

Review of the Medically Supervised Injecting Room

FINAL REPORT:

Key findings and
recommendations

February 2023

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Foreword

It has been more than 20 years since Melbourne started considering the idea of establishing a Medically Supervised Injecting Room (MSIR) to help stem the tide of heroin-related deaths in our city. At the time, the idea that the state might facilitate people using drugs in a safe and supported environment was controversial. In many ways, it still is. This fact was made clear to the Panel as we set out to review the MSIR, which has been in a trial phase since 2018.

And yet what was also made clear was how far the discussion about the MSIR had shifted and evolved over the past two decades. The community may disagree about how the MSIR is run; opinions certainly vary about its effect on safety and amenity. Yet the conversation no longer features a central debate about whether people who use heroin should receive care and support. Instead, disagreement centres on which policies and practices will lead to the best health outcomes for all Melburnians.

It is this question – which policies and practices should the Government adopt? – that has guided the Panel as we have undertaken this review. What follows are our conclusions.

This report is the culmination of more than a year of research and hundreds of stakeholder consultations. We spoke with residents, local businesspeople, people who use drugs, police and those who work at service providers to arrive at our conclusions. We also worked with the Centre for Evaluation and Research Evidence, who did the hard work of amassing and analysing an enormous amount of data and providing secretariat support to the Panel, for which we are most grateful.

Our findings are limited to the scope of our review, which is to examine the MSIR's effectiveness in securing positive health outcomes. It is not the place of this report to make suggestions about broader policy initiatives or to speculate on future health problems. Yet looking over our recommendations, I am compelled to wade briefly into these areas. I do so not to step outside my remit as Panel Chair, but to provide context for our findings, and make more robust future discussions about evidence-based policy.

The history of public policy is the history of change. It is not so long ago that police, enforcing the law, would charge people with the criminal offence of attempted suicide. Increased understanding of mental health issues has transformed our policy approach, and this Chair believes that a similar wholesale transition – one based on a prioritising of compassionate and health-led responses – may one day occur regarding substance use.

Whether decriminalisation becomes a policy priority in Victoria is a question for the future. Not up for debate is the fact that drug use patterns in society are subject to changes at both the local and global levels. In recent years, heroin has been replaced in Canada and much of the USA by the synthetic opioid fentanyl. If fentanyl were to become available in Australia, the Richmond drug market would likely be swamped by those attracted to its cheap and potent high.

We can begin defusing this potential time bomb now. Reducing the number of people who are currently heroin-dependent, and who would therefore likely be attracted to fentanyl, requires improving access to the kinds of heroin treatments provided by the MSIR.

It has been my privilege to work with my fellow Panel members – Christine Kotur and Rob Knowles AO – in producing this report. We learned much from the people living and working in Richmond, and from the lived experience and expertise of many others in Australia and around the world, and hope our findings will be of use to the Government in its attempts to improve health outcomes for the entire state.

Mr John Ryan

Chair of Medically Supervised Injecting Room
Review Panel
February 2023

Acknowledgements

The Medically Supervised Injecting Room Review Panel would like to thank the wide range of people who made themselves available to inform the development of this report. We acknowledge the invaluable insights offered by people who live and work in North Richmond, and are grateful for your generosity in sharing your experiences with us. We thank the board, executives and staff of North Richmond Community Health, and the management, staff and clients of the Medically Supervised Injecting Room. We are grateful for the expertise shared with us by various clinicians, policy makers, service providers and academics in Australia and internationally, and for the thoughtful reflection provided by community organisations and services that support those in need in the North Richmond area. Finally, we recognise the valuable advice given by the various government departments that have direct involvement in the precinct. We acknowledge the time, expertise and insights offered by all who contributed and supported the Panel throughout this review period.

Introduction

Dealing with drug addiction in the community is a complex task, in large part because it requires people with complex needs to interact with a complex web of social, legal and other support systems. Policymakers committed to addressing addiction must find solutions within this complexity while balancing a set of sometimes competing aims, including preventing deaths, promoting health, offering pathways out of addiction, protecting safety and amenity and generating community support.

Supervised injecting facilities aren't a silver bullet. But there is a growing body of evidence, including from supervised injecting facilities established in other jurisdictions, that they are the intervention that can reduce deaths and health burdens while limiting public injection and syringe litter.

Supervised injecting facilities can also give highly vulnerable and disadvantaged members of the community better access to vital social and health support, including housing, addiction treatment, legal and other services.

At its heart, an injecting service is a health response. Its main objective – to save lives – is well accepted in the community. Yet unlike other evidence-based health policies that prevent death and provide life-changing support, injecting facilities are often highly contested in the public conversation.

Since its establishment in 2018, the Medically Supervised Injecting Room (MSIR) trial in North Richmond has succeeded in achieving the trial's central objective: saving lives. There have been almost 6,000 overdose events in the MSIR during the trial, and none has been fatal. Modelling suggests that during its time in operation the MSIR has prevented up to 63 deaths.

As MSIR client Ron, 46, told researchers: “I remember when I first started using heroin, you’d go down two sets of floors (in the Richmond flats) and use in the stairway. It wasn’t an uncommon sight to see three or four people dead in the hallways. So, to have these rooms is a blessing”.

The MSIR has also played an important role in reducing ambulance call-outs for opioid overdoses in its vicinity, and led to fewer overdose-related admissions at its nearest public hospital emergency department. It has also contributed to reducing the spread of blood-borne illnesses such as hepatitis C.

These achievements are all the more significant because of the complex needs of MSIR clients, who are often living at the margins of society. Many of the MSIR’s 6,191 registered clients have experienced high levels of psychological distress, the result of other life stressors such as housing uncertainty, unemployment, food instability, and high rates of chronic and complex health issues. Registered users report a health status that is poorer than 95 per cent of the general population; they are also 12 times more likely to have moderate-to-severe depressive symptoms, and have often experienced high levels of trauma through exposure to incidents of assault, sudden violent death and childhood sexual abuse.

