



CROSS CURRENTS

The story behind Australia's first and only Medically Supervised Injecting Centre

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CROSS CURRENTS

The story behind Australia's first and only Medically Supervised Injecting Centre



DANIEL SMITH

(1984 – 2012)

“My son and only child Daniel died in January 2012 from an accidental heroin overdose. He died alone in my car in Blackheath, across the road from his dealer’s house. He was 28 years old.

Daniel’s battle with heroin lasted nine years. We knew about it for seven of those years and most of that time, he was living at home with us. While we lived in Sydney, Daniel spent a lot of time in the inner city and told me he used the Medically Supervised Injecting Centre. He thought it was a clean and safe space where he would not be judged or criticised.

Unfortunately, there are no facilities like that in the Blue Mountains. So when we moved to Katoomba five years ago, we found we had to provide a safe and clean injecting space in our home for Daniel. We in no way condoned drugs but when we faced the reality of Daniel’s heroin addiction, we made a conscious decision to stand by him. We set boundaries and we embraced harm minimisation. We have no regrets about our actions during those seven years. With our love and support, Daniel never contracted Hepatitis C and never had a criminal record.

But Daniel’s big problem was that he would always use alone; his close friends weren’t users. On the morning he died, I feel that if he had had somewhere to go, like a safe room in a hospital or an injecting centre, there would have been help for him.

Daniel was an intelligent, caring and generous young man. He battled so hard with his addiction and he was coming good. He just needed more time.”

Judy Smith

2013

*A just, fair and
compassionate
society in which all
people are treated
with dignity and
respect, enabled
to live fulfilling
lives, and have the
opportunity to
create and share
in the prosperity
of the nation.*

UnitingCare



“This is a story about the battle to open and continue operation of the Sydney Medically Supervised Injecting Centre (MSIC). It’s the only place in Australia, in fact, the only place in the southern hemisphere, where someone can come in and legally inject drugs, under the supervision of trained clinical staff.

It was a long hard road getting the service up and running. As the first supervised injecting centre in the English speaking world, political sensitivities, sensationalist media headlines, and polarised debate nearly prevented it opening on more than one occasion.

But support for the Sydney MSIC is now widespread. The success stories are clear. The Centre reaches out to some of the most disengaged, disenfranchised and disadvantaged members of our community who live on the margins and often on the street. UnitingCare NSW.ACT is proud to be part of this unique harm reduction service that serves the local community of Kings Cross and treats all people with dignity and respect.

We hope that these pages provide some background and understanding, and that after reading them, you continue the conversation about drugs, about people who use drugs, and about the way we as a society should approach these issues.

We can only change the world one conversation at a time, but by looking within, behind fear and misinformation, we hope you will see the Centre for what it is; a practical and compassionate service for marginalised people.”

Dr Marianne Jauncey

Medical Director, Medically Supervised Injecting Centre (March 2014)
UnitingCare NSW.ACT

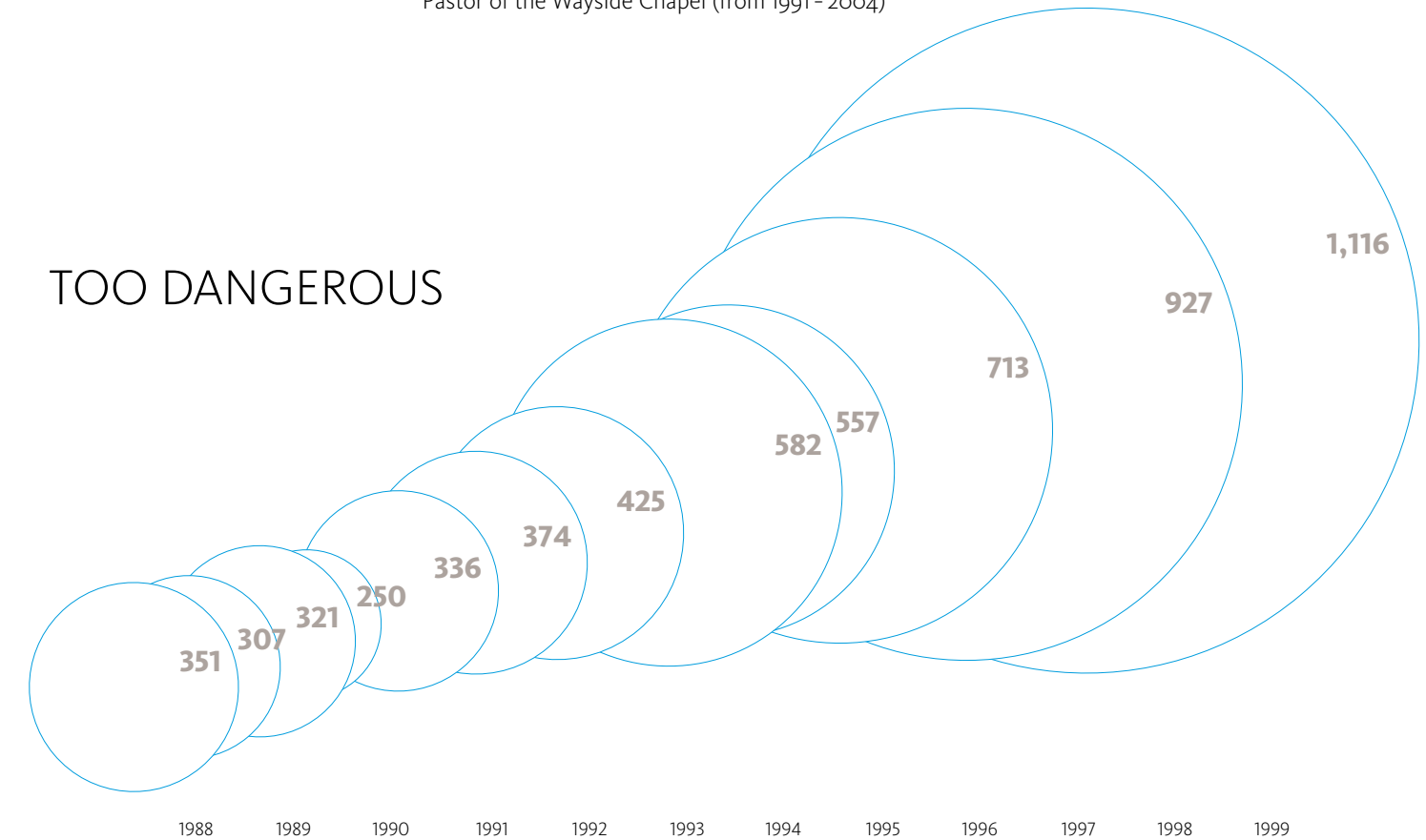


“In Kings Cross [in the 1990s], the police and ambulance services were stretched beyond limits. Council workers disabled all public park taps. Restaurants shut toilets to patrons, and users were entering private property for water to mix drugs for needle injecting. Trade in restaurants, coffee shops and nightclubs decreased. Kings Cross was too dangerous.”

Reverend Ray Richmond

Pastor of the Wayside Chapel (from 1991 – 2004)

TOO DANGEROUS



Accidental deaths due to opioids among those aged 15-54 years

Source: Degenhardt, L., and Roxburgh, A. (2007).

Accidental drug-induced deaths due to opioids in Australia, 2005.

Sydney: National Drug and Alcohol Research Centre.

Kings Cross, one of Sydney’s most vibrant inner-city neighbourhoods, has attracted artists, underworld figures, and people from all walks of life since the 1920s, with the promise of entertainment, alcohol, anonymity, and opportunity. When Australia went to war in the 1960s, hundreds of American soldiers on rest and recreation filled Kings Cross in search of this heady mix. They also came with a predilection for heroin, and soon introduced it to bohemians and prostitutes in the area. From that point onwards, the market for heroin continued to expand in Kings Cross.

By the 1980s, political concerns were growing over this increasing use of heroin, resulting in the Federal Government adopting a national policy on drugs, with an overarching harm minimisation approach. The three main objectives of this policy were to reduce drug supply; reduce the demand for drugs, and reduce harm associated with drug use.

This came at a time when the continuing fall in the price of heroin, and an increase in the number of users injecting drugs¹, saw the streets of Kings Cross become awash with heroin. The sounds of ambulances, and the appearance of paramedics treating victims of a drug overdose, were all too common place.

The Needle and Syringe Program introduced in 1988 was part of the harm minimisation approach, and successfully reduced some of the damaging consequences of injecting drugs, namely the spread of HIV and Hepatitis C infections among drug users. Although the Program was able to provide injecting drug users with clean needles and syringes, it could do little to stop accidental drug overdoses. No one could legally monitor someone as they injected drugs, or intervene if something went wrong. Sadly, overdose deaths rose dramatically across New South Wales during the late 1990s.

With the dire situation of increasing overdose deaths, coupled with the very limited reach of existing health services, Justice James Wood outlined a real need for the service in his final report on the Royal Commission into the NSW Police Force in 1997. Justice Wood made the first formal recommendation that an injecting centre be considered by the NSW Government:

“At present, publicly funded programs operate to provide syringes and needles to injecting drug users with the clear understanding that they will be used to administer prohibited drugs. In these circumstances, to shrink from the provision of safe, sanitary premises where users can safely inject is somewhat short sighted.”²

1 McKetin, R., Darke, S., and Kaye, S. (2000). Findings from the Illicit Drug Reporting System, 1999. Sydney: National Drug and Alcohol Research Centre.

2 Wood, J. (1997). Royal Commission into the New South Wales Police Service Final Report: Volume 11 Reform

“The group which established the Tolerance Room ten years ago had only one intention: to establish, as suggested for consideration by the Wood Royal Commission, a place in Kings Cross where people determined to inject illegal drugs could do so safely. Of necessity, they would also have to be able to inject their drugs without fear of being charged and arrested. In the year that the Tolerance Room was established, 1,116 young Australians died of a heroin overdose.”

Dr Alex Wodak

Director St Vincent’s Alcohol and Drug Service (from 1982 – 2012)
Speech at event to commemorate 10-year anniversary
of the Tolerance Room at Wayside Chapel, 2009.

