Sydney Medically Supervised Injecting Centre
Interim Evaluation Report No. 2

Evaluation of Community Attitudes towards the Sydney MSIC

A report for the NSW Department of Health
by the National Centre in HIV Epidemiology and Clinical Research

June 2006

The National Centre in HIV Epidemiology and Clinical Research is funded by the Australian Government Department of Health and Ageing, and is affiliated with the Faculty of Medicine, University of New South Wales

Acknowledgments

This report was prepared for the NSW Department of Health by Ms Allison Salmon, A/Professor Lisa Maher and Professor John Kaldor of the National Centre in HIV Epidemiology & Clinical Research (NCHECR), University of New South Wales with editorial review from Ms Julia Warning.

We acknowledge the work of the late Dr Margaret MacDonald, who had key responsibilities in the initial evaluation of the Sydney Medically Supervised Injecting Centre (MSIC), including the previous Kings Cross community surveys. The authors also acknowledge the Kings Cross residents and businesses who participated in the 2000, 2002 and 2005 community attitudes surveys.

The data reported in this document were collected under contract by Hunter Valley Research Foundation (HVRF).

The Sydney MSIC Evaluation Advisory Committee (see Appendix 1) oversees the second phase evaluation of the Sydney MSIC.

Contact Details

Allison Salmon
Viral Hepatitis Epidemiology and Prevention
National Centre in HIV Epidemiology & Clinical Research
Faculty of Medicine, UNSW
St Vincent's Medical Centre
Level 2, 376 Victoria Street
Sydney NSW 2010

Phone: 02 9385 0900
Fax: 02 9385 0920
Email: asalmon@nchecr.unsw.edu.au

NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH

Executive Summary

Background: The Sydney MSIC was established following a recommendation of the NSW Parliamentary Drug Summit for a trial aimed at addressing public health and public order issues related to street based injecting drug use. A previous interim evaluation report has released on the operation and service delivery data from May 2001 to December 2004.[4]

Methods: Telephone surveys were conducted among Kings Cross residents and businesses in 2005 and the results compared with similar surveys carried out in 2000 and 2002. The surveys aimed to assess attitudes towards drug use and medically supervised injecting centres, experience and perceptions of public drug use and related issues.

Results:

- In 2005, 316 residents (82% response rate) and 210 business operators (79% response rate) completed surveys.
- 58% of residents and 60% of business operators reported that they had ever seen public injecting in 2005. In both groups, the overall proportions were similar to 2000 but there were significant decreases in the proportions of residents who had seen public injecting or a discarded syringe in the past month.
- Less than 1% of the residents reported that having access to the Sydney MSIC would increase their likelihood of injecting heroin.
- The top three annoyances related to drug use reported by residents were: negative image for the area, discarded syringes, and crime and safety. The main crime and public nuisance problems for residents were drunkenness, theft, including car theft, and vandalism.
- The top three annoyances related to drug use reported by business operators were: impact on crime and safety, negative image for the area and discarded syringes. The main crime and public nuisance problems were theft, including car theft, prowlers and loiterers, and drunkenness.
- The proportion of residents who agreed with the establishment of the MSIC in Kings Cross in the 2005 was 73%, a slight fall from 78% reported in 2002, but still above the proportion who agreed prior to opening in 2000. Among those residents who had been living in the area for more than two years, as of 2005, 72% were in agreement with establishment of the MSIC. Among those living in the area for more than five years, as of 2005, 80% agreed with the MSIC establishment.
- In 2005, the percentage of business operators who agreed with the establishment of a MSIC in Kings Cross was 68%, an increase from 58% in 2000 and 63% in 2002.
- Among business operators located in Kings Cross for over five years, there was a statistically significant increase in the level of agreement with the MSIC establishment (2000=53%; 2002=58%; 2005=67%, p=0.02).

Conclusions:

- Residents and business operators in the Kings Cross area perceived a decrease in the level of public drug use and publicly disposed syringes seen in the last month.
- The Sydney MSIC has not been perceived as an inducement to inject drugs among those living locally.
- Nearly three quarters of residents & business operators continued to support the Sydney MSIC establishment.

