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BUILDING A SAFE AND RESILIENT CANADA

Public Safety Canada

A Review and Discussion of Public Safety Research on Supervised Injection Sites

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Abstract

Supervised injection sites (SISs) are controlled health care settings where drug users can inject their own personally acquired illicit drugs under supervision and receive health care, counselling and referral to social, health and drug use treatment services. Health objectives are paramount with regard to evaluations and research regarding SIS, while law and order objectives are often secondary; although public debate regarding SIS often includes extensive discussion public safety concerns. A review of the research and evaluation literature related to SIS, indicate that previous work has not explored the full range of possible crime and disorder impacts of SIS, both harm reduction and enforcement oriented viewpoints are not equally balanced within many studies, and police stakeholders are under-represented as sources of data.

Introduction

"Supervised injection sites (SISs) are controlled health care settings where drug users can inject their own personally acquired illicit drugs under supervision and receive health care, counselling and referral to social, health and drug use treatment services" (Canada 2008a).

"INSITE was established as a pilot project in 2003, when permission was given to the Vancouver Coastal Health Authority (VCH) under section 56 of the Controlled Drugs and Substances Act" (Canada 2008a) to operate a safe injection site in Vancouver's Downtown Eastside neighborhood.

The downtown eastside neighborhood of Vancouver (DTES) has, perhaps, the highest concentration of injection drug users (IDU) in Canada. Many experts have indicated that British Columbia, and Vancouver in particular, have some of the worst social and health harms resulting from illicit drug use in Canada (Rehm et al 2006).

A review of the research and evaluation literature related to SIS, and INSITE in particular, indicate that: previous work has not explored the full range of possible crime and disorder impacts of SIS; both harm reduction and enforcement oriented viewpoints are not equally balanced within many studies; and, police stakeholders are under-represented as sources of data.

Drugs and Crime

"Theories of the drugs-crime connection predict that certain kinds of offences are more likely than others to be associated with drug use. These include offences, such as shoplifting, theft, robbery, burglary and prostitution that might be committed to raise funds to purchase drugs" (Bennett, et al 2008, 114). The Vancouver Police Department (VPD) has observed that the use of certain types of drugs tends to be associated with particular kinds of criminal offending, as have other police across the country (Thompson in Canada 2008b, 3). "The three drugs most commonly associated with the drugs-crime connection are heroin, crack and cocaine" (Bennett, et al 2008, 112). The types of drugs that are injected by IDU at Canadian SIS are mainly heroin, cocaine and methamphetamine, with heroin being most prevalent. Heroin users are 3.0 to 3.5 times more likely to commit a criminal offence than non-heroin users, cocaine users 2.5 times more likely than non-cocaine users, and amphetamine users are about twice as likely to commit a crime as non-amphetamine users (Bennett, et al 2008, 112-3).

"It has been estimated that injection drug users inject an average of six injections a day [for] cocaine [abusers] and four injections a day [for] heroin [abusers]. The street costs of this use are estimated at around $100 a day or $35,000 a year. Few injection drug users have sufficient income to pay for the habit out through [sic] employment. Some, mainly females, get this money through prostitution and others through theft, break-ins and auto theft. If the theft is of property rather than cash, it is estimated that they must steal close to $350,000 in property a year to get $35,000 cash. Still others get the money they need by selling drugs" (Canada 2008a).

The "odds of shoplifting among drug users (mainly heroin, crack and cocaine users) were about 4 to 6 times greater than among non-users of these drugs" and the "odds of prostitution among these kinds of drug users were almost three times greater [than] among non-users of these drugs," while

the odds of drug use of this kind being associated with robbery offending were about 1.7 times greater (Bennett, et al 2008,114).

Research has shown that drug users who frequent Safe Consumptions Sites ([SIS]), of which SIS are a model, disproportionately describe themselves as having unstable incomes and many report "crime and/or social assistance as [their] main source of income" (Fischer and Allard 2007, 25).

Enforcement versus Harm Reduction

"Certainly until the early 1990's, and to a degree until five years or so years ago, Canadian drug policy rested on an implicit understanding that drugs hurt individuals, families and communities. The primary policy focus at least on paper was reducing the number of new drug users through prevention, and helping people hung up with drugs to get off of those drugs and to recover their lives through treatment. These two pillars together constitute what [is] called demand reduction. A third policy pillar, enforcement or supply reduction, was intended to support the demand reduction pillar by reducing the physical, economic and social availability of drugs in society" (Mangham 2006, 6).

