The Medically Supervised Injecting Centre - the first 7 years

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Background

At least 76 supervised injecting facilities are 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.

Background

- Kings Cross has been the epicentre of the street-based sex and illicit drugs industries in Australia since early 1970s; growing population of homeless injecting drug users (IDUs)

- Proliferation of illegal “shooting galleries” since 1990

- High prevalence of heroin-related overdose deaths: 100 per annum; 10% of all deaths in Australia

- High concentration of heroin overdoses: in 1999 more than 50% of ambulance call-outs (n=677) within 100 metres of where the Sydney MSIC is now located

Background cont.

- High and increasing levels of community support for Supervised Injecting Facility (SIF) approach: telephone polls x 4, 1997 - 2000: 70 - 76 % support

- Support mostly driven by public health (vs. public order/amenity) concerns

- Multi-partisan political support at the local area level: Local, State and Federal Government Members of Parliament representing Kings Cross area all supportive

Final Report of Royal Commission into the NSW Police Service

Recommendation in response to closure of illegal “shooting galleries” involved in drug supply:

"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, 1997)

NSW Parliamentary Drug Summit, 1999

One of 172 resolutions:

"The Government should not veto proposals from non-government organisations for a tightly controlled trial of medically supervised injecting rooms in defined areas where there is a high prevalence of street dealing in illicit drugs, where those proposals incorporate options for primary health care, counselling and referral for treatment, providing there is support for this at the community and local government level. Any such proposal should be contained in a Local Community Drug Action Plan developed by local agencies, non-government organisations, volunteers and community organisations".

Time line

Nov 1999	NSW Parliament passes *Drug Summit Legislative Response Act* allowing one MSIC for 18-month trial period in state of NSW
Oct 2000	Uniting*Care* (religious NGO) successfully applies for operating licence; responsible authorities: NSW Police Commissioner and Director-General of NSW Health
May 2001	Sydney Medically Supervised Injecting Centre (MSIC) opens

MSIC's Public Health goals

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

MSIC's Public Order goals

- Reduced street-based injecting
- Reduced needle syringes discarded in public places

= improved public amenity

Clinical service model

- Operating 80 hours/7 days a week since early 2003
- Professionally qualified and experienced staff

  Medical director + clinical services manager (p/t)

  4 registered nurses, 4 counsellors

  1 full time 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: 200; av. visit time: 35-40 minutes


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66


10
9
SHARPS - AIDE


EXIT
NO


14 KELLET ST
24HR ACCESS
KEEP CLEAR
TOW AWAY
ZONE
Talk of the Town

Summary of findings of the 1st (18-month) evaluation period

The Sydney MSIC proved feasible; made contact with the target population; prevented several 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 and had a potential rate of return to the community comparable to some other widely accepted public health measures.

Existing legislation amended in September 2003 by NSW Government to extend trial for a further 4 years to 31 October 2007.

Clinical activity data

- the first 7 years

(to the end of April 2007)

IDU population and “net-widening”

- 10,514 IDUs registered to inject drugs at the MSIC
- The majority (72%) hadn’t previously accessed other low threshold/harm reduction services in Kings Cross at the time of first visit to the MSIC

Demographic profile

- 74% male; median age: 33
- 10% Indigenous; 7% NESB
- 73% didn't complete secondary school
- 61% social security = main income source
- 8% involved in prostitution in last month
- 24% homeless
- 23% recently incarcerated
- Majority spent the night before in KX area
- Most common reason to be in Kings Cross was "to buy drugs"

Demographic profile cont.

- Mean age at first drug injection: 19 years
- Mean duration of injecting: 14 years
- Drug injected most in the last month - heroin: 51%; meth/amphetamines: 20%; cocaine: 12%
- 40% inject at least daily
- 35% report history of drug overdose
- 60% previous access to drug treatment (13% currently in methadone treatment)
- 17% shared injecting equipment in the last month (7% needle syringes)
- 2% HIV and 42% hep C pos

