

A Review of Drug Injection Sites

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The well-orchestrated public relations campaign touting supervised drug injection sites (SIS) does not include evidence-based information which indicates that these sites are not as beneficial to addicts as portrayed in the mainstream media.

Supporters of SIS claim that SIS facilities save lives and are beneficial to the addict, but this is not so. The fundamental need of a drug addict is abstinence-based treatment, not easy access to facilities to continue to inject their illicit drugs. The basic belief of SIS supporters is that addicts are incurable and hopeless, and cannot change, and therefore must be provided with clean facilities and medical supervision to repeatedly inject the drugs. This defeatist assumption is contradicted by the thousands of former drug addicts who sought treatment and who have been able to return to their families and communities to lead healthy, productive lives.

Effect of Drug Injection Sites on Addicts

The problem with the SIS approach is that it leads to deepening the addiction. Well-off individuals can afford to obtain treatment for their addictions, but, it is the addicts without money or support who are shuffled off to an SIS, where they inject themselves continuously with street drugs. Their addiction is not stopped and leads to further degradation and eventually, a difficult death.

Advocates of SIS have argued that these facilities provide opportunities for the addict to seek treatment. The latter is not the priority for such facilities, as very few addicts take advantage of treatment offered them. The SIS employees do not exert pressure on addicts since they believe the addicts must make their own independent decisions. A drug addict, however, is not in a position or capable to do so. In contrast, Sweden, a very liberal country, has strong law enforcement and mandatory treatment for addicts. Treatment facilities are also widely available there. As a result, Sweden has the lowest rate of drug use in Europe. It is noteworthy that the effectiveness of treatment is the same whether it is voluntary or mandatory.

In short, referrals for treatment are not a central part of SIS, which must rely on a continuous supply of addicts to maintain funding from federal and provincial governments. Life-long addiction insures a continued source of income for the SIS.

Advocates argue that the establishment of a SIS decreases drug deaths by overdose and reduces harm caused to addicts. Based on the evidence, this argument is not sustainable.

Unfortunately, these advocates for SIS base this argument on research provided by 30 studies which purported to show that the Vancouver drug injection site, called Insite, established in 2003 had curtailed crime, disease and led to a 35% reduction in deaths caused by drug overdose. That is, these studies, without exception, had concluded that Insite's operation had produced exemplary results.

These 30 studies on Insite, however, were conducted by the same individuals from the British Columbia Centre for Excellence on HIV/AIDS, located at UBC, who had lobbied for the establishment of the drug injection site in the first place. As a result, they had a personal interest, as well as a conflict of interest, in ensuring that Insite be determined successful. Their research papers are therefore controversial, since they violate prime directives of evaluation. That is, the mingling of activism with positions of public and professional responsibility, without acknowledging membership or activity as an activist, raises valid questions of potential bias or conflict of interest. Their research, in effect, was carried out for the purpose of supporting the political objective of continuing the operation of Insite by way of establishing that it was a "successful" way to treat addicts. The three researchers were psychologist, Dr. Julio Montaner, the Director of the B.C. Centre for Excellence in HIV/AIDS; psychologist, Dr. Thomas Kerr; and Dr. Evan Wood with a PhD in health and epidemiology, none of whom are treatment specialists. Their research papers were published in the *International Journal of Drug Policy*, which is the organ of the International Harm Reduction Association. Their studies have been criticized for their methodological and analytical problems, such as a lack of baseline data, insufficient conceptual operational clarity, inadequate evaluation criteria, absent statistical controls, dearth of longitudinal designs, and inattention to intrasite variation. See the research providing critical evaluations of the studies on the operation of drug injection sites in the *Journal of Global Drug Policy and Practice*; "[A Critique of Canada's INSITE Injection Site and its Parent Philosophy: Implications and Recommendations for Policy Planning](#)" by Colin Mangham, PhD; "[The Lure and Loss of Harm Reduction in UK Drug Policy and Practice](#)" by Neil McKeganey, PhD; and "[A Critical Evaluation of the Role of Safe Injection Facilities](#)" by Garth Davies, PhD. This journal is an international, open access, peer-reviewed online journal. Its editorial board consists of respected professionals in drug policy, practice and substance abuse prevention.

In pursuit of their political objective, according to information obtained under the *Access to Information Act* between 2003 and 2011, these three researchers received \$18, 696,

101 from the Canadian Institute of Health Research (CIHR) to carry out this research on Insite. All their studies were peer reviewed only by supporters of the drug injection facility. Also, these researchers, contrary to standard scientific procedure, have refused to share their data with other researchers so that their studies could be replicated. One such study on Insite was published in the British medical journal *Lancet* on April 18, 2011. This study was pivotal in the decision by the Supreme Court of Canada, handed down on September 30, 2011, to prevent the federal Minister of Health from closing down the injection site. This study purported to show there was a 35% reduction in overdoses in the 500 metre radius around Insite, while in the rest of Vancouver, the rate decreased by 9%.

