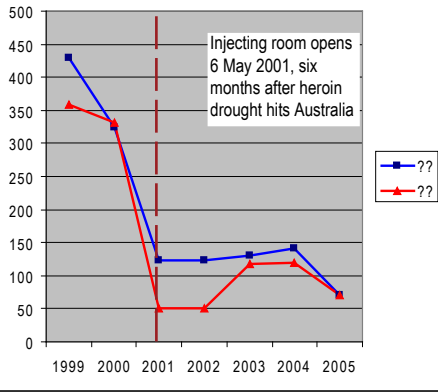


Heroin deaths - which State has the injecting room?



The Case for Closure

Injecting Room 2010 UPDATE

Drug Free Australia

INJECTING ROOM REDUCES AMBULANCE CALLOUTS?

EVALUATORS DEMONSTRABLY WRONG . . . AGAIN

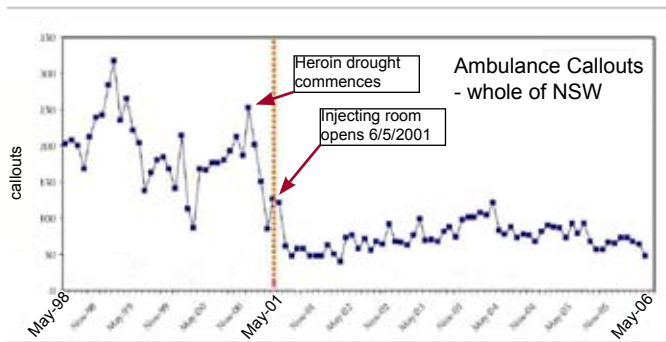
A 2007 injecting room evaluation concluded the facility had, along with the heroin drought, reduced ambulance overdose callouts in Kings Cross by 80%, with nearby Darlinghurst down only 45%.

NSW Parliamentarians favourable to the injecting room consequently trumpeted this reduction as evidence of the effectiveness of the injecting room (NSW LA Hansard, June 20, 2007).

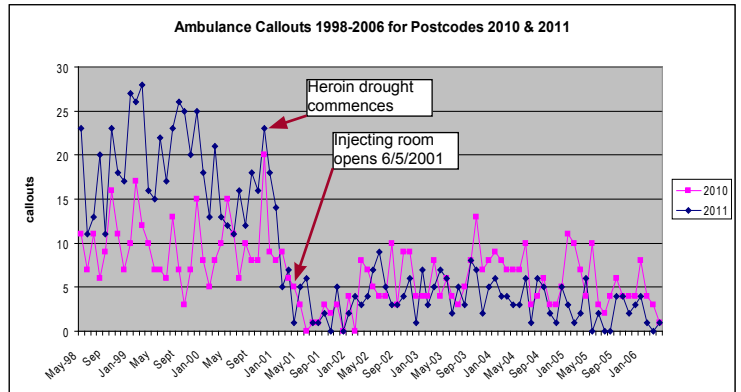
Drug Free Australia calculations demonstrate the injecting room can, at best, reduce ambulance overdose callouts by 13 per year (against a pre-heroin drought yearly average of 208 for Kings Cross). But the evaluators' claims are demonstrably wrong.

Heroin drought responsible for most reductions

Below is a graph of ambulance callouts for the whole of NSW from 1998 to 2006, showing the 61% reduction in callouts due to the heroin drought which intervened roughly 6 months before the May 2001 opening of the injecting room in Kings Cross.



The injecting room's Kings Cross 2011 postcode (the blue line in the following graph) did have much larger decreases in overdose callouts than the rest of NSW above, in fact 19% more with its 80% reduction.

