



Burnet Institute

Medical Research. Practical Action.

The potential and viability of establishing a
Supervised Injecting Facility (SIF) in
Melbourne

Professor Robert Power
Burnet Institute

Acknowledgements

- Traditional owners: **Wurundjeri**
- Yarra Drug Health Forum
- Project team (Burnet Institute)

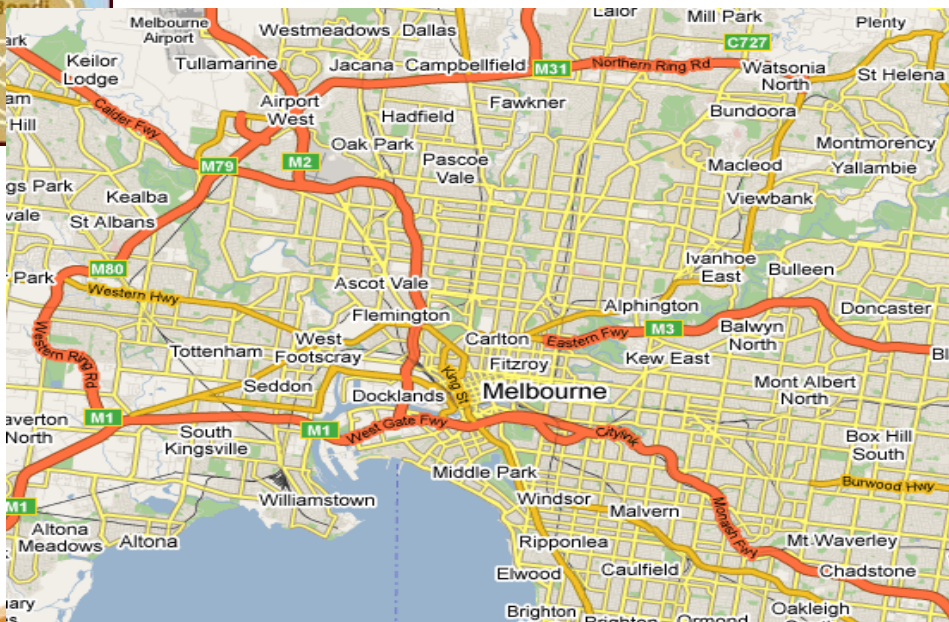
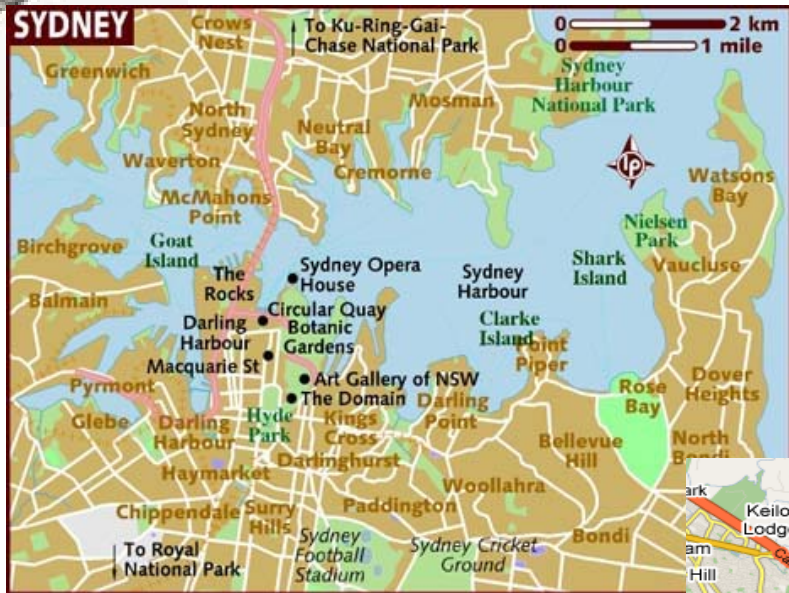
Merri Creek

Cerissa Papanastasiou
Amy Kirwan
Rebecca Winter
Robert Power

- 25 key experts & consultation participants
- ANEX
- 76 Safe injecting facilities
- Various national and international agencies



Burnet Institute



Soho, London



"HIV infection is a greater threat to the individual and society than illicit drug use."

