Supervised injection sites—a view from law enforcement

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.

Jamie Graham

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

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.

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.

A lifetime of policing has led me to believe that getting off drugs should be the first step for addicts, not the last.

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.

Continued on page 134

Continued from page 133

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. BCMJ

Chronic Disease Management Module supports GPs to deliver better care

A recent international survey[1] showed that within the year under study, only 38% of Canadians with diabetes received all four basic tests included in the recommended care guidelines.

The sizable gap between recommended care for chronic disease patients and the care they actually receive—as well as the fact that such patients now account for the majority of all primary care visits—underlines the urgency of efforts by the General Practice Services Committee (GPSC) to support BC's family physicians.

"In modern family practice, the monitoring of chronic ailments is more difficult than ever," says GPSC co-chair Dr Bill Cavers, a Victoria physician. "Walk-in clinics are taking patients with the more easily and immediately treatable conditions, so family physicians are left to deal with ongoing and very complex care."

Recognizing that support for family physicians has not kept pace with the changing nature of their work, the GPSC's Practice Support Program has developed a chronic disease management (CDM) module designed to help physicians, medical office assistants, and other care providers develop a more structured approach to providing evidence-based care.

Response to the module, which is offered by practice support teams in all health authorities, has been extremely positive, with 642 physicians currently enrolled and 128 registered for future sessions.

"It's not surprising that the CDM module is well received," says Dr Cavers. "It provides a number of effective tools and planning elements to help GPs be proactive in terms of managing care for patients with chronic ailments."

According to Dr Cavers, without such initiatives, care tends to be reactive and far less efficient because physicians are busy managing patients on a visit-to-visit basis. "You see a patient and order some lab work, but there's nothing to prompt you to find

The CDM Toolkit—Frequently asked questions

What is the CDM Toolkit?
The CDM toolkit is a clinical information system that helps doctors manage their patients who have chronic conditions.

Why was it developed?
It was developed in 2003 at the request of family practitioners involved in the South Vancouver Island Health Authority's Chronic Disease Collaborative and the province-wide CHF Collaborative.

What does the toolkit do?
It helps physicians develop a patient registry and informs a physician which patients may require intervention and follow-up.

Who funded its development?
The Ministry of Health.

Who has access to the data?
The toolkit is an extension of the physician's medical record. No one other than the physician can authorize access to an individual patient's information entered into the toolkit.