

# The Scientific Evaluation of Vancouver's Supervised Injection Site: The Evidence and Future Directions

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British Columbia  
Centre *for* Excellence  
*in* HIV/AIDS













# Vancouver's raging HIV epidemic most rampant in developed world

Nearly half the 6,000 to 10,000 addicts in Downtown Eastside are infected, AIDS expert says.

MARGARET MURPHY  
The Seattle Times

The HIV epidemic raging in the heart of Vancouver is now considered to be the most rampant in the developed world.

Close to half the 6,000 to 10,000 addicts who frequent the seedy hotels and back alleys in the Downtown Eastside are believed to be infected with the AIDS-causing virus, which passes from drug user to drug user on the tips of used syringes.

Thousands more in Surrey and New Westminster, where the virus is known to be spreading, are also threatened, as are native Indian communities around the province and young street people.

"Basically, I don't think it gets any worse," said veteran AIDS researcher Dr. Martin Schechter, whose team is documenting how a potent mixture of drugs, despair and poverty is fueling the epidemic.

According to studies at the B.C. Centre for Excellence in HIV/AIDS, the infection rate among injection drug users in Vancouver has been running at close to 20 per cent per year. "What that means is that out of every 1,000 people who are negative at the beginning of the year, 200 will become infected by the



PHOTO BY MARGARET MURPHY

**GRIM WARNING:** Dr. Dave Patrick, who is charting the HIV epidemic in Vancouver, stands behind Carnegie Centre at Main and Hastings where signs on door says it all. Nearly 50 per cent of area's injection drug users are believed infected.

end of the year," said Schechter, who is co-director of the centre.

"This is the highest incidence rate we know of in the developed world."

Bangkok, Edinburgh, and New York likely experienced similar infection

rates when the virus swept through their injection drug-using communities, but he said Vancouver's rate is highest now.

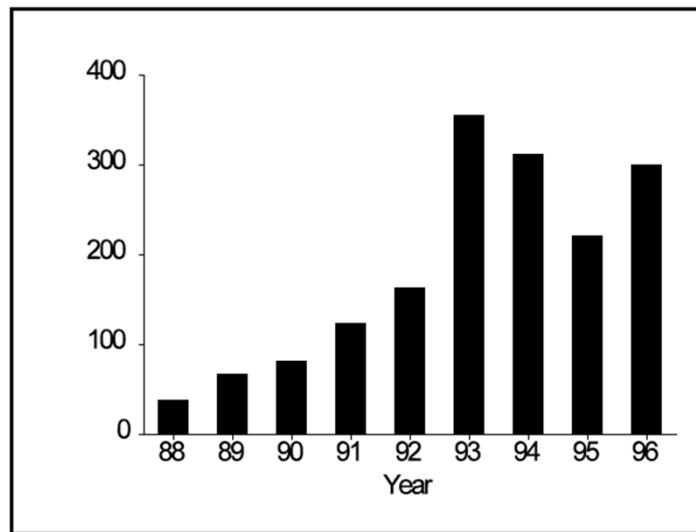
"It's not a very good way to get well known," said Schechter, referring to the

way the Vancouver epidemic is attracting attention from around the world.

People with new infections, if untreated, will go on to develop AIDS in five to 10 years.

Sept. 12/92 Photo by Margaret M.

**Figure 1 Deaths due to Illicit Drugs, B.C., 1988-1996**



*Source: B.C. Coroners Service.*





















# The Objectives...

- ✓ Reduce public disorder
- ✓ Reduce transmission of infectious diseases
- ✓ Increase contact with health services
- ✓ Reduce risks associated with overdose



# The Scientific Evaluation of Insite

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## A Highly Politicized Environment

- Efforts taken to ensure scientific rigor and transparency
- Evaluation overseen by a provincial steering committee
- All data peer-reviewed and published prior to being shared



# SIF Evaluation Structure

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## SIF DATABASE



Database tracking usage, overdose events, referrals, drug use, etc.

## SEOSI



Prospective cohort of Insite users

## VIDUS



Long-running prospective cohort with pre/post-SIF data

## LINKED DATA



Data linkages provide info on drug treatment and other service use

## EXTERNAL ACTIVITIES



Various complimentary data including ethnographic interviews, community surveys, police data



# Evaluating Insite

## Harm Reduction Journal



Methodology

Open Access

### **Methodology for evaluating Insite: Canada's first medically supervised safer injection facility for injection drug users**

Evan Wood\*<sup>1,2</sup>, Thomas Kerr<sup>1,3</sup>, Elisa Lloyd-Smith<sup>1</sup>, Chris Buchner<sup>4</sup>,  
David C Marsh<sup>1,4</sup>, Julio SG Montaner<sup>1,2</sup> and Mark W Tyndall<sup>1,2</sup>

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# THE VANCOUVER SUN



www.vancouversun.com

THURSDAY, NOVEMBER 21, 2002 FINAL

## Drug plan waste of resources, city told

More drug users  
will come here,  
U.S. official warns

By FRANCES BULA

American drug czar John Walters says Vancouver's proposed safe-injection sites for drug users are a waste of resources that should go to helping addicts get clean.

And, he told reporters in a speech to the Vancouver Board of Trade Wednesday, a city that makes life easier for drug users will only attract more users.

Walters' speech on America's drug policy was punctuated by frequent booing and heckling from a table of people that included B.C. Marijuana Party leader Marc Emery.

## Look at U.S. experience, Walters says

From A1

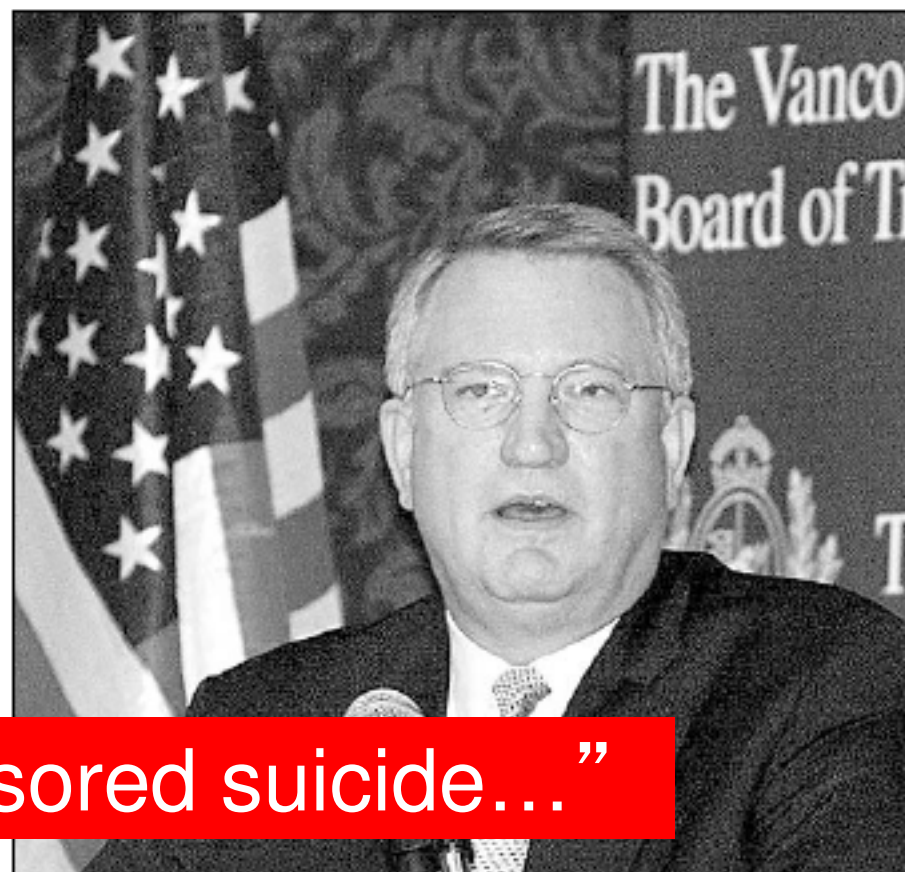
Use the resources — they're always going to be scarce — to make people well, to reintegrate them into society."

He said he doesn't even buy the argument that safe-injection sites reduce the spread of disease.

"Even the best sites, the usual safe-injection site argument is for the prevention of

areas still have many times the number of people converting than those who get effective treatment.

"Again, hepatitis and HIV



BILL KEAY/VANCOUVER SUN

John P. Walters, White House Office of National Drug Control Policy director, speaks to Vancouver Board of Trade meeting.

“...state-sponsored suicide...”

