

Attachment 1

4 November 2016

The Victorian Alcohol and Drug Association (VAADA) welcomes the opportunity provide feedback on the means of preventing heroin related mortality and harm within the North Richmond area.

Broadly, we support the notion of further examination and identification of AOD related harm 'hot spots' such as North Richmond, with a view to prioritising policies which will result in a positive impact, and a reduction in deaths and morbidity in these areas. We note that there are significant benefits in providing place based responses to cohorts experiencing high levels of AOD related harm such as these groups, for a range of reasons, are often reluctant to engage in with services. In many cases, cohorts engaged in high risk substance use will avoid support services.

Recent research indicates that current met AOD demand consists of 26% to 48% of individuals who would be appropriate for AOD treatment (Ritter et al 2015). This indicates, across Australia, that 200,000 – 500,000 people who would be appropriate for treatment are not engaging with the system. This unmet demand is contributing to preventable AOD related mortality, as well as acute health and justice related interventions. To this end, there is a need to ensure that suitable, accessible and evidence informed place-based interventions are implemented to address AOD related harms.

We will defer to the expertise of those agencies providing services within North Richmond to comment on current endeavours to reduce heroin-related harms within the City of Yarra. We would also suggest that there is a need to ascertain specific details on the recently announced 'peer workers program' and seek specifics with regard to how that program will operate within the designated locations.

We note that the issue of problematic substance use within North Richmond has been long term, and is a complex issue involving a vulnerable cohort. Firstly we need to say that some in this cohort may be averse to accessing treatment services, and may be reluctant to engage with other health and welfare services as currently configured. It is possible that they will engage with services when in crisis, such as emergency departments, and also likely to engage with particular staff, or services providing harm reduction initiatives such as Needle and Syringe Programs.

Central to reducing the heroin related harms with this cohort is the need to accept that some individuals, irrespective of the intervention, will persist in consuming substances, including heroin. To this end, it should be noted that it is highly unlikely that any solutions can entirely ameliorate these issues and therefore endeavours should reflect on, and prioritise, elements relating to harm reduction.

In light of this, we note fairly recent and commendable innovations in addressing opioid related overdose, such as the increased availability of naloxone.

Targeting specific substances does not account for the fluidity in the drug market, and the adaptability of substance users. Targeting specific substances, if effective, is likely to result in substance users taking on new substances and the associated risks. We therefore note that all contributing substances should be considered and suggest that the scope should be broadened to account for this.

We are becoming increasingly aware of an ageing cohort of substance users and the exacerbation of risk associated with overdose and older age. Pierce et al (2014) note in their study of opioid users in England,

that opioid related mortality continues into older age. This, and other demographic elements should be considered in addressing this issue.

We will, below, detail a number issues and initiatives which will reduce AOD related harms. We note that none of these measures will entirely ameliorate AOD related harms but will contribute to improving health outcomes for substance using cohorts within North Richmond.

Police responses

There is typically a fairly heavy police presence in North Richmond. It would appear that public intravenous substance use persists despite these endeavours, in light of coronial and other data detailing harms. It is likely that, in many cases, these endeavours can result in more harmful behaviour, such as the rapid (and more risky) consumption of substances, as well as issues relating to displacement. Typically, concentrated local law enforcement endeavours can drive problematic behaviour underground, and displace the issues to surrounding areas and to more dangerous and isolated local backstreets. Evidence indicates that intensive policing neither reduces AOD related harm or prevalence of use (Reuter and Pollack 2006).

Police crackdowns can also contribute to intravenous substance users consuming in secluded areas and therefore placing themselves in greater danger and being less likely to receive timely assistance in cases of overdose.

Although it is arguable that the deterrent value of local policing can result in greater harms in regions such as North Richmond, a police presence will increase the community's perception of safety. Dwyer et al (2013) in their impact study into injecting in North Richmond, detailed a number of recommendations regarding police conduct, including the need for police to minimise their presence at both NSP services as well as overdose events with which we concur.

