

Written Testimony on
L.D. 1364 "An Act to Prevent Opioid Overdose Deaths by Establishing Safe
Consumption Sites"

Presented by

Deputy Chief Christopher M. Martin

Brewer Police Department

Committee on Criminal Justice and Public Safety

April 27, 2023

Good afternoon, Senator Beebe-Center, Representative Salisbury, and distinguished members of the Committee on Criminal Justice and Public Safety:

I am submitting testimony in opposition of the passage of LD 1364, "An Act to Prevent Opioid Overdose Deaths by Establishing Safe Consumption Sites". I have also submitted testimony in opposition to a similar bill, LD 1159, "An Act to Establish a Pilot Project Regarding Harm Reduction Centers", being considered by the Committee on Health and Human Services.

Supervised injection sites do little to reduce the overall demand for illicit drugs.

Since 2019, there has been a concerted effort to decriminalize the possession of illicit drugs. The Maine Center for Sensible Drug Control Policy released a report outlining legislative priorities in 2019, and since that time nearly all of the social justice reform measures have been introduced as legislation. Safe injection sites were one of those priorities in an effort to move towards the broader objective of the decriminalization of drug possession.

In order for the concept of a safe injection site to be functional there must be a zone around the site that would allow for "de facto decriminalization" allowing consumers to safely transport their drugs to and from the site without interdiction by law enforcement. The first time this was introduced in Maine as proposed legislation would have created a ½ mile radius allowing for use and possession and deterring law enforcement from enforcing laws regarding the same (LD 949, "An Act to Prevent Overdose Deaths", 129th Maine Legislature, 2019).

Vancouver's Insite, North America's oldest and first established safe injection site, is often used as the gold standard model. I would strongly recommend that people should first tour Insite and the surrounding area before considering using this model.

A deeper look at the impact of Insite in relation to effectiveness, ability to reduce the demand for illicit drugs, the effects on businesses and residents in the area immediately surrounding Insite, and crime reveals the following:

- Safe injection sites are good at what they do, which is really one thing, prevent people from dying inside the facility.
- It didn't reduce the overall demand for illicit drugs.
- No reduction in crime.
- Overall degradation of area surrounding Insite.
- Drugs were obtained on the black market, making this area a vibrant market for drug suppliers.
- Crimes committed to facilitate addiction impacted surrounding areas.
- Most addicted persons that used the supervised injection site still used drugs primarily outside of the site on the streets, using drugs when it was a matter of convenience and compulsion.
- Created a de facto decriminalization zone for drug possession, which in turn created a low risk / high reward area for traffickers.
- Didn't lead to healthy neighborhoods or people.
- Community safety issues ignored over the desire to provide safe drug use, a resulting public apathy and feeling of helplessness contributing to unreported crimes and victimization.
- Limited data involved whether HIV/AIDS cases dropped due to safe injection sites.
- Slim evidence to show a reduction in overall addiction rates, marginal at best, detoxification success rate very low (less than 2%).
- Very little collection of data that could demonstrate lasting benefits.

Attached to this testimony is a position paper by Ontario's police leaders, "Supervised Injection Sites", that contains reference materials relating to this. I have also included hardcopies of news stories from resource links below. Within the resource links you will see videos that explore the immediate area around Insite's location in Vancouver.

As we struggle with finding workable solutions to combating our drug epidemic we must recognize that we have to consider the illicit drug economy and then employ models to influence behaviors regarding supply and demand, making investments in the realms of: enforcement, education, access to treatment, and sustainable recovery. It is through a balanced pragmatic approach that we can have a functional drug control strategy. Strategies that indoctrinate permissiveness removes consequences and the impetus to change, an all carrot and no stick approach, which is detrimental to all involved.

We must recognize that illicit drug consumption is a money-making venture, one that organized crime is the profiteer. The Mexican Cartels control every major distribution hub in the United States with no other criminal organization posed to challenge their dominance. All of the fentanyl, methamphetamine, and cocaine that we have here in our state came from the distribution of the Mexican Cartels, which has an identified presence in New England states. From there it goes to other levels of organized crime, gangs, and is further distributed at the street level.

We are seeing wholesale quantity seizures of fentanyl and methamphetamine by patrol officers in my area. Pounds and kilograms are readily available, this is a significant change from years past.

Our demand is at an all time high, as illustrated by record numbers of overdoses and overdose deaths.

Supply sources, gangs, are now coming to my area to distribute drugs to meet the demand. A stark contrast from years past when our consumers travelled to Massachusetts to procure drugs for use and sale. These gang members come from New York, Connecticut, and Massachusetts. Gun involvements and violence are becoming more common place. The underlying reason is because its about money, making money. Criminal organizations profit while our citizenry is at risk.

In closing, I implore you to consider what the likely results will be if we proceed towards safe injection sites and the decriminalization of drug possession. We can learn much from Vancouver, and predictable is preventable.

Here are additional source links that demonstrate the impact or lack thereof:

- <https://tnc.news/2022/11/08/levy-tour-vancouver-eastside/>
- <https://www.city-journal.org/vancouver-harm-reduction>
- <https://vancouver.sun.com/news/local-news/crime-on-b-c-streets-lawlessness-made-worse-by-government-policy-not-to-remand-repeat-and-violent-offenders>
- <https://www.straight.com/news/1029776/two-blocks-east-hastings-street-saw-more-3000-overdose-calls-just-two-years>
- <https://mynorthwest.com/799135/visiting-insite-safe-injection/>

- <https://www.theglobeandmail.com/canada/article-what-i-saw-in-a-day-on-the-downtown-eastside-shocked-me/>
- <https://vancouver.sun.com/uncategorized/the-green-man/welcome-to-hell-a-walk-through-the-downtown-eastside>
- <https://vancouver.citynews.ca/2016/03/14/vancouver-police-union-supervised-injection-sites/>
- <https://nationalpost.com/opinion/tristin-hopper-vancouvers-drug-strategy-has-been-disaster-be-very-wary-of-emulating-it#:~:text=Be%20very%20wary%20of%20emulating%20it%20Back%20to%20video,communities%20if%20used%20in%20isolation.>
- <https://nationalpost.com/news/vancouvers-gulag-canadas-poorest-neighbourhood-refuses-to-get-better-despite-1m-a-day-in-social-spending>
- <https://vancouver.sun.com/health/local-health/advocates-vancouver-police-sweeps-put-drug-users-in-danger>
- <https://bcmj.org/premise/supervised-injection-sites%E2%80%94view-law-enforcement>
- <https://www.youtube.com/watch?v=dqw59WiClcQ&t=4s>
(start around 24 min mark)
“Gangs, Drugs and the Vancouver Downtown Eastside with Kal Dosanjh”
- https://www.youtube.com/watch?v=PT8OU8Yhs_s&t=2s
“Vancouver is Dying”
- <https://www.youtube.com/watch?v=OUf1WaiZbvc>
“Walking Dead in Vancouver Downtown Eastside and Chinatown Crisis”
- <https://www.youtube.com/watch?v=DrQjxBCNbUK>

“Disastrous Alley: Walking on East Hastings Crack Alley” – the laneway behind Overdose Prevention Society’s supervised injection site

- https://www.youtube.com/watch?v=t0HrzA_4G1k
“Vancouver, The Ballad of East Hastings Pt1”
- <https://www.youtube.com/watch?v=ijyKMKfiwXc>
“Vancouver, The Ballad of East Hastings Pt2”
- https://www.youtube.com/watch?v=WijoL3Hy_Bw
“The Fight for the Soul of Seattle”

LEVY: My tour of Vancouver's depressing, horrifying Downtown Eastside

By Sue-Ann Levy - November 8, 2022



Could this be what we call hell on earth?

That's all I could think of as I visited Vancouver's now infamous Downtown Eastside twice last weekend — the first time on a rainy afternoon and subsequently on the one afternoon during my stay when the sun came out.

Where do I begin?

Imagine drug addicts clustered together on the sidewalk under make-shift lean-tos of tarps and rope surrounded by filth, empty food containers, clothes, shoes, garbage bags and bottles.

Cast your mind's eye to rail-thin emaciated female drug addicts shuffling along East Hastings St. with nowhere really to go, an elderly Asian man dumpster diving (for what I don't know) and dozens of drugged out people sitting on the sidewalk or cartons staring into space.



Think of trying to manoeuvre public sidewalks that have been taken over pretty much entirely for blocks by those makeshift lean-tos, scores of bikes, walkers, wheelchairs, wagons, shopping carts and of course the addicts.

As you pass, you observe one man standing in a drug-induced pose and several others shooting up with impunity in broad daylight.

The stench of urine, feces and pot is everywhere and at certain points along the street on the sunny afternoon, goods (perhaps stolen?) for sale were laid out on blankets.

This continued for blocks and blocks — the area growing sketchier the more I moved away from the corner where West Hastings turned into East Hastings.



It was like watching a horrifying multi-vehicle accident. I wanted to unsee the decay and the mass of zombie-like drugged out people clustered together. But I couldn't take my eyes off this Apocalyptic scene.

I later told a colleague that it reminded me of a third-world country, as bad as the slums of Soweto in South Africa I visited 20 years ago.

It was hard to believe that a mere 20-minute walk away from this hellish site lay Canada Place, Vancouver's seaport and the tony Coal Harbour area.

But this is proof of the harm of safe injection sites, a permissive out-of-control drug culture, politicians who have let the problem escalate and social justice do-gooders who are doing more harm than good.

I wanted very much to see for myself what has happened to the Downtown East side since InSite opened its first safe injection site in 2002.



Just prior to 2017 in Toronto — when the board of health and its chairman Joe Cressy did a sales job for the same permissive model here — a woman came to council from Vancouver to warn that the area was becoming a Dante's Inferno.

I spoke to police officials in Vancouver at the time who contended that without enforcement and mandatory rehab, the SIS model wouldn't work.

That was seven years ago. Vancouver's East Side has turned into a horror show and even the streets surrounding it as far as Gastown have a sketchy

feel.



In November of 2017 Cressy gleefully announced that the federal government had approved three safe injection sites for Toronto — insisting repeatedly the sites save lives.

Now Cressy has left his Councillor job and left the mess to others, as has Mike Layton and Kristyn Wong-Tam, all of whom pushed for the drug enabling sites.

That has grown in five years to nine supervised consumption sites and a variety of others located in hotel shelters under a program called I-Phare (Integrated Prevention and Harm Reduction Initiative) — a kind of one-stop shopping for drug addicts.

There's no doubt these initiatives have attracted drug dealers and crime to the neighbourhoods where they are located.

Because they are more spread out than Vancouver, the addicts aren't camped on the sidewalks of several blocks of East Hastings.

At least not yet.

But they certainly have wreaked havoc on the neighbourhoods where they are located.

Take the Bond Hotel shelter on Dundas St E., where I shot a video a few weeks ago while dealers plied their trade right behind me and zombie

addicts occupied the sidewalk outside the shelter.

I spent considerable time outside the Street Health safe injection site, also on Dundas St. E., and The Works on Victoria St., both of which have severely changed the characteristics of the neighbourhoods they are in.

Dirty needles, crime, transients hanging out outside both sites and an increasingly sketchy vibe at Yonge-Dundas square and in Cabbagetown where hookers trade sex for drugs has been the norm.

Mayor John Tory and councillors have turned a blind eye to the increasing crime and refuse to connect the dots that lawlessness is on the increase because of these drug enabling philosophies.

The few Vancouverites who dared to speak up about InSite and Vancouver Coastal Health— which runs the safe injection programs —cited stats that deaths from overdoses have actually increased since 2002 and that a mere 3% of InSite users are referred for rehab.

They were loudly attacked by the harm reduction activists.

Now five years later, Vancouver's East Side is a depressing and horrifying mess — one that will take extreme political will to ignore the noise of the activists and to clean it up.

It should certainly be a wake-up call for Toronto's politicians.

If they think it can't happen here, they're sadly misinformed.

Author



Sue-Ann Levy

A two-time investigative reporting award winner and nine-time winner of the Toronto Sun's Readers Choice award for news writer, Sue-Ann

Levy made her name for advocating the poor, the homeless, the elderly in long-term care and others without a voice and for fighting against the striking rise in anti-Semitism and the BDS movement across Canada.

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PHOTO: GUNN
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"Vancouver Is Dying": New documentary sheds light on crime and overdose crisis (VIDEO)



Kenneth Chan | Oct 14 2022, 7:17 pm



"Vancouver Is Dying" (Aaron Gunn/YouTube)



A new documentary on Vancouver's homelessness, mental health, and addictions and opioid overdose crisis, released on YouTube more than a week ago, has become the single-most viewed video material of the 2022 civic election.

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At the time of writing, *Vancouver Is Dying* has already amassed 460,000 views – and based on the comments, it is capturing the attention of not only local residents, but individuals in other jurisdictions in Canada and the United States that are seeing the same type of afflictions in their communities.

In the hour-long documentary, local resident and independent journalist Aaron Gunn hit the pavement in the Downtown Eastside and other areas of Vancouver impacted by escalating crime, public safety, and public disorder issues.

He interviewed residents, small businesses, law enforcement, experts in mental health and addiction recovery, and recovered addicts to challenge prevailing assumptions and narratives and provide new perspectives in the complex, multi-faceted crisis. Key statistics and news stories on notable violent attacks and the encampments were also summarized.





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On Tuesday, Gunn told Daily Hive Urbanized his team's work on the documentary first began in March 2022, and it was originally planned as a shorter, 25-minute video with a June or July release. But it was pushed back and expanded, as their interviews and research demanded a longer, more in-depth piece.

