



SUPERVISED INJECTION SITES

A Position Paper by Ontario's Police Leaders

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EXECUTIVE SUMMARY

The Ontario Association of Chiefs of Police (OACP), which represents Ontario's top law enforcement professionals, does not support the introduction of supervised injection sites in Ontario. We believe such facilities will encourage, not reduce, the consumption of illicit drugs among users.

The resultant financial benefits accruing to organized crime groups from increased drug activity gives these syndicates an incentive to engage in violent activity in order to maintain their dominant position.

Even more disturbing, numerous communities across North America have been devastated as the violence associated with illicit drugs forces people and businesses to move out. Thus, the consumption of illicit drugs at supervised injection sites will inevitably lead to a general degradation of the social and economic life of communities in which these facilities are situated.

The Insite facility in Vancouver initially received an exemption under the *Criminal Code of Canada* in order to operate legally. However, in 2008, the Federal Government decided not to renew that privilege, sparking a court challenge by the injection facility.

On September 30, 2011, the Supreme Court of Canada ordered the federal government to grant an exemption under the *Controlled Drugs and Substances Act* to Vancouver's supervised injection site. The Court argued that denying this exemption – thereby preventing the clinic from operating – undermined drug users' section 7 Charter rights because such individuals would no longer be able to access health services provided by the facility.

The OACP, however, believes the evidence the court used to show the positive impacts from supervised injection sites is not convincing, in part because other health-related experts have expressed reservations about these facilities.

In 2008, Health Canada's Expert Advisory Committee stated that limitations on existing techniques tainted most evidence gleaned from the Vancouver experience. The Committee surmised that the best that could be ascertained from the available evidence was that the injection facility had failed to meet its stated objectives. Finally, the Expert Advisory Committee criticized the methodology showing improved public order in the area around the clinic. In fact, it noted that other studies indicating deterioration in public order at such injections sites was the norm.

Supervised injection sites do not adequately address treatment for intravenous drug users. Essentially, there is only an inadequate measure of the number of drug users that have managed to end their addiction because of the Vancouver facility. Indeed, the clinic's website only indicates a 1.6% success rate in treating addicts.

More problematic, when intravenous drug users consume illicit drugs, organized crime groups ultimately reap the benefits. This has been well documented in the *World Drug Report* produced by the United Nations.

Thus, the Ontario Association of Chiefs of Police does not support the introduction of supervised injection sites in Ontario. We believe such facilities would lead to greater drug use, more organized crime, and a deterioration of community life in areas hosting such facilities.

INTRODUCTION

Canadian police personnel have first-hand knowledge and experience in dealing with individuals with drug addictions and the problem associated with substance abuse. When police respond to emergency calls involving illegal drugs, they may face a variety of medical conditions ranging from jittery behaviour to extremely violent tendencies. In some cases, officers find individuals without any vital signs who require immediate medical attention.

Worse still, users often purchase their illegal substances from local drug dealers. It is this interconnected web of nefarious activity, linking local dealers to province-wide distributors and ultimately to national and international crime organizations, which is most worrisome to law enforcement.

In 1997, British Columbia declared a public health emergency in Vancouver's eastside. Widespread drug use in the area had led to a spike in the number of overdose deaths and reported cases of HIV/AIDS. At the time, medical practitioners thought the best solution to these problems was to open a supervised injection site in the city's eastside.

The facility was designed as a place where intravenous drug users could bring their own supply of cocaine or heroin and inject themselves in the presence of a nurse who would monitor and provide any necessary treatment following the injection. The federal government initially granted the clinic an exemption under section 56 of the *Controlled Drugs and Substances Act* (CDSA). A 2008 effort to renew this exemption was denied, eventually leading to a legal challenge in the Supreme Court of Canada.

On September 30, 2011, the country's highest court ruled that the federal government's decision to deny the extension of the existing exemption under CDSA section 56 triggered the claimant's section 7 Charter rights because it, "...prevented injection drug users from accessing the health services offered by Insite, threatening their health and indeed their lives." (R v PHS Community Services 2011)

The Vancouver clinic is run according to the existing harm reduction model. Supporters view the purpose of the clinic as one that reduces the "adverse health, social, and economic consequences of drug use without requiring abstinence from drug use." (Vancouver Coastal Health Authority 2011). Indeed, researchers and harm reduction advocates have long argued the merits of injection facilities, pointing to their positive impact on lowering the number of HIV cases and reduced health care spending.

