

Reflecting on the first one million injections at the Uniting Medically Supervised Injecting Centre, Sydney

CAROLYN DAY^{1, 2}, VENDULA BELACKOVA², ALLISON SALMON², JULIE LATIMER², SARAH HILEY², MIRANDA ST HILL², WILLIAM WOOD², MARIANNE JAUNCEY²

1. Discipline of Addiction Medicine, Central Clinical School, University of Sydney, NSW

2. Uniting Medically Supervised Injecting Centre, Sydney, NSW

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Evidence around SIFs/DCRs

- 1) Attract high-risk drug users
- 2) Manage drug-related overdose and decrease overdose-related mortality
- 3) Enhance safe injecting practice
- 4) Decrease public drug use and improve public amenity
- 5) Increase access to treatment and other health and social services
- 6) Yield cost savings by preventing BBV transmission and fatal overdoses

At the same time, research has shown that they:

- Do not increase drug use and related risks
- Do not increase crime

Source: Belackova V. & Salmon A. M. (2017): Overview of International Literature – Supervised Injecting Facilities & Drug Consumption Rooms. Sydney: Uniting Medically Supervised Injecting Centre. ISSN: 2208-4517

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Uniting Medically Supervised Injecting Centre (MSIC)

- ✓ Uniting Medically Supervised Injecting Centre (Uniting MSIC) established at Sydney Kings Cross in 2001
- ✓ Response to high rates of overdoses & ambulance calls in the vicinity
 - Ambulance call outs to overdose reduced by 80% following opening
 - 70% of local businesses and 78% of local residents support MSIC
 - No recorded impact on crime in the Kings Cross area
 - Publicly discarded needles/syringes ~halved in Kings Cross after MSIC opened
 - Independently evaluated as cost-effective
- ✓ Run by Uniting NSW and licensed by NSW Police and Ministry of Health
- ✓ Funded by the Confiscated Proceeds of Crime Account
- ✓ Only one of its kind in the Southern Hemisphere

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MSIC practice

Stage 1: Waiting, assessment and clinic area

Eligibility:

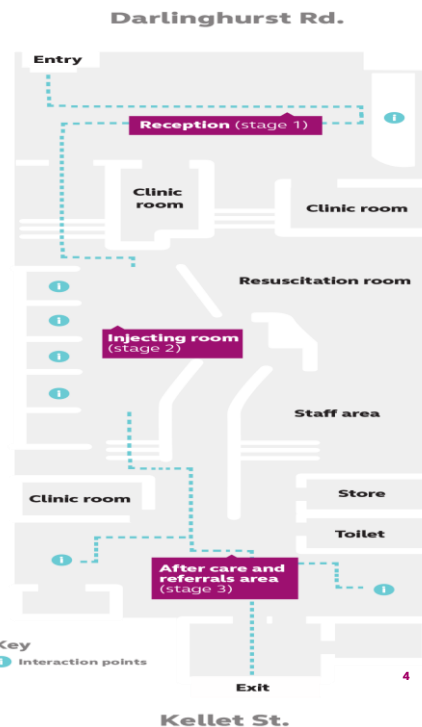
- Injecting drug user
- 18 years of age and older
- Not pregnant or accompanied by a child
- Not intoxicated

Stage 2: Injecting area supervised by nurses and health education officers; sterile equipment

Stage 3: After-care area

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<https://uniting.org/who-we-help-for-adults/sydney-medically-supervised-injecting-centre/inside-the-medically-supervised-injecting-centre>



Street front



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STAGE 1 - reception area & waiting room, entry to two clinical rooms



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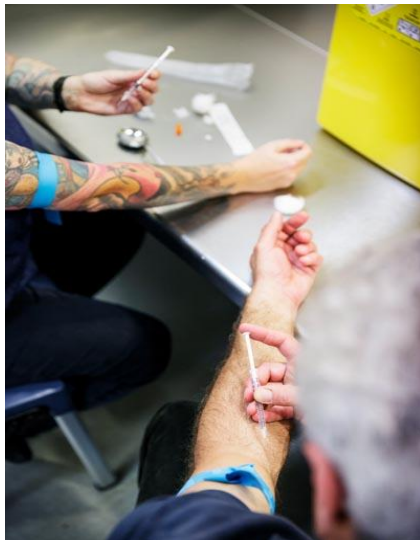
STAGE 2 - dispensing of sterile injecting equipment, injection booths (n=8, up to 16 people)



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STAGE 2: injecting booth, supervised by nurses and health education officers at all times; sterile equipment



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**STAGE 2: resuscitation room for serious overdoses
(backstage of STAGE 2)**



STAGE 2 (backstage): needle-syringe program (take-away)



**STAGE 3: after care area – common room, chill-out zone,
assisting clients with referrals to health and social services**



Aim

This study aimed to summarise the injection events at the MSIC since its opening in 2001

Specifically to describe:

1. MSIC client characteristics and patterns of attendance
2. Drugs injected at the MSIC
3. Adverse events, including overdose and other adverse events (e.g. behavioural disturbance, aggression, seizures)
4. Interventions provided

Methods

- A file audit of client registration data collected from all clients at first visit, including:
 - Socio-demographic details
 - Drug use and treatment
- Routinely collected self-reported data on drug injected at each client visit
- Service data on staff delivered interventions including:
 - Overdose management
 - Health promotion and information
 - Referrals

