

LOSING IN THE LUCKY COUNTRY'S UNSUBSTANTIATED RESPONSES REGARDING LANCET'S INSITE STUDY

Below is the extensive communication between Paul Gallagher, author of the blog 'Losing in the Lucky Country' and Drug Free Australia's Research Coordinator, Gary Christian, regarding the response by Drs Montaner and Kerr to the allegation by Drug Free Australia that their Lancet study, 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. The Drug Free Australia analysis, demonstrating the errors, is found at:

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

Drug Free Australia makes the following observations, all of which can be readily verified from this correspondence.

1. *Paul Gallagher's Losing in the Lucky Country blog purports to give a response to the Drug Free Australia analysis but initially only re-erects previously refuted straw men arguments by Drs Montaner and Kerr (these straw men arguments are refuted in the first posts)*
2. *Other arguments mounted by Mr Gallagher are purely ad hominem, diversionary or irrelevant*
3. *At no time does Mr Gallagher engage the real issues of the Drug Free Australia analysis which:*
 - a. *demonstrates that the inclusion of 2001 in the pre-Insite comparison period is invalid, appearing designed to create the semblance of declines in overdose deaths when there were very real increases starting from the year before Insite opened*
 - b. *demonstrates that the researchers Wood, Kerr and Montaner indubitably knew of ongoing policing which was demonstrably responsible for reducing drug user numbers, and therefore overdoses, immediately around Insite*
 - c. *questions why these researchers assumed/found all fatal overdoses in Vancouver were injection-related when 41% of British Columbia's overdose deaths were non-injection related*

The correspondence is from the two official Australian listservers for Alcohol and Other Drug professionals. The Update listserv has strict guidelines on its use and cannot be used for debate, whereas the Drugtalk listserv is for debate.

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

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Michael Gormly
Sent: Thursday, 17 November 2011 6:11 PM
To: Drugtalk ((E-mail))
Subject: Re: [Drugtalk] Insite debate and DFA

Hi Gary,

The [comments you made on my blog](#) are too technical for my poor brain. It seems we have two positions here in flat contradiction about the facts and figures. One of them is right and I suspect it is the version that has been peer-reviewed and upheld in the courts. Applying Ockham's Razor, I still can't accept the DFA position that supplying clean needles does not prevent the transmission of disease, and treating people immediately for overdoses does not save lives. Better heads than mine are tackling this debate: see

<http://luckylosing.com/2011/11/16/drug-free-australia-manipulate-misrepresent-data-to-discredit-insite/>

Regards, Michael

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Thursday, 17 November 2011 8:43 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] Insite debate and DFA

[Michael and Paul Gallagher](#)

I will take the responses of Drs Montaner and Kerr one by one on Drugtalk, and we can have a public discussion on the validity of these responses, which you, Paul, have largely reproduced in your extensive piece referenced by Michael.

I note that despite my post to Update at the beginning of the week that you are still alleging that I and my team manipulated and misrepresented data. We need to test your allegations.

I'll start with point 1 of Montaner's and Kerr's response.

Here are some questions where I would like very specific answers from either of you, or anyone else on this list for that matter. What I need is chapter and verse from our document for any answers you give. I will not argue against answers that say "I think that . . ." or "Somewhere it says . . ."

1. Did our analysis do a 41 block analysis of all 89 overdose deaths around Insite or not? Montaner and Kerr say we didn't, what do you say?
2. If we did, what do you make of the claims of Montaner and Kerr?
3. Did our analysis at any time apply Vital Statistics data, which shows increasing deaths in the Downtown Eastside (DTES), to this 41 block area?
4. If we did not, what do you make of the claims of Montaner and Kerr?

5. Was the coroner's and Vital Statistics data for British Columbia, Vancouver and the DTES showing increasing deaths from 2002 (the year before the Sept 21, 2003 opening of Insite) to 2005 or not?
6. Why would these increases (from a year before Insite opened) not be relevant when Marshall et al showed decreases for the whole of Vancouver excluding 41 blocks in the DTES?
7. Was the inclusion of 2001, which changes these increases to a decrease for the rest of Vancouver outside the 41 block area, valid?

Let's have a discussion.

Regards

Gary Christian

Secretary
Drug Free Australia
65 Flinders Street
Adelaide SA 5000
Phone: (08) 8244 1185

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From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Tuesday, 29 November 2011 11:06 PM
To: drugtalk@adca-lists.org.au
Subject: [Drugtalk] FW: Insite debate and DFA

Michael and Paul

I have not yet seen a response on Drugtalk backing the assertion on your website, Paul, (which Michael points to as having all the answers), which says that Drug Free Australia has 'manipulated, misrepresented data to discredit Insite', Vancouver's Insite injecting facility.

Now this is a pretty serious claim, but when I have asked you to justify your assertions in this debating forum I only hear silence.

So I will take your silence as capitulation - that you now both recognise the folly of your unfounded assertions and therefore can offer nothing in reply to my questions of 17 November.

I'm glad you've seen the light and that this inability to mount an argument has been witnessed by those on this forum.

Regards

Gary Christian

Secretary
Drug Free Australia
65 Flinders Street
Adelaide SA 5000
Phone: (08) 8244 1185

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From: Paul Gallagher [mailto:paulgall@xxxxxx]
Sent: Wednesday, 30 November 2011 10:34 AM
To: Gary Christian
Cc: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Gary,

Don't try to reshape the discussion, please. You are writing leading questions that have nothing to do with the reality. And have the gall to demand the context in which you receive answers.

It's pointless engaging in any discussion as you cannot accept the facts. Every reply is met with an intellectual tantrum, and frankly it is beyond tiring.

You write as if Montaner and Kerr are under scrutiny. You had your chance. It and the complaint have been found to be without foundation. It's time you showed some maturity and respect for yourself as well as the peer review process. Clearly you're beholden to an ideology.

Rather than fall into your quite irrelevant package of questions the reality is axiomatic. The misrepresentations and manipulations you cobbled together are not just egregious, but are in turn the product of ideological obsession themselves.

It was published in the JGDPP which is a collection of non peer reviewed articles and opinion pieces. Described as a "glorified blog" by The Media Awareness Project, the JGDPP is run by DFA's parent body Drug Free America Foundation (on whose board sits DuPont). It was initially funded by the US Department of Justice which is presently under investigation for corruption.

Your report is written for *REAL Women of Canada* and the DPNC and quotes from Mangham's 2007 work heavily. Real Women... were the only intervener on behalf of the government in the Supreme Court case. Even though availed of Mangham's earlier work when asked for evidence their response was "no".

They had no evidence to show Insite was a failure. The RMC police who commissioned Mangham's earlier piece on policing (which you use to cast doubt on the Lancet's findings) said it "did not meet conventional academic standards".

As you say Gary - Admissible in a court of law? No.

You did not declare this in your recent report. Surely the time to attack the court decision was in court. But no, yet again we see this denial of reality and insistence every body else is wrong. Indeed your media release opined accusingly that the Lancet report was used in shaping the decision.

Regarding the "one life per year" statement you compare entirely unrelated data sets from entirely unrelated methodology. OD's subject to direct intervention within the centre vs OD's within a certain area in the community.

You also use the EMCDDA report to give false weight to the "one life saved per year" despite it having no bearing on the Lancet article. You write - *"this would not be detectable at the population level. This estimate is backed by the European Monitoring Centre's methodology and avoids the error of naively assuming overdose rates in the facility match overdose rates in the community."*

Furthermore it is interesting that the [EMCDDA 2004 report](#) notes such rooms can be expected to *reduce high-risk behaviour beyond the consumption room setting itself and reduce exposure to and transmission of drug-related infectious diseases* [p.25]. On public order and crime the same report lists two main objectives of 1.) *to reduce public drug use and associated nuisance* and 2.) *to avoid increases in crime in and around the rooms* [p. 61].

It should be noted each of these four points is in dissonance to the position of your article and every point cited from Mangham 2007.

Canada's Expert Advisory Committee on Injecting Site is in no way at all dismissive of the "one life per year". They [write plainly](#) [bold mine]:

INSITE staff have successfully intervened in over 336 overdose events since 2006 and no overdose deaths have occurred at the service. Mathematical modelling (see caution about validity below) suggests that INSITE saves about one life a year **as a result of intervening in overdose events**.

Marshall et al. [write in their abstract](#) [bold mine]:

We examined population-based overdose mortality rates for the period before (Jan 1, 2001, to Sept 20, 2003) and after (Sept 21, 2003, to Dec 31, 2005) the opening of the Vancouver SIF. The location of death was determined from provincial coroner records. **We compared overdose fatality rates** within an a priori **specified 500 m radius of the SIF and for the rest of the city**.

Although every injection within Insite is sterile and safe from contraction of blood borne viruses, your JGDPP analysis further cites Mangham 2007 in arguing:

Added to this [the impact of policing] are the spurious claims by Insite researchers that the facility has impacted HIV and HCV transmission, despite the claim being possible only if ALL injections by those HIV or HCV positive are hosted by Insite, which has rarely been the case.

Unsurprisingly Mangham's 2007 report was ignored by *Canada's Expert Advisory Committee on Injecting Site* in formulating their own report.

In attacking cost effectiveness of sterile injecting your JGDPP report states:

The 2009 Andresen and Boyd cost-benefit study calculated savings to government from 35 supposed HIV/AIDS transmissions averted by Insite annually, despite the most authoritative international review to date not finding any demonstrated effectiveness of clean needle provision reducing HIV transmission via needle exchanges.

This is a misrepresentation of the cited IOM review. *Preventing HIV Infection among Injecting Drug Users in High Risk Countries: An Assessment of the Evidence*, [states](#):

The report provides evidence-based recommendations regarding drug dependence treatment, sterile needle and syringe access, and outreach and education. The report urges high-risk countries to take immediate steps to make effective HIV prevention strategies widely available.

[Page 2 of the report brief](#) includes [bold mine]:

Avenues for making clean injecting equipment more widely available—and thus reducing drug-related HIV risk—**include needle and syringe exchange**; the legal and economical sale of needles and syringes through pharmacies, voucher schemes, physician prescription programs, and vending machines; **supervised injecting facilities**; and disinfection programs..... Multi-component HIV prevention programs that include sterile **needle and syringe access are effective in reducing drug related HIV** risks such as the sharing of needles and syringes.

As stated you recycle Dr. Colin Mangham of the DPNC. [The DPNC](#) holds a highly partisan irrational anti Harm Reduction position claiming it *“leads to terror, degradation and the eventual death of the addict”*, refers to supporters of HR as “enablers” and presents a grossly distorted misrepresentation of HR on it's website.

They are dedicated to:

...advance abstinence-based drug and alcohol treatment and recovery programs, to promoting a healthy lifestyle free of drugs and to opposing legalization of drugs in Canada.

Their Mission Statement freely includes, *Lobbying in the media, at the community level and in government for the support of our stated principles*. At no point does the DPNC propose to hold to an evidence based approach or accommodate advances in scientific consensus. Not surprisingly the previous 2007 article by Mangham is critical of research which supports harm reduction and Insite. Even less surprisingly it too [is published in](#) *Journal of Global Drug Policy and Practice*.

Mere weeks ago you were using Norah Palmateer et al. 2010 to sully the efficacy or NSP's. However, even whilst selecting particular modes of distribution and leaving out others, a conclusion that “New studies are required to identify the intervention coverage necessary to achieve sustained changes in

blood-borne virus transmission”, was delivered. This is scarcely revolutionary, yet is falsely cited by you as discrediting NSP efficacy.

In truth Palmateer et al actually argue for a shift in analytical focus to biological rather than behavioural data. More so, they write:

The findings of this review should not be used as a justification to close NSPs or hinder their introduction, given that the evidence remains strong regarding self-reported IRB and given that there is no evidence of negative consequences from the reviews examined here. [...] We recommend a step change in evaluations of harm reduction interventions so that future evaluations: (i) focus on biological outcomes rather than behavioural outcomes and are powered to detect changes in HCV incidence; (ii) consider complete packages of harm reduction interventions rather than single interventions; (iii) are randomized where possible (preferably at the community level); and (iv) compare additional interventions or increased coverage/intensity of interventions with current availability.

"The findings of this review should not be used as a justification to close NSPs or hinder their introduction". Yet this is exactly how you acted. Using this out of context just as the IOM review, and *Canada's Expert Advisory Committee on Injecting Site* and Mangham 2007 and arguably EMCDDA 2004.

I wish I had time to deal with every conspiracy theorist and crackpot out there, but sadly I do not.

Regards,

Paul Gallagher

From: Paul Cubitt [mailto:paul@xxxxxx]
Sent: Wednesday, 30 November 2011 12:22 PM
To: Gary Christian
Cc: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Hello Gary,

I am not going to enter a debate with you around semantics. The below link by more educated and reputable people than myself make it perfectly clear about the validity of your claims. Any further lack of responding to you on this topic, on my behalf, merely reflects how I am too busy to continue wasting my time trying to allow you to justify your distorted and dangerous stance in relation to drug law reform.

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

If you would still like your convoluted questions answered, I could arrange for a similar standard of questions in response but that is not my style.

Regards
Paul

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Elizabeth Merrilees
Sent: Wednesday, 30 November 2011 4:09 PM
To: Jerome Gelb
Cc: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] Gary Christian's Insite Rants

i imagine Jerome, that when people, at least in this forum, respond to Gary Christian and the DFA, they are seeking to continue laying out sound information and evidence to those who might otherwise be misled or confused by the piling of anti-facts. They seek not to save the irredeemable, but to deliver the innocent, ignorant and naive from the disinformation that DFA continues to cast before us.

