The Medically Supervised Injecting Centre (MSIC): the Sydney Experience

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Background

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

· proliferation of illegal "shooting galleries" since 1990

· High prevalence of heroin-related overdose deaths (n= 100 pa, 10%) in Australia

· High concentration of overdose cases: in 1999 more than 50% of ambulance call-outs (n=677) within 100 metres of the Sydney MSIC

· High and increasing levels of community support (telephone polls x 4, 1997 - 2000: 70 - 76 % support)

· Support mostly driven by health (vs. amenity) concerns

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)

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 Department

April 2001 Kings Cross Chamber of Commerce and Tourism's legal challenge in NSW Supreme Court unsuccessful (now bankrupt!)

May 2001 MSIC opens


Enjoy
Coca-Cola
Coke
50

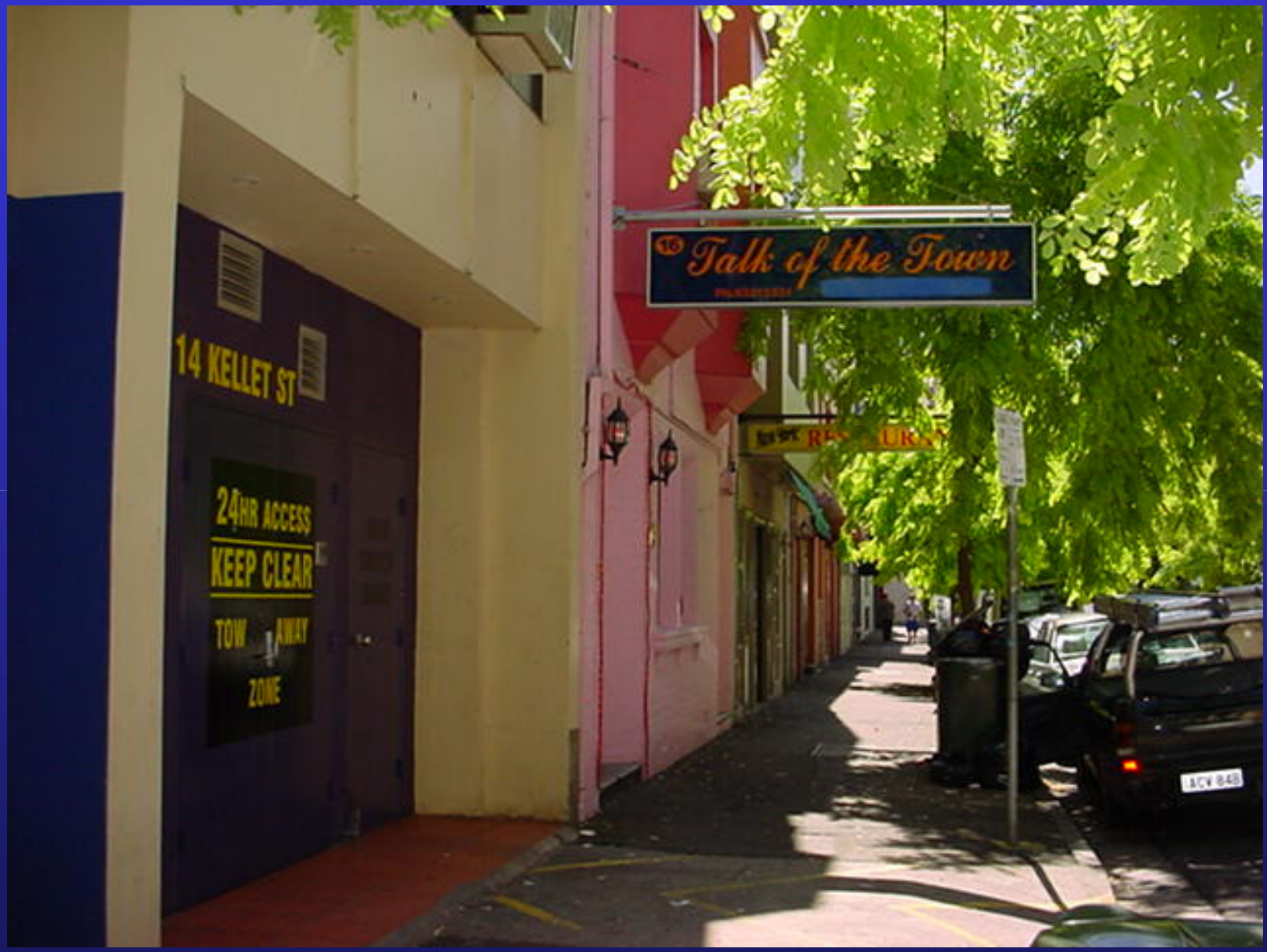

We buy.
We lend cash.
We sell.
Licensed RESTAURANT
Coca-Cola
TUDOR
66
TAXI


POLICE
66


10
9
SHARPS - AIDE


ATHLEGEN


EXIT
NO
SMOKING


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

Time line cont.

