

POSITION SUMMARY

Medically supervised injecting rooms

THORNE HARBOUR HEALTH'S POSITION

Thorne Harbour Health supports the establishment of medically supervised injecting rooms (MSIRs) in Victoria. The initial MSIR in Richmond should be made permanent. Areas with a high incidence of drug-related harm should be identified and targeted for expedited roll-out of another two services.

RECOMMENDATIONS

1. The initial MSIR in Richmond should be made permanent, alongside ongoing strategies to address community concerns.
2. At least two other MSIRs should be rolled out in areas with a high incidence of drug-related harm.

BENEFITS

- Reduce the number of avoidable deaths and the harm caused by overdoses.
- Maintain sufficient community support for the Richmond MSIR.
- Decentralise services to areas of high local need.

BACKGROUND

- Medically supervised injecting rooms (MSIRs) are facilities where people can inject drugs in safer, hygienic conditions. This helps reduce and prevent many of the harms associated with injecting drug use.
- The Victorian Government established a trial MSIR in Richmond which commenced operation in June 2018 for a period of two years, with an option of a further three year extension. This is the second Australian MSIR after King's Cross, Sydney which has been operating for over 18 years.
- An independent panel is reviewing the trial and will report to the Government in 2020 prior to the end of the two year period on 29 June.
- Available data indicates positive results in terms of reducing the number of avoidable deaths and the harm caused by overdoses of drugs of dependence. The Richmond MSIR has safely managed over 1,200 overdoses in its first 12 months.
- Some residents in the surrounding community are concerned about occurrences happening off-site, including dealing, injecting and problematic behaviour which they perceive to be on the increase. While these behaviours predate the MSIR – proximity to drug-based scenes are critical to the location of MSIRs - they are important to address to maintain sufficient community acceptance.
- The initial MSIR in Richmond should be made permanent.
- At least two other MSIRs should be rolled out in areas with a high incidence of drug-related harm.

EVIDENCE BRIEF

Medically supervised injecting rooms

KEY POINTS

- Victoria's first MSIR in Richmond is a success in terms of reducing avoidable deaths and harms caused by overdoses and should be made permanent.
- Concerns of some residents about off-site problems should be addressed through ongoing strategies.
- At least two other MSIRs should be rolled out in areas with a high incidence of drug-related harm.

BACKGROUND

Medically supervised injecting rooms

Medically supervised injecting rooms (MSIRs) are facilities where people can inject drugs in safer, hygienic conditions. This helps reduce and prevent many of the harms associated with injecting drug use. The facilities are supervised by specially-trained medical professionals who can provide information about safer drug use practices, referrals to dependence treatment, and other medical services. In the event of overdose, medical staff can provide first aid and, if necessary, rapid connections to emergency medical services.

These facilities do not provide drugs, or allow the distribution of drugs on premises. They neither promote nor condemn drug use; they exist to reduce drug-related harm and help address many of the social and economic factors that contribute to, and exacerbate, problematic drug use. In addition to medical services and sterile injection equipment, these facilities can link clients to mental health services, social welfare services, and sexual health services.

Addressing Victoria's drug overdose mortality and morbidity problems

The establishment of MSIRs in Victoria is incredibly valuable. In 2017, Victoria saw at least 392 deaths due to drug overdose, including 164 deaths due to heroin overdoses.¹ It continues to see several new diagnoses of HIV each year where injection drug use was a factor.²

CURRENT PRACTICE

History of MSIRs

MSIRs have existed since 1986, when the first facility opened in Switzerland. Since then, 90 facilities have been established throughout Europe, with additional facilities opening in Vancouver and Sydney.³

A 2018 review of evidence of effectiveness of MSIRs found "the benefits of providing supervised drug consumption facilities may include improvements in safe, hygienic drug use, especially among regular clients, increased access to health and social services, and reduced public drug use and associated nuisance."⁴

There was no evidence to suggest that the availability of safer injecting facilities increases drug use or frequency of injecting. These services facilitate rather than delay treatment entry and do not result in higher rates of local drug-related crime.⁵

Since opening in 2001, the Sydney MSIR has provided significant benefits to the area it serves. Public injection of drugs has decreased by 49 per cent, with the number of discarded needles and syringes decreasing by the same amount.⁶ Most clients further report a dramatic reduction in the frequency they share injecting equipment, with most refraining from it entirely.⁷ This reduces the risk of exposure to blood-borne viruses like HIV, as well as the risk of infection and injury related to injecting.