## Brief Reports

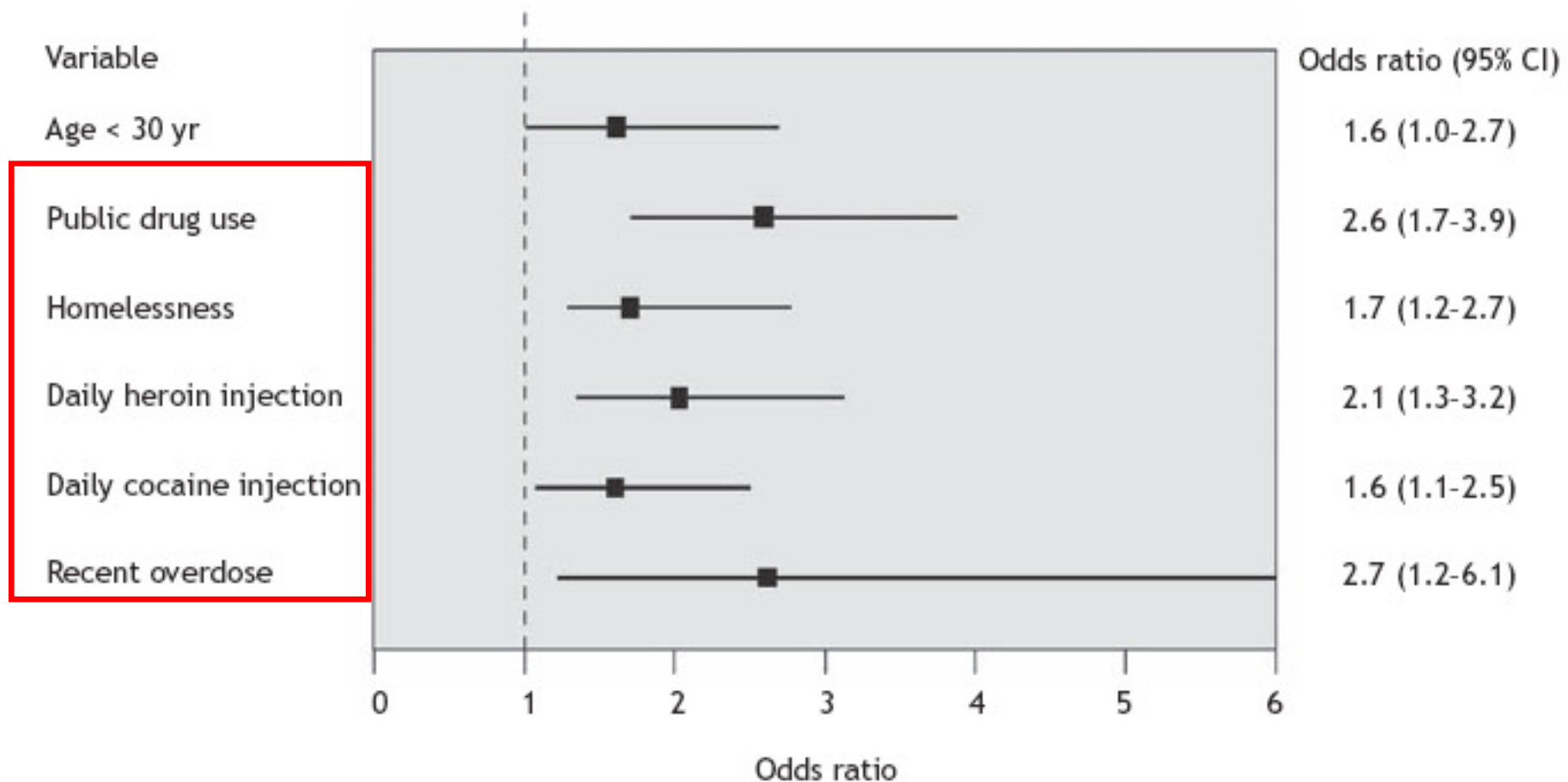
# Do Supervised Injecting Facilities Attract Higher-Risk Injection Drug Users?

Evan Wood, PhD, Mark W. Tyndall, MD, ScD, Kathy Li, MSc, Elisa Lloyd-Smith, BSc, Will Small, MA, Julio S.G. Montaner, MD, Thomas Kerr, PhD

**Background:** In Western Europe and elsewhere, medically supervised safer injection facilities (SIFs) are increasingly being implemented for the prevention of health- and community-related harms among injection drug users (IDUs), although few evaluations have been conducted, and there have been questions regarding SIFs' ability to attract high-risk IDUs. We examined whether North America's first SIF was attracting IDUs who were at greatest risk of overdose and blood-borne disease infection.

*Wood et al, American Journal of Preventative Medicine, 2005*





**Fig. 2:** Characteristics of injection drug users (IDUs) measured in the community before the Vancouver safer injecting facility opened, which predicted subsequent initiation of facility use.

*Research*

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*Recherche*

# Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users

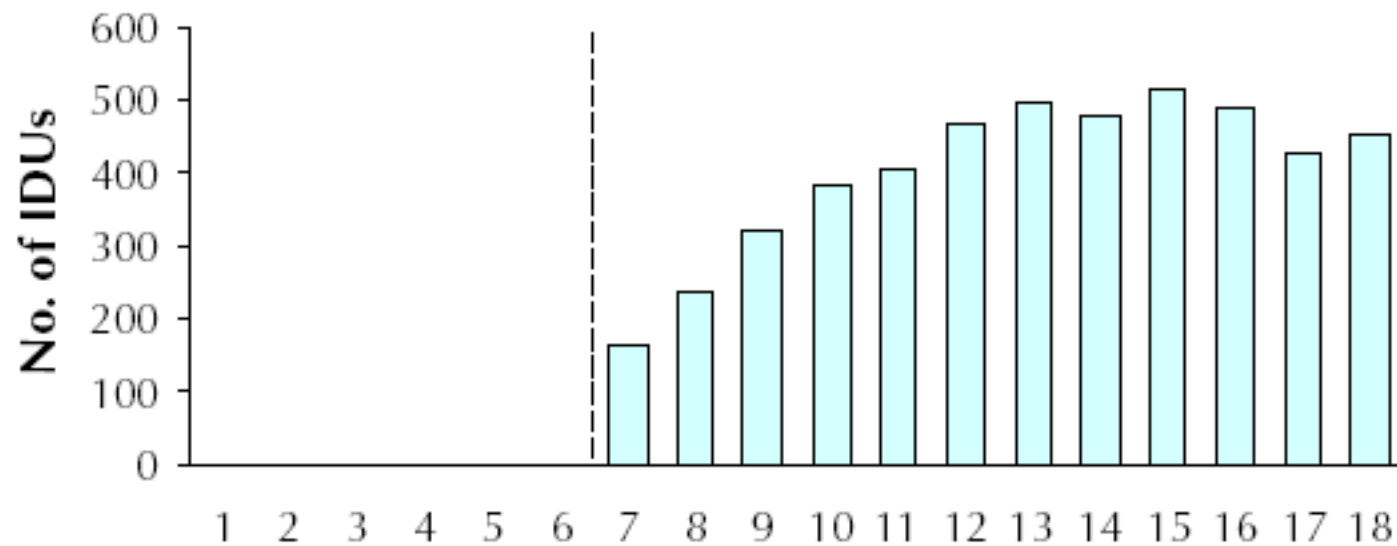
Evan Wood, Thomas Kerr, Will Small, Kathy Li, David C. Marsh, Julio S.G. Montaner,  
Mark W. Tyndall

*Canadian Medical Association Journal. 2004*

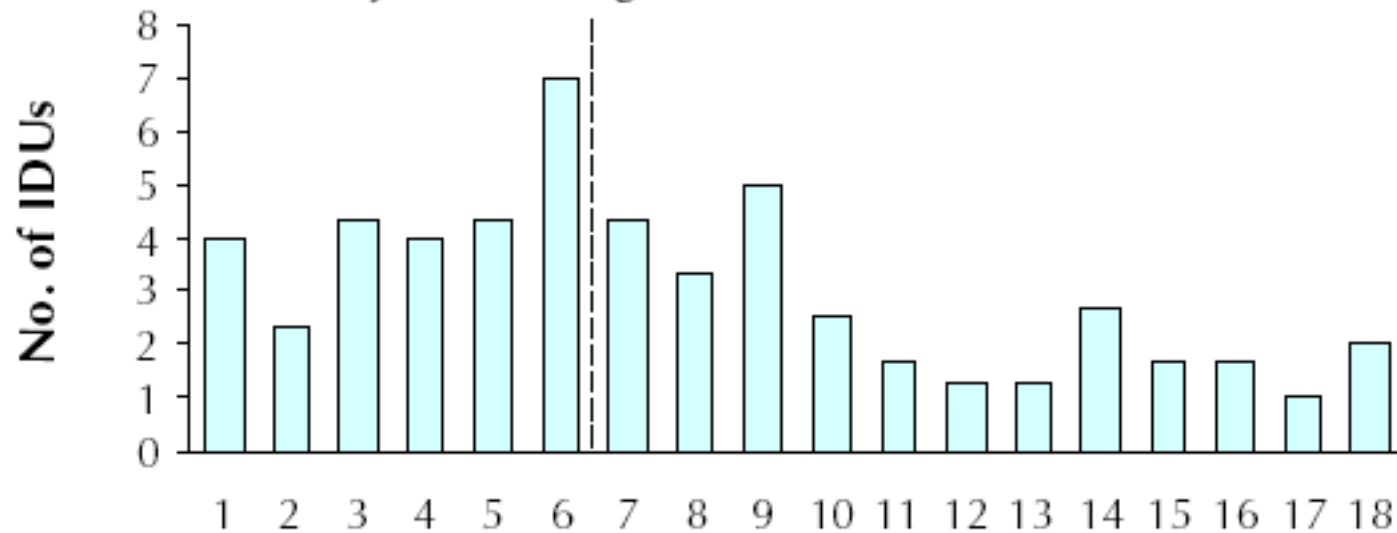


Wood *et al.*, 2004. *CMAJ* 171:7, p.731

**Daily use of safer injecting facility**



**Public injection drug use**





# Safer injection facility use and syringe sharing in injection drug users

*Thomas Kerr, Mark Tyndall, Kathy Li, Julio Montaner, Evan Wood*

*Lancet* 2005; 366: 316–18

Published online

March 18, 2005

<http://image.thelancet.com/extras/04let9110web.pdf>

See [Comment](#) page 271

British Columbia Centre for  
Excellence in HIV/AIDS,  
St Paul's Hospital,

Safer injection facilities provide medical supervision for illicit drug injections. We aimed to examine factors associated with syringe sharing in a community-recruited cohort of illicit injection drug users in a setting where such a facility had recently opened. Between Dec 1, 2003, and June 1, 2004, of 431 active injection drug users 49 (11·4%, 95% CI 8·5–14·3) reported syringe sharing in the past 6 months. In logistic regression analyses, use of the facility was independently associated with reduced syringe sharing (adjusted odds ratio 0·30, 0·11–0·82,  $p=0·02$ ) after adjustment for relevant sociodemographic and drug-use characteristics. These findings could help inform discussions about the merits of such facilities.

