



## CORONIAL BRIEF INDEX

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Coroners Court of Victoria  
65 Kavanagh Street  
Southbank 3006

2 November 2016

Dear Coroner Hawkins,

North Richmond Community Health (NRCH) welcomes your invitation to contribute to the Coronial investigation into fatal heroin overdose in the Richmond area.

## BACKGROUND

NRCH has played an integral role in the response to alcohol and drug issues in the Richmond area over many years. NRCH has saved hundreds of lives through the exceptional work of our dedicated staff, particularly those in the Alcohol and other Drug (AoD), Medical and Nursing teams. Unfortunately, many people have not been spared.

Richmond has been a hot spot for heroin use and distribution for decades. The clients we support through the AoD program are mainly people who inject drugs (PWID). Although the nature and type of drug use has changed over time, heroin remains the most common drug used by our client group.

Despite evidence of increasing demand, NRCH lost 30% of its Alcohol and Drug funding and 100% of its Mental Health funding in July 2014 as a result of the Victorian Government recommissioning process. Highly experienced staff with strong community links and extensive content knowledge were made redundant. The loss has had a substantial impact on the types of services we are able to provide to our community and has potentially increased risks to clients, staff and the community.

The redistribution of funding as part of the reform process was intended to better align resources with areas of need. This has not been the experience for NRCH or the people we serve. Her Honor Judge Hinchey reported an increase of 17% in overdose deaths in Victoria between 2014 – 2015. Our own data supports Judge Hinchey's findings. From 2004 to 2014 we responded to 144 overdoses in the Richmond area, the majority of these close to our Centre. In just two years of 2014 and 2015, NRCH responded to 101 overdoses.

Demand for our services has continued to grow since our funding was cut in mid-2014. NRCH AoD services are busier than before the reforms were introduced but now have considerably less funding. This places enormous strain on staff and significantly limits the services we can offer.

## WHAT IS NRCH CURRENTLY DOING TO PREVENT AND RESPOND TO OVERDOSES?

healthcare that  
builds community

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NRCH staff attended 45 overdoses in 2014 and 56 overdoses in 2015. AoD staff spend approximately 8 hours a week monitoring those at risk of overdose or those who are recovering from an overdose.

NRCH's emergency response for an overdose typically requires the involvement of up to 10 staff from a variety of programs including 2 GPs, 2 Nurses, 4 AoD staff and at least 2 emergency response coordinators. We would normally be joined by two MFB fire trucks, and two ambulances, one of these an Ambulance Victoria MICA unit. Additionally, our response protocols include the management of friends and bystanders.

In addition, NRCH has a long history of providing overdose response through mobile outreach. The organization was formally funded to provide overdose response and monitoring in the local community with two full time staff. We continue to provide outreach, but it is no longer specific to overdose response. The most significant change to go with the broader range of services provided by the outreach workers is the ability to respond to overdose with naloxone. Outreach workers are now frequently called on to manage overdose in the Richmond area and are often on hand before ambulances arrive administering naloxone and managing crisis situations in the community. The workers are able to handover to ambulance paramedics, manage bystanders, support the person involved along with their friends or family and provide follow up monitoring when necessary. NRCH provides support and supervision to staff involved in overdose response. This is especially critical when the overdose is fatal.

The majority of overdoses that NRCH staff respond to are located:

- Within the Office of Housing multi-deck car park (located directly behind NRCH). There have been a number of deaths at this location; and
- NRCH staff and visitor's car parks.

These sites are often not well maintained and are neglected and dirty. People who have overdosed are often found between or behind cars, or laying across uneven surfaces such as gutters. This makes response and resuscitation difficult. On some occasions we have had to continue life support even after the arrival of emergency services as there was no physical space for NRCH staff to handover to Ambulance personnel. These conditions increase risks to NRCH staff.

Education is a vital element in the prevention strategy at NRCH, significantly reducing the risk of harm for people who inject drugs. AoD staff talk to service users to gauge current issues in the community such as increased purity of drugs, or changes in types of drugs used. Having this understanding means the AoD Program can respond with appropriate strategies to mitigate risk to service users and tailor education and overdose prevention messages to the issues that are relevant at the time.

