

Proposed Medically Supervised Injecting Service trial consultation: City of Melbourne

Final Report:
Key findings and
recommendations

Ken Lay AO APM
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Foreword

Dear Minister

It is a privilege to present my Final Report on the proposed establishment of a Medically Supervised Injecting Service trial (injecting service) in the City of Melbourne.

This report represents the culmination of four separate consultations that each had a distinct focus and purpose.

Each phase of this work resulted in insights that informed the findings and recommendations.

This work was confronting.

The sheer scale of the harms inflicted on people who inject drugs, their families, and the community in which they live, demands a well-considered and resourced response.

Melbourne is a vibrant metropolis. And like all great cities, it is home to a variety of people.

Inevitably, some of these people will face multiple and complex problems, including injecting drug use.

One person a month is dying because of injecting drug use on our City streets. Many more people experience drug-related harms and face significant health and mental health risks.

Almost everyone I have spoken to over the past three years was “as one” on the greater levels of support needed for some of those most vulnerable Victorians.

What I heard were mixed views on what the policy and community response should be.

Injecting drug use is not a static issue – it responds to local and global factors, presenting new challenges and complexities over time.

I heard time and time again that the issues an injecting service seeks to solve are dynamic and complex, and it alone cannot be the single solution.

I heard the importance of an injecting service being a ‘front door’ to other health and social supports.

Once in that front door, people who often have chaotic and unpredictable lives should have access to a range of services that offer an individual response to their complex health needs.

I acknowledge that this work was undertaken during very challenging times for the City.

I was consulting with the community during a global pandemic as its impacts were being widely felt. I heard the stories of a city that was struggling to recover.

In addition, there was a clear sentiment that the safety and wellbeing of the whole community was a priority.

I heard clearly and consistently that everybody has the right to feel safe.

Residents, traders, and tourists shared fears for their safety, which directly related to visible injecting drug use and antisocial behaviours. People who inject drugs were also concerned about their personal safety.

It became clear to me that an injecting service trial has less chance of success without the legitimate needs and expectations of the community being recognised and addressed.

An injecting service trial that focuses on being a good neighbour – working with the community it serves and surrounds – will have the greatest chance of achieving its core objectives.

Throughout my consultations, I heard various views on the best course for the City's recovery.

I heard many times that it is the responsibility of a compassionate community to care for all those who live and work within it.

I hope this work contributes to that outcome.



Mr Ken Lay AO APM
Independent Consultation Chair
31 May 2023

Acknowledgements

While this report reflects my findings and recommendations as Chair, it was not created in isolation. I would like to express my gratitude to the many people and organisations that contributed to this project.

I acknowledge that this project was conducted on Wurundjeri Country. I would like to acknowledge the Wurundjeri People of the Kulin Nation who are the Traditional Owners of this land and pay my respect to their Elders past, present and emerging.

The health sector and alcohol and other drug workforce provided invaluable support and expertise at a time when reduced staff numbers and the complexities of COVID added extra pressures on an already overburdened system.

I extend my appreciation to the City community – residents, businesses and community groups – for their generous and candid perspectives.

I thank everyone who contributed to my online survey to give me a better understanding of the needs and expectations of the whole City community.

To the key partners in this work – cohealth, the City of Melbourne, the Department of Health, Victoria Police and Ambulance Victoria – your insights and wise counsel have been invaluable.

cohealth dedicated significant time to join me in many of the consults and to hear the wide range of views presented. I appreciate their commitment and continued focus on the community's health and wellbeing needs.

I thank the team at the Department of Health who have tirelessly supported this work during very challenging times.

I also want to acknowledge the services that work tirelessly, often in thankless roles, to support and care for those who inject drugs. Their contributions are invaluable and provide the foundation upon which work like this is built.

Finally, I thank those people who inject drugs, and those who support them, who were willing to share their most personal experiences with me. It enabled me to better understand the insidious harms that drugs wreak on our community.

I hope sharing their experiences will lead to improved lives and better health outcomes.

Executive Summary

Introduction

The centres of big cities are, by their very nature, places of convergence. They are designed and organised to draw in people from outlying suburbs and regional areas: for work, entertainment and, increasingly over recent decades, as a place to live.

The people they attract occupy every level of the social and economic continuum, from the poorest to the richest, the sickest to the healthiest, and everyone in between.

This includes people who both sell and purchase drugs that are then – most likely – injected on Melbourne's city streets, lanes and alleyways.

While North Richmond has historically been one of Melbourne's primary drug markets, the central business district has run a close second.

This was reconfirmed in 2020 when the Victorian Government appointed drug expert Professor Margaret Hamilton AO to review the trial of

Melbourne's first Medically Supervised Injecting Room (MSIR) in North Richmond (Hamilton Review). The Hamilton Review found the City of Melbourne had the second highest number of heroin overdoses behind the City of Yarra. It was a central rationale for the Hamilton Review's recommendation that the State Government establish a second injecting service trial in the City.

When I was appointed to lead this work in July 2020, Government cited the following data in stating its public policy position to establish an injecting service in the City of Melbourne:

- The City of Melbourne had 51 heroin-related deaths between January 2015 and September 2019.¹
- The City of Melbourne had the second highest ambulance attendances for heroin overdoses (after City of Yarra).²

There is widespread acknowledgment that the City has a significant injecting drug problem. A public survey conducted through the Victorian Government's Engage Victoria platform to inform this report found two out of three respondents agreed with the statement: "There is an issue with injecting drug use in the City".

People also agreed there should be a response to injecting drug-related harms in the City (61 per cent) and, more specifically, greater health and social supports for people who inject drugs in the City (61 per cent). But when it comes to specific health-led solutions – particularly around supervised injecting facilities – views are much more mixed.

In the survey, 52 per cent of respondents said there was not a need for a supervised injecting service in the City, while 40 per cent of respondents said there was a need.

These figures show that supervised injecting facilities as a policy response to injecting drug harms remain contentious with the Victorian community.

Many people pointed to moral concerns and possible impacts on safety and amenity, among other factors. Legitimate fears around congregation, anti-social behaviour, increased syringe litter and crime are all prevalent in community sentiment around the perceived impacts of injecting rooms.

In the case of Melbourne's CBD (and many other centres of economic activity), this opposition is heightened by the challenges of navigating a post-pandemic environment. As the City fights to get back on its feet after enduring one of the world's most significant periods of pandemic lockdowns, many businesses and residents have questioned the timing of an injecting service trial in the City of Melbourne.

Some of these views may in part be a result of perceived safety and amenity issues around the North Richmond trial, with successive independent reviews finding the establishment of the service has not improved amenity in the surrounding area.

However, there is also strong evidence from the North Richmond MSIR trial and other similar trials around the world that injecting services save lives and assist in putting people who inject drugs on a pathway to better health and social outcomes. The recent review (2023) of the MSIR, chaired by John Ryan, referred to hereafter as the Ryan Review, found it had managed almost 6,000 overdose events and saved up to 63 lives since it opened in 2018. In the two years to June 2022, it provided 19,743 instances of support to people who inject drugs.³

Providing medical supervision to people while they inject heroin saves lives because of the unique characteristics of the drug. If a dose is even slightly above a certain level, it can lead to a dramatically reduced heart rate and reduced respiratory rate, causing immediate death if medical interventions are not performed instantly. This is why injecting heroin alone is often fatal.

The research tells us that the people who are risking this outcome are also some of the most vulnerable members of the community whose behaviour is often driven by past trauma.

A 2022 study by the Monash Addiction Research Centre found that MSIR clients were three times more likely to have experienced stressful life events and 27 times more likely to have symptoms consistent with post-traumatic stress disorder.⁴

Many people who inject drugs want to turn their lives around. When the researchers of the above study asked MSIR clients about their biggest drug-related goal, more than six in 10 said it was to either stop using altogether or cut down or get their use under control.⁵

The question for policymakers and governments is not a simple one: What is the best way to help people who inject drugs to stay safe and help them find the pathways out of addiction they are looking for, while at the same time balancing the needs and expectations of the community?

In my work as Independent Consultation Chair, I was not asked to pass judgement on the merits, or otherwise, of injecting services. My role was to talk to key stakeholders about the proposed siting and implementation of an injecting service in the City, and report back to the Government on what I heard.

The following pages highlight these voices, and outline the findings I drew from those conversations and evidence domestically and globally.

The experience of injecting services in other jurisdictions shows that if stakeholders are listened to, safety and amenity concerns are properly addressed and people are brought along on the journey, they can serve their central purpose of saving lives and improving lives while gaining and building the support of the people who live and work around them.

Background

In June 2020, a panel chaired by drug expert Professor Margaret Hamilton AO published its findings on Victoria's first trial of the North Richmond MSIR. As well as finding that the MSIR had saved up to 27 Victorians during the 18-month review period, the Hamilton Review recommended that a second service be established in the City of Melbourne.

"The Panel were concerned that a single location cannot effectively address all needs for such a service in a city the size of Melbourne," the report said. "Therefore, the Panel recommend that the Government expand the current trial to include another supervised injecting service. The review panel identified the City of Melbourne as the location that best meets these criteria."⁶

After accepting this recommendation, the Victorian Government identified 53 Victoria Street, Melbourne, as its preferred site for a second injecting service. However, the Government also indicated that it was open to other site options, should they be identified as being more suitable.

I was appointed by the Victorian Government to lead four separate consultation processes on the establishment of the proposed second injecting service. These took place at different times over the past three years and sought to answer different questions about the proposal. Sometimes I conducted consultations by myself (with the support of the Department of Health). Other times the work conducted as part of a Partnership with the City of Melbourne, the Department of Health, and the preferred service provider, cohealth.

This Executive Summary briefly outlines key findings from these consultations, which are then detailed in the full report that follows. The summary begins with the most recently completed consultation, as its findings have not yet been delivered to Government.

Post-COVID consultation

What I was asked to do

In September 2022, the Victorian Minister for Health asked me to start a fourth consultation to examine matters regarding the possible establishment of an injecting service in the City of Melbourne. I was also asked to identify safety and amenity issues relating to a potential injecting service, and to provide advice on how existing injecting drug harms in the City of Melbourne could be mitigated before an injecting service could be established.

Additionally, I was asked to consider the impact of COVID on injecting drug harms and activity in the City and to determine whether there were any pandemic-related implications in establishing such a service.

I was not asked to investigate site options.

How I conducted my work

Between October 2022 and May 2023 I conducted 51 consultations with experts, stakeholders and the City of Melbourne community to gauge views on:

- drug harms and activity in the City of Melbourne
- the proposed injecting service trial for the City of Melbourne
- opportunities to address safety and amenity issues relating to an injecting service in the City of Melbourne.

Two roundtables were held with people who inject drugs, one of which was specific to the needs of Aboriginal and Torres Strait Islander communities. I also met with the families of those who had lost loved ones to heroin overdoses in the City, and Members of Parliament. I sought broader community views via an online survey delivered by Engage Victoria, which received 6,114 responses.

To further understand how drug activity and harms had changed during and after COVID and to determine long-term trends, I examined Coroners Court of Victoria data from 18 January 2018 to June 2022, and Ambulance Victoria attendance data for the City of Melbourne between July 2015 and December 2022.

What I found

Most people I consulted with said they understood there was a problem with injecting drug use in the City. This reflected the data on heroin-related harms in the City, which had returned to pre-COVID levels, and were in some cases even more acute. However, there were mixed views on the policy approach to this issue; some stakeholders voiced concerns that an injecting service could have an adverse effect on the broader community.

At the same time, experts told me that an injecting service would save lives and reduce the burden on existing health services. I also heard that safety and amenity issues concerning a trial injecting service could be mitigated with the right programs and services, but that this could only be achieved through strong governance and genuine and meaningful engagement with the community.

I heard of an opportunity to trial a smaller and more discreet service model than the one deployed at the North Richmond site, which could potentially better address the concerns of both residents and businesses as well as people who inject drugs. While this consultation focused on establishing a single injecting service in the City, I heard that it could be beneficial to establish multiple small and discreet sites should this trial prove successful.

What I have found is that there is a continuing and clear need to establish a supervised injecting service trial in the City of Melbourne.



Increase in heroin related deaths

Heroin-related coronial data for the City of Melbourne is now greater than pre-Covid-19 levels – **10** heroin related deaths in 2019; and **12** heroin related deaths for the first half of 2022 (already exceeded in first 6 months of 2022)⁷



Increase in ambulance call outs

Heroin related harms (Ambulance call outs with provision of naloxone) exceeded pre-Covid-19 levels in the City of Melbourne – **130** in July 2019 to June 2020; and **158** in July 2021 to June 2022⁸



Highest rate of drug deaths across State

City of Melbourne had the highest rate of all **drug deaths** across the State between 2020 and 2021 (**54** deaths)⁹



Increase in heroin use

Heroin consumption in Victoria in 2022 exceeds 2019 (pre-COVID-19) levels (by **2 per cent**)¹⁰

With the completion of this report, I deliver to Government the following nine recommendations based on this final broad community consultation.

Recommendations

Recommendation 1:

In accordance with current Government policy, a Medically Supervised Injecting Service trial should be established in the City of Melbourne.

In implementing this trial, Government should consider:

- a small (4–6 booth) and discreet injecting service, with accessible wraparound supports
- establishing the service in, or near, one of the identified areas of injecting drug harm
- actively engaging businesses and residents to ensure their needs and expectations are considered
- building the capacity of health and social support systems to ensure the trial acts as a gateway to other services
- opportunities to integrate the trial in mental health and public intoxication reforms to better support people who have intersecting needs
- reviewing the service trial to assess its effectiveness and identify and implement any improvements.

Recommendation 2:

Prior to the establishment of the trial, a health-led inter-agency committee be established to strengthen coordination and responses to injecting drug harms in the City of Melbourne.

In implementing this recommendation, Government should consider:

- that this committee's membership include senior executive representation from the Department of Health, City of Melbourne, Victoria Police, Ambulance Victoria and the preferred service provider
- that this committee lead the establishment of an Injecting service, monitor drug harms, develop drug-related policy responses, advise on safety and amenity strategies, and facilitate cross-agency engagement
- that visible and strong leadership of the service trial is critical
- the active engagement of businesses and residents to ensure their needs and expectations are considered
- that this committee apply the learnings from the North Richmond MSIR in a City context
- that this committee reports to the Minister for Mental Health.

Recommendation 3:

Prior to the establishment of the trial, that Government support the formation of a Community Advisory Group to advise on the needs and expectations of the community.

In implementing this recommendation, Government should consider:

- that the group be established and led by the preferred service provider
- that the group's membership is comprised of community, business, services, people with lived and living experience and First Nations communities
- that the group provide advice to the health-led inter-agency committee
- that the group provide advice on effective engagement with the community
- that the group regularly and meaningfully report back to the community
- that the group provide advice on the naming convention to accurately reflect how the trial can save and transform lives of people who inject drugs.

Recommendation 4:

Prior to the establishment of the trial, the inter-agency committee identifies, understands and develops responses to potential safety and amenity impacts.

In implementing this recommendation, Government should consider:

- that the Community Advisory Group should actively engage the community to better understand the potential safety and amenity impacts, specific to the site, and provide advice to the committee
- baselining current safety and amenity indicators in the City, and more specific to the trial site
- utilising local and international research and experience on safety and amenity measures
- seeking expert advice to inform the responses to identified impacts.

Recommendation 5:

That Government consider immediately enhancing outreach services in the City of Melbourne to support people who inject drugs.

In implementing this recommendation, Government should consider:

- extending outreach capacity and capability
- establishing a temporary location in, or near, an area of injecting drug harm to better support outreach service client provision and engagement, while the trial is being established.

Recommendation 6:

That Government consider co-designing an effective care coordination model to better connect people who inject drugs in the City of Melbourne with increased supports.

In implementing this recommendation, Government should consider:

- connecting services required by people who inject drugs to their individual need
- evaluating the effectiveness of the model for potential implementation in other areas of the state.

Recommendation 8:

That Government consider expanding the availability of pharmacotherapy in the City of Melbourne.

In implementing this recommendation, Government should consider:

- increasing availability and access to pharmacotherapy for people who inject drugs
- introducing hydromorphone as a pharmacotherapy option for people who inject drugs.

Recommendation 7:

Prior to the establishment of the trial, Government support a Service-led awareness and engagement program with the City of Melbourne community.

In implementing this recommendation, Government should consider:

- identifying the long-term negative impacts of stigma on people who inject drugs
- identifying how an injecting service can connect people who inject drugs with greater supports
- responding to the concerns of the community relating to safety
- how an injecting service can help reduce public injecting and amenity impacts.
- the media's role in responsible reporting on the issues of injecting drug use.

Recommendation 9:

That Government improve drug monitoring efforts in partnership with the sector and people who inject drugs.

In implementing this recommendation, Government should consider:

- evidence-based identification of effective drug-monitoring models
- identifying emerging drug trends and their impacts on harms
- ensuring local services and agencies have access to real-time drug-harm data.

Previous consultation work and advice provided to Government

Between July 2020 and July 2021 I led three distinct stakeholder consultations, each testing views on the Government's decision to accept the Hamilton Review's recommendation to establish an injecting service trial in the City of Melbourne.

Each consultation examined different aspects of the proposal, beginning with testing community views and sentiment, around an initial preferred site at 53 Victoria Street.

The two subsequent consultations were site-agnostic. This work informed the post-COVID consultations conducted in late 2022 and early 2023.

Consultation on 53 Victoria Street (July–October 2020)

What I was asked to do

On 8 July, 2020, I was appointed to lead a public consultation process to compile evidence and data to inform the Government on the suitability of 53 Victoria Street (also known as the Drill Hall) as the preferred site for the state's second trial injecting service, and on actions that should be taken to maintain and enhance safety and amenity.

How I conducted my work

Between July and October 2020, I held 43 engagements with a total of 98 stakeholders including health and drug reform experts, Victoria Police, Queen Victoria Market traders and the City of Melbourne, among others. Targeted engagements were also held with the people who would be most directly affected by the service, including people who inject drugs in the City of Melbourne and representatives of the Drill Hall residents.

I also gathered evidence on specific issues flagged in my Terms of Reference, including:

- injecting drug harms and related activity in the City of Melbourne
- surrounding land use and current businesses and/or services in the area
- infrastructure requirements and limitations of the property at 53 Victoria Street
- other research on injecting services and community perspectives.

I also visited the Sydney Uniting Medically Supervised Injecting Centre twice, to better understand the integration of a service that had been in operation for 20 years.

What I found

During the course of this consultation, I heard that:

- There was broad support for an injecting service in the City.
- The City had several concentrated areas of drug activity, with preliminary data showing 53 Victoria Street was close to general areas of drug harms, but not within any specific one.
- People who inject drugs said they would use the preferred site and benefit from co-located services. Experts said the location was accessible.
- Local residents and businesses held concerns about the preferred site.
- The preferred site had significant deliverability and operational challenges, including issues around heritage controls.

What I delivered to Government

Following the consultation, I advised Government there were barriers to the successful establishment and operation of the second supervised injecting service at 53 Victoria Street. A Status Report on the consultation was provided to the Minister for Health on 14 October 2020.

The Status Report did not provide formal recommendations, but provided advice on the possibility of further consultation with the City of Melbourne on either the initial preferred site or another alternative site, as directed by the Minister.

After considering this advice, the Minister for Health agreed to consider a process for identifying alternative locations and properties in the City of Melbourne for the supervised injecting service, and involving the City of Melbourne and cohealth in the process.

Partnership consultation on alternative sites (November 2020–May 2021)

What I was asked to do

In November 2020, the Minister for Health asked me to chair a partnership between the Department of Health, the City of Melbourne and cohealth to identify alternative sites for an injecting service, and to advise on other health and social services related to its establishment.

The criteria for this task were broadly aligned with the parameters set out in the previous consultation into 53 Victoria Street, which included gathering evidence on:

- drug harms and drug-related activity in the City of Melbourne
- surrounding land use and current businesses and/or services in the area
- infrastructure requirements and limitations of the property at 53 Victoria Street
- other research on injecting services and community perspectives
- how a site might contribute to the city's economic and social recovery.

How I conducted my work

The Partnership met 10 times between November 2020 and May 2021. During our first meeting, we developed the following three-step process to identify and assess alternative sites:

1. Identify priority areas in the City by reviewing evidence on drug-related activity and social and economic characteristics.
2. Identify and assess available properties within those areas.
3. Advise on the suitability of a shortlist of sites for consideration by the Victorian Government.

We held 17 stakeholder meetings, including with community members and key organisations and services, involving Fitzroy Legal Service, Fire Rescue Victoria, Ambulance Victoria and Victoria Police (Appendix G, Table G1).

We analysed data from Ambulance Victoria to determine areas of injecting drug harm in the City. We then evaluated various sites within those areas. This included sites available both on and off-market, as well as state and local government-owned properties.

One of the key considerations in our evaluation process was to ensure the chosen sites were suitable for a small and discreet injecting service with wraparound health and social supports.

What I found

The Partnership found four areas of injecting drug harms in the CBD with the highest ambulance attendances for heroin overdoses. The most significant area of injecting drug harms was located near the intersection of Elizabeth Street and Flinders Street. Based on this information, the Partnership determined that these four CBD areas were the most suitable for the supervised injecting service. From an initial list of 50 sites, we narrowed it down to 10 for further investigation, eventually resulting in a shortlist of the following three sites:

- 104 A'Beckett Street
- 340 Flinders Street
- 244 Flinders Street.

What I delivered to Government

On 4 March 2021, I delivered a Status Report to the Government, evaluating three potential sites for the supervised injecting service based on the Partnership's work. While I did not nominate a preferred site, I put forward the view that all the shortlisted sites had benefits and limitations. I emphasised that both Flinders Street sites were suitable from various perspectives, with 244 Flinders Street ranking highest according to Partnership criteria.

I also noted that although 340 Flinders Street offered less security of tenure, both sites had the potential to accommodate a wider range of health and social services for the City community. The presence of two large Flinders Street sites highlighted the benefits of locating the injecting service within a broader community health and wellbeing hub accessible to all City residents.

Additionally, I advised of concerns raised by the City of Melbourne regarding the social and economic impacts on tourism, retail, hospitality and other sectors in the City. I acknowledged the need for community consultation to determine the community's needs and expectations, which would be conducted in subsequent consultations.

The Victorian Government acquired 244 Flinders Street as a strategic health asset.

Further consultation on CBD drug harms (June–July 2021)

What I was asked to do

On 2 June 2021, the Minister for Health asked me to gather sector and community views about the health and social services that stakeholders would like to see at a potential health and wellbeing hub. I was also asked to provide advice on measures that could support safety and amenity in the area around a future health asset established in the Flinders Quarter precinct.

I was asked to conduct the consultation in a site-agnostic manner.

Under my Terms of Reference, I was asked to consider:

- drug activity and harms
- existing health and social services
- safety and amenity
- the built environment
- transport and policing issues.

I was also asked to actively seek the views of people who inject drugs, residents, businesses and other key stakeholders on actions to maintain and enhance safety and amenity.

Due to ongoing COVID restrictions, I was not asked to conduct a formal public consultation.

The consultation maintained the Partnership structure from the previous consultation process, with the inclusion of additional partners – Victoria Police and Ambulance Victoria – who provided advice on safety and amenity concerns.

How I conducted my work

Between June and July 2021, I conducted a total of 40 meetings with stakeholders, including health and social service providers, AOD experts, key Government agencies, unions, businesses and resident and community representatives. The focus was on consulting with people and organisations in and around the Flinders Street Quarter.

What I found

During the consultations, three main themes emerged:

- The southern end of the CBD was experiencing significant safety and amenity issues.
- There was support for a small Injecting service within a broader City health service.
- The pandemic was hurting the social and economic fabric of the City.

Stakeholders expressed concerns about a potential community health and wellbeing hub. These concerns were based on their experiences with the North Richmond MSIR. They emphasised the importance of “learn[ing] from the lessons” that emerged during the establishment of Victoria’s first injecting service.

What I delivered to Government

On 13 September 2021, I acquitted my Terms of Reference by presenting my advice to Government. Due to the COVID-19 pandemic, widespread public consultation was limited, and community sentiment could not be fully assessed. The Government requested that I pause the consultation due to these ongoing restrictions, which presented barriers to formal public engagement.

Full Report

Background

In June 2020, a panel chaired by drug expert Professor Margaret Hamilton AO published its findings on Victoria's first trial of a medically supervised injecting service. Known as the Hamilton Review, it pointed to a range of successes in establishing Victoria's first trial of a service of this kind in North Richmond (the Medically Supervised Injecting Room, or MSIR). In the 18-month review period, the MSIR had 119,223 client visits. Despite 271 serious overdose incidents, there had been no fatalities inside the MSIR. The panel estimated the MSIR had directly prevented the deaths of up to 27 Victorians who inject drugs.

As part of its findings, the Review Panel recommended that the Government trial a second Medically Supervised Injecting Service (injecting service) in the City of Melbourne. This was in recognition that the City of Melbourne had the second highest number of ambulance attendances for heroin overdoses behind the City of Yarra, where the North Richmond service is situated. In making the recommendation, the Panel pointed to the 51 people who had died of heroin overdoses between January 2015 and September 2019 in the City of Melbourne.

The Review Panel said a second injecting service would help manage demand, reduce the burden on ambulance and other health services, and allow the Government to trial another model of care.

"In addition to potentially saving a greater number of lives, the establishment of another service would help to test effectiveness in different locations. To be most effective, the panel recommended that a new service should be located where the greatest drug harms are outside North Richmond – in the vicinity of a major illicit drug market, where there are high rates of overdoses and public injecting. The review panel identified the City of Melbourne as the location that best meets these criteria."¹¹

In accepting the recommendation, the Government nominated 53 Victoria Street, Melbourne, as its preferred site and cohealth, which delivers health services at that location, as its preferred service provider.¹²

I was appointed by the Victorian Government in June 2020 to seek the views of stakeholders, including residents, traders, health experts and people who inject drugs on the establishment of a second injecting service in the City of Melbourne.

