Dear Secretary

Re: Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017

I write on behalf of myself and Dr Ingrid van Beek who has recently joined my group at the Kirby Institute at UNSW Sydney as a Conjoint Professor. As you may be aware, Dr van Beek was the inaugural Medical Director of the Sydney Medically Supervised Injecting Centre (MSIC).

In collaboration with the National Drug and Alcohol Research Centre (NDARC) at UNSW Sydney, the Kirby Institute (then known as the National Centre in HIV Epidemiology and Clinical Research) undertook the initial process evaluation of the Sydney MSIC, documenting the rapid rate of client registration and its successful operation [1]. Between 2004 and 2008 the Kirby Institute conducted the Phase II evaluation of the MSIC, producing a substantial body of evidence evaluating the facility and its public health outcomes [2-11]. Included in this evidence was the first report anywhere in the world of the impact of a supervised injection facility (SIF) on ambulance attendance at opioid-related overdoses. Our finding that ambulance attendances declined significantly in the vicinity of the MSIC compared to the rest of NSW, with this effect greatest during operating hours and in the immediate area, indicating that SIFs are effective in areas of high-risk concentrated drug use [2]. The prompt and effective treatment of opioid overdoses at the MSIC is also likely to have reduced both the morbidity and mortality otherwise associated with these events.

Work conducted by the Kirby Institute has also documented consistently high levels of public and community support for the MISC. Our initial study found that the level of support for establishment of a MSIC in Kings Cross increased among residents between 2000 and 2002, from 68 to 78% [9]. A follow-up paper published in 2007 found that approximately 90% of both business and community samples reported at least one advantage of the MSIC, including the control of HIV and hepatitis C and reduced overdose risk for people who inject drugs [10]. In 2011 the Centre for Social Research in Health (then the National Centre in HIV Social Research), also at UNSW Sydney, examined the impact of the MSIC on the social aspects of clients’ lives particularly as related to stigma and shame. This analysis examined the client comment books and showed that the “accidental intimacy” developed between clients and MSIC staff generated new possibilities of experience that had potential to counter stigma through experiences of a sense of belonging, citizenship and acceptance [12].

A 2014 systematic review of the impact of SIFs globally included many of the studies conducted by NDARC and the Kirby Institute in relation to the Sydney MSIC. The review found that these facilities were efficacious in attracting the most marginalised people who inject drugs, promoting safer injection conditions, enhancing access to primary health care, and reducing the frequency of overdose [13]. Conversely, SIFs were not found to increase drug injecting, drug trafficking or crime in the surrounding environments and were associated with reduced levels of public drug injecting and discarded syringes.
Professor van Beek and I are currently travelling but would be happy to provide oral evidence in our respective areas of expertise if required.

Yours faithfully,

Lisa Maher AM FASSA PhD
Professor, Program Head and NHMRC Senior Research Fellow,
Viral Hepatitis Epidemiology and Prevention Program

cc: Scientia Professor David Cooper AO, Director
Conjoint Professor Ingrid van Beek AM
Appendix A: List of relevant publications


