Two years of overdose in Melbourne’s Medically Supervised Injecting Room, June 2018 to June 2020

SHELLEY COGGER1, NICO CLARK1,2,3, AMANDA ROXBURGH4,5,6,7, NATHAN STAM1,7, PAUL DIETZE4,6,7,8

1North Richmond Community Health Medically Supervised Injecting Room, Melbourne, Australia, 2Addiction Medicine, Royal Melbourne Hospital, Melbourne, Australia, 3Department of Pharmacology, University of Adelaide, Adelaide, Australia, 4Harm Reduction and Health Risks Program, Burnet Institute, Melbourne, Australia, 5Discipline of Addiction Medicine, the Central Clinical School, Sydney Medical School, the Faculty of Medicine and Health, University of Sydney, Sydney, Australia, 6National Drug and Alcohol Research Centre, UNSW, Sydney, Australia, 7Monash Addiction Research Centre, Monash University, Melbourne, Australia, 8National Drug Research Institute, Melbourne, Australia

Presenter’s email: shelleyc@nrch.com.au.

Introduction and Aims: The Melbourne Medically Supervised Injecting Room (MSIR) commenced operations in June 2018. We estimate the incidence of sedative overdose incidents inside the MSIR in its first two years of operation and describe the characteristics of sedative overdose incidents.

Method: We extracted data on all sedative overdose incidents occurring inside the MSIR from the client management system between 30/6/2018 and 30/6/2020 and retrospectively audited cases. Inside the MSIR, a sedative overdose incident is indicated by oxygen saturation of < 95% despite prompts to breathe. Data were manually entered on visit characteristics, staff clinical assessments, and observations from client overdose treatment forms. Where available, client characteristics and self-reported drug use in the last 24 hours was also audited.

Key Findings: There were 166,530 supervised injecting visits to the MSIR among 4,563 unique clients. During the period, MSIR staff safely managed 3,565 sedative overdose incidents among 892 clients inside the facility; 89% inside the injecting zone. Most incidents were safely managed with oxygen alone (n=3,537), 375 were required naloxone, and 38 required transport to hospital due to other complications. No death has been recorded.

Discussions and Conclusions: The MSIR has managed a large number of sedative overdoses since its establishment. Most are managed with oxygenation alone, but many require higher levels of intervention. As observed in supervised injecting facilities worldwide, fast and effective overdose management provided by the MSIR means that no-one has died while using the service, demonstrating that the service is meeting one of its main legislated harm reduction objectives.

Disclosure of Interest Statement: AR is funded by a National Health and Medical Research Council (NHMRC) Investigator Grant (APP1173505). The NHMRC had no role in the design of this study. PD is funded by a National Health and Medical Research Council (NHMRC) Senior Research Fellowship. PD has received investigator-driven funding from Gilead Sciences and Indivior for work unrelated to this study. PD has served as unpaid members of an Advisory Board for an intranasal naloxone product. None of the other authors have any interests to declare.