The Ontario Association of Chiefs of Police (OACP), however, believes the merits of such sites are debatable and should not be used as a rationale for the opening of similar facilities in the Province of Ontario.

SUPERVISED INJECTION SITE: EASTSIDE VANCOUVER

A supervised injection site, called Insite, commenced operations in East Vancouver in 2003 in a bid to cut the number of drug-related deaths in the area of the city. Supporters said an injection facility would achieve a number of objectives, including:

- 1) providing users with greater access to health care
- 2) reducing the number of overdose deaths
- 3) cutting the transmission of blood-borne viral infections such as HIV
- 4) curtailing the incidence of injection infections such as skin abscesses, and
- 5) improving public order.

The core services provided by Insite involved supervised injections, first aid related to these injections (e.g., skin abscess care), referrals to primary health care and service providers and other types of counselling, and needle exchange and other drug paraphernalia, along with the provision of condoms. (Health Canada 2011)

PUBLISHED STUDY: MEDICAL AND PUBLIC ORDER BENEFITS

Researchers in British Columbia published their main findings regarding the facility in the British medical journal, *The Lancet*, and argued the Vancouver clinic produced both medical and public order benefits. The purpose of the relevant study by Thomas Kerr and his colleagues was to determine whether the introduction of a supervised injection site in the Downtown Eastside (DTES) area of Vancouver reduced the number of drug-related deaths.

The study's methodology was based on an examination of population-based overdose death rates between January 1, 2001 and September 20, 2003 – before Insite opened – and between September 21, 2003 and December 31, 2005.

Using data from the Coroner's Office, these researchers compared overdose death rates within 500 metres of the facility to the rest of the city. They found that overdose deaths decreased from 253.8 to 165.1 per 100,000 person-years, a reduction of 35%. By contrast, the overdose death rate for all of Vancouver decreased from 7.6 to 6.9 deaths, a reduction of slightly more than nine per cent. (Marshall et al 2011)

In addition, these experts argued that Insite encouraged intravenous drug users to use the facility, and, as a result, should result in more addicts seeking counselling, obtaining referrals to detoxification facilities, and even placements in treatment programs.

Another benefit from the injection facility, according to its supporters, would accrue to the community from the reduced transmission of blood-borne viral infections and other injection-related infections. In one study, criminologists Andresen and Boyd from Simon Fraser University argued that, when they measured HIV infection and overdose deaths in east Vancouver, Insite prevented 35 new cases of HIV and approximately 3 deaths each year. (Andresen et al 2009)

Finally, the previously cited *Lancet* article indicated the appearance of the injection facility significantly improved public order within the surrounding community.

In the later case, Kerr and his colleagues evaluated the public order benefits from the Vancouver injection site by examining the period from six weeks before to 12 weeks after the opening of the Insite facility. They also selected 10 city blocks surrounding the facility and gathered data by walking through these areas at different times on various days.

The researchers identified the following indicators of community disorder:

- public injection use
- syringes discarded in public view, and
- litter related to injections such as syringe caps.

Interestingly, they also used a fourth barometer – the prevalence of suspected drug dealers.

Lastly, the social scientists acknowledged that police patrols in east Vancouver might impact local drug use; so they evaluated the law enforcement presence. However, the study did not explain how the effectiveness of police patrols was measured.

The researchers uncovered significant decreases in users injecting publicly, discarded syringes, and litter related to drug use. Moreover, they maintained that their results bode well for community liveability and tourism since Insite produced improvements in public order. (Wood et al 2004)

The federal government's Expert Advisory Committee (EAC), which produced a report for the Minister of Health in March 2008, also cited this study regarding the medical and public order benefits of injection sites. The results were significant because the research influenced the Supreme Court of Canada decision on September 30, 2011 to order the federal government to give Insite an exemption under the CDSA to continue operations.

EVALUATION OF THE METHODOLOGY

Medical researchers might not be the best evaluators regarding drug dealers and illegal activity as compared to law enforcement officials. The Supreme Court of Canada, however, did not make such a distinction in evaluating the methodology employed by these social scientists when deciding the Insite case.

Left unanswered were a multitude of questions regarding how these social scientists evaluated crime and public order in Vancouver's eastside. How were researchers able to evaluate who was and was not a drug dealer by simple observation? What factors did they take into account when making this assessment? Did they look at clothing or individual's conduct on the street?