*Kerr et al, The Lancet, 2005*

|                                 | Adjusted odds ratio (95% CI) | p    |
|---------------------------------|------------------------------|------|
| Age (per year older)            | 0.95 (0.92–0.98)             | 0.01 |
| Use of safer injection facility | 0.30 (0.11–0.82)             | 0.02 |
| Need for help injecting         | 2.95 (1.57–5.55)             | 0.01 |
| Binge drug use                  | 2.04 (1.02–4.08)             | 0.04 |
| Intercept (constant)            | (–0.79)                      | 0.19 |

Model adjusted for all variables shown.

**Table:** Multivariate logistic regression of factors associated with syringe sharing

✓ Frequent Insite users were 70% less likely to report syringe sharing

*Kerr et al, The Lancet, 2005*

# Changes in injecting practices associated with the use of a medically supervised safer injection facility

**Jo-Anne Stoltz<sup>1</sup>, Evan Wood<sup>1,2</sup>, Will Small<sup>1</sup>, Kathy Li<sup>1</sup>, Mark Tyndall<sup>1,2</sup>,  
Julio Montaner<sup>1,2</sup>, Thomas Kerr<sup>1</sup>**

<sup>1</sup>Clinical Activities, British Columbia Centre of Excellence in HIV/AIDS and <sup>2</sup>Faculty of Medicine, University of British Columbia, Vancouver, Canada  
Address correspondence to Jo-Anne Stoltz, E-mail: [jstoltz@cfcenet.ubc.ca](mailto:jstoltz@cfcenet.ubc.ca)



**Table 2** Univariate and stratified\* multivariate logistic regression models of changes in injection practices associated with consistent safer injection facility (SIF) use

| Variable   | Unadjusted odds ratio (OR) |             |         | Adjusted* odds ratio (AOR) |             |         |
|--|----------------------------|-------------|---------|----------------------------|-------------|---------|
|  | OR                         | (95% CI)    | P value | OR                         | (95% CI)    | P value |
| a) Reuse syringes less often<br>(Yes versus no)            | 2.16                       | (1.48–3.16) | <0.001  | 2.04                       | (1.38–3.01) | <0.001  |
| b) Less rushed during injection<br>(Yes versus no)         | 2.94                       | (2.14–4.02) | <0.001  | 2.79                       | (2.03–3.85) | <0.001  |
| c) Less injecting outdoors<br>(Yes versus no)              | 2.99                       | (2.13–4.21) | <0.001  | 2.73                       | (1.93–3.87) | <0.001  |
| d) Use clean water for injecting<br>(Yes versus no)        | 3.15                       | (2.26–4.39) | <0.001  | 2.99                       | (2.13–4.18) | <0.001  |
| e) Cook/filter drugs prior to injection<br>(Yes versus no) | 3.02                       | (2.03–4.49) | <0.001  | 2.76                       | (1.84–4.15) | <0.001  |
| f) Tie off prior to injection<br>(Yes versus no)           | 2.81                       | (1.70–4.64) | <0.001  | 2.63                       | (1.58–4.37) | <0.001  |
| g) Safer syringe disposal<br>(Yes versus no)               | 2.22                       | (1.54–3.20) | <0.001  | 2.13                       | (1.47–3.09) | <0.001  |
| h) Easier to get vein first time<br>(Yes versus no)        | 2.78                       | (1.93–4.01) | <0.001  | 2.66                       | (1.83–3.86) | <0.001  |
| i) Injection in a clean place<br>(Yes versus no)           | 3.00                       | (2.22–4.06) | <0.001  | 2.85                       | (2.09–3.87) | <0.001  |

RESEARCH ARTICLE

Open Access

# Determinants of hospitalization for a cutaneous injection-related infection among injection drug users: a cohort study

Elisa Lloyd-Smith<sup>1,2</sup>, Evan Wood<sup>1,2,3</sup>, Ruth Zhang<sup>1,2</sup>, Mark W Tyndall<sup>1,2</sup>, Sam Sheps<sup>2</sup>, Julio SG Montaner<sup>1,2,3</sup> and Thomas Kerr<sup>\*1,2,3</sup>

**Table 3: Frequency of hospitalizations for a cutaneous injection-related infection or related infectious complication\*.**

|                   | Once | Twice | Three times | Four times | Five plus times | Total |
|-------------------|------|-------|-------------|------------|-----------------|-------|
| 1cellulitis       | 19   | 7     | 3           | 0          | 2               | 59    |
| 2abscess          | 10   | 5     | 2           | 0          | 0               | 26    |
| 3osteomyelitis    | 5    | 2     | 2           | 0          | 3               | 39    |
| 4staph.infection  | 10   | 2     | 0           | 3          | 2               | 42    |
| 5endocarditis     | 11   | 0     | 1           | 0          | 1               | 24    |
| 6septic arthritis | 6    | 3     | 0           | 0          | 0               | 12    |
| 7ulcer            | 1    | 0     | 1           | 0          | 1               | 6     |
| 8thrombophlebitis | 1    | 0     | 1           | 0          | 0               | 4     |
| 9myositis         | 3    | 0     | 1           | 0          | 0               | 4     |

\*According to ICD 10 codes. Diseases listed from 1 to 9. ICD 10 codes categorized into 9 diseases and listed from 1 to 9. Data relates to number of times an individual developed a disease, irrespective of whether event was coded as primary, secondary, tertiary, quaternary, or quinary.

Length of stay in hospital among those self-referring:  
12 days [IQR: 5-33]

Length of stay in hospital among those referred by a SIF nurse:  
4 days [IQR: 2-7]



The NEW ENGLAND JOURNAL of MEDICINE

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## Attendance at Supervised Injecting Facilities and Use of Detoxification Services

**TO THE EDITOR:** In September 2003, the first safer injecting facility in North America opened in Vancouver, British Columbia. In the first 12 months, 4764 persons used the facility and 1194 randomly selected repeat attendees were invited to

*Wood et al, NEJM, 2006*

**Table 1.** Univariate and Multivariate Cox Proportional-Hazards Analysis of the Time to Entry into a Detoxification Program among 1031 Users of Injection Drugs after the Opening of a Supervised Injecting Facility (SIF).\*

| Variable  | Unadjusted Relative Hazard (95% CI) | P Value | Adjusted Relative Hazard (95% CI) | P Value |
|---|-------------------------------------|---------|-----------------------------------|---------|
| Homelessness (yes vs. no) <sup>†</sup>          | 1.43 (1.07–1.91)                    | 0.02    | 1.42 (1.06–1.90)                  | 0.02    |
| Binge drug use (yes vs. no) <sup>†</sup>        | 1.44 (1.05–1.97)                    | 0.02    | 1.35 (0.98–1.85)                  | 0.06    |
| Ever in treatment (yes vs. no) <sup>‡</sup>     | 2.70 (1.56–4.65)                    | <0.001  | 2.43 (1.41–4.22)                  | 0.002   |
| Weekly use of SIF (yes vs. no) <sup>§</sup>     | 1.84 (1.34–2.52)                    | <0.001  | 1.72 (1.25–2.38)                  | 0.001   |
| Addictions counselor (yes vs. no) <sup>†§</sup> | 2.41 (1.55–3.77)                    | <0.001  | 1.98 (1.26–3.10)                  | 0.003   |

