

The role of a medically supervised injecting room (MSIR) in improving access to health and social services

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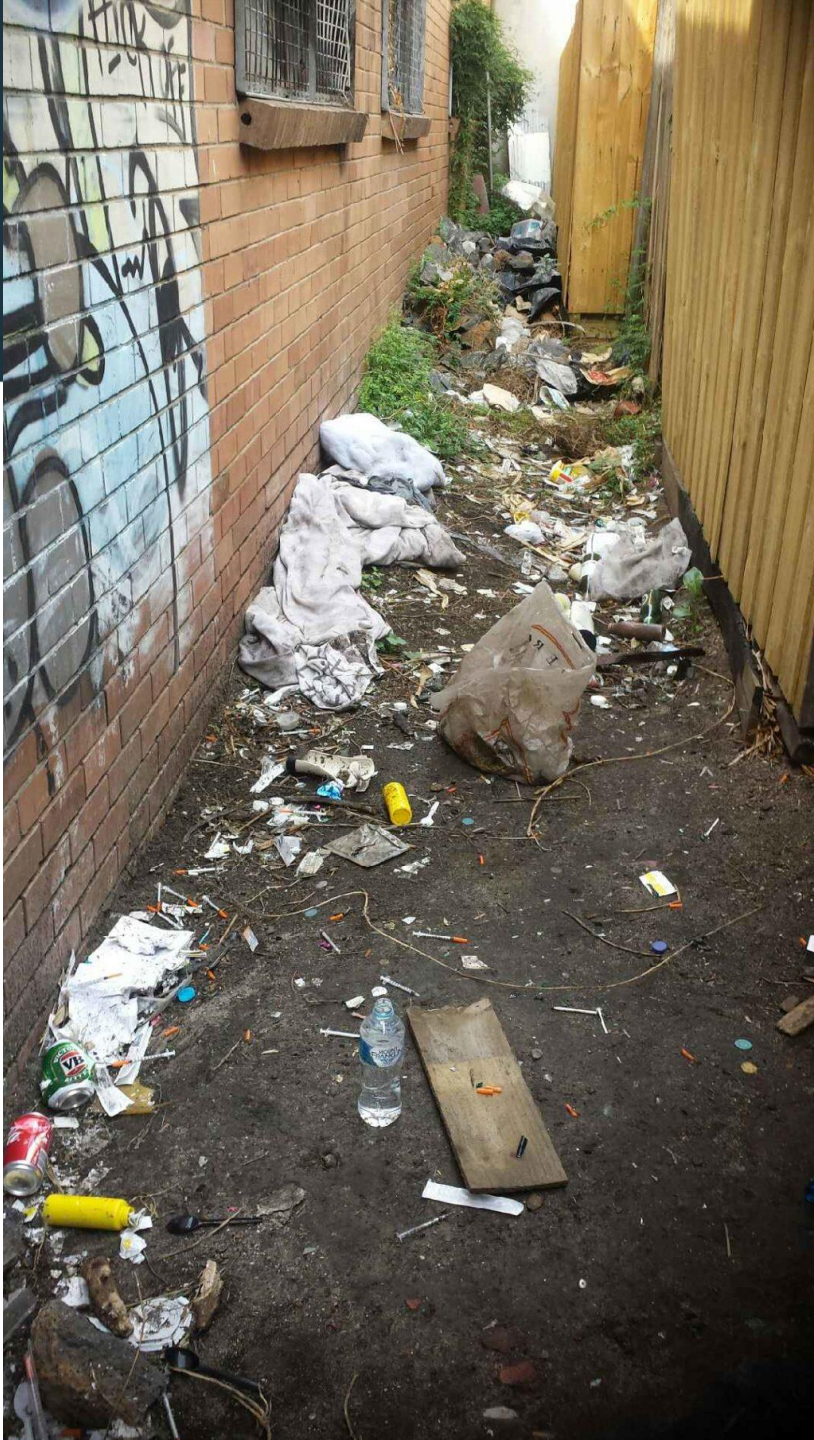
What does 4 years' experience tell us about the role of the MSIR in enhancing access to health and social services?

- The context of the Melbourne MSIR
- Who uses the MSIR?
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- What are their experiences with health services?
- The design of the MSIR model of care
 - Opioid agonist agonist treatment
 - Oral health care
 - BBV screening / HCV treatment
- The uptake of services in the MSIR
- Consumer reflections on MSIR model of care

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WORLDWALK

JET PEE

JET PEE

Victoria Street Day



Objectives of the Medically Supervised Injecting Room

- **Reduce** avoidable **deaths** and the harm caused by overdose
- Provide clients with a **gateway to health and social assistance**
- **Reduce attendances by emergency services** and at hospitals due to overdose
- **Reduce discarded needles and syringes** and incidences of **public injecting**
- **Improve neighbourhood amenity**
- **Reduce the spread of blood borne viruses**

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Inside the temporary facility

To organise a tour of MSIR, please book on Eventbrite:

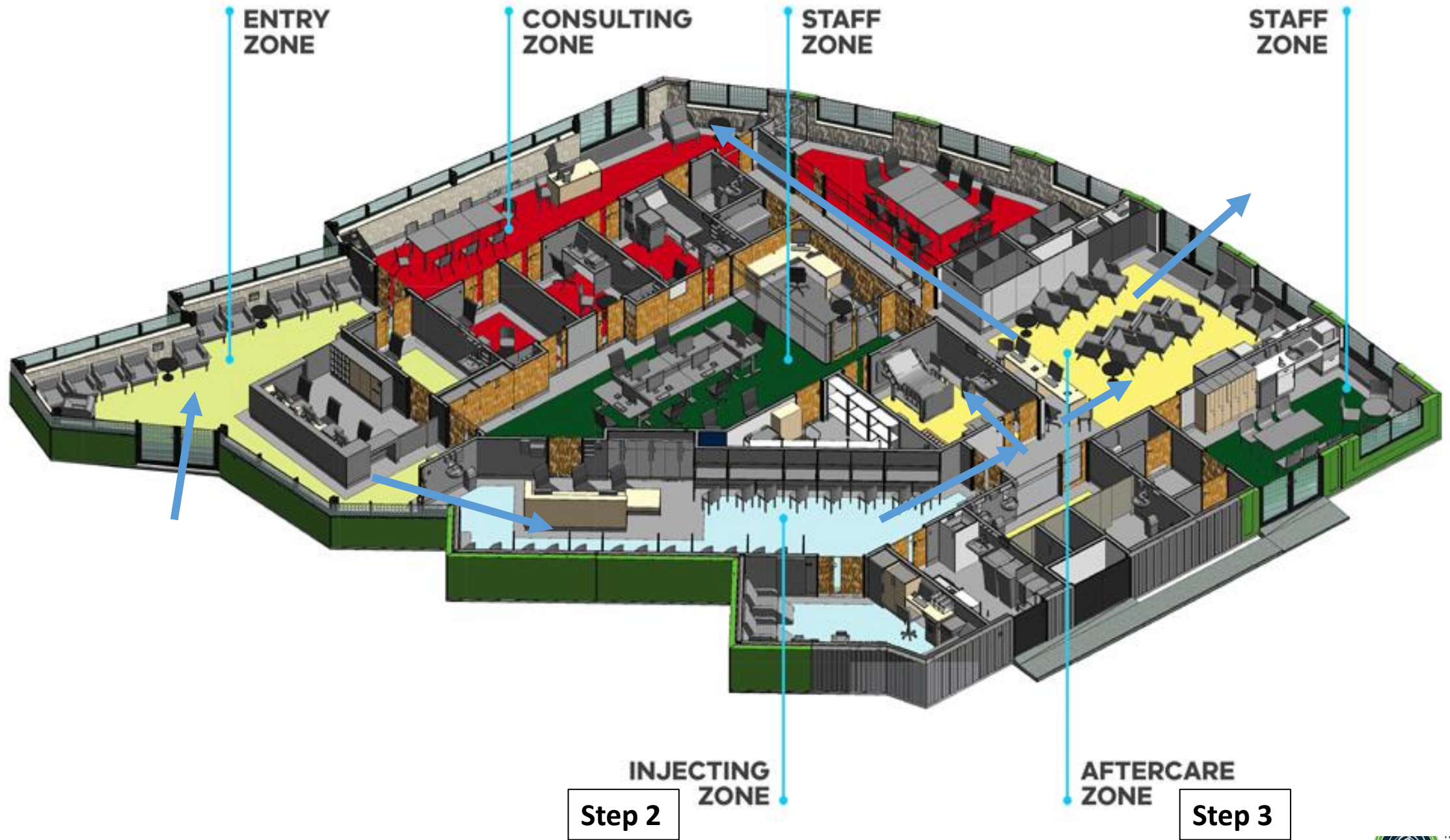
<https://www.eventbrite.com.au/e/medically-supervised-injecting-room-tours-registration-49076910360>



New Facility, opening morning, 07/07/2019







What does 4 years' experience tell us about the role of the MSIR in enhancing access to health and social services?

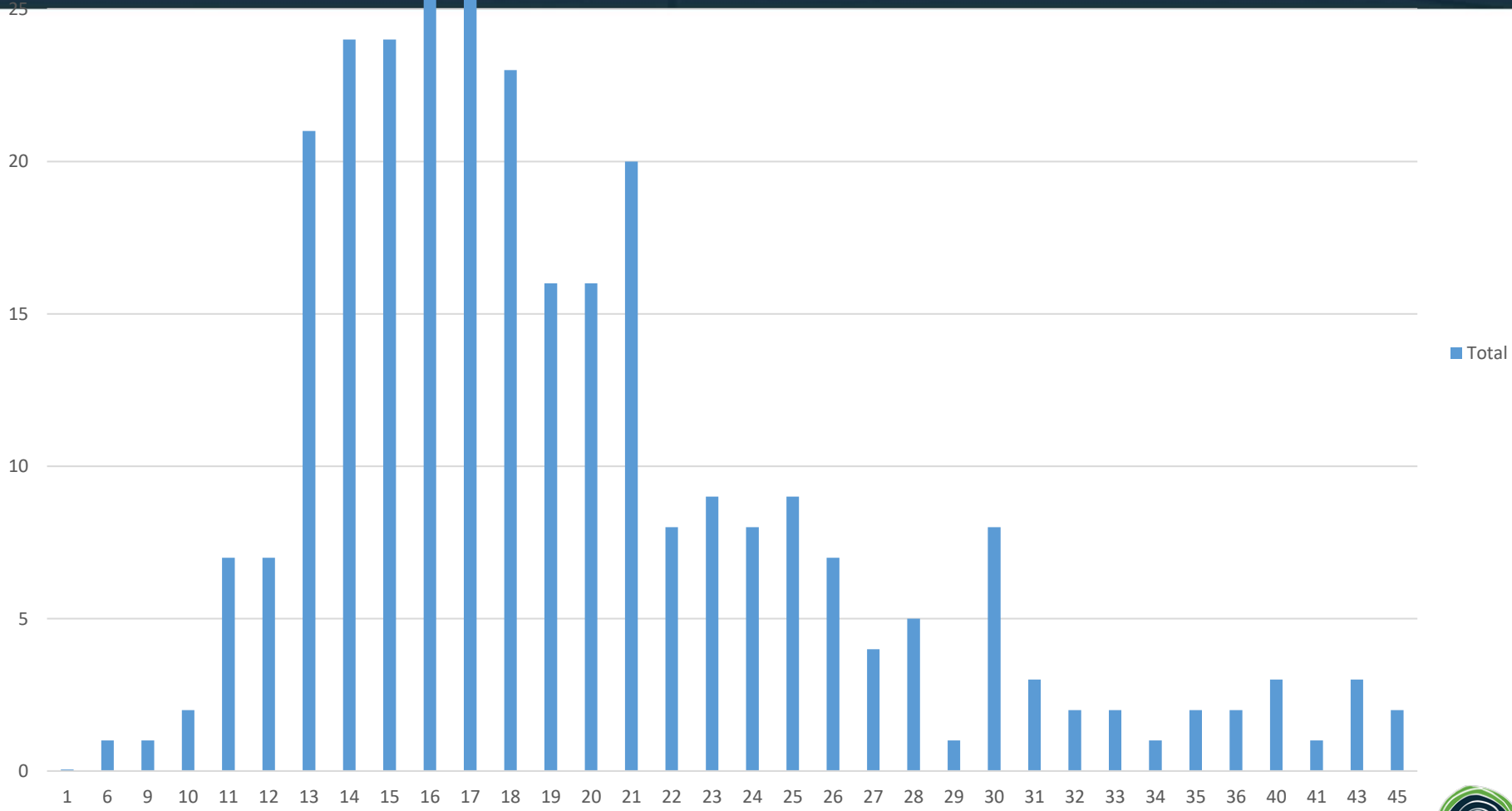
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Client characteristics

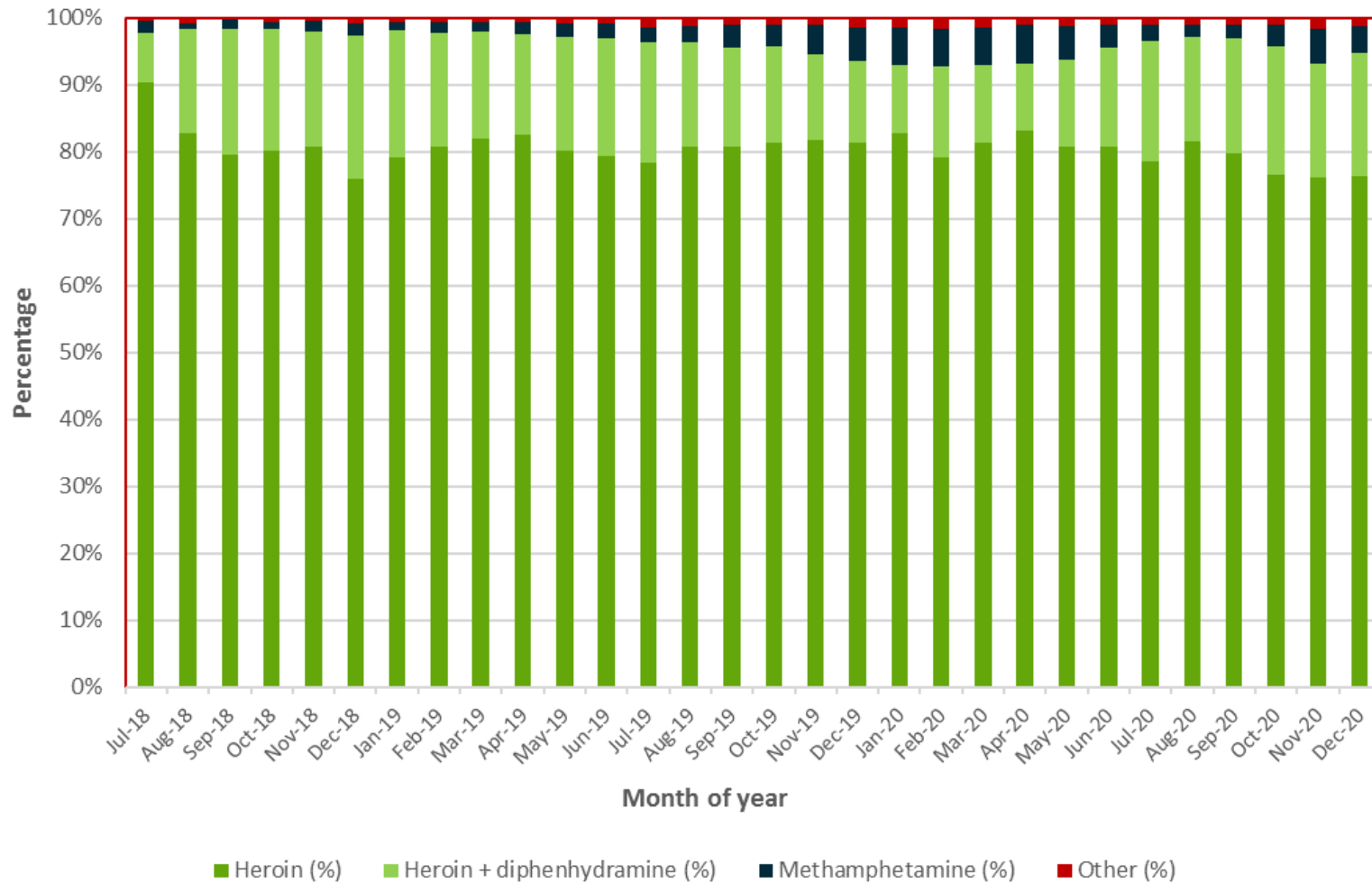
- Average age **43** years
- Average age of first injection – **16 years**
- **75%** male
- **14%** identify as Aboriginal
- **35%** homeless or unstably housed
- **23%** released from prison in the three months prior to first presentation
- Histories of childhood trauma – intergenerational, complex +++

Age of first injection

Total



Proportion of MSIR visits for different drugs



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Main health care concern at registration

Drug dependence	16%
Anxiety	11%
Depression	11%
Hepatitis C	7%
Lung problems / asthma	6%
Acquired brain injury	4%
Seizures/epilepsy	4%
Bipolar	2%
heart problems	2%
Alcohol dependence	2%
Psychosis	2%
Diabetes	2%
Personality disorder	1%
Abscesses (skin infections)	1%
Other	29%

