



RACP responses to questions taken on notice during the Senate Economics References Committee inquiry into Personal Choices and Community Impacts, Wednesday 9 March 2016

Question 1

Senator KETTER: *I questioned one of the other witnesses about the death of a child in the US after ingesting liquid nicotine. I am wondering if you can tell us about the toxicity nicotine in liquid form in particular?*

Dr Carpenter: *Thank you for your question. I cannot comment specifically about the toxicology of nicotine. It is not my area of particular expertise. There are fellows of the college who are specialists in addiction medicine. I would have to take that question on notice and get back to you with an answer from them.*

Senator KETTER: *You are not familiar with that particular case of a young person who died in the US?*

Dr Carpenter: *I am not briefed on that particular case. I apologise, but I am happy to take your question on notice.*

Answer

The ingestion of half a teaspoon of liquid nicotine by a child could cause symptoms of toxicity and potentially death.

An estimated dose of 6.5-13mg/kg of oral nicotine could cause death in approximately 50% of exposed subjects.ⁱ

The concentration of liquid nicotine preparations can vary significantly. The strongest preparation available in the United States of America is reported to be 1000mg/30mL. A half teaspoon of this preparation would equal approximately 85mg of nicotine, which in a child of 10kg would certainly result in toxicity and create a significant risk of death.

Question 2

Dr Carpenter: *And I obviously was not privy to the earlier testimony. But it is the evaluation of those references and other evidence which the college is currently undertaking, and we use that by way of example to demonstrate why we have concerns about e-cigarettes and that we wish to consider all of the available evidence to reach an evidence based policy position.*

CHAIR: *When do you think the college will have considered all of this and have a position?*

Dr Carpenter: *I am sorry, I would have to refer to the lead fellow in charge of that policy position and take that question on notice.*

Answer

The Royal Australasian College of Physicians' position on e-cigarettes is currently under development and will be finalised in the coming months. The RACP would be pleased to provide the Committee with a copy of the Position Statement at that time.

Question 3

Dr Carpenter: *We do not support injecting drug use; we support harm minimisation, and there is evidence that—*

CHAIR: *Managed at the injection room?*

Dr Carpenter: *We support strategies to reduce the harm of injecting drug use in Australia. Australia's official drug policy has been harm minimisation for some two decades now. I note that the current government has recently agreed to subsidise the cost of treatment for hepatitis C in this country. Because of the burden of hepatitis C in this country—with an estimated more than 230,000 people infected with chronic hepatitis C—there are enormous personal, social and economic costs to the community. The college was very pleased to see the government supporting PBS funding of therapy to eradicate hepatitis C from Australia. We would like to see this and other strategies to eradicate hepatitis C and other communicable diseases from Australia.*

CHAIR: *What is its view on the safe injecting rooms though?*

Dr Carpenter: *I cannot speak as to the official—*

CHAIR: *You do not know?*

Dr Carpenter: *It is not that I do not know; it is I cannot speak as to the position. I would have to confer and take your question on notice.*

Answer

The RACP was a strong advocate for the recognition of the Sydney Medically Supervised Injecting Centre (MSIC) as a legitimate part of the Australian health care system. The RACP position on the MSIC is clearly outlined in our 2012 Position Statement – see attached or at <http://www.racp.edu.au/docs/default-source/advocacy-library/medically-supervised-injecting-centre-position-statement.pdf>.

Our detailed review of the evidence led the RACP to conclude that supervised injecting facilities are an evidence-based approach to minimise the harms associated with injecting drug use. The scientific evidence clearly shows that MSICs provide significant benefits to the individuals who use them, as well as to the broader community in which they are situated.

The Royal Australasian College of Physicians supports the value of harm minimisation within Australia's national drug policy.

ⁱ Mayer, B. How much nicotine kills a human? Tracing back the generally accepted lethal dose to dubious self-experiments in the nineteenth century. *Archives of Toxicology* (2014) 88: 5. DOI 10.1007/s00204-013-1127-0



The Royal Australasian
College of Physicians

Medically Supervised Injecting Centre Position Statement 2012

Background

The Sydney Medically Supervised Injecting Centre (MSIC) was the first supervised injecting facility in the English speaking world, and opened in May 2001. It remains the only service of its kind in Australia, and indeed in the southern hemisphere. After nearly a decade of operation and some political sensitivity, on 1 November 2010 the trial status of Sydney's MSIC was overturned. This was done with broad support from the medical, political, scientific and academic community.

