

the Kings Cross **injecting**room

Drugs used in injecting room January to June 2006:

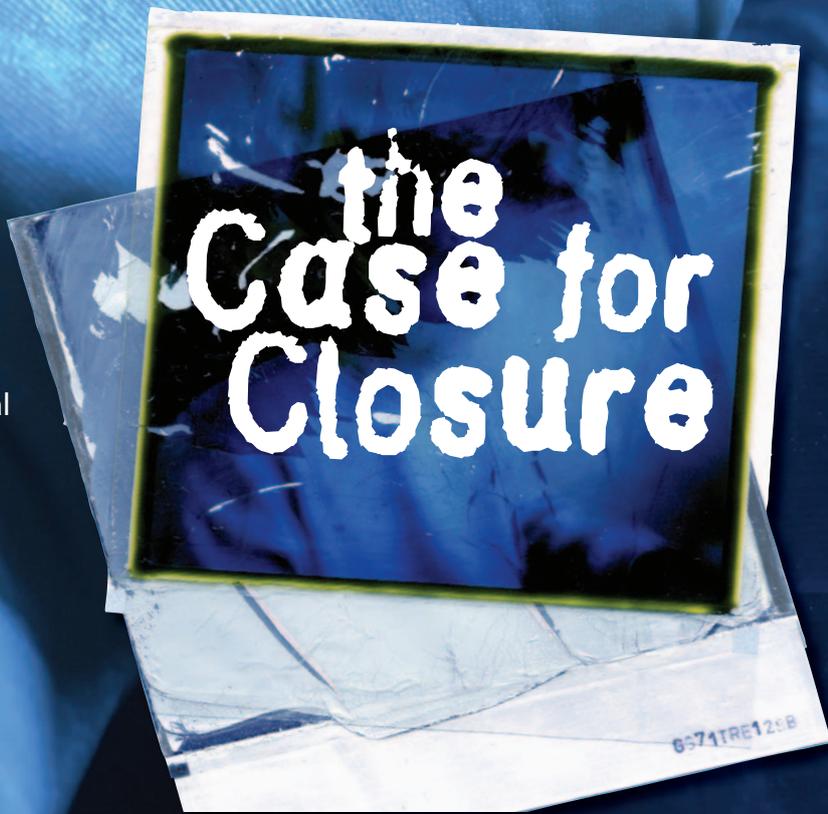
Heroin:	38%
Ice:	6%
Cocaine:	21%
Prescription Morphine:	31%

"The Sunday Telegraph can reveal that ice addicts make up eight per cent of users at the Medically Supervised Injecting Centre, ..."

Sunday Telegraph Dec 10 2006

"... they (injecting room clients) may have taken more risks and used more heroin in the MSIC." Final Report of the Evaluation of the Sydney Medically Supervised Injecting Centre (MSIC) p 62 par 6

"... the operation of such facilities, where addicts inject themselves with illicit substances, condones illicit drug use and drug trafficking and runs counter to the provisions of the international drug treaties." United Nations International Narcotic Control Board in its 2001 report, paragraph 559



the Case for Closure

the Kings Cross
injecting room

was the public misled?

The injecting room's own public relations unit continually stated that each overdose intervention in the injecting room was a life saved. This resulted in increased public support which went from 68% in 2000 to 78% in 2002. The fact is that their own advisors found that just one in 25 overdoses is ever fatal yet the following was reported:

"Four overdoses have been recorded on site. In each case the user had arrived at the centre alone, which is a known risk factor in drug overdose death," Dr van Beek said. "Potentially we've **saved four lives** in the first month."
Kelly Burke - SMH 22/6/2001

"In the first month of operation, **four lives were saved** . . ."
John Della Bosca, NSW Special Minister of State, NSW Legislative Council Hansard 4 July 2001 based on Dr van Beek's claims

