

Short communication

# Accessing care for injection-related infections through a medically supervised injecting facility: A qualitative study

Will Small<sup>a</sup>, Evan Wood<sup>a,b</sup>, Elisa Lloyd-Smith<sup>a</sup>, Mark Tyndall<sup>a,b</sup>, Thomas Kerr<sup>a,b,\*</sup>

<sup>a</sup> British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, University of British Columbia, Canada

<sup>b</sup> Department of Medicine, Faculty of Medicine, University of British Columbia, Canada

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## Abstract

Injection drug users (IDU) experience complex barriers to accessing primary medical care which may result in over reliance on emergency health services. Supervised injecting facilities (SIF) aim to address HIV and overdose risks, as well as improve access to primary medical care among IDU. This study sought to investigate IDU perspectives regarding the impact of SIF on access to care and treatment of injection-related infections. Semi-structured qualitative interviews were conducted with 50 individuals recruited from a cohort of SIF users known as the Scientific Evaluation of Supervised Injecting (SEOSI). Audio-recorded interviews were transcribed verbatim and a thematic analysis was conducted. IDU narratives indicate the availability of on-site nursing attention at the SIF facilitated uptake of health services. IDU reported that the facility provided assessment and care of injection-related infections, as well as enhanced access to off-site medical services. The presence of professional nursing personnel within a sanctioned drug consumption setting serves to address social and structural barriers that often impede IDU access to health care. This study emphasizes that the facility enables contact with the healthcare system and thereby helps to facilitate the management of injection-related infections.

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## 1. Introduction

Injection drug users (IDU) frequently require care for complex health issues including HIV and hepatitis C, as well as other forms of injection-related infections (Aceijas et al., 2004; Murrill et al., 2002). However, IDU are known to be medically underserved and numerous barriers impede access to care among this population (French et al., 2000). The costs associated with medical treatment and transportation, as well as the stigma and discrimination experienced by IDU within care settings are known to hinder access to care among this population (McCoy et al., 2001; Drumm et al., 2003; Paterson et al., 2007). These dynamics can in turn result in low satisfaction with healthcare services among IDU (Merrill et al., 2002; Drumm et al., 2003).

Criminal sanctions against drug use pose further barriers to care (Noel et al., 2006), as the delivery of health services for IDU are often impeded by law enforcement activities (Bluthenthal et al., 1997; Maher and Dixon, 1999).

Given these barriers to care, IDU frequently postpone treatment until conditions become acute (McCoy et al., 2001; Drumm et al., 2005), resulting in an over reliance on emergency services and hospitalization (French et al., 2000). Injection-related soft tissue infections, including abscesses and cellulitis, are prevalent among IDU (Binswanger et al., 2000; Giudice, 2004; Bourgois and Ciccarone, 2001), and if not properly treated may result in serious complications including osteomyelitis, septicemia, and amputation (Lloyd-Smith et al., 2005). In Vancouver, Canada injection-related infections account for the majority of hospital visits among IDU (Palepu et al., 2001; Kerr et al., 2004).

Medically supervised injection facilities (SIF) provide IDU with a hygienic space where pre-obtained drugs can be injected under the supervision of health care professionals (Broadhead et al., 2002). These facilities seek to mitigate overdose, blood-borne virus transmission, and improve access to healthcare

\* Corresponding author at: BC Centre for Excellence in HIV/AIDS, St. Paul's Hospital, 608-1081 Burrard Street, Vancouver, BC V6Z 1Y6, Canada.  
Fax: +1 604 806 9044.

E-mail address: [uhri@cfenet.ubc.ca](mailto:uhri@cfenet.ubc.ca) (T. Kerr).

