

The Sydney Medically Supervised Injecting Centre: a controversial public health measure

Abstract

Background: Injecting drug use remains a major public health concern, particularly because of opiate overdose and transmission of blood-borne viruses.

Sydney's Medically Supervised Injecting Centre (MSIC) opened on a trial basis in May 2001 in an effort to reduce the harms of drug use. In this report, we provide a brief overview of the reported public health impact of supervising injecting facilities (SIFs) and review the history and early process evaluations of the Sydney Centre.

Methods: Medline, Internet searches and perusal of bibliographies of articles were used to identify key English language publications on SIFs. These were supplemented by interview with the Medical Director of Sydney MSIC, Dr Ingrid van Beek.

Discussion and conclusions: It is difficult to be certain of the public health impact of SIFs but evidence from overseas and Sydney's early process evaluations provide promise that they may make a positive contribution to health.

(*Aust N Z J Public Health* 2002;26: 552-4)

Cate Kelly and Katherine M. Conigrave

Faculty of Medicine, University of Sydney, New South Wales

An estimated 2% of the Australian adult population has at some stage injected illicit drugs.¹ In 2000 there were 725 deaths attributed to opioids in Australia, 90% of which were in the 15-44 years age group.² These figures are from the first year of the 'heroin drought' and represent 38% fewer deaths than in the previous year. We have yet to see whether the reduction will be maintained. Hepatitis C incidence remains high despite public education and needle syringe programs. There are 16,000 new cases of hepatitis C in Australia each year and 90% of these are linked to injecting drug use.³

Against the background of marked increases in opiate-related deaths and high incidence of blood-borne viral infections, and in response to concerns over drug-related crime and the emergence of illicit 'shooting galleries', the 1997 Wood Royal Commission into the NSW Police Service proposed opening a 'safe injecting facility' on a trial basis.⁴ Similar facilities have been proposed in Melbourne and Canberra, but only in NSW has a centre opened. In this report we provide a brief overview of reports on the operation and public health impact of supervised injecting facilities (SIFs) overseas and report on the history and results of early process evaluation of Sydney's Medically Supervised Injecting Centre (MSIC). The aim of this report is not to provide an exhaustive review, but to guide the reader to key publications and issues.

Methods

Medline and Internet searches were employed to identify English-language

publications on the function and public health impact of SIFs. Bibliographies of publications were perused for additional references. The Medical Director of the Sydney MSIC, Dr Ingrid van Beek, was interviewed.

Results

European experience of supervised injecting facilities

There are now more than 45 supervised injecting rooms in Europe, including centres in The Netherlands, Switzerland, Germany and Spain.⁵⁻⁷ The first opened in The Netherlands in the 1970s and centres have operated continuously in Switzerland since the mid 1980s. Staff trained in resuscitation supervise all injections and clean injecting equipment is available. In most centres staff do not help with injecting but provide education on injecting techniques.⁵ In overdoses, oxygen is administered, and if breathing does not improve an ambulance is called. Naloxone (the specific opiate antagonist) is not used in most SIFs.⁷ Many SIFs provide a range of other services such as medical care, counselling and subsidised food. The increased contact between health professionals and drug users aims to facilitate access to medical and other treatment services for this hard-to-reach population.

It is difficult to accurately assess the benefits arising out of SIFs, as they have generally been instituted as part of a range of public health measures.^{6,8} There have been no reports of overdose deaths in any of the SIFs⁶ and data suggest that public drug use has declined in cities with these centres.^{6,9}

Submitted: April 2002

Revision requested: June 2002

Accepted: September 2002

Correspondence to:

Katherine Conigrave, Drug Health Services, Royal Prince Alfred Hospital, Missenden Road, Camperdown, NSW 2050. Fax: (02) 9515 8970; e-mail: katec@med.usyd.edu.au

Frankfurt, Germany first established a SIF in 1992 and currently has four facilities. There has been a significant decrease in fatal overdoses in that city from 147 in 1991 to 22 in 1997¹⁰ and this decline was significantly greater than in the rest of Germany.¹¹ In Switzerland, drug-related deaths fell from a peak in 419 in 1992 to 209 in 1998.¹² Clients using SIFs report reductions in needle sharing.⁶ Despite initial concerns, local residents have found SIFs an acceptable alternative to frequent public injecting,^{10,13}

