



# The Injecting Rooms Scam

in the words of their government  
evaluators

2. Saving lives?

**DRUG  
FREE**  
AUSTRALIA

# Claims by evaluators

## Sydney Medically Supervised Injecting Centre – p 59

Adjusting these estimates to a 12-month period yields a lower estimate of four (4) deaths prevented and an upper estimate of nine (9) deaths prevented per annum by the clinical intervention of the staff in the MSIC itself.

## Melbourne Medically Supervised Injecting Room – p x

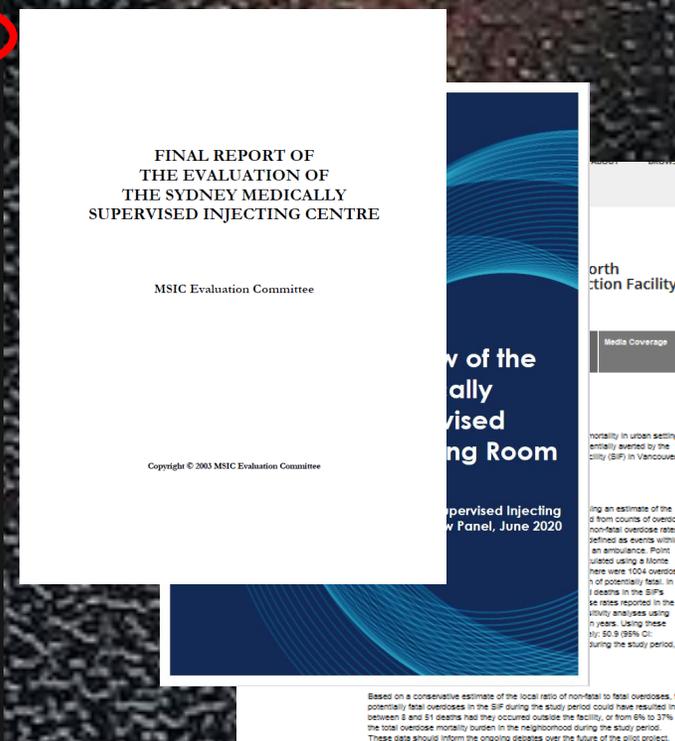
Modelling allows an estimate of the number of lives that the MSIR may have saved and, while there are different ways to model this, using conservative estimates, these data suggest that between 21 and 27 deaths were avoided over the 18 months of this review. This does not include the prevention

## Vancouver Insite – below Table 3

The number of averted deaths is equal to between two and 12 per annum over the study period.

Claimed per year:

- MSIC – 4-9 lives saved
- MSIR – 14-18 lives saved
- Insite – 2-12 lives saved



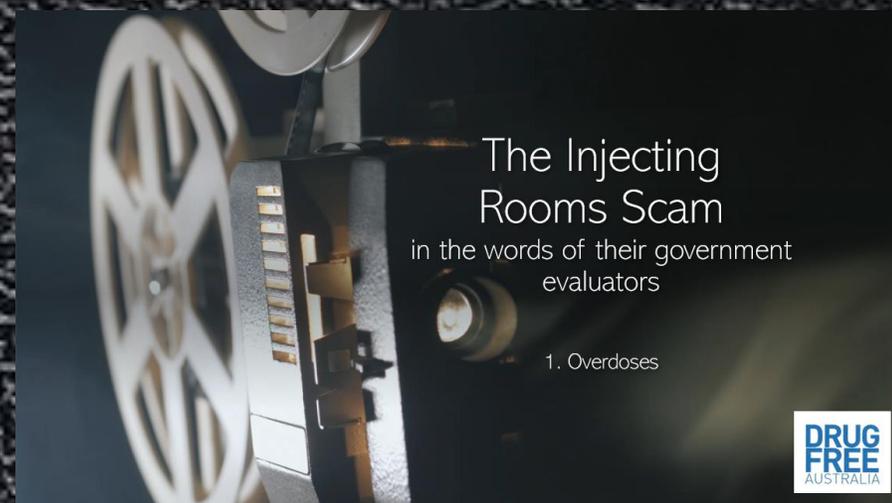
[https://www.drugsandalcohol.ie/5706/1/MSIC\\_final\\_evaluation\\_report.pdf](https://www.drugsandalcohol.ie/5706/1/MSIC_final_evaluation_report.pdf)