This work has seen me lead four separate and distinct processes, examining a range of factors around the proposal. This has taken several forms, including as part of a Partnership with the City of Melbourne, the Department of Health and the preferred provider cohealth.

Within a month of the consultation being announced, Victoria entered a protracted period of COVID-related lockdown. Victoria would experience further pandemic restrictions throughout most of my period of consultation.

The pandemic, associated restrictions and the challenges inherent in the post-COVID recovery restricted the ability to undertake some forms of engagement (such as face-to-face meetings).

City of Melbourne: context

The City of Melbourne is the business, administrative, cultural and recreational centre of Victoria, featuring major tourist attractions, arts, retail and hospitality precincts. The City serves a large population who travel into the City to work and visit, in addition to its ordinary resident population, which was estimated to be 159,813 as of 30 June 2022.¹³

As is the case with almost all large central city municipalities, a key feature of the City of Melbourne is the concentration of businesses, particularly in the Central Business District (CBD). In 2021 the City of Melbourne boasted 14,500 businesses employing 465,000 people.¹⁴

The three largest sectors (by employment) were business services; finance and insurance; and public administration and safety. The three largest sectors (by number of establishments) were food and beverage services; business services; and retail trade.¹⁵

Another feature is that the City of Melbourne serves a large population who travel from across Victoria, compared with many other local government areas (LGAs) which predominantly serve their residents or residents in nearby LGAs. Before the COVID pandemic, the estimated daily weekday population swelled to 910,800 – about

five times the estimated usual resident population at the time.¹⁶

Demographics

The age profile of the City of Melbourne is much younger than the average across Victoria, with a median age of 30.¹⁷ In 2021 the age range of residents was:

- 11 per cent aged 0–19 years
- 61.9 per cent aged 20–39 years
- 17 per cent aged 40–59 years
- 8.6 per cent aged 60–79 years
- 1.6 per cent aged 80 years and older.¹⁸

The City of Melbourne is also more culturally diverse than the rest of Victoria. In 2021:

- 0.5 per cent of residents identified as Aboriginal or Torres Strait Islander¹⁹
- 38 per cent of residents were born in Australia – and the next top countries of birth were China (11.2 per cent), India (6.7 per cent) and Malaysia (4.0 per cent)²⁰
- 52.8 per cent of households used a language other than English at home – where the top non-English languages spoken at home were Mandarin (14.3 per cent), Cantonese (3.4 per cent) and Spanish (2.7 per cent).²¹

Education and occupation

Young professionals and international students represent a substantial proportion of the City of Melbourne's resident population. In 2021:

- 18.3 per cent of residents were attending university²²
- 54.2 per cent of residents aged 15 years or older held a bachelor's degree or higher degree qualification²³
- 39.4 per cent of residents were professionals.²⁴

Disadvantage

Looked at as a whole, the City of Melbourne is a place of relative affluence. In the 2021 Index of Relative Socio-economic Disadvantage (IRSD), the City of Melbourne scored 1,017 – a high score indicating a relative lack of disadvantage in the City, placing the LGA as less disadvantaged than 62 per cent of LGAs in Victoria.²⁵ It is important to note, however, that the IRSD assesses the City of Melbourne as a whole and does not detail the areas of disadvantage in the LGA.

Housing and homelessness

People experiencing homelessness is a key issue in the City of Melbourne. The Melbourne Service Coordination By-Name List, which seeks to list every person experiencing homelessness in the City of Melbourne, identified (as of the end of March 2023):

- 214 people who were actively homeless
- 50 per cent of homeless people (107 people) were sleeping rough
- 26 per cent of homeless people (55 people) were in temporary accommodation.²⁶

Housing affordability is also an issue. In 2021, 36 per cent of private rentals were occupied by households spending more than 30 per cent of their household income on rent.²⁷

In the City of Melbourne, most residents are renters who live in high-rise apartments. In 2021:

- 85.3 per cent of dwellings were high-density housing (such as apartments) and 12.2 per cent were medium-density housing (such as townhouses)²⁸
- 62.9 per cent of households were renting, with 59.5 per cent renting privately and 3.3 per cent in social housing.²⁹

Health and wellbeing

Residents in the City of Melbourne have a range of health needs. In 2021:

- 18.4 per cent of residents were living with one or more long-term health conditions
- Mental health conditions (including depression and anxiety) were the most type of common long-term health condition – 8.1 per cent of residents reported living with a mental health condition.³⁰

The economic impact of COVID and its aftermath

Although the City of Melbourne is recovering from the impacts of COVID (a record amount of \$1 billion was spent in the City of Melbourne in December 2022), this recovery has been uneven. Due to the heavy reliance on people travelling into the City for work and recreation, social and economic activity in the City of Melbourne was heavily affected by the COVID pandemic and associated movement restrictions.

Recreational activity has begun to return post-COVID, boosting activity on weeknights and weekends. Night-time spending in the City of Melbourne has been at or above 2019 levels for nearly all months since April 2022.^{31,32} But businesses report significantly reduced trade during weekdays as working-from-home patterns entrenched during lockdowns persist into the post-COVID era.

The latest *Melbourne Economy Snapshot* from the City of Melbourne confirms these trends, with Tuesday, Wednesday and Thursday mornings now the busiest days for foot traffic,³³ as city workers head into the City and away from their home offices mid-week. Pedestrian activity at the Flinders Street Station underpass is now at 72 per cent of 2019 levels but 152 per cent higher than 2022 levels.³⁴

Post-COVID consultation

Key findings:

1. Heroin-related harms in the City of Melbourne have returned to pre-COVID levels, and the rate of heroin overdose deaths is higher than it was pre-pandemic.
2. The community understands that there is a problem with injecting drug use in the City and wants more support to mitigate these harms. However, there are concerns that an injecting service would negatively impact the broader city community.
3. There is an opportunity to trial a smaller and more discreet service model within the City, learning from other models domestically and internationally in its establishment.
4. Ensuring safety and amenity issues are identified and considered prior to the establishment of the trial is critical. This can only be achieved through strong governance and genuine and meaningful engagement with the City community.

What I was asked to do

In September 2022, following previous consultations into the establishment of an injecting service in the City of Melbourne, the Victorian Minister for Health asked me to commence a fourth distinct piece of work examining issues around the potential establishment of an injecting service in the City of Melbourne.

I was provided a new Terms of Reference, which directed me to consider the impact of COVID on injecting drug harms and activity in the

City and determine whether there were any pandemic-related implications in establishing such a service.

I was also asked to identify safety and amenity issues relating to an injecting service and provide advice on how existing injecting drug harms in the City of Melbourne could be mitigated before a service could be established.

I was not asked to investigate site options.

How I conducted my work

In accordance with the Terms of Reference, I oversaw a range of consultation activities designed to gauge stakeholder and community views and sentiment on the key issues of injecting drug harms in the City, and the impacts and implications of COVID on drug harms.

Consultations

Between October 2022 and May 2023 I conducted 51 consultations with experts, stakeholders and the City of Melbourne community to gauge views on:

- drug harms and activity in the City of Melbourne
- the proposed Injecting service trial for the City of Melbourne
- opportunities to address safety and amenity issues relating to an Injecting service trial in the City of Melbourne.

cohealth joined me during the majority of these consultations.

During this time I met with organisations representing residents, businesses, and other interest groups that make up the City of Melbourne community.

These groups included Residents 3000, Eastenders, Flinders Quarter, the Committee for Melbourne, Council Watch Victoria, Wurundjeri Woi Wurrong Cultural Heritage Aboriginal Corporation, the Victorian Chamber of Commerce and Industry and the Australian Retailers Association. In addition to attending consultations, all these groups were encouraged to share the Engage Victoria online survey with their members. I also met with some individual City of Melbourne residents.

Two roundtables were held with people who inject drugs, one of which was specific to the needs of Aboriginal and Torres Strait Islander communities.

I met with the families of those who had lost loved ones to heroin overdoses in the City.

I met with Members of Parliament, including Adam Bandt MP, Federal Member for Melbourne and Leader of the Australian Greens, Ellen Sandell, Greens State MP for Melbourne, and Nick McGowan, State Member for North Eastern Metropolitan Region.

Broken down by sector and category, I conducted:

- 10 targeted consultations with key experts and stakeholders (October to November 2022; Appendix B, Table B1)
- 23 broader consultations including Victoria Police, organisations representing the alcohol and other drug (AOD), health, community and homelessness sectors, and Members of Parliament (March to April 2023; Appendix B Table B2)
- 17 meetings and roundtables with stakeholder groups including businesses, the community, people who inject drugs and those who support them. (May 2023; Appendix B Table B3)
- A roundtable with AOD experts from the Department of Health (May 2023; Appendix B Table B3).

Online survey

To supplement face-to-face engagements, I sought broader community views through an online survey delivered via Engage Victoria. This platform was chosen because it provided an accessible opportunity for the City of Melbourne community to have their say and also enabled participation in the top four spoken languages in the City of Melbourne (English, Mandarin, Cantonese and Spanish).

With support from the City of Melbourne, other groups were identified and invited to share the online survey with their members. More than 100 groups/organisations were asked to participate in the survey. Media was engaged to report on the public consultation period and share the survey link. I received 6114 responses between 26 April and 16 May 2023.

In addition, we received a number of submissions and letters from organisations.

Data analysis and desktop research

To further understand how drug activity and harms had changed during and after COVID and to determine long-term trends, I examined Coroners Court of Victoria data from January 2018 to June 2022, and Ambulance Victoria attendance data for the City of Melbourne between July 2015 and December 2022.

This data was referenced against the following:

- City of Melbourne syringe collection data
- Information from the National Wastewater Drug Monitoring Program
- North Richmond MSIR service data
- Advice and evidence from:
 - cohealth
 - The City of Melbourne
 - Other service providers in the City of Melbourne LGA.

Previous reviews

My work was informed by the findings of the Hamilton Review and the recent review (2023) of the MSIR, chaired by John Ryan, referred to hereafter as the Ryan Review.

What I found

The following sections of this report outline the broader set of findings that emerged from this work. These have been grouped into 10 key themes, each highlighting important issues and areas for consideration.

1

Since the end of lockdowns, heroin overdose deaths have increased and injecting drug-related harms have returned to pre-COVID levels

Analysis of available data and consultations with key stakeholders showed an increase in the rate of heroin overdose deaths and a return of injecting drug-related harms in the City of Melbourne to pre-COVID levels.

This follows a period of relative decline. During the COVID lockdowns of 2020 and 2021, public injection of heroin dropped below pre-COVID levels, while areas for drug activity and harm slightly shifted.

I heard the decrease in heroin use during COVID was most likely due to border closures and movement restrictions disrupting the flow of drugs throughout the state and country.

The evidence indicates that drug-related harms have since returned to pre-COVID levels, and in some cases are now even higher.

“The feeling is very strong that the drug activity in the City is back to pre-pandemic levels, if not a bit stronger.”

Sione Crawford, CEO, Harm Reduction Victoria

Specifically, I learned that the City of Melbourne had recently experienced increases in:

- reports of people publicly injecting in the City of Melbourne
- drug overdose deaths
- demand for AOD services.

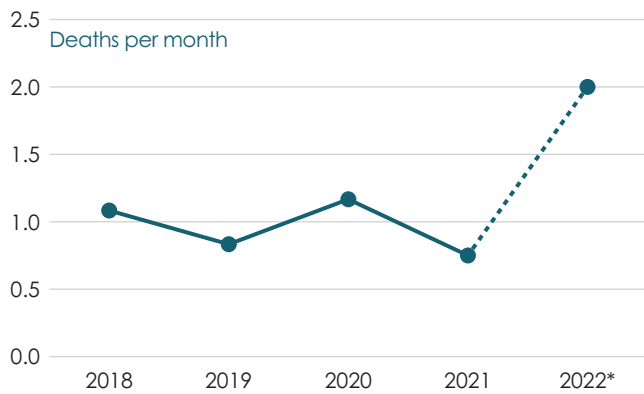
The following data supported these findings.

Heroin overdose deaths

Data from the Coroners Court of Victoria was examined to establish a clear picture of the changes to drug harm patterns in the City before, during and after COVID restrictions. This data showed an increase in injecting drug-related deaths.

In the first half of 2022, the City of Melbourne experienced a rate of two heroin-related deaths per month. This was a noticeable increase in the rate of approximately one life lost to heroin every month for the two years 2018 and 2019 (Figure 1).³⁵

Figure 1. Rate of heroin-related deaths per month in the City of Melbourne, 2018 to 2022*



* Data to June 2022
Source: Coroners Court of Victoria, 2023

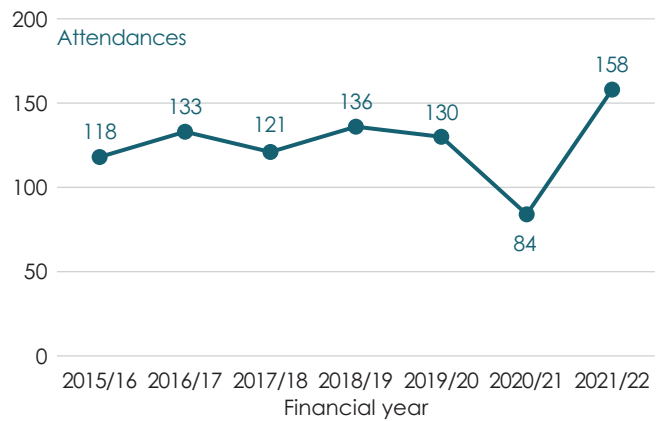
The same data shows that heroin-related deaths decreased during the lockdown years of 2020 and 2021, which averaged 1.6 and 0.75 deaths per month respectively.³⁶

Between 2019 and 2020, heroin-related deaths in the City of Melbourne increased by 40 per cent (2019: 10, 2020: 14). Between 2020 and 2021, heroin-related deaths decreased by almost 36 per cent (2020: 14, 2021: 9).

Ambulance callouts with provision of naloxone

Ambulance callouts for heroin-related harms in the City of Melbourne decreased during COVID, but returned to pre-COVID levels by the middle of 2022 (Figure 2). Between July 2020 and June 2021, heroin-related ambulance callouts decreased by 35 per cent compared with July 2019 to June 2020 (84 attendances, down from 130). Between July 2021 to June 2022, there was an 88 per cent increase (158 attendances, up from 84).³⁷

Figure 2. Ambulance callouts for heroin-related harms with provision of naloxone in the City of Melbourne, 2015/16–2021/22



Source: Ambulance Victoria, 2023

Syringe collection data

To monitor drug-use patterns over time, the City of Melbourne regularly weighs the discarded injecting equipment, such as needles and syringes, collected at its syringe disposal bins. Analysis of this data reveals that the quantity of discarded injecting equipment in the City decreased during COVID, but increased in 2022:

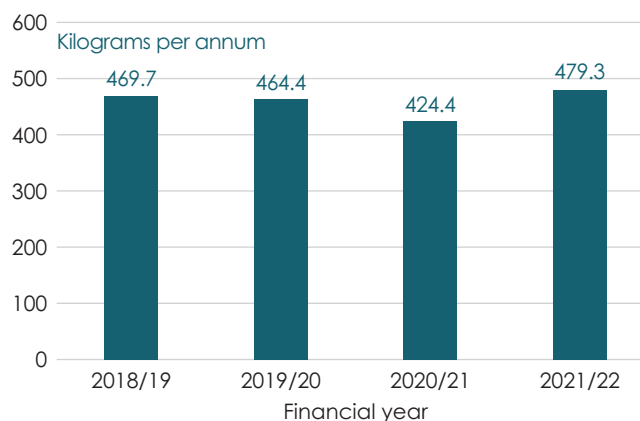
- Between April 2020 and March 2021, the weight of discarded injecting equipment collected by the City of Melbourne decreased by 24 per cent (compared to the 12 months to March 2020).
- Between April 2021 and March 2022, the weight of discarded injecting equipment decreased a further 7 per cent compared with the previous collection period.
- Between April and September 2022 (six months of collection), discarded injecting equipment was on track to exceed the previous reporting period.³⁸

Wastewater analysis

Analysis of Victoria's wastewater by the National Wastewater Drug Monitoring Program indicates that heroin supply and consumption fell during COVID, but now appears to be 2 per cent higher than pre-COVID levels (Figure 3).

- 2020–21: Estimated heroin consumption based on heroin wastewater volumes in Victoria decreased by almost 9 per cent (year on year).
- 2021–22: Estimated heroin consumption based on heroin wastewater volumes in Victoria increased by 13 per cent (year on year).
- 2022: Estimated heroin consumption based on heroin wastewater volumes in Victoria exceeded 2018–19 levels by 2 per cent.³⁹

Figure 3. Heroin consumption in Victoria estimated from wastewater monitoring, 2018/19–2021/22



Source: Australian Criminal Intelligence Commission, 2023

2

Drug consumption among vulnerable cohorts in the City is complex, with polydrug use common

The pandemic had an impact on almost every facet of life in the City of Melbourne. Injecting drug use was no different.

When the heroin supply was reduced during lockdown, other drugs filled its place. I heard suppliers substituted heroin with other drugs, lowering its purity, and people who inject drugs increased their consumption of methamphetamine. This indicates that drug markets are dynamic and resilient, meaning that an Injecting service design should be flexible to account for both fluctuations and long-term trends.

Service design – and more specifically, the model of care – should also be equipped to deal with the needs of people who inject drugs in the City. Service providers consistently described most clients in the City as experiencing complex health and social problems, with significant homelessness, AOD use, mental health challenges, family violence and criminal justice involvement, and some level of antisocial behaviour.

I heard people who inject drugs, and were experiencing complex issues, faced barriers to accessing the support and services they need. These barriers include:

- siloed approaches to service delivery that do not integrate a person's treatment needs
- navigation challenges with disparate systems resulting in different workers, different locations and different appointment times
- experiences of stigma and discrimination around service provision.

Regarding the demographics of people who inject drugs, I heard that people who were injecting heroin were primarily male and aged in their 40s. This was confirmed in several studies of people who inject drugs in Melbourne,^{40,41,42,43} which found 75 per cent of clients who use the North Richmond MSIR were male. Women are a smaller, but still significant cohort,⁴⁴ and often face specific challenges when injecting drugs in the City.

I heard there was an increasing representation of Aboriginal and Torres Strait Islander peoples in the City who required AOD services, including supports related to injecting drug use. Service use among this cohort has grown significantly and includes Aboriginal and Torres Strait Islander peoples who have travelled from regional areas. Although Aboriginal and Torres Strait Islander peoples make up only 0.5 per cent of the City of Melbourne⁴⁵ and 1 per cent of Victoria,⁴⁶ the data showed they were substantially overrepresented in accessing AOD services.^{47,48,49,50,51}

The City has a complex drug-use profile that needs to be factored into any policy response. Data indicates that people who inject drugs often use more than one type of drug at a time; one study showed that 65 per cent of MSIR clients used heroin in a polydrug combination, likely as a result of both intentional mixing and adulteration in the drug supply.⁵²

Other data confirmed that methamphetamine use in metropolitan Melbourne increased during COVID,⁵³ and there was a slight increase in methamphetamine related-deaths in the City of Melbourne from nine in 2020 to 10 in 2021.⁵⁴

Wastewater data suggests Victoria maintained its status as the state with the highest levels of heroin consumption every year between 2019–20 and 2021–22, and the second highest methamphetamine consumption after New South Wales.⁵⁵ Although these statistics are for the whole state and are not specific to the City of Melbourne, they remain relevant because the overdose death rate per head of population in Metropolitan Melbourne is very similar to the rate in regional Victoria.⁵⁶

Accordingly, there is a need for measures that specifically address the evolving drug problems and the complex nature of drug use within the City of Melbourne. Such measures would also serve to 'future-proof' the City from developing drug threats such as fentanyl, which has the potential to cause further widespread harm.

The fentanyl threat

I heard overwhelming stakeholder concern about the possibility of fentanyl and similar potent synthetic drugs causing significant harm. This risk was perceived as ever-present, and I heard that if the international experience bears out locally, could be disastrous.

It is well known that in North America, fentanyl and other potent synthetic opioids have replaced or poisoned pre-existing opioid supplies such as heroin and pharmaceuticals.⁵⁷ The impact has been devastating: Canada's fatal opioid overdose rate doubled in five years;⁵⁸ in the United States, overdose deaths grew by 30 per cent in a single year and a further 15 per cent the next, reaching 107,622 in 2021.⁵⁹

A recent study predicted that Australia would suffer 1,500 to 5,700 deaths from "illicitly manufactured potent synthetic opioids" over a five-year period if they diffused in Australia in a similar pattern to North America.⁶⁰

Consultation snapshot: People who inject drugs

I spoke to a number of people who inject drugs, including people who identified as Aboriginal or Torres Strait Islander.

Most clients supported establishing an injecting service in the City.

Alex* said there was symbolic importance for the establishment of an injecting service in the City.

“I just think even if you’re an intravenous drug user and you never use the safe injecting service, just knowing that your government cares enough to put it there is a positive message,” Alex* said.

She said that safety, particularly for women, was an important aspect to consider for the service, especially relating to personal safety.

“In my life, I have particular people in my past who I would rather not have any further involvement with and you definitely come face-to-face with them in places like North Richmond.”

For James*, the benefits of the North Richmond MSIR were having supports available to keep people safe.

“An injecting service gives me somewhere safe for five, 10 or 15 minutes to find a vein, and have someone to keep an eye on me,” James* said.

Sophie* said trust and honesty at a service was important to her. “We get good relationships with the people at the MSIR, I can say anything to them and it’s going to be honest. I’m not going to bullshit them. I don’t have to. It feels like they are one of us.”

Joel* and other clients spoke of the difficulties in accessing pharmacotherapy in addition to other medications they require.

He said having to repeat his medical history to different doctors, particularly relating to trauma, was a barrier to accessing care.

“Having a doctor that can prescribe you all your medications without talking through your shit, even though you’ve been on that medication for many years. It’s one of the hardest things having to go over all of it again and being degraded and made to feel like shit,” Joel* said.

The clients said greater integration across health and support services would be beneficial for continuous clinical care.

“I just feel like none of the clinics who treat us talk to each other. They are all in silos. Maybe we need some kind of liaison between them all,” Renee* said.

Having staff at the service who had lived experience and understood the challenges the clients faced as well as access to secure housing were priorities for the clients.

* Names have been changed to protect the privacy of individuals

3

An injecting service in a recovering City

The City has a significant concentration of business activity and employment, as well as its heavy dependence on commuters for work, recreation, and social and economic engagement. I heard that the City experienced severe impacts from Victoria's COVID lockdowns and related movement restrictions.

While data shows that some city indicators – such as injecting drug-related harms – are returning to pre-COVID levels, the trajectory of the City's economic and social recovery is not as clear. Key markers like shopfront data and office vacancy rates show a City that is struggling to get back on its feet.^{61,62} I heard that City visitation is strong at nighttime and weekends, but not during the day – partly a reflection of City workers not returning to the office in pre-COVID numbers.

A City that has changed

The City of Melbourne's economy is recovering: \$1 billion was spent in the City of Melbourne in December 2022⁶³ – a record high. But the data shows this recovery has been uneven.

Recreational activity post-COVID has largely returned for weeknights and weekends. Nighttime spending in the City of Melbourne has been at or above 2019 levels for nearly all months since March 2022.^{64,65} But pedestrian activity on weekdays is still down. I learned that:

- In December 2022:
 - Pedestrian activity was lower on weekdays than weekends, at 94% of the daily average weekend pedestrian activity.
 - Between October 2022 and December 2022 spending on weekdays (other than Wednesdays) was slightly lower than pre-pandemic levels (at 92 to 97 per cent of 2019 benchmarks).
 - Morning peak hour activity was about 40 per cent lower than pre-pandemic levels.⁶⁶
- In March 2023:
 - Commuter activity was lower than 2019 at the Flinders Street Station underpass, with the morning peak (6am to 9am) at 63 per cent of March 2019, and the afternoon peak (4pm to 6pm) at 71 per cent of March 2019.
 - Weekday activity at the Flinders Street Station underpass was at 152 per cent of 2022 levels, indicating that recovery continues, but at only 72 per cent of 2019 levels.⁶⁷

Additionally, spending has been recovering at different rates across areas of the City of Melbourne. Between October 2022 and December 2022:

- CBD East (east of Elizabeth Street and south of Lonsdale Street) experienced 31 per cent growth in retail spending and 60 per cent growth in dining and entertainment spending compared with October to December 2019, adjusted for inflation.
- CBD West and CBD North both experienced negative growth in retail spending (-30 per cent and -29 per cent respectively) and dining and entertainment spending (-11 per cent and -21 per cent respectively) compared with October to December 2019, adjusted for inflation.⁶⁸

Though there are increasing numbers of people working from a CBD office for at least one day a week, a full-time return to offices appears unlikely. In one survey of CBD-based businesses from March 2023:

- 38 per cent of employees worked one to two days per week in the office (up from 5 per cent in November 2022).
- 46 per cent of employees worked three to four days per week in the office (up from 41 per cent in November 2022).
- Only 8 per cent of employees worked five days per week in the office.
- 76 per cent of employers indicated they did not expect employees to return to full-time at the office.⁶⁹

Hybrid working is expected to persist, and pre-COVID commuter patterns are unlikely to fully return. In March 2023, mornings in the City were busiest from Tuesdays to Thursdays, while Fridays were quieter, unlike the evenly distributed pedestrian traffic across weekdays in 2019.⁷⁰ Thursdays are the 'new Friday night' for City workers looking to dine out.⁷¹

In short, the City of Melbourne has changed dramatically since COVID. There is less focus on work, while those who do come in for work have settled into a hybrid routine.

The Victorian Chamber of Commerce said the City was quieter during the day and livelier at night and on weekends. As a result, nighttime hospitality has recovered faster than cafes and retailers that rely on daytime traffic.

Businesses, which continue to experience difficulties, are having to adjust to this new environment. In my consultations, many expressed concerns about the current and future prosperity of the City of Melbourne.