Thus, the "primary response to the harms associated with illicit injection drug use in most settings has involved intensifying law enforcement in an effort to limit the supply and use of drugs" (Kerr et al 2005, 210). "Drug market enforcement aims to achieve several goals, including: disrupting established markets and thereby reducing public disorder, as well as interrupting supply and thereby driving up drug prices and increasing the time drug users have to spend searching for drugs" (Kerr et al 2005, 211). "These approaches also aim to prompt drug users to refrain from drug use or enter treatment out of fear of adverse consequences (e.g., arrest, incarceration) or by making habits difficult to sustain due to rising price" (Kerr et al 2005, 211).

A number of alternative policy measures have been suggested for addressing the use of illicit drugs in Canadian society. The need for these alternative policy measures are supported by advocates with the argument that there has been "limited scientific confirmation of [the] efficacy" of these policies on reducing overall usage rates of illicit drugs or long term restriction in the supply of illicit drugs (Kerr et al 2005, 210). SIS, such as INSITE, are programs designed, first and foremost, as harm reduction programs.

Habitus is a term used in social science to describe "embodied history, internalized as second nature and so forgotten as history;" essentially an inter-related system of attitudes and beliefs that serves as a background for social decision-making (Bourdieu 1999 in Small et al 2006, 74).

The 'harm reduction habitus' is characterized by "the basic assertion that addiction is primarily a health and social issue, rather than principally a criminal justice issue" (Small et al 2006, 74). A contrasting habitus, sometimes termed the 'addiction habitus' is associated with an "enforcement culture" traditionally dominant in addressing the issue of drug use (Small 2004, 221). Since this habitus rests upon 'enforcing' criminal justice policies to directly reduce the supply of drugs and indirectly reduce the demand for drugs, it is probably more accurate to term the 'addiction habitus' an "enforcement habitus."

Harm reduction researchers have described the enforcement habitus as being characterized by agreement with the following list of statements (Small et al 2006, 74):

- “People choose to be addicts, therefore addicts are to blame for their addiction and corrupt lifestyles;”
- “Services for addicts attract addicts, promote and spread addictive behaviour;”
- “Drugs promote violence;”
- “Drugs are seen as inherently addictive and the inherent properties of the drug itself, rather than the mental pain of the drug user, account for addiction;”
- “Addicts should be made more uncomfortable to prevent and not enable addiction;”
- “Drug addiction exists in a large part because drugs are widely available;”
- “Harm reduction services (supervised injection facilities and needle exchanges) promote addiction and keep people on drugs:”
- “Drugs are illegal for a reason: they are dangerous;” and,
- “All resources spent on enforcement are justified. Each new drug is dramatically worse than the preceding focus of the [enforcement] habitus: people are made more violent, more mentally ill and more morally bankrupt.”

As a corollary, the inverse of this list of statements might be viewed as characterizing the harm reduction habitus:

- ‘People do not choose to be addicts, therefore do not blame addicts for the harm caused by their drug use;’
- ‘Services for addicts reduce the harm caused by drug consumption;’
- ‘Violence is caused by social circumstances and mental health problems, not the drugs themselves;’
- ‘Addiction is a mental health disorder, not everyone using an illicit drug becomes an addict or exhibits problematic use;’
- ‘Drug consumption and addiction exist irrespective of enforcement measures;’
- ‘Harm reduction services promote healthy outcomes and lead to people getting off drugs;’
- ‘Drugs are illegal for a reason: misguided moralistic reasoning;’ and,
- ‘Most resources spent on enforcement are not justified. Most of the harm from drugs stems from enforcement. People respond to new drugs with hysteria rather than reason. Society allows morally bankrupt systems and social patterns to exist that make people more violent and mentally unwell.’