Research commissioned by the Panel and undertaken by the Monash Addiction Research Centre (MARC) shows that almost two-thirds (63 per cent) of a sample of MSIR clients have experienced multiple (seven or more) serious life events, compared to 21 per cent of people in the general population. Almost four in 10 (39 per cent) MSIR clients met the criteria for post-traumatic stress disorder (PTSD), compared to just over 1 per cent of people in the general population. The mental health challenges faced by MSIR clients are significant.

Strong links between drug addiction and poor mental health were highlighted in the findings of the recent Royal Commission into Victoria’s Mental Health System. “In Victoria, a substantial number of people are living with both mental illness and substance use or addiction, but many are not getting the comprehensive treatment, care and support they need to recover and lead a contributing life,” the final report states.

In light of these findings, the MSIR trial can be seen as a key plank in the Victorian Government’s mental health reform agenda, as well as its broader social reform agenda. Other relevant reform processes include the repeal of public intoxication laws. Trial sites for a health-based response to public drunkenness are currently being established across Victoria, including one in the City of Yarra.

Data from the trial also quantify the degree to which housing issues impact the lives of MSIR clients. Previous figures show that 35 per cent of people who used the MSIR reported homelessness at registration.

The MSIR provides life-saving interventions for people who have a full range of health needs and may otherwise experience significant barriers to accessing health care and other services. It is intended to be a gateway into broader support such as medical care, drug treatment and hepatitis C screening and treatment. It offers referrals to other health and social supports such as mental health counselling, treatment for alcohol and other drug (AOD) issues and housing services.

When we listen to the views, aspirations and experiences of people who inject drugs, insights emerge about changes that could improve outcomes for the MSIR, particularly in reducing problematic drug use. When asked to select a single statement that best described what they wanted in regard to their drug use, approximately four in ten (42 per cent) endorsed abstinence-related goals followed by reducing use or getting it under control (20 per cent). Just under 9 in 10 (87 per cent) have received treatment in the past for heroin use. This suggests a high level of willingness to change but a lack of effectiveness in common pharmacotherapy treatments.

The local North Richmond community holds a range of views on the MSIR and its impact on the area. Some residents told the Panel that drug use remains highly visible: “I walk my daughter to school, witness fights, brazen drug deals, drug use, drug-affected people,” said one community member. Others feel the area is quieter, with no “constant code blues, dead bodies on the asphalt and kids watching injecting”.

We heard that public injecting, discarded needles and syringes, loud gatherings of people near the MSIR and erratic or violent behaviour make many residents and local business owners feel unsafe going about their daily lives. The community is also concerned for the wellbeing of the children attending the primary school next to the MSIR.

North Richmond Community Health (NRCH), which operates the MSIR, has attempted to engage nearby residents and local businesses, but the results have been mixed. Some community members told the Panel that they feel unheard, ignored or disrespected, or that their concerns have not been taken seriously. Others have appreciated the engagement efforts.

Given the focus on the trial in public discussions, it is understandable that the impacts of drug use in North Richmond tend to be strongly associated with the MSIR. Yet these effects are not only the result of the MSIR's operations, but also of the ongoing public burden of a drug market that existed long before the trial began. For the past decade, the City of Yarra, which includes the North Richmond area, has recorded the highest number of ambulance attendances for heroin overdoses in the state, as well as the most fatal heroin overdoses. It has also seen a large and growing number of people coming to the area to access the drug market. Research commissioned by the Panel showed that half (49 per cent) of MSIR clients came to North Richmond mainly to purchase drugs, and only 6 per cent gave visiting the MSIR as their only reason for being in the area.

The North Richmond trial has been a valuable tool in helping us to learn more about what works and what doesn't in the operation of the MSIR, and the many lessons learned so far inform the findings and recommendations in this report. While there have been sufficient positive outcomes to warrant maintaining the services offered, the Review Panel believes the MSIR should expand and mature its model of care to ensure it better meets the different but corresponding needs of both people who inject drugs and those who live and work within the area of the North Richmond drug market.

This expansion would see the MSIR broaden its support to include wrap-around holistic treatment, care and support, with a re-commissioning process undertaken to ensure the provider possesses the expertise and resources

to oversee this expansion or can collaborate with other organisations to access them. These changes will create stronger pathways to better health and recovery for clients, ensuring the MSIR is a place where some of the most disadvantaged members of our community will be supported to live more functional and fulfilling lives.

It is believed this new expanded model will contribute to reduced public injecting, fewer instances of visible problematic behaviour and fewer discarded needles and syringes being left in public areas. In turn, this will improve neighbourhood amenity and help residents and local business owners feel safer.

Finally, the MSIR trial operates within a broader system of service delivery, and we must examine how gaps in the system impact the MSIR's ability to protect and support people who are experiencing drug addiction. For example, it is clear that Victoria's pharmacotherapy system is unable to meet the needs of the community, as people struggle to access the drug treatment medication that would help them cease or reduce their drug use.

Leadership is required across and within government to guide reforms that will improve the broader systems that sit around the MSIR, improving the lives of people who inject drugs and reducing the negative impacts on the community. These reforms, suggested in the following pages of this report, cover a range of diverse areas including much-needed improvements to Victoria's pharmacotherapy system, the establishment of an AOD-specific clinical leadership position, changes to MSIR eligibility rules and approaches to community policing and outreach.

About the Medically Supervised Injecting Room trial

The MSIR trial commenced in North Richmond in June 2018. Its establishment by the Victorian Government followed a high number of fatal heroin overdoses in the area in the years preceding the trial. In 2015 there were 20 fatal overdoses in Richmond, with a further 15 occurring elsewhere but using drugs that had been bought in North Richmond.

The MSIR contains 20 injecting booths and is co-located with an on-site Needle and Syringe Program (NSP), which provides sterile injecting equipment and health-related information and referrals. The MSIR is housed within a purpose-built facility adjacent to the North Richmond public housing estate, next to NRCH which also operates the MSIR.

NRCH is a small organisation originally established to support public housing residents in the area. It is connected to other health and social care community services, including a GP clinic, dental service, nutrition and occupational therapy as well as health services for people identifying as Aboriginal or Torres Strait Islander.