COURAGEOUS ACTIONS
BY CHURCH ACTIVISTS

Sunday, January 31, 1999 \$1.20

NICOLE: WHY I'M COMING HOME TIMEOUT EXCLUSIVE



MARTINA: A CHAMPAGNE SUPERNOVA BACK PAGE



WIN CDs & CASH WITH FREE TRIPLE M BUMPER STICKER: ASK YOUR NEWSAGENT

We give kids like this heroin kits instead of help. Now the Health Minister admits . . . **IT'S WRONG**



HOW IT'S DONE: A man who had already shot up helps a young boy to inject himself.

The Sun-Herald INVESTIGATION

THIS is the picture that shocked a health minister into suspending a scheme that hands out heroin injection kits to children.

Dr Andrew Refshauge was so disturbed by The Sun-Herald's photographs of a boy shooting up on the day most kids started back to school, that he quickly ordered a halt to the official needle exchange program conducted in Caroline Lane, Redfern.

And Community Services Minister Faye Lo Po ordered a Statewide alert to find the boy pictured to get him help and care.

The Sun-Herald has discovered that last year nine million needle kits were given away in Sydney alone. And it costs taxpayers \$9 million a year to fund the program.

Dr Refshauge said: "It is appalling that someone so young is an addict. Young kids need to be rescued, they need to be helped. Someone got this kid started on drugs. He

Continued page 6

Although the illicit drug problem and overdose deaths continued to rise dramatically across New South Wales, it took public outrage over a story that appeared on the front page of a Sydney newspaper before the NSW Government finally took real action. On 31 January 1999, the Sun Herald featured a front page photograph of a teenage boy injecting drugs in a laneway in inner-city Redfern. The articles that accompanied the photograph described the activities of drug users in 'Sydney's busiest open-air drug shooting gallery'³, supplied by injection kits from a mobile needle exchange van in the same area. The editorial from that day's newspaper cited that few families were untouched by the State's growing crisis over drugs, and that it should be treated as a national emergency⁴.

The following week, the then Premier of NSW, Bob Carr MP, announced that a Drug Summit would take place if the Labor Party was re-elected. The Summit would call on participants representing the views of government, police, community, businesses, health, and the legal system, to work together and develop strategies to address the drug problem. It would include working groups, panel discussions and field trips, in 'a no-holds barred, non-party examination of the drug problem'⁵.

In a high profile civil disobedience exercise to highlight the need for supervised injecting services, and to ensure this was an approach to be discussed at the Drug Summit, Reverend Ray Richmond of the Uniting Church's Wayside Chapel decided to illegally operate a supervised injecting room. It was known as the 'Tolerance Room' or 'T-Room'.

This was clearly against the law at the time and Reverend Ray Richmond was subsequently arrested by police in a raid of the Tolerance Room in the lead up to the Drug Summit. A number of users of the service were also charged with various drug offences.

This action not only achieved media attention and public debate, it highlighted the issue of supervised injecting services, and ensured it had a place on the Drug Summit's agenda.

3 'Shooting up on easy street', Sun Herald, 31 January 1999, p. 6

4 'A picture which shames us all', Sun-Herald, 31 January 1999

5 'Carr calls summit', Sun Herald, 7 February 1999.



“The test, I think, we’ll all be applying, is whether it gets this activity off the streets. This is an attempt by us to protect the community of Kings Cross from drug use on the streets, in the laneways and in the doorways, to get it out of there into a situation where you’ve got medical supervision and a link to treatment.”

Bob Carr MP

Premier of New South Wales (from 1995 – 2005)
Interview on ABC Radio’s PM, 1999.

BREAKING NEW GROUND

Ambulance paramedics use Narcan to revive heroin overdose victim at rear of Wayside Chapel in Sydney’s Kings Cross, 6 May 1999.

The four Government aims of the trial were to:

1. Decrease drug overdose deaths
2. Provide a gateway to drug treatment and counselling
3. Reduce problems associated with public injecting and discarded needles and syringes
4. Reduce the spread of disease such as HIV and Hepatitis C

opposite

Jubilant scenes from Parliament House as the vote in support of the Supervised Injecting Centre is passed.



Vatican fears scandal more than death



Following the Labor Party's re-election at the end of March 1999, Premier Bob Carr MP stood by his promise and the NSW Drug Summit officially commenced on 17 May 1999.

Delegates at the Drug Summit heard personal and heartfelt stories from injecting drug users, family members, counsellors and ambulance officers, and also took part in visits to drug treatment and rehabilitation facilities and hospital detoxification units in key areas such as Kings Cross and Cabramatta. For many of the delegates, it profoundly influenced their understanding of addiction. It provided context, often for the first time, of the realities of social exclusion, abuse, and untreated or undiagnosed mental health problems. Drug addiction had a human face.

The Drug Summit delegates jointly made 172 recommendations following the many discussions that took place. Of all the recommendations, one of the most significant was the proposal to trial a medically supervised injecting room. The then Independent Member for Bligh, Clover Moore MP, whose represented electorate encompassed Kings Cross, moved the resolution, which called 'for a tightly controlled trial... providing there is support for this at the community and local government level'⁶.

Given the volume of drug-related activity in the area, it was proposed that the trial take place in Kings Cross, and legislation was passed later that year to allow a medically supervised room to operate initially for 18 months. The trial was made possible by a change to the Drug Misuse and Trafficking Act 1985, which made it legal for a person at the injecting room to be in possession of a small quantity of a prohibited drug and to self-administer that drug. The change also made it legal for health staff to work at an injecting room, to supervise drug users injecting. The injecting room was to be funded by the confiscated proceeds of crime, so that it did not divert funds from the NSW Health budget.

By June 1999, only one month after the Drug Summit, the Sisters of Charity Health Service run by the Catholic Church, announced they would manage the injecting centre as an extension of St Vincent's Alcohol and Drug Service. Unfortunately the Vatican then advised the Sisters of Charity Health Service to withdraw their participation, leaving the future of the injecting room in doubt.

The Uniting Church had already demonstrated its willingness to support drug users in Kings Cross through the Wayside Chapel's 'Tolerance Room', and so when the Executive Director of UnitingCare⁷ at the time, Reverend Harry Herbert was approached to consider auspicing the injecting room, there was no hesitation.

In December 1999, only seven months after the recommendation was first made at the Drug Summit, the NSW Government invited the Uniting Church to apply for a licence to establish and operate Australia's first Medically Supervised Injecting Centre (MSIC).

⁶ Swain, M. (1999). The New South Wales Drug Summit: Issues and Outcomes, Background Paper No 3/99. NSW Parliamentary Library Research Service.

⁷ UnitingCare NSW.ACT is the organisation responsible for most of the Uniting Church's community welfare services in NSW and the Australian Capital Territory.



"It was bold. It was intense. There was a real sense of being part of history in the making, no matter the outcome. All of us involved, and we were such a great team of true believers, knew we were making a difference. And this is of course what people committed to social justice all hope to achieve at some stage of our lives."

Dr Ingrid van Beek

Medical Director Sydney MSIC (from 2000 - 2008)

LOCATION, LOCATION, LOCATION

The site of any supervised injecting centre has to be close to where the sale, purchase and use of drugs is occurring. Kings Cross was Australia's most concentrated drug hot spot, with 10% of the nation's drug overdose deaths occurring there. Each ● represents one of the 677 ambulance callouts to heroin overdose that occurred in the area in 1999. There were 335 that occurred in Darlinghurst Road alone.

KINGS CROSS STATION

DARLINGHURST RD

#66

Establishing the only supervised injecting centre in the southern hemisphere was not without its challenges or its opponents. Some in the local Kings Cross community initially were not confident that the concept would work, while the media saw an opportunity to focus on issues such as drug pushers and crime rates. Where would the MSIC be located and would people want to work there?

The Kings Cross Chamber of Commerce and Tourism in particular did not want the MSIC located near shops, clubs or pubs in the local Kings Cross area. However, to provide the most benefit, the MSIC had to be physically close to where public drug use and drug overdoses were concentrated.

Following many months of community consultation, UnitingCare lodged its application for a licence to operate the MSIC at 66 Darlinghurst Road, across from Kings Cross train station. This site was the best of 39 that had been considered and had gained the most support from the community. Despite the licence being granted in October 2000, the opening of the MSIC was delayed after a NSW Supreme Court action by the Kings Cross Chamber of Commerce and Tourism, which tried to challenge the validity of the licence and its approval process.

On 5 April 2001, Justice Brian Sully ruled that the proposed location for the injecting centre was well thought through, and that there was no restriction on UnitingCare operating the MSIC. The licence was granted for a period of 18 months.

With the lifting of this restriction, Dr Ingrid van Beek, who had been appointed by UnitingCare as the MSIC’s first Medical Director, could now begin planning for the opening at 66 Darlinghurst Road. Some 18 months after legislation had passed through State Parliament, Dr van Beek and her team opened the MSIC on Sunday 6 May 2001.

The Centre’s first client was a young labourer who came in off the street. He was working during the day but using heroin most evenings, and had never been to any of the services available to assist drug users in the Kings Cross area. The team at MSIC soon realised that they would have regular contact with people just like this; people who did not access health services. In this particular case, staff took the opportunity to engage with the client about his pattern of increasing drug use, and by the end of his second visit, he’d agreed to accept their help in getting into a drug treatment program.

On that first night of operation on 6 May 2001, the MSIC saw a total of eight injecting drug users, but by the end of May 2001, only 25 days after opening, 287 new clients had registered at the Centre ⁷.

7 Mattick, R.P., Kimber, J., Kaldor, J., MacDonald, M., Weatherburn, D. & Lapsley, H. (2001). Six-month process evaluation report on the Medically Supervised Injecting Centre. Technical Report No. 124, National Drug and Alcohol Research Centre. University of NSW, Sydney.



The presence of fulltime security personnel together with a close and visible working relationship with local police has been an essential part of a ‘community aware’ approach.