Table 1  
Characteristics of qualitative study sample compared to a representative sample of SIF clients (SEOSI)

	Qualitative interview participants	SEOSI cohort
Total number	50	1090
Median age (range)	38 (25–60)	38.4 (18.9–63.7)
Gender		
Female, <i>n</i> (%)	21 (42)	313 (29)
Male, <i>n</i> (%)	28 (56)	773 (71)
Trans-gendered, <i>n</i> (%)	1 (2)	4 (<1)
Aboriginal ethnicity		
Yes, <i>n</i> (%)	13 (26)	211 (19)
No, <i>n</i> (%)	37 (74)	879 (81)

among IDU (Wood et al., 2004). North America's first SIF, known as "Insite" opened in Vancouver, Canada in September 2003 (Wood et al., 2006). Over 7000 different individuals have attended the facility, which is open 18 h a day, 7 days a week. Nurses are present at all times to provide primary medical care, as well as referrals to external services. Given the significance of injection-related infections locally and the lack of evidence concerning the impact of SIFs on access to medical care, this study sought to investigate IDU perspectives regarding the impact of SIF utilization upon access to care for injection-related infections.

## 2. Methods

In order to explore IDU perspectives, we drew upon data from 50 in-depth qualitative interviews conducted from November 2005 to February 2006. Interview participants were recruited from the Scientific Evaluation of Supervised Injecting (SEOSI) cohort, which is composed of over 1000 randomly selected SIF users (Wood et al., 2004). Interviewees were selected from persons attending the research office for cohort interviews and recruiting efforts created a sample consistent with the socio-demographic profile of SEOSI (Wood et al., 2006).

Interviews were undertaken at the SEOSI office by three interviewers (two male and one female) and facilitated through the use of an interview guide encouraging discussion of SIF use, the impact of SIF use upon access to healthcare and accounts of care received at the facility. Audio-recorded interviews lasted between 30 and 60 min, and were transcribed verbatim. The content of transcribed interviews was catalogued using a coding scheme devised to capture all narratives, both positive and negative, regarding the influence of the SIF upon healthcare access. Our analysis explores themes that emerged in relation to the potential impact of SIF use on the management of injection-related infections. The study received ethical approval from the Providence Healthcare/University of British Columbia Research Ethics Board. All interviewees received CAD\$ 20 for their participation.

## 3. Results

The sample of qualitative interview participants consisted of 21 women, 28 men and one trans-gendered individual. The age of participants ranged from 25 years to 60 years, and the median age of participants was 38 (see Table 1).

The narratives of IDU indicate that the SIF provides assessment and care of injection-related infections on-site, and connects IDU to off-site medical services by supplying referrals and transport. The majority of participants indicated that SIF use facilitates access to care, although a minority of partic-

ipants expressed that using the SIF did not influence how they accessed health care.

### 3.1. Addressing barriers to care

IDU reported that the presence of nurses at the SIF facilitated access to healthcare, emphasizing the differences between the SIF and conventional care settings. Nursing staff were described as non-judgmental and as "experienced" in working with IDU, and respondents suggested that interactions were not fraught with the discrimination often encountered in conventional care settings:

They accept you as is. They don't expect you to be somebody you're not, or they don't put any unrealistic expectations on you.—Female Participant #32

IDU perceived that the provision of nursing care where drugs were being consumed, and the extended operating hours, mediated barriers to seeking care posed by drug dependency including time spent consuming drugs:

Sometimes at three O'clock in the morning you've got an infection. . . And so it's good to know that help is there at that time of day, right?—Female Participant #12

It [an infection] was looking pretty bad so we cleaned it up again. . . I was into my addiction really bad that time. They could've cut my leg off and it wouldn't have mattered to me. I was like, "I haven't got time to go to the hospital, and go and see a doctor."—Male Participant #22

Other participants suggested that the presence of nurses within the injecting environment prompted IDU who were not actively seeking care but had conditions requiring attention to connect with health services:

The only reason that they've managed to see somebody within the medical profession is because somebody noticed them there and pretty much convinced them that they should get attention [. . .] Some people with an abscess don't realize that they could literally lose an arm or a hand or whatever, and they just put it off, and put it off.—Male Participant #48

The accounts provided by IDU indicate that the SIF addresses barriers to accessing care by providing low-threshold nursing attention within an environment regularly visited by active IDU, and by operating on a schedule that better accommodates the hours kept by many IDU.