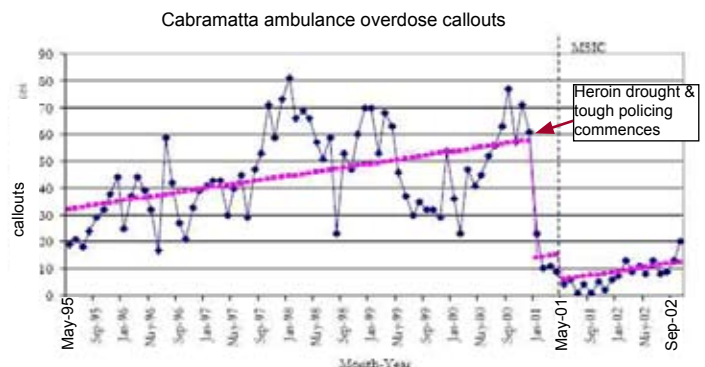


But very curiously, nearby Darlinghurst (postcode 2010 in pink) had only a 45% decrease in callouts (16% LESS THAN decreases for the rest of NSW)! Note the fewer overdoses for 2010 *before the drought*, and higher overdoses for 2010 *during the drought*. Quite clearly something was responsible for moving drug users, with their overdoses, from Kings Cross to Darlinghurst via a very evident displacement effect.

Why no mention of the police sniffer dogs?

Tougher policing with sniffer dogs predominantly in the Kings Cross area began in May 2002 (ABC news item, May 18 2002), 12 months after the injecting room opened. But there is not one word about sniffer dogs or increased law enforcement anywhere in the evaluation, despite plenty of media about the changes.

Why didn't the evaluators and NSW Parliamentarians ever mention tougher policing with sniffer dogs as the likely factor reducing ambulance callouts in Kings Cross? When introduced to Cabramatta, sniffer dogs, along with associated policing measures, reduced ambulance callouts by 83% as can be seen below.



** The red line is Victoria, which with no injecting room had a larger percentage decrease than NSW. The injecting room can only statistically save one life every 2 years - see page 3.



the Case for Closure

The Canadian injecting room experience

Government seeking Insite's closure

The Canadian Government is currently fighting supporters' court challenges to its attempts to close the Vancouver Insite injecting room. A 2008 Canadian Expert Committee report was deemed by government to demonstrate insufficient outcomes for the cost.

Only one life saved statistically per year

Despite Insite hosting more than 400 opiate injections daily, double that of the Kings Cross injecting room, the calculations of the Expert Advisory Committee yielded only one life saved per year. This indicates that Drug Free Australia assertions that the Sydney injecting room (averaging less than half Insite's totals with not even 160 opiate injections daily) cannot save even one life per year accords with the Canadian methodology.

No community overdose impact

According to the Government of British Columbia Selected Vital Statistics and Health Status Indicators, Annual Report, 2005, the number of deaths from drug overdose has increased each year around Insite, going from 49 in 2002, to 50 in 2003 (the year it opened), to 64 in 2004 and to 77 in 2005.

Low Usage Rates

The Expert Advisory Committee reported that over 8,000 people have visited INSITE to inject drugs. 18% percent, or 1506 of these 8,000 people, account for 80% of the overall visits to INSITE. Less than 10% used INSITE for all injections. The median number of visits is approximately eight. Taking just the 1,506 injectors who most regularly use the centre, who would cumulatively inject somewhere between 6,000 and 9,000 times daily, the less than 500 injections in Insite daily represents at best one injection in every 12 inside the facility.

HIV figures questioned

Various journal-published evaluations of the impact of Insite on transmission of HIV have been published, finding positive outcomes, but the Expert Advisory Committee was "not convinced that these assumptions were entirely valid." Added to this is the problem that journal studies worldwide have failed to demonstrate that clean needle programs effectively change users' risky practices that transmit HIV once the clean needles are taken home.

Extra police impacting crime

Journal studies' glowing reports on Insite's impact on local drug drug related crime ignored the substantial increases in police presence. The following is a quote from the Vancouver Police, when asked about police presence at and around INSITE:

Yes, four officers per day, 22 hours per day, 7 days per week, for one year from Sept 03- Sep 04 in the block at all times with cell phone access directly to them by SIS staff. These officers were paid on overtime callout at double time for that whole year. The Vancouver agreement paid for that. At the same time 60 other officers were deployed in a 5-block area and still are to this day. The police took care of public disorder. The SIS enhanced public disorder.

No evident referral to rehab


Institute of Global Drug Policy interviews with Directors of five area treatment facilities all reported having neither any connection to INSITE nor any clients coming to them from INSITE. All supported some form of compulsory treatment, and all indicated that treatment, not INSITE, was the key to reducing drug problems including addiction, crime, disease, mental health issues and public disorder.

