Future Melbourne Committee **Agenda item 7.2**

21 November 2023

Notice of Motion: Cr Dr Olivia Ball

Improving access to naloxone, a medicine that reverses opioid overdose

That the Future Melbourne Committee,

1. Noting:
   1.1. that there were 24 heroin-involved deaths in the City of Melbourne in 2022, the highest fatality rate of any municipality in Victoria;
   1.2. the World Health Organization's call to make naloxone and training in its use available to people likely to witness an opioid overdose;
   1.3. that naloxone is now widely available in many health systems including in the United Kingdom, Canada, United States, France, Italy and others; and
   1.4. that everyone has a right to the highest attainable standard of physical and mental health;
2. Asks management to:
   2.1. host a sector roundtable inviting representatives of the emergency services, relevant academic, medical, pharmaceutical, government and non-government bodies, and people who use drugs and their representative organisations, to identify the benefits of naloxone in the Melbourne context and, if effective, to explore opportunities to ensure naloxone is easily and freely available to people likely to witness an opioid overdose; and
   2.2. review current best practice worldwide and recommend actions by CoM, other level(s) of government and/or relevant agencies to improve access to naloxone in the Melbourne context;
3. Asks the Lord Mayor to write to the Victorian Minister for Health urging the government to publish, implement and resource without delay final guidelines for approved services, and their trained staff, to provide naloxone.

Background

Naloxone is a medication that reverses opioid overdose and can prevent death if administered in time. It can be injected or given as a nasal spray. It cannot be used to get high and has virtually no effect if given to someone who has not taken opioids.[1]

Naloxone is 'safe, effective and easy to administer',[2] but it needs to be readily available to be administered as soon as possible after an overdose is identified. A quick response can save a life.

Naloxone should be readily available to people who use drugs, to their friends and family and should be carried by police on the streets of Melbourne. Waiting for an ambulance can simply take too long.

1 ACT Government, 'Take Home Naloxone', <https://www.health.act.gov.au/about-our-health-system/population-health/take-home-naloxone>.
2 A. J. Lurigio, J. Andrus & C. K. Scott (2018). 'The opioid epidemic and the role of law enforcement officers in saving lives,' Victims & offenders, 13(8), 1055-1076.

The World Health Organization (WHO) says naloxone and training in its use should be made available to people likely to witness opioid overdose. People likely to witness opioid overdose include:

- people at risk of an opioid overdose themselves;
- friends and family of people who use opioids on a regular basis; and
- health-care workers, emergency services personnel, people providing accommodation to people who use opioids, and peer education and outreach workers and anyone whose work brings them into contact with people who are at risk of overdose.[3]

Melbourne has drug safety outreach workers patrolling the city streets every night, checking on people who may be using heroin, but they are currently unable to administer or distribute this life-saving medication.

Someone dies of opioid overdose every 2 weeks on average in the CBD, with 24 people having died in the City of Melbourne in 2022. The City of Melbourne now has the highest death rate from opioid overdose of any LGA in the state (see Table).[4]

Table 9: Annual number of heroin-involved overdose deaths in 12 LGAs that were most frequent locations for these deaths, Victoria 2013–2022.

LGA of fatal incident	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Yarra	11	11	19	20	16	26	17	9	11	14
Melbourne	12	16	12	7	15	13	10	14	9	24
Brimbank	12	7	5	13	19	10	15	17	8	19
Port Phillip	7	10	9	11	9	18	9	9	11	15
Greater Dandenong	6	4	11	11	11	10	14	9	10	7
Greater Geelong	6	6	4	12	6	10	12	5	10	7
Maribyrnong	1	7	9	5	9	7	5	6	5	14
Darebin	4	6	8	9	9	8	7	5	3	6
Merri-bek	2	3	5	4	8	9	8	5	3	9
Frankston	4	8	8	4	6	8	9	3	4	1
Knox	7	1	7	4	6	6	6	4	4	3

Further, we need to be ready for fentanyl to arrive in Melbourne: making naloxone free and accessible to everyone who is 'likely to witness an overdose' is critical.

The threat of Fentanyl

Fentanyl is a cheap, synthetic opioid that is about 50 times stronger than heroin.[5] A dose of fentanyl equivalent to the weight of 2 grains of salt is enough to be fatal.[6]

Fentanyl can come mixed with heroin and sometimes cocaine without the user's knowledge, making accidental overdose frighteningly easy.

---

3 World Health Organization, 'Opioid Overdose Factsheet' (4 August 2021) <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose>.

4 Coroners Court of Victoria, *Victorian Overdose Deaths 2013-2022* (8 November 2023) p14 <https://coronerscourt.vic.gov.au/sites/default/files/2023-11/CCOV%20-%20Victorian%20Overdose%20Deaths%202013%E2%80%942022.pdf>.

