

# ***MSIC - Will the 'trial status' ever be lifted?***

A joint presentation by  
Dr Marianne Jauncey, Medical Director, MSIC, with  
Mr Brian Flanagan, Manager Strategic Communications and  
Policy, ADCA



**Anex Conference  
Melbourne  
25 October 2010**

## Notes on Presenters...

**Dr Marianne Jauncey BMed, MPH (hons), FAFPHM** was appointed Medical Director of MSIC in August 2008. She is a public health physician who has worked in the drug and alcohol (AOD) field for over a decade.

**Brian Flanagan BA**, is a Member of the Public Relations Institute of Australia (PRIA) and has held senior management/ communications positions in Federal Government Departments/ Agencies in Australia and Overseas, as well as the private sector.

# A potted history of MSIC...



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Doctor says injecting clinic a lifesaver but . . .



## Locals want it closed down

By JUSTIN VALLEJO  
and KATE SIKORA

TIRED locals don't mince words when they are asked what they think of the Kings Cross drugs injecting room: "blow it up", they say.

Such is the passionate opposition to the controversial clinic on Darlinghurst Rd.

Is it successful? "Don't know". Does it save lives? "Probably". Has it cleaned up the streets? "No chance".

Their defiance came as the outgoing director of the

10,514 drug users have registered and of those, 7080 have been referred for treatment.

But no matter which way residents and business owners look at it, the room has to go.

"We just have to get rid of it all together," Tina Newton-Carra, from the Teahna Banana Gelateria, said last night.

"No one has a problem with what they are doing but it should be in a hospital, not in the middle of a main street."

Locals say that what makes the injecting room worse is that it's part in a triangle that includes a nearby needle

# A potted history of MSIC...

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DR INGRID VAN BEEK

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## Injecting shame into the Cross

**K**ings Cross, Sydney's tourist mecca, is a sad reminder of the shameful deceit that passes for government in this State. Pocket parks littered with needles; junkies lying comatose on soiled mattresses; feral dealers and sickly prostitutes shiftily eyeing the passing parade for potential clients — and all within a block of the sparkling new police station beside the El Alamein fountain.

A block down Darlinghurst Rd, the stink of urine assails the senses as visitors pass through the cavern of Kings Cross railway station with its padlocked roller doors hiding empty commercial sites where earlier this year, half a dozen small businesses operated.

But, the greatest shame of all lies directly opposite the station entrance where, in a residential area, an empty storefront awaits the installation of the State Government-sanctioned Medically Supervised Injecting Centre.

This legal shooting gallery was given the green light after the Carr government folded before a battalion of bleeding hearts, some of whom had lost family members to the heroin scourge, and all backed by claims that there was abundant evidence from other countries that such a drug den was worth trialling.

The lie has now been definitively given to that proposition in the evaluation protocol prepared by the NSW Health Department.

Unlike the disonest approach favoured by advocates of the shooting gallery (including the prevaricating Uniting Church), Health Department officials could not bear false witness when asked to detail the overseas research into such centres.

The introduction to the protocol states unequivocally: "As European facilities have generally not undergone rigorous evaluations, there is limited research evidence of their outcomes."

Further, "The studies were all observational, typically employing cross-sectional designs with-



Piers Akerman

In other words, almost totally useless for any research purpose and unacceptable to any respectable scientist.

But junkies who do use the centres, according to surveys from Basel, Bern, Frankfurt, Hanover and Zurich, enjoy them because they provide the opportunity to consume "in peace" and provide a meeting place during the day.

They would appreciate, however, extended opening hours and a smoking area for heroin and cocaine — and permission to smoke in the the injecting room.

This has apparently been refused because tobacco smoke might be dangerous to the health of the junkie clients.

As for improving the general health of the addicts — well, no one knows, because "it is difficult to make any meaningful conclusions ... as there is no comparison group and no right or wrong number of referrals. There are also no studies investigating the outcomes of the referrals made."

Sure, the clients say they try to shoot up only at the sanctioned shooting galleries, where it is less stressful, but the data is so flimsy, it's unbelievable.

Furthermore, the protocol also states "there is little available information on the impact of injecting centres on crime and drug dealing (even though approximately 60 per cent of clients at a Swiss centre stated that one of their main reasons for visiting the centre was to obtain drugs from dealers in the vicinity).

None of the studies reports explicitly on community attitudes — nor would they, if the NSW experi-

ence is any indication of the disapproval local communities have for such facilities.

Locally, the Uniting Church paid ANOP to find out what the locals think. The polling firm asked 300 people from Elisabeth Bay, Woolloomooloo, Rushcutters Bay, Potts Point and Kings Cross for their views.

Just 30 of those quizzed were from Kings Cross. Thirty people can't reflect the views of a community, no matter how the methodology is rorted.