Health service demand at MSIR registration

- 1/3 interested in BBV testing
- 1/4 interested in opioid dependence treatment

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High uptake of emergency and mental health service use

- Health care utilisation at registration:
 - **27%** ambulance transport last 12 months
 - **31%** hospitalised in last six months
 - **29%** ever hospitalised for mental health issues
- Experiences of health care services
 - Difficult to access
 - Stigmatising

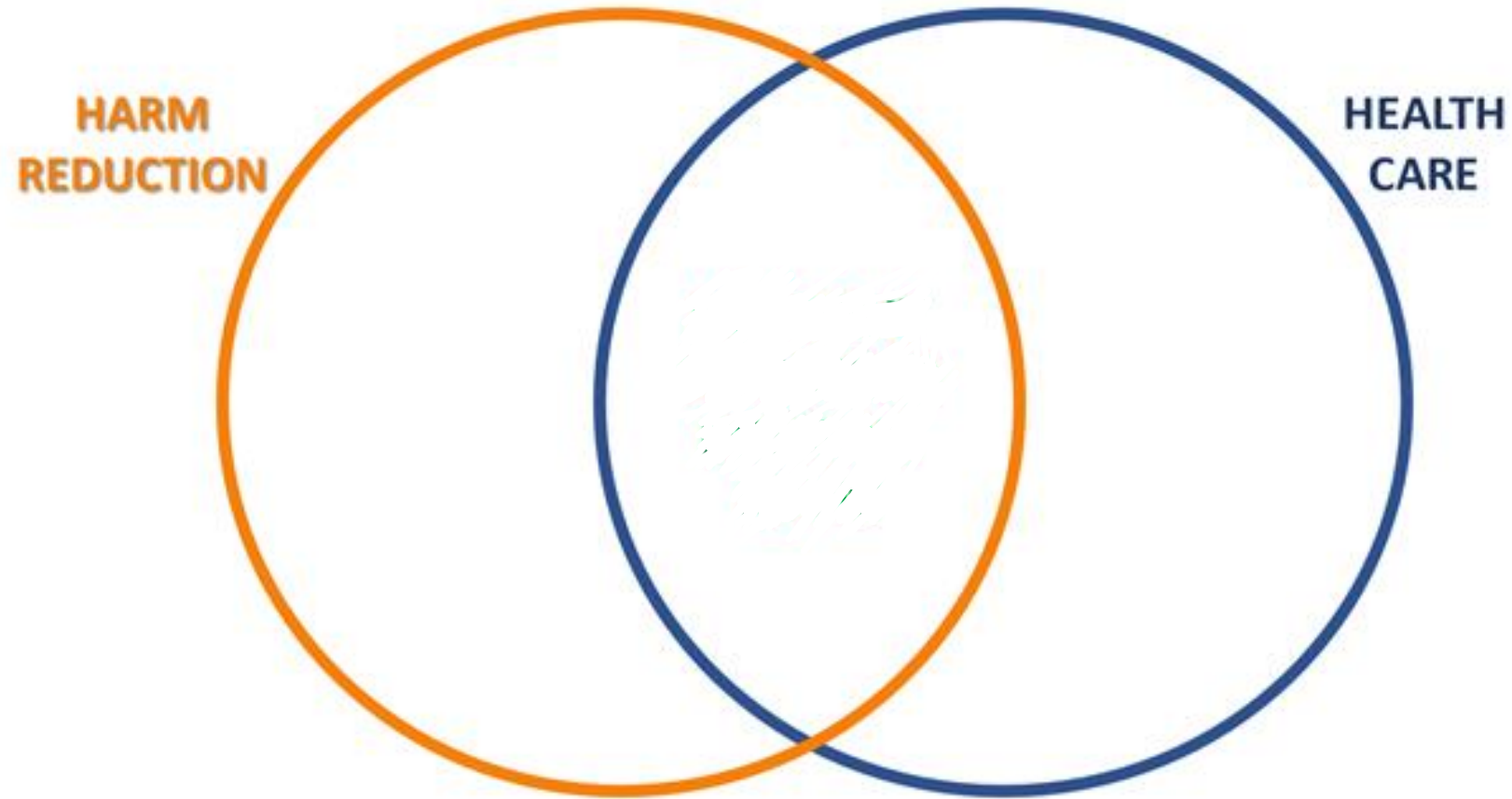
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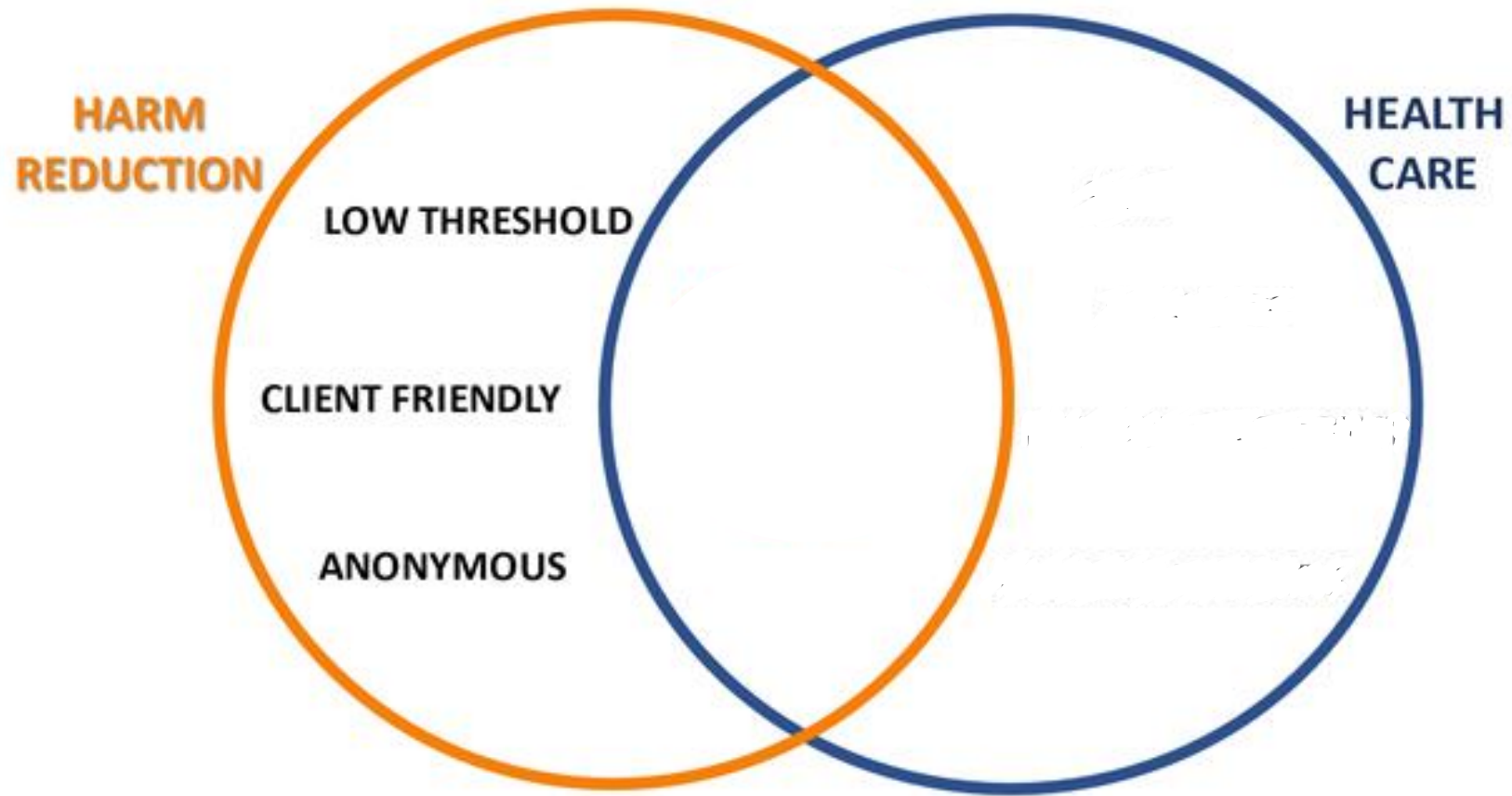
Consumer consultation process

- “One stop shop”
 - Mental Health Support
 - Testing and treatment for hepatitis C and other blood borne viruses
 - Drug dependence treatment
 - Wound care
 - Oral health care
 - Overdose prevention
- Care to be provided by a multidisciplinary team
 - Health professionals
 - Harm reduction practitioners
 - Lived experience