There is a clear “cultural” difference between the two attitudes towards addressing the harms associated with drug use and drug users (Small et al 2006, 73). Researchers have identified that police often subscribe to an enforcement habitus, while service providers subscribe to a harm reduction habitus. “[P]olice and service providers often have different objectives, values, and treatment philosophies (i.e., abstinence versus harm reduction), and therefore have difficulty cultivating healthy working partnerships, especially if forced into partnerships in a top-down fashion” (Kerr et al 2005, 2015).

“At the heart … rests a fundamental difference in harm reduction culture and police culture. In harm reduction culture, morality is intentionally disconnected. There is no villain and addicts are

not blamed. The focus is on measures that control disease. … In police culture, morality appears central," where addicts have made bad life choices, thereby choosing a criminal path for which they should be held accountable through the reasonable application of the criminal justice system (Fitzgerald 2005, 203; Evans in Canada 2008b, 5). "Harm reductionists concentrate on curbing disease rather than eradicating addiction. The conviction that enforcement can and should stop drug use is central in the police web of cultural values" (Fitzgerald 2005, 203). Harm reductionists tend to focus on protecting drug users from the harms associated with their addictive behaviours, while enforcement-oriented approaches tend to focus on protecting society from the harms associated with drug users' addictive behaviours.

Harm reduction advocates "attempt to normalize drug use behaviours by reminding community members that many people consume drugs. Normalizing drug use involves reminding opponents that drug dependence is not uncommon" (Strike et al 2004, 270). This rationalization contests classic anti-drug strategies and rhetoric, which seeks to stigmatize and problematize drug using behaviours to dissuade people from using illicit drugs (Mangham in Canada 2008b). Rather than sending a message that the use of drugs can be normal, enforcement advocates that drug use itself is the problem (Hathaway and Tousaw 2008, 11).

The logic of the enforcement habitus requires that drug use is controlled and minimized on both an individual and population level as a stigmatized activity, while extending the logic of the harm reduction habitus requires the legalization of drugs and the de stigmatization of their users. As one advocate of the harm reduction position notes: "Calls for improved enforcement in concert with harm reduction miss the crucial point that prohibition is immoral and irrational precisely because it creates the black market conditions in which harm reduction strategies are needed" (Hathaway and Tousaw 2008, 14). "The single most effective harm reduction measure would be to eliminate entirely the current prohibition and regulate all drug use within a legal framework" (Hathaway and Tousaw 2008, 11). Thus, "[l]egalization and regulation of drugs are central in harm reduction ideology. If one thinks about it, harm reduction can't really exist fully without legalizing drugs" (Mangham 2006, 9).

The difference between the two positions is sometimes characterized on moral grounds, which are not usually explicitly stated. The different moral viewpoints between the two habitus are implicitly embedded in the words used by those debating the policies to be used when dealing with the harms produced by drug use and drug users, and in the methods and research questions selected to collect evidence or scientifically evaluate efficacy (Hathaway and Tousaw 2008; Mangham 2006).

Evaluations of INSITE

There have been a large number of studies and evaluations of the impact of SIS around the world, and of INSITE in particular. There has also been extensive policy and operational debate surrounding the implementation of INSITE.

There is a very particular set of stated objectives of SIS programs. These objectives have particular, operationalized metrics for measuring success or failure. However, a close examination of the debate surrounding whether or not these sites have been successful often

includes implied goals that were not included in the set of stated objectives for the SIS or includes metrics which only evaluate part of a stated objective. Some authors, such as Mangham (2006), have argued that this is because the scientific process has been biased by the harm reduction habitus. In the case of INSITE, the stated goals of the program were to: "i) increase access to health and addiction care; ii) reduce overdose fatalities; iii) reduce transmission of blood-borne viral infections and other injection related infections; and iv) improve public order" (Canada 2008a). Like other [SIS] programs, INSITE's "main objectives are to reduce harms and risks (e.g., overdose, infectious disease transmission, equipment sharing) to drug users' health, to function as a contact and referral point for marginalized drug users, as well as to reduce drug-related public order problems" (Fischer and Allard 2007, 4). There were fewer objectives related to public order than health, and the public order objectives are almost universally appended as an addendum. Thus, health objectives might be seen to have been paramount, while law and order objectives were secondary.