Vocal support by key public figures like the NSW Police Senior Assistant Commissioner Dick Adams continues to be an invaluable defence against irresponsible media hysteria.

crime

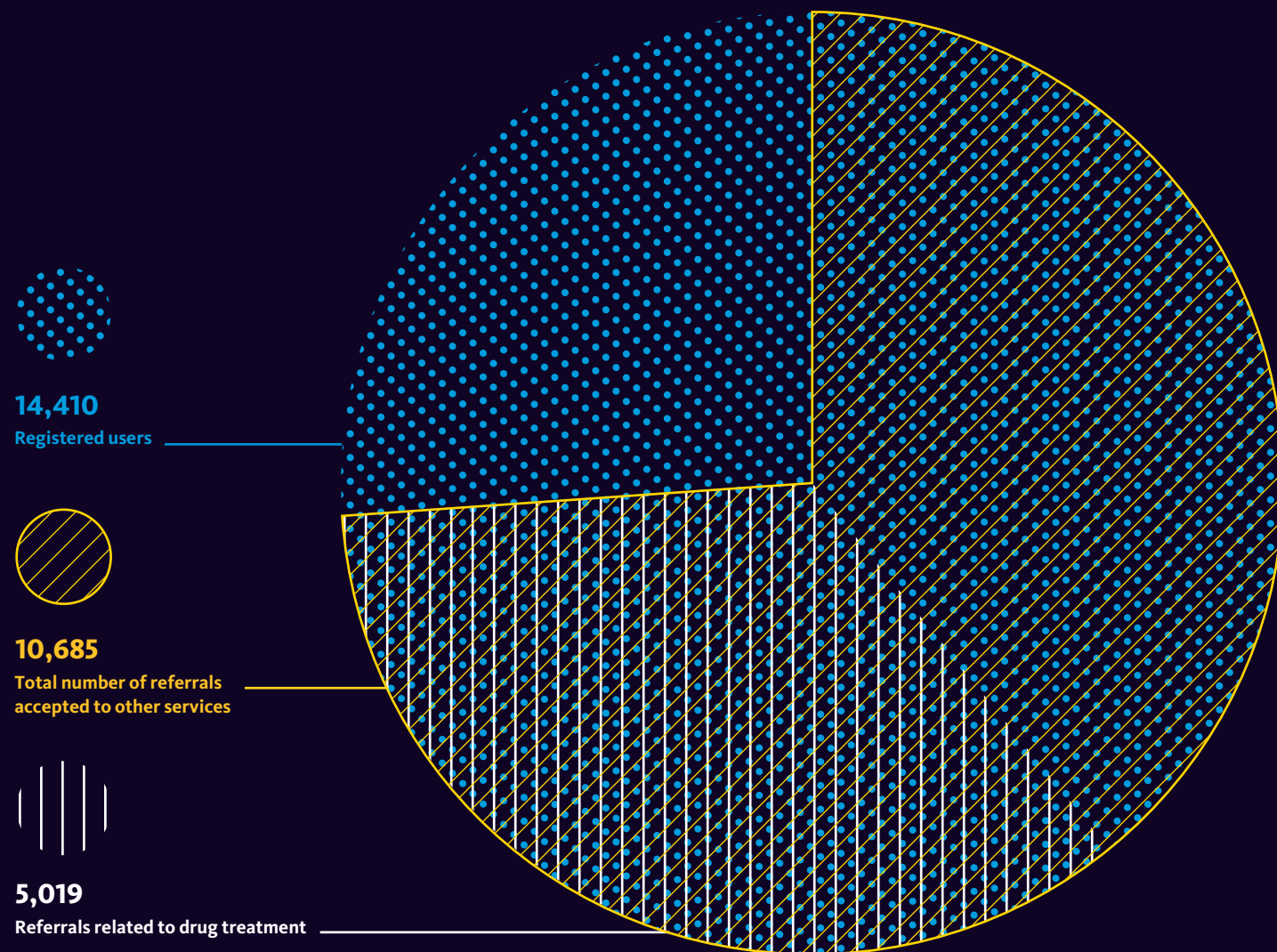
“In the two years since Superintendent Darcy [of Kings Cross Local Area Command] and his team have been working at Kings Cross with the injecting centre, reported crime is down 50 per cent. Every death we can save through the injecting centre, every addict that we can get off the street so it doesn’t affect the amenity of residents and people who use those areas, we applaud. And we certainly support the injecting centre.”

Dick Adams

NSW Police Senior Assistant Commissioner (from 1998 – 2005)

THE EARLY DAYS

down 50%



More than an injecting centre

as at December 2013
since May 2001

In the first few months of opening, it became clear that supervising drug injections would not be the sole purpose of the MSIC. Injecting drug users also had a variety of health issues, and while keeping people alive was still the immediate priority for Dr van Beek and her team, other core services, such as basic medical assessment, vein care and health promotion, were also introduced.

Health promotion activities started off with simple education around less harmful injecting techniques, and developed into a regular monthly message on health issues that specifically affected clients. Posters in every injecting booth and casual conversations with clients in the counselling and after care areas focused on a range of topics, from nutrition and how to keep your liver healthy to sexual health and maintaining healthy relationships.

In April 2002, on the verge of the MSIC's first birthday, new legislation was drafted to extend the licence of the Centre beyond the 18-month trial allowing services to continue until the evaluation results had been collated, analysed, interpreted and tabled in Parliament. Sadly, this early expansion of the initial trial gave no indication of the decade of politicisation and trial status that the MSIC would eventually face.

The first independent MSIC Evaluation Committee, finally released its report on the Centre on 9 July 2003. The Committee found that during the initial 18 month trial the service worked well, was acceptable to the client population and cost effective. Just in that short time 3,810 individuals had registered with the service, and already 409 overdoses had been successfully managed at the Centre, *without a single death*⁸.

The report summarised that operation of the MSIC in the Kings Cross area continued to be feasible, with the majority of the community accepting the initiative. A telephone survey among local residents indicated high levels of agreement with both the establishment of the MSIC and that the MSIC helped reduce the risk of HIV/AIDS or Hepatitis C, publicly discarded syringes, and the dangers associated with drug overdose⁸. It was also reported that there was *no increase in crime*, disputing critics' claims that the Centre would be a 'honeypot' attracting crime to the area.

⁸ MSIC Evaluation Committee comprised of members from the National Centre in HIV Epidemiology and Clinical Research, the School of Public Health and Community Medicine at the University of New South Wales, the National Drug and Alcohol Research Centre, the New South Wales Bureau of Crime Statistics and Research, and the New South Wales Department of Health.

861,848
Supervised injections

4,937
Overdoses

0 Deaths – a perfect safety record

as at December 2013
since May 2001

at MSIC

“We have operated smoothly and successfully. We have dealt with many overdoses with no fatalities. We have been able to refer a considerable number of people to both treatment and other services and we have contacted a group of injecting drug users who were outside the system.”

Reverend Harry Herbert A.M.

Executive Director UnitingCare NSW.ACT (from 1986 – 2012)

TRIALS AND TRIBULATIONS



Throughout the early years of trial status it would have been hard to find a more staunch advocate than the Reverend Harry Herbert, Executive Director UnitingCare NSW.ACT.

Saving lives, but injecting centre chief quits in anger

Ruth Pollard

THE medical director of Australia's only legal injecting centre has resigned, frustrated that after eight years of saving lives and funnelling people into drug treatment programs, the NSW Government seems determined to keep the service on an indefinite trial.

"This service has made contact with a particularly socially marginalised group of people - many of whom have had no contact with the health system whatsoever," said Ingrid van Beek on the eve of her departure from the Medically Supervised Injecting Centre.

"About one-third of people we refer to a drug treatment program have never been to a treatment program and we know the sooner we get people into those programs the more effective they are."

Yet the centre has always been politicised - from its inception at the 1999 NSW Drug Summit to its controversial opening two years later - and that, Dr van Beek said, was part of the problem.

"The fact that the trial periods are tagged to the four-year political terms means the survival of the service is never assured and that it is always political."

Over the past eight years, 10,514 drug users have registered at the centre in Kings Cross and of those, 7080 have been referred to treatment services, Dr van Beek said.

In that time, staff have treated 2458 overdoses - which otherwise have happened in parks, toilets or back lanes, in public view and without medical support.

"Rather than walk out of here with your clean needle and syringe and injecting in a person's back garden, or a back alley ... and then being at risk of overdose, we are saying 'stay on our premises'," Dr van Beek said. "We have trained staff who in the event of an overdose are able to respond promptly and effectively and [are] better engage with people and hopefully over time direct them into drug treatment and rehabilitation services."

Being trapped in a constant



Ingrid van Beek ... says it is hard to maintain staff.

trial phase diminished the centre's ability to attract and retain staff, Dr van Beek said. Caring for clients was also impeded because the centre had to operate separately from other health services in the area.

"Despite the increasing weight of evidence that it is meeting its public health goals, the MSIC's initial 18-month trial period has instead been extended on three subsequent occasions to become what is now a 10.5-year trial."

The Reverend Harry Herbert, the executive director of Uniting Care, the licensing authority of the centre, and has no doubt about its value. He, too, was critical of the Government's refusal to lift the trial phase.

"We have operated smoothly and successfully, we have dealt with many overdoses with no fatalities, we have been able to refer a considerable number of people to both treatment and other services and we have contacted a group of injecting drug users who were outside the system previously," Mr Herbert said.

