



In the Eye of the Needle: Diary of a Medically Supervised Injecting Centre

Melissa Sweet

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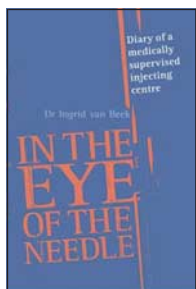
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In the Eye of the Needle: Diary of a Medically Supervised Injecting Centre

Ingrid van Beek



Allen and Unwin, \$A29.95,
pp 240
ISBN 1 74114 381 0
www.allenandunwin.com
Also available as an ebook,
\$A20.95 (www.ebooks.com)

Rating: ★★★

Early one Sunday evening in May 2001, a young Sydney labourer strolled through a nondescript shopfront in the sleazy heart of Sydney's Kings Cross, and made medical history. The 19 year old man became the first client of the New South Wales government funded Medically Supervised Injecting Centre, which had quietly opened its doors for the first time about an hour earlier. It had done this without fanfare, hoping to avoid media harassment of clients. Newspaper photographers who had staked out the premises from a hotel opposite for the previous fortnight were oblivious, apparently because of a rugby league match on television.

The centre, a first for the English speaking world, had a long and painful gestation involving protracted legal and political battles. Opponents ranged from the Vatican to a local business organisation and the United Nations International Narcotics Control Board.

Some of the highs and lows of its first 30 months are revealed in *In the Eye of the*

Needle, by the centre's medical director, Dr Ingrid van Beek, a public health and addiction medicine physician.

The centre was initially established as an 18 month trial, licensed jointly by the New South Wales police and health departments and run by a branch of the Uniting Church. Its operations have since been extended until October 2007.

Unlike some centres in Europe, it was specifically designed to have a clinical atmosphere, to be more like a hospital emergency department than a drop in centre. Dr van Beek says a centre that has subsequently opened in Vancouver has also adopted the clinical model. "I hoped to send the message that every time IDUs [intravenous drug users] put a needle in their arm and inject a drug, they are taking their life into their hands such that a high tech, clinical set up with staff equipped to resuscitate medical emergencies is required to keep them alive," she says. "By doing this, I hope that over time other unsupervised injecting environments will become increasingly less acceptable to the client base."

In its first 18 months the centre registered 3818 injecting drug users, accommodated over 50 000 injecting episodes on the premises, and provided almost 1400 referrals into treatment and care. Staff also managed 429 overdoses without fatality, including 329 heroin, 80 cocaine, and 20 temazepam or other benzodiazepine overdoses.

British doctors have cited the centre's success in reaching the most marginalised drug users to argue against the Home Office's decision to support such services only if they are part of a heroin prescribing programme. Prescribable heroin is most appropriate for long term addicts who have not responded to traditional treatment, whereas medically

supervised injecting centres target the socially excluded and homeless, according to a *BMJ* article last year (*BMJ* 2004;328:100-2).

When a publishing industry consultant approached Dr van Beek about doing the book, she agreed on condition that she did not have to write it. Instead, over the next few years she spoke about a quarter of a million words into a dictaphone, a process that at first she hated. "But by the end, the dictaphone had become almost like my second friend," Dr van Beek said in an interview with the *BMJ*. "I found it quite cathartic. I laughed and I cried into that machine."

The result is a book which is more conversational than literary, and neither a public health text nor a tell-all exposé. Rather, Dr van Beek has provided a personal account of the struggles to provide such a controversial service for clients who wield little political or public clout. "It was written from the bunker when we were under siege," she explains.

In one entry, she writes: "Looking back over all the time that I've been involved with this injecting centre I cannot help feeling that it's been very arduous. Whenever things could have been either hard or easy, they always seem to have turned out to be hard."

However, the book offers many entertaining vignettes, including a visit by Winky, a rabbit living in the backpack of a homeless female client, and the security circus that surrounded Princess Anne's visit to Kings Cross police station to learn about the centre. "There seemed to be quite a few of these tall, grey-suited men with wraparound sunglasses poking about around the garbage bins and so on," says Dr van Beek. "Even one of the street sweepers seemed to be fiddling with something in his ear, apparently speaking without anyone being within earshot. But then quite a few people do that in Kings Cross."

