

The Role of the Scientific Community in the Shaping of Evidence-Based Drug Policy

Vancouver's Supervised Injection Site as an Illuminating Example

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**Scientists have a
responsibility to share the
meaning and implications of
their work**

Barriers to Evidence-Based Drug Policy

1. Traditional modes of dissemination are not sufficient to ensure the adoption of scientific evidence in drug policy

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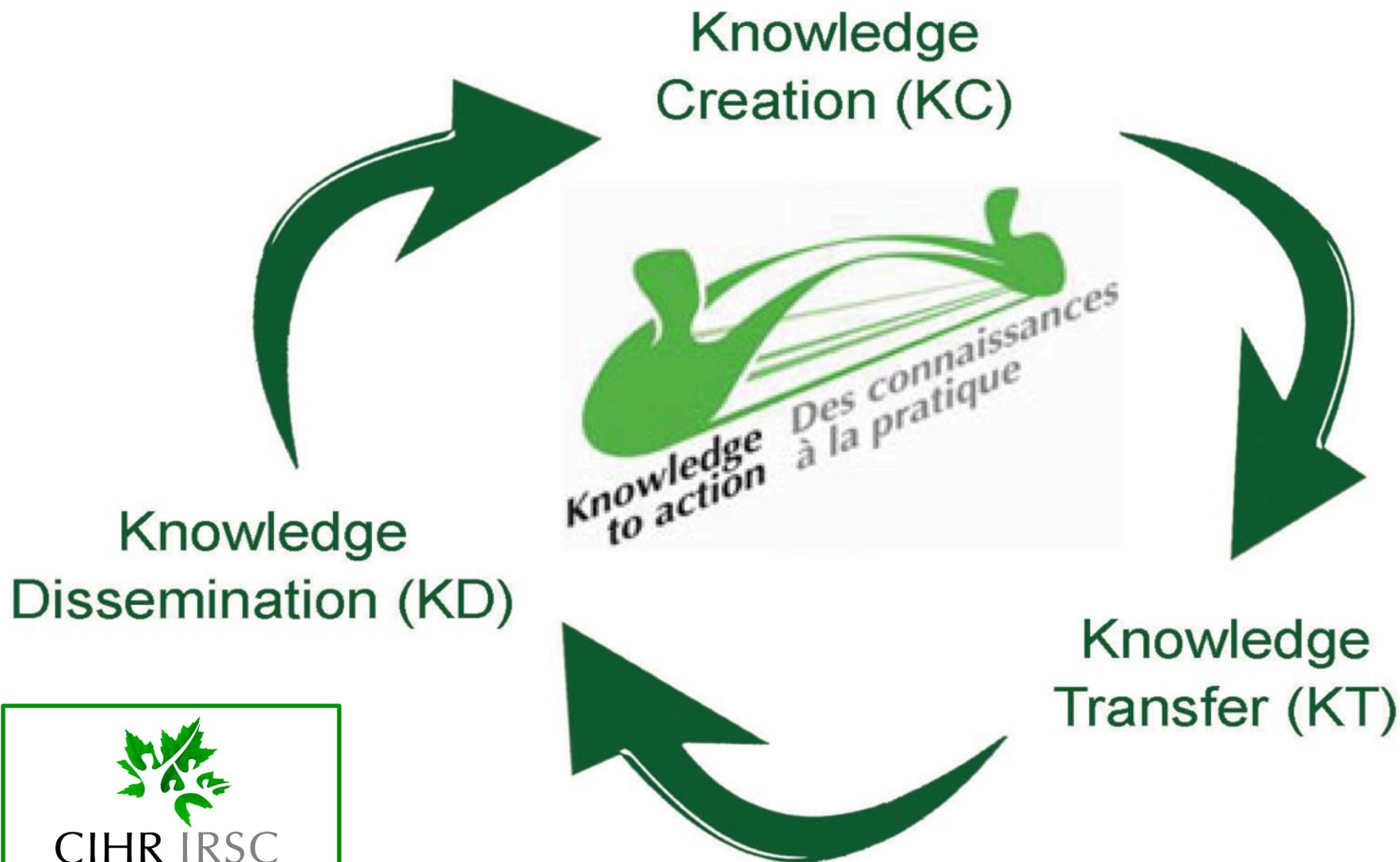
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4. **The politicization of science by governments, industry, and special interest groups**

Knowledge Translation



CIHR IRSC

Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Knowledge Translation Activities

ANALYSIS AND COMMENT

DEBECK AND KERR

The use of knowledge translation and legal proceedings to support evidence-based drug policy in Canada: opportunities and ongoing challenges

KORA DEBECK, THOMAS KERR

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THE ROLE OF EVIDENCE-BASED MEDICINE IN IMPROVING health services and health outcomes is widely recognized in the realm of health care policy.^{1,2} However, there is growing recognition, particularly in the areas of illicit drug policy and HIV prevention, that policy-makers are in many instances implementing sub-optimal programs and services because they are not basing their decisions on the best available scientific evidence.³⁻⁷ The negative impact this has had on the health of marginalized groups, including people who use injection drugs,⁷ has prompted interest in identifying strategies that can support the implementation of evidence-based policies.⁸

