

It is when applied to the injection drug user's life experience that the above themes converge. The user's experience is one of marginality, stigma and reduced opportunity. This life experience is strongly affected by the moral views of the public and the medical community. Despite 2 decades of harm reductionism, the moral and prohibitionary view of addiction remains dominant: a state-centred stodgy old horse of expert ideology.

It is a breath of fresh air to read these authors' views of pragmatism over morality. The time has come to view injection drug users as genuine human beings in dire need of help: we must let go of the notion that they are simply bad people in need of punishment. This will allow us to assist them in the political fight for harm reduction strategies such as safe injection houses and against any government proposal that may violate human rights. Then and only then will we be able to truly treat injection

drug users as patients who are expert in their disease experience and potential partners in their treatment.

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Two recent articles asked for an evaluation of whether the European experience with safe injecting rooms can be replicated in Canada.<sup>1,2</sup> We feel that

before Canada's first "safe injection facility" opens its doors to the public, a number of questions should be answered:

What hours will service be available? 24/7? 9-5? Weekends? Holidays? Will there be age restrictions? What other services will be provided?

Will drugs be available for purchase on site or will users bring their own?

Will medical and nursing personnel and sleeping facilities be available to users who become somnolent or comatose?

Will these facilities be held legally liable for criminal acts performed by those who have consumed drugs on the premises, as is the case for licensed bars?

In an era of declining government support, an aging population and expensive technology, who will pay for these facilities? We propose that the drug lords be approached because they will certainly be interested in providing comfortable and relaxing facilities for their user clients, and the costs can be readily passed on to con-

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sumers in the form of higher priced street drugs.

What evidence do Thomas Kerr and Anita Palepu have for their supposition that “staff ... better able to encourage people to seek help, to discuss health concerns with them and to provide them with immediate medical care, counselling or referrals” will be able to change significantly the behaviour of users?

Finally, in whose neighbourhood will these “safe injection facilities” be located? We submit that prospective neighbours will not be quite as open minded and optimistic as Kerr and Palepu.

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Promotion of safe injection rooms as part of a harm reduction program is sensible,<sup>1,2</sup> but the need for such facilities is perceived to be urgent only because few other treatment options are available to Canadian injection drug users. The failure of our health care system to provide injection drug users with the pharmacological and psychosocial armamentarium to combat their addiction means that health care workers must try to contain the problem of injection drug use rather than treat the disease process. For instance, 50% to 75% of European opiate addicts receive methadone therapy com-

pared with 15% to 25% of Canadian addicts.<sup>3</sup>

There will always be some people who turn down the opportunity to receive treatment. More than 20% of the injection drug users in the study by Evan Wood and colleagues did not use needle exchange programs.<sup>1</sup> However, the percentage of injection drug users not accessing some form of treatment would be lower if more treatment options were available.

Without a national drug strategy to implement effective treatment programs, safe injection rooms will simply provide a safe place to contain the consequences of injection drug use. A national drug strategy could ensure access for injection drug users to the medical care to which every citizen in this country is entitled. The lack of such a national strategy and the resultant failure of our society to provide injection drug addicts with options that have been shown to work is a ma-

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