About this review

In late 2020, the then Victorian Minister for Health asked the Medically Supervised Injecting Room Review Panel to review the trial of the MSIR in North Richmond.

This request followed an initial review by an independent panel that was completed in mid-2020, chaired by Professor Margaret Hamilton AO, which recommended that a further review be undertaken.

This review covered the period from July 2020 to December 2022 and was conducted by an independent panel comprising John Ryan (Chair), Christine Kotur and the Hon. Robert Knowles AO. It builds on the work of the Hamilton Review.

The terms of reference for the review ask the Panel to consider the MSIR's operation and use, the extent to which the MSIR has advanced its goals as set out in the underpinning legislation, and to provide advice to government on any recommended changes. These goals are:

1. To reduce overdose deaths and overdose harm
2. To provide a gateway to health and social services for people who inject drugs
3. To reduce ambulance attendances and emergency department presentations attributable to overdose
4. To reduce the number of discarded needles and syringes in neighbouring public places
5. To improve neighbourhood amenity for residents and local businesses
6. To assist in reducing the spread of blood-borne diseases including HIV and hepatitis C.

While determining the suitability of the current location of the MSIR was not within the scope of the Review Panel, we did hear from many in the North Richmond community and other stakeholders that they held deep concerns around this issue, especially the proximity to Richmond West Primary School and the general impact on residents and other clients attending NRCH.

What we found

“I walk my daughter to school, witness fights, brazen drug deals, drug use, drug-affected people.”

– Local resident

“When the public see [intoxicated people], that is not a good outcome for the injecting room. We need to address the visibility of people attending and how they are being seen. Unless we do that, we won’t convince the community of the benefits. As practitioners we get it, but we need to bring the community on board otherwise we won’t make the gains we need to in moving the field forward and understanding that it is not going away, it’s probably going to get worse so we need to be on the same page as a community.”

– AOD/harm reduction expert

The Panel spent hundreds of hours speaking with people living and working in the local area and those directly involved in the MSIR to develop a deep understanding of people’s experiences, perspectives and suggestions. We held 102 local consultations, which involved listening to local residents, businesses, people who inject drugs, MSIR workers and police and ambulance representatives. We also held four roundtables with health practitioners, human services providers and AOD/harm reduction experts.

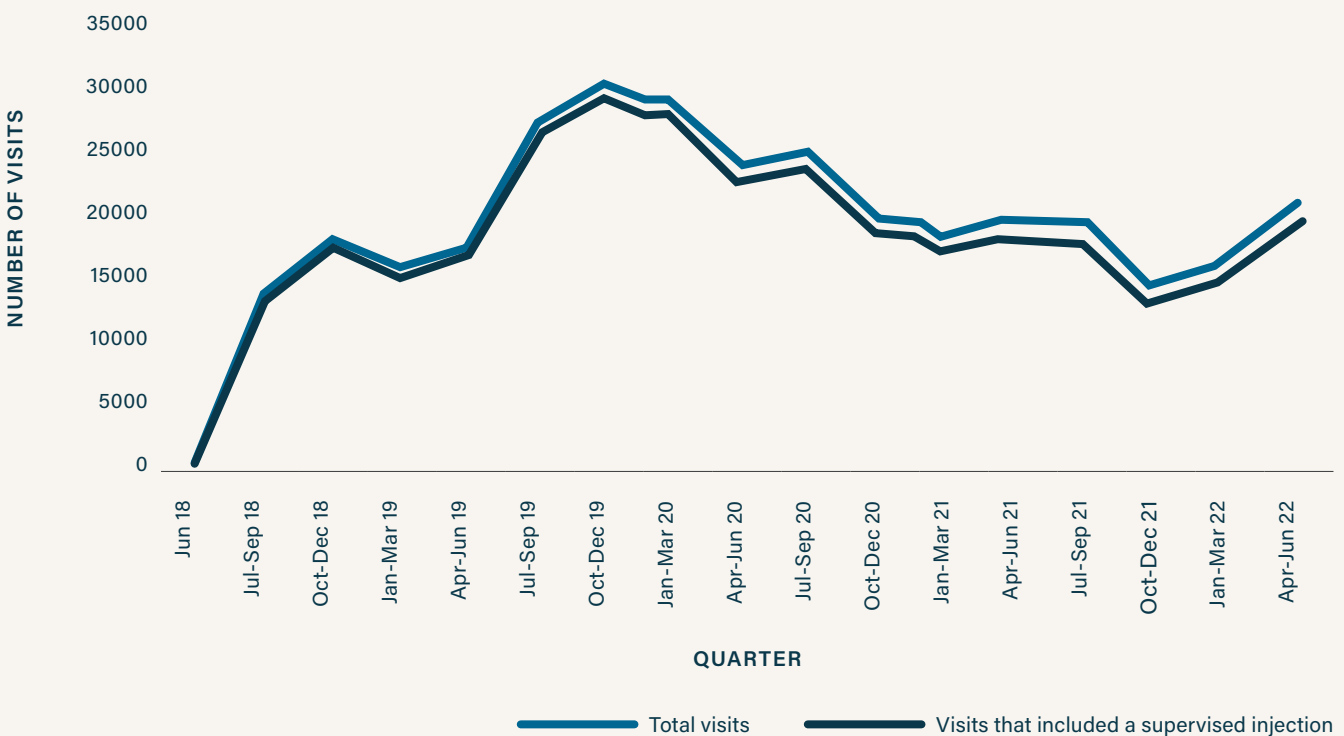
We commissioned research and sought advice from experts in Australia and overseas on models of care, community engagement, approaches to improve amenity and opportunities for service system improvement. We also reviewed relevant literature, looked at communications and security processes and analysed the evidence to determine the extent to which each of the MSIR’s six goals has been advanced to date.

This extensive listening and information-gathering exercise allowed us to develop a clear picture of a trial that was achieving its core goal of preventing overdoses and meeting other harm reduction objectives, but which is run by a small service facing considerable challenges in achieving other goals such as improvements to local amenity.

