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Newsletter of the Medically Supervised Injecting Centre (M.S.I.C.)

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CONTENTS:

3

Introduction: Dr Ingrid van Beek

4

Proposed floor plan for the MSIC

5

Drawing Users off the Streets

6

Morning Tea at the Blue Lizard Cafe

7

Editorial: Rev Harry Herbert

8

List of Organisations that support the M.S.I.C.



M.S.I.C. Team: (L-R) Tracey Brown, Ingrid van Beek, Karen Nairn

APPROACHES TO INJECTING DRUG USE IN KINGS CROSS: A REVIEW OF THE LAST 10 YEARS.

Dr Ingrid van Beek, Medical Director,
Medically Supervised Injecting Centre, Uniting Church of Australia

Since the early 1990s an increasing number of commercial sex establishments in the central business district of Kings Cross began to provide injecting drug users (IDUs) with injecting equipment and/or rooms to inject in. In several instances these establishments also supplied illicit drugs. Following the Royal Commission into the NSW Police Service, which resulted in the incarceration of the most significant operators of these establishments, the majority ceased to operate, leading to a significant shortfall in the supply of injecting equipment in Kings Cross, and an increase in the 'public nuisance' associated with public injecting. Meanwhile, cocaine injecting—a behaviour associated with very high frequency injecting and sexual risk behaviours—became endemic during the same period, particularly among female sex workers who worked in this part of Kings Cross.

ESTABLISHMENT OF K2: 1997

After the closure of the commercial establishments, which had provided injecting equipment and rooms, it was of particular public health importance to replace the supply of injecting equipment through a fixed-site needle and syringe service located in the main street of Kings Cross. There was also a need to reach out to the local venues frequented by sex workers who were also IDUs. In 1997, to cater for these needs, K2—a satellite service of the Kirketon Road Centre (KRC)—was established close to the heart of the street-based drug scene in Kings Cross.

K2 provides:

- a needle and syringe service
- health and social welfare advice
- assessment and referral for drug treatment
- other relevant support services.

The service currently operates from 2.00 p.m. to 10.00 p.m. seven days a week and has contact with around 200 IDUs each day.

ESTABLISHMENT OF A JOINT SELECT PARLIAMENTARY COMMITTEE: 1997

In 1997, the NSW Government established a Joint Select Parliamentary Committee into Safe Injecting Rooms, in response to the recommendation of the Royal Commission into the NSW Police Service, which stated that: 'consideration be given to the establishment of safe, sanitary injecting rooms under the licence or supervision of the Department of Health, and the amendment of the Drug Misuse and Trafficking Act 1985 accordingly'.¹

This Safe Injecting Rooms (SIR) Committee visited several Sydney suburbs, and a number of rural areas, to speak to members of the community, health workers and drug users. A subcommittee of the SIR Committee also visited five safe injecting rooms in Europe and held discussions with key stakeholders there. The Committee received 103 submissions and took formal evidence from 89 witnesses. Just over half of the written submissions supported the establishment of safe injecting rooms, and a large majority of the expert witnesses testified in favour of the proposal.

However, six of the 10 members of the SIR Committee did not recommend the establishment of such premises in NSW.

Meanwhile, a telephone survey of more than 300 local residents of Kings Cross—undertaken in 1997 and 1998 to measure K2's effect on the community—demonstrated a rise in support for the establishment of safe injecting rooms in the area (69 per cent to 76 per cent).

SAFE INJECTING ROOM PROPOSAL, NSW DRUG SUMMIT: 1999

A safe injecting room proposal was raised again during the NSW Drug Summit, an initiative of the NSW Government held in May 1999. One of the 172 resolutions passed by the Summit was that a medically-supervised injecting centre (MSIC) be trialed. It was subsequently proposed that this trial be undertaken in Kings Cross, and legislation was passed to enable establishment of the trial for a period of 18 months. In December 1999, the NSW Government accepted a proposal from the Uniting Church of Australia to apply for a licence to manage the facility, and plans for the MSIC are now well underway.