<https://apo.org.au/sites/default/files/resource-files/2020-06/apo-nid306054.pdf>

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0003351>

# Their problem

- They casually dismiss the highly inflated overdose rates in the facilities (see episode 1)
- the inflated rates of overdose are a drug policy scandal with its increased drug dealer profits
- yet the evaluators calculate inflated numbers of lives saved from the inflated overdose numbers
- **Adjusting evaluators' over-inflated # of lives saved**
  - claim Sydney saves 4-9 lives per year
  - divide by the 42x overdose-inflation in the centre
  - 0.1-0.2 lives saved per year – or 10 years to save one life
  - It cost government \$2.4 million annually in 2003
  - Cost of saving one life \$24 million



# Evaluators had to know

## Calculated 6,000 heroin injections daily in area – p 58

Allowing for an average of at least three heroin injections per day per regular heroin users, there would be 6,000 injections of heroin in the Kings Cross area per day.

## Facility hosted average 64 heroin injections p.d. – p 8

- Clients made 56,861 visits to the MSIC with an average of 15 visits per client in the 18-month trial, with a range of 1 to 646 visits.
- Heroin was the drug most frequently injected at the MSIC (61% of visits) followed by cocaine (30% of visits).

## Comparisons from 544 day evaluation – pp 52, 58

	<u>Kings Cross area</u>	<u>Injecting room</u>
Heroin Injections per day	6,000	64
Overdoses in 18 months	431	329

- Who were they trying to fool?

FINAL REPORT OF  
THE EVALUATION OF  
THE SYDNEY MEDICALLY  
SUPERVISED INJECTING CENTRE

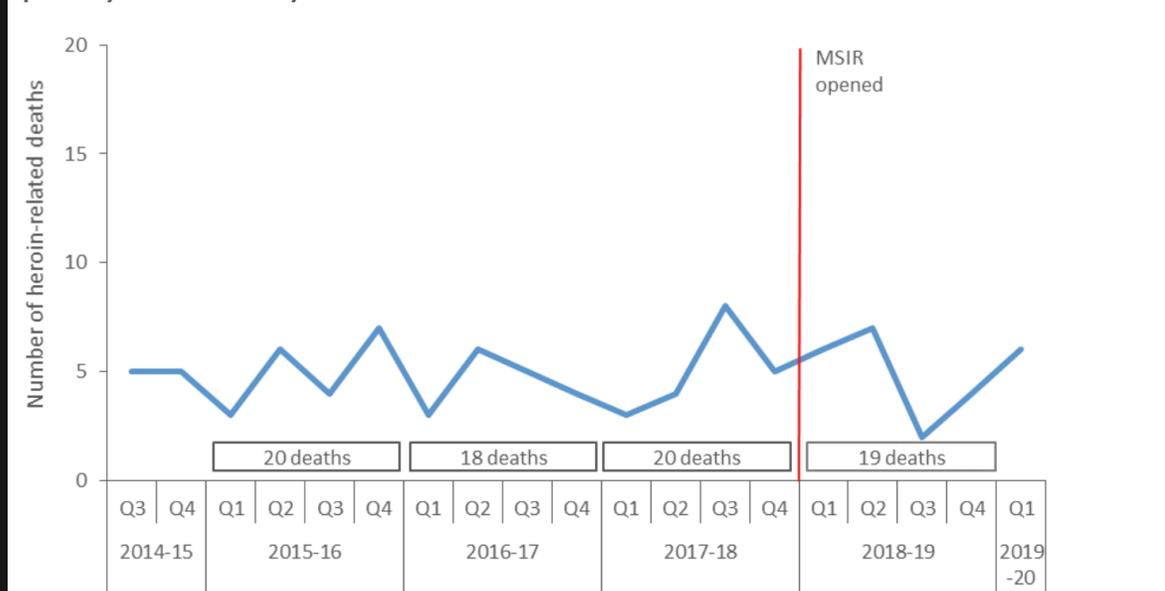
MSIC Evaluation Committee

Copyright © 2003 MSIC Evaluation Committee

# Data from Melbourne

14-18 lives saved per year? – p 43

Figure 15: Number of heroin-related deaths in Yarra LGA, Quarter 3, 2014–15 to Quarter 1, 2019–20, quarterly and financial year



