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Short Communication

## Injection drug users' perceptions regarding use of a medically supervised safer injecting facility

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### Abstract

**Background:** In recent years, there has been increased interest in supervised safer injecting facilities (SIF) as a strategy to reduce the harms of illicit drug use; however, little work has been done to assess drug users' satisfaction with this service. This study was undertaken to explore injection drug users' experiences and opinions regarding North America's first SIF in Vancouver, Canada.

**Methods:** Injection drug users (IDU) were randomly recruited from within the Vancouver SIF and invited to enroll in the Scientific Evaluation of Supervised Injecting (SEOSI) cohort. For the present study, participants were then surveyed regarding their experiences and beliefs regarding the SIF.

**Results:** Of 1082 IDU surveyed, 809 (75%) reported that their injecting behavior had changed as a result of using the SIF. Among these individuals, 80% indicated that the SIF had resulted in less rushed injecting, 71% indicated that the SIF had led to less outdoor injecting and 56% reported less unsafe syringe disposal. The three most common features always or usually limiting IDU's use of the SIF were: travel to the SIF (12%), limited operating hours (7%), and waiting times to access the SIF (5%). When asked in what ways the SIF might be improved, the three most common suggestions were: longer hours of operation (53%), addition of a washroom (51%), and reduced waiting times (46%).

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*Conclusions:* Many IDU reported changes in their injecting behaviors that have important implications for community and public health. Addressing a number of programmatic issues related to operating hours and waiting times, and the provision of additional amenities within SIF, may help to further improve their impact.

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## 1. Introduction

Illicit injection drug use continues to be a major public health and community concern (Kral, Bluthenthal, Erringer, Lorvick, & Edlin, 1999; Vlahov, Fuller, Ompad, Galea, & Des Jarlais, 2004), and the spread of infectious diseases as well as fatal overdose continue to plague communities where injection drug use is prevalent (Coffin et al., 2003; Friedman et al., 2006). The impact of public health initiatives designed to reduce the harms of injection drug use through prevention and treatment services is often limited by an inability to attract injection drug users (IDU) into care (Grund et al., 1992).

A number of settings have instituted medically supervised safer injection facilities (SIF) in an attempt to address the public health and public order concerns associated with injection drug use (Dolan et al., 2000; Freeman et al., 2005; Kimber, Dolan, van Beek, Hedrich, & Zurhold, 2003). Within SIF, IDU are provided sterile injecting equipment, and in the event of an accidental overdose trained personnel provide emergency intervention. In addition, addictions counseling onsite and/or referral to offsite addiction treatment are offered.

North America's first government-sanctioned SIF opened in September 2003 in Vancouver, Canada (Wood, Kerr, Montaner et al., 2004). Since its inception, the program has been shown to have a number of community and public health benefits (Kerr, Tyndall, Li, Montaner, & Wood, 2005; Tyndall et al., 2006; Wood, Kerr, Small et al., 2004; Wood, Tyndall, Li et al., 2005; Wood, Tyndall, Stoltz et al., 2005). However, no study to date has evaluated IDU's perceptions regarding the impacts of the program, and few evaluations of IDU satisfaction with SIF exist in the public health literature. Therefore, the present study was designed to evaluate the perceptions of IDU using the facility and how the program can be improved.

## 2. Methods

The Vancouver SIF is being evaluated through the Scientific Evaluation of Supervised Injecting (SEOSI) cohort (Wood, Kerr, Buchner et al., 2004). Briefly, SEOSI was assembled through random recruitment of IDU from within the SIF. The randomization was such that the SIF intake computer alerted the staff to invite IDU to enroll into the cohort at the time of their second visit to the program. At the time of enrollment, an interviewer-administered questionnaire was conducted. The items chosen for evaluation in the present study were based upon pilot interviews with injection drug users in the neighborhood prior to the SIF's opening. The SEOSI cohort has been ethically approved.

We evaluated IDU's perceptions of the impact of the SIF on injecting behavior. First, SEOSI participants were asked if their injecting behavior had changed since using the SIF. Participants who

reported that it had were asked to identify which of the following parameters were affected through use of the SIF: (1) less rushed injecting; (2) easier to get vein first time; (3) less injecting outdoors; (4) dispose of syringes in a safer way; (5) no longer need help when injecting; (6) reuse syringes less often; (7) use clean water when injecting; (8) clean injection site more often.

We also sought to evaluate SEOSI participants' perceived barriers to the use of the SIF. Here, IDU were asked to identify if any of the following features of the SIF affected how often they inject there: (1) travel to the SIF; (2) operating hours of the SIF; (3) waiting times to get an injecting room; (4) mandatory registration upon arrival at the SIF; (5) police operating near the SIF; (6) drug dealers too far from the SIF; (7) public entrance to the SIF; (8) media attention; (9) too intoxicated to enter the SIF; (10) fear others will know you are injecting; (11) limit of one injection per visit; (12) others able to see you inject; (13) not permitted to split deals; (14) friends or others not permitted to help you inject. Participants were asked to determine if these features always, usually, sometimes, occasionally, or never affected how often they injected there. Data were presented as always or usually versus sometimes, occasionally, or never.

