

The evolution of Supervised Injecting Facilities in Australia - A tale of three cities

Symposium authors:

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Aim: This symposium will provide an overview of supervised injecting facilities (SIFs) in Australia including political context, media coverage, key achievements, and the ongoing challenges they face. A summary of the international context will be presented followed by the Australian context, examining SIFs at three very different stages of evolution. Moving from; a) 20 years continuous operation at the Uniting Medically Supervised Injecting Centre (MSIC) in New South Wales (NSW); to b) the first years of service at the Melbourne Supervised Injecting Room (MSIR) in Victoria (VIC); to c) the feasibility study recently conducted in the Australian Capital Territory (ACT).

PRESENTATION 1:

Brief Introduction of SIFs internationally

Presenting Author: Amanda Roxburgh (2-3 mins)

Introduction: The first SIF was established in 1986 in Switzerland. Since then, many more have opened across Europe and beyond.

Approach: Narrative synthesis of SIF implementation internationally.

Key Findings: There are currently over 120 SIFs worldwide. In response to the opioid crisis and unprecedented numbers of overdose deaths in North America, Canada has established the largest number of SIFs, representing approximately one-third of all SIFs internationally. The first facility in Australia opened in 2001 and represented the first in the Southern hemisphere.

Discussion and Conclusions: Many factors support the establishment of SIFs including; 1) a local push to improve public amenity; 2) high rates of overdose and public injecting; 3) local resident and business endorsement; 4) local political support, at both local government and state government levels, and 5) key high profile support. One challenge arising for almost every SIF in existence is deciding the physical location.

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PRESENTATION 2:

MSIC celebrates 20th birthday 2021, NSW

Presenting Author: Marianne Jauncey (10 mins)

Introduction: Uniting MSIC was the first SIF in the Southern hemisphere and operated as a trial for nearly a decade. The service has survived sustained media and political attacks, legal challenges, and opposition from national (the Prime Minister in office at the time) and international (the Vatican and International Narcotics Control Board) organisations. Learnings from 20 years of operation will be explored.

Approach: Narrative synthesis of the MSIC challenges and achievements.

Key Findings: In 2021, MSIC marked two decades of operation, supervising more than 1.2 million injections, managing over 10, 600 overdoses without a death, and providing over 19,000 referrals to treatment/other services. Since opening, the MSIC has achieved more than operational success, enhancing services to benefit clients. They have created a consumer group and an annual art exhibition of client work; sourced funding for a mental health coordinator, achieved bipartisan political support, overseen an increase in support from local businesses and residents, collaborated on a diverse range of research and training programs with partner organisations, and assisted their auspicing organisation, Uniting, to actively campaign for drug law reform.

Discussion and Conclusions: A complex range of factors have enabled these achievements. These include being auspiced by a faith-based organisation (Uniting), funding from the confiscated proceeds of crime, extensive engagement and genuine partnership with key stakeholders, crucial political support, support from local community and local police, and a willingness to be flexible and adapt as necessary.

Implications for Practice or Policy: The MSIC continues work with partners in; 1) progressing the drug law reform conversation; 2) improving community support for harm reduction and SIFs; 3) providing expertise to inform establishment of additional facilities in Australia; and 4) reducing the stigma surrounding drugs.

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PRESENTATION 3:

Three years of operation at the MSIR in Victoria

Presenting Author: Nico Clark (10 mins)

Introduction: From 2009-2015, Melbourne's City of Yarra recorded the highest number of fatal heroin overdoses across Victorian local government areas, prompting calls for a SIF trial to reduce these harms and increase public amenity. Following a parliamentary inquiry, the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Act 2017 was enacted, and Victoria's first Medically Supervised Injecting Room (MSIR) commenced operations in June 2018.

Approach: Narrative synthesis of the challenges and achievements to date at the MSIR.

Key Findings: The MSIR was positioned within 500 metres of the heroin market's epicentre in North Richmond and collocated with a community health centre. In July 2019, the MSIR moved to a purpose-built facility, providing greater capacity, extended operating hours, and more health and social services. In addition to a larger Injecting Zone, a Consulting Area better enables staff to respond to peoples' unmet needs. Data are derived from a voluntary survey and key service indicators. To December 2020, over 5,000 clients registered. Data suggest the MSIR has averted over 200,000 public injections, with an average of 235 daily visits, peaking at 443 in a day. Heroin injection is most common. Over 4,000 overdoses were managed onsite without a fatality, mostly using oxygen and assisted breathing. About 11% required naloxone, and 1% ambulance assistance. Onsite services include hepatitis care, opioid agonist treatment, oral health care, general practice, legal and housing services, mental health support, and wound care.

Discussion: Data show the MSIR is reaching a cohort of people with long histories of drug use and considerable health burden.

Implications for policy/practice: People have been receptive to receiving health care in the MSIR, suggesting existing services are not meeting their needs. In addition to preventing overdose deaths, the MSIR provides an innovative model of health service delivery.

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PRESENTATION 4:

The feasibility of a supervised injecting facility in the ACT.

Presenting Author: Chris Gough (10 mins)

Introduction: There is a long history (c1998) of discussions in the ACT regarding a SIF, with the Alcohol Tobacco and Other Drug Association (ATODA), the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and AustraliaACT labour MPs advocating strongly on this issue. The current Drug Strategy Action Plan (2018-2021) included a commitment to a feasibility study. This study was conducted in 2020 through partnership between CAHMA and the Burnet Institute.

Design and Methods: Mixed methods design – quantitative and qualitative. Qualitative data collected from key stakeholders; people with lived experience; a range of (AOD, harm reduction, housing) service providers; organisations involved in delivering SIF services in Australia/internationally. Quantitative data collected from people with lived experience and clients of needle and syringe programs (NSPs). All referred to hereafter as respondents.

Key Findings:

Need: Findings of public injecting and related harms in the ACT indicated a high level of need for a facility.

Support: Respondents overwhelmingly support a SIF in the ACT, matching broader community support.

Model: Respondents did not consider a medically supervised model essential, but a governance structure could include medical oversight. Initial integration of a SIF within existing services was supported as beneficial for; access to existing expertise; holistic client care; client confidentiality; and capitalising on infrastructure.

Discussion: The ACT has a strong and well united AOD sector and the highest population support in Australia for establishing a SIF. Despite the pandemic, substantial numbers of respondents participated.

Implications for policy/practice: Implementation challenges include; an AOD sector that is underfunded and at capacity; developing a model to meet local/specific needs that is sustainable, given economic constraints, and accessible/acceptable for clients.

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Discussion Section: Professor Paul Dietze will facilitate a discussion among the presenters and symposium participants that aims to highlight the synergies and challenges each jurisdiction has faced in relation to SIFs, as well as experience within the harm reduction sector more broadly. The aim would be for reciprocal knowledge gain among panellists and symposium participants. We'd encourage consumers, service providers, and harm reduction advocates from all jurisdictions to attend and share experiences from their local context and contribute to the discussion. Questions will be posed as to whether we can learn from international experiences in establishing and operating SIFs, or whether local context is much more important in informing these practices.

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