"I never had a moment's trouble in the church over the injecting centre - the church has had many debates over the years on abortion and homosexuality but never any great debate about this issue because ... people saw stopping

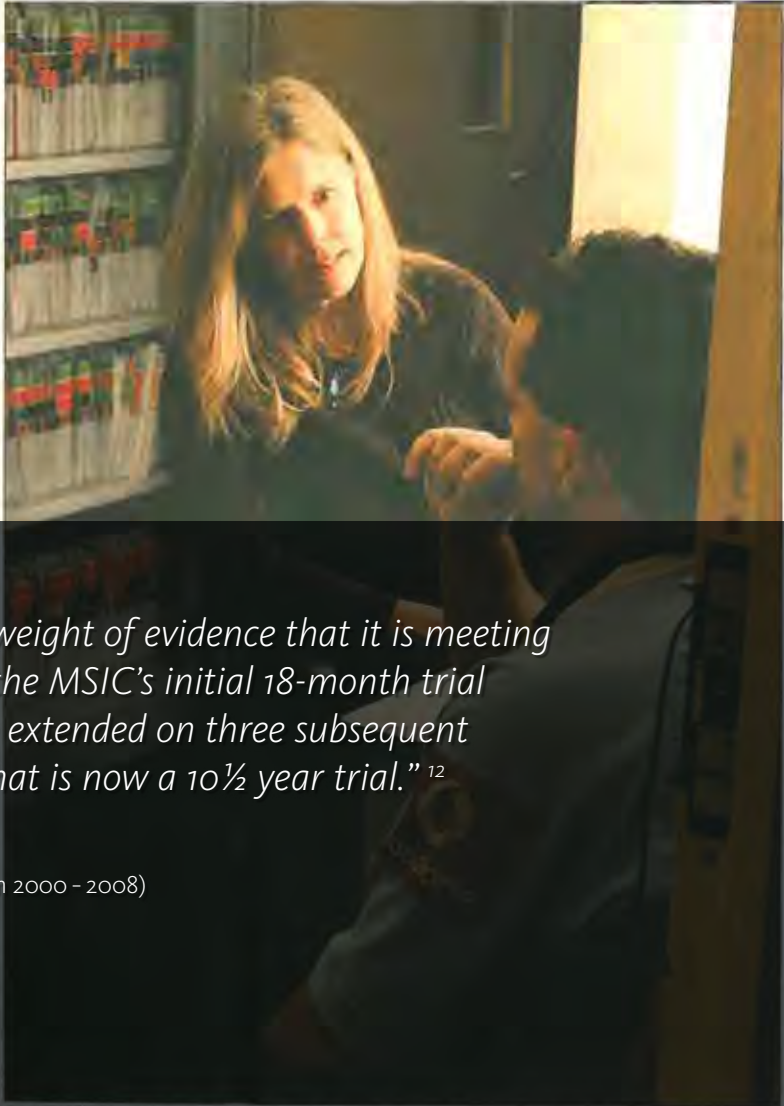
people from doing harm to themselves as an important principle."

An evaluation of local attitudes to the centre conducted by the National Centre in HIV Epidemiology and Clinical Research and released in 2006 found overwhelming support from residents and businesses alike, beyond the independent evaluations that have occurred since the centre's opening. The evaluation found that the centre has prevented and the amount of harm prevented is significant.

The government, however, remains unconvinced. "The government has been very successful in maintaining a 'contentious and divisive' trial phase," the report said.

"There is an ongoing need to have evidence about the centre's effectiveness, particularly its effectiveness in getting clients into treatment," a spokeswoman for the Health Minister, Reba Meagher, said yesterday. "The Government is committed to the continuation of the trial."

Dr van Beek will return to her position as director of the Kilderton Road Centre, a Kings Cross-based service providing health care to young people at risk, sex workers and injecting drug users. She will be replaced by Dr Marianne Jauncy.



Getting results ... a clinical nurse consultant, Susan Jarnagan, speaks to a drug user. Photos: Jon Reid

*"Despite the increasing weight of evidence that it is meeting its public health goals, the MSIC's initial 18-month trial period has instead been extended on three subsequent occasions to become what is now a 10½ year trial."*¹²

Dr Ingrid van Beek

Medical Director Sydney MSIC (from 2000 - 2008)

A significant factor in the continuation and trial status of the MSIC would be the outcomes of independent research and evaluation of the service, to determine whether it was actually making any difference. Yet despite positive findings at the end of the extended 18-month trial period in 2003, the Government announced a further four-year trial period and a further evaluation to be conducted by an independent team.

Tabloid commentators also had no hesitation in misinterpreting research findings and spreading misinformation about the objectives of the Centre. As a result some stories bordered on absurd, including one case where a Sydney tabloid newspaper alleged that a pile of syringes from the Centre were found spilling out of a public bin behind the service. Claims were made about the MSIC being a 'taxpayer-funded honeypot', attracting and keeping drug users in the area, as well as centre staff 'exposing the public to potentially deadly bloodtainted needles by showing no care in their disposal' ⁹. As it turned out, the syringes belonged to a diabetic cat and had somehow made their way to a bin near the MSIC, just in time for the tabloid photographer's arrival. The story was verified by the cat's owner and the cat's vet, but the tabloid gave a sensationalised version of events.

Despite the continuous attacks on the MSIC, each one was met with unfailing tenacity from the people behind the service, who witnessed daily the difference it was making to drug user's lives. Reverend Herbert and Dr van Beek undertook ongoing public advocacy for the MSIC, presenting the positive aspects to the Centre's work. In 2006, Dr van Beek explained in a newspaper article how, on average the MSIC was seeing 200 clients a day and that meant if it didn't exist there would be 200 additional injectors on the street: "Instead, we know that these people are not engaging in risky behaviour: they are not going to overdose in the back lane and not be attended to."¹⁰

By 2008, the MSIC was undergoing its third trial, the most recent having been announced to coincide with the 2007 State election. Each extension of the trial brought with it a new team of independent researchers, called in to further evaluate the service. The most recent evaluation report by the National Centre in HIV Epidemiology and Clinical Research found that an estimated 191,673 public injections were averted by the presence of the MSIC since opening in May 2001, and that during those six years of operation, the MSIC managed 2,106 overdose-related events without fatality ¹¹.

Unfortunately the clear success of the MSIC that was evident from independent evaluations did nothing to discourage the negative media attention, politics, and misinformation that continued to surround the Centre. It simply was not allowed to play by the same rules as any other health service. Frustrated with the Government's seeming determination to keep the MSIC on an indefinite trial, and tired from working as the Director at two different health services, Dr van Beek resigned in 2008.

- ⁹ The Daily Telegraph, Deadly neglect: Revealed Needles dumped in city streets, 27 July 2006.
- ¹⁰ Sydney Morning Herald, Kings Cross Centre helps cut down drug deaths, 11 March 2006
- ¹¹ NCHER. (2007). Sydney. Medically Supervised Injecting Centre Evaluation Report No. 4: Evaluation of service operation and overdose-related events. National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, Sydney, NSW.
- ¹² Sydney Morning Herald, Saving lives but injecting centre chief quits in anger, 7 July 2008.



“It has saved lives, it has reduced disease risk, it has reduced the incidence of public injecting, and quite frankly, it has brought people who live on the margins, who live on the edge, into contact with health services and drug treatment services.”

Kristina Keneally

Premier of New South Wales (from 2009 – 2011)

TRIAL STATUS REVOKED AFTER 10 YEARS

NSW Premier Kristina Keneally with NSW Health Minister Carmel Tebbutt at press conference to announce the overturning of the MSIC's trial status.

15 September 2010



The Sydney Morning
Herald

WEDNESDAY, SEPTEMBER 15, 2010 \$1.50

INJECTING ROOM HERE TO STAY

Printed by Fairfax Printers - ACN068675221 - 1 Worth Street, Chullora 2190, NSW

Dr van Beek was replaced by Dr Marianne Jauncey, a public health physician who had worked in Kings Cross since the late 1990s, and knew firsthand what things had been like before the MSIC opened its doors. She brought her passion for social justice and experience in harm reduction with her and took over the fight to overturn the Centre's trial status. Armed with evidence from an array of research papers and reports, she garnered support from within the scientific and medical community. Organisations such as the Australian Medical Association, the Royal Australasian Colleges of Physicians, Psychiatrists, Emergency Medicine and General Practitioners, all joined voices in their call for the trial status of the MSIC to be lifted.

Eventually, clear consensus from experts on the outcomes of the MSIC, coupled with the most recent trial period due to end in October 2011, led the then Premier of NSW Kristina Keneally to announce that the Government would move to make the service a permanent fixture. Legislation to lift the Centre's trial status was introduced by the Minister for Health Carmel Tebbutt MP on 23 September 2010 and passed in a partisan decision by both houses of Parliament on 27 October 2010 by a margin of 79 to 44.

The decision to grant the MSIC permanent status was praised by frontline health organisations, NSW Police, academic and research organisations, families of drug users, and health and drug rehabilitation services.

After nearly 10 years of operation, 11 independent evaluation reports from five different organisations, and 3,576 overdoses treated with no fatality, the evidence was clear; the MSIC saved lives, took public injecting off the street and was cost-effective.


Since 2005, the MSIC had been averaging between 191 and 226 visits per day¹³, clearly demonstrating a real need in the Kings Cross community for a place where injecting drug users could feel safe, be cared for and understood.

The MSIC was also a proven gateway to treatment and counselling. Former client Lisa* explained the difference the Centre made to the lives of people living on the streets of Kings Cross: "I want to thank you for giving some wonderful people, the girls in the Cross, the opportunity to use safely and therefore provide them with opportunity to live long enough to realise life is not all about shooting up."

When the legislation passed parliament, the then NSW Health Minister Carmel Tebbutt explained that although we may desire to live in a world where the MSIC is not needed, it does not excuse our responsibility to deal with the world as it is.

¹³ KPMG. (2011). Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007-2011), Final Report.

* Real name withheld provided for privacy and/or legal reasons.



Formalising the service provides certainty. It provides certainty to vulnerable victims of drug addiction. It provides certainty to the local community, who have seen a positive benefit to their surrounding area as a result of the medically supervised injecting centre. It provides certainty to families, who are struggling with drug addiction.

Kristina Keneally

Premier of New South Wales (from 2009 – 2011)

Services like the ones provided by the Medically Supervised Injecting Room in Kings Cross prevent new HIV infections and save many lives. I congratulate the New South Wales Government for taking an evidence-informed decision to protect the people who use drugs.

Michel Sidibè

Executive Director of UNAIDS (from 2009 – present)

The Joint United Nations Programme on HIV/AIDS

I'm really, really pleased and particularly grateful to the State Government for taking what is a brave step. This is the culmination of a long journey.

Tony Trimmingham

CEO/Founder of Family Drug Support (from 1997 – present)

The PHAA has welcomed the NSW Government's decision to make the Medically Supervised Injecting Centre at Kings Cross a permanent fixture. The centre's trial status is set to be lifted after almost 10 years of life-saving work and proven community benefits.