"It's a tale of two cities. After 5pm and weekends is relatively strong. Typically, hospitality venues are going well, some reporting better than before COVID. But the 9am–5pm is a different story. Cafes and specialty retails that rely on foot traffic are not anywhere near levels they were before COVID."

Paul Guerra, CEO, Victorian Chamber of Commerce and Industry

I heard that some traders held concerns that an injecting service would have a negative impact on already-struggling City businesses.

When asked to list the community needs and expectations that should be considered in establishing a medically supervised injecting trial in the City, 57 per cent of Engage Victoria survey respondents selected "the prosperity of City businesses".

This response could reflect concerns about reductions in business viability, as well as concerns around safety of staff and customers.

"Compensation is one thing, but if the business dies as a result of being next to an injecting room, compensation won't help, even relocating won't help them."

Victorian Chamber of Commerce and Industry representative

An inclusive recovery

I heard consistent concerns that establishing an injecting service just as the City was getting back on its feet would create more problems for an already struggling economy.

But I also heard a different view: that a post-COVID recovery should not leave anyone behind – including the most vulnerable.

Some City stakeholders said the injecting service, if established properly, could support an inclusive recovery.

“The needs of the whole city should be considered in its recovery. It should be a recovery for all – no one left behind.”

Major Brendan Nottle, Commanding Officer,
The Salvation Army

Given that the City's drug-related issues were well-accepted by almost everyone I spoke with, and overwhelmingly people believed that people who inject drugs needed greater supports, I believe that managing the impacts of drug harms is in the entire community's interests.

I heard that an injecting service in a well-considered location, with strong local engagement and good safety and amenity mitigations, could help reduce some of the drug-related harms that traders, residents and visitors are currently experiencing, including public injecting.

4

There are concentrated areas of injecting drug harms in the City of Melbourne

While injecting drug harms occur throughout the entire City of Melbourne, they are concentrated in defined areas. The dynamic nature of drug markets means that these areas can shift over time.

But like many similar cities around the world, Melbourne's CBD acts as a central hub for the community, including people who inject drugs, with corresponding implications for drug harms.

Research indicates a close association between fatal overdose rates and densely populated metropolitan areas.

For example, in a nationwide US study, large central metropolitan counties experienced the highest annual overdose mortality rate between the years 1999 and 2018.⁷²

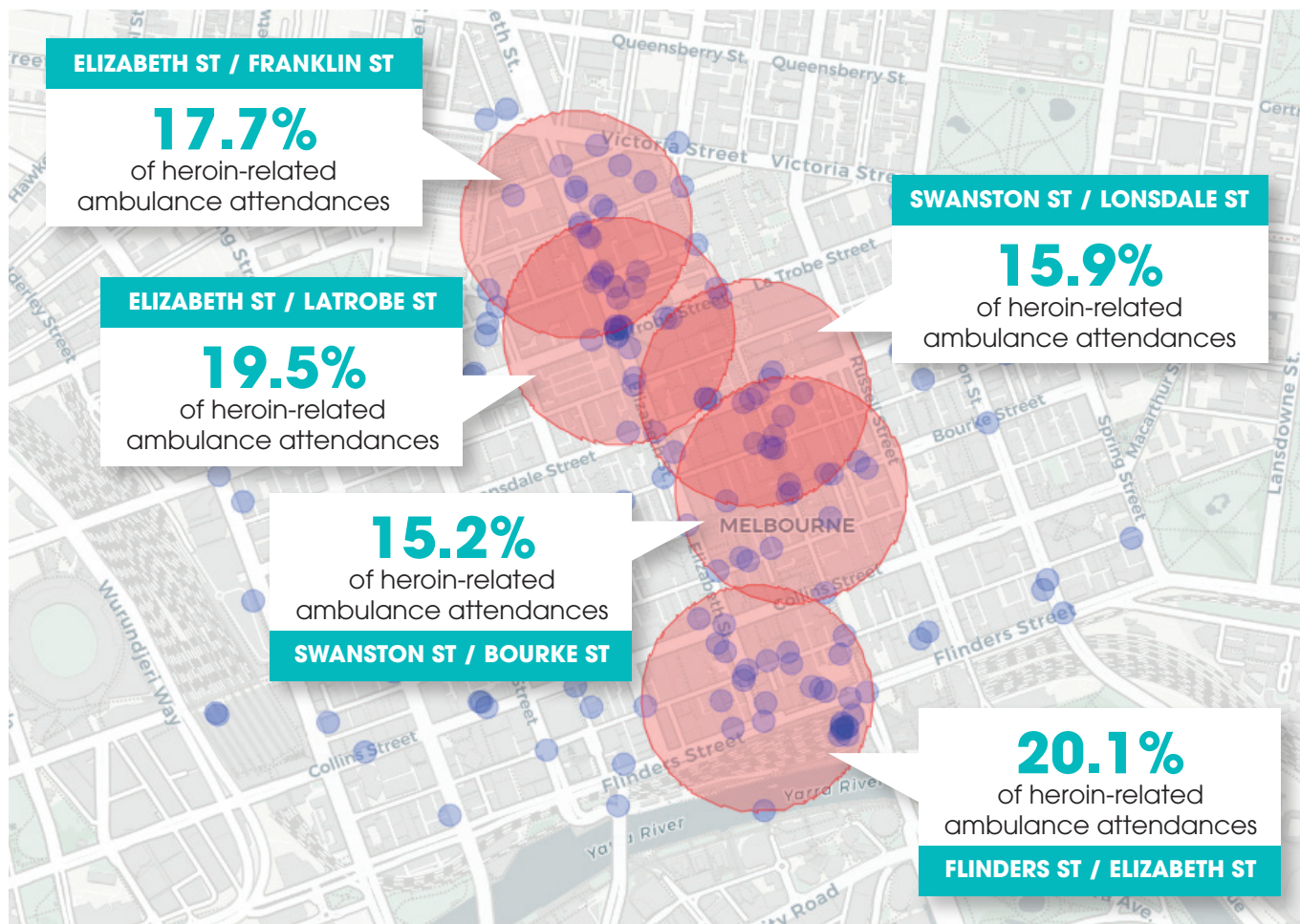
This suggests that, despite fluctuations over time, areas of injecting drug harm are likely to continue to concentrate in Melbourne's CBD.

An analysis of data provided by Ambulance Victoria on heroin-related attendances for July 2020 to December 2022 identified the following five areas of injecting drug harms (Figure 4).⁷³

Areas of injecting drug harms:

- an area around the intersection of Flinders and Elizabeth streets (20.1 per cent of ambulance attendances)
- an area around the intersection of Elizabeth and Latrobe streets (19.5 per cent of ambulance attendances)
- an area around the intersection of Elizabeth and Franklin streets (17.7 per cent of ambulance attendances)
- an area near Swanston and Lonsdale streets (15.9 per cent of ambulance attendances)
- an area around the intersection of Swanston and Bourke streets (15.2 per cent of ambulance attendances).

Figure 4: Heroin-related high harm zones, July 2020 to December 2022



Source: Ambulance Victoria, 2023

These areas of harm are consistent with advice from Victoria Police about police activity relating to drugs over this period.

I heard that an injecting service located in the City would be very likely to service the needs of people who inject drugs, irrespective of drug-use changes.

While some people who inject drugs told me they had to use drugs as soon as possible after purchasing them, I also heard from others who said they would travel reasonable distances to use an injecting service after purchasing drugs. The average distance listed was either two blocks or 2km on foot, or up to 20 minutes in total.

Women were more willing to travel to access an injecting service due to safety concerns about injecting in uncontrolled spaces, close to the place of purchase.

What I heard was consistent with research that showed:

- 39 per cent of participants in one study were willing to travel up to 10 minutes to access a service, with a smaller portion of respondents willing to travel up to 20 minutes (19 per cent) or 30 minutes (19 per cent).⁷⁴
- A centralised location close to public transport was preferred.⁷⁵

Case study: Katrina Korver, mother of Danial

Katrina Korver believes her son Danial would still be alive if there was an injecting service in the City.

Katrina Korver lost her son in June 2022 to a heroin overdose in Rainbow Alley in the City.

For 22 years Katrina supported her son through drug addiction.

“Every year we just tried to keep him alive and every birthday we were just so grateful that he was alive,” she said.

Katrina believes that when Danial was using the North Richmond MSIR, his life had started to turn around.

“If people like Danial – and there are hundreds of them out there – can get on a program that turns their life around which is often the case at the MSIR in North Richmond, then we’re going to save a lot of lives,” Katrina said.

“And they may be able to become productive people in their own life.”

“I was reading Danial’s rehab notes and he told the story of what a day in the life of a heroin addict was like. And it’s shocking. Unless they have heroin with them, their bones ache, their whole body is in disarray. He openly said: “I’d rather be dead than keep this up.”

Katrina said Danial had always wanted to be off drugs.

“He wanted to get on with his life, he was a very talented tradesman, he had a son.”

She said the MSIR provided Danial with multiple support options.

“Over COVID he connected with their wraparound services. Especially with Launch Housing, Mind and a drug and alcohol counsellor. They made a huge difference to his life, and mine.”

“When they go to reputable services like the safe injecting room, they get the right treatment. As a parent, you feel incredibly grateful that it’s there.”

“This is really a health crisis; it’s not going away. If we could get rid of heroin or ice, great, but that’s not going to happen.”

“Drug injecting services will save people from dying. These are young people, with futures, and when they’re dead there’s no chance.”

Katrina said there was no doubt that initially choosing to take drugs is a poor lifestyle choice, as was smoking, inactivity, neglecting your health and an unbalanced diet.

“As a community we don’t withhold treatment, support or decency from those that have lung cancer, morbid obesity or alcoholism,” she said.

“We provide the very best level of care and the most appropriate support – as we should do for those that are drug-dependent and rely on services of a safe injecting service for their best outcome.”

5

There is widespread concern about injecting drug harms in the City and demand for services is not being met

I heard there was extensive concern about public injecting in the City of Melbourne, and data shows drug harms are increasing compared with the periods before and during the pandemic.

Additionally, I heard there is a high demand for AOD services, and existing services are struggling to meet this demand. This was supported by hospital and service data.

Community concern

Through the Engage Victoria survey, I learned that:

- 66 per cent of respondents recognised there was an issue with injecting drug use in the City.
- 61 per cent of respondents thought there was a need for a State Government response to injecting drug-related harms in the City.
- 61 per cent of respondents thought there is a need for greater health and social supports for people who inject drugs in the City.

Drug harm data

Community concern was supported by data that showed:

- The City of Melbourne was the Victorian LGA with the highest number of heroin-related deaths (29) in Victoria in the two years between July 2020 and June 2022 (Table 1).⁷⁶
- The City of Melbourne had the highest number of all-drug deaths across the state between 2020 and 2021 (54 deaths) (Table 2).⁷⁷
- The City of Melbourne experienced the second highest number of non-residential heroin-related deaths for any LGA between October 2019 and June 2022 (13 deaths).⁷⁸

Table 1: Heroin-related deaths for 10 Victorian Local Government Areas, July 2020 to June 2022

Local Government Area	Heroin-related deaths
Melbourne	29
Yarra	23
Brimbank	28
Port Phillip	22
Greater Dandenong	20
Greater Geelong	16
Maribyrnong	15
Whitehorse	9
Wyndham	9
Frankston	6

Source: Coroners Court of Victoria, 2023

Table 2: Top 10 Victorian Local Government Areas for all-drug deaths, 2020 to 2021

Local Government Area	All-drug deaths
Melbourne	54
Greater Geelong	45
Brimbank	44
Port Phillip	43
Greater Dandenong	39
Yarra	34
Casey	34
Whitehorse	30
Bayside	29
Frankston	29

Source: Coroners Court of Victoria, 2023

Further investigation shows the number of hospitalisations (not including emergency department presentations) involving heroin in the City of Melbourne has increased since the end of lockdowns:

- In 2022, hospitalisations involving heroin were 22 per cent higher than in 2021 (22 admissions compared with 18).
- In 2022, hospitalisations involving heroin were 47 per cent higher than in 2019 (22 admissions compared with 15).
- In 2022, hospital admissions involving heroin in the City of Melbourne were 57 per cent greater than in the City of Yarra (22 admissions compared with 14).⁷⁹

AOD service strain

During consultations with stakeholders, I heard demand for AOD and other related services was greater now than it had been at any point previously. Factors affecting the capacity to deliver services included:

- greater demand
- difficulties getting access to skilled staff
- burn-out of staff following three years of the COVID pandemic
- the economic impact of high inflation putting more people in need
- the Hotels for the Homeless program ending
- clients presenting with increased complexity
- not enough of the right programs.

“We’re busier than ever post-COVID. We have people coming through ED, through our doors to our [long-acting injectable buprenorphine] clinic, via referrals from a variety of services, including housing services, Salvation Army, or general practitioners. They’re coming in from everywhere. Our detox/ withdrawal unit is full and it is consistently full. We have a waiting list that is blowing out.”

A/Prof Yvonne Bonomo, Director of Addiction Medicine and Physician, St Vincent's Hospital Melbourne

At the same time, representatives from St Vincent's Hospital Melbourne said that mental health and AOD presentations had increased, and were more complex:

- In 2022/2023, there were 6,844 admissions with a primary diagnosis of mental health or AOD at the St Vincent's emergency department compared with 6,748 in 2021/2022.⁸⁰
- In 2022, 19 per cent of referrals to the St Vincent's Department of Addiction Medicine had complications of intravenous drug use such as serious skin infections, sepsis, blood-borne viruses (BBVs), endocarditis and cardiomyopathy compared with 15.2 per cent in 2021.⁸¹

The view from the drug and alcohol sector

The Victorian Alcohol and Drug Association (VAADA) presented a letter of support for a medically supervised injecting room in the City of Melbourne. The letter was signed by 78 Executive Officers and other leaders from a range of community organisations, including AOD, health, legal, religious as well as welfare and support services.

Letter from the Victorian Alcohol and Drug Association

A Melbourne CBD supervised injecting service will save lives and transform lives

We stand in support of the trial of a supervised injecting service in the City of Melbourne.

The proposal for a supervised injecting service in the CBD will save lives, give highly vulnerable people access to treatment support and healthcare, and reduce public injecting and needle litter in our city.

But this is not just our opinion.

Studies of more than 120 injecting services around the world, some of which have been operating for decades, show they are one of the most effective tools in combating the serious harm caused by drug dependence in our community.

Every day, people are risking death by injecting drugs on Melbourne's streets, in car parks, laneways and public toilets. Approximately one person a month dies after using heroin in the City of Melbourne.

These deaths are unnecessary. These are sons, daughters, brothers and sisters. All loved and mourned by families and friends.

Our response as a community to this health issue should be a health solution, underpinned by care, support and compassion.

A small, discreet supervised injecting service, embedded within a broader range of community health services such as mental health, housing, sexual health, oral health and allied health, is the best way to connect people with the help they need, when they need it.

A health response will deliver benefits to everyone, reducing the impact of drug use on the whole CBD community, as well as the people who use the service.

Those who are drug dependent have some of the highest health and social support needs, yet tragically have the lowest rates of access due to shame, stigma and other barriers.

We need to look beyond the emotion, judgement and fear, and assess the hard evidence.

As leading organisations and experts in drug dependence, health and medicine, homelessness, justice and youth services, we are speaking out in support of the trial of a supervised injecting service in the CBD.

Because we know, and the evidence shows, these services save lives, connect people to pathways out of drug dependence, and reduce the impact of public drug use.



A small, more discreet model of care should be trialled in the City of Melbourne

Across my consultations, there was consensus that serious injecting drug harms were occurring in the City of Melbourne and that greater levels of support services were required. Many stakeholders supported multiple, small, discreet services as a suitable model for the City. I heard:

- Small and discreet services would reflect the densely populated urban environment in the City.
- Some noted a single small site could raise safety and amenity concerns arising from unmet need, but issues such as congregation around a single service could be managed with additional smaller sites.
- Experts cited Zurich and Frankfurt as multi-site models where harms and service visibility are dispersed effectively across a metropolitan area.

Smaller sites have specific benefits

This reflected what I had learned from previous reviews. The Hamilton Review noted that some clinicians had expressed reservations about the size of the North Richmond MSIR, noting a general preference for more but smaller services.⁸²

Hamilton reported that a different service model should be trialled in the City.⁸³ As the Review noted, some clinicians said smaller services would make it easier for AOD workers to manage both medical and behavioural problems.⁸⁴

This preference was reflected in my own research and what I heard during consultations.

Some of the stakeholders I spoke with shared the views referenced in the Hamilton Review, stating that smaller sites could be easier to manage and have fewer safety and amenity issues if there were fewer clients to manage. Victoria Police also expressed a preference for a smaller site over a larger service.

Other stakeholders stated a preference for smaller, more discreet sites because they would better meet the needs of people who inject drugs as well as the broader community. Specifically, they said a smaller service could allow clients to more easily avoid unwanted social interactions and reduce their fear of being robbed. They could also help prevent large congregations at the front of the Injecting service. This was reflected in consultations with current MSIR clients, especially women and people from Aboriginal and Torres Strait Islander backgrounds, who expressed a desire for a less 'clinical' or sterile client experience, and for whom large congregations can be a cause of concern.

“We need to carefully consider the practical challenges with implementation of a small and discreet site to meet demand. We will need to consider early how we respond if there’s excessive demand at the site and plan for this by identifying locations for other small and discreet services.”

Nicole Bartholomeusz, CEO, cohealth

Some stakeholders expressed concern that a single, small site could raise safety and amenity issues if congregation were to occur while clients were waiting to access the injecting service. However, others suggested that a trial of a small site would help determine if this model could support a network of smaller, discreet services throughout the City of Melbourne and in other areas of high injecting drug harms in Victoria.

I understand that the current legislation framework stipulates the location of a “permitted site” where an injecting service can operate. I heard that this might be a barrier to establishing multiple smaller services, but that this could be achieved if the Government were to consider the role of the Drugs, Poisons and Controlled Substances Regulations in determining service locations.

People who inject drugs told me:

- they wanted discreet services to enable them to use the service without fear or discrimination
- there was greater stigma associated with larger sites.

People with complex needs currently face barriers to accessing support

I heard that barriers caused by stigma and a siloed service system need to be addressed.

To address these issues, the Hamilton Review recommended enhancing the access to and availability of care coordination in areas such as mental health, housing and drug dependence treatment.⁸⁵ In 2021, the Royal Commission

into Victoria’s Mental Health System (the Royal Commission) found that comprehensive and integrated treatment, care and support are not readily available to all who need it.⁸⁶

“What’s different currently is the complexity of presentations. We’re talking about people with no housing, people who are vulnerable and living in extremely high-risk situations. They aren’t asking solely for help with their drug/alcohol problems. They’re needing help with finding housing, addressing their suicidal risk... their psychosocial and general health needs are complex.”

A/Prof Yvonne Bonomo, Director of Addiction Medicine and Physician, St Vincent’s Hospital

Model of care - multiple sites could help with demand and amenity

I heard that multiple sites across the City could help respond to the different areas of injecting drug harms that have been identified, and would be less likely to impact safety and amenity than a larger, single site.

A review of international models (see Table 3: Examples of Model of Care) indicates many jurisdictions including Vancouver, Zurich and Frankfurt have used smaller sites to meet the needs of people who inject drugs and the wider community.

I heard co-location of wraparound services on-site was the preferred approach, and that for the services that couldn’t be offered on-site, that the Injecting service be embedded within a network of services close by.

The Sydney Uniting Medically Supervised Injecting Centre (MSIC) was regularly cited as an example of a service that operates discreetly and fits in well in its neighbourhood.

Over the course of the consultation, I visited the MSIC twice, including with cohealth, Victoria Police, and executive staff from the City of Melbourne. These visits helped us to better understand the established and integrated service that had been in operation for 20 years. The MSIC has benefited from a social licence built over time among businesses and residents, the result of a concerted effort by the MSIC to engage with its neighbours. This proactive engagement model should be considered with any future Injecting service established in the City.

While comparisons to the MSIC were made, it is important to note there are many contextual differences between Sydney and Melbourne. For example, unlike at the North Richmond MSIR, visitor numbers at the MSIC have not returned to pre-COVID levels. A recent Special Commission of Inquiry found that New South Wales should open supervised injecting services in additional locations outside of Kings Cross.⁸⁷

In addition to the Sydney MSIC and North Richmond MSIR, I reviewed 11 other models of care from cities across Europe, the United Kingdom and North America (see Table 3). Many used the small, fixed site(s) model, and demonstrated the safety and amenity benefits associated with dispersing smaller services across a network. I examine some of these services in more detail below, and include the full table of all 11 models of care from other cities.

The experience of drug injection services in other cities

There has been a wide range of service models successfully deployed overseas from highly clinical services to low-threshold and informal services.⁸⁸ In the course of my research, I heard these service model choices often reflect distinct local priorities, needs and patterns of drug harm.⁸⁹ A future Injecting service will need to reflect the City of Melbourne's local needs, priorities and patterns of injecting drug harms, but by closely examining the experiences of other services, we can see what has worked in the past, and what we might avoid.

Outcomes of the Zurich, Frankfurt and Sydney models highlight the importance of collaboration between social/health services and police to successfully address injecting drug use in communities. Details of these services are outlined below.

Sydney MSIC

Located in Kings Cross, the MSIC integrates supervised injecting with other health, legal, housing and welfare services. Kings Cross was selected as the location because it had the highest frequency of heroin overdose deaths in New South Wales. The Sydney MSIC is cited as an example of a service that operates discreetly alongside its neighbours, although stakeholders have noted that Kings Cross has gentrified since the MSIC opened in 2001.

It is a dual responsibility of the Commissioner of NSW Police and Secretary of the Ministry of Health to oversee the MSIC's licence of operation. The centre's medical director, Dr Marianne Jauncey, says securing support from local police was a key factor contributing to the success of the MSIC.⁹⁰

To monitor and maintain safety and amenity around the facility, a community consultation committee meets three times a year where members, including community groups, the local MP, police and MSIC staff share information and advice and raise concerns about the MSIC and drug-related issues.⁹¹

Independent evaluations and research have found the Sydney MSIC is effective in reducing the harms associated with injecting drug use, has not resulted in an increase in local crime or drug use and receives a high level of local support from Kings Cross residents and business operators.⁹²

Zurich, Switzerland

Zurich has five small fixed-site drug consumption rooms (DCRs) dispersed across the city. The DCRs are housed in centres that also contain a cafe, a counselling room and a clinic for primary medical care. Aside from supervised drug consumption, the centres also offer pharmacotherapy, drug checking, education programs and other social services.

The DCRs operate under the Swiss 'four pillars' model of drug policy: prevention, treatment, harm reduction and law enforcement. Each pillar is of equal importance, and under this policy, social/health services and police must work together.⁹³

The integration of law enforcement measures with treatment, health care and social services has been key to the success of the Zurich model. The police train their officers alongside health workers and have built trust and understanding with government agencies.⁹⁴ Collaboration is developed through daily meetings between police, social workers and healthcare workers.

The DCRs are open at different times of the day to avoid concentration of use in one area. Micro-dealing is also tolerated at the DCRs (in agreement with police) to reduce the visible dealing in the surrounding neighbourhoods.⁹⁵

To monitor and maintain amenity in the local neighbourhoods, DCR staff hold regular public meetings to discuss neighbourhood concerns.

The Zurich model has achieved a reduction in public injecting, a reduction in used needles/syringes in public places and minimised safety and amenity concerns.⁹⁶

Frankfurt, Germany

Frankfurt has four DCRs dispersed across the city. The DCRs are integrated with harm reduction services including pharmacotherapy, needle exchange programs and BBV treatment and education.

The DCRs in Frankfurt operate under a similar 'four pillar' approach as Zurich, incorporating: prevention, crisis and survival, drug-free programs and law enforcement. Under this approach, DCRs are part of a city-based security strategy that serves both health and security interests.⁹⁷

Health initiatives are integrated with a policing strategy that does not tolerate open consumption of drugs and moves addicts to crisis centres to either inject safely or to get treatment and shelter.⁹⁸

The Frankfurt model has significantly contributed to the reduction of problems arising from open drug scenes and public drug consumption,⁹⁹ which has improved city security and amenity.

Frankfurt's DCR program is widely accepted in Germany and receives financial support from the local business community.

