Face Up

Newsletter of the Sydney Medically Supervised Injecting Centre (MSIC)

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Face Up

The Sydney MSIC Newsletter

Issue # 5 August 2004

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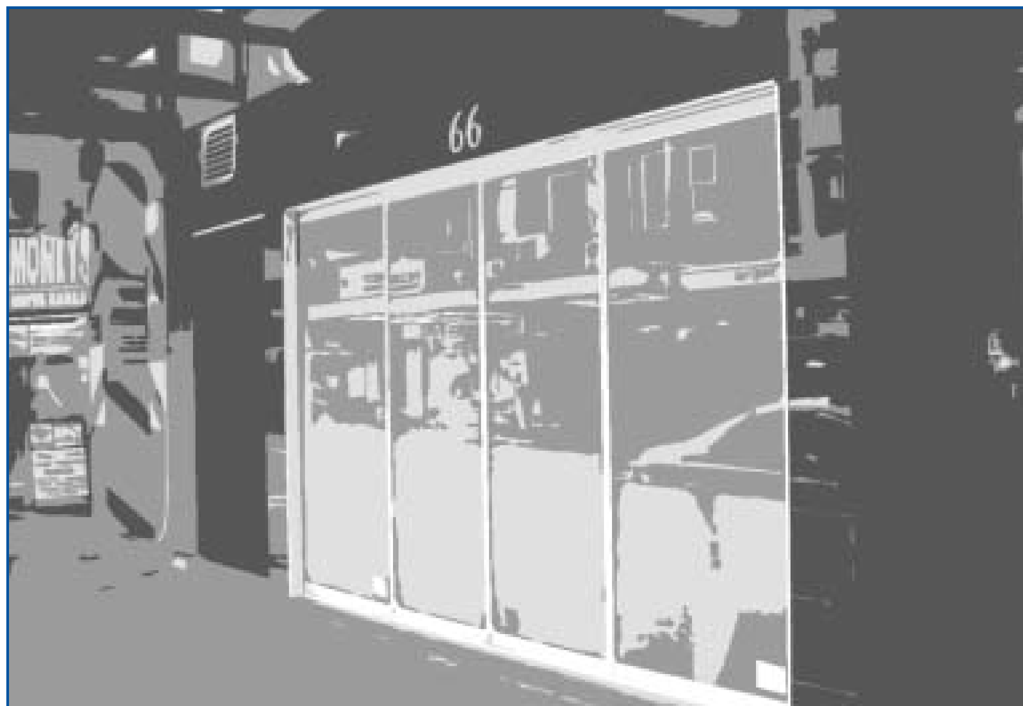


Medical Director's Report: The first three years

The Sydney Medically Supervised Injecting Centre (MSIC) commenced its 4th year of clinical operations on 7 May 2004. The last year has been another big one for the MSIC. As you may recall, the final results of the independent evaluation of the MSIC's first 18 months of operation (ending in October 2002) were publicly released in July last year. These results informed the NSW Government's decision to amend the existing legislation to enable the MSIC to continue to operate for a further 4 years to the end of October 2007. This amendment was passed in October 2003, with the Greens, Democrats, Unity party, Clover Moore, several other independents and several Liberal MPs voting with the government in support of this 4 year extension.

To keep you, the Kings Cross community informed about our ongoing progress, I provide the following summary of the MSIC's activities for its first 3 years of clinical operation.

Registrations: The MSIC registered 6,487 individual injecting drug users (IDUs) to the end of April 2004. Every registration involved a full clinical assessment of the person's drug use and overall health and social situation. This is needed to determine what other assistance should be provided eg. primary health care, emergency accommodation, or referral to drug treatment and rehabilitation programs.

While the number of new people registering to use the MSIC continues to decline across time **(Table 1)**, suggesting that the MSIC is reaching its limit in terms of its penetration of the local IDU population, which is estimated to be around 80%.

Individuals: In a one month period the MSIC currently has contact with just over 900 individual IDUs; this has been reasonably stable since the operating hours were extended early last year. The most common reason cited for being in Kings Cross continues to be "to buy drugs" and the least common being "to visit the MSIC", confirming that it is the drug supply and not the MSIC that attracts IDUs to the Kings Cross area.

The MSIC's core target population continues to be heavily drug dependent, street-based, sex working IDUs who dwell in Kings Cross, and are the most at risk of drug overdose death. However the MSIC has also continued to make contact with people who are still early in their drug using, and not yet heavily heroin dependent or entrenched in the street lifestyle. This provides an important opportunity for early intervention, which is most effective in the prevention of all drug-related harms.

Visits: The MSIC accommodated 168,268 injecting episodes in the first 3 years; about 200 - 250 visits currently occur each day. These injecting episodes would presumably otherwise occur in less safe, unsupervised, back street circumstances elsewhere in Kings Cross, increasing the risk of drug overdose and HIV, and reducing public amenity.

