

SUMMARY

INSITE NURSES CONNECT INJECTION DRUG USERS WITH APPROPRIATE MEDICAL CARE

BACKGROUND & METHOD

- · People who inject drugs often acquire infections, such as abscesses, that can be life-threatening if not treated properly.
- Injection-related infections are the leading reason for emergency room visits and hospitalizations among drug users in Vancouver. This burden on healthcare resources is partially attributable to the fact that injection drug users often have difficulty finding prompt, appropriate, and less costly treatment outside of hospitals.
- Researchers talked with 50 drug users who use Insite, Vancouver's supervised injecting facility, about their experiences obtaining care for injection-related infections.

QUICK FACT

ACCORDING TO INSITE CLIENTS, OBTAINING CARE FOR INFECTIONS AT INSITE IS SOMETIMES EASIER THAN SEEKING TREATMENT AT CONVENTIONAL CARE SETTINGS SUCH AS CLINICS.

FINDINGS

- The researchers learned that the nurses at Insite regularly provide care for infections and frequently connect drug users with off-site medical treatment by making referrals and arranging transportation.
- Insite clients told researchers that obtaining care for infections at Insite is sometimes easier than seeking treatment at conventional care settings, such as clinics, because Insite nurses are experienced in working with drug users, the facility is open into the late-night hours, and nurses are always on duty and available.

IMPLICATIONS

- The results of this research show that Insite offers much-needed medical care to a traditionally hard-to-reach population.
- Furthermore, Insite has the potential to reduce the significant burden on local hospitals by managing injection-related infections.
- Additional benefits may be gained by offering more nursing care through Insite and by expanding Insite to reach a greater number of local drug users.

Small W, Wood E, Lloyd-Smith E, Tyndall M, Kerr T. Accessing care for injection-related infections through a medically supervised injecting facility: A qualitative study. *Drug and Alcohol Dependence*, 2008; 98: 159-162.