"Growing up in BC, it seemed to me that over the past 20 years governments, of all political stripes, have been doubling down on the same failed suite of policies despite the fact they continue to produce worse and worse results," said Gunn.

"Violent crime is up. Homelessness is up. And overdose deaths have exploded. I've always personally felt these issues to be interconnected and, after learning about the alternate approach taken by Portugal and the success they've had in treating addiction, I thought

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One of his many interviews was with Marshall Smith, who is the chief of staff of new Alberta Premier Danielle Smith. Up until this month, for three years, Smith was the chief of staff for the Alberta Minister of Mental Health and Addiction.

In the early 2010s, while working as a ministerial assistant for the BC provincial government in Vancouver, Smith fell into an alcoholism addiction and spent over five years homeless in the streets of the city.

“What helped me was getting to treatment. I got into recovery. My life has been good because of that. That’s my story,” said Smith, who had been working in Alberta’s

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Vancouver Is Dying (Aaron Gunn/YouTube)

Smith pointed to government statistics that show 90% of the issues deal with drugs and addiction, 70% of overdoses happen when people are alone at home, and 50% of suspected deaths from overdose in the city occurred inside SROs and other supportive housing.

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“People are not living in tents on the Downtown Eastside because they can’t afford rent, they’re doing that because they’re severely addicted to heroin, cocaine, and fentanyl. People are not living under overpasses because they don’t have an opportunity to get an apartment, they are there because they suffer from significant mental health and addiction issues. Yes, they’re homeless, but there’s a reason why, so we need to make sure we’re attempting to solve the right problem,” said Smith.

“As a person with an addiction, the worst thing you can do for me is to give me four walls and a door that I can lock. You will quite likely find me dead on the living room floor at some point because we know that 70% of fatal overdoses happen at home alone.

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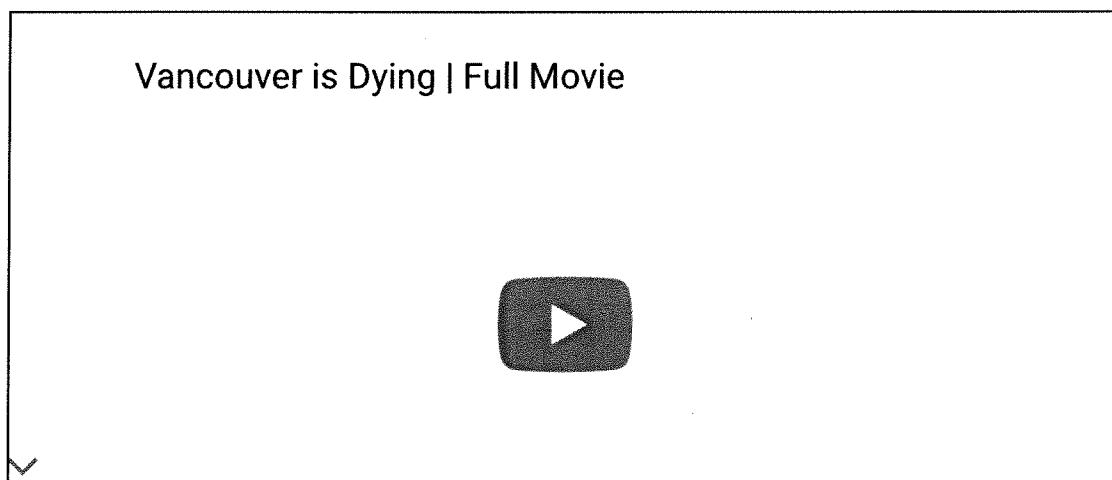
sent to a government-funded SRO. He relapsed soon after arrival on the first day because of the unsupportive and permissive environment he found himself in.

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“I arrived there and they took me upstairs, and as I was passing an office heading into my room, they basically had offered me meth pipes, crack pipes, needles, and sent me off to my room, which at the time I turned down,” said Hall.

“But approximately 10 minutes after I got into my room, I had a knock on my door and it was the person across the hall from me offering me a free sample of heroin. So, I relapsed that night and was living there for I think approximately a year. And I’m in a situation where there is a drug dealer across the hall from me, and down the hall from me. So, I’m thinking, I’m gonna end up dying in this situation.”

Watch Vancouver Is Dying on YouTube:



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The documentary also interviewed Arezo Zarrabian, a Vancouver Police Department crime analyst who is running for Vancouver City Council with the Non-Partisan Association (NPA).

“What used to be normal in the Downtown Eastside, which I’m not saying is right, has now transferred to Kitsilano, downtown, and Mount Pleasant areas. There are four random attacks a day, and your likelihood of being a victim of a random assault is one in four if you are a Vancouver resident. And that’s for reported crime... If someone looks at you the wrong way, you shouldn’t look back or you shouldn’t say something back, because you don’t know what may happen,” she said.

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explore the homelessness, mental health, and overdose crisis in Seattle — *Seattle Is Dying* by ABC affiliate KOMO TV, with KOMO News anchor Eric Johnson taking a closer look at the impact of the crisis in his community and possible solutions. The hour-long *Seattle Is Dying* has 13.5 million views on YouTube.

Gunn attracted some controversy a year ago during his prospective bid to become the new party leader of the BC Liberals, but he was rejected from contention by the party over some of his previous social media comments. At the time, he defended his comments and right to freedom of speech.

He was also previously a member of the Canadian Forces and an executive of the Canadian Taxpayers Federation.

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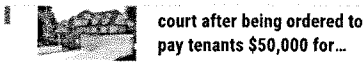
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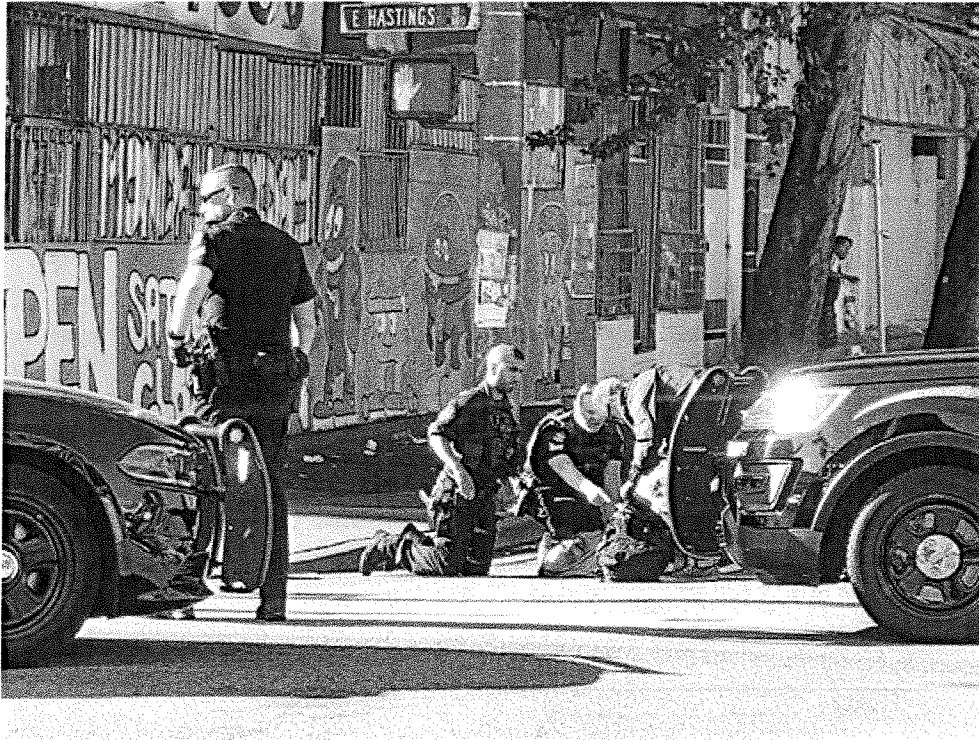
Crime on B.C. streets: Lawlessness made worse by government policy not to remand repeat, violent offenders

Doug LePard said that in 2019 there were 15,000 people in B.C. custody, while in 2022 that number had fallen to 9,000

David Carrigg

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 81 Comments




Vancouver police arrest a suspect on July 30, 2022. PHOTO BY TREY HELTEN /jpg

A sense of lawlessness on the streets of downtown Vancouver is being made worse by federal policy to avoid remanding repeat and violent offenders, a Conversations That Matter panel of experts heard on Tuesday night.

STORY CONTINUES BELOW

The panel on rising street crime, a Conversations Live event hosted by Stuart McNish, was held a week after municipal elections in which concern over random violence and street crime was a major issue, and the day Premier-in-waiting David Eby said that crime and public safety was one of the big issues in the province.



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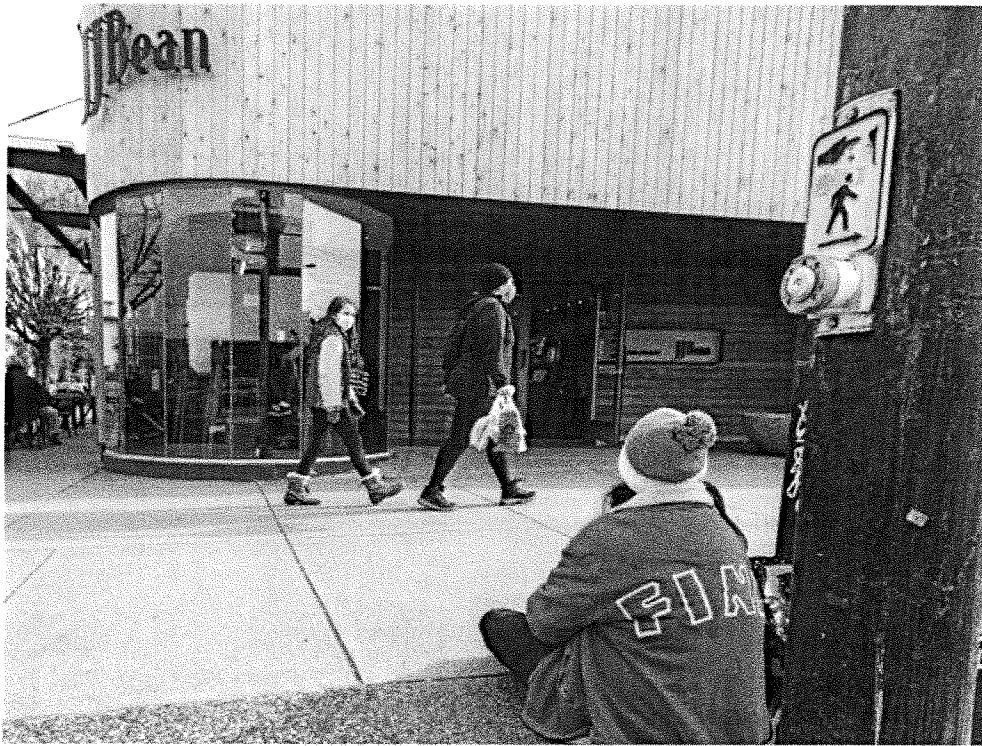
The six-person panel included JJ Bean founder John Neate, Doug LePard and Amanda Butler — co-authors of the recently released Repeat Offenders report for the B.C. government — Vancouver Police Department deputy chief Steve Rai, National Police Federation president Brian Sauve and Surrey Board of Trade president Anita Huberman. Veteran Vancouver Sun crime reporter Kim Bolan and columnist Dan Fumano were also part of the conversation.

STORY CONTINUES BELOW

Neate said that while he understood that many of the repeat offenders who have terrorized his staff have major mental health and housing problems, there was no accountability.

He said in one case a man walked into a JJ Bean coffee shop on Main Street and when he was told he could not use the toilet without being a customer, he defecated on the floor. This came after a store washroom was destroyed by a person who was not a customer.

“He said ‘you won’t let me use the washroom, well here you go, here’s a gift for you.’ It makes it an unpleasant place to work,” Neate said.



A panhandler sits outside the JJ Bean Coffee Roasters location at East 14th and Main Street in Vancouver. PHOTO BY JASON PAYNE /PNG

More serious incidents include cases of smashed windows and the same people coming in to JJ Bean stores in an attempt to steal or ask customers for money. His stores had been broken into three times over the past month.

STORY CONTINUES BELOW

Neate said he had been active in the downtown core since 1979 and his sense was that it had become “lawless.”

“There’s a real sense of impunity,” he said.

LePard said that in 2019 there were 15,000 people in B.C. prisons, while in 2022 that number had fallen to 9,000.

He said this was because judges wanted to keep people out of jail during COVID-19, while the federal government’s Bill C75 bail reform legislation was leading to more people being released on bail.

“Many retailers report people with no-go orders just coming back in over and over again. We see this sense of emboldenment, that I won’t be held in jail so I can do what I want,” LePard said,

“In other provinces remand has gone back to pre-pandemic levels. Are judges different here? Are Crown not asking for remand? Arrest and jail is not the solution, but it’s part of the solution.”

STORY CONTINUES BELOW



A Hop On Hop Off bus on East Hastings St. on July 27, 2022. PHOTO BY NICK PROCAYLO /PNG

Bolan pointed out that people involved in more serious crimes than were occurring in the Downtown Eastside were also being released on bail. She said that policing still had to focus on gang crime, which is as tragic as anything happening on the Downtown Eastside, and linked because low-level gang members dealt drugs in the area and often attacked drug buyers.

Rai said that Vancouver was a safe city, but there was a perception of rampant crime that was leading to fear and people not wanting to come to downtown Vancouver.

“To get away from lawlessness we have to get back to core policing,” he said, adding that police were having to act as medical responders in many cases. He said there were cracks in all parts of the system around policing — from training, to dispatch to health care.

