



NORTH RICHMOND PUBLIC INJECTING IMPACT STUDY COMMUNITY REPORT

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EXECUTIVE SUMMARY

Despite substantial government, media and public attention and concern over public injecting in North Richmond, there has been no recent and comprehensive analysis of the impact of injecting drug use in the area.

This project employed a rapid assessment methodology in which primary and secondary data were collected to profile the current public injecting situation in North Richmond.

The research found that public injecting is widespread, frequent and highly visible in North Richmond and Abbotsford. Additionally, ambulance service data indicate that Yarra has the highest number of ambulance attendance at heroin-related overdoses of any local government area in Melbourne, and there is significant community concern over discarded injecting equipment. The drug market and public drug use has multiple impacts on local community stakeholders and places demands on government, health, welfare and justice agencies, as well as traders and residents, to manage these issues.

Our research identifies two main priorities:

1. to enhance access to harm reduction services and materials;
2. to improve public amenity.

The research team recommends the following actions and strategies to address these priorities.

Recommendations

- Recommendation 1:** Extend the hours and coverage of needle syringe provision to ensure 24-hour access.
- Recommendation 2:** Assess the feasibility of locating syringe vending machines at key public injecting sites in the City of Yarra.
- Recommendation 3:** Advocate for changes to be made to policy and law, and funding provided, to support peer-distribution of sterile injecting equipment.
- Recommendation 4:** Support and fund a peer-administered naloxone program.
- Recommendation 5:** Council continue to provide routine daily hand-collection street-sweeps for discarded needle syringes and other injecting litter.
- Recommendation 6:** Needle syringe disposal bins are regularly monitored to ensure they are available for disposal of needle syringes.
- Recommendation 7:** Council consider installing larger needle syringe disposal bins where feasible.
- Recommendation 8:** Council continue to support and facilitate intersectoral collaboration on drug and public health related issues.
- Recommendation 9:** All police support and implement the Victoria Police Operating Procedures for Needle Syringe Programs (NSPs), thereby minimising police presence in the vicinity of the North Richmond Community Health NSP.
- Recommendation 10:** All police support and implement the Victoria Police Police Attendance at Incidents of Drug Overdose Policy and minimise their presence at overdose incidents.
- Recommendation 11:** Police continue to support diversion of drug offenders away from the criminal justice sector.
- Recommendation 12:** North Richmond Community Health continue to encourage PWID in appropriate behaviours around public injecting, disposal of injecting equipment and other nuisance behaviours.
- Recommendation 13:** Explore strategies for the introduction of a supervised injecting facility (SIF) as a viable component of a comprehensive harm reduction response to illicit drug use.

BACKGROUND

There has been a significant amount of public discussion and media exposure on the impact of public injecting in the City of Yarra over many years, focused on the North Richmond area particularly around its high-rise public housing estates and surrounding streets and laneways. An active street-based heroin market has existed in the location for over a decade, with people who inject drugs (PWID) coming to the area from all over Melbourne to purchase and use heroin and other drugs (see, e.g., DPEC, 2000; Robson, 2009; Saltau, 2001). Despite ongoing, regular and intensive policing of the illicit drug marketplace since at least as early as 1999 (see, e.g., DPEC, 2000; King, 2005; Kleinman, 2002; P. Munro, 2012), commercial exchange of heroin and public injecting continues (see, e.g., Gleeson, 2011; Hagan, 2012; Kaila, 2012; P. Munro, 2012).

Much of the attention focused on the North Richmond heroin market has highlighted public health concerns such as overdose, the discarding of drug injecting paraphernalia, witnessing of overdose and public injecting, and problems associated with public nuisance attributed to people perceived to be associated with the illicit drug market (Draper, 2008; Hagan, 2012; I. Munro & Carey, 2011; Price, 2011a, 2011b; Robson, 2009).