When one is always ready to lie, dissemble, confuse and obfuscate then there is no lengths to which one may not go, unless the honest and upright respond. Silence and expulsion are not weapons against such behaviour.

regards,

elizabeth merrilees

On Wed, Nov 30, 2011 at 3:55 PM, Jerome Gelb <drxxxx@xxxxxxxx> wrote:

Hey Gary,

I see that you need a serious talking to again. You're being a very naughty & rude crackpot this time.

Getting cockier every month eh? Repeating the same lies & expecting a different response? What is that about?

It seems to me that you're enjoying wasting the time of the ethical researchers & clinicians on this forum, with your supercilious "I know better" veneer, atop the vacuousness of what lies beneath! Here's my advice: take your campaign & your inability to rationally & honestly argue the science, elsewhere. Detailed analyses of your claims have made you an international laughing stock & I see that I'm not alone in wishing you'd either piss off & stop hijacking this forum & calling

respected researchers & clinicians wrong, or that you'd turn your intellect to some other crazy conspiracy theory.

This will be my final plea before I am forced to conclude that my experience in assessing, reporting & attempting to assist similarly afflicted people, whilst entirely evidence based, is considered by members to have led me to incorrect, unacceptable or unjust conclusions.

If Forum readers cannot see the sick pleasure they are giving this man by making him believe that he has a legitimate voice in this forum that anyone cares about his or if forum members do not agree that paying ongoing attention to his rants is making him feel more needed & empowered, let me assure you that after nearly 28yrs in Psychiatry, one learns to spot a time wasting narcissist from miles off & to know beyond a shadow of a doubt that engaging with this personality type in this fashion is simply feeding the monster & flushing your valuable time down the toilet.

Stop trying to convince DFA & Gary Christian that he is wrong & we are right. Instead, we must use every possible means & every available minute to expose DFA for the fringe lunatics they are. Expose them directly to the people they are trying to deceive and confidently label them as a bunch of flat-earth fanatical haters.

There's far too much work to be done educating the real decision makers in Government than to waste time debating nutters!

By now, the Canadian Supreme Court judgement should have been sent to every Federal & State MP in Australia & follow up calls &/or appointments made to explain or discuss any concerns remaining.

Gathering full support from key decision makers & influencers should be well advanced & plans for a campaign to educate the public of the facts, should be underway.

It is the public that will ultimately have to demand that our MP's cease using the illicit drug issue as a point scoring prop. 500 American Mayors are running a campaign in the U.S. in support of mental health background checks on applicants. They've got billboard trucks criss-crossing the country to drive the message home. Attitudes are changing.....they move very slowly. My message is persist, persist, persist & avoid the time wastin nutters.

DR JEROME L GELB
CONSULTANT PSYCHIATRIST

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Wednesday, 30 November 2011 9:15 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul G

Let's take these issues one at a time. Paul Cubitt, Elizabeth Merrilees and Dr Jerome Gelb can also contribute.

Starting from the top of your post, the first issue is the Wainberg vindication of the Lancet Insite researchers which you cite.

Tell me whether you think this relationship between the 'independent' reviewer is arms length and truly independent?

<http://www.kaiserhealthnews.org/Daily-Reports/2008/May/16/dr00052189.aspx?p=1> (original National Post article appears to no longer be retrievable)

<http://www.ncbi.nlm.nih.gov/pubmed/7540846>

<http://www.ncbi.nlm.nih.gov/pubmed/9764780>

<http://www.ncbi.nlm.nih.gov/pubmed/9544767>

See also their relationship within the International AIDS Society (past and present President). But then you will tell me that they never met there perhaps.

Jerome, you might tell members of this list just how my questioning of the independence of Dr Wainberg is a lie or the rantings of a 'crackpot', as per your allegations on this list.

Paul C, you might tell list members why this question is in any way convoluted.

Elizabeth, you might tell list members how this very relevant question constitutes a rant, or is 'anti-facts'. Otherwise, tell the list the problems you see with my question.

Regards

Gary Christian

Secretary
Drug Free Australia
65 Flinders Street
Adelaide SA 5000
Phone: (08) 8244 1185

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From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Thursday, 1 December 2011 9:46 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul

Here for the benefit of those who have an interest in genuine debate based on facts and regarding weighty drug policy issues are responses to the many errors in your post of 30 November.

I will take your assertions one by one, excluding the one already dealt with in my previous post which addressed your third paragraph.

So . . .

Journal of Global Drug Policy and Practice (JGDPP)

1. The journal is indeed peer-reviewed, as can be confirmed by going to its website
2. The few scientific studies in the journal (it is mostly drug policy commentary) are referenced by the prestigious US Institute of Medicine and by the European Monitoring Centre for Drugs and Drug Abuse (EMCDDA).
3. What else would you expect the Media Awareness Project to say? It is the drug legalisation front (Soros-funded?? - probably) in the US which cuts no credibility in Australia where 95% of Australians, according to the Illicit Drug Strategy Household Survey for 2010, do not want cocaine, heroin or amphetamines legalised. About 80% of Australians do not want cannabis legalised. So why would we give a shred of credibility to MAP?

Mangham's Exposure of Insite's Faulty Studies

1. You tell us that the Royal Canadian Mounted Police (RCMP) said that Mangham's work did not meet academic standards. I know of one self-appointed spokesperson in the RCMP who said that, but go see if you can find anybody with any high rank in the RCMP who agreed with him. Just his opinion, Paul, so why would you say it had the support of the RCMP?
2. Mangham's work admissible in a court of law? Absolutely. Our use of two of Mangham's critiques in our analysis of the Lancet Insite study will most definitely stand up to the most rigorous legal scrutiny if anyone wants to pursue any legal avenues against us.
3. You say the Supreme Court ignored our analysis. How could they do anything other when it was never sent to them. They have a rule that they will not look at any evidence other than that presented in their hearing of May 11,12 of 2011. Our analysis was released in September, 2011. It would have been a good point but for you not checking your facts.

And facts, Paul, is what your post is short on.

That's enough for one evening, or else I won't be able to fit this post through the Drugtalk 50k filter. More later.

Regards

Gary Christian

Secretary
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65 Flinders Street
Adelaide SA 5000
Phone: (08) 8244 1185

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From: Paul Gallagher [mailto:paulgall@xxxxxxxxx]
Sent: Friday, 2 December 2011 5:27 PM
To: Gary Christian
Cc: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Gary,

Just to clear up the intellectual paucity of your attempt at obfuscation, and perhaps shed light at the motives behind your piece and your continued role in attacking Montaner whilst defending Mangham who in turn attacked Wood.

DuPont was a co-author of your piece and sits on the board of DFAF who run the JGDPP. This was not declared.

This comes together if we observe that in 2008 (after Mangham's 2007 JGDPP discredited musing) *The Lancet Infectious Diseases* published "Illicit Drug Addiction, Infectious Disease Spread and the need for an evidence based response" [doi:10.1016/S1473-3099(08)70021-5]. It was indeed, written by Wood, Montaner and Kerr of the Lancet paper you attacked in September.

The authors write:

<< "To our knowledge, this is the first time a lobby group such as the Drug Free America Foundation has created for itself a venue for the dissemination of opinion essays, which to the untrained eye could easily be mistaken for a scientific journal". >>

Ah. We can now perhaps, just perhaps, glean an appreciation of who may or may not be pulling the strings in what has become a sustained attack on these authors.

JGDPP has also been described as "posing as an open access, peer reviewed scientific journal". The Institute on Global Drug Policy describe it as a "website". Nowhere under Terms Of Use does the phrase "peer review" appear [<http://www.globaldrugpolicy.org/Terms.html>]

We may dispense with your claim:

1. [The journal is indeed peer-reviewed, as can be confirmed by going to its website](#)

You admit it is commentary and point to references using the Peacock term "prestigious". This is meaningless and we may thus dispense with:

2. [The few scientific studies in the journal \(it is mostly drug policy commentary\) are referenced by the prestigious US Institute of Medicine and by the European Monitoring Centre for Drugs and Drug Abuse \(EMCDDA\).](#)

Your third claim is mere opinion on your part descending into the unsubstantiated abyss of conspiracy, irrelevance and falsehood.

On page 13 of the September meandering, you grossly misrepresent the IOM's support for NSP blatantly and fraudulently abusing [the cited article](#) out of context. The report was commissioned by the Joint UN Pgm on HIV/AIDS and the Bill and Melinda Gates foundation to examine "high risk countries". Again the recommendations included - my bold:

<< **Avenues for making clean injecting equipment more widely available—and thus reducing drug-related HIV risk—include needle and syringe exchange;** the legal and economical sale of needles and syringes through pharmacies, voucher schemes, physician prescription programs, and vending machines; **supervised injecting facilities;** and disinfection programs..... Multi-component HIV prevention programs that include sterile **needle and syringe access are effective in reducing drug related HIV** risks such as the sharing of needles and syringes. >>

Yet, as I pointed out you refer to this article as "not finding any demonstrated effectiveness of clean needle provision reducing HIV transmission via needle exchanges".

You omit that four vital points are refuted by the EMCDDA issue that you actually cite. It supports Injecting Rooms as being able to:

- 1 - to reduce high-risk behaviour beyond the consumption room setting itself and
- 2 - reduce exposure to and transmission of drug-related infectious diseases [p.25].

On public order and crime the same report lists two main objectives which are also dismissed in your September piece:

- 1 - to reduce public drug use and associated nuisance and
- 2 - to avoid increases in crime in and around the rooms [p. 61].

These points directly challenge your use of [Mangham 2007](#). Particularly:

<<the spurious claims by Insite researchers that the facility has impacted HIV and HCV transmission, despite the claim being possible only if ALL injections by those HIV or HCV positive are hosted by Insite, which has rarely been the case.>> And:

<< It is misleading for any inference to be made that INSITE had any impact on crime or on public disorder. Police presence more than accounts for any changes in either. >>

It is thus offensive and absurd to cite either the IOM or the EMCDDA as legitimising the JGDPP as if this alone by proxy validates your own fictitious musings.

You cite Mangham 2007 thrice in your recent piece. Not long after Mangham's 2007 piece was published in JGDPP, a piece was written in Canada's National Review of Medicine [http://www.nationalreviewofmedicine.com/issue/2007/09_15/4_policy_politics01_15.html]. In reference to Mangham 2007 Tony Clement is quoted as saying to the CMA:

<< There has been more research done, and some of it has been questioning of the research that has already taken place and questioning of the methodology of those associated with Insite. >>

The article continues:

<< The piece, written by Colin Mangham, PhD, argues that the studies carried out by researchers from the BC Centre for Excellence in HIV/AIDS and elsewhere have been flawed and misleading. Questions about the article's trustworthiness have arisen. Dr Mangham is the president of the Drug Prevention Network of Canada, an organization run by former Conservative MP Randy White, and has previously written commentaries criticizing the philosophy of harm reduction.... >>

In a single swoop Mangham dismissed over 20 peer-reviewed articles from journals such as the *British Medical Journal*, *The Lancet* and *The New England Journal of Medicine*.

Writing in *Open Medicine*, Sept 7th, 2007 [<http://www.openmedicine.ca/comment/view/128/52/6>]

Thomas Wood observed:

<< It should be pointed out that the Journal of Global Drug Policy and Practice is funded by the Drug Free America Foundation and is an effort of the Institute on Global Drug Policy. Neither organization is a scientific body. The stated goal of the Institute is outlined clearly on the Drug Free America Foundation web site:

"The Institute is charged with creating and strengthening international laws that hold drug users and dealers criminally accountable for their actions. It will vigorously promote treaties and agreements that provide clear penalties to individuals who buy, sell or use harmful drugs. ... The institute supports efforts to oppose policies based on the concept of harm reduction."
[<http://www.dfaf.org/globaldrugpolicy.php>]

As scientists, we are strongly in favour of scientific debate and academic critique, but we believe what is contained in Mr. Mangham's essay falls well short of this. The paper is fraught with a host of outright factual inaccuracies and unsubstantiated claims, which we would be happy to list should the readers of *Open Medicine* wish. We strongly encourage the readers of *Open Medicine* to read Mr. Mangham's essay alongside the various reports examining Insite's impacts and to judge for themselves the state of the science in this area. >>

....fraught with a host of outright factual inaccuracies and unsubstantiated claims....

Regarding Clement's use of Mangham's sole criticism of Insite. As noted in "National Review of Medicine..."

[http://www.nationalreviewofmedicine.com/issue/2007/09_15/4_policy_politics01_15.html]:

<< Over 130 physicians and scientists signed a petition released the day after Mr Clement's speech, condemning the government's "potentially deadly" misrepresentation of the overwhelmingly positive evidence for harm reduction programs including Vancouver's Insite safe-injection site... >>

There's that word again. Misrepresentation. But you still used the discredited falsehoods of Mangham 2007 four 1/2 years later, basing your most misleading claims of "fraud and misconduct" on it's contents. Having demolished credibility of Mangham 2007 we may thus dismiss:

1. You tell us that the Royal Canadian Mounted Police (RCMP) said that Mangham's work did not meet academic standards. I know of one self-appointed spokesperson in the RCMP who said that, but go see if you can find anybody with any high rank in the RCMP who agreed with him. Just his opinion, Paul, so why would you say it had the support of the RCMP?

On June 8th, 2011, the President for Drug Prevention Network of Canada, Gwendolyn Landolt insisted that data supporting Insite is flawed. In an extraordinary claim she asserted that OD's had actually increased around Insite in most years since it had opened and thus, Thomas Kerr was in error for accusing DPNC as presenting misinformation.

<< Mr. Kerr tried to discredit a report from the B.C. government — which stated that since the site opened, the area has seen an increase in drug-induced deaths every year — by claiming that it included deaths unrelated to drug use. >>

<http://fullcomment.nationalpost.com/2011/06/08/todays-letters-canada-needs-doctors-as-well-as-mdmps/>

This is June 8th 2011. I assume Landolt refers to the [BC Coroner's Report](#) published **December 2008**, which you refer to on pp. 1 - 2 of your report:

<< ... statistics by the British Columbia Coroner's Service... clearly indicates the contrary - since Insite commenced operations on 21 September 2003 illicit drug deaths have very clearly and unmistakably increased, not decreased. >>

The very same shortfalls were pointed out by Kerr concerning your September 2011 paper as it included suicides, homicides and undetermined deaths. Drug induced perhaps, but no overdoses relevant to this topic.