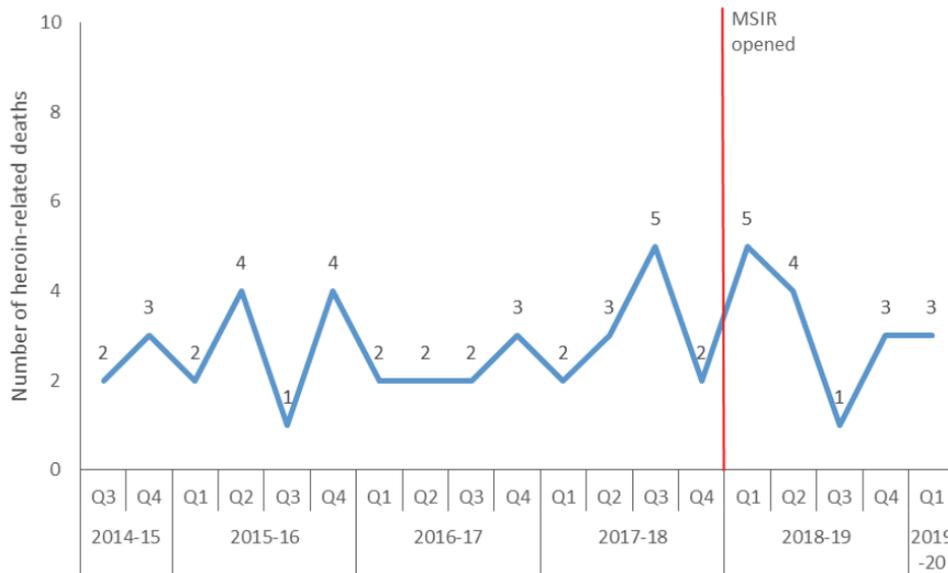
15 Months <b>BEFORE</b> MSIR opened	24 deaths
15 Months <b>AFTER</b> MSIR opened	25 deaths



# Data from Melbourne

14-18 lives saved per year? – p 43

Figure 17: Number of heroin-related deaths within 1 km of the MSIR, Quarter 3, 2014–15 to Quarter 1, 2019–20



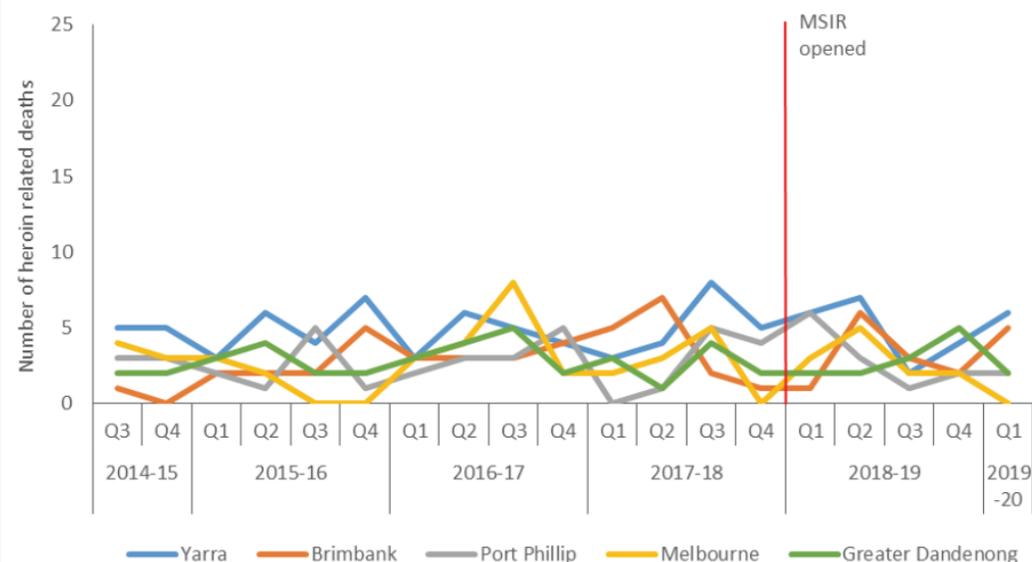
15 Months <b>BEFORE</b> MSIR opened	15 deaths
15 Months <b>AFTER</b> MSIR opened	16 deaths



