

#### Injecting-related harms - background

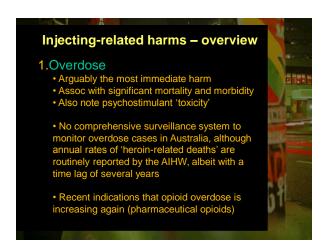
- the hypodermic syringe was invented in 1853, initially used mostly to administer morphia subcutaneously for pain relief in battlefield situations
- concerns about a rise in self-administration first documented in 1870; morphia addiction in 1878
- but it was not until 20th century that injecting drugs for pleasure became prevalent, coming to mainstream consciousness in western countries in 1960s; increasing massively during 1980s, also extending to developing country settings

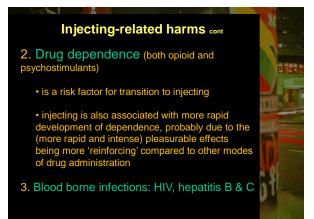
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- there are about 15.9 million (range: 11.0 21.2 million) people who inject drugs across 148 countries worldwide where injecting has been identified (2012)
- The median estimate of current heroin users in Australia was 48 200 (range: 41 800 61 000) in 1999 and decreased to 19 900 (range: 17 800 41 900) in 2002 probably reflecting changes in heroin availability.
- More recent IDU population size data unavailable

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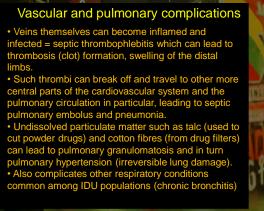
- As a population IDUs are at higher risk of a wide range of injecting-related health issues and premature death compared to those who do not inject drugs (<u>Degenhardt & Hall, 2012</u>) contributing to a disproportionate burden of disease.
- For these reasons they are a 'population of interest' from a public health perspective.
- Aboriginal, sex working, homeless and young IDUs are examples of IDU sub populations with additional health and social issues, requiring additional targeted approaches.











#### Vascular and pulmonary complications confi

- Accidental intra-arterial injection is also not uncommon particularly among groin injectors (into the femoral artery instead of the vein), usually due to poor injecting technique and or poor venous access necessitating injection into deeper, less visible palpable veins.
- This can lead to blockages in the more peripheral circulation resulting in distal limb ischaemia.
- This may in turn lead to 'gangrene' necessitating limb amputation if left untreated.

# Systemic infections • Non-sterile injecting procedures also heighten the risk of systemic bacterial infections Bacteraemia may lead to septic osteomyelitis Subacute bacterial endocarditis (SBE) Septicaemia.

### Injecting drug-related injury At higher risk of serious injuries from falls, violence, motor vehicle accidents and burns. Pressure injuries from lying in the one position for too long as a result of excessive sedation and or overdose.

- This may cause 'compartment syndrome' due to acute fasciitis.
- This may lead to rhabdomyolysis and renal failure, which can be fatal.





## Compounded by there being barriers to accessing appropriate health care

- Despite having a significant range of health issues, vulnerable populations have traditionally had poor access to mainstream health services
- Commonly experience stigmatisation and discrimination when they do access health services
- Many of the health issues are preventable, but require contact, early diagnosis and intervention
- Hence the need for accessible integrated 'targeted' primary health care models

#### Kirketon Road Centre (KRC)

Established in April 1987 in response to a recommendation of the NSW Select Committee of the Legislative Assembly Upon Prostitution that: "...the NSW Government fund a multi-purpose health centre in the Kings Cross area."



The Committee recognised that existing STD clinics and health care centres were "...not well adapted to the needs of [sex workers] and may in fact be avoided" and suggested that "...these problems could be overcome by establishing a centre with a more flexible outreach and drop-in services that would be fully accessible and acceptable to [sex workers].

This Centre would not be solely identified with an STD clinic, and would instead also offer general health care, counselling and a range of other relevant services." Rogan Report 1986





# Service Aim To prevent, treat and care for HIV/AIDS and other transmissible infections among: -"at risk" young people - sex workers & -people who inject drugs • 95% AIDS-program funded • 5% Drug-program funded • Initial staff profile: 7.0, now approx 40.0 FTE

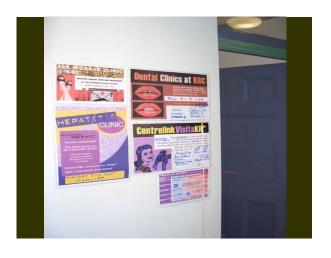






#### Harm reduction approach

- Operating along the 'continuum' from harm reduction to abstinence
- Eclectic and flexible approach
- Non-judgemental, respectful of people's chosen lifestyles, but a strong emphasis on ensuring that these choices are fully informed
- Client-focused
- Committed to principles of health promotion and community development in accordance with the Ottawa Charter.