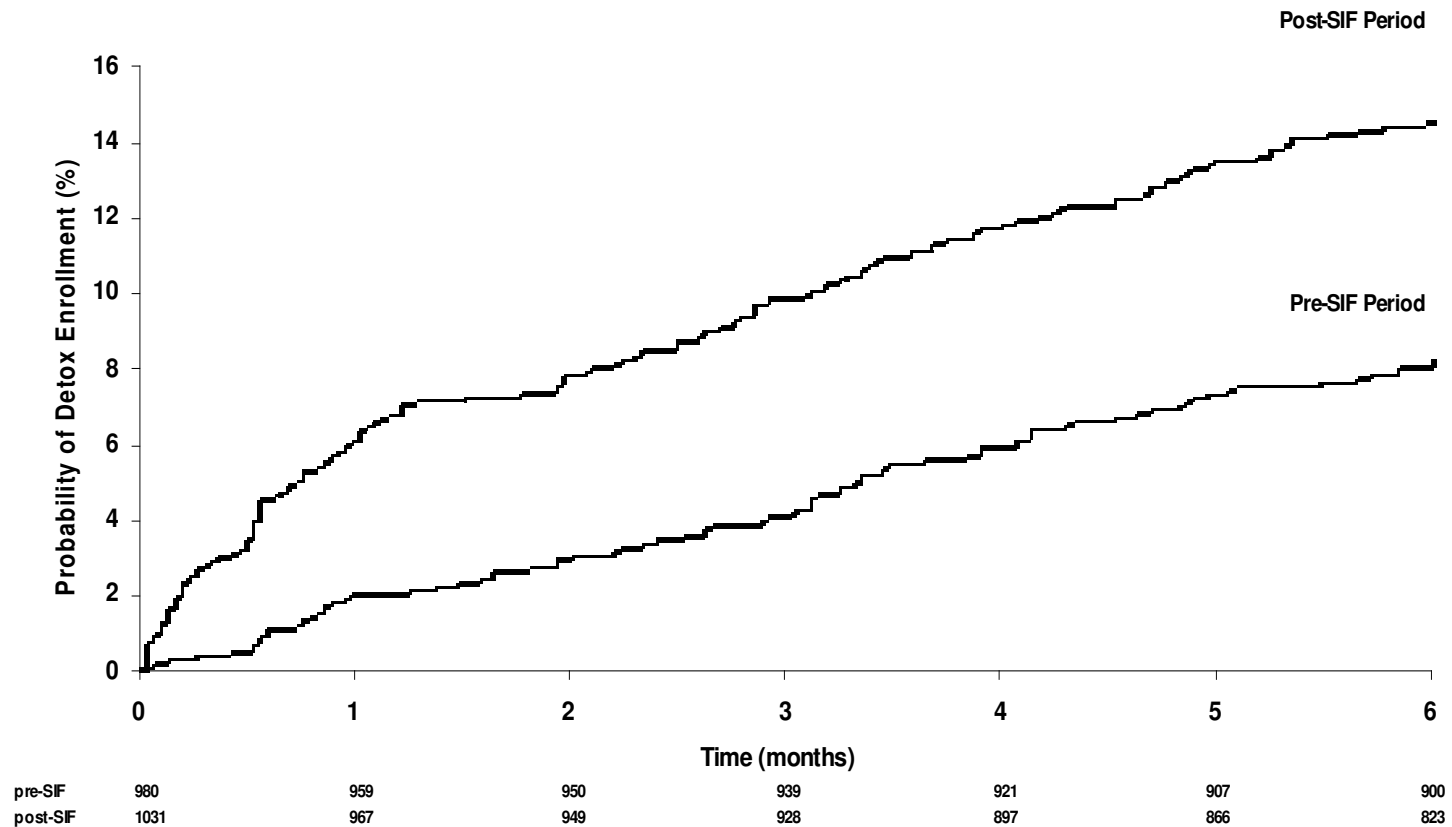
\* Use of a detoxification service was identified on the basis of database linkage. The model was adjusted for all variables that were significant ( $P < 0.05$ ) in unadjusted analyses, including all variables shown, as well as residence in the neighborhood of the supervised injecting facility (yes vs. no). Time zero was the date of recruitment, and participants who remained persistently out of a detoxification program were censored as of March 1, 2005. CI denotes confidence interval.

<sup>†</sup> The variable refers to activities during the previous six months.

<sup>‡</sup> The “ever in treatment” category refers to current or historical use of addiction-treatment services.

<sup>§</sup> Data for the “weekly use of SIF” category were derived from the database of the SIF, and weekly use was determined according to the average use before the censoring or event date.

**Figure1: Cumulative incidence of detoxification program initiation during the periods before and after the SIF's opening**





# Impact of SIF on Addiction Treatment

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The SIF's opening was associated with:

- ✓ >30% increase in detoxification service use
- ✓ increased rates of addiction treatment initiation
- ✓ reduced injecting at the SIF

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# Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study



Brandon D L Marshall, M-J Milloy, Evan Wood, Julio S G Montaner, Thomas Kerr

## Summary

**Background** Overdose from illicit drugs is a leading cause of premature mortality in North America. Internationally, more than 65 supervised injecting facilities (SIFs), where drug users can inject pre-obtained illicit drugs, have been opened as part of various strategies to reduce the harms associated with drug use. We sought to determine whether the opening of an SIF in Vancouver, BC, Canada, was associated with a reduction in overdose mortality.

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April 18, 2011  
DOI:10.1016/S0140-  
6736(10)62353-7

See Online/Comment  
DOI:10.1016/S0140-

*Marshall et al, Lancet, 2011*

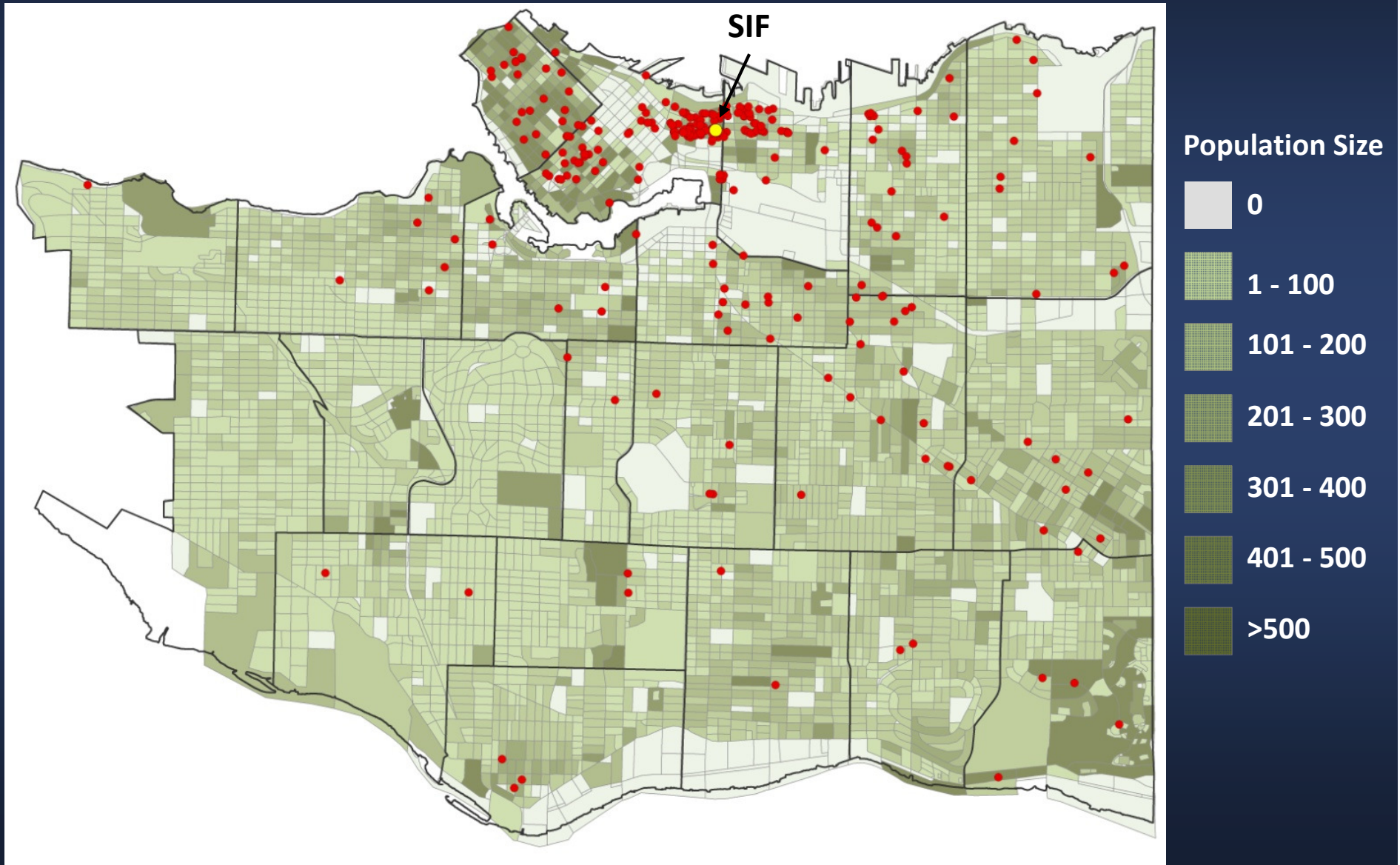
# Methods

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- **Location of death estimated using six-digit postal code**
- **Geocoding: ArcGIS using the Statistics Canada Postal Code Conversion File**
- **Area of interest: all blocks within 500 metres of the SIF**
- **Quasi-control: blocks >500m from the SIF**
- **Outcome: rate difference in OD mortality between the pre-SIF (Jan 1, 2001 – Sep 20, 2003) and post-SIF (Sep 21, 2003 – Dec 31, 2005) periods**

# Results

Fatal OD's in Vancouver between Jan 1, 2001 & Dec 31, 2005





|                               | ODs occurring in blocks within 500 m of the SIF* |                     | ODs occurring in blocks farther than 500 m of the SIF* |               |
|-------------------------------|--|---------------------|--|---------------|
|                               | Pre-SIF  | Post-SIF            | Pre-SIF  | Post-SIF      |
| Number of overdoses           | 56   | 33                  | 113  | 88            |
| Person-years at risk          | 22 066   | 19 991              | 1 479 792  | 1 271 246     |
| Overdose rate (95% CI)*       | 253.8 (187.3–320.3)                              | 165.1 (108.8–221.4) | 7.6 (6.2–9.0)  | 6.9 (5.5–8.4) |
| Rate difference (95% CI)*     | 88.7 (1.6–175.8): p=0.048                        | ..                  | 0.7 (-1.3–2.7): p=0.490                                | ..            |
| Percentage reduction (95% CI) | 35.0% (0.0%–57.7%)                               | ..                  | 9.3% (-19.8% to 31.4%)                                 | ..            |

SIF=supervised injection facility. Pre-SIF period=Jan 1, 2001, to Sept 20, 2003. Post-SIF period=Sept 21, 2003, to Dec 31, 2005. \*Expressed in units of per 100 000 person-years.