More broadly, while the MSIR’s current service model and approach fulfils many of the needs of people who use drugs, it is falling short when it comes to other needs such as poor mental health. This is a lost opportunity. The MSIR’s significant potential will only be achieved under the auspices of an organisational structure that can offer a broader range of direct assistance to more people and with the critical mass to deliver services effectively and efficiently.

The Panel finds that trialling an MSIR has not overcome the broader amenity challenges created by a pre-existing drug market. While there have been fewer overdoses requiring ambulance attendance in the area, public injecting and inappropriate discarding of needles and syringes remain a challenge.

It should also be noted that the COVID-19 pandemic and associated restrictions had significant impacts on the operations of the MSIR trial site. These included closing booths, adjusting internal management protocols to accommodate COVID-19 close contacts or positive cases, and repurposing intake assessment rooms for COVID-19 testing. These changes, as well as challenges staff faced in interacting with clients while in full personal protective equipment, negatively affected clients' experiences and interactions during this period and meant there was not a consistent experience as recorded in the data sets across the period of the trial. The Panel acknowledges NRCH's success in managing the MSIR through these challenges to ensure clients continued to be supported.



Source: MSIR service data

Below are the Panel's key findings against each of the six goals of the trial, as set out in legislation:

GOAL 1. Reduce overdose deaths and harm

"If you drop, you're fine, you're going to be cared for."

- John, 40, MSIR client

The Panel finds the MSIR has achieved its central goal of reducing deaths and overdose-related harm. Data from the trial show there have been 5,907 overdoses at the MSIR since it opened, with no fatalities. Modelling adapted from international studies and used in the Hamilton Review suggests that since the MSIR opened it has prevented approximately 63 deaths, which would equate to around 16 lives saved each year.

Across the City of Yarra, there have been 50 heroin-involved fatal overdoses in the 42 months between its opening and December 2021, compared to 68 deaths during a 42-month period before the MSIR opened. This downward trend is in contrast to other local government areas which experienced high numbers of overdose deaths over similar periods.

Research on a sample of MSIR clients indicates clients viewed the MSIR as a place that was safe and clean, where they would significantly reduce or eliminate their chance of death and infection. "I like the idea of having somewhere safe and secure to go," Jacky, 42, told the researchers. "Somewhere I know I've got staff on hand if anything does go wrong because you just never know exactly what chemical make-up is in it and what that's going to do to you. So it's a relief."

GOAL 2. Provide a gateway to health and social services

The trial has been successful in providing access to general health, social and wellbeing assistance and access to housing support and GPs. About 80 per cent of MSIR clients surveyed by the MARC were offered at least one form of support. Between July 2020 and June 2022, the MSIR provided 19,743 instances of support, with about 80 per cent of these involving health promotion and management of injecting-related injuries. In the past two years, there were 15,975 services provided on-site by external organisations such as St Vincent's Hospital and Launch Housing and a further 890 referrals were made to community-based services such as homelessness support and general health care.

However, the Panel views these achievements as qualified successes. The MSIR is limited in its capacity to offer referrals to other health or social services or to follow up and create an integrated care response to help people recover. For example, the MARC study shows people who use the MSIR report symptoms of current PTSD at 27 times the rate of the general population and 11 per cent of clients

have been admitted to hospital for a mental health-related condition, yet the current service model does not allow the MSIR to respond adequately to this significant need.

This appears to be especially the case for the women who use the MSIR. There is a lack of women-centric support services, despite the MARC report showing women who use the MSIR are significantly worse off than men across a range of indicators. For example, they are less likely to be in paid employment (0 per cent for female clients vs 18 per cent for male clients), more likely to have chronic medical problems (76 per cent vs 19 per cent) and more likely to experience severe psychological distress (67 per cent vs 43 per cent).

The MSIR's ability to achieve this goal is also affected by a Victorian AOD service system that is fragmented and challenging to navigate. This is most acute in Victoria's pharmacotherapy system, which is founded on ageing policy, programs and regulation and is becoming increasingly difficult to access due to significant workforce issues and a dwindling pool of doctors and pharmacists willing to take on pharmacotherapy patients.

Provision in Victoria, for example, is substantially below New South Wales despite broadly comparable need. In 2021, Victoria had only 50 public pharmacotherapy patients, compared to 8,498 public patients in New South Wales. In total, the Victorian system had substantially fewer patients (14,804) than New South Wales (24,340). While the number of pharmacotherapy patients has plateaued over the past decade, the Panel understands this is indicative of high levels of unmet need.

These figures paint a picture of an under-resourced Victorian pharmacotherapy system requiring far greater public funding, with access to pharmacotherapy in need of urgent expansion.