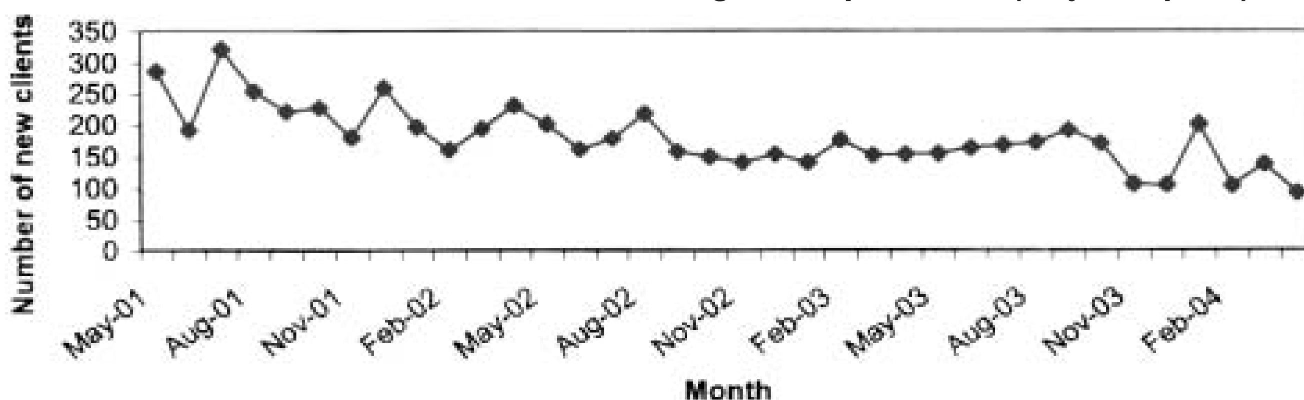


Table 1: ***Number of new clients registered per month (May 01-Apr 04)***

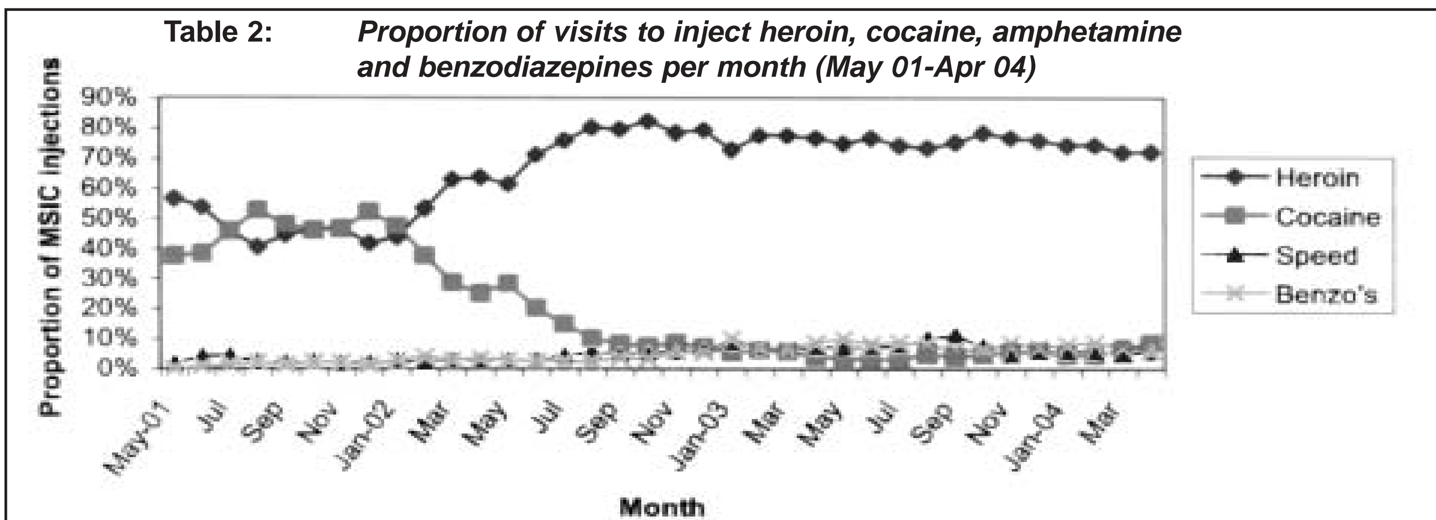


Table 2: ***Proportion of visits to inject heroin, cocaine, amphetamine and benzodiazepines per month (May 01-Apr 04)***

Drugs injected: The types of drugs injected at the MSIC has varied a lot over the past 3 years **(Table 2).** Initially there was a heroin shortage, whereas cocaine supply was seemingly unlimited. This has since reversed such that about 75% percent of current visits are to inject heroin and only 7% cocaine. The remainder is a mix of other drugs including methamphetamine and benzodiazepines (eg valium). We are very pleased that the injection of temazepam gelcaps, another benzodiazeopine formulation that is very harmful when injected, has decreased significantly since it was removed from the Australian pharmaceutical market very recently in response to health concerns reported by the MSIC and Kirketon Road Centre.