"Since its controversial opening three months ago, the Sydney Kings Cross centre . . . says its staff has **saved more than a dozen lives** from overdoses."
Reporter Joe O'Brien The World Today Archive - Wednesday, 15 August, 2001

"The visit concluded with a public forum . . . Careful not to promote the centre at this stage as anything other than a solution to a local problem (ie. preventing fatal drug overdoses in Kings Cross), Dr Van Beek presented compelling evidence that in its first nine months, the centre has **saved more than 100 lives.**"

http://www.hepatitisc.org.au/resources/documents/36_01.pdf

"To date, the trial injecting room has reported that there were 2,729 registered clients and 250 overdoses. Therefore, because of the available trained medical staff **250 lives were saved.**"
The Hon Bryce Gaudry MP, NSW Legislative Assembly Hansard 29 May 2002 based on claims by Dr van Beek

"A final report on the controversial Kings Cross injecting centre is expected to declare it a resounding success that has **saved hundreds of lives.**"
Steve Dow & Frank Walker – Sun-Herald June 15 2003

Why was this error continually not corrected?

Drug Free Australia is the peak organisation for organisations and family associations around Australia that seek the prevention of illicit drug use.

Drug Free Australia's vision is:

Communities are well-informed about the harms of illicit drugs and empowered with anti-drug strategies

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-only 38% of injections are heroin
- use below 2/3rds capacity
-not one life saved statistically per year

10 crucial things

you need to know

- 1** Only 38% of injections in the injecting room in 2006 were heroin injections. Substances such as cocaine and 'ice', highly destructive in the longer term but not presenting high risks of immediate overdose, are commonly injected, as is prescription morphine.
- 2** The International Narcotics Control Board (INCB) specifically singled out the Kings Cross injecting room trial as being in breach of the International Conventions against illicit drug use. This trial does not utilise legal heroin but rather depends on clients illegally procuring heroin, illegally transporting heroin, and illegally using heroin. Furthermore, if the injecting room trial had been valid, the 2003 evaluation should have marked the end of the trial. Results should have been forwarded to the INCB and the injecting room closed.
- 3** On average one out of every 35 injections per user was in the injecting room, despite the public being told that every heroin injection is potentially fatal. So under-utilised is the injecting room that it has averaged just 200 injections per day despite having the capacity to host 330 per day.
- 4** Based on the overdose figures published by the Medically Supervised Injecting Centre (MSIC) the overdose rate in the injecting room was 36 times higher than on the streets of Kings Cross.
- 5** The high overdose rate was attributed by the MSIC's own evaluation report to clients taking more risks with higher doses of heroin in the injecting room. More injected heroin means more heroin sold by Kings Cross drug dealers.
- 6** Currently a disturbing 1.6% of Australians have used heroin. However surveys show that 3.6% of NSW respondents say they would use heroin if an injecting room was available to them, most for the first time, potentially doubling the number who would use the drug.
- 7** The government-funded estimate of 4 lives saved per year failed to take the enormously increased overdose rate into consideration. Adjusted for the high rates of overdose, the injecting room saved statistically 0.18 lives in its 18 month evaluation period.
- 8** Only 11% of injecting room clients were referred to maintenance treatment, detox or rehab. 3.5% of clients were referred to detox and only 1% referred to rehabilitation. None of Sydney's major rehabs such as Odyssey House, WHOS or the Salvation Army ever sighted one of the referrals.
- 9** The injecting room did not improve public amenity. The injecting room quite evidently drew drug dealers to its doors. Reductions in the number of public injections and discarded needles in Kings Cross decreased only in line with reduced distributions of needles due to the heroin drought. Recent reports indicate increases in publicly discarded needles.
- 10** The 'independent' government-funded evaluation of the injecting room, released July 9 2003 and from which much of the data in this report is drawn, was done by a research team of five, three of whom were colleagues in the same NSW University medical faculty as the Medical Director of the injecting room. A fourth researcher was one of those who, during the 1999 NSW Drug Summit, shaped the proposed injecting room trial. Drug Free Australia has questioned the independence of this evaluation team.