Table 3: Examples of Model of Care

Location	Model	Services	Governance	Safety and Amenity
North Richmond ¹⁰⁰ (Australia)	Single health service	<ul style="list-style-type: none"> • Blood borne virus treatment and education • Needle and Syringe Program (NSP) • Wound care, health, and social services • Pharmacotherapy 	<ul style="list-style-type: none"> • Partnership between community health service and the Victorian Government 	<ul style="list-style-type: none"> • Local reference group
Sydney ¹⁰¹ (Australia)	Single health service	<ul style="list-style-type: none"> • BBV • NSP • Wound care, health, and social services • Pharmacotherapy 	<ul style="list-style-type: none"> • Partnership between Uniting Church and Sydney City Council • Licence responsibilities shared by Health and NSW police 	<ul style="list-style-type: none"> • Community committee
Calgary ¹⁰² (Canada)	Small, fixed site(s)	<ul style="list-style-type: none"> • BBV • NSP • Sterile/clean harm reduction supplies • Pharmacotherapy • Drug checking 	<ul style="list-style-type: none"> • Integrated network of four different providers 	<ul style="list-style-type: none"> • Community partnership committee • Syringe drop box
Vancouver ¹⁰³ (Canada)	Small, fixed site(s) and mobile service	<ul style="list-style-type: none"> • BBV • Supervised injecting/ inhalation • Take home naloxone • Supportive housing services • Drug checking 	<ul style="list-style-type: none"> • Partnership between social services organisation and Vancouver Coastal Health • Mobile service partly funded by donation from Telus Foundation 	<ul style="list-style-type: none"> • Outreach service • Regular meetings with community • Micro-area cleaning
Zurich ¹⁰⁴ (Switzerland)	Small, fixed site(s)	<ul style="list-style-type: none"> • Drug consumption rooms • Pharmacotherapy • Education • Drug checking • Health and social services 	<ul style="list-style-type: none"> • Funded and run by government agencies 	<ul style="list-style-type: none"> • Sites dispersed across the city so overall safety and amenity concerns are generally minimised
Frankfurt ¹⁰⁵ (Germany)	Small, fixed site(s)	<ul style="list-style-type: none"> • Drug consumption rooms • Needle exchange • BBV • Heroin assisted treatment (HAT) 	<ul style="list-style-type: none"> • Partnership between social services and police 	<ul style="list-style-type: none"> • Service part of a city-based security strategy

Table 3: Examples of Model of Care (continued)

Location	Model	Services	Governance	Safety and Amenity
Toronto ¹⁰⁶ (Canada)	Small, fixed site(s) linked to community health service	<ul style="list-style-type: none"> • Safe smoking and injecting equipment • Pharmacotherapy • BBV 	<ul style="list-style-type: none"> • Managed by Toronto Public Health and City of Toronto 	<ul style="list-style-type: none"> • Lived experience community liaison • Police training
New York ¹⁰⁷ (USA)	Small, fixed site(s) linked to community health service	<ul style="list-style-type: none"> • Needle exchange • Safer drug education • Pharmacotherapy • BBV • Health and social services 	<ul style="list-style-type: none"> • Run by non-profit community organisation with mixed funding from State Government and philanthropy. 	<ul style="list-style-type: none"> • Community hotline for needle complaints • Mobile needle collection teams • Community drug education programs
Boston ¹⁰⁸ (USA)	Small, fixed site(s) linked to community health service	<ul style="list-style-type: none"> • Sterile equipment • Overdose intervention • Referral to health and social services 	<ul style="list-style-type: none"> • Directed by a licensed clinical social worker in partnership with Somerville Police Department's Community Outreach, Help, and Recovery (COHR) program 	<ul style="list-style-type: none"> • Community committee
Paris ¹⁰⁹ (France)	Small, fixed site(s) linked to community health service	<ul style="list-style-type: none"> • BBV • Wound care • Safe consumption • Counselling services 	<ul style="list-style-type: none"> • Run by a health organisation in partnership with local government and the federal health ministry 	<ul style="list-style-type: none"> • Outreach service
Middlesbrough ¹¹⁰ (UK)	Small, fixed site(s) linked to community health service	<ul style="list-style-type: none"> • Heroin assisted treatment (HAT) • Randomised injecting opioid treatment trial (RIOTT) • Supervised consumption and psychosocial care 	<ul style="list-style-type: none"> • Funded by coalition of the Police and Crime Commissioner, probation services, prisons, specialist GP, treatment, and health services 	<ul style="list-style-type: none"> • Evaluations showed reduction in public consumption of drugs, reductions in policing and criminal justice costs as well as savings to the community and businesses
Glasgow ¹¹¹ (UK)	Small, fixed site(s) linked to community health service	<ul style="list-style-type: none"> • Heroin assisted treatment (HAT) • BBV • Wound care, health, and social services • Minibus/former ambulance van 	<ul style="list-style-type: none"> • Funded and managed by the NHS (hospital) 	<ul style="list-style-type: none"> • Evaluations showed reduction in public consumption of drugs, reductions in policing and criminal justice costs as well as savings to the community and businesses
Copenhagen ¹¹² (Denmark)	Small, fixed site(s) linked to community health service	<ul style="list-style-type: none"> • BBV • Pharmacotherapy • Interlinked with a network of services on-site 	<ul style="list-style-type: none"> • Funded by local government 	<ul style="list-style-type: none"> • Continued community consultation

Model of care - mobile injecting rooms

I also heard that mobile injecting rooms (MIRs) or 'pop-up' services would be insufficient to meet the needs of the community. MIRs are vans, buses or recreational vehicles retrofitted with injection booths and spaces for health professionals to provide basic medical treatment.

In most cases around the world, mobile services operate alongside fixed supervised injecting sites to:

- respond to changes in drug markets by moving across different locations¹¹³
- provide services outside of operating hours
- minimise safety and amenity concerns among community members¹¹⁴
- provide key outreach services (needle collection and distribution, social services)¹¹⁵
- provide better service access to marginalised and hard to reach groups.¹¹⁶

There are some international examples where a mobile service has been adopted as an alternative to a fixed site due to community opposition to fixed sites, or to meet service demand across multiple suburbs or jurisdictions.¹¹⁷

The research indicates that MIRs work best in environments where drug use and drug-related harm is dispersed, or local services are not adequately resourced to respond to rising overdose rates. In most jurisdictions, MIRs complement and connect to fixed services, providing support to people who are not able to engage with the fixed services.^{118,119}

Sector stakeholders advised against offering mobile services as a standalone service for the City of Melbourne because MIRs would not:

- meet the needs of people who inject drugs due to small service capacity resulting in less potential to reduce drug harms
- keep pace with demand resulting in increased safety issues such as congregation and possible increased public injecting
- have sufficient capacity to ease pressure on the North Richmond MSIR.

Also, the area is well-serviced by public transport, making a mobile site in the City of Melbourne redundant from an access point of view.

Model of care: the injecting service as a gateway to other services

Supervised injecting services play a key role in providing a gateway to other health and social services, such as physical and mental health services, employment, housing, and financial supports. By offering wraparound supports, supervised injecting services can be a first step into treatment or rehabilitation for people who inject drugs.¹²⁰

During my consultations, stakeholders told me that wraparound services helped people who inject drugs into treatment pathways, improved client outcomes, and provided greater benefits for the broader community.

They referenced the North Richmond MSIR, which currently acts as a gateway for clients to link with other health and social services, facilitating access to a comprehensive range of treatment and support they need to reduce harm from their drug use and ultimately overcome their drug dependency.¹²¹

Since the start of the MSIR trial in June 2018 and until December 2022 (over 6,500 client registrations):

- more than 300 MSIR clients have accessed Hepatitis C treatment
- more than 800 MSIR clients have accessed pharmacotherapy treatment
- more than 3,340 referrals to general health services, mental health services, AOD treatment services and services in the housing and employment sectors have been provided by MSIR staff.¹²²

Between August 2021 and December 2022, the North Richmond MSIR has also provided more than 1,340 care coordination services to people who inject drugs, most commonly engagement, service coordination, client care planning, health care services and social welfare support.¹²³

A recent community consultation with and for people who inject drugs conducted by Harm Reduction Victoria found that access to wraparound supports at a potential Injecting service in the City was important to people who inject drugs:¹²⁴

- 23 per cent said they would use an Injecting service in the City to access health services
- 14 per cent said they would use an Injecting service in the City to access other services (such as social or legal).

The Proposed Model of Care

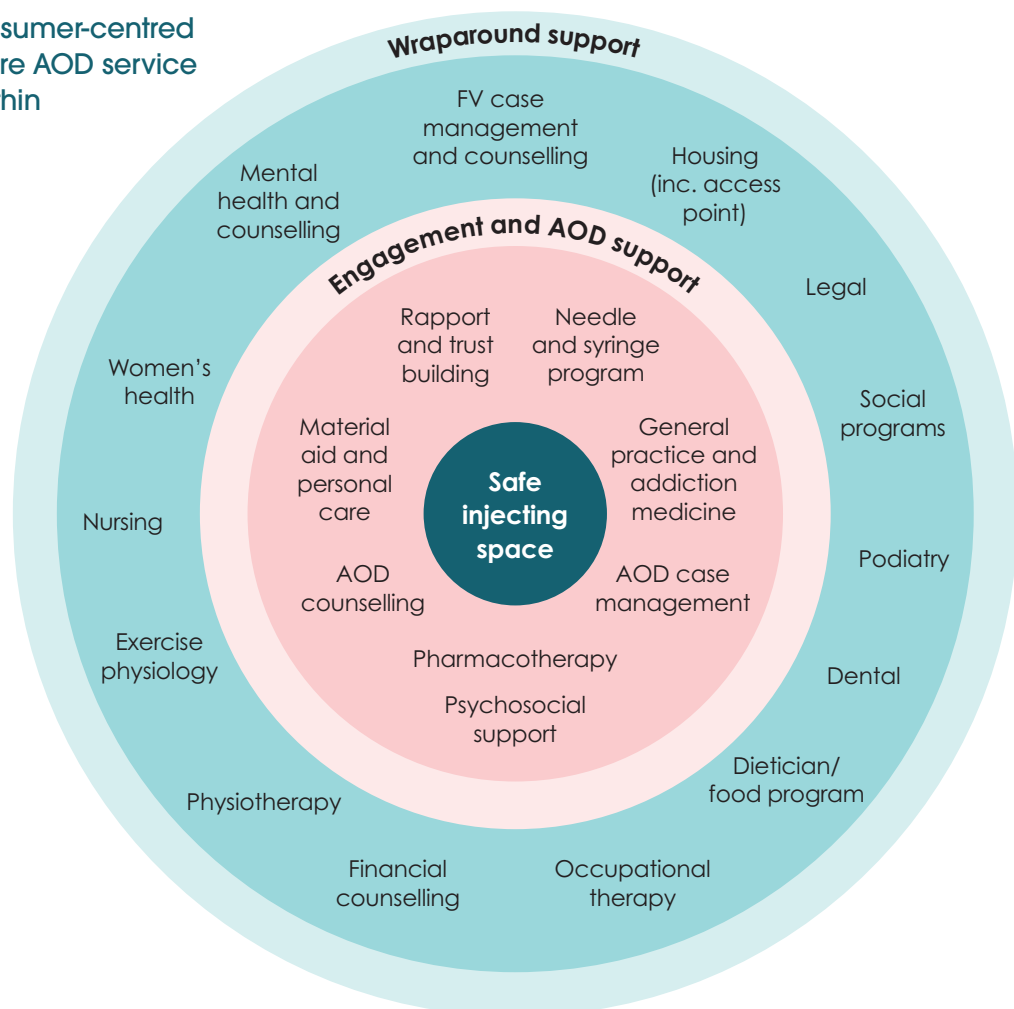
As the preferred provider of the injecting service in the City of Melbourne, cohealth established a model of care that they believe would best situate an injecting service to benefit the entire City community.

The elements of this model include (see also Figure 5):

- consumer-centred care
- holistic wraparound support, including offers of alcohol and other drug services, mental health services, family violence services and women's health services
- specialised services for vulnerable cohorts such as women
- a focus on good practice in cultural safety for Aboriginal and Torres Strait Islander peoples
- strong community and business engagement.

cohealth's model of care is a small number of injecting booths (4–6 booths) at a service with offerings of additional support service. They also highlighted the importance of creating culturally safe spaces.

Figure 5: A consumer-centred model, with core AOD service embedded within wraparound supports



7

Protecting safety and amenity will be central to the social licence of a second injecting service

While saving lives and improving lives will always be the key aim of any injecting service, managing safety and amenity is also a critical factor in a facility's efforts to maintain a social licence and build community support.

In my consultations and in the responses to the Engage Victoria survey, I heard legitimate safety and amenity concerns from the community.

I heard broad concerns about safety in the City in general, and some specific concerns around the establishment of a second supervised injecting service. These concerns are also held by people who inject drugs, who want to feel safe when they access the Injecting service.

The experience at both the Kings Cross MSIC and the North Richmond MSIR shows how positive and negative community sentiment can affect a service's operations.

In Sydney, Medical Director Dr Marianne Jauncey said that a large part of her role involves stakeholder engagement activities focused on the active management of safety and amenity issues. This includes strong engagement with NSW Police to ensure key safety and amenity issues are well managed.

Key measures identified by Dr Jauncey and her staff include:

- Arranging for discarded syringes to be quickly removed from in and around the site in response to complaints. Clients who have injected drugs are supported and managed after they inject within the facility to reduce the risk of antisocial behaviour.
- Police targeting drug dealers around the facility to ensure the community is not exposed to the visible selling of drugs.
- Active and regular engagement with nearby residents and businesses to ensure concerns are heard and quickly addressed. This includes formal methods such as community consultation committee meetings, as well as informal approaches such as collecting feedback in person, over the phone, and via email.
- The medical director is active in the media, proactively talking about the service, including its safety and amenity measures and increasing community confidence that being a good neighbour is a priority for the service.
- Faith-based leaders from the service's Uniting Church are also active in the community conversation about the service's operations.

Public support for the Sydney facility has increased over time. The MSIC had 58 per cent support among local businesses just prior to opening 20 years ago, increasing to 68 per cent in 2005 and 70 per cent in a 2010 evaluation, with a 2010 assessment also showing 78 per cent support among local residents. Among long-term residents, support was even higher.¹²⁵

The North Richmond MSIR has also made efforts to address safety and amenity issues, though the Ryan Review found that the service had not met its legislative goal of improving neighbourhood amenity for nearby residents and local businesses. “While some residents around the MSIR told the Review the area was quieter since it opened, the more common view was that the visible impacts of the North Richmond drug market made locals feel unsafe,” the Review said.¹²⁶

“These concerns are getting more pronounced over time.”¹²⁷

These findings reflected those of the Hamilton Review three years earlier, which found that safety and amenity had not improved since the establishment of the MSIR trial. This was reflected in community support for the North Richmond facility which fell from 61 to 44 per cent among residents in its first year of operation and from 48 to 41 per cent among businesses over the same period, according to a survey commissioned by the Review Panel.¹²⁸

Community concerns around safety and amenity

The City of Melbourne’s Health and Wellbeing Profile found that there is an existing need to improve perceptions of safety in the City.^{129,130}

Key points:

- The need to improve perceptions of safety was identified as an area for improvement for the City of Melbourne in 2020 and 2022.
- In 2020, there was a decline in perceptions of safety compared with 2018 with factors contributing to residents and visitors feeling unsafe including the impacts of antisocial behaviours, the presence of rough sleepers, poorly designed landscapes and poor lighting.
- People were also more likely to feel unsafe around public transport hubs and at nighttime.
- In 2022, AOD-affected people in public spaces was also identified as a challenge to perceptions of safety.¹³¹

The Engage Victoria survey highlights the critical importance of safety and amenity as a wider-community concern, and some more specific concerns around the establishment of an Injecting service in the City. When asked about what needs and expectations of the community should be considered in establishing an injecting service in the City, 90 per cent of respondents chose: “The wellbeing and safety of the community”.

“Everyone has a right to feel safe” was a strong sentiment in my face-to-face consultations.

“Establishing an injecting room not only normalises drug use, but puts all who are in its vicinity in danger. It’s not a question of if there will be negative impacts, but when. Australia can do better than this. Injecting rooms are not the answer and never will be.”

Engage Victoria respondent

Survey participants were also asked which measures would best support safety in the establishment of an injecting service. They were:

- Visible police presence – 39 per cent
- Other support services co-located at the Injecting service – 37 per cent
- Security at the Injecting service – 35 per cent
- Increased needle collection – 31 per cent
- Engagement with local residents and businesses – 27 per cent
- Increased CCTV coverage – 23 per cent
- Consideration of opening hours of the Injecting service – 19 per cent
- Increased street lighting – 19 per cent.

“I think it’s a wonderful idea, the only thing that would harm the success of a safe injecting centre would be over-reliance on policing or surveillance of drug users, meaning a break-down in trust would occur.”

Engage Victoria respondent

When asked which measures would best support amenity surrounding a medically supervised injecting room, respondents nominated a range of actions. These were:

- Engagement with local residents and businesses – 44 per cent
- Increase street lighting – 43 per cent
- Improved rubbish collection – 39 per cent
- Pedestrian safety barriers or bollards – 24 per cent
- Improved street landscaping – 23 per cent
- Street or public art – 15 per cent
- Improved traffic controls – 8 per cent.

Many of these solutions were highlighted in a 2021 report by urban design consultancy Urbis, which provided me with a range of design solutions that could improve amenity around the area of a potential injecting service. As well as measures like improved street lighting, CCTV and pedestrian railings, it also suggested relocating benches near the service to discourage congregation and establishing a police shop front.¹³²

The Engage Victoria survey highlighted the degree to which the immediately visible signs of drug use increases awareness of drug activities in the City of Melbourne. For respondents, the activities they were most aware of were:

- People who use drugs behaving in a disruptive manner – 71 per cent
- Discarded needles and other drug materials – 68 per cent
- People selling and buying drugs – 62 per cent.

“This facility will encourage more drug users to frequent the City, buy their drugs and enjoy a legal facility to inject themselves and then harass, abuse, attack, intimidate, rob and disregard us visitors and residents that use the CBD as our local shopping centre.”

Engage Victoria respondent

In consultations, I heard from City residents that feelings of safety were a key concern.

One resident reported a high level of noise from drug-affected people throughout the City, leading to perceptions of a lack of safety. They also said neighbours had reported instances of sexual harassment from drug-affected people, leading to a sense that safety was deteriorating in the City. However, other residents felt that providing an injecting service would increase the safety for clients, and were therefore supportive.

Consultation snapshot: City of Melbourne residents

There were diverse views among residents who both supported and opposed the establishment of an injecting service in the City.

Residents 3000 President Rafael Camillo, speaking as an individual and not on behalf of the group, opposed the establishment of a service.

"I used to think Melbourne was the best city on the earth, I don't think that anymore," Rafael said.

"More than ever we should be promoting city living in order to balance the exodus of city workers, unfortunately we are going in a different direction."

"The people who will pay and suffer the consequences of the injecting service are the people who have spent their whole life working to pay for their own property in the City of Melbourne. Why is it that people that suffer drug addiction seem to have more rights in the city than its residents?," Rafael said.

Rafael said money should be urgently put towards rehabilitation beds, to support people who currently are on a waiting list for help, instead of establishing a second supervised injecting service.

"This is a more balanced decision."

Stan Capp, President of Eastenders, speaking as an individual and not on behalf of the group, was supportive of an injecting service and felt that the North Richmond model helps inform what should be established in the City.

"We were surprised at North Richmond how the model of care had developed. The push for the clients was risk minimisation, but not an explicit railroad into support services. The primary goal was harm reduction rather than rehabilitation," Stan said.

"One of our guiding principles changed – we don't need a large range of wraparound services on site but a pathway to accessible services for clients seeking support should be provided. Having a discreet entrance with an injection area and then having another area, which is a withdrawal and recovery area would be our preference for the service."

Pam Lyons-Capp was supportive but felt there needed to be a broader response to drug harms across the state.

"Do we know where those [heroin-related] deaths are coming from? I think it would be good to have a Victoria-wide strategy for drug and alcohol to address heroin harms more broadly and utilise existing services in community health centres in a more coordinated way," Pam said.

"A CBD service could be a useful proof of concept to this rather simplified model of care and an entry point for clients wanting to access support services. We would envisage that if it proved successful, a rollout to other hotspots across the Melbourne metropolitan area would be indicated."

I heard from some city businesses that:

- Flinders Quarter traders were in daily contact with police seeking help to manage aggressive behaviour by people who they suspected of using drugs.
- They felt that the current policing response was ineffective and were concerned that police presence was not noticeable.
- There was a significant fear of being exposed to unsafe situations.
- Restaurant owners were most concerned about the safety of their staff and they felt they needed to support their staff and other businesses to ensure they had 'safety in numbers' when faced with drug-affected people.

Consultation snapshot: Flinders Quarter traders

I met with a range of businesses that operate in the Flinders Quarter to hear their concerns about the establishment of an injecting service.

The traders raised serious concerns about their personal safety, the safety of their staff and their clientele.

For Degraeves Street traders, calling police to deal with aggressive behaviours from people impacted by drug use and mental ill health was a daily occurrence.

For Tony Roussos who owns the Quarter cafe, the situation had deteriorated and he spoke of personal incidents where he had been harmed.

“Our staff don't even want to go down the alleyways to dispose of trash anymore because they feel unsafe,” said John Igini, who works at Cafe Andiamo and Mock Turtle.

I heard the police response was falling short of business owners' expectations.

“For all of us, it's a heavy burden to bear. We're not meant to be bodyguards for our staff. It'll always be on the back of

our minds, the welfare and safety of our staff, but when it's at the forefront of our daily operations, I think that's really unfair,” said Samuel McEvoy, General Manager of Punthill Apartment Hotels.

Patrick Barnes, Director of Gorman Allard Shelton Real Estate, said there was a high frequency to the number of drug-related incidents his office had to respond to.

“My office has to deal with disgraceful things in that precinct. It's a battleground often on a weekly basis,” Patrick said.

I also heard concerns the presence of a second supervised injecting room would affect the hospitality and retail businesses in the City that have not yet recovered from COVID and that rely on tourism as a key part of their business.

“The City had the absolute guts kicked out of it over that two-year period during COVID, a lot of business owners will tell you it's not back to what it was, just as we start to get back on our feet, we get this thing [injecting service] on our front doorstep,” Patrick said.

In consultations with the City of Melbourne, I heard that safety and amenity was a priority for everyone in the City.

City of Melbourne representatives put forward a view that, for local residents and businesses to accept the service, safety and amenity needed to be perceived as excellent.

They also highlighted the fact that the drug market is highly dynamic and moves around in response to a range of factors, including actions taken to manage squatting and police operations.

Melbourne City Council's position

At the Future Melbourne Committee held on 16 August 2022, Melbourne City Council reaffirmed its position of continued support for the Victorian Government's proposed injecting service for the City of Melbourne. This support was conditional on a number of concerns being met. Their main concerns are that:

- The injecting service be set up to succeed by factoring in public amenity considerations from the beginning.
- The injecting service be located within a comprehensive multidisciplinary health and social service (e.g. GPs, allied health, mental health and sexual healthcare and treatment options for addiction).
- The City's economic recovery from COVID was critical, and that the location and timing of an injecting service would be significant.
- The Victorian Government would commit to work to improve amenity to surrounding residents, businesses and other visitors.
- The Victorian Government would invite impacted residents and traders to participate in an ongoing consultation process undertaken by the Victorian Government to identify and resolve issues arising from the Melbourne Injecting service.
- Establishing of an injecting service needs to be considered within the broader context of other planned changes to legislation in Victoria.
- Increased investment to waste management would be made to ensure amenity of the City's public spaces.
- Public infrastructure and security be invested in to reduce crime and improve on-street reporting.
- Strong ongoing relationships be established with key stakeholders, including Victoria Police.

People who inject drugs want to feel safe

The Ryan Review highlighted the importance of promoting safety and amenity for everyone around an injecting facility, including people who inject drugs, stating in its final report:

The Panel heard that some people prefer not to use the MSIR for a range of reasons, including concern about harassment from others injecting there or congregating outside the MSIR – a reminder that violence and aggression don't just impact local residents, but can also be a barrier to services for clients.”¹³³

In my consultations with people who inject drugs I heard that:

- Many people congregating around a service could lead to unwanted social interactions, danger (particularly for women experiencing family violence) or fears of being robbed.
- Policing in the City could increase feelings of being unsafe for marginalised people, particularly those who are experiencing homelessness.
- Many clients who used the North Richmond MSIR reported feeling exposed and/or vulnerable in their dealings with police around the facility.

The policing challenge

Victoria Police has been publicly supportive of the trial MSIR in North Richmond. But like others, they have concerns with the public amenity challenges around the service.

Victoria Police believes that community safety and public amenity are critical concerns and that these should inform any decision about opening a second injecting service in the City. But they acknowledge that this decision is ultimately a matter for Government.

As the agency primarily responsible for public safety, the views and experience of Victoria Police provide an important perspective on the potential establishment of a service in the City of Melbourne. This is in part informed by Victoria Police's first-hand experience of the community safety challenges in and around the North Richmond MSIR.

I heard that some North Richmond stakeholders recognise that police have worked hard to address community concerns, while others consider the police should be doing more to protect safety and amenity around the facility, particularly in relation to congregation and antisocial behaviour.

In consultations with Victoria Police, I heard that an injecting service in the City of Melbourne could address drug-related harms, but meaningful consultation needed to occur around better understanding safety and amenity issues. Police said a smaller and more discreet site was preferable, and that it was important for the overall safety and amenity of the City to be considered.

They did not support a model that required police to be in the immediate vicinity of an injecting service moving people on.

Victoria Police Deputy Commissioner Rick Nugent said it was not the role of police to deal with congregation in isolation, because it is in and of itself not illegal to congregate outside a building. His view is that it is the service operator's responsibility to ensure people in the vicinity were safe, with service design a key tool in safeguarding safety and amenity from the establishment of the service.

“Victoria Police’s drug strategy is the guide for our members on harm minimisation.”

Deputy Commissioner Rick Nugent

The *Victoria Police Drug Strategy 2020–2025* is Victoria Police's key guiding document on drug harms. It recognises that “drug problems are first and foremost a health issue” and commits the force to “supporting harm reduction strategies that keep people safe and alive”.¹³⁴

The strategy also recognises that strong partnerships with community, Government and organisations are essential to reducing drug harms and keeping Victorians safe. This approach is reflected in the experience of the Sydney service, where the Kings Cross Local Area Command and the Sydney service have worked well together for the past 20 years.

I heard from The Police Association of Victoria (TPAV) that their members had concerns about establishing a second injecting service in the City.

TPAV Secretary Wayne Gatt told me these broadly centred around two key issues:

- Perceptions of ongoing implementation issues at North Richmond that have not yet been resolved, and that a second service shouldn't be established until they were.
- The impact on police to be able to resource the response in the City and keep the whole community safe, at a time when Victoria Police was struggling to fill positions and had serious recruitment concerns.

“It's not an ideological position that we hold against this. It's a practical one of how do we deal with it (the community safety impact of injecting services)?”

Wayne Gatt, Secretary, The Police Association Victoria

The role of the service model in addressing concerns

In line with the Victoria Police view, the Ryan Review also suggested an enhanced service model with increased proactive outreach services, and with additional supports to address mental health and associated behavioural issues would assist in addressing safety and amenity concerns.

