

MONTANER'S AND KERR'S STRAW MEN EXPOSED

A response to the response by Montaner and Kerr re errors in their Lancet article on Insite

Below is the initial response by Drug Free Australia's Research Coordinator to an Australian bulletin board posting by Paul Gallagher (whose blog is titled Losing in the Lucky Country) in which he posted the link to a response framed by Drs Montaner and Kerr to allegations that their Lancet article, claiming that Insite was responsible for a 35% reduction in fatal overdoses in its immediate surrounds, had fatal errors which nullified any of its claims.

First, the post by Paul Gallagher, and then Gary Christian's immediate response. The Drug Free Australia analysis, demonstrating the errors, is found at:

http://www.drugfree.org.au/fileadmin/Media/Global/Lancet_2011_Insite_Analysis.pdf.

From: update-bounces@adca-lists.org.au [mailto:update-bounces@adca-lists.org.au] **On Behalf Of** Paul Gallagher
Sent: Saturday, 12 November 2011 2:41 PM
To: ADCA - Update Update
Subject: [Update] Critique of Lancet study of Vancouver's supervised injection site and overdose: Authors' response

Updaters may be familiar with accusations from DFA and Co. of "**research fraud and professional misconduct**", posted by Jo Baxter on September 13 - "Australians help expose Vancouver injecting room errors".

These allegations about the Lancet publication "Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: A retrospective population-based study" by Marshall et al. are already known to be without merit and not based on scientific fact, resulting in dismissal in entirety:

[http://www.publicaffairs.ubc.ca/2011/10/18/allegations-against-ubc-researchers'-study-on-insite-"without-merit"-independent-reviewer/](http://www.publicaffairs.ubc.ca/2011/10/18/allegations-against-ubc-researchers'-study-on-insite-)

On September 28th, DFA Secretary and Research Coordinator, Gary Christian had suggested on Drugtalk that, "a little bending of the truth never goes astray" and that this was "the dynamic by which injecting rooms have been made acceptable elsewhere".

DFA have not retracted this claim that research fraud is the mechanism by which safe injecting services and centres are approved.

The authors of the Lancet paper themselves have responded to this egregious, albeit clumsy academic fugazi, addressing four key areas across five pages.

Mr. Christian is shown to have manipulated and misrepresented data to make erroneous claims. In crafting the accusation that the researchers "cannot truthfully claim" [to be unaware of relevant policing changes] is shown to have borrowed from his co-author's earlier report that the RCMP had previously agreed "did not meet academic standards".

<http://www.myphotoart.com.au/downloads/insite-response-to-allegations.pdf>

Regards,

Paul Gallagher

From: update-bounces@adca-lists.org.au [mailto:update-bounces@adca-lists.org.au] **On Behalf Of**
Gary Christian
Sent: Sunday, 13 November 2011 12:12 AM
To: update@adca-lists.org.au
Subject: [Update] Errors in Update posting by Paul Gallagher part 1

Updaters

I must correct errors of fact in this posting, as is allowed by Update guidelines.

Paul Gallagher makes the extraordinary claim that I (and colleagues) have 'manipulated and misrepresented data' in our analysis of the Lancet Insite article. However, Drs Montaner and Kerr, who wrote the response Paul refers to, do not make any such claim. Reader's should be aware that this is Paul Gallagher's fanciful and quite evidently incorrect interpretation of their response.

In the interests of what is now an international drug policy issue I will make some observations on Kerr's and Montaner's misleading reply.

