

# Changes in the use of Melbourne's Medically Supervised Injecting Room (MSIR) over the COVID-19 pandemic

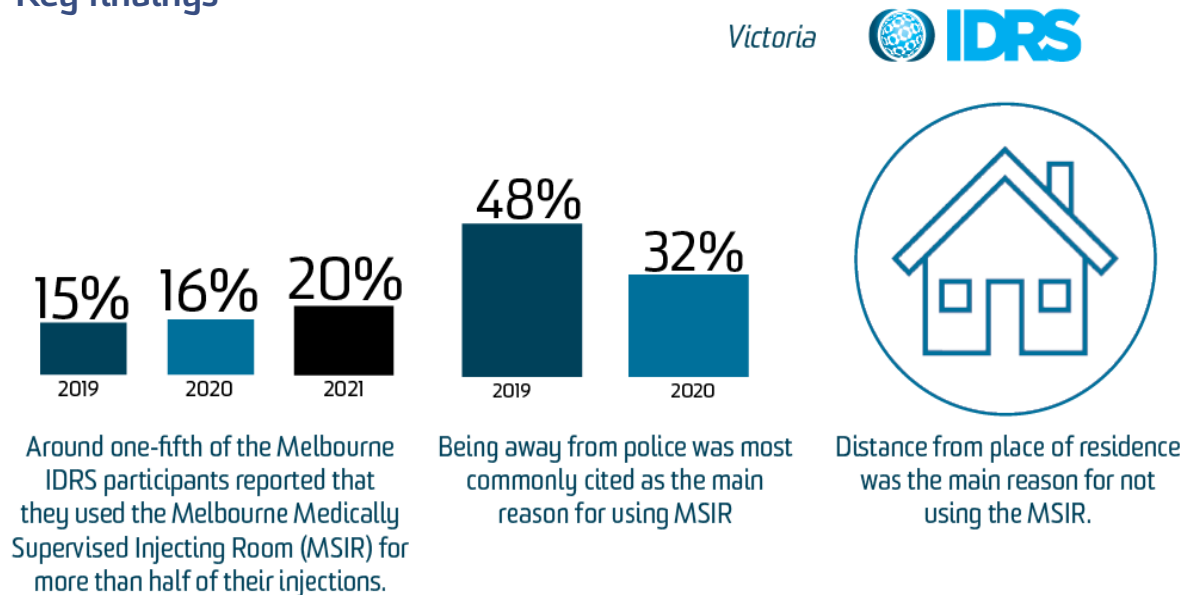
**Authors: Paul Dietze<sup>1,2</sup>, Joanna Wilson<sup>1</sup>, Bianca Whiteside<sup>1</sup>, Jennifer McLachlan<sup>1</sup>, Dylan Vella-Horne<sup>1</sup>, Nicholas Clark<sup>3</sup> and Peter Higgs<sup>1</sup>**

<sup>1</sup>Burnet Institute, Melbourne, Australia

<sup>2</sup>National Drug Research Institute and enAble Institute, Perth, Australia

<sup>3</sup>North Richmond Community Health, Melbourne, Australia

## Key findings



## Introduction

Supervised injecting facilities (SIFs) have been shown to reduce overdose-related morbidity and mortality, drug-related risk behaviors, and to improve public amenity (1,3). Australia has only two SIFs, the Medically Supervised Injecting Centre (MSIC, opened in 2001) in Sydney's Kings Cross and the Melbourne Supervised Injecting Room (MSIR, opened in July 2018) in North Richmond adjacent to the North Richmond Community Health Centre (2).

SIFs are designed to benefit vulnerable and marginalised people who inject drugs (PWID), such as those who are homeless. They are particularly aimed at people who inject drugs in public settings (4). These people are thought to be particularly vulnerable to the impacts of restrictions introduced in response to the COVID-19 pandemic, including restrictions on movement (5). Further, the SIFs themselves were required to make service changes to conform with public health orders (6). Consequently, we expect that COVID-19 restrictions will have impacted on the use of SIFs by people who inject drugs. In this bulletin, we update findings from a previous IDRS Bulletin that included information on the use of the North Richmond MSIR in 2019 (7) to examine responses to the 2020 and 2021 IDRS surveys of people who inject drugs in order to examine any changes in MSIR use evident in the Melbourne IDRS samples.