STORY CONTINUES BELOW

All participants agreed that policing was being made more difficult by the lack of adequate housing and health services for many of the repeat offenders.

Butler thought that Canada and B.C. needed to look at models of incarceration that focused on health. She said that a “low-secure” facility should be built — not like the 1960s asylum model — for people who have complex disorders and are involved with the criminal justice system.

“Prisons are not places of healing,” Butler said.

Sauve said that all levels of government needed to have a discussion about “what we want the police to do.”

Huberman said businesses in Surrey were tired of the politicization of policing in their city.

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The Harm in “Harm Reduction”

Vancouver’s experiment with safe-injection sites is a dead end for addicts—and a public-health risk.

/ From the Magazine / The Social Order, Public Safety

Spring 2020

Every major city in the United States seems to have its designated opioid district, a tucked-away part of town where normal rules are suspended and the drug trade shapes the social order: Kensington in Philadelphia, the Tenderloin in San Francisco, Pioneer Square in Seattle. The scenes are sadly familiar: disheveled men and women living under blue tarpaulins, dealers doing hand-to-hand transactions between large trash receptacles, and dope fiends searching with their fingertips for the last good vein. Methadone clinics and rescue missions operate amid a steady rumble of ambulances and police cruisers, vehicles sent not to enforce public order but to manage the status quo.

Political leaders have long sought to transform these places. Among progressive policymakers, the prevailing trend is “harm reduction,” a public-health approach that accepts widespread drug use and directs resources toward mitigating its negative consequences. Harm reduction began with needle exchange and methadone clinics, which helped, respectively, to reduce the transmission of blood-borne diseases and to stabilize addicts with opioid replacements. Now, as Western nations confront the opioid crisis, cities in Canada, Australia, and Europe have adopted a new harm-reduction strategy: so-called safe-injection sites, where addicts can take drugs—predominantly heroin and methamphetamine—under the supervision of medical professionals, who intervene in case of emergency.

Public-health officials and progressive leaders often cite Vancouver, Canada, as the gold standard of harm reduction. Over the past 30 years, Vancouver has implemented the full range of harm-reduction strategies. The centerpiece of the city’s current efforts is the Insite safe-injection facility on East Hastings Street, which has drawn the attention of academics and media from around the world. Advocates argue that such facilities can prevent fatal overdoses, reduce rates of infection, connect addicts to social services, and mitigate street disorder, with few negative consequences.

What’s happening in Vancouver can hardly be categorized as a success, however. Though harm reduction has brought some benefits, such as reducing the transmission of HIV, it has also compounded the problems of addiction, homelessness, and public disorder. Vancouver’s concentration of services in its own opioid district, the Downtown Eastside, has created a veritable death trap for addicts around British Columbia, who travel there to obtain drugs, overdose, and then perish in the streets.

As cities in the United States, including San Francisco, Denver, Philadelphia, and Seattle, consider opening their own safe-injection sites, they should understand the full consequences of these practices. Beneath the narrow certainties of the academic literature runs a deeper story that reveals the hidden costs of harm reduction. As the coronavirus begins to spread in opioid districts throughout North America, policymakers must reconsider the wisdom of concentrating vulnerable, immunocompromised populations in tight quarters, where they can become vectors for a catastrophic outbreak.

On the surface, Vancouver is an unlikely location for an opioid epidemic. In popular imagination, the crisis is taking place in impoverished inner-city slums or forgotten rural communities. According to the influential “deaths of despair” hypothesis, the opioid crisis is most pronounced in communities exposed to “prolonged economic distress,” leading to a decline in life expectancy for middle-aged men. But Vancouver is neither West Baltimore nor West Virginia—it’s one of the world’s most prosperous and progressive cities, with a booming economy, liberal leadership, and universal health care. And yet, despite this affluence, the city faces one of the worst drug problems on record. Since 2008, overdose deaths in British Columbia are up 151 percent, with Vancouver’s numbers driving much of the increase. According to CTV News, Vancouver’s “paramedics and dispatchers are feeling fatigued and burnt out” by the pace of opioid overdoses, “and some are experiencing occupational stress injuries such as post-traumatic stress disorder.”

The Downtown Eastside neighborhood is ground zero for the troubles. For the past century, the area has been Vancouver’s Skid Row, home to a dense network of cheap hotels, bars, brothels, and, increasingly, homeless encampments and social-services offices. It’s here, across ten city blocks, that Vancouver has launched its experiment in harm reduction, opening Canada’s first needle exchange in 1988 and North America’s first safe-injection facility in 2003. Rather than try to disperse the Downtown Eastside’s social pathologies throughout the region, policymakers have decided to concentrate new subsidized housing construction, welfare services, and drug programs in the neighborhood. Total social spending in the Downtown Eastside now amounts to more than \$1 million per day.

Despite these intensive efforts, the city has failed meaningfully to reduce rates of addiction, homelessness, and criminality in the neighborhood, which remains the epicenter for all overdose deaths in the region. In 2017, the City of Vancouver logged 8,000 overdose calls, with the Downtown Eastside responsible for 5,000 of the total, even with a population of only a few thousand residents. The situation has become ever more chaotic, as Covid-19 threatens to spread among many homeless men and women who have nowhere else to go.

For the addicts caught up in the Downtown Eastside’s web of social programs, the results are not encouraging. According to a ten-year longitudinal study by Simon Fraser University professor Julian Somers, even the most service-intensive interventions failed to produce better outcomes. In his study of 433 addicts enrolled in Vancouver at Home, a program offering free housing and comprehensive services, Somers concluded that “despite the high concentration of services and supports in the [Downtown

Eastside], members of the current sample experienced significant personal decline rather than recovery, as evidenced by their involvements with criminal justice, large increases in acute care and prolonged homelessness.” Over ten years, Somers writes, “participants’ use of community medical services and hospital services each tripled, while criminal convictions and welfare receipt doubled.”

“According to the latest numbers, more than 1,500 overdoses a year have taken place within a block of the Insite facility.”

Even the key claim of harm-reduction advocates—that safe-injection sites reduce overdose deaths—loses much of its rhetorical power when viewed in context. While it’s true that Insite recorded 189,837 visits last year without any fatalities on the premises, the Downtown Eastside streets saw more overdose deaths than ever. It’s not that addicts who use the safe-injection site are achieving sobriety; they’re just not dying on the floor of the Insite injection room. According to the latest numbers, more than 1,500 overdoses a year have taken place within a block of the Insite facility in the Downtown Eastside. And even the “no deaths on the premises” statistic might be misleading. As a secret recording from the Powell Street Getaway facility reveals, it’s possible for addicts to overdose at safe-injection sites, and then die en route to the hospital or after they have returned to the streets.

More broadly, if the objective is to maximize overdose reversals, safe-injection sites may not be the most efficient method of achieving this goal. According to the BC Centre for Disease Control, British Columbia currently sees between 1,000 and 2,000 overdose reversals per month. These are primarily administered in the field by paramedics, law enforcement, community members, and other drug users. The government’s decentralized Take Home Naloxone and Facility Overdose Response programs, which distribute overdose-reversal kits into the community, cover a much broader territory and deliver much greater results than brick-and-mortar safe-injection sites, with less potential for negative spillover effects.

Finally, even if one accepts the purported benefits of safe-injection sites, the solution cannot scale to serve the addict population in the Downtown Eastside. The Insite facility has a \$3 million annual budget, 12-seat injection room, and averages 700 to 800 visits per day—but according to the latest data, these figures represent only 4 percent of the total number of daily injections in the Downtown Eastside. In other words, if policymakers were to scale safe-injection sites to meet the overall rate of neighborhood drug consumption, they would need to build 25 more facilities in the Downtown Eastside alone—a political, financial, and spatial impossibility.

The Downtown Eastside is one of the world’s most heavily studied neighborhoods. A cursory glance through the academic literature reveals at least 6,500 peer-reviewed papers, journal articles, and scientific reports that focus on life there. According to the *National Post*, the neighborhood is home to “more than 170 nonprofits clustered in an area of only a few blocks, all devoted towards supporting an increasingly

dense community of addicts.” An entire social-scientific sector is devoted to solving the problems of the Downtown Eastside, to little avail.

Indeed, these efforts have contributed to a “magnet effect” that encourages opioid addicts from around British Columbia to move into the neighborhood in search of social programs, a permissive social environment, and easy access to drugs. According to the Simon Fraser University study, from 2005 to 2015, the number of homeless addicts who had migrated to the Downtown Eastside from outside the neighborhood increased from 17 percent to 52 percent of the overall population. In the name of compassion, public officials have created perverse incentives that are worsening homelessness, overdoses, and crime.

As it turns out, much of the academic literature in support of the current harm-reduction policy is more about activism than hard science. According to a recent survey by the RAND Corporation, nearly 80 percent of the literature on safe-injection sites is made up of studies from just two facilities: Insite in Vancouver and the Medically Supervised Injection Centre, in Sydney, Australia. As the RAND scholars conclude, these studies are neither rigorous nor definitive, and they often ignore the potential for community-level harm and second-order effects. “We conducted our own assessment of the individual studies,” the report argues, “and found that the evidence base concerning the overall effects of SCSs [supervised consumption sites] is limited in quality and location.”

Even worse, as a recent investigation by the Huffington Post revealed, one activist-researcher who had lobbied for the original funding for Insite coauthored all 33 studies of the facility from 2003 to 2009. Unsurprisingly, they showed unanimously positive results. Some of these studies were even produced in collaboration with the Vancouver Area Network of Drug Users, an activist group that requires researchers to agree to their rules, including: “if researchers want to work with us they should really become allies of our movement,” “we want to see the research—in progress—to give feedback,” and “[researchers must] present us with an explanation and action plan on how the research will contribute to the empowerment and liberation of people who use drugs.” This is the language of radicalism, not science, and any study conducted under such auspices should be treated with skepticism.



An addict collects her drug kit at a safe-injection center. (LAURENT VU THE/AFP/GETTY IMAGES)

Safe-injection advocates have positioned themselves as the arbiters of a morally neutral, scientific objectivity, dismissing dissenters as “deniers.” But the advocates have constructed their argument on the moral foundation of “harm reduction,” which cannot be evaluated simply as a neutral science. Though it has proved a valuable tool in some cases—for example, preventing infections and reversing overdoses—harm reduction makes profound assumptions about human nature that must be subjected to a broader public debate.

The critical question facing neighborhoods like the Downtown Eastside is: What is the desired end? Mark Tyndall, a physician and leading harm-reduction advocate in Vancouver, believes that the goal of sobriety—the traditional telos of both medicine and public policy, when it comes to drug abuse—is outdated and should be abandoned. The real objective, he argues, should not be recovery from addiction but the maintenance of addiction, possibly in perpetuity. “People have these unrealistic expectations like . . . we need to get [safe-injection users] abstinent and recovered,” Tyndall explains. “That so rarely happens to people that I don’t have those expectations anymore. I want to keep people alive and relatively healthy and hope for the best.”

The flaw of harm-reduction theory is that it contains no natural limits. Convinced that safe-injection sites are insufficient, Tyndall and his colleagues at the BC Centre for Disease Control are launching a pilot program to provide addicts with a “clean supply” of opioids through “ATM-style machines—with biometric scanners, real-time monitoring and alarm systems—that would distribute the pills to patients.” The Vancouver Mayor’s Overdose Emergency Task Force has endorsed the plan, recommending that the city “prioritize and identify space for a suitable location for a storefront service space, either in or adjacent to the Downtown Eastside.”

The vision of ATM-style opioid dispensers evokes Aldous Huxley’s *Brave New World*, in which an opioid-style drug, soma, is given to the lower castes. This approach threatens to reduce man into a machine. It’s no giant leap from the state-sanctioned distribution of soma to the untouchables of the World State to the administration of “clean” hydromorphone to the desperate tent-dwellers of East Hastings Street.

Huxley’s novel illustrates how the science of addiction can’t be untangled from its moral, political, and philosophical dimensions. Huxley’s fear was that, without restraint, addiction could become the dominant refuge from the difficulties of existence. “There’s always soma to calm your anger, to reconcile you to your enemies, to make you patient and long-suffering,” he wrote. “In the past you could only accomplish these things by making a great effort and after years of hard moral training. Now, you swallow two or three half-gramme tablets, and there you are. Anybody can be virtuous now. You can carry at least half your morality about in a bottle. Christianity without tears—that’s what soma is.”

Harm reduction is ultimately a pessimistic philosophy. It rests on the premise that human beings are subordinated to biological determinism, with almost no room for agency, hope, or grace, and maintains that science can lead us out of the darkness of addiction and human despair. Yet despite harm reduction’s influence over social policy for decades now, there seems no end in sight for the disorder of neighborhoods like the Downtown Eastside. As tents continue to line the streets of major cities, the addiction crisis demands an answer. Harm reduction isn’t it.


Christopher F. Rufo is a contributing editor of City Journal, documentary filmmaker, and research fellow at the Discovery Institute’s Center on Wealth & Poverty.

Top Photo: A man lies unconscious in an alley in the Downtown Eastside neighborhood. (CHRISTOPHER MORRIS/CORBIS/GETTY IMAGES)

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Local News / Local Health

Advocates fear Downtown Eastside police crackdown pushes drug users into shadows

Nick Eagland

Published Feb 04, 2018 · 4 minute read

Join the conversation




Constance Barnes is the manager of the Downtown Eastside Market on E. Hastings Street in Vancouver's, where she is pictured Saturday, February 3, 2018. Drug users say an increased police presence in the area is preventing them from using supervised consumption sites. PHOTO BY JASON PAYNE /PNG

While Vancouver police proclaim victory in a recent crackdown on crime in the Downtown Eastside, some locals fear the boost in beat cops is pushing people who use drugs into harm's way.