1. Our analysis, despite Kerr and Montaner's erroneous response, does indeed separate the 5 (yes, only 5) intentional/other deaths out of the 155 deaths that Vital Statistics' coroner's data cites for the Downtown Eastside (DTES) sub-area of Vancouver, from the 150 non-intentional deaths which Kerr et al. calculated from in their study for the same sub-area. Anyone can go to the Vital Statistics data we cited in our analysis, see that the 5 years' overdoses of all kinds add up to 155, and then go to Kerr and co's own data which we reference in our analysis and see that they were themselves citing 150 non-intentional deaths for exactly the same sub-area in their study. With the 155 total deaths in the DTES increasing from 27 in 2002 (the year before the Sept 21, 2003 opening of Insite) to 37 in 2005, a startling 37% increase in raw community overdose deaths in the 400 block area around Insite, those 5 intentional/other deaths cannot in any way change the fact that there was an increasing trend of deaths for the DTES. You can slice and dice those 5 intentional/other deaths in any way you like - even if all 5 intentional/other deaths happened in 2005 alone, there STILL remains an increasing trend even after population adjustments. So Kerr and Montaner's claim about our analysis not separating intentional/other deaths from non-intentional deaths is both fatuous and very, very easily disproven (see page 3 par 1 of our analysis for proof). They are left with every sub-area of Vancouver outside their 41 block focus, including the rest of the DTES, with increasing trends in overdose deaths when they told us there were decreases. This by itself makes their study invalid, because they must use the inflated numbers of deaths in 2001 to create their false 'decreases'. It is no small thing to create the appearance of mortality decreases in the larger Vancouver area which was compared in the Lancet study. A reported 9% decrease in overdose mortality for Vancouver could promote the false misconception that Insite also influenced these (false) decreases. So . . . their claim that we did not account for intentional/other deaths is FALSE, and demonstrably so. The only thing we do not know is the year in which each of the 5 intentional/other deaths occurred, and that is inconsequential to our analysis. Their claim that we used raw data is FALSE, and demonstrably so. And Montaner and Kerr's use of such palpably false claims in any debate forum would amount to a clear misrepresentation of the other side's argument.

2. Montaner and Kerr cite daily heroin use figures to say that there was no real change in heroin use amongst all Vancouver heroin users between 2001 and 2005. This is like saying that our plummeting overdose mortality in Australia in 2000-2001 had no connection with heroin supply, whereas the connection between plummeting deaths in British Columbia, from 417 in 1998 to 170 in 2002 (down from 246 in 2001) was exactly the thesis in two previous journal studies by three of the Lancet article's researchers. Appealing as they do to daily use figures, where many heroin users might be using 4 times daily in 1998, but with a 50% reduction in supply be using once or twice daily in 2002, is misleading. The 50% reduction in use will make no difference whatsoever to the graph Montaner and

Kerr produced in their response, but it will most certainly roughly halve overdoses and deaths in the same way as overdose deaths here were linked to proportionally reduced supply in Australia. In a debate, the daily use graph would be considered nothing other than a misleading red herring.

3. Drs Kerr and Montaner criticise our analysis' failure to adjust for population increases. However, as we have noted elsewhere, "When these increases in overdose deaths are compared against population growth in both Vancouver and the DTES the increases in deaths well overwhelm any changes in population. The Lancet study, at Table 2, calculates a 3% change in Vancouver's population between 2001 and 2005, yet drug deaths increased by a much greater 14% between 2002 and 2005. The Lancet study calculated an 8% increase in population for the DTES, yet drug deaths increased by 37% between 2002 and 2005. In the scenario where all 5 suicides or unexplained deaths, as discussed previously, occurred in the DTES in 2005 alone, the increase in drug deaths would still be 18%, well beyond the 8% population increase for that sub-area of Vancouver." These observations appear in the peer-reviewed Journal of Global Drug Policy and Practice (JGDPP)

Continued in following post.

