



United Voice Ambulance Section Victoria (AEA-V)



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# Inquiry into Medically Supervised Injecting Centres

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**Ambulance Employees Australia Victoria**

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## Ambulance Employees Australia Victoria Submission Inquiry into Medically Supervised Injecting Centres

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## Introduction

Ambulance Employees Australia Victoria, a section of United Voice Victoria, welcomes the opportunity to make a submission on behalf of our members regarding the Standing Committee on Legal and Social Issues Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017.

Ambulance Employees Australia Victoria represents members engaged in the ambulance industry in Victoria in both the emergency and the non-emergency patient transport (NEPT) sector. Members employed in the emergency sector are employed by Ambulance Victoria (AV).

The AEAUV is active in taking measures to reduce and prevent drug use and addiction. Most recently, General Secretary Steve McGhie was a member of the Victorian Government Ice Action Taskforce, which resulted in a comprehensive management plan aimed at combating the prevalence and use of Ice in the Victorian Community. Additionally, Assistant Secretary Danny Hill was a member of the Ice Expert Review Group on reducing violence against emergency and health workers upon emergency department presentation.

Our members employed by AV are routinely required to attend to patients who have injected drugs such as Heroin or other narcotic drugs which cause the patient to become unconscious and develop respiratory depression which can lead to death. To survive, the drug affected patient requires immediate treatment with resuscitation techniques and a drug called Naloxone which reverses the effects of the narcotic.

If the patient is immediately discovered by onlookers, friends or family and an ambulance is called, the patient is likely to survive. However if the patient is undiscovered, they are likely to develop a compromised airway, vomit into their lungs and develop slow and shallow breathing which lead to brain damage or death.

All paramedics have a strong desire to save lives and they will attend to many patients who have needlessly died when they didn't have to. On this basis alone the AEAUV is firmly in favour of measures to reduce the unnecessary death of patients under the effects of injecting drugs. In addition, there are many other benefits to the introduction of Medically Supervised Injecting Centres (MSIC).

## Background

*“When you get to a heroin OD in Victoria St and other drug users themselves have administered Naloxone prior to your arrival you know there is a problem. Injecting rooms in that precinct can't come soon enough”*

Cullen, MICA Paramedic

*“There have been some I've attended where the patient died at the scene, others where they were transported post-resuscitation to hospital and died, and others who were transported to hospital but died much later in intensive care”.*

Phil, Paramedic Educator

*“It's my personal opinion a safe injecting room can't come quick enough, safer for patients and safer for us. We all know there have been numerous deaths, but let's not forget the numerous patients who end up with acquired brain injuries requiring long term care”.*

Alex, MICA Paramedic

*“Yes. They have worked really well in Sydney for over a decade now. They're staffed by nurses and provide a safe and supervised area for IV drug use and most importantly decrease the reliance on the ambulance service with OD's. I was working as a paramedic in Kings Cross (Syd) when they were introduced and there was a massive decrease in call outs to Heroin OD's”.*

Jamie, Paramedic

*“It's all about harm minimization. Access to clean needles, sharps disposal, medical assistance and supervision and education and access to drug rehab programs. It's a win/win situation for everyone and proven to work overseas”.*

Chris, Paramedic

## Paramedic Safety

Every day paramedics throughout Victoria attend countless jobs where drugs and alcohol have been key factors in the emergency. At these jobs paramedics will often be exposed to blood products or discarded needles on the scene both of which put the paramedic in danger of contracting blood borne diseases such as hepatitis.