#### KRC service model

- Population (v's disease) focused, consistent with public health approach to public health issues
- Holistic, recognising that 'health' encompasses physical, emotional and social wellbeing
- Anonymous and confidential
- Free-of-charge (including pharmacy)
- Drop-in (or appointment) with extended hours
- Provided by a multi-disciplinary team of doctors, nurses, counsellors, outreach workers and health educators with extension of roles







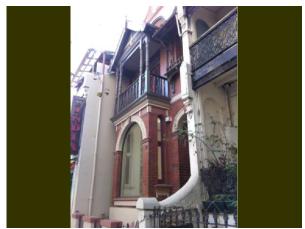
#### **KRC services: 2013**

- General medical care;
- HIV, hepatitis A,B, and C testing;
- Hepatitis A and B vaccination;
  Hepatitis C Specialist Clinic (monthly),
- Health Liver Clinics (weekly);
- HIV/AIDS treatment and care;
- STI screening/treatment;
- Sex worker 'check ups';
- Pap smears, contraception, pregnancy testing, advice
- Mental health clinic;
- D&A counselling, assessment and referral;

#### **KRC** services cont.

- Methadone Access Program: 'low threshold' with intensive case management approach – has proven acceptable to 'high risk' PWID;
- Client support and activity groups; health promotion and community development activities
- Housing, social security and welfare assistance;
- Needle syringe program; needle clean-up service: 2 primary NSP sites and 9 secondary sites; 7 vending machines, 3 dispensing chutes;





#### Clinic 180 @ 180 Victoria St Potts Point

- Nurse-led L8 clinics, 1.30 9pm Mon Fri
  - General health assessment, advice and referrals to medical specialist and other relevant services
  - STI testing and treatment
  - HIV and hepatitis testing and vaccination
  - women's health checks including Pap smears and family planning advice
  - first aid and wound dressings
  - social welfare assistance and crisis counselling
  - drug and alcohol assessment, counselling and referral to drug treatment and rehabilitation, and
  - NSP, condoms

Outreach program: a bus (first in the world!) and onfoot, 7 nights a week – including joint outreach with peer organisations e.g. NUAA, Gender Centre and SWOP

- Youth outreach clinics using a clinic van: Wayside, Oasis, Mott, East Sydney High. the Shack weekly
- Special projects e.g. Aboriginal, drug overdose, POTTI
- Training: NSP & outreach for healthcare workers, as well as sharps management for commercial organisations
- Sentinel surveillance (drug trends and HCV) and public health research enabling an evidence based approach to the evolution of services in a timely way





#### Wider influence

- Publications including articles in peer-reviewed journals, text book chapters, monographs and commentaries, mostly focused on harm reduction, primary health care model, HCV epidemiology, prevention and treatment, opioid and psycho-stimulant substitution therapy, and HBV vaccination
- KRC staff have been advisors to WHO, AusAID, USAID and other international development organisations re STI/HIV prevention & treatment models among PWID and CSWs in Indonesia, China, the Philippines, Laos, Malaysia, Vietnam, and Central Asia
- KRC has also been represented on UN, national state ministerial and local community committees & NGO boards and management committees

# Advantages of the community-based integrated 'one-stop-shop', targeted primary health care model

- Has proven acceptable to vulnerable populations
- Able to comprehensively address complex needs
- Humane and compassionate in approach
- Less vulnerable to service stigmatisation
- · Politically robust and versatile
- Readily adaptable to emerging needs (eg. sex workers to drug use issues, methadone, HCV, cocaine, temazepam)
- · Professionally challenging and satisfying
- Efficient and effective

#### Special thanks to:

- The dedicated staff of KRC
- its socially marginalised clients for whom the service was established &
- The SESLHD executive, the Ministry of Health and the NSW Government, which have continued to support KRC over the past 26 years despite this area of work being potentially controversial...

