

North Richmond Public Injecting Impact Study

SUMMARY REPORT

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BACKGROUND

There has been a significant amount of public discussion and media exposure on the impact of public injecting in the City of Yarra local government area (LGA) over many years, with particular interest in the North Richmond area comprising the high-rise public housing estates and surrounding streets and laneways. An active street-based heroin market has existed in the location for over a decade, with people who inject drugs coming to the area from all over Melbourne to purchase and use heroin (see, e.g., DPEC, 2000; Robson, 2009; Saltau, 2001). Despite ongoing, regular and intensive policing of the illicit drug marketplace since at least as early as 1999 (see, e.g., DPEC, 2000; King, 2005; Kleinman, 2002; P. Munro, 2012), commercial exchange of heroin and public injecting continues (Gleeson, 2011; Hagan, 2012; Kaila, 2012; P. Munro, 2012).

Much of the attention focused on the North Richmond heroin market has highlighted public health concerns such as overdose, the discarding of drug injecting paraphernalia, witnessing of overdose and public injecting, and problems associated with public nuisance attributed to people perceived to be associated with the illicit drug market (Draper, 2008; Hagan, 2012; I. Munro & Carey, 2011; Price, 2011a, 2011b; Robson, 2009).

The current research

Despite the substantial government, media and public attention and concern, there has been no recent and comprehensive analysis of the impact of injecting drug use in North Richmond. This project addressed this important gap in the evidence-base. The specific aims of the project were to:

1. Gather and compile evidence of the existing situation regarding injecting drug use behaviours in North Richmond through the collection and analysis of primary and secondary data of indicators of public injecting and impacts on public amenity.
2. Gather evidence about the number, type and frequency of overdoses amongst injecting drug users in the City of Yarra, specifically the North Richmond and Abbotsford areas.
3. Investigate possible public health responses to public injecting issues in North Richmond.
4. Based on this evidence, develop an appropriate public health response to public injecting in North Richmond.

The methods and key findings of the research are detailed below.

METHODS

The project employed a rapid assessment methodology, utilising quantitative and qualitative methods to collect primary and secondary data in order to compile the profile of the current public injecting situation in North Richmond.

Data

Three core data components were utilised in the current research: secondary data, structured observations and semi-structured qualitative interviews. These data were supplemented with notes made from observation, informal conversations with key informants and other stakeholders, as well as media and other reports.

Secondary data

The research team collected and analysed secondary data from existing quantitative datasets. These comprised:

- data from routine drug surveillance systems and cohort studies;
- local government and contractor data on needle and syringe disposal in the City of Yarra;
- and Ambulance Service data on heroin-related overdoses in the City of Yarra.

Structured observations

A mapping exercise was conducted to identify and describe sites of public injecting in the North Richmond area. A subset of the most frequented public injecting sites (PIS) was monitored through structured observations conducted two days per week throughout the data collection period. Observations were made in the domains of visibility of public injecting, litter and amenity. Observations of drug market activity were also conducted to gather data on general public amenity, nuisance and safety concerns associated with the drug market.

Semi-structured interviews

Semi-structured interviews were conducted with community stakeholders – people who inject drugs (PWID), local health, welfare and community workers, police and local traders and residents. A semi-structured qualitative interview schedule was used. Interviews were informed by fieldwork observation of the North Richmond drug market and public injecting sites. Prior to interview, the project was explained in detail to participants and verbal consent taken from people who agreed to participate. Participants were assured that the

confidentiality of their responses would be maintained subject to legal requirements. Interviews covered: basic demographic information, length of time in North Richmond; opinions and experiences of drug market activity and public injecting; experience of and opinions about PIS; and participant opinion on appropriate responses to public injecting in North Richmond. Other notes on issues arising during the interviews were written up as close to the completion of each interview as possible.

Analysis

Descriptive statistics were used to analyse structured observation and secondary data. Interview recordings were transcribed for analysis. An explicit focused coding strategy was employed, with codes developed *a priori* based on the research questions. Core coding categories included: public injecting, characteristics of PIS, access to injecting equipment, drug-related harms, drug market impact, amenity, policing and public health strategies. Basic content analysis was performed, delimited to the specific content themes (Silverman, 2011).

