainly a lot of debate, but he did not go to the election promising to support a drug injecting room. Otherwise I certainly would not have been returned. So, on that note — —

**Mr RICHTER** — He was not opposing it.

**Mr STANLEY** — With the greatest of respect — —

**Mrs PEULICH** — He did not. You have got that wrong. You have got that wrong, and if you wish to refer to *Age* of 20 December 2015, that is confirmed. He may have changed his position now in his old age. The reason for that I cannot understand, but certainly his position in 1999 you have got wrong.

**Mr STANLEY** — We both met with Bill Scales in his office, and we take his word over the *Age* any day of the week.

**Mrs PEULICH** — You have got it wrong, because we had the public debate in the Parliament.

**Mr STANLEY** — Let us not talk about it. We can agree to disagree.

**The CHAIR** — Okay. I think both parties have put their positions. Ms Peulich, did you have a question?

**Mrs PEULICH** — No.

**Ms PATTEN** — Thank you very much. Obviously I actually do concur with what you have been saying. Just going back to 1999, what went wrong? What should this committee be ready to address or defend?

**Mr RICHTER** — What went wrong, I think, was that certain people were very good at orchestrating a media campaign which was based on the notion of, 'These people are blessing drug abuse, and these people are blessing drug addiction'. It was never intended by the introduction of such a centre or any harm minimisation project to mandate that drug use was a good thing. In fact the whole thrust of it is drug use is not good, but the newspapers and the television stations at the time of the election campaign and thereafter managed to paint a picture that somehow this was encouraging drug use. The whole message of a medically supervised injecting facility with the kind of constraints that require people to go there to start with — the compulsions — is that drug addiction is a bad thing. It is to be conquered and to be survived. That is why we did not get one. We did not get one because there was hysteria. You may have noticed that 20 years on I think the press has been a great deal more responsible.

**Mr STANLEY** — If I could just footnote Robert in that regard, what went right in 2001 in New South Wales? Well, a very visionary leader looked at that and stepped away from the politics of it and passed it back to the affected community and let it come from the ground up. So let it be driven by, for example, those that were affected and effected by those decisions. Whilst we might have had a different political situation here, not two years later real leadership was shown across the border.

**Ms SYMES** — Thank you very much. I just wanted to come back to a comment in relation to the 21 000 users of methamphetamine in the Sydney centre and no violent incidences, and put the question: is there a link between the reduction of violent criminal behaviour and a usage facility?

**Mr STANLEY** — That is an excellent question. One of the great things that has come from this Parliament is to have a trial. I think that is something that needs to be answered. We are in the middle of a very volatile and dangerous methamphetamine epidemic. We only know that fact from Dr Marianne Jauncey, and you would have gathered that in your evidence. I would have thought that a trial should really look, given the situation that we are experiencing on almost a daily basis with that methamphetamine issue, at having some conditions and some strong examination. That is why in our submission we said look at the substances ingested. With this group of people, if you look at the mental health of people that visit the Sydney facility, 82 per cent report mental health problems, 33 per cent report having been given diagnosis of psychotic illness. These are not people that have choice. Whatever the illicit black market is dealing up at the time and the price, that is what

they will be using, so we think that that should form an important part of a trial that goes forward. We do not have answers for that.

**Mr RICHTER** — There is not the same kind of imperative in relation to saving lives and in relation to the use of methamphetamines, but what David has brought up is the notion that if there is such a facility around, people who use different kinds of drugs may come to use it.

**Ms SYMES** — As in Sydney. They do not test what people have got either.

**Mr RICHTER** — Yes. So it is important, because they will be introduced to mental health facilities and other possible ways of dealing with their problems. The people who go to such a facility are all terribly troubled people, but the principal thing is the avoidance of death and serious injury.

**The CHAIR** — Mr Mulino, you did not have a question?

**Mr MULINO** — No, the submission was very clear.

**The CHAIR** — I have one question I wanted to run past both of you. One clear message that we have had from the community in North Richmond is that it is a dire situation and people are very concerned about safety issues and so on, and you spoke about those this evening. And you have made it clear that a supervised injecting room is not the magic bullet to deal with this, but it seems to me that there are responses from possibly other levels of government, like local government and so on, that might have come into play in terms of addressing the obvious problems in that community. Are you convinced that enough has been done in terms of other measures that could be used?

**Mr STANLEY** — I was down in North Richmond a week and a half ago. I parked my car right behind a restaurant — 21 syringes. Now this is a pretty hot political issue. You would think that with all of the resources we would be pretty neat and tidy. To my way of thinking, in terms of the most chronic of our dependent people, the 80/20 rule applies. We are getting 80 per cent of the ambulance call-outs et cetera from this 20 per cent cohort. They are the people that are able to attend the facility, and I think it is going to clear the air just a little bit. It brings them into being part of the solution. That is why we talk about the Ottawa Charter, that the affected and effected community, including the user on the committee, start to take some pride and responsibility. From what I have seen in facilities in other parts of the world, you have got people that are clients of these facilities then actually taking responsibility for the area, organising clean-ups themselves because they are part of the solution, they are not the problem. So that is why we talk about those principles of the Ottawa Charter and including them and empowering them within a facility of that type.

**Mr RICHTER** — Did I get the question right that you are concerned as to whether or not there are other measures to be taken, apart from — —

**The CHAIR** — I was going to elaborate. One thing that has been put to me is that I understand the local council is very opposed to CCTV, for example, and so that is not used around that area. If it were, is that the sort of thing that would make any — —

**Mr RICHTER** — I do not think it makes a difference. An increase in CCTV may not make a difference. It may drive people to do it in another suburb. I mean if there is full coverage of an alleyway or a staircase by CCTV — mind you, most addicts probably would not even notice it by the time they are ready to inject and are compelled to inject — but if they did, they would move to the next suburb. And we do not want that to happen, and we are not going to create a society in which CCTV pervades everything. So I do not think that is a — —

**The CHAIR** — I use that by way of one example, but it just seems that we are talking about one response.

**Mr RICHTER** — That is one response. There are other responses.

**Mr STANLEY** — Our mayor, Robert Doyle, his view is that the most dependent people be provided with prescription heroin. When you look at the experiment in Berne that involved 700 Chechen refugees within that city, there was a €49 per person, per day saving by that group by dispensing the heroin to them. That is one of the mayor's thoughts about it. When you look at the evidence, there is some really strong evidence in there, but it is not part of our submission.

**Mr RICHTER** — And I think that is a very good part of an additional measure, but it would have to be in the context of safe injecting facilities as well. If we are talking about safe injecting facilities and we are giving it a trial run and we see that it is doing good, we may come to realise that most of those addicts use heroin and narcotics in order to feel normal. They do not do it to kind of fly around and whiz around. In my experience of 40-odd years working with drug addicts, people normalise themselves when they inject and are capable of leading proper and fruitful and productive lives.

**Mr STANLEY** — With that particular experiment in Berne, within 18 months 47 per cent of them had work.

**The CHAIR** — Interesting. Okay, I think on that note we need to conclude. I think we are out of time. Gentlemen, thank you very much for giving your evidence this evening.

**Mr STANLEY** — Thank you.

**Mr RICHTER** — Thank you very much.

**The CHAIR** — You will be provided with a transcript shortly, within a few weeks, for review.

**Witnesses withdrew.**