Further, according to an appendix to the protocols, the ANOP pollsters told those they rang that they were calling from the NSW Health Department.

So, on the basis of absolutely zero hard scientific evidence, the residents of Kings Cross are to have a legalised shooting gallery placed in the heart of their community.

It gets worse. This shooting gallery is meant to be on trial. A trial needs to be scientifically evaluated — and again, those who have cobbled together this bogus exercise stand exposed.

The trial is not a randomised, clinical trial — the only type that could be scientifically valid.

Junkies will be asked whether they're willing to participate in the research, so any results will reflect only the views of those coherent enough to sign a consent form.

Bearing in mind that most cold tablets enjoin users from making any important decisions while on medication, the views of consenting smack freaks must be questioned.

But, as the protocol says, most damningly, the trial is really only observational and "quasi-experimental". The dictionary defines "quasi" as "almost but not really; seemingly, resembling but not actually being; so-called".

So the whole thing isn't really a trial, anyway.

When this caper kicked off, Bob Carr stressed that it would operate only under strict scientific protocols for a trial period. Now the great lie has been exposed.

Shame, Sydney, shame.

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# A potted history of MSIC...

Wentworth Courier 050706

- Five years • 100,000 drug injections
- 1600 heroin overdoses treated • No on-site fatalities

But the Opposition has...

## ZERO tolerance



According to MSIC statistics, about 220 injecting 'episodes' occur at the centre on a daily basis.

The Sydney Medically Supervised Injecting Centre at Kings Cross will close if the Coalition wins the next State election. Report NINA LAMPARSKI

Opposition Leader Peter Debnam.

**T**he State Opposition Leader, Peter Debnam, has reiterated his pledge to close the Sydney Medically Supervised Injecting Centre (MSIC) at Kings Cross if the Coalition comes to power in 2007, despite official figures showing the centre has prevented 100,000 public injections since the trial began five years ago.

Mr Debnam this week again affirmed his 'zero tolerance' policy on drug use, saying the MSIC sent a dangerous mixed message to young people.

"As a community we tell our children not to use drugs, while at the same time the Labor Government builds a taxpayer-funded shooting gallery," Mr Debnam said.

"I believe that instead of providing a shooting gallery in the city, or where we don't want to next put them, those funds would be better utilised helping to get addicts off drugs, rather than facilitating their drug use."

Australia's first injecting centre, the trial of which is due to finish in October 2007, has been at the heart of much public controversy, splitting opinion among residents, business owners and political parties.

ed next to the MSIC, in May. "People who say the area has become safer speak absolute nonsense," Mr Strauss said. "I'm very sympathetic toward drug users but institutionalised drug-dealing is a horror and it's little wonder 63 shops have closed down, when junkies overdose outside their stores."

But MSIC medical director Ingrid van Beek said the centre had been instrumental in helping to curb health, crime and public safety risks, treating 1594 heroin-related overdose cases since 2001.

"We're not a crime-prevention centre," Dr van Beek said.

"We focus on problems associated with drug use, and therefore remove pressure from police who are able to crack down on the suppliers."

"It's our belief that if the service wasn't here, the daily shooting episodes would occur in public, unsafe and less supervised places."

According to MSIC statistics, about



# A potted history of MSIC...

Daily Telegraph 05/01/09

## Injecting room fails test

**Kelvin Bissett**  
Investigations Editor

THE Kings Cross safe injecting centre made no difference at all to overdose death rates in its local area in its first five years of operation.

Statistics show death rates from drug overdose in the area around the injecting room are no less than in other areas across NSW.

The findings into the \$2.5 million-a-year facility are contained in an unreported independent evaluation that studied autopsy rates.

The report assessed overdose deaths from heroin, morphine and other opioids in those postcodes — 2010 and 2011 — near the injecting

centre and concluded that death rates fell at the same rate they did elsewhere in NSW.

The most likely conclusion is that the falls were the likely result of the heroin drought.

Between the period May 1, 2001, and May 1, 2006, deaths fell from an average four a month to one a month in the two postcodes adjacent to the injecting centre. But elsewhere in the state there were also sharp falls — from an average 28 deaths a month to eight.

“In both groups, there was approximately a 70 per cent decrease in average monthly deaths from the period prior to the MSIC opening and the period following its establishment,” the report concluded. It is widely acknowledged

that a heroin drought, or a shortage of the drug on the streets, over the past decade — partly due to effective policing — has led to steadily falling heroin deaths everywhere.

The findings in the report, *Evaluation Report No. 4: Evaluation of service operation and overdose-related events*, concludes the difference in deaths in the local area and the rest of NSW “were not statistically significant”.

