

# Medically Supervised

# Injecting Centres

## Supporting Evidence

This document provides further Supporting Evidence for [the UnitingCare ReGen \(ReGen\) Position Statement](#) regarding the establishment of a Medically Supervised Injecting Centre in Melbourne, Victoria.

### Introduction

Medically Supervised Injecting Centres (MSICs) are legally sanctioned health and social welfare facilities that enable the hygienic injection of pre-obtained drugs under professional supervision in a non-judgemental environment (Salmon et al., 2009; Dolan et al., 2000).

Also known internationally as drug consumption rooms (DCRs) due to the provision for other routes of drug administration as well as injecting, MSICs have operated in Europe for over 20 years (Power, 2010). Including the Sydney centre, 76 MSICs are operating across 33 cities in Switzerland, Germany, Netherlands, Spain, and Australia (Kimber et al., 2003; Power, 2010).

### Benefits of a Medically Supervised Injecting Centre

Medically Supervised Injecting Centres around the world have been heavily evaluated, producing consistent outcomes. MSICs have been demonstrated to reduce the mortality and morbidity associated with drug overdose. They also act as an access point to drug treatment and other healthcare and social welfare assistance (KPMG 2010; Semaan et al. 2011). In addition they play an important role in improving public amenity by reducing nuisance associated with public drug injecting, intoxication and discarded injecting equipment (KPMG 2010).

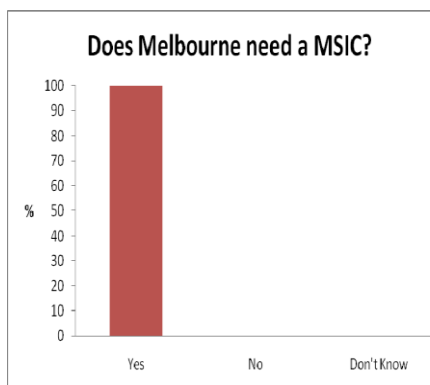
In addition to meeting their aims, evaluation reports have shown that the MSICs are cost effective, and operate without adverse impact in their local community (Fischer et al., 2008, Papanastasiou et al., 2009).

There have also been a number of unintended positive benefits of MSICs including an increased community and police understanding of drug use, a decreased burden on other health services, improvements in the coordination of drug services and increased data gathering on drug use (KPMG - Australia, 2010).

## Common arguments against MSICs

- 'Honey pot' effect - MSICs attract drug use, dealing, criminal activity to the area
  - Evidence from Sydney and Vancouver has shown this has not occurred and on some measures activity has actually decreased (Thein et al., 2005, Wood et al., 2006a; Wood et al., 2006b).
- MSICs encourage ongoing drug use rather than reduction or cessation
  - Evidence indicates no significant positive or negative impact on rates of injecting drug use (Editorial, 2006).

## Summary evidence of a need for a MSIC in Melbourne



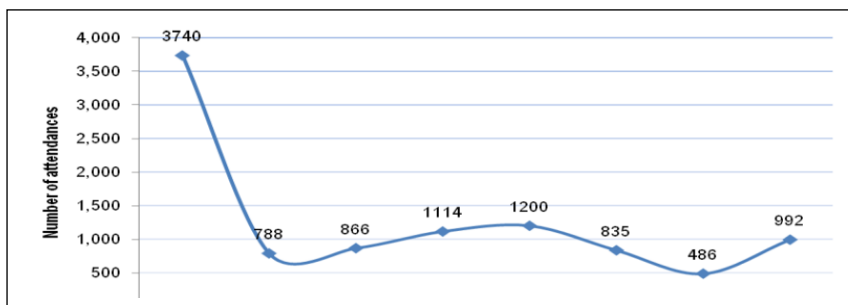
### Public support

There has been increasing debate in Melbourne recently regarding the introduction of a MSIC. Support for the proposal has been given by such groups as Yarra City Council, Yarra Drug & Health Forum, Professor David Penington and the Burnet Institute (Jauncey, 2011, Papanastasiou et al., 2009). The Victorian Government has stated that it is opposed to the introduction of such a facility.

A 2011 ReGen survey of its clients from various programs showed 100% in favour of introducing a MSIC in Melbourne.

## Public injecting and BBV

In the 2008 Australian Needle and Syringe Program Survey of people who inject: 39% percent reported injecting in a car; 39% in a public toilet; 33% in the street, park and/or beach; and 11% in a squat. Of the 281 Victorian injectors in the study, 72% tested positive to hepatitis C, indicating significant health needs and the importance of ongoing engagement with health services (NCHECR, 2009).



### Overdose

Non-fatal and fatal overdoses continue to occur in Melbourne with associated mortality, morbidity and related health costs.