The current research

Despite the substantial government, media and public attention and concern, there has been no recent and comprehensive analysis of the impact of injecting drug use in North Richmond. This project addresses this gap by:

1. Gathering and compiling evidence of the existing situation regarding injecting drug use behaviours in North Richmond through the collection and analysis of primary and secondary data of indicators of public injecting and impacts on public amenity.
2. Gathering evidence about the number, type and frequency of overdoses amongst PWID in the City of Yarra, specifically the North Richmond and Abbotsford areas.
3. Investigating possible public health responses to public injecting issues in North Richmond.
4. Developing recommendations for an appropriate public health response to public injecting in North Richmond.

The methods and key findings of the research are detailed below.

METHODS

The project employed a rapid assessment methodology in which primary and secondary data were collected to profile the current public injecting situation in North Richmond.

Data

Three core data components were used: 1) secondary data; 2) structured observations; and 3) semi-structured qualitative interviews. These data were supplemented with notes made from observation, informal conversations with key informants and other stakeholders, as well as media and other reports.

Secondary data

The research team collected and analysed secondary data from existing quantitative datasets including:

- data from routine drug surveillance systems and cohort studies;
- local government and contractor data on needle and syringe disposal in the City of Yarra;
- Ambulance Victoria service data on heroin-related overdoses in the City of Yarra.

Structured observations

A mapping exercise was conducted to identify and describe public injecting sites (PIS) in the North Richmond area. A subset of the most frequented PIS was monitored through structured observations conducted two days

per week from May to December 2012. Observations captured information on visibility of public injecting, litter and amenity. Observations of drug market activity were also conducted to gather data on general public amenity, nuisance and safety concerns associated with the drug market.

Semi-structured interviews

Semi-structured interviews were conducted with community stakeholders – PWID (n=14), local health, welfare and community workers (n=3), police (n=2), local traders (n=1) and residents (n=2). A semi-structured qualitative interview schedule was used. Interviews were informed by observation of the North Richmond drug market and PIS. Prior to interview, the project was explained in detail to participants and verbal informed consent taken from people who agreed to participate. Interviews covered: basic demographic information, length of time in North Richmond; opinions and experiences of drug market activity and public injecting; experience of and opinions about PIS; and participant opinion on appropriate responses to public injecting in North Richmond. Other notes on issues arising during the interviews were written up as close to the completion of each interview as possible.

Informal conversations were held with an additional 11 traders, some of whom were also local residents and one other PWID.

Analysis

Descriptive statistics were used to summarise structured observation and secondary data. Interview recordings were transcribed for analysis. An explicit focused coding strategy was employed, with codes developed *a priori* based on the research questions. Core coding categories included: public injecting, characteristics of PIS, access to injecting equipment, drug-related harms, drug market impact, amenity, policing and public health strategies. Basic content analysis was performed, delimited to the specific content themes (Silverman, 2011).

Approvals

Ethics approval for the study was granted by the Alfred Hospital Human Research Ethics Committee.

FINDINGS

Visibility of the North Richmond drug market

Media reports in 2011 and 2012, from state-wide and local newspapers, have identified the North Richmond/ Abbotsford drug market as active and highly visible, a place of danger and threat, beset by heroin dealers and users, with intolerable levels of public injecting (Gleeson, 2011; Hagan, 2012; Kaila, 2012; I. Munro & Carey, 2011; P. Munro, 2012). Victoria Police crime statistics for Yarra Police Service Area provide further indicators of an active drug market in North Richmond, with police making 1112.4 arrests per 100,000 population for drug offences in the period October 2011 to September 2012. This rate of arrests was 3.2 times the Victorian state average (<http://www.vicpolicenews.com.au/myplace.html>).

Observations conducted by the first author (RD) between May and December 2012, accord with the media reports and police statistics. At each visit, RD easily identified people selling and buying drugs – primarily heroin – and people brokering drug transactions for others. The intensity of drug dealing activity varied from day-to-day and from hour-to-hour.

Interview participants' general perceptions of drug market activity, public injecting and intoxication/ overdose throughout 2012 are given in Table 1.

Table 1. Overall perceptions of drug market and public injecting activity throughout 2012.

