

sumers in the form of higher priced street drugs.

What evidence do Thomas Kerr and Anita Palepu have for their supposition that “staff ... better able to encourage people to seek help, to discuss health concerns with them and to provide them with immediate medical care, counselling or referrals” will be able to change significantly the behaviour of users?

Finally, in whose neighbourhood will these “safe injection facilities” be located? We submit that prospective neighbours will not be quite as open minded and optimistic as Kerr and Palepu.

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References

1. Wood E, Tyndall MW, Spittal PM, Li K, Kerr T, Hogg RS, et al. Unsafe injection practices in a cohort of injection drug users in Vancouver: Could safer injection rooms help? *CMAJ* 2001; 165(4):405-10.
2. Kerr T, Palepu A. Safe injection facilities in Canada: Is it time? [editorial]. *CMAJ* 2001; 165(4):436-7.

Promotion of safe injection rooms as part of a harm reduction program is sensible,^{1,2} but the need for such facilities is perceived to be urgent only because few other treatment options are available to Canadian injection drug users. The failure of our health care system to provide injection drug users with the pharmacological and psychosocial armamentarium to combat their addiction means that health care workers must try to contain the problem of injection drug use rather than treat the disease process. For instance, 50% to 75% of European opiate addicts receive methadone therapy com-

pared with 15% to 25% of Canadian addicts.³

There will always be some people who turn down the opportunity to receive treatment. More than 20% of the injection drug users in the study by Evan Wood and colleagues did not use needle exchange programs.¹ However, the percentage of injection drug users not accessing some form of treatment would be lower if more treatment options were available.

Without a national drug strategy to implement effective treatment programs, safe injection rooms will simply provide a safe place to contain the consequences of injection drug use. A national drug strategy could ensure access for injection drug users to the medical care to which every citizen in this country is entitled. The lack of such a national strategy and the resultant failure of our society to provide injection drug addicts with options that have been shown to work is a ma-

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