

PRESS RELEASE

5/3/2023

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What have we learned from the NRCH MSIR trial?

While yet to be formally announced, The Victorian Alcohol and Drug Association (VAADA) supports the continuation of the Medically Supervised Injecting Room (MSIR) in North Richmond beyond the conclusion of its trial in June this year as well as the introduction of additional medically supervised injecting facilities.

There are a number of data sources which illustrate the success of the MSIR in meeting most of its legislated objectives.

This release will provide some analysis of the various KPIs and the MSIR's performance in meeting these objectives.

KPI 1 - Public injecting and overdoses

Objectives:

- ***To reduce deaths and harm caused by overdoses.***
- ***To reduce attendances by ambulance and other services and at hospitals due to overdoses.***
- ***To reduce public injecting and discarded needles and syringes.***

With 345,000 injections and over 6000 prevented overdoses in the MSIR (and therefore not in public places or private homes), there has been a clear reduction in injecting and overdosing outside the MSIR. The earlier Hamilton Review found a 36% reduction in ambulance attendances in the 1 km around the MSIR in the hours when it was open compared to an increase in the rest of the state, compared to an 11% increase in the hours when the MSIR was closed.

This data is supported by the analysis of overdoses by the Burnet Institute, which showed a 50% reduction in overdose risk among people who used the MSIR frequently. The reduction in non-fatal overdose has been matched by a similar reduction in opioid overdose deaths in Yarra as noted in Coronial data, from 26 deaths in 2018 (and an average of over 20 deaths a year going back to 2015) to an average of 12.3 deaths a year up to 2021 – a reduction in 40%. While the pandemic has impacted upon heroin availability and overdose, more recently Victoria has experienced an increase in fatal overdose in the six months up to 30 June 2022. Irrespective of short term domestic trends, the MSIR will continue to play a key role in reducing this figure overall.

It should be noted that the Australian Criminal Intelligence Commission (ACIC) has consistently reported that Melbourne has the highest rate of heroin use across all metro areas; with this in mind, it is unlikely that a single injecting room in Melbourne will be able to reverse this trend.

The MSIR saves lives, reduces ambulance call outs, and reduces pressure on emergency departments; this is more important than ever, with the current pandemic related burden on the health system.

KPI 2 - Health and social assistance

Objectives:

- **To provide a gateway to health and social assistance**
- **To assist in reducing the spread of blood-borne diseases for clients**

The incredible take-up of health and social services offered at the MSIR has been a key success of the service, with more than 700 people receiving treatment with opioid pharmacotherapies such as methadone and buprenorphine, both being highly effective treatments for opioid dependence. This means that the MSIR is supporting 700 people who may not have otherwise sought support for heroin dependence, with these people likely to have ceased or reduced their heroin use. Indeed, many of these people would have otherwise been consuming heroin, perhaps in public places, and experiencing harms such as fatal overdose.

It is clear that the MSIR is a key factor for supporting people into treatment who may otherwise not have engaged.

Other on-site health and social services have included primary care, oral health, hepatitis testing and treatment (296 clients received hepatitis C treatment making it one of the largest treatment providers in Victoria), legal support, and housing services (2,547 homelessness support services were provided). In addition, 3,223 people were referred to external health and social support services.

The key to reducing Blood borne virus (BBV) transmission in this community is access the sterile injecting equipment, opioid pharmacotherapy and treatment for Hepatitis C, all three being provided by the MSIR.

The take-up of on-site opioid pharmacotherapy in particular has defied all expectations, and highlights the need for us to continue to make drug treatment accessible to all who need it in our community. We need to apply these learnings from the MSIR on how to increase uptake of pharmacotherapy state-wide.

KPI 3 - Impact on the local community

Objective: To improve neighbourhood amenity near the MSIR

Stigma, wherever it occurs be it in the workplace, media or the community, works at cross purposes to engaging in treatment and encouraging help seeking behaviours.

While public perceptions of the MSIR and the local surrounds are mixed, some local residents have welcomed the facility for the reduction in public injecting and the knowledge that people are less likely to overdose in nearby laneways and more likely to receive the support they need, as told in the recently published book *You Talk We Die*, by Judy Ryan of *Residents for Victoria Street Drug Solutions (RVDS)*.

Any improvement in community amenity was always going to be the most difficult aspect of this trial to measure. While it was an objective of the trial, greater resourcing to the MSIR, including enhanced outreach, would have contributed to improving amenity beyond supporting the people who use the MSIR.

Substance use disorders are identified by the World Health Organization as the most stigmatised health condition. In this context, it is going to be inevitable there will be some local community resistance to the service. While there are competing narratives of the impact of the MSIR on local amenity, one certainty is the MSIR's capacity to reduce stigma over time.

Stigma reduces help seeking behaviour. In short, the greater the stigmatisation towards people who use drugs, the less likely people will feel able to get help. Stigma, through reducing help seeking behaviour, contributes to the need for MSIR and other harm reduction services.

A reduction in stigma towards people who use drugs is the key to a mature debate in our society on how to best respond to drug use. Examples of how this can work are visible in many other places be such as Switzerland and Portugal.

It is likely that many of the people who have accessed the MSIR regularly over the last few years will have stories of childhood abuse and other forms of childhood adversity. If we look further, we will likely see patterns of intergenerational trauma and systemic disadvantage and homelessness. As a society we need to move beyond blaming people who fail to overcome childhood adversity and instead offer them the support they need. A deeper understanding of the complexity of the issues that lead to and perpetuate drug use in our society will take time and responsible public discussions. It is not reasonable to expect this to occur overnight.

From the perspective of people who use it, the MSIR has clearly been a huge success. With more than 6,000 people registering to use the service and over a third of a million visits, the service has been incredibly busy over the past four and a half years, probably one of the busiest drug consumption facilities in the world. It is likely that this busyness, amidst Melbourne's peak heroin consumption, have generated the concerns regarding amenity held by some in the community. Additional MSIR capacity would spread the demand reducing the likelihood of localised hotspots of increased heroin use.

The people who use the service have voted with their feet, literally, and taken the short walk from Victoria Street to NRCH to use the facility. As a community we need to listen to them, and take what we have learned from this facility to help people who inject drugs receive the care and support they need in other parts of our state.

Mr Sam Biondo, Executive Officer of VAADA, says, 'the MSIR has been a victim of its own success. It caters for a huge number of people who otherwise may not engage in services and for many, provides not only a life saving service but also a treatment response. There is always more work to be done and ways we can further improve on both the successful and more challenging aspects of the service.'

'We encourage the government and community to consider what circumstances might have been like had this service not been implemented, the forgotten Victorians who would have continued to die on our streets in greater numbers, not seeking help and not engaging with health and welfare services. There would be more families grieving. We look forward to the release of the evaluation report.'

The data quoted are from the NRCH website, the Hamilton Review, the ACIC and the recent Coroner's Report into overdose deaths.

For more information or to arrange an interview please contact Sam Biondo, EO of VAADA, on 0414 974 121 for comment or if unavailable, David Taylor on 0413 914 206.

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Media stories on alcohol and other drugs may be traumatic for some people. Support is available and we ask that media agencies consider publishing the details below:

If this story has raised issues about your own or others drug and alcohol use, please contact the national hotline for confidential counselling and referral on 1800 250 015

VAADA is the peak body that represents over 80 Alcohol and other Drug services across Victoria. On a daily basis these services are dealing with the effects of harmful alcohol and other drug consumption.