**Weak Science, Questionable Impacts, and Activism in High Places: Just Say No**

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**Prepared by the author for a Debate appearing in the Huffington Post Canada June 13, 2012 on the topic,**

***Taxpayers Should Pay For Clean Needles And Sites So That Addicts Can Inject Their Drugs Safely.***

NOTE: PEOPLE INTERESTED IN THIS MAY ALSO BE INTERESTED IN

<http://www.parl.gc.ca/Content/SEN/Committee/371/ille/06evb-E.htm> *C. Mangham, Testimony before the Senate Special Subcommittee on Illegal Drugs, 2001*.

<http://www.parl.gc.ca/Content/SEN/Committee/371/ille/06evb-E.htm> *Mingling Activism with Policy Influence: Harm Reduction Ideology and the Politicisation of Canadian Drug Policy*

I write this from the epicenter of harm reduction/legalization activism in North America, where lies INSITE, the injection site in Vancouver. My comments will relate principally to this case. When I use the term Harm Reduction I am referring to strategies such as those at question in this debate.

I offer three sound reasons why we must avoid nurturing needle and injection programs: 1) They are of questionable effect; 2) they divert scarce funds and needed attention and expertise away from more effective and promising strategies in prevention, treatment and recovery; and 3) they promote a flawed ideology rooted in the belief that continued drug use is a human right that taxpayers inevitably must subsidize.

1. Questionable Effectiveness

In the case of INSITE, three competent and independent critiques (1) (2) (3) <http://www.globaldrugpolicy.org/Issues/Vol%201%20Issue%203/A%20Critical%20Evaluation.pdf> ,

<http://www.hc-sc.gc.ca/ahc-asc/pubs/_sites-lieux/insite/index-eng.php#util> ,

[http://www.globaldrugpolicy.org/Issues/Vol%201%20Issue%202/A%20critique%20of%20Canada's%20INSITE.pdf](http://www.globaldrugpolicy.org/Issues/Vol%201%20Issue%202/A%20critique%20of%20Canada%27s%20INSITE.pdf)

 and a fourth in process all point out differences between the tabulated results and the claims of success of INSITE made in the media. These are that the facility captured only about *between 2.6%–4.9% of all injections in Vancouver's troubled, downtown eastside neighbourhood occurred at Insight, which has an annual operating budget of $3 million*, <http://www.cmaj.ca/content/178/11/1412.full> and that most people using INSITE used it only some of the time. This precludes any real impact on HIV and other blood borne infections, one of the crucial justifications for injection sites. This is noted in the critiques: *There is no direct evidence that SIS influence overdose death rates and large scale and long-term, case-controlled studies would be needed to show that SISs`influence overdose death rates among those who use INSITE. Mathematical modelling is based on assumptions that may not be valid.* <http://www.hc-sc.gc.ca/ahc-asc/pubs/_sites-lieux/insite/index-eng.php#imp>

Similarly, the tabulated data, as discussed in the critiques, did not show any particular impact on overdose deaths other than directly in the facility, reductions in public disorder, or cause and effect getting people to recovery:

Rather than address the concerns raised in the critiques, which still stand, the response of INSITE and the research team has been a string of threatened and real lawsuits, ad hominem attacks (4) <http://fullcomment.nationalpost.com/2011/05/30/thomas-kerr-vancouvers-insite-clinic-has-been-a-resounding-success> , ungrounded and unsubstantiated unilateral dismissals of the critiques and their authors, lobbying making insinuations about affiliations and suggesting that publication in peer reviewed journals is sacrosanct. (4) <http://fullcomment.nationalpost.com/2011/05/30/thomas-kerr-vancouvers-insite-clinic-has-been-a-resounding-success/> .Ultimately the case went to the Supreme Court of Canada, which the view of some chose this past year to legislate from the bench and gave INSITE a reprieve.

This unusual response to criticism may be attributed in part to mingling research with titled activism (activism by people in professional or public authority). Member(s) of the team responsible for the evaluation of INSITE to determine its effectiveness also wrote the successful proposal to create it in consort with a harm reduction action group in Vancouver (5) <http://www.cfdp.ca/safei.pdf> , Some continue to participate actively in pro harm reduction/legalization organizations, even winning awards for their work in “drug policy reform” specifically for their activism regarding INSITE from major legalization activist groups (6) [www.reformconference.org/achievement-awards](http://www.reformconference.org/achievement-awards) and castigating current drug strategies <http://www.soros.org/search?key=wood> <http://www.youtube.com/user/ScienceInDrugPolicy> , <http://icsdp.org/network/scientific_board.aspx>. <http://www.ihra.net/files/2010/05/03/2008_Monday_Major_Evidence_Kerr.pdf>

