The medical coalface of the heroin epidemic

It's time for Victoria to follow the lead of New South Wales and establish a supervised injecting facility

It happened again yesterday. Code Blue, carpark. We each quickly excuse ourselves to the patients we are consulting with, grabbing a pair of gloves on the way out. As we hurriedly stream out of doors and along the corridor, we check that someone is collecting the resuscitation kit. By the time we make it to the front door there are three general practitioners, a practice nurse and two drug and alcohol workers. The person who had run in to tell reception a few minutes earlier has disappeared. But the staff know by now to ask where we have to go. We run up four flights of stairs and see the usual sight; a woman cyanotic on the hard and dirty carpark concrete, injecting paraphernalia by her side and a friend behaving erratically and crying and screaming to her to wake up. We ask and examine, assess and talk, put an airway in, bag and mask, administer multiple doses of naloxone and call the ambulance.

All in all, this incident takes about 15 minutes before the ambulance arrives, 20 minutes before the woman is sitting up, and 30 minutes before she gets up and leaves us all. She thanks us as she leaves. One of us tells her she almost died and it's time to stop. She nods with what seems like genuine intent. Encouraged by our drug and alcohol workers, the person sometimes stays a while — providing the drug and alcohol workers with a vital opportunity to provide more monitoring, support and safety planning, education and counselling, and to form a relationship that might lead to therapeutic interventions. We return to full waiting rooms, straight back into it, apologising for our tardiness and trying to clear our minds so we can switch to different tasks. Not a moment to draw breath or reflect on what's just happened.

We are almost always genuinely thanked; we sometimes feel vulnerable when a hypoxic person or a friend needs to be talked down from threatening us with a syringe or fist. There is never a Medicare card or full name, so as GPs we never get paid.

North Richmond Community Health centre sits at the base of the biggest public housing estate in Victoria. We are at the epicentre of the current heroin epidemic. There is no safe injecting facility in Victoria, so we do what we can with the resources we have. In 2015 we tended to 56 overdoses, in 2016 it was 78, and to the end of March this year it is 28. At the current rate, this is an average of two per week. The drug and alcohol team at our centre distribute over 70 000 needles per month (this is not a typo) and provide counselling, support, treatment and care for about 200 people per day. More than one in five of all Victorian heroin-related ambulance attendances are in the vicinity of our practice.[1]

In February 2017, the State Coroner reported on the sad and lonely death of Ms A — a 34-year-old mother of two children who had been using heroin for ten years, had been on methadone intermittently, and appeared desperate to stop using.[2] She had overdosed 3 weeks earlier and was resuscitated. Perhaps we were involved. This time she overdosed in a toilet at Hungry Jack's. The Coroner concluded: "I am convinced that a safe injecting facility in North Richmond is an essential intervention that could reduce the risk of future heroin overdose deaths occurring in circumstances similar to those of Ms A." [2] So are we.

A trial at our centre is well supported by evidence,[3-7] need and our experiences. It is backed by the board, executive and staff of North Richmond Community Health, the Australian Medical Association Victoria, the North Western Melbourne Primary Health Network, and a wide array of drug and alcohol agencies.

There are those who disagree. We understand that. It is an illegal, sad and desperate side of our society. It makes life more comfortable not to have it thrust into our consciousness. We too would rather it didn't happen. But it does, and we, as GPs, don't want people to die when we could so easily prevent it. We want the opportunity to form a relationship with them that can enable healing, and to connect them with other services and help. We want them to have a chance and the time to not only become less sick and stay alive but to become well. We want to ensure that their children and partners are safe. Each one of these people is someone's child, parent, partner, sibling, friend or neighbour.

A supervised injecting facility has now been in operation at Sydney's King Cross for ten years. Legislation to lift the trial status of the Sydney centre was passed in November 2010 and received bipartisan support in New South Wales.[8]

We believe it is time for both sides of Victorian government to join our neighbour state and establish a supervised injecting facility at North Richmond.

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References are available online at www.mja.com.au.

1 Turning Point and Ambulance Victoria. Ambo-AODstats. http://www.amboaodstats.org.au (accessed Mar 2017).

2 Coroner Jacqui Hawkins. Finding into death with inquest. Court reference: COR 2016 2418. Coroners Court of Victoria. 20 Feb 2017. http://www.coronerscourt.vic.gov.au/resources/d48c9cdc-8db0-45b5-83c2-5ea6918e3ccd/ms+a_+241816.pdf (accessed Mar 2017).

3 Wood E, Tyndall MW, Zhang R, et al. Attendance at supervised injecting facilities and use of detoxification services. *N Engl J Med* 2006; 354: 2512-2514.

4 Wood E, Kerr T, Spittal PM, et al. The potential public health and community impacts of safer injecting facilities: evidence from a cohort of injection drug users. *J Acquir Immune Defic Syndr* 2003; 32: 2-8.

5 DeBeck K, Wood E, Zhang R, et al. Police and public health partnerships: evidence from the evaluation of Vancouver's supervised injection facility. *Subst Abuse Treat Prev Policy* 2008; 3: 11.

6 Marshall BD, Milloy MJ, Wood E, et al. Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *Lancet* 2011; 377: 1429-1437.

7 Van Beek I. The Sydney medically supervised injecting centre: a clinical model. *J Drug Issues* 2003; 33: 625-638.

8 Jauncey ME, van Beek IA, Salmon AM, Maher L. Bipartisan support for Australia's supervised injecting facility: a decade in the making. *Med J Aust* 2011; 195: 264. https://www.mja.com.au/journal/2011/195/5/bipartisan-support-australia-s-supervised-injecting-facility-decade-making ■