Consumption rooms

Among health experts, there is consensus on the effectiveness of consumption rooms, such as the Medically Supervised Injecting Centre (MSIC) in Sydney, as well as those operating in Vancouver and many other places. Some findings arising from research and evaluations include:

- Reduces fatal overdose (KPMG 2010; Marshall et al 2011)
 - o Marshall et al (2011) identify a reduction of 35% in fatal overdose deaths within the vicinity of the Vancouver Supervised Injecting Centre, compared to a reduction of 9.3% across the city. We note also that there has not been a single overdose fatality occurring within the Sydney MSIC.
- Reduces public injecting (KPMG 2010)
 - o KPMG (2010) cite surveys of both business owners and residents within Kings Cross (Sydney) where they observe a significant reduction in public injecting.
- Improves amenity through a reduction in publicly discarded injecting paraphernalia (KPMG 2010; Wood et al 2005)
 - o KPMG (2010) cite surveys of both business owners and residents within Kings Cross (Sydney) where they observe a significant reduction in publicly discarded syringes
- Provides a return on investment (KPMG 2010)
 - o KPMG (2010) note that the Sydney MSIC saves at least \$658,000 per annum
- Reduces high risk injecting practices, such as sharing needles (Marshall et al 2011; SAHA 2008)
 - o Approximately 75,000 clean injections are undertaken at the Sydney MSIC per year where, in the absence of the MSIC, many of these would have been undertaken with shared equipment (SAHA 2008)

- Creates referral pathways into various health and welfare services, including AOD treatment (KPMG 2010; Small et al 2008; Marshall et al 2011)
 - o Small et al (2008) note that consumption rooms provide low threshold access to nursing staff to assist with injecting related infections ;
 - o KPMG (2010) note that 40% of those attending the Sydney MSIC have not previously accessed AOD treatment or the broader service system. This population has greater means to access the necessary services with 8,508 referrals to other services, with 3,871 being to AOD treatment services from 2001 to 2010.
- Increases accessibility for high risk service averse cohorts who often engaged in public intravenous substance use (Wood et al 2005)
 - o Wood et al (p. 128, 2005) note that individuals who frequently inject heroin (in public places) who have experienced non-fatal overdose are 'significantly associated with subsequent initiation of SIF use'

Wood et al (2006) reflect on the potential negative impacts associated with the operation of a consumption room; their study of a number of evaluations from the Vancouver SIF found drug dealing within the vicinity of the SIF did not increase and public drug use declined; crime rates did not change. Utilisation of AOD services increased and there was no change in the rates of relapse or cessation of substance use. Milloy et al (2008), in their study of the occurrence of non-fatal overdose at the Vancouver SIF, found no statistical evidence linking non-fatal overdose with utilisation of a consumption room.

It is apparent that consumption rooms reduce the likelihood of fatal overdose, reduce public substance use and publicly discarded injecting equipment. They enhance linkages between necessary services and an often service averse cohorts. They do not impact upon crime or increase drug trafficking or use. This is a necessary place-based response for a region with pre-existing and enduring substance use issues such as North Richmond.

There is a need to engage in extensive consultation with the relevant stakeholders with regard to the specific model, location and design of a consumption room within North Richmond.

Emergency Department – referral to AOD and other services

Merrall et al (2013), in their study of drug users and hospitalisation in Scotland, note that drug users rate of hospital use is twice that of the general population. Darke et al (2014) note that of individuals who have recently overdosed, 95% had overdosed previously and 90.5% were not engaged in AOD treatment programs. Each non-fatal overdose presents an opportunity for a positive intervention. Many individuals experiencing a non-fatal overdose will attend emergency departments. These individuals should have the opportunity to be appropriately referred to AOD services and /or there should be greater access to hospital-based AOD withdrawal and treatment services.

