

## No science demonstrates their effectiveness

The 2014 review of injecting room studies by Potier et al. (xi) in the journal *Drug and Alcohol Dependence* (xi) covered 75 studies, 51 of which were from Vancouver, 12 from Sydney's MSIC, with remaining studies mainly surveying drug users in other cities on prospective use of such facilities.

This highly positive review correctly found that the current studies fail to show any positive impact by injecting rooms on HIV transmission. Positive effects were found for education of drug users on safer injecting practices, which of course can be argued as prolonging a deleterious practice. Other studies indicated a very modest level of referral to detox and treatment. But the two centrepiece studies used to show a positive effect on user mortality have both been discredited with evidence which contradicts their conclusions.

The first, the 2011 *Lancet* study by Marshall et al., claimed Insite reduced overdoses in Vancouver by 9%. Yet official BC Coroners' statistics contradict their finding with overdoses clearly increasing, not decreasing, throughout Vancouver after Insite's late-2003 opening.(i) The same study also claimed reductions in overdose fatalities by 35% in the area immediately surrounding Insite. Drug Free Australia's team of epidemiologists and addiction specialists demonstrated in a letter to *Lancet*, printed in their January 2012 issue, that Marshall et al. had concealed the tripling of police numbers from 20(ii) to 65 around Insite in 2003.(iii),(iv)

Notably, the *Lancet* study authors were well aware of the policing, having been highly critical of the new zero-tolerance approach in their 2004 *Canadian Medical Association Journal* study of these changes.(v) complaining they had displaced large numbers of users to other areas of Vancouver. A second unpublished letter to *Lancet* by the then police Area Commander confirming this changed policing lasted beyond the period of the *Lancet* study clearly demonstrates that policing, not the injection facility, was responsible for the lower overdose fatalities(vi) as dispersed drug dealers, their buyers, their crime and overdoses were driven elsewhere.

The second 2010 Salmon et al. *Addiction* journal study found that the Australian heroin drought, commencing 6 months before Sydney's Kings Cross injecting room opened, had reduced ambulance overdose callouts across NSW by 61%, but that Kings Cross was 19% better at 80%, while neighbouring Darlinghurst was 16% worse than NSW's average (45% reduction).

This indicates a clear displacement effect of users and their overdoses to Darlinghurst due to newly introduced 'sniffer dog' policing aimed at dispersing drug dealers from around the MSIC. This commenced one month after the MSIC opened,(viii) and displacement is roundly confirmed by night time reductions which were 29% better than NSW during the hours the MSIC was closed(vii) where sniffer dog use was more extensive at night.(ix) This changed policing was so significant that a new website displaying real-time locations for sniffer dogs went into meltdown on its debut, such was the uptake of its services and the effectiveness of the policing.(x)

The Potier review was unaware of readily verifiable facts which show policing changes were responsible for positive findings attributed to injecting rooms, leaving no science supporting the effectiveness of injecting rooms on their most crucial indicator.

## Encouraging more drug use

At best, the Sydney injecting room hosts just 5% of Kings Cross/Darlinghurst injections but accounts for a staggering 77% of all the recorded overdoses in the Kings Cross/Darlinghurst area. 400 overdoses are recorded on average in the facility each year. But the injecting room's own clients inject more often in the streets and houses outside the facility than in it, where the overdose rates outside should roughly match those inside the injecting room, but don't.

This massive number of overdoses inside the facility indicates only one thing – experimentation with higher doses and different cocktails of drugs in the safety of the room. Testimony by injecting room clients in rehab recorded in NSW Parliament Hansard confirms that the high rates of overdose are due to experimentation in the safety provided by the facility.(xii) This inevitably makes the injecting room a State-funded accessory of the drug trade in Kings Cross with dealers pocketing higher profits from the greater amount of drugs consumed.