Dr van Beek also details the clinical and policy lessons, including the dangers to staff of needlestick injuries and the frustration of dealing with bureaucrats and politicians who are more focused on avoiding adverse media coverage than clients' needs.

The book is dedicated to Dr van Beek's father, a member of the Dutch Resistance during the Nazi occupation of Holland before migrating to Australia in 1950. Van Beek credits him with inspiring her sense of social justice.

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Items reviewed are rated on a 4 star scale
(4=excellent)



Dr Ingrid van Beek: hoping to make unsupervised injecting environments seem less acceptable

Cannabis Use and Dependence: Public Health and Public Policy

Wayne Hall, Rosalie Liccardo Pacula

Cambridge University Press, £40/\$65, pp 298
ISBN 0521 80024 2

Rating: ★★★

Young People and Substance Abuse

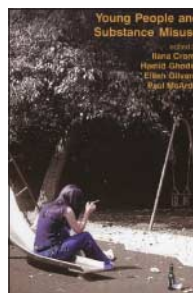
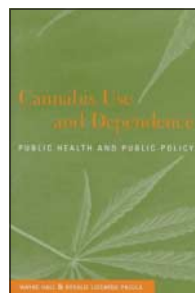
Eids Ilana Crome, Hamid Ghodse, Elish Gilvarry,
Paul McArdle

Gaskell (Royal College of Psychiatrists), £15, pp 240
ISBN 1 904671 01 2

Rating: ★★★

The two authors of *Cannabis Use and Dependence* have extensive experience in the area of drug consumption and policy. Wayne Hall is the director of the Office of Public Policy and Ethics at the Institute for Molecular Bioscience, University of Queensland, Australia, and Rosalie Liccardo Pacula is an economist with the RAND Corporation and a research fellow with the United States National Bureau of Economic Research.

Their book, which focuses on recreational, not medical, use of the drug, addresses a broad range of issues relating to cannabis, providing a comprehensive summary of current knowledge. It is a suitable



reference work for those interested in the effects of cannabis and/or policy related issues.

The first part focuses on the effects of cannabis, describing the psychopharmacology of the drug (the effects of cannabis that users seek, its psychoactive constituents, mechanisms of action, doses and modes of administration) and the patterns of its use in developed societies such as the United States, Europe, and Australia. The authors present research findings on the acute and chronic effects of cannabis on the respiratory, cardiovascular, immune, and reproductive systems, on motivation and cognitive function, and on the risk of psychosis. They also examine the impact of the drug on adolescent development and compare the harms and benefits of cannabis with those of alcohol and tobacco.

The second part of the book focuses on cannabis policies and issues such as whether prohibition has any deterrent effect on use

and supply. The authors include international data and provide a balanced presentation of the existing literature.

Young People and Substance Misuse is aimed at a wide audience, including youth workers, social workers, and teachers, as well as health professionals. It takes a multidisciplinary approach to youth substance misuse, providing an overview of research on universal and targeted prevention strategies, including those that focus on drug use and those that are broader in their approach, aiming, for instance, to improve life skills.

Chapters helpful to clinicians include that on the assessment of the young person, which provides a protocol for history taking and an overview of key points such as adolescent development, the assessment of family and education, and the reliability of self report. There is also a list of the symptoms of intoxication and withdrawal from the most commonly used substances.

Although this book is primarily directed at a UK audience, especially the chapter on the epidemiology of substance misuse, international readers would also benefit from its clear and succinct overview.

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The Woman Manual: The Practical Step-by-Step Guide to Women's Health for Men

Ian Banks



Haynes Group, £12.99,
pp 152
ISBN 1 84425 182 9

She Being Brand New is a clever metaphorical poem by E E Cummings that compares the seduction of a woman to the starting of a new car. The publishers of the Haynes motoring manuals have devised an "operating" health guide for every make, model, and colour of woman. It is the latest in a line of health awareness titles, including the *Man*, *Cancer*, *Sex* and *Baby* manuals, and aims to help men find out what is under the bonnet of

these mysterious creatures. Traditionally, men have a poor understanding of the physical and emotional health needs of women, and although it may seem a world away from the mechanics of a car this book illustrates what is required to keep women ticking over.