One notable example where a policy-making body has failed to use scientific evidence to inform public policy is the Canadian federal government's opposition to Vancouver's supervised injection facility, Insite. This opposition has persisted despite a large body of scientific evidence indicating that the program is associated with

a range of health and social benefits.^{8,9} The government's position on the supervised injection facility has spurred reactions from a broad range of individuals, organizations and politicians. In particular, two approaches have been pursued in an attempt to shift drug policy toward an evidence-based approach and maintain the operation of this evidence-based health facility. The first approach involved knowledge translation (KT), which rests on the assumption that the gap between research and policy is largely the result of a failure to present research findings in terms that are meaningful and accessible to policy-makers.^{10,11} However, when the gap between research and policy is the result of ideological conviction taking priority over scientific evidence, as in the case of Insite, KT approaches do not work. Because federal policy-makers disregarded scientific evidence of the benefits of Insite, a second approach was used to support the continued operation of this facility: legal arguments and proceedings. We hope that an overview of these two approaches will offer lessons for the implementation of evidence-based policies in other areas of health and social policy and highlight some of the ongoing challenges to the application of evidence-based policies in controversial areas.

The establishment of a supervised injection facility in Vancouver, Canada

In the wake of a public health disaster characterized by a generalized epidemic of HIV infection among its local injection drug user population and high rates of drug-related overdose deaths, community and public health leaders in Vancouver, Canada, established a supervised injection facility called Insite.¹²⁻¹³ Insite is a place where injection drug users can bring pre-obtained illicit drugs and inject in a sterile environment, with clean injecting equipment, under the supervision of a nurse.⁸ In order to operate, the injection facility was granted an exemption from Canada's Controlled Drugs and Substances Act under the premise that it was a medical experiment and would undergo extensive evaluation. When it opened in 2003 the B.C. Centre for Excellence in HIV/AIDS initiated an ongoing and rigorous scientific evaluation to determine whether there was evidence of benefits or harms to health and to the community.^{14,15} In the first five years of the scientific evaluation, over 30 studies were published in peer-reviewed journals demonstrating that the facility was associated with a range of health and social benefits and not associated with adverse effects.⁸ Although this body of evidence would be sufficient to justify the expansion of just about any other public health

Box 1: Highlights of knowledge translation activities supporting evidence-based policies and the continued operation of Insite, Vancouver's supervised injection facility¹

Media engagement

- Educated media about research findings through media briefs
- Participated in hundreds of media interviews
- Wrote letters to the editor, op-eds and commentaries for newspapers and magazines

Plain language summaries

- Synthesized research into reader-friendly summaries (both long and short versions)
- Distributed summaries to policy-makers and other stakeholders, including a summary report sent to all federal members of Parliament

Oral presentations

- Delivered dozens of presentations to a wide range of audiences, including the Canadian parliament; provincial and municipal policy-makers and advisers; health care providers; community groups, including Insite's local community; and the general public

Internet

- Developed a webpage dedicated to posting research findings and plain language summaries (see the [Urban Health Research Initiative website](#))

Political commentaries in academic journals

- Published multiple commentaries describing the political situation around the evaluation of the supervised injection facility and the disregard of scientific evidence by the Canadian government^{6,9,28-33}

¹ These knowledge translation activities were conducted primarily by the principal investigators of the scientific evaluation of Insite, Drs Thomas Kerr and Evan Wood.

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4. The politicization of science by governments, industry, and special interest groups

Communicating Scientific Results

Looking into the frontal lobes of live mice at a cellular level, researchers found that, after just one dose of cocaine, the rodents showed fast and robust growth of dendritic spines

“These drug-induced changes in the brain may explain how drug related cues come to dominate decision-making in a human drug user” said researchers



Cocaine rewires brain after single use, study says

Published August 28, 2013 / news.com.au



Print

Email

Using cocaine once is enough to rewire the brain and cause addiction, according to new research.

Health outcomes associated with methamphetamine use among young people: a systematic review

Brandon D. L. Marshall^{1,2} & Daniel Werb^{1,2}

British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Vancouver, BC, Canada,¹ School of Population and Public Health, University of British Columbia, Vancouver, BC, Canada²

ABSTRACT

Objectives Methamphetamine (MA) use among young people is of significant social, economic and public health concern to affected communities and policy makers. While responses have focused upon various perceived severe harms of MA use, effective public health interventions require a strong scientific evidence base. **Methods** We conducted a systematic review to identify scientific studies investigating health outcomes associated with MA use among young people aged 10–24 years. The International Classification of Diseases (ICD-10) was used to categorize outcomes and determine the level of evidence for each series of harms. **Results** We identified 47 eligible studies for review. Consistent associations were observed between MA use and several mental health outcomes, including depression, suicidal ideation and psychosis. Suicide and overdose appear to be significant sources of morbidity and mortality among young MA users. Evidence for a strong association between MA use and increased risk of human immunodeficiency virus (HIV) and other sexually transmitted infections is equivocal. Finally, we identified only weak evidence of an association between MA use and dental diseases among young people. **Conclusions** Available evidence indicates a consistent relationship between MA use and mental health outcomes (e.g. depression, psychosis) and an increased risk of mortality due to suicide and overdose. We found insufficient evidence of an association between MA use and other previously cited harms, including infectious diseases and dental outcomes. As such, future research of higher methodological quality is required to further investigate possible associations. Current interventions should focus attention upon MA-related health outcomes for which sound scientific evidence is available.

