

# ATODA Policy Position Statement

## Supervised Consumption Rooms

### Key Messages

- Supervised Consumption Rooms (also known as drug consumption rooms or medically supervised injecting centres/rooms) are a health-based intervention, where people who use drugs can self-administer drugs in a safe environment whilst under the supervision of appropriately trained staff.
- National and international evidence indicates the strong harm reduction benefits of Supervised Consumption Rooms, including reduced overdoses.
- Supervised Consumption Rooms are also an important means of facilitating access to health and social services for a highly stigmatised and marginalised population group.

### ATODA Policy Position (Summary)

- Supervised Consumption Rooms have an important role to play in a comprehensive harm reduction approach to reducing drug-related harms to the individual and the broader community.
- Supervised Consumption Rooms should be tailored to the unique needs of a jurisdiction and community.
- ATODA recommends that in the ACT's specific context, the design of a Supervised Consumption Room should be informed by relevant feasibility studies and best practice; be consumer-driven; consider a nurse- or peer-led model; be integrated with existing appropriate alcohol tobacco and other drug (ATOD) services; and prioritise facilitating access to primary and allied healthcare and other services in a non-stigmatising environment.

**Date Adopted:** 28 March 2023

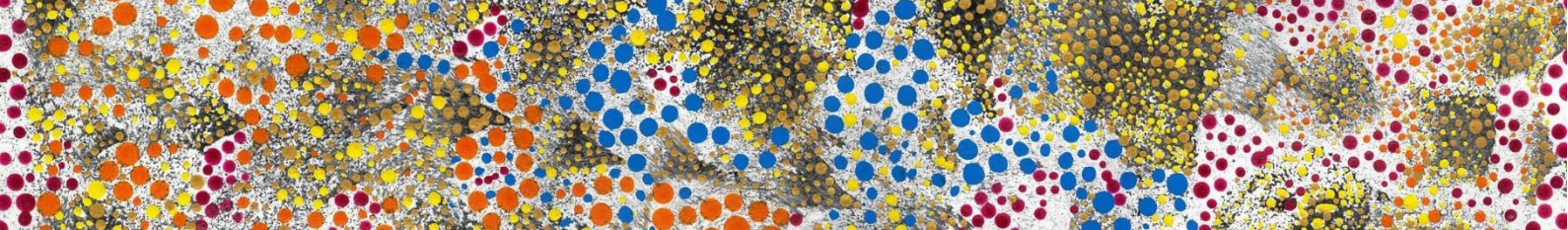
**Contact:** ATODA CEO at [info@atoda.org.au](mailto:info@atoda.org.au) or (02) 6249 6358.

### Note

While the term AOD (alcohol and other drug) is commonly used to refer to the alcohol, tobacco and other drug sector, ATODA's preference is to use the term ATOD. This acknowledges the role that specialist service providers in this sector play in providing tobacco cessation support, and because tobacco use is the leading preventable cause of the burden of disease in Australia, contributing far more than alcohol or all illicit drugs combined.

### Disclaimer

The views expressed in this Policy Position Statement are ATODA's alone. However this Statement was reviewed by the Specialist ACT Alcohol, Tobacco and Other Drug Executives Group, and the views of people who use drugs were incorporated via input from the ACT consumer peak, Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and through consideration of research involving consumers. As a policy position statement rather than a decision-making process, the development of this statement was outside the scope of ATODA's statement on [Involving People who Use Drugs in Decision-Making Processes](#), however that statement should inform any decision-making that may result from consideration of the recommendations made here.



## Background

Supervised Consumption Rooms (SCRs) are a public health response to illicit drug use. They promote safe environments, where people who use drugs can self-administer drugs under the supervision of appropriately trained staff. SCRs can form part of a comprehensive harm reduction approach, with harm reduction being one of the three pillars of harm minimisation in the National Drug Strategy 2017-2026.<sup>1</sup>

Illicit drug use is associated with a range of short and long-term health harms. Some of the most common risks of illicit drug use include overdose, dependency, injury resulting from intoxication, blood borne viruses (associated with injecting drugs), and other health, public and societal harms, depending on the specific drug being used.<sup>2</sup> It is important to note that harms to the individual and the broader community vary considerably across drug types.