**Table 2: Overdose mortality rate in Vancouver between Jan 1, 2001, and Dec 31, 2005 (n=290), stratified by proximity to the SIF**

Overdose deaths declined by 35% in the area around Insite

*Marshall et al, Lancet, 2011*

## Is Vancouver Canada's supervised injection facility cost-saving?

Steven D. Pinkerton

If Insite closed:

- Annual number of incident HIV infections among Vancouver IDU increases from 179.3 to 262.8
- These 83.5 preventable infections are associated with \$17.6 million in life-time HIV-related medical care costs

# Substance Abuse Treatment, Prevention, and Policy



Short Report

Open Access

## Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime

Evan Wood<sup>\*1,2</sup>, Mark W Tyndall<sup>1,2</sup>, Calvin Lai<sup>1</sup>, Julio SG Montaner<sup>1,2</sup> and Thomas Kerr<sup>1,2</sup>

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*Wood et al, SATPP, 2006*

# **Circumstances of First Injection Among Illicit Drug Users Accessing a Medically Supervised Safer Injection Facility**

| Thomas Kerr, PhD, Mark W. Tyndall, MD, ScD, Ruth Zhang, MSc, Calvin Lai, MMath, Julio S.G. Montaner, MD, and Evan Wood, PhD

length of injecting career and circumstances surrounding initiation into injection drug use among a cohort of users of a safer injecting facility in Vancouver, British Columbia. The Vancouver safer injecting facility—known as Insite—opened in September 2003 as part of a 3-year pilot study.

The Scientific Evaluation of Supervised Injecting (SEOSI) cohort has been described previously.<sup>12</sup> In brief, the SEOSI participants were a representative sample of users of the Insite safer injecting facility derived through random recruitment at the

*Kerr et al, American Journal of Public Health, 2007*



# REVIEW

## Summary of findings from the evaluation of a pilot medically supervised safer injecting facility

Evan Wood, Mark W. Tyndall, Julio S. Montaner, Thomas Kerr

∞ See related article page 1395

### ABSTRACT

In many cities, infectious disease and overdose epidemics are occurring among illicit injection drug users (IDUs). To reduce these concerns, Vancouver opened a supervised safer injecting facility in September 2003. Within the facility, people inject pre-obtained illicit drugs under the supervision of medical staff. The program was granted a legal exemption by the Canadian government on the condition that a 3-year scientific evaluation of its impacts be conducted. In this review, we summarize the findings from evaluations in those 3 years, including characteristics of IDUs at the facility, public injection drug use and publicly discarded syringes, HIV risk behaviour, use of addiction treatment services and other community resources, and drug-related crime rates. Vancouver's safer injecting facility has been associated with an array of community and public health benefits without evidence of adverse impacts. These findings should be useful to other cities considering supervised injecting facilities and to governments considering regulating their use.

CMAJ 2006;175(11):1399-404

federal government that allowed operation of the facility was limited to 3 years and was granted on the condition that an external 3-year scientific evaluation of its impacts be conducted. Given the controversial nature of the program,<sup>14</sup> stakeholders agreed that all findings from the evaluation, including this report, should be externally peer-reviewed and published in the medical literature before dissemination. In this review we report on the 3 years' findings.

### Program and evaluation methods

As described previously,<sup>13</sup> the Vancouver safer injecting facility has 12 injection stalls where IDUs inject pre-obtained illicit drugs under the supervision of nurses. Nurses respond to overdoses and address other health needs (e.g., treating injection-site abscesses), and the facility has an addiction counselor and support staff who seek to meet the needs of IDUs or refer them to appropriate community resources (e.g., housing services, addiction treatment).<sup>13</sup>

Although the best strategy for evaluating the safer injecting facility would be to randomly assign IDUs to either full access or no access to the program, interventional study de-

# Politicizing and Misrepresenting the Science Surrounding Insite



International Narcotics Control Board



**Canadian Police Association**

The national voice for Canadian police personnel



August 28, 2006



**RCMP** 

Royal Canadian Mounted Police Gendarmerie royale du Canada

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**Safe Homes  
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## RCMP responds to media reports concerning supervised injection site reviews

**Ottawa - August 28, 2006** — Recently, two reviews on supervised injection sites (SIS) were made available. Some recent media reports have associated comments made by the authors of these reviews as the RCMP's position on supervised injection sites. The reviews reflect the opinions of the authors, and not of the RCMP.

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August 28, 2006



## RCMP Funded Report on Insite Research

Corrado (2006): “In general, the initial assessment of outcomes has been consistently positive.... There is, therefore, little to criticize or express caution over in the methodologies reported in the publications.”



Sep 1, 2006

# Police group takes aim at Vancouver safe injection site

Last Updated: Friday, September 1, 2006 | 5:31 PM ET

[CBC News](#)

The Canadian Police Association is urging the federal government to cut off all support for the controversial safe injection site in Vancouver's Downtown Eastside.

Delegates to the association's annual general meeting in Victoria passed the motion unanimously on Friday.

"We've created this enabling environment that's resulted in a sense of entitlement among drug addicts," said Const. Tom Stamatakis, president of the Vancouver Police Association and vice-president of the national association.

The safe injection site may have been a well-intentioned effort, he says, but it hasn't worked out as planned.

"This harm-reduction focus has led to unprecedented levels of crime in our city. Our citizens are saying that they don't feel safe," Stamatakis said.



Vancouver



**Canadian Police Association**  
**Association canadienne des policiers**

Sep 1, 2006



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Minister Clement deferred the decision on the Vancouver application to December 31st, 2007.

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## News Release

2006-85

September 1, 2006

For immediate release

### Minister Tony Clement:

"Do safe injection sites contribute to lowering drug use and fighting addiction? Right now the only thing the research to date has proven is drug addicts need more help to get off drugs,"



## THE JOURNAL OF GLOBAL DRUG POLICY AND PRACTICE

PRINT

A Critique of Canada's INSITE Injection Site and its Parent Philosophy: Implications and

“The institute supports efforts to vigorously oppose policies based on the concept of harm reduction.”

(see: <http://www.dfaf.org/globaldrugpolicy.php>)

### Abstract

This report provides a critical analysis of the evaluations done on INSITE, the drug injection site in operation in Vancouver, British Columbia, and billed as North America's first medically supervised injection facility. In doing so, it provides a documented historical discussion laying

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# *‘Harm reduction’ doesn’t work*

Last week, it was announced that the Conservative government will soon unveil a new national anti-drug strategy. The plan is said to feature a get-tough approach to illegal drugs, including a crackdown on grow-ops and drug gangs. And while it will also (wisely) include tens of millions for rehabilitation of addicts and for a national drug prevention campaign, it is said to retreat from safe-injection sites and other fashionable “harm-reduction” strategies introduced by the previous Liberal government.

To which we say: Good. This

last fall, the RCMP told Health Canada it had “concerns regarding any initiative that lowers the perceived risks associated with drug use. There is considerable evidence to show that, when the perceived risks associated to drug use decreases, there is a corresponding increase in number of people using drugs.”

That has certainly been the case in Europe. Currently there are more than three dozen major European cities on record against SISs. Most have had such facilities and closed them because they found that drug prob-

*National Post, May 29, 2007*






The supervised injection site is part of a harm reduction program that receives a paltry share of federal drug strategy money.

## IT ISN'T BALANCE WHEN OPINION RUNS AS FACT

**THE MEDIA |** A non-study in an un-journal is an unscientific screed  
against Vancouver's Insite by a drug prohibitionist network

 **4438 W 10th Ave**  
Vancouver, BC V6R 2H8



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Warehouse



Aug 20, 2007

“There has been more research done, and some of it has been questioning of the research that has already taken place and questioning of the methodology of those associated with Insite.”

“Clearly there is a public debate going on, and clearly there is an academic debate going on.”

-Tony Clement, Federal Minister of Health at the Canadian Medical Association Conference on Aug 20, 2007



October, 2008



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TYEE NEWS: *And the winners of the People's Order of B.C. are... »*

#### NEWS

## RCMP Quietly Funded Study Critical of Insite Effort

Tory minister cited report in effort to close safe injection clinic.  
By [Monte Paulsen](#), 8 Oct 2008, [TheTyee.ca](#)

[Tweet](#) 10 [Recommend](#) 54

The RCMP funded studies critical of Vancouver's supervised injection site ([Insite](#)), encouraged officers opposed to Insite to phone a popular radio talk show, and may have attempted to conceal these advocacy efforts from public view, according to allegations by the Pivot Legal Society.

"The RCMP used federal funds to finance politically motivated research," Pivot lawyer Douglas King told The Tyee.

The Harper government has repeatedly cited the RCMP-funded studies as justification for its repeated efforts to close Insite. In August of 2007, for example, Health



Health Minister Tony Clement.

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## POLICING

# Insite revelation proves RCMP needs watching



**GARY MASON**

[gmason@globeandmail.com](mailto:gmason@globeandmail.com)



LAW ENFORCEMENT

# Injecting truth

The RCMP were set to publicly acknowledge research on the benefits of supervised injection sites, like Vancouver's controversial Insite facility. Then they backed away.