May 2002 - Trial extended 12 months to end Oct 2003

June 2003 - Final evaluation report tabled in NSW Parliament

Sept 2003 - Trial extended 4 years to end Oct 2007

2004-2007- 5 “interim” evaluation reports

2nd phase evaluation findings

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 KX.

NSW Government Response

June 2007 - Trial extended further 4 years to end Oct 2011

- additional clause that if attendance decreases to 75% current utilisation rates, analysis of economic viability to occur - but NSW Treasurer has asked for this to be undertaken now (again)

June 2011- Trial extended to end Oct 2015??? (maybe)

Strengths and challenges

· Well resourced professional clinical DCR model proven to be acceptable to target population

· Continuing high levels of support among local community although area's increasing gentrification considered a threat

· However political support at state and bureaucratic level no longer as strong

· Ongoing trial status despite weight of evidence that service objectives are being met

Strengths and challenges cont.

· Justified by concerns that MSIC may contravene UN drug control treaties – exempt if for "medical and scientific research" purposes, despite UNODC´s own legal advice

· 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 in turn staff morale

· Temporary work contracts make staff recruitment harder, especially towards end of each trial period

Strengths and challenges cont.

- Trial legislation precludes other DCRs being established in NSW
- Significant disadvantage being a "lonely only"
- MSIC has become the "trojan horse" /symbolic of the ¨harm reduction¨ among zero tolerance fundamentalists, religious right, Murdoch tabloid press, conservative "shock jocks" etc with potential service impacts (although this is valued by other harm reduction programs!)

Strengths and challenges cont

· Stand-alone nature within non-government sector and ongoing trial status also affects ability to undertake other research and to extend service model eg adding outreach component, integrating more closely with gov´t services limiting case management

· Continue to have licence conditions that are mostly politically motivated eg restrictions on pregnant women and < 18 yr olds, limited NEP

· In contrast to mainstream health services, MSIC subject to cost/benefit evaluation - implies that service more expensive than others/this clientele undeserving, less worthy

How much "evaluation" is enough?

- A large body of evidence that DCRs work now exists

- Noted by C. Lloyd (IJDP 2007) that the DCRs that have been the most evaluated i.e. Vancouver and Sydney, are the only DCRs that continue to be trials despite the evidence of their effectiveness (but they have something else in common!)

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

How much "evaluation" is enough cont.

· While all health services should be subject to ongoing monitoring and evaluation, we recommend that this should not need to be "formal, external and independent"; and instead be in line with mainstream health services

· This will also ensure that the indicators are appropriate and realistic, rather than being mostly politically driven; for example despite Sydney MSIC having amongst the highest client referral rates of any DCR (> 6,000 referrals in 1st 6 years), it is subject to further pressure to increase its role as a "gateway" to achieving permanent "drug-free" status, potentially undermining the low threshold/harm reduction nature of DCR approach essential to achieving key DCR objectives

Future outlook for DCRs in Australia

· Australian Prime Minister who has responsibility for upholding UN conventions continues to be explicitly opposed to MSIC (Federal election 24 Nov!)

· Despite left-leaning state governments in all states, no other states considering DCRs at this time

· 60 – 70% decrease in overdose deaths and contraction in size of IDU population since national heroin shortage (2000/2001) has affected advocacy for DCRs

· Unlike KX, other communities with Open Drug Scenes in NSW do not have broad-based community or multi-partisan support for DCRs

Future outlook cont.

· However things change, sometimes quickly - the heroin supply may return as quickly as it deceased

· DCRs target all injecting-related harms and are not just heroin-related harms

· Recommend that all (6) states pass enabling legislation for DCRs to operate and delegate responsibility to local government to approve their establishment at local community level to ensure timely response should the situation change

= local solutions to local problems approach

Acknowledgements

UnitingCare NSW. ACT

Staff and clients of the MSIC

Medicos Del Mondo