## Method

Data were drawn from cross-sectional sentinel annual surveys of people who inject drugs conducted as part of the Illicit Drug Reporting System (IDRS) in 2019, 2020 and 2021. Annually, approximately 150-180 people who report regularly injecting illicit drugs are recruited in Melbourne, through services such as needle and syringe programs as well as peer-referral. Structured questionnaires are administered to these participants, covering a broad range of domains including socio-demographic characteristics, drug use patterns, drug markets and use of health and harm reduction services including SIF use. Interviews were conducted face to face in 2019, over the phone in 2020 due to the COVID-19 pandemic as data was collected from June to August, and a mix of face to face and phone interviews in 2021 as restrictions were re-introduced during the recruitment period from June to July. Details on the overall methods of the IDRS can be found elsewhere (8).

For the purposes of this Bulletin, we examined a series of questions that were included in relation to MSIR use in Melbourne from 2019 onwards (n=183, n=179 and n=148 for 2019, 2020 and 2021, respectively). Descriptive statistics of socio-demographic, drug use characteristics, and factors related to MSIR use are presented. Binary logistic regression analyses were conducted to determine whether these factors were associated with ever having used the MSIR, and factors associated with frequent use of the MSIR. Specifically, use of the MSIR was split into no-/infrequent use of the MSIR (<50% of injections taking place at the MSIR) compared to frequent use (≥50% of injections).

## Results

### Lifetime MSIR use

Table 1 shows that lifetime MSIR use was reported by 38%, 43% and 51% of the Melbourne IDRS samples in 2019, 2020 and 2021, respectively.

Table 1 also shows the socio-demographic and drug use related characteristics of those who reported MSIR use, compared to those who did not, across the three survey years. There were few statistically significant variations in reported MSIR use across the variables included in Table 1, but those who reported experiencing a heroin overdose in the past 12 months were significantly more likely to report MSIR use than those who did not. Those who reported methamphetamine as their drug of choice were significantly less likely to report use of the MSIR than those who reported heroin as their drug of choice in 2020 and 2021. Those who identified as Aboriginal and/or Torres Strait Islander were more likely to report lifetime use of the MSIR across all survey years. Although those in unstable accommodation appeared more likely to report lifetime MSIR use, this association failed to reach statistical significance in any of the three survey years.

**Table 1: Sociodemographic and drug use characteristics of participants who reported lifetime MSIR use, Victoria, 2019-2021**