Drug Free Australia Ltd
ACN 102 169 139
National Office:
1 Collingrove Ave,
Braodview SA 5083
Phone: 0403 334 002
E-mail: admin@drugfree.org.au
www.drugfree.org.au

Drug Free Australia is the peak organisation for organisations and family associations around Australia that seek the prevention of illicit drug use.

Drug Free Australia's vision is: Communities are well-informed about the harms of illicit drugs and empowered with anti-drug strategies.





the Case for Closure

Serious about saving lives?

Is the enormous number of overdoses in the injecting room a sign of many lives being saved or of risky experimentation with drugs where safety is guaranteed?

The 2003 injecting room evaluation led by NDARC noted the high rates of overdose (their own data showed overdoses 42 times higher than the clients' own pre-injecting room overdose rates) and on page 62 understatedly asserted that:

"THEY MAY HAVE TAKEN MORE RISKS AND USED MORE HEROIN IN THE MSIC."

Testimonies of risky experimentation

Ex-clients of the injecting room in rehab agree. Testimony of two ex-clients agreed that the high overdose rates were due to clients experimenting with cocktails of drugs or higher doses seeking their biggest rush. Here's one:

Ex-client: "They feel a lot more safer, definitely because they know they can be brought back to life straight away. What users look for is in heroin and pills is to get the most completely out of it as they can, like virtually be asleep but awake for 4 - 5 hours. For instance to get that you have to test your limits. And by testing your limits that is how you end up dropping." (NSW LC Hansard 26 July 2007)

This appears supported by a client on ABC's PM program on July 9 2003:

NICOLA: Well, sometimes, you know, us junkies, so-called, we mix our drugs in ways. We don't really care what happens to our bodies as long as we're having our drugs, and cocktails, as you put it, can be lethal at times. And, yeah, I've quite a few times dropped in here and I've had Narcan to bring me back to life.

Incontrovertible - \$5.4 million to save one life

Using the same methodology for calculating lives saved as that used by the only major review of injecting rooms worldwide (European Monitoring Centre - "European Report on Drug Consumption Rooms" 2004) the injecting room can statistically save only one life every two years at a cost of \$5.4 million per life.

Same funding could save hundreds of lives

\$5.4 million of funding for rehab programs or naltrexone implants will save literally hundreds of lives. Rehabs have long waiting lists and have to deny users treatment when they want it. Naltrexone implants negate any chance of overdose and the 7,000 thus far implanted are largely funded by one individual doctor in WA. Hundreds of families and friends long to be reunited, but all that funding goes to the injecting room for so little benefit.

FAILURE OF INJECTING ROOM SUPPORTERS TO LOOK AT ALL THE EVIDENCE

The injecting room cites support from the NSW Australian Medical Association and the Royal Australasian College of Physicians as a clear indicator that the evidence supports injecting room 'success'.

However it takes but one single issue to demonstrate that such organisations have failed to look at all the evidence, particularly Drug Free Australia's analysis. This issue is . . . saving lives.

It is very well established in Australian studies that one in every one hundred dependant heroin users die each year of a heroin overdose. A cohort of 100 heroin users, who will inject heroin on average 110,000 times a year as a group, will quite evidently experience just one fatal injection out of those 110,000 injections per year for the one in one hundred who dies each year. But the injecting room only hosts 55,000 heroin injections per year, taking two years and \$5.4 million to save that one life.

This method of calculating saved lives is precisely the same as that used by the European Monitoring Centre for calculating its estimates in its review of consumption rooms worldwide, and accords exactly with the results of the Canadian Expert Advisory Committee for Insite.