# Data from Melbourne

14-18 lives saved per year? – p 43

Figure 19: Number of heroin-related deaths in selected LGAs, Quarter 3, 2014–15 to Quarter 1, 2019–20



15 Months <b>BEFORE</b> MSIR opened	25 deaths
15 Months <b>AFTER</b> MSIR opened	28 deaths



# Games they play

## Vancouver's Insite – claim of 35% OD reduction

Articles

---

### Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study

Brandon D L Marshall, M-J Milloy, Evan Wood, Julio S G Montaner, Thomas Kerr

**Summary**  
**Background** Overdose from illicit drugs is a leading cause of premature mortality in North America. Internationally, more than 65 supervised injecting facilities (SIFs), where drug users can inject pre-obtained illicit drugs, have been opened as part of various strategies to reduce the harms associated with drug use. We sought to determine whether the opening of an SIF in Vancouver, BC, Canada, was associated with a reduction in overdose mortality.

**Methods** 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.

**Findings** Of 290 decedents, 229 (79.0%) were male, and the median age at death was 40 years (IQR 32–48 years). A third (89, 30.7%) of deaths occurred in city blocks within 500 m of the SIF. The fatal overdose rate in this area decreased by 35.0% after the opening of the SIF, from 253.8 to 165.1 deaths per 100 000 person-years ( $p=0.048$ ). By contrast, during the same period, the fatal overdose rate in the rest of the city decreased by only 9.3%, from 7.6 to 6.9 deaths per 100 000 person-years ( $p=0.490$ ). There was a significant interaction of rate differences across strata ( $p=0.049$ ).

**Interpretation** SIFs should be considered where injection drug use is prevalent, particularly in areas with high densities of overdose.

Published Online  
April 18, 2011  
DOI:10.1016/S0140-6736(10)62353-7  
See Online/Comment  
DOI:10.1016/S0140-6736(11)60132-3  
British Columbia Centre for Excellence in HIV/AIDS (B D L Marshall PhD, M-J Milloy MSc, E Wood PhD, Prof J S G Montaner MD, T Kerr PhD), Faculty of Medicine (E Wood, J S G Montaner, T Kerr), School of Population and Public Health, University of British Columbia (M-J Milloy), Vancouver, BC, Canada; and Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, NY, USA (B D L Marshall)

# THE LANCET

---

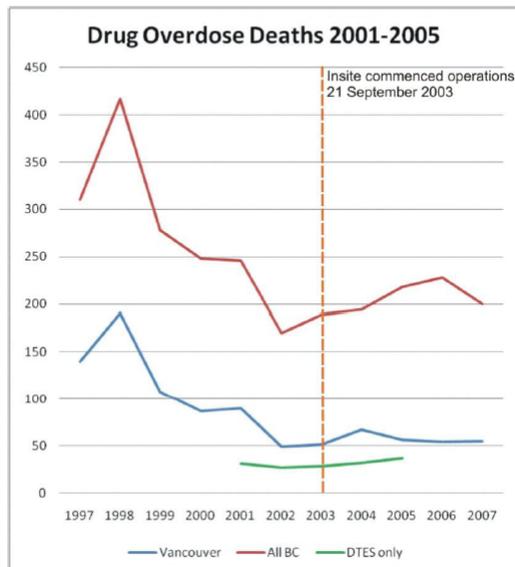
“Radial access for coronary angiography and intervention reduced major vascular complications compared with femoral access, with similar PCI success rates.”

Section	Articles	Articles	Quality	Articles
Coronary angiography and intervention	Radial access for coronary angiography and intervention	Radial access for coronary angiography and intervention	Quality	Articles

# The reality

## British Columbia Coroner and DTES official stats

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Vancouver	140	191	108	87	90	49	51	67	56	54	55
All BC	310	417	278	248	246	170	189	194	218	228	200
DTES only					31	27	28	32	37		



Red – overdoses for British Columbia

Blue – overdoses for the whole of Vancouver

Green – overdoses for Downtown Eastside (DTES), the suburbs closest to Insite

- increasing trendlines since 2002 - 1 year before Insite opened

### Analysis of the 2011 Lancet study on deaths from overdose in the vicinity of Vancouver's Insite Supervised Injection Facility

