preference for having access to such a facility for drug injection: 71 per cent of those IDUs who inject alone, and 82 per cent who inject in a public place, would prefer to use a MSIC. A high number of those who inject with others (70 per cent) and/or in a private place (66 per cent) would also prefer to use a MSIC. These findings suggest that this trial may have the potential to significantly shift current patterns of injecting drug use in Kings Cross. The effect on the community will need to be monitored and managed over time.

CONCLUSION

The MSIC trial and evaluation hopes to answer the question of whether this is an effective strategy to reduce:

- overdose fatalities
- transmission of blood-borne viruses
- the public nuisance associated with public injecting,

while increasing IDUs' access to drug treatment. It will also inform future decisions to trial this strategy in other parts of NSW and Australia.

REFERENCE

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DEATHS AND HOSPITAL SEPARATIONS DUE TO ILLICIT DRUGS, NSW, 1989–1998

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The harmful use of illicit drugs contributes to many causes of death and illness, including overdose, hepatitis B, hepatitis C, HIV and AIDS, psychoses, suicide, and low birth-weight.¹

The data presented in Figure 2 were derived by applying aetiological fractions (the probability that a particular case of illness or death was caused by use of specific illicit drugs) to death and hospital morbidity data for NSW.

Illicit drugs caused an estimated 6,990 hospital separations (4,106 males and 2,884 females) in 1997–1998. Opiate dependence and drug psychoses were contributors to hospital morbidity for the majority of these cases. Over the 10-year period between 1989 and 1998 there has been a sharp rise in hospital separations attributed to illicit drugs, with more than a threefold increase among men, and more than a twofold increase among women.

In 1998, illicit drugs caused an estimated 343 male and 71 female deaths in NSW. Of these, almost all—324 and 63 respectively—were from opiate overdose. The majority of all overdose fatalities can be attributed to heroin.²

In the period 1988–1998, there was a large increase in overdose fatalities, with the age-adjusted death rate among males more than doubling, while the death rate among females has increased by 40 per cent. Since 1992, over 80 per cent of overdose fatalities have been among males. This sex difference in death rates is larger than would be expected from clinical treatment populations where males make up approximately 65 per cent of NSW methadone program clients.³

More information on illicit drug use in NSW will be presented in the forthcoming Report of the Chief Health Officer on the Health of the People of NSW, 2000.

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FIGURE 2
DEATHS AND HOSPITAL SEPARATIONS DUE TO ILLICIT DRUGS, NSW, 1989–1998

Deaths: Rate
per 100,000 population

			1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Number	Deaths	Males	160	177	135	194	174	213	268	238	287	343
		Females	37	55	47	42	44	50	55	53	64	71
		Persons	197	232	181	235	217	263	323	291	351	414
	Separations	Males	1203	1468	1855	2186	2418	3047	3344	3520	4106	.
		Females	1308	1432	1593	1842	1979	2271	2219	2461	2884	.
		Persons	2511	2901	3448	4029	4396	5318	5563	5981	6990	.
Rate per 100,000	Deaths	Males	5.5	6.1	4.6	6.5	5.8	7.2	8.9	7.9	9.5	11.3
		Females	1.3	1.9	1.6	1.4	1.5	1.7	1.9	1.8	2.2	2.3
		Persons	3.4	4.0	3.1	4.0	3.7	4.5	5.4	4.8	5.8	6.9
	Separations	Males	41.4	50.2	62.9	73.9	81.7	103.1	112.7	118.0	137.4	.
		Females	45.5	49.5	54.4	63.0	67.6	77.9	75.5	83.0	97.2	.
		Persons	43.4	49.8	58.7	68.5	74.6	90.5	94.1	100.6	117.4	.

Note: Deaths and hospital separations were calculated using age- and sex-specific aetiological fractions from English et al. 1995.¹ Deaths are for calendar years. Separations are for financial years, starting in the indicated year. Rates were age-adjusted using the Australian population as at 30 June 1991.

Source: Australian Institute of Health and Welfare (aetiological fractions). NSW Department of Health Inpatient Statistics Collection (ISC) and ABS mortality data and population estimates (HOIST). Epidemiology and Surveillance Branch, NSW Department of Health.