WHY INJECTING ROOMS DON'T WORK

Australia's drug policy since 1985 has been called 'harm minimization.' It relies heavily on 'harm reduction' approaches to drug use where drug use is made 'safer' (they believe) while not necessarily trying to prevent drug users from using drugs. Harm reduction approaches include:

- needle and syringe programs (which attempt to stop drug users sharing used needles which carry very harmful blood-borne diseases)
- opiate maintenance programs (which attempt to stop heroin users from committing criminal acts to fund their heroin habit and also to stop them overdosing on heroin)
- heroin on prescription (to do the same as maintenance programs)
- injecting rooms (to prevent drug users from overdosing)

But when the world's most authoritative reviews of these interventions are considered, all fail to demonstrate effectiveness as can be seen by consulting these topics on our website.

Introduction

A Medically Supervised Injection Centre (MSIC), also known as Safe Injection Facility (SIF) or Supervised Consumption Site (SCS), seeks to provide a safer, hygienic site for high-risk drug users to inject, or in some cases in Europe, smoke drugs pre-obtained by clients. Because 1 in every 100 dependent heroin users will die each year from a heroin overdose anywhere in Australia, an injecting room seeks to provide a place where trained staff can supervise drug users' injections so that if there is an overdose they can immediately intervene to stop that overdose causing death.

The first of these facilities was opened in 1986 in Bern, Switzerland and since then this type of intervention has spread to 11 other countries worldwide, with 92 facilities at the beginning of 2009. The most recent facilities were opened in Melbourne, Australia in July 2018 and in various cities throughout Canada, with another in Ireland failing yet to open.

The Sydney Medically Supervised Injection Centre was the first facility to open outside Europe in 2003. It had three initial objectives, 1) decreasing overdose deaths 2) providing a gateway to drug treatment programs such as opiate maintenance programs or rehabilitation 3) reducing discarded needles and drug use in public places (improving 'public amenity' as they called it) and a fourth added before its commencement - reducing the spread of blood-borne diseases such as HIV and Hepatitis C.

The Sydney facility commenced operations on May 6, 2001 on a trial basis. During the length of the trial, and subsequent extensions to it, the facility committed to ongoing evaluations of all aspects of its operations. A first evaluation was completed in August 2003. From the outset any evaluation of changes

in ‘public amenity’, overdose deaths, hospital presentations for overdose and ambulance overdose callouts for overdose were vastly complicated by the advent of Australia’s heroin drought, which commenced only 4 months before the MSIC opened in January 2001. Rather than looking for simple before and after changes within the Kings Cross area evidencing some positive effect by the injecting room, evaluators were forced by the heroin drought to compare changes in the Kings Cross area against other neighbouring areas or against the rest of NSW to determine whether the injecting room had made any difference at all.

Performance

From the first 2003 evaluation the following picture emerged:

- The Kings Cross injecting room continually and falsely publicised every overdose in the injecting room as a life that had been saved or ‘potentially saved’. In reality only one in every 25 heroin overdoses is ever fatal, but the injecting room kept repeating the falsehood regardless, likely for the purpose of swaying public opinion in its favour.

- Despite often calling itself a “heroin injecting room” only 38% of injections were actually heroin, with other less deadly substances such as cocaine and the highly destructive but less deadly Ice being injected. Because cocaine and Ice cause considerably less deaths than heroin the injecting room was criticised for largely failing to fulfill its assigned purpose of saving lives from heroin overdose.

- Clients of the injecting room only averaged one out of every 35 of their injections in the facility, with all their other injections on the street, in a car, a park or at home. This indicates no real regard by drug users for their own personal safety or else they would seek to have had most of their injections in the room. While the injecting room is capable of hosting 330 injections per day, it usually averages only 200 injections per day, evidencing an under-use of the facility.

- The Sydney injecting room hosted massive rates of overdose which were 32 times higher than they should be expected to be. They were 32 times higher than the average rate of overdose clients experienced in previous years before registering to use the injecting room. From their records, clients previously averaged one non-fatal overdose for every 4,400 of their injections (or one non-fatal overdose every 4 years), whereas within the facility there was an overdose for one in every 139 injections. Rates of overdose this high have not been recorded anywhere else in the world, even in other injecting rooms.