The process of establishing a SIF in Sydney

Following the Wood Royal Commission, the Parliament of NSW set up a Joint Select Committee to advise on the costs and benefits of a SIF. This committee received submissions and visited overseas facilities. Ultimately, in spite of a body of expert opinion favouring a SIF on a trial basis, the committee recommended against it. In the weeks leading up to the 1999 NSW Drug Summit, the Wayside Chapel, a parish of the Uniting Church in Kings Cross, Sydney, pre-emptively and publicly opened a SIF out of concern over the number of overdose deaths in the area. This service was closed by the police, but legal proceedings against the responsible minister were dropped.

Among the 172 recommendations of the 1999 Drug Summit was a statement that:

*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 ...*¹⁴

Difficulties encountered in establishing a SIF in Kings Cross

Later in 1999 the Drug Misuse and Trafficking Act 1985¹⁵ was amended to allow the operation of licensed SIFs. Possession and self-administration of small quantities of illicit drugs would not be illegal when occurring in a licensed SIF. These changes do not protect anyone supplying illicit drugs in SIFs. Subsequently, in 2000 the Federal Government and the International Narcotics Control Board (INCB) suggested the SIF would be in breach of Australia's international treaty obligations.¹⁶ However, it was determined that a SIF did not contravene these conventions in a study situation and while proscribed drugs were not provided. It is less clear whether an ongoing SIF would constitute a breach, but in aiming to decrease the harms associated with injecting drug use, the SIF abides by the treaty's goal. To date, the UN has not acted against those European countries in which SIFs exist.

Numerous challenges delayed the opening of the injecting centre, including intervention from the Vatican when a Catholic organisation (the Sisters of Charity Health Service) was going to participate in its operation. The Uniting Church then offered to operate the centre. Kings Cross was chosen as the site for the SIF because it is an area of frequent public injecting and the site of one-fifth of all NSW overdose deaths.¹⁷ In addition, illegal 'shooting galleries' were known to operate in that suburb.⁴ The selected site is readily accessible by public transport and is not in

a residential area. It is within 100 metres of 50% of drug overdoses that ambulances were called to in Kings Cross in 1999. An independent poll of local Kings Cross residents in 1998 showed a surprising 76% supported making "available places where drug users can inject".¹⁸

A licence was granted to the UnitingCare in October 2000 for operation of the Medically Supervised Injecting Centre (MSIC). In March 2001, the Kings Cross Chamber of Commerce launched legal proceedings against the licensing authorities, but these were unsuccessful in preventing the MSIC's opening.

Operation of the Sydney Medically Supervised Injecting Centre

Sydney's MSIC opened its doors on 6 May 2001.^{19,20} It operates eight hours a day and is staffed by a medical director, nurses, counsellors and a security guard. It is not available for use by intoxicated clients, pregnant women, persons in custody of a child and those aged less than 18. Clients can only inject once per visit. Unlike most European centres, naloxone can be administered by staff in cases of overdose if administration of oxygen is insufficient. If breathing does not then respond an ambulance is called. While staff are prohibited from assisting with injecting, a rubber arm is available for instruction.

The evaluation of the SIF is being conducted by a consortium commissioned by the NSW Government. This includes the National Drug and Alcohol Research Centre, the National Centre in HIV Epidemiology and Clinical Research, members of the Faculty of Medicine at the University of New South Wales, and the NSW Bureau of Crime Statistics. To date, one-month and six-month process evaluations have been released.^{19,20} During its first six months of operation, 1,503 clients registered at the MSIC and 11,237 visits were made for injection.²⁰ The number of visits increased markedly from 187 in May to 588 in October 2001. The most common drugs injected were cocaine (47%) and heroin (45%).²⁰ As well as supervising injections, staff provided 2,000 episodes of advice on injecting and vein care, and 1,000 episodes of psychosocial services, such as counselling or advice on accommodation. More than 200 referrals were made to drug treatment services, and more than 200 for general medical or dental care.²⁰ Fifty heroin-related overdoses were treated, with eight of these requiring naloxone.²⁰ In addition, there were 28 incidents of cocaine-related toxicity and five benzodiazepine overdoses.