These types of questions were not addressed in the *Lancet* study and were ignored by the Supreme Court. Even more problematic, the evidence cited by social experts to support the positive impacts of supervised injection sites is not convincing.

Colin Mangham and his colleagues published a 2011 article in *The Journal of Global Drug Policy and Practice* critiquing Kerr's study. Mangham disputed Kerr's claim that overdose deaths decreased between 2001 and 2005. Instead, he argued, the original study should have accounted for the greater availability of heroin in 2001, which led to a higher than "normal" number of overdose deaths in the baseline year.

Mangham argued that taking 2002 as the first year changes Kerr's results. In fact, data from 2002 onward to 2005 actually indicated an upward trend in overdose deaths. (Pike et al 2011) Moreover, Mangham argued that supportive researchers should have been aware of the heroin criticism since some of these scientists participated in previous public discussions on that issue.

Mangham also stated that Kerr's study failed to acknowledge that, since April 2003, Vancouver police increased deployments in the 12-block area surrounding the Insite facility. This area is part of the city where the injection site is located and which saw a 35% drop in overdose deaths.

The Vancouver Police Department, however, stated, "Yes, four officers per day, 22 hours per day, seven days a week, for one year from Sept '03 to Sept '04 in the blocks at all times with cell phone access directly to them by SIS staff."

The officers were paid overtime – at double time – for the entire year. At the same time, 60 other officers were deployed in a five-block area close to the facility and still are to this day. (Pike et al 2011) In their study, Dr. Kerr and his colleagues stated, "...we know of no changes in policing policy that could have confounded our results." (Marshall et al 2011)

In published documents, the Vancouver Police Department confirmed that a complement of officers still patrols Vancouver's eastside.

"What began as the Citywide Enforcement Team (CET) pilot project in April 2003 has turned into a permanent, though relatively small (approximately 56 Police Constables, four Sergeants and two Staff Sergeants with nine to twelve officers patrolling at any given time), group of dedicated officers who patrol the Downtown Eastside, mostly on foot." (Vancouver Police Department, 2009)

Researchers arguing in favour of the Insite supervised injection facility also did not account for the extra deployment of police officers and their likely impact on community safety. These factors, such as extra police officers, might have protected the community from any additional public disorder arising from the new injection facility.

As such, one could conclude Vancouver's eastside would have been negatively affected from the Insite clinic without the additional police officers.

Also, Mangham suggested that Kerr's estimate of lives saved by the injection facility was too high, a finding reinforced by the European Monitoring Centre. (Pike et al 2011) Therefore, suspect methodology concerning the estimates of lives saved renders questionable claims that the injection facility has not hurt Vancouver's eastside community.

Simply put, any part of a community that might host an injection facility should demand a thorough and conclusive research as to how that community might be impacted – something existing studies have not accomplished.

The Expert Advisory Committee's 2008 report cited three general limitations in making a cost-benefit analysis for a new injection facility:

1. Baseline data for the Vancouver eastside area was limited as it related to determining how frequent drug users injected drugs and shared needles, among other variables
2. Longitudinal studies – the examination of the same indicator over years -- have not been published concerning injection facilities
3. Researchers have not made a comparison between the Insite facility and other drug strategies, such as treatment courts and outreach programs, in terms of lives saved.

The failure to examine other options means researchers cannot assess Insite's performance versus alternative strategies.

The federal EAC then reviewed existing research and applied it against Insite's stated objectives to determine whether those stated goals had been achieved. The facility's first objective was to increase access to health and addiction care. To test whether the site was achieving its target, the Committee said any study needed to collect treatment histories, injection frequency, and needle sharing frequency of all who utilized the clinic.

Although debating the medical merits of an injection facility is beyond the scope of this paper, an evaluation of the methodology used to collect health data is crucial because suspect methodology often produces unreliable results.

Opening such facilities in Ontario without the benefit of reliable research exposes communities to potential degradation because illicit drugs are inherently harmful and are associated with high rates of local crime.

The EAC also criticized the supportive study's data based upon the self-reported injection practices of drug users. It said a study of a comparative group would be useful in providing evidence as to whether the supervised injection sites have had a, "significant impact on needle sharing and other risk behaviours outside of the site where the vast majority of drug injections still take place."

