



Public Health Association  
AUSTRALIA

NSW Branch  
[www.phaa.net.au](http://www.phaa.net.au)

## **Letter of support for the Sydney Medically Supervised Injecting Centre and the removal of its ongoing trial status.**

The NSW Branch of the Public Health Association of Australia supports a balanced approach to the public health and public order problems that can arise when drug-related activities become prevalent in public places. We consider that the Sydney Medically Supervised Injecting Centre (MSIC) continues to play a key role in minimising these problems, benefiting both drug users and local community.

In 2008 Dr Ingrid van Beek, the founding Director of the MSIC, was recognised by the PHAA as a key figure in public health in Australia and presented with our Public Health Impact Award. Her work in the prevention, treatment and care for HIV and other transmissible infections among "at risk" young people, sex workers and drug users is highly valued by her peers.

PHAA notes that whilst there is considerable and continuing anxiety in Australia regarding illicit drugs most Australians recognise that the majority of drug-related harm is attributable to the licit drugs alcohol and tobacco.

PHAA supports the *National Drug Strategic Framework 2004-2009* that encompasses the principle of harm minimisation, which is consistent with a comprehensive approach to drug-related harm, involving a balance between demand reduction, supply reduction and harm reduction strategies.

The MSIC is a good example of Australia's bipartisan drug policy of 'harm minimisation' and there is now ample scientific evidence internationally to document not only the benefits of supervised injecting facilities which save lives, but also the absence of harm.

PHAA considers the decision to continue with the ongoing trial status of the MSIC should be reversed for the following reasons:

1. The aims of the Sydney MSIC have been and continue to be met.
2. In the eight years of operation of the MSIC five rigorous evaluations have demonstrated the benefits of the Service (see attached).
3. The MSIC has been shown to be cost-effective.
4. The ongoing trial status in the face of overwhelming scientific evidence is not in keeping with the purpose of clinical trials which, by definition, are temporary. Trials conduct the appropriate research and evaluation to determine the relative merit of the intervention, and after which action is taken upon the evidence. MSIC has already gathered the evidence which demonstrates the value of this facility.
5. There are financial and opportunity costs of frequent and repeated evaluations that impact on the efficiency of the MSIC, employment and staff morale.

The PHAA (NSW Branch) calls for the trial status of the MSIC to be overturned and allow the service to continue to operate as any other health service in NSW.

A handwritten signature in black ink, appearing to read 'S. Thackway'.

SARAH THACKWAY  
**President, NSW Branch**

1 July 2009

## Attached

Documented results from the scientific literature on the Sydney MSIC show that:

- the service makes contact with approximately 80% of local injecting drug users [Kimber et al 2008],
- the service attracts those users most at risk [MSIC Evaluation Committee 2003; NCHECR Evaluation report numbers 1-4]
- the majority of local business and local residents have supported the MSIC since before it was opened, and this support has increased over time [Salmon et al, 2007; Them et al 2005; MacDonald et al 1999.]
- there has been an 80% reduction in ambulance callouts to drug overdose in the Kings Cross postcode since the establishment of the MSIC. This is significantly greater than neighbouring suburbs, where the decrease has been 45% [NCHECR report 4]
- the amount of publicly discarded syringes has halved since the establishment of the MSIC [Salmon et al 2007; Them et al 2005]
- the service has not acted like a magnet for drug users or drug suppliers to the local area [Freeman et al 2005; Donnelly et al 2006; Snowball et al 2008],
- and the Service has been repeatedly shown to be cost effective [MSIC Evaluation Committee 2003; Saha 2008]