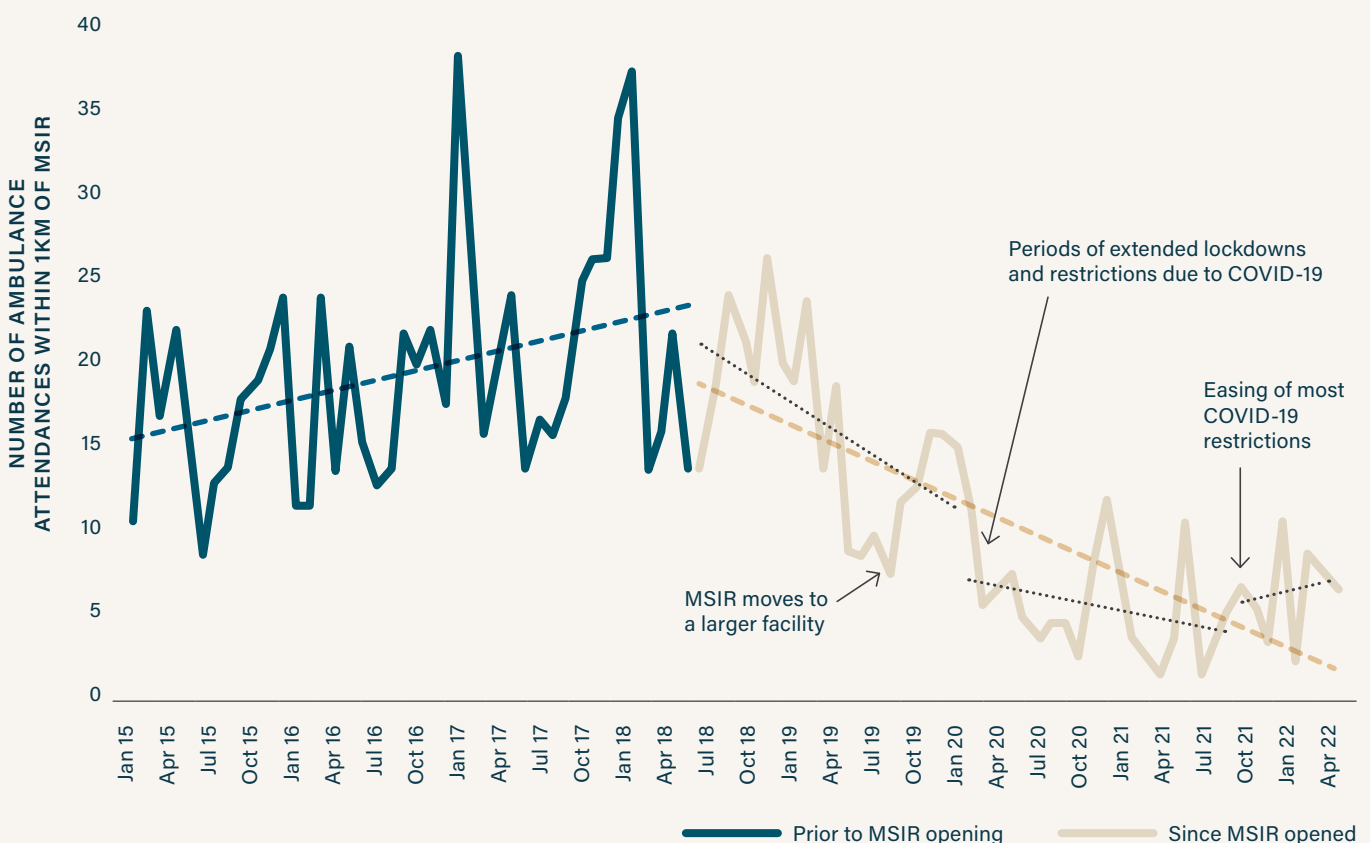
These access issues are exacerbated by the limited treatment options, with only methadone- and buprenorphine-based products available in Victoria. In the context of Victoria's current under-supply of pharmacotherapy services, offering a greater diversity of effective medications such as hydromorphone may help relieve pressure on a system that struggles to meet demand. Evidence from overseas shows that hydromorphone is a safe, effective option for treating addiction among people for whom these other medications haven't been successful.

GOAL 3. Reduce health service demand associated with overdoses

Prior to the MSIR opening, drug overdoses in the City of Yarra placed a significant burden on emergency and health services. By supervising injecting drug use, MSIR staff can respond to overdoses and support people to inject more safely.

The Panel finds the MSIR has led to a significant reduction in ambulance and hospital attendances. In a 42-month period before the MSIR opened there were 818 ambulance attendances involving naloxone administration (used to reverse a heroin overdose) within 1 km of the MSIR, compared to 459 ambulance attendances during a comparable 42-month period after the MSIR opened.

There has also been a declining trend in opioid overdose presentations at St Vincent’s (the nearest public hospital emergency department to the MSIR) since the MSIR began operating, peaking at around 250 presentations a quarter in 2019, to around 150 in the second quarter of 2022. This trend has not been seen in other comparable hospitals (the Alfred and Royal Melbourne Hospital), suggesting the presence of the MSIR is linked to these reductions.



Source: Victorian Ambulance Clinical Information System, Ambulance Victoria

GOAL 4. Reduce public injecting and discarded injecting equipment

“I’m upset that my daughter, at five years old, is familiar with what a syringe looks like, and what to do if she sees one... This is a heavy cost for a child and family to bear.”

– Local resident

“Safety and amenity is the key issue – people need to be able to have a picnic and run barefoot in their backyard and not fear stepping on needles.”

– Community development worker

The Panel finds that the MSIR has only partially met Goal 4. With over 300,000 supervised injections having occurred in the MSIR since the trial began, it is clear that public injecting has been reduced below the level it would otherwise have been had the MSIR not been established. We know that injecting in the MSIR prevents incidents of public injecting and also stops needles from making their way into public places because syringes are disposed of within the MSIR.

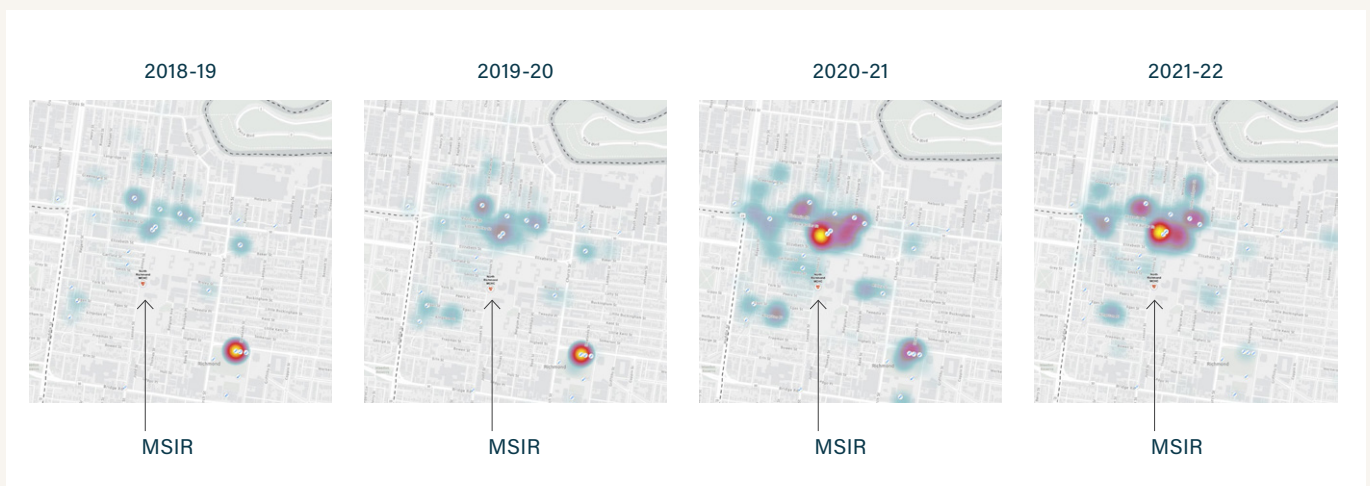
But at the same time, needle collection data from the Yarra City Council and feedback from the community indicate discarded needles remain a problem.