**Case study 1:** Lucy began her career as a paramedic in 2008 in Melbourne. She is married to another paramedic and together they have two children. In October last year Lucy attended a patient in South Yarra who had overdosed on Heroin and a number of other drugs. He was found unconscious and breathing ineffectively by his friends who had also used Heroin. Lucy is experienced with these cases and took all necessary precautions. She used a torch to look for needles on the ground before kneeling beside the patient in the pitch black. She carefully cut the patients sleeve of his jacket in order to take the patients' blood pressure. When friends of the patient presented Lucy with a paper bag full of drugs that the patient had used she refused to touch it, instead she asked the bystander to pour the contents out safely so she could see what was in it without risking touching any needles. The crew treated the patient by securing an airway, performing ventilations and administering Naloxone (Narcan). The crew ventilated the patient for several minutes before administering Narcan to reduce cerebral hypoxia (this helps prevent the patient from becoming violent when Narcan suddenly reverses the effects of Narcotics).

Despite Lucy's efforts to ensure her own safety, disaster struck while sliding the patient up the stretcher. She carefully placed her gloved hand under the patient's armpit and she felt a sharp sting on a fingertip. The patient had an uncapped needle floating somewhere in their clothing and even when grabbing the patient under the armpit she received a needle-stick injury.

The patient was transported to hospital where Lucy was also triaged by nursing staff. She received precautionary blood tests, as did the patient. The hospital confirmed the patient had Hepatitis C and Human Immunodeficiency Virus (HIV). Nearly six months later, Lucy is still undergoing tests to determine if she has contracted either of these conditions.

Lucy's story is an example of one of several needle-stick injuries that occur each year in the paramedic workforce. Paramedics are trained from their first day on road to be aware of dangers including "sharps". Their own use of needles is treated with similar caution to that their use of a defibrillator. Paramedics will call "sharp out" before unsheathing a needle in the same way they call "clear" before a patient is defibrillated. Used needles are never recapped and are always placed directly into a sharps container.

Despite these efforts every year several paramedics suffer accidental needle-stick injuries as a result of discarded uncapped syringes being left in the vicinity of the patient. This requires the paramedic undergoing an exhaustive and draining process of being tested for diseases such as Hepatitis C and HIV.

**Case Study 2:** Nathan had been a paramedic for 4 years when he and his partner were dispatched to a male patient who had overdosed on Heroin on a Friday afternoon on an empty block of land in a new estate on the outskirts of Melbourne. When the ambulance arrived the patient was blue and barely breathing with vomit in his airway. No needles could be found. Nathan and his partner noticed a small car parked down the street with its occupants watching on carefully. The crew went to work securing the patients airway, suctioned away the vomit and ventilating him and administering Narcan after several minutes of ventilation.

The patient responded well to the Narcan and awoke soon after. At that stage he wasn't aggressive and even thanked Nathan and his partner and was provided with oxygen while he recovered. After several minutes the small car parked up the street moved up to the scene and a man and a woman who both appeared drug affected approached. They too were non-aggressive and assisted the patient to his feet. After several minutes of polite discussion the patient began to feel unwell and vomited several times. Nathan explained that it was the effects of the sudden withdrawal of the drugs he had taken. The patient became angry and shouted "no it's that shit you gave me". The patient was clearly agitated and aggressive and Nathan could hear him muttering threatening comments quietly towards the crew. The drug affected bystanders attempted to assist and calm the patient but he responded aggressively towards them and violently shoved the man away. He wandered to the back of the vacant block and the crew used this opportunity to gather their gear and withdraw from the area.

Nathan's story is a common occurrence for paramedics who are called to resuscitate an overdose patient. The sudden deactivation of the Narcotic causes the patient to develop agitation, sweating, nausea, vomiting and occasionally tremor and convulsions. Depending on the amount of time the patient has been unconscious their brain may have been starved of oxygen so they are often confused, irrational and combative. Many paramedics have been assaulted after resuscitating overdose patients.

The AEAU believes that the safety of emergency crews and bystanders attending overdose patients must be considered in this review. The introduction of a Medically Supervised Injecting Centre will assist in reducing the careless and unnecessary discarding of needles and syringes which are often located in close proximity to the patient being treated by paramedics, emergency crews and bystanders. It will also reduce circumstances where overdose patients are suddenly woken and become violent towards paramedics.