Drug overdoses: In the first 3 years 1,034 drug overdoses were managed at the MSIC without any fatalities: 87% heroin, 6% cocaine, 5% benzodiazepine (eg temazepam and valium) and 2% other drug overdoses. While the evaluation report estimated that at least 6 were saved as a result of successfully treating 329 heroin overdoses at the MSIC in the first 18 months, it is very hard to know for sure, especially without knowing exactly where these overdoses would have otherwise occurred, since this is what largely determines the likelihood of ambulance assistance arriving in time.

Probably even more significant would have been the morbidity (other health problems) otherwise associated with heroin overdose, that has been prevented by the MSIC. In community situations heroin overdoses are not usually identified until the person is unconscious and no longer breathing; often only then is the ambulance service called to provide assistance. Depending on how busy they are at that time and how hard the location of the overdose is to find, it can take a further 15 - 30 minutes for ambulance personnel to arrive. In contrast, at the MSIC drug overdoses are identified within a minute or so of onset, usually before the person has stopped breathing altogether, thereby enabling immediate treatment with oxygen and other life support measures. In this way the irreversible damage that may have otherwise occurred as a result of temporary lack of oxygen to all vital organs and in particular the brain, was prevented at the MSIC.

Referrals to other relevant health and social welfare services: It is important to appreciate that the primary aim of supervised injecting centres is to keep people alive and well so that they still have the opportunity to address the underlying causes of their drug dependence and associated lifestyle. However injecting centres also have an important role as a point of early referral to drug treatment and other relevant health services.

On 2,897 occasions the MSIC referred clients to other relevant health and social welfare services; 42% for the treatment of drug dependence, which included the full range of options from naltrexone, drug abstinence and 12 step programs to detoxification, methadone and buprenorphine programs; 33% to medical and primary health care and 25% to social welfare services.

The MSIC has been criticised for being unable to state exactly how many among these referred clients are now "drug-free" as a result of attending the MSIC. Unfortunately tracking the outcomes of individuals referred to the various drug treatment and rehabilitation programs in NSW is not straightforward. Despite occasional claims to the contrary, these programs are unable to systematically identify which of their referrals have been from the MSIC as opposed to elsewhere. Similarly they are unable to tell us how many of the people who have been on their programs remain drug-free today. But in any case, even if they could, this would say a lot more about the value of these programs than the MSIC. Again, the role of supervised injecting centres in this regard is as a point of referral, and the MSIC can certainly claim to have had success with that.

...at the MSIC drug overdoses are identified within minutes of onset, thereby enabling immediate treatment with life support measures...

Costs versus benefits: The MSIC's funding continues to come from the confiscated proceeds of illicit activities; a source which has not previously been tapped for health initiatives of this nature. In this way the MSIC has not diverted funding from any other health initiatives such as drug treatment and rehabilitation programs, which were significantly expanded as a result of the additional funding resulting from the NSW Parliamentary Drug Summit in 1999.

Despite the extension of operating hours in January last year, which resulted in a further 50% increase in daily visits, the MSIC's expenditure remains less than that of other comparable health services for drug users in South Eastern Sydney Area Health Service.

The independent evaluation report projected that the MSIC's benefits would be twice as high as its costs at the increased levels of utilisation expected over time. In fact these projected levels of increased utilisation have now already been exceeded, while the costs have remained reasonably stable, suggesting that the MSIC's return to the community is now probably more than $2 for every $1 spent.

Community support: The MSIC continues to host a Community Consultation Committee, which has representatives of the various residents' associations, local business, other relevant services, drug users, affected families, local and state government. Feedback from the local community continues to be mostly positive, with people continuing to report that they were proud to be part of a community that was taking a balanced and humane approach to the public health and public order issues associated with street-based drug use in Kings Cross.

We particularly wanted to thank the anonymous donor who has donated $3000 at Christmas time for the past 3 years for client focused activities. We have put this towards Christmas presents for clients and conducting an Art group in collaboration with the Kirketon Road Centre and City of Sydney (please see later article). The MSIC has also received several parcels with smaller amounts of money, cakes and biscuits from a very generous person with a Rockdale post code. All of us here greatly appreciate these kind gestures.

Drug-related crime: There continues to be no evidence of an increase in drug using, drug dealing or other drug-related crime in the Kings Cross area or in the immediate vicinity of the MSIC since it opened (source: Kings Cross Police Service and NSW Bureau of Crime Statistics and Research). In fact drug-related crime continues to decrease in the area, probably due to the cessation of the heroin glut of the late 1990s.