It is significant that the B.C. Coroner's report indicated that overdoses actually increased in that specific area by 14%, or 11%, when population-adjusted, between 2002, the year before Insite opened, and 2005, the final year of the study period. An international team consisting of three Australian medical doctors, including an epidemiologist and two addiction medicine specialists, a Canadian psychologist and an U.S. psychiatrist found serious errors in this study carried out by the B.C. Centre for Excellence researchers, entirely invalidating its findings. The errors were set out in an article published in the [*Lancet, British medical journal, January 14, 2012, Vol. 379.*](#)

Substitute Opioids Given to Addicts Do Not Solve Their Problems

Providing opioid-dependent patients with substitute opioids, such as methadone, hydromorphone, naloxone, etc., to block the effects of the drug, do not help the addict in the long run. For example, although the opioid methadone helps patients to manage their withdrawal symptoms and cravings without getting high or risking an overdose, its use still does not make much sense as the addict remains addicted to an opioid (methadone) for life. Further, more than half of the methadone distributed in Ontario, for example, is prescribed by just 57 doctors, most of whom work in high-volume clinics that provide assembly-line medical care, but little else in the way of counselling or physician support (see [*Drug and Alcohol Dependence Journal, August 2017*](#), see also [*American Journal of Drug and Alcohol Abuse, July 2012*](#)). The demand for methadone addiction treatment is skyrocketing. The total cost of methadone treatment services in 2012 in Ontario was approximately \$99,491,000. However, the number of patients on methadone has been climbing in Ontario from 3000 in 1996 to over 50,000 by September 2016. The Ontario Ministry of Health paid \$156 million that year to support the program, according to the National Post, March 15, 2016.

BC has seen a similar jump in the maintenance treatment of addicts. The numbers have almost doubled to 18,000 opioid maintenance treatment patients in seven years. This

has established a mini industry with one company serving over 10,000 patients daily. These costly, many years-long treatments, have created another opioid problem, which is never-ending maintenance treatment instead of using other approaches to stop addiction, such as detox centres and behaviour therapy treatment.

It is a tragic fact that many of these addicts have health, social, and mental problems and they are not being given support or treatment by, for example, community mental health programs, but are offered only the maintenance therapy, which continues their addiction. Drug abuse is not solved by enabling drug addicts to use more drugs or be provided with substitute drugs, which still leaves the addict in a drugged state for the rest of his/her life.

Effect of Drug Injection Sites on Communities

Drug injection sites are inevitably destructive of the communities in which they are established. In fact, neighbourhoods in which the sites are located have been ruined. The presence of these sites makes them neither safe nor passable for people living in the area. They have also gravely harmed businesses located there. Drug addicts around them scream abuse day and night, and engage in endless fighting. Drugged out and sometimes dead addicts litter the sidewalks, together with abandoned needles, condoms and crack pipes. Addicts defecate anytime, anywhere in the area, making the vicinity almost unwalkable. Those few individuals who dare walk near the sites are accosted by beggars, prostitutes and drug traffickers. Consequently, those who reside in the vicinity are afraid to go out at night, and businesses in the area are experiencing huge financial losses. The police have been instructed to turn a blind eye to all this chaos. (See attached document titled Drugs, Supervised Consumption Sites and the Impact on Neighbourhoods compiled by the Toronto Downtown Yonge Business Improvement Area organization, which is struggling with the damage caused by the SIS to their businesses).

Federal Government Report on SIS

The Federal Government's Report on SIS (March 31, 2008) found that there is no proof that drug injection sites decrease the spread of HIV and other blood borne diseases. Nor is there any proof that SIS decrease crime in the area. In Vancouver, between 50 to 66 extra police are assigned to the 12 city blocks surrounding the drug injection site in order to limit criminal activity in that area. Police officers are prohibited from charging the addict with possession and, instead, are obliged to escort the addict into the injection site. The drug addict obtains illicit drugs, usually heroine or cocaine, of questionable purity, from a drug trafficker, which the addict brings into the site for

injection purposes. The drug injection site becomes a "honey pot" or meeting point for drug traffickers. According to the report of the federal Expert Advisory Committee on Supervised Drug Injection Sites, it is estimated that each addict causes \$350,000 worth of crime each year in order to purchase drugs from a trafficker.

It is also a fiction that drug addicts using SIS cease casually disposing their used injection needles. The federal Expert Advisory Committee report found that only 5% of drug addicts use SIS for injections, and of these, only 10% used the facility exclusively for their injections. 90% of them continued to inject their drugs on back streets, alleyways, etc., leaving their contaminated needles behind.

Addicts Urgently Need Abstinence-Based Treatment

A compassionate society must not kill addicts by enabling their addiction by way of a SIS, but should instead, reach out to them by both providing generous abstinence-based treatment facilities and other community support systems to deal with the myriad of problems – social, economic, and in regard to their mental health – by encouraging them to break their dangerous addiction. This doesn't happen when money is being funnelled into self-serving supervised drug injection sites.