STORY CONTINUES BELOW

Last week, Vancouver police increased foot patrols in the impoverished neighbourhood to address "street disorder" and prevent violence. Police said the sweeps came in response to a surge in complaints from residents, business owners and visitors. As well, people with mobility issues and the elderly have complained about blocked sidewalks and doorways.

But drug users and groups representing the marginalized believe the bolstered police presence has deterred people from using overdose-prevention services during the fentanyl-related overdose crisis. Last week, the B.C. Coroners Service announced that 1,422 people had died of a suspected overdose in 2017, up 43 per cent from 2016. Fentanyl was detected in 81 per cent of cases and 88 per cent of deaths were indoors.



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“I feel that (the police will) find a way to incriminate you, if they can, because they want to meet their quota,” said Larissa, who visited the Overdose Prevention Society at 58 East Hastings St. on Saturday.

Larissa, who asked that her last name not be printed, said people who use drugs can feel dehumanized by police, and uniformed officers standing outside an injection site will make them feel unwelcome. She worries her friends may instead use alone, use dirty needles or get robbed while hiding in alleyways.

“I think that it will make a lot of people stop coming,” she said. “They could just be out in the alley, dropping.”

Joy, an Overdose Prevention Society volunteer in recovery, who also asked that her last name not be printed, said there's been a marked decrease in visits since the police crackdown.

STORY CONTINUES BELOW

She said most visitors know police "are here to do their job" but at the same time worry they may get nabbed for possession. When police round the corner to the alleyway behind the OPS, drug users shout "Six up!" and scatter into the shadows, she said.

"They just want to be somewhere where it's comfortable," she said. "As long as the police aren't harassing them, nobody really says much of anything."

Deputy Chief Howard Chow said the increased police activity in the Downtown Eastside will continue. But Chow said beat officers remain focused on "predators that exploit drug addicts." He said police policy is to crack down on organized crime, not pick up people with addictions on minor possession charges.

"The reality of it is that police officers and beat officers have been part of that landscape, part of the community, for decades," Chow said. "Our members are regularly guiding, directing – even assisting and bringing – those that are drug addicts to those overdose (prevention) sites. Our members are working tirelessly on the frontline."

STORY CONTINUES BELOW

With an average of one person dying of an overdose in Vancouver each day of 2017, officers will continue to administer naloxone and pull drug use "out of the laneways," Chow said. "We don't want people to be using in laneways where all of a sudden people may have a crisis or overdose, and nobody knows it."

Chow said the sweeps have been effective. Last week was only the second week in the past six years during which there wasn't a single street-level assault or robbery. Police have confiscated knives, a hatchet and an imitation handgun during searches. They've seized drugs cut with fentanyl as well as stolen property.

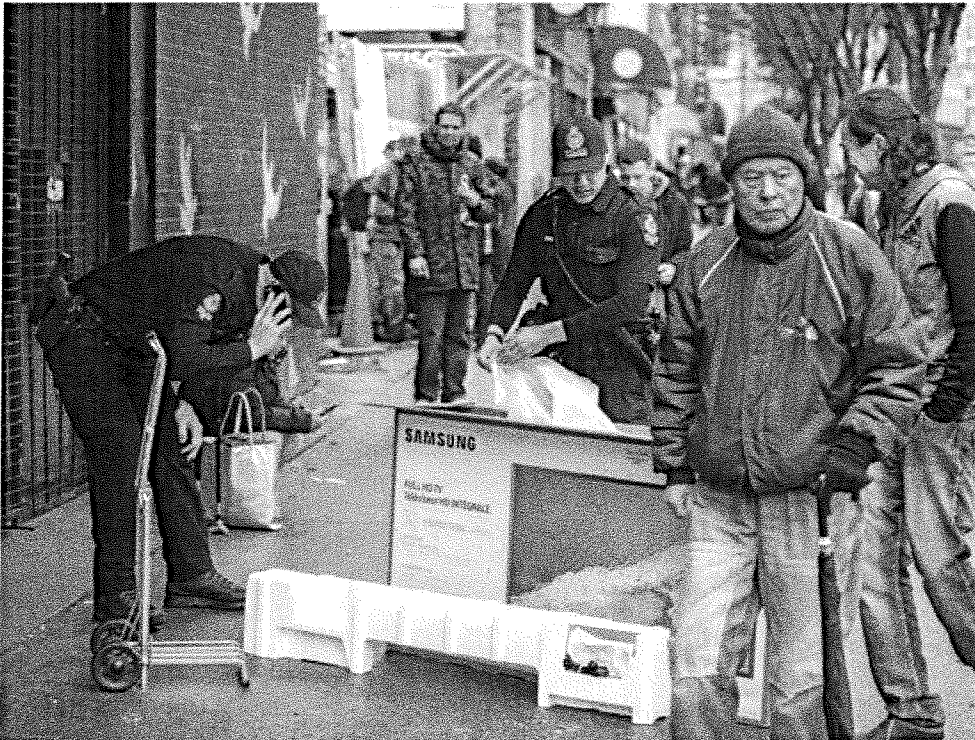
Chow said feedback to police from drugs users and other community members has been overwhelmingly positive.

STORY CONTINUES BELOW

Dean Wilson, peer engagement lead with the [B.C. Centre on Substance Use](#), said police crackdowns have always been disruptive. And he believes the current campaign is doing little more than driving people away from lifesaving health services.

“The problem is, the only people they seem to arrest are the people for possession or some street-entrenched seller of drugs that’s just literally holding for the other guy,” Wilson said. “As far as the violent people they’re supposedly going after right now? I don’t see any of those arrests.”

After a night in jail and with their tolerance way down, an addicted drug user returns to Hastings Street at a much higher risk of overdose, Wilson said.



VPD members try to ascertain whether or not a TV is stolen on East Hastings Street in Vancouver's Downtown Eastside on Saturday, February 3, 2018. Drug users say an increased police presence in the area is preventing them from using supervised consumption sites. PHOTO BY JASON PAYNE /PNG

Saturday, Postmedia observed four officers stopping a man carrying a boxed, flatscreen television outside Pigeon Park Savings, next to the street market. One of the officers warned Constance Barnes, an OPS and street market manager, that she would be arrested for obstruction if she continued chiding them for their treatment of the television carrier.

STORY CONTINUES BELOW

“When you see this amount of police presence — and it’s rude police presence, (but) not all of them — it scares the crap out of people (from coming) into the overdose prevention site,” Barnes said moments later. “It scares people away.”

Anna Cooper, staff lawyer at [Pivot Legal Society](#), sees a gap in logic between officers standing outside a “critical lifesaving location” and the force’s claim that it is playing a critical role in fighting overdose.

“If that’s their goal, then they might be achieving it in some ways, but they’re actively undermining it at the same time,” Cooper said. “If you have a naloxone kit in one hand and a substance user’s personal belongings in the other hand, you’re in a really conflicted role, in terms of helping people.”

STORY CONTINUES BELOW

Cooper said Pivot has received a surge in calls and concerns about the recent sweeps. While police say they’re protecting the vulnerable, the vulnerable tell Pivot they feel threatened and harassed, she said.

“Most of the stories that we’re hearing isn’t that they’re intervening in fights and keeping the peace that way,” Cooper said. “It’s that they’re basically shaking down people who are visibly poor.”

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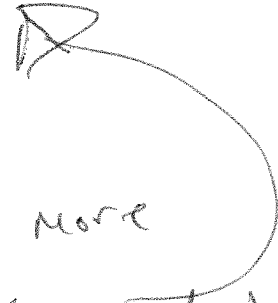
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Two blocks of East Hastings Street saw more than 3,000 overdose call - - - (see header)

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From 2016 to 2017, two blocks of East Hastings Street accounted for seven per cent of the province's 911 overdose calls.

by [Travis Lupick on February 22, 2023](#)

Two blocks of East Hastings Street saw more than 3,000 overdose calls in just two years

From 2016 to 2017, two blocks of East Hastings Street accounted for seven per cent of the province's 911 overdose calls.

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Two blocks of East Hastings Street saw more than 3,000 overdose calls in just two years

From 2016 to 2017, two blocks of East Hastings Street accounted for seven per cent of the province's 911 overdose calls.



A two-block stretch of Vancouver's Downtown Eastside accounts for an astounding number of the entire province's calls to 911 reporting an drug overdose.

TRAVIS LUPICK

Vancouver's Downtown Eastside entered a new and more intense phase of the opioid crisis last winter, one that was characterized by significantly more overdoses beyond the increase that had already occurred before 2016.

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That picture emerges from B.C. Emergency Health Services data supplied at the *Straight's* request. It covers 911 calls for suspected overdoses in what is often described as ground zero for the drug epidemic: the two-block stretch of East Hastings Street that runs from Carrall Street to Main Street.

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Then, in September of that year, the number of calls jumped to 103, and it continued to rise, to a peak of 262 in November 2016.

A downward trend followed. For the first six months of 2017, calls declined but still averaged 180 per month.

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Then the situation appears to have settled. During the last six months of 2017, there was an average of 125 overdose calls each month. That's far lower than the peak of 262 but still more than double the average for the first six months of 2016.

The rise coincides with a period when fentanyl was detected in increasing numbers of overdose victims and when an even more dangerous synthetic opioid, carfentanil, is known to have arrived in B.C.

Brian Twaites is an advanced-care paramedic who works for the B.C. Ambulance Service in the Downtown Eastside. "Did we expect it to get worse?" he asked in a telephone interview. "We didn't think it would, but it did. And so we've carried on and dealt with it the best we can."

In addition to call volumes, he noted that calls are more intense.

B.C. EMERGENCY HEALTH SERVICES / TRAVIS LUPICK

Twaites also called attention to the total number of calls, noting "compassion fatigue" has become an issue.

During the two years for which the *Straight* was supplied numbers, these two blocks of East Hastings Street saw 3,004 calls for suspected overdoses (compared to 42,716 for all of B.C.).

Twaites said the provincial government has come through with additional resources.

B.C. Emergency Health Services received \$5 million in new provincial funding in November 2016 and, in January 2018, hired 10 full-time and eight part-time paramedics. It is also in the process

of adding 20 paramedic specialists, who provide clinical and technical support.

“We are getting more paramedic units out on the road, and we’ve developed a resilience course for occupation stress,” Twaites said.

Travis Lupick
@tlupick · Follow



Right now there are 7 ambulances on the 100 block (which is 1 block). And ODs happening at both @PHScss OP sites. We're living through a f*cking nightmare. #dtes #fentanyl

10:57 PM · Nov 7, 2017



63



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According to the B.C. Coroners Service, 1,422 people in British Columbia died of an illicit-drug overdose last year, up from 993 in 2016, 518 in 2015, and 369 in 2014. Fentanyl, carfentanil, and analogs were associated with 81 percent of deaths in 2017.

The two blocks examined by the *Straight* host two of the city's busiest supervised-consumption facilities, where people can bring drugs to use under staff supervision. The 100 block is home to North America's first supervised-injection facility, Insite, and 62 East Hastings is the address for Vancouver's first overdose-prevention site (a stripped-down injection site).



For the years 2016 to 2017, the two blocks of East Hastings Street that stretch from Pigeon Park to Main Street accounted for seven percent of the entire province's 911 calls for a suspected drug overdose.

TRAVIS LUPICK

In a telephone interview, the latter's founder and manager, **Sarah Blyth**, suggested the situation may not have improved as much as the stats suggest. She explained the declines in numbers observed since last winter could be the result of staff doing a better job responding to overdoses before they require a call to 911. Many potential overdoses can be avoided simply by engaging someone who took drugs in a way that keeps them conscious, Blyth said.

"We're still in a crisis," she added. "Yesterday, we had four overdoses. So it's still a crisis. Fentanyl is everywhere."

B.C. EMERGENCY HEALTH SERVICES / TRAVIS LUPICK

Travis Lupick is a journalist based in Vancouver. His first book, Fighting for Space: How a Group of Drug Users Transformed One City's Struggle with Addiction, was published in November 2017. You can follow him on Twitter, Facebook, and Instagram.

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Travis Lupick

@tlupick

In one capacity or another, Travis Lupick has been associated with the newspaper since he was 15 years old. Having joined the *Straight's* editorial department in 2006, Travis quickly gained a reputation as the office's resident workaholic and hopeless caffeine junkie.

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VANCOUVER

PUBLISHED NOVEMBER 9, 2018

This article was published more than 4 years ago. Some information may no longer be current.



Trey Helten, frontline worker for the Overdose Prevention Society, opens the door for a user at the facility on East Hastings Street in Vancouver's Downtown Eastside.

RAFAL GERSZAK/THE GLOBE AND MAIL

It's just another day on Vancouver's Downtown Eastside.

A young man sits on the wet sidewalk, his legs spread wide, sucking the smoke from a burning fragment of dope with a plastic tube. A man with lank black hair is slumped against a wall, bent over double like a limp marionette, his dangling arm twitching at his side. A woman in skinny jeans, leaning on a storefront, pulls the plunger of a syringe carefully up and down, getting ready to give herself a hit. An open package of dainty cookies lies by her side.

Canada's opioids crisis has swept like a wildfire from the West Coast to the cities and towns of the East. But in the place where the match first dropped, the fire is still burning hard.

Scores are being killed by the poison in their drugs – their respiration slowing to a halt in an alleyway, a toilet stall or a lonely room. Eleven people died of overdoses in Vancouver in the space of just one awful week this past summer. On a single day, July 24, paramedics responded to 130 suspected-overdose calls. Of the nearly 8,000 such calls last year, about 5,000 were from the Downtown Eastside.