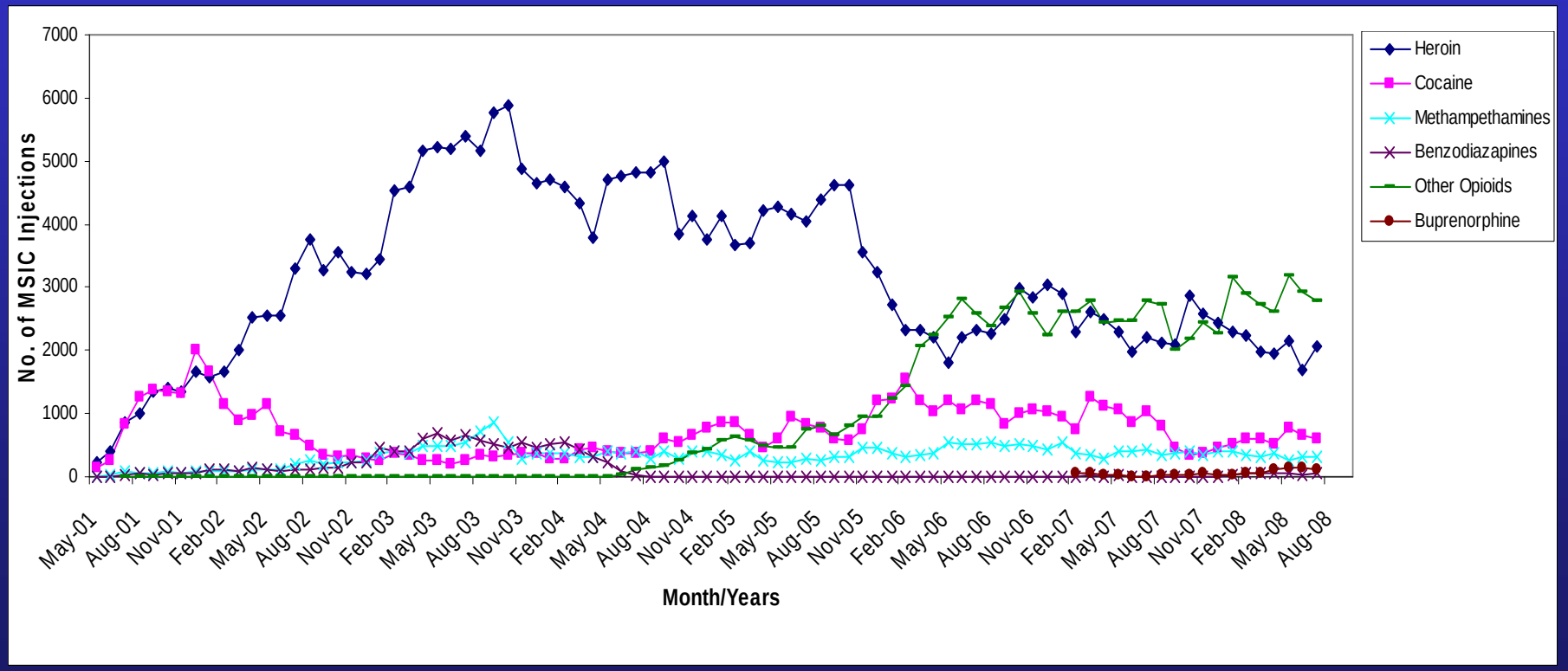
Predictors of frequent attendance

- Not having completed high school
- Involvement in sex work in the last month
- Daily or more frequent injection
- Having injected in public at least once in the last month
- Being a client of KRC (PHC service)

A. Salmon et al, 2006

- Range of drugs injected at MSIC includes: heroin: 62%, cocaine: 15%, non-heroin opioids: 12%, meth/amph: 6% and benzodiazepines: 3%
- Wide fluctuations over time, supply-driven

