

# Australia's Harm Minimisation Drug Policy Failure

The science on needle exchanges, methadone maintenance & injecting rooms



Australia has led the world in the introduction of needle exchanges and methadone maintenance, and since added an injecting room in Sydney. But rigorous scientific studies do not support their effectiveness.



# Scientific evidence on needle exchange and methadone maintenance

## NEEDLE & SYRINGE PROGRAMS

The US National Academy of Sciences' Institute of Medicine released the world's most authoritative review of HIV interventions in 2006, scrutinising the current science on needle exchanges with a panel of 24 scientists, medical practitioners and reviewers.

Despite the Institute of Medicine historically advocating for needle exchanges since 1997, before rigorous scientific studies were available, it found that:

1. 'evidence regarding the effect of needle and syringe exchange on HIV incidence is limited and **inconclusive**' and
2. 'multiple studies show that [Needle & Syringe Programs] **do not reduce transmission of HCV**' (Hepatitis C).<sup>1</sup>

A 2009 'Return on Investment' report on the cost effectiveness of Australian NSPs estimated that over the previous decade 32,050 cases of HIV and 96,667 cases of HCV had been averted at a saving to the Australian Government of \$1.03 billion for the \$243 million spent.

The Return on Investment report is simply misleading the public and our politicians. Rigorous studies do not demonstrate the effectiveness of needle and syringe programs.

## METHADONE PROGRAMS

Cochrane Collaboration reviews are recognised as the gold standard for systematic reviews worldwide, only reviewing studies that can demonstrate scientific rigour.

In 2009, the Cochrane Collaboration review of rigorous scientific studies on methadone maintenance<sup>2</sup> found that, when compared to no treatment at all:

- methadone was 'not statistically different in criminal activity or mortality.'

**In other words, methadone patients die at similar rates to heroin users, with similar criminal activity.** It was true that methadone was found more effective than other approaches in retaining patients in treatment and for suppressing heroin use, both of which are to entirely to be expected when supplying users with a cheap supply of opiate in place of heroin.

Nevertheless, other studies indicate that up to 45% of methadone maintenance patients are still purchasing and using illegal heroin,<sup>3</sup> but with methadone's "chemical handcuffs" prolonging opiate use for up to 30-40 years, the chance of contracting HIV or Hep C accumulates, while this is no longer an issue for those others who recover.

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Drug Free Australia is the peak body 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.





# Scientific evidence on injecting rooms

## FAILURE TO MEET ITS SPECIFIED OBJECTIVES

In May 1999 the NSW Government's Drug Summit recommended the trial of a safe injecting room, which was approved on three grounds, with another added later.

- decrease overdose deaths
- provide a gateway to treatment
- improve public amenity in Kings Cross
- reduce incidence of HIV and Hepatitis C

**No change in overdose deaths** - data from the 2010 KPMG evaluation<sup>4</sup> of the Kings Cross Medically Supervised Injecting Centre indicated that Kings Cross heroin deaths made up 12% of the NSW total in the years before the injecting room was opened while in the years of its operation from 2001 to 2009 deaths in Kings Cross still were at 12% of the NSW total (p19), showing no change.

In 2007 a report was released claiming that ambulance callouts for overdose had reduced 80% since the injecting room opened. However the report failed to mention sniffer dogs<sup>5</sup> had been introduced to the Kings Cross area after the injecting room opened, with drug users displaced to neighbouring Darlinghurst where ambulance callouts increased with similar percentages to percentage decreases in Kings Cross.<sup>6</sup>

**Few sent to treatment** - Only 11% of clients were referred to treatment, with 3.5% referred to detox and 1% to rehab, despite 66% of clients having previously been in maintenance treatments.<sup>7</sup> These are poor results.

**Public amenity unchanged by facility** - despite the heroin drought (which commenced October 2000), reducing needle distributions in Kings Cross by 19%, there was a 65% increase in needles discarded in adjacent Bayswater Road, a 24% increase in Kellett Street on the

facility's backdoor, and only a 10% decrease on front-door Darlinghurst Road. Needles should have decreased by more than 19% in these locations close to the facility to match the decreased needle distributions, but did not.<sup>8</sup>

**No decrease in HIV and HCV** - the 2010 KPMG could not infer that some small reductions in HIV transmissions in Kings Cross were due entirely to the injecting room because the trend did not coincide with the opening of the facility (p39). Hep C reductions in Kings Cross did not differ to Hep C reductions across NSW.