Approvals

Ethics approval for the study was granted by the Alfred Hospital Human Research Ethics Committee.

FINDINGS

This section summarises the research findings across the domains of: drug market visibility; public injecting; public amenity; drug-related harms; policing; impact of the drug market and public injecting; and suggested public health strategies. Key findings, drawn from secondary indicator data, observations, stakeholder interviews and informal conversations, are presented for each domain. Formal recorded interviews were conducted with 14 PWID and eight other stakeholders (traders, residents, workers and police). Informal conversations were held with a further 11 traders, some of whom were also local residents and one other PWID. Interview participants' general perceptions of drug market activity, public injecting and intoxication/overdose throughout 2012 are given in Table 1.

Table 1. Overall perceptions of drug market and public injecting activity throughout 2012.

	PWID (n=15)		Other stakeholders (n=19)	
	n	%	n	%
Drug market activity				
Decreased	0	0	3	16
No change	15	100	5	26
Increased	0	0	5	26
Not mentioned	0	0	6	32
Public injecting				
Decreased	0	0	6	32
No change	9	60	5	26
Increased	3	20	2	10
Not mentioned	3	20	6	32
Overdose/intoxication				
Decreased	8	53	4	21
No change	3	20	2	10
Increased	0	0	1	6
Not mentioned	4	27	12	63

Visibility of the North Richmond drug market

Media reports in 2011 and 2012, from state-wide and local newspapers, have identified the North Richmond/Abbotsford drug market as active and highly visible, a place of danger and threat, beset by heroin dealers and users, with intolerable levels of public injecting (Gleeson, 2011; Hagan, 2012; Kaila, 2012; I. Munro & Carey, 2011; P. Munro, 2012). Victoria Police crime statistics for Yarra Police Service Area provide further indicators of an active drug market in North Richmond, with police making 1080 arrests per 100,000 population for drug offences in the period October 2010 to September 2011 (<http://www.vicpolice.com.au/myplace.html>).

Observations conducted by the first author (RD) between June 2012 and October 2012, accord with the media reports and police statistics. At each visit, RD easily identified people selling and buying drugs – primarily heroin – and people brokering drug transactions for others. The intensity of drug dealing activity varied from day-to-day and from hour-to-hour.

Public injecting

The research found that public injecting was widespread across the North Richmond and Abbotsford areas. Particular concentrations were evident in the areas adjoining the North Richmond retail precinct as well as public transport access points.

Key findings

- City of Yarra needle and syringe disposal and retrieval data showed an average of 1550 needle-syringes (NS) were collected per month from syringe disposal bins in the period May-Oct, 2012.¹
- City of Yarra needle and syringe disposal and retrieval data demonstrated an increasing trend since September 2010 – a total of 2823 NS collected from street-sweeps and disposal units between Sep-Dec 2010 to a total of 8092 collected in the period May-Aug 2012.
- Indicators of public injecting (discarded needle-syringes and other injecting paraphernalia) were observed in locations affording privacy such as marginal laneways and alleys, or areas offering shelter from observation such as doorway alcoves.
- Discarded needle-syringes (NS) and other injecting paraphernalia (OIP) were also observed in open areas such as footpaths and parks, as well as street gutters, car parks and residential driveways.
- 13 (of 15) PWID reported injecting in public places.
- Key reasons for public injecting were ‘not being able to wait’ – because of desire for drugs or to manage effects of withdrawal – and not wanting to be found by police in possession of drugs.
- Most PWID chose marginal PIS that afforded privacy – to hide drug use from the community or other drug users – and where they might avoid detection by police.
- 9 (of 19) other stakeholders had witnessed people injecting.

Public amenity

The research found that public injecting has a substantial negative effect on public amenity in the North Richmond/Abbotsford area. The key factor impacting on public amenity was the presence of discarded needle-syringes and other injecting-related paraphernalia.