In addition, the committee reviewed data showing over 8,000 drug users have injected drugs at Insite (2008 figures), and 18% of the addicts accounted for 80% of the total visits. Of these, roughly 1,500 people (less than one-in-ten) used Insite for all of their injections.

More importantly, the total injections at Insite comprised less than five per cent of total injections in eastside Vancouver. Although the Committee noted the approximately 220,000 clean injections at Insite, the group stated that overall impact on the total number of injections in the eastside area was minimal.

As well, the Vancouver Coastal Health Authority (VCHA), the governmental body responsible for Insite, calculated a reduction of total injections of 2.6% to 4.9%, a figure similar to that derived by the EAC. Thus, even if British Columbia boosted the number of injection sites, the overall impact would be minimal because addicts said they would use such facilities for less than 10% of all injections.

The federal advisory committee also maintained that, although Insite encourages drug users to seek counselling and treatment, there was no evidence as to the facility's cost effectiveness since there has not been a study comparing an injection facility to other ways for addicts to get necessary help. Thus, the Committee could not reach a conclusion regarding whether Insite had increased user access to health and addiction care.

Furthermore, the EAC evaluated the facility's impact on overdoses and concluded that it had saved about one life per year by intervening in such crisis situations.

Since 2006, Insite's staff has been involved in 336 overdose situations. The Committee stated that there is no "direct evidence that SIS influence death rates and large scale and long-term, case controlled studies would be needed to show that SISs influence overdose death rates among those who use INSITE. Mathematical modelling is based on assumptions that may not be valid."

Indeed, these sites do save lives, statistically one annually. Those advocating for the introduction of supervised injection facilities should examine the evidence showing that illicit drugs are harmful and also review the correlation between addicts and property crime which, in turn, translates into greater victimization of the local community.

Similarly, the federal committee noted that self-reported evidence collected from Insite users and from a similar clinic in Australia indicated that needle sharing was lessened as users visited a supervised injection site. However, the EAC also stated, that, "(m)athematical modelling, based on assumptions about baseline rates of needle sharing, risks of HIV transmission and other variables, generated very wide ranging estimates for the number of HIV cases that might have been prevented. The EAC was not convinced that these assumptions were entirely valid."

The federal committee called into question whether Insite was meeting its HIV transmission goals. Without baseline data on needle sharing and any way of validating the claims of drug users on their risky behaviours, it is difficult to evaluate whether the facility cut the transmission of blood borne viral infections. Moreover, this begs the question whether this clinic is reducing harm to drug users or simply perpetuating the harm that drug users are doing to themselves.

As well, Bayoumi and Zaric, researchers at St. Michael's Hospital in Toronto, evaluated Insite's cost effectiveness. They argued that the Vancouver facility has not been "rigorously evaluated." (Bayoumi et al 2008) Still, Mayoumi's and Zaric's results led them to say that Insite was improving health and saving money even when they utilized conservative estimates. However, their costing model has been challenged. Jarlais et al stated that their assumptions were faulty regarding averted HIV transmissions and these researchers argued that, in their modelling, Insite was actually responsible for "...about 250-350 averted infections over 10 years, albeit substantially fewer than the 1191 estimated by Bayoumi and Zaric." (Jarlais et al, 2008)

Indeed, different researchers cannot even agree as to how many HIV infections have been averted when using a 10-year time frame.

The EAC reporting to Health Canada argued that longitudinal studies were required to, “show with any certainty that INSITE is cost-effective or to show that the economic benefits exceed the costs.” If researchers cannot concur as to how beneficial the facility has been in reducing HIV rates, then claims that such clinics would not hurt communities in which they were installed are equally questionable.

Another one of Insite’s objectives – improved public safety – was also evaluated by the federal EAC. The committee looked at Kerr’s research begun six weeks prior to the facility’s opening and concluded 12 weeks after it began accepting patients, which figured that drug users were injecting less in public. They also mentioned Australia and some European injection facilities where drug users self-reported fewer public injections. The committee concluded that, although there was no proof that drug-related loitering and other criminal behaviour was rising, the research conducted by Kerr’s group was limited because of a variety of reasons:

1. The statistics covered a limited time period
2. Kerr’s study did not control for other variables that could reduce drug-related activity, such as more syringe drop-off boxes or police patrols
3. Because most injections occurred outside of the Insite facility, the clinic really did not have a major impact on how many syringes were disposed of in public, and
4. There was no mention whether the report examined any studies correlating the number of drug addicts and higher rates of property and other crime in areas adjacent to the facility.

