



**BRIEF ON BILL C-2,  
AN ACT TO AMEND  
THE CONTROLLED DRUGS AND  
SUBSTANCES ACT**

October 27, 2014

Presented to:

**PUBLIC SAFETY AND NATIONAL SECURITY COMMITTEE**  
House of Commons  
Ottawa, Ontario

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REAL Women of Canada has long had an interest in the drug issue in Canada. Our concern is based on the harms caused to the addicts, themselves, and to their families. There is no greater sorrow for a spouse, parent, or child, than to have an addicted member in their family.

REAL Women of Canada was an intervener in the Supreme Court of Canada case *PHS Community Service v. Attorney General* [2011] 3 S.C.R. 134. Our organization was the only one of the 15 interveners which did not have either a financial, personal or professional interest in the outcome of the case. Our concern was entirely based on the addicted individual and the implications on his/her family and society.

REAL Women has closely followed the over 18 hours of debate on Bill C-2 in the House of Commons. We are troubled by a debate which seems to have focused on the proposition that Bill C-2 is an impediment to the establishment of drug injection sites across Canada. This proposition is predicated on the presumption that the Vancouver drug injection site, InSite is an "incredible success". This is highly questionable when all the evidence is examined.

It was repeatedly stated during the debate that a decision on drug injection sites must be based on factual evidence, not ideology. It is necessary, therefore, for the Committee to objectively review the evidence on the Vancouver drug injection facility, InSite.

### Factual Evidence On InSite

InSite was established, in accordance with Section 56 of the *Controlled Drugs and Substances Act* (CDSA), which provides that an exemption may be made to the Act by the Minister for purposes of medical and scientific research. Reference was made during the debate to the research provided by over 30 peer reviewed studies indicating that InSite was purported to have curtailed crime, disease, and led to a 35% reduction in deaths caused by drug overdose. That is, those 30 studies, without exception, found that InSite's operation had produced exemplary results.

The crucial point that was not disclosed during the debate, however, was that these 30 studies on InSite were all carried out by the same individuals from the British Columbia Centre for Excellence on HIV/AIDS, located at UBC, who were one and the same activists, who had lobbied for the establishment of the drug injection site in the first place. As a result, they had a personal interest, as well as a conflict of interest, in ensuring that InSite be determined successful. That is, their research was carried out for the purpose of supporting the political objective of continuing the operation of InSite by way of establishing that the site was "successful".

In pursuit of the objective, according to information obtained under the *Access to Information Act*, between 2003 and 2011, these same researchers from the B.C. Centre for Excellence in

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HIV/AIDS, who had previously lobbied for the injection site, have received over \$18 million from the Canadian Institute of Health Research (CIHR) to carry out their research on InSite. All their studies were peer reviewed only by supporters of the drug injection facility. Also, these researchers, contrary to standard scientific procedure, have refused to share their data with other researchers so that their studies can be replicated. Without exception, these advocates/researchers' studies concluded that the injection site was reducing harm and death rates for addicts, etc. One such study on InSite was published in the British medical journal *Lancet* on April 18, 2011. This study was pivotal in the decision by the Supreme Court of Canada, handed down on September 30, 2011, to prevent the federal Minister of Health from closing down the injection site.

According to this 2011 study, there was a 35% reduction in overdoses in the 500 metre radius around InSite, while in the rest of Vancouver, the rate decreased by 9% due to the presence of InSite.

However, an international team, consisting of three Australian medical doctors, (including an epidemiologist and two addiction medicine specialists), a Canadian academic and an American psychiatrist found serious errors in the study, which entirely invalidated its findings. Their objections were set out in the attached letter published in *Lancet*, *British Medical Journal*, January 14, 2012, Vol. 379.

Also, a B.C. Coroner's report has shown that overdoses actually increased in the area by 14%, or 11%, when population-adjusted, between 2002, the year before Insite opened, and 2005, the final year of the study period.

