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Injecting Room Up and Running in Sydney

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Government Initiated 18 Month Trial of a Medically Supervised Injecting Facility, Kings Cross, Sydney

I have been a cautious supporter of the concept of an injecting centre for Sydney for some years since learning of their widespread success in reducing overdose deaths in Switzerland. The Uniting Church is the official provider while the New South Wales government enacted the legislative framework. The finance comes out of funds confiscated from convicted criminals. The trial involves the Church, Health, Police and Premier's departments, along with the University of NSW, whose experts will evaluate the results.

By the end of the second month, the centre had registered over 600 injectors, accommodated almost 1500 injecting episodes and managed 17 drug overdoses that would have otherwise occurred in unsupervised and therefore less safe circumstances. Hours of operation are now 12 noon to 4pm and 6pm to 10. While some had wanted longer hours of operation, the current budget only allows for an 8 hour schedule.

The service is housed in a large shop-front, using three sections with exit at the rear street where users can leave anonymously. The main ground level sections are staffed by one or two health professionals. The registration/reception also has a private interview room; the injecting room, with a dozen or so wall mounted 'booths', also has an adjacent resuscitation room while the rear observation room also has a bathroom. The decor is very smart with tasteful use of shiny surfaces and stainless steel. There is a pleasant administration and staff area upstairs with careful security being in evidence throughout. The place is reminiscent of the high-tech "Track" clinic in New York's Bronx - and the caring, professional ambience is also comparable. "Track" is an experimental, federally funded methadone clinic which was established to see if extended facilities could improve outcomes over standard methadone clinics (it did not permit injecting on-site!).

The main stimulus for the 'courageous' political decision to permit a medically supervised injecting room was the ever-increasing heroin overdose death rate. Prior to the last state election, there was added public outrage by a Sunday newspaper front page photograph of a '12 year old' injecting himself in a back lane in Redfern. This prompted Premier Bob Carr to announce that after the election he would convene a 'drug summit' if he were re-elected. It was this community forum which voted for the trial of an injecting room. Parliament accepted this and put it into legislation. The short-lived operation of an un-sanctioned injecting facility run by local doctors and concerned citizens in the Wayside Chapel increased the government's resolve to proceed.

Experts believe that two important contributors to overdose deaths are haste and isolation. Seasoned drug users have told me that with an injecting facility, illicit drug use is totally different for a number of reasons. Fear of detection by the authorities is just as great as fear of the drug being stolen by other 'predatory' users. The fear of detection encourages the user to inject alone, meaning that timely help is less likely to arrive should overdose occur. Hence when haste, impatience and the unpredictability of the street are removed, much of the danger dissipates. When medical assistance is added, these risks drop yet further.

The injecting room concept removes these two risk factors so that, with more security, and with less panic and haste, a drug user is able to exercise more careful judgement in self-injecting (the staff can advise on injecting practices but do not assist injecting). Even if no overt overdoses were treated in this trial, there still may well have been lives and limbs saved. For each fatality there are numerous non-fatal incidents in which a variety of medical complications can occur from pneumonia to amputations. And such complications add to the health costs borne by society generally. While this service, like needle services, accepts drug users non-judgementally, there is no overt 'message' that drug use is acceptable or recommended. Moderation, supervision, prevention and treatment are constant messages from the staff, posters and brochures in the centre. Indeed, the very existence of the centre with its medical resuscitation gear in evidence, underlines the enormous risks involved with injecting drugs.

Pregnant women are excluded, as are those under 18 years of age, intoxicated clients and those who are looking after children. Such people are referred to existing facilities as appropriate in the area. Injecting into

the neck veins is banned but there are no other specific rules on injecting.

The local amenity seems not to have been affected adversely. I interviewed a number of local shop keepers who were mostly positive in their comments, reporting no increase in drug dealing, loitering or related incidents. A neighbour to the injecting centre raised a number of objections and placed a surveillance camera aimed at the entrance to the injecting centre. This shop was full of customers both times I tried to re-interview staff there. Such misgivings and expensive precautions would seem unnecessary since the centre employs a security guard who patrols the street frontage. Legal action by the Chamber of Commerce delayed the opening of the centre. It was lost and it was reported that an appeal has now been dropped.

The most interesting issue for me is a conceptual one - there is a complete about-face regarding the position of citizens who choose to inject illicit drugs. Since the opening of the centre, residents can say something useful to drug users "There is now a free facility to help drug injectors". Previously, there was little but sympathy, frustration and sometimes anger we could offer drug users.

While this research trial is aimed at saving lives it also may have other benefits, some of which are already becoming apparent. Up to 30% of users have taken up advice regarding treatment, including buprenorphine, methadone and detoxification. This vulnerable user group is likely to include a proportion of isolated folk who otherwise may not be exposed to treatment options.