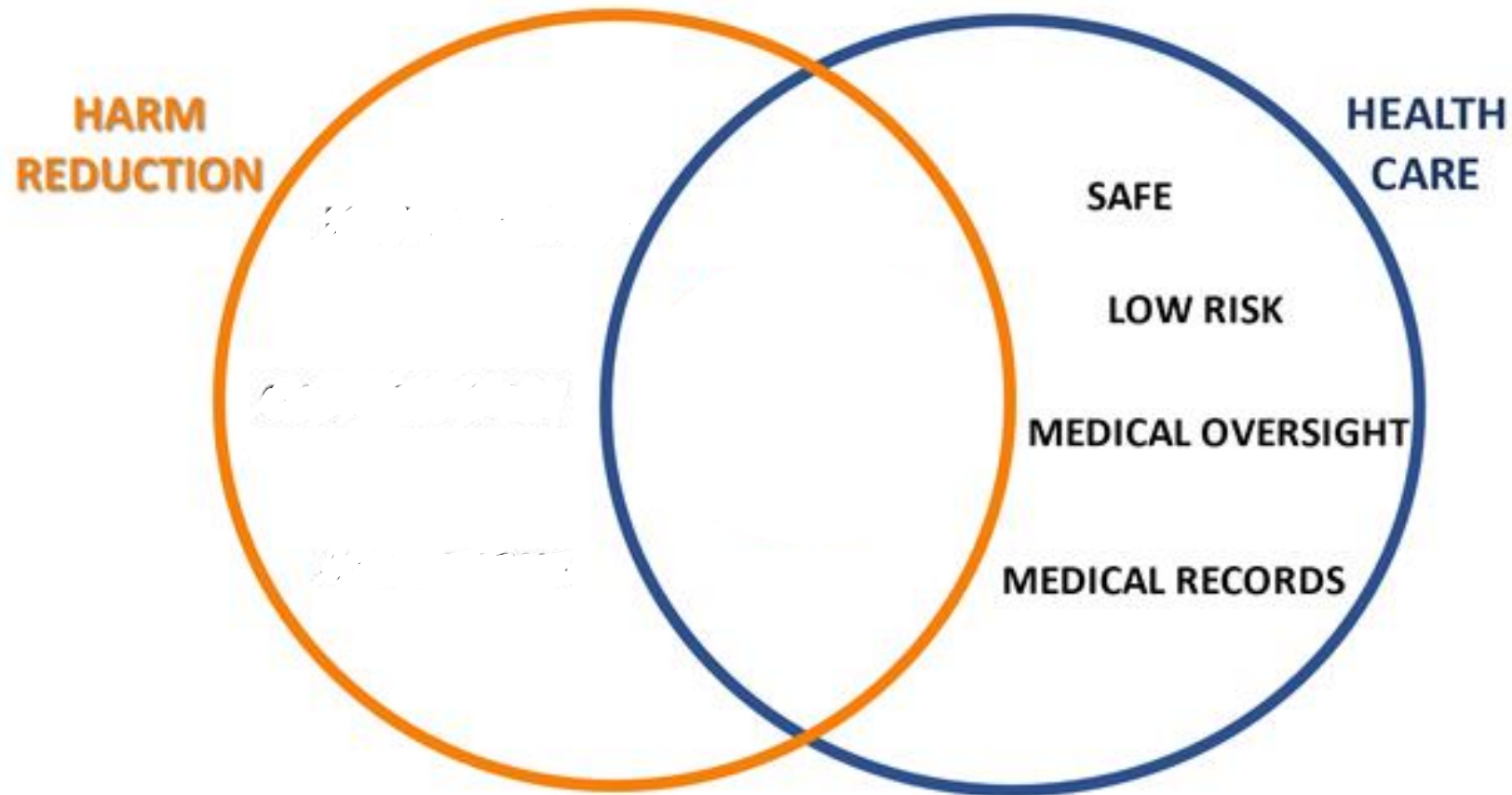
Harm reduction and health service model



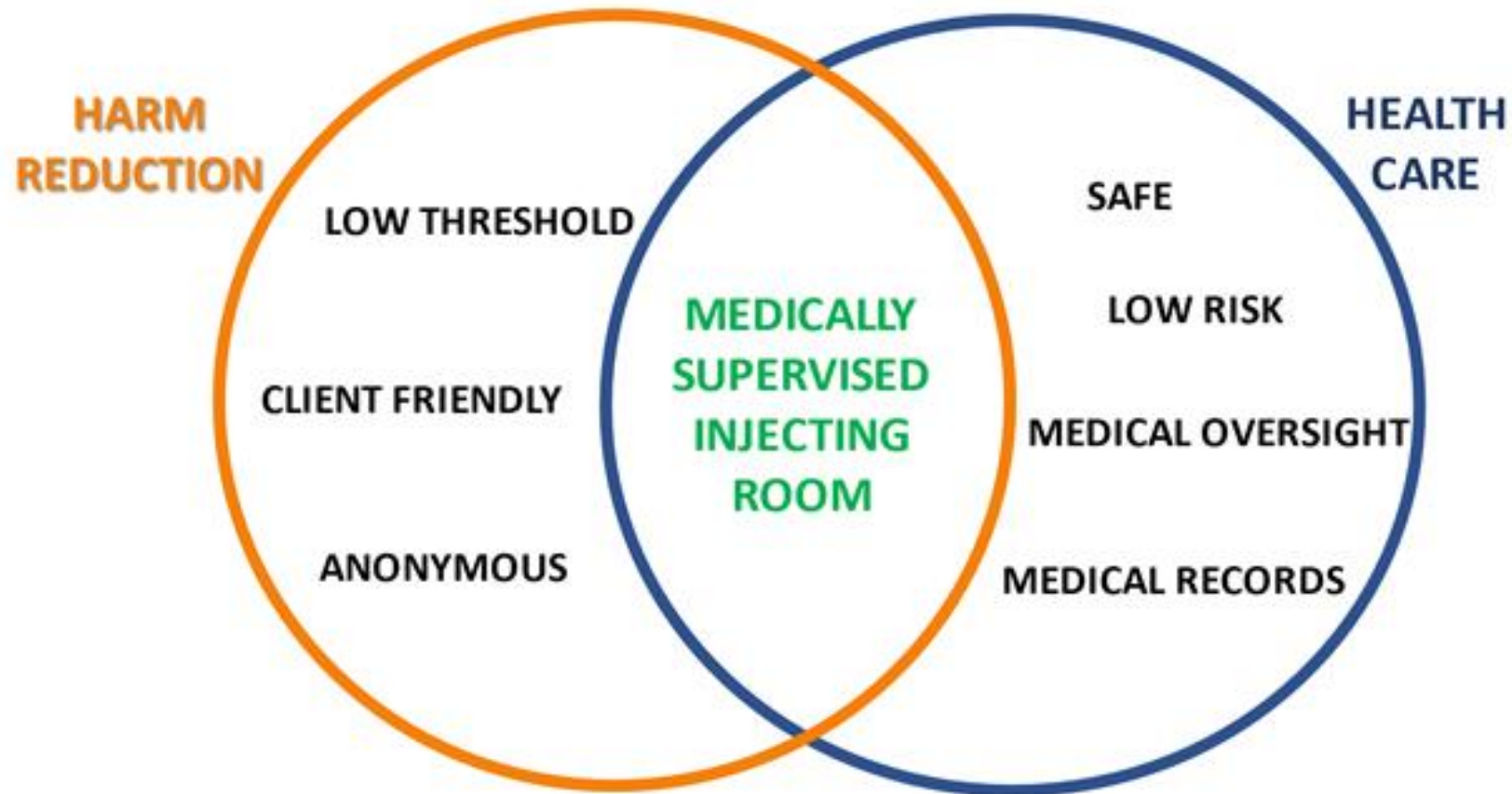
Harm reduction and health service model



Harm reduction and health service model



Harm reduction and health service model



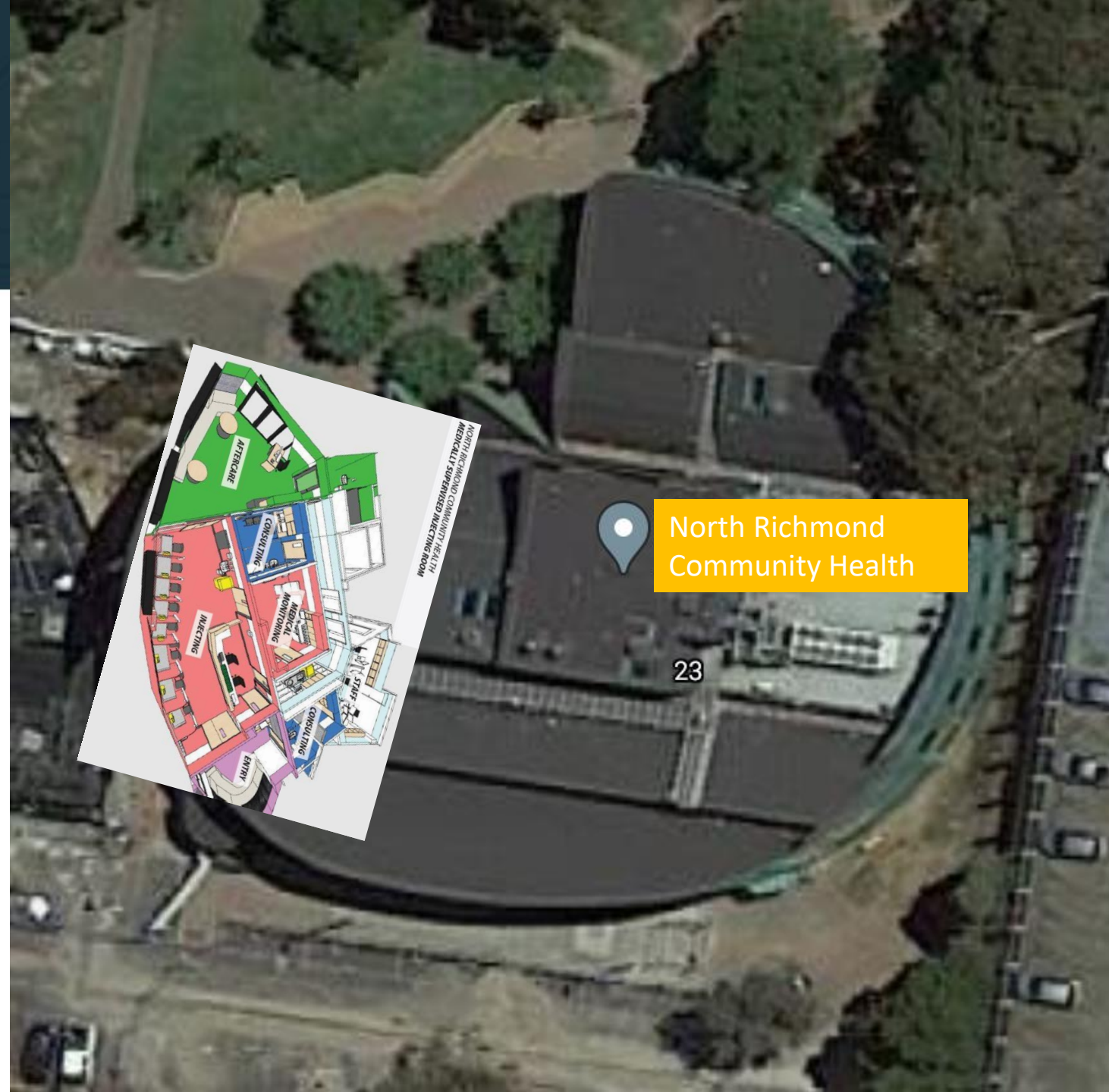
On-site health and social support

- BBV testing and treatment
- Opioid pharmacotherapy
- Linkage to other AOD responses
- Housing
- Wound Care
- Mental Health Support
- Oral Health Care
- STIs
- Other health issues as needed

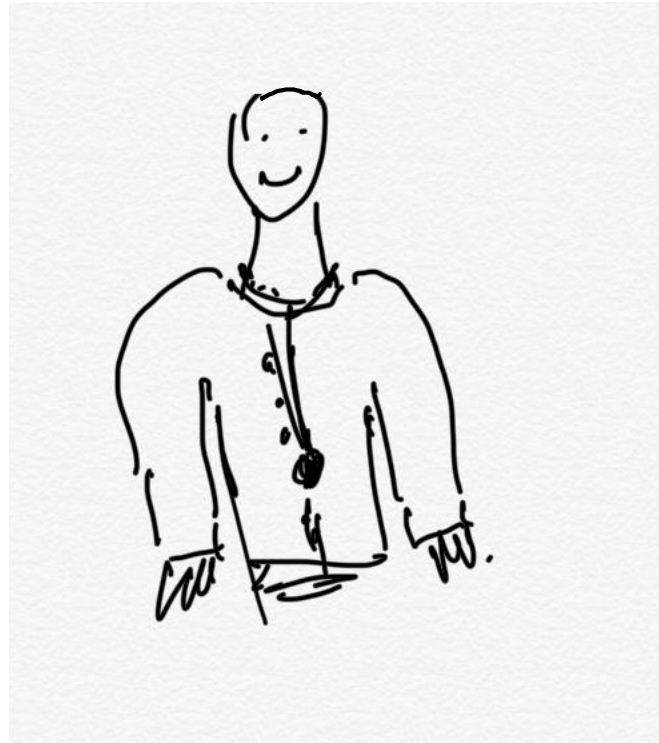
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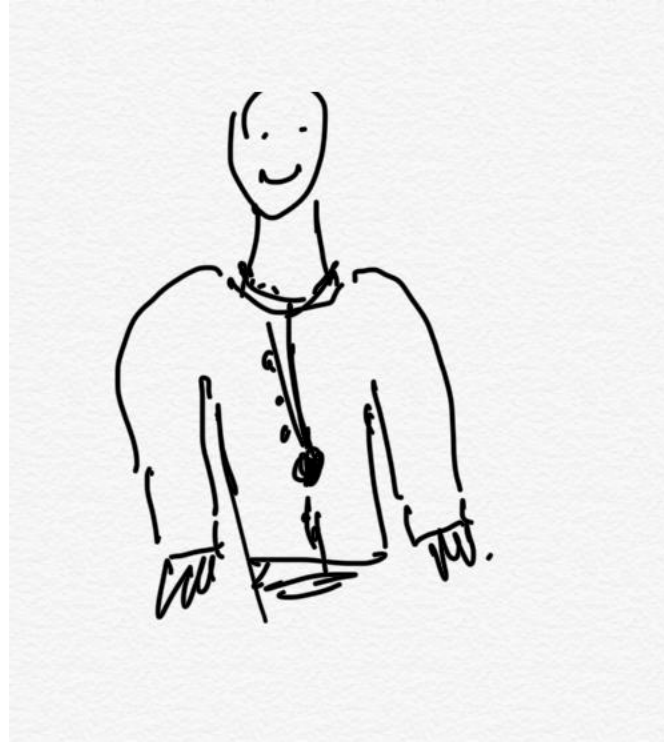
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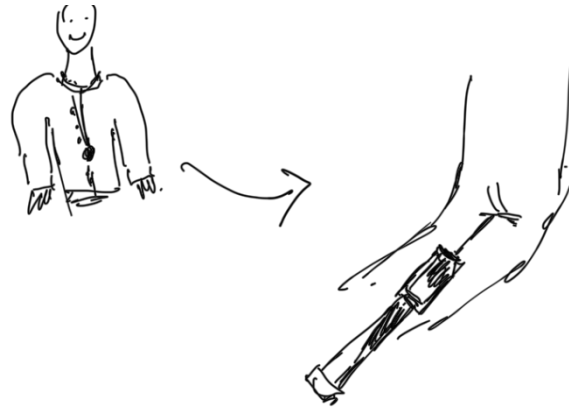
Model 1 – refer to community health centre

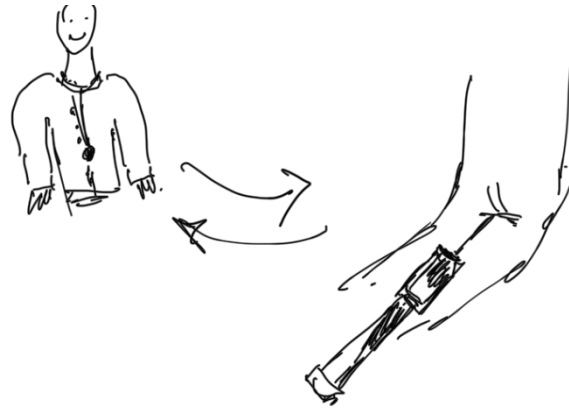


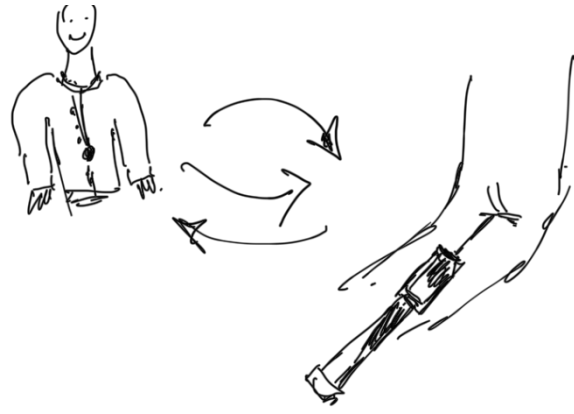
Model 1 – linkage to GPs at North Richmond Community Health



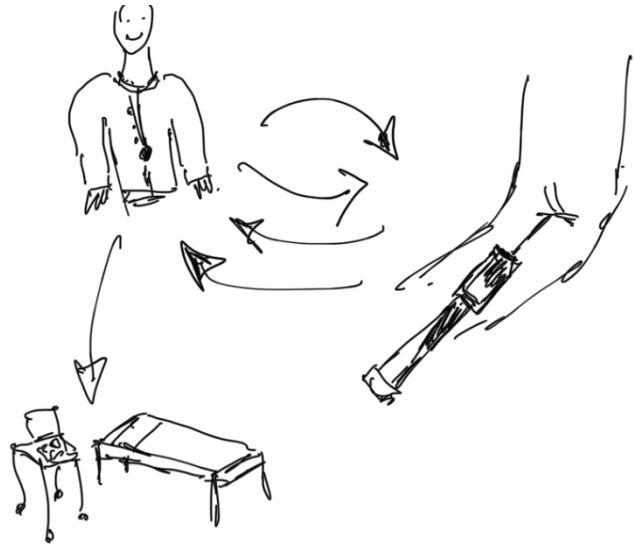


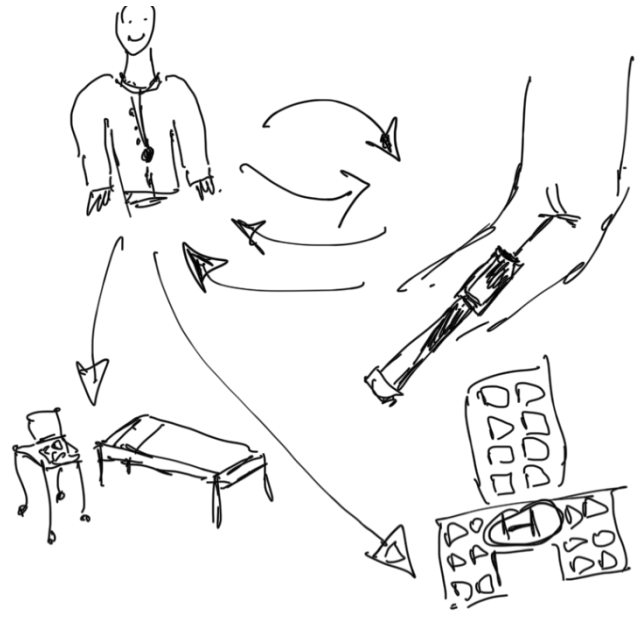


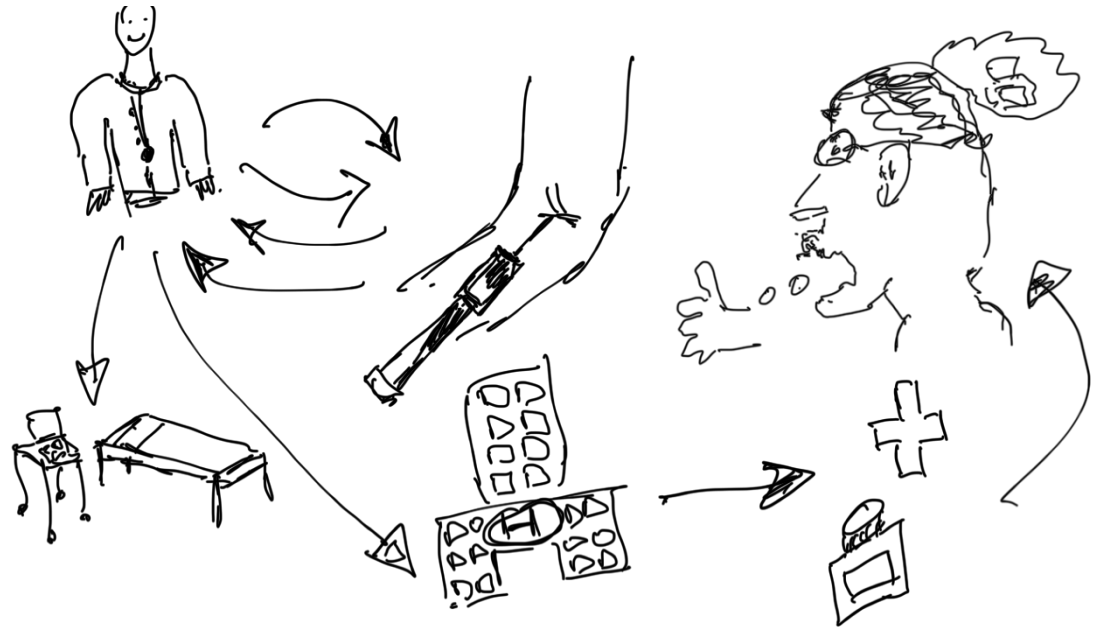


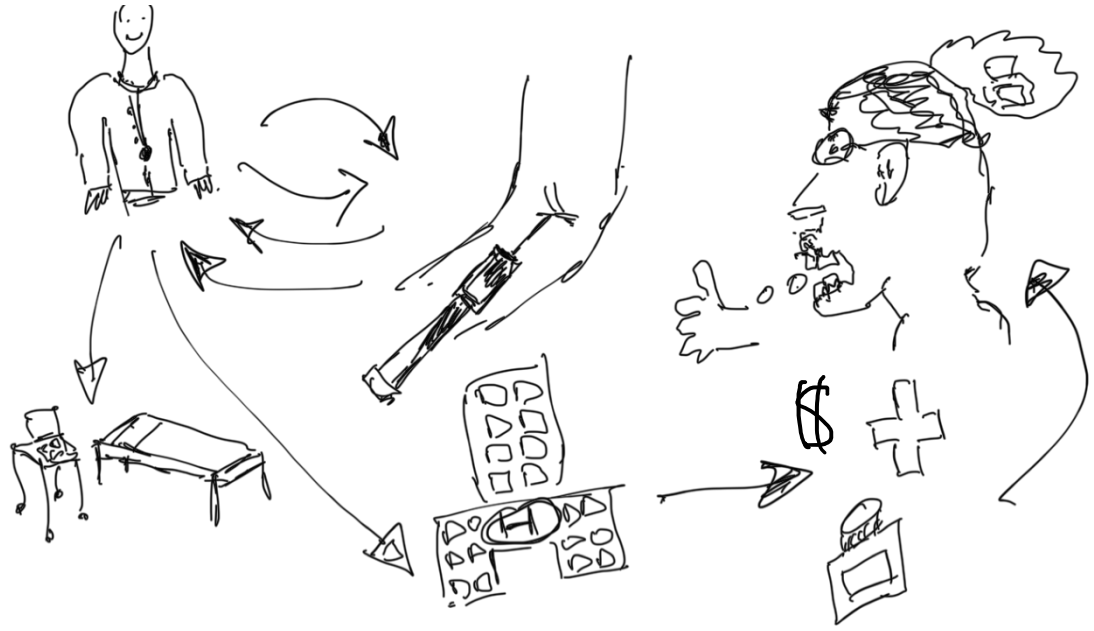












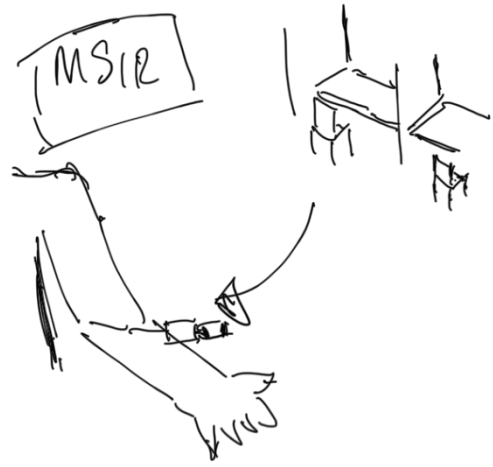
Results of referring the first model of referring to NRCH GPs services

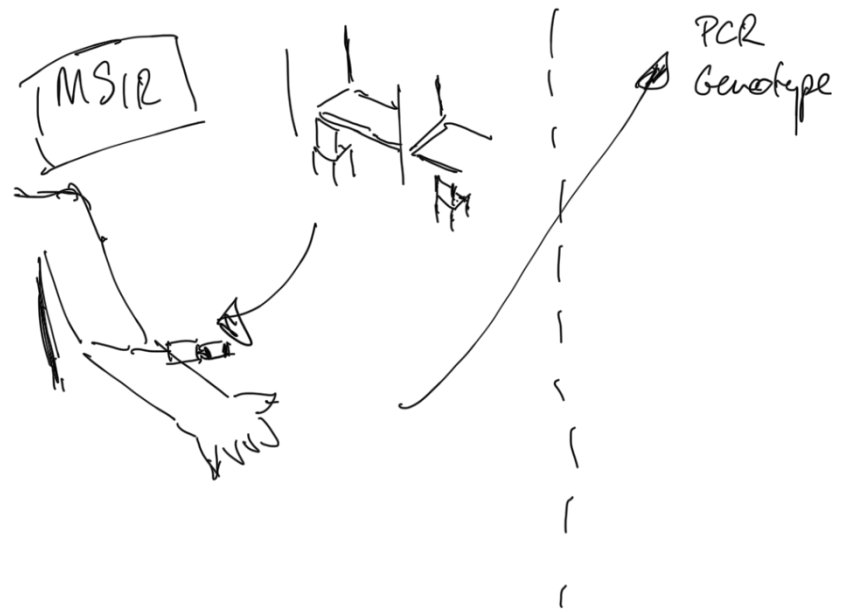
- Without escorting people through the process, only 10% of people referred to the health centre were tested