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During the arguments before the Supreme Court on this issue, however, Chief Justice Beverley McLachlin stated that, "Insite has saved lives and improved health". This conclusion was also repeated numerous times throughout the court's written judgment. It is not without significance that intense publicity was given to the questionable *Lancet* study of April, 2011, during the same week of the court hearing. That is, the results of the study were published during the week of the hearing, which provided no opportunity to provide a critique of this controversial study for the court's review. No further evidence was admissible to the Supreme Court after the hearing, held May 12, 2011, to raise questions on the credibility of the study, as well as all the other questionable studies submitted to the court as evidence by the activist/researchers at the B.C. Centre for Excellence in HIV/AIDS.

As a result, the Supreme Court of Canada, based on this questionable evidence, substituted its own opinion on InSite, instead of the Minister of Health, as required under the CDSA, and ruled that drug injection sites should operate in Canada.

In its Judgment on InSite, the Supreme Court stated:

*... on future applications, the Minister must exercise that discretion within the constraints imposed by the law and the Charter, aiming to strike the appropriate balance between achieving public health and public safety ...*

The Minister, therefore, is obligated by this court decision, in exercising her discretion, to "strike the appropriate balance" between public health and safety and the law, before approving any injection sites.

We submit that the requirements set out in Bill C-2 are justified and reasonable, in view of the evidence on the operation of InSite.

**1. Expert Advisory Committee on Drug Injection Sites**

The federal government established an Expert Review Committee to determine whether the claims of those supporting InSite were legitimate and therefore, a valid approach to addiction.

The findings of the Expert Committee's were released in March 31, 2008. The Expert Committee found, as follows:

- (a) Only 5% of the drug addicts in the area use the drug injection site and of these, only 10% use the facility exclusively for their injections. In other words, 90% of drug addicts continue to inject their drugs on back streets, alleyways, etc. leaving their contaminated needles behind.
- (b) There is no proof that the site has decreased the incidence of AIDS and hepatitis in drug addicts;
- (c) There is no indication that the crime rate has decreased; and
- (d) Only 3% of the InSite clients are referred for treatment.

**2. Police Supervision Of InSite**

According to Inspector, John McKay, responsible for policing the drug injection site, 65 officers from the Vancouver Police Department patrol the five-block area around InSite, in order to

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control the crime (see attached statement by Inspector McKay; see also End Notes<sup>1</sup>). The police officers are prohibited from charging addicts with possession and, instead, are obliged to escort the addict into the injection site. Sixteen year olds have access to the site, and first time drug users and pregnant women may also be instructed on how to inject drugs by personnel in the clinic. The drug addict or casual user obtains illicit drugs, of questionable purity, from a drug trafficker, which he/she then brings into the site for injection purposes. The drug injection site has become a "honey pot" or meeting point for drug traffickers. Since the street drugs sold are of unknown purity and composition, it is difficult to believe that such injections are a reasonable "scientific" experiment leading to evidence-based conclusions.

According to the report of the Expert Committee, it is estimated that each addict causes \$350,000 worth of crime each year in order to purchase drugs from a trafficker to feed his/her addiction. It is not surprising, therefore, that in 2006, Vancouver had the second highest rate of violent and property crime of any major city in the United States or Canada.

**3. Major European Cities Reject Drug Injection Sites**

More than two dozen major European cities have signed the 1994 European Cities Against Drugs Declaration opposing safe-injection sites and the free distribution of drugs. Officials from Berlin, Stockholm, London, Paris, Moscow and Oslo, etc. have embraced the principle that "the answer does not lie in making harmful drugs more accessible, cheaper and socially acceptable. Attempts to do this have not proven successful. Such initiatives, in fact, increase our problems".

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Evidence indicates that drug injection sites appear to increase the overdose rate for addicts. In Sydney Australia, drug centre overdoses are 32 times higher than on the street. Testimony from rehabbing ex-clients is that overdoses are so high because users experiment with their drugs. They are safely provided with more heroin and drug cocktails than they would dare try on their own, outside on the streets. That means that more drugs are used in the drug injection sites, enriching the local drug dealers outside the centre, but no lives are saved. Further, no official evaluation of the Sydney injection centre (the most recent evaluation was carried out in 2010) has claimed any evidence of reduction of HIV or Hepatitis C.<sup>2</sup>

#### **4. Audit of InSite**

In November, 2013, an audit was undertaken of InSite, operated by Portland Hotel Society Community Services (PHS). The audit revealed that the directors and executives of PHS have used much of the approximately \$21 million per year it receives from the federal and provincial governments for their own personal use.