NB: This data was calculated directly from the MSIC database – some figures might differ from the official statistics which involved different means of data cleaning and assessment

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Results – registered clients

- **May 2001 through December 2016**
- **15,765** individuals registered (15455 attendances)
- 74.5% Male, 25.1% female, 0.4% transgender
- Median age 33 years (range: 18-75 years)
- 13% Aboriginal and Torres Strait Islander
- 58% ever been in treatment
- 38% reported prior incarceration

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Refusals

- **2769 admission refusals**

- <1% of all presentations
- 1213 (44%) due to exclusion criteria

Exclusion	N	%
Pregnant	38	1%
Accompanied by a minor	4	<1%
<18 years	16	<1%
No prior injecting	17	<1%
Intoxicated	1138	41%
Sanctioned	339	12%
Unacceptable behaviour	146	5%
Other	52	2%
Unrecorded	1019	37%

- 312 referrals

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Injecting events

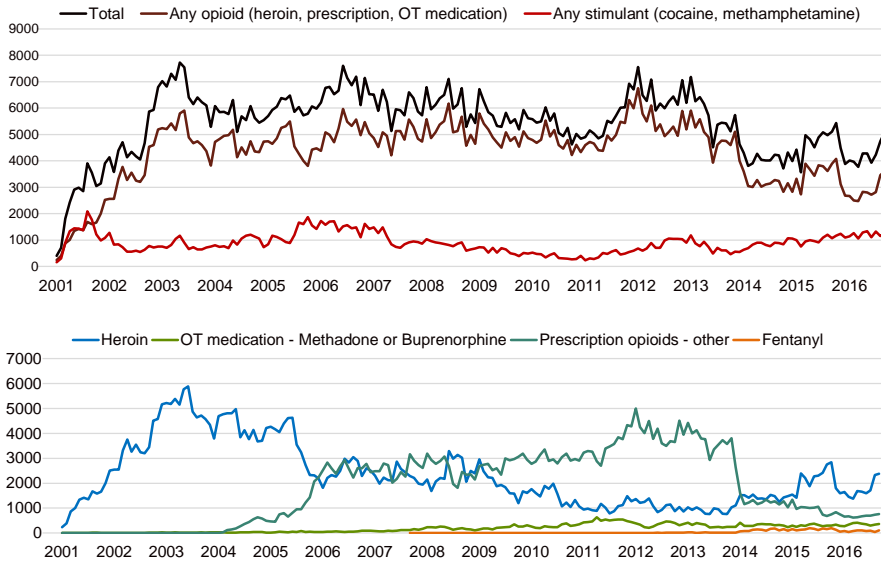
- 1,020,782 admissions
- **1,007,966 injections supervised**
 - 74% male
 - 99% of visits were among clients attending >3 times
 - Represent 54% of all registered clients
 - Temporal trends show increasing age
 - 43% Heroin
 - 34% non-substitution prescription opioids
 - 8% methamphetamine
- Clients spend a **mean of 41 minutes** in the service

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Drugs injected

Number of injecting episodes per drug type



Adverse events

- **ZERO fatalities** onsite since MSIC opened
- 7599 adverse events, <1% of all injections

Adverse event	N	% all AE
Opioid overdose	6816	90%
Oxygen only	5635	74%
Naloxone	1129	15%
Ambulance	52	<1%
Other drug overdose	230	3%
Behavioural disturbance/ aggression	127	1.7%
Other medical*	175	2.3%
Other behaviour related	59	<1%
Other	187	2.3%

*includes cardiac arrest, seizure, allergic reaction, anaphylactic response, arterial injection, ambulance transfer



Interventions

- 68,626 interventions
 - 12,520 accepted referrals

NB: clinical data, unknown proportion of missing data

Referral	N	% all referrals
Drug treatment (all forms)	5772	46%
Medical*	2489	20%
Health education	661	5%
Mental health	271	2%
Housing	511	4%
Social welfare	1251	10%
Legal	99	<1%
Other	1466	12%

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*includes GP, dental, BBV/STI screening

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Interventions

- 68,626 interventions
 - 12,520 accepted referrals

Intervention	N	% all referrals
General medical advice	3782	5.5%
Information, assessment	11,283	16.4%
General (includes injecting advice)	35,428	52%
Medical service (e.g. wound care)	4131	6%
Housing	511	<1%
Psycho-social assistance	12,012	17.5%
Smoking-related (includes NRT)	1990	3%

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*includes GP, dental, BBV/STI screening

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Discussion

- ✓ Uniting MSIC provides safe supervision of illicit drug injecting
 - ✓ **Uniting MSIC provides people with the time and space necessary for safe injecting**
- ✓ Overdoses effectively managed, with no fatalities and limited need for naloxone administration or ambulance transfer
 - Effective early intervention and management
- ✓ Relatively few non-overdose adverse events
 - Very low rates of behavioural issues/aggression despite increased methamphetamine injection
- ✓ Very low number of refusals, especially for exclusion criteria
- ✓ Each MSIC presentation represents a unique intervention
 - ✓ **Any referral, advice or other intervention would not have occurred in the absence of MSIC**

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Acknowledgements

MSIC clients and staff

The Uniting MSIC is operated by Uniting, the services and advocacy arm of the Uniting Church NSW & ACT, and is supported by the NSW Police, NSW Department of Health and the local community.

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