



## Waiting for surgery

How long do Ontario patients wait for cancer surgery? Marko Simunovic and colleagues studied waiting times for 1456 patients treated by 62 surgeons in Ontario's 8 regional cancer centres between Jan. 31 and May 31, 2000. The median wait time from the date of referral to first surgical visit was 11.0 days, 0.0 days until decisions were made regarding treatment, 20.0 days from the decision date to surgery, and 8.0 days from surgery to the receipt of the pathology report. Patient age was not a factor in the length of the wait time, but wait times did vary with type of surgery from a median wait time of 29.0 days for colorectal cancer, to 64.0 days

for urologic cancers. The surgeons involved felt that 344 waits (37.2%) were inappropriately long; they attributed delays to inadequate operating room time (181 cases), insufficient resources (156 cases) and patient circumstances (28 cases).

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Is there harm in waiting longer for coronary artery bypass grafting (CABG)? John Sampalis and colleagues sorted 266 patients awaiting CABG in Montreal between November 1993 and July 1995 into 2 groups: those waiting 97 days or less and those waiting more than 97 days. Although baseline disease severity did not differ between the groups, those waiting more than 97 days had significantly decreased physical functioning, vitality, social functioning and general health (as measured by the Medical Outcomes Study 36-item Short Form). Those waiting longer also had a higher incidence of postoperative adverse cardiac events and were less likely to be employed postoperatively. Waiting lists in Canada for CABG generally range from 3 to 9 months. The authors suggest that ensuring CABG waits of less than 3 months may significantly improve quality of life.

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## Injection drug use: assessing the costs, reducing the harm

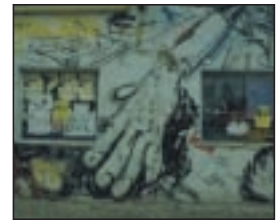
Why do injection drug users (IDUs) share needles? Data collection began in 1996 for a cohort of IDUs in the Vancouver Injection Drug User Study. Evan Wood and colleagues analyzed 776 questionnaires about needle-sharing practices completed during follow-up visits between January 1999 and October 2000. In the 6 months before they completed the questionnaire, 214 (27.6%) of the participants had shared needles, 106 (13.7%) had injected drugs in public and 581 (74.9%) had injected alone at least once. The investigators found that IDUs were most likely to share needles if they had difficulty getting sterile needles, required help to inject, reused needles or frequently injected cocaine or heroin. HIV-



positive status was negatively associated with needle sharing, although 20.2% of HIV-positive participants had shared needles. The authors argue that safer injecting rooms may help reduce the frequency of needle sharing.

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To study hospital utilization and predictors of hospital visits by injection drug users (IDUs), Anita Palepu and coauthors reviewed baseline survey data and medical records for 598 participants in the Vancouver Injection Drug User Study between May 1, 1996, and August 31, 1999.



Four hundred and forty of the participants (73.6%) made 2763 emergency department visits during the study period, and 265 (60.2%) of these people made 3 or more visits. Factors associated with frequent visits were HIV-positive status, injection more than 4 times daily, cocaine use and unstable housing. Of 210 participants admitted to hospital, 118 (56.2%) were admitted twice or more, and the most common reasons for admission were pneumonia and soft-tissue infections. Independent risk factors for admission were HIV-positive status and female sex. The incremental hospital utilization costs incurred by HIV-positive IDUs relative to those incurred by HIV-negative IDUs were \$1752 per year. The investigators advocate for harm reduction measures including safer injecting rooms and stronger primary care and addiction treatment for this population.

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Also in this issue, Thomas Kerr and Anita Palepu comment that safe injection facilities may reduce overdoses and transmission of bloodborne diseases and may increase the exposure of injection drug users to appropriate primary health care and social services.

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