ACMD, UK, 1987

Australian National Council on Drugs

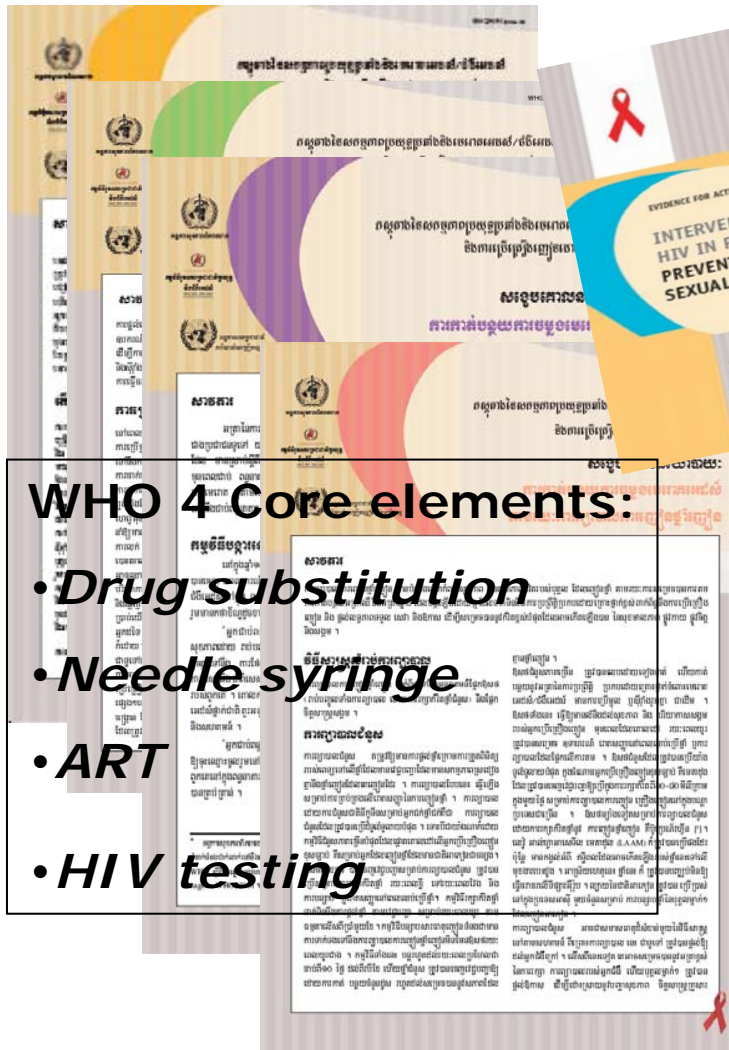
World Health Organisation

UNAIDS

South-side, Chicago



WHO "Evidence for Action" for comprehensive package



WHO 4 Core elements:

- Drug substitution
- Needle syringe
- ART
- HIV testing

EVIDENCE FOR ACTION TECHNICAL PAPERS
INTERVENTIONS TO ADDRESS
HIV IN PRISONS
PREVENTION OF
SEXUAL TRANSMISSION

EVIDENCE FOR ACTION TECHNICAL PAPERS
INTERVENTIONS TO ADDRESS
HIV IN PRISONS
HIV CARE, TREATMENT
AND SUPPORT

EVIDENCE FOR ACTION TECHNICAL PAPERS
INTERVENTIONS TO ADDRESS
HIV IN PRISONS
DRUG DEPENDENCE
TREATMENTS

EVIDENCE FOR ACTION TECHNICAL PAPERS
INTERVENTIONS TO ADDRESS
HIV IN PRISONS
NEEDLE AND SYRINGE
PROGRAMMES AND
DECONTAMINATION STRATEGIES

