

# Characteristics of people who used the Melbourne and Sydney medically supervised injecting facilities surveyed in the Illicit Drug Reporting System 2019

Dagnachew Muluye Fetene, Cristal Hall & Paul Dietze  
Burnet Institute  
School of Public Health and Preventative Medicine, Monash University

## Key findings.

### Of IDRS participants:

- Around one fifth of both Melbourne (19%) and Sydney (22%) participants reported that they have used a supervised injecting facility for more than half of their injections.
- Being away from police was most commonly cited as the main reason to use a supervised injecting facility (53% Melbourne, 42% in Sydney).
- Fifty percent of Melbourne and 33% of Sydney study participants reported that distance from their living area is the main reason for not using a supervised injecting facility.

## Introduction

People who inject drugs (PWID) are at increased risk of fatal and non-fatal overdose, blood-borne viral infections, and a range of negative social and health consequences (1,2). Interventions such as supervised injecting facilities (SIFs) have been shown to reduce overdose-related morbidity and mortality, drug-related risk behaviors, and to improve public amenity (3). The first SIF in Australia, the Medically Supervised Injecting Centre (MSIC), was opened in 2001 in Sydney's Kings Cross and is estimated to have saved many lives and minimised health risks (4). The second facility in Australia, the Melbourne Supervised Injecting Room (MSIR), was opened in July 2018 and a recent review has seen its trial status extended for three years (5).

SIFs are designed to benefit vulnerable and marginalised PWID. They have been shown to attract PWID who often: are unemployed, are living in unstable accommodation, have low levels of education, have a significant history of incarceration, inject in public and have a history of non-fatal overdose (6). In the 2019 survey of PWID conducted as part of the Illicit Drug Reporting System (IDRS), we introduced questions related to SIF use in surveys conducted in Sydney and Melbourne. In this bulletin, we summarise findings from the Sydney and Melbourne survey samples who report use of the SIFs in their city.

## Method

Data were drawn from the survey of PWID conducted as part of the Illicit Drug Reporting System (IDRS) in 2019. Annually, approximately 800-900 PWID who report regularly injecting drugs are recruited from all capital cities of Australian states and territories, through services such as needle and syringe programs as well as peer-referral. Structured questionnaires are administered to participants in face-to-face interviews covering a broad range of domains including socio-demographic characteristics, drug use patterns, drug markets and use of health and harm reduction services including SIF use. Details on the overall methods of the IDRS can be found elsewhere (7).

For the purposes of this Bulletin we examined a series of self-reported questions that were included in relation to SIF use in Sydney (n=152) and Melbourne (n=183). Descriptive statistics of socio-demographic, drug use characteristics and SIF use related factors are presented. Comparisons among Sydney and Melbourne samples were conducted using Pearson's Chi-square Test for categorical variables and t-tests for continuous variable (age).

## Results

Forty-seven per cent of the Melbourne (n=183) and fifty-six per cent of the Sydney (n=152) sample reported having used the SIF in their lifetime in their respective city (Figure 1).

### Sample socio-demographic and drug use characteristics

Table 1 shows the socio-demographic and drug use related characteristics among Sydney and Melbourne participants who report SIF use in 2019. It shows that the Melbourne SIF clients are more likely to be younger, identify as Indigenous Australians and report living in unstable accommodation compared to their counterparts who did not report SIF use. Heroin was more frequently nominated as the main drug of choice by those who reported SIF use in Melbourne than those who did not. In Sydney those who reported SIF used were more likely to nominate drugs other than heroin or methamphetamine as their drug of choice than those who did not use the facility. No significant difference was found between clients of the two sites for the use of treatment services. In Melbourne, reports of non-fatal heroin overdose were more frequent amongst those who reported using the SIF than those who did not. The percentages reporting a history of incarceration or mental health problems were similar across the two samples.