The MSIC supports all policing efforts to curtail the supply of harmful illicit drugs in Kings Cross, providing information about how many IDUs visit and which drugs are being injected at the MSIC to the Kings Cross Police Service on a regular basis to enable better monitoring of their efforts.

...injecting centres also have an important role as a point of early referral to drug treatment and other health services...

Public amenity: The relocation of much of the public drug injecting that used to occur in Kings Cross into the MSIC over the past 3 years has been an essential element enabling the improvement of public amenity in Kings Cross over the past few years.

And finally…

The MSIC believes that communities need to address the full spectrum of complex issues associated with illicit drug use at all levels. These should include efforts to reduce the supply of drugs, reduce the demand for drugs and reduce the harm associated with drug use, all of which constitute the Harm Minimisation policy, which underpins the Federal Government's National Drugs Strategy and the National AIDS Strategy.

We are very grateful to have been given this ongoing opportunity to demonstrate the benefits of the MSIC as a harm reduction strategy, believing that it has added to the reach of efforts in the Kings Cross community by making contact with the most marginal of the marginalised IDU population. We believe that a compassionate, civilised society doesn't feel okay about such people overdosing in unsupervised, back street situations, but instead keeps reaching out to offer help and assistance, even when the circumstances seem hopeless.

I would like to thank the Kings Cross community for continuing to have the courage to host this important public health initiative.

Sincerely
Ingrid van Beek

Art from the Cross

In October 2003, The Sydney MSIC and the Kirketon Road Centre opened an exhibition of their clients' artwork at the City of Sydney Kings Cross Neighbourhood Centre.

Some wonderfully creative works had been produced by the clients involved in the "Who Arted" Group conducted at KRC and on the opening night clients of both centres mingled with locally invited art enthusiasts and were able for the first time to hear some genuinely positive feedback about their work outside of the safety of their Art Group sessions.

Drug dependence is a chronic relapsing health condition, which is physically, psychologically and socially debilitating. Drugs dominate the lives of people who are addicted, leaving little opportunity for the expression of their creative side. The art group held at KRC aims to provide the opportunity for people caught in the vortex of drug addiction to express themselves in a creative way, and also hopes to raise self esteem and confidence, necessary to effect changes in lifestyle in the longer term.

The inspiration for the art group originated 6 months ago when KRC consulted with the Pine Street Creative Arts Centre (originally part of South Sydney City Council, and since transferred to the City of Sydney Council). The Council provided a 24-week seeding grant, which enabled the group to be trained by qualified art teachers. The Sydney Medically Supervised Injecting Centre (MSIC) came on board by providing all the art materials needed for each session and this exhibition, funded from an anonymous donation for client-focused activities.

The group takes place every Tuesday afternoon at KRC and attendance is flexible. A KRC nurse (who is also an artist) assists the art teacher and provides care and support to clients should the exercise of the day trigger any personal issues. The group's progress was monitored and reviewed at weeks 12 and 24 to assess the effectiveness and success of the group.

As you can see from some of the photographs from the exhibition, the group explored various exercises from collage, watercolour painting, frottage and printmaking, to three-dimensional works such as dioramas and clay figures. Artists are encouraged to explore their own ideas either as an individual or as a group.

The group is now six months down the track and we are very proud of the great success it's been. Not only has there been some beautiful creative work produced, but people are also returning to complete projects. A comment from one client summed it up with *"This is the first time I have ever completed anything in my life."*

Other members of the group provided the following feedback:

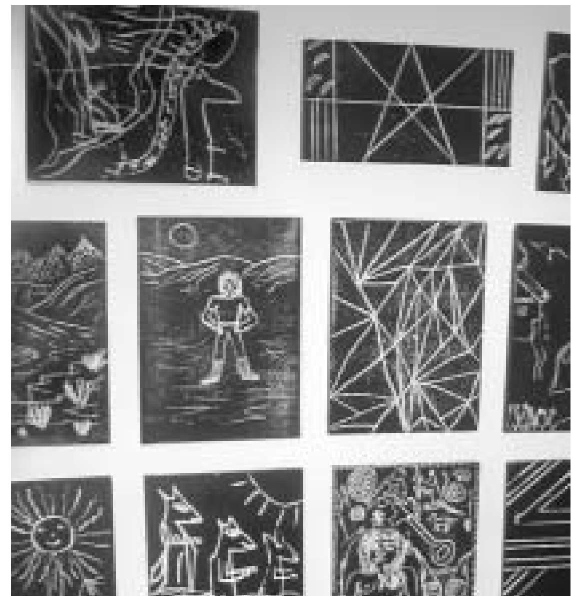
"I like these Art classes because they help me relax and make me think about art heaps."

