APPROACHES TO INJECTING DRUG USE IN KINGS CROSS: A REVIEW OF THE LAST 10 YEARS

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This article describes public health and public order issues around injecting drug use in Kings Cross over the past decade.

Since the early 1990s an increasing number of commercial sex establishments in the central business district of Kings Cross began to provide injecting drug users (IDUs) with injecting equipment and/or rooms to inject in. In several instances these establishments also supplied illicit drugs. Following the Royal Commission into the NSW Police Service, which resulted in the incarceration of the most significant operators of these establishments, the majority ceased to operate, leading to a significant shortfall in the supply of injecting equipment in Kings Cross, and an increase in the 'public nuisance' associated with public injecting. Meanwhile, cocaine injecting—a behaviour associated with very high frequency injecting and sexual risk behaviours—became endemic during the same period, particularly among female sex workers who worked in this part of Kings Cross.

ESTABLISHMENT OF K2: 1997

After the closure of the commercial establishments, which had provided injecting equipment and rooms, it was of particular public health importance to replace the supply of injecting equipment through a fixed-site needle and syringe service located in the main street of Kings Cross. There was also a need to reach out to the local venues frequented by sex workers who were also IDUs. In 1997, to cater for these needs, K2—a satellite service of the Kirketon Road Centre (KRC)—was established close to the heart of the street-based drug scene in Kings Cross.

K2 provides:

- a needle and syringe service
- health and social welfare advice
- assessment and referral for drug treatment
- other relevant support services.

The service currently operates from 2.00 p.m. to 10.00 p.m. seven days a week and has contact with around 200 IDUs each day.

ESTABLISHMENT OF A JOINT SELECT PARLIAMENTARY COMMITTEE: 1997

In 1997, the NSW Government established a Joint Select Parliamentary Committee into Safe Injecting Rooms, in response to the recommendation of the Royal Commission into the NSW Police Service, which stated that: 'consideration be given to the establishment of safe, sanitary injecting rooms under the licence or supervision of the Department of Health, and the amendment of the Drug Misuse and Trafficking Act 1985 accordingly'.[1]

This Safe Injecting Rooms (SIR) Committee visited several Sydney suburbs, and a number of rural areas, to speak to members of the community, health workers and drug users. A subcommittee of the SIR Committee also visited five safe injecting rooms in Europe and held discussions with key stakeholders there. The Committee received 103 submissions and took formal evidence from 89 witnesses. Just over half of the written submissions supported the establishment of safe injecting rooms, and a large majority of the expert witnesses testified in favour of the proposal. However, six of the 10 members of the SIR Committee did not recommend the establishment of such premises in NSW.

Meanwhile, a telephone survey of more than 300 local residents of Kings Cross—undertaken in 1997 and 1998 to measure K2's effect on the community—demonstrated a rise in support for the establishment of safe injecting rooms in the area (69 per cent to 76 per cent).

SAFE INJECTING ROOM PROPOSAL, NSW DRUG SUMMIT: 1999

A safe injecting room proposal was raised again during the NSW Drug Summit, an initiative of the NSW Government held in May 1999. One of the 172 resolutions passed by the Summit was that a medically-supervised injecting centre (MSIC) be trialled. It was subsequently proposed that this trial be undertaken in Kings Cross, and legislation was passed to enable establishment of the trial for a period of 18 months. In December 1999, the NSW Government accepted a proposal from the Uniting Church of Australia to apply for a licence to manage the facility, and plans for the MSIC are now well underway.

A recent survey among IDUs who use the needle and syringe service at K2 indicates there is a high level of

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

1. Royal Commission into the NSW Police Service. Final Report, Volume 2, *Reform*. Sydney: NSW Government, 1997; 226.

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 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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