Contents

Tables

Figures

Abbreviations

NCHECR	National Centre in HIV Epidemiology & Clinical Research
HVRF	Hunter Valley Research Foundation
CATI	Computer Assisted Telephone Interview
MSIC	Medically Supervised Injecting Centre

Chapter 1: Background and Introduction

The Sydney Medically Supervised Injecting Centre (MSIC) evolved out of the NSW Parliamentary Drug Summit in 1999, which supported an 18-month trial of a medically supervised injecting centre, recognising that its operation may have both public health and public order benefits. In 1999, the Joint Select Committee into Safe Injecting Rooms for the Parliament of NSW[1], identified potential public health benefits of the supervised injecting facility as including: reduced morbidity and mortality associated with drug overdoses, reduced transmission of blood borne infections such as HIV, hepatitis B and hepatitis C, increased access to health and social welfare services, and contact with a marginalised injecting drug using population. Possible public amenity benefits of the service were: a reduction in street based injecting and a reduction in the number of needles and syringes discarded in public places.[1,2] Specifically, the Government's objectives in establishing the MSIC were to decrease drug overdose deaths; provide a gateway into treatment; reduce problems of discarded needles and public injecting.[3] A summary of the Sydney MSIC service model, internal management protocols and data management system can be found in the *Interim Evaluation Report No.1: Operations and Service Delivery*.[4]

The Sydney MSIC opened in May 2001 for a trial period of 18 months and the initial evaluation covered the period May 2001 to October 2002. The trial period was subsequently extended to October 2007 and the NSW Department of Health commissioned the National Centre in HIV Epidemiology and Clinical Research (NCHECR) to undertake a second evaluation phase covering the period November 2002 to April 2007. The evaluation of the Sydney MSIC is overseen by an Advisory Committee for which the NSW Department of Health provides a secretariat and is directed by a comprehensive evaluation protocol.

The evaluation components presented in this second Interim Evaluation Report relate to the impact of the Sydney MSIC on public amenity in the Kings Cross area. The primary data source for this report is a community telephone survey of residents and businesses conducted in 2005. Comparisons are made with data from earlier surveys conducted prior to the service opening in 2000 and after the service opening in 2002. The results of the 2000 and 2002 surveys have been presented previously in both the *Final Report of the Evaluation of the Sydney Medically Supervised Injecting Centre*[5] and a paper by Thein et al. entitled *Public Opinion towards Supervised Injecting Centres and the Sydney Medically Supervised Injecting Centre*.[6] Both publications reported that local public opinion towards the establishment of the Sydney MSIC was generally supportive, with two-thirds of residents agreeing with the establishment of the MSIC in Kings Cross in 2000 (68%), increasing to 78% in 2002.[6]

Chapter 2: Methods

Cross sectional surveys involving computer assisted telephone interviews were conducted among residents and business operators in the Kings Cross community to assess:

- - attitudes to and perceptions of drug use
- - attitudes to and perceptions of medically supervised injecting centres
- - experience and perceptions of syringes discarded in public
- - experience and perceptions of public drug use

2.1 Data Collection and Sampling Frame

The 2005 resident and business operator survey used the same instruments as the 2000 and 2002 surveys, with the addition of one question relating to perceived levels of crime in the local area (see Appendices 2 and 3 for copies of both instruments).

The methods used for sampling participants in 2005 were performed as reported for the previous surveys.[5] Interviews were initiated in late November 2005 and completed in mid December 2005.

Data were collected on demographic characteristics, knowledge of the Sydney MSIC, opinion of the Sydney MSIC and opinions about the location of supervised injecting centres in general. Information was also collected on experience of public drug use, publicly discarded syringes, public annoyance and crime related to drug use and experiences of drug dealing.

Data collection was carried out by the Hunter Valley Research Foundation (HVRF), an independent research organisation specialising in community based computer assisted telephone interviewing (CATI).

2.1.1 Resident Survey

The residential survey sample was of the "Kings Cross area", defined as the suburbs of Elizabeth Bay, Rushcutters Bay, Kings Cross, Woolloomooloo and Potts Point. The sample was provided by HVRF using random digit dialling number generation and appropriate telephone prefixes for the suburbs in the study areas were applied to the randomly generated number. Once a household was contacted, its location, either in or out of the study area was confirmed.

A call was made to each telephone number selected and once contact was made, one person aged 18 years or over living in the household and who had been resident in the area for at least two months was invited to participate. If more than one person living in the household met this criterion, the respondent was randomly selected. If the selected respondent was not available or willing to do the survey, he or she was not replaced by any other person living in the household.