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injecting room

Statistically **impossible**
to **save** even one life
per year (cost: \$2.5 million per annum)

Only two statistics need be known to demonstrate that the injecting room cannot possibly save even one life statistically per year.

Statistic 1

Less than 1% of dependent heroin users die from overdose each year in Australia

Statistic 2

A dependent heroin user averages 'at least' three heroin injections per day

Taking these two statistics together, it is clear that the injecting room would need to host 300 injections per day (ie enough injections for 100 heroin addicts injecting 3 times per day) before they could claim they had saved the life of the one (1%) of those 100 who would have died.

But the injecting room has only averaged 156 heroin injections per day since its evaluation period ended.

High Cost for Little Benefit

The injecting room costs \$2.5 million a year to operate. That is enough money for the NSW government to fund 109 drug rehabilitation beds or supply more than 700 dependent heroin users with life-saving Naltrexone implants for an entire year.

Injector Safety Not Enhanced

Heroin addicts inject at least three times a day, or around 1,100 times in a year. If a heroin user wanted to avoid a fatal overdose she would have every injection inside the injecting room. But clients average just 2-3 visits per month, leaving themselves open to a fatal overdose for 34 out of 35 of their heroin injections.

Increased the Use of Heroin

The table below reproduces the results from two surveys commissioned by the injecting room evaluators, one in 2000 with 1018 respondents and the other in 2002 with 1070 respondents.¹

In each case respondents were asked whether they would use an injecting room if made available. 3.6% replied they would. Yet only 1.6% in the 2001 National Drug Strategy Household Survey indicated prior use of heroin. Alarming, 26 of the 28 who replied affirmatively in the 2002 survey had never tried heroin before. If more injecting rooms were opened this could lead to much higher heroin use.

1. MSIC Evaluation; p 158

Table 8.4 Number (percentage) of Kings Cross and NSW residents reporting that they would use the MSIC and the reason for use

Characteristics	Kings Cross		NSW	
	2000 n=515	2002 n=540	2000 n=1018	2002 n=1070
Would use a SIC	19 (4%)	0 (0%)	47 (5%)	28 (3%)
Reason for MSIC use				
Safety	12 (2%)	-	19 (2%)	18 (2%)
Hypothetical	5 (1%)	-	2 (<1%)	8 (1%)
Not IDU	2 (1%)	-	0 (0%)	1 (<1%)
Anti-drugs	0 (0%)	-	1 (<1%)	1 (<1%)
Not asked the reason ¹	-	-	25 (3%)	-

1 = Most of the first 25 NSW resident respondents who reported that they would be more likely to inject heroin if they had access to a SIC were aged over 50 years, therefore a question was added to determine whether people responding in the affirmative would actually commence drug injection.



-only 38% of injections are heroin
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-not one life saved statistically per year

Inject anything you want in an under-used facility

Only 38% of injections are heroin

In 2006 only 38% of injections in the injecting room were for heroin. Yet the dangers of heroin overdose were the clear rationale given by its supporters for opening such a facility.

Reports from the injecting room in 2006 show that 'ice', a highly destructive substance in the longer term but with much lower risks of overdose, is being consumed in the room. This drug is responsible for increasing numbers of violent attacks in the community.

Attendees use the following:

Heroin:	38%
Ice:	6%
Cocaine:	21%
Prescription Morphine:	31% ¹

The injecting room is clearly a facility that doesn't meet its own publicised reason for being. It supports the use of any drug as often as you like. That just doesn't make sense.

Running at 2/3rds capacity

Despite almost 900 injecting room clients living within walking distance of the facility², the injecting room has averaged just 200 injections per day³, despite a capacity for 330 injections per day⁴.

The high overdose rates and the low utilisation rates might suggest that clients are not using the injecting room for day-to-day safety, as per the injecting room's originating rationale. Rather, clients may be infrequently using the safety of the room for a different purpose - experimentation with high doses of heroin.