Since the end of lockdown restrictions (when needle litter dropped significantly), the Yarra City Council has collected between 12,000 and 18,000 appropriately and inappropriately disposed of needles a month. Yarra’s data suggest that the amount of inappropriately discarded injecting equipment is increasing over time. Where inappropriately discarded needles made up 20 per cent of all needles collected when the MSIR opened in July 2018, by June 2022 that proportion had risen to 79 per cent.

Yarra City Council data also indicate there has also been more discarded injecting equipment collected at North Richmond train station, the corner of Lennox and Victoria streets, along Victoria Street and at Butler Park, which is 400 metres from the MSIR.

However, it is not possible to determine with any certainty the likely source of discarded injecting equipment. People who use the MSIR generally dispose of their needles within the MSIR, but some litter may be attributed to clients of the NSP at the same site, and some may be brought into the area by people accessing the North Richmond drug market.

GEOSPATIAL DISTRIBUTION OF INAPPROPRIATELY DISPOSED SYRINGES, JULY 2018 – JUNE 2022



GOAL 5. Improve neighbourhood amenity for nearby residents and local businesses

“It’s not a positive experience going to maternal and child health when people are having loud arguments outside. Other mums have been intimidated, people trying to touch their baby, so don’t go back. The entrance is right next to the room.”

– Local resident

“Two things that are clearly true to me – drug-affected people need help, as a society we have to try to provide that in some form. That’s an absolute truth. MSIR at its current location and in its current working model is causing harm to the local community. These facts aren’t mutually exclusive. The arguments aren’t mutually exclusive. A solution has to be found where we can talk about the two things openly and clearly.”

– Local business owner

The Panel found the trial has not achieved this key objective. While some residents around the MSIR told the Panel the area was quieter since it opened, the more common view was that the visible impacts of the North Richmond drug market made locals feel unsafe. These concerns are getting more pronounced over time.

There are two main contributors to these negative perceptions: ongoing issues with syringe litter, including discarded injecting equipment, and a tendency for people to congregate outside the MSIR and behave in a manner that is frightening for passers-by. While the MARC research indicates that any ‘honeypot’ effect is the result of the longstanding drug market in North Richmond rather than the MSIR, we know that seeing people behave unpredictably and witnessing injecting or signs of injecting can negatively affect people’s experience and perceptions of safety.

Some of these negative perceptions about the MSIR and its impact on local amenity can also be attributed to raised expectations in the local community that the establishment of the trial would lead to an end to public injecting and fewer discarded needles. That these improvements have not eventuated has further eroded local confidence in the MSIR.

With space for up to 20 people, the North Richmond MSIR is large by international standards. During pandemic restrictions the number of booths was reduced to meet distancing requirements, resulting in lines in front of the building as people waited to enter. While all booths have now returned to normal operation and queuing is no longer necessary, we heard that large, noisy gatherings outside the MSIR remain an issue.

A review of security and safety at the MSIR found that it meets all relevant standards. But its layout and physical design mean that once people have moved through the injecting area, they move outside where they join others, only some of whom are MSIR clients. The Panel heard that the area outside of the MSIR is used as a meeting place by people who inject drugs, creating an atmosphere that can lead people – community members and MSIR clients alike – to feel unsafe.

We heard residents are reassured by a visible police presence on foot or bikes. But police cars or horse patrols appear to have the opposite effect, increasing some residents' perception of living in a dangerous area.

The Panel heard that many of the more visible impacts on safety and amenity, such as public injecting and violence and other antisocial behaviour, result from those who access the drug market, but not necessarily the MSIR. The Panel heard that some people prefer not to use the MSIR for a range of reasons, including concern about harassment from others injecting there or congregating outside the MSIR – a reminder that violence and aggression don't just impact local residents, but can also be a barrier to services for clients.

"It doesn't make you feel safe as you're walking down Lennox Street to the room," client Jerry, 52, told the MARC researchers. "Also, there's people trying to rip you off or... rob you. As I say, you've just got to have your wits about you all the time." Other reasons that people who use drugs may choose to inject in public instead of the MSIR include negative experiences with the service and fear of police activity within the North Richmond drug market. Others do not use the MSIR because they don't meet eligibility criteria (they are pregnant, on a court order, or are unable to inject themselves).

The Panel spoke to residents and local businesses who expressed concern about the MSIR's communication and engagement efforts with the local community, which to date have focused on providing "powerful stories of how the MSIR is saving lives". We heard that focusing on these positive stories about the MSIR does not align with the actual concerns and communication needs of residents who say they see very little information coming from NRCH or the Government about the MSIR and would like more direct engagement. One resident commented that since the MSIR opened "I haven't had anyone knock on the door to ask if I'm okay or acknowledge that it must be tough".

GOAL 6. Reducing the spread of blood-borne viruses (BBVs)

“It helps when it’s all in the one place to keep that drive up.”

– MSIR client on hepatitis C screening

The Panel finds that testing, onsite treatment and links to care have contributed to this goal being met. By testing people on the spot when they come to inject, the MSIR can capture people who may not otherwise have been tested.

