

Submission to coronial investigation into fatal heroin overdose in Richmond area

Summary

There is a clear need to address the ongoing (and recently escalating) risk of opioid overdose fatalities in the Richmond area. A well-established street market for heroin, entrenched patterns of public injecting and an identified increase in heroin consumption, combined with reduced sector capacity to respond to the needs of those most at risk demonstrate the importance of developing an integrated, evidence based and appropriately resourced local response.

ReGen recommends the following measures to reduce the risk of future overdose deaths in the Richmond area:

- Establishment of a Medically Supervised Injecting Centre (based on the Sydney MSIC model);
- Expansion of naloxone distribution and training amongst people who inject drugs in the area (and their family members); &
- Expansion of local outreach-based harm reduction programs for those most at risk of opioid overdose.

Context

North Richmond has had an established, street-based heroin market for well over a decade, with people travelling from all areas to purchase and use the drug. Public injecting (and associated issues, including visible drug use, overdose risks and inappropriate disposal of injecting equipment) have long been a cause of concern for people who use drugs, alcohol and other drug (AOD) service providers, police and the local community.

Coronial data shows that, amongst all Victorian local government areas, the City of Yarra consistently recorded the highest annual frequency of heroin overdose deaths between 2009 and 2015.

The 2013 [*North Richmond Public Injecting Impact Study*](#) noted that:

- Public injecting is widespread, frequent and highly visible in North Richmond and Abbotsford;
- Ambulance service data indicated that the City of Yarra has the highest frequency of ambulance attendance at heroin-overdoses;
- Nearly 90% of people who inject drugs who participated in the study reported injecting in public places; &
- Three quarters of identified public injecting spaces were considered to provide a medium or high risk of undetected overdose.

The study also noted the significant increase in syringe disposal and retrieval numbers in the area, as an indicator of the growth in public injecting and related overdose risk.

Since 2013, ReGen and other local service providers have noted a significant increase in reported heroin use and opioid overdoses, particularly in the past year. ReGen service data shows the proportion of service users whose drug of choice is heroin more than doubled in 2015/16: up to 7% of all people using ReGen services, compared to 3% in 2014/15. These figures are broadly consistent with Victorian and national service data.

What is currently being done in the City of Yarra to reduce heroin-related harms, including overdose deaths?

As the provider of Intake services in the Inner North catchment (including the cities of Yarra, Moreland, Melbourne & Moonee Valley), ReGen works together with other AOD service providers to support access to AOD treatment and other relevant services by people living in the area.

While the agency has [identified concerns](#) relating to the accessibility of AOD services arising from the recent reforms of the AOD sector, services currently provided in the City of Yarra include:

- Needle and Syringe Program – providing people who inject drugs with access to free, sterile injecting equipment and education about safe injecting practices;
- Peer Naloxone Distribution and Training – providing those most likely to encounter an overdose with the materials and knowledge to save lives;
- Pharmacotherapy – providing people with prescribed, stable doses to reduce their need to use illicit opioids and to support longer term recovery;
- Intake and Assessment – providing locally accessible assessment and referral into appropriate treatment and support services;
- Care and Recovery Co-ordination – providing more intensive individual support for people with complex needs;
- Residential and Non-residential Withdrawal – providing supported withdrawal services and supported access to post-withdrawal supports; &
- Counselling – providing individual and/or group based interventions to support sustainable changes to people's AOD use.

What other place-based interventions could be considered to reduce heroin overdose deaths in the City of Yarra, while not shifting the harms to other locations?

There are several evidence based measures that would provide effective local responses to reduce potential harms relating to heroin use and prevent overdose deaths in the City of Yarra.

Medically Supervised Injecting Centre

Without question, the most effective measure would be the establishment of a Medically Supervised Injecting Centre, modelled on the [Sydney MSIC](#) operated by Uniting NSW ACT. In addition to the establishment of the service, this would also require legislative exemptions to enable its legal operation. It would also require the co-operation of police, to allay fears that people using the service would be targeted by local officers.