Confirmation Bias

tendency to support or interpret scientific evidence in a way that confirms commonly held beliefs or hypotheses

“A strong association between meth use and increased risk of HIV has been substantiated by multiple studies (Marshall & Werb, 2010)”

“Another common result of MA use is what is known as meth mouth. This is a serious oral issue which involves extreme decay and loss of teeth (Marshall & Werb, 2010)”

Confirmation Bias

However, we failed to observe a strong evidence base for several previously cited MA-related harms, including an increased risk of HIV/STI infection and onset of dental diseases such as tooth decay among MA users.

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insite



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39

F. Missy Deb
BRYAN A

Tommy Managivas

Lacy Jones
Chucky McRae

Gregory Pappin

Chuck Feth

ALAN KELE

DANNY LEE

DR. JIM

Scott Kiddle

Doreen McKeown

Tommy Smith

RIP

Little Alex

Don't know what
to say at
this time
but rest
easy



TO GLEN WEIR ON BEST FRIENDS
TO TOM MUEGGS WHO
WITH GLEN KEPT US IN STRAITS DURING

DEB. GEORGE W. WILLIAMS

JENNIFER CRAWFORD

WESTON
C.A.

AIT

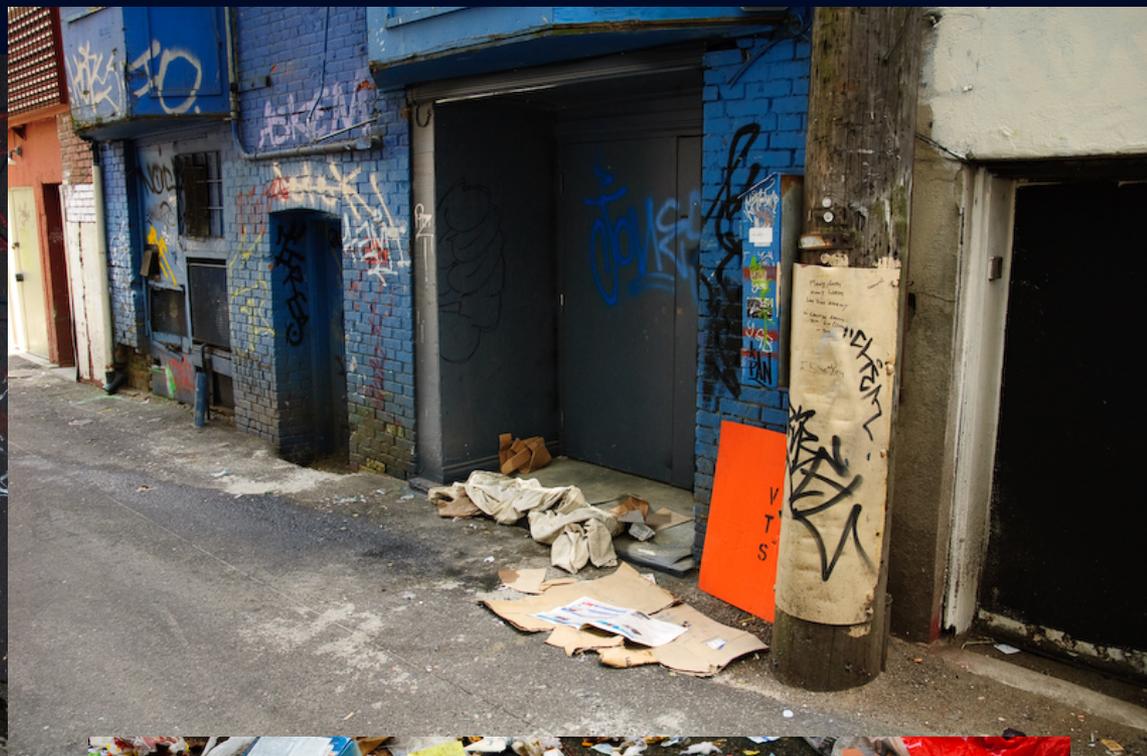
WESLEY

my mom

LOVE
FOREVER

remembered with
love
J.P.
lots of love
Shannon

we remember because we cannot forget.
VANDU's 10-year anniversary / July 19, 2008



