Beyond health outcomes: Public amenity and the Melbourne medically supervised injecting room

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Introduction: Drug consumption rooms (DCR) often attract public concern and political debate extending well beyond anticipated health outcomes. Public amenity is frequently invoked in these debates, yet the concept rests on broad assumptions and lacks a consistent measurement framework. This mixed methods research aimed to address that gap - systematically, empirically, and from the perspectives of local residents.

Methods: Three sequential studies were conducted (2022-2024). A scoping review examined how public amenity is defined and measured in DCR literature. Structured observations (24-months) were then conducted within 500-metres of the Melbourne medically supervised injecting room (MSIR), recording both general and drug-related amenity indicators. Semi-structured interviews explored lived experience of residents living local to the MSIR.

Key Findings: The scoping review (n=15) confirmed public amenity, and related terms, remains under-defined and narrowly measured in the literature. Structured observations revealed drug-related and general amenity indicators were concentrated on the MSIR footprint or prescribed observation perimeter, with no significant improvement or deterioration over 24 months. Resident interviews (n= 41) revealed pervasive feelings of unsafety, shaped less by objective risk than by affective atmospheres, stigma, and media discourse. There was also a strong sense the neighbourhood carried a disproportionate social burden.

Discussions and Conclusions: A consistent tension emerged between measurable amenity and lived experience. The scoping review yielded a working definition of both general and drug-related amenity, suggesting primary drug-related indicators applicable to DCR evaluation. While amenity concerns in the neighbourhood are real and spatially complex, structured observations and resident accounts suggest they are not solely attributable to the MSIR.

Implications on practice and policy: Combined, this research contributes a definition and measurement framework, 24-months of empirical neighbourhood evidence, and a theoretically informed account of resident experience to support more evidence-based policy and community engagement to support DCRs globally.

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