¹ Report from Dr A. Byrne, Update, 21/7/2006

² MSIC Evaluation, p 17

³ Report from Dr A. Byrne, Update, 21/7/2006

⁴ MSIC Evaluation p 38

An **evident** honey-pot effect?

The injecting room is 25 metres opposite the entrance to the Kings Cross train station on Darlinghurst Road.

The following was stated in the injecting room's own government-funded evaluation of 2003.

"We've got problems at the entrance [of the train station] with people just hanging around. We've got members of the public complaining about drug users, homeless and drunks hanging around the entrance on Darlinghurst Road." (City Rail worker, 12 months interview – p 146)"

"The police who participated in the twelve-month discussion group commented that they had received complaints from the public and the City Rail staff about the increase in the number of people loitering at the train station. They noted that, while other factors, such as police operations, would have contributed to the increase in loitering outside the train station, there was **a notable correlation between the loitering and the MSIC opening times.**" (MSIC Evaluation p 146)

"The increase in loitering was considered to be a displacement of existing **users and dealers** from other locations." (MSIC Evaluation p 146)

"The train station never featured as a meeting place before. It used to be Springfield Mall and Roslyn Street." (Police 12 month interview – p 147)

Andrew Strauss, owner of Blinky's Photos next door to the injecting room, said: "You see drug dealers at the front of the injecting room every day."

"It hasn't reduced illegal drug taking, it has encouraged it. And the police walk up and down the footpath doing nothing."

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the Kings Cross injecting room

Drought reduced needles, not the injecting room

In the 'Interim Evaluation Report No. 2' for the Sydney Medically Supervised Injecting Centre, released in 2006, the conclusion of the report stated:

"Residents and business operators in the Kings Cross area perceived a decrease in the level of public drug use and publicly disposed syringes seen in the last month."

The conclusion was based on the finding that:

"58% of residents and 60% of business operators reported that they had ever seen public injecting in 2005. In both groups, the overall proportions were similar to 2000 but there were significant decreases in the proportions of residents who had seen public injecting or a discarded syringe in the past month."

However, data reproduced in the adjacent column from pages 116-122 of the injecting room's own government-funded evaluation of 2003 clearly shows a direct correlation between the decreases in needle distributions from needle exchanges and pharmacies in Kings Cross and decreases in sightings of public injection and discarded needle/syringe counts.

Surveys by the injecting room's evaluators were in July 2000 and July 2002, and the graph below shows a decrease from roughly 108,000 needles in the year 2000 to roughly 88,000 needles distributed in 2002, a decrease in distribution of 19%.

Surveys and syringe counts recorded in the injecting room's evaluation appear in the left hand table below. Surveyed reductions in discarded needles and sightings of public injecting before and after the injecting room opened are in line with the 19% reduction in distributions. Clearly the heroin drought is responsible for these reductions, not the injecting room as its staff have so often inferred.

In 2005, discarded syringes still rated as one of the top three annoyances for residents and businesses surveyed in the Kings Cross area.

KINGS CROSS	July '00	July '02	Change
Local Residents			
Observed discarded syringes	38%	35%	-8%
Observed public injecting	10%	8%	-20%
Local Business			
Observed discarded syringes	35%	31%	-11%
Observed public injecting	9%	9%	-0%
Needle/Syringe Counts			
KRC Needle Exchange clean-up team	60%	55%	-8%
Injecting room staff research team	7	3	-57%
South Sydney Council clean-up	284	240	-15%

19% decrease in needle distribution due to heroin drought

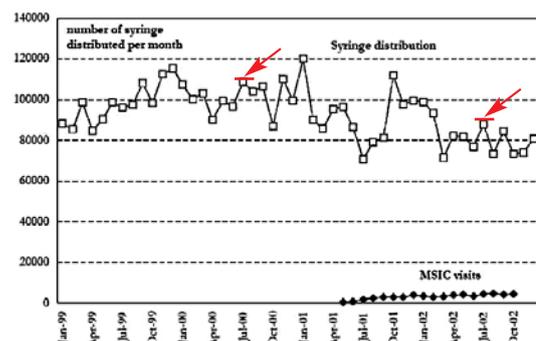


Figure 6.6: Syringe distribution from major NSP and pharmacy services in the Kings Cross/Darlinghurst area and MSIC visits, January 1999 – December 2002



