

Summary of presentation given by Dr A Wodak at VANDU April 30th 2000.

Dr Wodak talked at length about safe injection sites and the experience of setting up such a facility in Sidney Australia.

Arguments for establishing a safe injection site:

1. Health: enhances safety for drug users reducing the chance of death form overdose and from the transmission of disease.
2. Public nuisance: reduces the incidence of street drug injection use in public places.
3. Illegality: reduces the availability of illegal drug injection sites and the police corruption that often attends the operation of such sites.
4. Financial advantages: Safe injection sites are often expensive to maintain but they save money in the long run by preventing the spread of disease and by reducing the cost of ambulances called to deal with OD's.

What do safe injection sites (SIS) look like?

Ans: they vary enormously according to location.

Dr Wodak describes the SIS in Berne Switzerland:

The building is designed with the placement of rooms in a particular sequence. On entering the building there is a needle/syringe exchange which anyone, not just those coming to fix, can use. Those coming to fix register at this station. Next there is a laundry and shower area; then comes a common area fitted out like a café that serves nutritious meals. The café is staffed by facility users. The injection room is reached through a locked door off of the café. The injection room is entered on a "one-in one-out" basis.

Inside the room, and around its periphery, are 10-12 cubicles with benches on which to fix. Each bench has a stainless steel top, a halogen light and a clean area to mix drugs. A sterile spoon is supplied. One staff person wearing an apron dispenses sterile equipment for use. Resuscitation equipment is on hand and an alarm system is in place for alerting staff with knowledge of first aid (at the SIS observed by Dr Wodak there is an OD incidence of about 1:500). The overall atmosphere of the injection room is clinical in contrast to the warm surrounds of other parts of the building.

Other aspects of the Berne SIS:

- there is a strict "No Dealing" rule. The opening of purses or wallets is construed to be evidence of dealing and the individual is asked to leave.
- Narcon is not used for resuscitation. Users felt terrible after their condition was reversed by Narcon. As a result they often went out to score more Heroin. After Narcon wore off, the OD effects of the Heroin returned. Instead of using Narcon the

staff of the SIS keep drug user conscious by walking, making noise etc. There has been no death recorded in the last 14 years of operation.

- police reaction to the opening of the site was negative at first but is now positive. Police see SIS as part of the 'four pillars'.
- referral for treatment is available as part of the SIS program.

History of Sidney SIS.

July 27th the New South Wales state government announced the proposal for the legal operation of a SIS. The Sisters of Charity Health Service was appointed to run the project. The Holy Father (Pope ?) intervened and quashed the Sister's involvement. On November the 30th the United Church of Australia took over the setting up of the project. They are to be the licensee of the site. The site is approved by both the police and by the health board. However, the project is currently on hold due to a process of consultation that the government required as part establishing the site. The local chamber of commerce is running what Dr Wodak described as a "spoiler" campaign. This tactic consists of the chamber saying that they agree with the site then bringing up numerous objections on details of the plan. The legal site is also hamstrung by the government's proviso that only one site can be set up initially as a pilot project. There is strong support for the SIS among local residents - attributable, in part to a strong education and media campaign that was part of the overall plan.

The illegal site

The current legal site was endorsed at a 'drug summit' sponsored by the government. What got the SIS issue on the agenda of that conference was the setting up of an illegal SIS between November 1998 and May 1999 (when it was shut down by the authorities).

Components of the campaign's success:

- media campaign obtained time on a current affairs program with the highest audience ratings.
- organisers tailored their arguments (of the four cited above) to the particular audience that they were trying to persuade. In the Sidney campaign the two strongest arguments were numbers 2 and 3; respectively, the public nuisance and corruption arguments.
- public presentation of SIS included linkage to counselling and treatment (ie if approached by users, staff should be able suggest where treatment might be obtained).
- formed an alliance with the local gay movement. This movement -similarly to the SIS organisation- had run its own campaigns on issues of human rights denial and of discrimination affecting health outcomes for its constituency. Also formed strong alliance with parent's group.

.....Andrew L.