Prescribing Supervised Heroin Injection Tied to Lesser Harms

In some non–U.S. nations, health care providers can prescribe medical-grade heroin and supervise patients as they take it.

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Observed in some non–U.S. nations, the health care practice of prescribing medical-grade heroin to those who have heroin use disorder and supervising the use of the drug is associated with reduced harms. Consequently, researchers at the RAND Corporation argue that the practice should be studied in the United States.

Publishing their findings in various RAND publications, researchers reviewed high-quality scientific evidence about what is often called heroin-assisted treatment. They also discussed the topic with more than two dozen stakeholders in Canada, the Netherlands, Switzerland and the United Kingdom.

Additionally, the researchers spoke with more than 150 people in New Hampshire and Ohio, where the opioid epidemic is especially severe, including policy professionals, service providers and individuals who use heroin and other opioids. The studies' authors sought to determine the level of interest in and perceived barriers to heroin-assisted treatment and supervised injection facilities.

The researchers found evidence suggesting that heroin-assisted treatment, which comes with the option of methadone to take home, has benefits over providing methadone alone. This finding applies to individuals who have tried numerous other treatments for heroin use disorder, including methadone, and yet are still injecting heroin. In particular, heroin-assisted treatment is associated with reduced criminal activity compared with providing methadone alone.

Because heroin is classified as a Schedule I drug in the United States, it cannot be prescribed legally; however, it can be studied legally in randomized controlled trials.

To read a press release about the study, click here.

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