## Community Safety

While 170 deaths related to drug overdoses occurred in 2016, there are numerous other common health outcomes that are tragic and a significant burden to the health care system that result from drug overdoses. They are also preventable.

### *Acquired Brain Injury (ABI)*

Narcotics cause respiratory problems with decreased respiration rates and tidal volume and compromised airways. Lack of oxygen to the brain can lead to severe permanent brain injury in overdose survivors. Patients with an acquired brain injury (ABI) often spend significant time in an intensive care unit (ICU) followed by a long period of rehabilitation and ongoing care which can range from short term low-level care to full-time high-level care for the remainder of the patient's life. The condition can also prevent a patient from working, social interaction or basic self-care tasks such as showering or eating. The time the patient is unconscious can directly correspond to the severity of brain injury. If these patients were to inject in an MSIC, early airway assistance, supplementary oxygen, ventilation and Naloxone could be administered in which case none of these patients would be likely to develop an ABI.

### *Aspiration leading to lung and blood infections*

Airway compromise is a common side effect of Narcotic drugs. Overdose patients lose the ability to maintain their own airway and obstruction is a strong possibility. Vomiting is also anticipated in any unconscious patient. This combination can cause the patient to effectively inhale or leak vomitus into their lungs. Such a condition is known as aspiration and may lead to significant lung issues such as recurring infections and pneumonia. It is possible that patients in this situation would require further hospitalisation, multiple chest x-rays and other diagnostic scans with worst case scenarios requiring ICU admission for serious respiratory infections. Administering Narcan by MSIC staff as soon as the patient loses airway control would prevent the patient deteriorating to the point that they can aspirate their vomit into their lungs.

### *IV Infections*

Health Care Professionals take copious precautions and follow strict guidelines to prevent contamination of intravenous injection sites. The outdoors is an uncontrolled and often unhygienic environment and with patients injecting in the open environment, they subject themselves to the risk of infections. IV infections can lead to necrosis (death of tissue) requiring amputation of limbs or time in a hyperbaric chamber or sepsis (blood infection) requiring strong antibiotics. By providing products such as alcohol swabs and clean needles, the risk of acquiring such infections can be minimised and care in managing the damaging effects of these classes of infections can be reduced.

### *Blood Borne Diseases*

Australian government statistics suggest that 81% of hepatitis C infections within Australia are transmitted through unsafe injecting practices. With this in mind it appears obvious that safe injecting rooms will greatly decrease the amount of Hepatitis C within the community and therefore the risk to all healthcare professionals.<sup>[2]</sup> The transmission of blood borne diseases also a high toll on the health care systems. Patient's suffering from these diseases often cannot be cured and require lifelong treatment by medical practitioners. These patients are also more susceptible to other infections meaning that infections that would normally not affect a health individual can potentially lead to death. A person with a blood-borne disease such as Hepatitis C or HIV will often require intensive management and even hospitalisation to combat the effects of common illnesses that would otherwise not require a person to attend a medical practitioner.

Research published from the United States has found that high risk drug users, typically the group who are most inclined to share needles or leave discarded needles in public, are also the group most likely to use safe injecting rooms. This not only prevents high risk behaviour but helps to manage the risk to the community of needles being left in public places.<sup>[3]</sup> This has also been the experience of communities in Sydney where safe injecting rooms have been implemented. 5 years after their establishment in Sydney a survey of local residents found that 75% had noticed a decrease in discarded needles and 90% believed the facility is a benefit to their community.<sup>[4]</sup>

In the past there has been concern from the community about the location of safe injecting rooms and increases in drug related crime and public drug use. However large scale studies have found the opposite to be true. Evidence from Sydney and other locations where safe injecting rooms have been established have found that they are associated with a marked decrease in public drug injections and dropped syringes and made no change to crime rates in the areas.<sup>[5]</sup>

## Drug Education

Safe injecting facilities offer several other important functions for the community. Arguably one of the most important of these is to provide health education and screening to a community group that largely feel stigmatised in mainstream medical facilities.