5 Advanced Recovery Systems <www.drugrehab.com/addiction/drugs/heroin/heroin-vs-fentanyl/>.

6 Australian Border Force, 'Fentanyl warning following Australia's largest detection of deadly opioid' (22 August 2022) <https://www.abf.gov.au/newsroom-subsite/Pages/Fentanyl-warning-following-Australia's-largest-detection-of-deadly-opioid.aspx>.

Fentanyl is causing mass overdose deaths in the US and Canada.[7] Illicit fentanyl was only detected in small amounts in Australia until December 2021, when over 11kg of pure powdered fentanyl was intercepted at the Port of Melbourne – more than 5 million potentially lethal doses of the drug.[8]

Fentanyl test kits are a low-cost means by which users can check the safety of their purchase in 5 minutes.

Take Home Naloxone

In recent years, naloxone programs have expanded around the world and been shown to save lives. Such programs typically involve the distribution of naloxone, plus training and education on how to resuscitate someone suffering an opioid overdose.

In Australia, naloxone is on the Pharmaceutical Benefits Scheme and in July 2022, the federal government instituted the Take Home Naloxone Program (THNP), which makes it available for free and over-the-counter, but only from a limited number of 'participating pharmacies', and many of them do not keep it in stock, so it's hardly an emergency option.

Pharmacies that are not part of the THNP charge for naloxone: $72 over-the-counter or $37 with a script.[9]

But outside of pharmacies, the federal THNP leaves states and territories to determine where else naloxone can be available and who can be an 'approved provider'. Approved providers are reimbursed by the Commonwealth when they dispense naloxone free of charge.

Approved providers cannot distribute naloxone to members of the public until the Victorian Government's Naloxone Distribution Guidelines are finalised. Draft guidelines were released in October 2022. It is unclear why a final version has yet to be issued. The THNP is effectively stalled in Victoria until the Guidelines are made available by the state Department of Health, while other states have succeeded in making naloxone available via the Commonwealth program.

Remove all barriers to a safe, live-saving medication

All levels of government need to work together to guarantee the free distribution and availability of naloxone. Unfortunately, Victorian legislation and regulations don't mirror the national THN program, making access to naloxone more restrictive, onerous and complicated than in other states. Currently in Victoria:

- providers need to be authorised under state law to participate in the THNP;
- Victoria Police are not authorised to carry naloxone or obtain it directly from a supplier – unless that supplier is part of THNP – which is a problem when police are first responders on the scene of an overdose;
- only specified and trained workers engaged by an authorised supplier may obtain naloxone from a supplier who is not part of THNP.

7 In the USA, 70,601 people died from synthetic opioid overdose – primarily fentanyl – in 2021 alone. National Institute on Drug Abuse <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>.
8 Australian Border Force, *op. cit*.
9 Australian Dept Health, 'Where to access naloxone' <https://www.health.gov.au/our-work/take-home-naloxone-program/where-to-access-naloxone>.

These restrictions unnecessarily limit access to people who use drugs and may have minimal contact with services; to their friends and family; residents or workers in areas where overdoses happen; and anyone who wants to be able to save a life should they come across someone experiencing an overdose. While training is desirable, it should not be a barrier to obtaining naloxone. Rather than limiting who can access this harmless, safe, life-saving, emergency medication, we should be making it as freely and readily available as possible.

Authorise police and firefighters to carry naloxone

While paramedics routinely administer naloxone, police officers are often the first, and sometimes the only, emergency responders at the scene of an opioid overdose.[10] US research has found that when police carry naloxone, opioid overdose fatalities are significantly reduced.[11] Further, when police carry and administer naloxone, it enhances their public safety role by building positive interactions with the community.[12]

The Western Australian Police Force has recently conducted a very successful 12-month pilot, in partnership with the Mental Health Commission of WA, in which police were trained in the use of intranasal naloxone and carried it. Of the 272 officers who undertook the training (which takes 30-45 minutes and can be delivered online), 23 witnessed an opioid overdose in the ensuing 12 months, and 16 of them administered naloxone at least once. On every occasion, the police intervention was successful and no-one died.[13]

Naloxone is very stable and keeps indefinitely (at least 12 years) and at almost any temperature. Many WA officers keep it in their glove-box.

Ninety-seven percent of officers in the WA trial agreed it was important or essential for police to carry naloxone.[14] They found the training valuable – in understanding that naloxone has no adverse effects and giving them confidence to use it – and they were glad to be able to do more when encountering an overdose. They believed all WA police should be trained in and supplied with naloxone. Said one officer:

> "They should roll it out agency wide … I can only see a benefit. I'm really grateful that my team were invited to be part of the pilot, because it's really been very, very positive when you can actually do something good, because a lot of policing these days is … is quite negative and we don't get that good feeling sometimes after being in a job."

Another said, "It gave me confidence [that] administering naloxone would actually save her life … and that's exactly what happened."[15]

The Victorian Government has the power to include police as 'approved workers' who may 'obtain, possess and supply Schedule 3 naloxone' as per the *Victorian Government Gazette* G14, 6 April 2023.[16]

10 S. Agramunt & S. Lenton (2023). 'Evaluation of the Western Australian Police Force Naloxone Pilot,' National Drug Research Institute and enAble Institute, Curtin University. p1 <https://ndri.curtin.edu.au/ndri/media/documents/publications/UP47.pdf>.