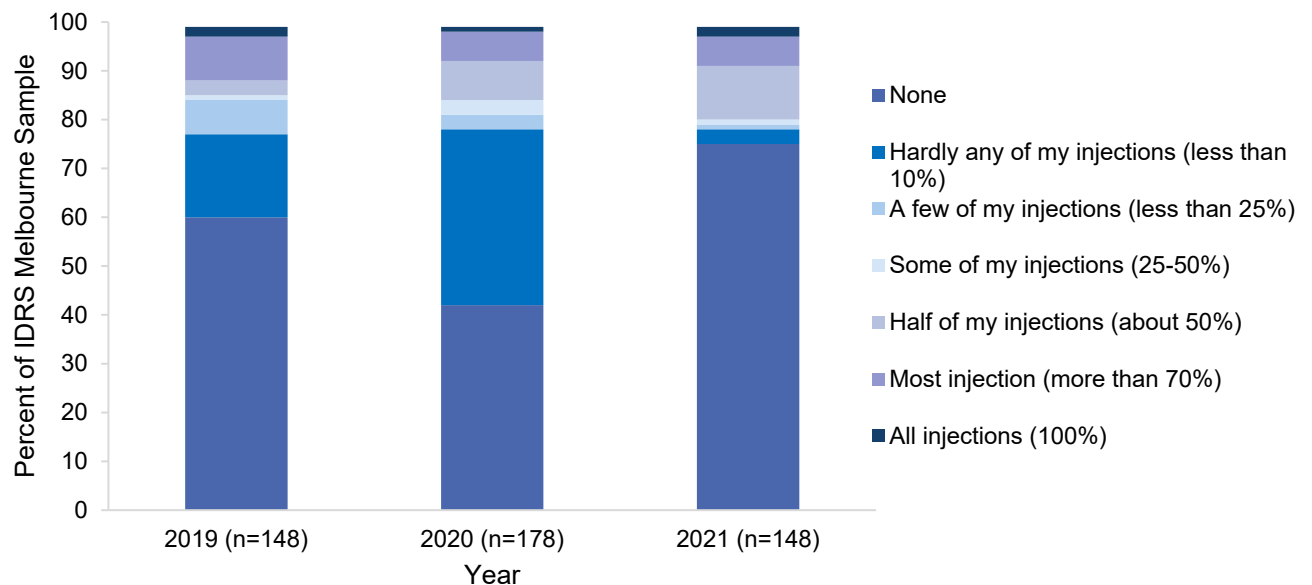
Characteristics	USED MELBOURNE MSIR 2019		USED MELBOURNE MSIR 2020		USED MELBOURNE MSIR 2021	
	No, n= 92 (62%)	Yes, n= 56 (38%)	No, n= 103 (58%)	Yes, n= 76 (43%)	No, n= 73 (49%)	Yes, n= 75 (51%)
Male#	65 (71%)	35 (63%)	57 (55%)	49 (64%)	54 (74%)	52 (69%)
Age group						
18-30	≤5	7 (13%)	≤5	6 (8%)	≤5	≤5
31-40	30 (33%)	25 (45%)	34 (33%)	23 (30%)	25 (33%)	25 (33%)
41-50	41 (45%)	16 (29%)*	42 (41%)	34 (45%)	26 (36%)	26 (35%)
51+	18 (20%)	8 (14%)	25 (24%)	13 (17%)	17 (23%)	19 (25%)
Aboriginal and/or Torres Strait Islander	12 (13%)	24 (42%)*	5 (5%)	11 (14%)*	6 (8%)	33 (44%)*
Completed any courses after school	29 (32%)	24 (43%)	48 (47%)	28 (37%)	33 (45%)	29 (39%)
Average fortnightly income in \$AUD						
0-399	≤5	≤5	≤5	≤5	≤5	≤5
400-999	64 (70%)	37 (66%)	35 (34%)	27 (36%)	59 (81%)	60 (80%)
1000-1999	20 (22%)	11 (20%)	64 (62%)	43 (57%)	13 (18%)	12 (16%)
2000+	5 (5%)	≤5	≤5	≤5	≤5	≤5
Current unstable accommodation^	64 (70%)	31 (55%)	31 (30%)	28 (37%)	27 (37%)	33 (44%)
Main drug of choice						
Heroin	57 (62%)	45 (80%)	66 (64%)	61 (80%)	27 (37%)	53 (71%)
Methamphetamine	20 (22%)	6 (11%)	22 (21%)	8 (11%)*	35 (48%)	18 (24%)*
Other drug	15 (16%)	≤5	13 (13%)	7 (9%)	9 (12%)	≤5
Current drug treatment~	43 (47%)	31 (55%)	42 (41%)	34 (45%)	30 (41%)	30 (40%)
Heroin overdose in the last 12 months	12 (13%)	18 (32%)*	10 (10%)	23 (30%)*	6 (8%)	21 (28%)*

Note. # Sex assigned at birth, relative to female. ^ Unstable housing is defined as currently living in public housing, boarding house or hostel, shelter or refuge, couch surfing, or rough sleeping and squatting. ~ Current drug treatment includes opioid agonist treatment (e.g., methadone), detoxification, rehab, drug counselling, and self-help groups (e.g., Narcotics Anonymous). \* $p < 0.05$  for lifetime MSIR use compared against no MSIR use. ≤5 value is suppressed due to small cell size (less than 5 but not equal to 0).

## Use of the MSIR by the IDRS samples, 2019-2021

The distribution of injecting frequency among those who reported using the MSIR is shown in Figure 1.

**Figure 1: Distributions of injections that took place in the MSIR among participants, Victoria, 2019-2021.**



Frequent use of the MSIR (>50% of injections) was reported by 15%, 16% and 20% of the Melbourne IDRS samples in 2019, 2020 and 2021, respectively. Table 2 shows key participant sociodemographic and drug use characteristics broken down by whether participants reported frequent MSIR use compared to no-/infrequent use of the MSIR. In general, those in drug treatment were significantly less likely to report frequent use of the MSIR. In contrast those who identified as Aboriginal and/or Torres Strait Islander were in general more likely to report frequent use of the MSIR, as were those in unstable accommodation at the time of interview. This pattern of association was similar across all survey years, with the pattern of relationships similar irrespective of statistical significance.