Between July 2018 and June 2022, MSIR staff provided more than 22,500 health promotion services to support safe injecting practices and over 950 BBV/sexually transmitted infection testing and treatment services to clients. Overseen by the Medical Director and conducted in collaboration with St Vincent’s Hospital, clinics held in the MSIR consulting area have provided nearly 3,000 instances of BBV education, hepatitis screening and vaccination, follow-up and treatment. This included more than 1,100 instances of BBV education, hepatitis screening and vaccination, follow-up and treatment and 660 services provided through St Vincent’s Health’s Health Independence Program.

While no figures are available to directly measure the spread of BBVs among MSIR clients, notifications in the City of Yarra have decreased slightly from 37-42 notifications per year between 2015 and 2017 to 26-39 notifications per year between 2018 and 2021. The MSIR’s activities are likely contributing to this decline.

Finding a way forward

In undertaking this review of the MSIR trial and developing our findings, the Panel has been mindful of the fact it is just that: a trial. Its purpose is to save lives, reduce drug-related harm and fulfil the other goals set out in legislation. But it also plays a vital role in allowing decision-makers and the community to learn more about effective approaches to supporting people who inject drugs and the experience of the community that lives and works around the North Richmond drug market.

This learning is ongoing. But what we do know so far is that the MSIR has clearly been successful in reducing overdoses and improving some health outcomes. However, there is still work to do to ensure the MSIR becomes a more effective gateway into a range of health and social supports for highly disadvantaged and vulnerable Victorians. The MSIR also faces significant challenges in achieving its ambitious goal of reducing needle litter and improving the amenity of an area that for decades has experienced the pressures associated with its proximity to Victoria's largest drug market.

In developing a set of recommendations, the Panel has drawn on its findings to suggest a range of actions that could be taken to ensure the MSIR builds on its success in achieving its core objective of saving lives while improving its performance across all its other goals. These recommendations, listed in full at the end of this Final Report, can be grouped into four themes:

1. The MSIR should become an ongoing service, but with an expanded model of care

The positive outcomes from the trial provide a clear justification for the continuation of the services offered by the MSIR in an ongoing capacity. However, the Panel recommends that the Victorian Government improves the MSIR and upgrades its model of care so it can better meet the needs of both the people who live and work nearby and those who make use of the services on offer.

There is a significant opportunity to enhance the MSIR service model as it currently operates to include wrap-around holistic treatment, care and support. This will transform the MSIR into a place where some of the most marginalised and stigmatised members of our community will be supported towards better health and improved lives.

The enhanced service, reconceptualised as an Overdose Management and Recovery Service, would be better equipped to support clients, with a focus on addressing complex trauma-induced mental health issues within a strengthened harm reduction model. It would provide a comprehensive range of referral and care pathways towards better health outcomes for people with different needs, delivered by staff with high-level clinical skills and experience in working with people with complex needs including mental health, drug dependence and homelessness.

This expanded model of care needs to be monitored and assessed against the goals set out in legislation, with an independent review commissioned by the government at least every three years. It should feature findings and recommendations and be released publicly.

2. New approaches are needed to improve local amenity

The reality of the North Richmond drug market means it is unrealistic to hope that the MSIR will ever eliminate all public amenity issues associated with the market's activities. However, the experience of other injecting facilities demonstrates it is possible, over time, for these services to have a positive impact on needle litter, public injecting and the local community's experience of safety.

While the Panel is careful not to overstate any 'amenity dividend' resulting from an enhanced model, we know that an increase in people using the MSIR means more people are being put on a pathway to recovery which in turn leads to the community experiencing fewer negative impacts from drug addiction.

For example, we know that much of the antisocial behaviour within the drug market is the result of mental ill-health among people who inject drugs rather than a

result of the drug use itself. If people who use drugs are accessing the right mental health treatment through the MSIR, they are less likely to engage in those problematic behaviours. Furthermore, because they are using the MSIR, they are less likely to inject publicly and dispose of needles inappropriately.

There is also the opportunity for the enhanced model to engage with people who are using drugs but not using the MSIR. This could be done by significantly increasing proactive outreach to this cohort within the North Richmond area. Doing so will further assist in addressing issues around public injecting, congregation and antisocial behaviour. As this activity tends to spread into areas for which the MSIR is not responsible, the Panel also sees the need for an integrated approach to security across the broader precinct, as well as the use of more visible community policing.

In line with these efforts to broaden the coverage of the MSIR and reduce public injecting, the Panel also recommends expanding MSIR access to include peer/partner injecting, and reviewing other eligibility barriers such as pregnancy or being on a court order.

The Panel recommends that the MSIR and other harm reduction services, particularly the NSP, do more to encourage people who inject drugs to dispose of equipment appropriately through behaviour change campaigns and more proactive outreach.

There is a significant opportunity for the MSIR to address local concerns by strengthening community engagement efforts. The MSIR should develop a strategy to build and maintain its relationships with people who live and work in the local community. Strong relationships mean that challenges can be openly discussed, ideas shared and solutions found based on shared responsibility and reciprocity.

As part of its strategy, improved, ongoing communication about the actions that the MSIR plans to take in response to this review, combined with the use of a publicly available tool to track progress against the review recommendations, would improve local accountability and help residents and businesses feel more informed about the MSIR's performance and activities.

3. A re-commissioning process should be undertaken to find the best provider for the expanded model

The Panel acknowledges NRCH's undoubted success in reducing overdoses and drug-related harm over the period of the trial, despite significant operational and workforce challenges. For a small community health service to have established an MSIR that has at times been one of the busiest such facilities in the world is a considerable achievement. There are likely dozens of people alive today, and families and friends spared the suffering of losing a loved one, because of its efforts.

The Panel recommends the Victorian Government undertake a re-commissioning process to ensure that the MSIR provider has the structure, resources and expertise to support the proposed enhanced model of care and the location of its delivery.

The re-commissioning process would be open to larger standalone organisations or a consortium of service providers. In either case, the involvement of a tertiary health service (either as the provider or member of the consortium) is preferred. The successful provider/s will have the relevant expertise and experience to offer the full scope of services, treatments and supports to people who inject drugs, including trauma-informed assertive outreach services, expanded drug treatment and mental health services and appropriate referrals to a range of other services.