In addition, the AoD team has worked in partnership with Harm Reduction Victoria to train approximately seventy service users in how to respond to overdose; how to administer naloxone and provide naloxone to take home. Many of the people who have been trained in administering naloxone have had to receive several refills of their naloxone scripts, as they have used it to save the lives of their friends, partners, and often complete strangers who have overdosed in the community. The cost of this program is borne by NRCH and is an essential part of our response to overdose in the area.



Without these programs NRCH believes there would have been many more overdoses in the Richmond area.

NRCH currently implements a multifaceted approach to preventing and responding to overdoses and other drug related harms in our local area. These are outlined below.

- DHHS funding for Harm Reduction services including:
  - ▶ Mobile Overdose Response and Mobile Drug Safety Workers (MORS/MDSW);
  - ▶ Needle Syringe Program (NSP); and
  - ▶ Employment of a nurse who addresses health issues including overdose, wound care, infection control and education;
- A Secure Dispensing Unit to provide 24-hour access to injecting equipment;
- Take home naloxone program (trained approximately 70 people at risk of being witnesses to or being present at an overdose) This program is continuing;
- Delivery of a Peer Education Program, in partnership with Harm Reduction Victoria which includes education regarding overdose, overdose response and blood borne viruses and provision of naloxone to Peer Educators to assist in their response to overdose among their peers;
- Work in partnership with Odyssey and Regen to provide an in-reach service for access to Intake and Assessment for AOD treatment (detox, rehabilitation and counselling);
- NRCH provides a whole of organisation approach to reducing harm for people who inject drugs:
  - ▶ Priority appointments for AOD clients to NRCH GP services;
  - ▶ A structured emergency response system for overdoses. NRCH works closely with the Melbourne Fire Brigade (MFB) and Ambulance Victoria (AV) during all critical incidents;
  - ▶ Changed scope of practice for outreach workers to administer naloxone;
  - ▶ Increased number of GPs to provide pharmacotherapy;
  - ▶ Evaluation and advocacy relating to attitudes and knowledge about injecting drug use in the general community;
  - ▶ Partnership with the Yarra Drug and Health Forum to deliver advocacy in the local community;
  - ▶ Advocate and collaborate with emergency services including police, ambulance and fire services to respond appropriately to overdose;

#### CAN CHANGE MAKE A DIFFERENCE?

NRCH strongly supports the need to increase resources and widen the scope of approaches to heroin overdoses. We believe many overdose deaths are preventable. In addition, we believe addressing stigma and discrimination in the local community, and increasing resources for local community responses to overdose will decrease other harms resulting from overdose including acquired brain



injuries and trauma among the local community of people who inject drugs and others who witness overdose.

We have clear evidence that education and intervention programs work. There are safer, more innovative ways to provide care to clients but with inadequate funding these opportunities are limited. Partnerships with other providers and researchers are essential to developing new models of care that are more effective and engaging. Together, we can make positive changes that will reduce harm and save lives.

**HOW CAN NRCH INCREASE ITS IMPACT?**

IMMEDIATELY:

<b>Impact</b>
Implement a pilot project for supervised and safe injecting onsite at NRCH
Expand the NRCH NSP to operate 24/7
Implement a comprehensive Peer Education Program
Comprehensive and long term naloxone Program which would:
<ul style="list-style-type: none"> <li>▶ Fund the cost of naloxone</li> <li>▶ Provide ongoing education and advocacy to Police, Fire and Ambulance staff in administration of naloxone.</li> <li>▶ Provide education for family and friends on overdose response, including administration of naloxone</li> <li>▶ Provide education and training in overdose response including access to naloxone for supportive residents in and around the City of Yarra</li> </ul>
Develop and implement community education campaigns addressing perceptions of safety, reporting crime, improving amenity, stigma and discrimination
Recruitment of additional outreach workers

MEDIUM TERM:

Additional resources and support provided in the next 12-36 months would be used to:

<b>Impact</b>
Pilot a client centered program with hospital Emergency Departments to assist people who inject drugs to complete their course of care
Increase access to AoD treatment for those at risk of overdose or those who do not currently access the AOD treatment system

LONG TERM:

NRCH would be a willing partner in the following long-term initiatives:

- Implement a safe injecting pilot program (SIPP) in the North Richmond area. This should include a range of services such as a needle syringe program, housing, employment and training, legal, general practice (nursing and access to pharmacotherapy);



- ▶ the SIPP would provide multifaceted strategies to support people who don't inject but have dependence issues with other drugs;
- ▶ If the SIPP is implemented the Office of Housing multi-deck car park should be redesigned or demolished and rebuilt to comply with current building standards;
- Explore alternative models of drug treatment for people who inject drugs and people dependent on opioids or methamphetamine;
- Prescription heroin programs;
- Delivery of prison education and take home naloxone programs;
- Improve partnerships with Victoria Police;
  - ▶ Work with Police to reduce Police attendance at non-fatal overdoses;
  - ▶ Conduct a research initiative on the impact of police presence on overdose.