Aims of Insite

- ✧ **Reduce public injection drug use and the unsafe disposal of syringes in public spaces**
- ✧ **Reduce overdose and infectious disease risk**
- ✧ **Improve access to healthcare services among people who inject drugs (IDU)**



insite
6
Book Six

insite
7
Book Seven

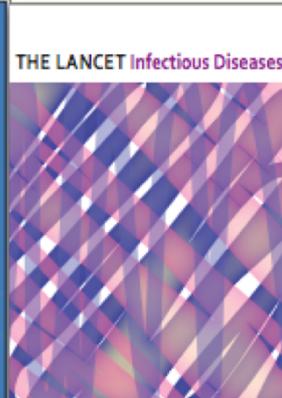
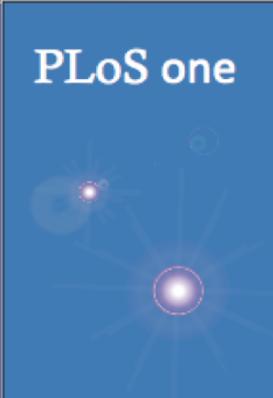
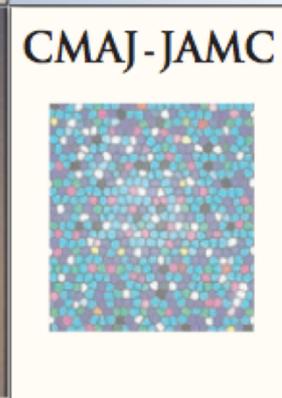
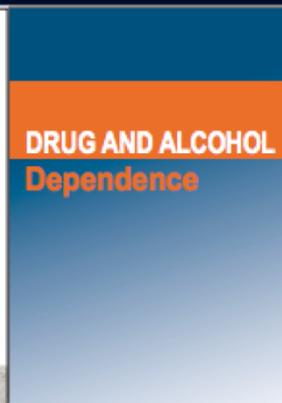
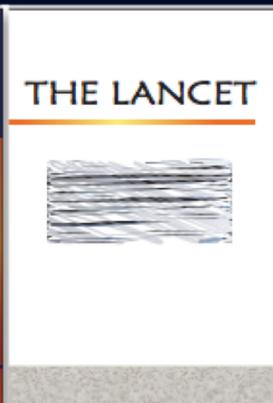
insite
8
Book Eight

insite
9
Book Nine

High entry entrance

insite
7
Book Seven

The Scientific Evaluation of Insite



Is Insite Reaching Its Target Population?

- ✧ **More than 2,000,000 visits in ten years of operation**
- ✧ **Over 12,000 individuals are registered**
- ✧ **An average of 1,000 visits/day (at capacity)**
- ✧ **500 overdose events annually**
- ✧ **No deaths**

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.

Methods We examined population-based overdose mortality rates for the period before (Jan 1, 2001, to Sept 20, 2003) and after (Sept 21, 2003, to Dec 31, 2005) the opening of the Vancouver SIF. The location of death was determined from provincial coroner records. We compared overdose fatality rates within an a priori specified 500 m radius of the SIF and for the rest of the city.

Findings Of 290 decedents, 229 (79.0%) were male, and the median age at death was 40 years (IQR 32–48 years). A third (89, 30.7%) of deaths occurred in city blocks within 500 m of the SIF. The fatal overdose rate in this area decreased by 35.0% after the opening of the SIF, from 253.8 to 165.1 deaths per 100 000 person-years ($p=0.048$). By contrast, during the same period, the fatal overdose rate in the rest of the city decreased by only 9.3%, from 7.6 to 6.9 deaths per 100 000 person-years ($p=0.490$). There was a significant interaction of rate differences across strata ($p=0.049$).

Interpretation SIFs should be considered where injection drug use is prevalent, particularly in areas with high densities of overdose.

Funding Vancouver Coastal Health, Canadian Institutes of Health Research, and the Michael Smith Foundation for Health Research.

Introduction

Injecting drug users (IDUs) have a much higher risk of

with an increased risk of fatal overdose. Although the risk factors for fatal overdose have been well described,

