Reviewing the impacts of the Melbourne Supervised Injecting Room.

## Authors:

DIETZE, PAUL<sup>1</sup>, MAHER, LISA<sup>2</sup>, HICKMAN, MATTHEW<sup>3</sup>, KERR, THOMAS<sup>4</sup>, STOOVE, MARK<sup>5</sup>, AGIUS, PAUL<sup>5</sup>, QUIROGA, MAR<sup>6</sup> & VAN DEN BOOM, WIJNAND.<sup>5</sup>

<sup>1</sup>National Drug Research Institute, <sup>2</sup>Kirby Institute, <sup>3</sup>University of Bristol, <sup>4</sup>British Columbia Centre on Substance Use, <sup>5</sup>Burnet Institute, <sup>6</sup>University of Melbourne

Presenter's email: paul.dietze@burnet.edu.au

**Introduction and Aims:** The Melbourne Supervised Injecting Room was established in in 2018 with stated harm reduction aims, including a reduction in overdose fatalities. In this presentation we detail some of the initial findings of the review along with plans for a new comprehensive review methodology to provide additional information on the effectiveness of the MSIRs.

**Design and Methods:** We used the SuperMIX prospective cohort study (N=1328) to provide an initial examination of the impact of the MSIR on key outcomes self-report and linked data such as ambulance attendances at non-fatal overdose. Here, outcome incidence rates for cohort participants who used the facility for the majority of their injections were compared with those who used the facility infrequently (>0% but <50% of their injections) and those who did not use the facility at all.

**Results:** Incidence of non-fatal opioid overdoses attended by ambulance decreased after the MSIR opened for those who used the facility frequently (IRR=0.39, p<0.05), but not for those who used the facility infrequently (IRR=1.03, p>0.1) compared to cohort members who did not use the facility. There was no evidence of impacts of the facility on the remaining outcomes likely reflecting the relatively short time series available for examination.

**Discussions and Conclusions:** We observed a positive effect of the MSIR on overdose. We propose a new evaluation framework, extending the prospective cohort design involving more extensive participant recruitment and longer data linkage to examine the effectiveness of supervised injecting facilities in the Melbourne context.

**Disclosure of Interest Statement:** PD has received an investigator-driven grant from Gilead Sciences for unrelated work on hepatitis C and an untied educational grant from Reckitt Benckiser for unrelated work on the introduction of buprenorphine-naloxone into Australia. PD has served as an unpaid member on an Advisory Board for an intranasal naloxone product. MS has received funding from Abbvie for work on hepatitis C unrelated to this work. PD, LM and MS are recipients of NHMRC Senior Research Fellowships. This work was partially supported by NHMRC project grants (545891, 1126090), the Colonial Foundation Trust and the Victorian state government. MH has received unrestricted and unrelated speaker fees and travel expenses in the last 3 years from Gilead and MSD.