Key findings

- City of Yarra needle and syringe disposal and retrieval data revealed an average of 280 needle-syringes (NS) were collected per month from street-sweeps in the period May-Oct, 2012.

¹ While not all syringes collected from disposal bins will be from public injections, given the locations of many of the disposal bins in marginal alleys and laneways, a substantial proportion of these will reflect public injections.

- An average of 9.6 discarded NS were observed during each structured observation monitoring occasion.
- Observations of OIP were frequent and widespread providing further evidence for a significant rate of public injecting in North Richmond. The proportions of observed OIP relative to discarded NS suggest that most public injectors make attempts to discard NS appropriately.
- Most discarded NS were observed in locations where there were no disposal bins or when disposal bins were over-full.²
- All participants (n=34) had observed discarded NS and OIP.
- 12 (of 15) PWID reported that they discarded their own equipment appropriately – either in syringe disposal bins, or in general rubbish bins.
- The two most common reasons reported by PWID for inappropriate disposal of injecting equipment were that people were concerned about being stopped by police and found in possession of injecting equipment (7 of 15 respondents) and that ‘some users don’t care’ (7 of 15 respondents).

Drug-related harms

The research found that people who inject drugs in North Richmond remain at significant risk of public health harm. The two key risks identified by the research were overdose and transmission of blood-borne viruses through use of non-sterile injecting equipment.

Key findings

Overdose

- Data on ambulance attendance at heroin overdose (Lloyd, 2012; 2013a) indicate that the highest proportion of ambulance attendances occur in Yarra LGA. In 2008/09 and 2009/10, Yarra recorded twice as many heroin overdoses as Melbourne LGA (420 vs 220 in 2008/9; 420 vs 198 in 2009/10). Over the last two years, the number of heroin overdose attendances reduced but was still approximately 1.5 times as many as Melbourne LGA (340 vs 224 in 2010/11; 336 vs 231 in 2011/12).
- In 2011/12, the majority (70%) of ambulance attendances at heroin overdose in Yarra LGA occurred in the suburbs of Richmond and Abbotsford (Lloyd, 2013b).

² NS disposal bins are regularly monitored and emptied by staff conducting street-sweeps. Observations of full bins were predominantly made on Monday mornings prior to the commencement of street-sweeps. As sweeps are only conducted on week-days, observations of full bins generally followed two days of unmonitored use of disposal bins. All full bins observed by RD would have been identified and emptied in the course of the subsequent street-sweeps.

- 4 (of 15) PWID reported experience of overdose.
- 11 PWID had witnessed and responded to an overdose in a public location.
- 7 (of 19) other stakeholder interview participants had witnessed an overdose, with 4 of these people reporting they had responded (one of these was a NRCH outreach worker who regularly responded to overdose).
- Staff at North Richmond Community Health (NRCH) responded to an average of 2.3 (SD 1.5) overdose incidents per month throughout 2012.
- PWID and several other stakeholders commented on the high risk of undetected overdose as people injected in marginal places to avoid attention of police or other drug users.
- 16 (of 21) PIS were identified as medium to high risk for undetected overdose.
- 4 PWID reported they had observed police attending overdose. This observation was supported by NRCH outreach workers who had heard similar stories from service users and had also, on occasion, themselves witnessed police attending overdose.³

BBV transmission risk

- Reduced access to sterile injecting equipment in North Richmond after-hours and on weekends gives rise to requests to borrow equipment already used by other PWID or use of discarded needle syringes (including NS removed from syringe disposal bins).
- 16 (of 21) PIS were identified as medium to high risk for re-use of used needle syringes. This risk was due to the accessibility of used NS that would be available to PWID if they were unable to access sterile NS (outside of business hours or at times of intensive policing).

Policing

Throughout 2012, Richmond police ran a series of almost back-to-back, intensive, saturation-policing operations targeting heroin offences in North Richmond, including: Operation Higuana, Operation Bia and Operation SCADO (Serious Crime and Drug Offences) (<http://www.vicpolicenews.com.au/myplace.html>; see also, Kaila, 2012; P. Munro, 2012).