I put it to you there was thus ample opportunity (2 1/2 years) to submit this to the Supreme Court.

Given that your September piece relied heavily on Mangham 2007 and the same BC government report released **December 2008**, I hereby refute your misleading assertion:

3. You say the Supreme Court ignored our analysis. How could they do anything other when it was never sent to them. They have a rule that they will not look at any evidence other than that presented in their hearing of May 11,12 of 2011. Our analysis was released in September, 2011. It would have been a good point but for you not checking your facts.

I thus put it to you that a great deal of information presented in your September 2011 JGDPP piece was available years before the court hearing of May 2011. I shall maintain this exposes your point above as an intentional lie and that the decision to not submit material to court is part of another strategy entirely unrelated to closing Insite.

To qualify I never said the Supreme Court ignored your 2011 JGDPP analysis. Please produce the quote in which I claim this.

I make the valid case that your JGDPP 2011 bases many claims on Mangham 2007. Mangham 2007 was considered by Clement well before the Supreme Court case. JGDPP 2011 was written for REAL Women of Canada and DPNC. REAL Women... were interveners on behalf of the government.

Thus I reiterate. Rather than publish a piece (as you did) in September using Mangham 2007 to sustain 4 demonstrably false points and underscore accusations of fraud and misconduct via material relying on figures released in 2008 that was quasi-quoted in the press by Gwendolyn Landolt on June 8th, would not the time to strike for an effective blow against Insite have been in the Supreme Court?

If Mangham 2007 was not presented in court by the Government or REAL Women of Canada does this not show lack of confidence on the part of all concerned? An awareness perhaps that further demolition of both Mangham 2007 and your unpublished results in the Supreme Court would tarnish your approach to discredit Wood, Montaner and Kerr, and weaken your calculated intent to attack the credibility of authors who had defeated DFAF, the Institute on Global Drug Policy and DPNC arguments with science.

Thus we may dismiss the patently bogus nature of this claim.

2. Mangham's work admissible in a court of law? Absolutely. Our use of two of Mangham's critiques in our analysis of the Lancet Insite study will most definitely stand up to the most rigorous legal scrutiny if anyone wants to pursue any legal avenues against us.

Yet despite this the closest you get to a court is when you claim in your media release:

<< The [Lancet] article was influential in the Canadian Supreme Court hearings of May 12 this year, where the court reserved its decision on whether the Canadian Government is rightfully able to close the facility. The Canadian government has been trying to close Insite since 2006, but has been hampered by court action by harm reduction activists. >>

15 peer reviewed journals published over 30 papers demonstrating the success of Insite. It is clear then, submitting the material would have been futile.

A close reading of references indicates the September 2011 piece is far from novel but potentially an extension of Mangham 2007 whereby Mangham's 2007 references also appear in the Lancet bibliography, and the text to which they refer challenged directly or casually by the 2011 team.

As such, it is arguable that the 2011 paper is far more a product of Colin Mangham's old discredited tactics than the mere 3 citations provided. Despite targeting the Lancet it cannot be missed that much of this paper was already in ruins academically.

Having thus demonstrated that much of the September 2011 material was debunked by Wood, Kerr and others, we may conclude much of the methodology was invalid as early as when Mangham 2007 was shown to be without merit.

Plainly, this September 2011 article was not designed to stand up to academic rigour. We must thus observe the long history of defeat suffered by DFAF, DFA, The Institute on Global Drug Policy, Landolt, Mangham, Christian, DuPont and DPNC at the hands of Montaner, Wood and Kerr.

In conclusion it must be put to you Mr. Christian that this entire debacle is primarily a recycling of old material and debunked claims with a smattering of what passes for novel work, designed by ideologues to create sensational headlines, under the illusion of "research".

It is likely it's purpose along with the complaint was to attack the fine reputations of these scientists in an attempt to besmirch their character and leave on record a critical appraisal.

Certainly it is in fitting with all involved to adhere to their various parent body philosophies to "oppose policies based on the concept of harm reduction... hold drug users criminally accountable for their actions", "To advocate no use of illegal drugs" and live in "a drug free world".

Regards,

Paul Gallagher

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Friday, 2 December 2011 10:34 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul G

Again I will limit the discussion to just one point at a time and we can knock down and drag out each other's arguments one by one.

1. You can't find the word peer-reviewed on the JGDPP website, but it is right there on the home page - <http://www.globaldrugpolicy.org/>

QUOTE

The Journal of Global Drug Policy and Practice, a joint effort of the Institute on Global Drug Policy and the International Scientific and Medical Forum on Drug Abuse, is an international, open access, peer-reviewed, online journal with the goal of bridging the information gap on drug policy issues between the medical/scientific community, policymakers and the concerned lay public.

UNQUOTE

2. Your quote about JGDPP 'posing as an open-access, peer-reviewed journal' has all the authority of the very same crew critiqued by the journal (Wood/Kerr/Montaner) who were venting their opinionated spleen about the exposure of their 'scientific' party tricks by Dr Colin Mangham (for example crediting Insite with reducing crime, public injection, discarded needles etc when 65 extra police had carried out a crackdown in the 4 block area around Insite 6 months before it opened, continuing it to the present day in the 12 blocks around Insite - see our analysis for the comprehensive proof - which reduced discarded needles in the target area in the first 6 months by 46% and where ANYONE can figure that if there is 46% less drug use around Insite because of policing pre-Insite then crime, public injecting and publicly discarded needles will likewise be predominantly reduced by the ongoing policing rather than Insite). Go and check the writers of your quote and it will become clear.

You were very evidently wrong in your assertions, and it is now demonstrated.

Regards

Gary Christian

Secretary
Drug Free Australia
65 Flinders Street
Adelaide SA 5000
Phone: (08) 8244 1185

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From: Paul Gallagher [mailto:paulgall@xxxxxxxxx]
Sent: Friday, 2 December 2011 11:48 PM
To: Gary Christian
Cc: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

I did not claim I couldn't find it.

Merely it is not included in the Terms of use, but as a misleading boast on the home page you have kindly provided. As I explained it has been described as pretending/posing to be an open access peer reviewed, online journal.

Nonetheless it has been deemed as a lobby vehicle for lobby group DFAF, just as we've known it as an outlet for DFA lobbyists.

It is beyond defence. I implore you, desist from this self flagellation and have some respect for yourself.

As for point two, I can't follow beyond you attacking Kerr, Montaner and Wood as an apparent riposte of another quote I have read concerning the JGDPP - what they call "a venue for the dissemination of opinion essays, which to the untrained eye could easily be mistaken for a scientific journal".

Then something about a 46% reduction in discarded needles before Insite opened means "ANYONE can figure out" (but no research is needed apparently) that Montaner, Kerr and Wood must be wrong, because the assumption of a non stop "crackdown" (which ended 6 months before Insite opened) allows this.

I detect further defence of Mangham whom I have now shown to be irretrievably beyond any credibility as demonstrated by others over a period of years and by myself numerous times.

Apart from some fraudulent hanky panky and misleading misrepresentations that I have also exposed as tacked on to this rehash of Mangham's work, this "analysis" was available as far back as December 2008. Thus the time to strike was in the Supreme Court last May which was not done due to the full awareness on the part of your keepers that it would be demolished and forever tarnished.

Nonetheless you have confirmed that the purpose of your "paper" was not academic but to attack Montaner, Kerr and Wood, in revenge for the many thrashings delivered to your primary contributor, Colin Mangham and the crushing international embarrassment of the anti-injection room comrades.

Regards,

Paul Gallagher

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Saturday, 3 December 2011 4:14 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul G

So let's just pin this one down.

1. The Journal of Global Drug Policy and Practice (JGDPP) IS most-definitely peer-reviewed, but despite it saying this clearly on its website you still want to parrot the (wrong and unedified) OPINION of someone with an axe to grind who erroneously says otherwise?

Now is this debate going to be about FACT or unsubstantiated OPINION? The fact is you were wrong.

2. Now, if critiques in the JGDPP show certain harm reduction studies to be full of errors which negate their own findings, is this some kind of lobbying conspiracy? An error is an error, and if policy makers are informed that they are errors, why would you have a problem with that? Science is science, and error-filled science is not science. Are you suggesting that erroneous science should never be exposed for its errors? Why not? Because it supports your ideological stance? But this is just your subjectivism up against our objective critiques. Everything we have said can be verified from the references we cite. How about trying to disprove those instead of creating undemonstrable conspiracy theories of what a Journal's purpose is. Drugtalk deserves better.

3. You claim that you have shown Mangham to have been wrong in his critiques of Insite. Be specific and we can then test your assertions, one by one, as we are already doing above.

Regards

Gary Christian

Secretary
Drug Free Australia
65 Flinders Street
Adelaide SA 5000
Phone: (08) 8244 1185

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From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Sunday, 4 December 2011 9:20 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul G

Moving on to the next points in your post of 30 November, you appear to be asserting that overdose rates on the streets of Sydney or Vancouver should have no relationship to the rates of overdose in the Sydney injecting room or in Vancouver's Insite.

But of course there is a direct relationship between the two - the relationship being that it is the same user who non-fatally overdoses once every 4 years before entering the injecting room in Kings Cross and who then starts overdosing at the rate of 10 ODs per year if injecting room intervention numbers are correct. Now why does this transformation happen? I can remember Dr van Beek telling us (<http://www.drugfree.org.au/fileadmin/Media/Reference/DFAInjectingRoomCorrespondence.pdf> for the full discussion) that this massive difference was because drug users were REALLY having 10 non-fatal overdoses per year on the streets and in homes, while only remembering one in the forty they would REALLY be having in a four year period. That's right, if users on the street were ODing at the rate they were in the injecting room they would have to be forgetting 39 of 40 non-fatal overdoses per person. And the injecting room asked how many had had an ambulance callout come to their last OD and the rate from memory was more than 70% - so it seems that there is an ambulance at most users' overdoses. And then there is the Darke et al study where 50-70% of fatal ODs had someone present at the time - so this rules out Ingrid's explanation and entirely rules out your objection.

So whichever way you take it, injecting room users should not be having vastly more ODs in the injecting room than they are on the street outside. Marginally more we would understand. If they are having lots, lots more it is because they are experimenting with polydrug cocktails in the safety of the room, and there are a number of ex-clients who have testified as such recorded in Parliamentary speeches. Using more drugs in the room than otherwise makes drug dealers richer.

And why would the EMCDDA report on Drug Consumption Rooms not be DIRECTLY applicable to Insite's calculations on the number of lives saved, where the Canadian Government's Expert Advisory Committee, using a different method altogether, found that it saved 1.08 lives per year? The EMCDDA method, though different, comes out with almost exactly the same result. The EMCDDA method calculates from the rate of fatal ODs per 1000 injections in a given user community. What problems do you have with that seeing as the EMCDDA report is so pro-injecting room?

Let's get these issues right out in the open here so Drugtalkers can make up their own minds on whose argument correctly deals with the data.

Regards

Gary Christian

Secretary
Drug Free Australia
65 Flinders Street
Adelaide SA 5000
Phone: (08) 8244 1185

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From: Paul Gallagher [mailto:paulgall@xxxxxxxxxxxxxx]
Sent: Monday, 5 December 2011 10:50 AM
To: Gary Christian
Cc: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Gary,

An extraordinary claim if ever I heard one. How intriguing you only now decide to outline such eye catching methodology.

You are confusing the clinical definition of an Over Dose with the high risk pursuit of getting heavily stoned. This has been explained to you countless times but I shall persist.

A handy analogue would be the amount of methadone prescribed to addicts as they pursue a life without heroin abuse. The Dose they receive would not leave them semi-conscious or unable to respond. If so this would be Over the clinically required amount. If medical staff were on hand they would intervene and if asked would report an Over Dose.

Conversely, users of heroin seek to get heavily stoned, drifting in and out of consciousness. In the community this goes unnoticed by medical staff. Yet if Injecting Room staff happened to see this, they would also intervene. This gap has been addressed by harm reduction workers through publishing material that alerts users to the fact friends need checking when in this state. Clinically is called an Over Dose. A Dose considered Over a safe limit.

Thus when client A gets heavily stoned in an Injecting Facility staff record an Over Dose. A Non Fatal Over Dose. Staff then ask how often an ambulance was called to their last Over Dose in the community. A near fatal OD. The difference in figures between observed and reported cannot be abused in the manner you have selected. They are entirely different in nature.

Staff recorded responses in an attempt to collate as much data from the MSIC trial as possible never expecting it to be abused by lobbyists. Only DFA have made this error. No-one else. As for Parliamentary speeches the source would help. If however it is known fabricator, liar and anti MSIC lobbyist, the "Christian Voice in Politics", Gordon Moyes, then save yourself the trouble.

Of course this is all nonsense. Further skewed by the cautionary reaction of staff in preserving life.

The Advisory Committee reported on March 31, 2008. Long after data used by Marshall et al. They remain unrelated data sets and until statistically demonstrated to directly impact upon and show a quantifiable bi-directional effect cannot be used in the manner you claim.

The same applies for the EMCDDA. Injecting room figures compared to unrelated coronial data by yourself to create an illusion. It is merely an extension of the problem outlined above.

Canada's Expert Advisory Committee on Injecting Site is in no way at all dismissive of the "one life per year". They [write plainly](#) [bold mine]:

INSITE staff have successfully intervened in over 336 overdose events since 2006 and no overdose deaths have occurred at the service. Mathematical modelling (see caution about validity below) suggests that INSITE saves about one life a year **as a result of intervening in overdose events**.