Examples include wining, dining, travelling, staying at luxury hotels, flower arrangements, hair salons, spas and limousines, all being placed on the business credit card of PHS.

The co-executive of PHS, with his wife, as well as other directors of PHS used the funds to personally live an expensive lifestyle. For example the audit revealed:

- \$15,749 was spent on a trip to Paris, in May, 2010, for undisclosed reasons on a platinum business credit card: No documentation or financial oversight was provided for this trip;



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- The co-executives of InSite each received approximately \$160,000 per annum in salary and perks (a high for the industry). They then charged PHS \$1,400 to \$1,600 each month for the use of their “home office” in the basement of their home;
- The co-executives billed \$11,000 each year to have the basement space cleaned;
- In November, 2009, the co-executives took a trip to New York City and stayed at the luxury Plaza Hotel at a cost of \$9,266. Another \$250 was spent in New York city salons;
- 764 restaurant charges by PHS officials totalled approximately \$69,000 over 3 years, averaging \$1,927 per month;
- \$5,832 was spent on a Danube River cruise for a PHS Manager;
- A Disneyland vacation for another PHS Manager and his wife and two children cost \$2,700 in May, 2012;
- Trips to Vienna, Paris and Istanbul, Los Angeles, Banff and Ottawa, at a cost of \$69,000 over three years by PHS directors had no supporting documentation or financial oversight;
- In 2013, \$8,600 was spent on limousine rides; and
- A stay for undisclosed reasons, in 2013 in the UK, by a director cost \$900 per night – no documentation provided.

There were many more such expenses revealed by this audit. All these personal expenses, paid by PHS, operators of InSite, left the organization in a “weak financial condition” so that PHS had difficulty paying its obligations in 2013.

PHS provided crack pipe kits in vending machines at a cost of 25¢ each; it taught alcoholics how to make their own beer; it gave free needles for drug injections (PHS cornered the market on this) and placed addicts on the drug methadone for life, thereby condemning them to being

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addicted for the rest of their lives. These policies ensured a continued source of income for PHS directors and executives.

On May 29, 2008, one of the co-executive directors of PHS testified before the House of Commons Standing Committee on Health, which was reviewing InSite. During her testimony, she claimed that InSite offered “real help” to addicts to “stay healthy and stay alive”. The truth is that InSite and the other services provided by PHS were keeping her and the other directors healthy, receiving entitlements on which they lived the high life. Did these services help the addicts? No, they just perpetuated their addiction.

It is a tragedy that people, who publicly champion society's poorest, are permitted to privately live like kings and queens on the public dime.

**5. Drug Addicts Require Compassion Not More Drugs**

Well off individuals such as doctors, lawyers, airline pilots, etc., can afford to obtain treatment for their addiction. It is the addicts without money or support who are shuffled off to InSite, where they inject themselves continuously with street drugs, which only deepens their addiction. This results, eventually, in the addicts' further degradation and, often a terrifying death. The problem of drug use is not solved by enabling drug addicts to use more drugs.

The real question to be addressed, therefore, is whether addicts should continue to be marginalized and manipulated, or should they be helped with treatment, so as to return them to a healthy and normal life with their families? It is obvious that a compassionate society should

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not kill addicts by furthering their addiction, but rather, should reach out to them by way of treatment.

**6. Providing Assistance to Addicts**

The criminal justice system today serves as the major engine that gets addicts into treatment and recovery. The drug courts make recovery possible for thousands of offenders each year. In fact, according to experts in the field in the U.S., 50% of people in treatment are there because of referral by the criminal justice system.

Research carried out at the University of Glasgow, Scotland<sup>3</sup> and the Centre of Drug Research in Glasgow, Scotland, indicate that treatment of drug addicts actually increases when drug enforcement occurs. That is, positive results flow from drug enforcement in that one of the aftermaths of police operations is that there is a marked increase in the proportion of drug users seeking treatment. This is because drug courts allow the conviction to be suspended if the offender agrees to take treatment and be monitored through regular urinalysis and counselling. Those who complete the drug-free program receive a suspended sentence or conditional discharge. Those who fail, are required to return to the regular court system for sentencing. When offered a choice between a drug conviction or treatment, the addict usually chooses treatment.