³ It was not possible to corroborate whether police only attend overdose at invitation of paramedics or as first responders, or whether it is routine for police to attend overdose in North Richmond. However, it was clear that local PWID (and workers) consider this to be routine police practice and this perception is of considerable public health concern as it decreases the likelihood that drug users will call an ambulance.

The intensive policing of the drug marketplace throughout the fieldwork period was evident to RD, with only three visits where she did not observe uniformed and/or plain-clothes police.

Key findings

- PWID did not consider that intensive policing was effective in preventing drug market activity.
- 7 (of 19) other stakeholders considered that intensive policing only shifted drug dealers and users away from the area temporarily.
- 5 (of 19) other stakeholders expressed positive opinions about the effectiveness of policing in disrupting the drug market and helping the community ‘feel safer’.
- PWID and health workers noted displacement of drug users from council NS disposal bins as a consequence of intensive policing.
- RD observed 3 police searches conducted within 15 metres of the Needle Syringe Program (NSP).
- Reports from PWID and stakeholders working with PWID of police searching people exiting the NSP were common, as were reports of police having the NSP under surveillance.

Impact of drug market and public injecting

The drug market and public drug use has multiple impacts on local community stakeholders and places demands on government, health, welfare and justice agencies, as well as traders and residents, to manage these issues.

Key findings

- Management of discarded injecting equipment impacted on police, Council, cleaning staff on the local housing estate, local primary schools and residents.
- Reduced amenity was experienced by community members who witnessed people injecting. This was described as ‘very confronting’. Police, health and council regularly received telephone calls from people witnessing PWID injecting near their residence or place of business (including primary schools).
- Other stakeholders remarked on the negative impacts of encountering people who were drug-affected or who had overdosed and having to call ambulances.
- Some traders considered that drug market activity was ‘bad for [their] business’ and that drug dealers and drug users deterred other people from attending the retail precinct.

- Safety concerns were noted by some other stakeholder participants. 7 people reported feeling a general lack of safety and 4 people reported experiencing theft or shoplifting. 7 people reported witnessing arguments or violence between PWID and drug users were perceived as threatening and dangerous ‘strangers’ by 5 other stakeholders. 3 other stakeholders reported that they avoided certain areas at night or particular areas altogether.
- 6 other stakeholders commented that the drug market and public injecting did not have a big impact on them, with a further person commenting that they were ‘used to it’.

Suggested public health strategies

PWID suggested a range of strategies to improve public health for drug users and the broader community.

Key findings

- 5 (of 15) PWID suggested improving NS distribution coverage, with 3 people suggesting peer distribution of NS would be of value and a further 2 people suggesting the introduction of syringe vending machines (SVMs). Health workers also suggested the installation of SVMs. Concerns were raised that drug users removed used NS from disposal bins because they could not access sterile equipment, particularly on weekends. Some PWID also suggested that some of the inappropriate disposal of NS was due to people wanting to ‘stash’ equipment for future use.
- PWID suggested there should be more syringe disposal bins close to where people inject.
- 10 (of 19) other stakeholders suggested increasing policing to address problems associated with public drug use and public injecting.
- Other stakeholders acknowledged that there were several existing avenues and meetings aimed at forging partnerships between government, justice and health. However, several commented that conflicts between different approaches to, and understandings of, drug issues sometimes compromised the effectiveness of these collaborations.

Supervised injecting facilities

During discussion of potential public health strategies, participants either introduced the topic of supervised injecting facilities (19 of 35⁴) or were asked their opinion of supervised injecting facilities (SIFs) by RD (16 of 35).