	PWID (n=15)		Other stakeholders (n=19)	
	n	%	n	%
Drug market activity				
Decreased	0	0	3	16
No change	15	100	5	26
Increased	0	0	5	26
Not mentioned	0	0	6	32
Public injecting				
Decreased	0	0	6	32
No change	9	60	5	26
Increased	3	20	2	10
Not mentioned	3	20	6	32
Overdose/intoxication				
Decreased	8	53	4	21
No change	3	20	2	10
Increased	0	0	1	6
Not mentioned	4	27	12	63

Public injecting

Public injecting was widespread across the North Richmond and Abbotsford areas. Particular concentrations were evident in the areas adjoining the North Richmond retail precinct as well as public transport access points.

Key findings

- City of Yarra needle and syringe disposal and retrieval data showed an average of 1550 needle syringes (NS) were collected per month from syringe disposal bins in the period May-Oct, 2012.
- City of Yarra needle and syringe disposal and retrieval data have increased dramatically from a total of 2823 NS collected from street-sweeps and disposal units between Sep-Dec 2010 to a total of 8092 collected in the period May-Aug 2012.
- Indicators of public injecting (discarded NS and other injecting paraphernalia) were observed in locations affording privacy such as laneways and alleys, or areas offering shelter from observation such as doorway alcoves.
- Discarded NS and other injecting paraphernalia were also observed in open areas such as footpaths and parks, as well as street gutters, car parks and residential driveways.
- 13 (of 15) PWID reported injecting in public places.
- Key reasons for public injecting were ‘not being able to wait’ – because of desire for drugs or to manage effects of withdrawal – and not wanting to be found by police in possession of drugs.
- Most PWID chose marginal PIS that afforded privacy – to hide drug use from the community or other drug users – and where they might avoid detection by police.
- 9 (of 19) other stakeholders had witnessed people injecting.

¹While not all syringes collected from disposal bins will be from public injections, given the locations of many of the disposal bins in marginal alleys and laneways, a substantial proportion of these will reflect public injections.

Public amenity

The research found that public injecting has a substantial negative effect on public amenity in the North Richmond/Abbotsford area. The key factor impacting on public amenity was the presence of discarded needle syringes and other injecting-related paraphernalia.

Key findings

- City of Yarra needle and syringe disposal and retrieval data revealed an average of 280 NS were collected per month from street-sweeps alone in the period May-Oct, 2012.
- On average, 10 discarded NS were observed during each structured observation monitoring occasion.
- Observations of discarded other injecting paraphernalia were frequent and widespread providing further evidence for a significant rate of public injecting in North Richmond. The proportions of observed other injecting paraphernalia relative to discarded NS suggest that most public injectors make attempts to discard NS appropriately.
- Most discarded NS were observed in locations where there were no disposal bins or when disposal bins were over-full.
- All participants (n=34) had observed discarded NS and other injecting paraphernalia.
- 12 (of 15) PWID reported that they discarded their own equipment appropriately – either in syringe disposal bins, or in general rubbish bins.
- The two most common reasons reported by PWID for inappropriate disposal of injecting equipment were that people were concerned about being stopped by police and found in possession of injecting equipment (7 of 15 respondents) and that ‘some users don’t care’ (7 of 15 respondents).

Drug-related harms

The research found that PWID in North Richmond remain at significant risk of harm. The two key risks identified by the research were overdose and transmission of blood-borne viruses (BBVs) through use of non-sterile injecting equipment.

Key findings

Overdose

- Data on ambulance attendance at heroin overdose (Lloyd, 2012; 2013a) indicate that the highest proportion of ambulance attendances occur in Yarra of any local government area (LGA) in Melbourne. In 2008/09 and 2009/10, Yarra recorded twice as many heroin overdoses as Melbourne LGA (420 vs 220 in 2008/9; 420 vs 198 in 2009/10). Over the last two years, the number of heroin overdose attendances reduced in Yarra but remained approximately 1.5 times as many as in the Melbourne LGA (340 vs 224 in 2010/11; 336 vs 231 in 2011/12).
- In 2011/12, the majority (70%) of heroin overdose ambulance attendances in Yarra LGA occurred in the suburbs of Richmond and Abbotsford (Lloyd, 2013b).
- 4 (of 15) PWID reported experience of overdose.
- 11 PWID had witnessed and responded to an overdose in a public location.
- 7 (of 19) other stakeholder interview participants had witnessed an overdose, with 4 of these people reporting they had responded (one of these was a NRCH outreach worker who regularly responded to overdose).
- Staff at NRCH responded to an average of 2.3 (SD 1.5) overdose incidents per month throughout 2012.
- PWID and several other stakeholders commented on the high risk of undetected overdose as people injected in marginal places to avoid attention of police or other drug users.
- 16 (of 21) PIS were identified as medium to high risk for undetected overdose.
- 4 PWID reported they had observed police attending overdose. This observation was supported by NRCH outreach workers who had heard similar stories from service users and had also, on occasion, themselves witnessed police attending overdose.