Interviewers made up to ten call attempts to establish contact with each household and once contact had been made, five attempts were made to obtain a completed interview or a refusal. Finally, appointments were made if the respondent was unable to undertake or complete the interview when contacted by an interviewer. Other methods used to maximise response rates included the provision of a free call (1800) number for call-backs.

2.1.2 Business Survey

The business operators survey sampled businesses located in the Kings Cross area that were listed in the Electronic Yellow Pages.

The designated respondent was the most senior person in the business at the time of the call. If the respondent was not available or willing to do the survey, he or she was not replaced by any other person working in the business.

Up to six call attempts, on different days and at different times, were made to each telephone number. Once contact was established another five attempts were made to speak to the identified respondent to complete an interview or obtain a refusal. As with the residential survey, appointments were made with the respondent if necessary and strategies employed to maximise response rates.

2.2 Statistical Analyses

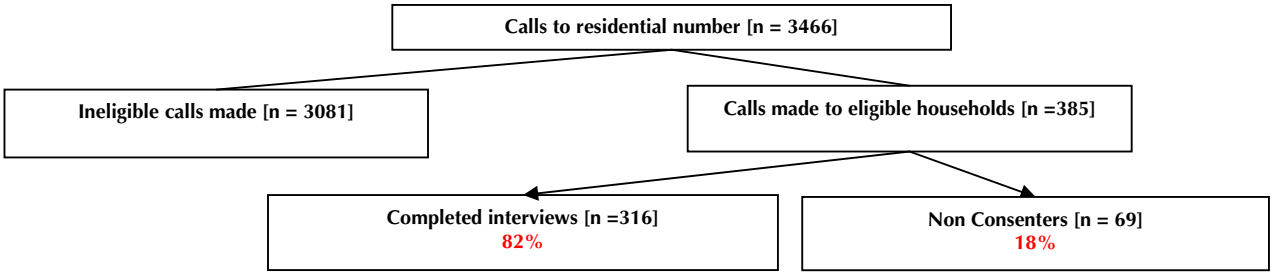
Statistical analyses were performed using STATA 8.2 (USA) and SPSS 12.90 (USA). Subgroups of respondents were compared within the 2005 survey and comparisons over time were made with the 2000 and 2002 surveys. Differences between subgroups and over time were assessed using chi-square tests. A 2 sided p-value of <0.05 was considered statistically significant.

Chapter 3: Results

3.1 Response Rates

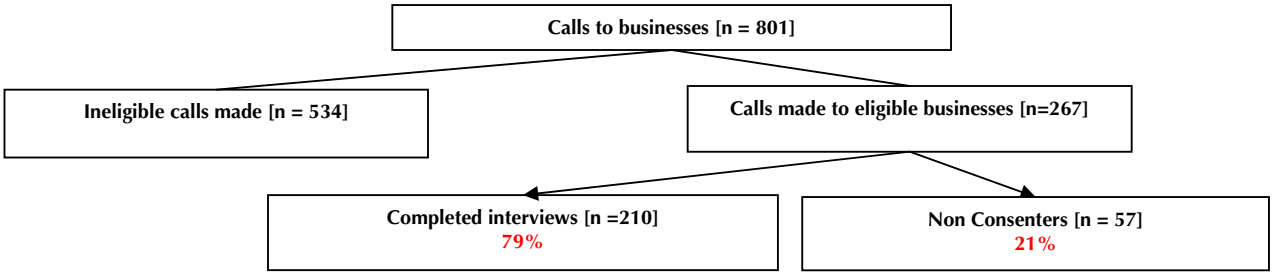
In the resident survey (see Figure 1), 3,466 telephone calls were made, of which 385 resulted in contact with eligible residents and 316 agreed to be interviewed and completed the survey. Ineligible calls included calls made to businesses, disconnected numbers and fax lines.

Figure 1: Survey Response Rate - Residents



In the business operator survey 801 telephone calls were made with 267 reaching eligible business operators, of whom 210 agreed to be interviewed and completed the survey (see Figure 2). Ineligible calls included calls made to homes, disconnected numbers and fax lines.

Figure 2: Survey Response Rate - Business Operators



The overall response rate was been high at 75% or greater in all three years of surveys (Table 1).

Table 1: Survey Response Rates for Residents and Business Operators: 2000, 2002, 2005

	2000	2002	2005
Residents	n = 515 (75%)	n = 540 (78%)	n = 316 (82%)
Business Operators	n = 209 (85%)	n = 207 (87%)	n = 210 (79%)

3.2 Sample Characteristics

In the 2005 sample, most residential respondents lived in Potts Points (31%), Elizabeth Bay (21%) and Darlinghurst (21%), while business respondents were located mostly in Kings Cross (28%), Potts Point (26%) and Woolloomooloo (23%). In both samples, more than 75% of respondents had been in the local area for at least two years.