Key findings

- All PWID expressed in-principle support for SIFs. However, 6 PWID considered a SIF would not be viable in this area as police would stop, search and arrest people entering the facility. 7 people considered there would be some concerns over policing. Only 2 people expressed no concern about policing.
- Other stakeholder participants expressed a range of attitudes to establishing a SIF in the area – eight were in support, one supported a SIF but not in North Richmond, one was undecided, six were against and four were not asked.
- The two key concerns expressed by those against a SIF were the fear that it would entrench drug use in the area and concern that it would bring more drug users to the area (the ‘honey pot’ effect).
- Other stakeholders in favour of a SIF considered it would reduce overdose and blood-borne virus transmission and improve public amenity by reducing public injecting and inappropriately discarded injecting equipment.

DISCUSSION

Taken together, the observation, interview and secondary indicator data collected for this research provide strong evidence of a substantial public injecting and amenity problem in North Richmond that imposes a significant burden on individuals and the community.

City of Yarra Council, in collaboration with local services and agencies, has implemented a wide range of initiatives to manage public injecting and amenity throughout Yarra, and particularly in North Richmond/Abbotsford.⁵ These are: improvements to amenity through decreasing the presence of discarded needle-syringes and other injecting-related litter; improvements to urban design and management of public and private spaces; provision of information and training to residents and business in how to respond to people affected by drugs and safe disposal of injecting equipment; working with community services and

⁴ An informal discussion about SIFs occurred with an additional local resident, not included in the description of the sample provided on page 3.

⁵ See, for example, City of Yarra *Safer Yarra Plan* (REF), Local Safety Committee’s ‘Taking Action Together’ Initiative (Local Safety Committee City of Yarra, 2011) and the Richmond Residents’ Panel Project (Richmond Estate Action Group, 2011).

agencies to support drug users; and coordinating the efforts of local services, Police and Council through the Yarra Drug and Health Forum.

Based on the research findings, the research team recommends the following actions and strategies to address the identified public health problems associated with public injecting in North Richmond. These recommendations reinforce, as well as build upon and extend, existing initiatives and responses of City of Yarra and local services and agencies.

Recommendations

- Installation of a needle-syringe vending machine
- Peer-distribution of sterile injecting equipment
- Peer-training in overdose response
- Peer-administered naloxone program
- Peer mentor initiatives to support peer mentors in providing culturally-appropriate education on safer injecting, blood-borne virus risks and overdose risks, as well as encouragement of cultural shifts away from inappropriate disposal
- Improve access to pharmacotherapy and other treatment programs
- Improve support for other health and welfare issues – particularly improved access to emergency and long-term accommodation.
- Council to continue to provide routine daily hand-collection street-sweeps for discarded needle-syringes and other injecting litter
- Regular monitoring of NS disposal bins to ensure they are available for disposal of needle-syringes
- Installation of larger NS disposal bins
- Establishment of a Supervised Injecting Facility in North Richmond, on a trial basis and subject to rigorous evaluation
- Council to continue to support and facilitate intersectoral collaboration and that participating agencies and services improve intersectoral cooperation
- Local police to support the substance of the Victoria Police Operating Procedures for Needle Syringe Programs and minimise their presence in the vicinity of the NRCH NSP
- Local police to continue to support the substance of the Victoria Police Police Attendance at Incidents of Drug Overdose Policy and minimise their presence at overdose incidents

- Police to continue to support diversion of drug offenders away from the criminal justice sector.
- NRCH to continue to engage PWID to encourage appropriate behaviours around public injecting, disposal of injecting equipment and other nuisance behaviours.

Further detail on each recommendation is provided in the Appendix.

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APPENDIX

The detailed recommendations, based on the study findings, are provided below. They are divided into three sections: 1) support for PWID; 2) managing public injecting and amenity; and 3) government, health/welfare and justice response. The recommendations are underpinned by the principle that balance is required between ‘enforcing the law, maintaining public amenity and safety, and minimising potential harm associated with drug use’ (Winter, Liddell, Wain, Aitken & Power, 2007, p.33). They are further guided by considerations that, to be effective, strategies to manage public injecting require: the engagement of drug users; effective dialogue and partnerships with police; preparedness to trial innovative approaches; promotion of inclusion; management of potential conflicts; and funding (Winter et al., 2007).