**Table 1: Sociodemographic and drug use characteristics of participants who reported SIF use in the Melbourne and Sydney IDRS samples, 2019**

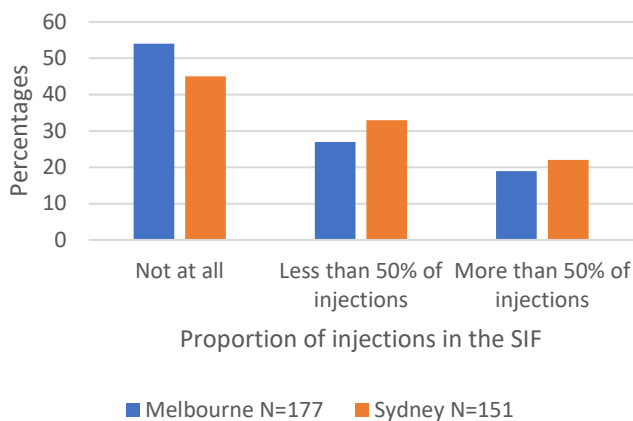
USED SYDNEY MSIC		Characteristics	USED MELBOURNE MSIR		Overall
No, N=67	Yes, N=85		No, N=102	Yes, N=81	Total, N=335
46 (71%)	64 (75%)	Male	73 (72%)	54 (68%)	237 (72%)
<b>46 (11)</b>	<b>47 (8)</b>	<b>Age, mean(SD)*</b>	<b>44 (8)</b>	<b>40 (8)</b>	
<b>25 (37%)</b>	<b>22 (27%)</b>	<b>Indigenous*</b>	<b>12 (12%)</b>	<b>37 (46%)</b>	<b>96 (29%)</b>
64 (96%)	78 (93%)	Unemployed	95 (93%)	76 (94%)	313 (94%)
38 (58%)	45 (54%)	Completed any courses after school	31 (31%)	33 (41%)	147 (45%)
Average fortnightly income in \$AUD					
5 (8%)	5 (6%)	0-399	<5	<5	17 (5%)
52 (79%)	62 (76%)	400-999	71 (70%)	60 (76%)	245 (75%)
8 (12%)	13 (16%)	1000-1999	22 (22%)	11 (14%)	54 (16%)
<5	<5	2000+	5 (5%)	<5	12 (4%)
<b>5 (8%)</b>	<b>15 (18%)</b>	<b>Unstable accommodation*</b>	<b>25 (25%)</b>	<b>32 (40%)</b>	<b>77 (23%)</b>
51 (76%)	60 (71%)	Ever been in prison	69 (70%)	57 (70%)	237 (72%)
32 (48%)	37 (45%)	Had mental health problems in the last 6 months	43 (44%)	30 (37%)	142 (43%)
<b>MAIN drug of choice*</b>					
<b>45 (67%)</b>	<b>48 (56%)</b>	<b>Heroin</b>	<b>61 (60%)</b>	<b>67 (83%)</b>	<b>221 (66%)</b>
<b>20 (30%)</b>	<b>19 (22%)</b>	<b>Methamphetamine</b>	<b>25 (25%)</b>	<b>6 (7%)</b>	<b>70 (21%)</b>
<b>2 (3%)</b>	<b>18 (21%)</b>	<b>Others</b>	<b>16 (16%)</b>	<b>8 (10%)</b>	<b>44 (13%)</b>
44 (66%)	43 (51%)	Currently on drug treatment	52 (51%)	30 (37%)	169 (50%)
9 (13%)	18 (21%)	Any overdose in the last 12months	12 (12%)	23 (28%)	62 (19%)
7 (11%)	18 (21%)	Heroin overdose in the last 12months	9 (9%)	23 (28%)	57 (17%)

\*refers p-value<0.05

## Use of the SIFs by the IDRS samples

Frequent use of the SIF (>50% of injections) in participants' lifetime was reported by 19% of the Melbourne and 22% of the Sydney sample. The distribution of injecting frequency among those who reported using the SIFs is shown in Figure 2.