#### Executive Summary

**Dr Greg Pike**  
Director, Southern Cross Bioethics Institute, South Australia

**Dr Joe Santamaría**  
Epidemiologist, previous Dept Head of Community Medicine, St Vincent's Hospital, Victoria, Australia

**Dr Stuart Reece**  
Addiction Medicine practitioner, Queensland, Australia

**Dr Robert DuPont**  
First President of the United States' National Institute of Drug Abuse (NIDA)

**Dr Colin Mangham**  
Director of Research, Drug Prevention Network of Canada

**Gary Christian**  
Research Coordinator, Drug Free Australia

In an article published in *The Lancet* on April 18 2011, it was claimed that Vancouver's Insite Supervised Injection Facility, which commenced operations on 21 September 2003, was associated with a 35% decrease in overdose deaths in its immediate surrounding area compared with the rest of Vancouver which had decreases of 9%. However, the article contains serious errors which make that claim unsustainable.

The *Lancet* article's claim that all overdose deaths in Vancouver declined between 2001 and 2005 is strongly influenced by the inclusion of the year 2001, a year of markedly higher heroin availability and overdose fatalities than all subsequent years. A study period starting from 2002 in fact shows an increasing trend of overdose deaths. The higher availability of heroin in 2001 was the subject of two previous journal articles by three of the *Lancet* article's researchers, but was not acknowledged in this current study.

The *Lancet* article's researchers also failed to mention that 50-66 extra police were specifically assigned to the 12 city blocks surrounding Insite since April 2003 which are a significant part of the target area in which the questionable 35% reduction was said to occur. A change in policing such as this could account for any possible shift in overdose deaths from the vicinity of Insite. Remarkably, three of the *Lancet* article's researchers had previously published a detailed analysis of the effects of the changed policing, where they described drug users as 'displaced' from the area around Insite.

The facility is statistically capable of saving just one life per year from fatal overdose, a reduction which 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.

In their unsubstantiated claim of decreased overdose deaths as a result of Insite's presence, the researchers further failed to mention that 41% of British Columbia's overdose fatalities are not even injection-related, and therefore not relevant to any putative impact Insite may have.

# Heroin shortage

PubMed® | Search  
Advanced User Guide

Save Email Send to Display options ⚙️

> [Addiction](#). 2006 May;101(5):689-95. doi: 10.1111/j.1360-0443.2006.01385.x.

## Changes in Canadian heroin supply coinciding with the Australian heroin shortage

Evan Wood <sup>1</sup>, Jo-Anne Stoltz, Kathy Li, Julio S G Montaner, Thomas Kerr

Affiliations + expand  
PMID: 16669902 DOI: [10.1111/j.1360-0443.2006.01385.x](#)

FULL TEXT LINKS  
WILEY Full Text Article

ACTIONS  
Cite  
Collections

**Results:** There was a 35% reduction in overdose deaths, from an annual average of 297 deaths during the years 1998-2000 in comparison to an average of 192 deaths during 2001-03. Similarly, use of naloxone declined 45% in the period coinciding with the Australian heroin shortage. Interestingly, the weight of Canadian heroin seized declined 64% coinciding with the Australian heroin shortage, from an average of 184 kg during 1998-2000 to 67 kg on average during 2001-03. Among 1587 VIDUS participants, the period coinciding with the Australian heroin shortage was associated independently with reduced daily injection of heroin [adjusted odds ratio: 0.55 (95% CI: 0.50-0.61);  $P < 0.001$ ].