1. Support for PWID

The following recommendations focus on providing support for PWID to address the public health concerns identified in the Findings. Several of these recommendations call for peer-based actions. We use the term ‘peer’ to refer to ‘someone who is considered to be a member of a particular group by both themselves and members of the group’ (Brogan, 2003, p.4). Peers provide credible, culturally-appropriate information through connection and expertise with pre-existing ‘communications, culture and the modes of interaction within the defined peer group’ (ibid, p.5).

It is also important to note, that although several of these recommendations call for behavioural interventions, it is recognised that behavioural interventions alone are not sufficient to reduce public health harms and structural interventions – such as improved access to sterile injecting equipment – remain an essential component of public health strategy (Rhodes, et al., 2006; Sacks-Davis, Horyniak, Grebely & Hellard, 2012).

1.1 That a syringe vending machine providing inexpensive injecting equipment is installed in North Richmond

- Installation of a syringe vending machine (SVM) would help address the significant difficulties experienced by PWID in accessing sterile injecting equipment after-hours and on weekends.
- The introduction of 24-hour SVMs to improve access to needle-syringes has been flagged for consideration in the evaluation of Needle Syringe Programs conducted for the Victorian Government in 2010 (Department of Health Victoria, 2010).

- While this report presents evidence on the current situation in North Richmond, installation of SVMs in all areas where PWID access to injecting equipment is constrained should be a priority public health action.

1.2. That changes be made to policy and law, and funding provided, to support peer-distribution of sterile injecting equipment.

- Peer distribution of sterile injecting equipment would further improve PWID access to NS in North Richmond.
- Informal peer distribution of injecting equipment is widespread and entrenched among drug using groups in Australia and internationally (Burrows, Roper & Tanguy, 2010).
- Peer distribution improves access to hard-to-reach PWID and would further help reduce sharing of injecting equipment (Bryant & Hopwood, 2009; Hayashi, Wood, Wiebe, Qi & Kerr, 2010; Lavelle, 2010; Wood, et al., 2003).
- Peer distribution should be accompanied by training in peer education around safer injecting and appropriate disposal practices (Burrows, et al., 2010).
- Peer distribution would require legal exemptions for peers involved in distribution as it is currently illegal to pass a needle-syringe to another person unless exempt as a NSP worker (AIVL, 2010; Lavelle, 2010).

1.3. That support and funding is provided for key peer mentor initiatives to support peer mentors in providing culturally-appropriate education on safer injecting, blood-borne virus risks and overdose risks, as well as encouragement of cultural shifts away from inappropriate disposal of injecting equipment. Peer mentors are defined as current drug users who are well-connected and committed to practicing harm reduction (Harm Reduction Victoria, 2012).

- The World Health Organisation (WHO) recognises the importance of engaging drug users through peer education in order to reduce transmission of blood-borne viruses (WHO, 2012, pp.32-34)
- Peer education is a key result area of the current Australian NSP Strategic Framework (Victorian Department of Human Services, 2010).
- Peer education initiatives implemented in North Richmond should be subject to rigorous scientific design and evaluation.

1.4. That peer-based training in overdose avoidance and response continues to be supported and funded.

- The efficacy of providing PWID with peer-based training in overdose response and EAR is supported by the research literature (e.g., Dietze, Fry, Rumbold &

Gerostamoulos, 2001; Kerr, Dietze, Kelly & Jolley, 2009; Sherman, Gann, Tobin, Latkin, Welsh & Bielensohn, 2009).

1.5. That changes be made to policy and funding provided to support a peer-administered naloxone program

- Naloxone, an opioid antagonist, has been used successfully by ambulance services and in hospital emergency departments, in Australia and internationally, to reverse the effects of heroin and other opioids.
- There is a case to expand distribution of naloxone to peers in order to further help prevent overdose mortality. Overdoses are often witnessed by people who are able to respond (in particular, other drug users), peers can successfully respond to overdose and peers are prepared to assist at overdose (Dietze & Lenton, 2010).
- Implementation of a trial peer-administered naloxone program in North Richmond, subject to rigorous evaluation, would be of significant public health benefit.