BBV transmission risk

- Reduced access to sterile injecting equipment in North Richmond after-hours and on weekends gives rise to requests to borrow equipment already used by other PWID or use of discarded needle syringes (including NS removed from syringe disposal bins).
- 16 (of 21) PIS were identified as medium to high risk for re-use of used needle syringes. This risk was due to the accessibility of used NS that would be available to PWID if they were unable to access sterile NS (outside of business hours or at times of intensive policing).

Policing

Throughout 2012, Richmond police ran a series of almost back-to-back, intensive, saturation-policing operations targeting heroin offences in North Richmond, including: Operation Higuana, Operation Bia and Operation SCADO (Serious Crime and Drug Offences) (<http://www.vicpolicenews.com.au/myplace.html>; see also, Kaila, 2012; P. Munro, 2012). The intensive policing of the drug marketplace throughout the fieldwork period was evident to RD, with only three visits where she did not observe uniformed and/or plain-clothes police.

Key findings

- PWID did not consider that intensive policing was effective in preventing drug market activity.
- 7 (of 19) other stakeholders considered that intensive policing only shifted drug dealers and users away from the area temporarily.
- 5 (of 19) other stakeholders expressed positive opinions about the effectiveness of policing in disrupting the drug market and helping the community 'feel safer'.
- PWID and health workers noted displacement of drug users from council NS disposal bins as a consequence of intensive policing.
- RD observed 3 police searches conducted within 15 metres of the Needle Syringe Program (NSP).
- Reports from PWID and stakeholders working with PWID of police searching people exiting the NSP were common, as were reports of police having the NSP under surveillance.

Impact of drug market and public injecting

The drug market and public drug use has multiple impacts on local community stakeholders and places demands on government, health, welfare and justice agencies, as well as traders and residents, to manage these issues.

Key findings

- Management of discarded injecting equipment impacted on police, Council, cleaning staff on the local housing estate, local primary schools and residents.
- Reduced amenity was experienced by community members who witnessed people injecting. This was described as 'very confronting'. Police, health and council regularly received telephone calls from people witnessing PWID injecting near their residence or place of business (including primary schools).
- Other stakeholders remarked on the negative impacts of encountering people who were drug-affected or who had overdosed and having to call ambulances.
- Some traders considered that drug market activity was 'bad for [their] business' and that drug dealers and drug users deterred other people from attending the retail precinct.
- Safety concerns were noted by some other stakeholder participants. 7 people reported feeling a general lack of safety and 4 people reported experiencing theft or shoplifting. 7 people reported witnessing arguments or violence between PWID and drug users were perceived as threatening and dangerous

‘strangers’ by 5 other stakeholders. 3 other stakeholders reported that they avoided certain areas at night or particular areas altogether.

- 6 other stakeholders commented that the drug market and public injecting did not have a big impact on them, with a further person commenting that they were ‘used to it’.

Suggested public health strategies

PWID suggested a range of strategies to improve public health for drug users and the broader community.