## Injecting-related Injury and Disease

A Burnet study of injecting-related injuries and diseases (IRID) found high rates of injecting-related harm and recommended the use of sterile injection equipment for every injection, cleaning with alcohol swabs prior to injection and general attention to hygiene (hand washing, cleaning of surfaces) to reduce opportunities for bacterial exposure. They also suggest that the occurrence of IRIDs could be substantially reduced through reinforcing basic public health/harm reduction messages and training around hygienic injecting practices (hand washing, sterile water), safer injecting/vein care and drug filtering, which can be most easily offered in a SIF (Dwyer et al., 2007).

## Summary

Melbourne currently has:

- Prominence of public injecting and community desire to reduce visibility of drug use and dealing
- High rates of hepatitis C amongst injecting drug users
- High occurrence of serious and potentially serious injecting-related injuries and disease amongst injecting drug users
- High numbers of fatal and non-fatal overdoses occurring in public places
- Community concern around publicly discarded injecting equipment.

These are the issues a Medically Supervised Injecting Centre has been proven to address.

## References

Dwyer, R., Power, R., Topp, L., Maher, L., Jauncey, M., Conroy, A., Kemp, R., Lloyd, B., Najman, J., Walsh, N., Lewis, J., Sweeney, R., Harris, A. & Aitken, C. (2007). The IRID Project: an exploratory study of non-viral injecting-related injuries and diseases among Australian injecting drug users. Melbourne: Macfarlane Burnet Institute of Medical Research and Public Health.

Editorial. (2006). Canada's decision on reducing illicit drug harm. *Lancet Infectious Diseases*, 6(9), 537.

Fischer, B., Kendall, P., Allard, C. (2008) The Case for a Supervised Drug Consumption Site Trial in Victoria, British Columbia. *BC Medical Journal*; April 2008; 50, 5; pg 130.

Jauncey, M. (2011), 'Injecting centres a realistic, compassionate response to drug use', *The Age*, 26 May

KPMG. (2010) Further evaluation of the MSIC during its extended trial period 2007-2011 Prepared for NSW Health by KPMG, September 2010.

McElwee, P. & Lloyd, B. (2009) "Surveillance of drug related events attended by ambulance in Melbourne". Quarterly report no. 20 (June Report). *Turning Point: Victoria*.

National Centre in HIV Epidemiology and Clinical Research. (2009) "Australian NSP Survey National Data Report 2004-2008". NCHECR, The University of New South Wales: Sydney, NSW.

Power, R. (2010) Supervised Injecting Facilities: Do they work? *Impact Newsletter: Burnet Institute* p.4-7

Papanastasiou, C., Kirwan, A., Winter, R., Power, R. The potential and viability of establishing a Supervised Injecting Facility (SIF) in Melbourne. *Centre for Population Health, Burnet Institute*, October 2009

Salmon AM, Dwyer R, Jauncey M, van Beek I, Topp L and Maher L. (2009). Injecting-related injury and disease among clients of a supervised injecting facility. *Drug and Alcohol Dependence*. 1;101(1-2):132-6. doi: 10.1016/j.drugalcdep.2008.12.002. Epub 2009 Jan 23.

Semaan S, Fleming P, Worrell C, Stolp H, Baack B and Miller M. (2011). Potential role of safer injection facilities in reducing HIV and hepatitis C infections and overdose mortality in the United States. *Drug and Alcohol Dependence*. 1;118(2-3):100-10. doi: 10.1016/j.drugalcdep.2011.03.006. Epub 2011 Apr 23

Wood, E., Tyndall, M.W., Lai, C., Montaner, J.S.G, Kerr, T. (2006a) "Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime" *Substance Abuse Treatment, Prevention, and Policy*, 1 (13).

Wood, E., Tyndall, M.W., Montaner, J.S., Kerr, T. (2006b) "Summary of findings from the evaluation of a pilot medically supervised safer injecting facility" *Canadian Medical Association Journal*, 175 (11), pp 1399-1404.

## Disclaimer

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## Authorised by the Board of ReGen

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## About ReGen

Our purpose is to promote health and reduce alcohol and other drug related harm.

ReGen is the lead Alcohol and Other Drugs (AOD) treatment and education agency of UnitingCare Victoria and Tasmania. ReGen is a not-for-profit agency, which has over 40 years experience delivering a comprehensive range of AOD treatment and education services to the community.

These services include Counselling and Support, Assessment and Intake, Community Outpatient, Home-based and Residential Withdrawal for adults and youth, Supported Accommodation, Drug Diversion programs, Youth and Family Services, an Intensive Playgroup, Alcohol Community Rehabilitation Program and AOD services at Port Phillip Prison. ReGen also delivers Education and Training programs nationally.

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