**Table 2: Sociodemographic and drug use characteristics of participants who reported frequent MSIR use ( $\geq 50\%$  of their injections), Victoria, 2019-2021**

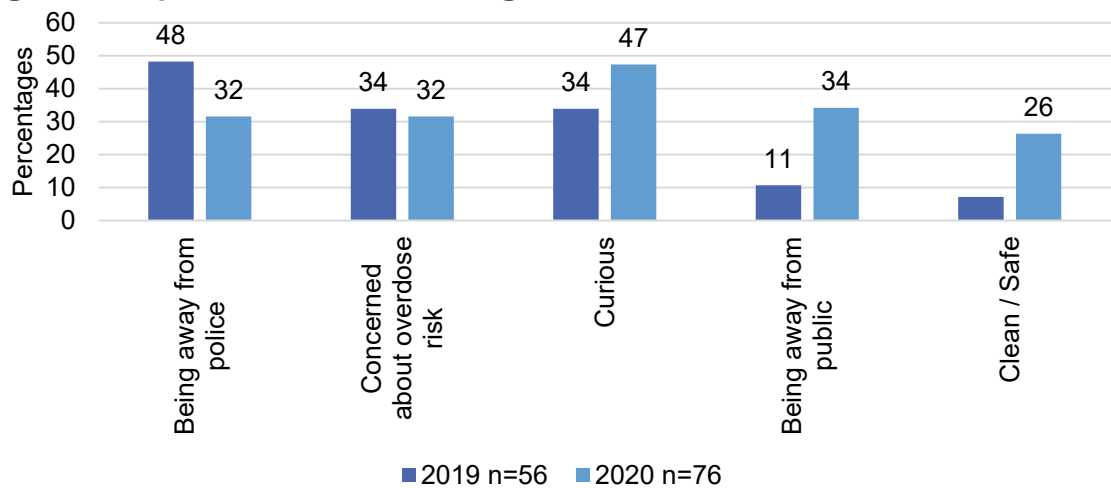
Characteristics	Frequent MSIR use 2019		Frequent MSIR use 2020		Frequent MSIR use 2021	
	No, n= 126 (85%)	Yes, n= 22 (15%)	No, n= 151 (84%)	Yes, n= 28 (16%)	No, n= 119 (80%)	Yes, n= 29 (20%)
Male#	88 (70%)	12 (55%)	92 (61%)	14 (50%)	82 (69%)	24 (83%)
Age group						
18-30	8 (6%)	$\leq 5$	6 (4%)	$\leq 5$	7 (6%)	$\leq 5$
31-40	41 (33%)	13 (59%)	44 (29%)	13 (46%)	42 (35%)	8 (28%)
41-50	52 (41%)	6 (27%)	64 (42%)	12 (43%)	39 (33%)	13 (45%)
51+	25 (20%)	$\leq 5$	37 (26%)	$\leq 5$	30 (25%)	6 (21%)
Aboriginal and/or Torres Strait Islander	24 (19%)	12 (55%)*	12 (8%)	$\leq 5$	21 (18%)	18 (62%)*
Completed any courses after school	44 (35%)	9 (41%)	68 (45%)	8 (29%)	51 (43%)	11 (38%)
Average fortnightly income in \$AUD						
0-399	$\leq 5$	$\leq 5$	$\leq 5$	$\leq 5$	$\leq 5$	$\leq 5$
400-999	87 (69%)	14 (64%)	50 (33%)	12 (43%)	93 (78%)	26 (90%)
1000-1999	27 (21%)	$\leq 5$	92 (61%)	15 (54%)	23 (19%)	$\leq 5$
2000+	7 (6%)	$\leq 5$	$\leq 5$	$\leq 5$	$\leq 5$	$\leq 5$
Current unstable accommodation^	37 (29%)	15 (68%)*	44 (29%)	15 (54%)*	46 (39%)	14 (48%)
Main drug of choice						
Heroin	82 (65%)	20 (91%)	104 (69%)	23 (82%)	54 (45%)	26 (90%)
Methamphetamine	26 (20%)	0	28 (19%)	$\leq 5$	51 (43%)	$\leq 5$ *
Other drug	18 (14%)	$\leq 5$	17 (11%)	$\leq 5$	$\leq 5$	$\leq 5$
Current drug treatment~	58 (46%)	16 (73%)*	92 (61%)	11 (39%)*	53 (45%)	7 (24%)*
Heroin overdose in the last 12 months	46 (37%)	7 (32%)	25 (17%)	8 (29%)	15 (13%)	12 (41%)*

Note. # Sex assigned at birth, relative to female. ^ Unstable housing is defined as currently living in public housing, boarding house or hostel, shelter or refuge, couch surfing, or rough sleeping and squatting. ~ Current drug treatment includes opioid agonist treatment (e.g. methadone), detoxification, rehab, drug counselling, and self-help groups. \* $p < 0.05$  for lifetime MSIR use compared against no and/or infrequent MSIR use.  $\leq 5$  value is suppressed due to small cell size (less than 5 but not equal to 0).