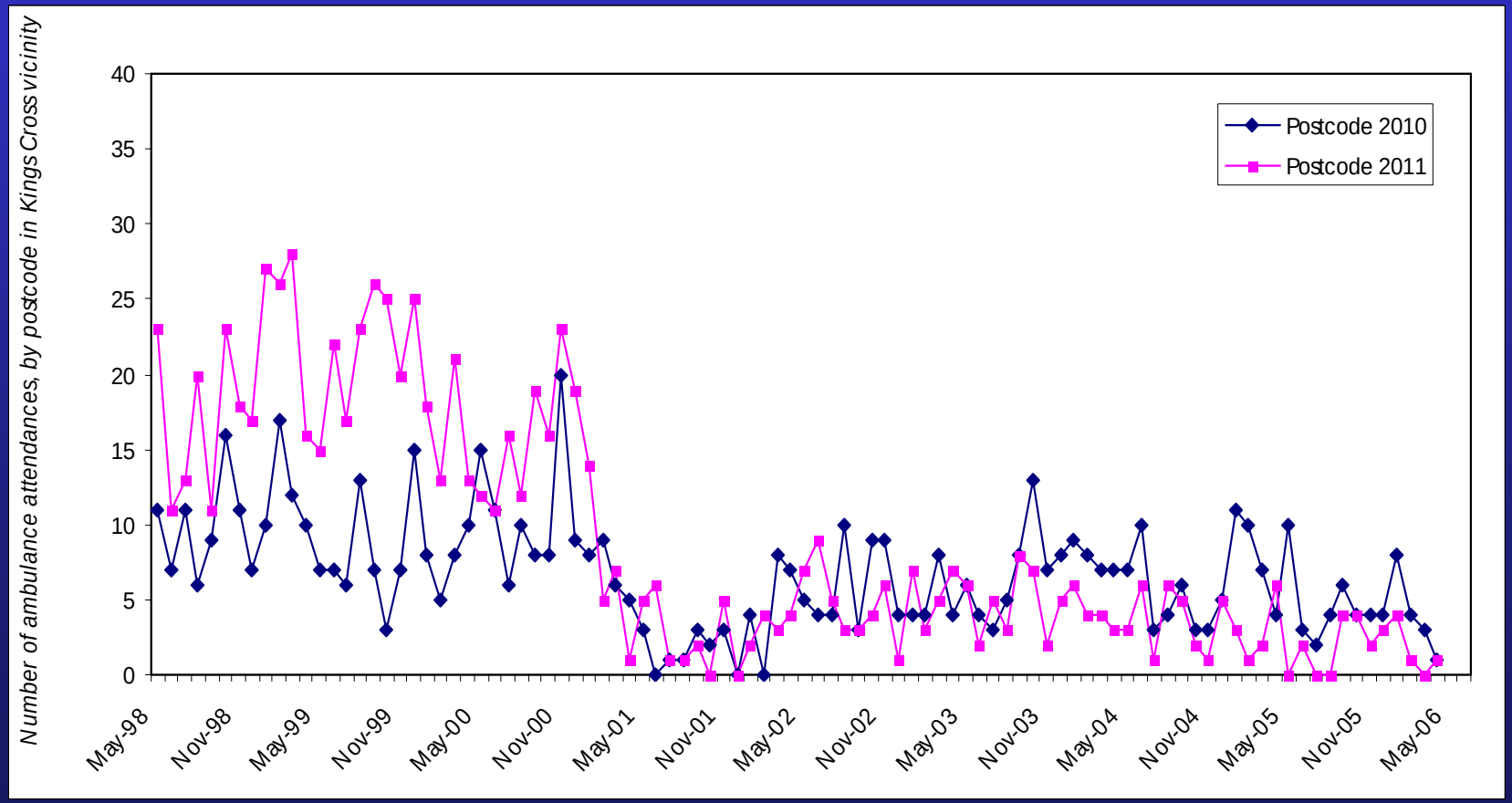
Number of injections supervised at the Sydney MSIC, by drug type. May 2001 – July 2008



Drug overdose cases

- 2,258 overdose cases treated on site; no emergency ambulance transportation needed; no fatalities to date
- 93% heroin or “other opioid”-related, 4% cocaine toxicity, 3% benzodiazepine-related
- Opioid overdose diagnosed according to standard medical definition; oxygen saturation and Glasgow Coma Scale provide objective indicators of overdose (versus “on the nod”)
- Some of these overdoses may have otherwise been fatal
- Most would have resulted in level of morbidity
- Overdose intervention at MSIC significant (pre and post-OD counselling etc) - potentially preventative in other situations = public health effect

Decreases in ambulance callouts to opioid overdoses in 2011 (80%) cf 2010 (45%) post code



Safer injecting and BBI prevention

- 463,777 occasions wherein clean injecting equipment was provided to 10,514 IDUs to inject drugs under “supervision” of health professionals in controlled clinical environment = multiple brief interventions
- Vein care and safer injecting advice provided on 21,779 occasions
- Fortnightly Health Promotion campaigns
- Safer Injecting Workshops
- Clients report improvement in injecting techniques over time

MSIC as a “gateway” to drug treatment and other services

- 17% of client base (n=1722) referred to relevant health and social welfare services on 7,080 occasions
- 44% to drug treatment and rehabilitation services
- Referrals to drug treatment services increased 93% in the 12 months following the appointment of a Case Referral Coordinator (Oct 2004)
- Brokerage arrangement introduced to overcome financial barriers; rate of presentation to treatment service: 84%

Referrals to Drug Treatment

- 34% - Drug detoxification programs
- 21% - Buprenorphine
- 17% - Methadone
- 17% - Drug counselling services
- 9% - Residential rehabilitation services
- 2% - NA and other self-help
- 1% - Naltrexone

Predictors of referral: living locally, daily injecting, h.o. public injecting, previous treatment and KRC client (vs > 6 yrs injecting, meth/amph use)

33% of those referred had never accessed Drug Tx before

Unique insights

MSIC has provided a sensitive and timely early warning system re drug trends, changes in purity and injecting risk behaviours eg Temazepam gelcaps & other pharmaceuticals; “brown” heroin

SIF environment also provides an unique opportunity to gain better understanding of injecting practices and evolution of drug overdose

Public amenity

- 463,777 injecting episodes occurred at the MSIC that would have otherwise occurred elsewhere – all injecting equipment used was safely disposed at the MSIC
- Serial community surveys confirm reduced visibility of injecting and associated paraphernalia in public
- 48% decrease in average monthly needle syringes collected in local environs by KRC needle clean-up service

The “honey pot” effect?