This alone is reason enough to close injecting rooms. Australians do not need, nor do they want more drug use.(xiii)

(i) <https://web.archive.org/web/20120321162004/http://www.pssg.gov.bc.ca/coroners/publications/docs/stats-illicitdrugdeaths-1997-2007.pdf>

(ii) Vancouver Police Department. Report to the Vancouver Police Board 1309C01. Sep 17 2013 p 2

(iii) [https://drugfree.org.au/images/13Books-FP/pdf/Lancet\\_2011\\_Insite\\_Analysis.pdf](https://drugfree.org.au/images/13Books-FP/pdf/Lancet_2011_Insite_Analysis.pdf) p7

(iv) [https://drugfree.org.au/images/pdf-files/library/Injecting\\_Rooms/Second\\_Letter\\_to\\_Lancet\\_re\\_Erroneous\\_Insite\\_Study.pdf](https://drugfree.org.au/images/pdf-files/library/Injecting_Rooms/Second_Letter_to_Lancet_re_Erroneous_Insite_Study.pdf) see last 2 pages

(v) Wood E, Spittal PM, Small W, Kerr T, Li K, Hogg RS, Tyndall MW, Montaner JSG, Schechter M. Displacement of Canada's largest public illicit drug market in response to a police crackdown. *CMAJ* May 11, 2004; 170 (10) pp 1551-6

(vi) [https://drugfree.org.au/images/pdf-files/library/Injecting\\_Rooms/Second\\_Letter\\_to\\_Lancet\\_re\\_Erroneous\\_Insite\\_Study.pdf](https://drugfree.org.au/images/pdf-files/library/Injecting_Rooms/Second_Letter_to_Lancet_re_Erroneous_Insite_Study.pdf)

(vii) <https://www.drugfree.org.au/images/13Books-FP/pdf/2017InjectingRoom.pdf>

(viii) <https://www.parliament.nsw.gov.au/Hansard/Pages/HansardResult.aspx#/docid/HANSARD-1523879322-25542/link/11>

(ix) [https://www.ombo.nsw.gov.au/\\_data/assets/pdf\\_file/0020/4457/Review-of-the-Police-Powers-Drug-Detection-Dogs-Part-1\\_October-2006.pdf](https://www.ombo.nsw.gov.au/_data/assets/pdf_file/0020/4457/Review-of-the-Police-Powers-Drug-Detection-Dogs-Part-1_October-2006.pdf) p 13

(x) <https://web.archive.org/web/20120630003925/http://www.zdnet.com.au/update-drug-sniffer-dog-alert-site-strains-under-pressure-120265435.htm>

(xi) <http://dx.doi.org/10.1016/j.drugalcdep.2014.10.012>

(xii) See [https://drugfree.org.au/images/pdf-files/library/Injecting\\_Rooms/Drug\\_Free\\_Australia\\_-\\_Melbourne\\_Injecting\\_Facility\\_b.pdf](https://drugfree.org.au/images/pdf-files/library/Injecting_Rooms/Drug_Free_Australia_-_Melbourne_Injecting_Facility_b.pdf) p 17ff

(xiii) <https://www.drugfree.org.au/images/pdf-files/homepagepdf/DFA%20Submission%20NT%20Inquiry%20Harm%20Reduction.pdf> p 9ff

## 2014 literature review of 75 SIS studies has very little of substance

The 2014 literature review of SIS studies in the journal *Drug and Alcohol Dependence* “Supervised injection services – What has been demonstrated? A systematic literature review”<sup>i</sup> has very little credible evidence supporting the effectiveness of these facilities.

Of the 75 studies reviewed, 51 are from Vancouver, while 12 are from Sydney’s “MSIC”. The remaining 12 mostly survey whether user populations would like to use such a facility in other proposed cities.

Almost half the studies are descriptions of client characteristics (19 in all)<sup>ii</sup> or service characteristics (11 in all),<sup>iii</sup> valuable for centre-based internal evaluations on service appropriateness or targeting, but of little value in judging the impact of such centres in improving key health outcomes for their clients. Similarly, 9 studies are surveys of whether users would use such a facility in the future<sup>iv</sup> with another study surveying obstacles to service use.<sup>v</sup> There are 5 studies of self-reported surveys on changes in syringe or condom use,<sup>vi</sup> along with another 5 studies that make estimates of reductions in the blood-borne diseases HIV and HCV.<sup>vii</sup> Seeing as page 15 of the literature review’ “Article in Press” pdf<sup>viii</sup> states that “There was no finding that SIS use induced a decrease in viral transmission,” with no observed changes in prevalence or incidence at the population level, no effectiveness on this indicator can be adduced. Two of the previous 5 studies mistakenly calculated averted deaths by calculating from overdoses in the SIS without comparing them to OD rates outside the SIS, which were substantially lower. We will return to remaining insubstantial studies later. There are 3 studies evaluating service education in safer syringe use and disposal,<sup>ix</sup> which do in fact improve user health outcomes, however education in locating alternate veins for injection can be seen as merely prolonging a deleterious practice.