11 J. Rando, D. Broering, J.E. Olson, C. Marco & S.B. Evans (2015). 'Intranasal naloxone administration by police first responders is associated with decreased opioid overdose deaths,' *The American Journal of Emergency Medicine*, 33(9), 1201-1204.

12 Agramunt & Lenton, *op cit*. p1.

13 *Ibid*. p2.

14 *Ibid*. p3.

15 *Ibid*. p5.

16 Pages 532-533 <https://www.gazette.vic.gov.au/gazette/Gazettes2023/GG2023G014.pdf>.

Harm reduction dispensing machines

With the benefit of international precedents, and experience closer to home in the municipalities of Yarra and Maribyrnong, we ought to trial providing dispensing machines in locations accessible 24 hours/day to freely dispense naloxone alongside clean needles and syringes and, potentially, fentanyl testing kits.

Many people who use drugs experience stigma and discrimination in pharmacies and other mainstream healthcare settings[17] and would benefit from being able to access naloxone without having to enter a pharmacy or speak to a pharmacist. Providing 24-hour access to naloxone close to where overdoses are occurring is vital.

Free naloxone dispensing programs are expanding around the world, especially in countries where fentanyl has taken off, and have been shown to save lives. Many cities in the US, including Chicago, Philadelphia, San Francisco and San Diego, make naloxone freely available via dispensing machines or 'kiosks' in public places such as on university campuses, outside police stations, fire stations, in public squares and in gaols.

Some cities use custom-designed dispensing machines than can provide touch-screen naloxone training or invite users to complete an optional survey to gather data on who is using the machines. Alternately, a county in Kentucky has simply repurposed snack vending machines with the payment function disabled.[18]

Chicago dispenses intranasal naloxone from 'small boxes on the wall' in all 81 of its municipal libraries and has trained more than 300 of its librarians plus other council officers in overdose prevention and naloxone use.[19]

In Melbourne, 24-hour access to such machines would be preferable to anything that is inaccessible outside of library opening hours. They should also be put in discreet locations at or close to where drug harm is greatest; and where the machines are under cover and exposed to minimal direct sunlight.

17 A 2018 study in NSW found that 70% of people who inject drugs had experienced negative treatment by health workers. UNSW, *Stigma Indicator Monitoring Project: People who inject drugs* <https://www.unsw.edu.au/content/dam/pdfs/unsw-adobe-websites/arts-design-architecture/ada-faculty/csrh/2021-06-Stigma_Indicators_Summary_IDU_and_Hep_C_phase_2.pdf>.

18 C. McGreal, 'Vending machines with lifesaving drug grow as opioid crisis rages in US', *The Guardian* (29 January 2023) <https://www.theguardian.com/us-news/2023/jan/29/narcan-naloxone-us-vending-machines-opioid-crisis>.

19 O. Ball, 'Post travel report: Partnership for Healthy Cities Summit on non-communicable disease and injury prevention, London, March 2023', Report to FMC (16 May 2023) p9 <https://www.melbourne.vic.gov.au/about-council/committees-meetings/meeting-archive/meetingagendaitemattachments/1022/18109/may23%20fmc2%20agenda%20item%207.1.pdf>.

In the City of Yarra and City of Maribyrnong, community healthcare provider cohealth is already host to what the Penington Institute calls 'secure dispensing units' (SDUs), that make clean needles and syringes available even when a Needle and Syringe Program is closed.[20] These machines are placed outdoors and under cover, and collect small amount of data about people using them (gender, age and postcode).[21] As the Penington Institute says, "There are several styles and models [of SDUs]. They are usually unremarkable metallic units that stand alone or are wall-mounted. They do not advertise their contents."[22] Research has shown that,

> "it is the intended audience (i.e., injecting drug users) that accesses them. A range of strategies ... decrease the likelihood that members of the general public, including children, will access the machines. These include the unremarkable design of the machines, placement of machines in discreet locations and targeted promotion of SDUs."23

Bloomberg Philanthropies' Partnership for Healthy Cities, of which the City of Melbourne is a member, assisted San Francisco to provide free naloxone dispensing machines.[24]

Mover: Cr Dr Olivia Ball

Seconder: Cr Elizabeth Doidge

20 See Penington Institute (2015), *Secure Dispensing Units: A guide for Victorian needle and syringe programs.*

21 Cohealth, 'Syringe dispensing units are now available' (2018) <https://www.cohealth.org.au/news/syringe-dispensing-units-at-cohealth/>.

22 Penington Institute (2014), 'Substance and Reason: Secure Dispensing Units' p1 <https://www.penington.org.au/wp-content/uploads/2022/10/What-are-Secure-Dispensing-Units_Penington-V02-28-April-2014.pdf>.

23 *Ibid*. p2.

24 Ball, *op cit*. p10.