**CHANGING NEEDS AND EMERGING OPPORTUNITIES FOR DRUG CONSUMPTION ROOMS AND SUPERVISED INJECTING FACILITIES**

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**Aim of Symposium:** This symposium will summarize the operation of Sydney's Uniting Medically Supervised Injecting Centre (MSIC) over the last 15 years and describe the challenges the service has had to face. Data will be presented on: overall operations since the service opened; changes in housing stability among clients of the service; clinical challenges related to an aging cohort of people who inject drugs (PWID) such as poor venous access; as well as the need to respond to the development of HCV treatment for this marginalised population. All this data will be discussed in the context of recent initiatives to establish a supervised injecting facility (SIF) in Melbourne and elsewhere.

**PRESENTATION 1 – 1,000,000 MILLION INJECTIONS AT THE UNITING MEDICALLY SUPERVISED INJECTING CENTRE, SYDNEY: REFLECTIONS AND REPERCUSSIONS**

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**Introduction and Aims:** International literature indicates that safe injecting facilities (SIFs) are effective in reducing overdose morbidity and mortality, improving safe injecting practices and increasing health-service utilisation, without any negative impact on the community. SIFs are currently operating in approximately 63 cities in 10 countries.

This study aimed to summarise the landmark of 1,000,000 injection events at Sydney's Uniting Medically Supervised Injecting Centre (MSIC), and describe client characteristics, frequency of attendance, drug injected, overdose and other adverse events (e.g. behavioural disturbance, aggression, seizures).

**Design and Methods:** Client socio-demographic data collected at first visit is presented, plus analysis of routine self-reported data on drug injected and staff delivered interventions (e.g. overdose management, information, referrals).

**Results**: From May 2001 through December 2016, MSIC supervised 1,020,782 injections - most commonly heroin (42%) and non-substitution prescription opioids (30%). Clients were typically male (74%); at registration, 62% were aged >35 years and 19% were homeless. Approximately half of the registered clients attended >3 times. Temporal trends show increasing age and housing instability.

The MSIC has provided timely intervention for 6,816 opioid overdoses and 783 other adverse events with no fatalities. An additional 68,626 other interventions were provided and a minimum of 12,520 referrals.

**Conclusions:** MSIC'S oversees a high volume of injections and early intervention results in few adverse events. Clients receive a range of health and welfare services, including referrals to drug treatment.

**Implications for Policy:** These data indicate that many of the acute harms associated with injecting can be mitigated at SIFs, yet Sydney MSIC remains the only SIF in the Southern Hemisphere. These data should be used to support and guide communities dealing with street-based injecting drug use and overdose mortality and morbidity.

**Disclosure of Interest Statement:** The authors report no conflict of interest.

**PRESENTATION 2 – INCREASING RATES OF HOMELESSNESS AMONG CLIENTS OF THE UNITING MEDICALLY SUPERVISED INJECTING CENTRE**

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**Introduction:** The Uniting Medically Supervised Injecting Centre (MSIC) offers a safe space for supervised drug injection. This study aimed to assess changes over time in reported accommodation instability among clients of this supervised injecting facility (SIF).

**Method:** All clients of MSIC complete an intake survey that includes a range of socio-demographic characteristics (including accommodation status) and drug use data. In 2016, we conducted a brief follow-up survey on current accommodation status. Registration data (considered baseline) was compared to the follow-up survey data and was analysed using t-test and $\chi^2$ test.

**Results:** Of the 232 clients presenting during survey week, 107 (46%) participated in the follow-up survey. Most were male (78%) with a mean age of 41.4 years. A total of 64 (60%) identified as having unstable accommodation at the time of the survey, compared to 44 (41%) at intake/baseline. Factors associated with accommodation status at intake/baseline were employment, history of overdose, incarceration and education; accommodation status at follow-up was associated with age of first injection and employment status as reported at baseline.

**Conclusion:** This study found that the self-reported accommodation status among clients attending MSIC appears to be worsening over time i.e. accommodation instability is an increasing issue for this client group.

**Implications for practice:** Services working with long-term injecting drug users have an opportunity to address their essential housing needs with a view to improve their general well-being and modify their risk-taking behaviours. Linking clients to, or co-location with, housing programs should be considered when designing services such as SIFs for a similar target group.