Police services have a mandate to enforce the law and secure the safety of the citizenry of their jurisdiction. Police services may naturally be more interested in the secondary objectives of SIS, as they directly impact upon their mandate. The Vancouver Police Department (VPD) noted that they were "in favour of any legal measure that might have a chance of reducing the drug problem in Vancouver's downtown eastside" (Thompson in Canada 2008b, 3). "[T]he VPD's primary interest and mandate around the SIS has always been and remains public safety, not public health" (Thompson in Canada 2008b, 3). In 2002, the Canadian Association of Chiefs of Police (CACP) did not support INSITE due to reservations due to a similar list of concerns, which included "the impact on the community, such as: violent and property crime victimization, social and physical disorder, resistance or support from local citizens and business and zoning issues" (CACP 2002). From the point of view of some police and many who subscribe to an enforcement habitus, the existent body of evaluations and the science discussing the success or failure of INSITE, do not directly address their main concerns in the area of public order, crime and non-health related community impact.

Examinations of, and commentary surrounding, INSITE have included the study and evaluation of crime and disorder associated with the SIS program. These types of analyses are of interest to policing bodies. Reaction to the results of these studies have been mixed, some feeling the studies are positive indications that INSITE does not increase crime or public disorder, while others that they are neutral indicators, and yet others who criticize the studies for not being able to make solid conclusions at all or, perhaps, concluding that the studies may imply that INSITE may have decreased public safety. The disagreement surrounding the crime and disorder findings of the studies hinges upon identified deficiencies in the methodology of the studies and an insufficient scope for the identification of the initial research questions.

The Health Canada Expert Advisory Committee on Vancouver's INSITE service (Canada 2008a) found that:

> Rates of arrests for drug trafficking and for assaults/robbery in the vicinity of the service were similar in the year after the service opened when compared with the previous year. However, there was a decrease in the rates of arrests for vehicle break-ins following the opening of the service (Wood et al., 2006b).

Information provided by a private security firm hired by the Chinatown Business Association show that between 2003 and 2006 there was a decrease in sex trade activity (by 19%), thefts (by 32%), shop lifting (20%), sexual assault (66%) and squeegee activity (95%) in the Chinatown area. Car thefts dropped in 2003 and 2004 and increased slightly in 2006 but still 10% below the 2003 level. Break and entry [sic] showed similar trends and in 2006 they were 20% below the 2003 level. The number of unspecified disturbance, mischief and other unspecified 'drug-related' events were largely unchanged between 2003 and 2006.

A geographic analysis of Vancouver City Police crime dispatch data for the seven year period 2000-2006 (by Boyd et al., 2008) found no increase in either the major categories of violent crime or property crime following the opening of INSITE in 2003 - with respect to either the immediate neighbourhood where the INSITE facility is located, in the Downtown Eastside generally, or in the City of Vancouver overall.

An analysis of Statistics Canada data (again by Boyd et al., 2008) suggests that the rates of violent crime in Vancouver for the ten year period from 1997 through 2006 has generally mirrored the generally stable pattern of violent crime for the province of British Columbia overall. The same analysis suggests that the property crime rate for the City of Vancouver dropped significantly for the first half of the ten-year period, and then leveled off to mirror the stable rate in British Columbia for the entire 1997-2006 period.

An analysis of Vancouver City Police crime dispatch data for the seven year period 2000-2006 (again by Boyd et al., 2008) suggested no increase in drug crimes following the opening of INSITE in 2003 - with respect to both the immediate area where INSITE is located, and the Downtown Eastside overall.

The research of Boyd et al. (2008) is consistent with published research from both the Australian and Vancouver SIS evaluation teams which have reported that the opening of SIS facilities in their respective jurisdictions did not result in increases in crime in the surrounding neighbourhoods to which those SIS facilities were located (Wood et al., 2006; Freeman et al., 2005; Donnelly and Snowball, 2006).

Seventy-six interviews conducted through the research of Boyd et al. (2008) suggest that a minority of local residents, service providers, business owners, and police feel that property crime in the area around INSITE has increased. Specifically, 10% of police, 21% of service providers, 24% of residents, and 30% of business owners felt property crime had increased since the opening of INSITE. Similarly, a slightly larger minority of local residents, service providers, business owners, and police feel that violent crime in the area around INSITE has increased. Specifically, 18% of residents, 25% of police, 35% of business owners, and 42% of service providers felt that violent crime had

> increased. Notably though, hardly any interviewees from any of the groups interviewed felt the increase in crime was attributable to the opening of INSITE.