The 2005 sample of residents was similar to the residential respondents in 2000 and 2002 with regard to suburb of residence ($p = 0.12$). The distance from Kings Cross station and duration of living in the area among residents were differently distributed in the three years of surveying ($p = 0.02$ and $p = 0.001$ respectively).

The sample of businesses in 2005 was not found to differ significantly by suburb of location ($p = 0.34$); distance from Kings Cross station ($p=0.14$) or duration of trading in the area ($p=0.19$) to the other survey years.

Table 2: Location of Resident and Business Operator Respondents: 2000, 2002, 2005

	Residents				Businesses			
	2000 (n=515)	2002 (n=540)	2005 (n=316)	p-value	2000 (n=209)	2002 (n=207)	2005 (n=210)	p-value
	%	%	%		%	%	%	
Suburb								
Elizabeth Bay	21	19	21		6	7	9	
Kings Cross	6	4	7		34	34	28	
Potts Point	27	23	31		23	23	26	
Rushcutters Bay	7	9	7		12	11	12	
Woolloomooloo	12	13	11		24	25	23	
East Sydney	5	4	3		0	0	0	
Darlinghurst	21	27	21	0.12	0	0	2	0.34
Not reported	1	1	0		1	0	0	
Distance from Kings Cross railway station								
100 metres or less	7	3	3		20	19	21	
100 to 250 metres	17	13	15		18	20	16	
250-500 metres	30	29	23		26	22	14	
500-750 metres	15	21	19		11	17	18	
750 metres to 2 kilometres	30	34	34	0.002	24	22	29	0.14
Don't know / not reported	1	1	5		<1	0	1	
Duration of living or working in the Kings Cross area								
less than 2 months	10	8	4		0	0	2	
7 to 12 months	11	11	7		3	0	1	
13 months to 24 months	13	14	10		7	3	5	
25 months to 5 years	24	24	23		20	19	25	
5 to 10 years	15	19	18		19	22	21	
10 to 20 years	13	14	20		23	25	20	
More than 20 years	13	9	17	0.001	26	30	25	0.19
Not reported	1	1	0		1	0	0	

Note: Due to automatic rounding not all percentages equal 100

3.2.1 Residential Respondents

In the 2005 survey, 51% of the residents were male and 68% were aged between 25 and 54 years of age. As in previous survey, the majority of residential respondents had a tertiary education or higher (74%), and most were either employed (70%) or retired (15%).

The sample of residents in 2005 was similar to earlier surveys with regards to gender, education levels and employment status (p=0.2; p=0.1 and p=0.06 respectively). Age group was, however, differentially distributed in the 2005 survey when compared to previous years, with higher proportions of residents in the 40 years and over categories than in previous surveys (p=0.04; Table 3).

Table 3: Demographic Characteristics of Residents: 2000, 2002, 2005

	2000 (n = 515) %	2002 (n = 540) %	2005 (n = 316) %	p-value
Sex				
Male	49	54	51	
Female	51	46	49	0.2
Age group (years)				
18-24	8	6	4	
25-39	46	47	40	
40-54	25	26	28	
55-64	9	9	15	
65+	11	11	12	0.04
Not reported	1	<1	1	
Education level				
Did not complete HSC	11	13	13	
Completed HSC	20	16	12	
Tertiary diploma or degree	68	70	74	0.1
Not reported	1	1	1	
Current employment status				
Employed full time	68	66	56	
Employed part time	10	11	14	
Not in workforce	12	14	9	
Retired	10	9	15	0.06
Not reported	<1	<1	6	

Note: Due to automatic rounding not all percentages equal 100

The proportion of residential respondents who reported ever having injected drugs was 4% in 2005, similar to the 3% percent reported in both 2000 and 2002 (p=0.7).

The proportion of Kings Cross residential respondents who knew family members, friends or work colleagues who had injected drugs decreased from 32% in 2000, to 30% in 2002 and 29% in 2005 (p=0.03).

As in 2002, less than 1% of the residential respondents in 2005 reported that they would be more likely to inject heroin since the opening of the Sydney MSIC. This proportion represents a significant decrease from 2000 (prior to opening of MSIC) when 4% of residents reported they would be more likely to inject heroin if they hypothetically had access to the Centre (p =0.0001).