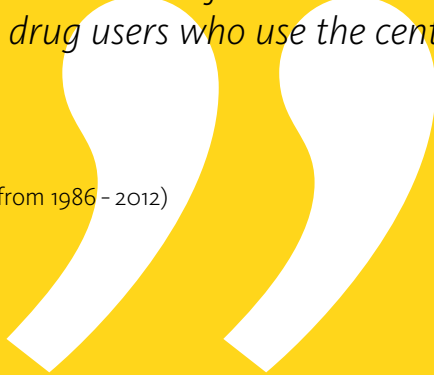
Michael Moore

CEO of Public Health Association of Australia (from 2008 – present)

ACON welcomes the government's decision and looks forward to the service continuing as an important and effective part of NSW's public health infrastructure.

Mark Orr

President of AIDS Council of NSW (from 2006 – present)



The decision to take the centre, which is funded from the proceeds of crime, off trial status is a win for common sense and great news for injecting drug users who use the centre on a daily basis.

Reverend Harry Herbert A.M.

Executive Director UnitingCare NSW.ACT (from 1986 – 2012)



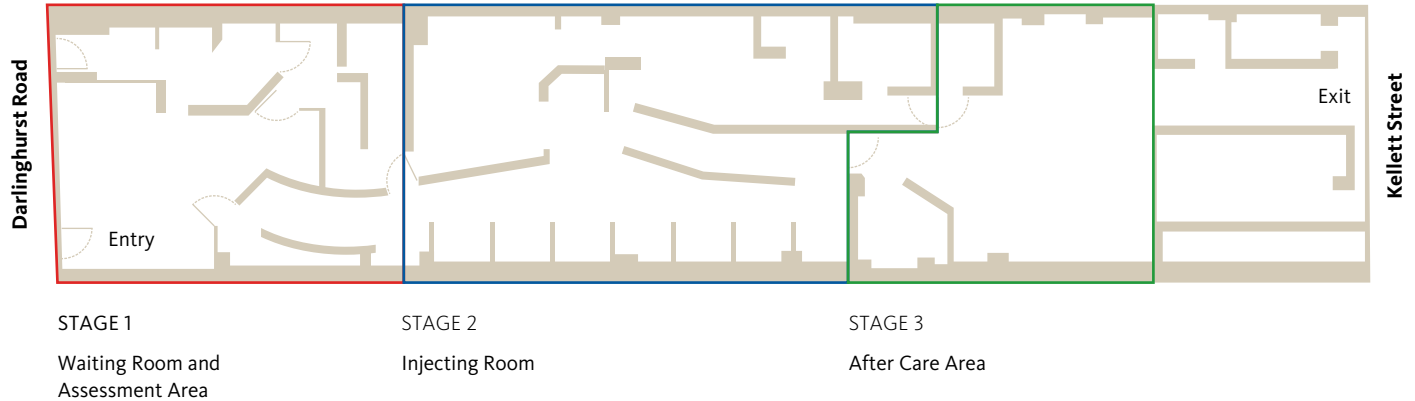
*respect &
responsibility*

“Each time people come to MSIC, they are treated with dignity and respect. This should be essential in any service, but it’s even more important for our clients who are already stigmatised, often homeless, mentally ill, and have been treated poorly most of their lives. It’s the thing clients most frequently say to us; thank you for treating me like a human being.”

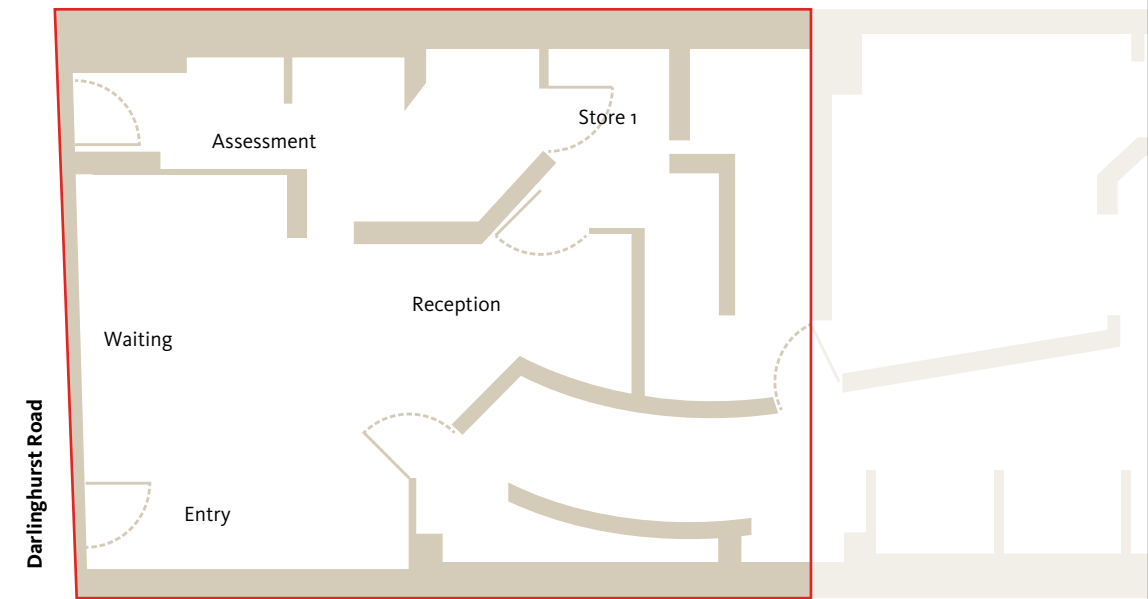
Dr Marianne Jauncey

Medical Director Sydney MSIC (from 2008 - current)

HOW MSIC WORKS



The importance of presenting a non-judgemental and empathic approach during client processing cannot be underestimated. Bad enough that life can be a daily dose of homelessness, violence, involuntary sex work and reliving past trauma, mental illness, chronic pain, suspicion and disrespect. Coming into the MSIC can be a refuge from this harsh reality and can help to reaffirm one's identity as a valuable human being.



STAGE 1



Waiting Room and Assessment Area

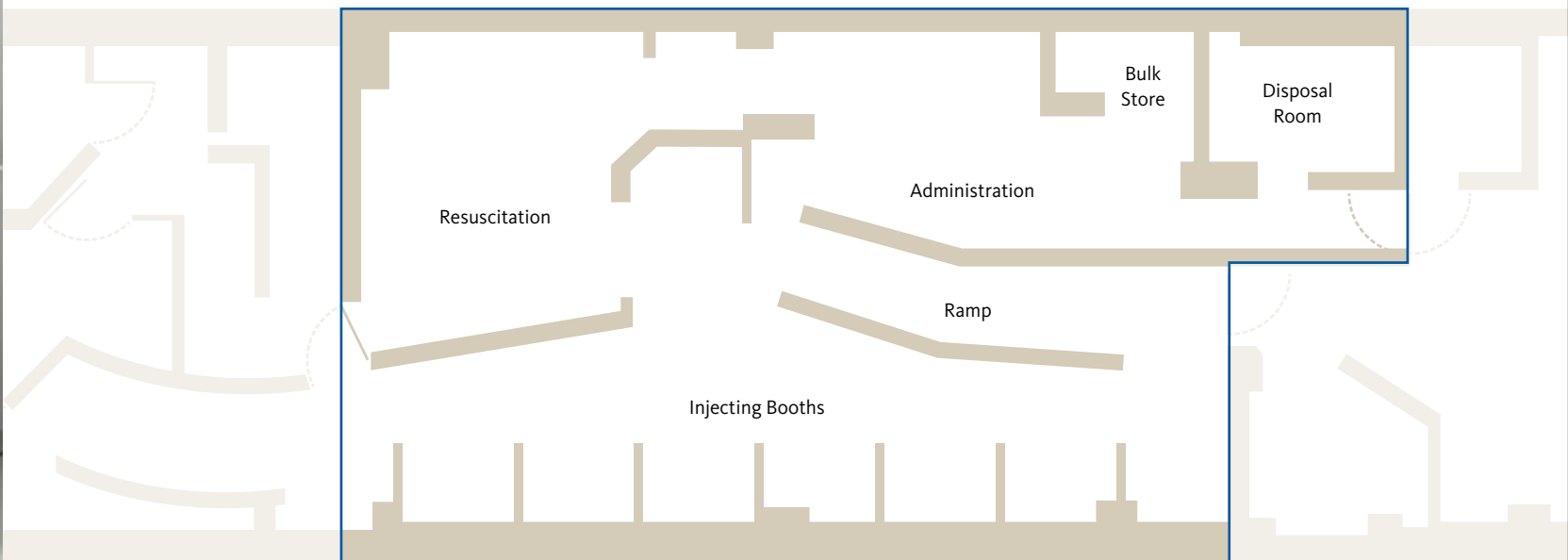
When a person comes to the MSIC for the first time, they go through a 10-20 minute registration and interview process with a nurse or counsellor. This helps staff get to know the person and their needs, and also checks that they meet the criteria for using the service. People under the age of 18, pregnant women and first time injecting drug users are excluded.

The registration process has identified that a large number of people (about a third) coming to the MSIC for the first time are living on the streets. Most are also not linked in with other health services in the area and don't have any history of drug treatment, despite injecting drugs for an average of ten years or more.

After registering at their first visit, clients are asked less questions by the MSIC staff when they return on subsequent visits. Staff still need to know what drug clients are intending to use, when they last used, and what other drugs they have used in the previous 24 hours. This helps determine their risk of overdose and provides an opportunity to counsel clients about the risks before they inject. Clients are not supplied with drugs at the MSIC; they bring their own supply for personal use only.



At MSIC, clients allow staff to witness extremely personal and usually clandestine behaviour: injecting themselves with substances that are mostly illegal or drugs procured illegally. Injecting oneself in front of people who are not doing the same can be as confronting to the user as to those watching: from the client's perspective, in a way it is like allowing people watching you take a bath or some other activity not meant to have an audience. Because of the respect and care shown by staff, a trusting and therapeutic engagement with a client can develop. This in turn can motivate a client to ask for further assistance.