Marshall et al. [write in their abstract](#) [bold mine]:

We examined population-based overdose mortality rates for the period before (Jan 1, 2001, to Sept 20, 2003) and after (Sept 21, 2003, to Dec 31, 2005) the opening of the Vancouver SIF. The location of death was determined from provincial coroner records. **We compared overdose fatality rates** within an a priori **specified 500 m radius of the SIF and for the rest of the city**.

Regards,

Paul Gallagher

From: Paul Gallagher [mailto:paulgall@xxxxxxxxxxxxxxxxx]
Sent: Monday, 5 December 2011 12:11 PM
To: Gary Christian
Cc: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

On 03/12/2011, at 4:13 PM, Gary Christian wrote:

Paul G

So let's just pin this one down.

1. The Journal of Global Drug Policy and Practice (JGDPP) IS most-definitely peer-reviewed, but despite it saying this clearly on its website you still want to parrot the (wrong and unedified) OPINION of someone with an axe to grind who erroneously says otherwise?

Now is this debate going to be about FACT or unsubstantiated OPINION? The fact is you were wrong.

2. Now, if critiques in the JGDPP show certain harm reduction studies to be full of errors which negate their own findings, is this some kind of lobbying conspiracy? An error is an error, and if policy makers are informed that they are errors, why would you have a problem with that? Science is science, and error-filled science is not science. Are you suggesting that erroneous science should never be exposed for its errors? Why not? Because it supports your ideological stance? But this is just your subjectivism up against our objective critiques. Everything we have said can be verified from the references we cite. How about trying to disprove those instead of creating undemonstrable conspiracy theories of what a Journal's purpose is. Drugtalk deserves better.

Regrettably the claim of "peer review" is semantic only and quite misleading.

Perhaps those blog posts are reviewed by other bloggers (or peers) contributing to JGDPP. This does not however meet compliance standards demonstrated by internationally peer reviewed journals

whose reviewers are members of any number of scientific institutions and under the auspices of strict protocol.

For example, how many members of The Canadian Medical Association reviewed your post? How many recognised clinical or medical scientists associated with the journals you have cited contributed to the review? Clinical or medical institutions?

What I find to be a giveaway is that is no submission date, acceptance date and publication date for any article. This is the standard for peer review. Without this information I can have no confidence in the claimed "peer review".

No articles at the JGDPP blog indicate resubmission - a sure sign there is no actual peer review.

The Institute on Global Drug Policy is not a scientific organisation, nor is it a contributor to any recognised scientific process. Along with the The International Scientific and Medical Forum on Drug Abuse, it is part of DFAF.

DFAF and DFA are established lobby groups, not scientific organisations. Having avowed to uphold punitive drug control measures and attack harm minimisation they can be easily discredited as biased. It is politically motivated and thus content of the posts may be regarded as politically motivated. All independent observers to comment note the biased political agenda.

Helping us understand further your own contribution to the political attack on harm reduction and particularly Kerr, Wood and Montaner we may quote from Kerr and Wood 2008. Incidentally this was reviewed and approved by the Canadian Medical Association, which probably explains it being published in their journal.

"Misrepresentation of science undermines HIV prevention".

[\[http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2267848/?tool=pmcentrez\]](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2267848/?tool=pmcentrez)

<< Since the HIV pandemic is among the world's greatest public health challenges, it is important to consider how similar forces have worked to undermine HIV prevention efforts. Although those who have sought to prioritize abstinence over condom distribution have been widely criticized, recent events suggest that HIV prevention programs for injection drug users have received the greatest attention from those seeking to cloud the science specific to the prevention of HIV. For example, while leading public health organizations, including the World Health Organization (WHO), recognize the effectiveness of needle exchange programs, the United States has maintained a ban on federal funding of needle exchange programs....

Efforts to undermine the science specific to HIV prevention for injection drug users are becoming increasingly sophisticated. One new and worrisome trend is the creation of internet sites posing as open-access, peer-reviewed scientific journals. One such example, funded by the Drug Free America Foundation, contains a review of the research supporting needle exchange program and declares that the "effectiveness of NEPs [needle exchange program] to reduce HIV among IDUs [injection drug users] is overrated;" it further claims that the WHO position on needle exchange programs "is not based on solid evidence." >>

At the end of the last sentence they cite non other than your oft' quoted yet internationally discredited Kirsten Kall - Käll K, Hermansson U, Amundsen E, et al. *The effectiveness of needle exchange programmes for HIV prevention — a critical review. The Journal of Global Drug Policy and Practice 2007;1:3.*

Turning to "Medical Journal or Marketing Device?"

[<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2734229/?tool=pmcentrez>] by Roger Collier, the president of the Canadian Health Libraries Association we note:

<< Although research librarians aren't experts in medical content, they are experts in finding information and assessing the many markers that help indicate the level of quality of scientific literature. These markers include where the journal is indexed, which libraries hold it and how often it is cited in other journals....

Even if a journal has a website, though, it doesn't mean the publication is credible. Librarians say the website of a journal should list its editorial board, indicate if it is peer reviewed and contain instructions for authors.

"If it doesn't have any instructions for authors, you have to wonder: 'Why aren't you accepting submissions?'" says Ufholz.

By way of example, Ufholz points to the lack of submission instructions on the website for *The Journal of Global Drug Policy and Practice*. Critics of this journal are plentiful; some claim it arose merely to combat harm-reduction drug policies (which focus on personal choice and safe habits for drug use), and point out that it's funded by the Office of Juvenile Justice and Delinquency Prevention, which is part of the US Department of Justice. Still, the publication claims to be an "international journal with the goal of bridging the information gap on drug policy issues between the medical-scientific community, policymakers, practitioners and the lay public."

Marlene Dorgan, president of the Canadian Health Libraries Association, also points to *The Journal of Global Drug Policy and Practice* as a publication that appears to be driven more by a political agenda than science. "That journal, which looks legitimate, which is being used by the Canadian government to back up various decisions, is supported by groups that believe enforcement is the route to reducing drug use." >>

I hope this helps in "pinning this one down".

As you say Gary, "science is science and error filled science is not science". But you also said evolution was a belief system and Creation Science was real science so I must express some reticence on my part to accept that we would agree on what is genuine science.

3. You claim that you have shown Mangham to have been wrong in his critiques of Insite. Be specific and we can then test your assertions, one by one, as we are already doing above.

I have been specific as have others. Perhaps you may enlighten us as to why Clement abandoned his work and why it was not presented at court.

Of course he publishes in the JGDPP which I have further demonstrated is a vehicle for bias and politically motivated malignancy. He himself admits to a politically motivated agenda and thus fails

the Conflict of Interest standard of peer review. He did not admit this, further tarnishing his reputation. Also collect all the references I've made recently about Mangham's documented bias including criticism of his super human sweep of 20 peer reviewed articles, and if you can put Humpty Dumpty together again I'll be most impressed.

Recently I have brought together a range of factors that shed light on the subject of almost all your posts since the JGDPP post was published. The misrepresentation of the IOM, of Palmateer et al. and the defence of the internationally disgraced Kirsten Kall in attacking Wodak (another political motive).

I believe this is in keeping with my other conclusion that your piece is at the direction of DFAF and Co. with the primary aim of attacking Montaner, Kerr and Wood. I believe this is politically motivated and is in reaction to some years of embarrassment at the hands of these authors.

I have no doubt as instructed by DFAF you will continue to keep defending their demonstrably false position and claims with these largely irrelevant, hair splitting responses.

Regards,

Paul Gallagher

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Monday, 5 December 2011 11:07 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul

It does not matter one iota how quirky is YOUR definition of overdose - the fact insolubly remains that injecting room clients on average are reporting one non-fatal overdose every four years before they go into the room (and that is only 44% of the clientele at maximum) but then when they enter the room they are having ODs at a rate of 10 per user per year.

In trying to get the injecting room off the hook (which you cannot because of the gaping disparity of overdoses BEFORE versus IN the injecting room) you are dredging the depths of absurdity by telling us that every heroin user on the nod has overdosed - how else am I to understand your description here. Again your definition helps diddly squat because it has no application to the real life definition of overdose for users and paramedics, where as I mentioned before 74% of those injecting room clients overdosing previously had an ambulance attend (page 16 of the 2003 evaluation), and if ambulances are attending most overdoses that scared someone enough to call it then we know reasonably well the rate of overdoses out in the community and that they are massivley less than the rates of overdose in the injecting room.

Your definition has no relevance to the real world of users and their ambulance officers, which give your whole definitional game away. And Paul, no user would want you as a friend - every time they went on the nod you'd be calling in the Narcan!!!

So no, Paul, your attempts here at trying to save the injecting room from embarrassment are undermined by the clients' own reports on previous overdoses and related ambulance callouts (remember we keep careful counts of ambulance callouts for overdose, so you can't pull the wool over our eyes). The injecting room has an insurmountable problem. Either it is pretending there are

hundreds of life-threatening overdoses when there are not, or clients are experimenting with drugs and making the local dealers richer. Neither is a good look for this facility.

Regards

Gary Christian

Secretary
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Phone: (08) 8244 1185

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From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Wednesday, 7 December 2011 4:04 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul G

1. When you were at uni you would get a fail if you answered any question with "I think that . . ." or "I suppose that . . ." or "Arguing from silence it seems obvious that . . .".

If you weren't allowed to get away with that kind of looseness in a uni essay, why do you think Drugtalk should put up with this kind of argument? You have told us a whole lot of "I'm guessing that . . ." statements about things you can't be sure of regarding the Journal of Global Drug Policy and Practice (JGDPP). What we do know for sure is that its home page says it is peer-reviewed. If you THINK or SUPPOSE they are lying, prove it on Drugtalk but don't give us supposition - that's just ungrounded mudslinging.. If you can't, find a way to do it, but don't subvert debate (which is meant to be about facts) by your undocumented suspicions.

2. Next is your straw man. Why is it that you are trying to make out that the JGDPP is a science journal when it is moreso given to a discourse of information and critical commentary on drug policy. Yes it has some critique of primary science, but it does not purport to be a dissemination point of primary studies on drug interventions. Setting it up to be something it doesn't pretend to be is called a straw man, and we all know how easy they are to knock down, so please desist.

3. Why do you keep proposing revenge as a motive for exposing Wood/Kerr/Montaner's errors when exposing errors in a scientific work for any person with integrity is almost always an end in itself. Why SUPPOSE motives? This listserver is about verifiable facts, not suspicions, which just waste our time.

4. You are grossly in error when you say that Kerstin Kall's article in the JGDPP is internationally discredited. How do you come by that opinion? You give one quote from Kerr/Wood/Montaner (whichever one it was) who all have an axe to grind against the JGDPP. Why would anyone believe them when the European Monitoring Centre for Drugs and Drug Abuse (EMCDDA) Harm Reduction Monograph of 2010 chose Kall's JGDPP review out of 43 odd reviews on the effectiveness of needle exchange as being one of only 4 with sufficient rigour to be part of its review of reviews. Discredited? You're just making this up. And of course the world's most prestigious US Institute of Medicine used Kerstin Kall's as yet unpublished review back in 2005 for their deliberations on the effectiveness of needle exchanges. You are DEFINITELY making this up.

5. More fabrications - you tell the list that I believe that creation science is the only real science! I clearly told the list years ago that neither evolutionary science nor creation science is science, rather both equally argue from scientific analogy in that neither can make present direct observations of past events as they happened nor repeat them. It seems to suit you to demonise others who don't agree with you by putting ludicrous statements in their mouths. Just another form of ridicule? Why do you do that?

Regards

Gary Christian

Secretary
Drug Free Australia
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Phone: (08) 8244 1185

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From: Paul Gallagher [mailto:paulgall@xxxxxxxxxxxxx]
Sent: Tuesday, 6 December 2011 1:08 AM
To: Gary Christian
Cc: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

On 05/12/2011, at 11:07 PM, Gary Christian wrote:

Paul

It does not matter one iota how quirky is YOUR definition of overdose - the fact insolubly remains that injecting room clients on average are reporting one non-fatal overdose every four years before they go into the room (and that is only 44% of the clientele at maximum) but then when they enter the room they are having ODs at a rate of 10 per user per year.

In trying to get the injecting room off the hook (which you cannot because of the gaping disparity of overdoses BEFORE versus IN the injecting room) you are dredging the depths of absurdity by telling us that every heroin user on the nod has overdosed - how else am I to understand your description here. Again your definition helps diddly squat because it has no application to the real life definition of overdose for users and paramedics, where as I mentioned before 74% of those injecting room clients overdosing previously had an ambulance attend (page 16 of the 2003 evaluation), and if ambulances are attending most overdoses that scared someone enough to call it then we know reasonably well the rate of overdoses out in the community and that they are massivley less than the rates of overdose in the injecting room.

No I didn't mention on the nod. But at a certain point respiration and heartbeat evoke a response in clinical staff. In a community setting it wouldn't raise concern. You're making assumptions about callouts and clinical OD's. Solely to fit your accusatory tone. It's now 8 years old and very tiresome. You just can't accept the reality, so invent your own.

You've been playing this game of callouts vs inside OD's therefore MSIC saves only one life per year, despite it's rejection by the global community. It's an invention pure and simple.

and if ambulances are attending most overdoses that scared someone enough to call it then we know reasonably well the rate of overdoses out in the community and that they are massivley less than the rates of overdose in the injecting room.

Wrong. Most OD's go unnoticed and the user comes around. Often members of the public call ambulances, not associates. The older the user the greater the chance of a fatality, but you're assuming again.

Your definition has no relevance to the real world of users and their ambulance officers, which give your whole definitional game away. And Paul, no user would want you as a friend - every time they went on the nod you'd be calling in the Narcan!!!