"I feel that I have had a positive and enjoyable experience at the art class, it would benefit me more if this was an ongoing class, as I feel that this would help me express myself in a different way. Thanks for reading my comment."

"This is the first time I've come to the art class and realised through art and keeping occupied with good conversation, and it has helped to relieve a lot of stress. So for something that I did not expect, I received quite a bit from the class and the range of people. Thoroughly enjoyable."

Dr van Beek opening the exhibition at the City of Sydney Kings Cross Neighbourhood Centre

Artists at work



Lino Cuts

Setting up the exhibition

sculptures

A call to art!

The background history of the MSIC's location, location, location.

(From "Some facts about the MSIC" on our website at: www.sydneymsic.com)

Kings Cross has been the epicentre of the sex and drugs industries in Australia for the past 3 decades, and as a result, there is a population of drug users who consider Kings Cross their home base. From the early 1990s an increasing number of commercial sex establishments on Darlinghurst Road in Kings Cross, started to rent rooms otherwise used for commercial sex, on a 15 to 30 minute basis for the purpose of injecting drugs.

In 1997 the Royal Commission into the NSW Police Service found that some of these establishments (sometimes coined "illegal shooting galleries"), were also involved in the supply of illicit drugs, which resulted in the incarceration of several very significant operators of these establishments, reducing their number and scale. But lower level, street-based dealers from other areas filled the void almost overnight. At the same time much of the injecting drug use which had occurred in these shooting galleries also returned to the streets, parks and other public places.

Appreciating the public health and public order problems arising from public drug injecting, in the Royal Commission's final report Justice James Wood made the following recommendation. Consideration should 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".

Later in 1997 the NSW Government established a Joint Select Parliamentary Committee into Safe Injecting Rooms to investigate this recommendation. The Committee received 103 submissions and took formal evidence from 89 witnesses. In particular, most key witnesses representing the various sectors in Kings Cross testified in support of the idea. However, the majority of the Committee (6 of the 10 members) didn't recommend the establishment such premises anywhere in NSW.

Meanwhile, telephone surveys among more than 300 residents of Kings Cross, undertaken in 1997 and 1998 confirmed the increase in their experience of public drug injecting and discarded needle syringes. At the same time, high and increasing support from 69% to 76% for the establishment of an injecting room in Kings Cross was also registered among those polled.

A civil disobedience exercise in early May 1999, wherein a mock injecting room operated for a number of sessions at the Wayside Chapel, placed supervised injecting centres firmly on the agenda of the NSW Drug Summit, an initiative of the NSW Government held later that month. One of the 172 resolutions moved by Ms Clover Moore MP for Bligh, seconded by Dr Ingrid van Beek (as Director of Kirketon Road Centre) and passed resoundingly by the Drug Summit was that a Medically Supervised Injecting Centre (MSIC) be trialed in NSW. It was subsequently proposed that this trial be undertaken in Kings Cross and legislation was passed later that year to enable its establishment for a period of 18 months. (This was later extended to 30 months, to enable the completion of the Final Evaluation Report, which was released in July 2003).

Kings Cross was considered most appropriate because it had the highest prevalence of drug overdose deaths in the state (and Australia) and the local community had already demonstrated its support to trial such an initiative.

But where to locate an injecting facility in Kings Cross?

In December 1999, following the withdrawal of the Sisters of Charity Health Service upon advice from the Vatican, the NSW Government invited the Uniting Church of Australia to apply for a licence to establish and operate the facility. A few weeks later 2 potential sites, which had been identified by the Sisters of Charity group, were presented to a community meeting held at St John's Church in Darlinghurst. One was in Orwell Street and the other on the corner of Hughes and Macleay Streets, Potts Point. Local residents reacted angrily, saying that these sites were too close to the more residential part of Kings Cross. They argued that the MSIC should be located in the more commercial part on Darlinghurst Road, where the shooting galleries had always operated and where there was most to be gained in terms of public amenity. Other advantages identified were that the main street was better lit and more policed than the residential areas.

While the Sisters of Charity Health Service had originally agreed not to consider sites on the main street at the urging of the Kings Cross Chamber of Commerce and Tourism, their representative at this community meeting, Mr Malcolm Duncan agreed to lift this quarantine. People got together after the meeting and formed a new residents group called the Potts Point Community Action Group, to specifically advocate that the MSIC be sited away from the more residential area of Kings Cross.

The Uniting Church then invited various relevant community stakeholders to join a Community Consultation Committee to restart the process of site selection to now also include sites on Darlinghurst Road. This Committee included representatives of local residents, drug users, their families, the former Kings Cross Chamber of Commerce and Tourism, other local health and social welfare services, police, local and state government. This Committee accepted with only minor changes the guiding principles for site selection previously established by the Sisters of Charity. These included the following.