STAGE 2



Injecting Room

Stage two of the MSIC is where clients prepare and inject drugs. It is the only place in Australia where it is legal to possess and inject a small amount of drugs for personal use. It can be quite a confronting place for many. In this room, clients expose their most personal behaviour, allowing staff to witness what would otherwise be illegal drug use outside the Centre.

Clients first approach staff to talk about what injecting equipment they need. They are then provided with clean injecting equipment and choose one of the eight booths to inject in. Staff encourage clients to wash their hands before and after injecting, and even something as simple as providing clean water to inject with can be a new experience for some clients.

Early on, there were some misconceptions that the MSIC was a heroin-injecting room, but like all supervised injecting centres, the MSIC allows the injection of any pre-obtained drugs. Substances injected at the Centre include heroin, cocaine, prescription pain medication such as oxycodone and morphine, methamphetamines and benzodiazepines.

One benefit of the MSIC is its ability to provide real-time trend data about what drugs are available and being injected. In turn, this can assist in developing appropriate health-related policies. The current high number of injections of prescription pain medication seen at the MSIC has highlighted this as an emerging problem across Australia, and has been used to lobby for policies to improve the situation.

When it comes to an overdose, seconds count. Prompt intervention in the event of overdose at MSIC not only saves lives, but prevents brain damage too. Brain damage occurs if the brain is starved of oxygen, but at MSIC oxygen treatment is started immediately.



THE 'DROP'



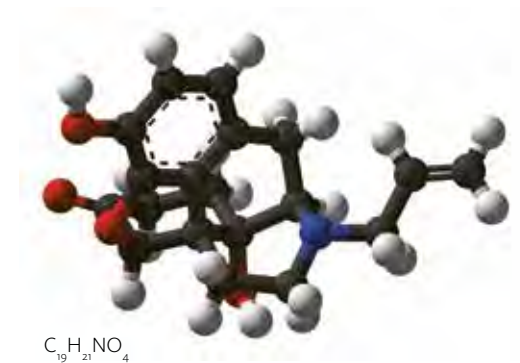
When someone overdoses on an opioid (such as heroin or prescription pain medication), it is commonly called a 'drop'. This is because opioid drugs cause sedation and reduce breathing, and people can literally drop to the floor.

When staff first notice a client showing signs of any trouble after injecting, they quickly assess their oxygen levels and levels of consciousness. If oxygen levels are low and the client is unresponsive, staff will use an oxygen mask or bag to assist clients with their breathing. When people die from an overdose, it's because they have stopped breathing and their brain lacks oxygen, making oxygen equipment so vital in the treatment of any overdose.

In serious cases, Narcan* can be used to reverse the effect of an opioid drug and is given by nursing staff at the MSIC under protocols set by the Medical Director. Outside the MSIC, this drug is only able to be given by ambulance/paramedic staff or in hospital emergency departments. Despite being a safe and effective first line intervention, it is not yet more widely available in this country.

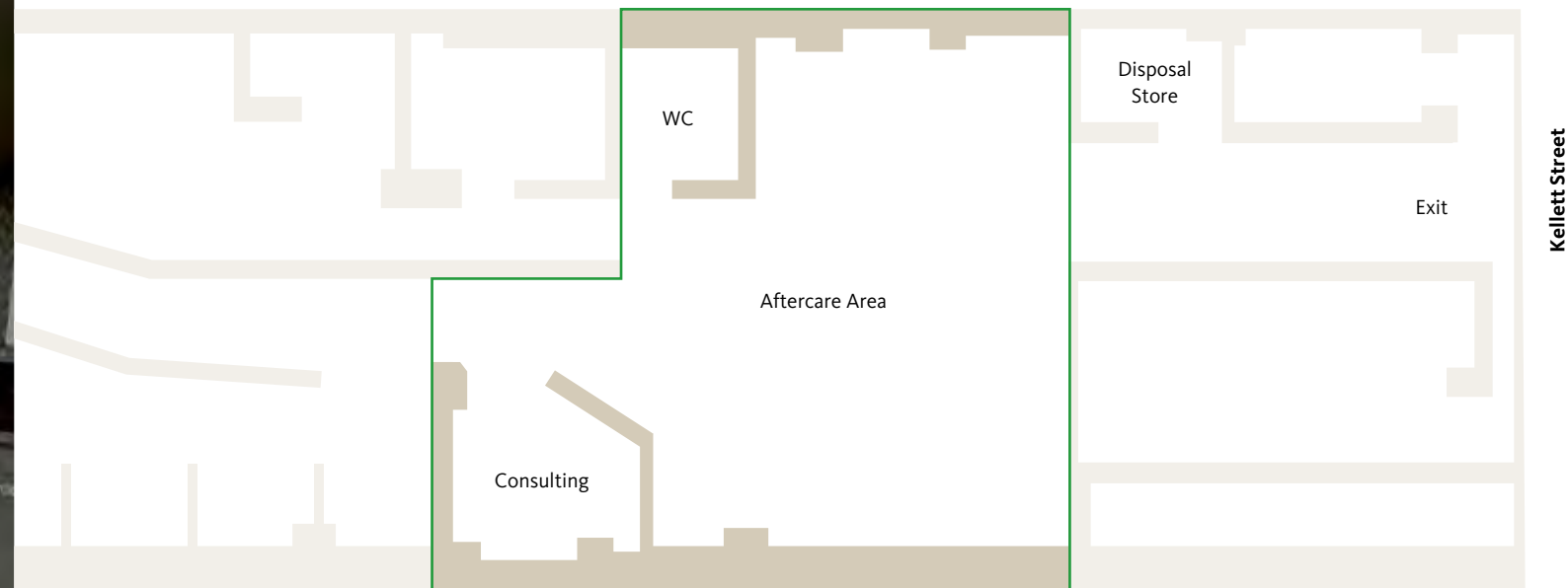
Having skilled staff and equipment onsite to intervene immediately when a client shows signs of an overdose, has meant that not only has there never been a death at the MSIC but also that many brain injuries have been prevented.

* Narcan™ (naloxone) is an opiate antidote. Opioids include heroin and prescription pain pills like morphine, codeine, oxycodone, methadone. When a person is overdosing on an opioid, breathing can slow down or stop and it can be very hard to wake them from this state. Narcan™ (naloxone) is a prescription medicine that blocks the effects of opioids and reverses an overdose. It cannot be used to get a person high. If given to a person who has not taken opioids, it will not have any effect on him or her, since there is no opioid overdose to reverse.





An integral aspect of our work is promoting health and well being through a range of interactive activities with clients in the aftercare area. The topics are those most relevant for our clients, and sometimes humour can be an essential element to starting a conversation about a sensitive subject.



STAGE 3



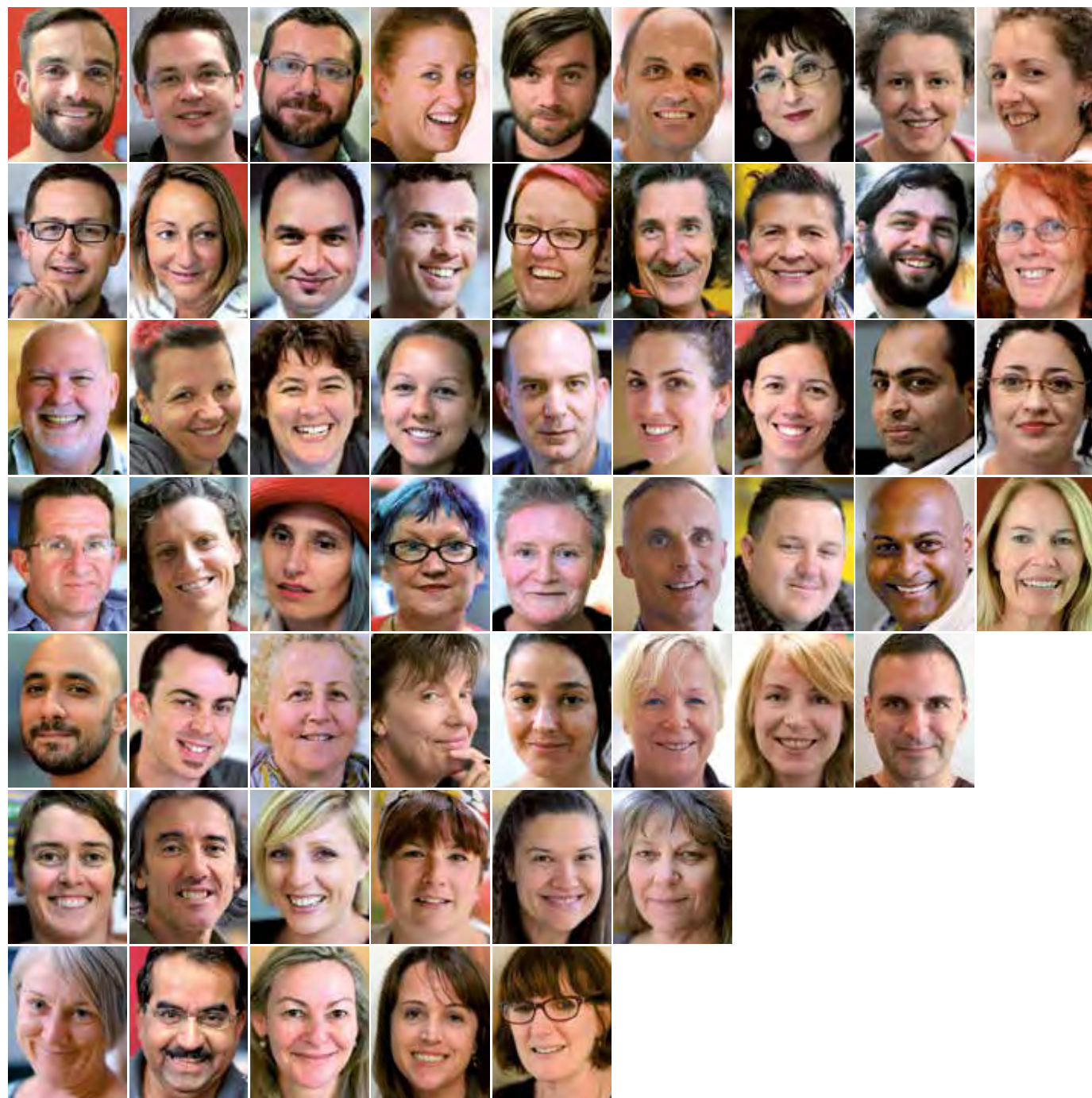
Aftercare Area

Stage three is the aftercare section of the MSIC. It's a place where clients and staff can interact in a more informal way, with staff offering counselling support that often leads to referrals and health education. Staff are able to make referrals to services that include methadone and buprenorphine programs, intoxicated persons units, detoxification and rehabilitation programs, social services, homeless support, health and mental health centres, hospitals, and legal advice.