1.6. That the Victorian Government improve access to pharmacotherapy and other treatment programs

- Strategies to address public injecting need to address drug use *per se*. This requires a treatment system that is accessible and can meet demand.

1.7. That the Victorian Government improve support for other health and welfare issues – particularly improved access to emergency and long-term accommodation.

- Research has identified strong links between public injecting and homelessness. Unstable accommodation and homelessness have also been found to increase risks for unsafe injecting and blood-borne virus transmission (e.g., Dwyer, et al., 2009; Marshall, Kerr, Qi, Montaner & Wood, 2010; Neale, 2008; Rhodes, Singer, Bourgois, Friedman & Strathdee, 2005; Rhodes et al., 2006; Rhodes & Treloar, 2008; Small, Rhodes, Wood & Kerr, 2007).

2. Managing public injecting and amenity

The research found a significant level of public injecting and corresponding reductions in amenity, which places a substantial burden on the North Richmond community. City of Yarra and other services are active in addressing these concerns. The following recommendations reinforce, as well as extend, existing activities of council and other local services.

2.1. That Council continue to provide routine daily hand-collection street-sweeps for discarded needle-syringes and other injecting litter

- Daily street-sweeps are effective in reducing the amount of injecting litter in North Richmond.
- Limitations of street-sweeps are:
 - they are generally reactive rather than preventive (although installation of syringe disposal bins where this is possible is an effective preventive aspect of street-sweeps)
 - locations of public injecting are dynamic – particularly shifting in response to policing.

Consequently, there is an unavoidable lag in identifying areas of public injecting and associated high volumes of injecting-related litter.

2.2. That NS disposal bins are regularly monitored to ensure they are available for disposal of needle-syringes

- Over-full disposal bins pose a significant risk for transmission of BBVs, particularly in light of the reduced access to sterile equipment experienced by PWID after-hours and on weekends.

2.3. That Council consider installing larger NS disposal bins

- Larger disposal bins would help reduce the likelihood of over-full disposal bins. Although PWID are advised that bins are solely for used NS, many discard all their injecting paraphernalia in the bins which quickly fills them up.

2.4. That the Victorian Government establish a Supervised Injecting Facility in North Richmond, on a trial basis and subject to rigorous evaluation

- Public injecting is widespread, frequent and highly visible in North Richmond and Abbotsford, ambulance service data indicate that Yarra has the highest number of ambulance attendance at heroin-related overdoses, and there is significant community concern over discarded injecting equipment.
- Similar conditions in other cities have led to the establishment of SIFs (Papanastasiou, Kirwan, Winter & Power, 2009).
- Excluding PWID (who were universally supportive of SIFs), participants were nearly evenly split in their attitudes to establishing a SIF in the area. A comparable spread of attitudes was identified among community members prior to the establishment of the SIF in Sydney (the MSIC), with similar underlying reasons expressed. Prior to the establishment of the MSIC, community members in support considered a SIF would

improve public amenity and reduce overdose, while those against were concerned that a SIF would attract drug users to the area, entrench drug use and further reduce public amenity (MSIC Evaluation Committee, 2003; Salmon, Thein, Kimber, Kaldor & Maher, 2007). Subsequent interviews (in 2002, 2005 and 2010) with community members demonstrated a reduction in community members witnessing injecting and observing discarded syringes, a significant increasing trend in favour of the MSIC among business operators and increase in favour among residents from baseline (KPMG, 2010). In the 2005 evaluation, over 90% of community members reported one or more advantages of the MSIC. The top three advantages were control of BBV, reduced overdose risk and fewer drug users on the local streets (KPMG, 2010; Maher & Salmon, 2007; Salmon, et al., 2007). International evaluations of SIFs have identified similar concerns prior to establishment of SIFs and positive experience following their establishment (Kerr, Montaner & Wood, 2008; Kimber, Dolan & Wodak, 2005; Maher & Salmon, 2007)