It is significant that there is no difference in outcome between those addicts who seek treatment voluntarily or by way of the courts.

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An effective drug policy must focus on reducing the demand for drugs through prevention, education and treatment, as well as enforcement.

**7. Conclusion**

The operation of the Vancouver drug injection site has given rise to abuse and exploitation. It is doubtful whether it has served the best interests of addicts or society.

Bill C-2 which places some modifications on the operation of such drug injection sites, is, under the circumstances, well justified and highly responsible legislation which should be passed into law without delay.

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<sup>1</sup> Human Rights Watch <http://www.hrw.org/print/reports/2003/05/06/abusing-user> . See also Statement by Minister of Health, Tony Clement, March 29, 2008 - House of Commons Standing Committee on Health pg. 4;

<sup>2</sup> Correspondence received from Gary Christian, Drug Free Australia, July 27, 2014

<sup>3</sup> McGallagly, Joseph and McKeganey, Neil (2012) "Does Robust Drug Enforcement Lead To An Increase in Drug Users Coming Forward for Treatment?" Education Prevention and Policy vol 20 No. 1 pp 1-4

# STATEMENT TO LANCET

**Beat Enforcement Team (BET) - Vancouver Police Department 2003 - 2006**

**John Mc-Kay - then Officer in Charge (BET)**

**Downtown East Side Vancouver - Policing Rationale**

The inception of what eventually became known as the Beat Enforcement Team (BET) occurred in early 2003. At that time the Vancouver Police Department recognized that the Vancouver Agreement between 3 levels of government with the so called "4 Pillars approach" was going to have a major effect on the VPD's ability to successfully police the Down Town East Side (DTES) of Vancouver. This was largely due to the harm reduction pillar which emphasized the value of the Supervised Injection Site which was going to be located in the heart of the DTES in the 100 block of East Hastings.

While the VPD could not at the time argue against the 4 Pillars approach – harm reductionists using statistics and opinion on European Model success – they believed that there had to be some control over the situation in the DTES because of the impact on the community once the dealers figured out that their clients were not being charged and indeed allowed to be in possession of the drugs. VPD feared that there would be a free for all and open warfare between dealers who wanted a greater share of the clientele. As well, the harm reduction philosophy might bring "drug tourists" into the area which would add to the policing problem.

Closely associated to the drug use in the DTES was the movement of stolen property into the local pawnshops of which there were 49 in the immediate area. Selling stolen property was a method of obtaining hard cash for the purpose of buying drugs.

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

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

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

In order to achieve these goals I spent as much time on the street as possible learning and from several good civilian contacts who had been working in the area for years I was able to glean a lot of background knowledge about the people and the issues around addiction. I implemented a combination of surveillance, undercover work, high presence-uniform police and intelligence driven tactics. In a nutshell we shut down all but 7 pawnshops for failure to comply with the law on property and due to specifically targeted undercover operations we gained a lot of success in getting rid of the dealers. Many of these operations such as Operation Lucille, New Boy, became high profile media covered events.

It is my understanding that the effect of 65 police officers in the DTES is negated in the Lancet analysis produced by the harm reduction proponents. That attitude is much too convenient for them because the truth of the matter is that the police were integral to the lowered death rates by being on the street and in and out of the various Single Residence Occupancy hotels in which the addicts reside. The projects and contacts that police made in SROS and on the street with the mentally ill also helped to lower death rates because of the positive nature for the most part of the officers assigned to that beat.

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Loyalty above all; except Honour!

## Overdose deaths and Vancouver's supervised injection facility

The report by Brandon Marshall and colleagues (April 23, p 1429),<sup>1</sup> in which it is claimed that the opening of a supervised injection facility on Sept 21, 2003, in Vancouver, BC, Canada, was associated with a 35% decrease in overdose deaths in its immediate surrounding, contains serious errors.