The provider would also be expected to employ staff with high-level clinical skills and experience working with people with complex needs and provide (either in-house or through links to other services) a full suite of support to specific groups such as women and people from Aboriginal and Torres Strait Islander communities.

Finally, it is the Panel's view that it may be preferable for the provider to offer some services, such as expanded pharmacotherapy, at locations outside of the Richmond drug market. While clients might be assessed and initiated at North Richmond, there are benefits to delivering services elsewhere, including reducing the number of people coming to the vicinity of the drug market for care, and providing reassurance to the local community that the MSIR is not engaging in an endless expansion and centralisation of services at the current site.

4. Improvements in government coordination and the AOD system are needed

The Panel believes that greater leadership is required across and within government to guide system-level reforms that will help people who inject drugs and in turn increase community amenity for the people who live and work in areas where active drug markets are found.

In line with this, the Victorian Government's existing cross-agency committee overseeing the MSIR, the North Richmond Precinct Partnership Development Group, should be elevated to the status of an Interdepartmental Committee (IDC) to ensure high-level engagement across departments and other agencies with direct involvement in the precinct. The IDC would include (but not be limited to) the Department of Health, Department of Families, Fairness and Housing, Department of Transport, Department of Education, Victoria Police, and Ambulance Victoria.

Beyond the MSIR itself, specialised system leadership is needed. The Panel has looked to the successful establishment of other system-specific and specialised health leadership positions within the Victorian Government, such as the Chief Psychiatrist and Chief Aboriginal Health Officer, and recommends creating the role of Chief Addiction Medicine Advisor for Victoria, ideally supported by a new Addiction Medicine Clinical Advisory Council.

With Victoria failing to meet the substantial demand for pharmacotherapy treatments, there is a critical need for increased investment in publicly funded statewide pharmacotherapy offerings. This would enable everyone who wants to commence drug treatment to do so, ideally of a type and at a location that suits them best. Such investment should include making new pharmacotherapy options such as hydromorphone available, targeted to people whose previous treatment has not been successful.

Recommendations

Based on these findings, the Panel recommends that the Minister for Mental Health:

1. Continues the MSIR as an ongoing service, subject to the following:
 - a. That the provision of services be subject to a re-commissioning process, with the following specifications:
 - i. The provider expands health care access at the MSIR to ensure clients receive the treatment, care and support they need, including developing a system to follow up and monitor referrals.
 - ii. Either the auspicing organisation be a tertiary health service or the provider establish a close collaboration with a tertiary health service to provide comprehensive treatment, care and support.
 - iii. The provider offers a broader range of support services, with a particular focus on addressing complex trauma-induced mental health issues within a harm reduction framework.
 - iv. The provider ensures that ongoing assertive care coordination is available, and offers a comprehensive range of referral and care pathways to better health outcomes for people with different needs, including via the following differentiated approaches:
 - Offering holistic gender-specific services such as safe spaces for women and referral pathways that acknowledge their higher levels of trauma, complex need and vulnerability.
 - Engaging with Aboriginal-controlled health organisations to ensure strong linkages with specialist services and a culturally safe approach for people from Aboriginal and Torres Strait Islander communities.
 - v. The provider offers trauma-informed assertive outreach services and navigates appropriate referrals to people in the North Richmond drug market, delivered by staff with high-level clinical skills and experience in working with people with complex needs in the areas of mental health, drug dependence and homelessness.
 - vi. The provider proactively and effectively eliminates the congregation of clients on the footprint of the NRCH to enable equitable access to the MSIR and other services in the area.
 - vii. The provider develops a Community Relationship and Engagement Strategy with a focus on improving local residents' and businesses' experience of the MSIR and its impacts.
 - viii. The provider captures appropriate information to allow monitoring and evaluation, including through understanding lived experience and the use of linked data to enable enhanced service planning and design.
 - ix. To better reflect the expanded focus of the services to be provided, we suggest the name of the MSIR is changed to the *Overdose Management and Recovery Service*.
2. Minimises the number of people injecting in public by expanding MSIR access to include peer/partner injecting and that the Clinical Advisory Council (see recommendation 5a) consider the removal of other eligibility barriers including people on court orders.
3. Ensures that there is an integrated, consistent and proactive approach to security across the entire precinct involving Victoria Police, Homes Victoria, Richmond West Primary School, NRCH and the MSIR.
4. Encourages Victoria Police to continue the development and implementation of appropriate community policing, including giving special consideration to tasking foot and mobile patrols in the North Richmond neighbourhood, including in the vicinity of the MSIR.

5. Creates the role of Chief Addiction Medicine Advisor in the Department of Health, appointed on a three-year rotating basis, to provide strategic leadership on issues around drug use and dependency.
 - a. Additionally, establish a broad-based, independent Clinical Advisory Council to advise and support the work of the Chief Addiction Medicine Advisor.
6. Significantly expands access to the Victorian pharmacotherapy system, including by:
 - a. Restructuring and substantially expanding a publicly funded pharmacotherapy treatment system across the state, administered through the public health system.
 - b. Diversifying pharmacotherapy options to include hydromorphone, particularly for people whose previous treatment has not been successful.
7. Reviews the NRCH NSP to enhance privacy and improve meaningful engagement with clients, including strengthened referral practices and more assertive education around safe disposal.
8. Builds on the current work and expands the existing senior cross-agency committee – the North Richmond Precinct Partnership Development Group – to that of an interdepartmental committee (IDC) to ensure the active and sustained involvement of representatives at the Deputy Secretary level or equivalent in agencies with direct involvement in the precinct including, but not limited to, the Department of Health, Department of Families, Fairness and Housing, Department of Transport, Department of Education, Victoria Police, and Ambulance Victoria. The terms of reference for this committee would be endorsed by Cabinet and the IDC would be required to report to Cabinet every six months.
9. Commissions periodic independent reviews of the North Richmond facility at least every three years, with a report to be submitted to the Minister and released publicly.
10. Ensures the community is provided with reports on progress against the recommendations of the current and previous Review.