



Victorian Parliamentary Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017

19 April 2017

VHA Recommendations

That the Government:

- Implement a time limited trial of an integrated supervised injecting facility (SIF) similar to that recommended by Coroner Jacqui Hawkins at a site where there is significant drug trade and consumption of heroin. The facility should offer a range of services in addition to supervised injecting including (but not limited to) medical care, pharmacotherapy, referral to drug rehabilitation, housing, legal and other support services.
- Give consideration to this trial being part of a research study examining the operational and clinical benefits of operating a SIF in a Victorian context.
- Plan for a wider implementation of SIFs in areas of need across metropolitan Melbourne and regional Victoria at the conclusion of this trial.

Background

Health and social problems related to heroin consumption

The Victorian Healthcare Association (VHA) is pleased to present our submission to the Victorian Parliamentary Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017.

The VHA and our members are concerned that appropriate strategies to minimise the harmful effects of heroin consumption which results in significant loss of life, injury, illness and use of substantial health resources are implemented to better support heroin users.



Heroin consumption is a high risk activity and one of its most common side-effects is overdose.¹ In 2015, heroin overdose accounted for 172 deaths in Victoria and in the City of Yarra, where the problem is worse than in any other Victorian municipality, there was a fatal overdose more than once every three weeks.²

The problems associated with heroin use are significant for health services. In 2010/11, over 1500 hospitalisations attributable to opioid consumption were reported in Victoria, and Ambulance Victoria attended over 1200 non-fatal heroin overdoses in metropolitan Melbourne.³

It is in this environment that many community health services commit significant resources and employ a range of strategies including needle and syringe programs, outreach services, naloxone distribution and education to support this marginalised and difficult to reach group.⁴

The VHA believes that the Victorian Government should carefully consider the implementation of a trial of a supervised injection facility to improve health outcomes and reduce deaths from heroin overdose, facilitate more efficient use of health care resources and improve public safety.

Prevalence and types of supervised injecting facilities (SIFs)

SIFs have existed in Europe for over 30 years and were initially created to combat the spread of blood borne diseases such as Human Immunodeficiency Virus (HIV) and Hepatitis C.⁵ In 2016, there were 90 SIFs worldwide.⁶

There are two main types of SIFs:⁷

- Specialised SIFs that are usually part of a larger facility and offer other services such as needle and syringe programs and medical care, and can act as referral points to drug rehabilitation.⁸

¹ State Government of Victoria. Better Health Channel. Heroin. <https://www.betterhealth.vic.gov.au/health/healthyliving/heroin> Accessed 6/4/17

² Coroners Court of Victoria. Finding Inquest into the death of Ms.A. <http://www.coronerscourt.vic.gov.au/home/coroners+written+findings/findings+-+241816+ms+a>. Accessed 31/3/17

³ State Government of Victoria. The Victorian Drug Statistics Handbook. Report No 14. Patterns of Drug Use and related harm in Victoria for the period July 2010 to June 2011

⁴ Coroners Court of Victoria. op.cit. Pg. 9

⁵ Lingle, C.A (2011). A critical review of the effectiveness of safe injection facilities as a harm reduction strategy. Indiana University of Pennsylvania

⁶ Harm Reduction International (2016). Global State of Harm Reduction Overview. <https://www.hri.global/contents/1739>, page 18.

⁷ Lingle, C.A (2011). op.cit. Pg. 10

⁸ Lingle, C.A (2011). op.cit. Pg. 10



- Integrated SIFs, which are usually part of a larger network of services for users and homeless people in addition to providing supervision for drug consumption.⁹

Benefits of Safe Injection Facilities including the facility at Kings Cross

Health Benefits

The only facility in Australia is a specialised SIF which opened in 2001 in Kings Cross. The Kings Cross facility provides a clean and safe environment for consumption of injectable drugs under the supervision of a health professional who can also intervene quickly in the event of an overdose, access to clean injecting equipment and a place for disposal,¹⁰ and education about safe injecting practices.

The most compelling reason to trial a safe injecting facility in Melbourne is that it will save lives of heroin users that experience overdose. From 2001–2010, the Kings Cross SIF managed 3000 overdoses from which there were no reported deaths within the facility¹¹ and similar outcomes have been reported in other studied SIFs around the world.¹² The main reason for this was that overdoses could be managed quickly before symptoms progressed. Similarly, in the safe environment offered by the SIF, users had more time to consume the drug, reducing the possibility of overdose.¹³

Education provided by staff at the Kings Cross SIF has led to safer injection practices, reduced sharing of needles and users being able to better recognise the signs of overdose in themselves and others.¹⁴ Similarly, there were also fewer reported notifications of both Hepatitis C and HIV in the Kings Cross postcode and increased knowledge of their transmission by clients using the SIF.¹⁵

⁹ Lingle, C.A (2011). op.cit. Pg. 10

¹⁰ NSW Health. Further evaluation of the Medically Supervised Injecting Centre during the extended Trial period (2007-2011). www.health.nsw.gov.au/mentalhealth/programs/da/Documents/msic-kpmg.pdf Accessed 31/3/17

¹¹ NSW Health. op cit Pg ix (Executive Summary) & Pg 10

¹² Lingle, C.A (2011). op.cit. Pg. 25-26

¹³ Stoltz, J.A; Wood, E; Small, W; Li, K; Tyndall, M; Mintaner, J; & Kerr, T. (2007) Changes in injecting practices associated with the use of a medically supervised safer injection facility. *Journal of Public health (Oxf)*. 29(1): 25-39. cited in Lingle, C.A (2011). op.cit. Pg. 23-24

¹⁴ NSW Health. op cit. Pg 11

¹⁵ NSW Health. op cit. Pg xi (Executive Summary)



More efficient use of health system resources

Our members report that the first responders to many overdoses are staff of community health services who often reach the patient before ambulance services. This response can require the presence of up to ten staff¹⁶ who are diverted from their other (usually clinical) activities.

