

A second letter was sent to Lancet on 6 April 2012, a letter which Lancet chose not to publish. We note that the Chief Editor of Lancet is a co-Board member of a drug law reform organisation of which two of the authors of the erroneous Lancet study which we have here addressed are also members as per http://www.icsdp.org/network/scientific_board.aspx.

Gary Christian
DFA Research Coordinator

The Lancet Editor

We have read the authors' response and respectfully repeat our request for retraction of the study on the grounds that the authors' conclusions are based on demonstrable fallacies.

The central fallacy which invalidates the study is the claim that the authors knew of no changes in policing that could otherwise explain their findings. We have previously demonstrated that there was a police crackdown commencing at the mid-point of the study period so effective that drug use indicators were reduced by 46%. This occurred precisely in the Vancouver city blocks where the highest concentrations of overdose mortality studied by the authors had previously occurred. These policing changes readily explain the 35% decrease in overdose mortality around Insite claimed by the authors.

The authors' response also incorrectly claims that the April 2003 crackdown ceased after 6 months, when Insite opened in September 2003. To support that claim the authors cite a City of Vancouver evaluation of the crackdown. However, if read in its entirety, this document clearly states, "as of August 2004, the initiative is still ongoing, albeit in a slightly modified form." [i][i] At best, the authors' response lacks the appropriate rigour.

Furthermore, we have forwarded a written statement by the Vancouver Police commander directing the ongoing crackdown throughout the second half of the Lancet article's study period ending 2005. This statement unambiguously contradicts the authors' response that the crackdown ceased in September 2003. There was, in fact, only a change of operational name for the policing crackdown (CET became BET) with no significant change in operational approach, personnel or strategy. The continuation of the crackdown to this day is beyond conjecture. On these grounds alone, the authors' central claim about the impact of Insite is rendered invalid. There are, however, other substantive errors in the authors' response.

Plummeting heroin use between 1998 and 2002, which the authors continue to deny in their response, is verified in another study of Vancouver's VIDUS cohort by the same authors. It states, "As indicated in Fig. 1, the proportion of participants reporting a non-fatal overdose has declined steadily since enrolment, with 21% of individuals reporting a non-fatal overdose in 1997 compared with just 6% in 2004. The most substantial decline occurred during 2001, with the proportion of participants reporting a non-fatal overdose declining from 12% to 5% during this year." [ii][ii]

Consistent with this, Vancouver experienced a 74% decrease in heroin mortality between 1998 and 2002, with non-fatal overdoses decreasing in the VIDUS cohort between 1997 and 2001 (as would be expected) by 76%, as per quote above. Yet the authors' response cites largely irrelevant VIDUS cohort *daily heroin use* figures rather than overdose percentages, in a study focusing on overdose mortality. Where Canadian heroin users were estimated to inject on average four times daily, daily use figures will remain relatively unchanged even

though the average number of daily injections declines along with a 75% reduction in heroin supply and a 75% reduction in overdoses.[iii][iii] Tracking non-fatal overdoses and overdose mortality is a more accurate measure of fluctuations in supply, as is done by these same researchers in two previously studies quoted in our analysis, and by Australian researchers correlating overdose mortality with a heroin drought.[iv][iv] Elevated heroin supply and elevated overdoses ended with 2001, making that year invalid for inclusion in the study period. Its inclusion creates the illusion of a subsequent decline in overdose mortality. In fact there is a trend towards an increase in overdose mortality from 2002 onwards, starting the year before Insite opened.

We also note that the authors' response claims there are flaws in our analysis. We refute these as follows.

1. Contrary to the authors' assertion, Vital Statistics coroner's data are never used in our analysis to infer any increases in overdose deaths in the 41 block area where the claimed 35% decline occurred. Rather, BC Coroner's data is used to show that there was an increasing trend in overdose deaths for the CONTROL AREA of the City of Vancouver, and the Vital Statistics coroner's dataset was used to show that the same increasing trend was true for the 400+ block area around Insite from 2002-2005.
2. Contrary to the authors' assertion, we did exclude the 5 of 155 Vital Statistics deaths, leaving the same 150 DTES non-intentional overdoses on which the authors deliberated. We thereby demonstrated increases in DTES area deaths for 400+ city blocks from 2002 to 2005 even after these 5 intentional/other deaths were excluded.
3. The authors are also incorrect in their statement that we failed to do an in-depth analysis of the 41 block area where the 35% decrease was alleged to have occurred. Rather, our analysis contains a map with the exact location of all 89 deaths within the 41 block area. We further demonstrated that two-thirds of these deaths fall within the 12 block area patrolled by the 48-66 extra police deployed since April 2003. This suggests that the majority of these deaths likely happened in the pre-Insite comparison period when these blocks were an 'open drug scene'.
4. We have noted elsewhere that, "When . . . 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% from 2002. The Lancet study calculated an 8% increase in population for the DTES, yet drug deaths increased by 37% from 2002. In the scenario where all 5 intentional/other 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 area of Vancouver." [v][v]

In summary, in their response to our analysis, the authors have failed to satisfactorily address any of our criticisms. The Lancet Insite article therefore remains seriously flawed on multiple grounds. It should be retracted.

