

Injection Drug Use and Health Care Needs Assessment



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March, 2016

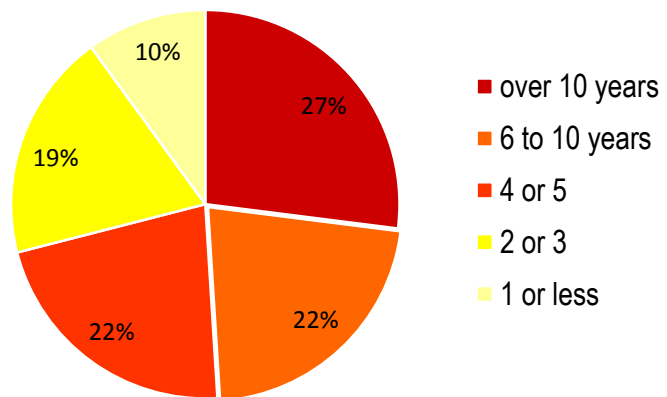
Injection Drug Use and Health Care Needs Assessment

Margaret Dechman, PhD, Christine Porter, and Janet Bickerton RN MEd

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The objective of the survey described in information release was to better understand health-care practices and needs associated with injection drug use in the Cape Breton Regional Municipality (CBRM). The results are based on 100 structured interviews with CBRM residents who accessed the Sharp Advice Needle Exchange during the summer and/or fall of 2015. All interviews were conducted by needle-exchange staff. The project team responsible for the research consisted of: Christine Porter, Executive Director, Ally Centre of Cape Breton, Janet Bickerton, Board Chair, Ally Centre of Cape Breton, and Margaret Dechman, Associate Professor, Sociology, Cape Breton University. All aspects of the project were reviewed by the Research Ethics Board at Cape Breton University.

Number of years injecting



One out of four of the people who participated in this survey had been injecting for more than 10 years.¹

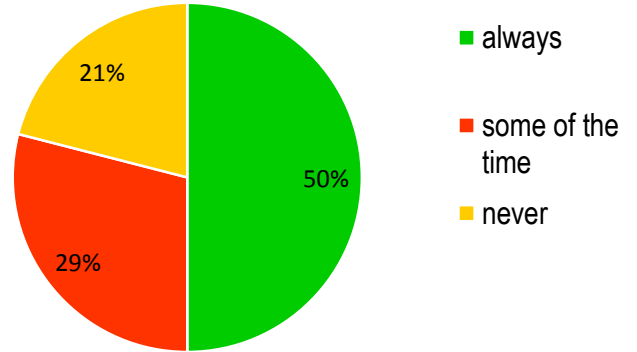
The primary linkage into the CBRM health-care system during the time of this survey was through physicians. Therefore, respondents were asked if they had a regular doctor.

Approximately half of respondents had someone they considered to be their regular doctor over the entire time period they were injecting.

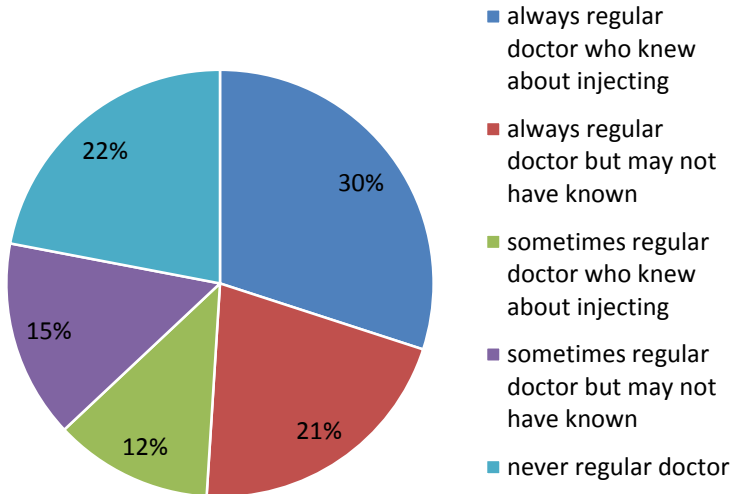
An additional 29 percent had a regular doctor for some, but not all, of the time they were injecting.

Approximately 1 in 4 never had a regular doctor while injecting.