This body of research essentially showed that officially-observed and reported crime and disorder did not go up in a number of examined areas when INSITE was first established. But, neither was INSITE proven to effectively reduce crime (Mangham 2006, 3). In addition, there are some serious limitations to this research, some of which are pointed out by the researchers themselves, which reduce the validity of the findings for some.

"The majority of [SIS] analyses demonstrate a lack of statistical control" (Davies 2006, 25). "The problem of sample size insufficiency is most pronounced with respect to stakeholder research. Very few studies have explored the relationship between [SIS]s and other interested parties, such as the police, local business, and neighborhood residents, and those that have are based on miniscule samples" (Davies 2006, 26).

"Specifically, violent and property crime statistics do not account for unreported victimization and public tolerance, for the extent to which that might have changed over the period of study. … We also need to be extremely skeptical of drug crime statistics as they are driven by continually changing enforcement capacity and practices. Further, for the most part these crimes, like other so-called victimless crimes, are almost never reported by anyone other than the police. With this in mind, it is perhaps safest to assume that drug crime statistics tell us very little about the nature and extent of drug crime" (Canada 2008a). Another point to make is that "the number of police, residents, police [sic], and local business people interviewed was relatively small, and the sampling was not (understandably) random. Accordingly, it cannot be confirmed that the information provided by interviewees provides a representative perspective of significant stakeholders" (Canada 2008a). The research did not control "for other factors that may influence public self-injection (weather, police activity, availability of drugs, increasing popularity of cocaine for smoking)" and the research was only conducted for a short period right after the service opened (Canada 2008a).

Residents who are confronted with open drug scenes can feel a sense of lawlessness, of an area being abandoned and "out of control." These are experiences that may be deeply unsettling or disturbing, construed by residents as a breaking down of familiar barriers that allow the world to make sense. "The fear that arises from an encounter with the signs of the street drug market is not a fear of drugs, but can be a fear of the dissolution of the sensible world" (Fitzgerale and Threadgold, 2004). The criminological literature has for some time recognized that disorder is signified by a range of cues, and that these cues have distinct behavioural outcomes (Skogan, 1990; Stark, 1987). Public injecting and litter is problematic, but no more so than the congregation of people for illicit purposes. There is a social aspect to the street drug market that has largely escaped the attention of [SIS] researchers. Users who comprise these markets spend much of their time engaged in activities that are not captured by either the "public injecting" or "syringes and litter" measures, including committing crimes to secure money, purchasing drugs, and simply "hanging around." Even if [SIS]s were successful in reducing public injecting and improperly discarded syringes, this might do very little to influence perceptions of disorder. It follows that it may be the existence of street drug markets themselves that is most problematic, as opposed to any one aspect or indicator of the market. In assessing public disorder, the evaluation

research has been deficient in addressing the potential role of [SIS]s in sustaining these drug markets" (Davies 2006, 21). Alternatively, other more meaningful measures of public disorder could have improved the assessment of INSITE's impact on public order, such as public urination or defecation, certain types of assault, public display of psychotic behaviours, obvious or implied indications of illicit drug exchange or consumption, etc. (Mangham 2006, 3). Even the measures that were used may be suspect, since in Vancouver "the practice of volunteers picking up litter around Insite greatly complicates the assessment of whether [SIS]s are associated with increases in improperly discarded syringes" (Davies 2006, 25-6).

"There is no evidence that SISs influence rates of drug use in the community or increase relapse rates among injection drug users" (Canada 2008a). However, for the most part, this issue was not studied. "Concerns that SISs "send the wrong message" to non-users by suggesting that drug use can be safe cannot be addressed with existing data" (Canada 2008a).

"Youth may be particularly vulnerable to initiation into injection for a variety of reasons including lack of education about drug use, sexual risks, sexual and physical violence, poverty and neglect, and precarious living conditions. For these reasons, adverse impacts can occur if the relocation of drug dealing and use has the effect of normalizing injection drug use among previously unexposed at-risk youth or other vulnerable populations who are subsequently initiated into injection drug use. Previous studies have demonstrated that this concern is not unfounded as new initiates into injection drug use are often vulnerable youth who are initiated by dealers, an older sex-partner, or pimp" (Kerr et al. 2005, 213-14).