There are few studies which have demonstrated a positive benefit for SIS users. Four studies show a modest level of referral to detoxification or treatment,<sup>x</sup> however the main two studies demonstrating the effectiveness of an SIS in reducing OD mortality (Marshall et al. *Lancet* 2011) and ambulance OD callout reductions (Salmon et al. *Addiction* 2010) both demonstrate either incompetence on the part of the researchers or possibly fraudulent intent.

The 2011 *Lancet* study claimed that Insite likely reduced overdoses in Vancouver by 9% despite official BC Coroners’ stats clearly showing only increases in ODs for Vancouver after Insite’s 2003 opening, as well as reductions by 35% in the area immediately surrounding Insite. Drug Free Australia’s Australian/Canadian team of epidemiologists and addiction specialists demonstrated in 2012 that Marshall et al. had concealed the tripling of police numbers around Insite in 2003,<sup>xi</sup> falsely claiming that this was temporary when in fact it was permanent,<sup>xii</sup> as attested by the DTES Area Commander at that time, John McKay (attached). Such policing served to disperse drug dealers away from the area around Insite, reducing crime and loitering, and of course ODs as users purchased their drugs elsewhere. Policing alone was shown to be demonstrably capable of reducing ODs around Insite by 35%.<sup>xiii</sup>

The 2010 *Addiction* study, which claimed a 19% greater reduction in OD ambulance callouts for Kings Cross than for the rest of NSW when Australia’s heroin drought ensued, failed to note that there were proportionately greater reductions in ambulance callouts during nighttime hours when the injecting room was closed.<sup>xiv</sup> This indicates reductions were not due to the MSIC, but to sniffer dog policing introduced one month after the MSIC opened, where sniffer dog use was even more extensive at night. Thus five studies on SIS impacts on crime in the immediate area around an SIS are voided due to the effect of increased police operations.<sup>xv</sup> Two studies of public opinion are of no value when it is considered that media misled the public in claiming SISs were responsible for such improvements when policing was mostly responsible.<sup>xvi</sup> One simulation study by Milloy et al. 2008 was based on all false findings already detailed above, as was an additional review article.<sup>xvii</sup>

This leaves but a handful of studies on police perceptions<sup>xviii</sup> (which were negative), police referrals to a SIS (which were positive),<sup>xix</sup> a study on the impact on client overdoses outside the facility in which the study period was too short to be meaningful,<sup>xx</sup> one weak study on SIS impact on violence against women,<sup>xxi</sup> and two studies examining unintended consequences moreso the invention of the authors.<sup>xxii</sup> We note that 46 of the 51 studies from Vancouver were led by, or included activist academics who campaigned for Insite pre-2003, including many of the inconsequential descriptive studies and various other studies with dubious or false conclusions.

In summary, the only SIS success can be found in syringe-use education and in the modest referrals to detox and treatment. These successes of course can arguably be replicated by other services, such as needle exchanges. The other studies are either inconsequential in terms of improved health outcomes for clients or have demonstrably faulty conclusions.