To get a sense for what the crisis looks like at ground zero, I spent a day there last week. This was a rough neighbourhood when I worked briefly at the local courthouse for a Vancouver newspaper in the 1970s, with alcoholics spilling out of the seedy bars, drug-dealing in the alleyways and hundreds of hard-up men living in flophouses. It is far, far worse now.

In the heart of one of the world's most "livable" cities, just next to the boutiques and bistros of Gastown, shocking scenes of human degradation unfold every day. I don't think I've seen anything like it – not in Mumbai or Manila, not in inner-city Detroit or the South Side of Chicago.

On the morning that I arrived, throngs of weathered, wounded people were out on the rain-soaked sidewalks of East Hastings Street, the neighbourhood's broad central avenue. Some sold pathetic trinkets on the sidewalk. Others huddled in doorways to stay dry. Still others pushed overflowing carts full of belongings. Many were taking their drugs openly on the street.



Mr. Helten was a former addict before helping to run the Overdose Prevention Society.

RAFAL GERSZAK/THE GLOBE AND MAIL

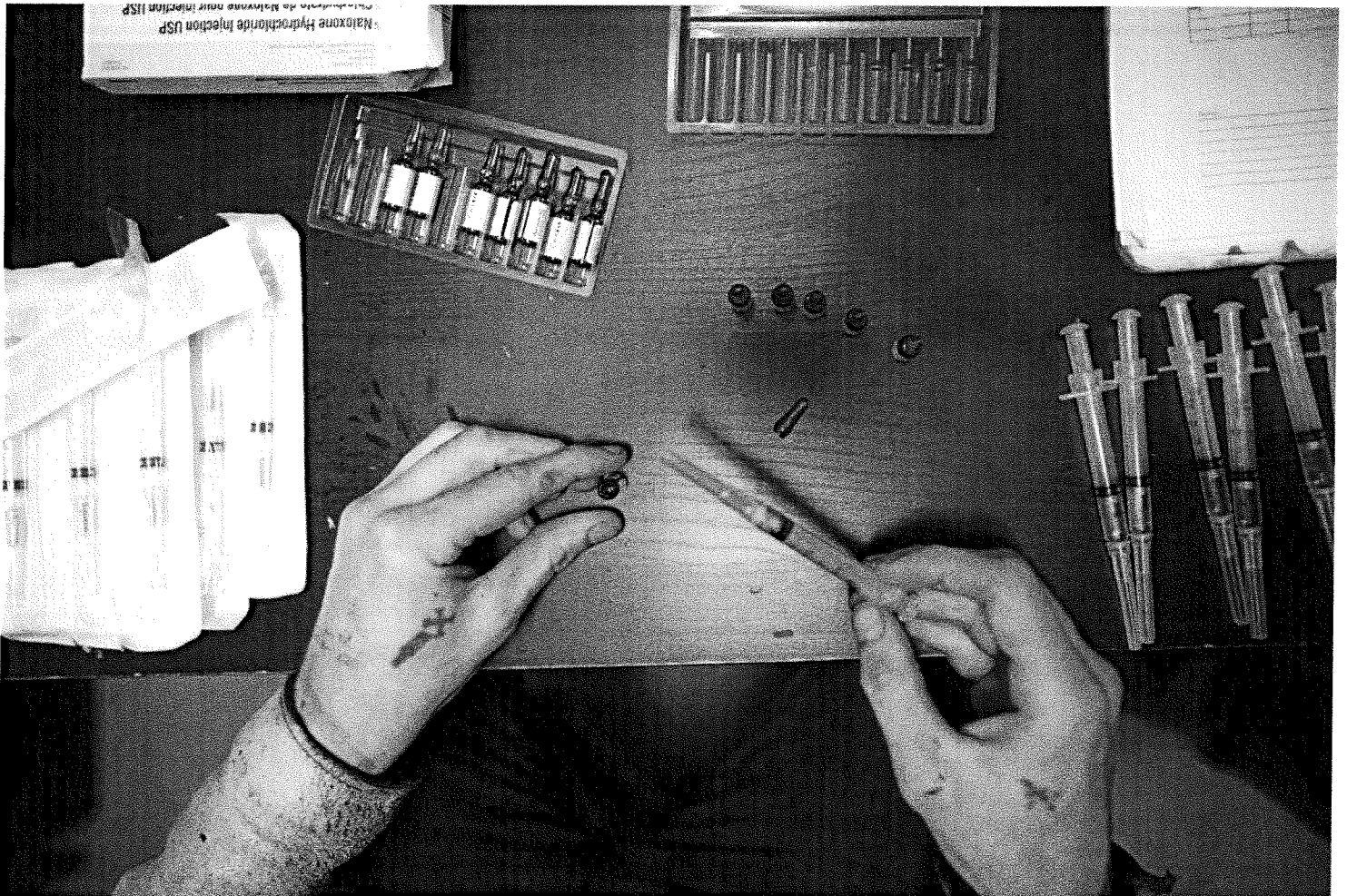
Trey Helten helped show me around. A towering 35-year-old wearing a biker jacket over a hoodie, he was an addict himself for seven years. He lived the last stretch on the street, homeless, scrounging for the next hit. Now he helps run the Overdose Prevention Society on Hastings.

Users come there to take their drugs under the watchful eyes of OPS staff, who hand out clean syringes and stand ready to intervene with oxygen and the emergency drug naloxone. Mr. Helten wears an oximeter on a lanyard around his neck so he can measure the pulse and oxygen level of visitors who show signs of going under.

The place opens at 8 in the morning, is full by 10 and stays busy till closing at 9. It gets 300 to 400 visitors a day and there are several others like it, including the pioneering Insite just across the street. Are you smokin' or pokin'? – inhaling or

injecting – the staff ask visitors who come to use the lighted cubicles in the society’s outdoor tent. Some do both.

At a second set of cubicles inside, a burly French-Canadian with tattoos up and down his thick arms asked a pal to insert the needle straight into the jugular vein in his neck for a better rush. Before he used, he tested his supply at a new device that uses infrared light to search drugs for additives. It often detects powdered caffeine, sweetener and even drywall dust, used by dealers to bulk up their product.



Mr. Helten fills syringes with naloxone, a medication used to counter the effects of opioid overdoses.

RAFAL GERSZAK/THE GLOBE AND MAIL

The site does its best to keep people safe, but many are still succumbing to drugs laced with fentanyl, the potent synthetic opioid. Despite its risks – a few grains can be deadly – fentanyl remains a popular drug because it’s so strong. Mr. Helten says some are ecstatic when tests find it in their dose. “It’s what they’re looking for.”

He took me out into the back alley, known as a favourite place to smoke crack-cocaine. A new wall mural shows a weeping angel carrying the Christ-like body of an overdose victim. On it, people have scrawled the names and nicknames of their dead pals: Russian Bobby, Sideshow, Buster, Tito, Fatal, Yaya. Just about everyone down here has lost a friend.

Yet the band plays on. At Hastings and Main, the neighbourhood's historic heart, a corner man called out "drugs, hard drugs." A few steps away in "Piss Alley," named for its notorious stench, a couple of dozen men stood in the rain among the dumpsters and litter – buying, selling, using.



Next door to the OPS, a wall mural is dedicated to "the loved ones we have lost" to drug overdoses.

RAFAL GERSZAK/THE GLOBE AND MAIL



Graffiti artist Smokey D, who has lost many friends and a girlfriend to the opioid crisis, has drawn several tribute walls in the neighbourhood.

RAFAL GERSZAK/THE GLOBE AND MAIL

My visit left me reeling. How can it be that, instead of improving in the four decades since I first saw it, this neighbourhood has declined so dramatically? How have so many people come to live in such desolation? How can such a place exist in a country such as Canada?

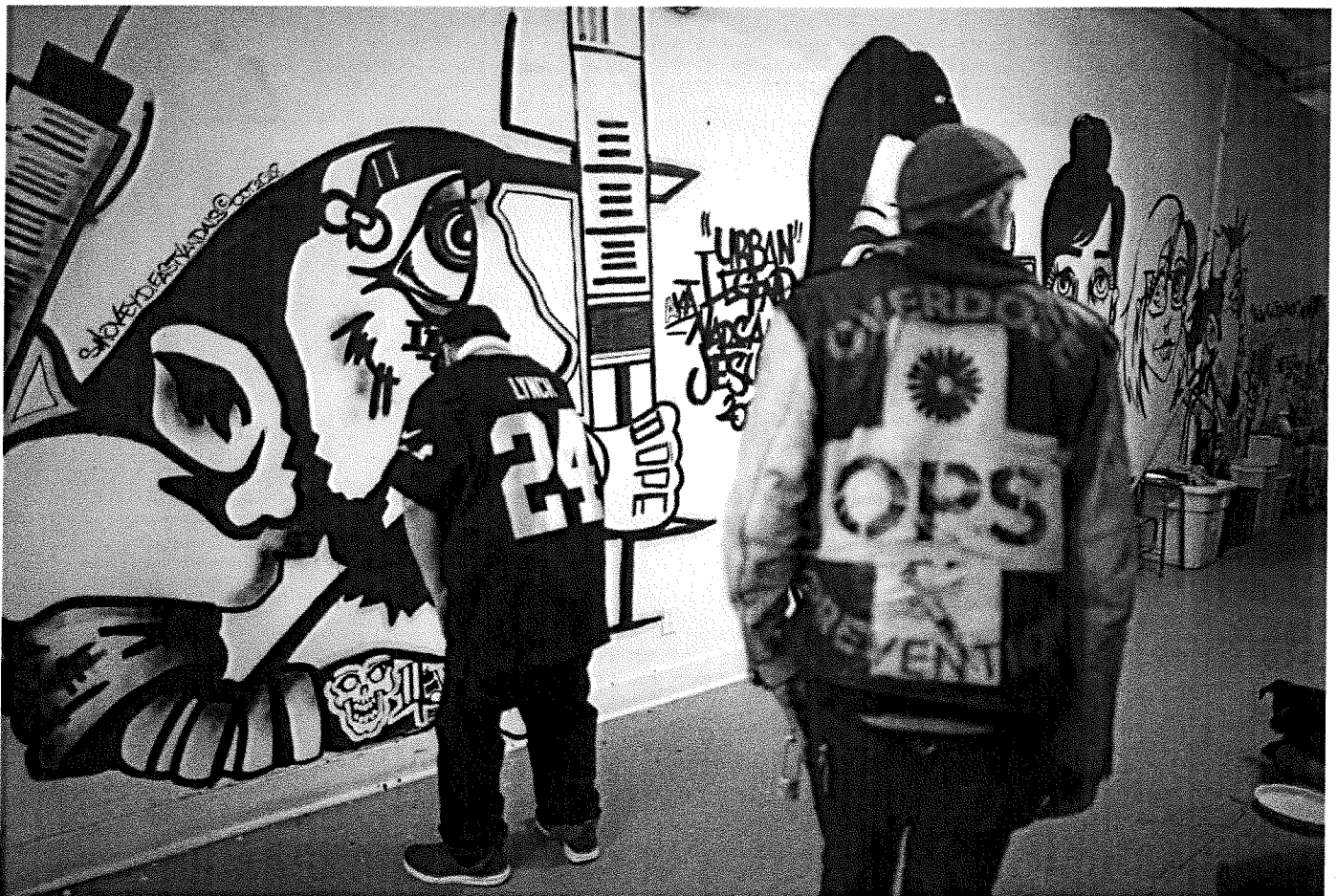
It's easy to despair of the Downtown Eastside. It has been so wretched for so long that it is tempting to think it will never change. Before the overdose crisis came the murder of local prostitutes by pig farmer Robert Pickton and the deinstitutionalization of the mentally ill, many of whom ended up vulnerable and homeless on local streets.

Governments have spent hundreds of millions trying to "fix" the area. Vancouver's new mayor, Kennedy Stewart, has promised to set up an emergency task force, a

gesture that makes those who know the place roll their eyes. The problems here are as complex as they get. The proffered answers – more money for social housing, better education about drugs and their dangers – often seem simplistic.

And yet, giving up on the Downtown Eastside would be an awful mistake. All of the failures of this fortunate, thriving, caring country are on display on these streets: its failure to grapple with the crisis of mental health, its failure to tame the epidemic of drug overdoses, its failure to improve the condition of many Indigenous people, its failure to put a roof over the heads of its neediest citizens.

The suffering of this neighbourhood and its people should weigh on us all.



Smokey D, left, works on another mural as Mr. Helften walks by.

RAFAL GERSZAK/THE GLOBE AND MAIL

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JASON RANTZ

Rantz: I visited Vancouver's devastating, dangerous safe-injection neighborhood

Oct 31, 2017, 7:05 AM | Updated: 7:29 am



(Patrick Kovarik, Pool via AP)

BY JASON RANTZShare 

The Jason Rantz Show, 3pm-7pm on KTTH

Seattle will get a safe injection site. Activists in and out of city hall do not care about the will of King County voters. They're convinced this is a good idea. It's not. It's dangerous, it's disturbing, and it took me 10 minutes in Vancouver to realize this.

RELATED: Dwindling options for Seattle CHEL site

The vast majority of safe injection site proponents haven't visited the Vancouver neighborhood that hosts Insite. They should. It's frightening and has no place in Seattle.

I visited Vancouver for leg one of the MLS western conference semifinals. On a walk around the city before the game, I decided to visit the site of "North America's first legal supervised injection site."

It was about 9:45 a.m. on Sunday, Oct. 29. The immediate area around East Hastings Street is a one-stop shop to feed your heroin addiction. I witnessed one heroin deal. It was done right in the open, without any concern. The exchange was quick but casual. Dozens of homeless people laid about, nearly lifeless, some staring down the street, a couple playing with mini-vaporizers, while others walked around like zombies — dazed and meandering.

