

Preference to have used a medically supervised injecting centre among injecting drug users in Kings Cross, Sydney

Abstract

Objective: To assess factors affecting preference to have last injected in a medically supervised injecting centre (MSIC) among injecting drug users (IDUs) attending a needle syringe program (NSP) in Kings Cross, Sydney.

Methods: All NSP attenders over a two-day period in August 1999 were asked where they last injected, whether they injected alone and if they would have preferred to use an MSIC. This was in addition to the routine data collected, which included age, gender and last drug injected.

Results: Among the 178 respondents, 52 (29%) last injected in a public place and 77 (44%) last injected alone. Seventy-one per cent of all respondents would have preferred to use an MSIC. Of those who injected in public, 83% would have preferred to use an MSIC compared to 66% of those who injected in private, which was significant ($p=0.03$). Age, gender, last drug injected and having injected alone did not affect preference to use an MSIC.

Conclusions: Respondents' high preference to use an MSIC suggests that it may well achieve its public order and public health objectives.

Implications: An MSIC may significantly shift current patterns of illicit drug use in Kings Cross, the community impact of which should be monitored and managed.

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The NSW Drug Summit, an initiative of the NSW Government held in May 1999, was a landmark in public discussion of illicit drug use. One of the 172 resolutions passed by the summit was that a medically supervised injecting centre (MSIC) be trialled.¹ It was subsequently decided that this trial would be undertaken in Kings Cross, Sydney.

The aims of the MSIC are to reduce fatal and non-fatal drug overdose, reduce transmission of blood-borne infections such as HIV and hepatitis B and C, increase injecting drug users' access to drug treatment and other health and social welfare services, and reduce the discarding of needle syringes in public places.

To inform planning of the MSIC, the Kirketon Road Centre (KRC) surveyed injecting drug users (IDUs) attending its satellite needle syringe service, K2, located at the epicentre of the street-based sex work and drug scene in Kings Cross, to assess factors affecting preference to use an MSIC. It was anticipated that IDUs who usually injected in public places and/or alone would most prefer to use such a service because injecting in public and/or alone is a known risk factor for fatal and non-fatal drug overdose^{2,3} and public injecting often occurs in circumstances not amenable to safe injecting and may also attract police and community attention.

Methods

All IDU clients attending K2 over a two-

day period in August 1999 were asked by staff where they last injected, whether they injected alone or in the presence of others and if they would have preferred to use an MSIC. Clients were also given an opportunity to provide reasons for their preference, which were also recorded.

Staff administering the survey described an MSIC as being a legally sanctioned premises where drugs could be injected. 'Private' included home, hostel and refuge situations while 'public' included street, public park and public toilet situations.

This information was provided in addition to the routine data collected for all attendances at K2, which included age, gender and last drug used. A pilot survey conducted the previous week enabled possible ambiguities in the questions to be identified and removed.

Data were analysed using SAS 6.12 for Windows. Chi-square tests were used to compare proportions.

Results

Over the two-day period, 198 individual IDU clients attended K2. Of these, 178 (90%) answered the survey. There were no significant demographic differences between those who answered the survey and those who didn't.

Among the 178 survey respondents, 52 (29%) last injected in a public place and 77 (44%) last injected alone. IDUs' age, sex and last drug used were not related to place of last drug injection or whether they injected

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alone. Demographic data and information about IDU clients' last drug injecting occasion according to their preference to have used an MSIC are reported in Table 1.

Seventy-one per cent of IDUs indicated that they would have preferred to use an MSIC if available at their last injection. This proportion did not change significantly for age, gender and last drug injected. Injecting alone also did not influence preference to use an MSIC. However, among the 77 IDUs who last injected alone, the majority (71%) would have preferred to use an MSIC.

Preference to have used an MSIC at last injection was significantly related to the location of last injection; 83% ($n=43$) of IDUs who last injected in a public place would have preferred to use an MSIC compared to only 66% ($n=82$) of the IDUs who last injected in a private place ($\chi^2=4.752$, 1 *df*, $p=0.03$). The main reason cited for using an MSIC by clients who last injected in a private place was that they would prefer to use their drugs as soon after purchase as possible, this being closer to an MSIC in Kings Cross than their private alternative. Several also mentioned that the private setting sometimes included their children, who they would prefer not to inject in the presence of.

