

## Asbestos risks to receive airing in US

The connection between asbestos and disease, an issue recently highlighted in *CMAJ* (2001;164:489;491;495), is about to receive an airing south of the border. On May 24-5 the Environmental Protection Agency (EPA) will host the 2001 Asbestos Health Effects Conference, designed to “improve the scientific foundation for health-risk assessments of asbestos, focusing principally on nonoccupational exposures.”

The conference in Oakland, Calif., will include a session on exposure assessment and will feature a risk-assessment panel. Two of the featured speakers, Bruce Case and Patrick Sébastien, are from McGill University. “The meeting is a first step in updating the toxicity summary that is used to support agency decisions on asbestos,” EPA spokesperson Peter Grevatt told *CMAJ*. “We hope there is a strong presence from Canada, because we will be discussing some of the most important issues relating to asbestos exposure and toxicity.”

Registration information is available at [www.epa.gov/swerrims/ahec/index.htm](http://www.epa.gov/swerrims/ahec/index.htm). — *CMAJ*

## Is Australia’s safe injection site experiment bound for Vancouver?

Vancouver residents seem to be tiring of the war-on-drugs approach to the drug problem in the city’s Downtown East Side neighbourhood. A poll conducted after the city’s drug strategy discussion paper was recently released revealed 71% support for what is probably the most contentious recommendation: the creation of safe injection sites.



An injection drug user in downtown Vancouver alley

That endorsement is shared by the provincial medical health officer, Dr. Perry Kendall. “The evidence from other countries is very, very convincing and more robust than the evidence we had when we starting putting in needle exchanges.”

Safe sites, which are staffed by health professionals, provide a secure environment for users to inject drugs. Users’ attendance allows staff to refer addicts to treatment and social service programs.

While Vancouver debates the issue, Sydney opened Australia’s first safe injection site in March. There, supervised injection sites have been endorsed by national organizations ranging from the Australian Medical Association to the Australian Bar Association and Royal Australian College of Physicians.

Tony Trimmingham, who heads a government-funded agency that advocates changes to Australia’s drug laws ([www.fds.org.au](http://www.fds.org.au)), says these organizations have simply decided that drug addiction needs to be treated as a health issue. Trimmingham’s son died from a heroin overdose 4 years ago; about 300 people die annually from drug overdoses in Sydney, which has a population of 3.7 million people.

The government-funded, \$1.8 million pilot site will be operated by the United Church for 18 months. It will be staffed by a medical director, nurses

## A golden opportunity for UK family docs

The United Kingdom is offering doctors cash incentives to enter or remain in family practice. Residents are being enticed to become general practitioners in deprived areas with a Can\$16 000 “golden hello.” Meanwhile, family doctors who are approaching age 60 are being wooed with a \$26 000 “golden handcuff” in an attempt to encourage them to reject early retirement and help prevent an expected GP shortage. Health Secretary Alan Milburn says he hopes to persuade hundreds of GPs to stay in practice.

The initiatives, part of a \$160-million effort to increase retention and recruitment, are being taken at the behest of the British Medical Association. It warns that an extra 10 000 GPs will be needed to fulfil the government’s pledge that everyone can have access to a doctor within 48 hours. So far, the government has promised an extra 2000 doctors. — *CMAJ*

and social workers from 4 p.m. to midnight, 7 days a week. The site, in a former pinball arcade in a heavily travelled neighbourhood, will have 8 injection rooms; about 200 people are expected to use it daily. Police have agreed to follow a harm-minimization protocol that allows users to enter the site without fear of harassment.

Trimingham says the facility will remove drug users from public view, provide access to health care and ultimately save lives. The centre will have blacked-out windows and Trimmingham predicts it will operate in a low key manner; he adds that the local Chamber of Commerce also favours the site.

Trimingham recently visited Vancouver and met with city and provincial politicians, business representatives and local activists. What would he suggest to Vancouverites who are wary of safe injection sites? “We already have unsafe sites,” he says. “[With safe sites] there will be less apparent drug use. It will have a dramatic impact.” — *Heather Kent, Vancouver*