Key findings

- 5 (of 15) PWID suggested improving NS distribution coverage, with 3 people suggesting peer distribution of NS would be of value and a further 2 people suggesting the introduction of syringe vending machines (SVMs). Health workers also suggested the installation of SVMs. Concerns were raised that drug users removed used NS from disposal bins because they could not access sterile equipment, particularly on weekends. Some PWID also suggested that some of the inappropriate disposal of NS was due to people wanting to ‘stash’ equipment for future use.
- PWID suggested there should be more syringe disposal bins close to where people inject.
- 10 (of 19) other stakeholders suggested increasing policing to address problems associated with public drug use and public injecting.
- Other stakeholders acknowledged that there were several existing avenues and meetings aimed at forging partnerships between government, justice and health. However, several commented that conflicts between different approaches to, and understandings of, drug issues sometimes compromised the effectiveness of these collaborations.

Supervised injecting facilities

During discussion of potential public health strategies, participants either introduced the topic of supervised injecting facilities (SIFs, 19 of 35) or were asked their opinion of SIFs by RD (12 of 35).

Key findings

- All PWID expressed in-principle support for SIFs. However, 6 PWID considered a SIF would not be viable in this area as police would stop, search and arrest people entering the facility. 7 people considered there would be some concerns over policing. Only 2 people expressed no concern about policing.
- Other stakeholder participants expressed a range of attitudes to establishing a SIF in the area – eight were in support, one supported a SIF but not in North Richmond, one was undecided, six were against and four were not asked.
- The two key concerns expressed by those against a SIF were the fear that it would entrench drug use in the area and concern that it would bring more drug users to the area (the ‘honey pot’ effect).
- Other stakeholders in favour of a SIF considered it would reduce overdose and blood-borne virus transmission and improve public amenity by reducing public injecting and inappropriately discarded injecting equipment.

DISCUSSION

Taken together, the observation, interview and secondary indicator data collected for this research provide strong evidence of a substantial public injecting and amenity problem in North Richmond that imposes a significant burden on individuals and the community.

City of Yarra Council, in collaboration with local services and agencies, has implemented a wide range of initiatives to manage public injecting and amenity throughout Yarra, and particularly in North Richmond/Abbotsford. These are: improvements to amenity through decreasing the presence of discarded needle syringes and other

injecting-related litter; improvements to urban design and management of public and private spaces; provision of information and training to residents and business in how to respond to people affected by drugs and safe disposal of injecting equipment; working with community services and agencies to support drug users; and coordinating the efforts of local services, Police and Council through the Yarra Drug and Health Forum.

Based on the research findings, the research team recommends the following actions and strategies to address the identified public health problems associated with public injecting in North Richmond. These recommendations reinforce, as well as build upon and extend, existing initiatives and responses of City of Yarra and local services and agencies.

Rationale and recommendations

The recommendations outlined below need to be viewed in the context of the 'whole of government' drug strategy recently released by the Victorian Government (State of Victoria, Department of Health, 2012). Key elements of this strategy related to injecting drug use include the need to increase access to treatment and care, implement an overdose prevention program involving the opioid antagonist naloxone, and to improve coverage of needle syringe programs. Our current research into public injecting in North Richmond identifies two main priorities: 1) to enhance access to harm reduction services and materials; and 2) to improve public amenity.

1. Enhance access to harm reduction services and materials

- 1.1. The key factor underpinning the continuing BBV risk experienced by PWID in North Richmond is the reduced access to sterile injecting equipment after hours and on weekends.

Access to sterile injecting equipment remains an essential component of public health strategy around injecting drug use (Rhodes, et al., 2006; Sacks-Davis, Horyniak, Grebely & Hellard, 2012), and improving access is a key component of Victoria's drug strategy (State of Victoria, Department of Health, 2012).

Recommendation 1: Extend the hours and coverage of needle syringe provision to ensure 24 hour access.

- 1.2. Reviews of published research on needle syringe vending machines (SVMs) in Europe and Australia suggest they increase geographical and temporal access to sterile injecting equipment and reduced needle syringe sharing (Islam, Wodak, & Conigrave, 2008) and attract younger PWID and PWID who engage in riskier practices (Jones, Pickering, Sumnall, McVeigh, & Bellis, 2010). Increasing access after hours is a key part of Victoria's drug strategy.

Recommendation 2: Assess the feasibility of locating syringe vending machines at key public injecting sites in the City of Yarra.