Most recently, members of the group responsible for evaluating INSITE were key in writing and remain key in promoting the Vienna Declaration a document calling for drug legalization/Harm Reduction <http://www.viennadeclaration.com/> , <http://www.viennadeclaration.com/writing-committee/> , <http://www.beckleyfoundation.org/2011/03/01/the-vienna-declaration-leading-the-way-to-illicit-drug-policies-based-on-evidence-not-ideology/> [h ttp://www.youtube.com/user/ScienceInDrugPolicy](http://www.youtube.com/user/ScienceInDrugPolicy)

No question is raised here about individual ethics or competency. But the potential for bias, especially bias in interpreting data, is clear to anyone familiar with research practice. To be an ideological activist for Harm Reduction is fine. To conduct evaluations is fine. But to be responsible for evaluating a controversial practice while also being an activist pushing for it and similar strategies prior, during and after its evaluation, should rightfully be questioned seriously.

Why is this important? It is the research on INSITE upon which the future of injection sites in North America may ultimately pivot. This research has been criticized, the criticisms have not been shown to be false, and clearly activism is at play in and around INSITE. In my view and that of many others, in an area of such controversy, ideological activists must not be responsible and the ‘go to people” for evaluating and interpreting evaluation. This is in line with the fundamental rules of independent scientific inquiry.

It is interesting that two nations formerly high on Harm Reduction – Sweden and the UK, have turned away or are turning away from this philosophy based on acknowledged failure of harm reduction strategies <http://www.unodc.org/pdf/research/Swedish_drug_control.pdf> , (7) . As an example, in the UK, HIV among IV drug users has continued to rise throughout the period of implementation of aggressive needle provision programs and these have been termed ineffective [http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb\_C/1195733837406](http://www.hpa.org.uk/web/HPAweb%26HPAwebStandard/HPAweb_C/1195733837406) The inherent ineffectiveness such measures as providing needles and supervised injection is best summed up by the Scottish researcher Neil McKeganey when he states the futility of trying *to* *control a free moving population of IV drug users sufficiently to control disease and other problems in the face of continued use of drugs.* (8)

Quite simply, “safe” injection sites and providing clean needles are indeed like wearing a condom occasionally - well-meaning but lacking any substantive desired effect.

1. Drain resources and displace treatment and prevention

One correlate of the rise of harm reduction and INSITE in British Columbia has been a devaluing of abstinence based treatment and incidence reducing prevention, emphasizing instead programs that facilitate “safer” drug use. In the critique I authored I found in interviews that there was no added support for treatment and funding was stagnant. Prevention, specifically primary prevention for youth, has had precious little provincial or city support. Treatment and prevention are at risk of being morphed into harm reduction themselves (3) [http://www.globaldrugpolicy.org/Issues/Vol%201%20Issue%202/A%20critique%20of%20Canada's%20INSITE.pdf](http://www.globaldrugpolicy.org/Issues/Vol%201%20Issue%202/A%20critique%20of%20Canada%27s%20INSITE.pdf) Emphasis has shifted to a focus on reducing “problematic” drug use, which is ill defined and pretends drug use can be beneficial (9) <http://carbc.ca/HelpingCommunities/PromisingPractices/ReduceRiskyUse.aspx>

1. A Flawed Ideology

The ideology imbedded in the promotion of measures to facilitate safe drug use is seen elsewhere, wherever government (via taxpayers) pays for and attempts to manage and to facilitate dangerous and destructive behaviours without requiring individuals to change, is a bankrupt ideology in more ways than one. Anyone working with addicted persons knows – addicted persons know – that wherever they are now, getting safe and well starts with taking responsibility and getting a paddle into the proverbial water of life, however feebly at first. Persons addicted to drugs, however “down and out” they may seem, are not disposable. To help in their continued destructive path is absurd. Rather, we must devote our very limited resources to uplifting people, preventing the onset of drug use among our youth and effectively helping people out of the chemical prison of addiction. Many effective and innovative strategies to do so both exist and await development. This is compassionate. This is ethical. This is effective.

Dr. Colin Mangham is one of Canada’s top experts in the field of prevention and has worked in the field since 1979. Over this time, he has written numerous prevention programs for schools, communities, and parents that are in use today. A PhD in School and Community Health, Dr. Mangham has developed and taught many university courses in health promotion, school health education theory and methods, health promotion, community program planning, drugs in society, and epidemiology for non-epidemiologists. He has conducted research and evaluation in prevention for federal, provincial, and non-profit organizations across the country. Dr. Mangham is a reviewer for the Canadian Journal of Public Health, and a member of both the International Task Force on Strategic Drug Policy and the International Scientific and Medical Forum on Drug Abuse. Dr. Mangham has written many guides, reports and scholarly papers in prevention theory and practice.

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