In 2019, 14.6% of ACT residents reported illicit drug use in the past 12 months (excluding misuse of pharmaceuticals).<sup>3</sup> The most widely used drugs by ACT residents was cannabis (10.6%), followed by cocaine (3.5%), ecstasy (2.3%) and amphetamine (0.3%).<sup>3, 4</sup> In 2019, 1.5% of the ACT population used prescription medicines or opioids for non-medical use.<sup>3</sup> In 2021, opioids were responsible for the majority of drug-induced deaths in Australia.<sup>5, 6</sup>

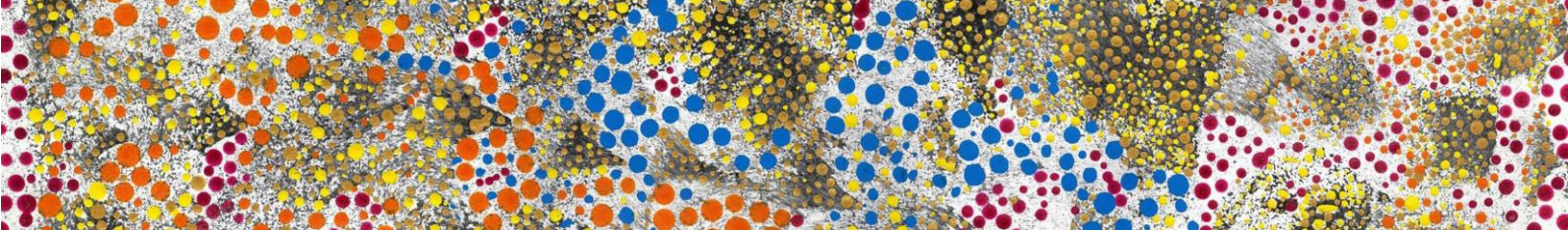
More Australians support SCRs (47%) than oppose them (32%).<sup>7</sup> The ACT has the highest rate of drug-induced deaths in Australia,<sup>8</sup> so a SCR would be an appropriate public health response. Of people who use drugs, 65% supported SCRs,<sup>7</sup> and over 50% indicated they had a strong intention to use the facility.<sup>2</sup> Support for the establishment of a SCR is also very high amongst health practitioners.<sup>9</sup>

It is important to note that while the population most likely to benefit from a SCR is indicated above, members of the community will also benefit from reduced societal harms, reduced pressure on emergency departments and police, and overall reduction in public health costs.<sup>2, 10, 11</sup>

The ACT Medically Supervised Injecting Facility Feasibility Study was conducted by the Burnet Institute and Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) in 2021.<sup>2</sup> The report demonstrated the feasibility of establishing a SCR in the ACT to address drug use as a health issue, to increase safe drug practices, reduce the risk of health-related harms that arise from drug use and reduce the number of overdose deaths in the ACT.<sup>2</sup> The data also indicated strong support for the implementation of a SCR by sector stakeholders and potential consumers.<sup>2</sup> The report noted that a small, scalable model with a focus on linkage with existing harm reduction services and the incorporation of peer workers in service and system design could better support people who use drugs in the ACT.<sup>2</sup> Relevant decision-makers in the ACT should carefully consider the findings of this important study. Clinical expertise, including lessons learned in existing Australian SCRs, should also inform the design. The success of SCRs depends on a strong understanding of the legal context in which they operate, and cooperation from police and the justice system.

The ACT is known for its strengths in addressing core public health concerns and implementing harm reduction practices, such as Needle and Syringe Programs (NSPs), take home naloxone, festival-based drug checking sites (in 2018 and 2019), and the nation's first pilot fixed drug checking site. ATODA commends the ACT Government for their harm reduction actions to work to establish a supervised injecting service in the ACT as reflected in the Drug Strategy Action Plan 2022-2026.<sup>12</sup>





## **Evidence**

National and international studies have demonstrated the effectiveness and efficacy of implementing SCRs as a harm reduction service.<sup>2</sup> There is also no evidence available to indicate that SCRs cause an uptake in drug use.<sup>2, 11</sup>

### ***Australian SCRs***

Evidence from Australian SCRs demonstrate significant harm reduction with drug use. Melbourne's Medically Supervised Injecting Room was established in 2018 and Sydney's Uniting Medically Supervised Injecting Centre was established in 2001. To date, there have been zero fatalities at both Sydney's Uniting Medically Supervised Injecting Centre,<sup>13</sup> and Melbourne's Medically Supervised Injecting Room.<sup>14</sup> Both facilities have also reported reduced health issues associated with drug use, including blood-borne viruses, infections and other health issues related with use of non-sterile equipment, and increased access to health promotion education and support services.<sup>10</sup>

The Royal Australasian College of Physicians (RACP), in calling for all state and territory governments to integrate medically supervised injecting centers as part of their health system, noted that Australia has in particular pioneered a best practice model where the service is closely linked with referral services.<sup>9</sup>

### ***International SCRs***

There are at least 119 SCRs (as of 2019) operating in 13 countries, developed as a public health response to drug use, overdose and related harms.<sup>2</sup> SCRs internationally have shown consistent and significant harm reduction, by mitigating the risks of drug use through the facilitated environment and medical supervision.