- 1.3. Research has shown that informal peer distribution of injecting equipment is widespread and entrenched among drug using groups in Australia and internationally (Burrows, Roper & Tanguy, 2010). Peer distribution would require legal exemptions for peers involved in distribution as it is currently illegal to pass a needle syringe to another person unless exempt as a NSP worker (AIVL, 2010; Lavelle, 2010).

Recommendation 3: Advocate for changes to be made to policy and law, and funding provided, to support peer-distribution of sterile injecting equipment.

- 1.4. The efficacy of providing PWID with peer-based training in overdose response and EAR is supported by the research literature (e.g., Dietze, Fry, Rumbold & Gerostamoulos, 2001; Kerr, Dietze, Kelly & Jolley, 2009; Sherman, et al., 2009). New work highlights how providing naloxone to peers of PWID is a cost-effective way of reducing overdose (Coffin & Sullivan, 2013; Walley et al., 2013). Implementing a naloxone program is one key part of Victoria's drug strategy.

Recommendation 4: Support and fund a peer-administered naloxone program.

2. Improve public amenity

The research found a significant level of public injecting and corresponding reductions in amenity, which places a substantial burden on the North Richmond community. City of Yarra and other services are active in addressing these concerns. The following recommendations reinforce, as well as extend, existing activities of council and other local services.

- 2.1. The research demonstrated that the daily street-sweeps are effective in reducing the amount of injecting litter in North Richmond. However, street-sweeps are generally reactive rather than preventive; and locations of public injecting are dynamic – particularly shifting in response to policing. As a consequence, there is an unavoidable lag in identifying areas of public injecting and associated high volumes of injecting-related litter. Nevertheless, installation of new syringe disposal bins as a result of street-sweeps can be an effective preventive aspect of street-sweeps.

Recommendation 5: Council continue to provide routine daily hand-collection street-sweeps for discarded needle syringes and other injecting litter.

- 2.2. Syringe disposal bins in North Richmond/Abbotsford are routinely monitored and emptied by health workers conducting street-sweeps. However, on some occasions over-full disposal bins were observed and used NS were easily removable. This poses a significant risk for BBV transmission, particularly in light of the reduced access to sterile equipment experienced by PWID after hours and on weekends.

Recommendation 6: Needle syringe disposal bins are regularly monitored to ensure they are available for disposal of needle syringes.

- 2.3. Installation of larger syringe disposal bins would help reduce the likelihood of over-full disposal bins. Although PWID are advised that bins are solely for used NS, many discard all their injecting paraphernalia in the bins which quickly fills them up.

Recommendation 7: Council consider installing larger needle syringe disposal bins where feasible.

- 2.4. The impacts of public drug markets, public injecting and associated reductions in public amenity demand a service response from government, health/welfare and law enforcement sectors. Effective public health responses require whole-of-community, holistic strategies that balance the requirements of law enforcement with requirements of health as they aim to reduce harm to individuals and the community. While there are several intersectoral collaborative forums in the City of Yarra – including Local Safety Committee and the Yarra Drug and Health Forum, it was apparent that conflicts still exist between law enforcement and health approaches to drug issues in City of Yarra. Effective intersectoral partnerships require cooperation at both the policy and practice levels and it is essential that all sectors recognise their common goals of reducing harms for individuals, including drug users, and the community as a whole.

Recommendation 8: Council continue to support and facilitate intersectoral collaboration on drug and public health related issues.

- 2.5. Reports from PWID and health workers of police searching people exiting the NSP were common, as were reports of police having the NSP under surveillance. A substantial police presence and surveillance around the NSP, actual or even just perceived, risks deterring PWID from accessing the service, thereby significantly compromising public health strategies to reduce transmission of blood-borne viruses.

Recommendation 9: All police support and implement the Victoria Police Operating Procedures for Needle Syringe Programs, thereby minimising police presence in the vicinity of the NRCH NSP.

- 2.6. Police in North Richmond report they only attend overdose when requested by ambulance services or when they are the first responders. PWID and some other stakeholders reported police attendance at overdose as a routine component of local police practice.

