



# The Injecting Rooms Scam

in the words of their government  
evaluators

4. Referral to treatment

# Referral to treatment

## Treatment includes:

- opiate maintenance programs
- residential rehab
- detox

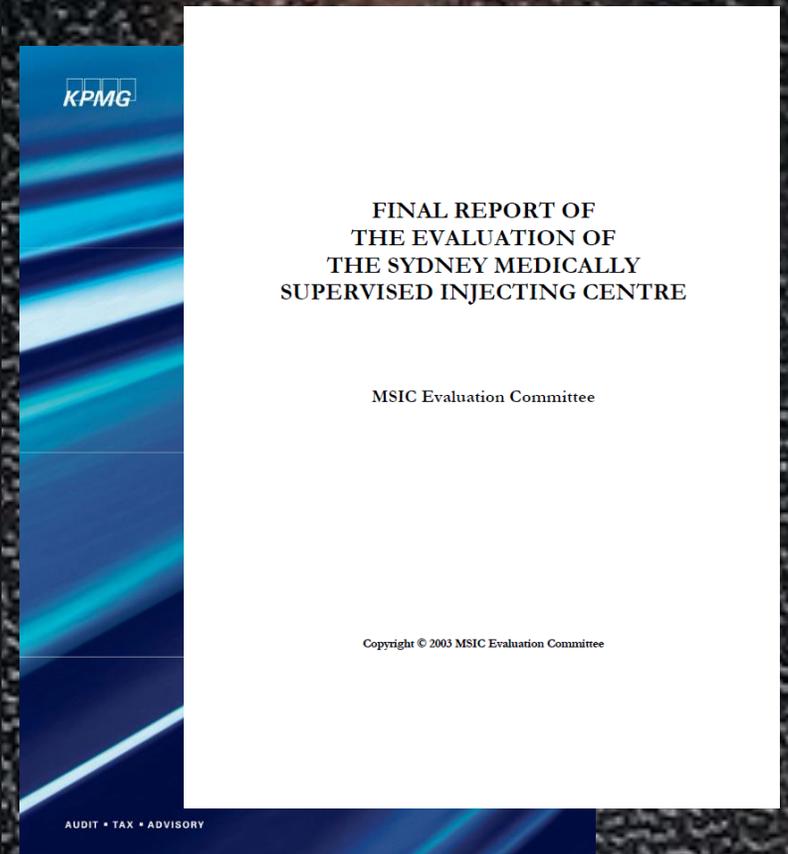
# Results

Sydney – 11% referred to drug intervention – pp 98.99

- opioid maintenance – (304 of 3,748 clients) – 8%
- residential rehab – (43 of 3,748 clients) – 1%
- detox – (134 of 3,748 clients) – 4%
- **no change by 2010** – p 128

## By comparison

One of Australia's biggest addiction medicine practices at Highgate Hill, Brisbane, had referral rates of 91% of patients to treatment



# Compare

## Nicotine dependence

- Nicotine as addictive as heroin
- 70% of smokers say they want to quit

## From the 2010 evaluation of the Sydney facility – p 125

- 20% of smokers ready to quit at any time
- 37% of tobacco smokers are quitting
- 42% are contemplating quitting

## So why the extremely poor referral rates?



# Results

Melbourne – not good – p 48

“ . . . in the first year of operation (the MSIR) has not demonstrated higher levels of service take-up for MSIR users as compared with other people who use drugs.”

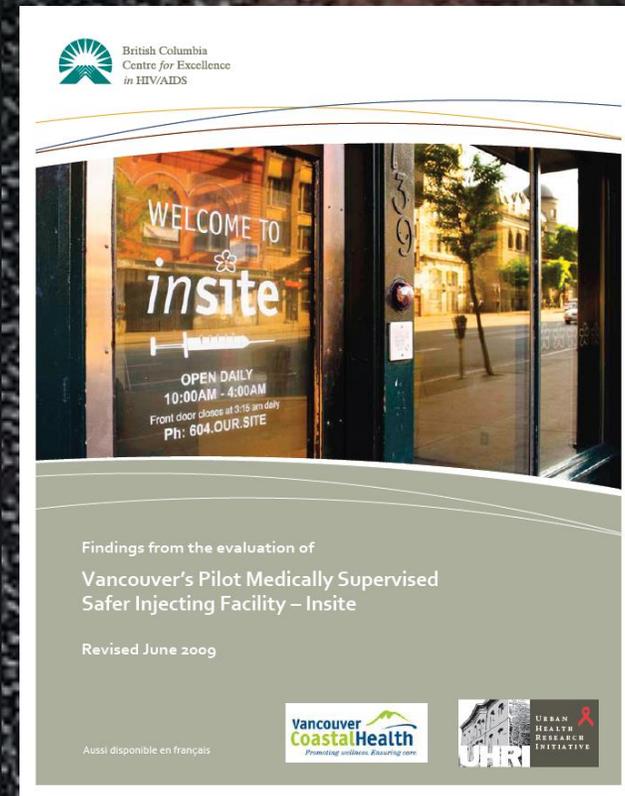


# Results

## Vancouver – 18% referred to detox – p 26

“The study followed more than 1,000 Insite users between December 1, 2003 and March 1, 2005. Of this group, 185 (18%) began a detoxification program at some point during the study period.

