Sydney Medically Supervised Injecting Centre
A practical and compassionate response to the unfortunate reality of drug addiction

Fact Sheet

July 2013

Sydney Medically Supervised Injecting Centre

The Sydney Medically Supervised Injecting Centre (MSIC) recognises drug addiction as a chronic, relapsing condition. MSIC does not support or promote drug use - rather it prevents death and injury from overdose and connects people with health services so they may have the opportunity for rehabilitation.

MSIC offers a practical and compassionate response to drug injecting, by minimising the harm associated with it until a person is ready to address their problem. It does this by supervising injecting episodes that would otherwise occur under more hazardous circumstances, such as in public or alone. It provides a safer environment in which immediate medical assistance is available if required.

The centre is just one part of a comprehensive strategy to address the problems associated with drug use in our community. It is administered by UnitingCare – a Christian non-government organisation that provides a wide range of community services in NSW and the ACT.

Origins

MSIC was borne out of the 1999 NSW Drug Summit and opened its doors to the community, under trial conditions, in May 2001. After almost a decade, in October 2010, the NSW Government passed legislation to lift MSIC’s trial status. As of November 2010, MSIC no longer requires legislation to be passed every four years to operate and can function like any other health service.

There is clear consensus in the medical and scientific community about the benefits of supervised injecting facilities. Yet MSIC remains the only supervised injecting facility in Australia and, indeed, the only one in the Southern Hemisphere.

Supporters include: the Australian Medical Association (AMA); the Royal Australasian College of Physicians; the Royal Australian and New Zealand College of Psychiatrists; the Australasian College for Emergency Medicine; the Royal Australian College of General Practitioners; the Australasian Chapter of Addiction Medicine; and the Australasian Faculty of Public Health Medicine.

Objectives

- Optimise health by saving lives and reducing injury from the negative effects of drug use.
- Effective intervention in the event of drug overdose.
- Provide access to health and social welfare services for a marginalised and difficult to reach population.
- Uphold and promote the dignity of all people who use the service and promote awareness and understanding in the community.
- Contribute to the amenity of the local community (e.g. by reducing injecting drug use and syringe disposal in public locations).
- Contribute to the body of public health knowledge around injecting drug use.

The Legal Profession

“MSIC has my full support. I look at the issue from two perspectives. First, I have been a judge who had to enforce criminal laws that clearly have many defects of principle and practicality. Secondly, I am a commissioner of the new United Nations Global Commission on HIV and the Law. Ineffective laws obstruct the international effort to contain HIV. Drug users are an especially vulnerable group exposed to the risk of infection. Our rates of HIV in Australia are much lower than most other places in the world where drugs are injected because of wise decisions. MSIC is a good example of policy based on pragmatism and wisdom. We must continue to think globally and act locally and we can teach others on the basis of our experience.”

The Hon Michael Kirby AC CMG

“MSIC helps to put the problem of injecting drug use where it belongs – in the health system and not in the criminal courts. It does so while saving lives, preventing the spread of disease and reducing the nuisance value of public drug injection. I strongly support the creation of more centres and the continuing operation of this one.”

Nicholas Cowdery AM QC, NSW Director of Public Prosecutions (1994-2011)
Outcomes

Sydney MSIC has been independently evaluated multiple times, most recently in 2010. There have been 11 different independent evaluation reports, produced by five different organisations, over nine years, all of which confirmed MSIC is meeting its aims, has no adverse outcomes and is cost effective.1–11

- MSIC has successfully managed more than 4,700 drug overdoses without a single fatality.12
- The number of publicly discarded needles and syringes has approximately halved in Kings Cross since MSIC opened since MSIC opened.5,14–15
- There has been an 80 per cent reduction in ambulance call-outs to Kings Cross since MSIC was established,5,16 with the greatest reduction in the immediate vicinity.5,11,16
- The majority of local injecting drug users have registered with MSIC.17
- MSIC has made more than 10,380 referrals to health and social welfare services. Of these, about half were referrals to addiction treatment – many for people who had never been in treatment before.
- Evidence published in international medical literature shows supervised injecting centres offer significant benefits to individuals and to the community, and do not lead to adverse outcomes.16–36

Cost effectiveness

MSIC has been independently evaluated and found to be a cost-effective initiative.1,9

MSIC is funded by the confiscated proceeds of crime.