In addition, we evaluated SEOSI participants' perspective with respect to how the SIF could be improved. Here, participants were asked to choose what they would like to see changed or added to the SIF from the following list: (1) addition of laundry facilities; (2) addition of a washroom; (3) addition of showers; (4) more addictions treatment; (5) fewer nurses present; (6) a more discreet entrance; (7) longer hours of operation; (8) shorter waiting times.

Lastly, we assessed SEOSI participants' perspectives with respect to service quality. Respondents were asked to rate the overall quality of service of the SIF as excellent, good, fair, or poor. Next, we present data where respondents were asked which of the following parameters were always or usually true versus those which were sometimes, occasionally, or never true. Those parameters were: (1) satisfaction with the SIF facility and equipment; (2) reliability and dependability of SIF service provision; (3) willingness of SIF staff to promptly provide help if needed; (4) courtesy and respectfulness of SIF staff; (5) trustworthiness

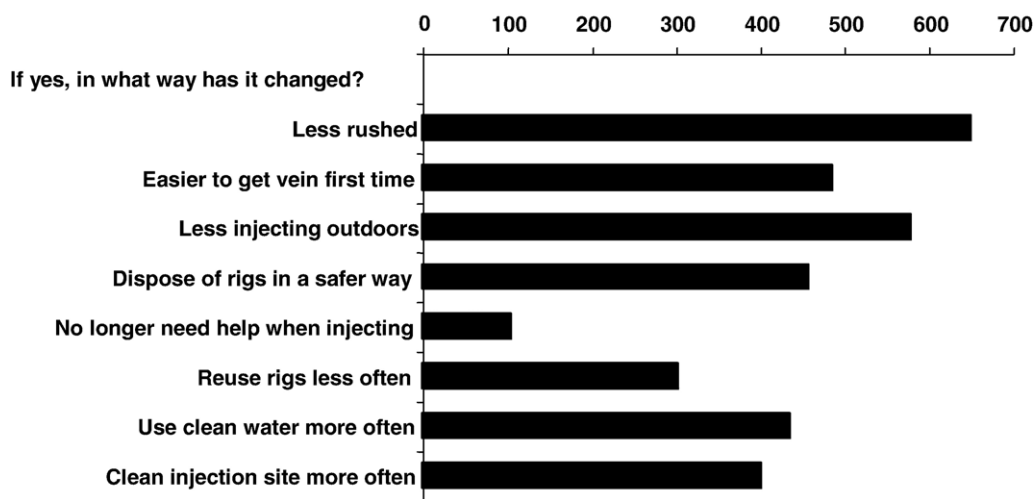


Fig. 1. In what way has it changed your injection behaviors? Data reflect the crude number of IDU from the total of 810 (76%) who reported that the SIF had changed their injecting behavior.

of SIF staff to provide quality care; (6) trustworthiness of SIF staff to uphold privacy; (7) level of acceptance and caring of IDU by SIF staff.

### 3. Results

Between December 1, 2003 and September 30, 2005, 1082 individuals were recruited into the SEOSI cohort, among whom the median age was 38.4 (IQR: 32.7–44.3), 303 (28.0%) were female, and 179 (16.5%) were HIV-positive. Overall, 546 (50.5%) reported daily heroin use, 344 (31.8%) reported daily cocaine use, and 39 (3.6%) reported daily crystal methamphetamine use.

Of 1082 IDU surveyed 809 (75%) reported that their injecting behavior had changed since using the SIF. As shown in Fig. 1, among these 809 individuals, 80% indicated that the SIF had resulted in less rushed injecting, 71% indicated that the SIF had led to less outdoor injecting and 56% reported less unsafe syringe disposal. Additionally, 60% found it easier to get a vein on the first try, 54% used clean water to inject more often, 49% cleaned the injection site more often, 37% reused syringes less often, and 13% no longer needed help injecting.

Features of the SIF that always or usually limited IDU's use of the SIF were travel to the SIF (12%), limited operating hours of the SIF (7%), waiting times to access the site (5%), and police working too near the SIF (5%). Interestingly, very few IDU felt that mandatory registration upon arrival at the SIF (0.8%), too much media attention at the SIF (1.7%), and the public entrance to the SIF (2.3%) always or usually affected their use of the SIF.

As shown in Fig. 2, when asked in what way the SIF might be improved, the three most common suggestions were longer hours of operation (53%), addition of a washroom (51%), and reduced waiting times (46%). Additional factors chosen were provision of shower facilities (25%), more addictions treatment (24%), and construction of a more discreet entrance (22%). Interestingly, only (1%) of respondents felt that the SIF needed less nurses.