The EAC’s evaluation of drug crime in the locality was similarly critical of supporting research. Although the available police data did not reveal any substantial changes in crime rate, data limitations were quite notable.

The Vancouver Police Department’s crime figures, for example, did not account for public tolerance of criminal activity and victims who simply did not report violations. Furthermore, the committee questioned whether the level of unreported crime and public tolerance was higher in the area close to the facility compared to Vancouver as a whole.

The EAC also queried available drug statistics, noting figures constantly change coincidental with increases or decreases in law enforcement activity. The committee stated, “...for the most part these crimes...are almost never reported by anyone other than police. With this in mind, it is perhaps safest to assume that drug crime statistics tell us very little about the nature and extent of drug crime anywhere.” Moreover, the committee pointed out that the small sample of residents, local businesses, and police officers interviewed might not be statistically representative of the community as a whole and thus not reflect actual opinion within the area.

For all of the above reasons, the evidence used by Insite’s supporters can be considered questionable. Thus, the position taken by harm reduction proponents begs the question as to who is protecting the local community from intravenous drug users and their high-risk behaviours by placing such a facility in their neighbourhood.

Aside from data provided by Vancouver and Australia injecting facilities, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a European Union agency that collects data on drug addiction from European countries. Twenty-nine nations provided statistics pertaining to drug-induced deaths. Of the reported cases, 81% were male, the mean age was 34 years-of-age, and more than three-quarters of drug-related deaths were from opioids. (EMCDDA 2011)

Although the statistics on drug-related deaths were listed, the EMCDDA did not provide data pertaining to supervised injection sites and crime in the communities surrounding these facilities. Data from the Netherlands, for example, lacked a detailed examination of the area adjacent to drug facilities and thus was difficult to interpret.

The limited international data that does exist indicates public order problems that have resulted in the closure or relocation of some injection facilities in Europe. (Poschadel et al 2002) This was studied by Poschadel et al and cited in the EAC report.

Granted, the Canadian research conducted by Andresen and Boyd is consistent with the Australian and Vancouver evaluations and concluded that the opening of the facility did not cause crime to increase or decrease. In fact, the EAC pointed to Andresen and Boyd's examination of Vancouver police dispatch data for the seven-year period from 2000 to 2006 that reached a similar conclusion. It has already been suggested, however, why such results might have occurred; for example, because of an increased police presence within the community.

By contrast, some European countries have seen crime increase in areas within close proximity to supervised injection sites. The Canadian EAC cited Poschadel et al who reported increases in "drug dealing around the facility, with several of those also reporting aggressive incidents outside the premises, increases in petty crime..." Thus, although published statistics related to Vancouver might not reveal an increase in crime, some international cases have yielded the opposite result.

In addition, Vancouver police dispatch data have shown an increase in crime in some years and a decrease in others. As a result, crime statistics do not yield much of a trend one way or the other and are probably of limited value in assessing the Vancouver experience. Evidence pertaining to the general deterioration of the quality of life in areas adjacent to the injection site, however, did show a clear trend. Most residents likely did not possess the financial ability to buy heroin or cocaine prior to the facility's opening. Yet, they probably financed their addictions by committing various crimes.

We know the Insite injection site has had a poor record in helping drug users with their addictions. Users living in the area still do not possess the economic means to purchase their drugs. Instead, they continue to commit crimes at a similar rate as existed prior to the facility's opening. Thus, one can say that the clinic has at least maintained the status quo with respect to the rate of crimes committed by addicts because they simply do not possess the economic means to support their illegal habit.

A high correlation already exists between drug users and high rates of property crime. Inspector Scott Thompson, who devised the operational plan when the facility opened and presented the Vancouver Police Department's position in 2008 to the federal Standing Committee on Health, stated that, "...linking the facility to crime and disorder or whether it caused crime to increase or even decrease is difficult because of the different variables that can affect it." (Thompson 2011)

SUPERVISED INJECTION SITES PERPETUATE CRIMINAL ACTIVITY

Because supervised injection sites do not adequately address treatment for addicts, these users continue to commit crimes related to obtaining drugs. The statistics provided by the Vancouver Coastal Health Authority (VCHA) indicated that at least 50% of the 16,000 people living in Vancouver's eastside are on social assistance. In addition, a 1998 Vancouver report noted that 75% of the residents on Vancouver's eastside have poverty level income.

