

INSITE SHOULD BE CLOSED NOW

June 13, 2007

UNDER the red-herring rubric of “public health practice and a balanced four-pillar approach to drug policy,” Provincial Health Officer Perry Kendall claims that “methadone maintenance, needle exchanges and supervised injection sites have proven to reduce the risk for HIV and to engage vulnerable individuals in health and social services.”

Kendall made this high-ground claim in a letter to the editor of the National Post published May 30. The phrase “proven to reduce the risk for HIV and to engage vulnerable individuals in health and social services” is pure tricksterism, a cunning deception impregnated with the sperm of misinformation.

Come now Mr. Kendall, when you speak of “vulnerable individuals” you avoided the plain fact that they are drug addicts whose health is seriously compromised; that first and foremost they need a practising physician to determine the state of their health and to insist that they stop using narcotics and go into detoxification.

Surely you have at least an inkling that dreary methadone, the decades old cure-all for heroin addiction, is in fact a treadmill drug that does not reduce harm and restore an addict to good health; that needle exchange, touted as an absolute to end transmission of HIV by injection drug users, has not done so; that abandoned syringes turning up everywhere prove that clean syringes are not exchanged one for one, just handed out indiscriminately.

Just a week after Kendall’s letter the National Post published an opinion of Insite’s executive director, Liz Evans. Alongside her message was a picture of an Insite T-shirt with the words “Be Safe, Inject at Insite.” The essence of Evan’s message: “What harm reduction does – it keeps people alive, so that one day, they can enter treatment.”

Behind the harm reduction smokescreen is the need to launder addiction out of human agency; to remove any possibility that addiction will be regarded as self-inflicted; and to ennoble the addict as a victim who must not be demonized or criminalized.

On November 21, 2000, the Vancouver Sun gave a banner headline to then mayor Phillip Owens grandiose promise that he was going to combat Vancouver’s drug crisis with a sweeping plan labelled “four pillars.” Owen proposed supervised injection sites, originally called “safe” injection sites, bundled up with free heroin for hard-core users, testing the strength of heroin and cocaine, and social centres for addicts. Two years later it was still being formulated and remained safe rhetoric.

On November 16, 2002, here-today-gone-tomorrow Larry Campbell touched down for one term in the mayor’s chair. He got the job by being an even louder voice for so-called safe injection sites and he succeeded. But soon the devil in Ottawa whispered: “Give up the mental anxiety of the council chamber and take up the title of senator in our Red

Chamber of pomps and vanities.” And that was a chapter in the life of here-today-gone-tomorrow Larry Campbell.

Sam Sullivan, another believer in Owens’s grand plan, was elected mayor in 2006. Approaching midterm and needing traction, Sullivan has proposed a pretentious experiment to be conducted in tandem with Insite. A select cohort of docile addicts will be persuaded to forsake the instant gratification of high-voltage intravenous injection of illicit drugs for low-voltage, swallow-and-wait tablets of pharmaceutical drugs.

To “mainline” is old druggie slang for injecting intravenously, and a “main line” is a vein, a highway to the brain.

Someone ought to whisper in Sam’s ear: “If you swallow a tablet most of it dissipates, ever so slowly, in your alimentary canal. It is not connected to your brain. Not much gets into the bloodstream to gong your brain.”

The driving force behind Insite is a registered society of “public health” physicians, the Health Officers Council of British Columbia. The Council takes it upon itself to be the supreme arbiter of what is best for Canada’s drug addicts. They dehumanize addicts by reducing them to the status of mere physiological specimens in the Insite laboratory process, all the while sheltering them from stigma and enabling them to defer withdrawal and abstinence. Sullivan’s madcap substitute pill experiment is right up their alley.

Before swallowing the claims of these experts, it would be wise to sprinkle them with a few grains of salt, or to become even more skeptical and consider adopting Benjamin Disraeli’s admonition that in the modern world there are lies, damned lies and statistics.

On December 5, 2005 the Vancouver Courier published a report by staff writer Mike Howell, *Insite Staff Urged to Help Addicts Inject*.

Howell provided a chilling glimpse into Insite; a sometimes gruesome scenario of enfeebled addicts unable to inject themselves.

“A call for staff at the city’s supervised injection site to help drug users inject drugs at the facility is under review.

“Dr. Perry Kendall, the province’s medical health officer, said the provincial steering committee that oversees Insite ...is debating the idea.

“There are liability issues if staff or volunteers did the injecting, there are probably professional issues if you were asking nurses to do the injecting of illicit drugs, said Kendall, the chair of the steering committee.”

It seems to me that the main concern of the Health Officers Council is with cohorts of drug addicts and how, as a commonality, they are accommodated by Insite.

Each addict should be individualized and recognized as a human being hell-bent on self-destruction; a person in dire need of going one on one with a practising physician – not just enabled to inject an undetermined substance with the risk of overdosing right on the spot and being carted off to the emergency ward.

Consider what would happen in any doctor's office.

Addict: "Well doc, I've got some heroin and I'm having trouble injecting it."

Doctor: "No, you must not inject it, even if it is pharmaceutical quality heroin. I'm telling you to stop using heroin. It's a poison that will destroy your health. If I'm going to do anything for you, I first have to do a thorough examination to find out how much damage you've already done. And then I'll see if I can get you into detox and recovery. I'll never help you or anyone else inject street drugs."

Addict: "Don't get so uppity doc, cause I'm outta here and onto the Sky Train to Vancouver. Insite will help me crank up, no fuss."

It would be an act of professional negligence and criminal malpractice for a doctor to assist a patient to inject an illicit drug. It is obscenely preposterous that our federal government permits bureaucratic medicine men and their sleight of mind to escape the same condemnation. Insite should be closed. NOW!

wallace-gilby-craig@realjustice.ca – North Shore News – June 13, 07