#### RECOMMENDATIONS FOR BROADER SYSTEMS IMPROVEMENTS TO PREVENT FUTURE OVERDOSES

NRCH suggests that a range of evidence based strategies needs to be explored to reduce the likelihood of overdose and improve response to overdose. These include:

- Adequately fund harm reduction programs to address the social determinants of drug use in the community to include an increased capacity to address a comprehensive range of complex mental and physical health needs of service users including specific positions for people with mental health expertise, nursing, pharmacotherapy prescribing GPs, hepatitis C testing and treatment, clinical space and outreach support;
- Improve access to Pharmacotherapy;
  - ▶ Increase the number of prescribing doctors;
  - ▶ Introduce innovate training programs for health professionals including Nurses to become Nurse Practitioners and physician's assistants and explore changes to scope of practice and credentialing for appropriately qualified health professionals to prescribe pharmacotherapy;
  - ▶ Increase ability of prescribing doctors and pharmacies to provide flexible pharmacotherapy programs to suit the needs of the people who use the program;
  - ▶ Explore options to increase access for low income people to pharmacotherapy;
  - ▶ Implement a pilot heroin trial for people who are dependent on opioids;
  - ▶ Consider a pilot methamphetamine pharmacotherapy program;
- Improve public amenity;
  - ▶ Provide additional public toilets and public amenities. There are minimal toilets within the North Richmond area.
  - ▶ Enforce local laws under the Health and Wellbeing Act and Food Act.
- The Coroner's Protocols of investigating deaths of people who inject drugs to include Needle Syringe Programs in their investigation;



- Enhance communication between community services and emergency services including real time data on overdose and enable improved response times and effectiveness of responses;
- Review and remodel the treatment and NSP sectors – both access pathways and models of care;
- Improved skills training for all NSP staff including ability of NSP staff to respond to overdose with first aid and naloxone administration;
- Divert funds from supply reduction to harm reduction programs;
- Genuine commitment to sharing forensic data with the sector such as substances and purity;
- THN programs to be widened to include hospitals, detox, rehab, pharmacotherapy prescribers and pain management specialists;
- All emergency response services including police to carry naloxone and be trained to use it;
- Improve police academy training for recruits to include AoD and mental health issues. Offer annual training to existing officers including stigma and discrimination training;
- Increase opportunities for drug offenders to divert from the criminal justice system to treatment programs;
- Increase access to skills training for people who use drugs including people in prison;
- AoD services and funding to be modified to better meet the needs of heroin users who are an ageing cohort with comorbidities such as compromised respiratory systems and liver disease;
- Plan additional sites for safe injecting throughout metropolitan and regional Victoria;
- Improve harm reduction policy direction from both State and Federal Governments; and
- Provide exemptions to funded agencies to allow supervised drug use.

## CONCLUSION

This document highlights the complexity of the range of issues and responses required to actively and effectively reduce the harm caused from overdoses. We believe that a multifaceted approach is essential and that the approach does need to be enhanced and intensified.

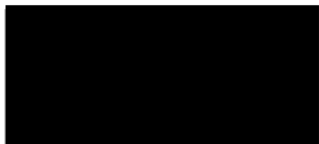
Aspex Consulting, commissioned by the Department of Health and Human Services in 2015 conducted an independent review of the new arrangements for the delivery of Mental Health and Community Support Services and Drug Treatment Services. Unfortunately, their report did not highlight the urgent need to better address harm reduction issues in Victoria as the report only reviewed funded treatment services that were in scope as a result, little to no action has yet been taken. The time to act is now or the number of overdose fatalities will continue to increase.

Thank you for the opportunity to contribute to this investigation. Please do not hesitate contact me directly for any further information.



north richmond  
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Yours sincerely,



Demos Krouskos  
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## CONCLUSION

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