# Insite & the RCMP

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- “there is an extensive body of Canadian and international peer-reviewed research reporting the benefits of supervised injection sites”
- “The RCMP commissioned...reports to provide an alternative analysis of existing SIF research...these reports did not meet conventional academic standards.”

May 2008

IN THE SUPREME COURT OF BRITISH COLUMBIA

Citation: *PHS Community Services Society v.  
Attorney General of Canada*,  
2008 BCSC 661

Between: *PHS Community Services Society,  
Dean Edward Wilson and Shelly Tomic*

CBCnews.ca

Home World Canada Health Arts & Entertainment Technology & Science Money Consumer Life  
British Columbia Calgary Edmonton Manitoba Montreal N.B. N.L. North N.S. Ottawa P.E.I.

## Minister Tony Clement:

“I think it's quite clear from my remarks that **there exists today a significant degree of uncertainty in the research...**...I can inform you today that I will be asking my colleague...the Minister of Justice, to appeal Judge Pitfield's decision at the earliest possible opportunity.”

Counsel for the Defendant: Attorney General  
of Canada

J.J.L.



The Insite supervised injection facility in Vancouver's Downtown Eastside has been operating since September 2003. (CBC)

However, Justice Ian Pitfield gave Ottawa until June 30, 2009, to fix the law and bring it in line with the constitutional principle of fundamental justice.

The ruling, in a case challenging the federal government's jurisdiction over Insite, Vancouver's controversial safe-injection site, goes well beyond the site itself.

The case was launched by the non-profit organization that runs Insite and a group of addicts, who argued the site addresses a public health crisis.

In a 60-page ruling released Tuesday, Pitfield found that sections of the federal Controlled Drugs and Substances Act are inconsistent with Section 7 of the Charter of Rights and Freedoms.

## ADDICTION

# Appeal court allows safe-injection site to stay open

BY NEAL HALL

VANCOUVER SUN

The B.C. Court of Appeal has dismissed a federal government appeal of an exemption granted InSite, Vancouver's supervised-injection site, which means the facility — the first of its kind in Canada — will remain open.

The federal government is expected to appeal Friday's ruling, a split 2-1 decision that carries an automatic right of appeal, to the Supreme Court of Canada.

Vancouver Mayor Gregor Robertson said he strongly supports the ruling and the continued operation of InSite to improve the lives of drug addicts.

"With this second consecutive decision in favour of InSite, I hope the federal government will drop its legal efforts so that we can go back to focusing on InSite for what it is — a harm-reduction facility that saves lives and improves health outcomes for those living with addictions," the mayor said in a statement.

Former Vancouver mayor Philip Owen also praised the ruling and predicted similar safe-injection sites will appear in other Canadian cities.

"We're going to have half a dozen of these across the country," he told a cheering crowd of InSite supporters gathered outside the Vancouver Law Courts on Friday.



PETER BATTISTONI/VANCOUVER SUN FILES

**InSite, Vancouver's supervised-injection site, is the first of its kind in Canada.**

called Friday's court ruling "a tremendous victory for [those of] us involved in the Downtown Eastside. It sends a very clear message to [Prime Minister] Stephen Harper and his draconian policies."

New Democrat MP for Vancouver East Libby Davies told the rally that the federal government should not waste further time and money on an appeal.

Friday's decision was greeted with applause by InSite supporters crowded into the normally staid courtroom, where Chief Justice Lance Finch read a summary of the ruling. The court also found that "The supervision of drug injection comes within the province's powers over health under Section 92 of the Constitution Act, 1867, and the province has exercised those

powers in a number of statutes related to the operation of InSite. As a result, the provincial and federal exercises of power overlap."

The lengthy court judgment is available online at: [www.courts.gov.bc.ca/jdb-txt/CA/10/00/2010BCCA0015.htm](http://www.courts.gov.bc.ca/jdb-txt/CA/10/00/2010BCCA0015.htm).

[nhall@vancouverian.com](mailto:nhall@vancouverian.com)

"The Minister's failure  
Insite...contravened the  
justice...Insite has been  
discernable negative impact  
objectives of Canada."

Respondent

Attorney General of  
Vancouver Coastal Health Au  
Canadian HIV/AIDS Lega

CACTUS Montréal  
Registered N  
Association of Regi  
Canadian Public Health A  
British Colum  
British Columbia Nurse

## Harper takes a hit: Supreme Court backs supervised-injection sites

BY PETER O'NEIL, POSTMEDIA NEWS SEPTEMBER 30, 2011

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STORY

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A sign sits over the InSite office following the Supreme Court of Canada decision on the future of the supervised drug injection clinic in Vancouver, British Columbia September 30, 2011.

Photograph by: Andy Clark, Reuters

OTTAWA — Prime Minister Stephen Harper said he is disappointed but will comply with Friday's Supreme Court of Canada ruling that has thrown open the door in British Columbia and across the country to new interveners

### MORE ON THIS STORY

- Link: SCOC ruling on supervised injection site
- Little impact on Supreme Court appointments in wake of Insite ruling: experts
- U.S. wanted Vancouver's supervised injection site closed
- Make-or-break court decision on Insite safe-injection project coming Friday
- Top court to rule Friday on Vancouver's supervised injection site
- Public health





# **The Canadian injecting room experience**



# Analysis of the 2011 Lancet study on deaths from overdose in the vicinity of Vancouver's Insite Supervised Injection Facility

## Executive Summary

Dr Greg Pike

Director, Southern Cross Bioethics Institute, South Australia

Dr Joe Santamaria

Epidemiologist, previous Dept Head of Community Medicine, St Vincents Hospital, Victoria, Australia

Dr Stuart Reece

Addiction Medicine practitioner, Queensland; Australia

Dr Robert DuPont

First President of the United States' National Institute of Drug Abuse (NIDA)

Dr Colin Mangham

Director of Research, Drug Prevention Network of Canada

Gary Christian

Research Coordinator, Drug Free Australia

In an article published in The Lancet on April 18 2011, it was claimed that Vancouver's Insite Supervised Injection Facility, which commenced operations on 21 September 2003, was associated with a 35% decrease in overdose deaths in its immediate surrounding area compared with the rest of Vancouver which had decreases of 9%. However, the article contains serious errors which make that claim unsustainable.

The Lancet article's claim that all overdose deaths in Vancouver declined between 2001 and 2005 is strongly influenced by the inclusion of the year 2001, a year of markedly higher heroin availability and overdose fatalities than all subsequent years. A study period starting from 2002 in fact shows an increasing trend of overdose deaths. The higher availability of heroin in 2001 was the subject of two previous journal articles by three of the Lancet article's researchers, but was not acknowledged in this current study.

The Lancet article's researchers also failed to mention that 50-66 extra police were specifically assigned to the 12 city blocks surrounding Insite since April 2003 which are a significant part of the target area in which the questionable 35% reduction was said to occur. A change in policing such as this could account for any possible shift in overdose deaths from the vicinity of Insite. Remarkably, three of the Lancet article's researchers had previously published a detailed analysis of the effects of the changed policing, where they described drug users as 'displaced' from the area around Insite.

The facility is statistically capable of saving just one life per year from fatal overdose, a reduction which would not be detectable at the population level. This estimate is backed by the European Monitoring Centre's methodology and avoids the error of naively assuming overdose rates in the facility match overdose rates in the community.

In their unsubstantiated claim of decreased overdose deaths as a result of Insite's presence, the researchers further failed to mention that 41% of British Columbia's overdose fatalities are not even injection-related, and therefore not relevant to any putative impact Insite may have.



# FULLCOMMENT

## Barbara Kay: The Supreme Court used flawed data to make its Insite decision



Kyla Howard injects heroin in an alley at Hastings and Main in the Downtown East Side.

