

Injection facilities needed to combat infection crisis, AIDS network says

A nationwide project to provide safe injection facilities is needed to help protect the 125 000 Canadians who inject illegal drugs, the Canadian HIV/AIDS Legal Network says.

"Canada is in the midst of a public health crisis concerning HIV/AIDS, hepatitis C, and injection drug use," network Executive Director Ralf Jürgens said during the April release of a 70-page report, *Establishing Safe Injection Facilities in Canada: Legal and Ethical Issues*.

It says overdoses involving illicit drugs have been the leading cause of death in British Columbia residents aged 30–49 for the last 5 years. In 1999, 34% of the estimated 4190 new cases of HIV infection in Canada involved injection drug users; over 60% of the more than 5000 new cases of hepatitis C infection reported in Canada each year are related to injection drug use (see *CMAJ* 2001;165[4]:436-7.)

Anne Livingstone, project coordinator for the Vancouver Area Network of Drug Users, says a "human tragedy" is unfolding in Vancouver's Downtown Eastside, which is home to many of the province's drug users. "In 1997, Vancouver recorded the highest increase of HIV infection ever observed in the developed world."

The report makes 6 recommendations, including a call for government financing to launch pilot injection facilities that would provide free equipment and a safe place to inject. Each site would have several rooms and would also provide primary health care, information about safe injection practices, supervision of injections, resuscitation in the event of an overdose, and counselling. Illicit drugs would not be provided.

Benedikt Fischer, an assistant professor in the Department of Public Health Sciences and Centre of Criminology at the University of Toronto, said these facilities have been shown to reduce drug-related crime, blood-borne infections and the burden on public health in Germany, the Netherlands, Switzerland and Austria. The total number of drug users has also decreased. "This is not about condoning drug use," said Jürgens.

"This is about doing something for everyone in our community."

Although British Columbia's provincial coroner called for the introduction of safe injection sites in 1994, nothing has been done, partly because of obstacles created by existing laws.

(When Sydney, Australia, opened a safe injection site last year [*CMAJ* 2001;165(10):1375], 800 users registered during its first 3 months.)

Most urgently needed in Vancouver is an exemption to allow the use of illegal drugs at such sites. East Vancouver MP Libby Davies urged the government to grant the exemption because "we cannot wait any longer."

Jürgens concurs. "Canada has a legal and moral obligation to try these sites. Logic, compassion, and basic decency require us to act." — *Debra Martens*, Ottawa

ON THE NET

Preparing for bioterrorism

The risk posed by bioterrorism in Canada may be relatively small, but it is considered real enough that Health Canada Online now dedicates a special section to it.

The Health Canada Biological Agents Web site (www.hc-sc.gc.ca/english/epr/) lists 6 major areas of concern: anthrax, botulism, smallpox, tularemia, the Plague and viral hemorrhagic fever. It offers general information about each and includes recommendations for dealing with "suspicious packages."

Physicians seeking information on a huge range of infectious substances should visit www.hc-sc.gc.ca/pphb-dgsp/msds-ftss/index.html, which provides details on agents ranging from adenovirus and *Bacillus anthracis* to Venezuelan equine encephalitis and yellow fever. Health Canada prepared the information for life sciences personnel as "quick safety reference material relating to infectious micro-organisms."

In the US, a new site targets physicians who may be faced with "suspicious" problems. Rare Infections and Bioterrorist Agents (www.bioterrorism.uab.edu) is sponsored by the American Agency for Healthcare Research and Quality (AHRQ) and the University of Alabama's Center for Disaster Preparedness. The site includes detailed information on the 6 agents favoured by bioterrorists, assesses the risk posed by each of them and then offers increasingly detailed information.

"This Web site is an important new tool to help doctors and nurses identify rare infections that also could be potential bioterrorist threats," said Dr. John Eisenberg, AHRQ's director. "The evidence-based information we present will help frontline clinicians be better prepared in the event of another bioterrorist event."

In the section on anthrax, for example, a chart lists clinical symptoms and diagnosis/treatment strategies. If more information is needed a detailed reference section outlines everything from specific clinical manifestations of exposure to a history of the use of anthrax as a weapon.

Finally, a picture gallery illustrates various clinical situations. Each picture is accompanied by a short quiz. — *Michael O'Reilly*, mike@oreilly.net