Discussion and conclusions

An evaluation of the public health benefit of the MSIC faces the challenge of differentiating the impact of the supervised injecting room from the impact of other control, prevention and treatment measures directed at the harms of drug use, and from local, national and international fluxes in drug supply and use.⁸ We also know that not all injectors will use a SIF.²¹ Nonetheless, overseas experience and early process evaluations suggest that such a service may make a positive contribution to health. The NSW Government has announced its intention to extend the operation

of the MSIC while the evaluation is being completed. We await with interest the final assessment of this potentially important but controversial public health measure.

Acknowledgements

We would like to thank Dr Ingrid van Beek for her invaluable assistance.

References

1. Australian Institute of Health and Welfare. *National Drug Strategy Household Survey 2001: First Results*. Canberra(ACT): AIHW; 2002.
2. Degenhardt L. *Opioid Overdose Deaths in Australia*. Sydney(NSW): National Drug and Alcohol Research Centre; 2001.
3. *An Australian HCV Snapshot*. Sydney(NSW): Hepatitis C Council of NSW; 2002.
4. Wood J. *Royal Commission into the New South Wales Police Service, Final Report*. Sydney(NSW): Justice Action; 1997.
5. Kimber J, Dolan K, Wodak A. International Survey of Supervised Injecting Centres (1999-2000). Sydney(NSW): National Drug and Alcohol Research Centre, University of New South Wales; 2001.
6. Dolan K, Kimber J, Fry C, Fitzgerald J, McDonald D, Trautmann F. Drug consumption facilities in Europe and the establishment of supervised injecting centres in Australia. *Drug Alcohol Rev* 2000;19(3):337-46.
7. Dolan K, Wodak A. Final report on injecting rooms in Switzerland [unpublished manuscript 1996 July 26]. In: *The Lindesmith Library Database*. New York: Drug Policy Alliance; 1996.
8. Bamber G. What can a trial contribute to the debate about supervised injecting rooms? *Aust N Z J Public Health* 2000;24:214-5.
9. Safe injection rooms: research summary. In: *The Lindesmith Library Database*. New York: Drug Policy Alliance; 1998.
10. Joint Select Committee into Safe Injecting Rooms. *Report on the Establishment or Trial of Safe Injecting Rooms*. Sydney(NSW): Parliament of NSW; 1998 February.
11. Weber U, Schneider W. Syringe Exchange in Germany. *Subst Use Misuse* 1998;33(5):1093-112.
12. *The Swiss Drug Policy: A Fourfold Approach with Special Consideration of the Medical Prescription of Narcotics*. Bern(Switzerland): Swiss Federal Office of Public Health; 1999.
13. Drug Policy Expert Committee. *Heroin: Facing the Issues*. Melbourne(VIC): Victorian Government; 1999.
14. *NSW Drug Summit 1999: Government Plan of Action*. Sydney(NSW): Parliament of NSW; 1999.
15. *Drug Summit Legislative Response Act of 1999 (NSW)*. Sydney(NSW): NSW Parliament Database; 2001.
16. Yamey G. UN Condemns Australian Plans for "Safe Injecting Rooms" [news]. *Br Med J* 2000;320(7236):667.
17. Zador D, Sunjic S, Darke S. Heroin-related deaths in New South Wales, 1992: Toxicological findings and circumstances. *Med J Aust* 1996;164(4):204-7.
18. *K2 and Kings Cross: Community Attitudes To The Needle Syringe Program, Discarded Syringes and Public Injection, 1997 and 1998*. Sydney(NSW): NSW Health Department; 1999.
19. Mattick RP, Kimber J, Kaldor J, MacDonald M, Weatherburn D, Lapsley H. *One-Month Process Evaluation Report on the Medically Supervised Injecting Centre (MSIC)*. Sydney(NSW): National Drug and Alcohol Research Centre, University of New South Wales; 2001.
20. Mattick RP, Kimber J, Kaldor J, MacDonald M, Weatherburn D, Lapsley H. *Six-Month Process Evaluation Report on the Medically Supervised Injecting Centre (MSIC)*. Sydney(NSW): National Drug and Alcohol Research Centre, University of New South Wales; 2001.
21. 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(5):501-4.