While the North Richmond MSIR's primary goals have broadly been met and expert support for the service is strong, I heard that some clients reported feeling unsafe at the North Richmond MSIR, adding further weight to suggestions that a smaller service with less congregation could have benefits, in this case by leading to greater safety outcomes. The Ryan Review also noted the importance of addressing antisocial behaviour in the vicinity of injecting services for residents and businesses.¹³⁵

Learnings from the MSIR trial should be applied to a City injecting service, but differences between the two trials should also be acknowledged. For instance, some of the amenity considerations relating to North Richmond are the result of site-specific factors, such as the service's proximity to a large public housing estate and the longstanding North Richmond drug market.

In developing a proposed model of care for the City injecting service, cohealth has considered the Kings Cross, North Richmond and international experiences.

Key strategies in cohealth's smaller and discreet service approach with wraparound services onsite are:

- consideration of client flow through the service
- increased outreach
- a strong focus on needle collection
- engagement with businesses and the community.

This model also envisions that prior to the establishment of the trial, the community would have significant input into the further identification and measures to address safety and amenity issues.

Improved governance and better community engagement

The Ryan Review highlighted the importance of coordinated leadership across agencies as a key way of “increas(ing) community amenity for the people who live and work in areas where active drug markets are found”.¹³⁶

The establishment of a health-led inter-agency committee well before any new City injecting service opens, will help identify and mitigate many of the safety and amenity issues. It is a fundamentally different starting point from the North Richmond model and an important step in addressing many of the concerns that were identified as a key risk to the trial's success.

It is important for representation on this committee to include the City of Melbourne, Victoria Police, Ambulance Victoria and cohealth. As well as advising on safety and amenity strategies, the new body would have a central role in the overall establishment of the service, monitoring drug harms and facilitating further cross-agency engagement.

The lessons from the North Richmond MSIR would be a critical input for this leadership group. The agencies that were then responsible for establishing the North Richmond service would have benefited from a higher level of inter-agency coordination and a better understanding of the community's needs and expectations.

As important, the community should have a voice through the formation of a community advisory group. This group would advise on issues and represent the broader community's interests.

The broader community should be actively engaged both prior to the establishment of the trial and on an ongoing basis.

The Director of the North Richmond MSIR, Dr Nico Clark, acknowledged that not enough had been done to allay community fears about the facility.

“We need to take people on a journey, and I think we haven't done that to the extent that we could have done,” he said.

The Ryan Review found that the MSIR needed to boost its community engagement efforts “to build and maintain its relationships with people who live and work in the local community.”¹³⁷

“Strong relationships mean the challenges can be openly discussed, ideas shared and solutions found based on shared responsibility and reciprocity,” the Review found.¹³⁸

There is much to be learned from this, and better coordination and engagement with the community to work through their fears is important.

In line with this approach, the provider of a City injecting service needs the authority to engage with its community.

Dr Jauncey said the ability to communicate freely and openly with the Kings Cross community and the media was critical to building community acceptance over 20 years.

“It is an intrinsic part of my role to communicate with my community. It is important that I hear their concerns and work with them to resolve their issues. It is often such a personal and nuanced message that needs to be delivered, and who it is delivered by really matters. Government can't engage with the community the way the service can.”

Dr Marianne Jauncey, Medical Director, Uniting Medically Supervised Injecting Centre

In acknowledging the strong community sentiment on issues around safety and amenity, it is important to consider that the service design, model of care and improved engagement with business and community can only go so far to mitigate the issues.

There needs to be a greater understanding of the community's concerns and increased engagement to address their fears, otherwise it will be difficult for an injecting service to be accepted by the community.



Proactive measures need to be put in place ahead of the establishment of the trial

An injecting service will help address rising drug harms in the City of Melbourne. But establishing a trial will take some time. Every month without a service means more overdoses, greater risks of other harms and heightened strains on the state's health services.

In my consultations, I heard that proactive measures need to be taken immediately to mitigate drug harms prior to the establishment of an injecting service. Suggested measures included enhancing outreach and improving access to pharmacotherapy.

Enhancing outreach

There are a variety of existing AOD outreach services in the City of Melbourne that have been established to address the various barriers that can prevent people from accessing quality care at a fixed site service location. I heard that these services include the following:

- **cohealth City Street Health:** an assertive outreach pilot program that targets vulnerable people at risk of overdose and other drug harms in the City and combines a range of staff, including community nurses, peer workers with lived experience, harm reduction practitioners and clinicians.¹³⁹
- **cohealth Street Doctor service:** a mobile clinic bus used to provide assertive outreach medical services, targeting people experiencing homelessness. The service provides general practitioner support, nursing care and social work. The initial aim is to address immediate health concerns, but the client is also offered other services, including access to housing.¹⁴⁰
- **Youth Projects' Living Room Foot Patrol:** a confidential street-based, drug safety and outreach support service in the City. The service provides sterile injecting equipment, safe needle and syringe disposals, safer using information, safe sex information and supplies.¹⁴¹
- **Operation protocol:** a partnership between the Salvation Army (Melbourne Project 614), the City of Melbourne (Local Laws), and Victoria Police (Melbourne East) that formed in April 2020 to provide an assertive outreach support for people experiencing or at risk of homelessness in the City.¹⁴²

During my consultations, I heard that current outreach responses such as (but not limited to) the above are insufficient in both scope and scale. I heard that strengthening these services will not replace the value of a supervised injecting service because there will always be limits to what they can achieve within existing law and liability risk. However, I heard that improving outreach in tandem with establishing an injecting service will help mitigate injecting drug harms.

I also heard that it was essential that the system leverage existing trusted sources of support, including services that are already working with people who inject drugs in the City.

cohealth's outreach model is robust, but like many community health organisations, they are limited in terms of their hours of operation and the number of clinical staff who can be deployed to these efforts. Consideration should be given to supporting cohealth to enhance its current outreach services.

Efforts should also be made to consult with the broader sector to determine what effective enhanced outreach would look like and what support it would require, and existing services should be leveraged.

I also heard that there are opportunities to scale up and enhance flexible health and social care models, such as drop-in and mobile spaces, as well as street-based outreach. While some stakeholders recommended the mobile, van-based outreach model used in Boston, USA, the international evaluations of these types of services were limited.

Boosting care coordination

I heard that care coordination is an established best practice and that increasing the access to, and availability of, care coordination would provide many benefits to the City because integrated treatment, care and support has been shown to result in better client outcomes. Care coordination also allows additional service support to be targeted to people with the greatest needs or at greatest risk. It also enables the broader system to respond to the holistic needs of people who inject drugs and creates and sustains strong interagency connections.

I also heard from AOD experts who recommended enhancing access to mental health support and specialised services for vulnerable groups. I heard that care coordination could help:

- facilitate offerings of gender-specific services such as safe spaces for women
- foster strong linkages to support the establishment of culturally safe approaches for people from Aboriginal and Torres Strait Islander communities
- create referral pathways that acknowledge higher levels of trauma, complex need and vulnerability among specific cohorts.¹⁴³

Strengthening pharmacotherapy

The Ryan Review stated that Victoria's pharmacotherapy system was currently unable to meet the needs of the community, as people struggle to access drug treatment medication that would help them halt or reduce their drug use.¹⁴⁴

In the consultation with people who inject drugs, I heard about issues in the City around the number of, and access to, doctors that prescribe pharmacotherapy. Stakeholders said the Victorian AOD system is in crisis and needs reform to resolve significant supply and integration issues, and perceived access to pharmacotherapy among the most acute issues affecting the broader system.

According to the Ryan Review, the state's pharmacotherapy system is "founded on ageing policy, programs and regulation and is becoming increasingly difficult to access due to significant workforce issues and a dwindling pool of doctors and pharmacists willing to take on pharmacotherapy patients".¹⁴⁵

I heard that the provision of pharmacotherapy in Victoria is substantially below the New South Wales rate, despite broadly comparable need in both states. The evidence shows that, in 2021, Victoria recorded just 50 public pharmacotherapy patients compared with 8,498 in New South Wales.¹⁴⁶ To quote Ryan, "These figures paint a picture of an under-resourced Victorian pharmacotherapy system requiring far greater public funding, with access to pharmacotherapy in need of urgent expansion."¹⁴⁷

Expanding treatments

In my consultations with sector stakeholders, I heard how the above issues are exacerbated by the limited treatment options available to Victorians, who are restricted to methadone- and buprenorphine-based products.

I heard that offering a greater diversity of medications may relieve these pressures. Hydromorphone was strongly endorsed by numerous stakeholders. Research shows the pharmaceutical opioid has been successfully trialled internationally, and evidence indicates that it is a safe and effective pharmacotherapy for treating addiction, especially among people who have not had success with existing treatments.^{148,149,150} However, some stakeholders expressed reservations about pursuing hydromorphone in the absence of a wider strategic plan for the AOD sector.

Improving and expanding treatment options – such as existing pharmacotherapies and rapid pathways into counselling, withdrawal and rehabilitation services – would increase choice and agency for people who inject drugs and help mitigate drug harms in the City prior to the establishment of an injecting service. While infrastructure and workforce limitations mean it will be difficult to establish some of these measures immediately, stakeholders still considered them to have an important role, particularly if there were significant delays in finalising an injecting service location.

Outreach, pharmacotherapy and the Injecting service need to occur in tandem

I heard from experts that it was critical to put these measures in place now. I also heard that it is equally important that these measures continue after an injecting service has been established. According to sector stakeholders, providing enhanced outreach services and revitalising the state's pharmacotherapy system will allow the injecting service to reach its potential, enabling a comprehensive and holistic response to reducing drug harms in the City and ensuring people who inject drugs receive adequate and continuous support.

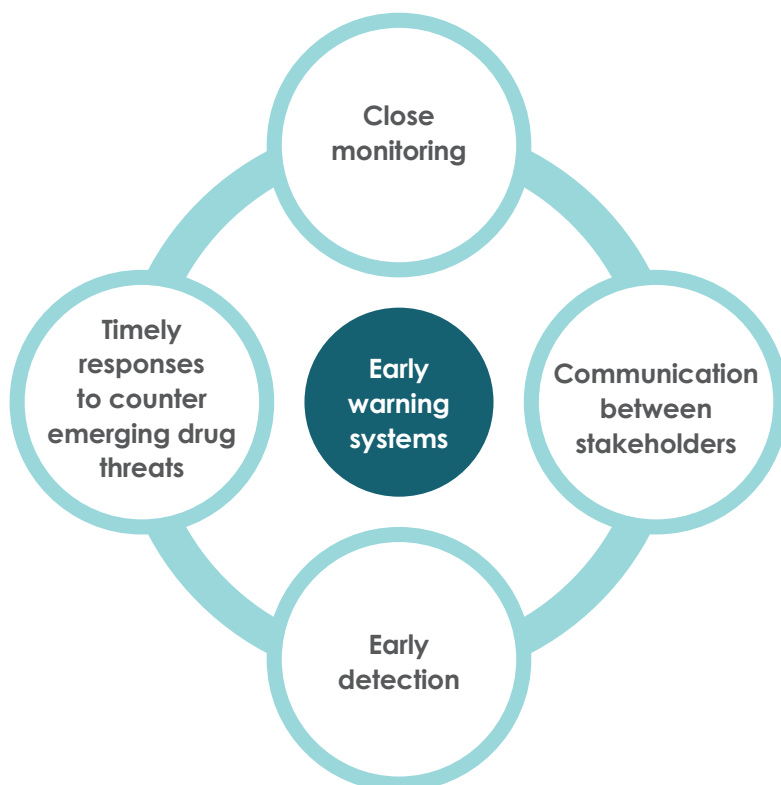
Improving drug monitoring programs: early warning systems

I heard that to effectively assess emerging drug threats and enable prompt action to be taken, the Government, in partnership with the sector and people who inject drugs, should consider improving drug monitoring efforts.

According to experts, an 'early warning system' drug monitoring program should be expanded to rapidly collect and analyse information about the drugs circulating in the community. I heard that identifying emerging drug trends and their impacts on harms will help local services and agencies have access to real-time drug-harm data, allowing the government to ensure the community has the support and services it needs to mitigate potential harms.

In my research I read that many jurisdictions around the world have expanded their early warning systems in response to the new threat environment, resulting in better visibility of international, regional, national and sub-national trends. The United Nations suggests key features of an early warning system should include close monitoring, stakeholder communication and collaboration, and timeliness in detection and response (Figure 6).¹⁵¹

Figure 6: The United Nations Toolkit on Synthetic Drugs



Source: United Nations



There are opportunities to link the trial with other State Government reforms

The State Government is implementing several reforms to enhance community health and safety outcomes. I heard the injecting service would benefit from support and linkage to other public health initiatives. At the same time, the interconnected nature of these efforts means there are opportunities for the injecting service trial in the City of Melbourne to complement and reinforce their objectives.

By aligning the trial with State Government initiatives in mental health system reform, housing access and other AOD reforms, a comprehensive and integrated approach can be applied that addresses the specific needs of the broader community, including but not limited to those who engage in medically supervised injecting.

The recent Royal Commission into Victoria's Mental Health System highlighted significant connections between drug addiction and poor mental health, stating:

*In Victoria, a substantial number of people are living with both mental illness and substance use or addiction, but many are not getting the comprehensive treatment, care and support they need to recover and lead a contributing life.*¹⁵²

An injecting service aligns with recommendation 35 made by the Royal Commission, which aims to improve outcomes for people living with mental illness and substance use or addiction.

The repeal of public intoxication laws is another part of the Government's broader social reform agenda, and one that may also serve clients of a future injecting service. At the same time, the introduction of a health-based response to public intoxication, currently in its trial phase, will enable further engagement with services such as an injecting service and other overdose prevention sites.

Housing access and suitability is a critical issue for people who inject drugs. Registration figures show that 35 per cent of people who used the North Richmond MSIR were homeless.¹⁵³ An injecting service equipped with wrap-around services will offer people who inject drugs in the City the opportunity to connect with housing services as well as drug treatment.

An injecting service could also provide other interventions and services to people who often otherwise experience significant barriers to accessing health care and other services, including treatment for AOD issues, which are another core State Government focus. Wait times for people seeking AOD treatment – including withdrawal, rehabilitation and counselling services – have grown, especially since COVID.¹⁵⁴ Like the North Richmond MSIR, a city-based injecting service could act as a catchment and referral service for people needing or seeking AOD treatment.

10

Increased community understanding of addiction will lead to reduced stigma and greater support for vulnerable Victorians

In consultations with health, social service and AOD stakeholders, I heard that it was important to increase the understanding of the causes of drug addiction and the pathways to treatment within the broader community.

Some suggested that humanising the experience of people who inject drugs could strengthen community engagement with, and support for, harm reduction and treatment programs. Others highlighted the problems posed by stigma for people who inject drugs, primarily due to the negative perceptions and attitudes associated with drug use.

The problem of stigma was raised consistently during my engagements. The CEO of the Alcohol and Drug Foundation explained that two aspects of stigma fuel the current policy problem. Dr Erin Lalor stated that stigma:

- prevents people who inject drugs from accessing health care, leading them to become more marginalised from the mainstream healthcare system
- hinders the enabling environment and success of health-led policy solutions to drug harms.

To address stigma, some AOD experts recommended using targeted community engagement to build an understanding of the underlying causes of addiction. They suggested that such community engagement:

- could be used to humanise drug issues, including the lived experience of how drugs are often used to cope with high levels of mental and physical pain
- should be targeted at addressing underlying attitudes about drug use, rather than focusing only on the purpose of an injecting service
- could be developed together with peak bodies for AOD policy and people who inject drugs
- must be carefully designed so they do not inadvertently increase stigma and polarisation
- would ideally begin ahead of an injecting service being established, to raise awareness and understanding in the City of Melbourne.

“I think what’s happened with COVID is that the community is now a lot more compassionate about mental health. They also understand what it’s like to be socially isolated and disconnected, and to rely on substances to cope through challenging times. So there’s a lot more appreciation of why people may use substances to help deal with stress, trauma and poor mental health.”

– Professor Dan Lubman, Director,
Turning Point

Other AOD experts who agreed on the importance of changing attitudes about drug issues suggested that ongoing action (including leadership from the Government) would be more effective than community engagement. These stakeholders also suggested that general education activities about addiction would reduce stigma, leading to better health outcomes.

I also heard that the media could play a crucial role in fostering community understanding of addiction and reducing stigma towards vulnerable Victorians who inject drugs. By providing accurate, humanising portrayals of addiction that avoid harmful stereotypes, and by avoiding harmful language and imagery, the media could contribute to changing public perceptions and attitudes.

Implementing standards and protocols for media reporting on addiction would significantly benefit these efforts. Examples of a collaborative approach to improved media reporting on sensitive issues can be found in programs such as Mindframe, which works with newsrooms to apply best-practice principles for safe communication and media coverage about suicide, mental ill-health and AOD use.¹⁵⁵

By engaging journalists, experts, and people with lived experiences, guidelines and best practices could be developed for media reporting on addiction.

While it is important to balance the need for responsible reporting with the democratic principle of a free press, the promotion of guidelines would encourage accurate, non-stigmatising depictions of people who inject drugs, foster empathy, and help the public better understand the complexities of addiction.

Other findings

Community feedback

In addition to face-to-face consultations, I gathered input from the wider community by conducting an online survey about their perceptions of drug harm responses via the State Government's Engage Victoria platform.

This follows the recommendations of the 2020 Review Panel to measure public sentiment regarding a City service, and the views of the Partnership in 2020–21 that testing the sentiment, the needs and the expectations of the City community was an important part of the site selection process.

I heard during the formulation of this consultation that surveys of this nature cannot be seen as completely representative because they are self-selecting. In other words, because they are open to anyone, specific groups can be over-represented, or under-represented. However, efforts can be made to minimise this bias by weighting the responses based on demographic data.

Respondents were required to provide relevant demographic information so efforts could then be made to ensure respondents were broadly representative of the City of Melbourne community. Most respondents (40 per cent) said they worked in the City of Melbourne, while residents made up 32 per cent of respondents.

Tourists or visitors made up 25 per cent of respondents.

The survey found a high level of awareness of drug activity in the City, and a similarly high level of agreement that there should be a Government response. The majority also believed that people who inject drugs in the City should have greater levels of support.

But as the questions became more specific, the responses tended to become more negative. This was particularly pronounced when questions were asked about establishing an injecting service as the policy response to the issue of injecting drug use.

This dynamic reflects the observation in the Ryan Review that:

At its heart, an injecting service is a health response. Its main objective – to save lives – is well accepted in the community. Yet unlike other evidence-based health policies that prevent death and provide life-changing support, injecting facilities are often highly contested in the public conversation.¹⁵⁶

When asked whether they thought there was an issue with drug use in the City, Engage Victoria respondents reported high levels of awareness:

Question (multiple responses enabled)	Response
There is an issue with injecting drug use in the City	66%
There is an issue with injecting drugs being sold and purchased in the City	58%
There is an issue with people experiencing injecting drug-related harms in the City	67%
There is not an issue with injecting drug use in the City	6%

Awareness of drug-related activity in the City was also high:

Question (multiple responses enabled)	Response
People who use drugs behaving in a disruptive manner in the City	71%
Discarded needles/ drug materials in the City	68%
People selling and buying drugs in the City	62%
People who use drugs experiencing injecting drug-related harms in the City	62%
People who use drugs overdosing in the City	59%
I am not aware of any drug activity in the City	3%

The need for State Government responses to injecting drug-related harms was also very high:

Question (multiple responses enabled)	Response
There is a need for a response to injecting drug-related harms in the City	61%
There is a need for greater health and social supports for people who inject drugs in the City	61%
There is a need for greater support for community and businesses impacted by injecting drug-related harms in the City	59%
There is not a need for the State Government to respond to injecting drug-related harms in the City	13%

When asked specifically about an injecting service trial as a response in the City, 40 per cent of respondents said there was a need for such a facility, and 52 per cent said there was not.

Sixty per cent of respondents thought an injecting service trial would affect the City negatively, while 37 per cent said it would be positive.

It is worth noting that positive sentiment regarding a City injecting service is significantly lower than what was recorded at the beginning of the North Richmond trial (61 per cent), as reported in the Hamilton Review.

Previous consultation work and advice provided to Government

Overview

Prior to commencing post-COVID consultation in September 2022, I led three distinct stakeholder consultations, testing views on the Government's decision to accept the Hamilton Review's recommendation to establish an injecting service trial in the City of Melbourne.¹⁵⁷

Each of these consultations was undertaken as a distinct piece of work with its own Terms of Reference and deliverables. At the completion of each process, I provided advice to the Government based on my findings.

The three consultations were as follows:

1. Consultation on 53 Victoria Street (July–October 2020)

Testing the suitability of the Government's initial preferred site.

2. Partnership consultation on alternative sites (November 2020–May 2021)

The establishment of a Partnership between the City of Melbourne, the Department of Health and cohealth. The Partnership provided information and views supporting a broader site search that identified more than 50 potential locations within the City.

3. Consultation on City drug harms (June–July 2021)

Examining drug harms in the City, with a focus on safety and amenity considerations in the Flinders Quarter precinct.

1. Consultation on 53 Victoria Street (July–October 2020)

Key findings:

1. There was broad support for an injecting service in the City.
2. The City had several concentrated areas of drug activity, with preliminary data showing 53 Victoria Street was close to general areas of injecting drug harms, but not within any specific one.
3. People who inject drugs said they would use the preferred site and benefit from co-located services. Experts said the location was accessible.
4. Local residents and businesses held concerns about the preferred site.
5. The preferred site had significant deliverability and operational challenges, including issues around heritage controls.

What I was asked to do

On 8 July 2020, I was appointed by the Victorian Government to lead a public consultation process to compile evidence and data to inform the Government on the suitability of 53 Victoria Street (also known as the Drill Hall) as the preferred site for the state's second trial supervised injecting service. I was issued with Terms of Reference for this work (Appendix D), which asked me to:

- **Work** with health and drug reform experts to collect and analyse relevant data and evidence related to identified factors
- **Oversee** a public community engagement process on site selection, actively seeking the views of people who inject drugs, residents, businesses, and other key stakeholders (including Victoria Police, the City of Melbourne, health and community services and other authorities), including on the preferred site and actions to maintain and enhance safety and amenity
- **Report** to the Minister for Health on site selection and actions to maintain and enhance safety and amenity for a supervised injecting room in the City of Melbourne.

How I conducted my work

In July 2020, targeted consultation began with selected stakeholders and community members.

The CEO of cohealth joined me during many of the consultations, to seek input on the proposed service design and model of care and to hear stakeholder views.

These consultations were affected by the COVID restrictions that applied during Victoria's second lockdown and were conducted online in targeted small groups.

Between July and October 2020, I held 43 engagements involving a total of 98 stakeholders, including health and drug reform experts, Victoria Police, Queen Victoria Market traders, the City of Melbourne and other stakeholders.

Targeted engagements were held with the people who would be most directly affected by the service, including people who inject drugs in the City of Melbourne, representatives of the Drill Hall residents, Queen Victoria Market management and traders and front-line workers, such as paramedics, health practitioners and police.

Evidence was also gathered on specific issues flagged in the Terms of Reference, including:

- Drug harms and drug-related activity in the City of Melbourne, including data from the Coroners Court, Ambulance Victoria and Victoria Police.
- Surrounding land use and current businesses and/or services in the area from the City of Melbourne
- Infrastructure requirements and limitations of the property at 53 Victoria Street, including an inspection by the Victorian Health Building Authority
- Other research on supervised injecting services and community perspectives including from drug policy experts and Queen Victoria Market traders.

In the early part of this work, research was also conducted into the location and experience of supervised injecting services internationally and on Australia's first supervised injecting service in Sydney.

Over the course of the consultation, I visited the Sydney service twice, including with cohealth, Victoria Police and senior executive staff from the City of Melbourne. These visits helped us better understand the integration of a service that had been in operation for 20 years.

A set of location criteria was developed based on observations of the MSIR Review Panel to assess the suitability of the site for the Injecting service. These criteria were:

1. **Proximity to drug activity** – Is this site close to drug markets and purchases, and where harm is occurring?
2. **Needs of people who use drugs** – Will this site meet the needs and expectations of people who use drugs and improve their health outcomes?
3. **Network of services** – Will this site allow the service to be embedded in a wider network of services?
4. **Needs of residents and community** – Will this site meet the needs and expectations of residents and community?
5. **Community sentiment** – Does community sentiment support this site?
6. **Deliverability** – Are there identified barriers to delivery of construction, establishment, and ongoing operation?

What I found

The assessment criteria formed the basis for my key findings, set out below.

1. The site was close to drug markets, but not located within one

I heard that 53 Victoria Street is not located in a concentrated drug market. However, stakeholders noted the site's proximity to areas where drugs are bought and used. Data indicated that a small percentage of opioid-related overdoses occurred near the preferred site, suggesting that an alternative site closer to higher drug activity could be considered.

2. The site met some of the needs of people who inject drugs

In my consultations with people who inject drugs, they told me they:

- viewed 53 Victoria Street as meeting some of their needs and expectations
- saw the preferred site as well-serviced by public transport
- expected they would use multiple services at the site
- wanted amenities at the service, including showers, toilets, places to eat, socialise and relax, and privacy for people while injecting
- wanted enough injecting booths at the service so that people would not wait too long to inject or form queues outside the facility
- wanted a relaxed and comfortable space that is not too "clinical"
- wanted the facility to include spaces and design features for women, Aboriginal and Torres Strait Islander peoples and other groups with specific needs
- were concerned that the relatively small capacity of the space would not meet their needs.

Case study: Scott* (person who injects drugs), October 2020

For Scott, the wake-up call was brutal.

Two years ago he almost became part of the City heroin toll that claimed 51 lives in the 24 months to September 2019, after overdosing in a Bourke Street car park on drugs that were heavily cut with the synthetic opioid fentanyl.

"It had built up in my body and I wasn't feeling the effects," Scott, 44, said.

"But it was still in my system, so I'd have another shot, and another. So it compounded in my system [and] I didn't even feel stoned when I had the shot that dropped me."