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Injecting room Scorecard – **No demonstrated success**

The injecting room’s 2003 evaluation demonstrated a litany of failure. Various justifications for the introduction of an injecting room in Sydney were proposed which are assessed in the scorecard below.

Number of overdose deaths in the area	no evidence of any impact p 62
Ambulance overdose attendances in the area	no evidence of any impact p 61
Ambulance overdose attendance during hours the injecting room was open	no evidence of any impact p 60
Overdose presentations at hospital emergency wards	no evidence of any impact p 60
HIV infections amongst injecting drug users	worsened p 71
Hep B infections	no improvement p 71
Notifications of newly-diagnosed Hep C	worsened p 71
Frequency of public injection	injection on the street - 57% (2001) to 46% (2002) in a public toilet - 40% (2001) to 33% (2002) use of commercial shooting galleries - 16% (2001) to 14% (2002) p 94
New needle and syringe use	no advantage by injecting room over the nearby needle-exchange p 92
Re-use of someone else’s syringe	no improvement p 93
Re-use of injecting equipment other than syringes	no improvement p 93
Tests taken for HIV and Hep C	no improvement p 96
Tests taken for Hep B	improved in 2001, worsened in 2002 p 98
Referrals to drug rehab and treatment	extremely poor - 8% of clients referred to methadone or buprenorphine maintenance. Only 4.7% referred to abstinence-based detox or residential rehab pp 98-99
Publicly discarded syringes	declined and increased in line with the number of distributed needles during heroin drought pp 116-122
Perception of public nuisance caused by drug use	decreased only in line with heroin drought impact p 113
Public injections sighted	mixed – residents reported less in line with heroin drought impact, businesses reported no improvement p 116
Acquisitive crime (break & enter etc)	no improvement p 147
Drug dealing at rear door of MSIC	continual p 148
Drug dealing at Kings Cross station	worsened p 149
Injecting related health/vein care	improved, but can be viewed as teaching people how to be better junkies

** These results recorded in the government-funded evaluation of the injecting room

Massive rates of overdose... why?

The injecting room had an extraordinary rate of overdose – 9.6 overdoses for every 1,000 injections. But its evaluation report curiously failed to compare these injecting room overdose rates with other known rates of overdose.

There are three other known overdose rates that can be compared:

1. Comparison with overdose rates in the rest of Kings Cross
2. Comparison with injecting room client overdose rates before they entered the injecting room
3. Comparison with Australian national estimates of rates of overdose

1 36 Times Higher than Streets of Kings Cross

The government-funded evaluation recorded 329 heroin overdoses in the first eighteen months of injecting room operation. There were roughly 35,000 heroin injections in the room during that period, resulting in an overdose for every **106** heroin injections in the room.

The same evaluation estimated that there were 6,000 heroin injections happening every day in Kings Cross (or 3.2 million injections during the evaluation period of eighteen months). Using Kings Cross ambulance call-out rates for heroin overdose during that same period, there were an estimated 845 overdoses outside the injecting room for all those millions of injections. The rate of overdose for Kings Cross was one overdose for every **3,820** injections.

The injecting room had 36 times more overdoses than on the streets outside in Kings Cross – a staggering rate of overdose.

2 At Least 40 Times Higher than MSIC Client's Previous History

Registration questionnaires, which all clients completed upon first entering the injecting room, indicated an average 3 overdoses per client (p 16 par 1) over an average 12 years of illicit drug abuse (Table 2.1 p 15). This averages one non-fatal overdose for every 4 years of drug abuse.

