

REAL Women of Canada

"Women Building a Better Society"

NGO in SPECIAL consultative status with the Economic and Social Council of the United Nations

Email: boh@toronto.ca

March 16, 2016

Ms. Nancy Martins
10th Bloor, West Tower, City Hall
100 queen Street West
Toronto, ON M5H 2N2

Dear Board Member:

Re: Drug Injection Sites – Toronto

REAL Women of Canada is a national women's organization, federally incorporated in 1983. We support the equality of women and the family, consisting of father, mother and children, which we believe is the foundation of society.

Our concerns about the proposed drug injection sites in Toronto are 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 was one of fourteen intervenors in the Supreme Court of Canada case dealing with the Vancouver Drug Injection Site *Canada (Attorney General) v. PHS Community Services Society*, [2011] 3 S.C.R. 134. We were the only intervenor holding an objective perspective on the issue, as the other intervenors all had either a financial, personal or professional interest in the continued existence of the Vancouver Drug Injection Site and/or the unrestricted use of drugs.

According to newspaper reports, the Toronto Medical Health Officer, Dr. David McKeown, has recommended that a number of drug injection sites be established in Toronto. The main reason for this recommendation is that it will allegedly put a stop to the escalating number of drug overdose deaths in Toronto, which climbed to an all-time high of 206 in 2013. Experience from the Vancouver drug injection site indicates that these drug sites do not reduce drug overdose deaths.

According to the Government of British Columbia Selected Vital Statistics and Health Status Indicators, Annual Reports:

<http://www2.gov.bc.ca/gov/content/life-events/statistics-reports/annual-reports>, there is no evidence that the number of deaths from drug overdose in Vancouver's Downtown Eastside (Vancouver's Drug Injection Site called InSite) was reduced by the establishment of the site. The official number of deaths by drug overdose were as follows: 28 deaths in 2003, 32 in 2004, 37 in 2005, 38 in 2006, 46 in 2007, 24 in 2008, 40 in 2009, 28 in 2010 and 35 in 2011.

Thirty positive studies on InSite have been 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". It is significant that all these 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 concluded in their studies, that the injection site was reducing harm and death rates for addicts. This has been proven to be inaccurate.

One of these studies published, claimed that, since the Supervised Injection Site facility in Vancouver commenced operation on September 21, 2003, there has been a 35% decrease in overdose deaths in its immediate area compared with the rest of Vancouver which had decreases of 9%. However, an international team of medical researchers from Australia, United States and Canada have discredited this study, [Overdose Deaths and Vancouver's Supervised Injection Facility](#), (see [The Lancet](#), Volume 379, No. 9811, p117, January 14, 2012).

It is noteworthy that there is no proof that drug injection sites has reduced crime. Evidence provided by Inspector John McKay responsible for policing the drug injection site in Vancouver for over a five-year period was that between 50 to 66 extra police were specifically assigned to the 12 city blocks surrounding the drug injection site, since 2003 in order to limit criminal activity in the area. According to Inspector McKay:

four officers per day, 22 hours per day, 7 days per week, for one year from September, 2003 to September, 2004 in the block at all times with cell phone access directly to them by SIS [supervised injection sites] staff. These officers were paid on overtime callout at double time for that whole year. The Vancouver agreement paid for that. At the same time 60 other officers were deployed in a 5-block area and still are to this day. The police took care of public disorder. The SIS [supervised injection site] enhanced public disorder.

Beat deployment changed a little over the years:

2003 – 4 squads x 16 men = 64;

2004 – 4 x 12 = 48 men;

2009 – 6 x 11 = 66 men.

66 police officers (6 squads of 11) plus 6 sergeants – 72.
Keep in mind most squads have one spot empty so we are not really at capacity. BET teams [12 block area nominated by police] police the area between Gore on the East, Powell, Pender and Abbott Streets.¹

See also attached statement by Inspector McKay to the British Medical Journal (Lancet).

Police officers in Vancouver are prohibited from charging the addict 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 becomes a “honey pot” or meeting point for drug traffickers.

According to the report of the federal Expert Advisory Committee on Supervised Drug Injection Sites, released on March 31, 2008, 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. Vancouver had one of the highest rates of violence and property crime of any major city in the United States or Canada. 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.

The use of the police force to deliberately ignore the commission of an offense i.e. possession of an illegal drug, undermines respect for the law. In addition, this protection of the addict serves to provide him/her with a sense of entitlement to the use of illicit drugs, i.e. the notion that he/she has the legal right to use illegal drugs. The deliberate failure to enforce the law creates an environment that the use of illicit drugs is socially acceptable – especially to impressionable adolescents. This diminishes any incentive by the addict to seek treatment. According to the [Expert Advisory Committee's Report on Supervised Injection Sites](#), only 3% of addicts are referred by InSite for treatment.

¹ Mangham C2. A Critique of Canada's InSite Injection Site and its Parent Philosophy: Implications and Recommendations for Policy Planning. Journal of Global Drug Policy and Practice Vol 1, Issue 2 – Summer 2007 <http://www.globaldrugpolicy.org/1/2/2.php>
Correspondence by Vancouver police with Drug Prevention Network of Canada (DPNC).

Most significantly, drug injection sites serve to deepen the addiction. Well off individuals 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.

It is obvious that a compassionate society should not kill addicts by furthering their addiction, but rather, should reach out to them by way of treatment.

For these reasons, 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".

Providing Genuine Assistance to Addicts

The criminal justice system 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 and the Centre of Drug Research in Glasgow, Scotland,² 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.

It would appear from the above, that the establishment of drug injection sites in Toronto will not solve the problem of drug addiction, but will increase the problems of addiction.

² 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

Our national women's organization, therefore, strongly urges that you reject such a proposal.

Yours sincerely,

"C. Gwendolyn Landolt"

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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!