ISSN 0965-2140

# Addiction

Published since 1884 by the Society for the Study of Addiction

VOLUME 101 • NUMBER 5 • MAY 2006

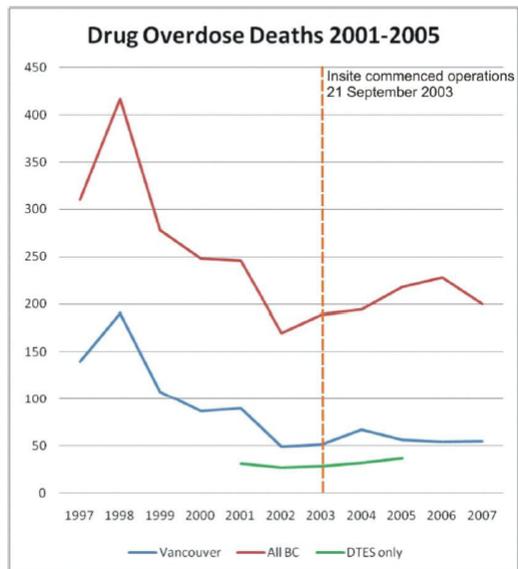
WILEY Blackwell Addiction Press

<https://pubmed.ncbi.nlm.nih.gov/16669902/>

# The reality

## British Columbia Coroner and DTES official stats

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Vancouver	140	191	108	87	90	49	51	67	56	54	55
All BC	310	417	278	248	246	170	189	194	218	228	200
DTES only					31	27	28	32	37		



Red – overdoses for British Columbia

Blue – overdoses for the whole of Vancouver

Green – overdoses for Downtown Eastside (DTES), the suburbs closest to Insite

- increasing trendlines since 2002 - 1 year before Insite opened

### Analysis of the 2011 Lancet study on deaths from overdose in the vicinity of Vancouver's Insite Supervised Injection Facility

#### Executive Summary

**Dr Greg Pike**  
Director, Southern Cross Bioethics Institute, South Australia

**Dr Joe Santamaría**  
Epidemiologist, previous Dept Head of Community Medicine, St Vincent's Hospital, Victoria, Australia

**Dr Stuart Reece**  
Addiction Medicine practitioner, Queensland, Australia

**Dr Robert DuPont**  
First President of the United States' National Institute of Drug Abuse (NIDA)

**Dr Colin Mangham**  
Director of Research, Drug Prevention Network of Canada

**Gary Christian**  
Research Coordinator, Drug Free Australia

In an article published in *The Lancet* on April 18 2011, it was claimed that Vancouver's Insite Supervised Injection Facility, which commenced operations on 21 September 2003, was associated with a 35% decrease in overdose deaths in its immediate surrounding area compared with the rest of Vancouver which had decreases of 9%. However, the article contains serious errors which make that claim unsustainable.

The *Lancet* article's claim that all overdose deaths in Vancouver declined between 2001 and 2005 is strongly influenced by the inclusion of the year 2001, a year of markedly higher heroin availability and overdose fatalities than all subsequent years. A study period starting from 2002 in fact shows an increasing trend of overdose deaths. The higher availability of heroin in 2001 was the subject of two previous journal articles by three of the *Lancet* article's researchers, but was not acknowledged in this current study.

The *Lancet* article's researchers also failed to mention that 50-66 extra police were specifically assigned to the 12 city blocks surrounding Insite since April 2003 which are a significant part of the target area in which the questionable 35% reduction was said to occur. A change in policing such as this could account for any possible shift in overdose deaths from the vicinity of Insite. Remarkably, three of the *Lancet* article's researchers had previously published a detailed analysis of the effects of the changed policing, where they described drug users as 'displaced' from the area around Insite.

The facility is statistically capable of saving just one life per year from fatal overdose, a reduction which 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.

In their unsubstantiated claim of decreased overdose deaths as a result of Insite's presence, the researchers further failed to mention that 41% of British Columbia's overdose fatalities are not even injection-related, and therefore not relevant to any putative impact Insite may have.

# The reality

## Correspondence

### Overdose deaths and Vancouver's supervised injection facility

The report by Brandon Marshall and colleagues (April 23, p 1429)<sup>1</sup> in which it is claimed that the opening of a supervised injection facility on Sept 21, 2003, in Vancouver, BC, Canada, was associated with a 35% decrease in overdose deaths in its immediate surrounding, contains serious errors.

The claim that all overdose deaths in Vancouver declined between 2001 and 2005 is strongly affected by the highly questionable inclusion of the year 2001—a year of much higher heroin availability and overdose fatalities than all subsequent years. A study period starting from 2002 in fact shows an increasing trend of overdose deaths both for Vancouver and for the Downtown Eastside area in which the facility, Insite, is situated (figure)<sup>2</sup> the control areas compared in Marshall and colleagues' study.