**Injecting rooms do not meet specified objectives, and in-room overdose rates 32 times higher than clients' previous rates of overdose indicate higher in-room heroin use enriching local drug dealers.**

**A single dependent heroin user will inject at least 1,100 times every year. Because 1 in every 100 heroin users die every year, 100 dependent users will inject 110,000 times for the one fatal injection that will terminate the life of the one in one hundred users. The injecting room at peak has hosted 56,000 heroin injections per year, indicating it must operate for two years before it can claim to save one single life. This is at a cost of more than \$2.7 million per year.**

**A Lancet study which claimed to demonstrate that Vancouver's Insite reduced overdoses in its vicinity by 35% after commencement is clearly in error. Curiously, the authors denied any knowledge of the zero-tolerance policing strategy implemented in the year Insite opened which reduced indicators of drug use around Insite by 46%, indicating a displacement of dealers, drug users and their overdoses to other parts of Vancouver.**



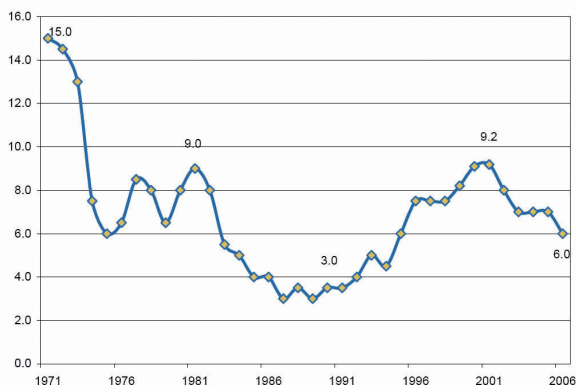
# 30 years of failure - now it's time to rehab opiate users

## SWEDEN'S REHABILITATION SUCCESS

From having the highest illicit drug use in Europe, to having the lowest levels of drug use in the OECD, Sweden has given other Western countries an example of what works.

The United Nations graph below shows the effect of Sweden's drug policy which includes **compulsory rehab of problem drug users**. Note the rise in drug use in the 90s when Sweden was in recession and unable to fund its policy, and the reductions once funding was resumed.

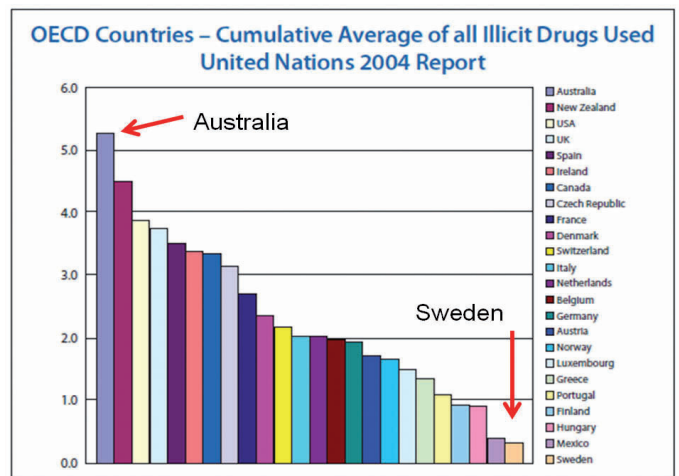
Figure 5: Life-time prevalence of drug use among 15-16 year old students in Sweden, 1971-2006



By the late 90s Sweden had the lowest levels of drug use amongst OECD countries. 96% of Swedes polled support their compassionate, restrictive drug policy.

By contrast, decades of the world's best harm minimisation programs delivered Australia the highest illicit drug use in the developed world (as below).

Australia must reconsider the centrality of its harm minimisation policy and make the rehabilitation of its long-term drug users central.



## References

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## NALTREXONE SAVES LIVES

A Scottish study of methadone patients asked whether they wanted to stay addicted or get off drugs. 60% wanted to get off. Australia leads the world in Naltrexone implant technology which acts like Narcan in the blood of a heroin user, neutralising its effect and reducing craving. Only one in 1800 users will die while implanted, while 16 in every 1800 will die while on methadone, the alternative protective maintenance regime. The Federal Government does not fund one implant. Only the WA government does. Change is needed.