3.2.2 Business Operators

As in previous years, the majority of business respondents in 2005 (54%) provided services such as design and production companies and real estate agents (Table 4). Most interviewees were either the manager or the owner of the business (91%).

Table 4: Types of Business and Position of Respondents: 2000, 2002, 2005

	2000 (n = 209) %	2002 (n = 207) %	2005 (n = 210) %	p-value
Types of Businesses				
Backpackers and other accommodation	8	5	6	
Business services	48	43	54	
Clubs/hotels and adult product services	8	10	4	
Health and community services	5	8	5	
Restaurants/cafes	11	9	12	
Shops	19	22	12	
Other (e.g. Schools)	1	3	6	
Position of Interviewees				
Manager	71	77	88	
Owner	12	10	3	
Professional	6	4	6	
Reception/secretary	9	8	1	
Other	2	0	2	0.0001
Not reported	0	1	0	

Note: Due to automatic rounding not all percentages equal 100

3.3 Perceptions of Drug-related Activity

3.3.1 Public Drug Use

Among residential respondents, 58% reported that they had ever seen someone injecting in a public place in their local area, similar to proportions reported in previous surveys (2000 = 60%; 2002 = 61%; p=0.6). However, there was a significant decrease over time in the proportion of residential respondents who reported seeing someone inject in public in the last month (p=0.0001, Table 5).

Table 5: Recency of Experience of Public Injecting Drug use by Residents who had ever seen Public Injecting: 2000, 2002, 2005

	2000 (n = 309) %	2002 (n = 329) %	2005 (n = 182) %	p-value
Seen public injecting				
Within the last month	55	47	34	
Within the last year	36	44	38	
More than a year ago	9	10	28	0.0001

Notes: Reported percentages are of those residents who had seen a public injection. Due to automatic rounding not all percentages equal 100

Table 6 presents the recency of having witnessed someone injecting in the local area for the subset of those business operators who reported ever having seen a public injection. Among the business operators, there was little change in the proportion reporting ever having witnessed public injecting, over the three surveys (2000 = 62%; 2002 = 65%; 2005 = 60%; p=0.5).

Table 6: Recency of Experience of Public Injecting Drug use by Business Operators who had ever seen public injecting: 2000, 2002, 2005

	2000 (n = 129) %	2002 (n = 135) %	2005 (n = 125) %	p-value
Witnessed public injecting				
Within the last month	61	50	47	
Within the last year	31	34	34	
More than a year ago	8	16	18	0.07

3.3.2 Publicly Discarded Syringes

In the 2005 survey, there was a slight decline in the proportion of residential respondents in 2005 who reported ever seeing a discarded syringe in local streets or parks, i.e. 78% compared with 84% and 86% in 2000 and 2002 respectively (p=0.004).

There was also a significant decrease in the percentage of residents who reported having seen a publicly discarded syringe in the last month (p=0.0001, Table 7).

Table 7: Recency of Experience of Public Discarded Syringes by Residents who had seen public injecting who had seen public injecting: 2000, 2002, 2005

	2000 (n = 434) %	2002 (n = 463) %	2005 (n = 246) %	p-value
Seen publicly discarded syringes				
Within the last month	66	59	52	
Within the last year	15	23	28	
More than a year ago	3	5	19	0.0001
Don't know	16	13	1	

Note: % are of those who had seen a publicly discarded syringe

Among business operators, there was also a significant decrease in the proportion who had ever seen discarded syringes in local streets or parks from 90% and 87% in 2000 and 2002 respectively, compared to 82% in 2005 (p=0.005).

Table 8 presents the recency reported by the business operators that had ever seen a publicly discarded syringe. When all three years of data were considered, there was a decrease in the percentage of business operators that reported seeing a publicly discarded syringe within the last month, and conversely an increase in those seen within the last year, however not statistically significantly (p=0.15).

Table 8: Recency of Experience of Public Discarded Syringes by Business Operators: 2000, 2002, 2005

	2000 (n = 188) %	2002 (n = 181) %	2005 (n = 172) %	p-value
Witnessed publicly discarded syringes				
Within the last month	80	73	70	
Within the last year	16	23	26	
More than a year ago	3	4	5	0.15
Don't know	1	0	0	

3.3.3 Public Annoyances Related to Drug Use

Among the 2005 residential respondents, 73% reported at least one public annoyance related to drug use (n=230), a reduction from previous survey years (2000 = 87% and 2002 = 86%) (p=0.001). Most commonly reported annoyances were: a negative image for the area (14%); discarded syringes (13%); and crime and safety (11%). Reporting of public injecting as an annoyance remained at similar levels across in all three surveys (2000 = 10%, 2002 = 8%, 2005 = 8%).