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(England and Wales).

[i][i] Dandurand Y et al., Confident Policing in an Troubled Community – Evaluation of the Vancouver Police Department’s City-wide Enforcement Team Initiative p 49 <http://www.vancouveragreement.ca/wp-content/uploads/ConfidentPolicing2004sm.pdf>

[ii][ii] Kerr T, Fairbairn N, Tyndall M, Marsh D, Li K, Montaner J, Wood E. Predictors of non-fatal overdose among a cohort of polysubstance-using injection drug users. Drug and Alcohol Dependence 87 (2007) p 40 <http://www.ncbi.nlm.nih.gov/pubmed/16959438>

[iii][iii] Canadian Government’s Final Report of the Expert Advisory Committee, Vancouver’s INSITE service and Other Supervised Injection Sites: What has been learned from the Research? See par. 4 of Background section <http://www.hc-sc.gc.ca/ahc-asc/pubs/sites-lieux/insite/index-eng.php#insite>

[iv][iv] WA DAO, Heroin trends tracking: relationships between indices of heroin and crime. DAO Monograph No. 3 pp 20-22 http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=63&PortalId=0&TabId=211

[v][v] Pike G, Santamaria J, Reece AS, DuPont R, Mangham C, Christian G, Analysis of the 2011 Lancet study on deaths from overdose in the vicinity of Vancouver’s Insite Supervised Injection Facility. Journal of Global Drug Policy & Practice Vol 5 Iss 3, Fall 2011 <http://www.globaldrugpolicy.com/Issues/Vol%205%20Issue%203/Vol%205%20Issue%203%20sm.pdf>

From: John McKay [mailto:john_mckay@shaw.ca]

Sent: Friday, 23 March 2012 8:28 AM

To: 'Gary Christian'

Subject: Fw: Statement to Lancet

STATEMENT TO LANCET

Beat Enforcement Team (BET) - Vancouver Police Department 2003 - 2006

John Mc-Kay - then Officer in Charge (BET)

Downtown East Side Vancouver - Policing Rationale

The inception of what eventually became known as the Beat Enforcement Team (BET) occurred in early 2003. At that time the Vancouver Police Department recognized that the Vancouver Agreement between 3 levels of government with the so called " 4 Pillars approach" was going to have a major effect on the VPD’s ability to successfully police the Down Town East Side (DTES) of Vancouver. This was largely due to the harm reduction pillar which emphasized the value of the Supervised Injection Site which was going to be located in the heart of the DTES in the 100 block of East Hastings.

While the VPD could not at the time argue against the 4 Pillars approach – harm reductionists using statistics and opinion on European Model success – they believed that there had to be some control over the situation in the DTES because of the impact on the community once the dealers figured out that their clients were not being charged and indeed allowed to be in possession of the drugs. VPD feared that there would be a free for all and open warfare between dealers who wanted a greater share of the clientele. As well, the harm reduction philosophy might bring "drug tourists" into the area which would add to the policing problem.

Closely associated to the drug use in the DTES was the movement of stolen property into the local pawnshops of which there were 49 in the immediate area. Selling stolen property was a method of obtaining hard cash for the purpose of buying drugs.

In order to maintain some control over the potential outcomes of the new harm reduction philosophy the VPD began what was known as the Beat Enforcement Team. This unit was made up of 4 squads of police, administration staff, and a police Inspector totaling 65 personnel.

The unit consisting of 65 officers was originally named CET for Citywide Enforcement Team. The name was used because other parts of the city also wanted more beat cops so the effort in the DTES was disguised as a unit that could go anywhere to patrol, hence the name "Citywide Enforcement Team." The original concept under Inspector Doug Lepard, the OIC CET, and DCC, Bob Rich, was to have members stand on the corner and intercept drugs and stolen property. They had a high profile and there was some success with the mandate which was to disrupt the flow of stolen property etc.

The mission of BET was to interrupt the flow of stolen property and disrupt the trafficking of drugs in the area. As the officer in charge of the unit from September 2003 – September 2006 it was my role to achieve these goals.

In order to achieve these goals I spent as much time on the street as possible learning and from several good civilian contacts who had been working in the area for years I was able to glean a lot of background knowledge about the people and the issues around addiction. I implemented a combination of surveillance, undercover work, high presence uniform police and intelligence driven tactics. In a nutshell we shut down all but 7 pawnshops for failure to comply with the law on property and due to specifically targeted undercover operations we gained a lot of success in getting rid of the dealers. Many of these operations such as Operation Lucille, New Boy, became high profile media covered events.

It is my understanding that the effect of 65 police officers in the DTES is negated in the Lancet analysis produced by the harm reduction proponents. That attitude is much too convenient for them because the truth of the matter is that the police were integral to the lowered death rates by being on the street and in and out of the various Single Residence Occupancy hotels in which the addicts reside. The projects and contacts that police made in SROS and on the street with the mentally ill also helped to lower death rates because of the positive nature for the most part of the officers assigned to that beat.

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