What proportion of your injections took place in the SIF among all participants



What proportion of your injections took place in the SIF among participants who used the SIF in their city

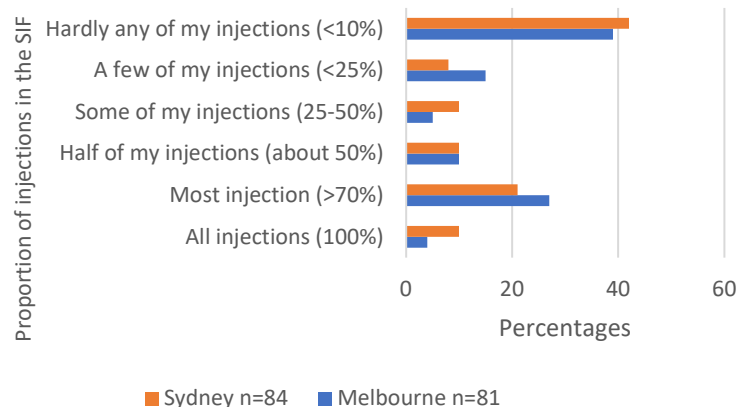


Figure 1: Proportion of injections that took place in the SIF, Melbourne and Sydney IDRS samples, 2019

Figure 2: Proportion of injections that took place in the SIF among participants who ever used SIFs, IDRS, 2019

## Top five reasons for using the SIF

Study participants most frequently nominated being away from police (Melbourne=53%, Sydney=42%) and being concerned about overdose risk (Melbourne=32%, Sydney=41%) as their reason for using the SIF. Being curious about the service in Melbourne (28%) and concerned about using alone in Sydney (23%) were also nominated. Figure 3 illustrates the top five reasons for using the SIF nominated by participants in Sydney and Melbourne in 2019.

Why did you use SIF?

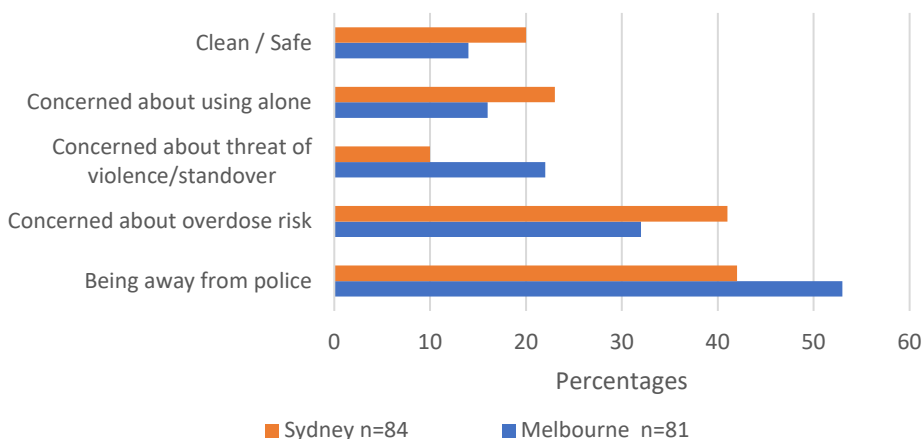
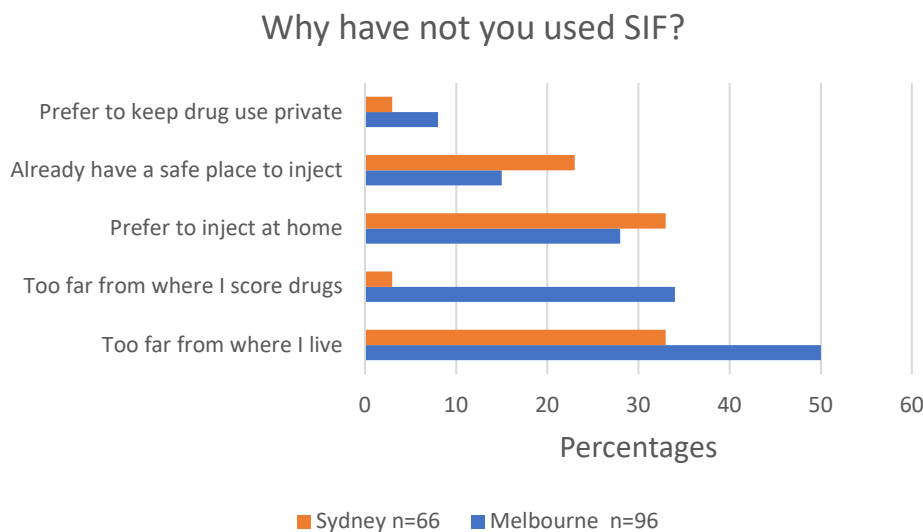