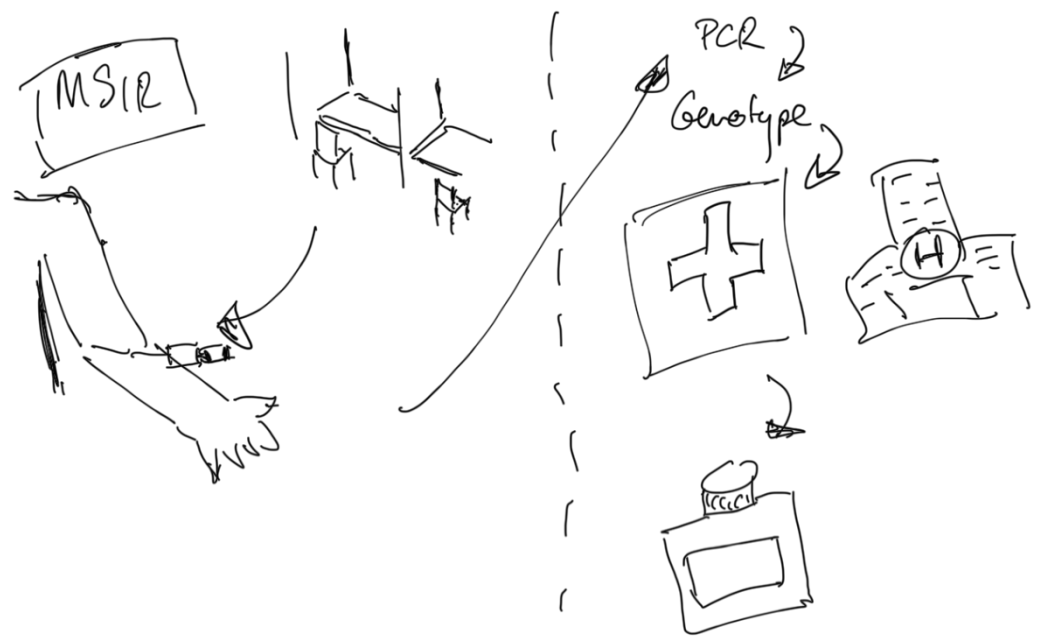
Model 2 - Simplified onsite nurse-led model with full venous blood sample

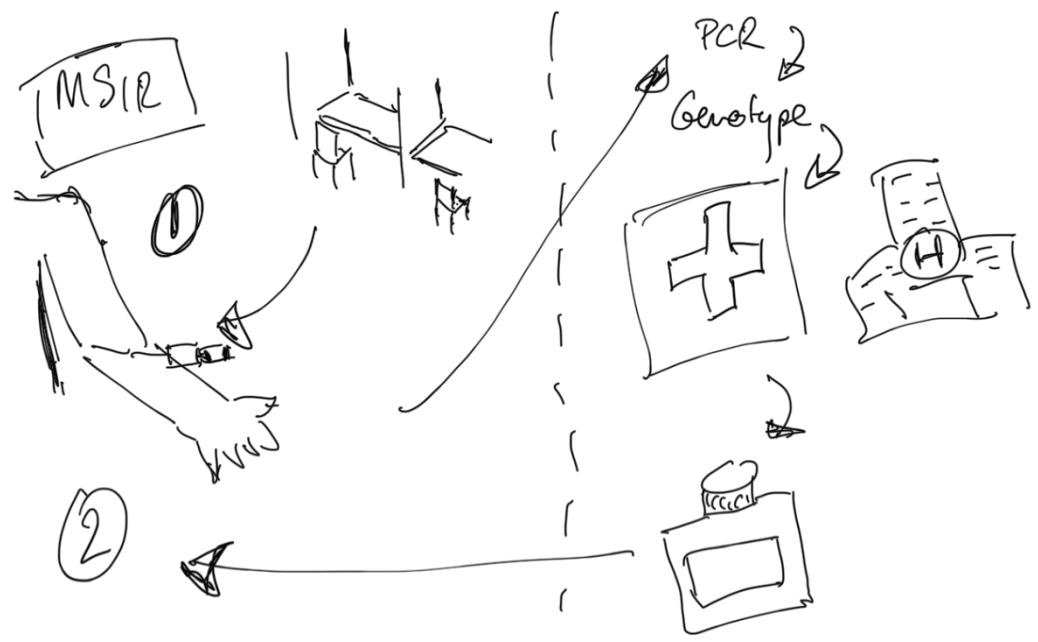
MSIR

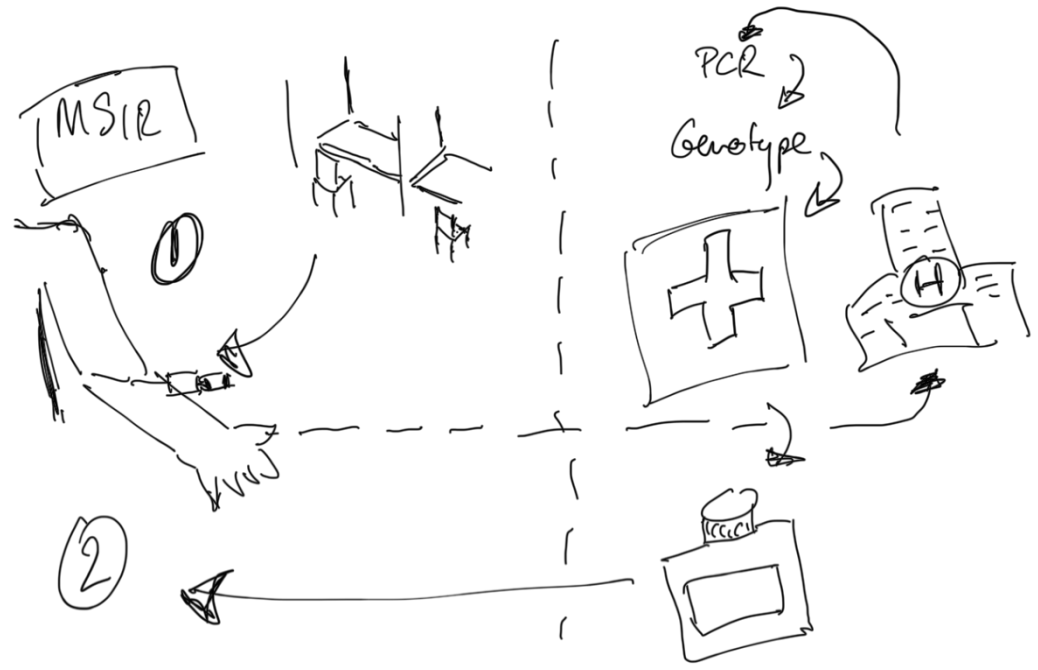


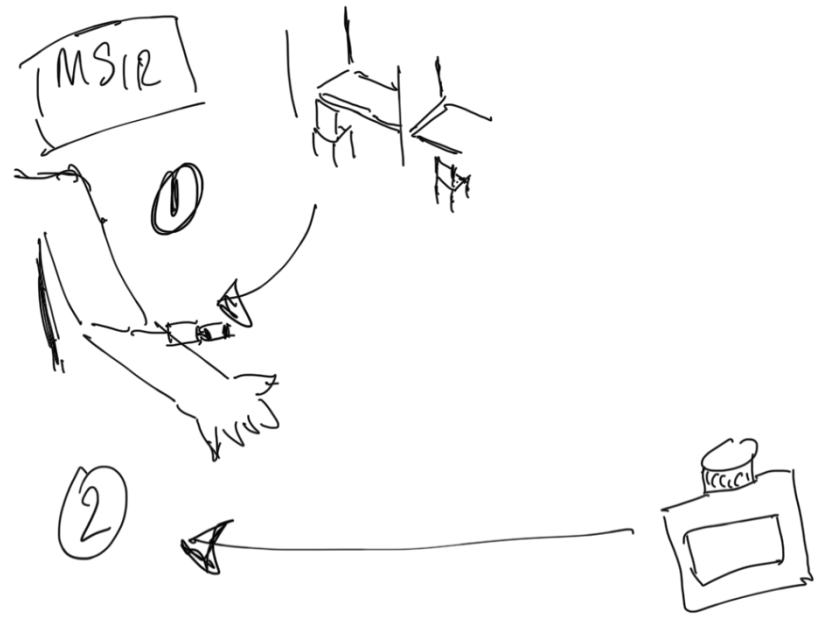






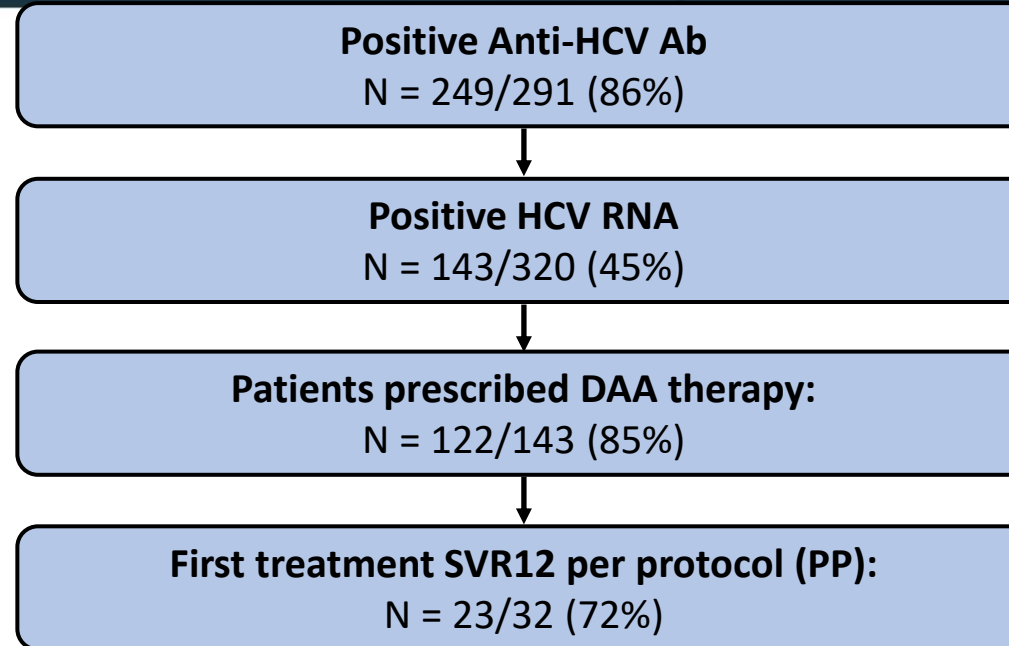






The success of standard of care testing in this high risk setting

- Over the first two years, **321** MSIR clients engaged in hepatitis C screening



Challenges of Model 2

- Relatively low percentage of people being screened
- Many report the need to get a venous blood sample is a disincentive

Xpert HCV VL fingerstick point of care testing

- **Fingerstick rapid diagnostic tests for hepatitis C are now available and provide the possibility of HCV RNA confirmation and diagnosis in a single visit (as well as potentially treatment initiation)**

- Point of care technology^{1,2}
 - Increases testing rates
 - Improves linkage to care
 - Shown to be highly acceptable among PWID, with most preferring this approach over venepuncture
- Cepheid Xpert HCV Viral Load (VL) fingerstick POC test for **HCV RNA** detection
 - Approved by TGA (May 2020)
 - 100µL of capillary whole-blood
 - Result in <60mins
 - Very high sensitivity (100%) and specificity (100%)³

¹Bajis S *et al. Int. J. Drug Policy* 2017; 47: 34-46

²Williams B *et al. Int. J. Drug Policy* 2017; 47: 91-98

³Lamoury FMJ *et al. J Infect. Dis.* 2016; 217: 1889-96



Model 3 - Rapid POC testing at the MSIR

3 Easy Steps

Total hands-on time: <1 minute

1

Collect 100µl blood in the Minivette provided



2

Transfer sample to the cartridge



3

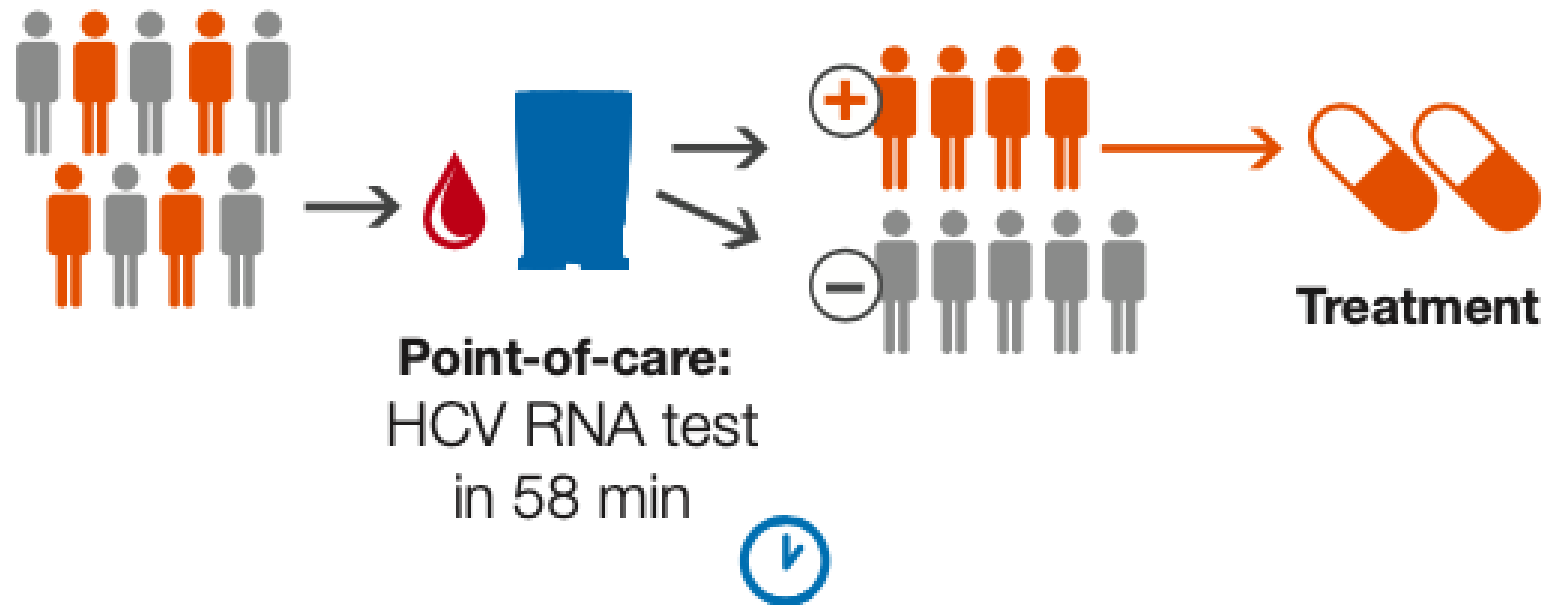
Insert cartridge in the system and start the test