Exclamation marks don't make it true and you seem to be confusing me with an IR worker. That's the opposite to my point. Besides what an extraordinarily ignorant, petulant, irrelevant and immature thing to say.

My point is staff react to heavy doses and if you suggest they sit around and wait until someone is turning blue and need resuscitation or would risk clients reaching the point of an ambulance callout (which is essentially your claim) you're quite wrong. That is when an image problem emerges.

So no, Paul, your attempts here at trying to save the injecting room from embarrassment are undermined by the clients' own reports on previous overdoses and related ambulance callouts (remember we keep careful counts of ambulance callouts for overdose, so you can't pull the wool over our eyes). The injecting room has an insurmountable problem. Either it is pretending there are hundreds of life-threatening overdoses when there are not, or clients are experimenting with drugs and making the local dealers richer. Neither is a good look for this facility.

You assume the reported OD to which an ambulance was called is the same as an OD in the facility, when all we have is self reporting. One can't claim exactly the same fatality risk as an ambulance callout.

The facility is fine. Prohibition makes money for dealers Gary, not HR measures.

Paul.

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Tuesday, 6 December 2011 2:53 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul G

You said,

You've been playing this game of callouts vs inside OD's therefore MSIC saves only one life per year, despite it's rejection by the global community. It's an invention pure and simple.

My pure invention?

1. Go to the government-funded 2003 evaluation of the Sydney injecting room p 59.

QUOTE

Combining these two figures, the relative rate of death per ambulance attendance is 0.0812 or 8.12% of total NSW ambulance attendances. If we assume that all of the 329 cases of heroin overdose which occurred at MSIC had occurred in the community and had an ambulance called, approximately 27 deaths may have been averted. This is likely to be an overestimate as many overdoses are known to occur in the community but do not have an ambulance attend. Darke et al. showed that an ambulance attends in 51% of non-fatal overdose events and Darke et al. reported an estimate of 4.1 fatal overdoses for every 100 non-fatal overdoses in the community. Therefore, using this figure of 4.1%, approx. 13 deaths may have been averted in the 18-month trial period. . . . A more conservative and plausible estimate (they go on to say) . . .

UNQUOTE

I haven't invented anything. The 2003 evaluators used ambulance callout data to estimate numbers of lives saved in the injecting room.

2. Please provide evidence for Drugtalkers that calculations comparing ambulance callouts with overdoses in the injecting room have been rejected by the global community. I have never heard anybody ever question it. Did you make this up? And I don't want your opinion - I want to see the hard evidence of this rejection. Documented.

3. And no, the Sydney injecting room does not statistically save one life per year - it is one life every two years.

Regards

Gary Christian

Secretary
Drug Free Australia
65 Flinders Street
Adelaide SA 5000
Phone: (08) 8244 1185

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From: Paul Gallagher [mailto:paulgall@xxxxxxxxxxxxxxxxx]

Sent: Tuesday, 6 December 2011 9:42 PM

To: Gary Christian

Cc: drugtalk@adca-lists.org.au

Subject: Re: [Drugtalk] FW: Insite debate and DFA

Gary,

Before you diverge too far from the point may I remind you, that you responded to me pointing out there is no relationship as you maintain in your Insite piece, that OD's within Insite can refute OD data in the surrounding area as published in the Lancet.

How about - as I've asked - you provide evidence that this is a viable relationship and not scurrilous comparison of two unrelated data sets?

Canada's Expert Advisory Committee on Injecting Site is in no way at all dismissive of the "one life per year". They [write plainly](#) [bold mine]:

INSITE staff have successfully intervened in over 336 overdose events since 2006 and no overdose deaths have occurred at the service. Mathematical modelling (see caution about validity below) suggests that INSITE saves about one life a year **as a result of intervening in overdose events**.

Marshall et al. [write in their abstract](#) [bold mine]:

We examined population-based overdose mortality rates for the period before (Jan 1, 2001, to Sept 20, 2003) and after (Sept 21, 2003, to Dec 31, 2005) the opening of the Vancouver SIF. The location of death was determined from provincial coroner records. **We compared overdose fatality rates within an a priori specified 500 m radius of the SIF and for the rest of the city.**

Trying to piggy back DFA's C4C report back to life because you were unwise enough to reference it in the JGDPP has led to this deviation.

What I am saying is that your claim of MSIC not showing statistically that it saves one life per year - as maintained in the C4C - has not been accepted in any academic sense globally to my knowledge.

Nonetheless with a straight face you manage to write another complete distortion:

[Please provide evidence for Drugtalkers that calculations comparing ambulance callouts with overdoses in the injecting room have been rejected by the global community. I have never heard anybody ever question it. Did you make this up? And I don't want your opinion - I want to see the hard evidence of this rejection. Documented.](#)

... which is predicated on accepting DFA's lone interpretation of the data is valid.

There is no hard evidence. Only you documented it. Using ambulance callouts and MSIC OD's to claim it doesn't save one life per year. Just as only you documented the scurrilous link above.

So perhaps show us where it is used as a reference by other Injecting Room researchers in actual peer review.

Otherwise just admit you "maintain" the MSIC 2003 report supports C4C, even though this is not accepted elsewhere.

Now. You're about to outline the statistical model you use to show fatalities within a 500M radius and interventions in potentially fatal OD's constitute a debunking of the Lancet.

Pretending of course it hasn't already been shown as impossible.

Regards,

Paul Gallagher

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Wednesday, 7 December 2011 5:47 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul G

1. No, Paul. You were the one to make the grandiose claim on this list that the global community had rejected our calculations re lives saved in the Sydney injecting room. The onus is on you to document who read our paperwork and then commented, in peer-review literature as you seem to be claiming, that we were wrong.

2. You want me now, you tell me, to show where Drug Free Australia's estimate of lives saved is cited in peer-review literature. But Paul, there isn't an article out there that discusses our estimate. Essentially nobody has taken an interest in the issue enough to do a peer-reviewed article on the number of lives saved by an injecting room. The only places you are going to find anything on the number of lives saved are:

- a. The 2003 evaluation of the Sydney injecting room (which assumed that injecting room rates of overdoses were the same as on the street - which they weren't)
- b. The SAHA cost-benefit exercise for the Sydney injecting room (which also assumed that injecting room rates of overdoses were the same as on the street - which they weren't)
- c. The 2004/2010 EMCDDA study on Consumption Rooms
- d. The 2008 cost/benefit exercise on Insite by Andresen/Boyd
- e. The 2008 estimate by Wood/Montaner/Kerr of Insite deaths averted

Now it just so happens that:

- a. the 2003 Sydney evaluation calculates from ambulance data
- b. SAHA uses a percentage which appears to be derived similarly to Shane Darke's ambulance based percentage for a.
- c. EMCDDA calculates from heroin overdose mortality per 100 users as does our own Case for Closure document on page 4
- d. Andresen/Boyd calculates from an uninterrogated rate of overdose in Insite (but still comes out with a figure roughly the same as our (and EMCDDA's) method does
- e. W/K/M calculates from journal reports of percentage mortality of heroin users, akin to the EMCDDA method, but failing to compare Insite overdoses with those in the community first

I note that the Canadian Expert Advisory Committee estimate is using Andresen/Boyd.

So there is good support for our method. End of story.

Also,

Perhaps you did not read all of our analysis of the Lancet article on Insite. In the first 8 or 9 pages we demonstrate that any claims to 35% decreases in the immediate area around Insite would be expected to be the result of the police crackdown, which started 6 months before Insite opened and which continues unabated to this day (a fact which the writers of the Lancet article would like to ignore but cannot because we have lengthy testimony in writing from the police who patrolled the area for all those years). We are also quite sure that any decreases, though real, would not be of the magnitude of 35% because the Lancet article researchers invalidly used 2001 in the pre-Insite comparison years, a year of elevated mortality that was part of the sharp decreases in deaths up until 2002 from the peak in 1998. From 2002 on there is an increasing trend of deaths in Vancouver and to use 2001, with almost twice as many deaths as 2002 and significantly higher than subsequent years, would appear to be a manipulation of data.

Regards

Gary Christian

Secretary
Drug Free Australia
65 Flinders Street
Adelaide SA 5000
Phone: (08) 8244 1185

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From: Paul Dessauer [mailto:outreach@xxxxxxxxxxxxxxx]
Sent: Wednesday, 7 December 2011 7:26 PM
To: Gary Christian; drugtalk@adca-lists.org.au
Subject: RE: [Drugtalk] FW: Insite debate and DFA

Why would anyone doubt that JGDPP is a genuine peer-reviewed medical journal?

I mean, their editor says it *is* one, and so does their website...

There was a great deal of discussion earlier this year amongst Wiki editors about the legitimacy or otherwise of JGDPP, largely because of the actions of one contributor (Minphie) who constantly inserts links to JGDPP into wiki articles;

<<< **It's amazes me that you have the audacity to mention "consensus", Minphie.** Your single purpose on Wikipedia has been to single-handedly crusade *against* consensus by pushing highly POV-driven war-on-drugs sources into our articles on needle-exchange programs.

The only other thing I'll respond to in your comments above is your apparent assertion that financial backing by the RCMP or mention by some conservative government politico magically makes a source reliable. You might as well argue that JGDPP is a reliable source because it was kicked off by funding from an utterly partisan and hugely corrupt juvenile programs division of the Bush-era Department of Justice. The self-proclaimed "journal" is simply propaganda. Everyone besides you knows it, including the entire academic community.

So for the very last time, now, you need to immediately stop trying to push Drug Free America Foundation propaganda from their JGDPP astroturf project into our articles. If you continue to try to circumvent the overwhelming consensus among the many editors who've reverted you over and over again, and have for so very long paid you the courtesy of answering your endlessly-repeated talk-page arguments, you'll leave your fellow editors with no option but to finally seek to have you banned from editing articles that have anything at all to do with drugs. – **OhioStandard** (talk) 00:12, 17 July 2011 (UTC) >>>

So, how can we spot a legitimate scientific journal?

<<< ...legitimate medical journals:

- (1) Don't serve as a captive publication outlet for their controlling editors and organizational members;
- (2) Do commit themselves to scientific neutrality rather than to advocacy;

(3) Don't put up token submission instructions and claims to peer-review only because they've been criticized for lacking those niceties, (nor do they only do so several years after the journal's inception), and

(4) Do receive supporting citations in other legitimate medical journals, rather than just being cited to be disparaged. >>>

More...

<<< **JGDPP still isn't a reliable or admissible source...** ...I'm going to try to explain this as clearly as possible, one last time.

If someone puts up a web site and calls it a medical journal it's up to the medical research community to decide whether it is one or not...

<snip>

...The medical research community doesn't mail in ballots to make that determination, and it doesn't get on a massive conference call and debate the issue.

It votes by citing the articles in the candidate publication... ...or in the case of the so-called [Journal of Global Drug Policy and Practice](#) it votes by *not* citing its articles.

Go read about the standard metrics that are used to quantify this "voting by citations" process: [impact factor](#) or [SCImago Journal Rank](#), [h-index](#), and about citation indexing databases. I'll even point you toward an interface that accesses [Scopus](#) to provide citation metrics for [JGDPP](#); it's [here](#). Study that target page carefully and then come back here and **tell me how many times it says any article in JGDPP has been cited** by papers written by wholly independent researchers publishing in legitimate journals.

Hint, look for the number "1" in the panel at the left of the screen when you scroll down.

That's right: The Scopus citation database says JGDPP has been cited by a legitimate academic publication exactly one time since they began indexing it in January, 2009.

I couldn't find any citation database provider besides Scopus that bothers to index JGDPP; Thomson-Reuters doesn't, PubMed doesn't, & etc. (If I didn't make it clear before, the Scimagojr user interface I pointed you to above employs Scopus data as the back end.) But since Scopus only began indexing the publication on January 1, 2009, it makes sense to use Google Scholar to try to catch any citations to JGDPP that might have been made in legitimate journals from 2007, when the JGDPP began, through the end of 2008. That's a somewhat labor-intensive process; but it's made easier by the fact that [Google Scholar's article ranking and selection algorithm returns only eight JGDPP articles at the time I'm writing this](#).

I presume that's because Google's algorithm is excluding JGDPP papers that aren't cited by other academic publications unless they have some *other* claim to fame, as the "HOPE" "article" does, btw. In other words, I presume Google Scholar doesn't recognize content on the pages of unknown web sites as being an academic paper unless what looks like e.g. an article title appears in some fairly standard citation format on a foreign web site, or unless the page reaches salience by being the target of links from legitimate academic or reference sites.

But look! Google Scholar's result set for JGDPP shows that those eight articles have a grand total of 17 citations among them. That's not *wholly* pathetic, since JGDPP has only published something like (iirc my count correctly) 100 articles since it began in 2007, right?

Well, no. Unless Google Scholar's algorithm missed some additional JGDPP papers that actually were cited by other journals, that result of 17 cites listed really *is* pathetic.

Why? Because unlike the very sophisticated Scopus citation indexing database, which found JGDPP was cited only once in the two year interval between January 1, 2009 and December 31, 2010, Google Scholar pulls in a great deal of "chaff" with the "wheat". You have to actually dig into the details and examine each of those 17 entries individually to weed out the self-citations, the citations that appear in self-published works, the citations in prestigious journals that were made only to disparage the JGDPP, & etc.

Completion of that somewhat laborious process confirms that the Scopus results for the two-year interval since the database began indexing JGDPP were not a mistake. Scopus found JGDPP had been cited only once during those two years. Likewise, and assuming the Google Scholar result set covers all 4+ years JGDPP has been in existence, all but two of Google Scholar's 17 candidate citations evaporate when you examine them.