A 2008 independent economic analysis found only 0.8 of a life would need to be saved each year for MSIC to be cost neutral.9

Staff

MSIC employs professional staff – both registered nurses and counsellors. A minimum of three nurses and three counsellors are available at any one time. A referral coordinator facilitates referrals to a range of medical and social welfare services, including facilities which specialise in treatment of addiction.

Community

Australians in general are supportive of harm-reduction measures.37–38 Indeed recent data shows the majority of Australians now support supervised injecting facilities.37

Regular random surveys of the Kings Cross community have found consistent and increasing support for MSIC among the majority of businesses and residents.1,3,11,13–15 A 2010 KPMG report found 70 per cent of local businesses and 78 per cent of local residents support MSIC.11

Community backing

“There is widespread support for supervised injecting facilities from the medical and scientific communities. The weight of evidence is clear. These centres save lives.”

Dr Marianne Jauncey, Medical Director, MSIC

“In my back yard please! I am very grateful this facility will continue to operate just down the road from where I live. I am filled with admiration for the staff of MSIC and thank them for their continuing effort in working with the people in our community and keeping our area free of the constant ambulance sirens heard in the past. The service has saved many people’s lives and has benefited our community enormously. It must continue to operate.”

Margaret Harvie, local resident

“As a long-term resident and local businessman, I remember the needles in the gutter and the constant ambulances before MSIC opened. MSIC helps to contain the injecting of drugs in Kings Cross in a medically supervised environment, where users are offered assistance in placement to addiction rehabilitation programs. MSIC provides a vital and humane service to some of the most vulnerable and unfortunate in our society.”

Adrian Bartels, local business owner and Chairman of Potts Point Partnership
Fast facts

- Began operating under trial conditions: May 2001
- Trial status lifted November 2010
- Years of successful operation: 12
- Hours open a week: approximately 80
- Approximate number of visits: 787,000
- Number of injections a day: about 205
- Number of overdoses successfully managed: more than 4,700
- Number of fatalities: 0
- Number of referrals to health and social welfare agencies: more than 10,380
- Number of supervised injecting centres in the world: currently 90

MSIC does not receive any money from the state budget; therefore, no funds are diverted from addiction treatment programs.

MSIC does not supply any drugs or support drug dealing.

Selling, buying or sharing drugs at MSIC is prohibited. Anyone engaging in any of these activities is removed from the premises. The local police support MSIC’s work and MSIC supports police efforts to reduce drug supply in Kings Cross.

MSIC does not attract drug users or drug suppliers to Kings Cross from elsewhere.

There has been no impact on crime in Kings Cross as a result of MSIC’s operations.6–8,10 This was confirmed in a 2010 report by the NSW Bureau of Crime Statistics and Research.10

MSIC offers assistance to everyone who uses the service. MSIC does everything possible to help people in their fight against drug addiction. However drug addiction is a chronic relapsing condition, and there is no quick and simple solution.

MSIC has contact with many people who would not otherwise access health services. MSIC therefore offers intervention earlier than would otherwise have been possible. Nearly 75 per cent of the people registered with MSIC had not accessed any other local health service before and 40 per cent had never previously accessed any treatment for addiction.4

MSIC has one of the highest rates of successful referral of any supervised injecting centre in the world.

Approximately half of the 10,380 referrals made by MSIC have been for addiction treatment - the remainder for other issues such as mental illness, homelessness or acute medical problems.

The more often a person visits MSIC, the more likely they are to accept a referral to other services. While referrals are offered to everyone, the rate of acceptance is highest among more frequent users of the service, with 80 per cent ultimately accepting some form of referral.

Successful treatment and rehabilitation is only possible if someone is still alive.

Supervised injecting centres worldwide

The first official supervised injecting centre opened in Switzerland in the 1980s and now there are more than 90 around the world – in Canada, Germany, Spain, the Netherlands, Denmark, Norway, Luxembourg, Switzerland and Australia. While there are some differences between them depending on the local context, supervised injecting centres all have common goals: to improve the health and social welfare of their clients, to reduce deaths from overdose and to reduce injecting in public.

Accepted in some areas, they remain controversial in others. A unanimous landmark decision was recently handed down by the Supreme Court of Canada.39 The court ordered the Canadian Federal Government to grant the required legal exemption and allow the Vancouver service, ‘Insite’, to continue operating. In their ruling, the judges said the principles of fundamental justice and the Canadian Charter of

Human impact of MSIC

“I will always wonder, if MSIC had been open in 1997, whether or not I would still have my son, Damien, by my side. There are two approaches to the tragedy of drug addiction: morality, myth and magic; or compassion, pragmatism and evidence. I subscribe to the latter.”