It has been argued that women have been ill served by a male dominated health service and that policies and practices need to change to reflect the specific needs of women. Imagine asking the average man on the street about everything from thrush to breast cancer to premenstrual tension: most likely you would be met with blank stares or confused answers. Stereotypically, most men are fixated on the appearance of women's bodies, rather than what is going on inside, leading to ignorance, neglect, and misunderstanding when women close to them have "women's problems."

The discrepancies between men and women in understanding health issues are compounded by the media. Take, for example, the title of a recent article in the men's magazine *FHM*: "Help! My woman is broken! Your girlfriend's sexual malfunctions and how to fix them." This attitude harms relationships and objectifies women. But is the idea that men won't understand

women's bodies unless explained in reference to a motor engine supposed to be a self conscious joke in itself?

Luckily this book takes a humorous and open approach to explaining a whole host of female health matters. Everything imaginable is described in straightforward, well balanced detail. Going for an ultrasound scan for your first baby? Here's what to expect. Why does your grandmother have to run off to the bathroom every time she laughs? Here are some amusing cartoons and gory details. Is your wife going for a hysterectomy? This is what it involves—and, more importantly, this is how she will be feeling.

Much of it is common sense—but, as we know, our society lacks common sense, and there is a drought of suitable information for men on what is going on with their wives, mothers, sisters, girlfriends, or daughters. This book should be given to all men when they first go to school. It's accessible, interesting, and relevant.

Paul Grant *senior house officer*

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NETLINES

● Though the Coventry Pain Clinic's website is primarily aimed at patients, it has plenty to interest health professionals. Deep within the site is a useful analgesic flow chart showing appropriate steps of treatment for varying pain levels (www.coventrypainclinic.org.uk/aboutpain-analgesicflowchart.htm). The chart is elegantly laid out and easy to follow. Names of drugs are hyperlinked to deeper explanations.

● The highly acclaimed search engine Google has spawned "Google Scholar" (www.scholar.google.com), a service that specifically searches academic materials such as research papers, books, and online resources of educational establishments, using a simple search box similar to the main Google one. Such a focused search could be useful for health professional in a hurry. As with other Google services, the speed of return of hits from a search query of the scholarly literature is blistering.

● We live in a high tech world, but despite all the tools at their disposal all doctors should be conversant with the basic skills of clinical examination. So thanks go to the University of California for its Practical Guide to Clinical Medicine (<http://medicine.ucsd.edu/clinicalmed>), which has a number of tutorials covering physical examination. Though aimed at medical students, it is an ideal site for the postgraduate practitioner to refresh skills that may not be used regularly. Most systems are covered, but some of the pages are rich in graphics and may take a while to download, even on a fast connection.

● For an amusing, light hearted educational look at virology through the ages, check out the virology time machine (www-micro.msb.le.ac.uk/Tutorials/Time/Machine.html). It runs from four billion years ago through to 2001 and into the future—simply select a date and click the "travel in time" button and you will reach the relevant page. As well as information on virology relevant to that date, you get general contemporary historical information, making the page fun to read.

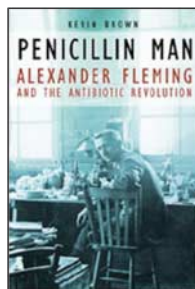
● With widespread computer use, the ability to copy and paste text into articles has become easy. However, this carries the risk of plagiarism, and medicine is by no means exempt. For an excellent yet brief look at this issue visit Drexel University's online tutorial (www.library.drexel.edu/resources/tutorials/plagiarism/plagiarism.html), which has much useful advice for learners and educators as well as the rest of the medical community.

Harry Brown *general practitioner Leeds*
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We welcome suggestions for websites to be included in future Netlines. Readers should contact Harry Brown at the above email address.

Penicillin Man: Alexander Fleming and the Antibiotic Revolution

Kevin Brown



Sutton Publishing, £20,
pp 320
ISBN 0 7509 3152 3

Rating: ★★★★★

In the preface to his tale of the discovery and development of penicillin, Kevin Brown says, "This is the book I never intended to write." The story is medical legend: Fleming, a modest man from St Mary's, returned from holiday to find some mould growing in one of his discarded staphylococcus culture plates. It made him stop and say, in classic understatement, "That's funny," as, around the mould, staphylococci had been killed. He experimented and found a culture of the mould prevented staphylococcus growth. He called the active agent penicillin—an innovation that changed forever the treatment of bacterial infections such as pneumonia, syphilis, diphtheria, scarlet fever, and previously fatal wound and childbirth infections. It made Fleming as much a household name as Albert Einstein.