- Floor space area of 150 - 200 square metres
- Useable space to allow sub-division as required
- Easy ambulance access
- Within 300 metres of Springfield Mall
- Ground level access front and back
- Acceptable to target population and other key stakeholders
- Positive ambience, natural light.

So why a central location?

During the 12 months to end 1999, there were 677 ambulance call-outs to the Kings Cross/ Woolloomooloo /Darlinghurst/East Sydney area to heroin overdose cases. More than 90% (621) of these call-outs were to places within 300 metres of the proposed site at 66 Darlinghurst Road, Kings Cross; 54% (335) of ambulance call-outs were to drug users who had overdosed on the street outside or in premises on Darlinghurst Road, Kings Cross.

The reason for this high concentration of drug overdose cases in central Kings Cross was that this was where drug supply had always been most concentrated. It is well established that drug dependent drug users inject as soon as possible after they have procured the drug of addiction, mostly to overcome physical symptoms of drug withdrawal ("hanging out"), but also to avoid police apprehension for drug possession. Hence proximity to the street-based drug scene (focused around Springfield Mall at this time) was considered to be of paramount importance in site selection, just as it had been for the 60 or so other injecting centres established in other cities in the world.

These ambulance overdose call-out data showed that locating the MSIC elsewhere (away from Darlinghurst Road) would have significantly lessened its ability to meet its stated primary aim: to reduce the morbidity and mortality associated with drug overdoses when they occur in un-supervised, back street situations. Furthermore, if a significant proportion of the street-based drug users in the area didn't use the MSIC, it would also limit its ability to improve public amenity, another aim of the MSIC.

In late January 2000 the then President of the former Chamber of Commerce and Tourism informed the Uniting Church about the availability of premises at 66 Darlinghurst Road (owned by another then member of the Chamber). Of the 39 sites assessed across a 6-month period, this site best met the guiding principles and a lease was signed in February 2000.

Mr Duncan formed a new group to oppose this site, which called itself the Kings Cross Community Coalition, which put forward several other locations. These included a site in Earl Place, but Potts Point residents strongly opposed this. Another was on the ground floor of the just constructed Elan apartment building, but the owners refused to lease to the MSIC. And the third was the Kirketon Road Centre (KRC) above the Darlinghurst Fire Station, but it had no available space and the need for fire truck access would potentially interfere with ambulance access.

Why not put it in the hospital?

The St Vincent's Hospital campus has also been suggested from time to time despite the much publicised need for the Sisters of Charity Health Service to withdraw from its involvement in the MSIC initiative in late 1999. However when still involved, it had already excluded operating the MSIC from its hospital site, because of the distance from the heart of Kings Cross. Even in the unlikely event that drug users would walk there each time to inject, this would create an "ant trail" from central Kings Cross across the overpass down Victoria Street, Darlinghurst to the hospital with attendant issues along the way. It would also pose safety and security issues at the hospital given its particularly vulnerable community of mainly elderly, infirm people in open ward situations with stocks of pharmaceutical drugs of great interest to drug users.

More recent suggestions that the MSIC be relocated to Sydney Hospital are even more unrealistic, as no drug users would travel that far just to inject drugs just procured in Kings Cross.

In June 2000 the Uniting Church lodged its application for a licence to operate the MSIC. One of the legislative requirements was that "sufficient community acceptance" of the chosen location be demonstrated. A further telephone poll at that time commissioned by the Uniting Church showed that a large majority of local residents and businesses supported the MSIC being located at 66 Darlingurst Road. Even the the Kings Cross Community Coalition's own poll conducted in tandem with the local government election in June that year demonstrated greater support for this location compared to all others put forward with the exception of KRC, which as stated above, was unavailable. The licence was granted to the Uniting Church in October 2000.

The licensing authorities' (being the Director General of the NSW Health Department and the NSW Police Commissioner) decision in this regard was unsuccessfully challenged by the former Kings Cross Chamber of Commerce and Tourism in the NSW Supreme Court in March 2001. The licence was upheld and the MSIC commenced operations in May 2001.

Further telephone polls undertaken by the independent evaluation team before and after the 18 months of operation also registered high and increasing levels of support for the MSIC at 66 Darlinghurst Road, among more than 500 local residents (68% to 78%) and 200 local businesses (58% to 63%). In particular both local residents and businesses cited that "location of the MSIC in high drug use areas" was the most important consideration in deciding where it should be located. Only 1% of businesses cited that the MSIC had "affected business".

The report also found that there was little evidence that the MSIC had a "honey pot" effect. In fact the number of drug users in the area has decreased, along with drug-related crime, in line with the rest of NSW over the past 2 years.

