



Dear [REDACTED],

RE: Request from Lateline for updated figures regarding impact of Oxycontin formulation change at the Sydney Medically Supervised Injecting Centre (MSIC).

Background:

The Sydney Medically Supervised Injecting Centre (MSIC) is the only supervised injecting centre in Australia, and has been operating continuously for the last 13 years. The aims of our service are to reduce death and injury associated with drug overdose, widen our contact with a marginalised population of people injecting drugs in the local area, refer them on for treatment and care, and reduce the risk of blood borne virus transmission. After extensive evaluation of this service, as well as many peer reviewed articles in the scientific literature, there is clear consensus of the benefits of supervised injecting facilities. They have been shown to save lives and do so without negatively impacting on crime rates or drug use. They are an example of an evidence based response, and just one of a range of services needed. The Sydney MSIC is widely supported by all relevant medical and research institutions across the region, including AMA (NSW), Royal Australian College of Physicians, Royal Australian College of General Practitioners, Royal Australian New Zealand College of Psychiatry, Australia College of Emergency Medicine, the National Drug and Alcohol Research Centre, the National Drug Research Institute, the Kirby Institute, National Centre in HIV Social Research and National Centre on Education and Training in Addiction.

The Sydney MSIC enables real time data collection, and in this way we have been able to provide an 'early warning' system in relation to changes in the drugs being injected onsite. We have seen increasing use of pharmaceutical opioids, and Oxycontin specifically, for some years. In the lead up to the formulation change being introduced in Australia we actively worked with our clients raising awareness about the issue. We were proactive in telling people that the new formulation was coming, that it was very difficult to inject and carried greater risks – and we provided clear and consistent advice for people not to inject. We also set up an onsite recording system so that all clients attending to use Oxycontin were asked specifically which type of tablet they had, a procedure for information exchange occurred, and our staff recorded client outcomes.

Current issue:

We must be mindful that we only have immediate data available, given the formulation change occurred in April 2014. Clearly, evidence needs to continue to be collected in order to determine longer terms impacts, and any trends need to stabilise before assumptions can be made about longer term implications.





Early data:

In the early weeks of April we were able to convince all clients attending MSIC with the new formulation not to inject it. By about the third week of April we then started seeing the first people who we could not convince, and who proceeded to attempt injection. In the first handful of cases, this was unsuccessful from their point of view – meaning they either threw away the final solution or they swallowed it. Swallowing is clearly preferable for us, as it clearly carries less risk.

In the last two months we are seeing small numbers of people who seem to have found a way to 'successfully' prepare the new formulation for injection. This ranges from 4-17 per week. They are reporting that the effects are comparable to the early formulation. These numbers are quite small, and it is too early to tell if they will continue to increase or may stabilise or even decrease.

So overall, there is a very distinct reduction in Oxycontin injection onsite at MSIC. And these numbers are still trending downward – that is, each week the number of presentations with the old formulation is lower than the previous week. Where we used to have in the order of 800 visits or more per week for Oxycontin injection, we now have in the order of 50. However, we are seeing an increase in other drug use, including morphine, heroin and fentanyl. The numbers of injections of heroin and morphine are trending upwards at this point, 2 months after the introduction of the 'abuse resistant' formulation of Oxycontin.

The table below shows the average weekly visits to injection heroin, morphine and fentanyl for the 9 weeks before formulation change, and for 13 full weeks after the formulation change.

	Pre-formulation change – average weekly visits over 9 weeks Jan-March 2014	Post formulation change – average weekly visits over 13 weeks April – June 2014
Heroin	236	324
Morphine	48	146
Fentanyl	4	13

Given our reduction in number of visits, you would expect to see a corresponding decrease in numbers of overdoses treated onsite. Instead, we have actually seen an increase. This is because of the increased overdose risk associated with both heroin and fentanyl injection when compared to Oxycontin injection. The following is the equivalent table for above time lines, but for overdose numbers:





	Average weekly count over 9 weeks Jan – March 2014	Average weekly count over 13 weeks April – June 2014
Overdoses treated successfully onsite	8.6	10.1

Of concern to us is that heroin and fentanyl carry higher overdose risks than Oxycontin. And indeed, in line with this, we have seen our rates of overdose increase onsite. While in this setting we are able to intervene immediately and successfully, (and there has never been an overdose death here, or indeed at any supervised injecting facility), this is not the case outside a supervised injecting environment. Given we are already seeing an increase in fentanyl related deaths in Australia, anything that could drive this number higher would clearly be disturbing.

These early data appear to be consistent with what has been seen overseas, such as in the US, where use of, and overdose deaths related to heroin and fentanyl at least anecdotally increased after the introduction of the abuse resistant formulation.

The National Opioid Medications Abuse Deterrence or NOMAD study has been established, and is tasked with investigating the effects of the new formulation on the market. Specifically one of the study questions is around the long-term clinical outcomes among a group of regular pharmaceutical opioid users who report extra-medical use –this will be particularly important for our clients.

I don't believe there is any easy answer to the question of the best way forward in relation to the availability or otherwise of generic Oxycodone on the Australian market. Clearly the NOMAD study, and further data from the Sydney MSIC may be just some of the data sources that assist with deliberations. I think our early data showing a significant decrease in injection of Oxycontin is encouraging. However I would really caution that we need to clearly be looking at population impacts, and whether or not accidental opioid overdoses increase or decrease overall. Clearly the Sydney MSIC in no way condones or approves of the misuse of pharmaceutical opioids. As a harm reduction health service, we feel that clear evidence of reduced overall harms would be essential before supporting any particular policy approach.

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