The claim that all overdose deaths in Vancouver declined between 2001 and 2005 is strongly affected by the highly questionable inclusion of the year 2001—a year of much higher heroin availability and overdose fatalities than all subsequent years. A study period starting from 2002 in fact shows an increasing trend of overdose deaths both for Vancouver and for the Downtown Eastside area in which the facility, Insite, is situated (figure),<sup>2</sup> the control areas compared in Marshall and colleagues' study.

Curiously, the higher availability of heroin up until 2001, which declined by 2002 and which has remained low since that year, was specifically tracked in two previous articles<sup>3,4</sup> by three of the current paper's researchers and therein treated as extraordinary. In their latter 2007 study,<sup>4</sup> the aforesaid three researchers noted that, in a large cohort of Vancouver drug users, 21% had reported non-fatal overdoses in the previous 12 months in 1997, dropping to 12% at the beginning of 2001 and to 5% by the end of 2001, rising to 6% in 2004. They clearly point to reduced heroin supply as the reason, and yet in the *Lancet* paper specifically state that "we have no evidence that significant changes in drug supply or purity occurred during the study period", which of course was 2001 to 2005.

Of even greater concern is the statement in the *Lancet* paper that "we know of no changes in policing policy that could have confounded our results". Again, three of the

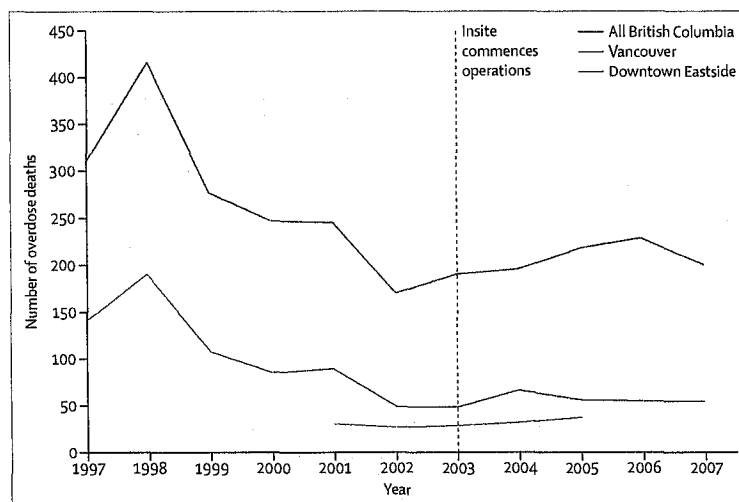


Figure: Drug overdose deaths 2001-05

researchers were so well apprised of major policing changes in the area immediately around Insite during 2003, the same year it opened, that they wrote a 2004 article tracking the "displacement" of drug users out of the policed area around Insite and into other areas of Vancouver.<sup>5</sup> In that article they record counts of discarded needles reducing by 46% in the policed areas whereas needle counts in other areas of Vancouver increased by similar proportions. Most of the overdoses that were the subject of the questionable 35% reduction immediately around Insite lay specifically in the 12 city blocks patrolled by 48-66 police added in 2003 and operative to this day (personal communication). This major change in policing around Insite is clearly the most likely cause of any real reductions in overdoses that might be found in the immediate vicinity of the injection facility.

Finally, Marshall and colleagues do not declare that 41% of British Columbia's overdose mortality is non-injection-related.<sup>6</sup> This being the case, the researchers had the obligation of declaring the specific proportion of deaths that were non-injection-related in the vicinity of Insite, compared with the rest of Vancouver.

An extended analysis is available online. We declare that we have no conflicts of interest.

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- 6 Milloy MJ, Wood E, Reading C, Kane D, Montaner J, Kerr T. Elevated overdose mortality rates among First Nations individuals in a Canadian setting: a population-based analysis. *Addiction* 2010; 105: 1962-70.

For the extended analysis see [http://www.drugfree.org.au/fileadmin/Media/Global/Lancet\\_2011\\_Insite\\_Analysis.pdf](http://www.drugfree.org.au/fileadmin/Media/Global/Lancet_2011_Insite_Analysis.pdf)

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