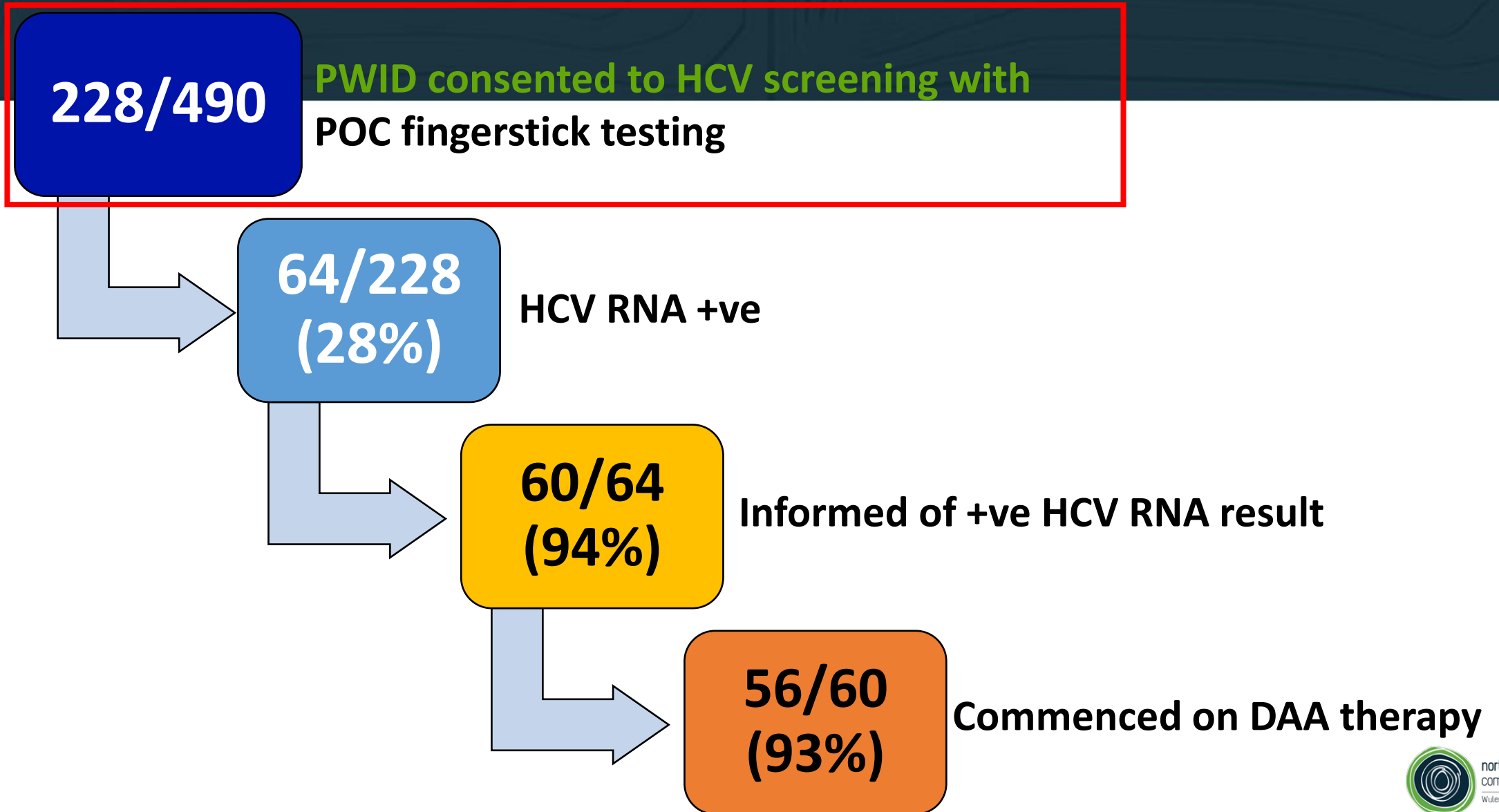
Xpert HCV VL fingerstick point of care testing

One-Step Diagnosis Strategy

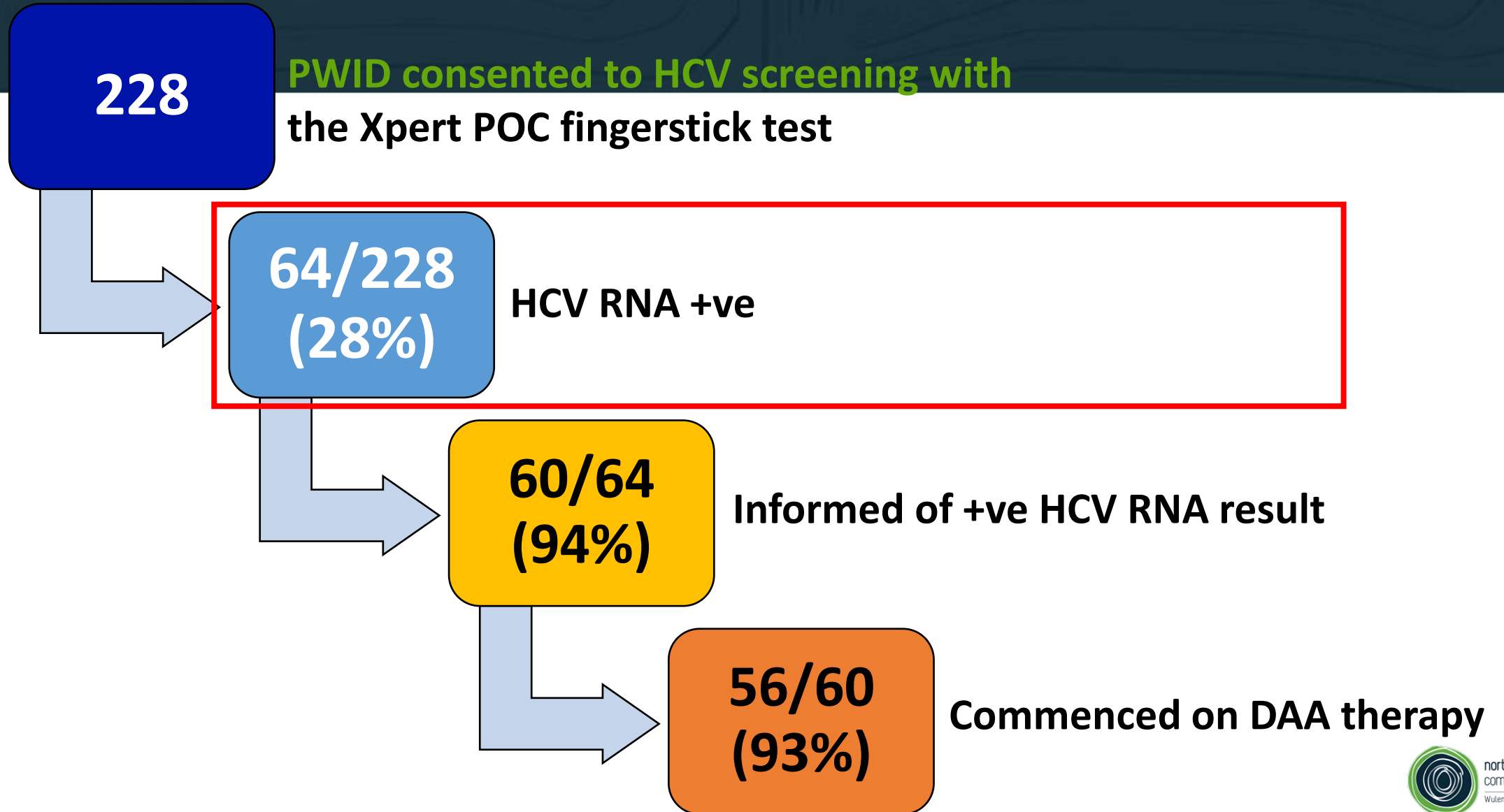
Direct test for HCV RNA and near patient testing could replace screening* based on anti- HCV antibody testing by direct identification of viremic patients.⁶



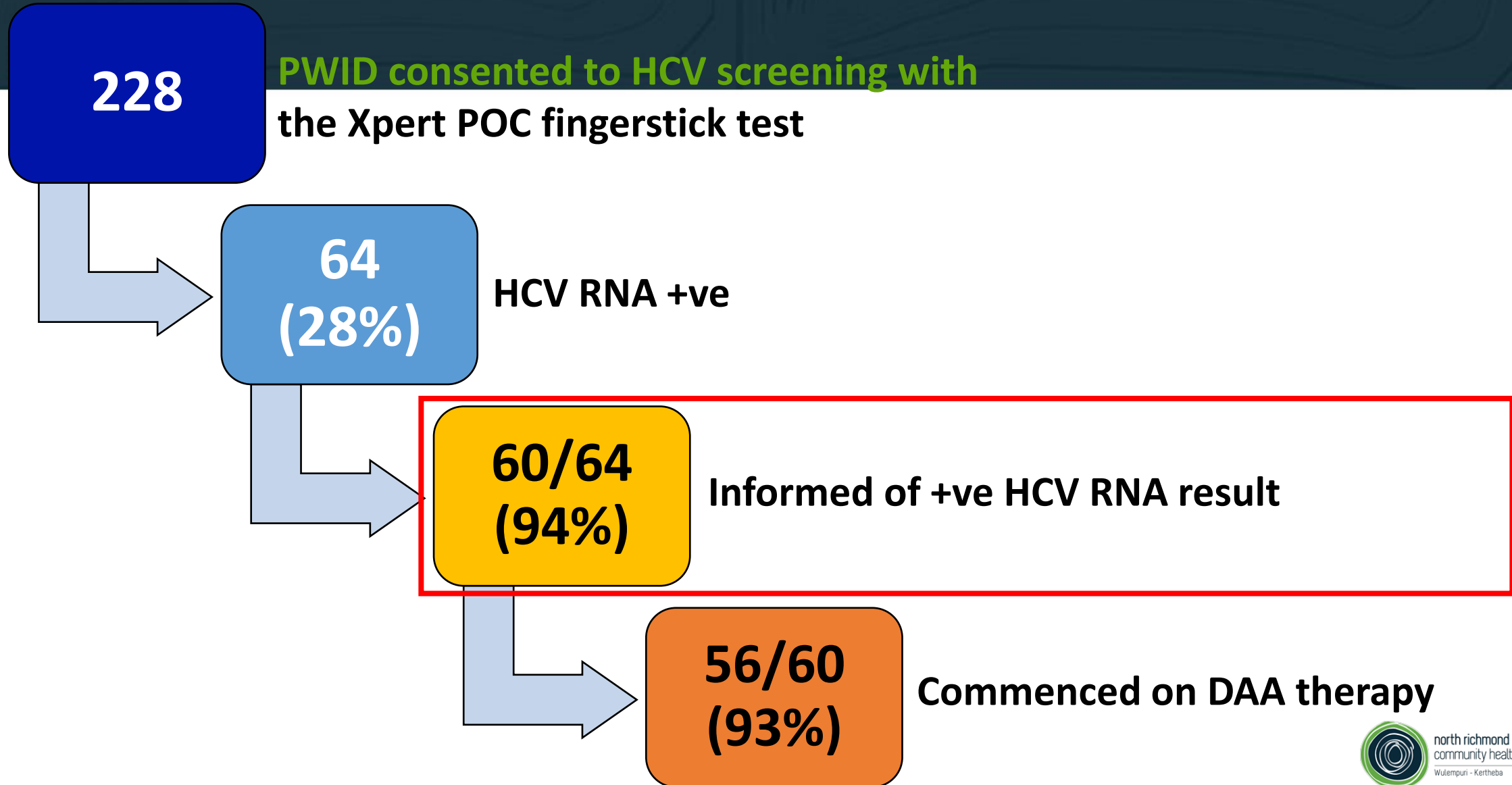
First 9 weeks of rapid POC testing at the MSIR



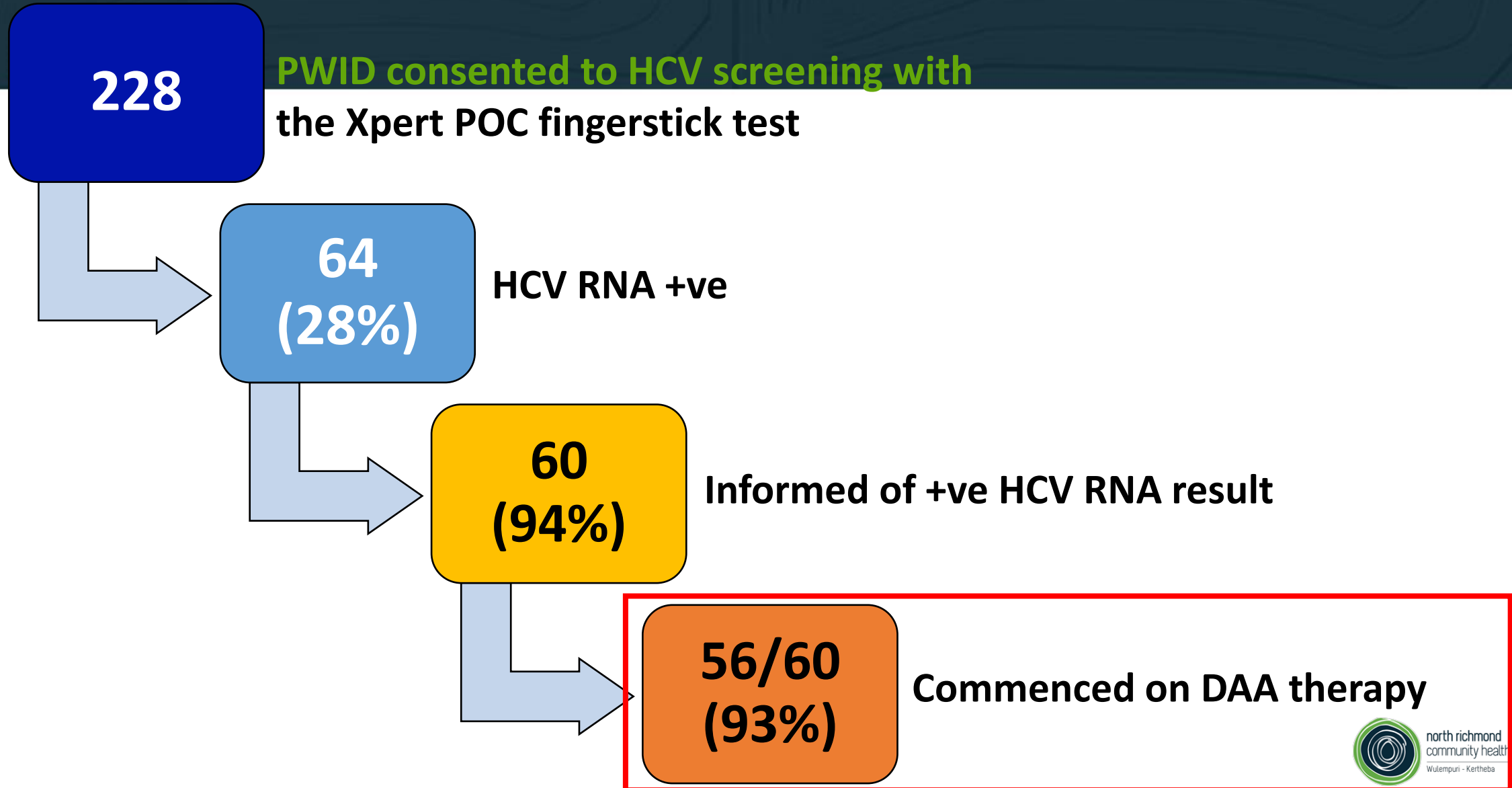
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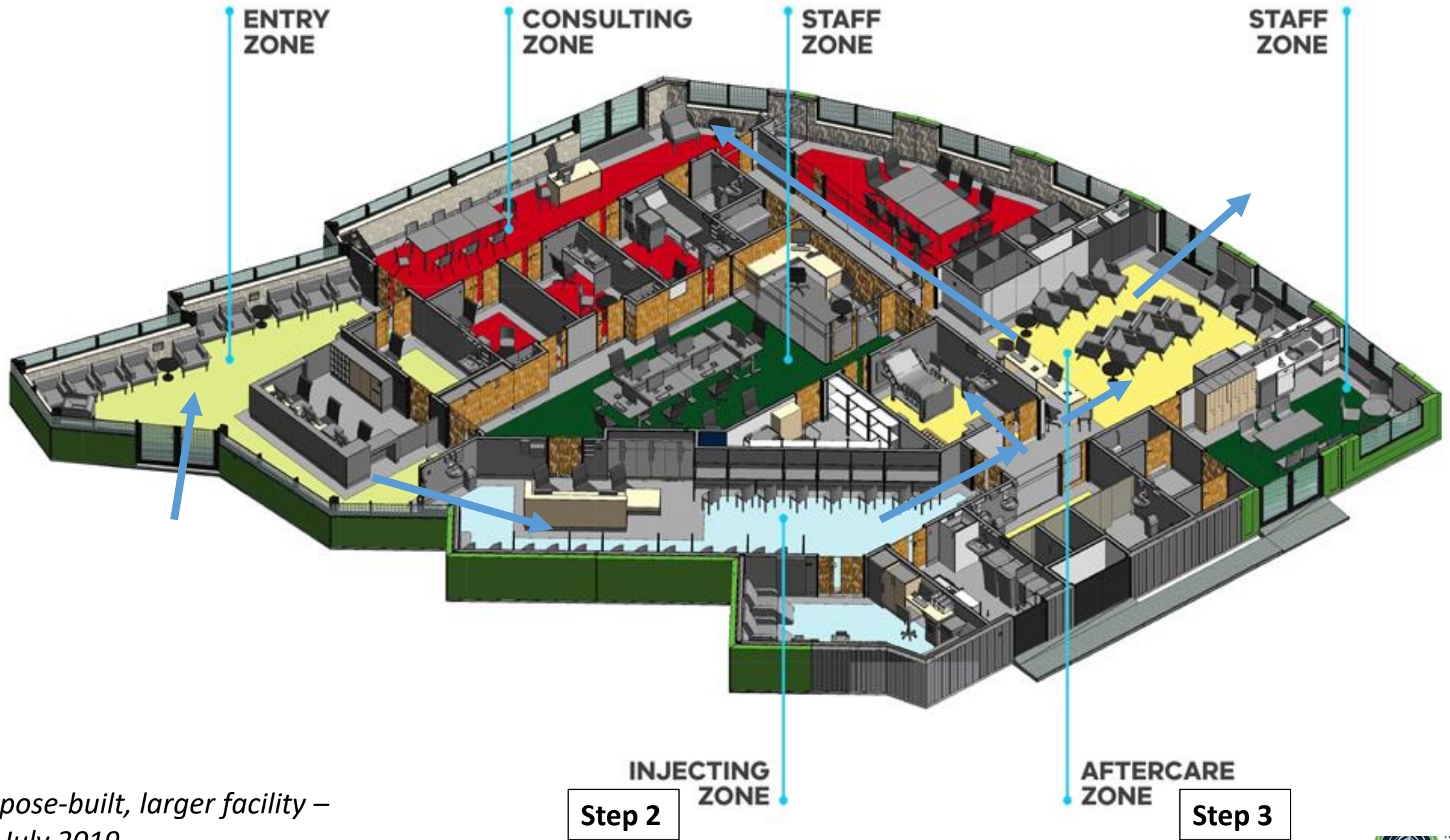