The Sydney MSIC supervises 170-200 injections per day. Since it opened in 2001, the centre has supervised over 1 million injections without a single overdose fatality. As with other similar centres in Vancouver and Frankfurt, the operation of the centre has contributed to reductions in overdose fatalities in surrounding areas and is a key contributor to safer injecting practices by people who use the service ([HRC, 2016](#)).

In addition to overdose prevention, the Sydney MSIC also offers an effective pathway into treatment for people seeking to address their heroin (or other drug) dependence ([KPMG, 2010](#)). It's operation also has the secondary benefit of providing of providing 'real-time' drug market monitoring data that can be utilised by service providers, law enforcement, researchers and policy makers in developing timely responses to changing patterns of illicit drug consumption and associated harms (HRC, 2016).

ReGen has officially supported the establishment of a Medically Supervised Injecting Centre in the City of Yarra since 2011. ReGen's current Position Statement and Supporting Evidence are included with this submission and available on the agency's [website](#).

Naloxone distribution and training

There is well established [research evidence](#) demonstrating the link between delays in overdose response and subsequent fatalities or permanent injuries. Delays can be caused by witnesses' fear of police involvement when calling paramedics, lack of knowledge in identifying and responding to overdose and lack of access to naloxone.

There is a clear benefit in providing people who are likely to witness an opioid overdose with naloxone.

Peer administered naloxone programs have been [operating internationally since 1995](#). While there is not yet a base of peer reviewed, random controlled trials to confirm their effectiveness, program evaluations have consistently demonstrated their impact on reducing the risk of overdose fatalities and empowering families/peers to save lives ([Dietze & Lenton, 2012](#)).

While there have been a variety of initiatives by Victorian services (including ReGen) to increase the availability and uptake of naloxone, the work done by Harm Reduction Victoria in providing people who use drugs with naloxone and training them in its administration has been, by far, the most successful. Since the initiative's commencement in 2013, Harm Reduction Victoria have provided naloxone and training to over 800 people. In that time, the organisation has reports of more than 70 overdose reversals performed by training participants.

Whether or not a Medically Supervised Injecting Centre is established in the City of Yarra, the implementation of a locally-focussed naloxone program has the potential to significantly increase the capacity of people who inject drugs in the area (and their families) to prevent overdose fatalities. Such a program could be delivered by Harm Reduction Victoria, local service providers such as North Richmond Community Health or the operator of a new MSIC.

Outreach supports for vulnerable groups

In [ReGen's response](#) to the recent review of the Victorian AOD and MHCSS service reforms, the agency noted the negative impacts of the reform outcomes for many people who are at risk of opioid overdose within the City of Yarra.

In particular, ReGen noted:

- The new Intake model appears to be working well for many people, but has created new access barriers to people with complex needs, particularly those who are homeless and other vulnerable groups within the Inner North catchment. More resources are required to meet the established high demand in this catchment and increase system capacity for outreach services to vulnerable groups.
- The decrease in harm reduction services delivered in the Inner North, due to changes in priorities for the Victorian Governments funded AOD services, is placing already vulnerable groups at increased risk and further reducing the accessibility of treatment services in the catchment. Many of these services were delivered under the guise of counselling pre-reform.

ReGen recommends that the Victorian Department of Health and Human Services urgently address the accessibility of recommissioned services for particularly vulnerable groups with complex needs and ensure system capacity for targeted harm reduction services for this group is returned.

Such targeted harm reduction services would include the re-establishment of the outreach programs, such as those previously delivered by North Richmond Community Health (now operating at reduced capacity due to loss of funding through the reform process).

There is a clear need for increased sector capacity to improve the accessibility of harm reduction and treatment services for vulnerable groups, particularly those who are 'hard to reach' and unlikely to engage with post-reform services. An outreach service would provide the most effective model for engaging with these groups, delivering key harm reduction interventions (including naloxone distribution and training) and supporting access to local treatment services and other relevant supports.