Brown is trust archivist and curator of the Alexander Fleming Museum at St Mary's NHS Trust. Given Brown's connection with St Mary's, where Fleming spent his entire career, you might expect this biography to be fawning and sycophantic. It isn't. This fascinating life history of the public and intensely private Fleming is written with honesty, intelligence, and just enough gossip—about subjects like his lifelong commitment to freemasonry—to make it as much a beach book as a bench book.

With scientific precision, Brown presents evidence from Fleming's papers and conversations that he has had with many who knew Fleming. In doing so, he debunks many of the myths surrounding one of the greatest medical discoveries.

Fleming, known as Alec to his family, had a rather idyllic childhood on an Ayrshire farm. His "rags to riches" story is so much a part of medical folklore that readers might have heard that young Alec went to school barefoot as his family was so poor. Brown points out that the family was in fact comfortably off. On rainy days, the Fleming children did indeed go to school with their boots and socks around their necks, apparently to keep them dry in wet weather and because their mother, Grace, thought it would make them hardy. In later life, Fleming is said to have attributed his good health to his barefoot excursions. He remained healthy despite years of hard

work, chain smoking, and heavy drinking, before dying suddenly, aged 74, from a coronary thrombosis.

Instead of the humdrum, grainy images proffered in so many scientific biographies, there are some wonderful visual treats in Brown's centre pages. Of course there is the obligatory young Fleming at his microscope, but he is accompanied by classy silhouettes of the 1920s inoculation department, a poster exhorting men to build a penicillin factory to aid the war effort, a snapshot of so-called "penicillin girls" employed to attend to cultures, and a photograph of the original contaminated Petri dish.

Previous biographers have described Fleming as a dour, earnest Scot. Brown's account of Fleming's relationship with Sarah Marion McElroy, who died in 1949, and his second marriage four years later to a colleague at St Mary's, Amalia Koutsouri-Voureka, shows a softer, warmer side. Former *BMJ* editor Hugh Clegg called Fleming "modest to the point of shyness." Although Brown contests that he was shy, he was clearly self effacing: when knighted in 1944, he insisted on pouring out drinks for everyone, even the tea lady.

Brown lists 25 honorary degrees, 26 medals, 18 prizes, 13 decorations, and membership of 87 scientific academies and societies awarded to Fleming, and he quips that he was as proud of his 1903 medal from the London Scottish Regiment Swimming Club as he was of the Nobel prize he received in 1945. He suggests that "good luck had made him the best known and most revered doctor in the world."

Many other historians have supposed that Fleming would have been another obscure bacteriologist if serendipity had not left its calling card in his Petri dish. Given Brown's account of Fleming's scholarly years, from winning the University of London's Gold Medal on graduation, to his days as a fledgling surgeon who caught the bacteriology bug, it seems an odd conclusion. Fleming appeared predestined for greatness: a precise, painstaking man who knew how to look when a spore drifted into his lab and made sense of what he saw. In this era of antibiotic resistance, this lesson may yet be his greatest legacy.

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Inside Britain's secret wartime penicillin factory

FOX PHOTOS/STRINGER/GETTY IMAGES

PERSONAL VIEW

The ballad of the poor, young male

Elvis Presley's song "In the Ghetto" always brings a lump to my throat. For the uninformed, the song's theme is the cycle of violence in which young black men in Chicago in the 1960s were trapped. It is the emotional inflection of Elvis's voice that moves me, which is odd, as he was a poor white southerner and so can't have known what life was like in the urban slums. My wife suggests that my sentimentality is borne of eating too much quiche in the 1980s and desperately juggling a small baby while shirtless.

In the song a mother finds her young son dead, "face down on the street with a gun in his hand"—sad stuff. The song is 40 years old, but in Glasgow this futility continues relentlessly, our young men dying in street violence. If not killed, many are beaten, "slashed," or stabbed, and on most nights in casualty departments their broken bodies are strewn across trolleys. I have transfused, stitched, compressed their chests, and pronounced them dead.