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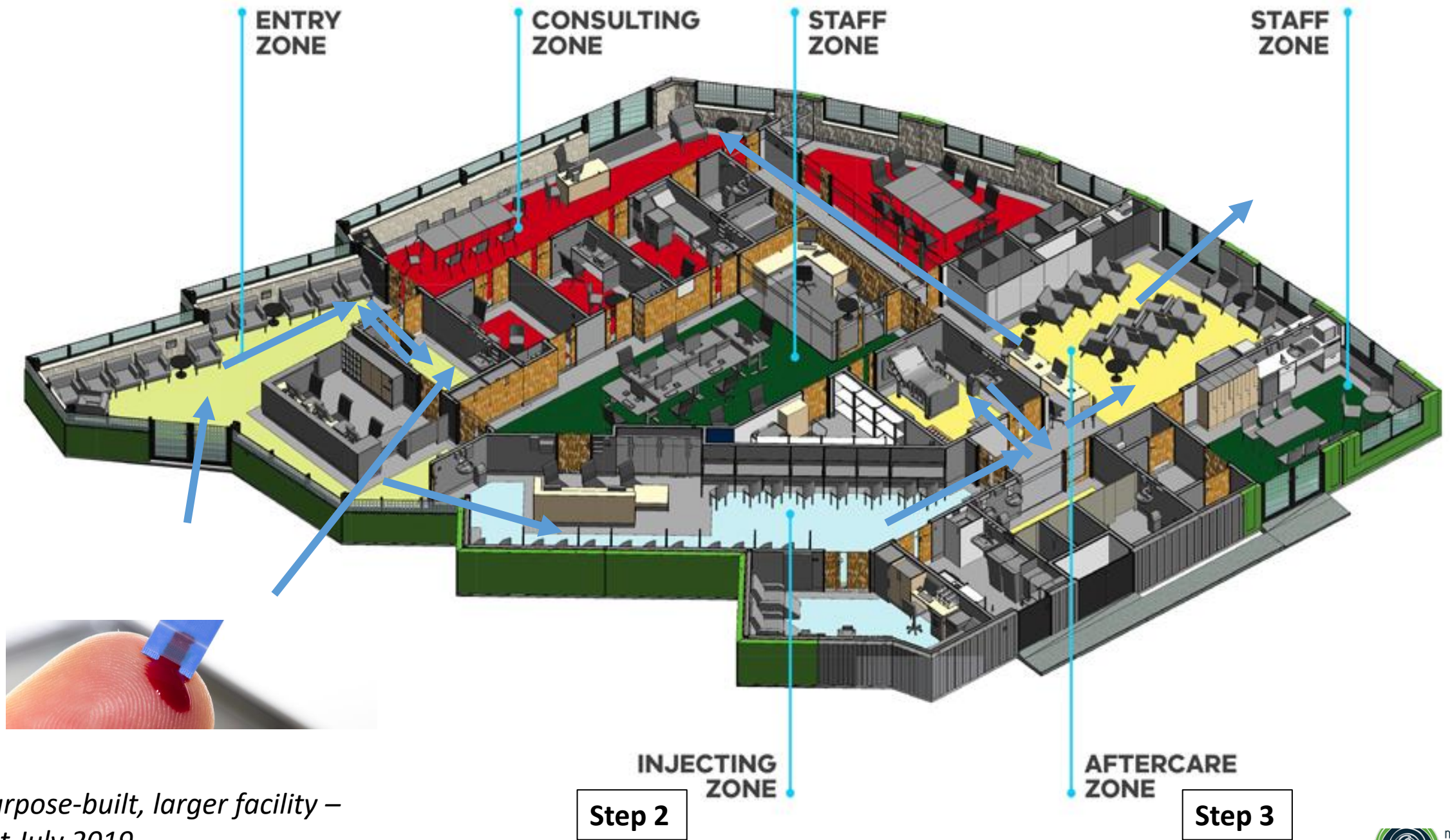




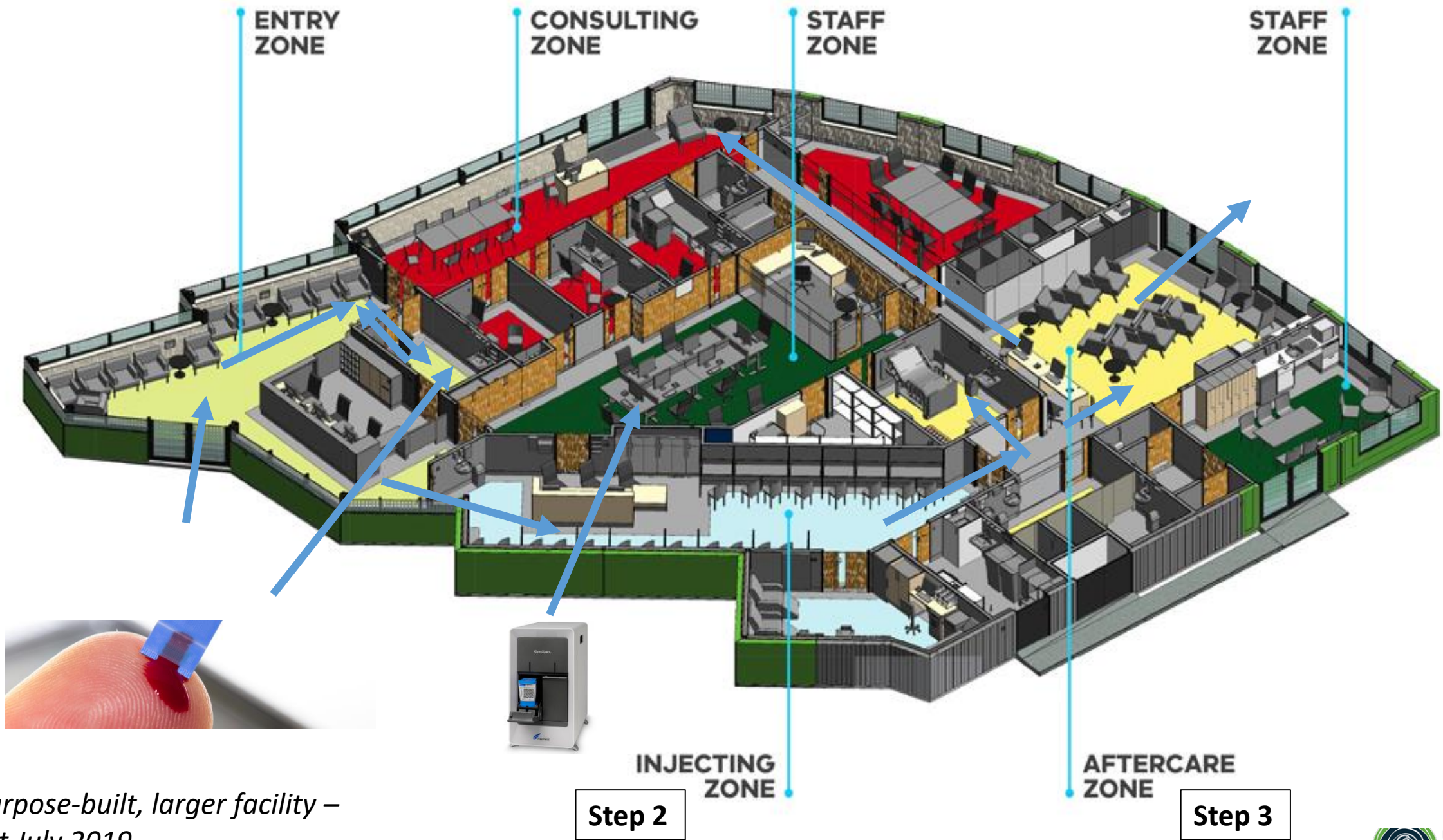
**Purpose-built, larger facility – post July 2019*

Step 2

Step 3



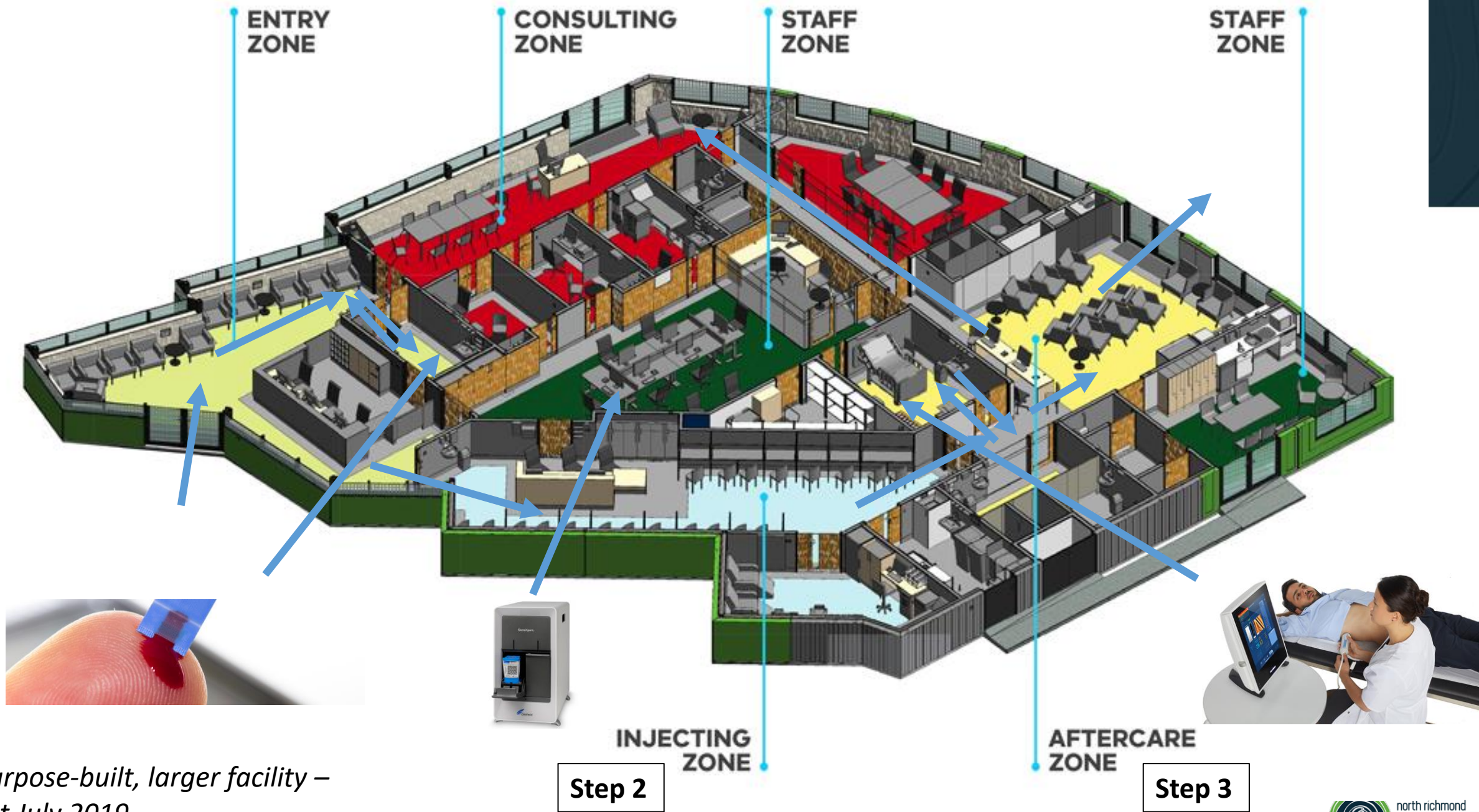
**Purpose-built, larger facility – post July 2019*



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Step 2

Step 3

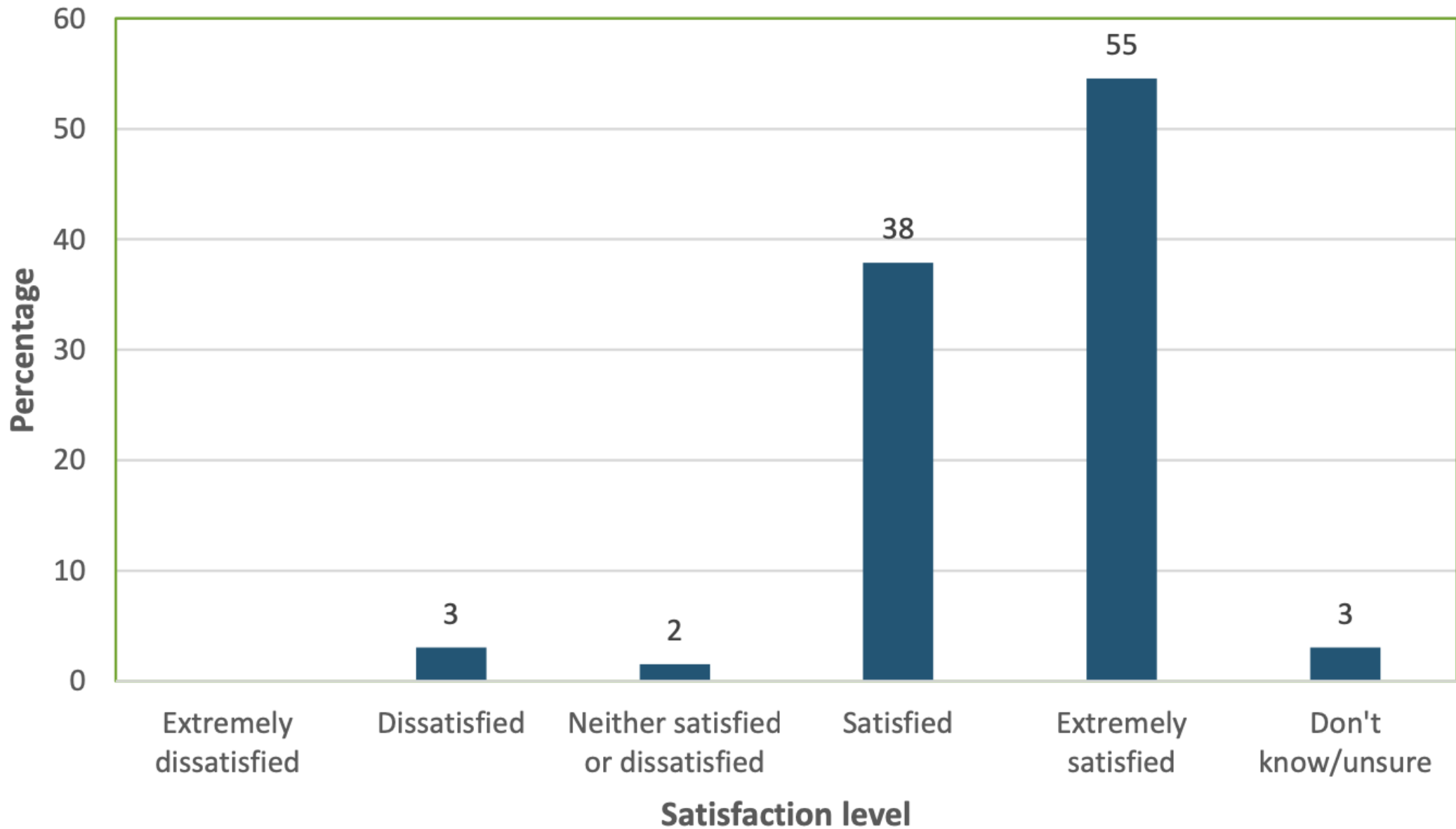


**Purpose-built, larger facility – post July 2019*

4 yrs of BBV testing and HCV treatment

- Tested - 1214 people
 - HCV AB pos – 91%
 - HCV RNA pos – 29%
 - Genotype 1a/3 (~50/50)
 - Fibrosis <10%
 - HIV – 3%
 - HBV – 3%
- HCV Treatment - 280 people (80% of those RNA pos)

Satisfaction with contact with hepatitis/BBV care at the Injecting Room



Simplified care pathway for opioid agonist treatment (OAT)

MSIR client experiences of opioid dependence treatment

- PROBLEM

- Negative experiences of opioid agonist treatment in the past
- Often difficult to access
 - Waiting lists
- Cost associated with methadone and Suboxone treatment
 - \$5 per day
- Challenges attending appointments
- Don't like attending the pharmacy every day

- SOLUTION

- On-site pharmacotherapy prescribing for methadone and buprenorphine
- LAIB administration on-site including suboxone induction
- Flexible model of service delivery including rapid LAIB induction and off label use
- No fees

