

Supervised Injecting Equals Good Stopgap Policy

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Supervised Injecting Facilities (SIFs) are back on the agenda in Melbourne and it is about time. To have a place that is medically supervised for injecting drug users is simply a good practical public health measure. There was a moral panic back in 2000 when the concept of having injecting facilities first arose. Ten years on, will Melbourne have the leadership we lacked then?

At the risk of raising Sydney/Melbourne rivalry, a big tick goes to Sydney for having a successful facility functioning in Kings Cross. I believe one of the sticking points in Melbourne not succeeding in developing a SIF came down to the language that was adopted. Sydney used the term 'medically supervised' facility rather than the term 'safe injecting' facility used in Melbourne. I think the idea of 'safe' injecting was too much to grasp because there is always risk involved in this behaviour. The latest Burnet Institute report *The Potential and Viability for Establishing a Supervised Injecting Facility in Melbourne* has not used the term 'safe', but 'supervised'. This nuanced language might play a role in enabling the public to accept this concept.

Urban Seed has a long history with this policy debate and in 2000 outlined a number of reasons why a trial of a SIF should be supported, with the bottom line being that no one could be rehabilitated if they were dead. Nothing has changed. The primary objective of a SIF should be to reduce the number of injecting drug deaths through treatment of overdoses, which is an end in itself. However, there is another positive factor associated with SIFs, that is, they would reduce the marginalisation experienced by drug users. An often unrecognised factor that contributes to deepening the cycles of crime and addiction is the dehumanising effect of injecting an illegal substance in terribly inhumane conditions. Arguably, a SIF might provide some way to reducing the extreme social and psychological marginalisation experienced by injecting drug users.

The bigger picture remains that injecting drug use needs to be seen primarily as a health issue, not a legal issue. Because drugs like heroin are illegal there are no controls over purity, and so most people will not know the strength of the drug they are injecting. The unregulated price of drugs sold through the illicit trade also promotes a vicious cycle of

prostitution and acquisitive crime for those who need to support an expensive habit. Property crime associated with illicit drug use, or the securing of its supply, costs Australia more than \$400 million a year. The majority of prisoners in Australia are serving time for drug related crime, and blood-borne viruses that can be spread by sharing needles and syringes are considered a critical public health issue. Show me a police officer who doesn't want to beat their head against a brick wall in frustration over the never ending cycle of crime and illicit drug use.

I want to emphasise that SIFs are not the magic bullet solution. What they are is a good public health measure. Communities and governments must begin to ask hard questions about why young people are turning to illicit drugs. For too long discussion of injecting drug use has taken place in a vacuum that ignores the serious social and economic fragmentation that is tearing apart so many communities. Prohibition has proved an abject failure. Prohibition has prevented regulating the drug trade and perpetuated a demonising image of the drug addict. Surely we have 'grown up' enough over the past decade to at least have a 'mature' policy conversation with all options on the table that doesn't lead to another moral panic.