Once clients are ready, they are able to leave via the Kellett St exit.

Each month the MSIC also focuses on a different health topic, and most of the promotion for this is carried out in stage three. Staff collaborate to develop campaigns and education material on anything from general health advice, injecting advice and vein care, to blood borne virus prevention, and issues facing Aboriginal Australians and the lesbian and gay community. Staff also encourage engagement with specific awareness days such as AIDS Day, Overdose Day, Hepatitis C Day and NAIDOC Week.

With the trust that's developed over time with regular clients, the ultimate aim of the MSIC staff is to help improve their clients' overall health wellbeing, as well as reduce their drug use.



“The MSIC is an outstanding example of innovative health policy. Sadly, partisan politics, combined with a healthy dose of ignorance and fear almost prevented the Centre from opening, and on more than one occasion almost closed it down. The MSIC is a professional health service that treats all people as human beings deserving of dignity, and seeks to care for those who most need it. Put simply: the MSIC saves lives. A life that could be of a friend, or indeed, a brother or a sister or even a son or daughter.”

The Hon. Trevor Khan MLC
 Member of the NSW Legislative Council (from 2000 - present)

FREE TO FOCUS ON THE FUTURE

The Sydney MSIC staff are a diverse crew, between 25 and 65 years old, believing in many gods and none, as well as science, fate and radical pluralism.

Represented amongst the staff are straight and lesbian, gay, bisexual, intersex, queer and transgender individuals. They are single, married, divorced, partnered, widowed, and are with and without children, even grandchildren.

The staff are from all over the world, with a wealth of experience and a high tolerance for challenging behaviour. They love the unpredictable nature of the work and believe that everyone has the right to be treated like a valuable human being and support people through difficult times.

The Sydney MSIC staff help to keep people safe while working with them to improve their lives.

Now as a stable and permanent health service in the Kings Cross community, the MSIC can focus on new ways to ensure ongoing success in making referrals to drug treatment, as well as providing a variety of other health and social services.

Mental health

In 2012, the MSIC was fortunate to receive a grant to employ a Mental Health Nurse, which has significantly improved the Centre's ability to assess, refer and coordinate care for clients with mental health conditions.

Research

The MSIC is currently researching the causes and solutions to harm associated with the increased rate of injections of prescribed medication, such as oxycodone and morphine.

Medical trials

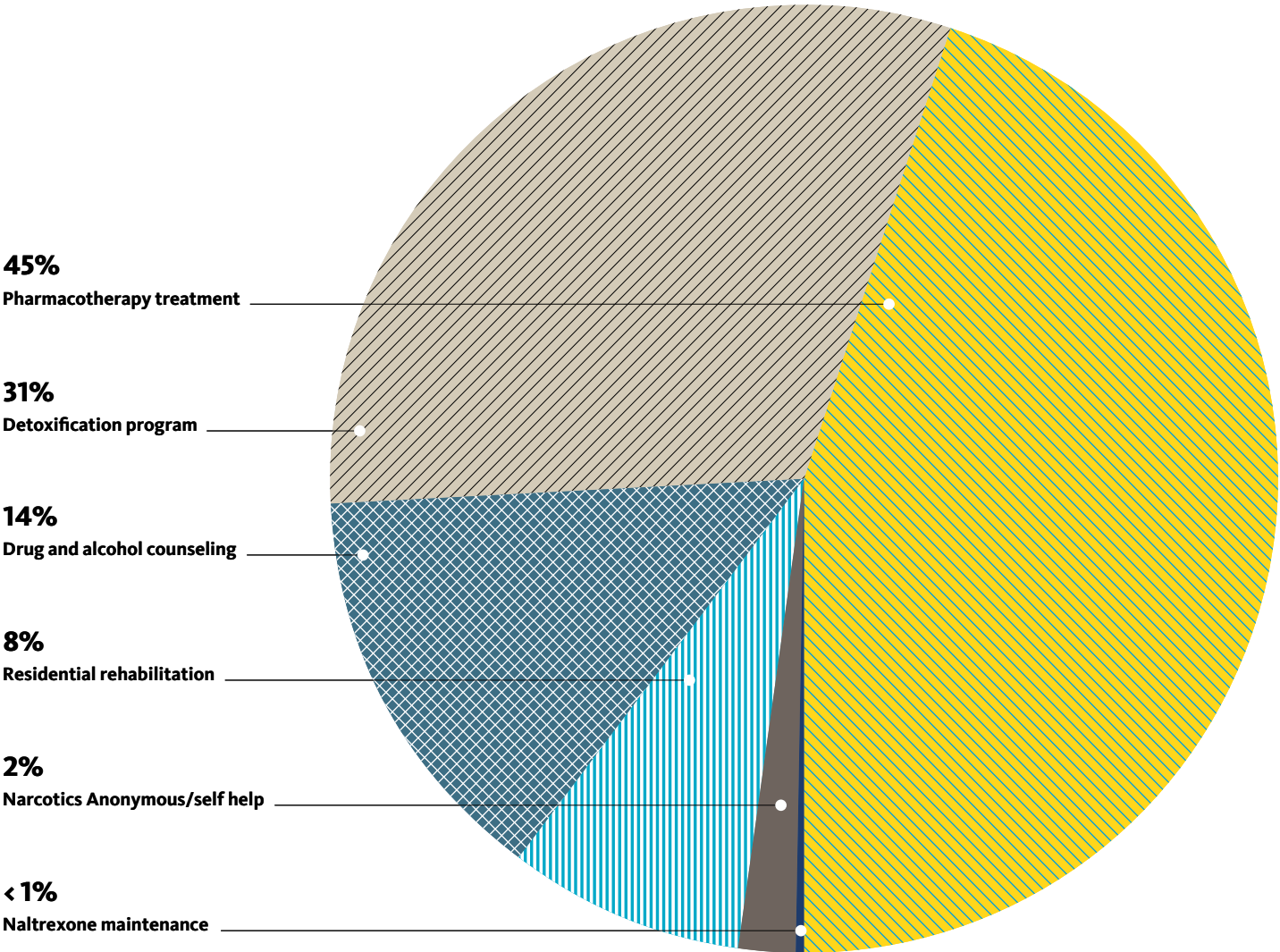
The MSIC is involved in a trial to compare different ways of administering opiate-reversal drugs used to treat an overdose. This trial will see if a nasal spray is as effective as an injection. It is hoped the results will increase the availability of these medicines across Australia, leading to less deaths caused by overdose where a MSIC is not available.

Public education

An ongoing objective of the MSIC is to promote awareness and understanding in the community about supervised injecting facilities and harm minimisation. The Centre continues to host regular public tours of the service and staff continue to present at many forums, improving the broader understanding of the service and its clients.

Training

Staff at the MSIC provide high level training around harm reduction, drug use and drug overdose, not only to other health professionals, but also to lay staff of nearby services and students. Now that renovations have provided a training room it is hoped that more can be done onsite.



Referrals for treatment of drug dependence

as at December 2013
since May 2001

NB: for those more entrenched drug users with high levels of dependence, such as those seen at MSIC, evidence shows that pharmacotherapy treatment has the highest rates of success. It is difficult for MSIC staff to refer directly to Residential Rehabilitation because clients have to be drug free before entering – thus first referral is to a detoxification program.



During the twelve plus years of operation the MSIC has seen changes in what drugs are used at the centre. The most significant has been the rise in injection of pharmaceutical opioid tablets since 2005. These medications are used for chronic pain, though may also be traded and sold as other illegal drugs are. Nowadays about two thirds of all injections at MSIC are opioid containing tablets.

With this shift in injecting drug use comes a different set of associated harms. These tablets are designed to be swallowed and bulking agents in them which harmlessly travel through our digestive system do not dissolve in water, or in our blood. When injected, these particles lodge in the circulatory system, in particular the lungs, and can cause chronic respiratory problems.

The wheel filter is an amazing piece of equipment. Introduced to MSIC clients in 2007, this device is used to filter all the insoluble particles out of the drug solution. This means that if a wheel filter is used properly, particles will not enter a person's blood stream and therefore not end up clogging up their lungs. These filters are not yet widely available to people who inject drugs – often costing up to \$3 each when available. The Sydney MSIC is able to provide these for free and we currently distribute about 500 per month.