Among business operator respondents, 78% identified at least one public annoyance related to drug use (n = 164) in 2005, representing a drop from 93% and 92% respectively (p=0.001). The top three reported annoyances among business operators were crime and safety (17%), negative image for the area (12%) and discarded syringes (11%). Reporting of public injecting as an annoyance remained at similar levels across all three surveys (2000 = 9%, 2002 = 9%, 2005 = 6%).

3.3.4 Drug Dealing

In 2005, the proportion of local residents that had been asked on a Kings Cross street if they wanted to buy drugs was 44%. This proportion did not change over the three survey years. Among the subset of residents who had been offered drugs for purchase, there was a decrease over the three survey years (Table 9) while the drug most commonly offered in these episodes was cannabis (54% in 2005).

Table 9: Recency and Type of Drugs Offered for Purchase to Residents: 2000, 2002, 2005

	2000 (n = 227) %	2002 (n= 237) %	2005 (n=139) %	p-values
Last time offered drugs for purchase				
Within the last month	63	65	61	
Within the last year	31	27	28	
More than a year ago	6	8	11	0.47
Don't know/refused	<1	0	<1	
Last drug offered for purchase				
Cannabis	46	49	54	
Heroin	10	6	7	
Cocaine, amphetamines or ecstasy	8	10	8	
Other/unspecified	15	25	12	0.51
Don't know	22	11	20	

Note: Due to automatic rounding not all percentages equal 100

Results were very similar for the respondents in the business operators surveys on both recency and type of drug offered for sale (Table 10). Among the subset of business operators who had been offered drugs for purchase, there was a decrease in offers occurring in the previous month over the survey years. Similar to the resident sample, cannabis was the drug most commonly offered in each survey year and increased significantly among the business operators to 56% in 2005 (p=0.05).

Table 10: Recency and Type of Drugs Offered for Purchase to Business Operators: 2000, 2002, 2005

	2000 (n = 95) %	2002 (n= 102) %	2005 (n=98) %	p-values
Last time offered drugs for purchase				
Within the last month	72	69	59	
Within the last year	25	25	32	
More than a year ago	2	7	7	0.3
Don't know/refused	1	0	2	
Last drug offered for purchase				
Cannabis	41	52	56	
Heroin	11	5	7	
Cocaine, amphetamines or ecstasy	7	2	5	
Other/unspecified	31	17	15	0.05
Don't know	11	25	16	

Note: Due to automatic rounding not all percentages equal 100

3.3.5 Perceptions of Crime

An additional question was added to the 2005 survey instrument in 2005 asking residents and business operators to identify the specific types of crime or public nuisance that they perceived to exist in their neighbourhood.

Eighty six percent of resident respondents stated that there were crime or public nuisance problems in their neighbourhood. Of this group of 272 residents, the top four problems identified were drunkenness (19%), general theft (12%), car theft (7%) and vandalism (6%).

Ninety five percent of business operator respondents stated that there were crime or public nuisance problems in their neighbourhood. Of this group of 200 business operators, the top four problems named were general theft (16%), car theft (13%), prowling and loitering (13%) and drunkenness (11%).

3.4 Knowledge and Attitudes regarding MSIC

3.4.1 Location of the MSIC in Kings Cross

In all three surveys, over 90% of residents said that they had heard of the Sydney MSIC prior to interview. In 2005, over 80% of residents knew that the MSIC was either in Darlinghurst or Kings Cross and nearly half could correctly state its street address (Table 11). These proportions had changed little since 2002.

Table 11: Residents Knowledge of the Location of the Kings Cross MSIC: 2000, 2002, 2005

	2000 (n=515) %	2002 (n = 540) %	2005 (n = 316) %	p-value
66 Darlinghurst Road	34	52	47	
Kings Cross	22	27	29	
Darlinghurst	3	4	7	
Sydney	4	0	3	
Don't know	37	16	15	0.0001

Note: Due to automatic rounding not all percentages equal 100

In all three survey periods, over 90% of business operators had heard of the Sydney MSIC prior to their telephone interview (p=0.04). Nearly half of business operators interviewed were able to correctly identify the street address of the service, however, this was a decrease from 2002 (p=0.0001), as presented in Table 12.