In the 5 years (to end 2005):

- 30 – 40% decrease in all drug-related crime categories in Kings Cross in line with rest of NSW related to heroin shortage
- 40% reduction in injecting equipment dispensed in Kings Cross
- 80% decrease in ambulance callouts to heroin overdose cases in Kings Cross (60% in the rest NSW; 45% neighbouring suburb)

= indicators that drug-related activity in Kings Cross 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 increased: from 68% pre-MSIC to 73% in late 2005 among local residents (80% among residents in KX > 5 years)
- Support among local businesses has increased from 58% to 68%
- Ongoing multi-partisan support for the MSIC among politicians representing area at local, state and federal levels of government

2nd phase evaluation findings (2001 – 2007)

The MSIC:

- successfully reached a marginalised population of IDUs;
- demonstrated considerable demand for the service;
- is likely to have reduced the morbidity and mortality associated with drug overdose events had they occurred elsewhere;
- provided an environment where IDUs…received appropriate care and early intervention, without the need to access ambulance services…may have freed ambulance services to attend other life-threatening callouts within the community;
- acted as a "gateway" to drug treatment, particularly among most high risk and treatment naïve IDUs;
- prevented public injecting episodes;
- didn't increase drug-related activity in the area;
- continues to have high and sustained support among local residents and businesses in Kings Cross.

7 June, 2007, the NSW Health Minister announced:

…the findings of [the] independent evaluations clearly show that the Centre is having an impact in reaching a group of marginalised long term injecting drug users who have not previously sought or successfully completed drug treatment. The Centre is keeping people alive and increasingly getting them into treatment. It is clear from the independent and final evaluation report released today that the Trial is meeting the NSW Government's objectives…that the MSIC's operating licence would be extended a further 4 years (to end Oct 2011); that it is a legal requirement that the facility operate for *medical and scientific research purposes*; that if the Centre's utilisation falls below 75 per cent of current daily levels a formal review will be triggered into the economic viability and need for the Centre.

Enabling legislation was subsequently passed by NSW Parliament.

Strengths and challenges

- Well-resourced professional clinical model which has proven to be acceptable to target population
- Continuing high levels of support among local community
- Ongoing trial status despite weight of evidence that service objectives are being met - justified by concerns that MSIC may contravene UN drug control treaties
- However, ongoing trial status ensures that MSIC remains politicised (trial periods end 6 months after political terms)
- Implication that service hasn't proven its worth also affects public opinion and staff morale

Strengths and challenges cont

- Stand-alone nature within non-government sector and ongoing trial status also affects ability to undertake other public health research and to extend service model (eg adding outreach component), and integrate with other services, limiting ability to case manage clients also affecting continuity of care and professional satisfaction.

- In contrast to mainstream health services, MSIC subject to serial economic evaluations (3 to date) implying that this clientele less deserving/unworthy

How much “evaluation” is enough?

- There is now a large body of evidence that SIFs work

- Noted by Charlie Lloyd (IJDP 2007) that the SIFs that have been the most evaluated i.e. Vancouver and Sydney, are the only SIFs that continue to be trials despite the evidence of their effectiveness

- Recent journal editorials by Maher & Salmon (DAR, 2007) and Strathdee & Pollini (Addiction 2007) have suggested that given the evidence available at this stage, governments should admit that continuing trial status can only be for political reasons, also questioning the ethical implications of researchers being involved in such evaluations

Future outlook for SIFs in Australia

- Advocacy for establishing SIFs elsewhere has waned since national heroin shortage, however things can change, sometimes quickly, often unpredictably; besides, SIFs target injecting-related harms and are not substance-specific

- Recommend that federal or state jurisdictions pass enabling legislation and allow local government to authorise after gauging community support so that affected areas can respond in a timely way should the situation change

= local solutions to local problems approach

Majority community support while desirable, shouldn't be essential

Reports and Links

- Interim Evaluation Report No 1: *Operation and Service Delivery* (November 2002 to December 2004), May 2005.
- Interim Evaluation Report No 2: *Evaluation of Community Attitudes towards the Sydney MSIC,* March 2006.
- Interim Evaluation Report No 3: *Evaluation of Client Referral and Health Issues,* March 2007.
- Interim Evaluation Report No 4: *Evaluation of service operation and overdose-related events,* June 2007.

http://www.nchecr.unsw.edu.au/NCHECRweb.nsf/page/Publications

- Crime and Justice Bulletin 195, Recent trends in property and drug-related crime in Kings Cross (Nov 2006) http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/pages/bocsar_pub_byyear

Acknowledgements

Uniting*Care* NSW. ACT

Staff and clients of the MSIC

Evaluation team: Allison Salmon, Assoc Lisa Maher, Prof John Kaldor, National Centre in HIV Epidemiology and Clinical Research