

The Sydney Medically Supervised
Injecting Centre:
the first 5 years

Background

At least 78 supervised injecting facilities already established in Switzerland, Germany, the Netherlands, Spain, Australia, Canada, Norway and Luxembourg, mostly in urban areas where "Open Drug Scenes" had developed in association with concentrated supply of drugs eg. in "red light" districts and/or at major railway terminals since 1986.

Their establishment acknowledges the need for a balanced approach to managing public health and public order problems that arise from street-based injecting at a community level.

- May 1999: One of 172 resolutions passed by the NSW Parliamentary Drug Summit was that "a tightly controlled trial of medically supervised injecting rooms in defined areas where there is a high prevalence of street dealing in illicit drugs" be conducted.
- Nov 1999: legislation passed by NSW government to enable the establishment of a medically supervised injecting centre for 18 months, to be comprehensively evaluated by an independent team of researchers.
- 6 May 2001: MSIC opened in Kings Cross, under the auspices of *UnitingCare*
- June 2002: trial extended to October 2003.

Supervised Injecting Facilities

An extension of the Needle Syringe Program

Final Report of Royal Commission into the NSW Police Service tabled (Justice James Wood 1997):

"At present, publicly funded programs operate to provide syringes and needles to injecting drug users with the clear understanding that they will be used to administer prohibited drugs. In these circumstances to shrink from the provision of safe, sanitary premises where users can safely inject is somewhat short sighted. The health and public safety benefits outweigh the policy considerations against condoning otherwise unlawful behaviour."

(Justice James Wood)

Public Health aims

- ◆ Reduced morbidity and mortality associated with drug overdoses
- ◆ Reduced transmission of blood borne infections including HIV, hepatitis B & C
- ◆ Earlier and increased engagement with high risk street-based injecting drug user (IDU) population (“net-widening” effect)
- ◆ Enhanced IDU access to relevant health and social welfare services, including drug treatment and rehabilitation

Public Order aims

- ◆ Reduced street-based injecting
 - ◆ Reduced needle syringes discarded in public places
- = improved public amenity

Clinical service model

- Operated for 60 hours a week during initial 18 month trial period; increased to 80 hours a week in early 2003
- Professionally qualified and experienced staff
 - Medical director + clinical services manager (p/t)
 - 4 registered nurses, 4 counsellors
 - case referral coordinator and
 - a security guard on duty each session
- 3 stage custom-designed service
- "other" services limited
- integrated with other health and social welfare services in the area

Three service stages

I. Reception

- client assessment room

II. Injecting Room

- 8 injecting booths (2 IDUs per booth)
- resuscitation room

III. After Care Area

- health information
- counselling room

Av. visits/day: 220

Av. visit time: 30 minutes

























Summary of initial 18 month MSIC evaluation findings

The Sydney MSIC proved feasible; made contact with the target population; prevented deaths; made referrals to drug treatment programs; had no negative effect on public amenity; had not attracted additional IDUs or drug-related crime to the area; had high levels of community support (78% of local residents, 63% of local businesses) and had a potential rate of return to the community comparable to some other widely accepted public health measures i.e. \$2 for every \$1 spent at current levels of utilisation.

Existing legislation amended by NSW government to extend trial for a further 4 years to October 2007.

Clinical activity data
- to the end of April 2006

IDU population and "net-widening" effect

- 8,912 IDUs registered to use the MSIC in the first 5 years
- The majority hadn't previously used any of the other low threshold/harm reduction services in KX at the time of first visit to the MSIC

Demographic profile

- 74% male; median age: 31
- 10% Indigenous; 7% NESB
- 41% didn't complete secondary school; 9% entered tertiary education
- < 30% part or full time employed
- 9% involved in prostitution in last month
- One third dwell in unstable accommodation
- Majority spent the night before in KX area
- Most common reason to be in KX was to buy drugs

Demographic profile cont.

- Median age at first IDU: 18
- Median duration of injecting: 12 years
- Heroin is drug of choice for > 50%
- Cocaine for 20%
- 40% inject at least daily
- 40% have history of drug overdose
- 60% previous access to drug treatment program/s
- 23% previously incarcerated

Predictors of frequent MSIC attendance

- Not having completed high school education
- Involvement in sex work in the last month
- Daily or more frequent injection
- Having injected in public at least once in the last month
- Duration since MSIC registration

[A. Salmon et al, 2006]

Drug overdose cases

- 1752 overdose cases treated on site
- 92% heroin or "other opioid"-related
- No emergency ambulance transportation needed; no fatalities to date
- Some of these overdoses would have otherwise resulted in death
- Most would have resulted in morbidity
- Overdose intervention at MSIC significant - also preventative in other situations

MSIC as a "gateway" to drug treatment and other services

- IDUs referred on 5380 occasions; 2360 referrals to drug treatment and rehabilitation services
- Referrals to drug treatment services increased 78% in the 12 months following the creation of a Case Referral Coordinator position (Oct 2004)

Unique insights

- MSIC provides a sensitive and timely early warning system re drug trends, changes in purity and injecting risk behaviours
 - ◆ Temazepam gelcaps & other pharmaceuticals
 - ◆ "Brown" heroin
 - ◆ Heroin overdose research

MSIC conducts regular health promotion campaigns aiming to change behaviours among IDUs at other times in other environments
Among other IDUs = Public Health effect

Public amenity

- 309,529 injecting episodes occurred at the MSIC that would have otherwise occurred elsewhere - all injecting equipment used was disposed at the MSIC
- Serial community surveys confirm reduced visibility of injecting and associated paraphernalia

The "honey pot" effect?

In the 5 years (to end 2004):

- 30 - 40% decrease in all drug-related crime categories in KX
- 40% reduction in injecting equipment dispensed in KX
- 84% decrease in ambulance callouts to heroin overdose cases in KX

These are all indicators that drug-related activity in KX has not increased since the MSIC

Community & political support

- Serial random telephone polling continues to show high and increasing support for the MSIC among both local residents and businesses.
- MSIC support particularly high among those resident in KX > 5 years (80%)
- Support among local businesses has increased from 58% pre-MSIC to 68% in late 2005
- There has been ongoing multi-partisan support for the MSIC among politicians representing KX area at local, state and federal levels of government

In conclusion

- The MSIC is achieving its aims from a health service perspective
- The MSIC urges all state politicians to:
 - ◆ approach their decision regarding its future in a non-partisan way
 - ◆ consider the evidence and
 - ◆ reserve their decision until the tabling of the final independent evaluation report in 2007