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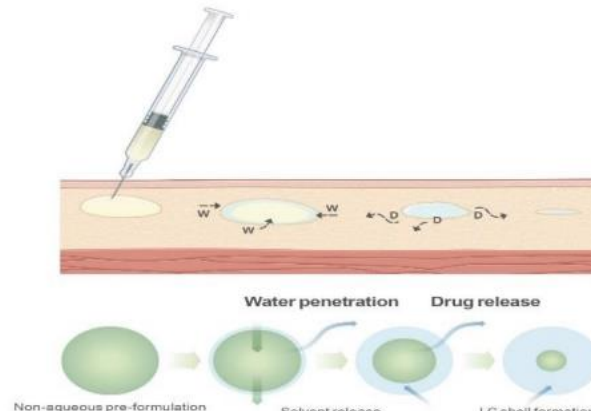
Opioid pharmacotherapy treatment in last 3 years

- 647 on-site treatment initiations
- 414 with LAIB

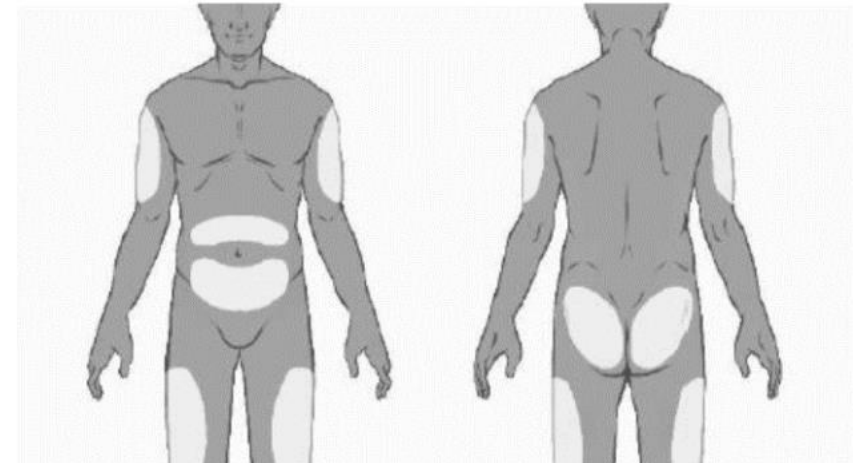
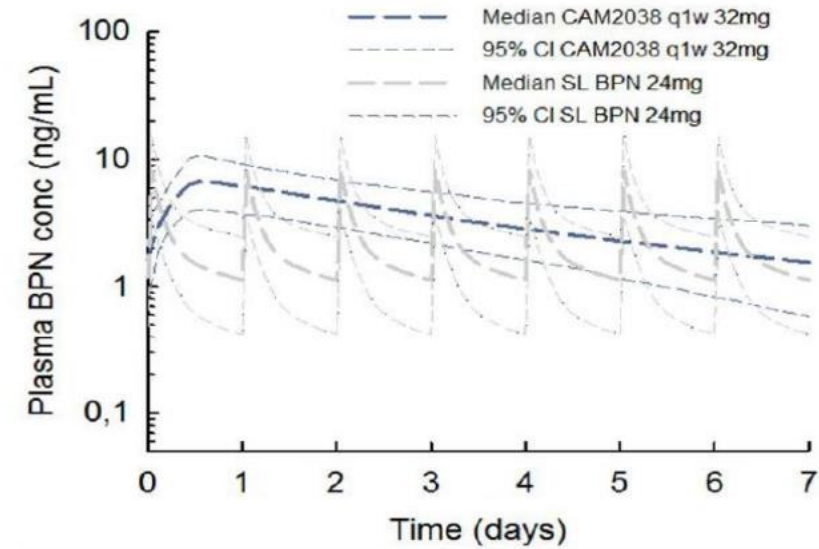
Buvidal Weekly and Buvidal Monthly[®] (Camurus)

1-week and 4-week BPN depots

- Registered in Australia and Europe, awaiting PBS listing
- Dose options: 4 x Weekly and 3 x Monthly doses
 - Weekly doses: 8mg, 16mg, 24mg and 32mg
 - Monthly doses: 64mg, 96mg, 128mg
- Ready-for-use in prefilled syringe (0.16–0.67mL)
- Subcutaneous injection by Health Care Provider
- Stored at room temperature
- Not to be dispensed to patient

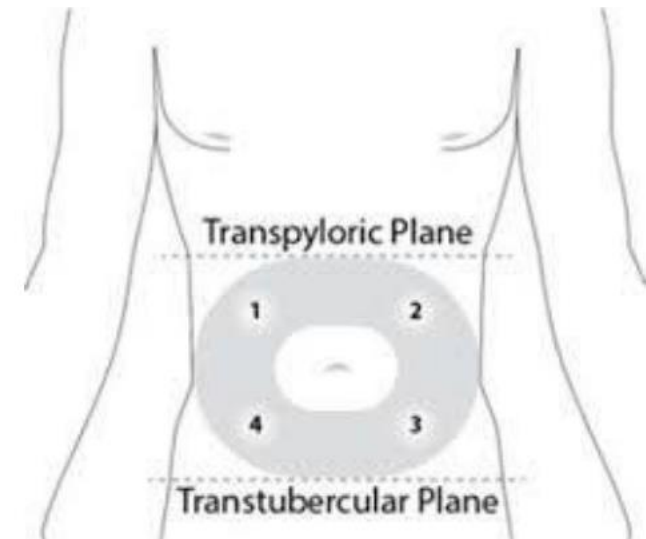


Weekly CAM2038 – Daily SL BPN



Sublocade®: The medication

- Licensed 2018 with FDA
- Prefilled syringe with either 300mg (1.5ml) or 100mg (0.5ml) doses
- 4-week SC injections administered by HCP into abdominal area
- Cold-storage requirements (4° Celsius), can be stored at room temperature for 7 days
- Not to be dispensed to patient



Opioid Agonist Treatment Clinic – initial outcomes



- Long-acting injectable buprenorphine (depot) became available in September 2019
- Weekly or monthly injection
- Data on first **41** MSIR clients treated onsite
- **61%** maintained continuous treatment over 84 days
- Visits with a supervised injection **reduced from 10** in 28 days prior **to 0** in the 28 days (median) following first administration
- **76%** of clients with weekly injection and **88%** of clients with monthly injection remained in treatment
- **59%** did not return to inject that month

Drug and Alcohol REVIEW



Drug and Alcohol Review (2021)
DOI: 10.1111/dar.13291

LETTER TO THE EDITOR

Initial experience with subcutaneous depot buprenorphine in a medically supervised injecting facility

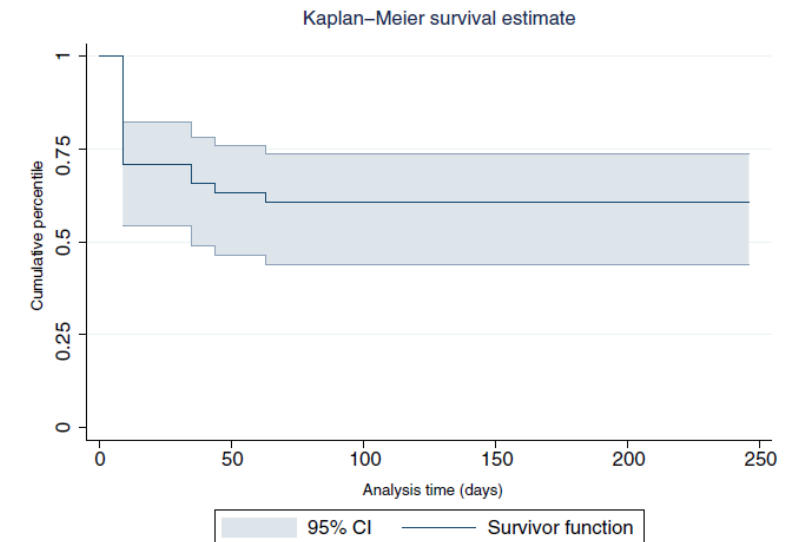


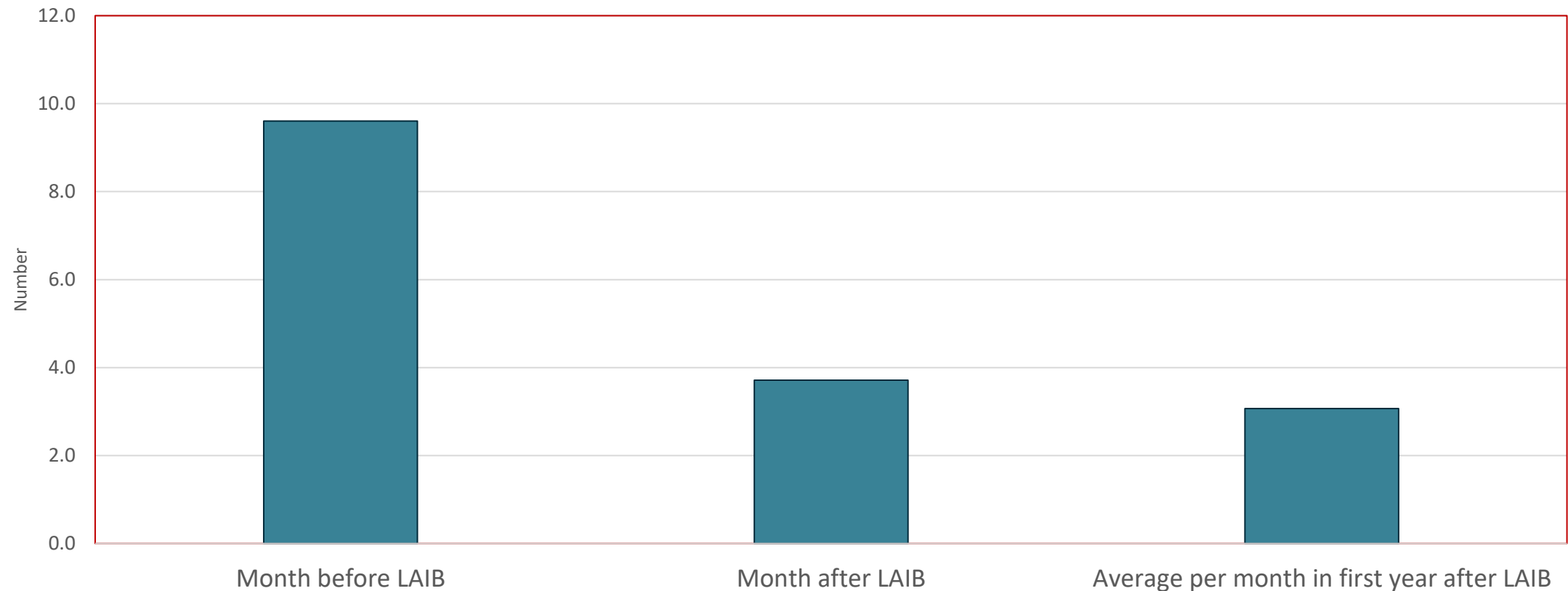
Figure 1. Depot buprenorphine treatment retention among 41 Medically Supervised Injecting Room clients. CI, confidence interval.

Experiences of treatment

- “Best treatment experience I've ever had”
- “Didn't feel like I needed to use heroin at all”
- “Life changing”
- “Buvidal = Buuutiful!”

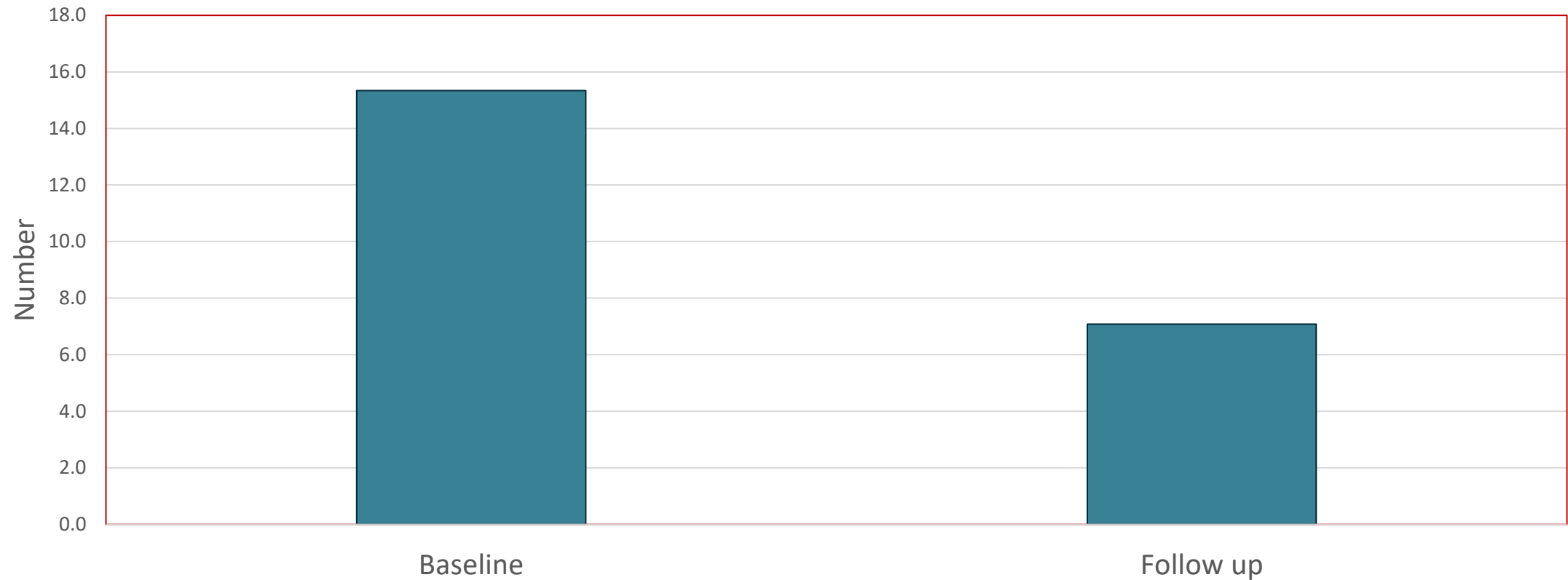
Reduction in visits to the MSIR post LAIB

Visits to MSIR per month pre and post LAIB



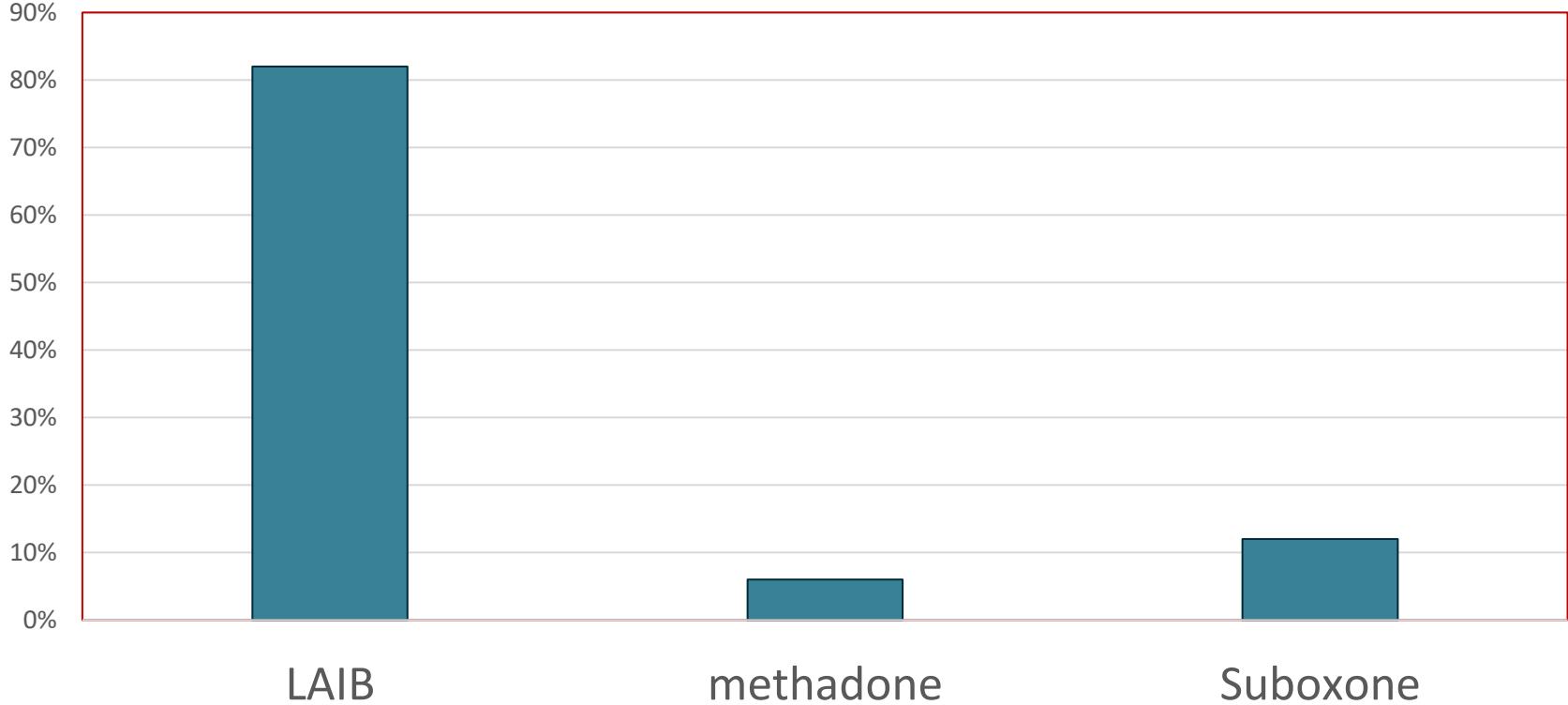
Reduction in self-reported heroin use over 12 months