The lack of adequate income has resulted in many users turning to illegal activity to get the necessary funds to pay for their drugs.

On average, cocaine users inject six times and heroin addicts four times daily. The approximate cost to the drug user is \$100 per day. Assuming the majority of intravenous users receive social assistance, they would only be able to sustain their drug habits for less than two weeks.

As a result, the average addict would have no money left over for expenses such as rent or food and likely would engage in petty crime for additional cash. Sex trade workers – an estimated 38% of drug users – likely do not commit many property crimes, but are still engaged in criminal activity to finance their habit.

Because of its lack of success in treating intravenous drug users and ultimately helping them overcome their habit, the Vancouver supervised injection facility likely does not help addicts overcome their need to engage in illegal criminal that supports their habits. The Insite website contains data for 2010 which indicates that, of the 12,236 individuals who used the facility, less than half, or 5,268, were referred to treatment services. There was no follow-up data on these individuals. But, of the 12,236 men and women who used the service in 2010, only 458 participated in Insite's detoxification program. Of those addicts, 97 detoxified at the facility (VCHA). Thus, the detoxification success rate was 1.6%.

In addition, Insite does not have data on that portion of the drug users who might have been successfully treated for their drug addictions.

Similarly, international statistics on treatment referrals and their corresponding success rates is also lacking. Canada's EAC cited Schu et al who said that, although referrals to other services are given in supervised injection sites in Berlin, "...there is no data on the actual uptake of these services." (Schu et al 2005) Spain and Switzerland also lacked referral figures.

The Vancouver facility already has a low detoxification success rate. As well, there are few statistics to support how many referrals have resulted in users getting off of drugs entirely. Thus, one could conclude that the vast majority of Insite's clients have continued to engage in various illegal activities in order to pay for their drug habits. Since most of the crime associated with their habits likely takes place in the areas surrounding the facility, the quality of life in Vancouver's eastside neighbourhood has probably declined as a result of Insite.

Generally, empirical research over the years has shown a relationship between drug consumption and criminal activity.

Professors White and Gorman examined trends in drug use and crime by evaluating data taken from the United States' Arrestee Drug Abuse Monitoring (ADAM) program. This program operates in more than 20 U.S. cities and utilizes urinalysis and self-reported data to evaluate recent drug use among those arrested. The professors discovered that, although the relationship between heroin use and property crime was largely inconsistent, there was a positive correlation between cocaine and property crime.

Moreover, they found a linkage that, "...both cocaine use and violent crime were increasing and decreasing in the same years." There is an affirmative correlation between cocaine use and violent and property crime.

The relationship between illicit drug use and crime is also acknowledged by the Vancouver Police Department. In 2009, the department published a document – "Project Lockstep" – in which they argued that, by the 1990s, the city had a problem with chronic offenders "...committing repeated offences primarily as a method of funding their drug addiction."

Furthermore, they stated that whereas property crime has been reduced "...in all areas of Vancouver since the late 1990s, the reduction of break and enters (B&Es) in the DTES has not been as significant as that in the rest of the city. The high number of chronic offenders living in this area may explain, in part, the lack of reduction in break and enters in the DTES." Thus, illicit drug users likely commit property crimes to finance their illegal habit.

This argument is even more convincing because government poverty data illustrates the economic realities faced by the majority of those living in the area of the Insite facility. Indeed, public assistance simply does not provide enough money to support an illicit drug habit.

Other studies have also shown a strong relationship between drugs and property crime. For example, research conducted by Nurco et al 1984 indicated that when drug addicts increased the frequency of their substance use, property crime increased. Similarly, when addicts cut their drug use, property crime fell. Furthermore, the same researchers demonstrated that criminal activity is "significantly greater following addiction to drugs than before addiction." (White and Gorman 2000)

Because the Vancouver facility has done little to reduce intravenous drug users' dependency on illicit drugs, the clinic itself has maintained the status quo in regards to crimes committed by drug users. So, although the Vancouver police data shows no increase or decrease in illegal activity surrounding the facility, that result might be because drugs users are committing crimes at the same rate as prior to Insite's start. Thus, the illegal consumption of drugs and the existing relationship with property crime rates likely indicates a continued deterioration in the quality of life in that community.

An examination of heroin treatment and crime reduction by Lobmann and Verthein examined the relationship between heroin-assisted treatment versus methadone treatment and the criminal activity of 1,015 individuals who participated in this German study.

