

## 13.7 Syringe sharing cut by two-thirds after injecting room opens

- Findings** Having shown that the safer injecting facility in Vancouver benefited residents by reducing public injecting and injection-related litter (▶ [Links](#)), researchers have now shown that it also safeguarded its users by cutting the number who shared syringes by two-thirds.
- The study** drew on another study which since 1996 has regularly sampled injectors in the city. Earlier this had found that Vancouver's high-volume needle exchanges had not curbed the spread of blood-borne diseases among their users nor markedly reduced their risk behaviour. Faced with epidemics of HIV and hepatitis C, in September 2003 the city opened North America's first facility offering both injecting equipment (left on the premises after use) and a medically supervised place to inject.
- For the featured study, injectors were asked whether they had passed on or received a used syringe during a six-month period after the facility had opened. Of the 431 questioned, 90 had injected at least some of the time at the facility while the rest had visited infrequently or not at all. After other influences were taken into account (such as drug use patterns and age), visitors were 30% as likely to have shared syringes as injectors who rarely used the service. Crucially, the study was able to exclude the possibility that visitors had been sharing less even before the service had opened. In contrast, there was no significant link between using needle exchanges and sharing syringes.
- In context** There are over 50 drug consumption centres in mainland Europe as well one in Australia and now Canada. Research and experience consistently reflect benefits for the local environment. Centre users also benefit by being protected from overdose death and from complications due to poor or hurried injecting practices. However, the evidence for reduced syringe sharing is inconsistent and no study has yet been able to demonstrate an impact on viral infection, perhaps because such studies are hard to construct.
- The featured study adds substantially to this research, demonstrating that even where needle exchanges cannot be shown to have made a difference, safer injecting facilities can dramatically reduce syringe sharing among their users. But it also suggests that this single facility lacked the capacity to affect the spread of blood-borne diseases across the city, since just a fifth of the sampled injectors customarily used it. The same limitation applies to centres elsewhere. Even where centres are accessible, some injectors would not use them because this would delay drug consumption or because they prefer to inject in less regulated environments or in greater privacy. Nevertheless, where authorities have been prepared to allow multiple centres, a community-level health impact has been seen on overdose deaths. Their potential to make this impact arises partly from the fact that they attract high-risk injectors, in particular, people who inject in public, who also tend run the greatest risks. They also eliminate sharing for the injections that occur on their premises, a guarantee which cannot be made by needle exchanges. **LINKS** Nugget 12.8
- Practice implications** ▶ [Links](#) for further details. In themselves injecting rooms are not illegal in Britain and have some political, medical and academic support. How far they are supported by drug services is unclear, but in harm reduction circles they are seen as an important way to tackle blood-borne viruses and overdose. To deliver these benefits at a population level, many centres will be needed with sufficient capacity to cater for a high proportion of injectors. Public health benefits will not emerge if centres are isolated venues designed to tackle particular hotspots of injection-related nuisance. The balance between nuisance-reduction and public health aims could change if hepatitis C and HIV rates among injectors continue to rise in parts of Britain despite needle exchange provision. If centres are opened they should supplement rather than replace exchanges.
- Featured study** Kerr T. *et al.* "Safer injection facility use and syringe sharing in injection drug users." *The Lancet*: published online 18 March, 2005. Copies: <http://image.thelancet.com/extras/04let9110web.pdf>.
- Additional reading** Hedrich D. *European report on drug consumption rooms*. EMCDDA, 2004. Copies: [www.emcdda.eu.int](http://www.emcdda.eu.int).
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