In the popular media we still hear myths about supervised injecting facilities (SIFs), particularly from people or organisations whose opinions are not based on the best available scientific evidence. The Royal Australasian College of Physicians (RACP) considers it appropriate, 18 months later, to update our position on the MSIC based on the best available local and international evidence about SIFs. Here we examine what the evidence shows, specifically about the Sydney service as well as internationally.

Facts about Sydney MSIC: what the evidence shows

1. *MSIC saves lives*

There is strong consensus in the medical and scientific community that SIFs save lives. A recent Canadian study in *The Lancet* showed that in areas with high levels of injection drug use, SIFs reduce the number of fatal overdoses.¹ This study confirmed previous findings that indicate a local geographical impact of such facilities – notably that overdose deaths and ambulance callouts reduce most in the immediate vicinity of a supervised injecting service.^{2 3} During its first 11 years of operations, MSIC has successfully managed 4,376 drug overdoses without a single fatality.⁴

Although not every one of these overdoses would have been fatal, there is a significant health benefit to clients when medical staff can intervene early in an overdose situation. Immediate intervention in non-fatal overdoses significantly reduces risk of injury. In the case of hypoxia (oxygen deprivation), tissue damage is directly related to the time spent hypoxic. Where adequately trained staff and medical equipment are available to intervene immediately and treat hypoxia, such as in the Sydney MSIC, permanent damage can be prevented.

2. *MSIC does not attract drug users to the area*

Usage statistics from the Sydney MSIC indicate that around 80 per cent of all visits were made by clients who spent at least the last 24 hours in the local area.⁵ An increasing proportion (now 30 per cent) of people registering to use the MSIC are reporting unstable accommodation.³ These street-based clients may not provide local addresses, despite spending most of their time in the local area. This suggests that the majority of clients do not travel from other parts of Sydney or NSW to use MSIC (i.e. there is no "honeypot effect"). This claim is further supported by the finding that the MSIC has had no impact on crime in Kings Cross.^{6 7}

3. *MSIC supports the health of clients and promotes treatment*

Low-threshold services such as supervised injecting facilities are uniquely positioned to bring members of a vulnerable population into contact with health professionals. This can have a positive impact on the health of individuals in many ways. For example MSIC is often the first contact point to link people into treatment for their addiction and refer them to other services. A significant proportion

(about 40 per cent) of clients referred on by MSIC to addiction treatment services had never previously accessed treatment for their drug addiction.³ Sydney MSIC sees an average of 700-750 individuals every month⁴, many of whom are significantly mentally unwell, living on the street and dependent on multiple substances.³

Regular interaction with health services over time can increase the likelihood that a client will seek help for their drug use. The MSIC data show that while all clients are offered referral and assistance, the proportion of clients who accept a referral increases dramatically the more visits they have made.³ While only 2 per cent of people who have visited MSIC once or twice accepted a referral, this increased to 80 per cent of frequent attendees who have accepted at least one referral.³

MSIC clients have accepted a total of 9,638 referrals to health and social welfare services in the first 11 years of operations.⁴ Over half of these were referrals to addiction treatment, often for people who had never been in treatment before.⁸

However the benefits also extend to those who are not yet ready or able to stop using drugs. Staff at MSIC are trained to engage effectively with clients and provide brief interventions with varying objectives. These may include increasing their motivation to seek drug treatment, providing advice and support around other health and social issues, or providing advice on injecting technique that can minimise the risk of infection or disease transmission.

4. Local residents support MSIC

Regular random surveys of Kings Cross residents and businesses have demonstrated that local support for the MSIC has been consistent, and has increased over the decade of operation.⁹ An independent evaluation in 2010 found that 70 per cent of local businesses and 78 per cent of local residents support MSIC.³ Additionally, there is evidence that nationwide support for harm reduction measures, including SIFs is increasing. In the most recent National Drug Strategy Household Survey it is reported that the majority (51.5 per cent) of Australians support SIFs.