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See [Comment](#) page 1385

British Columbia Centre for Excellence in HIV/AIDS

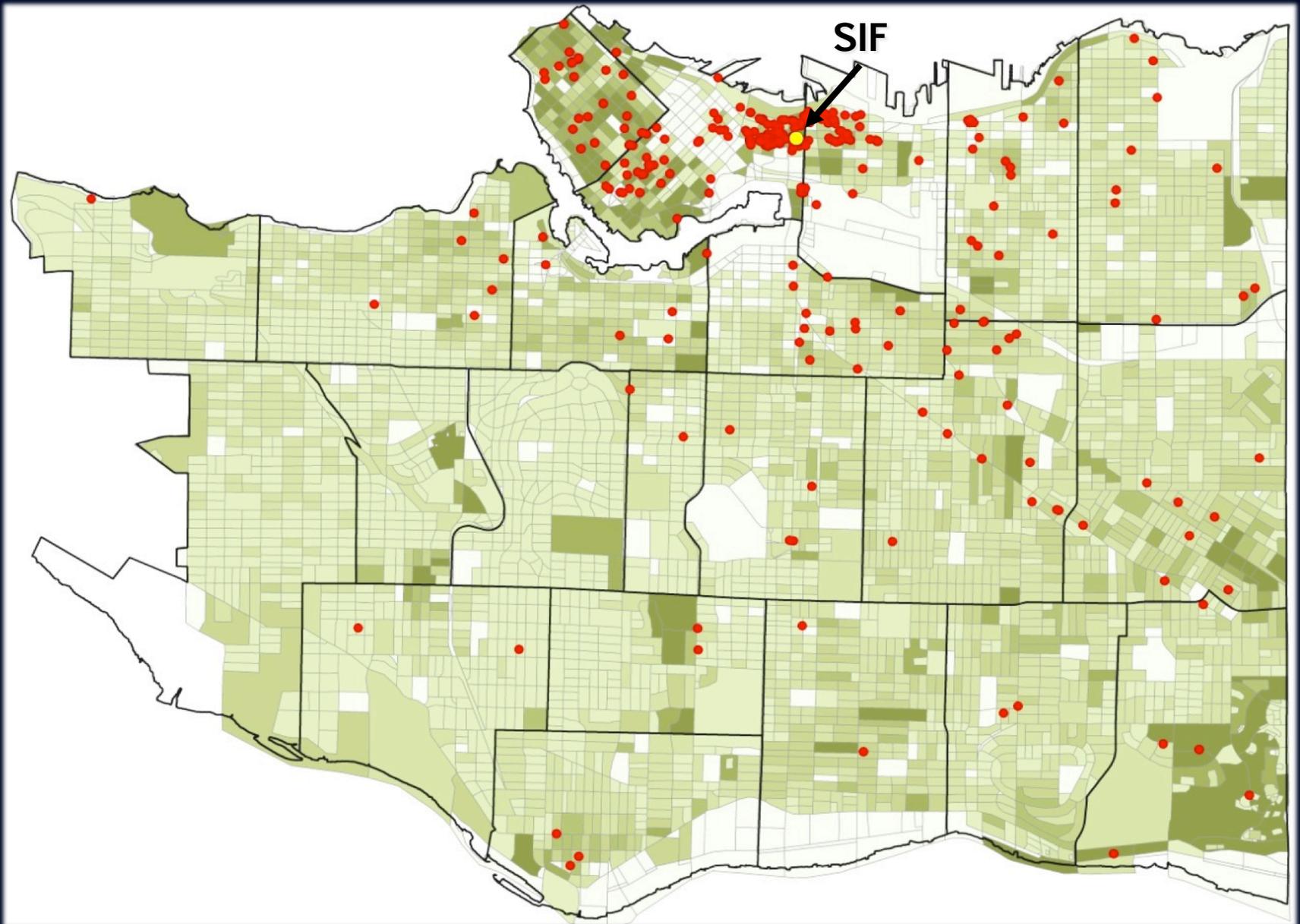
(B D L Marshall PhD, M-J Milloy MSc, E Wood PhD, Prof J S G Montaner MD, T Kerr PhD), Faculty of Medicine (E Wood, J S G Montaner, T Kerr), School of Population and Public Health, University of British Columbia (M-J Milloy), Vancouver, BC, Canada; and Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, NY, USA (B D L Marshall)

Correspondence to Thomas Kerr, Urban Health Research Initiative, BC Centre for Excellence in HIV/AIDS, St Paul's Hospital, 608–1081 Burrard Street, Vancouver, BC, Canada, V6Z 1Y6 uhri-tk@cfenet.ubc.ca

Methods

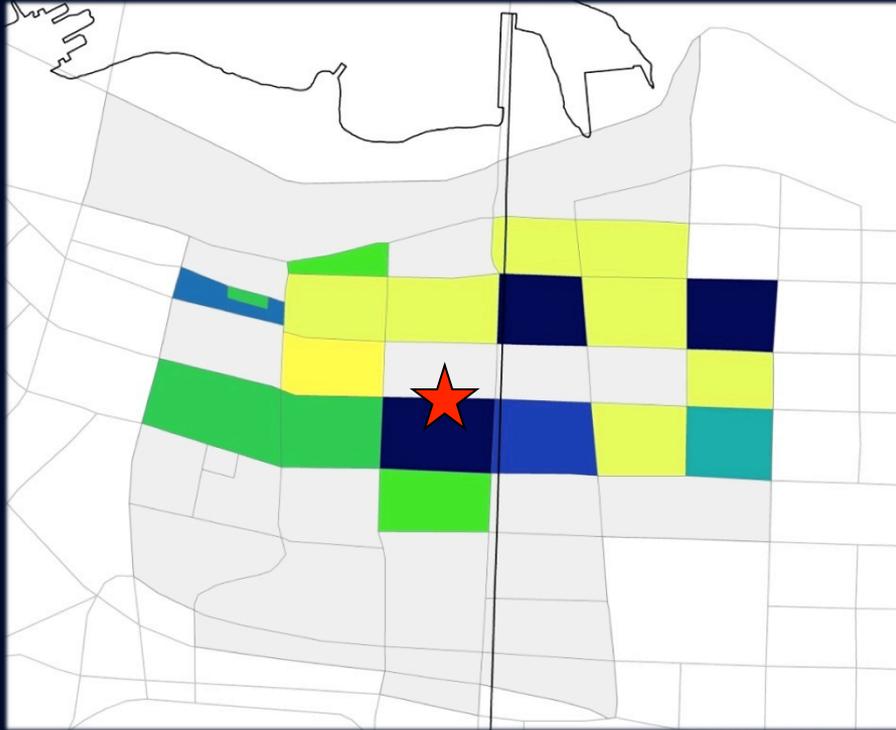
- ✧ **Design: population-based retrospective before/after study**
- ✧ **Sample: all deaths deemed by the Coroner to be caused by an accidental illicit drug overdose in the City of Vancouver between Jan 2001 and Dec 2005**
- ✧ **Analysis: geocoded all deaths in ArcGIS**
- ✧ **Area of interest: all city blocks within 500m of the SIF (quasi-control: blocks >500m from SIF)**