"There is little direct evidence that the establishment of the service influences drug use in the wider community," but "no surveys of drug use among school pupils or the general public" were undertaken to test this fact (Canada 2008a). Research focused virtually exclusively on drug consumption by the chronic IDU population who are the clients for INSITE. There is a concern that SISs "send the "wrong" message and encourage drug use, discourage drug users from seeking treatment and encourage them to relapse after treatment" (Canada 2008a).

'Coffee shops' in the Netherlands, where cannabis is consumed and trafficked under certain circumstance, has been studied by a large number of researchers. Some of the research questions for these studies include the degree to which the policy of condoning illicit drug use leads to a separation of drug markets, the impact on the prevalence of use of particular drugs amongst a wider population, and if the policy leads to an increased intensity of drug consumption for particular users (Wouters & Benschop 2012). These same issues are valid policy research questions in the context of supervised injection sites in North America, but do not appear to have been empirically examined in evaluations or research.

Most retail level heroin dealers in Vancouver are addicted user-dealers. Drug user and drug dealer populations are not discrete. While dealers might report that police presence at drug purchase locations increases their desire to stop drug dealing, the authors identify the intensity of drug dependence as the over-riding factor in people actually giving up street-level dealing. (Werb, et al 2011) The implication is that if supervised injection sites help people with their addiction by assisting them with reducing the amount of drugs they consume or causing them to cease using drugs, drug dealing will decline. However, another implication of the research is that a significant

number of users of the services of a supervised injection site may be dealers, who may sell or exchange drugs on or near the premises or at least connect with other users and dealers at the location.

Policing Practices

Two of the reasons that street drug users give for using the service are “to consume drugs without having to hurry” and “to avoid police” (Canada 2008a). “In particular, the SIS addresses many of the unique contextual risks associated with injection in public spaces, including the need to rush injections due to fear of arrest” (Kerr in Canada 2008a). In Victoria, the top reason IDU drug users gave for using an SIS was to have a “safe environment/avoid the police” (99%), while a small minority (2%) would do so for “public safety” reasons (Fischer and Allard 2007, 14). Only 22% of prospective IDU said they would be willing to use a SIS facility where police were stationed outside (Fischer and Allard 2007, 24). Because of these issues, in order to entice clients to use SIS, particular operational policing policies need to be put into place relating to the use of discretion in charging or searching, as well as staffing levels for police officers (Wood et al 2006).

“The effects of enforcement and policing are routinely overlooked. This is especially problematic in … Vancouver, where police practices were altered in attempts to assist Insite with its mandate” (Davies 2006, 25-6). Unfortunately, many evaluations of INSITE fail “to acknowledge or discuss the impact of [the] substantial police presence during the period of study” (Mangham 2006, 9). “[F]or one year from the inception of the INSITE program the Vancouver Police Department stationed four officers immediately outside of INSITE to provide staff with any assistant [sic] that they might require. A further 60 officers were assigned to the neighborhood immediately surrounding Insite as part of VPD’s Citywide Enforcement Team (personal communication, Inspector John McKay). It is entirely possible, indeed probable, that this concentrated allocation of resources had an appreciable effect on crime in this area” (Davies 2006, 22).

“Stakeholders mostly agreed that it was essential for a possible [SIS] facility to maintain order and minimize negative impacts on the surrounding community. In this context, it was viewed that police would need to be an essential partner in the implementation of an [SIS] program, yet that their role should be transparently defined, and include: preventing the presence of drug dealers from the immediate site periphery; responding to emergencies occurring at any given facility; implementing a protocol agreement to ensure that [SIS] users would not get ‘busted’ on their way to/from any [SIS]; and actively ‘referring’ users to [SIS] services, yet generally keeping a distance from an [SIS] facility” (Fischer and Allard 2007, 7).