Litter is everywhere. The blocks around Insite felt dangerous. Some tourists were harassed by the homeless. I was followed by one, who kept asking me why about a dozen people were lined up behind a truck. I didn't know. I imagine it was an outreach organization handing out much-needed supplies.

There is no room in Seattle — or King County — for a safe injection site. It will kill businesses. It will make us unsafe. And it will keep people addicted to heroin. I also suspect it would normalize heroin dealing. Seattle city officials like Councilmember Mike O'Brien already

want less enforcement on lawlessness, particularly as it relates to the homeless. If we effectively legalize heroin, how are we supposed to enforce drug dealing laws? If the argument is that safe injection sites are compassionate, then wouldn't it be equally compassionate to allow them to purchase the heroin to use at the safe injection sites?

Safe injection sites stop the spread of diseases when you take used needles out of the equation. It also stops deadly overdoses. These are valid reasons to entertain the concept, but it's not foolproof and is less effective than successfully treating the addiction. And proponents overstate the benefits.

These benefits hold true so long as people use the sites. They do not stop an overdose when the heroin addict is using in Northgate or Ballard or the University District, unable or unwilling to travel to the one or two safe injection sites in the city. Some will start camping out around the safe injection site, as they do around Insite. Which several blocks of Seattle will O'Brien or his colleagues give to addicts? I suppose they won't set up shop in city hall, in the heart of Downtown Seattle where there are scores of people who would surely use this service.

It's really easy for activists to support safe injection sites, not truly understanding what this will do to the neighborhood that hosts it. I don't think most of these activists care to experience it. It's an easy bit of virtue signaling to tell the world you support safe injection sites because you want to show how much compassion you claim to feel about those dealing with addiction. The problem is this kind of virtue signaling not just hurts the people you aim to help — after all, safe injection sites don't treat the addiction — but you'll be devastating neighborhoods in the process.

This would be a blight on any Seattle neighborhood. This part of Vancouver is a disaster and these people are in desperate need of help, not a safe space to shoot up, judgment-free. They need 100

percent subsidized on-demand treatment. No one should live like this and no city should tolerate it.

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Full Comment

Tristin Hopper: Vancouver's drug strategy has been a disaster. Be very wary of emulating it

In recent decades, Vancouver has been concentrating more and more services in its Downtown Eastside. The result? Everything seems to be getting worse.

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Tristin Hopper

Published May 12, 2017 • 7 minute read

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Supervisors with DTES Markets attend to a possible overdose next to their pop-up injection site in Vancouver, British Columbia on November 21, 2016.

Last week, Edmonton city hall voted 10-1 in favour of building not just one “safe consumption” sites for drugs, but four of them — all within walking distance of one another in one of the city’s lowest-income urban districts.

STORY CONTINUES BELOW

The decision was made despite the fact that more than 80 per cent of Edmonton’s fentanyl-related overdoses are occurring in the suburbs — well beyond the reach of the new facilities. The move also ignores fervent pleas from locals, who claim that approving four drug consumption sites will be a death sentence for their already chaotic and drug-ridden neighbourhood.

And honestly, it's hard to see how the locals are wrong. While the strategy of harm reduction can indeed save the lives of addicts in the short term, it can destroy communities if used in isolation.

https://twitter.com/Cris_Basualdo/status/861264087300407303

These unhappy results can be seen a province away. Vancouver is into its second decade of dealing with an injected-drug crisis. The city has been concentrating more and more services in its Downtown Eastside. The result? Everything seems to be getting worse.

STORY CONTINUES BELOW

Homelessness numbers continue to rise. There were 2,138 homeless individuals in Vancouver in 2017 — compared to only 1,364 in 2005. Theft and violent crime in the Downtown Eastside have gone up since 2002. And as an overdose crisis sweeps Canada, Vancouver is its undisputed epicentre. Even with teams of naloxone-armed paramedics addressing a nightly rush of overdosed drug users, more than 100 people have died of overdoses in 2017 — with most of these occurring within the narrow borders of the Downtown Eastside.

And yet, all across the continent planners can be heard talking up Vancouver's success on the addiction file.

They're usually pointing to the success of Insite, which was established in 2003 as North America's first safe injection site.

STORY CONTINUES BELOW

Crime in the Vancouver Downtown Eastside Area (2002 and 2016)

Crime	2002	2016
Assault	784	1248
Break and Enter	669	562
Theft (Excluding Vehicle Offences)	981	1715
Theft from Auto	2038	1772
Theft of Vehicle	355	174
Total	4827	5471

Source: Vancouver Police Department (PRIME-RMS)

Vancouver Police Department

In his bestselling book *Chasing the Scream*, British author Johann Hari said Vancouver gave him a “sense of hope” for the future of drug policy. Seattle is now planning to open the first safe-injection site in the United States, with proponents citing the “beyond amazing” example of Insite.”

Or there’s the oft-cited example of Philip Owen, Vancouver’s former conservative-minded mayor who became one of Insite’s most fervent supporters. “You’re not encouraging people to use drugs by opening a supervised injection site. You’re assisting people who need help,” Owen told Postmedia in 2016.

And Insite’s supporters are right; safe-injection sites are good at what they do. But they really only do one thing: prevent people from dying.

STORY CONTINUES BELOW

It does not seem to reduce crime. There is slim evidence to show that it reduces overall addiction rates. And it certainly doesn’t lead to livable neighbourhoods filled with healthy people.

“After they opened Insite, it was like a warm hug from God ... I mean people used to die here from overdose almost every day,” one Downtown Eastside drug user told the authors of a 2012 study.

Safe injection sites are designed to do away with the most nightmarish aspects of injection drug use: Addicts sharing needles, using puddle water for injections, getting robbed after a fix and dying of overdoses. A frequently cited 2011 paper in *The Lancet* that studied Insite’s success found a 35 per cent decrease in the fatal overdose rate in the several blocks immediately surrounding the facility. And a 2009 review by Simon Fraser University criminologist Martin A. Andresen estimated that Insite saves three lives per year.

STORY CONTINUES BELOW

But this is only one part of Vancouver's drug story.

For one, the drugs consumed at Insite are "pre-obtained," which is to say that they are still purchased by users on the black market. With about 700 injections occurring on site per day, it follows that there is still a vibrant market for drug suppliers — the very ones now cutting their product with lethal doses of fentanyl.



Insite's own website says that "[supervised injection facilities can help people quit drugs](#)" — but the data proving as much is slim. The [two major studies](#) that Insite references cover a limited time period, and only document an increase in admissions to detoxification. To date, there is no definitive, long-term data showing that Vancouver's injection drug users are successfully getting clean and kicking drugs because of safe injection.

STORY CONTINUES BELOW

Meanwhile, a [2006 British Medical Journal study](#) looked at the years before and after Insite's opening and found "no substantial decrease in the rate of stopping injected drug use." While Insite will provide referrals to drug treatment, they also aim to be "low barrier." Site staff do not want to alienate patients by counselling or pressuring them to seek treatment.

A [2012 thesis](#), in which Simon Fraser University student Jennifer Vishloff interviewed Insite nurses, mentions staff having to clench their teeth when encountering fresh-faced drug-users who were still entranced with the excitement of the Downtown Eastside.

"Even though I want to tell them to 'run out of there! It's important that I give them a really good experience so that they come back and when they have their crisis ... they come to us," said one nurse. Another described assisting a drunk reveler with their first-ever hit of heroin. "I didn't feel comfortable

signing them up because they definitely weren't entrenched," she said. "Yet at the same time they were intoxicated which increases their overdose risk."

STORY CONTINUES BELOW

Even for those who get into treatment, it is notoriously difficult to get clean on the Downtown Eastside. Anyone leaving detox steps back into a neighbourhood where are their friends are users, all their neighbours are users, and where the whole machinery of the community seems to be geared towards injection drug use. "Nobody can go through recovery here, for the most part, it's just not possible," Kate Gibson, executive director of WISH, a drop-in centre for survival sex workers, told the National Post in 2014.



Ben Nelms for National Post

Vancouver's error was to see Insite's success, and to then allow the surrounding neighbourhood to be increasingly shaped by the philosophy of harm reduction. For example, there's the whimsically decorated crack-pipe vending machine. The city also dropped the Hastings Street speed limit to 30 km/h, to protect addicts who are unable to demarcate the road from a sidewalk.

STORY CONTINUES BELOW

There's also a city hall-funded "street market" that — despite organizers' fervent claims to the contrary — is well-known by locals to be a brazen hotspot for stolen goods. There are now more than 170 non-profits clustered in an area of only a few blocks, all devoted towards supporting an increasingly dense community of addicts. In a 2015 interview, longtime Downtown Eastside organizer Scott Clark referred to the growth of "a pipeline for vulnerable populations" that has become a "magnet over the years."

"These service providers, and the government managers that keep funding these agencies, they refuse to look at the evidence that says putting these many vulnerable people in one building, in one community, is simply not healthy for anyone," said Clark, executive director of the Aboriginal Live in Vancouver Enhancement Society.

STORY CONTINUES BELOW

The people who want to prevent more Downtown Eastsides all say the same thing: Do not try to address a drug problem by concentrating all your services on skid row. "You can't just focus on harm reduction, you also have to focus on prevention, education and enforcement," said Tom Stamatkis, the president of the Vancouver Police Union, in 2016.



Carmine Marinelli/Vancouver 24hours/QMI Agency

Philip Owen would say much the same. The former mayor is still fervently pro-Insite — and attends drug policy conferences around the world to say as much — but he is deeply troubled by the neighbourhood that has developed around it. "You just keep dumping money in, building social housing and filling it up with people from all around the region and the country ... they all get chemically dependent, and it's just more sales for the drug dealers," he told the National Post in 2014.

STORY CONTINUES BELOW

Health Canada is currently reviewing 10 additional applications for Canadian injection sites, including three from Toronto, two from Surrey, B.C., one from Victoria, one from Ottawa and one for a mobile site in Montreal.

Neighbourhoods like the Downtown Eastside don't happen by accident. Every community across Canada has addiction problems, but it's only through years of poor planning that an out-of-control disaster like Vancouver's starts to develop.

It is a noble and moral thing to prevent addicts from dying of overdoses in alleys and dingy apartments, and none of the problems cited above are reasons to not build a safe injection site. But it is perverse to look at the Downtown Eastside and claim that it is in any way a holistic success. It is palliative care on a mass scale; a system that can keep hearts from stopping, but little else.

Before cities throw in their lot with the "Vancouver model," it's important to understand the very strict limitations of what has been accomplished there — and to vociferously avoid all that has been done wrong.

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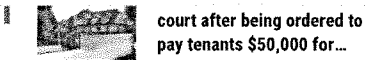
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The Green Man / Staff Blogs

Welcome to Hell: A walk through the Downtown Eastside

Randy Shore

Published Apr 12, 2017 • 4 minute read

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Drug addicts inject heroin on the back steps of the Washington Hotel. PHOTO BY PETER BATTISTONI /VANCOUVER SUN

I wrote this column more than 10 years ago, not long after I returned to reporting after a stint in newsroom management. I had hoped to capture the desperation of the people I encountered with fresh eyes. In no way do I wish to minimize or exploit their suffering. I am angry that life on the streets of the Downtown Eastside has not changed appreciably in the intervening decade.

STORY CONTINUES BELOW

HIS HAIR is black and tangled under his ball cap. The moniker stitched into his jacket is Rusty, but I doubt that's his name. He picks at the ground with blackened fingernails near a knot of drug dealers, hoping to assemble enough crack cocaine to get a hit.

He looks up at me for a second with watery, desperate eyes. Our meeting is like an electric shock. A raw nerve. He turns back to the ground, scratching the concrete with his fingers.



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A few strides away, the alley is teeming with people heating the ends of their crack pipes.

It is midday and the traffic of customers is continuous for the drug dealers. After a quick huddle on the sidewalk, the deal is done. The addicts hurry to the alley to find a doorway or a dumpster to use as cover — from the wind mostly, no one cares if the police are watching — for a few deep hits from the pipe and a few minutes of relief from a bone-gnawing craving.

STORY CONTINUES BELOW

As I walk up the alley, the faces that emerge from the smoke are ghostly white and emaciated, like skulls. Their stares are as vacant as the storefronts that line Hastings between Main and Carrall.

City workers in orange vests walk the alleys and streets of what the city calls Area A, often under the gaze of police officers. The four blocks bordering the intersection of East Hastings and Columbia Streets form

the core of the Downtown Eastside, the epicentre of hell.

In fact, the locals here greet outsiders with a cheerful, "Welcome to hell."

A group of street cleaners passes, heading north on Columbia. The street and sidewalks behind them are tidy. Their shovels and bins are full of cigarette wrappers, chip bags and snack cake boxes. The street ahead of them is still strewn with trash. The snow beside the garbage can on the corner is black. The bin itself is empty but there is trash lying all around it.

STORY CONTINUES BELOW

The doorways of abandoned storefronts are sprayed with blood and littered with discarded syringes. Above the Radio Station Cafe are several storeys of apartments with window boxes mounted up the side of the building. The marigolds are doing their best, but it isn't enough. They look very lonely.

The boarded-up windows and doors are a magnet for graffiti. There are names and the usual assortment of bad language and even some drawings. I am impressed by the intricate rendering of two syringes crossed like the bones on a pirate flag. The messages, political and personal, are gibberish.

As if to light a candle rather than curse the darkness, the City of Vancouver has posted a letter-sized piece of paper in one doorway at 112 East Hastings St. with a bold red stamp reading "Legal Notice." The order requires the removal of graffiti, though there is none apparent. Every other building in the area is covered with scrawl, but not this one.