Fatal Overdoses in Vancouver, Jan 1, 2001 – Dec 31, 2005



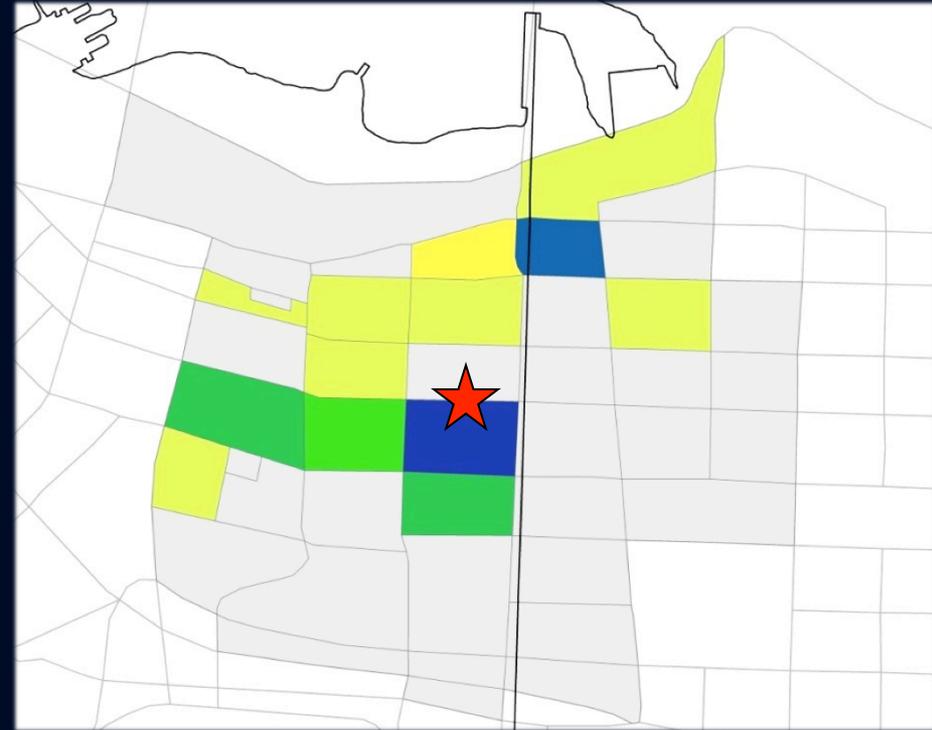
Fatal Overdose Rates Before and After SIF Opening

Pre-SIF: Jan 1, 2001 – Sep 20, 2003



254 per 100,000 PY

Post-SIF: Sep 21, 2003 – Dec 31, 2005



165 per 100,000 PY

Percent Reduction: 35% (1% - 58%)



Plain Language Reports



British Columbia
Centre for Excellence
in HIV/AIDS



Findings from the evaluation of
Vancouver's Pilot Medically Supervised
Safer Injecting Facility – Insite

Revised June 2009

Aussi disponible en français



British Columbia
Centre for Excellence
in HIV/AIDS



Résultats de l'évaluation
du Centre d'injection supervisé de Vancouver –
projet pilote Insite

Mise à jour : juin 2009



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Supervised Injecting (SEOSI)

SEOSI – the Scientific Evaluation of Supervised Injecting – is a cohort study that began in 2003. SEOSI participants have been randomly recruited from Insite, Vancouver's supervised injection facility, and form a representative sample of all Insite clients. Like other UHRI cohorts, SEOSI is a longitudinal study, meaning that it is made up of individuals who represent a larger specific population and who are tracked over time. After informed consent is obtained, each participant provides a blood sample and completes an interviewer-administered questionnaire. Participants return every six months for a follow-up interview and blood testing. The information collected through SEOSI relates primarily to the use of Insite and how the facility affects drug use practices such as syringe sharing, public drug use and other factors in participants' lives that may compromise their health.





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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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SAFE INJECTION SITE

Proof of Insite's value in the numbers

Fatal overdoses in Vancouver have been reduced 35 per cent, report says

BY CARMEN CHAI

With a Supreme Court of Canada case looming this summer that could decide its future, Vancouver's safe-injection drug site has received an extra shot in the arm from a new report that says it has helped reduce the number of fatal overdoses in the city by 35 per cent.

