

Position Paper Harm Minimisation March 2017

1. Purpose

The purpose of this paper is to document ISCH's position on harm minimisation.

The document outlines recent evidence regarding the importance of drug harm minimisation including, the establishment of supervised injecting facilities (SIF) in Victoria, The establishment of comprehensive pill testing and Needle syringe programs (NSP) services, including NSP vending machines.

2. Policy Position:

Inner South Community Health (ISCH) conducts services from a social model of health, incorporating a harm minimisation framework and philosophy.

Harm minimisation is the overarching strategy used throughout Australia to improve health, social and economic outcomes for the community and individuals involved in substance use.

ISCH develops and delivers its services in a way that most appropriately and effectively responds to the needs of vulnerable, high need or high-risk groups within our communities including users of both illicit and licit drugs.

The ISCH supports continued development of service models and options, both internally and external to the organisation, that most effectively minimise harm to at risk populations and respond to community need.

Therefore, ISCH supports;

- 1.1. The establishment of supervised injecting facilities (SIF) in Victoria
- 1.2. The establishment of comprehensive pill testing
- 1.3. Needle syringe programs (NSP) services, including NSP vending machines.

3. Supervised Injecting Facilities

The use of injecting facilities is specifically targeted at reducing the harm associated with injecting drug use, not at reducing levels of drug use within the community. This strategy must be seen as only one part of a comprehensive response to drug use within our community.

Evidence from both Australia and overseas indicates that supervised injecting facilities are an effective way of reducing some of the harms associated with injecting drug use, including:

- Numbers of overdoses (including fatal and non-fatal)
- Public littering of injecting equipment
- Reaching people with chronic injecting use and providing pathways and opportunities for treatment and support
- Infection rates of transmissible diseases such as Hepatitis C
- Physical harm from injecting , such skin abscesses and damaged veins
- Drug-related loitering, drug dealing or petty crime in the area
- Healthcare costs including ambulance call-outs and hospital admission¹

Evaluations of the Sydney supervised injecting facility found that up until 2015 it had;

¹ de Vel, Palumbo, M.,Matthew, Simmons, F.,Shanahan, M., & Ritter, A. (2013).Bulletin No. 22 [Supervised Injecting Facilities: What the literature tells us](#). DPMP Bulletin Series, Sydney National Drug & Alcohol Research Centre.

- Successfully managed more than 6,089 drug overdoses without a single fatality
- Reduced the number of publicly discarded needles and syringes in the Kings Cross area by approximately half
- Decreased the number of ambulance call outs to Kings Cross by 80%
- Generated more than 12,000 referrals to health and social welfare services^{2,3}.

4. Pill Testing

Australians are among the heaviest users of illicit pills and ‘party drugs’ in the world. Commonly used pills vary widely in their purity, and are frequently laced with harmful adulterants. The pills that partygoers take are rarely produced as advertised⁴.

Pill testing is a key harm reduction initiative, with widespread support from medical and policy experts⁵. Pill testing is a proven measure that reduces harm by providing users with more information on the substances they are taking. In many instances, just providing this information encourages partygoers to reconsider their use of a potentially harmful substance.

Internationally, pill test services are legally available in several countries. Analytical technologies are used and samples provided are analysed to provide precise results on their contents and purity. With many of these labs running for over a decade, all the evidence shows that pill testing promotes safer drug taking practices to those already using drugs, but doesn’t result in increased individual usage or an increase in the number of people who use drugs⁶.

5. NSP

ISCH is committed to providing NSP to reduce harm for people who inject drugs. This includes the provision of injecting equipment through syringe vending machines.

The vending machines form an important part of The Victorian Needle and Syringe Program (NSP), a public health initiative that aims to minimise the spread of blood-borne viruses such as human immunodeficiency virus (HIV) and Hepatitis B and C among people who inject drugs and the wider community.

In Australia research indicates that these machines have prevented thousands of cases of infection among people who inject drugs and, in turn protected the wider community⁷.

Difficulties accessing sterile needles and syringes are a major reason injecting equipment is shared which increases the risk of HIV and hepatitis C infection. The machines which provide 24 hour access to safe injecting equipment, minimise the spread of blood-borne viruses such as human immunodeficiency virus (HIV) and Hepatitis⁸.

² Uniting (2016). Medically Supervised Injecting Centre - Get to know our story. Retrieved 24 February 2017 from https://uniting.org/_data/assets/pdf_file/0005/139370/Uniting-MSIC-Brochure-.pdf

³ Schatz, Eberhard and Nougier, Marie, IDPC Briefing Paper - Drug Consumption Rooms: Evidence and Practice (June 22, 2012). Available at SSRN: <https://ssrn.com/abstract=2184810> or <http://dx.doi.org/10.2139/ssrn.2184810>

⁴ Camilleri A, Caldicott D. Underground pill testing, down under. *Forensic Science International* [serial online]. January 1, 2005;151:53-58. Available from: ScienceDirect, Ipswich, MA. Accessed February 24, 2017.

⁵ Parliamentary Drug Summit 2016, Canberra : <http://www.drugpolicyreform.com.au/>

⁶ Kriener H. *An inventory of on-site pill-testing interventions in the EU*. [serial online]. 2001; Available from: Drug Database, Ipswich, MA. Accessed February 24, 2017.

⁷ Australian Department of Health *Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia* (2009), Accessed: September 2016: <http://apo.org.au/node/19432>

⁸ Queensland Government (2006). *Evaluation Report: Afterhours needle and syringe dispensing machine pilot project*. Queensland Government, Queensland Health, Brisbane, QLD

More than 100 syringe vending machines operate throughout Australia. Although there has been public concern about children accessing these machines, there is no evidence that this has ever occurred⁹.

There is also a perception within the community that syringe vending machines increase drug use, there is no evidence to support this¹⁰. A World Health Organisation (WHO) report on Syringe Vending machines indicated they prevent vast numbers of HIV infections and found no evidence that needle syringe machines caused non-injecting drug users to become injectors¹¹.

From 2000 to 2009 the needle syringe exchange program is estimated to have directly prevented 32,050 new HIV infections and 96,667 new Hepatitis C infections. For every \$1 dollar spent on the exchange program \$4 dollars is saved for the Australian Health System¹².

⁹ Dolan, K. MacDonald, M., Silins, E. & Topp, L. 2005. *Needle and syringe programs: A review of the evidence*. P.3 Canberra: Australian Government Department of Health and Ageing.

¹⁰ Dolan, K. MacDonald, M., Silins, E. & Topp, L. 2005. *Needle and syringe programs: A review of the evidence*. Canberra: Australian Government Department of Health and Ageing.

¹¹ Wodak, A. and Cooney A. 2004. Evidence for action technical papers: effectiveness of sterile needle and syringe programming in reducing HIV/ AIDS among injecting drug users. Geneva: World Health Organisation.

¹² Australian Department of Health *Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia* (2009), Accessed: September 2016: <http://apo.org.au/node/19432>

REFERENCES & FURTHER INFORMATION:

DOCUMENTS

- ISCH Drug Related Harm Minimisation Policy
- Medically Supervised Injecting Facilities – ISCHS Board Paper 2010
- ISCH Assessment and Care Policy
- ISCH Clinical Risk Management Policy
- ISCH Safe Handling of Sharps and Other Injecting Equipment Policy
- ISCH Sex Work Policy

References

- Australian Department of Health *Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia* (2009), Accessed: September 2016: <http://apo.org.au/node/19432>
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