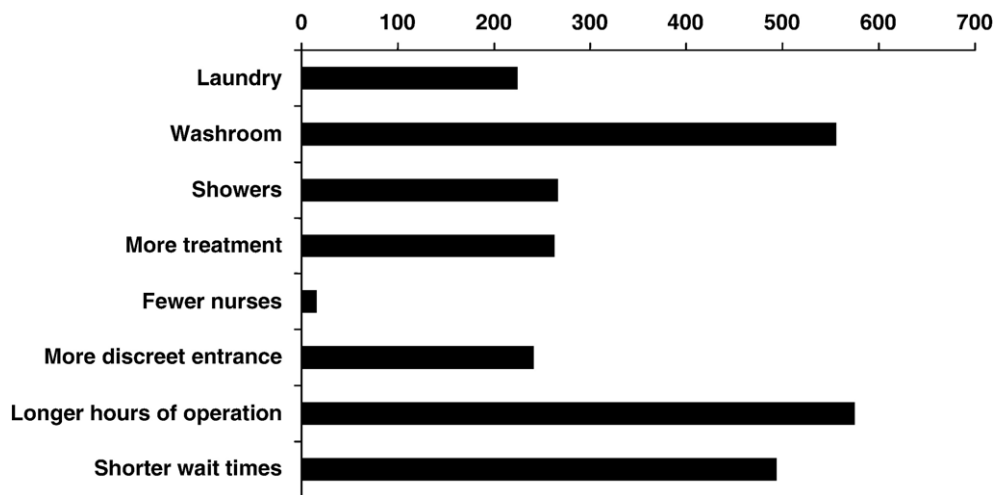


Fig. 2. What would you like to see changed about or added to Insite? Data reflect the crude number of IDU reporting suggested change from the total of 1082 IDU. Numbers are greater than 1082 due to multiple suggestions.

When asked to rate the overall quality of service provided at the SIF, participants overwhelmingly responded positively: 95% rated the overall quality of service as excellent or good, while only 5% chose fair or poor. Additionally, service aspects of the SIF which were always or usually true from the perspective of IDU surveyed were: the SIF staff have been courteous and respectful (97%); SIF staff have been trustworthy to provide quality care (97%); SIF staff have been reliable and dependable with service provision (96%); SIF staff have been trustworthy to maintain privacy (95%); SIF staff have been caring and accepting of drug users (93%); and SIF staff have been willing to promptly provide help when needed (88%). In addition, 95% reported that the physical facility and equipment have been satisfactory. There were no statistical differences in the proportion reporting behavior changes, satisfaction, and perceived barriers by gender or HCV status; however, we did find that HIV-positive individuals were less likely to report behavior changes as a result of SIF use ( $p=0.005$ ). This was likely due to safer baseline behaviors among this population.

#### 4. Discussion

We found that many IDU using the Vancouver SIF reported a positive change in their injecting behavior since the opening of the program. The SIF was reported to reduce public drug use and some aspects of unsafe injection practices including reuse of syringes and unsafe disposal of syringes. This is in keeping with earlier studies that have shown that the provision of a SIF can improve public order through reduced public drug use (Wood, Kerr, Small et al., 2004). This combined with the public health implications of reduced injection-related risk behavior suggests that the SIF can have a positive impact on the IDU population.

Despite these benefits, several programmatic issues relating to the administration of the SIF were consistently chosen by IDU surveyed as barriers to use of the program. These included travel to the site, hours of operation, and waiting times to gain entry. It has been estimated that there are over 5000 IDU in the greater Vancouver area, with the vast majority of those concentrated in the lower east side of the city. However, there is currently only one SIF with 12 injecting stalls, and the limited SIF space is undoubtedly contributing to the long waiting times. Despite these limitations, overall impressions of the service provided at the SIF were excellent. It is clear that of the IDUs who use the SIF, most felt it had a positive impact on their injecting behavior as well as providing a valuable and well delivered service.

The major limitation of our current study is the possibility that data regarding IDU's perspectives and thoughts on the SIF may be subject to socially desirable responding. With respect to this concern, the evaluation is conducted offsite and, as part of the interview, interviewers encourage participants to be open and honest with their assessments. It is also noteworthy that many changes, such as reduced public drug use, are consistent with objective measures of this concern (Wood, Kerr, Small et al., 2004). Nevertheless, it is possible that social desirability may have influenced our results and contributed to the overwhelmingly high support for the SIF among IDU.

In summary, we found that users of North America's first SIF reported a range of positive changes in their injecting behavior since the opening of the program. Specifically, use of the SIF was reported to reduce public drug use and some aspects of unsafe injection practices, including reuse of syringes and unsafe disposal of syringes. These findings are in keeping with earlier studies that have shown that the provision of a SIF can improve public order through reduced public drug use (Wood, Kerr, Small et al., 2004). Nevertheless, IDU did report some issues with respect to service provision, particularly issues

related to travel, wait times, and limited operating hours. These findings suggest the potential to further reduce public drug use through expanding opportunities for supervised injecting.

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