

LEADER-POST

Safe drug-injection sites reduce needle-sharing, HIV spread: study

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TORONTO (CP) -- Giving addicts a safe, supervised place to inject drugs may help reduce syringe-sharing, thereby preventing the spread of hepatitis C and HIV/AIDS, Canadian research suggests.

A University of British Columbia study has found that drug users who regularly use Vancouver's **safe-injection** site in the city's gritty eastside are 70 per cent less likely to share needles than those who give the facility a pass.

"This is extremely important because Vancouver has been the site of one of the most explosive HIV epidemics among injection-drug users that has ever been observed in the developed world," said Thomas Kerr, a researcher at the B.C. Centre for Excellence in HIV/AIDS and lead author of the study.

"We know syringe sharing is the primary driving factor of these two epidemics," Kerr said from Vancouver. "So it's very good news to have identified an intervention that seems to be having some type of protective effect."

But addiction experts, noting that the number of participants in the study was small and the city's drug-abuse problem complex, say the injection site's impact on curtailing needle-sharing should not be overstated.

The study, appearing in this week's issue of the Lancet, looked at the habits of 431 injection-drug users to see how many shared syringes to shoot up heroin, cocaine, crystal meth or other drugs. About 90 -- or 21 per cent -- reported visiting North America's only **safe-injection** clinic for "some, most or all of their injections," said Kerr.

Seventy per cent of those who made use of the injection site reported being less likely to share syringes "than individuals who used the facility only occasionally or not at all," said Kerr. "Given the history of HIV and hepatitis C epidemics in Vancouver and in other places in Canada, this finding is significant." The prevalence of blood-borne diseases among Vancouver injection-drug users is high: about 30 per cent have HIV/AIDS and 95 per cent are infected with hepatitis C.

But Benedikt Fischer, a senior researcher with the Canadian Centre for Addiction and Mental Health in Toronto, said Thursday the study's findings are not surprising, given that a major aim of the site is to prevent needle sharing.

Dubbed **InSite**, the clinic opened in September 2003 to provide a safe alternative to the streets for Vancouver addicts to inject drugs. Sterile syringes and water are provided, and nurses oversee injections to help prevent overdose deaths and to offer addiction counselling and treatment referrals. In the last 12 months, an average of almost 600 drug users visited the site each day.

Yet studies have shown that most injectors don't utilize such facilities -- there are also about a dozen in Europe and one in Sydney, Australia -- for the majority of their drug hits, Fischer said. "Rather, people go there once in a while or when it's convenient, or they use those facilities irregularly."

Realistically, someone who is hooked on heroin or cocaine, and may inject up to 20 times a day, is not going to wait in line at an injection clinic after scoring drugs from a dealer, he said. Hungry for a hit, most will shoot up on the street, in a vehicle or back alley -- and that may involve using contaminated needles.

While he believes **safe-injection** sites can be an important part of the puzzle in tackling the risks and harmful outcomes associated with drug-injection, Fischer calls them a small piece of a much bigger picture.

"You cannot generalize that finding and go out and say, 'Look, we've proven that if we set up **safe-injection** facilities that injectors across the board will decrease needle sharing.' That's not what the data shows."

In an accompanying Lancet editorial, Wayne Hall of the University of Queensland in Australia agrees that only a fraction of Vancouver's drug injectors use **InSite**.

"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," Hall writes.

Still, Kerr said the study definitely shows a change in behaviour since **InSite** opened.

The researchers, who have been following about 1,500 drug users since 1996 with twice-yearly interviews and blood tests, looked at reports on needle-sharing in the 431 participants both before and after the centre opened.

"What's particularly interesting is that the difference in syringe sharing really only emerged after the facility opened."

The December 2003-June 2004 study also found that people who need help shooting up -- nurses at **InSite** are prohibited by law from aiding injection -- are three times more likely to share needles, while binge injectors are twice as likely to use someone else's syringe.

The idea of providing havens for drug users to get high has proved controversial, with opponents -- especially in the United States and the United Kingdom -- claiming the sites promote drug use and do nothing to get people off illegal substances.

That's why continuing research into sites in Vancouver and elsewhere is critical, said Kerr.

"I think that this study helps inform discussions about the merits of such facilities."

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