- A prominent concern expressed by participants in the current research was that drug markets are dynamic and that a permanent fixed-site SIF would be unable to accommodate this dynamism – for example, if the drug market shifted to another area of Melbourne. SIFs operating in mobile vans have been established in other cities and could be considered for North Richmond. However, mobile vans are limited in that they can only accommodate small numbers of injectors at any one time (Dietze, Winter, Pedrana, Leicht, Majó i Roca & Brugal, 2012). An alternative solution might be to establish a semi-permanent SIF in a large van (of similar size to mobile libraries or health screening trucks). This would address the limitations of smaller, mobile SIFs by being able to service a greater number of injectors while at the same time, the SIF would be easily re-located if the drug market shifted.

3. Government, health/welfare and justice responses

The impacts of public drug markets, public injecting and associated reductions in public amenity demand a service response from government, health/welfare and law enforcement sectors. Effective public health responses require whole-of-community, holistic strategies that balance the requirements of law enforcement with requirements of health as they aim to reduce harm to individuals and the community.

3.1. That Council continue to support and facilitate intersectoral collaboration and that participating agencies and services improve intersectoral cooperation

- There are several intersectoral collaborative fora in the City of Yarra – including Local Safety Committee and the Yarra Drug and Health Forum
- It was apparent that conflicts still exist between law enforcement and health approaches to drug issues in City of Yarra.

- Effective intersectoral partnerships require cooperation at both the policy and practice levels and it is essential that all sectors recognise their common goals of reducing harms for individuals, including drug users, and the community as a whole.

3.2. That local police support the substance of the Victoria Police *Operating Procedures for Needle Syringe Programs* and minimise their presence in the vicinity of the NRCH NSP

- Victoria Police policy is that police exercise discretion around NSPs and ‘any target patrol, person check or surveillance in the immediate vicinity of a NSP [...] should only occur: where there is no alternative’ (Department of Human Services, 2008 [2001]).
- A substantial police presence and surveillance around the NSP, actual or even just perceived, risks deterring PWID from accessing the service, thereby significantly compromising public health strategies to reduce transmission of blood-borne viruses.

3.3. That local police continue to support the substance of the Victoria Police *Police Attendance at Incidents of Drug Overdose Policy* and minimise their presence at overdose incidents

- Victoria Police policy is that police exercise discretion around attending overdose as this will reduce fears of prosecution and encourage people to call ambulances (Department of Human Services, 2008 [2001]).
- Police in North Richmond report they only attend overdose when requested by ambulance services or when they are the first responders. PWID and some other stakeholders reported police attendance at overdose as a routine component of local police practice.
- Whether actually the case or simply perceived to be so, the understanding that police will attend overdose reduces the likelihood that PWID in North Richmond will call ambulances.
- Collaborative work between police, health services and PWID is of the utmost importance to address and overcome the perception that police routinely attend overdose and to assure PWID that this is not the case.

3.3. That police continue to support diversion of drug offenders away from the criminal justice sector.

- Police play a significant role in the effectiveness of drug diversion of drug offenders.
- The research team commend police on their active support of the NJC specialist court drug diversion program and recommend that this support continues.

3.4 That NRCH continue to engage PWID to encourage appropriate behaviours around public injecting, disposal of injecting equipment and other nuisance behaviours

- NRCH NSP staff are active in engaging and working with PWID around safer injecting, reduction of overdose risk, appropriate and discreet public injecting and other nuisance behaviours and appropriate disposal of injecting equipment.
- NRCH NSP staff work with the PWID community and the wider community through a range of activities:
 - regular outreach to the local PWID community;
 - informal conversations with PWID and the wider community around public health issues of concern;
 - public health message campaigns (posters and stickers) through the NSP;
 - support of peer-initiatives (e.g., hosting overdose training sessions, active support of the HRV key peer mentor initiative);
 - and participation in broader intersectoral collaborations.

Such activities are an integral component of a comprehensive public health response to drug markets and public injecting.

- The research team recommends that NRCH continue to actively support PWID and the wider community in reducing drug-related harms.

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