A 'STEP-BY-STEP' ALGORITHM FOR
THE PROCUREMENT OF CONTROLLED
SUBSTANCES FOR DRUG
SUBSTITUTION TREATMENT

POSITION PAPER

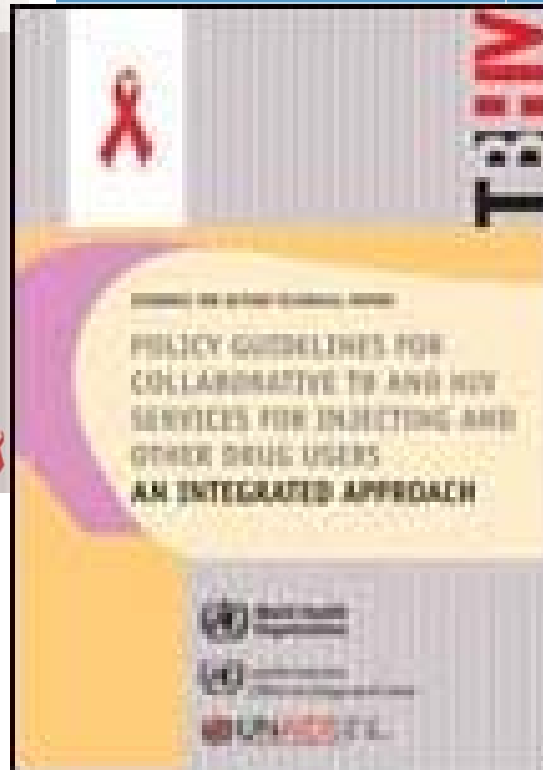
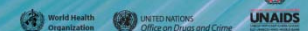
WHO/UNODC/UNAIDS position paper
Substitution maintenance therapy
in the management of opioid dependence
and HIV/AIDS prevention

The World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), have developed a joint position on substitution maintenance therapy for opioid dependence. Based on a review of scientific evidence and oriented towards policymakers, the WHO/UNODC/UNAIDS position paper covers a wide range of issues, from the rationale for this treatment modality, to the specific considerations regarding its provision for people with HIV/AIDS.

Joint WHO/UNODC/UNAIDS statement
on substitution maintenance therapy¹

Opioid dependence, a complex health condition that often requires long-term treatment and care, is associated with a high risk of HIV infection when opioids are injected using contaminated injection equipment. Drug dependence treatment is an important strategy to improve well-being and social functioning of people with opioid dependence and to reduce its health and social consequences, including HIV infection. As no single treatment is effective for all individuals with opioid dependence, sufficiently diverse treatment options should be available. Substitution maintenance therapy is one of the most effective treatment options for opioid dependence. It can decrease the high cost of opioid dependence to individuals, their families and society at large by reducing heroin use, associated deaths, HIV risk behaviours and criminal activity. Substitution maintenance therapy is a critical component of community-based approaches in the management of opioid dependence and the prevention of HIV infection among injecting drug users (IDUs). Provision of substitution maintenance therapy – guided by research evidence and supported by adequate evaluation, training and accreditation – should be considered as an important treatment option in communities with a high prevalence of opioid dependence, particularly those in which opioid injection places IDUs at risk of transmission of HIV and other bloodborne viruses.

¹ In this document the term "substitution maintenance therapy" refers to treatment fulfilling the following criteria: agents used for substitution therapy have been thoroughly evaluated; treatment is administered by accredited professionals in the framework of recognized medical practice and there is appropriate clinical monitoring.



"...care more for the truth
than for what people think."
Aristotle (384-322 BC)

The potential and viability of establishing a Supervised Injecting Facility (SIF) in Melbourne

- Commissioned by Yarra Drug Health Forum
- Burnet Institute: Medical research. Practical action
- Review of the published evidence
- Key expert panel review
- *Participatory workshop at Anex Conference*
- Report & dissemination



Burnet's currency is evidence

Three Key Take Home Messages:

Supervised Injecting Facilities improve:

- 1. Individual & Public Health
- 2. Public amenity
- 3. Comprehensive harm reduction



Supervised Injecting Facilities (SIFs)

➤ Around 76 SIFs worldwide

➤ Sydney
Canada
Germany
Luxembourg
Netherlands
Norway
Switzerland
Spain

(IHRA, 2009)



Twenty years' of evidence

- **Impact on overdose (Sydney 3,000)**
 - Kerr et al., 2003; Kerr & Palepu., 2001; Navarro & Leonard., 2004; Rhodes et al., 2006
- **Increase in public amenity (<injecting, <crime)**
 - Beteletsky et al., 2008; Broadhead et al., 2002 Kerr et al., 2003; Kimber et al., 2005; Strathdee et al., 2007
- **Sterile injecting equipment (Sydney 0.5 m)**
- **Reduction in potential healthcare costs**
 - Broadhead et al., 2002; Van Beek et al., 2004
- **Improved access to health care and treatment services (Sydney 17%)**
 - Broadhead et al., 2002; Rhodes et al., 2006; Wood et al., 2004;



Issues & Concerns

- **Not a panacea - comprehensive**
 - Rhodes et al., 2006; Wright et al., 2004
- **Public order concerns – ‘Honeypot’ effect**
 - Kimber et al., 2005; Wood et al., 2004
- **Displacement of drug markets - response**
 - Rhodes et al., 2006