After the incident, Scott resolved to start using the North Richmond MSIR, which had recently opened as part of a Victorian Government trial.

While he's based in the City, Scott has been travelling to North Richmond regularly since then to use the facility. He knows that if a similar overdose occurred at the MSIR, the risk of death is significantly reduced.

"If that [the Bourke Street car park incident] had happened at North Richmond, the staff would have picked up on it [the fentanyl issue] and they would have helped me, they would have tended to it," he says.

"I would have turned around and said, 'I didn't really get much from that.' You'd feel comfortable saying to them, 'I think this is what's happening'. And then they'd have that information that could support you," Scott said.

Scott said he used the North Richmond MSIR "about three times a fortnight" and is full of praise for the welcoming and highly qualified staff and the MSIR's wraparound support services he regularly uses such as an on-site GP and needle exchange.

He said if it wasn't for North Richmond, he would be injecting in unsafe places to avoid detection.

* Names have been changed to protect the privacy of individuals.

3. An injecting service at the site would have access to a wider, but still limited, range of services

I heard that people who inject drugs would benefit from the primary health service model already operating at the site and from access to a wider network of services. However, I also heard that, due to capacity constraints, only a limited range of additional services could be co-located at 53 Victoria Street.

cohealth had designed a tailored service model for the supervised injecting service at the preferred location with a focus on wraparound services and engaging clients in healthcare for needs in addition to supervision of injection, harm reduction and overdose prevention.

I found that cohealth could provide an integrated health service at 53 Victoria Street that linked people who inject drugs to a wide network of services both on- and off-site. However, key characteristics of the building and surrounding area would cause capacity constraints in service delivery (see criterion 6 about deliverability).

Drug experts said the community would benefit from a City-based injecting service, including by preventing harm associated with public drug use, reducing ambulance attendances due to overdoses, improving access to healthcare, connecting clients to social support, and better managing public safety.

4. Residents and businesses held concerns about the proposed site

Residents, traders and community members had concerns about the impacts on safety, amenity and business if the facility was established at the preferred site. I heard:

- Nearby apartment residents expressed significant concerns about the location of the supervised injecting service at this site.
- Because it contains social housing, some Drill Hall residents were deemed to be vulnerable and therefore the building's community was concerned about their safety and negative impacts on their lives.
- Traders at the Queen Victoria Market had concerns with the impact on safety, amenity, their businesses, employees and customers.
- Yarra Trams had concerns with risks of incidents caused by discarded needles or intoxicated clients walking in front of trams or road traffic.

Case study: QVM traders, October 2020

Some of Kon's earliest memories were formed at his parents' deli at the Queen Victoria Market.

"I remember being seven or eight years old, standing on the counter and going 'Can I help anyone?'" says Kon, now 55.

Kon said he felt dismayed when he first learned the Victorian Government had nominated 53 Victoria Street as the location for a proposed second Medically Supervised Injecting Room in the City of Melbourne.

While he strongly supports the idea of a second facility in the City ("the facility that is being proposed is important, it's vital for Melbourne"), he says locating it so close to the tourist attraction does not make sense.

"The market has to be a place where everyone feels welcome, but also feels safe in coming here," he says. "People come here to enjoy their day. They spend the day here. It's not a grab-and-run location," Kon said.

His opposition is shared by most market traders, with a survey conducted by QVM management showing that nine out of 10 traders opposed the establishment of the Injecting service at the proposed location.

Kon says traders' opposition should also be viewed in the context of recent and historical challenges facing the market: a huge reduction in trade caused by COVID lockdowns and underinvestment over previous decades that was now being addressed by the City of Melbourne.

Another QVM trader with concern is Nancy, who has been running the Apple Corner with her husband Joe for more than 25 years.

Much of her concerns focused on safety issues because Nancy gets to the market, often on her own, when Melbourne is in darkness.

As a 60-year-old woman, the prospect of locating an injecting room nearby makes her worried that her safety will no longer be guaranteed.

5. There was general acceptance of the need for a response to drug harms

In my consultation with community members, including residents and traders in the immediate vicinity of the preferred site, I found a general acceptance of the need for and benefits of a supervised injecting service in the City. This view aligned with a broad range of community leaders who supported the establishment of a facility in the City. However, support for that trial being established at 53 Victoria Street was mixed.

Stakeholder groups that broadly supported a supervised injecting service at the site included:

- People who inject drugs
- Health and community services
- Some drug policy researchers and advocates.

“The community needs to understand that [the supervised injecting service] is a holistic harm minimisation model.”

Health sector union leader

Stakeholder groups that broadly did not support a supervised injecting service at the site included:

- Local businesses (including Queen Victoria Market traders)
- Residents
- The City of Melbourne
- Some leading drug and health experts.

“You may be saving lives [with the Injecting service] but we are concerned with [our] quality of life. I want my wife, kids and neighbours to feel safe in the community.”

Sam, resident

6. Establishing a service at the site would present the Government with considerable deliverability issues

I heard from the Victorian Health Building Authority, the City of Melbourne, Housing Choices Australia (the lead agency responsible for social housing at Drill Hall), cohealth and its architects and heritage consultants on planning, heritage, ownership and building design issues.

These engagements identified several challenges in building and operating an injecting service at the initial preferred site that the Government was not in a position to assess prior to the consultation commencing. These challenges related to heritage, ownership, leasing, construction issues, cost and safety concerns.

The Drill Hall building is on the National Trust Register, and major modifications to the fabric and external appearance of the building would very likely lead to heritage objections. After conducting building inspections and drawing up preliminary architectural plans to test feasibility, the Victorian Health Building Authority and cohealth estimated that nearly three-quarters of the space occupied by cohealth in the Drill Hall would require modification, including changes to the internal walls and ceilings of the art deco building. In addition:

- corridors would likely need to be widened to ensure paramedic access
- a new exit doorway would need to be constructed
- high-quality ventilation systems would need to be installed on the roof.

All these modifications had significant cost and heritage implications.

Another factor in deliverability considerations was the resolution passed by Melbourne City Council at the Future Melbourne Committee on 21 July 2020 opposing locating the supervised injecting service at 53 Victoria Street.

With the City of Melbourne as the leaseholder, this formal opposition could have prevented cohealth from continuing to operate the service at this location.

Advice to Government

Following the consultation, I advised Government that there were barriers to the successful establishment and operation of the second supervised injecting service at 53 Victoria Street.

A Status Report on the consultation was provided to the Minister for Health on 14 October 2020.

This outlined stakeholder views on the initial preferred site against the framework of criteria, as set out in this report. Government was advised that not all of the criteria could be tested because a full community consultation was not undertaken during this period.

The Status Report did not provide formal recommendations but provided advice on the possibility of further consultation with the City of Melbourne on either the initial preferred site or another alternative site, as directed by the Minister.

After considering this advice, the Minister for Health agreed to consider a process for identifying alternative locations and properties in the City of Melbourne for an injecting service and for involving the City of Melbourne and cohealth in the process.

2. Partnership consultation on alternative sites (November 2020–May 2021)

Key findings:

1. At the time of consultation, there were four identified areas of injecting drug harms in the City of Melbourne, the most prominent being an area around the intersection of Elizabeth and Flinders streets.
2. Three alternative sites met the location criteria for a City injecting service. Two of these sites were in the proximity of the Elizabeth/Flinders Street area of drug harms.
3. The Partnership identified both Flinders Street sites would be suitable from a client, community and delivery perspective and that 244 Flinders Street ranked highest against the criteria agreed to by the Partnership. The criteria around meeting community needs and sentiments would need to be tested as part of a broader community consultation.

What I was asked to do

In November 2020, the Minister for Health provided me with new Terms of Reference to allow for a broader site search as part of a Partnership approach with other key City stakeholders (APPENDIX F). These were to:

- **Continue** to work with health and drug reform experts to collect and analyse relevant data and evidence related to identified factors
- **Lead** a site selection and community and stakeholder consultation process, including consultation on the preferred site identified by the Partnership
- **Report** to the Minister for Health based on the findings of the Partnership, including on site selection and actions to support safety and amenity.

The Minister asked that I Chair this Partnership between the Department of Health, the City of Melbourne and cohealth to identify alternative sites and to advise on other health and social services to include in a future Injecting service. The criteria for this task were broadly aligned with the parameters set out in the previous consultation into 53 Victoria Street, namely:

- Drug activity and harms
- Existing health and social services
- Safety and amenity
- The built environment
- Transport and policing and infrastructure limitations of the site (including factors that would prevent timely delivery of a supervised injecting service in the City of Melbourne).

Feedback from the City of Melbourne saw a new criterion added to the framework: “Contribution to economic and social recovery” (see Appendix H). This in part recognised the significant impacts of COVID on the City.

There was a Partnership Site Working Group established, with support from the Victorian Health Building Authority, that advised the Partnership Group.

How I conducted my work

In undertaking the work of the Partnership, the Department of Health provided administrative and briefing support, including facilitating advice on service models, supervised injecting services, and site assessments prepared by the Victorian Health Building Authority.

The contribution of cohealth focused on health service models for people who inject drugs, including advising the Partnership on the service delivery and amenity issues presented by alternative sites.

The City of Melbourne played a support role, providing information on local community issues and providing access to planning and land use data.

This Partnership first met on 27 November 2020. It would meet a total of 10 times between that date and 20 May 2021 (Appendix D).

At its initial meeting, the Partnership agreed to the process for searching for and determining alternative sites via a three-step process:

1. Identify small priority areas in the City by reviewing evidence on drug-related activity and the social and economic characteristics of areas in the City
2. Identify and assess available properties within those areas
3. Advise on the suitability of a shortlist of sites for consideration by the Victorian Government.

There were limitations on the site search, with specific parameters around which sites could be considered, as defined by Government.

This included on-market, off-market, and State and Local Government-owned buildings that met the parameters.

In addition, the preferred model of care dictated that, irrespective of the size of identified sites, they had to be suitable for a small and discreet injecting service with wraparound health and social supports.

A total of 17 stakeholder meetings were held, including with community members and key organisations and services, involving Fitzroy Legal Service, Fire Rescue Victoria, Ambulance Victoria and Victoria Police (Appendix G, Table G1).

What we found

In undertaking our first task of identifying areas of injecting drug harms in the City, Ambulance Victoria data revealed four areas of injecting drug harm in the City where most ambulance attendances for heroin overdoses occurred over a five-year period.

The Partnership heard these areas of injecting drug harms were narrowly defined to be within 250m of areas of injecting drug harms within the City, as identified by the Department of Health analysis of Ambulance Victoria data. In identifying the four areas of injecting drug harms, the Partnership also analysed heroin-related deaths, discarded injecting equipment numbers and drug-related crime.

The Partnership heard these four areas of injecting drug harms were most suitable for the location of the supervised injecting service.

Table 1: Melbourne City injecting drug harm areas

Area near corner of:	Number of overdose attendances in the area 2015–2020	Overdoses in area as percentage of City attendances
1. Elizabeth St / Flinders St	90	25
2. Bourke St / Exhibition St	65	18
3. Swanston St / Lonsdale St	47	13
4. Spencer St / Bourke St	33	9

Source: Ambulance Victoria and Department of Health analysis¹⁵⁸

The most significant area of drug harms in the City was an area surrounding a location just to the north-east of the point where Elizabeth Street meets Flinders Street, with a quarter of all overdoses occurring in that zone.

This profile was consistent with drug call-out heat map data provided to the Partnership by Victoria Police and City of Melbourne-supplied data showed the syringe disposal bin in Degraves Street was the most used in the City.

In the seven months to the end of April 2021, syringe-related complaints to the City council around that area of drug harms averaged approximately one a week.

Following the identification of the areas of injecting drug harm, a site search was undertaken.

Sites were assessed and narrowed from 50 to 10 sites for further investigation, which were further narrowed to a shortlist of three sites. These are described below:

1. 104 A'Beckett Street

Owned by the City of Melbourne, this small two-storey bluestone building near Elizabeth Street had most recently been a council-operated childcare centre.

It was in moderate proximity to areas of injecting drug harms, public transport and other services. While not formally within one of the four areas of injecting drug harm, the building was close to the Swanston/Lonsdale drug harms zone and highly accessible by public transport, including via tram and train public transport options.

As a Council-owned property, 104 A'Beckett Street rated high in the deliverability criteria as a potential City of Melbourne lease offered greater certainty than a commercial lease.

It was also assessed as being conducive to the creation of a discreet, client-focused service offering privacy and a 'chill out' space in an established outdoor courtyard that was peaceful

and contained. Clients could enter via a side courtyard, increasing privacy, and separating entry and exits to reduce congregation areas.

Some identified risks included floor space limits (significantly lower than the other shortlisted options), reducing the site's ability to accommodate other services. Other issues were its proximity to businesses and areas of very high residential density, and potential construction delays due to the need to install a lift to meet accessibility standards.

2. 340 Flinders Street

This was a vacant, eight-level office building next to an adjoining car park on Flinders Street, between Queen and Elizabeth Streets. Judged against the criteria, it had potential benefits due to its proximity to drug harms and public transport options, and some proximity and links to existing services, although less than the 244 Flinders Street property.

The location was close to public transport links (tram and train). The large amount of floor space would open up options for a wide range of co-located services on upper floors. It was also assessed as being a more discrete location than 244 Flinders Street with potentially lower local residential impacts.

There were economic and social recovery opportunities with options for some space on upper floors to be subleased to social enterprises.

Some identified risks included the building's availability for lease rather than sale, meaning significantly less certainty about security of tenure for a future service at the site. This ultimately affected the deliverability rating for this option.

Concerns were also raised in the Partnership around the location's close proximity to prominent hotels, restaurants and Victoria University's city campus. The adjacent car park would also require crime prevention and overdose prevention assessments and likely mitigation actions.

3. 244 Flinders Street

The vacant former Yooralla Building was closest to the Elizabeth St/Flinders St drug area of drug harms. It featured five levels, plus a basement and the most usable floor space of the three shortlisted buildings.

The site had excellent proximity to public transport options, was easily accessible from other services, was highly deliverable and immediately available for a rapid refit following acquisition.

The large open ground floor offered the greatest potential for a flexible supervised injecting service design with the layout of the floors above providing huge scope to offer health and wellbeing service for injecting clients, other vulnerable cohorts and also health and related services for the general City resident and worker populations.

The site was assessed as having excellent client and disability access with lifts and multiple entry and exit points. The area surrounding the site also had lower residential population density than many other parts of the City.

The Partnership noted concerns around the building's proximity to businesses in the high-profile Degraeves Street restaurant strip as well as other tourist, retail and cultural centres, including Federation Square, St Paul's Cathedral and the City Library.

There were some concerns about potential interactions with the Flinders Street Station precinct, Metro Tunnel works and people who use public transport.

Advice to Government

On 4 March 2021, I presented a second Status Report to Government that identified the three options and assessed the merits and challenges based on the work of the Partnership.

While I did not nominate a preferred site, I put forward the view that all the shortlisted sites had benefits and limitations. I advised that

both Flinders Street sites would be suitable from a client, community and delivery perspective and that 244 Flinders Street ranked highest against the criteria agreed to by the Partnership.

I also noted that, while 340 Flinders Street offered significantly less security of tenure, a key attribute of both sites was their capacity to house a broader suite of health and social services for the City community. It was noted in this advice that the owners of this building needed to be engaged if this was to be further pursued as an option.

The emergence of two large Flinders Street sites as potential locations for a supervised injecting service highlighted the social and health benefits of situating such a service within a broader community health and wellbeing hub able to be accessed by anyone in the City.

The advice included the issues raised by the City of Melbourne, including the potential social and economic impacts of locating the supervised injecting service at high-profile locations in the City that may affect tourism, retail, hospitality and other sectors.

I advised Government of the City of Melbourne's concern in the context of the City's post-COVID recovery and potential business impacts in the Flinders Quarter precinct.

I advised that these sites had been put forward by the Partnership, but it had not tested the needs and expectations of the community through a community consultation and that would need to occur.

Acquisition of 244 Flinders Street by Government

Following the delivery of the second Status Report, the Victorian Government acquired 244 Flinders Street as a strategic health asset for the City.

3. Further consultation on City drug harms (June-July 2021)

Key findings:

1. Businesses and residents were very concerned about safety and amenity issues in the southern part of the CBD.
2. There was significant support for a centre that serviced the health and wellbeing needs of the whole City community, including people who inject drugs.
3. The social and economic challenges thrown up by COVID were significant, with some stakeholders questioning the timing of the establishment of a second injecting service.

What I was asked to do

Following the examination by the Partnership of alternative locations for a City of Melbourne supervised injecting service, I was asked by the Government to gather sector and community views about what health and social services stakeholders would like to see at a potential health and wellbeing hub.

I was also asked to provide advice on measures to support safety and amenity around a future health asset in the Flinders Quarter precinct. This involved conducting a site-agnostic consultation.

Under my Terms of Reference, I was asked to further consider:

- Drug activity and harms
- Existing health and social services
- Safety and amenity
- The built environment
- Transport and policing issues.

Specifically, my responsibility was to:

- **Work** with health and drug reform experts to collect and analyse relevant data and evidence related to identified factors
- **Actively** seek the views of people who inject drugs, residents, businesses and other key stakeholders (including Victoria Police, the City of Melbourne, health and community services and other authorities) on actions to maintain and enhance safety and amenity.

Due to ongoing COVID restrictions, a formal public consultation was not able to be commenced for this work.

This consultation retained the Partnership structure of the previous consultation, but additional partners – Victoria Police and Ambulance Victoria – joined to provide advice on safety and amenity issues.

How I conducted my work

We held 40 stakeholder meetings, including with health and social service providers, AOD experts, key Government agencies, unions, business, resident and community representatives, with a focus on individuals and organisations in and around the Flinders Quarter.

This consultation (as per my Terms of Reference) did not ask stakeholders for their views on a specific site for the Injecting service.

The purpose of this consultation was to:

- **Listen** to residents, businesses, prospective clients and experts and seek their advice on what would support the successful establishment of a broader health and wellbeing hub, including the Injecting service.
- **Discover** emerging and potential issues related to safety and amenity surrounding a community health and wellbeing hub, including the Injecting service and what could be done to mitigate them.
- **Explore** mitigation options that could be implemented by partner organisations or others, individually or collectively, to support the successful integration of the service into the community and environment.
- **Ask** stakeholders and the community what services they would use at the hub to meet their health and wellbeing needs and seek views on the proposed model of care.

What I found

During the consultations, three main themes emerged, each of which is discussed below:

1. The southern end of the City was experiencing significant safety and amenity issues.

I heard that a wide range of stakeholders acknowledged there were known problems of public drug use, drug overdose, drug dealing and antisocial or illegal activity in the southern part of the City, including the area surrounding the corner of Elizabeth and Flinders streets.

Many stakeholders also drew attention to the number of people experiencing homelessness in the City, and the increased visibility of people experiencing homelessness in the City during the pandemic.

Business and resident groups raised concerns about the behaviour of people dealing or using drugs. They recounted instances of threatening behaviour being displayed towards pedestrians and the owner-operators and staff of small businesses. Some stakeholders were concerned that a supervised injecting service may attract more antisocial and criminal activity to tourist, hospitality and retail hubs.

Business stakeholders were concerned media reporting of possible increases in antisocial behaviour would deter customers and City visitors. They were worried the public response to the supervised injecting service would compound their current financial hardship and personal distress due to COVID and lockdowns, which had reduced demand for their business as fewer people commute to the City to work, travel or study.

A wide range of stakeholders referred to the example of the Sydney MSIC implementing a proactive, prompt response to specific safety and amenity issues. These responses included actions by police, outreach services, the local council and other agencies.

Stakeholders commented that any safety and amenity response would need to be different from that developed for the North Richmond MSIR. They said the considerations needed to be tailored to the local area given the different social context, economic value and urban environment of the City.

I sought the views of key Government agencies including Victoria Police, Ambulance Victoria and of local businesses on safety and amenity issues in the Flinders Quarter area. Key risks around the potential establishment of a supervised injecting service and a health hub at this site were:

- the potential impact of a future supervised injecting service on nearby residents and businesses, such as those operating in Degraeves Street
- safety and amenity issues that could be created by a supervised injecting service, with clients and the public meeting in an area with high numbers of pedestrians, commuters and general City visitors
- the proximity of the Flinders Street Quarter to Flinders Street Station and the future Town Hall Metro station (currently under construction)
- the proximity of the precinct to major tourist, shopping and cultural centres, including St Paul's Cathedral, City Library, Council of Adult Education and Federation Square
- issues concerning paramedic access in the Flinders Quarter
- issues concerning policing and crime prevention in the Flinders Quarter.

“It is very important to have a proactive and prompt response to issues and concerns that people raise. Often the first call will be to the police, though police are often not the best placed to respond.”

City resident

2. There was support for a small injecting service within a broader City health service

During the consultations, cohealth presented a model of care to stakeholders for a facility featuring a broader suite of health and wellbeing services for people who inject drugs, other vulnerable people and the broader City community.

This approach was supported by the majority of stakeholders. Health and social services leaders advised me that giving people who inject drugs access to supports such as GP services, dental, podiatry, housing and drug treatment was highly preferable to a standalone injecting service.

They said this approach had the potential to deliver benefits to the City's injecting community and residents and businesses as well. Improved safety and amenity was cited as just one example, with vulnerable populations less likely to engage in antisocial behaviour due to enhanced support and active case management.

The absence of a standalone comprehensive community health facility in the Melbourne City was a key reason why the concept of establishing a broader community health and wellbeing hub gained widespread support, with stakeholders seeing numerous benefits in creating a facility that serviced everyone, regardless of their level of need or background.

We heard such a facility would not only improve access to health and social supports across the City population and for Victorians travelling to the City, but would also be ground-breaking in reducing stigma.

During consultations, stakeholders proposed specific services for inclusion at the hub, including:

- Mental health services
- Dental health services
- Primary health care
- Outreach services
- AOD treatment services
- Aboriginal health and wellbeing services
- Social support, including welfare, legal and employment services
- Temporary accommodation for people experiencing homelessness.

We heard there was a strong link between the proposed service model and amenity, specifically the strong link between appropriately managing what happens inside the building and the positive impact it has on what happens outside of the building.

“The concept of having a wraparound service is brilliant.”

Indigenous health leader

3. The pandemic was hurting the social and economic fabric of the City

In this consultation, many stakeholders referred to the challenges of social and economic recovery from COVID and questioned the timing of the implementation of the injecting service, given current restrictions and their impact on the City.

Key pandemic-related issues raised by these stakeholders included:

- the general negative effect of COVID and extended restrictions on business activity in the City and the high rate of business and residential vacancies
- the personal distress being experienced at the time by many City residents, business owners and their staff and the difficulty of engaging on other social issues during the pandemic
- the uncertainty of predicting the effects of implementing the injecting service in an environment marked by heavily reduced social and economic activity in the City.

We also heard there was concern around perceived implementation issues at the North Richmond MSIR. Stakeholders told me it was important that any new service ‘learnt the lessons’ that had emerged from the establishment of Victoria’s first injecting service.

Advice to Government

On 13 September 2021, I acquitted my Terms of Reference by presenting my advice to Government on my findings. The COVID pandemic limited the ability to undertake broader public consultation and community sentiment could not be tested. I sought advice on the next steps for consultation.

The Government requested that I pause consultation due to ongoing COVID restrictions which presented barriers to formal public engagement.

Appendix A: Terms of Reference, Post-COVID consultation (September 2022)

Overview

On 5 June 2020, the Victorian Government announced it had accepted the recommendations of the independent review of Victoria's first Medically Supervised Injecting Room (MSIR) at North Richmond, including a second supervised injecting service to be established in the City of Melbourne. At the time of this recommendation, there were 51 heroin-related deaths in the City of Melbourne between January 2015 and September 2019, 25 of which were in non-residential locations (the second highest number in Victoria behind the City of Yarra).

A second supervised injecting service in the City of Melbourne will take the pressure off the established North Richmond site, reduce the burden on Victoria's already stretched ambulance and hospital system, and link people who already inject in the CBD to services and supports which will ultimately save lives. The Government has and will continue to work with health and drug reform experts, local service providers, Victoria Police, Ambulance Victoria, the City of Melbourne, local community members and people with lived and living experience of using drugs within the CBD.

To achieve this, the Government appointed former Chief Commissioner of Victoria Police, Ken Lay AO, APM to lead an independent consultation.

In the first consultation process (August–October 2020), Mr Lay met with 104 stakeholders over 45 sessions to seek the views of health and drug reform experts and institutional representatives such as Victoria Police and Ambulance Victoria, and relevant resident

and business representatives. In October 2020, Mr Lay provided a status report to the Minister for Health on the 53 Victoria Street site.

In the second consultation process (November 2020–April 2021), Mr Lay convened a partnership with cohealth (the preferred lead service provider of the injecting service, the City of Melbourne and the Department of Health and Human Services (now the Department of Health) to collectively identify an alternative site, and to advise on actions to support safety and amenity, operational factors to support the success of the service, and community views on other health and social services that may be offered at the site. In March 2021, Mr Lay provided a status report to the Minister for Health on this stage of consultation and options for an alternative site.

Throughout these consultations, stakeholders advised Mr Lay of the value of providing wraparound services to improve client outcomes, and the opportunity to provide wraparound services as part of the Injecting service model of care to provide greater benefit for the broader community.

The third consultation process (June 2021–July 2021) focused on further consultation with the community about drug harms in the CBD, with the consultation inviting senior representatives of Victoria Police and Ambulance Victoria to advise on safety and amenity issues. Ongoing COVID restrictions during this phase meant formal community consultation with the wider CBD community did not commence.

Mr Lay will now conduct the final community consultation.

Role of Ken Lay AO APM

Mr Lay will continue to lead the consultation process to compile evidence, data and stakeholder and community views to inform the advice to Government regarding the prospective Injecting service within the CBD. Mr Lay will consider: drug activity and harms; existing health and social services; safety and amenity; model of care; the built environment; transport and policing and infrastructure issues for the prospective Injecting service (including factors that could prevent timely delivery of an Injecting service in the CBD); and opportunities to provide other health and social services to support an Injecting service.