So unless there's been some monumental error in the review process I've described here, which I rather doubt, **JGDPP appears to have been cited by the legitimate academic community just twice over its entire publication history. That's it, that's the total for the entire "journal".** And since I don't have ready access to the full text of the source documents where those two citations of JGDPP occur, it's a possibility that even those two citations were made to only to disparage the publication. >>>

And lots more at;

http://www.mshtawy.com/en-wiki.php?title=Talk:Supervised_injection_site

Yours truly,

Paul.

Paul Dessauer,
Outreach Coordinator, [WASUA](#).

From: Paul Gallagher [mailto:paulgall@xxxxxxxxxxxxxxxxxxxxx]
Sent: Wednesday, 7 December 2011 10:48 PM
To: Gary Christian
Cc: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

On 07/12/2011, at 4:03 PM, Gary Christian wrote:

Paul G

1. When you were at uni you would get a fail if you answered any question with "I think that . . ." or "I suppose that . . ." or "Arguing from silence it seems obvious that . . .".

Cute.

If you weren't allowed to get away with that kind of looseness in a uni essay, why do you think Drugtalk should put up with this kind of argument? You have told us a whole lot of "I'm guessing that . . ." statements about things you can't be sure of regarding the Journal of Global Drug Policy and Practice (JGDPP). What we do know for sure is that its home page says it is peer-reviewed. If you THINK or SUPPOSE they are lying, prove it on Drugtalk but don't give us supposition - that's just

ungrounded mudslinging.. If you can't, find a way to do it, but don't subvert debate (which is meant to be about facts) by your undocumented suspicions.

I have given many examples as to why the journal cannot be regarded as properly peer reviewed. I said clearly it may be reviewed by like minded members who may semantically pass for "peers" but the peer review process is not something it engages in.

It poses as such but runs to a biased agenda. It does not publish bipartisan material, and follows its clearly stated one sided aim.

2. Next is your straw man. Why is it that you are trying to make out that the JGDPP is a science journal when it is more so given to a discourse of information and critical commentary on drug policy. Yes it has some critique of primary science, but it does not purport to be a dissemination point of primary studies on drug interventions. Setting it up to be something it doesn't pretend to be is called a straw man, and we all know how easy they are to knock down, so please desist.

That's shifting the goal posts. You've just done backflips to defend its position as authoritative. Now you're forced to agree and seem to have a selective memory. It is not critical commentary but a dumping ground for junk science pushed out by the same offenders and culprits over and over again.

It is in effect, a disgraceful tool of DFAF.

3. Why do you keep proposing revenge as a motive for exposing Wood/Kerr/Montaner's errors when exposing errors in a scientific work for any person with integrity is almost always an end in itself. Why SUPPOSE motives? This listserver is about verifiable facts, not suspicions, which just waste our time.

Stop telling the list what you want it to be about. You're a lobbyist instructed by a politically motivated organisation. Discrediting effective opponents who support HR is what you do. In fact all you do.

4. You are grossly in error when you say that Kerstin Kall's article in the JGDPP is internationally discredited. How do you come by that opinion? You give one quote from Kerr/Wood/Montaner (whichever one it was) who all have an axe to grind against the JGDPP. Why would anyone believe them when the European Monitoring Centre for Drugs and Drug Abuse (EMCDDA) Harm Reduction Monograph of 2010 chose Kall's JGDPP review out of 43 odd reviews on the effectiveness of needle exchange as being one of only 4 with sufficient rigour to be part of its review of reviews. Discredited? You're just making this up. And of course the world's most prestigious US Institute of Medicine used Kerstin Kall's as yet unpublished review back in 2005 for their deliberations on the effectiveness of needle exchanges. You are DEFINITELY making this up.

Aren't you applying the very criticism of points 1 and 2 in appealing to authority here by using the IOM and the EMCDDA to defend Kall. More so you're being deceptive. You apply credit to Kall

It is the claim that HIV testing is superior to needle exchange that I criticise Kall for and always have. I've also quoted her data as supporting prison NSP regarding HCV, as her sample was a prison sample in the study I'm referring to.

This comes up time and again. If her work suggesting free testing as more successful than NSP in preventing BBV is influencing policy design please let me know.

It suits your purposes as it discredits HR to your satisfaction.

5. More fabrications - you tell the list that I believe that creation science is the only real science! I clearly told the list years ago that neither evolutionary science nor creation science is science, rather both equally argue from scientific analogy in that neither can make present direct observations of past events as they happened nor repeat them. It seems to suit you to demonise others who don't agree with you by putting ludicrous statements in their mouths. Just another form of ridicule? Why do you do that?

Terribly sorry if you feel ridiculed.

Apologies if I misunderstood your position on Creation Science. With respect, the one presented here - "creation science argues from scientific analogy..." - and the dismissal of evolutionary disciplines not being able to make present observations is just as bad.

One is based on sleight of hand and faith, the other is science.

CS is in fact consonant with your tendency to insist on a conclusion when it's been shown to be wrong. It has been judged in court to be religion, not science.

Regards,

Paul Gallagher

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Wednesday, 7 December 2011 9:34 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] RE FW: Insite debate and DFA

Paul D

And I am on record as to what I think of Wikipedia.

Regards

Gary

From: Paul Dessauer [mailto:outreach@xxxxxxxxxxxxxx]
Sent: Thursday, 8 December 2011 8:44 PM
To: Gary Christian; drugtalk@adca-lists.org.au
Subject: RE: [Drugtalk] RE FW: Insite debate and DFA

Mr Xian,

I agree- Wiki is hardly an academic source.

However Wikipedia is funded by an independent, benevolent agency, and while it's content can come from anywhere it must be attributable to a credible source, this content can be reviewed and questioned by anyone, and is subject to constant reassessment, revision, revetment, excision and discussion (as the link to editors debating whether JGDPP is a legitimate source or not demonstrates).

All these factors make Wiki a much more credible and reliable source of information than JGDPP has ever been;

Firstly because JGDPP was set up, funded and is run by people with a narrow agenda. (What is that agenda? <<< *The Institute is charged with creating and strengthening international laws that hold drug users and dealers criminally accountable for their actions. It will vigorously promote treaties and agreements that provide clear penalties to individuals who buy, sell or use harmful drugs... ...The institute supports efforts to oppose policies based on the concept of harm reduction.>>>*).

Secondly because JGDPP only bothered to invite submissions from outsiders when it was repeatedly pointed out that this "peer-reviewed public health journal" had no way for readers to submit articles or even submit comments on articles.

And thirdly because articles from JGDPP have almost never been cited outside of JGDPP, whilst good old unreliable wiki is rapidly becoming some sort of universal "Hitchhikers Guide to the Galaxy".

Once again, legitimate peer-reviewed publications;

(1) Don't serve as a captive publication outlet for their controlling editors and organizational members;

(2) Do commit themselves to scientific neutrality rather than to advocacy;

(3) Don't put up token submission instructions and claims to peer-review only because they've been criticized for lacking those niceties, (nor do they only do so several years after the journal's inception), and

(4) Do receive supporting citations in other legitimate medical journals, rather than just being cited to be disparaged.

JGDPP fails all 4 of these criteria.

So that's me putting what I think of the DFAF fan-zine on record. Given its (lack of) impact on the international literature, it appears I am far from alone in this opinion.

The fact that the JGDPP website says that JGDPP is a peer-reviewed journal is not proof that it is.

To illustrate, you may recall that, (in a similarly self-aggrandizing manner), your own DFA website *used* to claim that DFA was a "peak body" that "represented 200,000 Australian organisations and individuals".

This grandiose but entirely spurious claim was only removed after list members pestered you for several months to provide some evidence.

And that is also a matter of record.

Cheerio,

Paul D.

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

Sent: Friday, 9 December 2011 10:24 PM

To: drugtalk@adca-lists.org.au

Subject: Re: [Drugtalk] RE FW: Insite debate and DFA

Paul D

I wonder why you have such a concern about the Journal of Global Drug Policy and Practice disseminating articles on only one part of the drug policy spectrum. Does not the Harm Reduction Journal do exactly that? It is peer-reviewed but pushes one perspective to the exclusion of the other. That does not make any of its studies wrong per se. What makes any of its articles wrong is if they are factually/methodologically/logically wrong, and NOTHING else. We at Drug Free Australia do not trash Harm Reduction Journal material on the basis of their limited perspective, but if we were to see a study or comments in there that were incorrect and demonstrably so, we would call those errors out, as we should.

Now that brings us right back to the issue at hand. Paul Gallagher said that Drug Free Australia was manipulating and misrepresenting data to make it appear that a Lancet study on Insite was in error. This is the discussion we are having in this thread.

But all Drugtalkers who want to side with you and Paul G have got to answer this crucial question - How can the Lancet study have ANY credibility when it attributes the claimed 35% decreases in drug-related mortality around Insite to Insite's work while saying they know of no changes in policing that might have affected/effected this result? Yet their very own 2004 study describes a police crackdown which happened halfway through their Lancet article's study period which recorded a 46% drop in drug use in the city blocks policed directly around Insite's location and which, with the expansion of this crackdown from 2003 to 2011, would be expected to do as much reducing of local drug use and therefore mortality in those city blocks across all those years.

That is the crux of the matter. Whether this question appears in JGDPP or on Drug Free Australia's website matters very little. The big question is whether this is true or false.

And I would love to see you and Paul G or other Drugtalkers demonstrate that it is false. Just read the 200+ page evaluation of the initial 2003 crackdown at <http://www.vancouveragreement.ca/wp-content/uploads/ConfidentPolicing2004sm.pdf> and you will have no doubt that drug users were displaced from the policed area as a result of the policing and nothing else. If there are significantly less drug users in a drug hot-spot there will be less overdoses and less mortality.

Regards

Gary Christian

Secretary
Drug Free Australia
65 Flinders Street
Adelaide SA 5000
Phone: (08) 8244 1185

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From: Paul Dessauer [mailto:outreach@xxxxxxxxxxxxxxx]
Sent: Friday, 9 December 2011 11:05 PM
To: Gary Christian; drugtalk@adca-lists.org.au
Subject: RE: [Drugtalk] RE FW: Insite debate and DFA

Gary,

The fact that the JGDPP website says that JGDPP is a peer-reviewed journal is not proof that it is.

To illustrate, you may recall that, (in a similarly self-aggrandizing manner), your own DFA website *used* to claim that DFA was a "peak body" that "represented 200,000 Australian organisations and individuals".

This grandiose but entirely spurious claim was only removed after list members pestered you for several months to provide some evidence.

If you wish to critique an article in the Lancet, (the oldest and most highly respected medical journal in the world), why don't you submit a response to the Lancet and we can all see what happens.

Paul.

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Saturday, 10 December 2011 11:19 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul G

Let me give another example to Drugtalkers of your liberal use of non-evidenced, groundless and highly imaginative supposition which you frame as (inside knowledge) fact, even though you would not have a clue on the matter you discuss.

You state:

QUOTE

Apart from some fraudulent hanky panky and misleading misrepresentations that I have also exposed as tacked on to this rehash of Mangham's work, this "analysis" was available as far back as December 2008. Thus the time to strike was in the Supreme Court last May which was not done due to the full awareness on the part of your keepers that it would be demolished and forever tarnished.

UNQUOTE

I have received an e-mail back from Gwen Landolt of Real Women of Canada explaining that Colin Mangham's work was not admissable to the Supreme Court because it was not available for lower court hearing. The truth, Paul, is that there were court-imposed limitations on evidence which have nothing to do with your fanciful fabrications here.

On 7 December 2011 I said to you on Drugtalk:

QUOTE

1. When you were at uni you would get a fail if you answered any question with "I think that . . ." or "I suppose that . . ." or "Arguing from silence it seems obvious that . . .".

If you weren't allowed to get away with that kind of looseness in a uni essay, why do you think Drugtalk should put up with this kind of argument?

UNQUOTE

I'm asking the question again, because your information on Drugtalk is so often as unreliable as that on your various blogs.

Regards

Gary Christian

Secretary
Drug Free Australia
65 Flinders Street
Adelaide SA 5000
Phone: (08) 8244 1185

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From: Paul Gallagher [mailto:paulgall@xxxxxxxxxxxxx]
Sent: Sunday, 11 December 2011 5:19 PM
To: Gary Christian
Cc: Drugtalk ((E-mail))
Subject: Re: [Drugtalk] FW: Insite debate and DFA

On 10/12/2011, at 11:19 PM, Gary Christian wrote:

I have received an e-mail back from Gwen Landolt of Real Women of Canada explaining that Colin Mangham's work was not admissable to the Supreme Court because it was not available for lower court hearing. The truth, Paul, is that there were court-imposed limitations on evidence which have nothing to do with your fanciful fabrications here.

The rest of your email seems to be an analogue of your tactic to discredit those who expose the myth of harm prevention, and as such I shall disregard it.

The anti-rights campaigner Landolt has apparently proven my point.

The time to strike was in the Supreme Court. Exactly why information from 2007 (Mangham) and 2008 (BC report on OD's) was not admissible for lower court hearing in 2011 is a question best answered by your colleagues, Mangham and Landolt. If there is a genuine technical reason I would be grateful if you could provide it.

Otherwise it must remain possible, indeed probable, that it was excluded due to a.) the paucity of evidence presented by Mangham in attempting to debunk 20 peer reviewed studies from esteemed journals, and b.) that the BC report on OD's was irrelevant as a variable effecting the efficacy of Insite and thus the SC sitting itself.

If so, this renders Landolt's comments to the media and your own use of both sources impotent.

Failing this, you must explain to the list exactly why it was unavailable given 4 and 3 years respectively to craft an effective rebuttal of Insite's success with these figures.

What were those "court imposed limitations" and why were they not mentioned in your article or your media release which explicitly referred to the SC decision as influenced by the Lancet article and "harm reduction activists"?