Sydney MSIC's Public Health goals

- Reduced morbidity and mortality associated with drug overdoses
- Reduced transmission of blood borne infections including HIV, hepatitis B & C
- Earlier and increased engagement with more marginalised street-based injecting drug user population (“net-widening”)
- Enhanced IDU access to relevant health and social welfare services, including drug treatment and rehabilitation

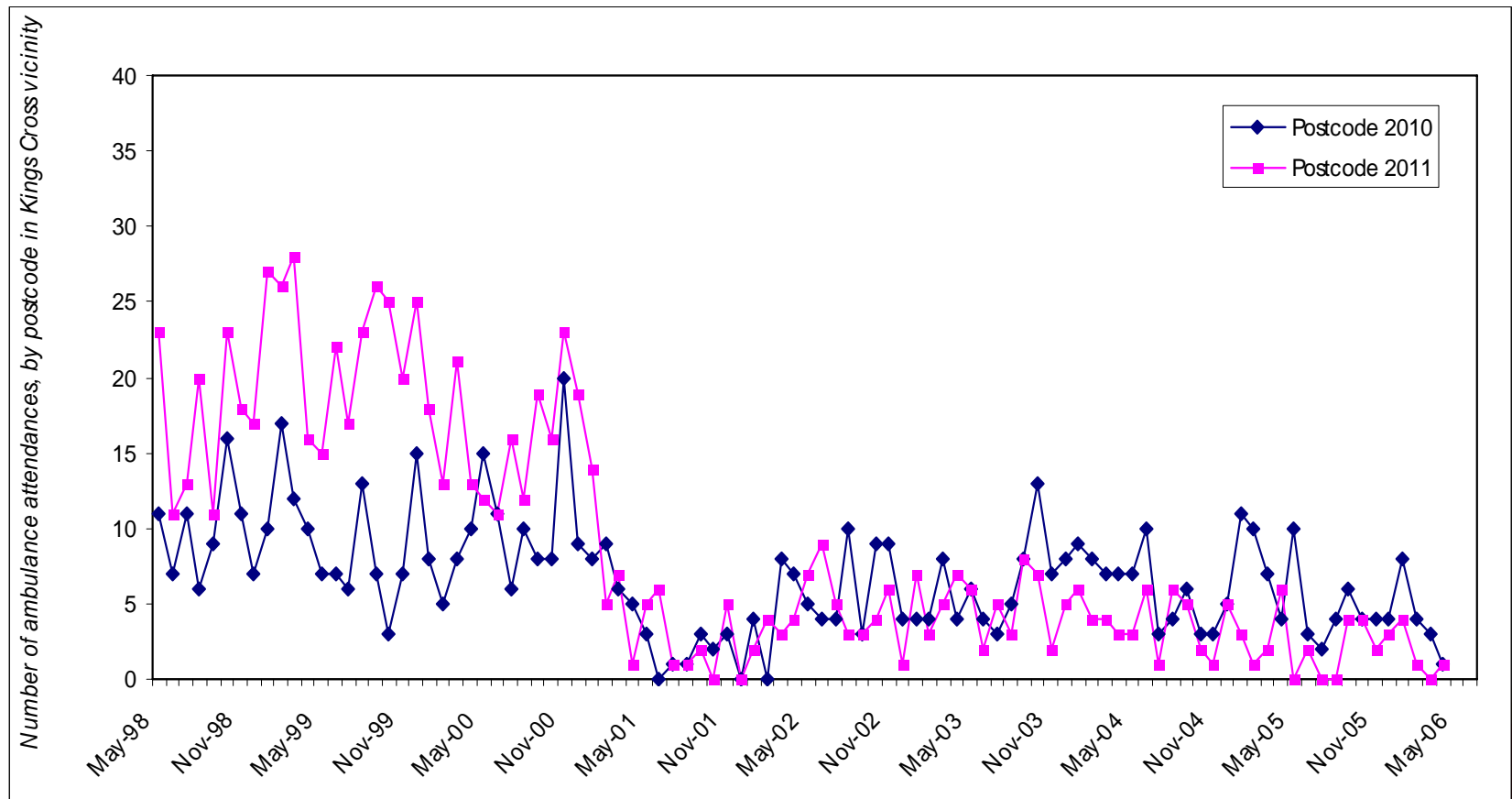


Safe and efficient disposal of injecting equipment (MSIC Sydney)