There is an opportunity cost associated with this response – scheduled clinical and non-clinical services are either interrupted or cannot be provided in this time, and the cost is borne by the organisation, general practitioners, other clinicians and the community. There are also significant costs associated with responses by emergency services such as ambulances and the fire brigade.

Indeed, North Richmond Community Health Service responded to 56 overdoses in 2015¹⁷ resulting in significant disruption to services. Overdoses require an emergency response. However, community based organisations are neither set up nor funded to operate like hospital emergency departments or ambulance services. These situations can be traumatic and dangerous for attending staff as there are often friends and family of the overdose patient present, some of whom may also be drug affected.

The Victorian Government has increased its focus on the safety and security of Victoria's frontline clinical workforce for which it is to be commended and implementing measures to reduce the likelihood of their exposure to these difficult situations will be a further step in the right direction.

The evaluation of the Kings Cross facility demonstrates significant cost benefits of allowing users to inject heroin in supervised facilities compared to relying solely on measures such as needle and syringe programs, training of community members in the administration of naloxone, education and direct emergency intervention (although these methods should all be retained if a SIF is introduced).¹⁸ Experience at the Kings Cross facility showed that quick intervention saved lives in many overdose situations which also reduced the number of overdose-related ambulance call outs required during the opening hours of the SIF.¹⁹

The Kings Cross facility has referred many heroin users into important health and social services such as drug rehabilitation, housing and legal supports.²⁰ This is often a slow process. Heroin users are often amongst the most marginalised and

¹⁶ Coroners Court of Victoria. op cit. Pg 13

¹⁷ Coroners Court of Victoria. op cit. Pg 13

¹⁸ NSW Health. op cit. Pg192-193

¹⁹ Harm Reduction International. op cit. Pg 117

²⁰ NSW Health. op cit. Pg x (Executive Summary) and Pg 20



vulnerable members of our society. Many have not engaged with treatment services before commencing engagement with a SIF. On average, it takes over three years for users to commence rehabilitation services in New South Wales.²¹ Impressively, the Kings Cross facility was able to refer almost 1000 patients annually on average to support services include drug rehabilitation²² between 2001 and 2010 and regular contact with the facility undoubtedly facilitated this outcome.²³

Increased Community Safety

There is often a fear that the introduction of a safe injecting facility into an area will have a “honey pot” effect attracting further drug trade and crime. However, evaluation of the Kings Cross facility does not bear testament to these fears.²⁴

There is usually a short period of time from the purchase to self-administration of heroin for most users, leading to consumption of drugs in public areas. Since the commencement of the SIF in Kings Cross, local residents reported seeing less frequent public injecting and a slight reduction in presence of needles in public areas and there was no reported increase in crime activity in the local area.²⁵

People living in areas of significant heroin trade such as North Richmond regularly report observing public drug consumption, discovery of needles, drug dealing, ambulance responses and discovery of people experiencing overdose in places such as restaurant toilets.²⁶ They also describe feelings of anxiety about loss of safety and lament whether the presence of a SIF could possibly make things any worse.²⁷ Interestingly, support for the SIF in Kings Cross from its local community, businesses and health services has remained strong since it first opened.²⁸

There are concerns that reorienting the response to the harmful effects of heroin trade and consumption towards a more harm reduction approach may be sending the wrong message by encouraging drug use. However, focusing on harm reduction

²¹ Ross, Teeson, Darke et al, 2004. Cited in Chambers,J; Ritter,A; Heffernan,M; and McDonnell (2009). Modelling pharmacotherapy maintenance in Australia: exploring affordability, availability, accessibility and quality using system dynamics: A report prepared for the Australian National Council on Drugs. Cited in NSW Health. Further evaluation of the Medically Supervised Injecting Centre during the extended Trial period (2007-2011). www.health.nsw.gov.au/mentalhealth/programs/da/Documents/msic-kpmg.pdf Accessed 31/3/17

²² NSW Health. op cit. Pg x (Executive Summary) and Pg 20

²³ NSW Health. op cit. Pg x (Executive Summary) and Pg 20

²⁴ NSW Health. op cit. Pg ix (Executive Summary) and Pg 4

²⁵ NSW Health. op cit. Pg ix (Executive Summary) and Pg 161-168

²⁶ Cage, Carolyn. (2017) Richmond’s heroin problem has gone from tragic to absurd.

<http://www.smh.com.au/comment/richmonds-heroin-problem-has-gone-from-tragic-to-absurd-20170404-gvdd1q.html> Accessed 7/4/17

²⁷ Cage, Carolyn. op cit.

²⁸ NSW Health. op cit. Pg 171-172



methods such as the introduction of a SIF would represent a pragmatic, evidence based approach that has significant community support in some areas of high heroin activity and experience of the Kings Cross facility demonstrates that a new SIF would likely evolve into a critical piece of health and social welfare infrastructure that would win further community support.

In addition, such a facility will also be strongly supported by intravenous drug users. Indeed, our members inform us that users that attend their services can't believe that there isn't a supervised injecting facility already in place.

VHA Recommendations

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About the VHA

The VHA is the not-for-profit peak body supporting Victoria's public health and community services to deliver high quality care. We represent public sector health services, hospitals, registered community health services, multi-purpose services, and bush nursing services.

1. Further information

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