

“Safe” or Supervised Injection Sites from the perspective of a doctor of addiction medicine.....

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I have been practicing addiction medicine for thirteen years and have treated thousands of addicted patients, many of whom were able, with the help of detox centres, treatment and counseling, to leave behind the horror of life in the Hastings and Main area. Regarding the debate about so-called "safe" injection sites, I would point out that in the few cities in which they have been tried, the results, in terms of reduction of harm from IV drug use, have been mixed at best and, in some cases, have actually been harmful (validating IV drug use, attracting IV drug users to the vicinity from near and far away). The distribution of millions of needles in the Vancouver area has not stemmed the epidemic of hepatitis C or HIV; in fact, those diseases are much more prevalent today than they were before such "harm reduction" tactics were enacted.

Dr. Fred Bass was quoted in the paper, after his election to Vancouver's city council, as saying that somehow drug dealers would be kept away from "safe" injection sites. Even if this were possible, it would not make these sites work any better. Vancouver's IV drug users typically use cocaine, not just heroin, and self-inject toxic drugs on average 15 to 30 times a day. To imagine that very many addicts who just purchased cocaine from a dealer kept five or six blocks from a "safe" injection site would delay using cocaine until they walked to that site is naive. IV drug addiction is an impulsive, illogical illness. To restrict users of these sites only to those referred to them, as Dr. Bass also suggested, would obviously mean that a great many users would just continue to use on the streets as they do now, defeating any purported benefit of such sites.

More important is the fact that such sites cannot be effective except as a last resort in the context of fully accessible detox and treatment programmes. We don't have the 5000 detox beds the Swiss have; we have 100 in all of B. C., and precious few for adolescents and youth. Funding for the day programme for addiction treatment at the Aurora Centre for women in Vancouver has just been terminated -- a service that provided an excellent treatment option for women for whom residential treatment is impossible due, for example, to child-rearing responsibilities. When it takes a week or two to get into detox, addicts often just give up, go back to using and die. When people can't get treatment for the physical, mental and emotional causes of addictive drug use, they often relapse and die.

With limited financial resources, setting up these sites instead of funding detox beds and treatment is a deadly distortion of priorities. Let's put our money where our mouths are, if we truly want to be compassionate, let's fund enough detox beds and treatment beds so that injection sites, if needed at all, are only a last resort! If the cart instead is put firmly before the horse, and injection sites are implemented before detox and treatment are made available to all who seek them, then all of us, addicts and the general citizenry, will pay dearly for this folly.

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