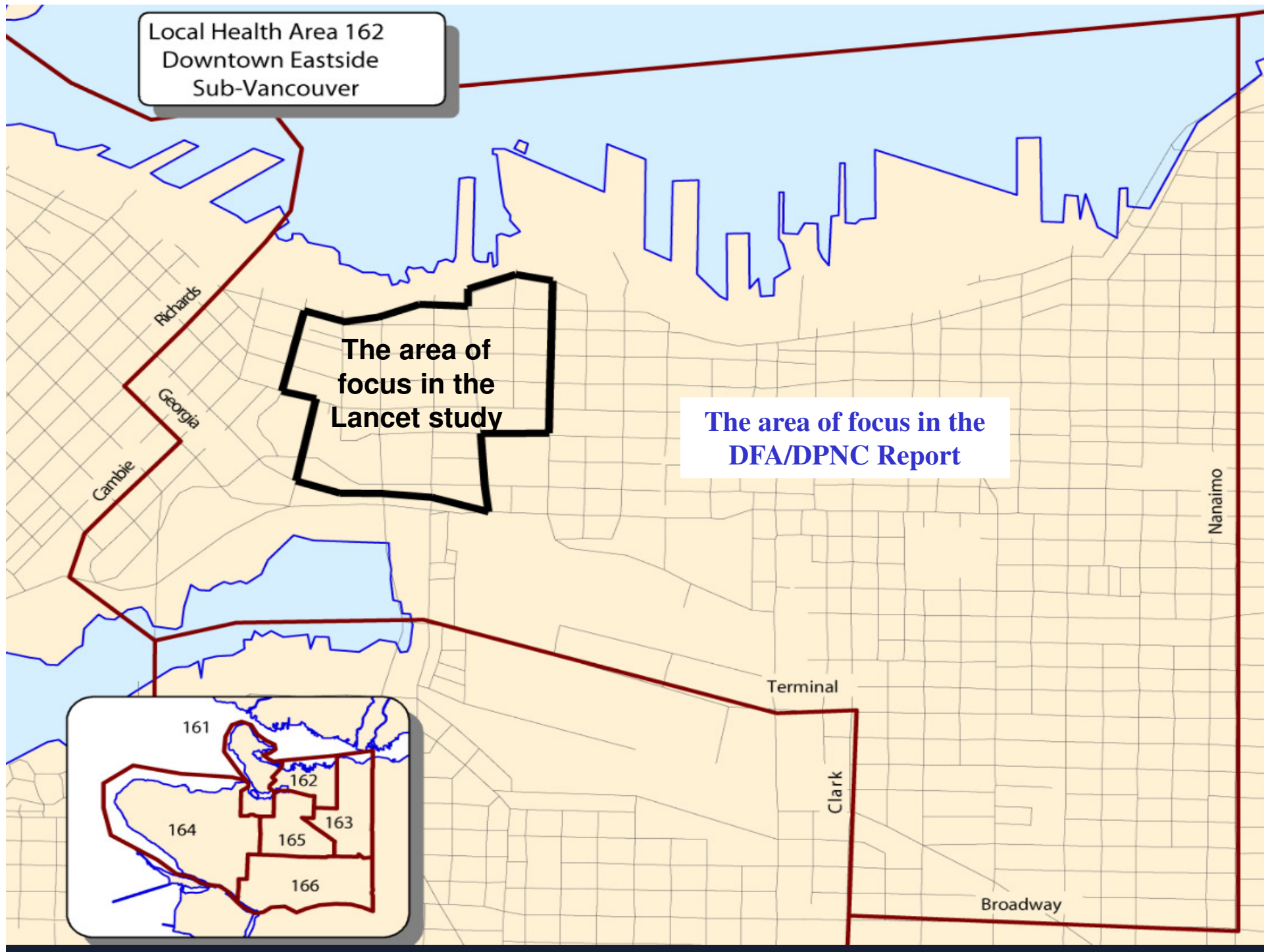
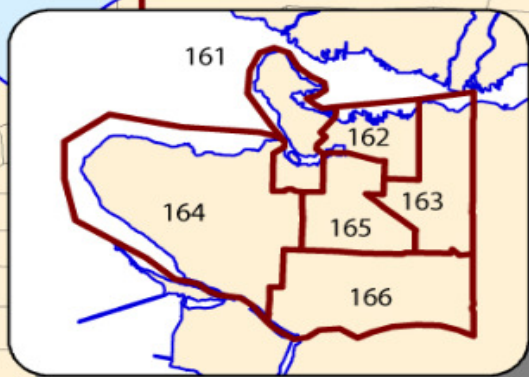
Brent Foster/National Post



Local Health Area 162  
Downtown Eastside  
Sub-Vancouver

The area of  
focus in the  
Lancet study

The area of focus in the  
DFA/DPNC Report



# The Complaint



Promoting National Drug Prevention Initiatives

21 September 2011

Dr John Hepburn  
Vice President Research & International  
University of British Columbia  
Room 224, Old Administration Building  
6328 Memorial Road  
Vancouver, BC V6T 1Z2 Canada  
[vpr@exchange.ubc.ca](mailto:vpr@exchange.ubc.ca)

Dear Dr Hepburn

I communicate as Research Coordinator of an international team of medical doctors and PhDs convened by Drug Free Australia to analyse readily apparent anomalies in an influential Lancet study researched by members of the British Columbia Centre for Excellence in HIV/AIDS which we understand is ultimately answerable, in terms of accountability and scholarly integrity, to the University of British Columbia's Research and International Office.

The Lancet study to which we refer was released online on 18 April 2011 titled "Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study." The study is found at <http://www.communityinsite.ca/injfacility.pdf>. The researchers who produced this article were Dr Brandon D L Marshall, M-J Milloy, Dr Evan Wood, Dr Julio S G Montaner and Dr Thomas Kerr.



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Media Release | Oct. 18, 2011

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## Allegations against UBC researchers' study on Insite "without merit:" independent reviewer

An independent reviewer has dismissed concerns over a study that shows a 35-per-cent decrease in overdose deaths after the opening of Insite, North America's only supervised injection facility.

Published in the prestigious British medical journal *The Lancet* on April 18, 2011, the study, titled *Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study*, was the first to assess the impact of supervised injection sites on overdose mortality.

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**Brian Lin**



# Science in retreat

Canada has been scientifically healthy.  
Not so its government.

Comparisons of nations' scientific outputs over the years have shown that Canada's researchers have plenty to be proud of, consistently maintaining their country's position among the world's top ten (see, for example, *Nature* **430**, 311–316; 2004). Alas, their government's track record is dismal by comparison.

When the Canadian government announced earlier this year that it was closing the office of the national science adviser, few in the country's science community were surprised. Science has long faced an uphill battle for recognition in Canada, but the slope became steeper when the Conservative government was elected in 2006.

The decision in 2004 by the then prime minister Paul Martin to appoint a scientist for independent, non-partisan advice on science and technology was a good one — in principle. Arthur Carty, the chemist who secured the position, duly relinquished his post as president of the National Research Council Canada, which he had revitalized.

But his new office was destined to fail. The budget was abysmal

In January, it muzzled Environment Canada's scientists, ordering them to route all media enquires through Ottawa to control the agency's media message. Last week, the prime minister and members of the cabinet failed to attend a ceremony to honour the Canadian scientists who contributed to the international climate-change report that won a share of the 2007 Nobel Peace Prize.

Harper sees himself as the leader of a 'global energy powerhouse' and is committing Canada to a fossil-fuel economy. More than 40 companies have a stake in mining and upgrading the bitumen from the oil sands in Alberta and churning out 1.2 million barrels a day. This activity generates three times as much greenhouse gas as conventional oil drilling. Emissions from Canada's oil and gas industry have risen by 42% since 1990.

There are deeper and more chronic problems for Canadian science. On the surface, funding for university-based research seems strong. The annual budgets for the Canadian Institutes of Health Research (CIHR) and the National Sciences and Engineering Research Council tripled and doubled, respectively, between 2000 and 2005. The government has also supported new science projects through government-created corporations such as Genome Canada and the Canada Foundation for Innovation, and has recruited and retained promising young scientists through the Canada Research Chairs programme.

What's next?

# Exploring New Models of Supervised Consumption: The Dr. Peter Centre

## The Dr. Peter Centre

- The Harm Reduction Room (HRR) opened in April 2002
- The HRR includes 3 spaces for injecting



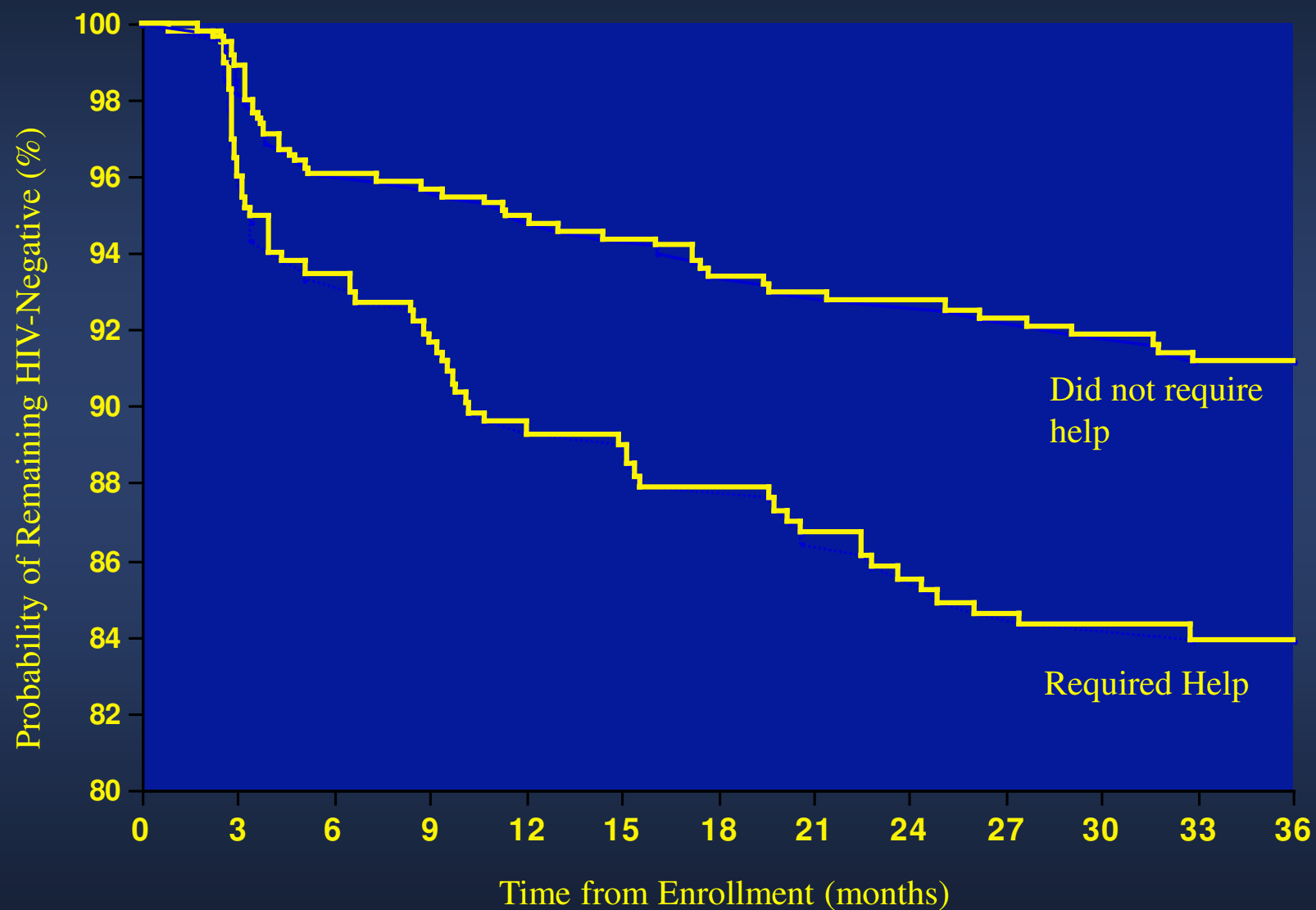


# Unaddressed Issue: Assisted injection

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## Time to HIV infection among Vancouver IDUs stratified by requiring help injecting



