

The Case for Closure

Injecting Room 2017 UPDATE

Drug Free Australia

INJECTING ROOM STUDY NOW CONCLUSIVELY WRONG

On 7 June 2017, Drug Free Australia alerted Victorian Parliamentarians that the Kings Cross injecting room's 2007 evaluation, claiming ambulance callout reductions for overdose by 80%, is incorrect. The Victorian Government had previously established an Inquiry into the feasibility of an injecting room at North Richmond. Dr Lisa Maher, one of the researchers for the 2007 evaluation, corresponded with Parliamentarians on 19 June 2017, (https://www.parliament.vic.gov.au/images/stories/committees/SCLSI/Injecting_Centres/Submissions/S47-Kirby_Institute.pdf) claiming that Drug Free Australia's Brief to Parliamentarians was in error.

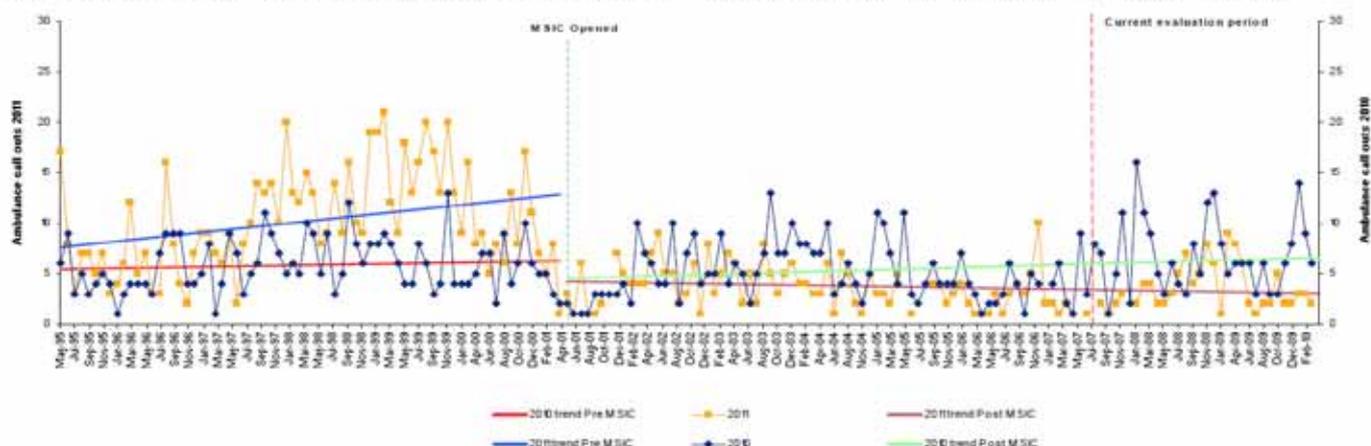
Maher referenced a journal study by the 2007 evaluation's researchers which had been published in the journal 'Addiction' in April 2010 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2009.02837.x/full>). Drug Free Australia had not been aware of this article in which there is additional data beyond the 2007 evaluation. This new data CONCLUSIVELY demonstrates the researchers drew conclusions that directly contradict their own data.

The 2007 evaluation found that due to the heroin drought ambulance callouts for overdose were reduced across NSW between 2000 and 2006 by 61%, in the Kings Cross postcode 2011 by 80% and in neighbouring Darlinghurst (postcode 2010) by a disappointing 45%. The evaluation claimed that the injecting room may have been responsible for the extra 19% reduction beyond the NSW average.

However, the 2010 Addiction article recorded additional data for the hours when the injecting room was closed. This new data conclusively demonstrates that most of the extra reductions in Kings Cross were due to something other than the injecting room. During the hours the facility was closed, callouts for the rest of NSW reduced by 42%, in Kings Cross by an exceptional 71% and in Darlinghurst by a disappointing 26%. The exceptional decreases in Kings Cross, 29% above the NSW average, cannot have been due to a closed injecting room during those overnight hours, indicating an alternate cause.