### 3.2. Increased access to care, assessment, and information

Participants reported receiving numerous forms of nursing attention at the SIF focused on the assessment and treatment of injection-related infections. SIF nurses were reported to facilitate the management of injection-related infections by changing dressings, cleaning wounds and providing care following hospital treatments for infections:

I have this hole in my arm and I go to the clinic and they give me the dressings to clean it up, but sometimes I run

out of dressings. So I go over there [SIF] and they clean it up or use the saline, and put cream on it and make sure it's okay.—Female Participant #12

Many participants reported presenting emerging injection-related infections to the SIF nursing staff, and receiving assessments regarding the severity of these conditions, as well as information on their management:

[...] having a nurse look at it—if they think you need to get something more done then they'll recommend you go to a clinic or whatnot. They're professional, so they'll know by looking [...] it's good because you always have that professional nurse on-hand to guide you...—Female Participant #32

These participants acknowledged the preventive impact of early intervention for injection-related infections, as many individuals had previously experienced complications stemming from infections:

I've had a couple of abscesses, and there was another one, a big bump and I thought this one's gonna go abscess too. She gave me some advice of what to do about that, and I followed her advice and it didn't abscess, and the bump went away [...] Because the other two times I just thought "Oh, it will go away, it's gonna go away." And it didn't go away... I had to take antibiotics [...] and one time I had to go to the hospital—it got so bad, so fast, that I had blood poisoning up the arm. I just went... right over to emergency.—Male Participant #9.

Participants who accessed assessments through the SIF indicated that it had a positive impact on their ability to manage these infections, and helped increase their awareness of the need to seek care from a physician.

### 3.3. Connecting to other medical care facilities

In addition to the care described above, SIF staff often arranged transport and referrals facilitating further medical attention for serious injection-related infections common among IDU:

I've seen a [SIF] nurse a few times. I had a couple of abscesses, and I had blood poisoning that went up my arm a couple times... They sent me to the hospital with SafeRide [transport service for vulnerable persons].—Female Participant #23

The ability to access referrals was seen as helpful in connecting IDU with proper medical treatment for serious infections, as many participants acknowledged that they normally postpone going to the hospital, or that they were at times unaware of the severity of their infection.

## 4. Discussion

The perspectives of IDU participating in this study indicate that contact with nurses within the SIF serves to facilitate access

to care for injection-related infections. The presence of nurses on-site was viewed as mediating common difficulties experienced in accessing medical attention, which may cause IDU to delay seeking care. SIF nurses provided care and treatment for infections on-site, and helped to connect IDU with off-site medical attention as required.

The findings of the present study suggest that the SIF addresses important social and structural factors which constrain the ability of IDU to access care for injection-related infections. The facility offers low threshold access to nursing expertise by supplying care on-site within a setting visited by approximately 600 active injectors each day (Tyndall et al., 2006). By providing health services through staff nurses experienced in engaging with IDU, the facility mediates the negative impact of the stigma in hindering IDU access to health services (Paterson et al., 2007). The presence of nurses within a sanctioned drug-using environment creates enhanced opportunities to provide health services to active IDU.

Our findings highlight the value of SIF as an adapted primary care service, which has potential to increase uptake of health services among IDU (Umbricht-Schneider et al., 1994). The SIF is engaging a population of high-risk IDU who have historically been hard to reach with primary care services (Noel et al., 2006; Wood et al., 2006), and approximately 25% of all referrals provided through the SIF are to a community clinic or hospital (Tyndall et al., 2006). Enhancing access to primary care among IDU has the potential to reduce emergency room use and hospitalization among this population (Laine et al., 2005; Friedmann et al., 2006). This suggests that further benefits may be gained by increasing the volume of nursing care provided through the SIF, as well as expanding the capacity of SIF locally. Additionally, increasing IDU access to nursing care through needle exchange programs and outreach services may be effective in expanding the reach of care in urban settings without SIFs (Weeks et al., 2001).

Our study has some limitations that should be noted. Although interviewees were told that the study was being conducted independently of the SIF, it is possible that social desirability bias affected the responses of some participants. Our findings are based upon interviews with a sample of local IDU who use the SIF, and should be further evaluated through quantitative investigation.

In summary, our findings indicate that SIFs may help facilitate access to assessment, care, and treatment of injection-related infections among active IDU. By providing non-judgemental care within a setting where drug use can be accommodated, SIFs appear to have potential to overcome many of the well-documented social and structural barriers to care commonly experienced by IDU.

### Conflict of interest

None.

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