I hope that this brief background to the establishment of the MSIC in Kings Cross will add to your understanding of the rationale for its current location. While perhaps not perfect in every respect, it was the best of 39 sites considered over a six month period. Although not one supported by everyone, there were no other sites that gained greater support and none that pleased everyone. The MSIC continues to host the Community Consultation Committee, so if you have concerns about any aspect of its operation, please contact us at the MSIC so that we can address them.

A Day in the Life of a Counsellor at the Sydney MSIC: Justin

Why would you work as a counsellor at the MSIC? Trying to explain this to a group of friends at a dinner party on a Sunday night, can be a very difficult and tiring process (estimated time it takes to explain oneself: 2hrs).

Some of the responses are even more difficult to deal with. "Why do you want to teach people safer injecting practices, that's their problem isn't it?" Or "why do you want to save their lives, they're just junkies." It's hard to respond to such harsh statements of indifference.

"Well it sort of happens to be a community problem, drug use affects all of us in some way" and all of a sudden I feel like I have opened a can of worms and I have to start work again. It's a weird feeling trying to justify why you do the work you do when your mate, a salesman, earning a hundred grand a year convinces people they need something they don't actually want.

So the conversation continues with a fury and intensity that talking about your work has never really created before you worked at the MSIC. It continues through the stereotypes, the blame, the choices we all make, the hatred and contempt, the strong versus weak personality and finally it's like a little pressure valve that goes pop and I blurt out.

"I work with people that a lot of people would not give the time of day to, some are like the walking dead and I can't justify why they are there but I refuse to judge them whilst they are there. All I know is I saw someone go blue the other day and she is still alive today; I interviewed someone who doesn't share needles anymore, not because the desperation has magically disappeared but because the education works and I also know a lot of people will put their needle syringes in a proper disposal place so they don't hurt others." Finally I decide to call it a night and its almost time to go to work again.

It's an early Monday morning and the streets are alive with people and work starts out well, with a tirade of abuse accompanied by a spray of spittal from someone who is usually so polite. It's the drugs I guess, how they can change a person's personality and it's the prescription drugs that bring out the worst. The doctors who over-prescribe this particular drug to drug users are back at work today after the weekend, so I know it's going to be a busy day.

Wax on, wax off I think to myself as I furiously clean another bench to make some space for the queue of people in the waiting area. My visions of Mr Miagi teaching me an ancient art whilst polishing some stainless steal come to an end as I see a client I haven't seen for a while without his partner. I let him get his injecting equipment and before I can say anything he says "I haven't seen you for a while" and I reply, "I work irregular shifts and we have probably just missed each other. How are you anyway and where is your partner?" He looks at me a little stunned and says "didn't you know, she died the other night, OD in the park?" I say "No I didn't and I am so sorry to hear that mate." He says "Yeah" and nothing more can really be said, as the sadness starts to hit me like a breaker on a big day at the beach.

I'm still in a state of shock as I watch him walk through to stage 3 (the After Care Area). I quickly arrange to change places with a staff member in that section so I can have a cup of tea with him and just sit. He's walking straight through to the exit as I call out "wait" but he didn't hear me or maybe he needs the space. As I stand there and think for a moment, I wonder and I realise that sometimes, all I can do is pray for a little grace and hope that Jenny has finally found some peace from the pain she was living and the hell she was trying to escape.

I turn around a little dazed to see a sight that could put a smile on anyone's face, the beautiful "benzo'ed● dancers", who have an innate ability to dance to Madonna, as close to the floor as possible, in unison with one another, whilst almost never spilling the coffee they have made, with a biscuit in their mouth. It is the stage 3 personalities that make you feel alive and realise the world is an amazing place.

I am sent back out to stage 1 where I began the day meeting and greeting the clients as they enter the service. It's a friendly face coming through the door, with a big toothless smile who just popped in to pass a thank you on to one of the nurses who helped her get into a drug treatment program. She hasn't used for 10 days now; a record for her. I give her a wave good bye and turn my attention to the man in the suit, expecting him to ask to speak with the medical director and instead he gives me his client registration number and still the old stereotypes stuck in my head, fly out the window again. Eventually the day comes to a close and I feel emotionally drained but I know if I am quick I can get the right train.

I'm lucky enough to catch the train that connects with my ferry and even luckier to get a seat with the day's newspaper to match. It's only when I open the paper I realise the shock jocks are at it again with hatred spewing forth from their type writers, with letters of community outrage to match. I put the paper aside, close my eyes and listen to the wash of the ferry hit the bow and remember the compassion I learnt from the quietly spoken soul who died in the park the other night and think to myself, rest in peace; your impact on me has been profound.