Yet inside the injecting room these very same heroin addicts averaged an overdose rate of 10 per year per client. This is more than 40 times higher than their recorded previous rate of overdose before entering the injecting room.

3 49 Times Higher than Estimated National Overdose Averages

The last official estimate of 74,000 dependant heroin users within Australia was for 1997.

In that same year there was an estimated 15,600 overdoses, of which exactly 600 were fatal.

At a conservative 3 injections per day, 74,000 heroin users would inject 81,030,000 times per year with an overdose for every **5,200** injections. Yet the injecting room had an overdose for every **106** injections in its facility – 49 times higher.

Why so many overdoses?

The injecting room's own evaluation on page 62 stated that:

"In this study of the Sydney MSIC there were 9.2 (sic) heroin overdoses per 1000 heroin injections in the MSIC, and this rate of overdose is likely to be higher than among heroin injectors generally. The MSIC clients seem to have been a high-risk group with a higher rate of heroin injections than heroin injectors who did not use the MSIC, they were often injecting on the streets, and they may have taken more risks and used more heroin in the MSIC."

The explanation of higher-risk clients does not accord with the facts (see page 9) but the alternate explanation of clients using higher doses of heroin means that the injecting room is significantly adding to the profits of the local drug dealers. This should be a major concern for NSW residents.

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Exposing the myths about overdose & the injecting room

Myth 1 – All heroin overdoses are fatal

(used by the injecting room to get public support for its introduction)

"Darke et al. (1996) showed that an ambulance attends in 51% of non-fatal overdose events and Darke et al. (in press) reported an estimate of **4.1 fatal overdoses for every 100 non-fatal overdoses** in the community, ..." ¹

Myth 2 – Most heroin overdoses are in public places

(used by the drug legalisation lobby to justify the existence of injecting rooms)

"**The majority of deaths occur in a private home.** Studies typically report that approximately half of all overdose fatalities occur in the victim's own home, while one-quarter occur in the home of a friend or relative." ²

Myth 3 – Heroin overdoses are caused by street heroin being cut with toxic contaminants

(used by drug legalisation lobby to justify a heroin prescription trial)

"Two popular misconceptions, among both heroin users and the wider community, are that the major causes of opioid overdose are either unexpectedly high potency of heroin or the presence of toxic contaminants in heroin. The evidence supporting these notions is, at best, sparse." ³

Myth 4 - The MSIC ensures no first time users or pregnant women use the facility

The injecting room uses a 20 minute interview at registration that relies on the self-reported disclosure of age, pregnancy or user status. If you are a good liar you could probably get in.

Myth 5 - The only way high-risk drug users can be reached by health professionals is via the injecting room

Extensive needle exchange services have operated for years in Kings Cross to provide non-judgmental access to needles and syringes and a chance for health workers to build relationships which will encourage users towards treatment.

¹ MSIC Evaluation p 59

² ANCD Research Paper No 1 'Heroin Overdose – Prevalence, Correlates, Consequences and Interventions' p xi

³ ANCD Research Paper No 1 'Heroin Overdose' p xiii

Major Causes of Heroin Overdose

"The evidence of polydrug use in fatal overdose is consistent with the experience of non-fatal overdose victims, particularly in terms of alcohol and benzodiazepine use. Overall, overdoses involving heroin use alone are in the minority. Alcohol appears to be especially implicated, with the frequency of alcohol consumption being a significant predictor of overdose."
"A recent decrease in tolerance to opioids has been proposed as a possible explanation for the low blood morphine levels typically seen in overdose victims."
ANCD Research Paper No 1 'Heroin Overdose' pp xi,xii



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Frequently asked Questions

1 Doesn't the injecting room have high overdoses because it helps a high-risk sub-group?

This claim does not stand up to scrutiny as can be seen from other previous surveys of heroin user groups.¹ **The fact is that injecting room clients had 34 in every 35 of their injections outside the injecting room**, where their high overdose rates should reasonably have been expected to be replicated. They weren't.