In our previous 2010 Case for Closure Update Drug Free Australia identified the introduction of sniffer dog policing in the Kings Cross postcode as the most obvious cause. Sniffer dogs were introduced in the months immediately following the injecting room's opening in May 2001. (http://23.101.218.132/Prod/parliament/hansart.nsf/V3Key/LA20011206063?open&refNavID=HA8_1 See comments by Clover Moore) The sniffer dog displacement of drug dealers, drug users and their overdoses to neighbouring Darlinghurst is confirmed by the much lower than expected reductions in overdose callouts there, which are 16% below reductions for the rest of NSW by day, and 16%

Figure 12-2: Ambulance attendances for suspected opioid overdoses during the MSIC operating hours (postcodes 2010 and 2011)



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	AMBULANCE CALLOUTS BEFORE MSIC OVER 36 MONTHS					
	During Op hours	Average per month	Outside Op hours	Average per month	Total all hours	Average per month
Postcode 2011 - Kings Cross	626	17.4	922	25.6	1548	43.0
Postcode 2010 - Darlinghurst	138	9.4	311	8.6	549	18.0
Rest of NSW	6779	188.3	2991	80.6	9680	268.9

	AMBULANCE CALLOUTS AFTER MSIC OVER 60 MONTHS					
	During Op hours	Average per month	Outside Op hours	Average per month	Total all hours	Average per month
Postcode 2011 - Kings Cross	210	3.5	440	7.3	650	10.8
Postcode 2010 - Darlinghurst	311	5.2	383	6.4	694	11.6
Rest of NSW	4382	73.0	2806	46.8	7188	119.8

	PERCENTAGE REDUCTION IN AMBULANCE CALLOUTS			
	During Op hours	Outside Op hours	Total all hours	
Postcode 2011 - Kings Cross	80%	71%	73%	
Postcode 2010 - Darlinghurst	45%	26%	36%	
Rest of NSW	61%	42%	55%	

below NSW by night. Notably, Darlinghurst moved from 7% of NSW callouts before 2001, to 10% of NSW by 2006. Sniffer dogs regularly patrolled the streets of the Kings Cross postcode until the early hours of the morning (https://www.ombo.nsw.gov.au/_data/assets/pdf_file/0020/4457/Review-of-the-Police-Powers-Drug-Detection-Dogs-Part-1-October-2006.pdf p 13, 133), but very little of Darlinghurst. As noted in DFA's 2010 Analysis of the KPMG Evaluation, the injecting room could not claim to have reduced ambulance callouts by more than 12 per year.

Dr Maher's correspondence with Victorian Parliamentarians also appealed to a 2011 study in Lancet which claimed that Vancouver's Insite injection facility reduced mortality in its immediate surrounds by 35% and in Vancouver by 9%. This study was discredited long ago with Drug Free Australia's letter published in Lancet in 2012 ([http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(12\)60054-3.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(12)60054-3.pdf)). A second DFA letter was refused publication by Lancet (https://drugfree.org.au/images/pdf-files/library/Injecting_Rooms/Second_Letter_to_Lancet_re_Erroneous_Insite_Study.pdf) in which a statement from then-commander of police operations around Insite, John McKay, was reproduced. It confirmed that the Lancet author's reply ([http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(12\)60055-5.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(12)60055-5.pdf)) to our first letter was entirely incorrect in its spurious claim that police crackdowns around Insite ceased shortly after it opened. Drug Free Australia notes that the Lancet, in rejecting this second authoritative clarification, was subject to a readily verifiable conflict of interest, with Chief Editor Sir Richard Horton sharing a Science Board position alongside two of the disputed study's

authors in a Vancouver-based drug law reform organization (https://web.archive.org/web/20140407014028/http://www.icsdp.org/network/scientific_board.aspx).

The Addiction study seeks to explain the unexpectedly high night-time decreases for the Kings Cross postcode 2011 by positing that counseling of MSIC clients after each overdose led to them adjusting their injecting behaviours such that they, as a group, simply overdosed less by day AND by night. This explanation is not supported by the data in the Addiction study, where there was an average 316 overdoses per year in the facility between July 2001 and June 2005, while ambulance callouts for overdose in Kings Cross and Darlinghurst averaged only a third of that number at an average 120 per year. It is clear then that injecting room clients learnt no self-constraint whatsoever via counseling, with overdoses far higher in the room than on the streets outside the facility.

A second explanation in the Addiction study supposed that clients may have adjusted the timing of injections daily to coincide with when the injecting room was open – thus it was proposed that many injecting room clients simply ceased injecting after 9.30 pm when the injecting room closed. This explanation is not supported by the data in the Addiction study which shows that the ratio of day/night ambulance callouts moved from 40/60 before the injecting room opened to 32/68 after it commenced operations. The 8% increase in the ratio of nighttime overdoses in Kings Cross between 2001 and 2006, which closely matched the 9% increase in nighttime ambulance callouts across the whole of NSW, is the very opposite of what this explanation would imply.

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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.