STORY CONTINUES BELOW

A man with long, nicotine-stained grey hair walks out the front door of the Regent Hotel and kicks at the discarded cups and newspapers on the sidewalk, then goes back inside. Outside The Only Sea Foods, a woman wails for a dollar from passersby. Her face is twisted with anguish, her sweatpants bloody from the knee down. In the doorway of the Downtown Eastside Residents Association, a couple lies in a huge pile of cardboard, blankets and suitcases. The two look sick and both have a gravelly cough. The office is closed. A small crowd is gathered, watching them.

The United We Can bottle return depot is the most popular business in the area, with a lineup that reaches down the block. This is where the city's binners — the people who fill bags and shopping carts with returnable empties — come to get paid. A makeshift flea market springs up here in the afternoons. People are selling what they have from little squares of fabric. One man offers a snow-globe, a video

game controller, a hacky sack and a novelty rubber hand. Another has channel changers, four of them, and plastic toys still wrapped in plastic.

STORY CONTINUES BELOW

The crowd is well-behaved, but the police swoop in about every half hour or so. On their third visit, one officer has a lengthy argument with one man and then another is arrested. The man is cuffed while five officers mill around. The crowd takes little notice.

The alley behind United We Can is humming with activity. As I enter the alley, a city worker with a wheeled trash bin passes by a large malodorous pile of garbage. Even though it is near freezing, the stench is powerful. A woman looks up at me as she inserts a needle into her ankle. Two men pass by with plates heaped high with potato salad, bread and lasagna. Pieces of bread are dropped everywhere, as are discarded socks and men's underwear.

Midway up the alley, a cube van unloads a dozen kegs of beer behind the Dodson Hotel and just beyond it are about a dozen people smoking crack. A police car pulls into the mouth of the alley, but nobody moves. The police car backs up and moves on. More crack is smoked.





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Cautionary words from Vancouver Police Union about supervised injection sites

By null

Posted Mar 14, 2016, 4:07PM PDT.

Last Updated Mar 14, 2016, 4:14PM PDT.

This article is more than 5 years old.

VANCOUVER (NEWS 1130) – The [Vancouver Police Union](#) has some cautionary words for Toronto as that city looks to bring in supervised injection sites.

The comments come after the Toronto Police Association pointed to Vancouver police saying the force has had to deal with a lot of street disorder [because of these sites](#).

Vancouver Police Union President [Tom Stamatakis](#) says if a city is considering a facility like Vancouver's INSITE, it needs to make sure all issues can be managed properly. The issues he is referencing include drug use, trafficking and distribution.

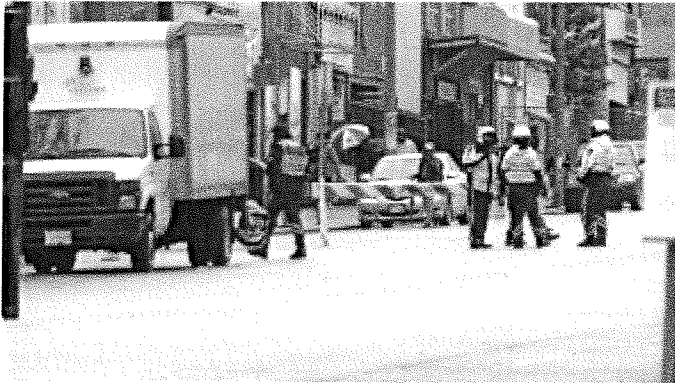
"So that wherever these facilities are located, the negative impact of the associated drug use can be managed so other citizens aren't negatively impacted," says Union President Tom Stamatakis. "I think when you look at illegal drugs and activities associated to that you need to look at it more holistically. You can't just focus on harm reduction, you also have to focus on prevention, education and enforcement."

Stamatakis agrees police here have had to deal with a lot more because of supervised injection sites.

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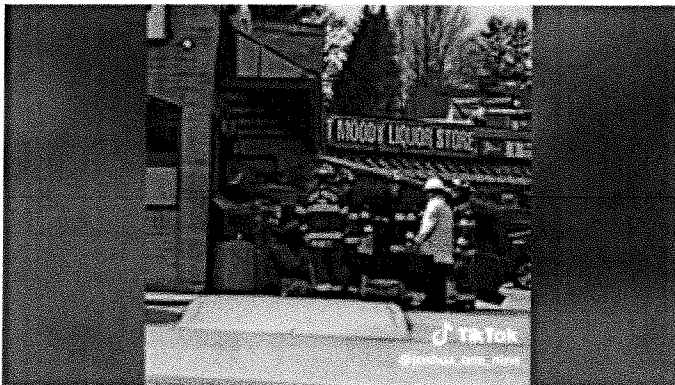
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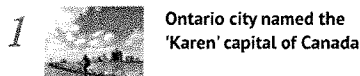


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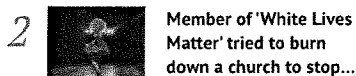
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News / Canada

Vancouver's 'gulag': Canada's poorest neighbourhood refuses to get better despite \$1M a day in social spending

It is among Canada's greatest puzzles: Why has one of the country's richest, most beautiful cities abandoned its historic centre to scenes of abject misery

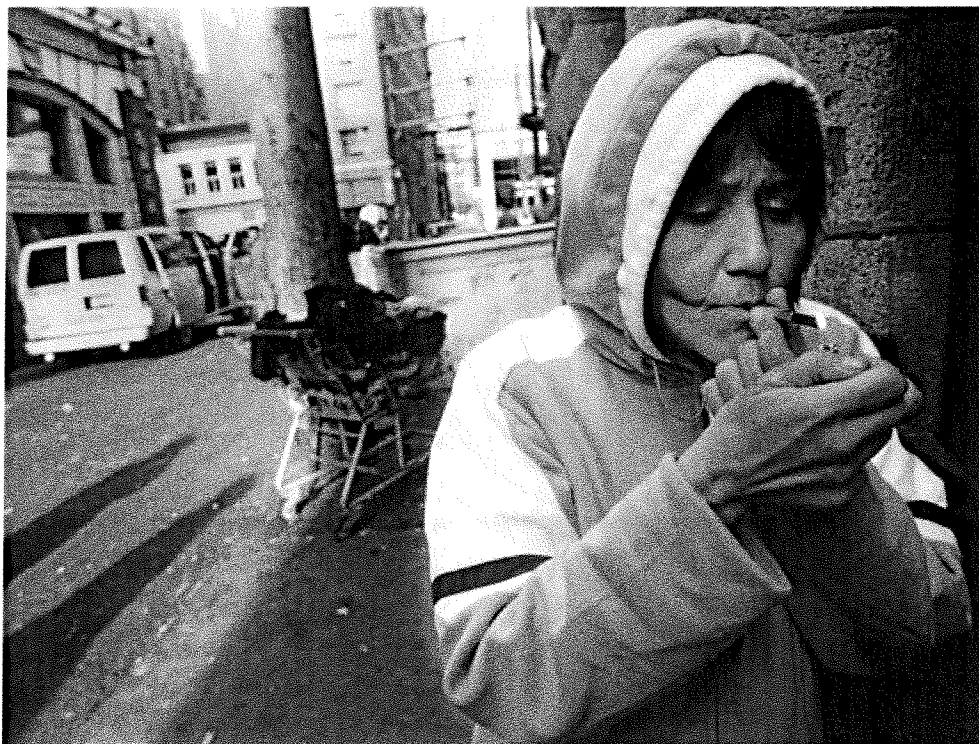
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Tristin Hopper

Published Nov 14, 2014 • Last updated Jan 24, 2015 • 7 minute read

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Brent Foster/National Post/File

VANCOUVER – In a campaign that has otherwise been pretty scant on details, mayoral challenger Kirk LaPointe rolled out at least one policy point that got some attention: If elected, the former journalist would initiate a crackdown on the drug dealers of the Downtown Eastside.

STORY CONTINUES BELOW

“The people that bother me the most are the predators down here, the people that are taking the few dollars that the residents have from them,” he said in an interview with *Gastown Gazette*, a vocal advocate against what it has called the neighbourhood’s “revolving door poverty policies.” “Those are the people that I think have to be rerouted out of the system.”

It's fertile election terrain. Mayor Gregor Robertson was elected in 2008 with a vow to "end homelessness by 2015." But it remains fertile electoral terrain – because after years of pumping the area with social housing units, not only has the homeless count actually gone up, but the new roofs seemed to have little effect on the area's epidemic of drug use and on-street chaos.

STORY CONTINUES BELOW

It is among Canada's greatest puzzles: Why has one of the country's richest, most beautiful cities abandoned its historic centre to scenes of abject misery—even as it absorbs \$1 million a day in social spending?

Vancouver is extremely good at feeding, housing and supervising the injections of the Downtown Eastside. But for all the money and attention here, there is little success at either getting the area's

shattered populace back on their feet, or cleaning up the neighbourhood into something resembling a healthy community.

Until that changes, say critics, Canada's "poorest postal code" is only going to get worse.

"We've made it Fortress Downtown Eastside; easy to get in, exceptionally hard to get out of," says Ernie Crey, president of the AREA'S Aboriginal Life In Vancouver Enhancement Society (ALIVE).

STORY CONTINUES BELOW

As Vancouver's cheapest neighbourhood—and the site of most of its social and Aboriginal services—the Downtown Eastside funnels in vulnerable and low-income people from across Western Canada.



Ian Smith/Postmedia

Once there, “quite literally, there are going to be people on your doorstep dealing drugs or encouraging drug use ... and beyond that, they’re going to try and exploit you in other ways, like turning you out for prostitution,” says Mr. Crey, whose sister Dawn lived in the neighbourhood for 20 years before she was murdered by serial killer Robert Pickton.

ALIVE, which does not take government funding, is one of the most vocal critics of what it calls the Downtown Eastside’s “broken system”: Unaccountable non-profits, a general disinterest in tracing the impact of government funding, and a complete lack of any coherent end-game for the place.

STORY CONTINUES BELOW

“The way things are happening now, things are going to get much worse, it’s just a terrible system, straight-up,” said ALIVE’s executive director, Scott Clark. “Everybody should agree this is unacceptable.”

Comprising 18,500 residents, the Downtown Eastside has always been rough around the edges. As far back as the 1950s, Skid Road, as it was known, was already notorious for its high concentration of beer parlours, mayhem and murder.

But it has only been in the last few decades that a tough neighbourhood has devolved into one of the worst in Canada. Hard drugs replaced booze, patients from de-institutionalized mental hospitals flooded in and police presence was pulled back and the area became dominated by social services.

STORY CONTINUES BELOW

Leo Knight walked the Downtown Eastside as a Vancouver beat cop in the 1980s, when he said officers were able to keep on lid on the area’s “bubbling cauldron” of crime. That is, until beat teams were abolished in favour of a softer “community policing” approach.



Kim Stallknecht/Postmedia News/File

“In a nutshell, the police gave up the streets in the early 1990s,” he said. “What we have now is the largest open-air drug bazaar in North America, and in my day, we didn’t tolerate it.”

As of 2009, there were more than 250 service agencies and housing operations in the Downtown Eastside, spending a total of \$360 million per year. Roll in the spending on social assistance, and the area easily costs that \$1 million a day.

“You just keep dumping money in, building social housing and filling it up with people from all around the region and the country ... they all get chemically dependent, and it’s just more sales for the drug dealers,” says Philip Owen, Vancouver’s mayor from 1993 to 2002.

STORY CONTINUES BELOW

As the conservative-minded son of a B.C. Lieutenant Governor, Mr. Owen was the unlikely champion of Insite, the city’s supervised injection site.

But he staunchly opposes what he calls the city’s unilateral policy of “ghettoizing people” in the Downtown Eastside, rather than spreading social housing throughout the city.

It is easier said than done. Terrified at the prospect of becoming another chaotic, needle-strewn corner of the city, neighbourhoods are known to militantly oppose anything with the slightest whiff of being a homeless shelter.



Nick Procajlo/Postmedia News/File

Last December, for instance, the opening of a 40-person short-term housing facility in East Vancouver prompted an angry mob of local residents to flood the building's lobby in protest. "We didn't anticipate 100 Chinese people coming and yelling," said City Councillor Kerry Jang, who was dispatched to calm the crowd.

STORY CONTINUES BELOW

More recently, a downtown neighbourhood rose in revolt to a city plan to temporarily house 150 homeless in a leased Quality Inn. "Everybody knows this will result in hundreds more police and ambulance calls in that neighbourhood per year," wrote one letter-writer to the *Vancouver Sun*.

And merely housing the homeless does almost nothing to address the underlying problem of drug addiction.

"Nobody can go through recovery here, for the most part, it's just not possible," says Kate Gibson, executive director of WISH, a drop-in centre for survival sex workers (women who use prostitution to pay for their addictions).