Curiously, the higher availability of heroin up until 2001, which declined by 2002 and which has remained low since that year, was specifically tracked in two previous articles<sup>3</sup> by three of the current paper's researchers and therein treated as extraordinary. In their later 2007 study<sup>4</sup> the aforesaid three researchers noted that, in a large cohort of Vancouver drug users, 21% had reported non-fatal overdoses in the previous 12 months in 1997, dropping to 12% at the beginning of 2001 and to 5% by the end of 2001, rising to 6% in 2004. They clearly point to reduced heroin supply as the reason, and yet in the Lancet paper specifically state that "we have no evidence that significant changes in drug supply or purity occurred during the study period", which of course was 2001 to 2005.

Of even greater concern is the statement in the Lancet paper that "we know of no changes in policing policy that could have confounded our results". Again, three of the

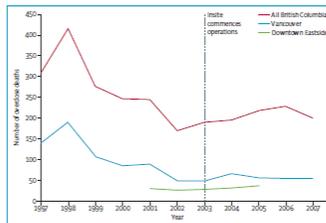


Figure 6: Drug overdose deaths 2001-05

researchers were so well apprised of major policing changes in the area immediately around Insite during 2003, the same year it opened, that they wrote a 2004 article tracking the "displacement" of drug users out of the policed area around Insite and into other areas of Vancouver<sup>5</sup> in that article they record counts of discarded needles reducing by 45% in the policed areas whereas needle counts in other areas of Vancouver increased by similar proportions. Most of the overdoses that were the subject of the questionable 35% reduction immediately around Insite lay specifically in the 12 city blocks patrolled by 48-66 police added in 2003 and operative to this day (personal communication). This major change in policing around Insite is clearly the most likely cause of any real reductions in overdoses that might be found in the immediate vicinity of the injection facility.

Finally, Marshall and colleagues do not declare that 41% of British Columbia's overdose mortality is non-injection-related.<sup>6</sup> This being the case, the researchers had the obligation of declaring the specific proportion of deaths that were non-injection-related in the vicinity of Insite, compared with the rest of Vancouver.

An extended analysis is available online. We declare that we have no conflicts of interest.

\*Gary Christian, Greg Pike, Joe Santamaro, Stuart Restic, Robert DuPont, Colin Mangham, gstan@tpg.com.au

Drug Free Australia, Broadview, SA 5083, Australia (GC), Southern Cross Biomedical Institute, North Plympton, SA, Australia (GP), McCree, VIC, Australia (JS), Addiction Medicine Practice, Brisbane, QLD, Australia (SR), Institute for Behaviour and Health, Rockville, MD, USA (RD), and Surrey, BC, Canada (CM)

- 1 Marshall BDL, Miley M, Wood E, Montaner JS, Kerr T. Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population based study. *Lancet* 2011; 377: 1429-31.
- 2 Ministry of Public Safety and Solicitor General. Illicit drug deaths 1997 to 2007. <http://www.prosop.ca/cacommencement/publications/docs/stat-ilsiddrugsaths-1997-2007.pdf> (accessed Dec 2, 2011).
- 3 Wood E, Stoitz JA, LK, Montaner JS, Kerr T. Changes in Canadian heroin supply coinciding with the Australian heroin shortage. *Addiction* 2004; 99: 949-55.
- 4 Kerr T, Subramaniam N, Tyndal M, et al. Predictors of non-fatal overdose among a cohort of polysubstance-using injection drug users. *Drug Alcohol Dependence* 2009; 97: 39-45.
- 5 Wood E, Spittal PM, Small W, et al. Displacement of Canada's largest public illicit drug market in response to a police crackdown. *BMJ* 2004; 329: 1533-36.
- 6 Montaner J, Kerr T. Elevated overdose mortality rates among First Nations individuals in a Canadian setting: a population based analysis. *Addiction* 2010; 105: 1962-70.