A recent survey among IDUs who use the needle and syringe service at K2 indicates there is a high level of preference for having access to such a facility for drug injection: 71 per cent of those IDUs who inject alone, and 82 per cent who inject in a public place, would prefer to use a MSIC. A high number of those who inject with others (70 per cent) and/or in a private place (66 per cent) would also prefer to use a MSIC. These findings suggest that this trial may have the potential to significantly shift current patterns of injecting drug use in Kings Cross. The effect on the community will need to be monitored and managed over time.

CONCLUSION

The MSIC trial and evaluation hopes to answer the question of whether this is an effective strategy to reduce:

- overdose fatalities
- transmission of blood-borne viruses
- the public nuisance associated with public injecting,

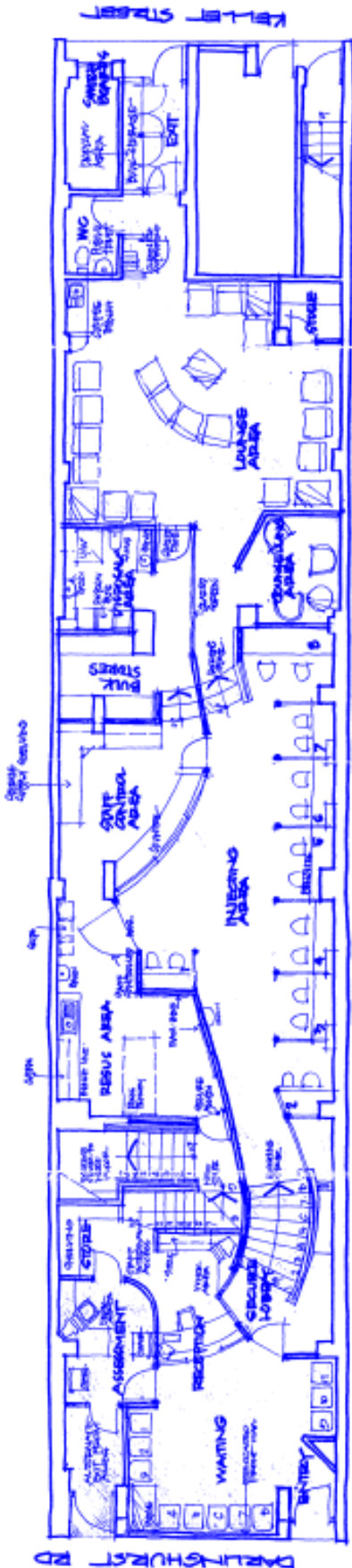
while increasing IDUs' access to drug treatment. It will also inform future decisions to trial this strategy in other parts of NSW and Australia.

REFERENCE

1. Royal Commission into the NSW Police Service. Final Report, Volume 2, Reform. Sydney: NSW Government, 1997; 226.

(From: Public Health Bulletin, April 2000)

How it works: A look at the proposed layout for the MSIC



GROUND FLOOR PLAN - OPTION 3
 PROPOSED REFURBISHMENT 66 DARLINGHURST RD KINGS CROSS

SCALE 1:50 APRIL 2000 PROJECT 1707 DRAWING OPT.3

Last year's State Government Drug Summit recommended an 18-month trial of a Medically Supervised Injecting Centre (MSIC) at Kings Cross. Since then, the debate has swung from whether such a service should be allowed, to where it should be located. A question often asked, but never before answered in detail, was how such a place would actually run.

A floor plan of the MSIC (left) shows the different stages of the service as follows:

Entry: a discreet entrance with frosted glass and an innocuous name. A security guard will be posted at the front to disperse any dealers attracted to the site and stop people from gathering outside the doors.

A one way traffic system will be in place, with users coming in the front and leaving at the rear. This will maximise space, reduce contact between those waiting to use and those who have already used and enhance client and staff safety.