The VPD operations plan stated that: “When dealing with an intravenous drug user found using drugs within a four block radius of the SIS … it is recommended that our members direct the drug user to attend the SIS to avoid a future contact with the police” (VPD in Thompson in Canada 2008b, 2). Essentially, “if a drug user is not engaged in disorderly, unlawful, threatening, and/or violent behaviour on the street or is wanted on an outstanding arrest warrant, it is unlikely they would be prevented or impeded by the Vancouver police from accessing the supervised injection site” (Thompson in Canada 2008b, 2). The policies are designed to allow IDU to feel free to use INSITE without interference from police. However, these policies make police contact (such as

collection of intelligence or collection of evidentiary leads) with individuals at high risk of committing crimes or causing disorder extremely difficult.

The modification in policing policy around INSITE and expected increase in crime and disorder problems was compensated for by adding additional officers to patrol the areas surrounding the SIS. As one VPD officer noted (in Mangham 2006, 21):

> Yes, four officers per day, 22 hours per day, 7 days a week, for one year from Sept 03 – Sep 04 in the block at all times with cell phone access directly to them by SIS staff. These officers were paid overtime callout at double time for that whole year. The Vancouver agreement paid for that. At the same time 60 other officers were deployed in a 5-block area and still are to this day. The police took care of public disorder. The SIS enhanced public disorder.

It has been asserted that: "It is misleading for any inference to be made that INSITE had any impact on crime, or on public disorder. Police presence more than accounts for any changes in either" (Mangham 2006, 21).

"Public order" or "disorder" has been narrowly defined in many evaluations of SISs or needle exchange programs; most commonly being measured by the amount of discarded drug paraphernalia, loitering, and public injecting taking place. However, Mangham (2006, 23) notes that officers at the Vancouver Police Department also identified illegal street vending, loud arguments that disturb the peace, urinating and defecating in public, erratic behaviour due to drug-induced psychosis, fencing of stolen property, public intoxication, and litter as additional public disorder issues that might be associated with INSITE. No evaluations of INSITE appear to have measured these public order concerns. Some additional criminal offending was also labelled as part of the "public disorder" problem with INSITE by the same police contacts, included increases in drug trafficking and common assaults (Mangham 2006, 23). Evaluations, such as that by Boyd et al 2008, did consider certain types of drug dealing, but not common assaults specifically. Thus, many types of criminal offending and indicators of public disorder associated with IDU were not evaluated in the context of INSITE.

Some summary studies of [SIS] programs around the world have concluded "that [SIS] facilities have generally not led to increases in public order problems or drug-related crime. Whereas some studies even document actual local improvements in these areas, some select reports have described phenomena of increased drug dealing or public disorder around [SIS] facilities, most of which can likely be attributed to capacity and/or facility management problems. Overall, it is recognized as essential for both public order as well as utilization objectives to actively involve and clearly define the role and stance of police vis-à-vis [SIS] operations" (Fischer and Allard 2007, 5). However, these studies do not identify what effect police operations have on the fact that higher, lower, or neutral levels of police-reported crime were recorded.

The focus on health and social outcomes for drug users over public order outcomes is not the same in parts of Europe. "[T]he policies surrounding many [SIS] in Switzerland, Germany and especially the Netherlands have been centred more strongly on public order in response to concerns among local residents, business owners and police relating to large open drug scenes and

the nuisance associated with them. … [SIS] may at times be used as vehicles of ‘purification’ or ‘gentrification’ of contested urban spaces, in which street drug users and their activities are seen as disturbing elements” (Fischer and Allard 2007, 19). “The evidence relating to whether or not [SIS] lead to the congregation of drug users of drug related activities in the immediate vicinity of [SIS] (‘honey-pot effect’) is also mixed” (Fischer and Allard 2007, 29). Police “suggested that people who use illicit drugs will be drawn to an [SIS] and its neighborhood because of the opportunity to be exempt from law enforcement” (Watson et al 2012, 368). “Generally fewer nuisance problems are reported in cities where a political consensus or co-operation between police and drug service agencies exists” (Fischer and Allard 2007, 32). This finding underscores the importance of carefully studying and documenting police assessments of SIS.