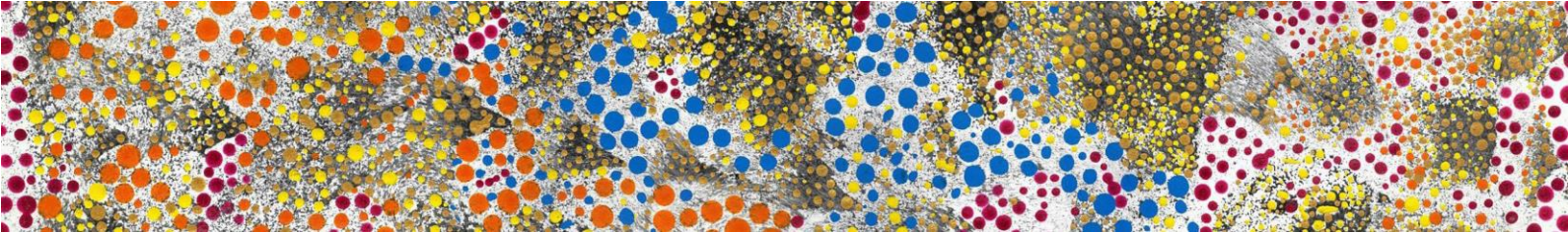
## **ATODA Policy Position**

National and international studies have demonstrated the effectiveness and efficacy of implementing SCRs as a harm reduction service.<sup>2</sup> Nationally and internationally, SCRs have demonstrated significant reduction in drug use related health harms. The implementation of a SCR in the ACT would:

- improve the relationship between some of the most marginalised populations and health and community services<sup>2, 9, 15</sup>
- save lives by reducing the number of fatal overdoses from drug use<sup>9</sup>
- reduce risk of blood borne diseases, infections and other health issues associated with drug use<sup>10</sup>
- support positive interactions between vulnerable groups and the ATOD treatment sector<sup>10</sup>
- reduce drug waste in the community (e.g., disposed used needles)<sup>2, 9</sup>
- reduce public drug use and promote safer drug use practices<sup>9</sup>
- provide education and resources on how to reduce harms associated with drug use<sup>10, 15</sup>
- align with the harm reduction principle, one of the three pillars of harm minimisation in the National Drug Strategy 2017-2026<sup>1</sup>
- significantly reduce the cost of health services<sup>9</sup>

### ***Designing a supervised consumption room in the ACT***

The ACT Medically Supervised Injecting Facility Feasibility Study noted that any SCR model in the ACT needs to reflect the ACT's small population and be implemented through linkage to existing harm reduction service frameworks, and include the integration of peer workers to ensure appropriate service and system co-design.<sup>2</sup>



It is important to develop a model which matches the ACT's unique context, meeting user needs while optimising opportunities to connect to relevant services and ensuring value for money. ATODA notes the expense of a medical model and recommends a nurse- or peer-led model. There are international examples of non-medical models, and as noted in the ACT Medically Supervised Injecting Facility Feasibility Study, it is the supervision of drug use, rather than medical supervision, that is key to the service.<sup>2</sup>

This approach would emphasise the provision of other harm reduction services through existing referral pathways. The available evidence indicates a strong stakeholder preference for low threshold access to a wide range of ancillary services at SCRs, including harm reduction equipment distribution (e.g., naloxone) and education; drug checking; HIV, hepatitis and sexually transmitted infection testing; ancillary supplies and facilities; primary healthcare, mental health services, and social services; drug treatment and counselling.<sup>16</sup> A broader range of potential services were identified in the ACT, including legal services, dental, domestic violence, pre and post-natal and financial advice.<sup>2</sup> However it is important to note that stakeholder preferences regarding SCR design vary widely.<sup>16</sup> There are a broad range of critical design considerations, including location, staffing model, hours of operation, and other services available.<sup>16</sup>

Opportunities to integrate a SCR model into existing ATOD services should be explored, so as to leverage the existing expertise of on-the-ground organisations with established community relationships.

The design of a SCR in the ACT should be largely consumer-driven, with consultation with consumers and facilitated through a peer-based organisation for people who use drugs in the ACT. This engagement may be meaningfully informed by ATODA's Policy Position Statement on *Involving People Who Use Drugs in Decision-Making Processes*.<sup>17</sup>

If established in the ACT, proactive collection and timely sharing of relevant data to stakeholders and the community would be critical, to ensure that the service was achieving its intended harm reduction goals.





## References and Further Resources

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**Artwork:** Unspoken History, Map of Pain by Sharon (2020). To learn more, go to:

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