



*Promoting Illicit Drug Prevention Initiatives Nationally*

---

## **Drug Free Australia's Analysis of the KPMG Report on the Medically Supervised Injecting Centre in Kings Cross, Sydney**

### **Executive Summary**

Drug Free Australia's analysis of the KPMG evaluation contains the following observations and concerns:

### **Client Characteristics**

- The MSIC has had low rates of utilisation, running continually below 2/3rds capacity throughout its 9 years of operation. The 7% of the 12,050 clients who attended most often still injected 80% of the time outside the centre, and the 26% who injected there between 10 and 98 times per year still injected 95% of the time on the street, in a toilet, a car or at home.
- MSIC registrations show a clientele statistically less at risk of overdose than other studied groups of heroin users in Sydney and other States.

### **Regarding the following MSIC objectives:**

#### **1 Decreasing overdose deaths**

- The KPMG evaluation found no measurable impact on drug overdose deaths in Kings Cross, nor on nearby hospital presentations for drug overdose.
- Drug Free Australia calculates that the injecting room statistically saved less than 0.5 lives per year, or 4 lives in 9 years, at a cost of more than \$23 million - an extremely poor cost/benefit ratio. This calculation of lives saved is notably backed by the only two major international reviews of injecting rooms worldwide .
- The KPMG evaluation unfortunately perpetuates the demonstrable error of two previous MSIC evaluations which calculated their lives saved estimates from the number of overdose events in the MSIC while failing to examine the level of disproportion between overdoses inside and outside the facility. Overdoses in the facility were 32 times higher than the overdose histories of clients before they registered to use the MSIC. Such a failure of method is academically indefensible.
- The KPMG evaluation supports the erroneous conclusion of a 2007 MSIC evaluation which credited the MSIC with reducing ambulance callouts in the Kings Cross postcode. This previous evaluation failed to examine or even consider the effect, beyond that of the heroin drought, of sniffer dog policing which has been central to deterring drug users and dealers from the area for eight of the MSIC's nine years of operation.
- Calculations by Drug Free Australia show that the MSIC should only be intervening in 10-12 overdoses per year, rather than 390 per year. If rates of overdose were normal in the MSIC, it would reduce ambulance callouts in the area by less than 5%.
- The 2003 MSIC evaluation, noting the high overdose rates in the facility, stated that clients may be taking higher risks with drugs in the safety of the room. This inevitably means that the MSIC is facilitating more drug use and enhancing the profits of local drug dealers, which alone is sufficient reason to close the facility.

## **2 Providing a gateway to drug treatment**

- The KPMG evaluation reports 3,871 referrals to drug treatment or counseling without indicating the very low percentage of clients receiving those referrals. In 2003 and 2007 the percentage was just 11% of clients, which in light of known motivations of drug users to quit, has been abnormally and unjustifiably low.

## **3 Reducing discarded needles and drug use in public places**

- Objective data reviewed in the KPMG evaluation shows reductions in publicly discarded needles and related public injections which were also replicated across the whole of Australia due to the heroin drought which commenced 6 months before the MSIC opened and which still continues in 2010. The KPMG evaluation importantly fails to assess, or even make mention of, the impact of tougher policing of Kings Cross drug hotspots over the last 8 years.
- The KPMG evaluation credits the MSIC with reducing publicly discarded needles and public injecting by using the subjective responses of Kings Cross residents and businesses, many of whom could not be assumed to know of the existence of the 10 year heroin drought and its effect on discarded needles and public injection Australia-wide.
- The KPMG evaluation also relies on clients' self-reported behaviours which cited less public injecting, a measure which does not appear to be objectively validated.

## **4 Reducing the spread of diseases such as HIV and Hepatitis C**

- The KPMG evaluation does not attribute any impact on blood-borne virus transmissions in Kings Cross to the MSIC, however despite not one previous MSIC evaluation attributing any impact on blood-borne viruses to the MSIC, the MSIC Fact Sheet 2010 clearly, publicly and speciously claims success in reducing blood-borne viruses.

## **Conclusion**

- The MSIC has saved only a handful of lives at high cost in 9 years, referred an abnormally small percentage to drug interventions, not objectively shown any significant effect on discarded needles and related public injection, and failed to impact blood-borne viruses. This represents insufficient impact across all objectives.
- The KPMG evaluation has uncritically cited previous demonstrably flawed MSIC evaluations regarding various perceived positive outcomes for the facility eg lives saved estimates. Drug Free Australia has noted that MSIC evaluations, excluding SAHA International 2008) were each produced by colleagues of the MSIC's first Medical Director, creating a conflict of interest in terms of arms-length independence which thereby should have precluded an uncritical acceptance of previous findings.