**Disclosure of Interest Statement:** The authors report no conflict of interest.

**PRESENTATION 3 – ADVANCES AND CONTROVERSIES IN CLINICAL PRACTICE AT UNITING MSIC: THE CASE OF NECK AND GROIN INJECTING**

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**Introduction:** As the clients of the Uniting Medically Supervised Injecting Centre (MSIC) in Sydney are an aging cohort, a range of issues related to their long-term injecting drug use begin to emerge. Due to poor venous access, some clients have moved to neck injecting (NI) and this has demanded a review of the long-held policy of prohibiting this practice.

**Approach:** Staff formed a working party to: investigate complications associated with NI; complete a comprehensive literature review; and, consult with an Expert Clinical Panel. A pilot project was designed to allow supervised NI at MSIC for a small group of identified clients, for a trial period. Ethics approval to conduct the trial was granted in 2016.

**Results:** The pilot project has resulted in the development of a comprehensive NI Procedure that requires clients to consent and provide baseline data related to their history of NI and injecting drug use. On each NI occasion, trained staff are required to assess intoxication and mental health; explore alternative injecting sites; inspect the proposed NI site for abscesses and/or swelling; and, observe the NI episode. Post each NI, staff complete a written survey and visually observe the client. Early results from this pilot project will be presented as part of this symposium.

**Discussions:** Initiating the pilot project was a lengthy process, spanning almost four years. Key components were planning, implementation plus staff education. This responsive action to an emerging need is a common theme among the global platform of Drug Consumption Rooms (DCR) where innovative approaches to harm reduction are required.

**Implications for Practice:** Working with most marginalised people in the community requires careful monitoring of the needs within the population and assessment of current service practice. There are ethical and clinical challenges that need to be addressed in order to meet the harm reduction principles and the values of inclusion.

**Disclosure of Interest Statement:** The authors report no conflict of interest.

**PRESENTATION 4 – DRUG CONSUMPTION ROOMS AS A SPACE TO INCREASE HCV TREATMENT COVERAGE: AN INTERNATIONAL SURVEY**

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**Introduction:** Drug consumption rooms (DCRs) worldwide (of which Supervised Injecting Facilities are a sub-set) are an evidence-based intervention that reduce risky injecting behaviour and provide education to decrease blood-borne diseases; at the same time, they attract drug users who have increased risk of HCV. Little has been described about the extent of HCV services provided at DCRs.

**Design and Methods:** An online survey targeting the key staff of DCRs operating worldwide was conducted in 2016. The survey focused on the DCR operational design, client characteristics and the provision of HCV-related services.

**Results:** Fifty-one of the 100 known DCRs participated; each country where they operate was represented. The majority of DCRs were co-located with other services (57%), operated by non-profit organisations (67%) and funded by municipal governments (71%). The staff composed of nurses (80%), social workers (78%) and/or clinicians (46%). DCRs provided information about HCV prevention (94%) and testing (78%); 65% offered testing onsite, 80% referred clients to HCV treatment and 8% of DCRs offered HCV treatment onsite.

**Discussions and Conclusions:** To expand the provision of HCV-related services, DCRs need more staff time and training, extended staff qualifications and funding for equipment and services. A need to change national HCV treatment guidelines for active drug users was also highlighted.

**Implications for Practice:** Co-location of DCRs with HCV service provision seems like a logical and feasible next step in increasing the coverage of HCV treatment worldwide. Several operational aspects need to be considered as well as national policies on DCR provision and HCV treatment.

**Disclosure of Interest Statement:** The authors report no conflict of interest.

**Discussion section**

The Symposium will be a dynamic forum that will allow the audience to discuss the data and clinical challenges in the context of recent initiatives to establish a supervised injecting facility (SIF) in Melbourne. In addition to the Chair, Prof Paul Dietze, Dr Marianne Jauncey will be on-hand in her role as the Medical Director of Sydney's MSIC to answer questions and engage in discussion. Key Victorian stakeholders will be contacted by the Symposium organizers and encouraged to attend and contribute to the session.