* Decreases in ambulance callouts to opioid overdoses:
Sydney postcode 2011 (80%)
Sydney postcode 2010 (45%)

* Salmon et al (Addiction 2010): < in vicinity compared to rest of NSW
< greatest during opening hours



Referrals to Drug Treatment (one-fifth of MSIC clients)

- 34% - Drug detoxification programs
- 21% - Buprenorphine
- 17% - Methadone
- 17% - Drug counselling services
- 9% - Residential rehabilitation services
- 2% - NA and other self-help
- 1% - Naltrexone

33% referred had no previous episode of drug treatment



Public amenity (Sydney MSIC)

- Serial community surveys: < injecting; < paraphernalia
- 48% decrease in average monthly public needle collection
- 40% reduction in equipment dispensed in Kings Cross
- 80% decrease in ambulance heroin overdose in Kings Cross



Key expert consultation

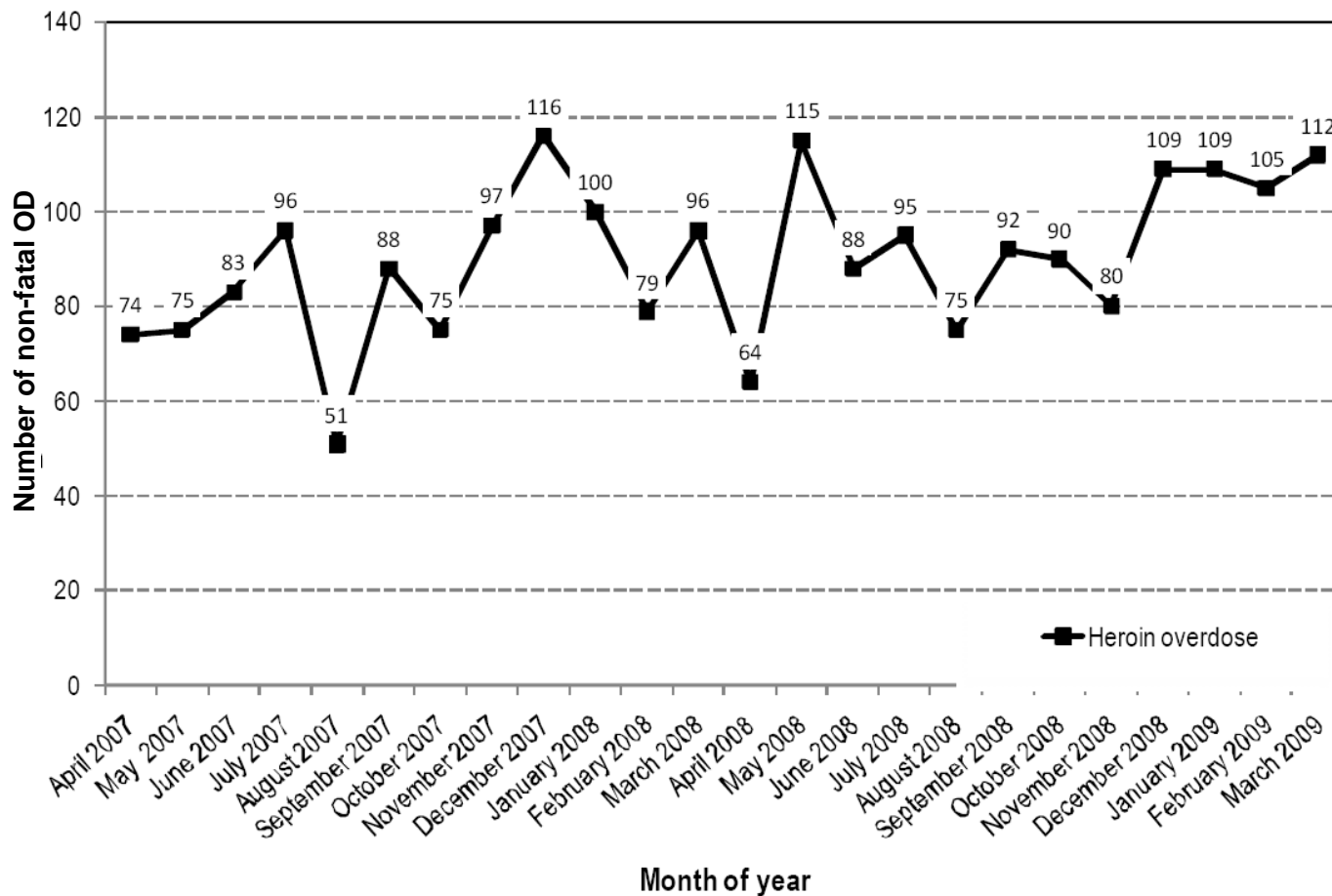
Currently operating SIFs

- Criterion for SIFs: drug scene; overdose; public concern
- Key SIF services: key components
- Operational issues: staffing, management, hours