Had regular doctor



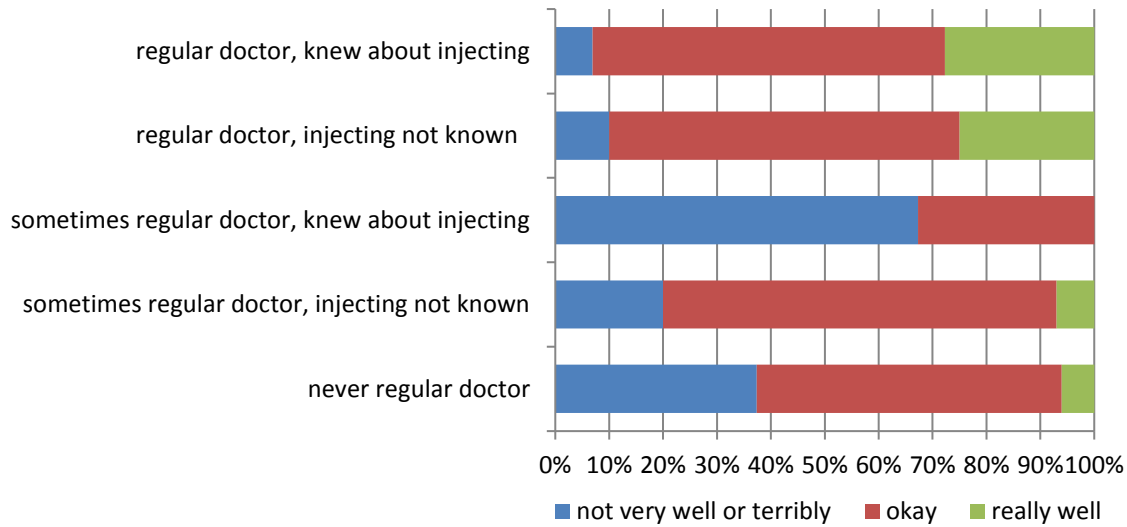
Access to regular doctor who knew about injecting



Having a regular doctor did not necessarily mean the doctor knew their patient was injecting.

Only one in three individuals had a regular doctor who also was aware of their injecting behaviours.

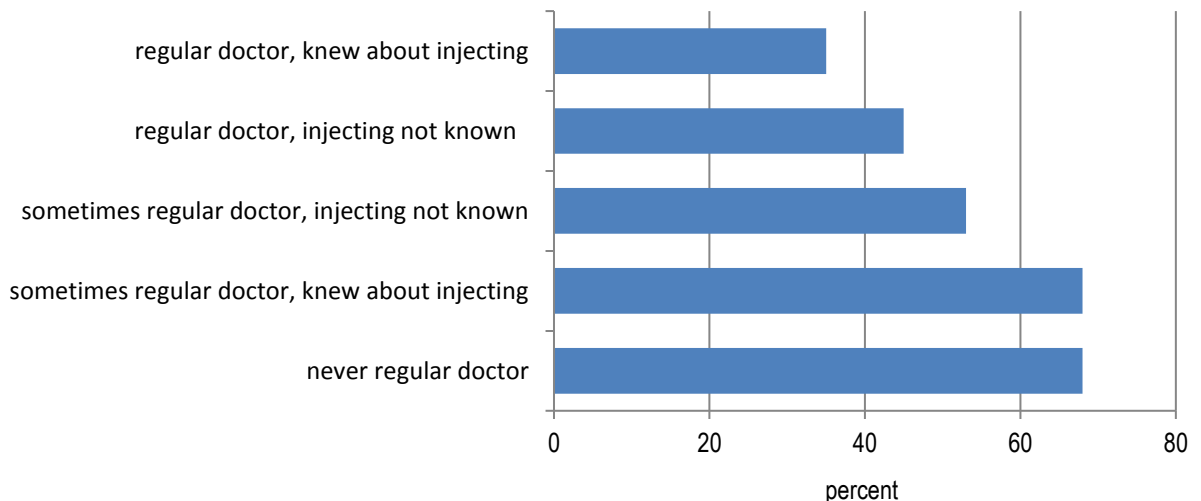
How well got along with doctors by access to regular doctor



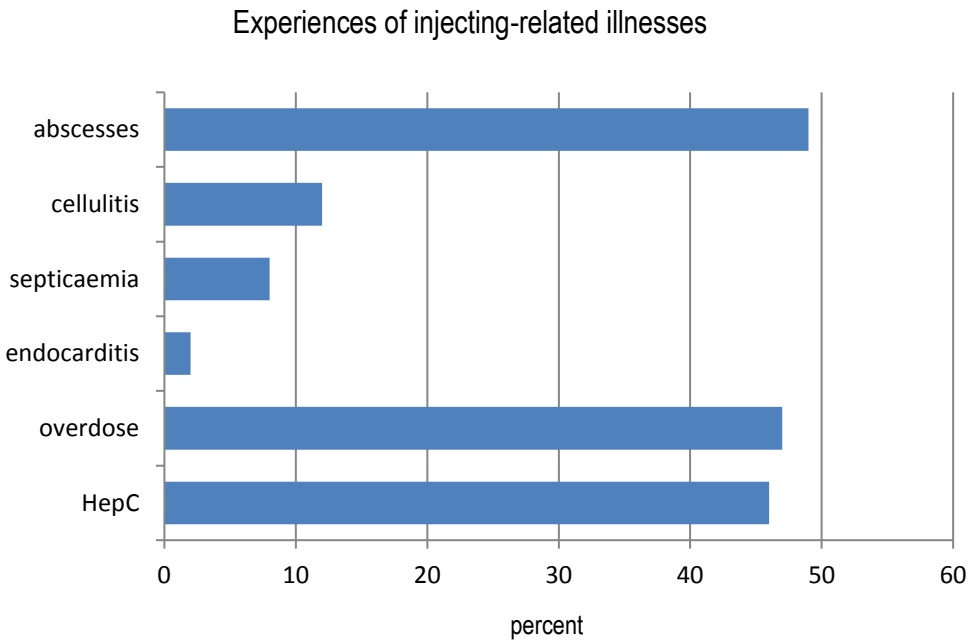
Regardless of whether they revealed or did not reveal their injecting, those who had a regular physician generally got along better with the physicians they encountered throughout the health system. As we will see later in this report, such encounters frequently involved emergency and hospital as well as office and/or clinic care.

