

## Being realistic about benefits of supervised injecting facilities

Supervised injecting facilities are legally sanctioned places located near illicit drug markets in which injecting drug users can inject prepurchased drugs under clinical supervision. Such facilities have been advocated as a measure to reduce injecting in public and discarding of needles, to improve the health and functioning of injecting drug users by reducing exposure to blood-borne viruses, to provide early treatment of drug overdoses, and to increase contact with medical, drug treatment, and social-welfare services.<sup>1-3</sup>

Opponents of supervised injecting facilities argue that they facilitate injecting drug use, attract drug users into the local area, and send the wrong signal about the social acceptability of injecting drug use.<sup>1</sup> Rigorous evaluation of supervised injecting facilities has been advocated to assess their benefits and harms<sup>4</sup> but such evaluations have not proven easy to do,<sup>5</sup> as is evident in a report in this issue of *The Lancet* by Thomas Kerr and colleagues from Vancouver. These investigators tried to evaluate the effect of a supervised injecting facility on risk behaviour as regards blood-borne viruses.

Randomised trials cannot be done on the effect of supervised injecting facilities.<sup>4,5</sup> Such facilities are established in areas where public injecting is a problem, with the aim of attracting as many injectors to use them as possible. Thus injectors cannot be randomly assigned to use a facility or not. Evaluations necessarily involve observational studies that compare risk behaviour, drug use, and drug-related harm in samples of injectors who do and do not use supervised injecting facilities.<sup>6,7</sup> The interpretation of such studies is often complicated by differences in risk behaviour between injectors who do and do not use these facilities, as in Kerr and colleagues' study.

Opponents of supervised injecting facilities will be unconvinced by the reductions in self-reported risk behaviour reported by Kerr and colleagues. Attempts to use more objective outcome indicators, such as notifications of HIV or hepatitis C infections or fatal and non-fatal drug overdoses, have proven difficult because the rate of these low-frequency events can be affected by other factors, such as the change in the availability of heroin that prevented the evaluation of the Sydney supervised injecting facility from detecting any community-level reduction in drug overdoses.<sup>5</sup>

At best, the conditions under which trials in supervised injecting facilities have been established make it unlikely that they will have a large effect on the harms caused by injecting drug use. Governments typically impose age limits on clients of supervised injecting facilities, exclude intoxicated and pregnant injectors, and restrict the number of facilities (eg, only one in Sydney, Australia, and Vancouver, Canada), all of which limit the reach and hence the effect that the facilities might have on population-level measures of drug-related harm.<sup>3</sup> It is generally optimistic to expect a single facility to reduce overdose deaths and infections by blood-borne viruses in the community, even if the facility is shown to reduce risk behaviour in patrons.<sup>8</sup> By contrast, the operation of multiple supervised injecting facilities in some German cities appears to reduce overdose deaths at a community level.<sup>3</sup>

These challenges make it difficult to show in future that supervised injecting facilities have had an effect on the incidence of infection with blood-borne viruses in Vancouver injectors. Kerr and colleagues found a reduction in self-reported risk behaviour in their injectors who use the facility, as has also been reported in cross-sectional studies in Europe.<sup>3</sup> But only a few Vancouver injectors use the facility there, and earlier studies in Vancouver showed that many injectors are infected with hepatitis C and HIV.<sup>9</sup> The possibility of examining the effect of supervised injecting facilities on the incidence of infection with blood-borne viruses in younger injectors is precluded by age and other eligibility restrictions on patrons.

Research to date has shown that supervised injecting facilities can operate safely and to the benefit of the health and well-being of the socially marginalised injecting drug users that use them.<sup>2,3</sup> These facilities do not seem to increase crime or public nuisance, and they reduce the public visibility of injecting drug use,<sup>3,10</sup> the most probable reason for public tolerance of supervised injecting facilities in Europe.<sup>3</sup>

An important step in persuading the community that supervised injecting facilities have a role to play in reducing the harms caused by injecting drug use is to encourage more realistic expectations in the community about their likely benefits given the constraints under which these facilities often have to operate.

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