The objective of these scientists was to investigate whether these two treatments produced a decline in criminal behaviour. They examined data a year prior to treatment and during the treatment year, using different data sources – drug users who provided information about their criminal activity and police statistics.

Research previously conducted by Harrell on the validity of self-reporting regarding socially unacceptable behaviour, such as drinking and driving, shows that individuals underreport as much as 50% of the time. Moreover, Harrell's research also shows that an individual's ability to remember the quantity of drugs consumed or types of criminal offences committed more than 12 months ago is limited. (Lobmann et al 2008)

Since police data also tends to underestimate the actual number of crimes committed, these researchers strived to achieve a "counterbalancing [of] the shortcomings of each data source." (Lobmann et al 2008).

Interestingly, experts argued that their results could be generalized to other countries and cited Switzerland, the Netherlands, and Spain where studies all found a “considerable decline of crime related to heroin-assisted treatment.” Moreover, they argued that the Canadian experience should yield similar results. Vancouver police dispatch data, however, did not support this supposition. As stated earlier, the police dispatch numbers did not reveal an increase or decrease in crime to provide any meaningful interpretation of the facility’s impact.

Data showing that crime did not fall could be explained by the facility’s poor record of treating drug addiction. Failure to address this important aspect has maintained the status quo for continued criminal activity in the area.

Supervised injection sites around the world have focused on the individual without adequately addressing the treatment component. In our experience, however, community safety issues should not be ignored when considering illicit substance abuse. Programs and facilities to help addicts should work in concert with the community and should not jeopardize neighbourhood safety.

Vancouver’s Insite facility does not assist in improving the quality of communal life because it fails to address treatment or the broader goal of prevention. In turn, the facility has negatively impacted the community because illicit drug users still commit crimes to finance their habit.

ORGANIZED CRIME: THE BENEFICIARY

Because supervised injection sites perpetuate the sale of illegal drugs, organized crime groups in Canada and other countries will benefit.

In its *2007 World Drug Report*, the United Nations Office on Drugs and Crime examined trends in world drug markets. Specifically, their report examined organized crime and transnational drug trafficking. It concluded, "...nearly all transnational drug trafficking is conducted by organized groups." Whereas heroin is shipped from Afghanistan to Russia by small crime organizations, cocaine that winds up in North America usually comes from Central America, shipped by larger crime groups.

The UN body maintains that any long-term reduction in drug trafficking must be addressed at "...its source – the drug users." (*World Drug Report 2007*) Clearly, the Vancouver site has not been part of this strategy. The facility supplies clean needles and other drug equipment, but fails to address the demand for intravenous drugs, neglects any treatment component, thus perpetuates illicit drug use and continued victimization of the community.

At the retail end of the organized crime chain are the street gangs, which sell drugs to users. These low-level organizations often use violent crime and intimidation tactics as a way of controlling their portion of the street trade in illegal substances. These offences include the "...facilitation of street level prostitution, theft, robbery, fraud, and weapons offences." (Criminal Intelligence Service Canada 2010)

Moreover, these gangs often purchase and sell drugs from other criminal groups, establishing a link between these street vendors and more sophisticated crime organizations. British Columbia's Integrated Gang Task Force (BCIGTF) investigates and prosecutes gangs involved in violent criminal offences. The Force's Superintendent has stated that usually street gangs are "the soldiers for organized crime groups." (Ross 2008)

The drug trade operating in British Columbia also has links to the weapons trade, specifically so that domestic gangs can maintain the integrity of their territories. "In 2007, there were 247 gang-related shootings in the Lower Mainland, many of them occurring in public spaces like streets, parks, restaurants and clubs." (Ross 2008) Because the Vancouver supervised injection site has not achieved any meaningful results in treating drug addicts, the status quo has benefited street gangs and organized crime overall.

Ontario is no different in the linkages between organized crime and drugs. Once these substances come in from overseas, in many cases, the Hells Angels motorcycle gang takes over. In 2004, the Royal Canadian Mounted Police argued that in, "...the majority of major shipments of cocaine we find – meaning loads of say, 20 kilos or 60 kilos – when we peel back the layers we constantly find some level of involvement by the bikers. They have their hands in it all levels: shipment, distribution, money collection." (Sher et al 2004)

In fact, criminal investigations of Hells Angels in Ontario have shown that these bikers have established a drug network from west to east whereby a gang member, "...bought cocaine and marijuana in British Columbia's Lower Mainland and shipped it to central Canada east on cars, buses, and airplanes." (Sher et al 2004)

Vancouver's eastside clinic has done nothing to counter the use of illicit substances. Drug users continue to commit property crimes and other crimes to finance their harmful drug habit. The same users then purchase their drugs at the street level and profits from the sale of these substances eventually flow up to crime organizations.