Heroin use in the last 28 days

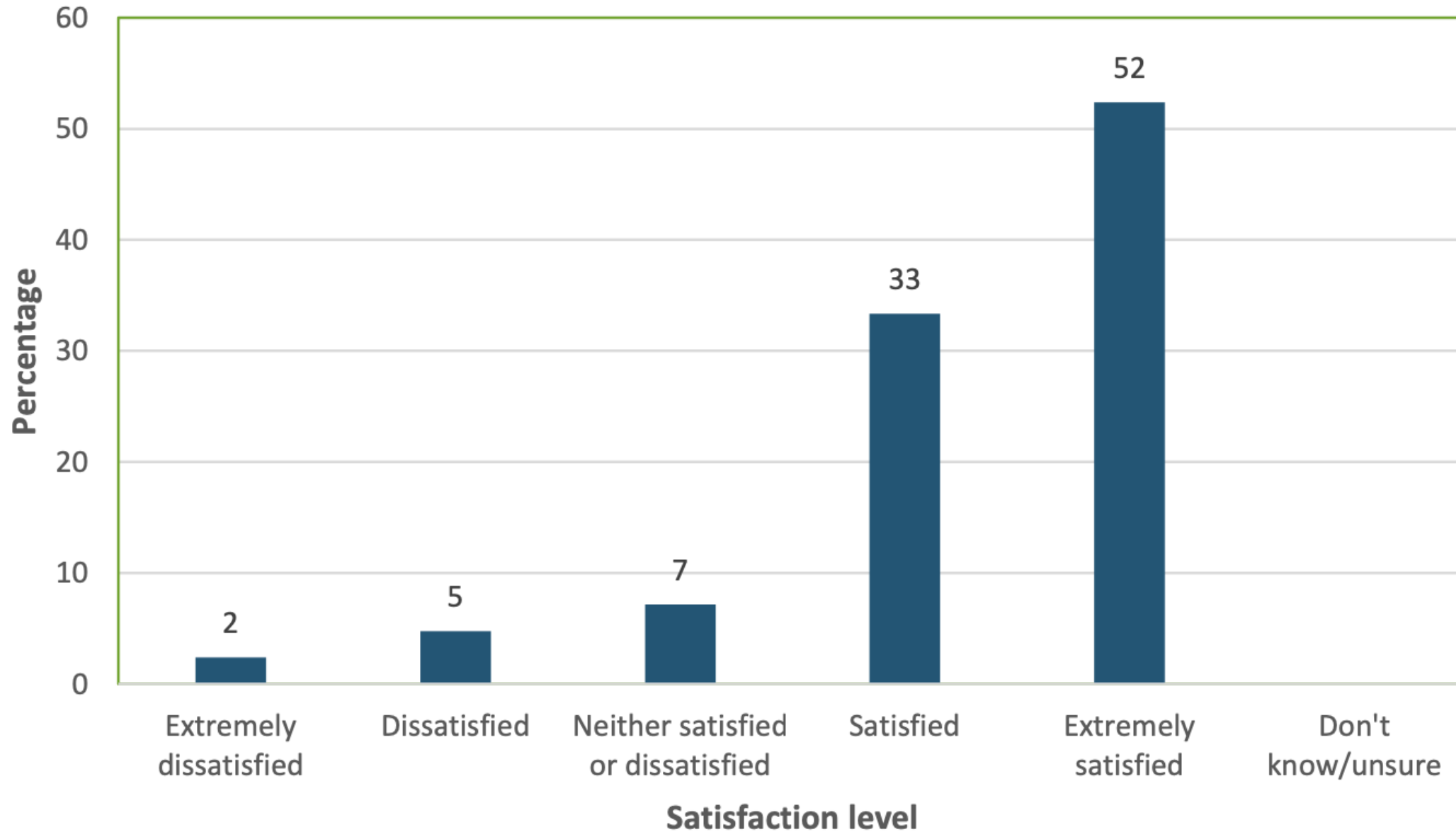


Treatment preference for LAIB

Preferred treatment options



Satisfaction with contact with pharmacotherapy in the Injecting Room



Simplified care pathway for oral health

People who inject drugs have poor oral health



This significantly affects quality of life...



Oral healthcare provided at MSIR

Assessment and consultation

- Teeth assessment
- Gum & gingival health
- X- rays
- Oral lesions
- Dental care at NRCH
- Dentures at NRCH

Preventive care

- Silver Diamine fluoride
- Fluoride varnish
- Plaque removal
- Free toothbrush, toothpaste and dental floss



Assessment of first 109 people

No. of decayed teeth	
None	24%
1 - 5	35%
5 - 15	41%
> 20	1%

Assessment of first 109 people

No. of teeth requiring extraction

None	46%
1 - 5	32%
5 - 15	18%
> 15	4%

Silver fluoride



Sharing on Arresting Caries Using Silver Diamine Fluoride

and Recruitment Session of Volunteer Dentist



26 April 2021 (Mon) | 8-9pm
Register & Join Us via Zoom!

HKDA CPD hour: 1.0
CDSHK CME point: 1.0 (Category A)
DCHK CPD point: PENDING

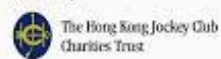


Online Registration

Organised by

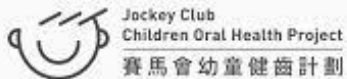


Funded by



Supported by





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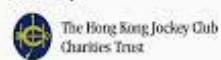


Online Regi

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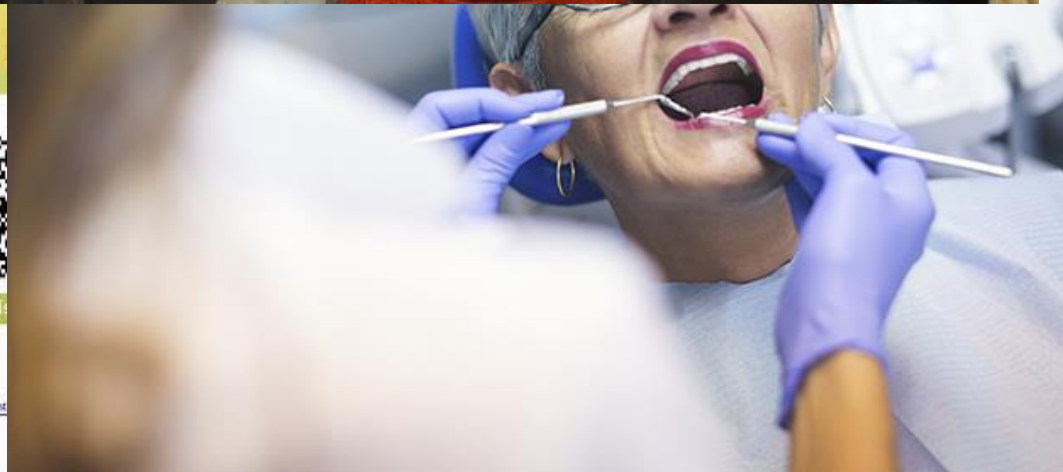


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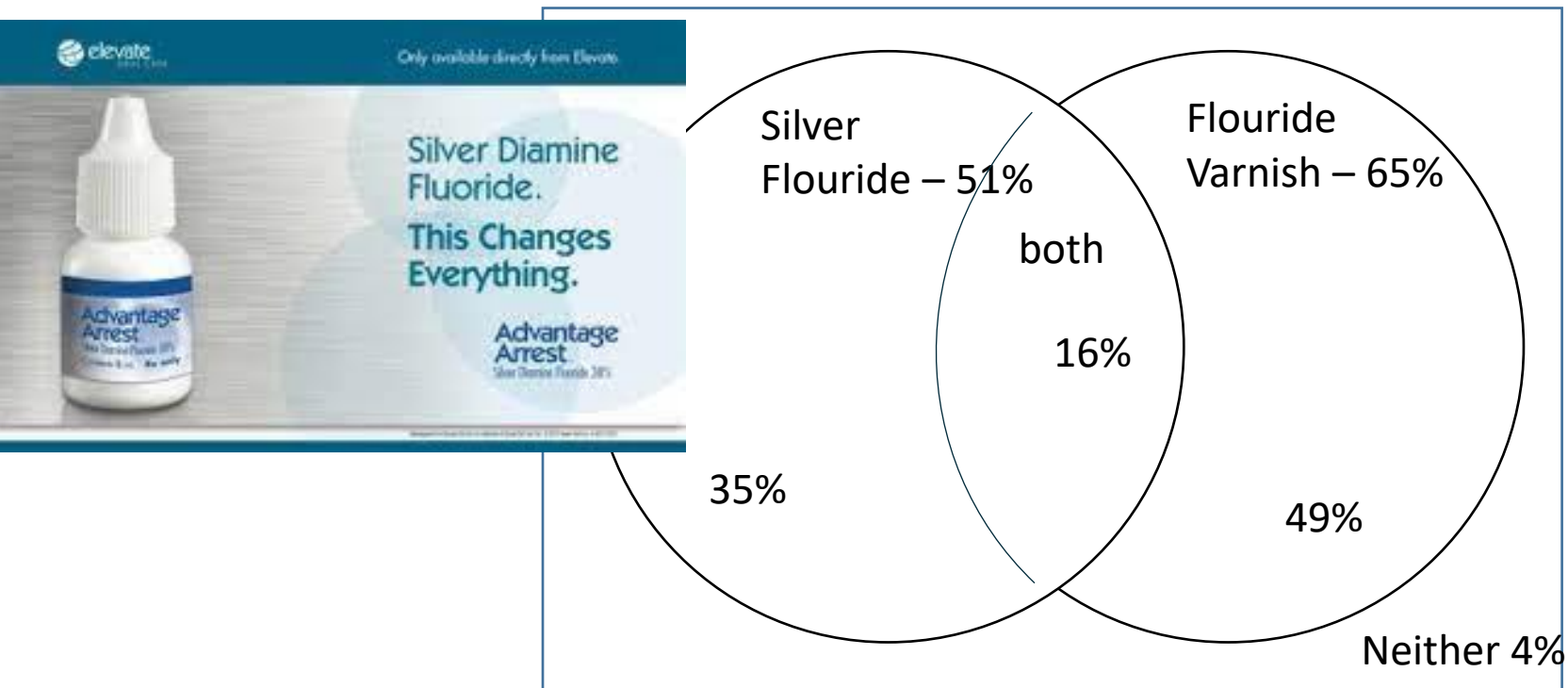


Online Regi

Linkage to priority treatment options at the community health centre dental practice



Take-up of fluoride solutions in people with caries



Feedback

MSIR staff engaged in:

- learning about oral health
- learning about the use of SDF to control dental decay
- promoting the oral health program to PWID
- training to use the dental record system.

MSIR clients:

- were receptive and engaged
- 40% of clients followed up care (within the trial period) with the NRCH dental clinic and specialists.



- Stage of lesion change with silver diamine fluoride (SDF) treatment.

"You did a good job - you placed all the black things. No more pain."

"You guys are awesome! This was so quick and easy - now I can look for a job."

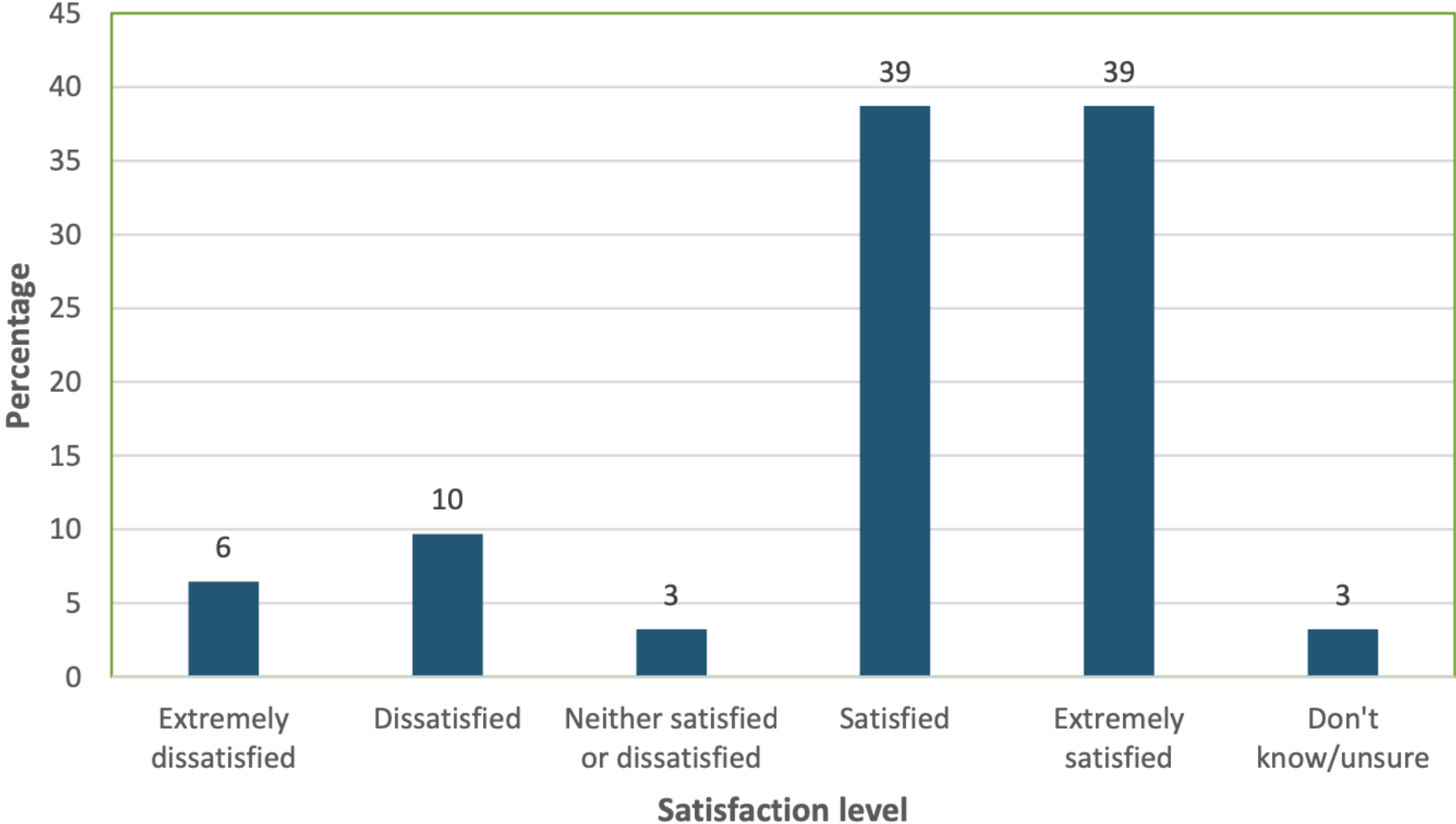
- Feedback from clients

"No more sensitivity and pain. My tooth look great. It is amazing service here"

"We have already seen amazing outcomes from this clinic. our clients actually having easy access to dental care"

- Feedback from MSIR staff

Satisfaction with contact with dental care at the Injecting Room



On-site health and social support

- BBV testing and treatment
- Opioid pharmacotherapy
- Linkage to other AOD responses
- Housing
- Wound Care
- Mental Health Support
- Oral Health Care
- STIs
- Other health issues as needed
- Activities and employment

Saving Lives - updated results from the MSIR

30 June 2018 - 30 June 2022



322,351 visits to the MSIR

Three quarters of MSIR clients are male, and the average age is 43 years. About one-in-six identify as Aboriginal and Torres Strait Islander and more than one-in-three are homeless or unstably housed.



5,907 overdose incidents safely managed inside the MSIR

The majority of overdoses are managed using assisted breathing with oxygen. More serious overdoses require naloxone, an opioid antagonist medication that reverses the effects of heroin.



More than 103,110 health and social support services provided onsite

NRCH and partner organisations provide a range of co-located health and social support services onsite, including primary care, oral health, hepatitis testing and treatment, and legal services. Also provided are alcohol and other drug treatment and housing support services (detailed below).



2,362 homelessness support services provided

A Launch Housing outpost worker has been providing onsite homelessness support services at the MSIR since September 2019.



280 clients commenced Hepatitis C treatment onsite

Over 1,200 clients have been screened for hepatitis C using venepuncture or point-of-care testing in the MSIR, with around 280 clients commencing treatment to cure hepatitis C.



More than 600 people successfully commenced opioid agonist treatment (OAT) with 3,084 referrals to external health and social support services

MSIR health practitioners have been delivering opioid agonist treatment for clients looking for support in managing addictions. The MSIR also provides a critical gateway to other health and social support services for people who inject drugs.



Conclusions

- People who access the MSIR are the most marginalised people who use drugs in our community
- There is a need for support
- There is a desire for support
- There is a lack of trust in mainstream health services
- Referrals alone are usually not sufficient
- On-site services delivered in a trauma-informed way are welcomed
- A high % of people who visit frequently have taken up services



Thank you!

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