

Medically Supervised Injecting Centres

Supporting Evidence

This document provides further Supporting Evidence for the [UnitingCare ReGen \(ReGen\) Position Statement](#) regarding the establishment of a Medically Supervised Injecting Centre in Melbourne, Victoria.

Introduction

Medically Supervised Injecting Centres (MSICs) are legally sanctioned health and social welfare facilities that enable people who inject drugs to self-administer pre-obtained drugs using sterile equipment. The centres are run by medical staff who advise people on safer injecting practices and also facilitate referrals to other health and social support services. (Salmon et al., 2009; Dolan et al., 2000).

Also known internationally as drug consumption rooms (DCRs) due to the provision for other routes of drug administration in addition to injecting, MSICs have operated in Europe for over 20 years (Power, 2010). The first and only MSIC in the Southern Hemisphere opened in Sydney in 2001 (MSIC, 2015). Including the Sydney centre, there are 88 MSICs across Switzerland, Germany, the Netherlands, Spain, Norway Luxembourg, Denmark, Canada & Australia (EMCDDA, 2015). Growing recognition of the evidence for their effectiveness has resulted in efforts to establish a range of new facilities in France, Canada, Ireland Slovenia and Portugal (Wodak, 2016).

Benefits of a Medically Supervised Injecting Centre

Medically Supervised Injecting Centres around the world have been heavily evaluated, producing consistent outcomes. MSICs have been demonstrated to reduce the mortality and morbidity associated with drug overdose. They also act as an access point to drug treatment and other healthcare and social welfare assistance (KPMG 2010; Semaan et al. 2011). In addition they play an important role in improving public amenity by reducing nuisance associated with public drug injecting, intoxication and discarded injecting equipment (KPMG 2010).

In addition to meeting their aims, evaluation reports have shown that the MSICs are cost effective and operate without adverse impact in their local community (Fischer et al., 2008, Papanastasiou et al., 2009). In fact, most local communities recognise the positive impact the facilities have on the local community (Woods, 2014), with 70% of local businesses and 78% of local residents supporting the Sydney MSIC (MSIC, 2015).

There have also been a number of unintended positive benefits of MSICs including an increased community and police understanding of drug use, a decreased burden on other health services, improvements in the coordination of drug services and increased data gathering on drug use (KPMG - Australia, 2010).

Common arguments against MSICs

- 'Honey pot' effect - MSICs attract drug use, dealing, criminal activity to the area
 - MSICs aim to reduce drug use and discarded drug paraphernalia in public spaces (EMCDDA, 2015). Evidence from Sydney and Vancouver has shown that MSIC's do not increase drug-related anti-social behaviour (including crime) in the area and, on some measures, decrease it (Thein et al., 2005, Wood et al., 2006a; Wood et al., 2006b).
- MSICs encourage ongoing drug use rather than reduction or cessation
 - Evidence indicates no significant positive or negative impact on rates of injecting drug use (Editorial, 2006). Crucially, MSICs have been consistently demonstrated to be effective in reducing the number of overdose fatalities as a result of injecting drug use (Marshall, 2011), giving people opportunities to receive support to change their circumstances and behaviour.

Summary evidence of a need for a MSIC in Melbourne

Public support

In recent years, there has been repeated calls for the introduction of a MSIC in Melbourne. Support for the proposal has been given by such groups as the Australian Medical Association, Yarra City Council and Yarra Drug & Health Forum, the Burnet Institute, and high profile individuals such as Jeff Kennett and Professor David Penington. However, successive State Governments have decided to oppose the introduction of such a facility, despite broad public support, with over 54% of surveyed Australians supporting or strongly supporting MSICs (AIHW, 2013)

Public injecting and BBV

In the 20 year national data report of Australian Needle and Syringe Program Survey, the number of people reporting they inject in public spaces in Victoria has more than doubled since 2005. According to data from the same survey, the prevalence of the Hepatitis C virus has increased in Victoria from 54% in 1995 to 67% in 2014. (Iverson & Maher, 2015)).

Overdose in Victoria

Fatal and non-fatal overdoses continue to occur in Victoria. Between 2010 and 2012, the Coroner's Court of Victoria reported over 1000 deaths attributable to overdose (Dwyer, 2013). In 2013/2014, heroin and amphetamines were ranked the third and fourth most common drug category involved in non-fatal ambulance attendances in Metropolitan Melbourne (Lloyd et al, 2015).

While heroin use has been at comparatively low levels in recent years, ReGen data and other anecdotal reports suggest a pattern of growth in heroin injecting and associated harm at a local and national level. The rescheduling of naloxone provides significant opportunities to increase community capacity to prevent opioid overdose. However, the establishment of a MSIC within close proximity to established heroin markets remains an essential measure to prevent harm within high risk areas.

Injecting-related Injury and Disease

A Burnet Institute study of injecting-related injuries and diseases (IRID) found high rates of injecting-related harm and recommended the use of sterile injection equipment for every injection, cleaning with alcohol swabs prior to injection and general attention to hygiene (hand washing, cleaning of surfaces) to reduce opportunities for bacterial exposure. They also suggest that the occurrence of IRIDs could be substantially reduced through reinforcing basic public health/harm reduction messages and training

around hygienic injecting practices (hand washing, sterile water), safer injecting/vein care and drug filtering, which can be most easily offered in a SIF (Dwyer et al, 2007).

Summary

Media coverage, public debate, service and police data indicate the following in Melbourne currently has:

- Prominent public injecting and community desire to reduce visibility of drug use and dealing;
- High rates of hepatitis C amongst people who inject drugs;
- High occurrence of serious and potentially serious injecting-related injuries and disease amongst people who inject drugs;
- A pattern of rising levels of heroin availability and use;
- High numbers of fatal and non-fatal overdoses occurring in public places; &
- Community concern around publicly discarded injecting equipment.

These are the issues a Medically Supervised Injecting Centre has been proven to address.

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About ReGen

Our purpose is to promote health and reduce alcohol and other drug related harm.

ReGen is the lead Alcohol and Other Drugs (AOD) treatment and education agency of UnitingCare Victoria and Tasmania. ReGen is a not-for-profit agency, which has over 45 years' experience delivering a comprehensive range of AOD treatment and education services to the community.

These services include Counselling and Support, Assessment and Intake, Community Outpatient, Home-based and Residential Withdrawal for adults and youth, Supported Accommodation, Drug Diversion programs, Youth and Family Services, an Intensive Playgroup, Alcohol Community Rehabilitation Program and AOD services at Port Phillip Prison. ReGen also delivers Education and Training programs nationally.

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