You have continued to ignore my point that the IOM report on high risk countries that was referenced by the DFAF as:

<<< the most authoritative international review to date not finding any demonstrated effectiveness of clean needle provision reducing HIV transmission via needle exchanges. >>>

The report reads in part:

<<< The report provides evidence-based recommendations regarding drug dependence treatment, sterile needle and syringe access, and outreach and education.

[...] The report urges high-risk transitional and developing countries to take immediate steps to make these techniques widely available. >>>

<http://www.iom.edu/Reports/2006/Preventing-HIV-Infection-among-Injecting-Drug-Users-in-High-Risk-Countries-An-Assessment-of-the-Evidence.aspx>

And from the main summary brief:

<<< Avenues for making clean injecting equipment more widely available—and thus reducing drug-related HIV risk—include needle and syringe exchange; the legal and economical sale of needles and syringes through pharmacies, voucher schemes, physician prescription programs, and vending machines; supervised injecting facilities; and disinfection programs.

Needle and syringe exchange is usually one part of multi-component HIV prevention programs. Such programs may also provide condoms and education on disinfection, and refer them to drug abuse treatment and other services. Multi-component HIV prevention programs that include sterile needle and syringe access are effective in reducing drug related HIV risks such as needle and syringe sharing.

[.....] Research and experience show that HIV prevention programs targeting injecting drug users can work, and high-risk countries should act now to implement them. >>>

Furthermore, given that the aim of the [Institute on Global Drug Policy includes](#) [bold mine]:

The Institute is charged with creating and **strengthening international laws that hold drug users and dealers criminally accountable for their actions.**

... I find it unusual that this was not declared as a conflict of interest. But most urgent is this entry in the same IOM report of HIV in high risk nations [bold mine]:

<<< Individual and structural—or environmental—factors influence HIV risk among injecting drug users, and can facilitate or undermine efforts to prevent transmission. One of the most important is **tension between criminal justice and public health approaches. For example, drug users often fail to participate in HIV prevention programs because they fear arrest.** To address this tension, **nations should take steps to better align law enforcement and public health approaches.** >>>

http://www.iom.edu/~media/Files/Report%20Files/2006/Preventing-HIV-Infection-among-Injecting-Drug-Users-in-High-Risk-Countries-An-Assessment-of-the-Evidence/11731_brief.pdf

So in effect you chose to write of the IOM report as:

<<< ... not finding any demonstrated effectiveness of clean needle provision reducing HIV transmission via needle exchanges >>>

... when it would be more accurate to inform readers that the partisan purpose of the paper (which you recently defended by comparing it with the Harm Reduction Journal) is to defend a policy approach shown to act as a disincentive for drug users to participate in HIV prevention programs because they fear arrest.

Can you please explain this unusual disparity. You have referred to the IOM report as "most authoritative" in mocking Injecting facilities as reducing HIV transmission. Yet it actually cites both NSP's and Injecting Facilities as doing just that and condemns the very purpose of your work and the JGDPP as contributing to HIV rates.

As for your defence of Kall it is up to you to prove that as Wodak was also chosen by the [IOM for Review of Needle Exchange Programs](#), Kall somehow has a superior grasp of the situation. She constituted 1/2 of authors chosen on this topic alone and given her position it seems entirely reasonable that bipartisan evidence was considered.

Also you must accept that your logic may be equally applied to Dr. Wodak, so the list may accept that on the merit outlined you support Wodak's publications as equally as Kall's. Kall questions methodology and provides only one negative effect. One is positive. Seven are inconclusive.

Of course now, with what we know regarding HIV and IDU in nations with no clean needle supply vs those with, this seems to challenge her literature review and fanciful extrapolation.

Kall herself notes this comparing cities in the same research you quote via Hurley and MacDonald. From her own presentation:

"The average change in seroprevalence is lower in NEP cities than in non NEP cities in both studies indicating a positive effect of NEP"

But again, challenges methodology. Her similar challenges to other authors, switching positive findings to "inconclusive" and redefining results remain unpublished in the literature.

Her aim in defending Swedish policy seems clear. She notes "If HIV prevention policy comes in conflict with anti-drug policy it should not be implemented". And:

"Needle exchange was seen as coming into conflict with the policy to discourage young people from trying drugs...".

"Seen as coming into conflict...", fails to resist scrutiny. Other anti-drug lobbyists such as DFA have compared unrelated data sets to suggest correlation is causation.

Despite a valiant attempt by the anti-drug lobby to use this poor woman's acknowledgement that NSPs and HIV education work better than NSPs alone, to debunk NSPs as being effective, the entire notion has yet to find traction. Of course, the worst misconception to be sliced from her work is the claim that "free HIV testing" is a better deterrent than NSPs and thus could replace them.

In general Kall's work has been used to attack Wodak and NSPs in total, by the anti-drug lobby in Australia.

Sadly for Kall, her work has not been replicated and is forever tainted by her admission of political bias:

<<< But the question came up in the Swedish parliament again in 2004, which was the reason for us to take a look at the scientific evidence for the effectiveness of NEP on HIV prevention among IDU.>>>

Kall [concludes largely in favour of NSPs](#), although fails to provide evidence for her anecdotal observation that addicts can get what they need for their habit "one way or another", thus society need not provide them for free [bold mine]:

<<< In conclusion, it has not been shown that NEP are effective in preventing HIV among IDU. **Neither has the opposite been shown.** Of course **it is better if a drug injector uses a clean needle and syringe than one that has been contaminated by somebody else's blood**, but it does not automatically follow that society has to provide this for free, since IDU tend to be quite clever to get what they need for their habit one way or the other. On the other hand **once established NEP sites may have a positive effect** if they offer other health promoting measures like HIV testing and counselling (sic), referral to drug treatment, hepatitis A and B vaccination, birth control, dental care and treatment of skin infections etc. >>>

Earlier she includes this extraordinary statement:

<<< There is a paradox of high risk behaviour, over 60% share needles and syringes and few use condoms, and low incidence of HIV. It seems as if the most important factor to keep the incidence low has been the high testing uptake in combination with a group norm of being frank about ones HIV status within the IDU community. As a drug injector, when you need to borrow a needle you try to make sure that the person you borrow from does not have HIV. >>>

Further I note Wodak is cited 3 times to Kall's one. Again by your reasoning of IOM choice as a measure of academic integrity we may deduce you support Wodak three times more than Kall.

Wodak was also chosen for "Illicit drug policies and the HIV epidemic" which in turn raises my prior question as to where the notion that testing is superior to NSP provision in arresting spread of HIV has been adopted with success - if at all.

I also note the "most authoritative international review to date" did not mention Kall.

Regards,

Paul Gallagher

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Wednesday, 14 December 2011 5:50 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul

First and foremost, you have wandered some way from the most recent issue at point in this thread, which was:

QUOTE

But all Drugtalkers who want to side with you and Paul G have got to answer this crucial question - How can the Lancet study have ANY credibility when it attributes the claimed 35% decreases in drug-related mortality around Insite to Insite's work while saying they know of no changes in policing that might have affected/effected this result? Yet their very own 2004 study describes a police crackdown which happened halfway through their Lancet article's study period which recorded a 46% drop in drug use in the city blocks policed directly around Insite's location and which, with the expansion of this crackdown from 2003 to 2011, would be expected to do as much reducing of local drug use and therefore mortality in those city blocks across all those years.

UNQUOTE

Seeing as nobody has tried to show the above to be false in any way, I believe that we can safely say that the Lancet study on Insite is irretrievably flawed and nobody on Drugtalk is able to save it.

Having reminded you of that, let me deal with the issues in your post below.

1. Again you are wanting to propose 'possible' or 'probable' theories on this list, but not fact. If you feel that Gwen Landolt has not used Colin Mangham's work for some reason other than what she has declared, your job is to prove it. Go and find something upon which you can hang your cap factually. But I am not inclined to do your research for you, so see what you can find on Google. But don't come back with anything you cannot demonstrate factually. Your surmises are just unevidenced mudslinging, which should never be countenanced in any debate.

2. You seem to be saying that support of Needle and Syringe Programs (NSP) by the prestigious US Institute of Medicine means that they REALLY DO find the stand-alone evidence for the effectiveness of NSPs in preventing HIV transmission positive. Your logic would appear to be - if they support it it means the evidence is proven. But not so, Paul.

Their statement on the science of NSP (as against whether they support NSP implementation or not) is that the science is inconclusive:

QUOTE

Conclusion 3-5: Moderate evidence indicates that multicomponent HIV prevention programs that include needle and syringe exchange (GC's comment - note that this is multi-component programs where any positive effect might be caused by interventions outside of the NSP) reduce intermediate HIV risk behavior. However, evidence regarding the effect of needle and syringe exchange on HIV incidence is LIMITED AND INCONCLUSIVE. p 149

UNQUOTE

Now if you go to their previous study on needle exchange in 2001 - US IOM's "No Time to Lose" pages 34 and 35 https://download.nap.edu/catalog.php?record_id=9964 - you will see that they previously had no such reservations about the science.

QUOTE

Many published evaluations of needle exchange programs, including separate reviews by the National Research Council, the CDC, and the U.S. General Accounting Office, have concluded that such programs reduce the spread of HIV without increasing the incidence of drug abuse in the community (GAO,1993; NRC, 1995). Depending on the specific program model employed, the cost-effectiveness of needle exchange is estimated to range from \$3,000 to \$50,000 per HIV infection prevented (Kaplan, 1995; Kahn, 1998), figures that are competitive with the cost-effectiveness of zidovudine for preventing perinatal transmission.

UNQUOTE

Now what is it that changed their estimate of the science between 2001 and 2006? They had two researchers report on their reviews to their Geneva Assembly in December 2005, and as found on page 200 - Dr Alex Wodak and Dr Kerstin Kall. Dr Wodak was hugely positive about the demonstrated effectiveness of NSP in his WHO paper, but Kall's 2005 IOM paper as re-presented to Drug Free Australia's 2007 Conference in Adelaide concluded that "In conclusion, it has not been shown that NEP are effective in preventing HIV among IDU. Neither has the opposite been shown." So Paul, she concludes in her review that the science is inconclusive. Work out for yourself just which of the two presenters won the day with the US IOM in Geneva IN TERMS OF THE SCIENCE.

Yes the IOM still promotes NSP because the science has not demonstrated that they are ineffective either. But this brings us to the crux of the issue re NSP. Drug Free Australia has spent a lot of time airing the issue of NSP's inconclusive science for one reason and one reason only - because two Australian reports given to our politicians called Return On Investment 1 & 2 calculated billions of dollars of savings to the Federal and State Governments for their implementation of NSP. Both ROI reports indubitably assume that the effectiveness of NSP has been demonstrated, or else they could not calculate those billions, could they? And ROI 2 in particular had hundreds of millions of savings in HCV prevention through NSP. Yet the US IOM concluded in 2006:

QUOTE

Conclusion 3-6: Five studies provide moderate evidence that HIV prevention programs that include needle and syringe exchange have significantly less impact on transmission and acquisition of hepatitis C virus than on HIV, although one case-control study shows a dramatic decrease in HCV and HBV acquisition.

UNQUOTE

So Drug Free Australia does not like the public and politicians being hoodwinked about hundreds of millions of dollars of HCV infections being prevented in these ROI reports. If the science is inconclusive, how can any dollar value be attached to NSP with any certainty unless it is probably so?

3. Kerstin Kall's Journal of Global Drug Policy and Practice (JGDPP) article is indeed cited as one of only 4 (out of 43) reviews rigorous enough for the EMCDDA's Monograph on Harm Reduction (2101). You keep on saying that nobody cites her - why do you disregard the IOM and the EMCDDA - prestigious institutions both?

Regards

Gary Christian

Secretary
Drug Free Australia
65 Flinders Street
Adelaide SA 5000
Phone: (08) 8244 1185

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From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Saturday, 17 December 2011 4:52 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul G

Before moving on to your erroneous assertions about Colin Mangham's 2007 critique of Insite's research, I will give a summary of where we are up to in our discussions on Insite.

1. We started off with your assertion that the Journal of Global Drug Policy and Practice (JGDPP) is not peer-reviewed. I demonstrated that it was indeed peer-reviewed, as per post and subsequent posts dated from 2 December, and that all your arguments to the contrary were nothing but supposition and imagination, which of course has no validity in any debate forum.
2. You scoffed at Drug Free Australia's use of ambulance data to demonstrate that injecting room overdoses were massively elevated over clients' previous overdose histories, but I demonstrated that the 2003 government-funded evaluation of the Sydney injecting room used, well, ambulance data for its 'lives saved' estimates - see post 6 December 2011.
3. You claimed that the international community rejected our Drug Free Australia claims about low numbers of lives saved at the Sydney injecting room. I demonstrated that our method was identical to, and otherwise in accord with, other major international reviews such as the European Monitoring Centre (EMCDDA) - see post on 7 December 2011.
4. You then imagined all sorts of reasons for Colin Mangham's critique not being used by the Supreme Court, with no attempt to ground your imaginations and suppositions in any known facts.
5. You claimed that I had misrepresented the prestigious US Institute of Medicine re its stance on the SCIENCE of Needle and Syringe Programs (NSP). I demonstrated that while they support the ongoing implementation of NSP, they do in fact say that the SCIENCE is inconclusive (just as I and the international team had stated in our analysis of the Lancet study on Insite) - see post of 14 December.
5. You then claimed that Kerstin Kall's JGDPP critique of Needle and Syringe Programs (NSP) had not been cited in the literature. I in turn demonstrated that her critique was crucial in changing the prestigious US Institute of Medicine's determination on the strength of the science re NSP in 2006, and that her review was one of four out of 43 accepted by the EMCDDA Harm Reduction Monograph as demonstrating sufficient rigour to be part of its review of reviews - see post of 14 December.

Now on November 30 you claimed of Colin Mangham's 2007 critique of Insite - "The RMC police who commissioned Mangham's earlier piece on policing (which you use to cast doubt on the Lancet's findings) said it "did not meet conventional academic standards".