Study	Ever Overdosed	Overdosed Last 12mths
Injecting Room 2002	44%	12%
Aust. IDRS study 1999	51%	29%
Sydney study 1996	68%	20%
British study 1999	58%	30%

2 Is it true the injecting room had higher overdose numbers than the above-mentioned surveys because heroin users don't remember the majority of their previous overdoses?

This explanation for the high number of overdoses was first offered by the Medical Director for the injecting room, Dr Ingrid van Beek.

This line of argument posits that heroin users are actually having far more overdoses than they report and that most of their overdoses are unrecognised or forgotten. But a 1996 review by Shane Darke² of studies on the circumstances of fatal heroin overdoses found that **between 58% and 79% of fatal overdoses are in the company of other people**.

Another study³ by Shane Darke estimated that **49% of overdoses in the community are not attended by paramedics**. Drug Free Australia has already calculated this percentage into its comparisons of injecting room overdoses with those in the community.

3 Why do I read that there is high public acceptance of the injecting room?

Nationally, acceptance of the injecting room is not that high. However it may be that those in favour have believed it is saving hundreds of lives, as promoted, when this is clearly not the case. See page 2 of this document.

4 I have heard that 12% of clients were referred to treatment or rehab. Is that a good or bad referral rate?

Drug Free Australia Fellow, Dr Stuart Reece, a doctor working in addiction medicine in Brisbane reports that he refers 91% of his drug-dependent patients to treatment or rehab. Referral can of course be accomplished by any health worker service, even a soup kitchen.

5 Weren't all 1,385 injecting room referrals to assistance that would help them stop using drugs?

Only 134 referrals were to detox and another 56 to rehab. Much higher was the number of referrals (227) for social welfare assistance, which might well be assumed to be predominantly Centrelink benefits. Other referrals were for legal matters (51), counselling for issues other than drugs (63), legal and advocacy issues (51), medical/dental (313), health education (86) and testing for blood-borne viruses and sexually transmitted diseases (40). There were 304 referrals to drug maintenance, and another 107 to drug and alcohol counseling. There is no record of follow-up of any referral.



1 ANCD Research Paper No 1 'Heroin Overdose' p 10

2 Darke, Shane and Zador, Deborah, "Fatal Heroin 'Overdose': A Review." *Addiction*. 1996; 91(12): pp. 1765-1772.

3 see Final Report of the Evaluation of the Sydney Medically Supervised Injecting Centre p 59

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Prevention/early intervention or harm-minimisation what's best?

The \$2.5 million per year currently being spent on the injecting room would fund 109 drug rehabilitation beds or supply more than 700 dependent heroin users with life-saving Naltrexone implants. This would represent many lives saved from heroin and heroin overdose. If Australia has successfully reduced its tobacco addiction problem via anti-smoking campaigns, it can also reduce its drug addiction problem via clear anti-drug messages on TV, radio and through Public Health.

The United Nations View

In the 2004 Report of the United Nations Office of Drug Control & Crime Prevention (ODCCP), **Australia's statistics indicated the highest levels of illicit drug abuse amongst OECD countries**, which may well be due to its long history of allowing harm minimisation policies to predominate over prevention policies. It had the highest levels of cannabis and amphetamine use, with the fifth highest use of cocaine. Australia's more recent prevention messages and excellent work by the Federal police have seen solid reductions in illicit drug use in Australia, despite harm minimisation still predominating. It is certain that these decreases have not been produced by harm minimisation but by prevention strategies.

Australia from 1985 to Now

Australia is considered to be one of the world's most advanced harm-minimisation countries. Adopted in 1985, harm minimisation pragmatically accepts that people will use illicit drugs and seeks to minimise the harms of doing so. Consequently, harm minimisation characteristically places little emphasis on the prevention of drug use.

