July 1, 2006

The Right Honourable Stephen Harper, PC, MP
Prime Minister of Canada
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Dear Prime Minister Harper:

I am writing to urge your continued support of InSite, North America’s first supervised injection site. Now entering its third year of operation in Vancouver, this landmark public health initiative is a vital component of that city’s internationally recognized innovative approach to its own serious problems with drugs, crime, homelessness and dangerous infectious diseases (such as AIDS). With its well-documented success, InSite is becoming a beacon – a workable model for municipalities all over the world, many of which are now adapting it to their own needs.

By granting renewal of InSite’s federal approval, without which the program cannot continue to legally operate in Canada, you will be acting in the best interest of the citizens of Vancouver (where InSite is saving both lives and public funds) and also serving the best interests of all Canadians struggling to find effective responses to the daunting problems of AIDS and addictions. Conversely, as the research on InSite makes clear, the failure to sustain InSite will most certainly condemn scores of your countrymen to premature deaths (from drug overdose and AIDS), several hundreds to emergency medical visits and preventable hospital admissions, and thousands more to lives of increased disease, degradation, and criminal activity – all at inordinate public (estimated at CAN $6.8 – $11.8 million per year. The choice seems clear.

My judgment about InSite comes from my 40 years of professional experience in drug addiction treatment and 25 years of research and prevention efforts aimed at stopping the AIDS epidemic. I am Professor of Epidemiology and Social Medicine and Professor of Psychiatry at Montefiore Medical Center/Albert Einstein College of Medicine in New York City (since 1968) I have studied the consequences of many different efforts to stem the AIDS epidemic and deal with the chronic problems of addiction. I am also a Visiting
Professor of Epidemiology at Columbia University’s Mailman School of Public Health and at the University of British Columbia in Vancouver. I am a licensed Clinical Psychologist active in AIDS research, drug policy reform, and human rights efforts in the US and abroad and was a founder and Board Chairman of the Doctors of the World - the US arm of the French medical humanitarian organization Medecins du Monde. I have been a senior Soros Justice Fellow (2005) doing research on a book developing a public health paradigm of mass incarceration in America. I was founding Director (from 1970 to 1990) of a 1000 patient drug treatment program in the Bronx, and have been an US Federally funded researcher of AIDS, addiction, and public health policies about these for 25 years. I am author of over 100 peer review scientific articles and book chapters and am Editor in Chief of two international peer review journals: Addiction Research and Theory and the open access Harm Reduction Journal, as well as founder of the International Harm Reduction Association – the leading international professional organization which just had its annual meeting in Vancouver, attended by 1500 delegates from 90 countries.

From my many visits to Vancouver over the last decade (and along with many of my international public health colleagues) I have developed a very high regard for the public health and medical professionals involved in Vancouver’s harm reduction programs. My 20 years as a drug treatment and AIDS program director and 20 more as an AIDS researcher in New York City. I have written scores of articles and participated in dozens of research projects about these topics. I am well aware of the range of options available to us and of the special significance of the Vancouver model – a significance the comes from the quality of the work and its impressive results.

InSites Results To Date:

After two years of operation in Vancouver’s Downtown Eastside, InSite now has 20,000 visits each month, and has registered more than 7,200 individual clients – all active intravenous users at the highest risk for HIV transmission and overdose. The program has been the subject of rigorous, independent research and evaluation in all of its important dimensions. These data are compelling. They demonstrate that InSite is a life saving public health strategy. These studies (all published in peer-reviewed journals) uniformly and persuasively find that the InSite program is exceeding all of its targets, achieving excellent outcomes for its population, and does not increase drug use or produce other adverse outcomes in its local community. InSite is:

- Reaching over 7000 high risk injection drug users not otherwise in treatment,
- Decreasing public injection, reducing needle sharing and preventing bacterial infections and overdose deaths,
- Increasing the use of withdrawal management (Detox) and addiction treatment services for over 4000 clients,
• Increasing referral to other community resources that can help active drug users - e.g. legal, medical, and mental health services.

In addition InSite has not increased crime, public disorder, or drug dealing in its neighborhood, not led to increased relapse among former drug users, nor been a negative influence on those seeking to stop drug use altogether. This strong evidence base and the significance of these positive outcomes would normally be the basis for celebration and expansion of similar services elsewhere in Canada. Instead, the risks associated with its possible closure now loom before us. The specific health and economic consequences of failure to continue to operate InSite in Vancouver can also be estimated.

Implications of closing InSite:

By utilizing the data from published InSite studies and program reports, it is possible to project several specific consequences of any failure to continue InSite. These adverse outcomes and their related economic costs (all now prevented by InSite) are given below:

Failure to Prevent 22 overdose deaths per year - based on a 5% mortality rate among 453 overdoses treated at In Site, if these occurred in the community.

Failure to Prevent 112 hospitalizations per year for non-lethal overdose: based on a 25% hospitalization rate (including psychiatric) among 453 overdoses treated at In Site, if these overdoses occurred in the community. A 2-5 day average length of stay for each such admission yields 225 – 560 extra hospital bed days at an estimated cost (at $500/day) that would total $120,000 – 250,000 per year.

Failure to Prevent 2000 Emergency medical visits per year for injection mishaps: Emergency room treatment of abscesses and other bacterial infections associated with unsafe injecting cost $1000 – $3000 per incident – annual savings $2 – 3, 000,000)

Failure to Prevent 100 Hospitalizations due to bacterial infections: Based on 5% rate of hospitalization for the 2000 bacterial infections see annually at Insite. Each such admission has an average length of stay of 15 – 20 days with a cost (at $500 per day) of $7500 – 15,000 per admission, and a cost per year of $3.7 – 7,500,000)

Failure to make 100 referrals to Methadone treatment: with savings of $10,000/year / client in criminal justice and medical costs = $ 1 million/year.

Estimated Cost of Failure to Continue InSite: Total = $6.8 – 11.7 million per year

These data make the best case for the imperatives to action in Canada. But I also believe that Canada’s struggle to develop and maintain innovative public health programs that effectively deal with drugs and AIDS is one I in the international public health community all share. The end of InSite would be a setback not only for the successful public health programs in Vancouver, but also for global efforts to build more effective and sustainable public health initiatives for addiction treatment and AIDS prevention everywhere. Because of the high esteem in which Canadian public health is held
worldwide, your willingness to continue InSite will have a multiplier effects that can help reduce the spread of AIDS and save many lives worldwide.

Thank you for your consideration of these arguments and I look forward to your positive response.

Sincerely,

[Signature]

Professor Ernest Drucker