Recommendation 10: All police support and implement the Victoria Police Police Attendance at Incidents of Drug Overdose Policy and minimise their presence at overdose incidents.

2.7. Police participants in this research reported that, where appropriate, they referred local drug offenders to the specialist court operating through the Neighbourhood Justice Centre (NJC).

Recommendation 11: Police continue to support diversion of drug offenders away from the criminal justice sector.

2.8. The research found that NRCH NSP staff are active in engaging and working with PWID around safer injecting, reduction of overdose risk, appropriate and discreet public injecting and other nuisance behaviours and appropriate disposal of injecting equipment.

Recommendation 12: NRCH continue to encourage PWID in appropriate behaviours around public injecting, disposal of injecting equipment and other nuisance behaviours.

2.9. Public injecting is widespread, frequent and highly visible in North Richmond and Abbotsford. Additionally, ambulance service data indicate that Yarra has the highest number of ambulance attendance at heroin-related overdoses, and there is significant community concern over discarded injecting equipment. Similar conditions in other cities have led to the establishment of SIFs (Papanastasiou, Kirwan, Winter & Power, 2009). Although current Victorian Government strategy does not support such an intervention, we consider that the evidence clearly demonstrates that a SIF could contribute to improved amenity and health (including the referral potential of SIFs to drug treatment and other agencies, such as social, legal and mental health services).

Recommendation 13: Explore strategies for the introduction of a supervised injecting facility (SIF) as a viable component of a comprehensive harm reduction response to illicit drug use.

REFERENCES

- AIVL. (2010). *Legislative and Policy Barriers to Needle & Syringe Programs and Injecting Equipment Access for People Who Inject Drugs*. Canberra: Australian Illicit and Injecting Drug Users League (AIVL).
- Burrows, D., Roper, D. & Tanguy, P. (2010). *'And one for my friend': Peer Distribution of Needles, Syringes and Other Injecting Equipment. A Review of Literature and Practice in Australia, US, UK, Canada and the Netherlands*. Sydney, Australia: AIDS Project Management Group (APMG).
- City of Yarra. (2010). *Safer Yarra Plan 2011-2014*. Melbourne: City of Yarra.
- Coffin, P.O. & Sullivan, S.D. (2013). Cost-effectiveness of distributing naloxone to heroin users for lay overdose reversal. *Annals of Internal Medicine*, 158 (1): 1-9.
- Department of Human Services. (2008 [2001]). *Victorian Needle and Syringe Program. Operating policy and guidelines. (Interim update version - Nov 2008)*. Melbourne: Health Protection Services Unit, Public Health, Victorian Department of Human Services. Retrieved from <http://www.dhs.vic.gov.au/phd>. Access date: 11/12/12.
- Dietze, P., Fry, C., Rumbold, G. & Gerostamoulos, J. (2001). The context, management and prevention of heroin overdose in Victoria, Australia: The promise of a diverse approach. *Addiction Research and Theory*, 9 (5), 437-458.
- DPEC. (2000). *Stage One Report. Drugs: Responding to the issues, engaging the community*. Melbourne, Victoria: Drug Policy Expert Committee.
- Draper, M. (2008). The drug scene that won't go away, *AAP Newsfeed*, Sep 12.
- Gleeson, M. (2011). Drug dens face closure, *Melbourne Yarra Leader*, Jul 4.
- Hagan, K. (2012). Police 'displace' Richmond's heroin injecting problem, *The Age*, May 24.
- Islam, M.M., Wodak, A. & Connigrave, K.M. (2008). The effectiveness and safety of syringe vending machines as a component of needle syringe programmes in community settings. *The International Journal of Drug Policy*, 19 (6): 436-441.
- Jones, L., Pickering, L., Sumnall, H., McVeigh, J. & Bellis, M.A. (2010). Optimal provision of needle and syringe programmes for injecting drug users: A systematic review. *The International Journal of Drug Policy*, 21 (5): 335-342.