Table 12: Business Operators Knowledge of the Location of the Kings Cross MSIC: 2000, 2002, 2005 – Business respondents

	2000 (n=209) %	2002 (n = 207) %	2005 (n = 210) %	p-value
66 Darlinghurst Road	36	65	47	
Kings Cross	14	28	22	
Darlinghurst	10	2	13	
Sydney	0	0	1	
Don't know	40	5	17	0.0001

3.4.2 Attitudes Towards MSIC Establishment in Kings Cross

The proportions of residents who agreed with the establishment of the MSIC in Kings Cross in the 2005 was 73%, a slight decline from the 78% reported in 2002, but still above the proportion who agreed with its establishment prior to opening in 2000 (Table 13).

In the 2005 sample of residents, 75% of those who knew the street address of the Sydney MSIC agreed with its establishment, as did a similar proportion of those who lived within 500 metres of the service. Of the residents who had been present in the area for more than two years, 72% were in agreement with its being established in Kings Cross. Of those in residence more than five years, 80% were in agreement with its being established in Kings Cross.

There was a statistically significant increase in agreement levels among residents aged over 55 years, across the three survey years (2000 = 47%; 2002 = 61%; 2005 = 61%, p = 0.04).

Table 13: Resident Agreement with Establishment of MSIC in Kings Cross

	2000 (n = 515) %	2002 (n = 540) %	2005 (n = 316) %	p- value
All respondents				
Agree	68	78	73	
Disagree	26	17	22	
Neither agree or disagree	4	4	4	0.01
Don't know	2	1	0	
Respondents who knew the MSIC street address	**n = 177** %	**n = 283** %	**n =146** %	
Agree	67	78	75	
Disagree	29	16	21	
Neither agree or disagree	3	5	4	0.01
Don't know	1	1	0	
Residence within 500 metres of MSIC	**n = 276** %	**n = 237** %	**n = 132** %	
Agree	69	82	77	
Disagree	26	13	19	
Neither agree or disagree	4	5	5	0.02
Don't know	2	2	<1	
More than 2 years residence in Kings Cross	**n = 339** %	**n = 359** %	**n = 249** %	
Agree	66	76	72	
Disagree	28	18	24	
Neither agree or disagree	4	4	4	0.002
Don't know	<1	<1	<1	
More than 5 years residence in Kings Cross	**n = 133** %	**n = 166** %	**n = 76** %	
Agree	75	78	80	
Disagree	20	17	15	
Neither agree or disagree	3	4	5	0.67
Don't know	2	1	0	
Aged more than 50 years	**n = 103** %	**n = 105** %	**n = 84** %	
Agree	47	61	61	
Disagree	46	28	36	
Neither agree or disagree	2	5	4	0.04
Don't know	6	7	0	

Note: Due to automatic rounding not all percentages equal 100

In 2005, the percentage of business operator respondents who agreed with the establishment of the MSIC in Kings Cross was 68%, an increase from 58% in 2000 and 63% in 2002 (Table 14). In the 2005 sample, the subset of business operators who knew the street address of the Sydney MSIC had an agreement level of 64% and those located within 500 metres of the MSIC had agreement at 63%. Of the business operators who had worked in the area for over two years, 66% were in agreement with the establishment of the MSIC in Kings Cross.

Among business operators, there was a statistically significant increase in agreement levels among those operating in the area for over 5 years (2000 = 53%; 2002 = 58%; 2005 = 67%, p = 0.02).

Table 14: Business Operator Agreement with establishment of MSIC in Kings Cross

	2000 (n=209) %	2002 (n = 207) %	2005 (n = 210) %	p-value
All respondents				
Agree	58	63	68	
Disagree	37	32	27	
Neither agree or disagree	3	3	5	0.11
Don't know	2	2	0	
Respondents who knew the MSIC street address	**n = 76 %**	**n = 135 %**	**n = 167 %**	
Agree	54	59	64	
Disagree	41	38	31	
Neither agree or disagree	3	2	5	0.45
Don't know	2	1	0	
Business within 500 metres of MSIC	**n = 129 %**	**n = 125 %**	**n = 108 %**	
Agree	54	55	63	
Disagree	40	41	32	
Neither agree or disagree	3	2	5	0.55
Don't know	2	2	0	
More than 2 years located in Kings Cross	**n = 133 %**	**n = 155 %**	**n = 167 %**	
Agree	56	61	66	
Disagree	38	34	30	
Neither agree or disagree	3	2	4	0.46
Don't know	3	3	0	
More than 5 years located in Kings Cross	**n =144 %**	**n = 159 %**	**n = 140 %**	
Agree	53	58	67	
Disagree	42	37	27	
Neither agree or disagree	2	2	6	0.02
Don't know	2	3	0	