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- <sup>i</sup> Potier, C., et al., Supervised injection services: What has been demonstrated? A systematic literature review. Drug Alcohol Depend. (2014), <http://dx.doi.org/10.1016/j.drugalcdep.2014.10.012>
- <sup>ii</sup> See reference list in the Potier literature review - Hadland et al. 2014; Reddon et al. 2011; Salmon et al. 2009; Bravo et al. 2009; Dubois-Azber et al. 2008; Kimber et al. 2008<sup>a</sup>; Richardson et al. 2008; Stoltz et al. 2007<sup>a</sup>; Tyndall et al. 2006<sup>a</sup>; Tyndall et al. 2006<sup>b</sup>; Wood et al. 2006<sup>c</sup>; Wood et al. 2005<sup>a</sup>; Wood et al. 2005<sup>c</sup>; Kimber et al. 2003; McKnight et al. 2007; DeBeck et al. 2011; Small et al. 2012; Small et al. 2011<sup>a</sup>; Kimber & Dolan
- <sup>iii</sup> Kerr et al. 2007<sup>b</sup>; Kerr et al. 2006<sup>b</sup>; Van Beek et al. 2004; Salmon et al. 2009<sup>a</sup>; Fast et al. 2008; Lloyd Smith et al. 2010; Lloyd Smith et al. 2009; Small et al. 2009; Small et al. 2008; Milloy et al. 2010; Small et al. 2011<sup>b</sup>
- <sup>iv</sup> Kral et al. 2010; Green et al. 2004; Navarro & Leonard 2004; Wood et al. 2003; Fry 2002; Van Beek, Gilmour 2000; Philbin et al. 2009; Cruz et al. 2007; O'Shea 2007
- <sup>v</sup> McNeil et al. 2013
- <sup>vi</sup> Milloy & Wood 2009; Kerr et al. 2005<sup>c</sup>; Wood et al. 2005<sup>b</sup>; Petrar et al. 2007; Marshall et al. 2009
- <sup>vii</sup> Jozhagi et al. 2013; Pinkerton 2011; Andresen & Boyd 2010; Pinkerton 2010; Bayoumi & Zaric 2008
- <sup>viii</sup> Potier, C., et al., Supervised injection services: What has been demonstrated? A systematic literature review. Drug Alcohol Depend. (2014), <http://dx.doi.org/10.1016/j.drugalcdep.2014.10.012> p15
- <sup>ix</sup> Wood et al. 2008; Stoltz et al. 2007<sup>b</sup>; Wood et al. 2005<sup>d</sup>
- <sup>x</sup> De Beck et al. 2011; Kimber et al. 2008; Wood et al. 2007; Wood et al. 2006<sup>d</sup>
- <sup>xi</sup> [https://drugfree.org.au/images/13Books-FP/pdf/Lancet\\_2011\\_Insite\\_Analysis.pdf](https://drugfree.org.au/images/13Books-FP/pdf/Lancet_2011_Insite_Analysis.pdf), [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(12\)60054-3.pdf?code=lancet-site](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(12)60054-3.pdf?code=lancet-site)
- <sup>xii</sup> [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(12\)60055-5.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(12)60055-5.pdf)
- <sup>xiii</sup> [https://drugfree.org.au/images/13Books-FP/pdf/Lancet\\_2011\\_Insite\\_Analysis.pdf](https://drugfree.org.au/images/13Books-FP/pdf/Lancet_2011_Insite_Analysis.pdf)
- <sup>xiv</sup> <https://www.drugfree.org.au/images/13Books-FP/pdf/2017InjectingRoom.pdf>
- <sup>xv</sup> Wood et al. 2004; Fitzgerald et al. 2010; Milloy et al. 2009; Wood et al. 2006<sup>a</sup>; Freeman et al. 2005
- <sup>xvi</sup> Salmon et al. 2007; Thein et al. 2005
- <sup>xvii</sup> Jozhagi & Andresen 2013
- <sup>xviii</sup> Watson et al. 2012
- <sup>xix</sup> DeBeck et al. 2008
- <sup>xx</sup> Milloy et al. 2008<sup>a</sup>
- <sup>xxi</sup> Fairbairn et al. 2008 (a fair question is what happened to them when they were not at the SIS?)
- <sup>xxii</sup> Kerr et al. 2007<sup>c</sup>; Kerr et al. 2006<sup>a</sup>

# STATEMENT TO LANCET

**Beat Enforcement Team (BET) - Vancouver Police Department 2003 - 2006**  
**John McKay - then Officer in Charge (BET)**  
**Downtown East Side Vancouver - Policing Rationale**

In order to maintain some control over the potential outcomes of the new harm reduction philosophy the VPD began what was known at the Beat Enforcement Team. This unit was made up of 4 squads of police, administration staff, and a police Inspector totaling 65 personnel.

The unit consisting of 65 officers was originally named CET for Citywide Enforcement Team. The name was used because other parts of the city also wanted more beat cops so the effort in the DTES was disguised as a unit that could go anywhere to patrol, hence the name "Citywide Enforcement Team." The original concept under Inspector Doug Lepard, the OIC CET, and DCC, Bob Rich, was to have members stand on the corner and intercept drugs and stolen property. They had a high profile and there was some success with the mandate which was to disrupt the flow of stolen property etc.

The mission of BET was to interrupt the flow of stolen property and disrupt the trafficking of drugs in the area. As the officer in charge of the unit from September 2003 – September 2006 it was my role to achieve these goals.

John McKay - Principal  
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