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The Rt. Honourable Stephen Harper, M.P.  
Prime Minister of Canada  
Parliament Buildings  
Ottawa, Ontario

Dear Mr. Harper:

I am writing to offer my strong support for the upcoming applications to extend the licence for the Safe Injection Facility for addicts that has been operating quite successfully in Vancouver's Downtown Eastside community. My involvement in drug research and drug policy in general, and various attempts to alleviate drug problems in Vancouver in particular, has spanned three decades. The opening of the Safe Injection Facility has been one of the most encouraging developments since I began teaching and doing research on psychoactive drugs at Simon Fraser University back in the early 1970's. It would be regressive indeed to see this valuable facility close.

As a founding board member of both the Drug Policy Foundation in Washington, D.C. and the Canadian Foundation for Drug Policy in Ottawa, and during my four years as contributing editor of *The International Journal on Drug Policy*, I have kept a close watch on different approaches that governments around the world have followed in dealing with the social problems that attend the use of psychoactive drugs. Scientifically speaking, I believe that there is no longer any question that the harm reduction approach that forms the core of Vancouver's Four Pillars program has proved most effective in improving the health of addicted persons and the well-being of the communities in which they live. Vancouver's Safe Injection Facility has become an integral part of this outreach.

For several years, I was one of the invited lecturers at the Summer Institute on Drugs, Crime and Justice at Imperial College of the University of London. This annual institute was a "think tank" devoted to finding workable and humane alternatives to replace the failed policies of prohibition and criminalization. The psychiatrist Dr. John Marks, of the Merseyside Health Authority in Liverpool, co-founder of the world's first comprehensive "harm reduction" program for dealing with urban substance

abuse problems, was a fellow lecturer in that summer institute. Even then, as the institute's director Dr. Arnold Trebach opined after seeing Dr. Marks' Merseyside data, it was obvious from the Liverpool experience that "this is a job for the surgeon general, not the attorney general." Of course, the fact that the Merseyside program had the strong endorsement and participation of the local police administration as well as officers on the street was instrumental to its success. Comparison of data from Liverpool and from the close-by and demographically and economically similar city of Manchester (which opted to continue with a strict criminal justice approach to drug-related problems) points to the clear superiority of the harm reduction measures instituted by Dr. Marks and his colleagues.

Based on the successes of the harm reduction approach in the Merseyside region, and the long experience of British physicians, who for many decades before then had been permitted to prescribe opiates, including heroin, for addicts, governments in The Netherlands, Germany, Spain and Switzerland began experimenting with different ways of reducing drug-related harm through controlled drug access programs for addicts. Expanded maintenance programs, including heroin maintenance, have proven that they reduce the rate of overdose deaths and the spread of HIV/AIDS and hepatitis C, in addition to improving the general health and economic status of those who have participated. The benefits to the surrounding community have also been obvious. Vancouver's Safe Injection Facility is solidly in this harm reduction tradition and forms an important adjunct to the system of maintenance and treatment options available in the Lower Mainland of B.C. Experience from jurisdictions around the world has shown that programs such as this work best when they are carefully integrated with comprehensive medical, psychological, and social services programs and law enforcement efforts, something I also strongly support.

I have personally visited many of the municipalities that have adopted these humane and workable approaches to society's drug problems and I can state unequivocally that these jurisdictions, by all the usual markers of success, have fared far better than those who have persisted in their total reliance on the failed criminal justice approach. The role of harm reduction measures as part of a comprehensive approach to problems of substance abuse has been well documented in the peer-reviewed scientific literature.

Experience has shown that many users who were initially enticed to enter maintenance programs or facilities like Vancouver's Safe Injection Facility only for the drugs often develop a trust and rapport with the organization's staff that leads to utilization of allied health and counselling services as well. It is often the case that, in this supportive environment, users who would have vehemently rejected abstinence at the outset, become more willing to consider the prospect. Facilities that also offer help in becoming abstinent when the maintained user decides he or she is ready, eventually do see many of them succeed. We need more of this as well.

There are no panaceas for societies' drug-related ills, only what the drug policy expert Prof. Arnold Trebach calls "second-order solutions," ones that will help turn a disaster back into a problem. Vancouver's Safe Injection Facility has proven that it can be an effective arm of such a solution. Not only are the drug users better off as a result, we in the rest of the community reap tangible benefits as well. Thus, I urge you, sir, to support the applications that will soon be coming to your government and its agencies to extend the current licence under which this valuable community asset has been working.

Sincerely,

Barry L. Beyerstein, Ph.D.  
Professor of Biological Psychology