3.4.3 Disadvantages and Advantages of MSIC in Kings Cross

Among the 2005 sample, when asked to comment on the disadvantages of the MSIC, 22% of residents did not identify any disadvantages. Of those who did, the top three provided were that the MSIC encourages injecting drug use (14%); would attract drug users (14%) and would attract drug dealing (13%). Twenty three percent of business operators were not able identify any disadvantages. Of those who could, the top three disadvantages identified were that the MSIC did not address the drug problem (11%); encourages/condones injecting drug use (15%); and, attracts drug users to the area (8%).

Over 90% of residents respondents in 2005 reported at least one advantage to having a MSIC in the local area. The top three advantages listed in 2005 were control of HIV/AIDS and hepatitis C (22%); reduced overdose risk (21%); reduced numbers of drug users on local streets (21%). The proportion of business operators reporting at least one advantage in 2005 was nearly 90% and advantages most frequently noted among this group were control of HIV/AIDS and hepatitis C (17%); reduced risk of overdose (16%); and improved safety for drug users (13%).

Chapter 4: Conclusions

The community surveys conducted in 2000, 2002 and 2005 aimed to assess, among Kings Cross residents and business operators, attitudes and perceptions of drug use and the Medically Supervised Injecting Centre as well as experiences and perceptions of syringes discarded in public and public drug use.

These surveys have shown that the majority of residents and business operators surveyed are aware of the Sydney MSIC; support its establishment; and support its location in Kings Cross.

Specifically, 73% of residents agreed with the establishment of the Sydney MSIC in Kings Cross in 2005, a slight fall from 78% reported in 2002 but still above the proportion who agreed prior to opening in 2000.

In 2005, the percentage of business operators who agreed with the establishment of a MSIC in Kings Cross was 68%, an increase from 58% in 2000 and 63% in 2002. Among business operators located in Kings Cross for over five years, there was a statistically significant increase in the level of agreement with the MSIC establishment (2000 = 53%; 2002 = 58%; 2005 = 67%, $p = 0.02$).

Both residents and business operators in 2005 continued to show their awareness of the service with over 80% knowing its approximate location.

Over the survey years residents in the Kings Cross area have perceived an ongoing decrease in the level of public drug use and publicly discarded syringes.

It should be noted that residents of the Kings Cross area without landline telephones were excluded from the sample frame. In comparing the 2002 and 2005 survey with the 2000 survey, residents were more likely to live further away from the service.

In conclusion, the community telephone survey findings indicate high and sustained support from the majority of residents and business operators both before and after the establishment of the Sydney MSIC.

References

1. Parliament of New South Wales. Report on the establishment or trial of safe injecting rooms – Joint Select Committee into safe injecting rooms. Sydney, NSW: Parliament of New South Wales; 1998.
2. Dolan K, Kimber J, Fry C, Fitzgerald J, MacDonald D, Trautmann F. Drug consumption facilities in Europe and the establishment of supervised injecting centres in Australia. Drug and Alcohol Review 2000;19:337-346.
3. New South Wales Government. NSW Drug Summit 1999: Government Plan of Action. Sydney: NSW Government, 1999.
4. National Centre in HIV Epidemiology and Clinical Research. Sydney Medically Supervised Injecting Centre Interim Report 1: Operations & Service Delivery (November 2002 to December 2004). Sydney, NSW: University of NSW; 2005.
5. MSIC Evaluation Committee. Final report on the Evaluation of the Sydney Medically Supervised Injecting Centre. Sydney, NSW: Authors; 2003.
6. Thein, H et al. Public Opinion towards supervised injecting centres and the Sydney Medically Supervised Injecting Centre. International Journal of Drug Policy 2005;16:275-280.

Appendices

Appendix 1: Sydney MSIC Evaluation Advisory Committee membership
Appendix 2: Sydney MSIC Community Attitudes Survey – Residents
Appendix 3: Sydney MSIC Community Attitudes Survey – Business Operators