Regards

Gary Christian

From: update-bounces@adca-lists.org.au [mailto:update-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Sunday, 13 November 2011 12:24 AM
To: update@adca-lists.org.au
Subject: [Update] Errors in Update posting by Paul Gallagher part 2

continuation of part 1 - previous post

4. Drs Kerr and Montaner set up a straw man of wonderful devising, falsely alleging that our analysis used raw coroner's data for a 400 city-block area of Vancouver to question their conclusion that overdoses reduced by 35% in the 41 block area around Insite. We did nothing of the kind. Drs Kerr and Montaner are demonstrably and clearly wrong on two counts: a. Our analysis only used raw coroner's data to demonstrate that there was an increasing trend in overdose mortality for British Columbia, Vancouver and the DTES from 2002 to 2005, and that therefore any claims to 9% decreases in overdose deaths for Vancouver were false. or that the use of 2001 in a pre-Insite comparison was invalid. In regards to the 41 block area immediately surrounding Insite we in fact used no raw data at all. Paragraph 4 of page 5 of our analysis CLEARLY says:

"However, despite the errors of the *Lancet* article discussed thus far there is every likelihood that overdose fatalities close to Insite since 2003 could have decreased relative to the previously graphed increases for the rest of the DTES and for the rest of Vancouver."

Our analysis further attributes these expected increases to the changed policing. We stated in the same paragraph as quoted above that:

"The reason for some confidence in this assertion is the major changes in policing and police officer numbers in the immediate area around Insite instituted 6 months before Insite officially commenced operations, with these changes continuing to this day."

Drs Kerr and Montaner are demonstrably incorrect in their accusations about how raw data was used, and failed to note that our analysis contains a map with the exact location of all 89 deaths within the 41 block area of their focus, but also showing that the vast majority of these deaths fall within the 12 block area patrolled by 48-66 extra police deployed since April 2003, indicating that most of these deaths likely happened in the pre-Insite comparison period when these blocks were an open drug scene.

In a debate, these claims by Montaner and Kerr would amount to obfuscation and misrepresentation.

5. Drs Kerr and Montaner infer that they did not know that policing was expanded up to 66 police when Insite opened, up from the 50 police that were operative during the pre-Insite 6 month crackdown they studied in their 2004 journal article (where they reported a 46% reduction in disposed needles in the crackdown area, which they cited as evidence of a clear displacement effect of users and dealers away from the policed area. That they knew of the policing changes is clear from evidence that they had read the police statements of this continuing but ramped-up crackdown post-Insite-commencement recorded in Colin Mangham's JGDPP article from 2007 - see http://www.breitbart.com/article.php?id=cp_f1elbr55d2&show_article=1&cat=0). In a debate this tactic is called We also note the ad hominem attacks on Dr Colin Mangham. In a debate that is called . . . 'ad hominem attack' when you have no argument.

6. We would love to see what documentary evidence from 2010 Montaner and Kerr could produce to back their inferences that the Australian Medical Association (NSW chapter actually) or Royal Australian College of Physicians had ever sighted, critiqued or rejected our previous analyses of the Sydney injecting room evaluations. In a debate this would be called fabrication if no such evidence eventuated.

Re Paul's faulty read of the response I will firmly assert that Montaner and Kerr more genteely state that use of differing data and geographic areas explain differences between their results and ours. As we have shown, they are demonstrably wrong in those claims, just as Paul is in his.

Regards

Gary Christian

From: update-bounces@adca-lists.org.au [mailto:update-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian

Sent: Sunday, 13 November 2011 9:44 AM

To: update@adca-lists.org.au

Subject: [Update] Errors in Update posting by Paul Gallagher part 3

Continued from part 2 posted previously

7. We find it nigh on inconceivable that while British Columbia had 909 non-intentional overdose deaths between 2001 and 2005, of which 41% were non-injection-related, the DTES had NOT ONE non-injection-related death amongst its 150 non-intentional overdoses. For all of Montaner's and Kerr's assertions that they studied every one of these deaths, our lack of confidence in their ability, on grounds already expressed, to produce a defensible study precludes a ready acceptance of their claim. Explanations about coroners having incomplete information do not properly address the high percentage of the 909 deaths that were non-injection-related in BC.

Regards

Gary