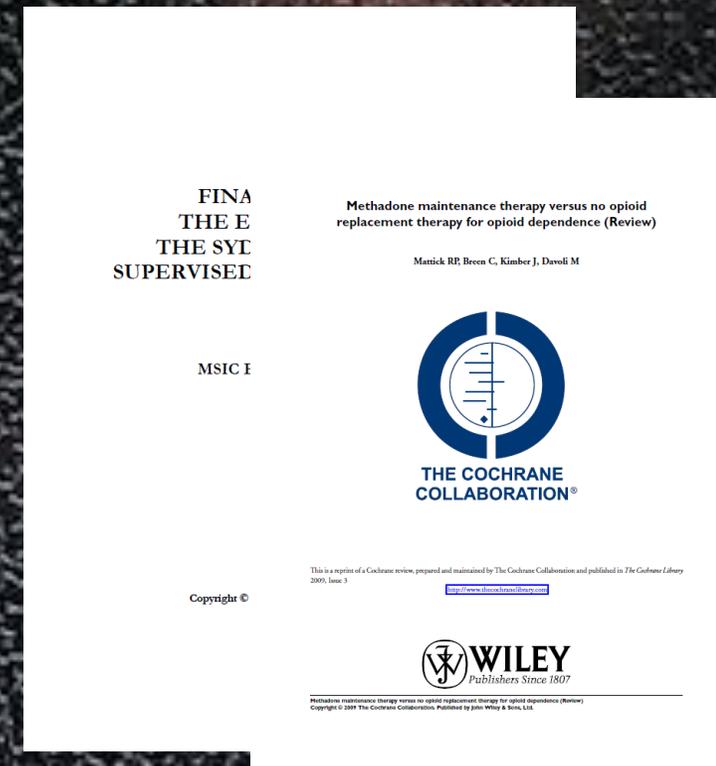
Individuals who used Insite at least weekly were 1.7 times more likely to enroll in a detox program than those who visited the centre less frequently. The study also found that contact with Insite’s addictions counsellor significantly increased a person’s chances of enrolling in detox.”



# Irony

## Methadone maintenance ineffective

- Dr Richard Mattick led Sydney 2003 evaluation
- Also did Cochrane review on methadone programs
  - “Methadone appeared statistically significantly more effective than non-pharmacological approaches in
    - **retaining patients in treatment** and
    - in the **suppression of heroin use** as measured by self report and urine/hair analysis (6 RCTs, RR = 0.66 95%CI 0.56-0.78),
    - but **not** statistically different in **criminal activity** (3 RCTs, RR=0.39; 95%CI: 0.12-1.25)
    - or **mortality** (4 RCTs, RR=0.48; 95%CI: 0.10-2.39).”

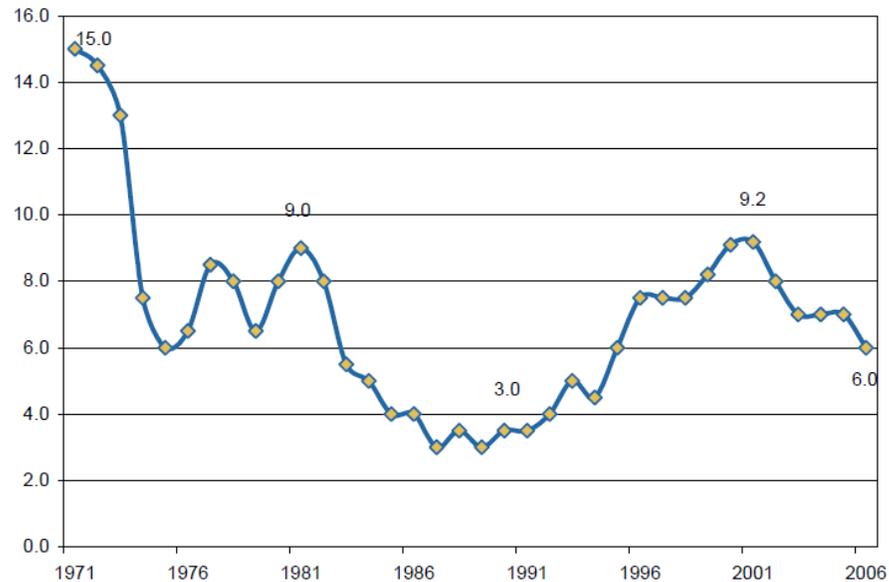


[https://www.drugsandalcohol.ie/5706/1/MSIC\\_final\\_evaluation\\_report.pdf](https://www.drugsandalcohol.ie/5706/1/MSIC_final_evaluation_report.pdf)  
[https://www.cochrane.org/CD002209/ADDICTN\\_methadone-maintenance-therapy-versus-no-opioid-replacement-therapy](https://www.cochrane.org/CD002209/ADDICTN_methadone-maintenance-therapy-versus-no-opioid-replacement-therapy)