- Kaila, J. (2012). Special report: Cops crack down on drugs in Richmond, *Sunday Herald Sun*, Jul 1.
- Kerr, D., Dietze, P., Kelly, A-M. & Jolley, D. (2009). Improved response by peers after witnessed heroin overdose in Melbourne. *Drug and Alcohol Review*, 28, 327–330.
- King, T. (2005). Drug dealing keeps rising despite blitz, *Melbourne Yarra Leader*, Jul 25.
- Kleinman, R. (2002). Drug use on the rise, *Melbourne Yarra Leader*, Jun 24
- Lavelle, P. (2010). Peer distribution: the future for NSPs? *The Hep Review*, 70(26-29). Retrieved from www.hep.org.au. Access date: 17/12/12.
- Local Safety Committee City of Yarra. (2011). *Responding to the Whole of Government Victorian alcohol and drug strategy. Submission to the Victorian Alcohol and Drug Strategy Team*. September 2011. Melbourne, Victoria: Victorian Government Retrieved from <http://docs.health.vic.gov.au/docs>. Access date: 19/10/12.
- Lloyd, B. (2012). *Trends in alcohol and drug related ambulance attendances in Melbourne: 2010/11*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre.
- Lloyd, B. (2013a). *Trends in alcohol and drug related ambulance attendances in Victoria: 2011/12*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre.
- Lloyd, B. (2013b). Unpublished ambulance service data on ambulance attendance at heroin overdose. *Personal Communication*. Turning Point Alcohol and Drug Centre.
- Munro, I. & Carey, A. (2011). Junkies to help police North Richmond laneways in bid to ease ‘perfect storm’ of heroin dealing, *The Age*, May 30.
- Munro, P. (2012). Barking at the heels of a problem with no solution, *The Age*, May 20.
- Papanastasiou, C., Kirwan, A., Winter, R. & Power, R. (2009). *The potential and viability of establishing a Supervised Injecting Facility (SIF) in Melbourne. Yarra Drug & Health Forum Position Paper - October 2009*. Melbourne: Burnet Institute.
- Price, N. (2011a). Have your say: Drug danger in Richmond, *Melbourne Leader*, May 16.
- Price, N. (2011b). Richmond ‘drug den’ laneway to be blocked, *Melbourne Leader*, Jun 24.
- Richmond Estate Action Group. (2011). *Richmond Residents’ Panel Project. August - December 2011. Evidence and Recommendations*. Retrieved from <http://www.neighbourhoodjustice.vic.gov.au/webdata/resources/files/>. Access date: 6/6/12.
- Robson, S. (2009). Kids see parents inject. Fury on lane of despair, *Melbourne Yarra Leader*, Aug 17.
- Rhodes, T., Kimber, J., Small, W., Fitzgerald, J., Kerr, T., Hickman, M., et al. (2006). Public injecting and the need for ‘safer environment interventions’ in the reduction of drug-related harm. *Addiction*, 101(10), 1384-1393.
- Sacks-Davis, R, Horyniak, D., Grebely, J. & Hellard, M. (2012). Behavioural interventions for preventing hepatitis C infection in people who inject drugs: a global systematic review. *The International Journal on Drug Policy*. 23(3),176–184.
- Saltau, C. (2001). It’s not heaven but it’s home, say residents of flats branded heroin hell-hole, *The Age*, Feb 18.
- Sherman, S.G., Gann, D.S., Tobin, K.E., Latkin, C.A., Welsh, C. & Bielensohn, P. (2009). “The life they save may be mine”: Diffusion of overdose prevention information from a city sponsored programme. *The International Journal of Drug Policy*, 20(2), 137-142.
- Silverman, D. (2011). *Interpreting qualitative data* (4th ed.). Los Angeles; London; New Dehli; Singapore; Washington DC: SAGE.
- State of Victoria, Department of Health. (2012). Reducing the alcohol and drug toll. Victoria’s plan 2013-2017. Melbourne, Victoria: Victorian Government.
- Walley, A.Y., Xuan, Z., Hackman, H.H., Quinn, E., Doe-Simkins, M., Sorensen-Alawad, A., Ruiz, S., & Ozonoff, A. (2013). Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: Interrupted time series analysis. *British Medical Journal*, 346:f174: 1-12.