
Attendance at Supervised Injecting Facilities and Use of Detoxification Services

TO THE EDITOR: In September 2003, the first safer injecting facility in North America opened in Vancouver, Canada. Here, injection-drug users can inject preobtained illicit drugs under medical supervision.¹ A concern regarding such facilities is that they may lessen the likelihood that injection-drug users will seek addiction-treatment services.^{2,3} Randomized trials are lacking to address this concern. We assessed factors associated with time to entry into a detoxification program at one of the city's three detoxification centers. We used data collected by means of a questionnaire as part of a cohort study (supported by Health Canada) of persons who use supervised injecting facilities, called the Scientific Evaluation of Supervised Injecting (SEOSI) cohort.⁴

Between December 1, 2003, and March 1, 2005,

4764 persons used the facility and 1194 randomly selected repeat attendees were invited to enroll in SEOSI.⁴ The randomization was such that the facility's intake computer alerted the staff to explain the invitation to attendees at their next visit to the program (repeated use was required for enrollment). Of these 1194 persons, 158 (13 percent) either did not return to the supervised injecting facility or declined the invitation, and 5 were considered by study staff to be unable (i.e., mentally ill or too intoxicated) to provide informed consent. Among the 1031 persons (86 percent) enrolled, the median age was 39 years, 29 percent were female, 58 percent used the facility an average of at least weekly, and the median number of visits was 47 during a median of 344 days of follow-up. One hundred eighty-five

Table 1. Univariate and Multivariate Cox Proportional-Hazards Analysis of the Time to Entry into a Detoxification Program among 1031 Users of Injection Drugs after the Opening of a Supervised Injecting Facility (SIF).*

Variable	Unadjusted Relative Hazard (95% CI)	P Value	Adjusted Relative Hazard (95% CI)	P Value
Homelessness (yes vs. no)†	1.43 (1.07–1.91)	0.02	1.42 (1.06–1.90)	0.02
Binge drug use (yes vs. no)†	1.44 (1.05–1.97)	0.02	1.35 (0.98–1.85)	0.06
Ever in treatment (yes vs. no)‡	2.70 (1.56–4.65)	<0.001	2.43 (1.41–4.22)	0.002
Weekly use of SIF (yes vs. no)§	1.84 (1.34–2.52)	<0.001	1.72 (1.25–2.38)	0.001
Addictions counselor (yes vs. no)†§	2.41 (1.55–3.77)	<0.001	1.98 (1.26–3.10)	0.003

* Use of a detoxification service was identified on the basis of database linkage. The model was adjusted for all variables that were significant ($P < 0.05$) in unadjusted analyses, including all variables shown, as well as residence in the neighborhood of the supervised injecting facility (yes vs. no). Time zero was the date of recruitment, and participants who remained persistently out of a detoxification program were censored as of March 1, 2005. CI denotes confidence interval.

† The variable refers to activities during the previous six months.

‡ The “ever in treatment” category refers to current or historical use of addiction-treatment services.

§ Data for the “weekly use of SIF” category were derived from the database of the SIF, and weekly use was determined according to the average use before the censoring or event date.

persons (18 percent) began a detoxification program during follow-up.

In multivariate analyses with the use of Cox regression, an average of at least weekly use of the supervised injecting facility and any contact with the facility’s addictions counselor were both independently associated with more rapid entry into a detoxification program (relative hazards, 1.72 [95 percent confidence interval, 1.25 to 2.38] and 1.98 [95 percent confidence interval, 1.26 to 3.10], respectively) (Table 1).

Because our study design was observational, it is possible that other factors may explain the observed associations; for example, greater concern for one’s health or a tendency to “comply” might lead to greater use of the supervised injecting facility, as well as more ready acceptance of detoxification. In this regard, we have previously shown that greater use of the supervised injecting facility is associated with markers traditionally associated with reduced access to care, including a higher intensity of drug use and homelessness.⁵ In addition, contact with the addictions counselor was among the strongest independent predictors of more rapid entry into a detoxification program. Our findings provide reassurance that supervised injection facilities (Fig. 1) are unlikely to result in reduced use of addiction-treatment services.

(The views expressed in this letter are those of the authors and do not necessarily represent the official policies of Health Canada.)



Figure 1. Supervised Injecting Facility.

Courtesy of Will Small.

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The NEW ENGLAND JOURNAL *of* MEDICINE

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