STAGE 1: *The waiting room and assessment area* is where clients will be assessed for eligibility to use the service. The assessment will aim to:

- establish that the entrant is an existing drug users, aged over 18 years and not intoxicated
- collect personal demographic information to establish who the service is reaching, their current level of drug use, if syringes are being shared and if there is a history of overdose

STAGE 2: *The injecting room* will be a sterile clinical environment with two trained staff always on duty. It will have open booths to allow staff to supervise at all times, waste bins for used needles and a resuscitation cubicle to deal with overdoses. In the injecting room clients will be given clean syringes, be advised on safe injecting practices and provided with first aid medical services.

STAGE 3: *The recovery room* is where the clients will remain under observation until they are fit to leave. Counsellors and welfare staff will be on hand to link clients with other services including; housing, legal, welfare and treatment options.

Exit: Clients leaving the MSIC will do so from the back entrance. There will also be unimpeded ambulance access from this door.

Drawing users off the street: An Interview with MSIC Medical Director, Dr Ingrid van Beek.

Pam Walker from the Wentworth Courier spoke with Dr Ingrid van Beek, about the nitty-gritty on the workings of the centre.

“From an operational point of view it will operate like a needle syringe service. Drug users will come to collect their needle syringes but we will then also accommodate them to inject,” Dr Van Beek said. “In our assessment procedure we will be on the lookout for first-timers, those under 18 and ‘oblivion seeking’ users who place themselves at great risk of overdosing and unsafe behaviour. They will be steered towards treatment and counselling.”

The Centre’s aim was to draw drug users off the street and into the service.

“We are aiming to specifically target the street-based drug-users and those injecting alone who are most at risk of overdose. If we discover that people using on the streets are still on the streets, we’ll have to re-evaluate what we’re doing.” MSIC would be clinical in its approach and quite different to the “soup kitchen” model. “It will be an arrangement, with trained staff to save lives and make appropriate referrals. It will be transparent, legal and up-front,” she said.

Dr van Beek also indicated there was a move to gain agreement from other agencies in the area to accommodate users off the streets after they had injected. “That way the impact will be dispersed and the visibility of drug affected people on the street will be reduced.” Dr van Beek runs the Kirketon Road Centre, the peak service for the area’s drug population. It is her 10 years of experience in this field which the Uniting Church has enlisted to help with MSIC. “I will be looking to link MSIC with the existing services and look at staggering the hours to minimise needle syringe service duplication,” she said. “The operating hours for the centre have not yet been finalised. We’re surveying in K1 (the Kirketon Road Centre) and K2 (needle exchange in Darlinghurst Road) to establish the peak using period, then we’ll set the hours for all the services.”

MSIC would act as a springboard for treatment and help drug users deal with their drug dependence and associated problems, she said. When users had finished injecting is when counsellors on site would seek to find the window of opportunity to guide users towards treatment options. “Advice will have to be given with in a subtle and intuitive way. Giving them the old spiel each time would fall on deaf ears. Users don’t want to be hassled and judged about their lifestyle every time they use,” Dr van Beek said. However “There’s not a problematic drug user who doesn’t at some point want to address their lifestyle. “It’s not an enjoyable life if you’re drug dependent, enslaved and a loathed member of society.”

A chronic shortage of treatment facilities made it even harder for those. In response to criticism that drug users would be in no condition to speak with counsellors after they had injected, Dr van Beek said that seasoned users shot up to stay normal and would be “quite coherent, quite quickly.” The injecting centre would also provide increased access to the local drug culture and allow service providers to have more of an impact, she said. “We can then communicate better what aspects of their (drug users) behaviour are unacceptable to the greater community which we encourage then to feel they belong to. The more they feel like rejects, the more marginalised they become and the more anti-social their behaviour.”

At the very earliest, the centre will open in November or December. “We have one chance. If we get this wrong, it won’t be in my lifetime that we’ll try this again,” Dr van Beek said.