Specifically, the responsibilities of Mr Lay are to:

- Lead a community and stakeholder consultation process on the prospective Injecting service, including seeking views from stakeholders on whether the COVID pandemic and other factors have impacted drug harms and any implications this may have for an Injecting service in the CBD, if applicable.
- Work collaboratively with key partners including cohealth, the City of Melbourne, the Department of Health, Victoria Police and Ambulance Victoria, including to identify safety and amenity issues and provide advice on mitigation strategies and opportunities to address identified issues prior to the establishment of a service.
- Continue to work with health and drug reform experts to collect and analyse relevant data and evidence related to drug harms in the City of Melbourne, and other identified factors.
- Report to the Minister for Health on these matters by May 2023.

Appendix B: Post-COVID consultation meetings

This appendix details consultation meetings with the Chair, Melbourne Supervised Injecting Service Consultation. The report also includes references to findings from supplementary engagements that took place with the engagement team that supported the work.

Table B1: 2022 – 10 meetings

Date	Lead	Organisation	Organisation representative	Method of engagement
25/10/2022	Chair, Melbourne Supervised Injecting Service Consultation	Victoria Police	Deputy Commissioner Rick Nugent	Online – video call
25/10/2022	Chair, Melbourne Supervised Injecting Service Consultation	cohealth	CEO, Nicole Bartholomeusz Richard Di Natale	Online – video call
25/10/2022	Chair, Melbourne Supervised Injecting Service Consultation	Royal Melbourne Hospital / North Richmond MSIR	Dr Nicolas Clark	Online – video call
26/10/2022	Chair, Melbourne Supervised Injecting Service Consultation	Ambulance Victoria	CEO, Prof Tony Walker AM	Online – video call
26/10/2022	Chair, Melbourne Supervised Injecting Service Consultation	Youth Projects	CEO, Ben Vasiliou Richie Goonan	Online – video call
26/10/2022	Chair, Melbourne Supervised Injecting Service Consultation	City of Melbourne	General Manager, Linda Weatherson Dean Robertson	Online – video Call
27/10/2022	Chair, Melbourne Supervised Injecting Service Consultation	Second chair of the MSIR trial independent review	John Ryan	Online – video call
27/10/2022	Chair, Melbourne Supervised Injecting Service Consultation	First chair of the MSIR trial independent review	Prof Margaret Hamilton AO	Online – video call
27/10/2022	Chair, Melbourne Supervised Injecting Service Consultation	Victoria Alcohol and Drug Association	Executive Officer, Sam Biondo David Taylor	Online – video call
1/11/2022	Chair, Melbourne Supervised Injecting Service Consultation	Sydney Uniting Medically Supervised Injecting Centre	Medical Director, Dr Marianne Jauncey	Online – video call

Table B2: March–April 2023 – 23 meetings

Date	Lead	Organisation	Organisation representative	Method of engagement
27/03/2023	Chair, Melbourne Supervised Injecting Service Consultation	Victoria Police	Deputy Commissioner Rick Nugent	Online – video call
27/03/2023	Chair, Melbourne Supervised Injecting Service Consultation	Victoria Alcohol and Drug Association	Executive Officer, Sam Biondo David Taylor	Online – video call
27/03/2023	Chair, Melbourne Supervised Injecting Service Consultation	Burnet Institute	Co-Program Director, Prof Paul Dietze	Online – video call
27/03/2023	Chair, Melbourne Supervised Injecting Service Consultation	cohealth	CEO, Nicole Bartholomeusz Richard Di Natale	Online – video call
28/03/2023	Chair, Melbourne Supervised Injecting Service Consultation	Alcohol and Drug Foundation	CEO, Dr Erin Lalor Mona Malouf Robert Taylor	Online – video call
28/03/2023	Chair, Melbourne Supervised Injecting Service Consultation	Sydney Uniting Medically Supervised Injecting Centre	Medical Director, Dr Marianne Jauncey	Online – video call
29/03/2023	Chair, Melbourne Supervised Injecting Service Consultation	Harm Reduction Victoria	CEO, Sione Crawford	Online – video call
29/03/2023	Chair, Melbourne Supervised Injecting Service Consultation	Second chair of the MSIR trial independent review	John Ryan	Online – video call
29/03/2023	Chair, Melbourne Supervised Injecting Service Consultation	Ambulance Victoria	Executive Director of Operations, Anthony Carlyon	Online – video call
30/03/2023	Chair, Melbourne Supervised Injecting Service Consultation	VincentCare	Senior Manager, Chloe Persing Chris Cavanaugh Molly O'Shaughnessy Danny Tilkeridis	Online – video call
30/03/2023	Chair, Melbourne Supervised Injecting Service Consultation	City of Melbourne	Acting CEO, Alison Leighton Rushda Halith	Online – video call
30/03/2023	Chair, Melbourne Supervised Injecting Service Consultation	Melbourne City Mission	General Manager, Sean Spencer	Online – video call
30/03/2023	Chair, Melbourne Supervised Injecting Service Consultation	Australian Criminal Intelligence Commission	Executive Director, Matt Rippon	Online – video call
4/04/2023	Chair, Melbourne Supervised Injecting Service Consultation	Anglicare	CEO, Paul McDonald	Online – video call

Table B2: March–April 2023 – 23 meetings (continued)

Date	Lead	Organisation	Organisation representative	Method of engagement
4/04/2023	Chair, Melbourne Supervised Injecting Service Consultation	Turning Point	Director, Prof. Dan Lubman Megan Berry	Online – video call
5/04/2023	Chair, Melbourne Supervised Injecting Service Consultation	St Vincent's Hospital Sydney	Prof Nadine Ezard	Online – video call
5/04/2023	Chair, Melbourne Supervised Injecting Service Consultation	St Vincent's Melbourne	A/Prof Yvonne Bonomo	Online – video call
5/04/2023	Chair, Melbourne Supervised Injecting Service Consultation	The Salvation Army	Commanding Officer, Major Brendan Nottle	Online – video call
11/04/2023	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Council of Social Services	CEO, Emma King Deborah Fewster	Online – video call
11/04/2023	Chair, Melbourne Supervised Injecting Service Consultation	APSAD	Prof Leanne Hides	Online – video call
12/04/2023	Chair, Melbourne Supervised Injecting Service Consultation	Melbourne Health	Chief Executive, Dr Christine Kilpatrick Peter Kelly Dr Steven Pincus Dr Veronique Brown Dr Nicolas Clark Ben Smith	Online – video call
12/04/2023	Chair, Melbourne Supervised Injecting Service Consultation	Greens State Member for Melbourne	Ellen Sandell MP	Online – video call
12/04/2023	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Aboriginal Community Controlled Health Organisation	CEO, Jill Gallagher Sheree Lowe	Online – video call

Table B3: May 2023 – 18 meetings

Date	Lead	Organisation	Organisation representative	Method of engagement
01/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	N/A – community member	Laura Turner	Online – video call
02/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	Wurundjeri Woi Wurrung Cultural Heritage Aboriginal Corporation	CEO, Donald Betts Aunty Alice Kolasa Aunty Georgina Nicholson Uncle Andrew Gardiner	Online – video call
02/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Chamber of Commerce	CEO, Paul Guerra Chanelle Pearson Dylan Broomfield	Online – video call
02/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	Department of Health	Executive Director, Eleanor Williams +8 AOD experts	Online – video call
03/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	Flinders Quarter business owners	Flinders Quarter business owners: Tony & Theo Roussos John Vakalis John Iginis & David Perotta Pat Barnes & Grant Cohen Sam McEvoy	In person
03/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	cohealth	x20 people who inject drugs	In person
03/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	N/A – community members	Katrina Korver	In person
03/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	Council Watch Victoria	President, Kelvin Granger Dean Hurlston	In person
10/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	Committee for Melbourne	CEO, Mark Melvin	Online – video call
10/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	cohealth	x3 Aboriginal and Torres Strait Islander peoples	In person
10/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	The Salvation Army	Commanding Officer, Major Brandan Nottle	In person – site visit
11/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	N/A – Community members	Judy Ryan Chris Lamb Daniel Daly Jill Melon-Robertson	In person
12/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	Australian Retailers Association	Director, Jason Robertson Lisa Brown	Online – video call

Table B3: May 2023 – 18 meetings (continued)

Date	Lead	Organisation	Organisation representative	Method of engagement
15/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	Eastenders	President, Dr Stan Capp Ken Tarbart Nicole Smith Pamela Lyons-Capp	In person
15/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	Residents 3000	President, Rafael Camillo	In person
07/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	Federal Member for Melbourne	Adam Bandt MP	Online – video call
11/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	The Police Association Victoria	Secretary, Wayne Gatt	Online – video call
29/05/2023	Chair, Melbourne Supervised Injecting Service Consultation	State Member for North Eastern Metropolitan Region	Nick McGowan MP	Online – video call

Appendix C: Engage Victoria survey

The survey **Injecting drug harms in the City of Melbourne (2023)** was undertaken as part of an independent consultation process conducted by Mr Ken Lay, AO APM, into the potential establishment of a medically supervised injecting trail in the City of Melbourne.

The survey was available through the Engage Victoria website between 26 April and 16 May 2023.

Prior to the survey opening, there was a media campaign to raise awareness about its scope and purpose. The link was disseminated to key sector and community stakeholders as well as a variety of media outlets. The influence this media campaign had on the figures is shown in the significant spike on the first day of the survey being available to the public. The survey received 6,114 responses in the three-week period.

The survey included two demographic questions, eight fixed-response (closed text) questions, and one open text question. The survey attracted considerable media attention on its release.

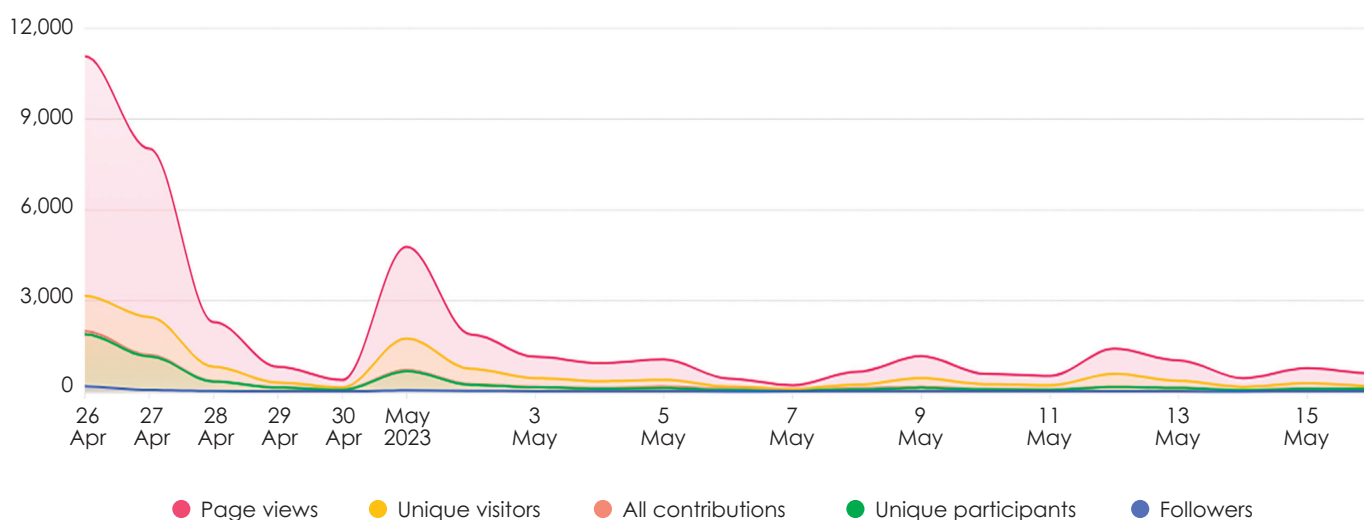
Data analysis used three methods: statistical frequency analysis for the demographic and closed-text questions, and sentiment analysis and thematic analysis for the open-text question.

Limitations:

As a methodology, online surveys rely on self-selection, which can result in sampling bias if particular groups of people are either over-represented or under-represented in the sample. In addition, the population to which they are distributed cannot be described in terms of its representativeness to the overall population.

While surveys are effective in raising issues and concerns, they are a less reliable way to understand the prevalence or representativeness of particular viewpoints at a population level than other sampling methods.

Visitor Activity (26 April–16 May 2023)



Demographics: Which of the following best describes you? (N=6,114)

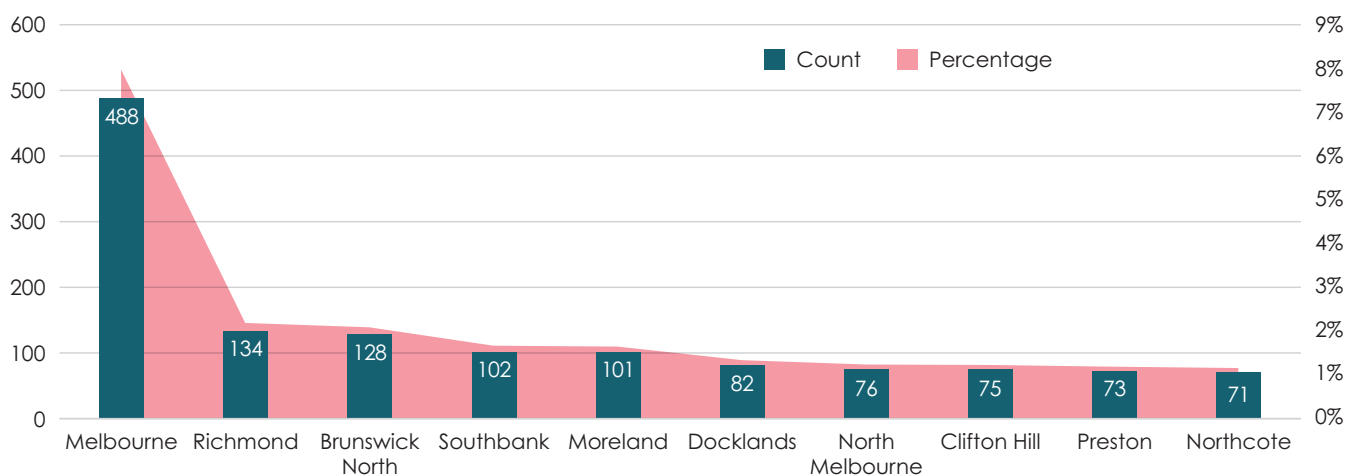
Descriptor	Count (N=6,114)*	Percentage (%)
I live in the City of Melbourne	1,973	32%
I own a property in the City of Melbourne	794	13%
I own a business in the City of Melbourne	229	4%
I work in the City of Melbourne	2,442	40%
I study in the City of Melbourne	399	7%
I am a tourist or visitor to the City of Melbourne	1,500	25%
I am a service provider in the City of Melbourne	370	6%
I am a person who uses health or social services in the City of Melbourne	1,148	19%
I sleep rough or am experiencing homelessness in the City of Melbourne	16	0.3%
Other (please describe)**	688	11%

* The sum of the domains exceeds the total sample of N=6,114, because each participant was able to respond to one or more domains (i.e., a participant could both live and work in the city, or could be both a business owner and own property etc).

** Others includes e.g., "Someone who is concerned about overdose and harm minimisation", "Retired" etc.

Postcode analysis

Distribution of survey responses by top ten suburbs



On 4 May 2023, 37 submissions were impacted by a postcode field error which was resolved by 5pm.

Question 1:

Do you think there is an issue with injecting drug use in the City? (N=6,114)

Response options (multiple responses enabled)	Frequency N	Frequency %
There is an issue with people experiencing injecting drug-related harms in the City	4,091	67%
There is an issue with injecting drug use in the City	4,039	66%
There is an issue with injecting drugs being sold and purchased in the City	3,542	58%
Other (please specify)*	429	7%
There is not an issue with injecting drug use in the City	343	6%

* Other includes, for example, "All of the above", "Unsure", etc.

Question 2:

What drug-related activity are you aware of in the City? (N=6,114)

Response options (multiple responses enabled)	Frequency N	Frequency %
People who use drugs behaving in a disruptive manner in the City	4,347	71%
Discarded needles/ drug materials in the City	4,151	68%
People selling and buying drugs in the City	3,798	62%
People who use drugs experiencing injecting drug-related harms in the City	3,786	62%
People who use drugs overdosing in the City	3,604	59%
Other (Please specify)*	215	4%
I am not aware of any drug activity in the City	202	3%

* Other includes, for example, anti-social behaviours, all of the above

Question 3:

Do you think there is a need for a State Government response to injecting-drug related harms in the City? (N=6,114)

Response options (multiple responses enabled)	Frequency N	Frequency %
There is a need for a response to injecting drug-related harms in the City	3,705	61%
There is a need for greater health and social supports for people who inject drugs in the City	3,734	61%
There is a need for greater support for community and businesses impacted by injecting drug-related harms in the City	3,578	59%
There is not a need for the State Government to respond to injecting drug-related harms in the City	779	13%
Other (Please specify)*	534	9%

* Other includes, for example, all of the above, greater police intervention, don't put the room in the CBD

Question 4:

Which option best describes your views about a medically supervised injecting service trial in the City? (N=6,114)

Response options (single response enabled)	Frequency N	Frequency %
There is not a need for a medically supervised injecting service trial in the City	3,162	52%
There is a need for a medically supervised injecting service trial in the City	2,454	40%
I do not know if there is a need for a medically supervised injecting service trial in the City	498	8%
Please explain your response above*	4,818	79%

* Explanations included, for example, an injecting room has the potential for harm minimisation; would save lives; can encourage drug use; etc. Views expressed are more fully explored in the analysis of question 9, with which there was substantial crossover.

Question 5:

How do you think a medically supervised injecting service trial would impact the City (N=6,114)

Response options (single response enabled)	Frequency N	Frequency %
Negatively	3,676	60%
Positively	2,271	37%
No impact at all	167	3%

Question 6:

What are the needs and expectations of the community that should be considered in establishing a medically supervised injecting trial in the City? (N=6,114)

Response options (multiple responses enabled)	Frequency N	Frequency %
The well-being and safety of the community	5,509	90%
The prosperity of City businesses	3,484	57%
The ability for the City to attract tourists	3,480	57%
Supporting vulnerable people in the City	3,299	54%
The vibrancy of the City	3,187	52%
The residential amenity	3,124	51%
The revitalisation of the City post-COVID_19	2,758	45%
Other (please specify)	539	9%

* Other includes, for example, all of the above, wellbeing of the community, safety of children and other vulnerable persons

Question 7:

Which of the following do you think would best support safety if a medically supervised injecting service trial was established? (N=6,114)

Response options (top 3 responses enabled)	Frequency N	Frequency %
Visible police presence	2,392	39%
Other support service co-located at the service	2,277	37%
Security at the service	2,114	35%
Increased needle collection	1,908	31%
This service to engage with local residents and businesses	1,647	27%
Increased CCTV coverage	1,407	23%
Consideration of operating hours of the service	1,212	20%
Other (please specify)*	1,177	19%
Increased street lighting	1,084	18%

* Other includes, for example, "None of the above", "It should not be in the city"

Question 8:

Which of the following do you think would best support amenity surrounding a medically supervised injecting service? (N=6,114)

Response Options (top 3 responses enabled)	Frequency N	Frequency %
This service to engage with local residents and businesses	2,709	44%
Increased street lighting	2,640	43%
Improved rubbish collection	2,383	39%
Pedestrian safety barriers or bollards	1,446	24%
Other (Please specify)*	1,487	24%
Improved street landscaping	1,411	23%
Street or public art	947	15%
Improved traffic controls	506	8%

* Other includes, for example, "nothing would help", "none of the above", "police presence", etc.

Question 9:

Are there any other views you would like to raise about the establishment of a medically supervised injecting service trial in the City? (qualitative analysis)

- A random sample of 400 responses was taken from the complete dataset, based on 95% confidence interval and 5% margin of error.
- Two forms of qualitative analysis were undertaken: sentiment analysis (frequency) and content analysis (themes)

Sentiment	Count N=400	%
Does not support Injecting service trials, regardless of location or within the City of Melbourne	201	50%
Supports Injecting service trials regardless of location	70	18%
Supports Injecting service trials in general, but not within the City of Melbourne	65	16%
Supports an Injecting service trial within the City of Melbourne	28	7%
No relevant sentiment expressed <i>(primarily comments on survey design and method)</i>	36	9%

Sentiment: Does not support injecting service trials, with no reference to location

Content analysis

- Injecting services promote and enable illegal and harmful behaviour, which should not be supported by government
- Injecting drug users present a danger to other people. The rights of people who inject drugs should not be prioritised over those who do not
- Funding would be better directed towards drug rehabilitation, and/or to support other vulnerable people within the community (primarily people experiencing homelessness), and/or to public education about the dangers of injecting drug use
- Injecting service trials are ineffective and do not assist people to stop using drugs

Sentiment: Does not support an injecting service trial within the City of Melbourne

Content analysis

- An injecting service in the City of Melbourne will inevitably increase crime and public harassment due to an influx of drug users and drug dealers
- The City of Melbourne is already struggling with the impacts of COVID-19 and an increasingly visible homeless population. People will avoid coming to the City of Melbourne due to fear, businesses will suffer, and the vibrancy of the city will be lost
- Negative community impacts identified in the early trial in North Richmond were ignored and will be replicated in the City of Melbourne

Sentiment: Supports injecting service trials in general, but not within the City of Melbourne including in a widely believed specific CBD location

Content analysis

- There is a widespread belief that a specific site has been identified. There is strong opposition to this site, regardless of whether respondents agreed with the concept of an injecting service or not.
- There is support for locating injecting services within health settings, including hospitals within the City of Melbourne
- There is a need to provide a safe space for injecting drug-users, but the site must be chosen carefully, guided by a genuine consultation process with potentially impacted communities. Location should be guided by a set of criteria, including guidance about proximity to schools, residences etc.

Sentiment: Supports an injecting service trial within the City of Melbourne

Content analysis

- Having an injecting service in the City of Melbourne both recognises that there are already injecting drug users in the area, and is a location easily accessible by public transport
- An injecting service within the City of Melbourne would be enhanced by collocating other support services onsite to assist people in other aspects of their lives
- An overly risk-driven, justice heavy response may impact acceptability of the service to those that need it
- There is scope for further open conversations to support a clear understanding of the purpose and proposed impact of an Injecting service trial, as much opposition is currently driven by fear and misunderstanding

Submissions:

A number of more detailed submissions were received through the free text function available in Question 9 of the Engage Victoria Survey. Some submissions were also provided directly to Mr Lay. The information and advice provided in these submissions were also used to inform the findings and recommendations provided in this report.

Appendix D: Terms of Reference for consultation on 53 Victoria Street (July 2020)

On 5 June 2020, the Victorian Government announced it had accepted the recommendations of the independent review of Victoria's first Medically Supervised Injecting Room at North Richmond. A second supervised injecting room will be established in the City of Melbourne, where there were 51 heroin-related deaths between January 2015 and September 2019, 25 of which were in non-residential locations (the second highest number in the state behind the City of Yarra). The City of Melbourne is also second to the City of Yarra in the number of ambulance attendances for heroin overdoses.

A second supervised injecting room in the City of Melbourne will take the pressure off the established North Richmond site, reduce the burden on Victoria's already stretched ambulance and hospital system and link people who already inject in the City of Melbourne to services and supports which will ultimately save lives.

The Victorian Government's preferred site for the second service is cohealth Central City, 53 Victoria Street. As one of the largest community health services in Victoria, cohealth's diverse range of established health and social services mean it is well located to be a site for a second facility.

The Government will work with health and drug reform experts, Victoria Police and the City of Melbourne and will engage with stakeholders. By the end of 2020, a final site for the supervised injecting room will be selected within the City of Melbourne.

To achieve this, the Government will appoint former Chief Commissioner of Victoria Police, Ken Lay AO, APM to lead the consultation for the Government.

Role of Ken Lay AO APM

Mr Lay will lead the consultation process to compile evidence and data to inform the advice to Government on the final site selection and actions to maintain and enhance safety and amenity.

Mr Lay will consider: drug activity and harms; existing health and social services; safety and amenity; the built environment; transport and policing and infrastructure limitations of the site (including factors that would prevent timely delivery of a supervised injecting room in the City of Melbourne).

Specifically, the responsibilities of Mr Lay are to:

- Work with health and drug reform experts to collect and analyse relevant data and evidence related to identified factors.
- Oversee a public community engagement process on site selection, actively seeking the views of people who inject drugs, residents, businesses and other key stakeholders (including Victoria Police, the City of Melbourne, health and community services and other authorities), including on the preferred site and actions to maintain and enhance safety and amenity.
- Report to the Minister for Mental Health by the end of 2020 on site selection and actions to maintain and enhance safety and amenity for a supervised injecting room in the City of Melbourne.

Mr Lay may conduct the above activity in relation to alternative sites identified by the City of Melbourne at the direction of the Minister for Mental Health.