Sydney MSIC: after 11 years of operation

- Total number of people registered with the service: 13,336
- Total number of supervised visits: 735,311
- Average number of visits per day is approximately 225
- Average number of individuals visiting per month: 700-750

Reducing harm: key findings about supervised injecting facilities

1. Saving lives isn't the only benefit

SIFs provide a way of reaching a vulnerable and marginalised population. While the research clearly demonstrates that such facilities save lives by preventing fatal drug overdoses,¹ this is the tip of the iceberg in terms of the health benefits for clients. Many SIFs, like MSIC, can intervene immediately in non-fatal overdoses to prevent permanent brain damage.

Centre staff are trained in other kinds of brief interventions too, which can help clients in many ways. They can increase client motivation to seek drug treatment, provide advice to minimise risk of infection and prevent disease transmission, advise on hepatitis C treatment and care, provide basic wound care, provide crisis counselling, and assist in the assessment and coordination of care for clients with significant mental illness.

2. Risk taking

Contrary to some claims, it has been found that regular attendance at a SIF is associated with a reduction in risky injecting practices.¹⁰ Users of the site do not take more risks due to the presence of clinical staff.

3. Injecting centres around the world

There are now approximately 90 SIFs worldwide. Sydney and Vancouver are the only non-European cities that have injecting centres. The first 'official' facility opened in Switzerland in the 1980s, and now there are supervised injecting facilities in nine countries. While they all operate on slightly different clinical models, many of the outcomes are similar. As in Sydney, regular clients of the large Vancouver injecting centre are more likely to enter a detoxification program or other addiction treatment.^{11 12} There has never been a death from overdose reported in any SIF anywhere in the world.

4. International obligations under UN Drug Conventions

Australia is a signatory to the UN international drug control conventions. Specifically these are the 1961 Single Convention on Narcotic Drugs (as amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs), the 1971 Convention on Psychotropic Substances and the 1988 Convention on Illicit Traffic in Narcotic Drugs and Psychotropic Substances. There have been assertions made that SIFs contravene these treaty obligations.

The Legal Affairs Section of the United Nations Drug Control Program (UNDCP) has provided a position statement on the flexibility of treaty provisions as regards harm reduction approaches.¹³ This report explicitly states that harm reduction was not foreseen by any of the international drug control treaties. The report reviews the case of "drug-injection rooms" specifically and does not conclude that they are in breach of UN Conventions.

In addition, it is noteworthy that as of June 2012 there are supervised injecting rooms operating in nine countries, all of which are also signatories to all three UN Drug Conventions.

Conclusion

Supervised injecting facilities are an evidence-based approach to minimise harms associated with injecting drug use. The scientific evidence is clear, and shows they provide significant benefits to the individuals who use them, as well as to the broader community in which they are situated.

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References

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- ⁴ Sydney Medically Supervised Injecting Centre. Operating statistics (May 2001 to end April 2012), provided May 2012.
- ⁵ MSIC Evaluation Committee. *Final report of the evaluation of the Sydney Medically Supervised Injecting Centre*. 2003, Sydney: Authors.
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- ⁷ Fitzgerald, J, Burgess, M & Snowball, L. "Trends in property and illicit drug crime around the Medically Supervised Injecting Centre: an update." *Crime and Justice Statistics: Bureau Brief* 2010; 51: NSW Bureau of Crime Statistics and Research.
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- ⁹ National Centre in HIV Epidemiology and Clinical Research. *Sydney Medically Supervised Injecting Centre interim report 2: evaluation of community attitudes towards the Sydney MSIC*. 2006; University of New South Wales: Sydney.
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- ¹² Strathdee, SA & Pollini, R. "A 21st century Lazarus: the role of safer injecting sites in harm reduction and recovery." *Addiction* 2007; 102:848-849.
- ¹³ United Nations International Narcotics Control Board. *Flexibility of treaty provisions as regards harm reduction approaches*. 2002, UNDCP Legal Affairs Section: Vienna.