Table 2 shows the proportion of IDUs who would have preferred to use an MSIC grouped by place of last injection and whether they injected alone. Of those who last injected in public, 82% would have preferred to use an MSIC and there was no significant difference in this regard for those who injected alone compared to those who injected with others. A similar pattern was observed for those who last injected in private, which further indicates that preference to use an MSIC was not affected by the presence of others.

Clients who reported that they would not use an MSIC gave

anonymity as their main reason. A significant number also expressed concern over possible police surveillance, despite specific assurance that this would not occur.

Discussion

The majority of injecting drug users attending a needle syringe program in the heart of an open drug scene in Kings Cross, Sydney, would prefer to have used an MSIC in the area for their last drug injection, providing it was supported by the local police service. This was similar to another Australian study⁴ which also found high rates of willingness to use such an injecting facility among injecting drug users in Victoria.

A limitation to the interpretation of this high level of preference to use an MSIC in this study is that the respondents did not know what the nature of an MSIC in Kings Cross would be, since it had not yet been established. It is acknowledged that there may be a gap in expectations and the eventual reality of such a service, which may affect current stated preference to use it. The high profile, politically controversial nature of this initiative may also have affected IDUs' willingness to cite a preference to use an MSIC in this study.

As anticipated, those IDUs who last injected in a public place were more likely to have preferred to have used an MSIC. Since one of the objectives of an MSIC is to address public order issues at a community level such as public injecting drug use, this finding suggests that the establishment of an MSIC is likely to reduce this.

While the preference to use an MSIC was still very high (71%) among IDUs who injected alone, the finding that injecting alone was not a determinant of preference to have used an MSIC may warrant further investigation, since this is known to be associated with heroin overdose death.^{2,3} To ensure that the MSIC's public health objective of reducing fatal and non-fatal drug overdoses is maximally achieved, it is important that IDUs perceive that injecting alone is a risk factor for overdose death which would be addressed by injecting in a supervised setting such as an MSIC.

Conversely, the finding that the majority of IDUs who last injected in a private place with others would nonetheless prefer to use an MSIC was somewhat surprising, given that this scenario is generally considered to be optimal from both a public health and

Table 1: Preference to have used an MSIC by age, gender and drug-using situation.

	Prefer to have used an MSIC	Group total	<i>p</i> -value (<0.05)
Total responses	126 (71%)	178 (100%)	
Age			
Less than 25	35 (73%)	48 (27%)	0.7
25-35	56 (67%)	83 (47%)	
Over 35	34 (74%)	46 (26%)	
Gender			
Male	77 (71%)	108 (61%)	0.9
Female	49 (70%)	70 (39%)	
Last drug injected			
Heroin	95 (71%)	133 (75%)	0.9
Cocaine	20 (69%)	29 (16%)	
Other	10 (67%)	15 (9%)	
Last injected			
In public	43 (83%)	52 (29%)	0.03
In private	82 (66%)	125 (71%)	
Alone	55 (71%)	77 (44%)	0.8
With others	69 (70%)	99 (56%)	

Table 2: Preference to have used an MSIC by place of last injection and whether injected alone.

	Prefer to have used an MSIC	Group total	<i>p</i> -value (<0.05)
Last injected in public			
Alone	22 (81%)	27 (15%)	0.9
With others	20 (83%)	24 (14%)	
Last injected in private			
Alone	33 (66%)	50 (28%)	0.9
With others	49 (65%)	75 (43%)	

public order perspective. This finding suggests that the trial establishment of an MSIC may shift current patterns of drug use among a significant proportion of the IDU population in Kings Cross and not just those who currently inject publicly and/or alone. Specific consideration should be given to the possible implications at a community level of such potential shifts in where IDUs inject and how these should be monitored and managed.

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References

1. NSW Government. *NSW Drug Summit 1999 Government Plan of Action*. Sydney: NSW Government; 1999.
2. McKetin R, Darke S, Kate S. *NSW Drug Trends 1999: Findings from the Illicit Drug Reporting System (IDRS)*. Sydney: National Drug and Alcohol Research Centre; 2000. NDARC Technical Report No.: 86.
3. Zador D, Sunjic S, Darke S. Heroin-related deaths in New South Wales, 1992: Toxicological findings and circumstances. *Med J Aust* 1996 Feb 19;164(4):204-7.
4. Fry C, Fox S, Rumbold G. Establishing safe injecting rooms in Australia: Attitudes of injecting drug users. *Aust N Z J Public Health* 1999;23:501-4.