The report, compiled by Canadian scientists from the Urban Health Research Initiative, the B.C. Centre for Excellence in HIV/AIDS and St. Paul's Hospital, goes on to argue that Vancouver's Insite — the country's first safe-injection facility — should be replicated in other North American cities where drug use is a common

problem.

The team's findings and recommendations were published Sunday in the prestigious medical journal *The Lancet*.

With help from the provincial coroner's service, the researchers gathered data on every drug-related overdose death that occurred in the city between 2001 and 2005. Using a technique called geocoding, the researchers tracked where each death occurred and marked how far it was from a safe-injection site. They studied the population-based overdose mortality rate before Insite launched in 2003 and after from 2003 to 2005 to compare fatality rates within a 500-metre radius of the site to the rest of the city.

Results showed that 31 per cent of 290 overdose deaths occurred in the city blocks closest to facility. Once the site was opened, fatality rates in this area decreased by 35 per cent to 165 deaths from 254 per 100,000 people each year.

Fatal overdose rates in the rest of the city once the site opened decreased by only nine per cent.

"Our results suggest that [safe-injection facilities] are an effective intervention to reduce community overdose mortality in Canada and in other cities internationally and should be considered for assessment particularly in communities with high levels of injection drug use," Thomas Kerr, co-director addiction research at the B.C.

Centre for Excellence in HIV/AIDS, and his colleagues wrote in the report.

Insite was set up in 2003 in Vancouver's Downtown Eastside so that drug addicts could inject drugs safely, with sterile needles. They also receive addiction treatment, mental health assistance and first aid.

The neighbourhood is notorious for its open drug market, HIV epidemic and large numbers of homeless people.

Other medical studies have also argued that the clinic protects drug addicts from overdosing.

The Conservative federal government has been seen as keen on shutting down the facility, because of what critics have alleged are ideological

differences with the Tories' "tough-on-crime" policies.

In May, the Supreme Court of Canada will decide if the facility will stay open, potentially settling a jurisdictional dispute over the site between the federal and provincial governments.

The B.C. Court of Appeal ruled in 2010 the facility falls under provincial jurisdiction over health care so federal officials did not have the authority to shut it down. The federal government appealed the decision.

In 2008, the B.C. Court of Appeal decided that the facility's work in helping drug abusers.

"Supervised injection facilities clearly have an important part to play in community-based health care," the court said. In 2008, the B.C. Court of Appeal decided that the facility's work in helping drug abusers. Kerr, the report

that there are more than 65 safe-injection sites around the world where drug users can inject pre-obtained illegal drugs to help reduce risks involved with drug use, such as sharing needles and overdosing.

In a column accompanying the report, Dr. Chris Beyrer, Johns Hopkins Bloomberg School of Public Health, commended the facility's work in helping drug abusers.

"Supervised injection facilities clearly have an important part to play in community-based health care," the court said.

THE GLOBE AND MAIL • MONDAY, APRIL 18, 2011

NEWS • A3

RESEARCH

A beacon of safety in a drug danger zone

Vancouver injection site at centre of governmental tug-of-war has brought the area's overdose deaths down 35 per cent, study finds

ANDRÉ PICARD
PUBLIC HEALTH REPORTER

The number of drug-overdose deaths on Vancouver's notorious Downtown Eastside fell sharply after the opening of a safe injection site, new research shows.

The study, published online Monday in the medical journal *The Lancet*, shows that fatal overdoses dropped 35 per cent in the vicinity of Insite in the two years after it opened. By comparison, overdose deaths dropped only 9 per cent in the rest of Vancouver in that same period.

"No one has ever been able to demonstrate a substantial reduction in overdose deaths due to the presence of a safe injection site, but we have done so," Thomas Kerr of the Urban Health Research Initiative at St. Paul's Hospital in Vancouver said in an interview.

Until now, research has shown that Insite reduces behaviours that lead to deadly infections like HIV and hepatitis C, and it reduces public disorder by getting intravenous drug use off the streets. But the federal government has argued that the evidence of benefit is unclear and tried to shut down Insite.

This has led to a protracted legal battle — one that has become an important jurisdictional struggle between the provincial and federal governments. Both the B.C. Liberals and New Democrats support Insite and the program has the strong backing of the provincial health officer.

In January of 2010, the B.C. Court of Appeal decided 2-1 that the province has jurisdiction over the facility since it provides IV drug users with a health-care service, which is within provincial



An addict injects drugs that he bought on the street while in a booth at Vancouver's Insite centred out by the New York Times

ger go around saying the evidence is unclear because the evidence is clear — Insite saves lives," Dr. Kerr said.

The Conservatives can no longer go around saying the evidence is unclear because the evidence is clear — Insite saves lives.

Dr. Thomas Kerr
The Urban Health Research Initiative at St. Paul's Hospital

The new study, which examined coroners' reports, shows that between 2001 and 2005, there were 290 overdose deaths in Vancouver. Eighty-nine of those deaths occurred within a 500-metre radius of Insite, which is located in the heart of Vancouver's skid row.

