



Medically supervised injecting room trial

Review panel summary

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The Victoria Government established a trial of a Medically Supervised Injecting Room (MSIR) and it is saving lives. In its first 18 months of operation, MSIR staff safely managed 2,657 overdoses, many of which may have been fatal or resulted in serious injury if they had happened outside the facility. Clients have made 119,223 visits to the MSIR, with 116,802 injections supervised.

Drug use has been an issue the North Richmond community has grappled with for decades. In 2015, 35 people died from overdoses from heroin purchased or used in the City of Yarra.

The MSIR, which is part of a health facility, has also seen more than a third of clients request support for other health services, and almost a quarter of clients express an interest in alcohol and other drug treatment.

Other health and social support services, including primary health, oral health and legal services, are also being well used. Many clients have been referred to housing and mental health care providers to address co-occurring and complex needs.

There has been a necessary and increasing effort to improve the local environment and community perceptions of safety as the trial has gone on.

Why have a Medically Supervised Injecting Room?

A medically supervised injecting room (MSIR) provides a safer place for people to inject drugs of dependence in a supervised health setting. It is an alternative to injecting at home or in public, where people are more likely to die, suffer other harms from drug use, and raise risks and concerns for family members or the general public. MSIRs can also be a gateway that helps people who inject drugs access other health and social support services, including drug treatment and rehabilitation.

The first supervised injecting facility was opened in Switzerland in the 1980s. There are now more than 100 worldwide, mostly in Europe. There are also more than 20 approved facilities in Canada and one in Sydney, New South Wales, which has operated since 2001.

The decision to trial a MSIR was informed by international evidence, recommendations from a parliamentary inquiry and support from a wide range of stakeholders including coroners, medical experts, first-responder agencies and members of the community.

The City of Yarra, which includes North Richmond, is the Victorian local government area with the highest frequency of heroin-related deaths over nine years (2009–2018).

The MSIR trial is located at the North Richmond Community Health site on Lennox Street. It was established to prevent deaths and harm by responding to overdoses, and where possible, link people who inject drugs with health and social services, treatment and support.

What has been trialled?

To ensure a thorough and effective trial, the MSIR was licenced for an initial two-year period. There is an option to extend the licence for up to three more years.

A transitional facility opened in June 2018, while a larger facility was being constructed. The larger facility opened in July 2019 and has more room for supervised injecting, health and social support services. The larger facility allows up to 20 clients to access supervised injecting services at once and provides on-site access to alcohol and other drug treatment, primary care, oral health, blood borne virus treatment, mental health support, housing and homelessness services and legal support.

An independent panel of experts was appointed by the Minister for Mental Health to review the operation and use of the MSIR, results during the trial against the stated objectives and the operation of the legislation and regulations.

The objectives of the trial are ambitious. Unlike other trials, it aims to improve amenity as well as saving lives and reducing harms for people who inject drugs. It has also occurred in the context of high heroin availability, unlike the Sydney trial which saw this decline after the trial began.

The key objectives are:

- to reduce deaths and harm caused by overdoses
- to provide a gateway to health and social assistance
- to reduce attendances by ambulance and other services and at hospitals due to overdoses
- to reduce public injecting and discarded needles and syringes
- to improve neighbourhood amenity near the MSIR
- to assist in reducing the spread of blood-borne diseases for clients.

The panel was chaired by Professor Margaret Hamilton AO. Professor Hamilton has more than 45 years of experience in the alcohol and drug field, including clinical work, education, research and policy development. Mr John Ryan (CEO, Penington Institute) and Associate Professor Ruth Vine (former Chief Psychiatrist) were also on the panel. Previous members of the panel were Associate Professor Alex Cockram (former CEO, Western Health) and Mr Ken Lay AO, APM (former Chief Commissioner, Victoria Police). The information available for the panel covered only the first 18 months of MSIR service (to the end of December 2019).

What were the review panel's key findings?

The panel examined a wide range of data and evidence, including data on MSIR services, ambulance visits and surveys of local residents and businesses to understand community attitudes. The panel also spoke to MSIR service users and staff and met with a number of community groups.

After the first 18 months of the trial, the panel found that North Richmond Community Health successfully implemented a medically supervised injecting room, noting that implementation remains a work in progress. The trial succeeded in most of its objectives:

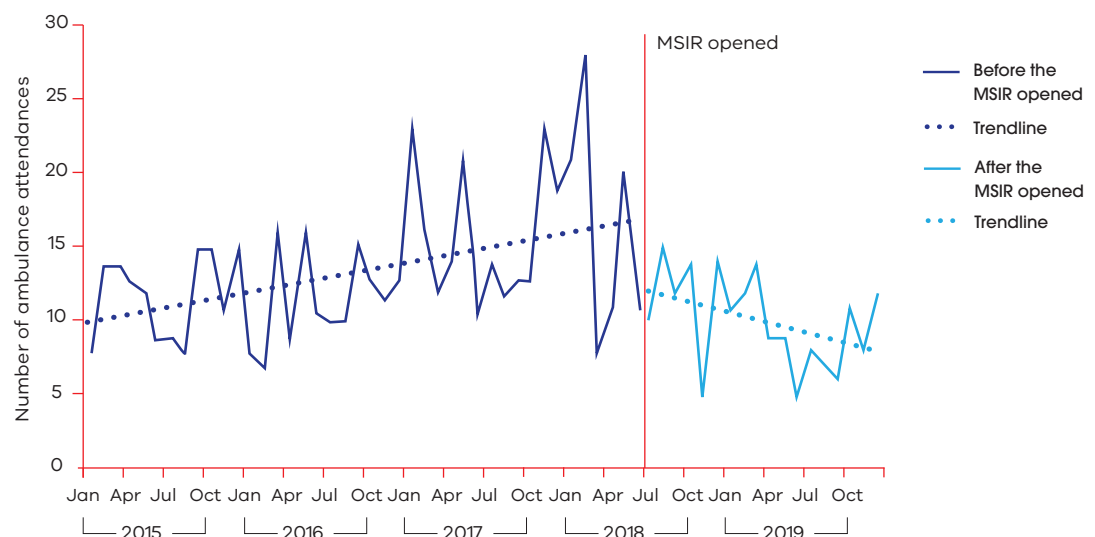
- The MSIR has had 119,223 visits in the first eighteen months, making it one of the busiest in the world.
- There have been no overdose deaths in the MSIR, despite 271 extremely serious overdose incidents.
- While it is not possible to say with certainty how many people would have died without the MSIR, international approaches to modelling suggest at least 21 – 27 lives have been saved.
- There has been a reduction in ambulance attendances due to overdoses.
- There has been a reduction in reports of public injecting.
- Many MSIR service users have accessed other health and support services.
- The MSIR has provided screening, assessment and treatment initiation for blood-borne infections.