The analysis of opioid-related deaths was based on autopsy reports supplied by the Division of Analytical Laboratories, managed by the Sydney West Area Health Service.

A Freedom of Information request seeking to update the figures, using the same overdose

death rates determined by autopsy, has to date been unsuccessful. Meanwhile, the SWAHS is claiming that release of the same data by postcode and statewide was likely to be an unreasonable diversion of resources.

The centre’s lack of success in saving lives clashes with its stated primary objective “to reduce morbidity and mortality associated with drug overdoses”. However, the centre had reduced ambulance call-outs to suspected overdoses and opioid-related poisonings at local hospital emergency departments.

Centre spokeswoman Mardi Stewart said ambulance callouts were a “more sensitive indicator” of the centre’s effectiveness.

# Tide starts to turn?



**National Drug and Alcohol Award Winner for 'Excellence in Treatment and Support'**

## UN official backs Kings Cross injecting room

Louise Hall STATE POLITICS  
August 28, 2010

A UNITED NATIONS official says he is "very impressed" by the medically supervised injecting centre in Kings Cross, which has been operating on a trial basis for almost a decade.

The executive director of UNAIDS, Michel Sidibe, said it was a "pragmatic, cost-effective" way to stop the spread of HIV/AIDS and prevent deaths of intravenous drug users, who were often homeless or mentally ill.

Mr Sidibe would not be drawn on the state government's decision not to grant the centre a permanent licence, which forces Parliament to vote on an extension of the relevant legislation

## Courage and common sense in battle against drug addiction

Michael Gliksman  
September 15, 2010

Comments 9

The Kings Cross injecting room, which is to become a permanent facility after nine years of trial. Photo: Peter Rae

JUST over two months ago, the governing Council of the AMA (NSW) passed a unanimous resolution calling on the NSW government to make Sydney's supervised injecting clinic permanent.

The council's view was that the net public health benefit of the Kings Cross facility was beyond reasonable doubt.



The Royal Australasian  
College of Physicians



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



Royal  
Australian  
College of  
General  
Practitioners

# ADCA Advocacy

**NSW Coroner's comments  
sparked move by ADCA to  
target politicians**



Mr Tony Trimingham OAM  
founded Family Drug Support in  
1997



# A strategic approach is essential

## **Pointers for the development of an effective advocacy “plan of attack”**

- **Identify the target audience**
- **Rally the support of strategic partners**
- **Monitor and analyse community opinions**
- **Develop evidence-based arguments**
- **Highlight the flow-on benefits**
- **Assess outcomes and review approach**
- **Celebrate the successes**

**A strategic approach is essential...**

## **Just some of the other key players**

- **Royal Australasian College of Physicians**
- **AMA of NSW**
- **Other medical colleges**
- **National research centres**
- **HIV/AIDS and BBV organisations**
- **AOD organisations – including ADCA!**

# NSW Government thanks ADCA for raising the 'trial status' issue...

**Deputy Premier and Minister for Health  
Carmel Tebbutt MP said:**

**“...the government will continue to closely monitor and rigorously and independently evaluate the programs to ensure its ongoing effectiveness against the government’s objectives. This evidence-based approach will inform any future decisions on the trial basis.”**

# STOP PRESS: Legislation now 'half way through' NSW Parliament...



**15 September 2010**

**NSW Government announces  
move to 'formalise' MSIC**

**23 September 2010**

**Legislation introduced  
to remove the 'trial status'  
of MSIC**



# STOP PRESS: Legislation now 'half way through' NSW Parliament...



**21 October 2010**

**MSIC Amendment bill passed  
Legislative Assembly 57:29**

**26 October 2010 - tomorrow**

**Debate on bill due to begin in Legislative Council**

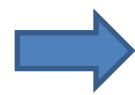
# Legislative Assembly debate



Leader of the Opposition, Mr Barry O'Farrell MP

“...So this facility is not just saving lives...; this facility is not just stopping overdoses...; this facility is also saving money... However, is that money going into the provision of drug treatment services that enable clients of this facility, when referred, to take up the service? The answer is no...”

# Legislative Assembly debate



Deputy Leader of the Opposition, Ms Jillian Skinner MP

“...despite my personal discomfort, as an aspiring Minister for Health with an abiding determination to put patients first as a guiding principle and being firmly of the view that the MSIC helps people stay alive and improves their health and wellbeing, I will be supporting this legislation.”

# Legislative Assembly debate

Final Vote: 57 to 29

Included 7 liberal MPs

(Hazzard, Skinner, Dominello, Hopwood,  
Baumann, Berejiklian, O'Dea)

And 3 independents

(Piper, Besseling, Fardell)

***The question was ‘Will the ‘trial status’ ever be lifted?’***

*And the answer: Yes!  
It’s happening as we speak.*