For the extended analysis see [http://www.drugfree.org.au/Research/Extended%20Lancet\\_2011\\_Insite\\_Analysis.pdf](http://www.drugfree.org.au/Research/Extended%20Lancet_2011_Insite_Analysis.pdf)

Submissions should be made via our electronic submission system at <http://ees.thelancet.com>

Rebuttal of the previous study as printed in Lancet January 2012 where there are only two possibilities - the research was either inept or fraudulent



[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60054-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60054-3/fulltext)  
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60055-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60055-5/fulltext)  
[https://d3sdr0llis3crb.cloudfront.net/images/pdf-files/library/Injecting\\_Rooms/Second Letter to Lancet re Erroneous Insite Study.pdf](https://d3sdr0llis3crb.cloudfront.net/images/pdf-files/library/Injecting_Rooms/Second_Letter_to_Lancet_re_Erroneous_Insite_Study.pdf)

## Scientific Board

### Scientific Board Members

A number of global leaders and experts have volunteered to sit on the Centre's Scientific Board. The Board helps to guide the scientific activities of the Centre and, along with relevant working groups and the assistance of the team of Technical Advisors, helps to ensure that all reports and knowledge translation activities contain accurate scientific information.

Members of the Scientific Board include:



**Chris Beyrer, MD, MPH**  
Director

*Center for Public Health and Human Rights, Johns Hopkins International Research Core in the Center for Drug Use and Bloomberg School of Public Health*



**Don C. Des Jarlais, PhD**  
Director

*Center for Drug Use and HIV Research*



**Gordon Givatt, MD, MSc**  
Professor

*Department of Clinical Epidemiology & Biostatistics, McMaster University*



**Catherine Hankins, MD, MSc**  
Chief Scientific Advisor  
UNAIDS



**Carl L. Hart, PhD**  
Director

*Residential Studies and Methamphetamine Laboratories, New York State Psychiatric Institute*



**Richard Horton, BSc, MB**  
Editor-in-Chief  
*The Lancet*



**Michel D. Kazatchkine, MD**  
Executive Director

*The Global Fund to Fight AIDS, TB and Malaria*



**Julio Montaner, MD**  
Director

# Conflict of Interest?

## Insite study authors

- Julio Montaner
- Evan Wood

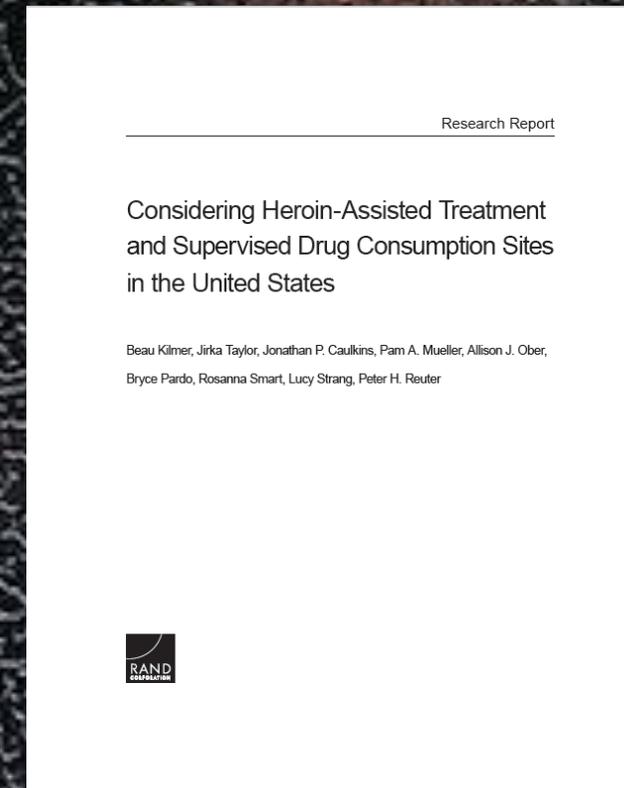
on the same drug policy ICSDP Science Board as Lancet's Chief Editor Richard Horton

# What politicians are told

## The only rigorous review . . . – p 35

The Vancouver study of overdose outcomes reported even more favorable SCS effects (Marshall et al., 2011). Although overdose fell somewhat in the control areas, declines around the time and place the SCS opened were much greater, with the rate of decline in fatal overdoses falling with greater distance from the facility.

- unaware the study has been discredited



# Homework

For Drug Free Australia's refutation of the Lancet author's January 2012 reply

- go to [drugfree.org.au](http://drugfree.org.au)
- click the Resources tab
- click "Injecting rooms"
- click "2<sup>nd</sup> letter to Lancet . . ."



# The Injecting Rooms Scam

in the words of their government  
evaluators

3. Reducing public nuisance

**DRUG  
FREE**  
AUSTRALIA