The clinic's failure to treat drug users so that they can live drug-free lives has helped maintain the economic positions of all stakeholders who benefit from the continued consumption of illicit drugs. If supervised injection sites open in Ontario, a similar pattern of community victimization would arise.

Insite's current harm reduction model has not worked in Vancouver. Any introduction of similar facilities into this province would be strongly opposed by Ontario's police leaders and the policing community.

CONCLUSION

The Ontario Association of Chiefs of Police does not support the establishment or operation of injection facilities in Ontario. Illegal drugs are harmful and usually purchased with proceeds of crime. Organized crime organizations benefit from these facilities by having ready demand for illicit drugs while the community loses as crime in the area where these facilities are located is bound to rise.

Although this paper does not have as its purpose a study of the potential medical benefits to drug users, in our view, the methods used by scientific researchers to arrive at their conclusions is questionable. For example, one goal of Vancouver's Insite facility when it opened in 2003 was to address the spiralling numbers of HIV/AIDS cases, often attributed to needle sharing and intravenous drug use. Many experts, however, have found limitations on data involved in ascertaining whether HIV/AIDS cases have in fact dropped because of the clinic's appearance.

Regarding the impact of supervised injection sites on public disorder in Vancouver, the results are quite debatable because other variables, such as extra police officers deployed, were not accounted for in the researchers' studies. When Fischer and Allard conducted a feasibility study for an injection facility in Victoria, they found that evidence concerning their impact on public order was mixed, and this was "...further confounded by the fact that very little systematically generated and non-generalizable information is available on this issue." (Fischer et al 2007)

By most measures, the Vancouver facility did not save many lives, in fact, only one per year.

These minimal gains must be weighed against the deterioration in quality of life in the community where the facility is situated. Vancouver's Insite has done little to reduce crime in the city's eastside. Crimes such as prostitution, break and enters, robberies, and car thefts continue to occur since these offences finance the habits of drug users.

More alarmingly, if the facility perpetuates the cycle of addiction and, in fact, lures greater numbers into this area of the community, then local crime is bound to rise.

The sale of illicit drugs to intravenous drug users who visit a supervised injection site will facilitate the continued victimization of the community, and only serve to profit organized crime groups. From March 2004 to April 2005, the success rate of Insite in helping addicts was only 2.7%.

ADDENDUM

STATISTICS RELATING TO SUPREVISIED INJECTION SITES (SIS)

- 8,000 drug users have injected drugs at Insite; 18% accounted for 80% of the total visits (2008 figures)
- Less than 10% of these addicts used Insite for all of their injections
- Total injections at Vancouver facility comprised less than 5% of total injections in Downtown Eastside of Vancouver
- Health Canada report concluded that Vancouver facility saved one (1) life per year by intervening in overdose situations
- Wide ranging estimates of number of averted HIV infections as a result of Vancouver facility (range from 250-350 over 10 years versus 1191 estimated by different research team)
- Vancouver Police dispatch data from 2000-2006 cited in Health Canada report indicated that crime did not increase or decrease following opening of Vancouver facility (one possible reason is increased police enforcement projects in area during those years; also approximately 50 extra officers directly assigned to close proximity to injection site)
- A minimum of 50% of residents of Downtown Eastside area of Vancouver collect government social assistance payments; 75% of those residents living at poverty level
- Approximately 38% of drug users are involved in sex trade
- On average, cocaine users inject six times per day and heroin users inject four times per day; the average cost to drug user is \$100 per day
- 2010 Insite website data: 12 236 individuals attended facility
- Of 12,236 using facility, 5,268 referred to other services (no follow up data of these individuals)
- Vancouver clinic houses a detox facility called Onsite. Of 12,236 who used facility in 2010, just 458 participated in detox program at Onsite
- Of 458 drug users who participated, just 197 completed detoxification program; 2010 detoxification success rate at facility was approximately 1.6%
- Referrals to long-term abstinence programs between 2004 and 2005 were 2.7% at Vancouver facility

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