Sweden from 1967 to Now

Sweden, a previously drug-liberal country with the highest European drug use levels, now has the lowest levels of drug use amongst OECD countries. Sweden's highly successful restrictive drug policy, unlike a zero tolerance approach which just pushes people into jails, puts a heavy emphasis on prevention of drug use with a minimal harm minimisation program. It has the support of 95% of its citizens.

Rehabilitation Successful

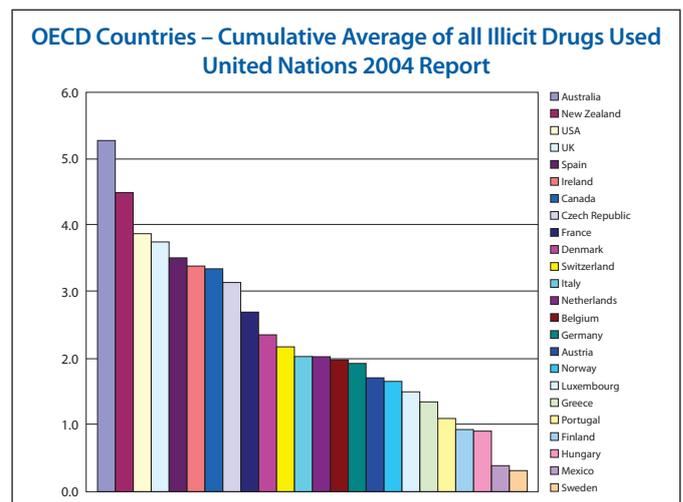
A key to the success of the Swedish model is mandatory drug rehabilitation for those found addicted to drugs. Swedish school education does not assume, as does

Australian school education material produced by the Australian Drug Foundation, that illicit drug use is normal or should be socially accepted.

Prevention and early intervention programs send a clear message that the harms of illicit drug use are too great to be socially acceptable and that Australians adhere to the aim of a drug-free society.

Naltrexone Implants

So what about helping those stuck using heroin now? Studies show that up to 45% of methadone patients still use illegal heroin, and many stay on methadone for decades. Naltrexone, though, is a substance similar to Narcan in that it blocks the opioid receptors from responding to opiates. Implants, which last up to 6 months each, feed Naltrexone into the blood, reducing cravings for opiates and preventing any chance of overdose. Trials with more than 2000 Naltrexone implants have thus far had excellent success.



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Recommendations

1. That the injecting room be closed and the funding redirected to establishment of more beds in rehabilitation centres which focus on ultimate abstinence from use of illicit drugs.
2. That the NSW Government follow the lead of the WA Government and significantly fund naltrexone implants for those wishing to become abstinent (including drug-dependent prisoners).
3. That the NSW Government examine the Swedish model and its restrictive drug policies. This includes the adoption of strong policing of street selling and a replication of the Cabramatta model which resulted in a significantly lowered overdose rate (policing of supply and demand).
4. That the NSW Government examine abstinence-based rehabilitation programs which have shown considerable success, including Australian programs such as the Salvation Army and Drugbeat (South Australia), as well as international programs such as Hassela (Sweden), San Patrignano (Italy) and Daytop International or Phoenix House (United States).

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- use below 2/3rds capacity
- not even one life saved per year statistically
- 36 times more overdoses than on the street
- more heroin sold by dealers
- \$2.5 million per year to operate
- no improvement to public amenity
- clear honey-pot effect established
- in contravention of UN Conventions

This booklet draws much of its evidence from the Drug Free Australia's 2003 critique of the injecting room's own evaluation done by Dr Joe Santamaria (previously Department Head of Community Medicine, St Vincent's Hospital, Melbourne); Dr Stuart Reece (Addiction Medicine specialist, Brisbane); Dr Lucy Sullivan (Social Researcher formerly of the Centre for Independent Studies, Sydney); Dr Greg Pike, (Director of Southern Cross Bio-ethics Institute, Adelaide) and Mr Gary Christian, (Welfare industry Senior Manager, Sydney).