Those who had access to someone they considered their regular doctor were more likely to feel they were receiving the care they needed.

Percentage who often felt they didn't receive treatment that would have been best by access to regular doctor

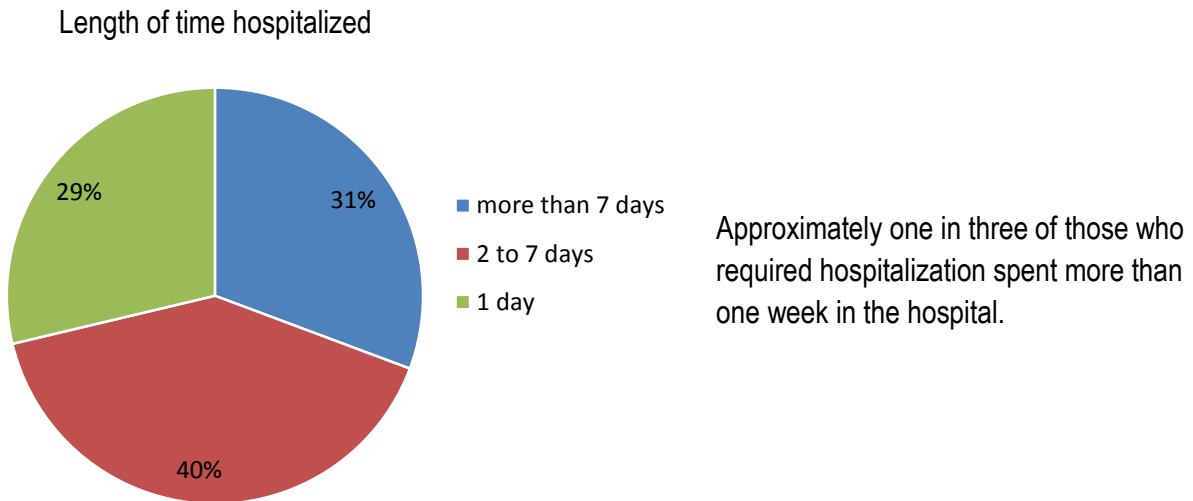


Eighty percent of respondents had at least one of the following health problems during the time they were injecting.



Approximately half reported having abscesses, overdoses, and/or Hepatitis C.

For 43% of respondents, these illnesses were serious enough to require hospitalization.

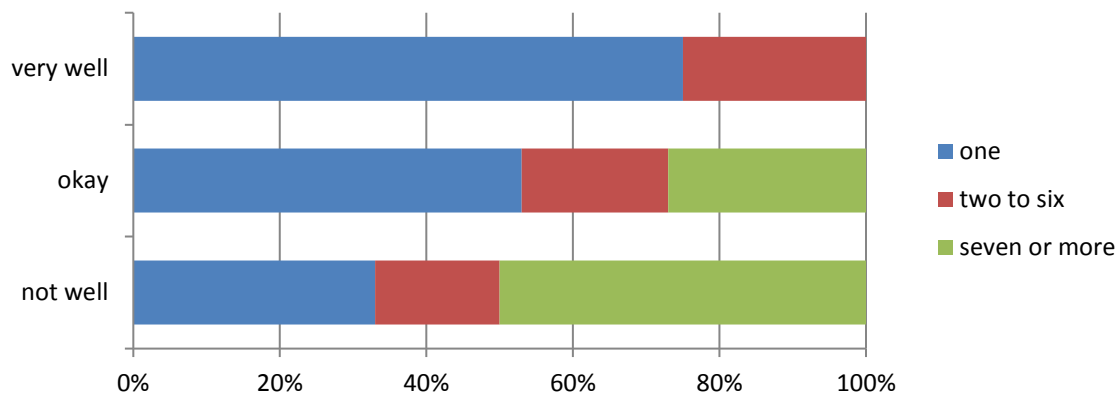


While overdoses may necessitate emergency treatment, people who inject may delay seeking treatment for other illnesses such as abscesses. Such delays can lead to more serious problems for both patients and the health-care system.

Those who felt they got along well with physicians not only were more likely to seek attention for abscesses but also did so more promptly.

Days before seeking treatment for abscesses by how well got along with doctors

How well respondent felt they got along with doctors



Although there were too few cases to provide statistically reliable comparisons, those who delayed seeking medical attention generally required more-lengthy periods of hospitalization.

Endnote:

1 One would expect this survey to have more individuals who had been injecting for a considerable length of time because people often do not directly access the needle exchange until they have been injecting for at least a year. Hence, the proportion of people in the general population who would fall into the 1 year or less category is probably higher than what is shown in these results.

