

Series

Using the written words of the government evaluators on their stated objectives:

- saving lives
- reducing public nuisance
- referrals to treatment
- reduce spread of blood-borne viruses
- reducing ambulance overdose callouts

Will also examine

- misleading the public
- the prior advocacies of their evaluators

How can we compare?

Are rates of overdose higher in injecting rooms than on the street? And what would it indicate, if so?

Opening fact -p 59

Darke et al. (in press)

reported an estimate of 4.1 fatal overdoses for every 100 non-fatal overdoses in the community, overall (i.e., 0.041 or 4.1%).

We need to find:

street rates of overdose for injecting room clients

And compare it to:

injecting room rates of overdose

THE EVALUATION OF
THE SYDNEY MEDICALLY
SUPERVISED INJECTING CENTRE

MSIC Evaluation Committee

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Calculating street rates of overdose

• We need clients' average overdose frequency -p 16

Previous non-fatal heroin-related overdose was reported by 44 % of clients; with a median number of three episodes reported. At least one heroin-related overdose in the

We need average # of years they have injected - p 15

Table 2.1:	Demographic characteristics
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Characteristic	Number of clients = $3,782$
Average age in years (SD)	31 years (8)
Average age started injection (SD)	19 years (6)

We need average # of injections per day -p 58

it is plausible that 2000 IDU are regularly injecting heroin in the Kings Cross area. Allowing for an average of at least three Peroin injections per day per regular heroin users, there would be 6,000 injections of heroin in the Kings Cross area per day.

Client average - 12 year drug use career, with average 3 overdoses gives an average 1 overdose every 4 years or once every 1,460 days. Injecting 3 times a day is 1 overdose for every 4,380 injections (or 0.23 OD per 1,000 injections)

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https://www.drugsandalcohol.ie/5706/1/MSIC final evaluation report.pdf

OD rates compared

Sydney injecting room clients' historical rate

• 0.23 per 1,000 injections

But once they are in the room -p 24

toxicity cases, were transported to hospital for further observation. There was an overall drug overdece rate of 7.2 per 1,000 visits to the MSIC, and a heroin-related overdose rate of 9.6 per 1,000 visits where heroin was injected.

• 9.6 per 1,000 injections

Overdose rate per 1,000 injections

Street Injecting Room

0.23

9.6

overdoses are 42 times higher inside the facility

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Sydney rates over time

Sydney data from 2002 – 2010 _{- p 159}

Table 10-2 : Overdoses by 1,000 injections										
	2001- 02	2002- 03	2003- 04	2004- 05	2005- 06	2006- 07	2007- 08	2008- 09	2009- 10	Total
Overdose per 1000 heroin injections	11.5	6.7	7.6	6.7	7.8	10.6	10.1	12.9	14.6	9.1

By 2010 it was up to 14.6/1,000

63 times higher than street overdose rates



https://www.health.nsw.gov.au/aod/resources/Documents/msic-kpmg.pdf

Melbourne MSIR rates

From data in their report

• The MSIR review records that the facility had a total 116,802 supervised injections (page x) in its first 18 months, of which 96.6% (page x) were heroin injections which are subject to fatal overdose. This gives 112,831 heroin injections against 2,657 (page x) overdoses or 23.5/1,000 injections

We have 0.23/1,000 compared to 23.5/1,000 inside

102 times higher than street overdose rates



https://apo.org.au/sites/default/files/resource-files/2020-06/apo-nid306054.pdf

Why so many overdoses?

Written testimony from Melbourne ex-client

- "I can remember other times when I had scored on Victoria Street and I would be on foot I would always end up in the injecting rooms. The reason behind this was I knew it was a safe place to use and a perfect environment to test my tolerance and my limits on how much I could take."
- "The injecting rooms themselves created a network of people that enabled you to stay the same or introduce you to more contacts for more drugs. Once again, this all only aloud (sic) you to push the limits more to test how much drugs you could take at any given time.
- I had so many conversations during the time of my usage of the injecting rooms that it only highlighted more and more to me how many people were thinking the same thing.
- My honest opinion is if there was no injecting room in Richmond, I
 can honestly say I would have never relapsed.

Analysis of the Melbourne Medically
Supervised Injecting Room's heroin
overdose rates in its first 18 months

Executive Summary

On Summar

https://www.drugfree.org.au/images/pdf-files/library/Injecting Rooms/Overrepresentation of overdose Melbourne MSIR.pdf

Why so many overdoses?

Testimony of Sydney ex-client – NSW Parliament

- "I was talking about Normasins, Oxycodones, just yeah all that kind of stuff. Xanax. Everyone I have seen drop in there, like one every now and again will drop on heroin, but it is the pills and the heroin [that they mix] together."
- "They feel a lot more safer, definitely because they know they can be brought back to life straight away. They know they can, like some people go to the extent of using even more. So in a way they feel it is a comfort zone, and no matter how much they use if they drop [meaning, die] they [might] be brought back. What users look for in heroin and pills is to get the most completely out of it as they can, like virtually be asleep? For? [example] to get that you have to test your limits. And by testing your limits that is how you end up dropping [dead]."



nttps://www.parliament.nsw.gov.au/Hansard/Pages/HansardResult.aspx#/docid/HANSAR D-1820781676-38339

Evaluators' view

Refusal to compare to street rates - pp 62,3

In this study of the Sydney MSIC, there were 9.2 heroin overdoses per 1000 heroin injections in the MSIC, and this rate of overdose is likely to be higher than among heroin injectors generally. The MSIC clients seem to have been a high-risk group with a higher rate of heroin injections and of non-fatal overdose than heroin injectors who did not use the MSIC, they were often injecting on the streets, and they may have taken more risks and used more heroin in the MSIC.

Overdoses 42 times street OD rates are orders of magnitude higher

Evaluators appear casually dismissive - "they may have taken more risks"

FINAL REPORT OF
THE EVALUATION OF
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MSIC Evaluation Committee

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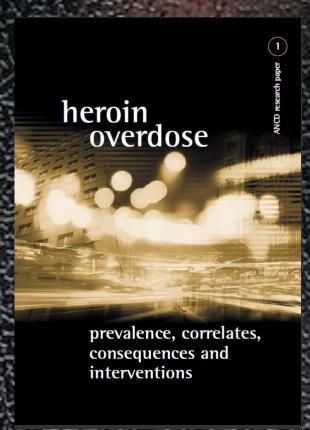
Clients more at-risk?

High overdoses dismissed – clients "a high-risk group"

- in making that assertion they fail to demonstrate it
- Below are overdose rates from another Australian government report -p 10

Study	Ever Overdosed	Overdosed in Last 12 Months
MSIC	44%	12%
Australian IDRS study 1999	51%	29%
Sydney study 1996	68%	20%
British study 1999	58%	30%

• Sydney clients are *less* at-risk



https://web.archive.org/web/20160309221410/http://www.atoda.org.au/wp-content/uploads/rp1 heroin overdose.compressed.pdf

The obvious

To have overdoses 42-102 times above street rates

- clients had to buy more illegal heroin
- clients had to buy additional illegal pills

Conclusion

- buying more illegal drugs to service the increased overdoses means enriching drug dealers
- they permit experimentation in safety and that is responsible for greater drug dealer profiteering
- Therefore injecting rooms are a governmentfunded accessory to the drug trade