IV drug users are a population within our community that traditionally have poor health. IV drug users who practice unsafe injecting are at a significantly higher risk of developing infections of their veins and the injection sites. This same population group report to our members that they feel stigmatised at their local GP or hospital, causing them to avoid treatment. Infections can then become necrotic or users can develop sepsis. Not only would education on safe injecting decrease the chances of this occurring, but should a user develop an infection, staff at the facility could refer the user to medical assistance and explain the risk of allowing the infection to spread and fester.

Another important aspect of education is to receive feedback and warnings from the drug using community about the quality of drugs currently available in the area. Both the potency and purity of substances used by this community can differ dramatically day by day. A quantity that may be effective for a user one day could kill them the next and it is not uncommon for our members to see a sharp rise in overdoses occur within a short period of time. A focal community place where users could be warned of this would not only save lives but likely decrease the drain on ambulance resources that occur during these increased spates of overdose.

Safe injecting facilities have also in the past been used as a community outreach to distribute literature on sexual health, mental health and drug rehabilitation centres. For users, it is vital that if they decide to change their behaviours and lifestyle that they have information on the various programs available easily. In the A.C.T, outreach programs like this have even seen users develop peer support networks amongst themselves. These networks have further provided education on safe injecting practices as well as promoting positive mental and general health. One such program in the A.C.T known as C.A.H.M.A (Canberra Alliance for Harm Minimisation & Advocacy) was crucial in a recent government initiative to train users in the administration of Naloxone, a lifesaving treatment for heroin overdose. Naloxone training done elsewhere has seen almost half of participants utilise the lifesaving treatment saving many lives and medical resources.<sup>[6]</sup>

## Recommendation

The AEAV recommends the Victorian Government introduce a Medically Supervised Injecting Centre in the North Richmond area.

## Conclusion

There were 170 drug overdose deaths in Victoria in 2016. Of these, 34 were in the City of Yarra with 20 of these in North Richmond. Despite the best efforts of current services, people are still dying in unacceptable numbers. The AEAV recently conducted an online poll of AEAV Delegates who were asked the question “How many times have you attended a death as a result of an injected drug overdose?” Of 61 responses 8 stated they had never attended a death related to an injected drug overdose, 2 paramedics had attended 1 death, 3 paramedics had attended 2 deaths, 4 paramedics had attended 3 deaths, 35 paramedics had attended more than 5 deaths and 9 stated they had attended so many they had lost count.

There have not been any deaths from a drug overdose in any of the 90 Medically Supervised Injection Centres operating in the world. The first opened in 1986. North Richmond needle exchange distributes 70,000 syringes each month. If all the people using this equipment had instead injected drugs in a supervised facility, none would have died from a drug overdose. A Medically Supervised Injection Centre was opened in Kings Cross, Sydney in 2001. After around one million injections, there have been 6,500 drug overdoses but no one has died.

Many health issues associated with higher morbidity relating to IV drug use can be prevented with clear advice and very early intervention from supervising staff in a clean and controlled environment. Continuous monitoring of patients who have overdosed would also potentially eliminate the need of ambulance transport or Accident and Emergency department presentations allowing for ambulances to respond to the community and hospital beds to remain open to other Victorians. IV drug users are a community for whom both drug and health education is crucial. Users would greatly benefit from these services being provided at a Medically Supervised Injecting Centre, likely resulting in many lives being saved and countless medical resources being freed up for the broader community.

The bold step of introducing a Medically Supervised Injecting Centre in North Richmond would save lives, reduce serious drug related injury and illness, reduce needle-stick injuries on emergency crews, reduce infectious disease through intravenous injection and improve drug education and access to outreach for serious drug addicts. For these reasons the AEAV on behalf of its members recommend that it be introduced as soon as possible.

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