Figure 3: Top five reasons for using the SIF among Melbourne and Sydney SIF clients, IDRS, 2019.

## Top five reasons for not using the SIF

In both the Melbourne (n=96) and Sydney (n=66) samples, the reason most frequently nominated for not visiting the SIF was distance, 'too far from where I live' (Melbourne=50%, Sydney=33%) followed by 'too far from where I score drugs' in Melbourne (34%) and 'prefer to inject at home' in Melbourne (28%) and Sydney (33%). Figure 4 illustrates the top five reasons for not using the SIF nominated by participants in Sydney and Melbourne in 2019.



**Figure 4: Top five reasons for not using the SIF in their city among Melbourne and Sydney IDRS samples, IDRS, 2019.**

## Conclusions

Our findings show that Melbourne MSIR clients are more likely to be younger, identify as Indigenous and live in unstable accommodation compared to those who do not use the MSIR. In Sydney, the differences in those who did and did not use the MSIC were less marked in the IDRS sample. This finding may indicate that the Melbourne facility is attracting more vulnerable groups of the target population compared to the facility in Sydney or differences in the populations of PWID more broadly in these areas. Heroin was nominated as the drug of choice more frequently among SIF users among the Melbourne sample; drugs other than heroin or methamphetamine in Sydney. There were few differences in treatment utilisation. A similar percentage reported using the facility for greater or equal to 50% of their injections in both cities. A higher percentage reported distance as a main reason for not using the SIF in Melbourne compared to Sydney, possibly reflecting the wider range of drug markets traditionally sampled as part of the IDRS in Melbourne. Variation in the characteristics of participants using the two facilities requires further research in relation to outcomes experienced such as overdose and other drug-related harms.

## Suggested citation

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## References

1. Colledge S, Larney S, Peacock A, et al. Depression, post-traumatic stress disorder, suicidality and self-harm among people who inject drugs: A systematic review and meta-analysis. *Drug and Alcohol Dependence*. 2020;207:107793.
2. Roxburgh A, Hall WD, Dobbins T, et al. Trends in heroin and pharmaceutical opioid overdose deaths in Australia. *Drug and Alcohol Dependence*. 2017;179:291-298.
3. Potier C, Lapr evote V, Dubois-Arber F, Cottencin O, Rolland B. Supervised injection services: what has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*. 2014;145:48-68.
4. KPMG. Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007-2011). NSW Health;2010.
5. ABC 24. Safe injecting room trial extended in North Richmond, New facility slated for near Queen Victoria Market in Melbourne CBD. 2020.
6. Wood E, Tyndall MW, Li K, et al. Do supervised injecting facilities attract higher-risk injection drug users? *American Journal of Preventive Medicine*. 2005;29(2):126-130.
7. Peacock A, Uporova, J., Karlsson, A., Gibbs, D., Swanton, R., Kelly, G., Price, O., Bruno, R., Dietze, P., Lenton, S., Salom, C., Degenhardt, L., & Farrell, M. Australian Drug Trends 2019: Key Findings from the National Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. 2019

## Participating researchers and research centres

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