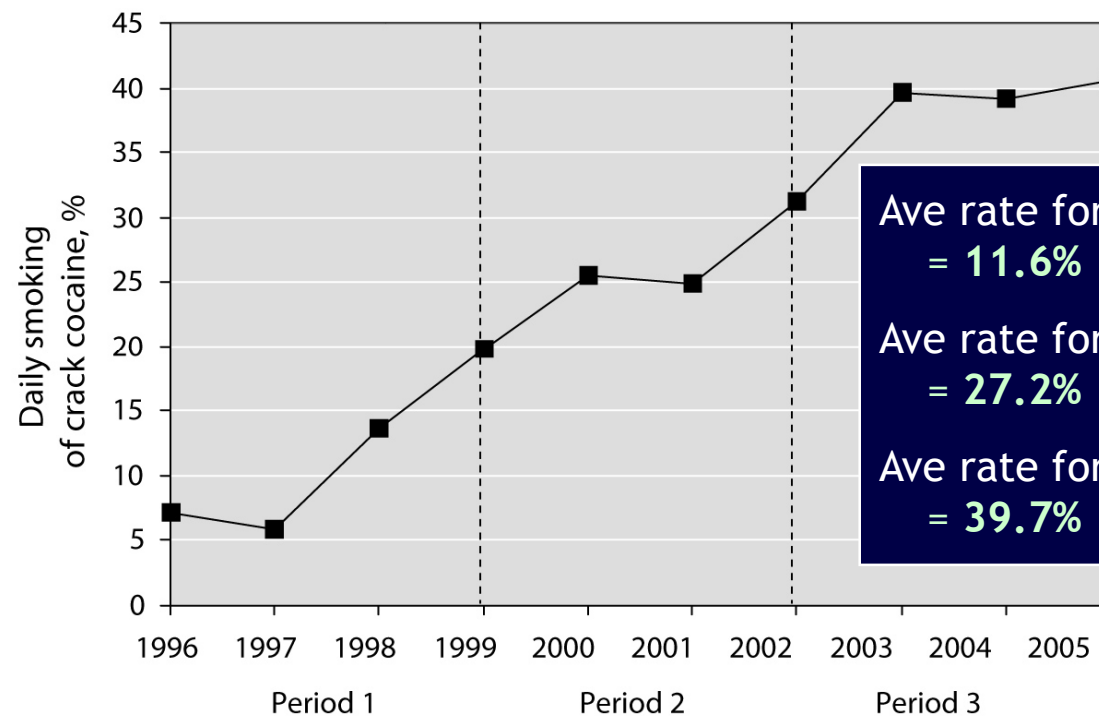


# Unaddressed Issue: Crack Cocaine Use

CMAJ

RESEARCH

## Rate of daily crack use among cohort of injection drug users in Vancouver



Ave rate for '96-'99  
= **11.6%**

Ave rate for '00-'02  
= **27.2%**

Ave rate for '03-'05  
= **39.7%**

reported daily smoking of crack cocaine increased from 11.6% in period 1 to 39.7% in period 3. After adjusting for potential confounders, we found that the risk of HIV seroconversion among participants who were daily smokers of crack cocaine increased over time (period 1: hazard ratio [HR] 1.03, 95% confidence interval [CI] 0.57–1.85; period 2: HR 1.68, 95% CI 1.01–2.80; and period 3: HR 2.74, 95% CI 1.06–7.11).

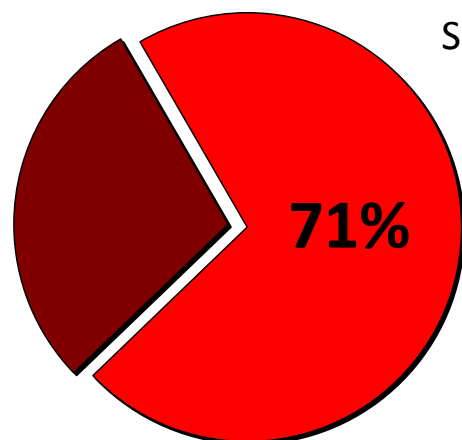
**Interpretation:** Smoking of crack cocaine was found to be

study to evaluate whether smoking of crack cocaine has emerged as a risk factor for HIV infection among people who inject drugs.

### Methods

#### Study design

We obtained data from the Vancouver Injection Drug Users



**271 (71%) Crack Users Who Smoke in Public Areas were Willing to Use an Inhalation Room**

- Willing to use an inhalation room
- Not Willing

cocaine smoking; daily heroin injection; having encounters with police; and engaging in drug dealing. In sub analysis, 71% of public crack smokers reported willingness to use a supervised inhalation facility. Factors independently associated with willingness include: female gender, engaging in risky pipe sharing; and having encounters with police.

**Conclusion:** We found a high prevalence of public crack smoking locally, and this behavior was independently associated with encounters with police. However, a majority of public crack smokers reported being willing to use a supervised inhalation facility, and individuals who had recent encounters with police were more likely to report willingness. These findings suggest that supervised inhalation facilities offer potential to reduce street-disorder and reduce encounters with police.

#### Background

The use of illicit drugs in public settings, including street, alleys and parks is both a public health and public order concern in many urban areas [1-3]. To date, the use of injection drugs in public settings has received the most attention from policy-makers and public health researchers [2,4,5]. Public injecting is known to present problems for citizens who reside in or around areas where public drug use is prevalent, and scientific studies have documented that using injection drugs in public settings can discourage safer injecting practices resulting in many public health problems, including increased risk

for drug overdoses, events and HIV and other blood-borne infections [6-8]. As a result, some cities have implemented supervised injection facilities which aim to provide an alternative injecting environment that reduces both the health risks associated with injection drug use and the street disorder it can generate [9-13]. While supervised injection facilities have been noted to have measurable success in achieving these public health and public order objectives, the use of inhalable drugs, particularly crack cocaine smoking, has been growing in popularity in many street-based drug scenes [14-16].

In Vancouver, Canada the popularity of crack cocaine and ease of administration through smoking has made public crack cocaine use a common feature of the streets in the city's drug use epicentre, known as the Downtown Eastside [17]. Public crack cocaine smoking

\* Correspondence: uhrf-ew@cfenet.ubc.ca

<sup>1</sup>British Columbia Centre for Excellence in HIV/AIDS, Vancouver, Canada  
Full list of author information is available at the end of the article









# Conclusions

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- 📄 Supervised injection sites are evidence-based interventions
- 📄 These programs remain controversial and under-utilized
- 📄 Efforts are now need to explore “second-order” questions
- 📄 Future directions might include expanding programming to include supervised inhalation programs

# Acknowledgements

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- Study participants
- InSite users
- UHRI staff
- Insite/PHS staff
- Vancouver Coastal Health/BC Ministry of Health

# Further information

<http://uhri.cfenet.ubc.ca/>




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## The Urban Health Research Initiative

The Urban Health Research Initiative (UHRI) was established in 2007 as a program of the [British Columbia Centre for Excellence in HIV/AIDS](#) at [St. Paul's Hospital](#) in Vancouver, Canada. Led by principal investigators [Thomas Kerr](#), PhD, and [Evan Wood](#), MD, PhD, UHRI is based on a network of studies that have been developed to help identify and understand the many factors that affect the health of urban populations, with a focus on substance use, infectious diseases, the urban environment and homelessness. [More...](#)

### What's New


Victoria, BC, has been without a fixed site needle exchange since the closure of the Cormorant Street site nearly a year ago.

"Victoria is breaking international health guidelines on HIV/AIDS prevention by failing to provide adequate needle exchange facilities, says Thomas Kerr, a health researcher with the B.C. Centre for Excellence."


Read the April 7 article in the *Times Colonist*:  
[Health researcher calls for Victoria needle exchange](#)

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UHRI directors respond to the recent controversy sparked by Canadian science minister Gary



British Columbia  
Centre for Excellence  
in HIV/AIDS



Providence  
HEALTH CARE  
How you want to be treated.



DIVISION OF AIDS

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### Thank You!

The UHRI team is committed to research that improves the health and well-being of individuals and communities. Our work depends on the willingness of many people to share with us the facts and stories of their lives. We gratefully acknowledge our study participants and their immense contribution to our efforts.

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