The location of the Sydney MSIR – 66 Darlinghurst Road – was chosen because of its proximity to the existing drug scene, and because it met the requirement of "sufficient community acceptance". At the time of its

establishment, over 90% of ambulance call-outs to heroin overdoses in the area were to within 300 metres of the MSIR site. It is on a major road opposite a train station and a telephone poll at the time commissioned by the operating organisation showed that a majority of local residents and businesses supported that location.⁸ There have been calls to establish a second MSIR in south-western Sydney, including from a deputy state coroner.⁹

Establishment of the Richmond MSIR

In the context of increasing local deaths from heroin overdoses, the Victorian Government announced in October 2017 that it would establish a two year trial of a medically supervised injecting room at North Richmond Community Health, located in an area of high incidence of long-term drug use and harms.

The two year period is from 30 June 2018 until 29 June 2020, with an option to extend the trial for a further three years. An independent panel is reviewing the trial and will report on their findings in 2020.

A transitional MSIR commenced operations on 30 June 2018, using existing space in the North Richmond Community Health building while a larger, purpose-built facility was established on the same site.

First year performance

In the first year of operation, there were: 2,908 registered clients using the service; 61,823 visits including a supervised injection; and 1,232 overdoses safely managed by staff inside the MSIR. MSIR staff provided: 5,082 on-site services to registered clients. This includes health promotion in relation to injecting, and on-the-spot health and social support. Staff also made 1,393 referrals to co-located services and clinics and external services. This provides a gateway to supports including alcohol and other drug treatment, primary care, oral health, blood-borne virus treatment, mental health support, housing and homelessness services and legal support. This data suggests that the Richmond MSIR is meeting its objectives.

The larger facility opened its doors on 7 July 2019, and provides more capacity for supervised injecting, longer operating hours and more health and social support services.

Alongside this strong level of operation, some local community members have raised concerns about dealing, injecting and problematic behaviour near the MSIR.¹⁰ These behaviours predate the MSIR as proximity to drug-based scenes are critical to the location of MSIRs. However, it is important to maintain sufficient community acceptance for all MSIRs, and ongoing strategies should be developed to keep the local community informed and address concerns.

To further address Victoria's death by overdose problems, other MSIRs should be established in areas with relatively high levels of drug injecting, and in conjunction with peers. This would reduce the need for people seeking safer injecting to travel to North Richmond, and enable better integration with their local health and support services and treatment.

CONCLUSION

MSIRs have a strong evidence base of significant benefits in relation to reducing drug-related harm, including illness and overdose deaths. The North Richmond MSIR trial is helping people who inject drugs do so more safely and assisting them to enter the primary health care system for treatment and services they need. The MSIR should be made permanent, alongside ongoing strategies to maintain sufficient community acceptance.

RECOMMENDATIONS

1. The initial MSIR in Richmond should be made permanent, alongside ongoing strategies to address community concerns.
2. At least two other MSIRs should be rolled out in areas with a high incidence of drug-related harm.

REFERENCES

¹ Penington Institute, 'Australia's Annual Overdose Report 2019' (2019) Melbourne, 22, 49.

² Victorian Department of Health and Human Services, 'HIV/AIDS monthly surveillance report – April-June 2019' (2019) Victorian Government, 1 Treasury Place, Melbourne, 3.

³ Vendula Belackova and Allison M Salmon, 'Overview of international literature – supervised injecting facilities and drug consumption rooms – Issue 1' (2017) Sydney, Uniting Medically Supervised Injecting Centre; European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 'Perspectives on drugs: Drug consumption rooms: an overview of provision and evidence' (Updated 7 June 2018) <http://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf>

⁴ EMCDDA (Updated 7 June 2018) op. cit. 3 p. 6.

⁵ Ibid 6.

⁶ Allison M Salmon, John Kaldor, and Lisa Maher, 'Sydney medically supervised injecting centre evaluation report no. 4: Evaluation of service operation and overdose-related events' (2007) National Centre for HIV Epidemiology and Clinical Research, Sydney, 7-8. <<https://kirby.unsw.edu.au/sites/default/files/kirby/report/EvalRep4SMSIC.pdf>>

⁷ Ibid 7.

⁸ Uniting, 'History of the Uniting medically supervised injecting centre: a story of harm minimisation' (date unknown) <<https://www.uniting.org/community-impact/uniting-medically-supervised-injecting-centre--msic/history-of-uniting-msic>>

⁹ Kev Dertadian and Stephen Tomsen, 'Drug users in outer Sydney need another medically supervised drug consumption room' (online at 3 August 2018) *The Conversation* <<https://theconversation.com/drug-users-in-outer-sydney-need-another-medically-supervised-consumption-room-96463>>

¹⁰ Iskhandar Razak, 'Melbourne's safe injecting room trial saving lives but upsetting locals' (online at 20 April 2019) *ABC News* <<https://www.abc.net.au/news/2019-04-20/extended-hours-for-richmond-safe-injecting-room/11033350>>