Some of the objectives of the trial had not been achieved by the end of 2019:

- amenity had not improved
- local people's perception of discarded injecting equipment had not reduced.

Reducing overdoses in the vicinity of the MSIR

Figure: Ambulance attendances where naloxone was administered by paramedics within 1km of the MSIR during MSIR opening hours, number and trendline before and after the MSIR opened, January 2015 to December 2019.



What are the review panel's key recommendations?

Given that North Richmond has long been a major site of heroin use and related harms in Victoria, and that the trial has successfully reduced deaths and harm caused by overdoses for service users, the panel recommend that government continue the trial of the Medically Supervised Injecting Room at North Richmond Community Health for a further three years.

The panel were concerned that a single location cannot effectively address all needs for such a service in a city the size of Melbourne. Therefore, the panel recommend that the government expand the current trial to include another supervised injecting service in an appropriate location. 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.

There has been an increasing effort to improve the local environment and community perceptions of safety as the trial has gone on. While many of these concerns predate the trial, it is clear that more needs to be done. The panel recommend that government work more closely with the local community to improve the local environment, in partnership with Victoria Police, local services and Yarra City Council.

Recommendations

Based on these findings, the Panel recommends that:

1. The medically supervised injecting room (MSIR) trial at North Richmond Community Health (NRCH) continues in order to allow it to operate for the possible full duration of the licence (three further years).
2. The MSIR operates with no more than 20 injecting booth positions to ensure ongoing effective management in this high-acuity health setting for the duration of the trial.
3. Based on demand and international experience, the Victorian Government expands the current trial to include another supervised injecting service in an appropriate location within the City of Melbourne.¹ Trialling further services in this period could help manage demand, potentially save a greater number of lives and would allow an opportunity to test effectiveness in different locations as well as trial another model of supervised injecting facility in Victoria.
4. The Department of Health and Human Services continues to lead the MSIR trial as a health response with coordination support from the Department of Justice and Community Safety to ensure that both health and community needs are considered as the trial evolves to improve real and perceived levels of community safety.
5. The Victorian Government works with local government and the community to continue to develop local safety and amenity, including formalising the role of the existing roundtable to be responsible for community engagement, community safety and coordination of relevant services. This should include representatives from at least the Department of Health and Human Services, Victoria Police, Yarra City Council, local service providers (including the MSIR) and the local community.
6. The licensee of any supervised injecting service be proactive in engaging and communicating with the local community and key stakeholders on issues that may potentially affect the community.
7. There be more emphasis on place management, including in the vicinity of the MSIR, with a clear understanding among staff, service users and community members that disturbing and antisocial behaviour will not be tolerated. Visible community policing is required in areas of active drug trafficking to increase the experience and perception of community safety.

¹ This recommendation is based on the international research and experience described in this report, patterns of overdose-related deaths in non-residential locations, ambulance attendance involving the provision of naloxone, publicly available crime data and the Panel's own knowledge and insights into street-based injecting activity in Victoria. Consideration of a local government area for another service was not originally part of the terms of reference for this review; however, in recommending another supervised injecting service, the Panel agreed to provide additional advice regarding location.

8. The model of care be further considered, including:
 - the requirement for medical supervision since clinical (nursing) oversight could achieve the same level of safety more efficiently
 - the current hours of operation to best match demand for the service
 - enhancing the access to and availability of care coordination in areas such as mental health, housing and drug dependence treatment.
9. The Victorian Government continues to monitor the implementation of the recommendations of the NRHC Alcohol and Other Drug Review, recognising that further refinement in policy or practice may be required.
10. Further reviews associated with establishing any MSIRs be conducted, with a report to be submitted at least six months before the potential expiry of any licence. This should draw on performance monitoring data from within the service and focus particularly on local amenity planning and implementation, and the experience and perception of local community members.
11. Funding is provided to enable ongoing provision of services that meet the needs of injecting room users.
12. Statewide drug-related patterns of use and harms continue to be monitored through analyses of data such as ambulance attendance, the provision of naloxone and deaths involving heroin and other injectable drugs. This could usefully include use of qualitative research methodologies in locations where evidence indicates high levels of activity related to injecting drugs.
13. Harm reduction initiatives continue to be provided to those areas and people experiencing most harm, such as by expanding overdose response training and the direct provision of naloxone including through needle and syringe programs and in prisons, detoxification and rehabilitation settings and other relevant services.
14. The Victorian Government monitors the impact of current exclusion criteria on access for vulnerable populations with a view to reviewing their suitability for an MSIR.