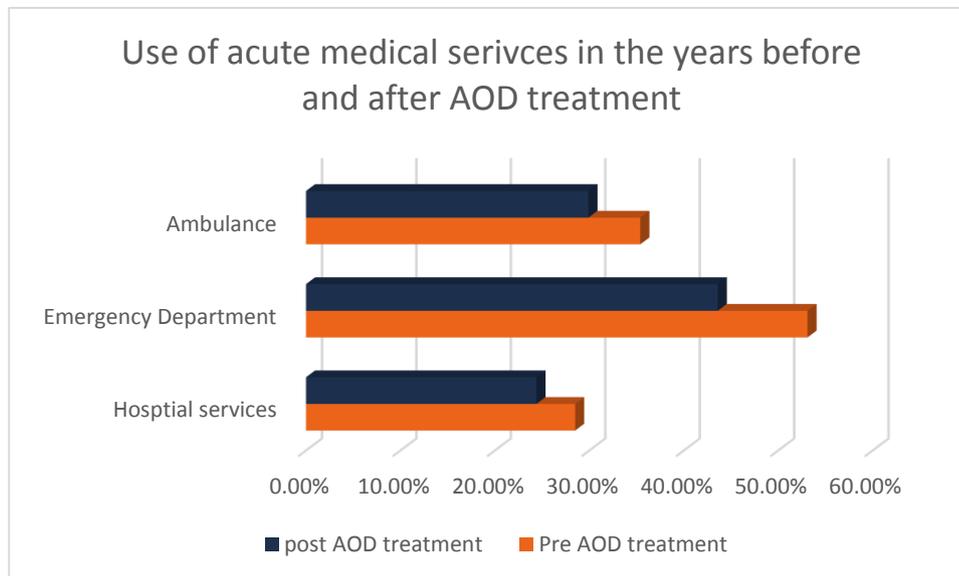
The Patient Pathway's Project (Lubman et al 2014), which follows AOD service users both prior to and post treatment, noted that service users who have accessed AOD treatment utilized less acute health services in the year after the treatment in comparison to the year leading up to the treatment:

- o Demand for hospital services among those with AOD dependence issues decreased from 28.5 to 24.4 percent for those who have, in the past year, attended AOD treatment;

- For the same population, ambulance attendances decreased from 35.4 to 29.9 percent; and
- Hospital emergency admissions decrease from 53.1 to 43.6 percent

Figure 1 reveals the positive impact of AOD treatment on acute health service demand.

Figure 1: impact of AOD treatment on acute health service demand



Lubman et al (2014) highlight the positive impact of AOD treatment on acute health service demand, noting that overall there was a 16 percent reduction in research participants requiring ambulance, ED or hospital admissions in the year post treatment. Lubman et al (2014) continue noting that this is ‘likely to reflect a substantial reduction in health care costs’.

Enhancing existing pathways between emergency department and AOD services by way of ‘step up/step down’ programs with appropriate levels of capacity to deal with demand would harness further health benefits, particularly if frequent emergency department attendees were targeted. An enhancement of relevant emergency departments within the vicinity of North Richmond to increase AOD treatment referral and capacity should be piloted and evaluated.

Peer based support programs

VAADA acknowledges the value of peer led support programs in reducing AOD related harms and therefore supports the recent announcement from the Victorian Government regarding the rollout of peer support programs in specific regions, including Yarra. We are keen to ascertain specifics relating to this program in the near future and look forward to working with government in progressing this endeavour.

Increased AOD treatment

Above, studies noted the low rate of treatment access among those who have recently experienced a non-fatal overdose. It was also noted above that there is a large portion of Australians in need of, but not accessing treatment. Recently, a state-wide survey of the Victorian AOD sector undertaken by VAADA (2016) highlighted service access as being a key challenge.

Engaging in alcohol and other drug treatment reduces acute health service demand as noted in figure one above. Reuter and Pollack (2006) note that treatment is associated with improved health outcomes, including a reduction in overdoses. Strang et al (2012) refer to studies noting that pharmacotherapy has been effective in reducing heroin use and subsequent heroin related overdose. Manning et al (2016) in their study tracing individuals through and beyond AOD treatment note that over half of the individuals demonstrated reliable reductions in use, or abstinence, from their substance of concern. Although individuals experiencing AOD dependency are more likely to die prematurely, AOD treatment is a protective factor, although there is heightened risk in some cases at the expiration of the treatment (Lloyd et al 2013). Greater levels of support following the conclusion of a treatment episode should be provided in a manner consistent with the individual's needs.

There is a clear need to ensure that AOD treatment, including pharmacotherapy, is readily available to high risk cohorts. Ongoing support beyond the expiration of the treatment episode should be provided. Individual agencies providing services within North Richmond should be consulted with regard to the composition of any additional treatment capacity.

We note that there are challenges which involve a range of solutions with the view to reducing AOD related harms. In many cases, addressing AOD related harms involves addressing the range of adverse social determinants that impact upon related cohorts through the implementation of innovative policies and programs.

Finally, we note that the voice of the substance using populations and their families should be heard throughout this process.

VAADA welcomes the opportunity to provide ongoing assistance where requested in this matter.

Sincerely,

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Victorian Alcohol and Drug Association

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