## Top five reasons for using the MSIR

IDRS participants' reasons given for use of the MSIR varied over 2019 and 2020 (the question was not asked in 2021). Figure 2 shows that, in 2019, being away from police was the most frequently nominated reason for using the MSIR but in 2020 curiosity was most frequently nominated. Concern about overdose risk was consistently nominated by about a third of those who used the MSIR in both survey years.

**Figure 2: Top five reasons for using the MSIR, Victoria, 2019-2020\***

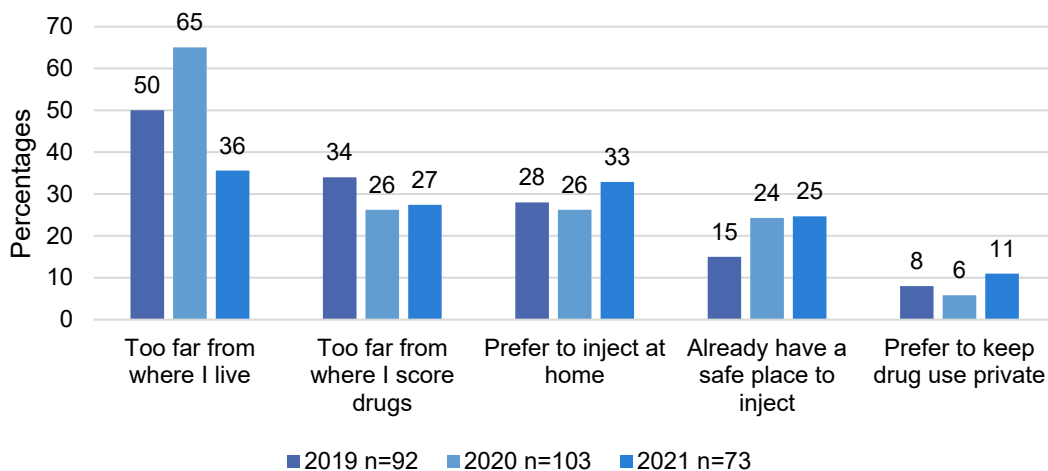


Note. \*question not asked in 2021. Y-axis reduced to 60% to improve visibility. Data labels are suppressed where there are small numbers (i.e.,  $n \leq 5$  but not 0).

## Top five reasons for not using the MSIR

Figure 3 illustrates the top five reasons for not using the MSIR nominated by participants over the period 2019-2021. Across all survey years the most frequently cited reason for not using the MSIR was distance ('too far from where I live'), followed by 'too far from where I score drugs' and 'prefer to inject at home'. 'Already have a safe space to inject' was nominated more frequently over survey years.

**Figure 3: Top five reasons for not using the MSIR, Victoria, 2019-2021**



Note. Y-axis reduced to 70% to improve visibility.



## Conclusions

This Bulletin shows that lifetime use of the MSIR reported by participants in the Melbourne IDRS has increased over time, as has frequent use of the MSIR, categorised as  $\geq 50\%$  of reported injections. Our findings suggest that there have been few impacts of the COVID-19 pandemic on the overall use of the facility in this sample despite major changes in the operation of the service (6), and evidence of an overall downturn in the number of injecting episodes accommodated by the service during the pandemic noted by author NC. The characteristics of those who reported MSIR use changed little over the years, and were consistent with previous work (4), with people experiencing marginalisation over-represented, as were those who experienced recent non-fatal heroin overdose. This is likely to be related to the fact that most people's drug of choice was reported as being heroin. Less use of the MSIR among those in drug treatment highlights the importance of the facility for those not engaged in treatment and the potential referral pathways into treatment that the facility provides (2). It is important to note that participants were recruited predominantly from needle and syringe programs, who are already likely to be engaged with services, and so we cannot draw conclusions on access for the broader population of people who inject drugs. Similarly, reasons given for not attending the MSIR changed little over survey years. The findings around distance highlight the need for the expansion of supervised injecting facilities to other areas of Melbourne such as the Melbourne CBD which has been flagged for a second MSIR (9).

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## Participating Researchers and Research Centres

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Udesha Chandrasena, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Cristal Hall, Sarah Eddy, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute, Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
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