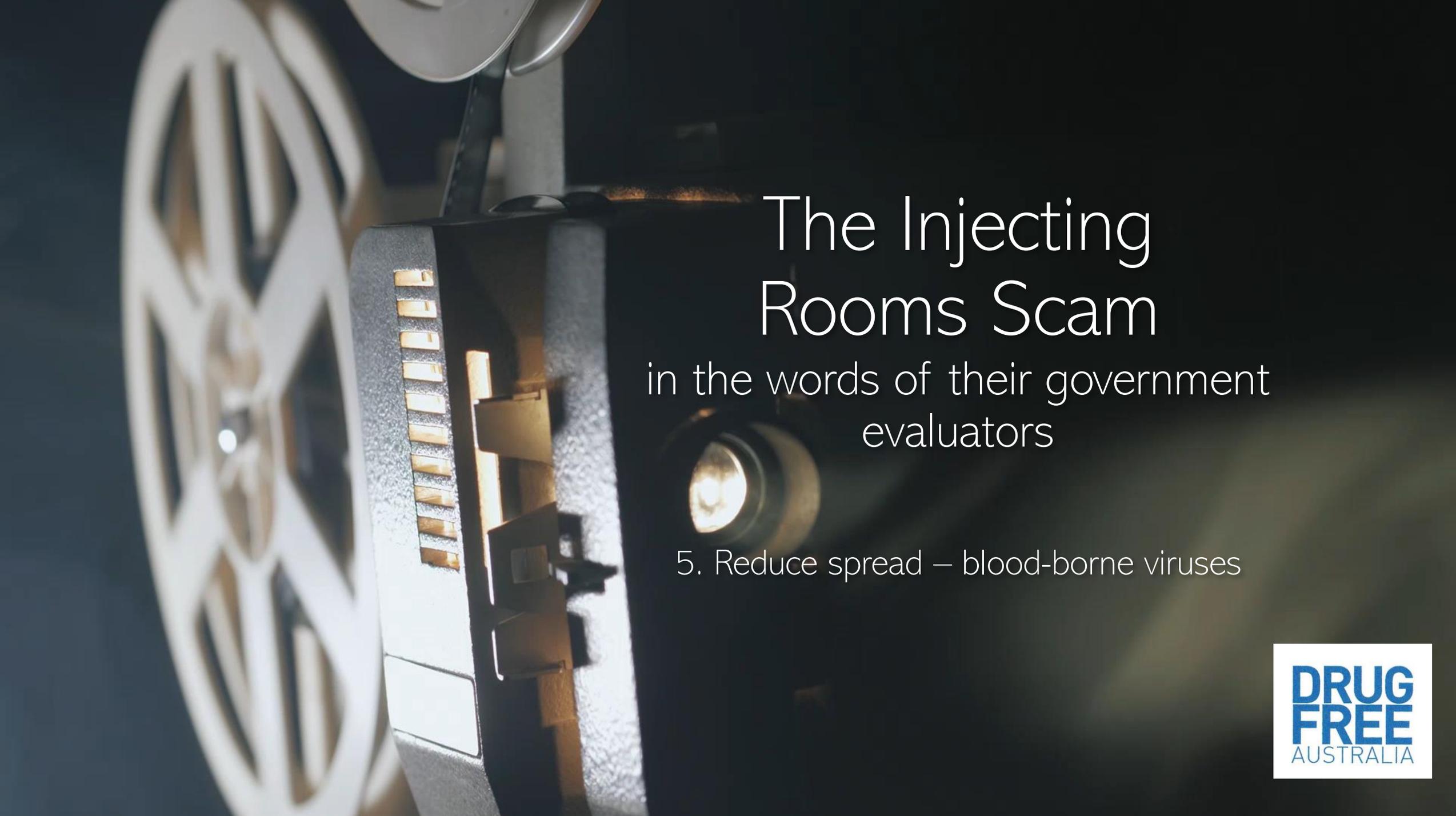
# Rehab crucial

Sweden – from highest to lowest via compulsory rehabilitation

Figure 5: Life-time prevalence of drug use among 15-16 year old students in Sweden, 1971-2006



In the late 1960s Sweden had Europe's highest levels of illicit drug use, but reduced them via compulsory rehab. When recession hit in the early 90s, they stopped spending on rehab, with use increasing until 2002 when spending was again increased



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5. Reduce spread – blood-borne viruses