- The high rates of overdose can have only two causes - injecting room staff are intervening too often when there is no real sign or real threat of an overdose but treating their clients for overdoses regardless, or alternately injecting room clients are experimenting with much higher doses of heroin or with deadly cocktails of heroin mixed with other drugs.

- Ex-clients of the injecting room in rehab have testified, as recorded in NSW Parliamentary records, that the massive numbers of overdose are in fact from clients experimenting with more drugs or drug cocktails in the safety of the room. This inevitably means that the injecting room is a State-funded accessory to the local drug trade making drug dealers richer. This is damning for the injecting room.

- The first government evaluation of the injecting room estimated that it had saved four lives per year in its first 18 months of operation. These false calculations were based on the massive number of overdoses in the facility, which were 32 times higher than they should have been. The reseachers doing the first evaluation did not even bother to look at why these overdose numbers were so staggeringly high to begin with. When adjustments are made for these serious issues, the injecting room is only capable of saving one life every two years, which costs $5.4 million to save each life. This is overly costly. The same money could purchase 900 Naltrexone implants which would prevent 900 heroin users from overdose for close to 12 months each. Because one in every one hundred

dependent heroin users die per year from overdose, Naltrexone would save 9 lives per year, nine times as many as the injecting room could possibly save.

- Only 11% of injecting room clients were referred to opiate maintenance programs, detoxification programs or drug rehabilitation programs. 3.5% of clients were referred to detoxification and 1% to rehabilitation, indicating that very low numbers showed any interest in trying to get off drugs via detox or rehab. With one study from Scotland showing that 57% of heroin users want to get off their drugs, these referral rates are inadequate.

- The injecting room did not improve 'public amenity', that is, it failed to rid the area of people injecting in public, nor did it stop people discarding used needles on the street. Of course the heroin drought which commenced shortly before the injecting room opened did reduce the numbers of needles being distributed due to a lack of heroin being available, but discarded needles on the street, where public injections still occurred, only reduced about the same amount as reduced needle handouts due to the heroin drought.

- Before the injecting room opened, Kings Cross had 12% of all NSW overdose deaths. After the room opened Kings Cross still had 12% of NSW overdose deaths. This means that while there were no deaths from overdoses (imagined or real) in the injecting room, there were just as many deaths on the streets outside the facility despite its presence. When it is considered that it can only be capable of saving one life (or averting one death) every two years it becomes abundantly clear why there were no observable changes in deaths in the Kings Cross area after it commenced.

- A 4th government-funded evaluation of the injecting room in 2007 falsely claimed that a study had found that the injecting room had reduced ambulance callouts for heroin overdose by 80%. But the reality was very different. Remember there was a heroin drought which started 4 months before the injecting room opened which reduced ambulance callouts for heroin overdoses across the whole of NSW by 61%, almost as much as in Kings Cross. But the reason Kings Cross had greater reductions in callouts than the rest of NSW was because police started using sniffer dogs to remove drug dealers from the area around the injecting room shortly after the MSIC opened. Drug users tend to overdose immediately after buying their drugs from a dealer but with now being forced to buy drugs in nearby Darlinghurst ambulance callouts increased there by roughly the same amount as Kings Cross decreased. It is certain that the injecting room had virtually no effect on ambulance callouts because ambulance reductions in callouts were greater at night when the injecting room was closed, than in the day time when it was open. If reductions were greater at night, it was not the injecting room that was causing the reductions but something else (like sniffer dogs being used more frequently at night than in the daytime).

NOTE: A 2011 study from Vancouver's Safe Injection Facility called Insite falsely found that the facility had reduced overdose deaths in Vancouver by 9% (in reality, on a two-year average before and after Insite's opening, deaths actually increased 23%) and that there had been a 35% reduction in overdose deaths in the area closest to Insite. What the study totally concealed was 'zero tolerance' policing changes shortly before Insite opened in 2003 which scared drug dealers into other parts of the city. As with Kings Cross, the policing led to drug users overdosing and dying in other areas into which drug dealers had fled, leaving the area around Insite with less deaths. But less deaths were not the result of the injecting room but zero-tolerance policing which has continued to this day around Insite.

All the above evidence is taken from Drug Free Australia's publications here, here and here.