'We've made it Fortress Downtown Eastside; easy to get in, exceptionally hard to get out of'

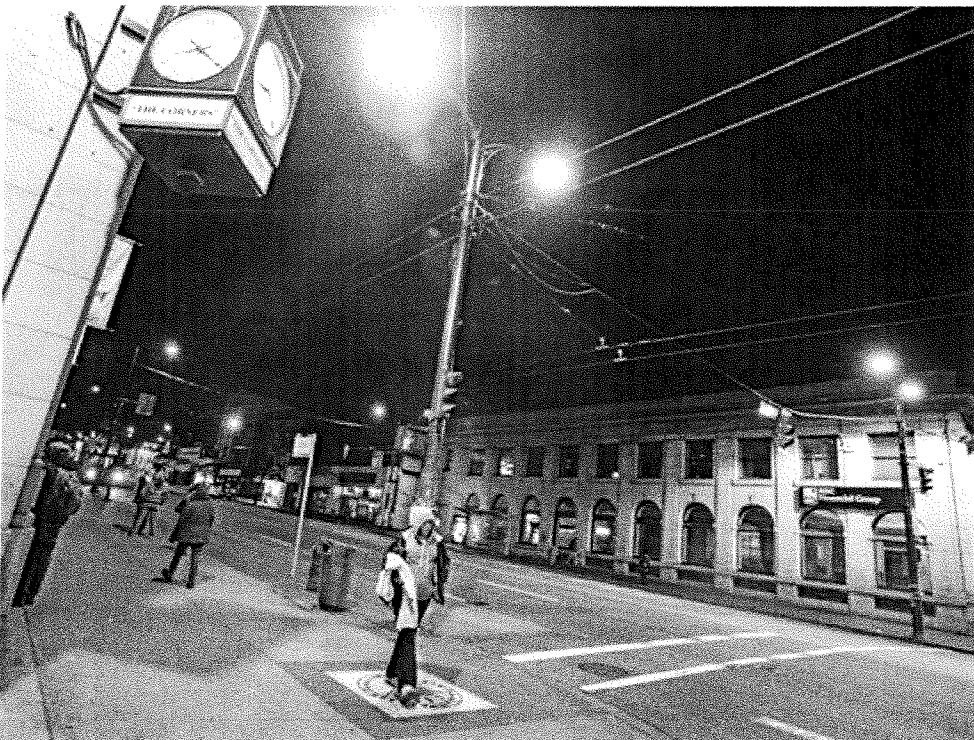
There are only three detox centres in the neighbourhood, with only a handful of beds. "It's only a seven-day stay, and nobody kicks a lifelong habit in seven days."

STORY CONTINUES BELOW

Stanley Q. Woodvine, a homeless Vancouver blogger who supports himself by collecting beverage containers, took up the issue of drug addiction in a lengthy October post, saying that Vancouver's policy of simply "warehousing" the drug-addicted "can't end homelessness and neither will it sustainably slow it down.

"It is not a stepping stone to real independence but more of a dumping ground for misfits ... a kind of gulag full of people with no expectations beyond their next government assistance cheque or hoot, whichever comes first," he said.

In fact, the Downtown Eastside has increasingly been shaped into a place tailor-made to house a permanent population of addicts.



Ric Ernst/Postmedia News/File

The neighbourhood's Drug Users Resource Centre recently debuted Canada's first crack pipe vending machine, followed closely by a program to teach alcoholics how to brew their own beer.

STORY CONTINUES BELOW

When too many Downtown Eastsiders were being killed after staggering into the street, the city dropped the speed limit on Hastings to 30 km/h. When activists balked at a police crackdown on illegal street vending, city hall put up \$30,000 for a weekly “binner’s” market that has become notorious as a hotspot for stolen goods.

Michelle Fortin is the executive director of Watari, a Downtown Eastside group that counsels youth back into “self-sufficiency.” She says that in trying to give dignity to the addicted, there are groups who have taken to “managing people” in their current state, rather than helping them develop an “exit strategy.”

“The idea is not to make them comfortable in their circumstance, the idea is to get them to take some risks to do things better and differently,” she says.

STORY CONTINUES BELOW

But after years of stagnancy in the Downtown Eastside, a popular theory among Vancouverites is that the neighbourhood is kept unhealthy on purpose – with too many non-profit and “poverty pimps” relying on Downtown Eastside funding, they’re incentivized to stick to the status quo.

“They want to maintain themselves, these people are poverty administrators, they want to be there,” says Mr. Crey.

The theory is a good way to anger a Downtown Eastside social worker, and Sean Condon, the editor of Megaphone Magazine, a street newspaper sold by coastal B.C. homeless people, says it’s a myth.

"No one wants rampant drug addiction to continue, no one wants rampant poverty to continue."

Still, the myth wasn't shattered by news in March that one of the Downtown Eastside's dominant charities, the Portland Hotel Society, was caught spending tens of thousands on limos, luxury hotel rooms and European vacations.

STORY CONTINUES BELOW

Further disillusionment came when restaurants opening up in the formerly abandoned buildings of the Downtown Eastside found themselves subjected to months of aggressive protests—and even threatening torchlit marches—by self-styled "poverty activists."

More galling still, many of these demonstrations were organized by the Carnegie Community Action Project, a hard-left group that receives funding from City Hall and operates out of city-owned buildings.

"To me it's astounding that we accept all this," says Michael Geller, a Vancouver architect who has had involvement in Downtown Eastside planning. "I think collectively they've simply decided that maybe it's not such a bad place."

With an eye to a less chaotic Downtown Eastside, Mr. Geller had pinned his hopes on a Local Area Plan being drafted by City Hall. Instead, the result was a 221-page document that expertly skirted around any mention of the Downtown Eastside as a failed community in need of a drastic turnaround.

STORY CONTINUES BELOW

The Downtown Eastside's "informal economy" of dumpster diving and bartering was instead described as a "vital part" of the neighbourhood. Hastings St., a stretch of shopping carts, stolen bikes and people in the violent throes of narcotics, was a place where locals "meet friends, get support, access services and feel like they belong."

The report only mentioned the word "drug" six times.

Neighbourhood boosters have long insisted there is a palpable sense of community in the Downtown Eastside, and they are right. But to those caught in the grind of what Mr. Woodvine called Vancouver's "gulag," most are eager to leave.

"I can tell you as a provider of youth housing, people don't ask to be housed in the Downtown Eastside," says Ms. Fortin.

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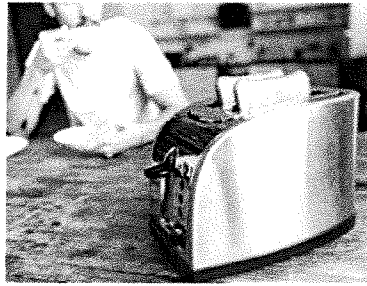
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SUPERVISED INJECTION SITES

A Position Paper by Ontario's Police Leaders

Prepared by the OACP Substance Abuse Committee
Superintendent Ron Taverner, Chair
Toronto Police Service

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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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Issue: BCMJ, vol. 50, No. 3, April 2008,^[1] Pages 132-134 Premise

By: Jamie Graham,^[2]

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People have every reason to be confused about Vancouver's supervised injection site. It's been up and running since 2003 and has as many detractors as it has supporters. The only sure thing is the entrenched debate about what it has accomplished, the alleged bias of the medical research, and what goes on inside.

As former chief of the Vancouver Police, it fell on me to decide whether we should support the continued operation of Vancouver's supervised injection site, Insite. The competing interests were intense and no matter what one's personal views were, every comment garnered immediate rebuttal from an expert. The addiction issues, crime concerns, and moral obligations of those in leadership positions received continual headlines, so we learned over time to stick with what we were good at—public safety.

The medical issues were better left to physicians. The Vancouver Police have tried to do the right thing for all the citizens of this city within the funding provided by city hall—all under the umbrella of never-ending suggestions that the police take an even harder line with the sad reality of what was going on outside the front door of the site.

Background

The Vancouver Police Department (VPD) supported the opening of the supervised injection site in 2002 as a research project, not as a concept, and that support continues to this day. The Vancouver Police letter of support to the federal health minister has been inaccurately used by harm reduction proponents as a blanket endorsement for a wide variety of initiatives and projects surrounding the supervised injection site (SIS).

One should remember that no matter the direction and views of the politicians at the time, our position was straightforward—follow the law. Any injection facility for Vancouver would have to comply with the law. We didn't hesitate to prosecute offenders and shut down illegal sites, and there have been some.

Former Mayor Phillip Owen understood the dilemma for the police. He pursued the exemptions under federal drug legislation to allow the SIS to open because he knew it could not run without the cooperation of the police, especially those frontline officers who patrol the streets and alleys nearby.

Once the exemptions were granted by the federal government, to resist or block the legal operation of the SIS would put the police in an untenable situation—should the SIS fail, the police would be blamed for its demise. So our role became a supportive one, waiting for the pilot project research results, which we were promised would be complete in 2 or 3 years.

Health Minister Tony Clement has since advised the Vancouver Coastal Health Authority, which operates Insite, that their exemption under Section 56 of the Controlled Drugs and Substances Act has been extended until 30 June 2008. His comments have been clear: "This extension will allow research on how supervised injection sites affect prevention, treatment, and crime to be continued for another 6 months."

Vancouver Coastal Health Authority brought in an independent project leader to lead the research. There were some logistical and personnel issues and the person has not been replaced as yet. Everyone is waiting for the results of the research.

Some say the research is in and clearly shows success while others say sympathetic evaluators, who support open access to drugs, have overstated their positive findings of the site, downplayed or ignored negative findings, or reported meaningless findings in order to give the overall impression that the facility is successful.

Police in the middle

There have been many voices of complaint about the value of the SIS and the peer reviews of certain addiction experts. There have been magazine articles, medical research, newspaper stories, and letters to the editor all proclaiming the success of the SIS.

Then there are others who suggest the real purpose of the SIS is to use it as a foothold for the further expansion of drug use in Canada. Medical experts (Drs Davies and Mangham) take an educated research approach contrary to the findings of the SIS proponents.

That is our dilemma. There is a wide variety of medical opinions about what is right. The problem for the police is that we are not medical experts and we can only read and try to follow the debate. The Vancouver Police appointed Inspector Scott Thompson to be the lead on the debate/discussions, and he values the Carrado/Cohen review from Simon Fraser University given their qualifications and relative neutrality.

In the end this will be a decision of government and lawmakers. Our job will be to enforce what that final decision turns out to be. I believe we should remain supportive of the research objectives and the principles behind the original agreements.

Harm reduction

The supervised injection site is based on the controversial ideology of harm reduction, which views drug use as inevitable. Thus it is suggested that the government's role is to reduce the consequences of that choice, based on the perspective that since individuals are going to use drugs anyway, why not enable them to do so in a safe medical environment? It is not clear to me whether harm reduction supporters want to reduce the incidence and volume of drug use.

I give little credence to active drug users' views on how best to solve the drug problem, but I do listen to addicts who have gotten clean. I was told once by Dr Ray Baker that the solution to curing drug addiction is not complicated. He and his colleagues have done it for years, and successfully. Support, treatment, abstinence, and counseling are all part of the solution.

It seems that harm reduction tries to reduce harm to the drug user while not being judgmental about their actual drug use. This lack of judgment allows the addict to “freefall through society,” as former VPD Constable Al Arsneault once said, with addicts dropping out of school, losing jobs, being alienated from their families, committing or being themselves victims of crime, and making them vulnerable to disease and death. In fact, the focus of harm reduction is actually the worst-case scenario for a drug user—total inability to quit and eventual death.

Recommendations

Abstinence

A lifetime of policing has led me to believe that getting off drugs should be the first step for addicts, not the last. In locations where supervised sites have had positive outcomes there has been accompanying strong support from the police and the courts for those areas surrounding the site. This means that if an addict chooses to inject outside the SIS, there are immediate repercussions by the police and the courts.

This is not the case in Vancouver due to the chronic police shortages and a liberal attitude toward drug use in general. Police are naturally suspicious about the positive image of Insite. This image is undeserved—what goes on in the SIS is abhorrent. My respect goes to the police officers assigned to the challenging beat of District 2 in which the SIS continues to operate.

Mandatory treatment

There must be mandatory and compulsory drug treatment for addicts, especially prison inmates. Treatment must trump individual human rights when a person's addiction causes problems. Britain and Sweden are good examples of where tough enforcement in partnership with the courts, treatment facilities, and rehabilitation programs really work.

Sweden has among Europe's lowest crime, disease, medical, and social problems stemming from drug addiction, according to the United Nations Office of Drugs and Crime in its 2006 analysis. I would be interested in the many major European cities on record against supervised sites. Many facilities have closed, and the reason why should be part of the research.

Education

If there is to be support of the SIS, there must be the right accompanying message of the big picture. There must be condemnation of illegal drug use with no glamorization of the drug culture. Educational material must be clear, pertinent, and designed to have impact.

The so-called war on drugs commentary may be dated, but the underlying message is important and valuable. Education is the key. There must be respect for the rule of law. Use the SIS if you must, but it is not a free ride; there are certain things you must do and you must participate in whatever program is available and required.

Has any good come of it?

The casual observer might look at Vancouver's Downtown Eastside (DTES) and wonder if things are better since the opening of the SIS. They are better—not a lot, but better than they were 5 years ago. It is not entirely because of the SIS, but that may have played a small part. Police crackdown on street level dealers and a focus on addicts who use or fix in or near parks and schools are prosecuted, and this has made a huge difference. Enforcement works.

What is lost in many of the discussions about supervised injection sites are the uniformed officers who patrol the areas around the sites. I am very proud of their efforts in the DTES and their

continued professionalism in the face of such heated debate and criticism from both sides. The officers continue to do their job. There is a huge untold story here.

People have become used to thinking of the DTES as a centre for public urination and defecation, prostitution, open sex, panhandling, drug trafficking, assaults, and violent crime. It is not fair. This is a great neighborhood, a unique community made up of many fine, law-abiding citizens.

It was never more obvious when 40 additional officers patrolled the DTES in 2003. People walked the street in safety, baby strollers were commonplace, and officers were stopped on the street and thanked for their dedication to make things better.

Jamie Graham was the chief of the Vancouver Police Department from 2002 to 2007. He is currently consulting on security, leadership, and crisis management issues. He is also a member of the National Speakers Bureau.

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