If you're male and of the underclass in inner city Britain then watch out, because your life may well be poor, violent, and short. You will leave school at 15 with no qualifications. This in itself doesn't matter, because the real barrier is your complete lack of any life skills or social skills. You will be incapable of living independently and won't even have the basic ability to clean, cook, or pay bills. You will never understand how social systems work, and the height of achievement will be to get on "the sick."

Your lack of understanding and communications skills means that even when minor problems arise you resort to what you know: aggression and violence. You may have a girlfriend, but when the baby comes along it's all too apparent that you have no parenting skills and can't cope. Your frustration is expressed through taking drugs and beating the only person who actually loved you. You never see her or your daughter again, but her brothers give you a beating just for good measure. Fair go. You seek refuge with your family but your addictions get the better of you. You start lying and thieving to get drugs so you can get a good "gouch on." You get

"papped out" and end up in a godforsaken hostel with a hundred other men you are not related to but each one of whom could in fact be your twin. You continue to steal and take drugs and end up in prison. Inside you get a beating just for looking at someone "the wrong way." When you are released you get on a methadone script, but you haven't got anything to live for so go back to heroin. Your kind is vilified in the press. At each and every political party conference the leaders stand up and say that they going to get "tough on the causes of crime"—and, not to be too blunt, this means you. Get a job? Sure! But we all know that you're unemployable, because which job advertisement starts with "Seeking a stupid, inarticulate, aggressive ned."

The years roll by, and you continue to steal, take drugs, and carry and use a blade. One Saturday night a younger version of you, aged 16, sticks a blade in your chest over an argument about football, the passion that is your only acceptable emotional outlet. One hour later the doctors walk away, having split your chest open but to no avail. "Just another dead ned," they all think. Thank Christ, anyway, because even though you're only 27, in all likelihood you would have strung yourself up in the next few weeks. Your attacker gets 10 years and a ride on the merry-go-round that you've just left.

Nobody cares. This scenario is played out 24 hours a day, 365 days a year across the United Kingdom. You had two risk factors that when present together are a fatal combination: "maleness" and "poverty." You're lucky if your death gets two lines in a local newspaper. You never had a single advocate other than those paid for through legal aid. You're not even worthy of a song, because your kind are the root of most social evils and your passing is a blessing to most of society.

I wonder if in fact that lump in my throat might be me choking on that bloody quiche. Enough of this emotional claptrap. Back to real medicine and legitimate risk factors such as cholesterol levels and diet.

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Life at the sharp end: weapons on sale in Glasgow

SOUNDINGS

Sued's corner

Serving hot coffee without warning of the risks attracts litigation. It follows that the best defence against liability is to assume that everyone is a moron.

Aircraft makers and airlines are also liable if their products fall down. They may be able to protect themselves by displaying audiovisual messages, indicating that aeroplanes are known to crash and that air travel is dangerous.

The makers of all products and the providers of all services are obliged to warn the public of possible mishaps: the medical profession should follow suit. Surgeons should protect themselves against being sued by making patients sign a consent form in which it is clearly stated that the patient understands, along with the other risks, that the operation may be unnecessary and could be poorly performed.

Similarly, doctors would be well advised to mount placards in their waiting rooms: "In medical practice errors of omission as well as commission are common and unavoidable.

Sometimes the consequences lead to permanent disability, if not death. Patients who seek treatment here are assumed to have waived all claims."

It would also be advisable for those in the information business and those in the arts and entertainment worlds to get subscribers and audiences to sign waivers. Without such measures artists might be sued for offending taste and causing anguish, spatial disorientation, dizziness, and palpitations.

Medical journals are particularly vulnerable, especially when they publish evidence and guidelines. Doctors might seek to deflect blame from themselves and incite patients who have been the victims of bad advice to sue a journal over its evidence rather than sue an individual practitioner.

Doctors might also begin suing journals if the journals question prejudices, ideologies, and habits, for this kind of haranguing is known to cause chronic fatigue and post traumatic stress syndrome.

The suing of schools and teachers will come naturally. For if parents can sue an obstetrician alleging that the stupidity of their offspring is his or her fault, it will be easy to lay a similar charge against teachers.

Eventually people will be able to demand compensation from their parents for the inheritance of undesirable genes.

Imre Loeffler *editor, Nairobi Hospital Proceedings, Kenya*