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Response

Going soft on evidence and due process: Canada adopts US style harm maximization

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Abstract

After recently adopting a US style drug policy, the Canadian government rejected the recommendations of an independent review of Vancouver's Safer Injecting Facility and ignored the compelling supportive evidence in apparent readiness to close the centre.

Reversing its long standing support for harm reduction, the Canadian government recently took the domestically unpopular step of aligning the nation's drug policy closer to the US War on Drugs. Ottawa also took on Canada's provincial and city governments and ignored science, due process and public opinion while also risking harm to the country's international standing (Woods, 2006). This was all done apparently, in readiness to dump *Insite*, Vancouver's Safer Injecting Facility (SIF), at a politically more propitious time. Why have Canada's major opposition parties not capitalized on the government's adoption of such a tenuous position?

In this edition of the journal, Wood et al. describe the Canadian Government's rejection of the recommendations made by an independent peer review process which had carefully considered a scientific evaluation of the SIF (Wood, Kerr, Tyndall, & Montaner, 2008). By focusing on the lack of transparency and questionable probity of the Canadian government's response, Wood et al. provide a case study of the triumph of ideology over evidence.

On October 2, 2007, the Federal Health Minister (Mr. Tony Clement) announced the extension of the legal exemption for the SIF until June 30, 2008, thereby allowing *Insite* to continue operating beyond a likely Federal election. The extension enabled research to be continued for another six months on how supervised injection sites affect prevention, treatment and crime. But while declaring that more evaluation of *Insite* was needed, Mr. Clement also bizarrely cancelled the funding allocated previously to conduct this research.

There is now compelling and growing evidence demonstrating the considerable benefits, lack of serious unintended negative consequences and even cost-effectiveness of medically supervised injecting centres (Kerr et al., 2006; Wood, Tyndall, Montaner, & Kerr, 2006). Much of this evidence has been derived from evaluation of *Insite*. It stretches credulity to believe that the Canadian government rejected the review's recommendations because the benefits were too small, the adverse events too great or the cost-effectiveness insufficient.

The impressively large number of publications in high impact journals and the very high standard of research evaluating *Insite* inevitably means more to researchers and clinicians than to politicians. Would the politics have been different if Wood et al. had been as active communicating their results to lay as well as scientific audiences? While researchers must always be careful to avoid crossing the fine line between independent enquiry and partisan advocacy, they must also accept that clear but fair exposition to mass audiences of the costs and benefits of rival, controversial drug policy choices is no longer an optional extra in the contemporary world of drug policy research. Some hard questions need to be answered. Why has the Canadian government apparently disregarded recommendations based on an independent peer review process? Why have there been so few attempts to understand why policy makers so often pay more heed to focus groups than they do to scientific evidence?

Wood et al. state that 'in order to ensure . . . Canada's compliance with the international drug treaties, the SIF's legal

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exemption was granted on the condition that the program be subjected to rigorous scientific evaluation'. But why should compliance with the international drug treaties require that governments allowing a SIF must ensure rigorous scientific evaluation? Which of the international drug treaties requires this? After all, the three major international drug treaties were negotiated well before a SIF had ever been thought of. Also, a recent review by the UNDCP of the legal status of harm reduction concluded that no current harm reduction measure – including 'drug injection rooms' – breached these treaties (Legal Affairs Section, United Nations International Narcotics Control Board, 2002). A comprehensive Canadian review of the ethical and legal aspects of SIFs noted that establishing a facility in Canada probably did not require legal exemptions while also concluding that 'resisting the introduction of safe injection facilities is not only unethical, but also amounts to a breach of Canada's international human rights obligations' (Elliott, Malkin, & Gold, 2002).

Wood et al. emphasise that the fate of the independent peer reviewers' recommendations in relation to the SIF is not unique in the drug policy area; nor is this unknown in other scientific areas. A particularly egregious and protracted example of the denial of clear scientific evidence is seen in the USA where successive Administrations over two decades have ignored at least eight rigorous evaluations of needle syringe programs conducted by, or carried out on behalf of US government agencies (Committee on the Prevention of HIV Infection among Injecting Drug Users in High-Risk Countries, 2006). Each evaluation concluded that needle syringe programs reduced the number of HIV infections among injecting drug users without increasing illicit drug use or producing other serious unintended negative consequences. The survival until 1991 of a ban on the use of federal funds for needle syringe program research forms part of the systematic exclusion of science from HIV prevention policy in the USA for political purposes (Lurie, 1995). Ignoring incontrovertible evidence has helped the USA maintain its clear lead in HIV incidence compared to all other rich countries.

Ironically, this Canadian development comes at a time when US Congress and even the White House have just allowed Federal funding to be used for the first time for Washington D.C.'s needle syringe program. Furthermore, the three leading US Democratic Party presidential candidates recently endorsed needle syringe programs while Hilary Clinton explicitly endorsed harm reduction.

In Australia in 1997, then Prime Minister ensured that Federal Cabinet overturned a six: three recommendation of national Ministers and six years of preparatory research to abort a rigorous scientific evaluation of prescription heroin treatment (Wodak, 1997). The unsubstantiated claim that such research 'sent the wrong message' overrode any public health or scientific consideration.

In 2003, the Blair Cabinet in the UK received from its own research centre a confidential (but later leaked) report on drug policy (Strategy Unit Drugs Project London, 2003). After noting overall modest seizure rates estimated at 20% of production, the report concluded 'even if supply-side interventions were more effective, it is not clear that their impact on the harms caused by serious drug users would be reduced.' The report seemed to have no impact on the Blair government's desire to appear tough on drugs for political purposes.

Of course ideology often triumphs over evidence in many other fields apart from drug policy, also often at a high price. After a three day briefing in Washington DC from the then Director of the CIA (Mr. George Tenet), the then head of MI6 (Sir Richard Dearlove) briefed the UK War Cabinet on 23 July 2002 in 10 Downing Street, London on US preparations for the forthcoming invasion of Iraq (Wodak, 2005). Dearlove advised that 'they [the USA] have decided to fix the intelligence and the facts on the policy'. Soon after the invasion, the mammoth price of this fixing was undeniable.

In drug policy, what is effective is often unpopular while what is popular is often ineffective. War on Drugs approaches have the advantage of often seeming intuitively correct and are therefore generally rhetorically appealing. The problem is that approaches dominated by supply reduction are also generally empirically weak. On the other hand, harm reduction approaches often have the disadvantage of seeming counter-intuitive and may therefore seem rhetorically weak. Their decided advantage is that they are also usually empirically strong. While empirical strength rarely 'plays in Peiora', as the Americans say, appeals to moral absolutes almost always do. Harm reduction advocates have to remember that in politics, 'short-termism' usually triumphs over longer term considerations just as appeals to fear and irrationality usually trump appeals to evidence and rationality. However, the preference for righteousness over results is itself a moral decision. This approach is predicated on the belief that it is moral to ignore clear scientific evidence which could protect the public health and amenity of communities and future generations.

Inevitably, most politicians want to do well. But our politicians need constant reminding that they are there only temporarily—and mainly to do good.

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