



The Injecting Rooms Scam

in the words of their government
evaluators

5. Reduce spread – blood-borne viruses

Blood-borne viruses

These particularly include:

- Hepatitis B
- Hepatitis C
- HIV

These are mostly spread through sharing needles for injecting their drugs of addiction and can increase mortality

Results

Sydney – no improvement

- DFA summary of 2003 evaluation below:

HIV infections amongst injecting drug users	worsened p 71
Hep B infections	no improvement p 71
Notifications of newly-diagnosed Hep C	worsened p 71
New needle and syringe use	no advantage by injecting room over the nearby needle-exchange p 92
Re-use of someone else's syringe	no improvement p 93
Re-use of injecting equipment other than syringes	no improvement p 93
Tests taken for HIV and Hep C	no improvement p 96
Tests taken for Hep B	improved in 2001, worsened in 2002 p 98

**FINAL REPORT OF
THE EVALUATION OF
THE SYDNEY MEDICALLY
SUPERVISED INJECTING CENTRE**

MSIC Evaluation Committee

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Results

Sydney – no better by 2010 – p 4

- KPMG evaluation avoids any mention of the effect of the heroin drought starting 6 months before injecting room opened and which was still operative in 2010:

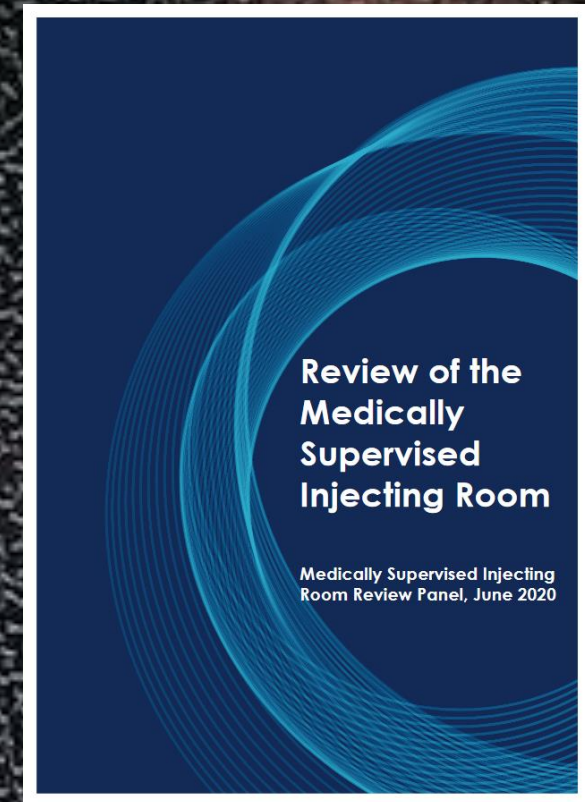
“A notable decline was observed in the number of Human Immunodeficiency Virus (HIV) and Hepatitis C infection notifications between 1999 and 2009 for people living in the Kings Cross area (postcodes 2010 and 2011). Whilst this was true of Hepatitis C infection notifications for the rest of NSW, in the case of HIV infection notifications a slight upward trend was observed for people residing in the rest of NSW over the same period. **In the absence of substantial data from the period prior to the MSIC commencement, it is not possible however to attribute any change in infection notifications to the operation of the MSIC.”**



Results

Melbourne – no success – p 100

“There is not a significant difference between MSIR service users and other people who inject drugs in reporting that they had injected with someone’s used needle/syringe in the previous month.”



Results

Vancouver – conflicting estimates

- Andreson, Boyd modelling, 2009

Results: Through the use of conservative estimates, Vancouver's SIF, Insite, on average, prevents 35 new cases of HIV and almost 3 deaths each year. This provides a societal benefit in excess of \$6 million per year after the programme costs are taken into account, translating into an average benefit-cost ratio of 5.12:1.

- Pinkerton modelling, 2011

The present article reviews and critiques the mathematical models utilised in the Andresen and Boyd article, then describes an alternative-and potentially more accurate-method for estimating the impact of the Insite SIF. This model indicates that the SIF prevents approximately 5-6 infections per year, with a plausible range of 4-8 prevented infections. These estimates are far smaller than suggested by Andresen and Boyd (19-57 prevented infections).

- So what is realistic?

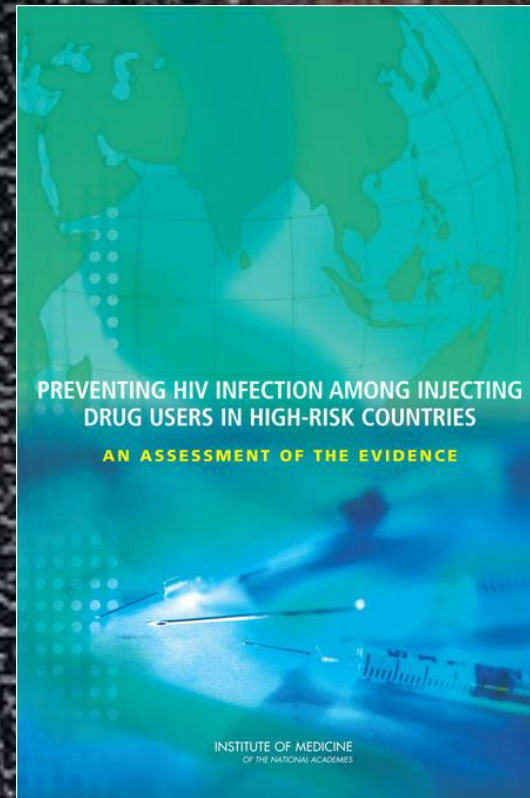
The screenshot shows a PubMed search result for the article 'How many HIV infections are prevented by Vancouver Canada's supervised injection facility?' by Steven D Pinkerton. The article is from the International Journal of Drug Policy, 2011, May;22(3):179-83. The abstract is visible, starting with 'Mathematical modelling analyses of drug injection-related HIV risk reduction interventions can provide policy makers, researchers, and others with important information that would be difficult to obtain through other means. The validity of the results of mathematical modelling analyses that rely on secondary data sources critically depends on the model(s) employed in the analyses and the parameter values used to populate the models. A recent article in the International Journal of Drug Policy by Andresen and Boyd (2010: 70-76) utilised four different mathematical models of injection-related HIV transmission to estimate the number of HIV infections prevented by Vancouver Canada's Insite supervised injection facility (SIF). The present article reviews and critiques the mathematical models utilised in the Andresen and Boyd article, then describes an alternative-and potentially more accurate-method for estimating the impact of the Insite SIF. This model indicates that the SIF prevents approximately 5-6 infections per year, with a plausible range of 4-8 prevented infections. These estimates are far smaller than suggested by Andresen and Boyd (19-57 prevented infections).'

<https://pubmed.ncbi.nlm.nih.gov/19423324/>
<https://pubmed.ncbi.nlm.nih.gov/21450450/>

Reality Check

World's most authoritative review on needle & syringe programs – p 149

- "evidence regarding the effect of needle and syringe exchange on HIV incidence is limited and **inconclusive**."
- "multiple studies show that (needle & syringe programs) **do not reduce transmission of (Hepatitis C)**."



<https://nap.nationalacademies.org/catalog/11731/preventing-hiv-infection-among-injecting-drug-users-in-high-risk-countries>



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6. Reducing ambulance overdose callouts