Letters to the Editor

ADOLESCENT INITIATION OF INJECTION DRUG USE

We read with interest the article[1] concerning the factors associated with the adolescent initiation of injection drug use (IDU) because adolescent IDU is an important area of public health. We appreciate the difficulties in studying such illicit behaviour particularly the issue of recall bias in people with complex lifestyles. The authors have attempted to overcome this bias and we acknowledge that the 'ideal' prospective cohort study design would have been very difficult in this group of subjects.

However, we wish to question why such a wide age range of 15–30 years was selected? Attitudes towards drugs and the availability of certain drugs would have been very different between a 15 year old and a 30 year old and these differences would have a major bearing on the outcomes in the study. It is suggested in the article that comparisons with a non-injecting control group would increase the validity of the findings of this study. Did the authors therefore consider a case control study of exclusively adolescent injection drug users and a control group matched for age and sex who did not become users? We suggest such a study would aid in the identification of those adolescents likely to become users and hopefully it would inform the strategies to be employed to minimise the risk of IDU.

Yours sincerely,

Ms. Carrie Williams
B Sc Medical Student
Ms. Sue Ashman
B Sc Pharmacology Student

Dr. Iain J. Robbé, Senior Lecturer
Public Health Medicine
University of Wales
College of Medicine,
Heath Park,
Cardiff CF14 4XN, UK

REFERENCES

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Dr. Fuller replies:

We appreciate the insightful comments outlined in your letter. Your concerns are thoughtful and timely. In regard to the use of a broad age range (15–30 years), we aimed to recruit young and recently initiated injection drug users into our study. First, until recently, the majority of the injection drug user (IDU) studies conducted in the United States traditionally involved adult IDUs with a mean age ranging from approximately 35–40 years of age.[1,2] These studies have identified those less than 35 years of age and those with a short-term injecting career as having an increased risk for HIV and HCV. We therefore considered those less than 30 years of age (and injecting for five years or less) to be a high-risk group of IDUs.[1,3,4] Due to the year-by-year behavioral history, which involved reporting behaviors prior to initiation of injection, the potential for limitations in recall existed. Thus, an added benefit of restricting the population by a somewhat shorter duration of injection drug use assisted us with minimizing this occurrence. We realize that sexual and drug use behavior and experiences during adolescence are quite different than those occurring during young adulthood. However, we were unable to adjust by age due the design of the study. Because our selection criteria was based upon age and duration of injection drug use, those initiating injection drug use during adolescence were likely to be young relative to those initiating during young adulthood. Thus, age is not a confounder in this study, but a selection bias inherent in the design. While we mentioned the possibility for selection bias in our discussion of study limitations, we regret not emphasizing this specific issue with regard to selection bias.

In regard to the suggested matched case-control study design, we did, in fact, consider this possibility due to the confounding effect of age. Once the analysis was completed for this cross-sectional analysis, we conducted an age-matched case-control study (1:1 ratio) on initiation of injection drug use (or transition from non-injection to injection drug use). Specifically, this analysis removed the effect of age and compared the year-by-year pre-initiation years in IDU cases with the corresponding calendar years of the non-injection drug user controls. This particular study is currently in press.[5] We hope that we have addressed your com-

ments in a satisfactory manner and thank you for your comments.

Crystal M. Fuller, PhD
Assistant Professor of Epidemiology
Department of Epidemiology
Mailman School of Public Health

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5. Fuller C, Vlahov D, Ompad D, Shah N, Arria AM, Strathdee SA. High risk behaviors associated with transition from illicit non-injection to injection drug use: a case-control study. Drug Alcohol Depend. In press 2002.