Frequency of non-fatal heroin overdoses attended to by ambulance in Melbourne by month and year: 04/2007 – 03/2009

(Turning Point, 2009)

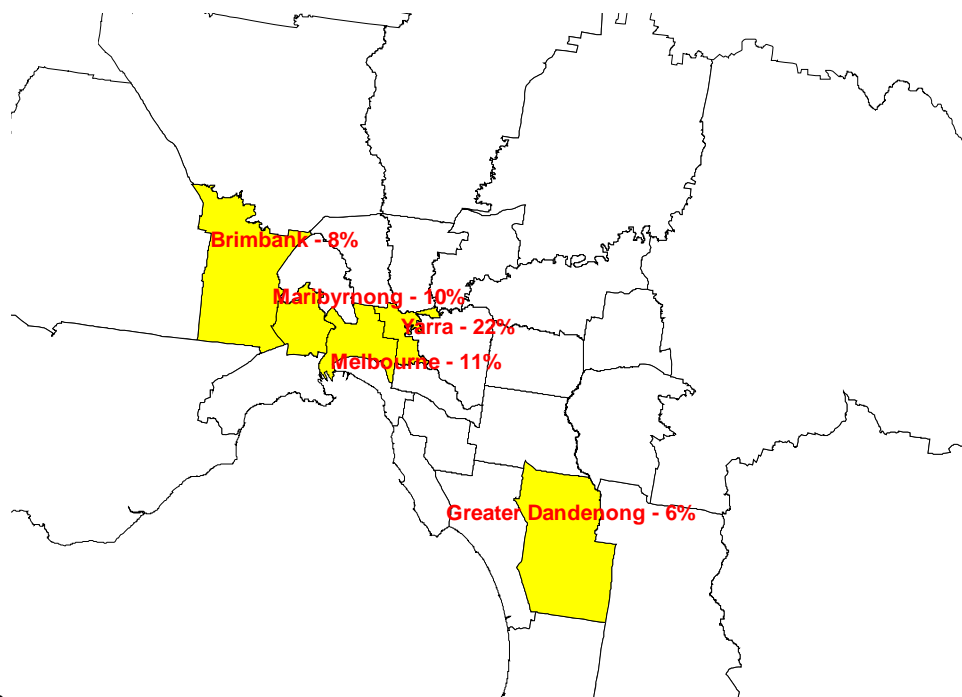


Melbourne Statistics

- Non-fatal overdose – 64% in public place
- Concentration of overdose in areas of Melbourne

22%	Yarra
11%	Melbourne
10%	Maribyrnong
8%	Brimbank
6%	Greater Dandenong

(Turning Point, 2009)



Melbourne Statistics

➤ **Last injection location**

(MIX Study, Burnet Institute, 2009)

28% Street/park

18% Car

10% Public toilet

6% Other (e.g. stairwell of building)

➤ **Needle and syringe distribution increased** by 7% from 2006/07 – 2007/08 (COAG, 2008)

➤ **Hepatitis C prevalence** - 72% IDU in 2008 (NCHECR, 2009)



Key expert consultation

The Melbourne Context

Harm reduction framework (not strictly medical)

- Specific objectives
- Benefits of harm reduction approach
- Integration with IDU primary health care services, commonly alongside NSPs



Map data ©2009 Map Data Sciences Pty Ltd, PSMA

Type and Location

- Contrasting opinions regarding type of SIF
- Mobile – more acceptable
- Fixed – in several locations ('hotspots')
- Additional facilities throughout hospitals and community health settings

Where to for Melbourne & Victoria?

- community and political support
- agency engagement and collaboration
- sited in places where drug users congregate
- integrated into existing services
- adequately funded

The evidence is clear. It's now over to Victorians to decide how to use it.

