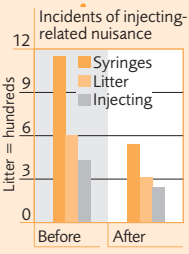
12.8 Environmental gains from injecting room

Findings Reducing the offence and alarm caused by public injecting and related litter is a key motivation for supervised injecting facilities but one rarely subject to scientific scrutiny. A Canadian study has established that these benefits really can materialise.

It took place in Vancouver's Downtown Eastside, the impoverished focus of drug use in Canada where public injecting and related litter are commonplace and where, despite a large needle exchange, risky injecting, disease and overdose deaths remain high. In response, in September 2003 North America's first safer injecting facility opened. From 10am until four o'clock at night it provides injecting equipment (left there after use) and a medically supervised place to inject, plus medical, counselling, peer education and recreational services.



Over the six weeks before the opening, in the surrounding area researchers systematically counted instances of public injecting, discarded syringes, and injection-related litter. The procedure was duplicated for the 12 weeks after the opening, when all three weekly counts roughly halved, falls which could not be accounted for by weather conditions or an increased police presence, and which were strongly related to usage of the centre. Public syringe disposal boxes were used far less after the opening, confirming that the centre had absorbed used equipment.

In context Mitigating public nuisance is the main 'political' justification for siting drug consumption centres where concentrated public drug use disfigures the environment and impedes regeneration. Acceptance of these centres in well over 50 sites suggests that they deliver on this promise. Supporting research includes work in Hamburg and Rotterdam, where injectors who used centres said that as a result they less often injected in public, reports confirmed by residents. In Sydney, after a centre opened residents and businesses saw fewer people injecting and fewer discarded syringes, the latter confirmed by actual counts. However, the featured study provides the first well controlled set of before-and-after observations capable of convincingly testing environmental benefits.

Injectors also benefit from fewer overdose deaths and less risky injecting. As yet there is no data on whether such centres prevent the spread of infectious diseases, but the potential for them to do so is an important consideration. In particular, controlling hepatitis C requires a degree of risk reduction which needle exchanges find hard to achieve but which (in so far as they are used) is achievable by safer injecting centres. There will never be enough centres to cater for all injectors and all injecting occasions, and many will prefer not to use them, but they do attract injectors who would otherwise run the greatest risks and create the most visible nuisance.

Practice implications As long as they do not themselves cause public disorder or serious nuisance, safer drug use facilities do not contravene the law in England Wales intended to facilitate closure of 'crack houses' and other such venues. However, they remain controversial and the main practical issue is acceptability. National political support was evident in a Home Affairs Committee report in 2002 but this recommendation was rejected by the Home Secretary. There is also some support in Britain from medical and academic experts but substance misuse services rarely provide these facilities and just 10% find them completely acceptable compared to 76% for needle exchanges. Nevertheless, authorities may contemplate such services in areas marred by public drug use scenes resistant to other measures, especially where these are associated with rapid viral spread and high overdose rates. In these circumstances they should supplement, not displace, needle exchanges, which will continue to be preferred by many injectors.

Featured studies Wood E. *et al.* "Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users." *Canadian Medical Association Journal*: 2004, 171(7), p. 731–734. DS

Additional reading See www.ixion.demon.co.uk for legal and practice news.

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