Tony Trimmingham, founder of Family Drug Support and Author of ‘Not my family, never my child’. His son Damien died of a heroin overdose aged 23

“My work as a drug and alcohol counsellor at MSIC reminds me that no matter how tragic, irreparable or futile a life may seem, no matter who that person is, or how seemingly hopeless their situation, there is always the possibility for change. There is always the chance for recovery and rehabilitation.”

Cat Wright, MSIC employee
Rights and Freedoms must be adhered to, and they referred to evidence showing supervised injecting centres save lives, reduce the public health problems and amenity problems associated with drug use and do so without serious adverse consequences.

History of MSIC


In the late 1990s the number of people dying from drug overdoses was high and increasing.

In 1999 more than three people a day were dying from opiates in Australia. Kings Cross had the highest concentration of drug overdose deaths in the country. In response, the New South Wales Drug Summit of 1999 recommended the trial of a medically supervised injecting centre. In May 2001 MSIC was granted a licence to open on a trial basis by the amendment of the Drug Misuse and Trafficking Act 1985 (via Schedule 1 of the Drug Summit Legislative Response Act 1999).

The trial was extended on three subsequent occasions, and the MSIC operated as a ‘trial’ for nearly a decade.

Trial status finally overturned

In October 2010, legislation to remove MSIC’s trial status was introduced into NSW Parliament. The Drug Misuse and Trafficking Amendment (Medically Supervised Injecting Centre) Bill 2010 was then passed with an easy majority and became law in early November 2010. This allows MSIC to function as it should – as a health service and means that repeated passing of this legislation by NSW Parliament is no longer required.

The legislation also provides certainty for the local community, including MSIC staff and clients. The licence conditions have stayed the same, including the stipulation that MSIC remains the only injecting centre in NSW.

MSIC will continue to report to the NSW Police Commissioner and the Director-General of NSW Health.

Future of MSIC

Unfortunately a degree of political sensitivity for the MSIC remains. However, the Sydney MSIC and UnitingCare NSW.ACT are grateful to the many organisations and individuals who have worked so hard to ensure that this health service can continue to operate so long as it is needed. We also thank the many members of parliament from all political parties who voted for the legislation that allows us to keep doing our work.

Church support

“MSIC treats people as people – it serves to remind us that health services should not judge those it sees, but instead reach out to help. The nurses and counsellors at MSIC provide a quality of service and commitment to the wellbeing of others less fortunate that is exceptional. These staff deserve our praise and the clients our compassion and support at a most vulnerable time in their lives. At MSIC, these marginalised members of our community are met with dignity and respect – an experience that can facilitate the confronting of entrenched drug use. I am proud to be associated with MSIC.”

Sister Noeline White, Pastoral Care, Good Shepherd Sisters

“I am proud of UnitingCare’s involvement with the MSIC and for the non-judgemental approach the staff show to everyone they see. Providing respect and promoting dignity are core values for the Church, UnitingCare and for MSIC. Their work of engaging with someone and connecting with them in order to make positive change is sometimes done in complex environments and under difficult circumstances. UnitingCare, through its work at MSIC, does exactly that. Long may it continue.”

Elizabeth Davies - CEO White Ribbon Foundation and Chairperson of UnitingCare NSW.ACT Board

“I long for the day when we help those who are suffering rather than blame and punish them. MSIC has proven many times its worth in terms of lives saved; families spared the heartache of a needless death. More importantly, MSIC stands as a reminder that people who suffer addiction are part of our community; they are our brothers and sisters and they deserve dignity and a helping hand to better days.”

Graham Long, Pastor, Wayside Chapel, Kings Cross
References

Supporters

MSIC is grateful to the many reputable organisations that support its work. They include:

ACON
Alcohol and other Drugs Council of Australia (ADCA)
Ambulance Service of New South Wales
Australasian Chapter of Addiction Medicine (AChAM)
Australasian College for 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 NSW
Baptist Inner City Ministries
City of Sydney Council
Come In Youth Resource Centre
Director of Public Prosecutions (NSW) Nicholas Cowdery AM QC
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
New South Wales Bar Association, Criminal Law Committee Chair

N.S.W. 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)
New South Wales Police Force
NSW Health
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
UNAIDS
Wayside Chapel
Young Lawyers, The Law Society of New South Wales