Appendix E: Meetings during consultation on 53 Victoria Street

Table E: 2020 – 43 meetings

Date	Lead	Organisation	Organisation representative	Method of engagement
21/07/2020	Chair, Melbourne Supervised Injecting Service Consultation	Harm Reduction Victoria	CEO, Sione Crawford	Online – video call
23/07/2020	Chair, Melbourne Supervised Injecting Service Consultation	Housing Choices Australia	CEO, Michael Lennon Roberta Buchanan	Online – video call
30/07/2020	Chair, Melbourne Supervised Injecting Service Consultation	North Richmond Community Health	Board Chair, Rod Wilson CEO, Trish Collocott	Online – video call
30/07/2020	Chair, Melbourne Supervised Injecting Service Consultation	Queen Victoria Market Trader Committee	CEO, Stan Liacos and committee members	Online – video call
30/07/2020	Chair, Melbourne Supervised Injecting Service Consultation	The Salvation Army	Commanding Officer, Major Brendan Nottle	Online – video call
30/07/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victoria Police	Deputy Commissioner Rick Nugent	Online – video call
30/07/2020	Chair, Melbourne Supervised Injecting Service Consultation	Youth Projects	CEO, Ben Vasiliou	Online – video call
31/07/2020	Chair, Melbourne Supervised Injecting Service Consultation	Drill Hall Residents Association	President, Martin Mulvihill	Online – video call
5/08/2020	Chair, Melbourne Supervised Injecting Service Consultation	Queen Victoria Market Board	Board Chair, Jane Fenton AM CEO, Stan Liacos Mark Bullen Heidi Wearne	Online – video call
6/08/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Health and Human Services Building Authority	CEO, Rob Fiske Brooke Mitchell	Online – video call
12/08/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Alcohol and Drug Association	CEO, Sam Biondo David Taylor	Online – video call
27/08/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Aboriginal Community Controlled Health Organisation	Executive Manager, Craig Holloway Gaby Bruning	Online – video call

Table E: 2020 – 43 meetings (continued)

Date	Lead	Organisation	Organisation representative	Method of engagement
8/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Housing Choices Australia	CEO, Michael Lennon Roberta Buchanan	Online – video call
9/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	cohealth	CEO, Nicole Bartholomeusz Kim Webber Caz Healy	Online – video call
9/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Youth Projects	CEO, Ben Vasiliou Richie Goonan Leon Jordan	Online – video call
10/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Harm Reduction Victoria	CEO, Sione Crawford Hunter Morgan Carolyn Weidener	Online – video call
10/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Queen Victoria Market Board	CEO, Stan Liacos Mark Bullen Heidi Wearne	Online – video call
11/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Metro Trains	Head of Security Operations, David Defrancesco	Online – video call
11/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Yarra Trams	Manager Security & Business Resilience, Jessica Sharpe Manager Brunswick and Essendon Routes, Victor Foudoulis Manager Customer Support, Trevor Greer Manager Operations Centre, Ben Warby Damien Carter	Online – video call
17/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	City of Melbourne	CEO, Justin Hanney	Online – video call
17/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	The Police Association of Victoria	CEO & Secretary, Wayne Gatt Sarah Panckridge	Online – video call
17/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victoria Police	Chief Commissioner, Shane Patton Deputy Commissioner, Rick Nugent Assistant Commissioner, Luke Cornelius APM Assistant Commissioner, Glenn Weir	Online – video call
18/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Ambulance Victoria	CEO, Tony Walker Mick Stephenson Karen Smith	Online – video call

Table E: 2020 – 43 meetings (continued)

Date	Lead	Organisation	Organisation representative	Method of engagement
18/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	MSIR Review Panel	Chair, John Ryan Former Chair, Prof Margaret Hamilton	Online – video call
21/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Australian Medical Association, Victoria	President, Dr Roderick McRae CEO, Steven Burrell	Online – video call
21/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	City of Yarra	Lord Mayor, Misha Coleman CEO, Vijaya Vaidyanath Lucas Gosling	Online – video call
22/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	City of Melbourne	General Manager Community and City Services, Linda Weatherson	Online – video call
22/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	VincentCare	CEO, Quinn Pawson	Online – video call
24/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Australian Services Union	Assistant Branch Secretary, Leon Wiegard Madeleine Henderson Miranda Hornung Charlie Volpe Natalya Kanaef Donna Cheryl	Online – video call
24/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Melbourne City Mission	Senior Manager, Mark O'Brien Kate Torii	Online – video call
24/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	The Salvation Army	Commanding Officer, Major Brendan Nottle Amanda Stokes Bec Thatcher	Online – video call
25/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Australian Nursing and Midwifery Federation, Victoria	Assistant Secretary, Pip Carew Lynne West	Online – video call
25/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	North Richmond Community Health	Board Chair, Rod Wilson CEO, Trish Collocott Kasey Elmore	Online – video call
25/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Ambulance Union	General Secretary, Danny Hill	Online – video call
29/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Aboriginal Community Controlled Health Organisation	Executive Manager, Craig Holloway John Egan Aisleen Glasby Gaby Bruning	Online – video call
29/09/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Alcohol and Drug Association	CEO, Sam Biondo David Taylor	Online – video call

Table E: 2020 – 43 meetings (continued)

Date	Lead	Organisation	Organisation representative	Method of engagement
1/10/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Health and Human Services Building Authority	CEO, Rob Fiske	Online – video call
2/10/2020	Chair, Melbourne Supervised Injecting Service Consultation	cohealth	CEO, Nicole Bartholomeusz Kim Webber Kerry Thompson	Online – video call
2/10/2020	Chair, Melbourne Supervised Injecting Service Consultation	Visit Victoria	CEO, Brendan McClements	Online – video call
6/10/2020	Chair, Melbourne Supervised Injecting Service Consultation	City of Melbourne	General Manager Community and City Services, Linda Weatherson	Online – video call
6/10/2020	Chair, Melbourne Supervised Injecting Service Consultation	St Vincent's Hospital Melbourne	A/Prof Yvonne Bonomo Executive Director, Margaret Stewart Una McKeever	Online – video call
6/10/2020	Chair, Melbourne Supervised Injecting Service Consultation	Youth Projects – Clients	Richie Goonan +10 Youth Projects clients	Online – video call
9/10/2020	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Housing Choices Australia	CEO, Michael Lennon Roberta Buchanan Melissa Palframan	Online – video call

Appendix F: Terms of Reference for Partnership consultation on alternative sites (November 2020)

Overview

On 5 June 2020, the Victorian Government announced it had accepted the recommendations of the independent review of Victoria's first Medically Supervised Injecting Room at North Richmond. A second supervised injecting room will be established in the City of Melbourne, where there were 51 heroin-related deaths between January 2015 and September 2019, 25 of which were in non-residential locations (the second highest number in the state behind the City of Yarra). The City of Melbourne is also second to the City of Yarra in the number of ambulance attendances for heroin overdoses.

A second supervised injecting room in the City of Melbourne will take the pressure off the established North Richmond site, reduce the burden on Victoria's already stretched ambulance and hospital system and link people who already inject in the City of Melbourne to services and supports which will ultimately save lives.

The Government will work with health and drug reform experts, Victoria Police and the City of Melbourne and will engage with stakeholders.

To achieve this, the Government has appointed former Chief Commissioner of Victoria Police, Ken Lay AO APM to lead the independent consultation.

To date, Mr Lay has met with 104 stakeholders over 45 sessions to gauge the views of health and drug reform experts and institutional representatives such as Victoria Police and Ambulance Victoria, and relevant resident and business representatives.

The first stage of the consultation process was completed over September and October 2020. From November, the second phase

of consultation is seeking additional expertise and prioritising community views, including businesses, residents and people who inject drugs.

Role of Ken Lay AO APM

Mr Lay will lead the consultation process to compile evidence and data to inform the advice to Government on the final site selection and actions to maintain and enhance safety and amenity. This will include convening a partnership with cohealth, City of Melbourne and the Department of Health and Human Services to collectively identify a preferred site and engage the community on the proposal, including on actions to support safety and amenity, and operational factors to support the success of the service.

Mr Lay and the Partnership will consider: drug activity and harms; existing health and social services; safety and amenity; the built environment; transport and policing and infrastructure limitations of the site (including factors that would prevent timely delivery of a supervised injecting room in the City of Melbourne).

Specifically, the responsibilities of Mr Lay are to:

- Continue to work with health and drug reform experts to collect and analyse relevant data and evidence related to identified factors.
- Lead a site selection and community and stakeholder consultation process including consultation on the preferred site identified by the Partnership.
- Report to the Minister for Health by February 2021 based on the findings of the partnership, including on site selection and actions to support safety and amenity.

Appendix G: Meetings during Partnership consultation on alternative sites

Table G1: 2020–2021 – 17 meetings

Date	Lead	Organisation	Organisation representative	Method of engagement
4/11/20	Chair, Melbourne Supervised Injecting Service Consultation	Eastenders	President, Dr Stan Capp Pamela Lyons	Online – video call
13/11/20	Chair, Melbourne Supervised Injecting Service Consultation	Fitzroy Legal Service	CEO, Claudia Fatone Meghan Fitzgerald Adam Wilson	Online – video call
13/11/20	Chair, Melbourne Supervised Injecting Service Consultation	Fire Rescue Victoria	Deputy Commissioner Kenneth Brown Deputy Commissioner Brendan Angwin	Online – video call
2/03/21	Chair, Melbourne Supervised Injecting Service Consultation	Ambulance Victoria	CEO, Tony Walker	Online – video call
3/03/21	Chair, Melbourne Supervised Injecting Service Consultation	Victoria Police	Deputy Commissioner Rick Nugent	Online – video call
18/03/21	Chair, Melbourne Supervised Injecting Service Consultation	Community member	Nick McGowan	Online – video call
18/03/21	Chair, Melbourne Supervised Injecting Service Consultation, Service Consultation with CEO, cohealth	Melbourne City Council	Lord Mayor, Sally Capp Deputy Lord Mayor, Nicholas Reece +9 City of Melbourne councillors CEO, Justin Hanney	In person
24/03/21	Chair, Melbourne Supervised Injecting Service Consultation	Victoria Police	Chief Commissioner Shane Patton	Online – video call
26/03/21	Chair, Melbourne Supervised Injecting Service Consultation, Service Consultation with CEO, cohealth	MSIR Review Panel	Former Chair, Prof Margaret Hamilton	Online – video call
29/03/21	Chair, Melbourne Supervised Injecting Service Consultation	Ambulance Victoria	CEO, Tony Walker	Online – video call

Table G1: 2020–2021 – 17 meetings (continued)

Date	Lead	Organisation	Organisation representative	Method of engagement
29/03/21	Chair, Melbourne Supervised Injecting Service Consultation	Victoria Police	Deputy Commissioner Rick Nugent	Online – video call
16/04/21	Chair, Melbourne Supervised Injecting Service Consultation Accompanied by cohealth CEO and Lead Executive Services, Victoria Police Deputy Commissioner, DH and City of Melbourne, General Manager Community and City Services	Kirketon Road Centre	Director, Phillip Read	In person (site visit)
16/04/21	Chair, Melbourne Supervised Injecting Service Consultation	NSW Police	Commander Superintendent, Paul Carrett	In person (site visit)
16/04/21	Chair, Melbourne Supervised Injecting Service Consultation	Uniting Medically Supervised Injecting Centre	Medical Director, Dr Marianne Jauncey Miranda St Hill	In person (site visit)
21/04/21	Chair, Melbourne Supervised Injecting Service Consultation	North Richmond Community Health	CEO, Trish Collocott Dr Nicolas Clark	In person (site visit)
29/04/21	Chair, Melbourne Supervised Injecting Service Consultation	Uniting Medically Supervised Injecting Centre	Medical Director, Marianne Jauncey Miranda St Hill	In person (site visit)
29/04/21	Chair, Melbourne Supervised Injecting Service Consultation	City of Melbourne	CEO, Justin Hanney Deputy Lord Mayor, Nicholas Reece Alison Leighton Linda Weatherson	In person (site visit – Sydney)

Table G2: Partnership meetings – 10 meetings

Date	Chair	Partners represented	Method
27/11/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Department of Health, cohealth, City of Melbourne	Online – video call
4/12/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Department of Health, cohealth, City of Melbourne	Online – video call
11/12/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Department of Health, cohealth, City of Melbourne	Online – video call
18/12/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Department of Health, cohealth	Online – video call
22/12/2020	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Department of Health, cohealth, City of Melbourne	Online – video call
15/01/2021	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Department of Health, cohealth, City of Melbourne	Online – video call
12/02/2021	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Department of Health, cohealth, City of Melbourne	Online – video call
12/03/2021	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Department of Health, cohealth, City of Melbourne	Online – video call
13/05/2021	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Department of Health, cohealth, City of Melbourne, Victoria Police	Online – video call
20/05/2021	Chair, Melbourne Supervised Injecting Service Consultation	Victorian Department of Health, cohealth, City of Melbourne, Ambulance Victoria, Victoria Police	Online – video call

Appendix H: Partnership site assessment criteria, 2020

Criteria	Variable
Proximity to drug activity	Proximity to existing drug harms (Ambulance Victoria overdose data, Victoria Police data)
Needs of people who inject drugs	Quality (location can accommodate a quality service) Functionality (space can accommodate a service) Safety (location is safe for clients and staff) Privacy (client privacy and anonymity is supported) Amenity and environment (welcoming space supports client service use)
Integrated with in a network of services	Connection to health and social support services (clients can access neighbouring services) Accommodates other services on site (sufficient total space available for co-located services)
Broader community needs and expectations	Safety (location is safe for residents and broader community) Policing (location supports policing if required) Amenity (amenity supported for residents and community) Sensitivity (sufficiently distant from cultural sites and precincts) Cohort (sufficiently distant to services for vulnerable clients with cohort mix concerns)
Contribution to economic and social recovery	Proximity (sufficiently distant from tourist sites or major retail hubs) Retail activity (supports retail recovery) Investment confidence (supports investor confidence) Residential activity (supports residential recovery) Economic and social recovery (supports economic and social recovery)
Community sentiment	Community sentiment (anticipated capable of gaining sufficiently positive community sentiment, to be confirmed through consultation)
Delivery	Deliverable (capital assessment that site can support a supervised injecting service) Available (timely occupation date) Service continuity (long-term site security) Value for money (department can demonstrate value for money)

Source: Adapted from MSIR Review Panel, MSIS Partnership

Appendix I: Terms of Reference for further consultation on injecting drug harms in the City

Consultation reverted to the Terms of Reference that had guided the Consultation on 53 Victoria Street (see Appendix D).

After consultation with the Minister for Health, these Terms of Reference were slightly amended in practice to reflect that further consultation on City injecting-drug harms would be site-agnostic.

Appendix J: Meetings during further consultation on injecting drug harms in the City

Table J: 2021 – 40 meetings

Date	Lead	Organisation	Organisation representative	Method of engagement
7/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	The Salvation Army	Commanding Officer, Major Brendan Nottle	Online – video call
8/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	MSIR Review Panel	Chair, John Ryan	Online – video call
8/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Turning Point	Director, Prof. Dan Lubman	Online – video call
8/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Melbourne Chamber of Commerce Victorian Chamber of Commerce and Industry	CEO, Scott Veenker CEO, Paul Guerra Dugald Murray	Online – video call
9/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Victorian Alcohol and Drug Association	CEO, Sam Biondo David Taylor	Online – video call
9/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Residents 3000	President, Rafael Camillo	Online – video call
11/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Coroners Court of Victoria	Coroner Jacqui Hawkins Jeremy Dwyer	Online – video call
15/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	The University of Melbourne	Assoc Prof. John Fitzgerald	Online – video call
15/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Victorian Aboriginal Community Controlled Health Organisation	CEO, Jill Gallagher State MH/AOD Coordinator, Gaby Bruning	Online – video call

Table J: 2021 – 40 meetings (continued)

Date	Lead	Organisation	Organisation representative	Method of engagement
15/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Small Business Australia	CEO, Bill Lang	Online – video call
15/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Victoria Police	Deputy Commissioner Rick Nugent	Online – video call
17/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Australian Medical Association, Victoria	CEO, Steven Burrell President, Dr Roderick McRae	Online – video call
17/06/2021	Chair, Melbourne Supervised Injecting Service Consultation	Fire Rescue Victoria	Commissioner Ken Block Deputy Commissioner Brendan Angwin	Online – video call
17/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Australian Criminal Intelligence Commission	CEO, Mike Phelan	Online – video call
17/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Goodstart Early Learning Centre	State Manager, Paul Ryan Wendy George	Online – video call
17/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Harm Reduction Victoria	CEO, Sione Crawford	Online – video call
18/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Eastenders	President, Dr Stan Capp Pamela Lyons	Online – video call
18/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	The Police Association of Victoria	CEO, Wayne Gatt Nicole Bluett-Boyd	Online – video call
24/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Federal Member State Member	Adam Bandt MP Ellen Sandell MP	Online – video call
24/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Uniting Medically Supervised Injecting Centre	Medical Director, Dr Marianne Jauncey Miranda St Hill	Online – video call
24/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with cohealth	Alcohol and Drug Foundation	CEO, Dr Erin Lalor Jill Karena	Online – video call

Table J: 2021 – 40 meetings (continued)

Date	Lead	Organisation	Organisation representative	Method of engagement
25/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with cohealth	Burnet Institute	Co-program Director, Prof Paul Dietze	Online – video call
25/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with cohealth	City Precinct	President, Nic Poltronieri	Online – video call
25/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Royal Australian College of Physicians	President Addiction Medicine, Prof Nicholas Lintzeris	Online – video call
29/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Flinders Quarter	President, Melanie Ashe	Online – video call
29/06/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Australian Retailers Association	Tim Jancuk	Online – video call
1/07/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Ratepayers Victoria	President, Dean Hurlston	Online – video call
1/07/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Federation Square	CEO, Caroline Ralphsmith	Online – video call
1/07/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	City of Melbourne	CEO, Justin Hanney Linda Weatherson Jacob Clifton Minister for Health Deputy Chief of Staff	Online – video call
1/07/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Melbourne City Mission	General Manager, Wayne Merritt Mark O'Brien	Online – video call
1/07/2021	Chair, Melbourne Supervised Injecting Service Consultation with cohealth	St Paul's Cathedral	The Very Rev Dr Andreas Loewe	Online – video call
2/07/2021	Chair, Melbourne Supervised Injecting Service Consultation with cohealth	Anglicare	CEO, Paul McDonald	Online – video call

Table J: 2021 – 40 meetings (continued)

Date	Lead	Organisation	Organisation representative	Method of engagement
2/07/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Launch Housing	CEO, Bevan Warner Andrew Hollows Annie Lenghan	Online – video call
2/07/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Sacred Heart Mission	CEO, Cathy Humphrey Stephen Schmidtke	Online – video call
7/07/2021	Chair, Melbourne Supervised Injecting Service Consultation with cohealth	Health and Community Services Union	State Secretary, Paul Healey Stephanie Thuesen	Online – video call
7/07/2021	Chair, Melbourne Supervised Injecting Service Consultation with cohealth	Australian Nursing and Midwifery Federation	State Secretary, Lisa Fitzpatrick Madeleine Harradence Zoran Bukarica	
8/07/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	City of Melbourne	CEO, Justin Hanney Linda Weatherson	Online – video call
16/07/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Adult Parole Board	Judge Peter Coutzens	Online – video call
16/07/2021	Chair, Melbourne Supervised Injecting Service Consultation with CEO, cohealth	Australian Services Union	Assistant Branch Secretary, Leon Wiegard James Crofti Emily Roseman Andy Sinclair Natalya Kanaef	Online – video call
16/07/2021	Chair, Melbourne Supervised Injecting Service Consultation	Victoria Police	Deputy Commissioner Rick Nugent	Online – video call

Note: This table does not include additional meetings with stakeholders that were led by cohealth CEO, Nicole Bartholomeusz.

Glossary

AOD is an initialism for alcohol and other drugs.

Areas of injecting drug harms refers to areas of high heroin-related overdose harms in the City. Ambulance Victoria's heroin-related attendance data was analysed to identify areas of high heroin overdose harms. In 2022, these were identified to be around the intersections of Flinders and Elizabeth streets, Elizabeth and Latrobe streets, Elizabeth and Franklin streets, Swanston and Lonsdale streets and Swanston and Bourke streets.

Blood-borne virus (BBV) is a virus that is transmitted by blood or body fluids that may contain blood. BBVs such as hepatitis B, hepatitis C and HIV may be transmitted through sharing drug injecting equipment.

Cardiomyopathy is a disease of the heart muscle that makes it harder for the heart to pump blood to the rest of the body.

Care coordination is the deliberate organisation of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of healthcare services.

City, when capitalised, refers to the City of Melbourne community and not the local government area for the purpose of this report.

City of Melbourne is a local government area in Victoria, Australia, located in the central city area of Melbourne.

COVID was considered to be the period from 31 March 2020 to the end of October 2021. During this time Melbourne experienced six lockdowns in response to the COVID pandemic for 262 days between 31 March 2020 and 21 October 2021, and Australian borders were closed to non-citizens and non-residents between 20 March 2020 and 1 November 2021.

Drug checking is a harm reduction strategy that allows a person who is already in possession of a drug to get it tested to find out what the substance actually contains.

Drug harms are negative impacts related to substance use. Drug harms may include immediate problems such as overdose and acute intoxication, and longer-term issues such as experiencing homelessness, disease, poor mental health, disability or problems with relationships, daily functioning, finances, or offending.

Endocarditis is an infection in your heart's inner lining or valves. Bacteria, fungi, or other germs in your bloodstream can cause the infection. It can develop quickly (acute endocarditis) or slowly (infective endocarditis). The infection can damage the heart and cause serious and sometimes fatal complications.

Fentanyl is an opioid. It is about 80 to 100 times stronger than morphine. Pharmaceutical fentanyl is used for acute or chronic pain, but it is also used in illicit drugs such as heroin, usually to increase its potency.

Flinders Quarter is the area from Swanston Street to Elizabeth Street, between Flinders Street and Collins Street.

Harm minimisation involves a group of strategies designed to prevent, reduce or minimise the harms to the individual and the community relating to drug use. These strategies do not necessarily aim to stop drug use. Harm minimisation operates through three approaches: demand reduction, harm reduction and supply reduction.

Harm reduction is one of the pillars of harm minimisation. Harm reduction approaches aim to reduce the negative consequences (including physical and social harms) associated with alcohol and other drug use and to reduce related risk factors. It encompasses the prevention of disease, death, incarceration, and isolation, without necessarily reducing the underlying drug use.

Heroin is part of a group of drugs called opiates, which are derived from the opium poppy. Opiates affect the brain by slowing down the activity of the central nervous system and messages going to and from the brain.

Heroin overdose may result in acute adverse physical or psychological effects, including stupor, coma, respiratory depression, or death.

Heroin-related harms refers to the negative impacts related to heroin use. Heroin use may include immediate problems such as overdoses and acute intoxication, and also longer-term social and welfare issues.

Heroin-related ambulance attendances in this report are characterised as any case that includes heroin, heroin and other drugs, and an unclassified drug overdose with provision of naloxone.

Hotels for the Homeless program refers to the housing program established during the COVID pandemic that accommodated Victorians experiencing homelessness in vacant hotels.

Hydromorphone is a short-acting opioid medication suitable for use in supervised injectable opioid treatment. Hydromorphone is currently available in Australia for treating moderate-to-severe pain.

Intravenous drug use is a form of drug use in which the substance is injected directly into a vein with a needle and syringe to speed up and maximize the effect. This typically involves self-administration of a psychoactive drug, often an opioid, in particular, heroin.

Melbourne Central Business District (CBD) is the area from the Yarra River to Victoria Street, and Spencer Street to Spring Street.

Melbourne City Council is the local government body responsible for the municipality of Melbourne. The Council consists of a lord mayor, a deputy lord mayor and nine councillors.

Methadone is a synthetic opiate often used to treat heroin dependence. Methadone acts as a substitute for opioids, helping to manage withdrawal from opioids over time. See also pharmacotherapy.

Methamphetamine is a stimulant drug, also called speed or amphetamine. Most commonly it is found as a colourless crystalline solid, sold under a variety of names, such as crystal meth, crystal or ice.

Methamphetamine-related deaths refer to deaths in which methamphetamine was considered a contributing factor to the death of an individual.

Model of care broadly defines the way in which a health service is delivered.

Naloxone is an opioid antagonist that is effective in reversing opioid overdose. It is available as an intramuscular injection or intranasal spray. Naloxone has no potential for recreational or non-prescription use because it has no psychoactive effect and no effect in the absence of opioids.

Needle and syringe program (NSP) is a public health initiative that aims to minimise the spread of blood-borne viruses among people who inject drugs and into the wider community through providing sterile injecting equipment, education on reducing drug use, health information and referral to drug treatment, medical care and legal and social services. Programs do not supply drugs or allow people to inject drugs on the premises.

Opioid is a class of drugs that acts on opioid receptors in the brain. They relieve pain and produce a sense of wellbeing or euphoria. Opioids may be natural (derived from the opium poppy) or synthetic, and include heroin, methadone, codeine, morphine and opium, among others.

Outreach is engagement with individuals or groups not effectively reached through existing services or traditional health education channels, with the overall aim of improving health and reducing risk or harm.

Overdose refers to the body's response to a toxic or lethal amount of a drug that exceeds the body's ability to cope with the drug.

Pharmacotherapy is the term used to describe the use of medication such as methadone or buprenorphine to help treat opioid dependence. Pharmacotherapy works to block the effects of withdrawal, enabling dependent users to stabilise their health and social functioning and reduce their exposure to risk behaviours before addressing the physical adaptation dimension of dependence.

Polydrug use is using two or more drugs at the same time. This can involve drugs with opposing effects, which may have negative effects depending on the drugs being taken.

Sepsis is a life-threatening condition that occurs when the body damages its own tissues and organs in response to an infection. Intravenous drug use is a risk factor for developing sepsis. Injecting bacteria from used or dirty needles or failing to clean the skin before an injection can cause several types of infections, such as sepsis.

Supervised injecting service is a place where people can inject drugs of dependence in a supervised health setting. It can also provide a gateway for people who inject drugs to access other health and social support services, including pathways to drug treatment and rehabilitation.

Stigma is the negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the person. Negative perceptions or assumptions are commonly associated with drug use.

Synthetic drugs (or new psychoactive substances) are designed to mimic established illicit drugs in order to avoid laws restricting the production and distribution of existing illicit substances.

Withdrawal is stopping or reducing heavy or lengthy drug use. Withdrawal is usually accompanied by a set of symptoms ranging from mild to severe, which depend on the person and the drug they are withdrawing from¹. Also known as detox, or detoxification.

Wraparound services refer to comprehensive and holistic services that address a person's medical, social and mental health needs in alcohol and other drug treatment.

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