● *Benzodiazepines are a group of pharmaceutical medications with sedative effects, which are commonly used by heroin-dependent people to lessen the effects of heroin withdrawal. They include temazepam, valium, serepax and mogadon and are colloquially known as "benzo's".*

A Day in the Life of a Nurse at the Sydney MSIC: Jink

Today I'm on an afternoon shift. It's almost 1.30pm and I've arrived through the front door into "stage 1" the waiting area of "the rooms" as they are known to some. Two injecting drug users (IDUs) are going into stage 2, the Injecting Room area of the Medically Supervised Injecting Centre (MSIC). Another new client to the service is discussing his past drug using history with another nurse in the adjoining assessment room. This is part of the registration process, which is undertaken on IDUs' first visit here. A quick hello to clients, staff and our security guard, Branko, then I head upstairs to stow my belongings and catch up on the day's progress since the 9.30am start.

Andy, the MSIC's Nursing Unit Manager, fills me in. So far the morning has been reasonably quiet, but with a steady flow of clients and no problems. He did talk with Belinda, one of the female clients who has some worsening health problems. We talk of the possible options for her and agree that the Kirketon Road Centre (KRC), which is a primary health care service for drug users quite nearby, is probably the best place for her to be referred to initially. The doctors there will be able to assess her medically without needing to have an appointment and then organise treatment and a hospital admission if necessary. I'll keep an eye out for her this afternoon.

Now I'm off downstairs. Firstly to the sink for a thorough hand wash (the first of many) and to check in with the two nurses and the counsellor on duty in stage 2. Yes, they had been busy. Someone had overdosed on heroin earlier - it was readily treatable and the person was now in stage 3, the After Care area. The nurses were completing the emergency treatment forms with details of exactly what happened. A note had also been entered into the person's medical file so we can again talk about risks and safety issues when this client next comes in. I've had quite a few clients become motivated to be referred to a drug detoxification service after counselling them about their drug overdose at the last visit to the MSIC, so it's a really important part of the work here.

I relieve one of the nurses for lunch who is keen to go as she tells me her caffeine level is dangerously low. Now we're cleaning the injecting booths and talking about what to discuss in this article. There's so much you can't convey about working here, partly because of the need to maintain client confidentiality at all times, which we of course strictly adhere to. It's hard to explain to people that along with the genuinely sad occurrences, we also see some wonderful and funny things too. "Were you here that night when all the clients and staff were singing to that song on the radio?" Asks Fiona. "I was, it was terrific" I smile, remembering it well. We also remember flowers and letters sent to us by former clients to let us know that they got through detox and rehab and are no longer addicted to the gear.. Fantastic!

Here comes another rush of clients, so clean injecting equipment is dispensed, safety issues and hand washing reminders repeated and away we go, into the afternoon. At about 4 o'clock I spot Belinda, the female I am on the lookout for. She is indeed looking very unwell and agrees to being referred to KRC, so I ring the staff there to let them know she is on her way.

It's 8.50pm and I go to help the staff in Stage 3 (where people are encouraged to wait after injecting, giving them time to ask us about how to get assistance with their drug-related issues and giving us a chance to assess their readiness to leave) as two heroin overdoses have occurred there at the same time.

John, in his early 20s, has only needed oxygen therapy and monitoring so far. His older mate Dave, however, stopped breathing altogether and has required assisted ventilation wherein oxygen is manually pumped into the person's lungs using a mask, airway and bag that fills with oxygen between squeezes, followed by an injection of Narcan, a medication that temporarily reverses the effects of heroin.

The older man is now coming around. Explanations are given about what has happened to him and what treatment he has had. He says he's grateful to be OK, but is worried about his friend who is still on oxygen and remains quite drowsy. He certainly wouldn't have been in a position to have called an ambulance for help, had they been injecting this heroin together elsewhere. Dave convinces John to also have a small dose of Narcan as they need to head home soon. Apparently they injected a new batch of stronger heroin which they weren't used to. After being given safety information by us they depart.

The last few clients also head off and it's time to close for the night. We talk about the day, finish filing the medical records and it's good night to all. A pretty worthwhile day we decide.

Organisations that support the Sydney MSIC

AIDS Council of NSW

Australian Medical Association

Australian National Council on AIDS, Hepatitis C and Related Diseases

Australasian Society of HIV Medicine

Hepatitis C Council of NSW

National Centre in HIV Social Research

New South Wales Users and AIDS Association, Inc (NUAA)

Social Workers in AIDS

School of Community Medicine, University of NSW

Royal Australasian Colleges of Physicians, Psychiatry, Emergency Medicine

Dr Ray Seidler, Dr Andrew Byrne

Crosswise Residents' Action Group

Ms Clover Moore MP, Bligh
Lord Mayor, City of Sydney

Ms Tanya Plibersek,
Federal Member for Sydney

Family Drug Support

Foley House

Ted Noffs Foundation

Inner City Legal Centre

Sisters of Charity Health Service

Baptist Inner City Ministries

Metropolitan Community Church

St John's Anglican Church, Darlinghurst

St Canice's Church, Kings Cross

Mission Australia

Wayside Chapel