Morning Tea At the Blue Lizard Cafe

On the 2nd August representatives of the Kings Cross older persons community attended a morning tea at the Blue Lizard Café to look at plans for the Medically Supervised Injecting Centre. Staff from the Medically Supervised Injecting Centre were available to provide information and answer questions on the operating procedures of the service.

The current staff of the Medically Supervised Injecting Centre; Dr Ingrid van Beek Medical Director, Karen Nairn General Manager and Tracey Brown Administrative Officer, were pleased to meet the community members and respond to any of their questions about the 18 month trial.

Our thanks go to Robyn and Joan from the Kings Cross Community Aid and Information Service who extended our invitation to their membership and ensured that a good time was had by all who attended the morning tea.

As part of our ongoing commitment to community consultation we will be running other information sessions and a series of open days to encourage interested community members to visit the Centre. We look forward to meeting more of the Kings Cross community in the coming months so we can further discuss this very important public health project.

Thank you to all who attended the morning and we hope to see you again at our open day in November.



With the recent approval of our licence application, the Uniting Church is now able to proceed with the final tasks necessary prior to opening the Medically Supervised Injecting Centre (MSIC), which we hope will be before the end of the year. These include the fit-out of the premises, the recruitment and training of staff and further consultation with the local drug using population and various community organisations to ensure that our efforts are integrated and complimentary.

It will be important for the trial MSIC to be assessed against realistic criteria; the MSIC will not solve all the problems related to illicit drug use in this community. The MSIC was but one of the 172 resolutions passed by the NSW Drug Summit held in May 1999 and should be considered in the context of all these other drug policy recommendations that emanated from the Summit. An Injecting Centre is not a replacement but rather an addition to other policies which together aim to better manage illicit drug use in the community. By the end of the MSIC's 18 month trial period, the expert evaluation team will report its findings to inform whether the MSIC should continue in Kings Cross and/or be replicated in other parts of NSW.

Although any location was bound to create community debate, we firmly believe that we have chosen the best available site for the

trial. Ambulance call-out information provided to us confirms this. Most ambulance call outs for fatal and non-fatal drug overdoses in the area last year were to places within 300 metres of the 66 Darlinghurst Road site. In fact, over 50% were to sites on Darlinghurst Road, Kings Cross itself.

We would like to express our appreciation of the courageous support of the Kings Cross community for this important public health initiative. In particular, we would like to thank the hundreds of people who sent letters supporting our licence application. Meanwhile, the independent opinion poll conducted by Australian National Opinion Polls among over 300 local residents and businesses (stratified according to most recent census data) showed that the majority of the local community support the establishment of the MSIC at our selected site. We will continue to maintain our Community Consultative Committee, established to address the community impact of the MSIC, throughout the trial. We regard community consultation as an integral and ongoing aspect of this initiative.

**[Rev] Harry J. Herbert,
UnitingCare NSW. ACT.**

"First Stone"

Artwork © P. Bagge 2000



ORGANISATIONS THAT SUPPORT THE MSIC

AIDS Council Of NSW

**Australian National Council on AIDS,
Hepatitis C and Related Diseases**

Australasian Society of HIV Medicine

Baptist Inner City Ministries

Crosswise Residents Action Group

Family Drug Support

**State Member for Bligh,
Ms Clover Moore**

**Federal Member for Sydney,
Ms Tanya Plibersek**

**South Sydney Council: Councillors-
Harcourt, Pooley, Shaw and Lay**

Foley House

Hepatitis C Council of NSW

Inner City Legal Centre

Mission Australia

Metropolitan Community Church

National Centre in HIV Social Research

NSW Users and AIDS Association

**Potts Point Community Action Group
St Canice's Church**

St John's Anglican Church, Darlinghurst

**Sisters of Charity Health Service,
Darlinghurst Region**

Social Workers in AIDS

**St Vincent's Hospital Alcohol & Drug
Service**

Ted Noffs Foundation

**University of NSW School of Community
Medicine**

Wayside Chapel

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