The safe-injection facility opened on Sept. 20, 2003, when the Liberal government was in

power for two years subsequent, there were 33.

There have been more than 2,000 overdoses at the facility but not a single death. Insite provides booths, along with clean syringes, where intravenous users can inject. Nurses can also revive users who overdose — which happens frequently because the purity of street drugs is unpredictable.

The authors argue that having overdoses occur in a controlled setting is much more cost-effective because it takes pressure off

brary, you name it. When I do it in public, I'm rushed and careless. At Insite, it's safer," Mr. Kyle said.

Conservative Senator Pierre Claude Nolin, a long-time supporter of Insite, said he was reluctant to speak during a federal election campaign, but the new evidence is clear.

"Public health programs like this need to be evidence-based, not politically driven," he said. "And the new evidence proves that it works, that Insite reduces overdoses."



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TYLER ANDERSON/NATIONAL POST/CNS FILES

Health Minister Tony Clement and Prime Minister Stephen Harper in Toronto. Government policy is ultimately set by the cabinet ministers and the prime minister, who continue to view science as a retail store.

WHEN SCIENCE RUNS INTO AN IDEOLOGICAL WALL

POLICY | The Canadian government has been taken to task for its lack of support for, or knowledge of, scientific research



Peter McKnight

had no deterrent effect.

Now, were the students acting rationally, we would expect those who received evidence contrary to their views to soften their positions somewhat. But the opposite happened — both the supporters and opponents of capital punishment strengthened their views upon receiving contrary evidence.

In effect, the students explained away the contrary evidence — and justified their original positions — by criticizing the methods of those studies that failed to support their ideologies.

More recently, Donald Braman and Dan Kahan of Yale University, in a paper titled *More Statistics, Less Persuasion: A Cultural-*

even propaganda.” Further, beliefs typically take a long time — often years — to change, and then only after “repeated exposure from competing sources of information.”

Given this reality, how can we make governments more responsive to scientific research? Perhaps most importantly, Lomas notes both researchers and policy-makers must have a better understanding of each others’ domains.

In particular, both scientists and decision-makers tend to view the others’ field as a product rather than a process. Government policy-makers, for example, typically see science as a “retail store” that provides them with just the product they

Use science to judge injection site, Ottawa told

Government criticized for citing ‘facts’ from group opposed to Vancouver’s Insite

BY MARGARET MUNRO

In the latest salvo in the battle over Vancouver’s controversial supervised drug injection site, leading researchers are criticizing the Harper government for not differentiating between legitimate science and a report endorsed by a U.S. law-and-order lobby group.

“Alarming,” they say, Health Minister Tony Clement has been citing the lobby group report as evidence of growing “academic debate” over the safe injection

reports, published in top-level peer-reviewed journals, conclude that Insite has reduced the number of syringes on the street, reduced syringe-sharing that can spread infection, increased entry into detox and treatment, and reduced drug-overdose deaths. The findings have been widely backed by other investigators.

Drug Free America prefers to highlight a critique of the injection site that concludes the experiment has had little success. It also says drug policy in Canada has

While it’s usually a badge of distinction to have your work cited in a top-flight academic journal,



SUPREME COURT OF CANADA

CITATION: Canada (Attorney General) v. PHS Community Services Society, 2011 SCC 44 **DATE:** 20110930
DOCKET: 33556

BETWEEN:

Attorney General of Canada and Minister of Health for Canada
Appellants / Respondents on cross-appeal
and

**PHS Community Services Society, Dean Edward Wilson, Shelly Tomic
and Attorney General of British Columbia**
Respondents

Vancouver Area Network of Drug Users (VANDU)
Respondent / Appellant on cross-appeal
- and -

**Attorney General of Quebec, Dr. Peter AIDS Foundation,
Vancouver Coastal Health Authority, Canadian Civil Liberties Association,
Canadian HIV/AIDS Legal Network, International Harm Reduction
Association,**

**CACTUS Montréal, Canadian Nurses Association,
Registered Nurses' Association of Ontario,
Association of Registered Nurses of British Columbia,
Canadian Public Health Association, Canadian Medical Association,
British Columbia Civil Liberties Association,
British Columbia Nurses' Union and REAL Women of Canada**
Interveners

“Insite has been proven to save lives with no discernable negative impact on the public safety and health objectives of Canada...”

Acknowledgements

- ✧ SEOSI & VIDUS participants; Insite clientele
- ✧ The staff of Insite, the Portland Hotel Society and Vancouver Coastal Health (VCH), including Chris Buchner, David Marsh, Heather Hay
- ✧ CfE staff for their research and administrative assistance, including Deborah Graham, Peter Vann, Tricia Collingham, Carmen Rock, Caitlin Johnston, and Steve Cain
- ✧ The SIF evaluation was originally made possible with a financial contribution from Health Canada; although the views herein do not reflect their official policies.
- ✧ The SIF evaluation is supported by the Canadian Institutes of Health Research (HPR-85526 and RAA-79918) and VCH
- ✧ Brandon Marshall is supported by a Richard B. Salomon Faculty Research Award from Brown University
- ✧ Photos by M-J Milloy