Harm reduction an imperative

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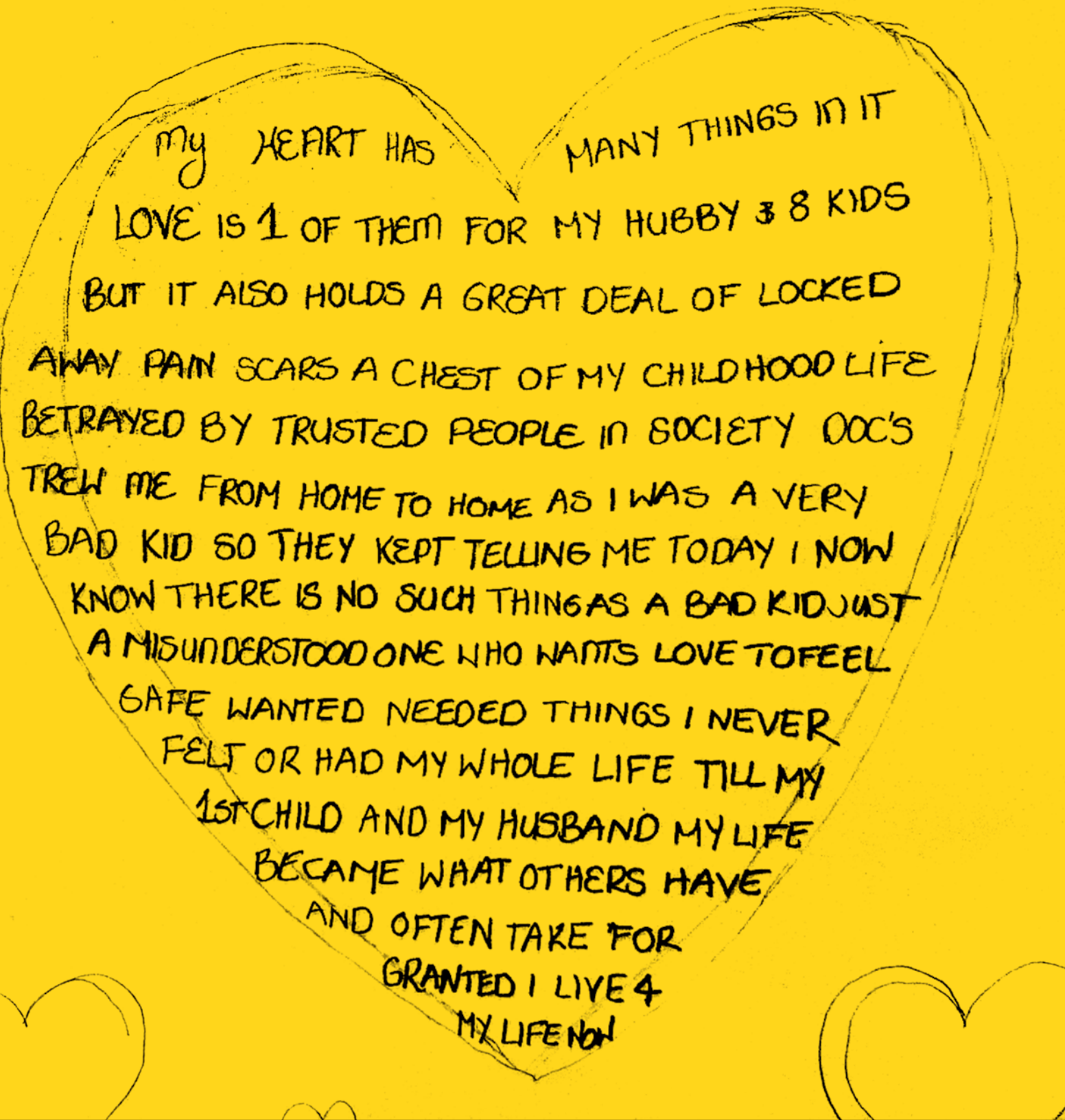
A world first in research

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In its continued mission of harm minimisation, the MSIC is currently running a world first trial to compare different ways of administering an opiate-reversal drug used to treat overdose.

Injection of Naloxone (or 'Narcan') either into a muscle or vein is currently the standard method of emergency treatment for an opioid overdose. However, the lifesaving drug can also be sprayed into the nose as an effective and practical alternative. Spraying, rather than injecting Naloxone, removes the risk of needle stick injury and transmission of any blood borne viruses. Additionally, given this easier way of administering Naloxone and reduced issues with the disposal of needles, it may open up the opportunity for the spray to be made available to the wider community. Many other countries around the world already have greater availability of Naloxone than Australia. Non-health care workers who regularly deal with overdoses in the community, as well as members of the drug injecting community who are likely to be present during an overdose, would all benefit from the availability of an opiate-reversal spray. It's very safe and may well save a life.

The study is the first double-blind and placebo controlled trial of its kind in the world. It will provide the best possible evidence of the effectiveness of the Naloxone spray for the emergency treatment of opioid overdose. Results are expected in early 2015.



my HEART HAS MANY THINGS IN IT
LOVE IS 1 OF THEM FOR MY HUBBY & 8 KIDS
BUT IT ALSO HOLDS A GREAT DEAL OF LOCKED
AWAY PAIN SCARS A CHEST OF MY CHILDHOOD LIFE
BETRAYED BY TRUSTED PEOPLE IN SOCIETY DOCS
TREW ME FROM HOME TO HOME AS I WAS A VERY
BAD KID SO THEY KEPT TELLING ME TODAY I NOW
KNOW THERE IS NO SUCH THING AS A BAD KID JUST
A MISUNDERSTOOD ONE WHO WANTS LOVE TO FEEL
SAFE WANTED NEEDED THINGS I NEVER
FELT OR HAD MY WHOLE LIFE TILL MY
1ST CHILD AND MY HUSBAND MY LIFE
BECAME WHAT OTHERS HAVE
AND OFTEN TAKE FOR
GRANTED I LIVE 4
MY LIFE NOW

"Before this place opened, I remember using up here in the Cross. I'd use anywhere around here. Wouldn't care less. I'd use in a telephone booth and hide it. I used in the back alleys here.

Sometimes in the building sites, we knew that people would be using and if you couldn't find a needle, you'd run to those sites and pick up any needle. And you'd try to clean it, but who knows back in those days. And then you'd use there.

I know this environment so well and I remember it before MSIC was here and how everyone was using in the alleys and people were dying and you'd hear about it all the time. But once MSIC arrived, you had a safe place to do it. But then not only that, afterwards you could also talk to someone— and I've done this— and be referred on with health issues or with detox issues. It's a place that I know that I can come to, not only to use safely, but to speak to people. Because I isolate myself now and I just don't realise that there are options out there.

One time they helped me where I was so desperate that I couldn't even get it together to get into detox and they organised it all for me. They rang up for me. They did it all.

I just thank God it's here because I know what it was like before. I know for a fact that it saves people's lives because I know people who have died in the back alleys around here, and in anonymous rooms. But no one ever hears about them. It used to happen all the time. It doesn't happen like it used to anymore."

MSIC client

From voice recordings taken at the MSIC (2010)

A relationship built on trust and respect grows between staff and clients through conversation, interaction and various activities. This example of self-expression was part of MSIC's annual art exhibition.

thank you

SUPPORTERS

*The MSIC is
grateful to the
many reputable
organisations
that support
its work.*

AIDS Council of NSW (ACON)
Alcohol and other Drugs Council of Australia (ADCA)
Ambulance Service of New South Wales
Australasian Chapter of Addiction Medicine (AChAM)
Australasian College of Emergency Medicine (ACEM)
Australasian Faculty of Public Health Medicine (AFPHM)
Australasian Professional Society on Alcohol and other Drugs (APSAD)
Australasian Society of HIV Medicine (ASHM)
Australian Drug Foundation (ADF)
Australian Federation of AIDS Organisations (AFAO)
Australian Lawyers Alliance
Australian Medical Association
Australian Parliamentary Group for Drug Law Reform
Baptist Inner City Ministries
City of Sydney Council
Come In Youth Resource Centre
Drug and Alcohol Nurses Australasia (DANA)
Family Drug Support
General Practice NSW
Hepatitis NSW
Inner City Legal Centre
Inner City Youth at Risk Project
International AIDS Society
International Harm Reduction Association
Metropolitan Community Church
Mission Australia
NSW Nurses Association
National Centre for Education on Training and Addiction (NCETA)

National Centre in HIV Epidemiology & Clinical Research (NCHECR)
National Centre in HIV Social Research (NCHSR)
National Drug and Alcohol Research Centre (NDARC)
National Drug Research Institute (NDRI)
Network of Alcohol and Other Drug Agencies (NADA)
NSW Health
NSW Police Force
NSW Users' and AIDS Association (NUAA)
Positive Life NSW
Public Health Association Australia (NSW branch)
Royal Australasian College of Physicians
Royal Australian and New Zealand College of Psychiatrists
Royal Australian College of General Practitioners
Sydney School of Public Health, University of Sydney
Sisters of Charity Health Service
Social Workers in AIDS (SWAIDS)
St Canice Catholic Church, Elizabeth Bay
St John's Anglican Church, Darlinghurst
St Vincent's Hospital Alcohol and Drug Services
Ted Noffs Foundation
The Global Fund to Fight AIDS, Tuberculosis and Malaria
UN AIDS
Wayside Chapel
Young Lawyers, The Law Society of New South Wales

About UnitingCare NSW.ACT

UnitingCare NSW.ACT is the Board of the NSW and ACT Synod of the Uniting Church responsible for the delivery of community services, chaplaincy, social justice and advocacy.

All our work is inspired and guided by the principles of justice and compassion.

Our services cater for all stages of life, including quality early childhood education and care; services for vulnerable families, children and young people; disability programs and aged care.

UnitingCare NSW.ACT also manages the Sydney Medically Supervised Injecting Centre.

As well as the provision of these services, we demonstrate a strong commitment to social justice advocacy by publicly speaking out on issues that affect the people we serve.

UnitingCare NSW.ACT is part of the national UnitingCare Australia network of community service organisations and continually seeks to address injustice, work to overcome disadvantage and develop initiatives to strengthen and connect communities.

UnitingCare NSW.ACT would like to acknowledge and thank all those people who courageously shared their information and appeared throughout this book.



“It was a great learning experience for me to be part of the establishment of the Centre and an opportunity to enter a world previously unknown. Most of all, I found that injecting drug users were not the demons they were portrayed, but ordinary people who for a multitude of reasons found themselves in the daily round of drug using.

The main purpose of the Centre was to reduce deaths from drug overdose and as a Christian Minister I found that a very honourable purpose. The Centre never encouraged drug use, as some opponents claimed, but it has saved lives and what could be more important than that?”

Reverend Harry Herbert A.M.

Executive Director UnitingCare NSW.ACT (from 1986 – 2012)



The Sydney Medically Supervised Injecting Centre (MSIC) is the only place in Australia where someone can inject drugs legally, under the supervision of trained clinical staff.

To learn more about the valuable work of Sydney's Medically Supervised Injecting Centre, visit www.unitingcarenswact.org.au

'Cross Currents' traces the story of the battle to open and continue operation of the MSIC, from the early years of campaigning to get it on the political agenda, to the decade of trials that followed.

Today, as a permanent health service, the MSIC continues its mission of harm minimisation by providing a practical and compassionate response to injecting drug users.