Now this claim that you have here has very little weight. It comes from a Macleans article which claimed that Julio Montaner, one of the Lancet Insite researchers, had shown the Macleans reporter, John Geddes, some documents supporting the idea that some (unnamed and unnumbered) senior police in the British Columbia division of the Royal Canadian Mounted Police (RCMP) were willing to make this claim about Mangham. Now look closely at what Geddes is saying. a. This statement about Mangham was going to be made in a joint statement by Montaner and a RCMP senior police officer (and supposition would suggest that this statement was framed by Montaner rather than the police [Paul, you will see that I state supposition to be no more than that, and don't purport it as fact]) b. How many senior police and what level of administration agreed with this statement is not stated - nor is it clear whether this statement was the unilateral act of a couple of senior police cowboys in the BC Division, or whether it was a decision of the entire BC RCMP Division (which seems unlikely - supposition of course). What we do know is that it did not get the support of the RCMP's head office. So there is no evidence to suggest that the RCMP command level which paid Colin Mangham to do a critique then backed away from it. Very unlikely, in fact. More correctly you might say that one or an undisclosed number of senior police in the BC division believed that Colin Mangham's work did not meet conventional scientific standards, but they were not supported by their organisation.

Finally, Mangham's 2007 critique is very, very cogent and academically defensible from Drug Free Australia's point of view. You appear to agree that it does not meet academic standards. Other than not appearing in a peer-reviewed journal other than JGDPP, you need to tell us what was unacademic in his approach or text. Was it his pointing out that there were 65 police added around Insite in 2003, and that this would surely affect crime much more than Insite's presence? Insite didn't like that one of course. Or was it something to do with the blood-borne diseases observations? Just what is the issue.

Please let Drugtalkers know.

Regards

Gary Christian

Secretary
Drug Free Australia
65 Flinders Street
Adelaide SA 5000
Phone: (08) 8244 1185

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From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Monday, 19 December 2011 9:50 AM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul G

A little more information on one of your claims previously discussed.

On 30 November you said,

QUOTE

You write as if Montaner and Kerr are under scrutiny. You had your chance. It and the complaint have been found to be without foundation.

UNQUOTE

Of course our complaint to the University of British Columbia was not progressed because Dr Mark Wainberg absolved Dr Montaner, Dr Kerr and Dr Wood of any errors in their Lancet article, claiming that it was exemplary science.

However, if you look at the relationship between Wainberg and Montaner, I think that you will find that the relationship breaches the most liberal guidelines in the corporate or political world as to who is qualified to conduct an independent inquiry.

Having already mentioned one co-written op-ed piece in the National Post in 2008, go to:

<http://blog.iasociety.org/file.axd?file=2010%2F3%2FHill+Times+op+ed.pdf>

Then check out this speech by JM testifying to the nature of his relationship with Dr Wainberg.

<http://www.ias2009.org/admin/images/upload/773.pdf>

Now tell me that the University of British Columbia's 'Independent Advice' was absolutely according to the common understanding of independence.

Regards

Gary Christian

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From: Paul Gallagher [mailto:paulgall@xxxxxxxxxxxxxx]
Sent: Monday, 19 December 2011 11:18 AM
To: Gary Christian
Cc: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

It's a conspiracy!

How novel.

Regards,

Paul Gallagher

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Monday, 19 December 2011 1:51 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul

Nice attempt to deflect from a weighty and most important question.

Now I've not said anything about a conspiracy. And you haven't told the list whether you think the University of British Columbia has operated with defensible probity or not.

Now you have made a statement on Drugtalk which appears to approve of Wainberg's independent assessment of our analysis of the Lancet article on Insite. You said:

QUOTE

You write as if Montaner and Kerr are under scrutiny. You had your chance. It and the complaint have been found to be without foundation.

UNQUOTE

My question was whether you believe the evidence I gave in my last post measures up to expected standards of independence or not.

Simple question.

Regards

Gary Christian

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From: Paul Gallagher [mailto:paulgall@xxxxxxxxxxxxxx]
Sent: Monday, 19 December 2011 5:36 PM
To: Gary Christian
Cc: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] FW: Insite debate and DFA

Gary,

They are serious intimations. I suggest you take it up with the individuals concerned.

You suggest problems with independence.

Perhaps apply your general theory of "independent standards" to the role of the JGDPP, the mission statement of Mangham's anti- HR organisation, the DPNC, DuPont's role on DFAF's board and as a co-author. The role of your "analysis" being written for REAL women of Canada (interveners on behalf of the government against Insite) and for DPNC and your own conduct in defending Mangham despite his recognised bias, in addition to him being the principal source of your "analysis" written in part for his organisation.

His discredited dismissal of over 20 peer reviewed papers, is what made up much of your failed attempt to cast doubt on a Supreme Court finding and research you find unpalatable. Part of the reason DFAF organised this outing to attack the Lancet article is because Wood wrote at the time:

<< The paper is fraught with a host of outright factual inaccuracies and unsubstantiated claims, which we would be happy to list should the readers of Open Medicine wish. We strongly encourage the readers of Open Medicine to read Mr. Mangham's essay alongside the various reports examining Insite's impacts and to judge for themselves the state of the science in this area.>>

<http://www.openmedicine.ca/comment/view/128/52/6>

People read, people judged and Mangham's essay was never submitted in court. Why was that again?

Yet you manage to cite this allusion about Montaner and Wainberg because Montaner said:

<< Bringing the AIDS 2000 conference to Durban was a tremendously courageous decision, at a time of great uncertainty, and I want to take this opportunity to congratulate my friend and colleague, the esteemed Dr Mark Wainberg, who led that effort in his role as the President of the IAS. >>

...as evidence of a lack of independence.

You have no case here Gary. No, it does not measure up to remote proof of a conflict of interest.

If it did, you then would have severe problems of your own.

Regards,

Paul Gallagher

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Gary Christian
Sent: Tuesday, 20 December 2011 12:22 PM

To: drugtalk@adca-lists.org.au

Subject: Re: [Drugtalk] FW: Insite debate and DFA

Paul G

Let's get down to the crux of this matter. You appear to be trying to reduce this argument to a spat between two rival 'camps', both with different worldviews and personal allegiances within those worldviews that irredeemably bias players in these opposing sides against the observable truth.

But the central assumption of your argument thus far is that there are scientific facts which can be determined adequately enough (we don't need to let postmodernist critiques of certainty get in the way here - afterall law courts make binding judgments on people's observations on a daily basis) for you to be able to assert that Drug Free Australia is 'manipulating and misrepresenting data' re Insite as per your blog.

You have cited all sorts of organisations and people who have a similar abstinence-based worldview in your post here, and suggest all sorts of personal allegiances which you believe NECESSARILY MUST predetermine a wrong or biased view of the facts by these people or organisations. But this argument, of course, cuts both ways, and your self-stated allegiance to harm reduction opens you and all of its players to precisely the same simplistic criticism. Thus we end up with the unresolvable wars between interpretational camps, each pontificating from the logical imperatives of their opposing paradigms - the butt of postmodernist hilarity.

But as I said before, courts of law don't buy such simplistic postmodernist resorts to non-determinative relativism. Their job is to determine, to the best of human ability, the truth of a matter. And this is where the whole issue here about the Lancet article on Insite immediately transcends any issues of 'camps', worldviews and personal allegiances.

The crux of this matter is that there are readily observable facts which nullify the validity of the Lancet article on Insite. There is no question that the Insite researchers were absolutely and very demonstrably incorrect in saying that they could find no policing changes between 2001 and 2005 which would confound their results. They said something clearly and patently in contradiction of well-evidenced and documented fact. The fact is that there WERE policing changes in 2003, the year Insite opened, that were so significant that complaints were sent to all levels of Canadian Government and the United Nations. The document that Montaner and Kerr cited as evidence of the 2003 crackdown ending with Insite's opening makes it very plain that the change in policing in 2003 was from a policy of 'containment' to a policy of proactive or 'confident policing' (modelled on New York's zero tolerance policing - see pages 3 & 4 of the evaluation cited by Kerr and Montaner - <http://www.vancouveragreement.ca/wp-content/uploads/ConfidentPolicing2004sm.pdf>). And of course the document which Kerr and Montaner cite clearly states that the 2003 crackdown was still ongoing in slightly modified form in August 2004, when the evaluation is being written up, clearly contradicting their claim that it finished weeks after Insite opened. (And then we have the extensive written evidence from the police officer who led the 66 police of the BET teams throughout 2004 and 2005).

Add to that their own 2004 paper on the effects of the crackdown, the 46% decrease in used needles collected in the policed areas, and you have a clear documentation of the policing changes which definitiely confounded their study, but of which they denied knowledge or possible impact.

Just taking this one fatal error for their study, quite apart from the other major errors we identified, there is no question, when the facts are considered, that Mark Wainberg's vindication of the Insite researchers must have some explanation other than a dispassionate assessment of the issues, as was his task. Wainberg's failure to see obvious and well-documented errors must have some explanation, and it is the facts that will fail him under scrutiny from the scientific community and the

public. They are the ones who will raise the question of whether he was too close as a friend and colleague of Montaner to make the calls which HAD TO be made.

Your resort to arguing the bias of camps and worldviews fails to factor in that there is an apprehendable and defensible truth in this issue which adjudicates the question of bias. Wainberg and Montaner are on the wrong side of observable facts, and all must question why.

You very wrongly assert that Mangham's previous 2007 work is the basis of our analysis. In fact Colin's previous work is referenced with only a few paragraphs out of 14 pages in our analysis, clearly contradicting your unevidenced claim that Colin's work 'made up much' of our work.

You again have cited the chest-beating claims by Evan Wood, one of the Insite researchers, that Mangham's work is full of errors. So here is the challenge. I will categorically say that Wood is almost entirely bluster, and that there is nothing of any consequence in Mangham's work to which he can point. If you want to make claims like his on this list you had best evidence them. If you can't then don't post them again because they are unevidenced twaddle.

And your claim about Mangham's work not being used in court (your favourite argument from silence which should never have a place for verifying anything in any debate) - how about evidence to back this frequent insinuation. Drugtalkers deserve evidence rather than your imagination, don't they?

Regards

Gary Christian

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From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Jon Markus
Sent: Tuesday, 20 December 2011 2:27 PM
To: drugtalk@adca-lists.org.au
Subject: Re: [Drugtalk] Insite debate and DFA nonsense

Gary, what has postmodernism have to do with anything in this argument? Who is in an "unresolvable war between interpretational camps"? What are the logical imperatives of opposing camps? What is the "butt of postmodernist hilarity." And the top howler is that " courts of law don't buy such simplistic postmodernist resorts to non-determinative relativism." I defy you to make sense of this truly spectacular outburst of verbosity. You have surpassed yourself- you have bypassed logic in this diatribe.

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Paul Dessauer

Sent: Wednesday, 21 December 2011 7:19 PM

To: Jon Markus; drugtalk@adca-lists.org.au

Subject: Re: [Drugtalk] On the Simulation of Postmodernism and MentalDebility Using Recursive Transition Networks Insite debateand DFA nonsense

If it's getting repetitive, illogical and verbose, maybe that's because Gary isn't actually here anymore...

A piece of software developed by DFA's cyber-war department (the "G.XTIAN Simulator V.1") is now trolling the list on his behalf, and generating randomised recursions of earlier posts;

The G.XTIAN Simulator V1 was based on the Postmodernism Generator, originally written using the Dada Engine, a system for generating random text from recursive grammars.

<http://www.gingko.ch/cdrom/jwrandom/postmodernism/>

More detailed technical information may be found in Monash University Department of Computer Science Technical Report 96/264: *"On the Simulation of Postmodernism and Mental Debility Using Recursive Transition Networks"*.

An on-line copy is available [here](#).

A very happy festive season to all!

Yours truly,

Paul Dessauer.

From: drugtalk-bounces@adca-lists.org.au [mailto:drugtalk-bounces@adca-lists.org.au] **On Behalf Of** Andrew

Sent: Thursday, 22 December 2011 2:59 PM

To: drugtalk@adca-lists.org.au

Subject: [Drugtalk] Trolling Drugtalk, you say? O Really?!?

Hi - to the author of the previous email:

It's quite funny that you mention "trolling" - what else is this e mail of yours, other than trolling, in its worst form?

I'm really sick of the abuse and name-calling that passes for "debate" on this mailing list - it's absolutely pathetic.

I have no knowledge of - or affiliation with - DFA, but it seems to me that they are the only people on this mailing list who are prepared to engage in factual, logical debate, as opposed to slander and insult. Or they at least try to.

If this is what passes for informed debate among "professionals" in the AoD field, I want no part of it. It's a joke.

And it reflects very, very poorly on the AoD "profession" (LOL!)

I've been observing this for some time, and I've finally had enough. It's pathetic. It's like a modern-day witch hunt, or McCarthyist, anti-communist hysteria.

Just in case you don't get my point: someone (i.e. DFA), with a different point of view to the majority of members of this list, dares to state a dissenting point of view, via reasonable and CIVIL argument (agree with it or not). And the response here is NOT to engage in reasonable and logical argument in return, but to try to shout them down with ridicule and abuse. I even remember one memorable e mail from a member of this list responding to the DFA with hysterical references to the Nazis and the Holocaust!

Absolutely contemptible, and disgusting!!

To Gary C and DFA - I have no idea who you are, and I don't really care, but you have my sympathies in dealing with the lynch mob on this mailing list. Hang in there! Free speech and unrestrained, intelligent debate are important, and they are clearly at risk here, so good luck to you!

To the administrators of this mailing list - please unsubscribe me, immediately. I no longer want this this disreputable, unprofessional garbage cluttering up my in box, I have far more important things to occupy myself with.

Regards

Andrew