If these organisations had studied the facts they could not possibly support such a waste of public funds.

the Case for Closure

Final Scorecard

The 1999 Drug Summit aims for the Kings Cross injecting room were to 1. reduce mortality and morbidity of injecting drug use 2. provide a gateway to treatment and 3. improve public amenity, reducing public injecting and discarded needles

| | Evaluation Indicator | 2003 Evaluation Outcome | 2004-2007 Evaluation Outcomes |
|--|---|--|---|
| S a v e d l i v e s | Overdose deaths in the area | no evidence of any impact p 62 | 2007 evaluation found no measurable impact |
| | Ambulance overdose attendances in the area | no evidence of any impact p 61 | not the object of later studies |
| | Ambulance overdose attendance during hours the injecting room was open | no evidence of any impact p 60 | 2007 evaluation found 80% reduction in Kings Cross but made no mention whatsoever of changed policing of hot-spots in 2002 with sniffer dogs - a likely cause |
| | Overdose presentations at hospital emergency wards | no evidence of any impact p 60 | 2007 evaluation could not obtain sufficient data for comparison |
| b l o o d - b o r n e v i r u s | HIV infections amongst injecting drug users | worsened p 71 | no later studies on blood-borne virus transmission but see Drug Free Australia's publication, "The Reality on Government Needle Programs" showing no weight of scientific studies supporting success worldwide |
| | Hep B infections | no improvement p 71 | |
| | Notifications of newly-diagnosed Hep C | worsened p 71 | MSIC attenders reported higher levels of sharing than non-attenders in 2003, 2004 and 2005 |
| | New needle and syringe use | no advantage displayed by injecting room over the nearby needle-exchange p 92 | |
| | Re-use of someone else's syringe | no improvement p 93 | |
| | Re-use of injecting equipment other than syringes | no improvement p 93 | not the object of later studies |
| | Tests taken for HIV and Hep C | no improvement p 96 | |
| Tests taken for Hep B | improved in 2001, worsened in 2002 p 98 | not the object of later studies | |
| r e f e r | Referrals to drug rehab and treatment | extremely poor - 8% of clients referred to methadone and buprenorphine maintenance combined and only another 4.7% referred to abstinence-based detox or residential rehab. pp 98, 99 | the 2007 evaluation found 11% of clients had been referred to treatment/rehab/detox, the same % as in the 2003 evaluation. However referral uptake by clients moved from 20% in 2002 to 84% in 2007 |
| p u b l i c a m e n i t y | Publicly discarded syringes | while needle handouts reduced by 19% due to the heroin drought, discarded needles markedly increased on 2 streets closest to the injecting room, or further from the room, failed to keep pace with reductions in distribution pp. 117-123 | the June 2007 evaluation found a 48% decrease in publicly discarded needles after the injecting room opened but made no mention that this was the result of the heroin drought & tougher policing |
| | Client self-report of frequency of public injection | injection on the street - 57% (2001) to 46% (2002) in a public toilet - 40% (2001) to 33% (2002), in a squat - 13% in both years, use of commercial shooting galleries - 16% (2001) and 14% (2002) p 94 yet discarded needles relatively increased | self-report of clients re public injection in the prior month yielded lower levels than 2001 for 2002, 2003 and 2004, but 2005 had similar levels to 2001, the year the injecting room opened |
| | Perception of public nuisance caused by drug use | decreased only in line with reduced demand due to heroin drought impact p 113 | the 2005 study found some slight decreases in perceptions of public nuisance but failed to mention tougher policing from 2002 on |
| | Public injections sighted | mixed - residents reported less in direct comparison to heroin drought impact, businesses reported no improvement p 116 | in the 2005 study there was a marked decrease in sightings of public injection - the evaluation made no mention of tougher policing with sniffer dogs as a likely cause |
| | Acquisitive crime (break & enter etc) | no improvement p 147 | decreases in crime in 2006 and 2008 only in line with increased enforcement levels and heroin shortage |
| | Drug dealing at rear door of MSIC | continual p 148 | a 2008 study found that while drug offences within 50m of the MSIC were a small proportion of the whole of Kings Cross, there were increases in the number of incidents in the proximity of the MSIC, such as at the station opposite |
| Drug dealing at Kings Cross station | worsened along with drug user loitering at the station entrance 25 metres opposite the front door of the MSIC, evident particularly during injecting room opening hours p 149 | | |

The injecting room scorecard indicates substantial failure on each Drug Summit objective. Other data indicates increased drug use and drug dealing due to the MSIC and a clear honey-pot effect outside its doors - see the Case for Closure 12 pager www.drugfree.org.au