A further issue that was not evaluated in the context of INSITE or SIS programs generally, but is sometimes studied in the context of needle exchange programs, is officer safety related to ‘needle stick injury.’ These types of injuries can be psychologically damaging due to the concern over the possible transmission of blood-borne diseases, such as HIV, that exist with high incidence amongst IDU, as well as the actual risk of contracting disease. “A study of police officers in one [American] city found that nearly 30% of [interviewed police officers] had been stuck by a syringe at one point in their career” (Beletsky et al 2005, 268). “Police officers are several hundred times more likely to experience a [needle stick injury] than a member of the general public” (Beletsky et al 2005, 272).

Future Research

A number of researchers have indicated the need to devise “new research to match the political and policy contexts within which public order debates are conducted” (Fitzgerald 2005, 203). Many harm reduction proponents now recognize the importance of research matching “the policy stories being told” in order for “evidence to have effect” (Fitzgerald 2005, 204). Enforcement proponents, too, are frustrated with the inability of divergent research orientations to provide relevant information for policy discussion (Mangham 2006; Watson et al 2012). There exists a volume of high quality health-related research on certain aspects of SIS programs and INSITE. The VPD have reviewed studies on SIS and links to crime and disorder. They “believe that further research needs to be focused first on whether the SIS and other services potentially facilitate and perpetuate the cycle of addiction and whether this has a negative impact on addicted individuals seeking treatment” (Thompson in Canada 2008b, 3). As outlined in this discussion paper, there also exists a body of research, of sometimes overly narrow scope and using problematic methodologies, which examine associated crime and public disorder related impacts of SIS programs and INSITE. Research on these issues, too, could be improved. Also, “despite the integral role of police officers in health policy implementation, little is known of their knowledge of, attitudes toward, and enforcement response to harm-minimization schemes” (Beletsky et al 2005, 267). A research gap exists that examines the full range of possible crime and disorder impacts of SIS, that includes assumptions used in both harm reduction and enforcement oriented viewpoints, and extensively engages with police stakeholders.

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ANNEX A – Possible Areas of Research

This annex provides an outline of issues, identified in the published literature, which could be considered when undertaking future research on the possible public safety impact of SIS on communities hosting SIS facilities and the policing of these areas. Specifically, if research is undertaken with police regarding the policing of SIS sites, the issues and variable listed here could be useful in project development.

The issues fall into a number of different categories, including; officer characteristics; questions to gauge the degree to which police subscribe to the addiction versus harm reduction habitus; assessments of how SIS impact crime and disorder; assessments of how SIS impact drug markets; assessments of how the communities could be changed by the addition of an SIS; and, views on how police relate to treatment outcomes.

Officer Characteristics

There are a number of officer characteristics which may influence officers opinion regarding SIS facilities or their policing of areas surrounding SIS facilities: level of police officer expertise with policing drug users; ever having been physically harmed by a drug user or their paraphernalia (Beletsky et al 2005, 267); having a close friend or family member with an addiction problem; residence in a neighborhood with a public drug problem; and being a visible minority or having Aboriginal status.

Contrasting Habitus Positions

Research appears to indicate that adherence to an enforcement habitus or harm reduction habitus may be related to assessments of issues surrounding SIS and that police are a very important part the success of SIS, as well as being central to the current response to the issue of illicit drug use in Canada (Watson et al 2012; Fitzgerald 2005, 204). However, little research has been undertaken on the "knowledge of, attitudes toward, and enforcement response" of police officers regarding SIS (Beletsky et al 2005, 267).

Research providing an indication of what habitus guides the thinking of individuals consulted when researching SIS might include asking questions concerning issues such as: if drug use is more a choice or addiction or if people stop using hard drugs because of treatment or willpower (Small et al 2006, 74); if addiction is a moral failure or if drug users can become productive members of society (Watson et al 2012, 368); if addiction is caused more by the drug than by the mental state of the drug user (Small et al 2006, 74); if making drug taking more difficult will motivate addicts to stop using drugs (Small et al 2006, 74); if drug addiction exists because drugs are widely available (Small et al 2006, 74); effectiveness of harm reduction services in getting people to stop taking drugs (Small et al 2006, 74); and, to what degree harm reduction thinking necessarily leads to legalization of currently illicit drugs (Fischer and Allard 2007, 19).

Crime and Disorder

Various types, and rates, of crime tend to be associated with the users of particular types of illicit drugs (Bennett, et al 2008). Police are experts in the nature of crime and disorder that occurs in their local jurisdictions.

Public safety issues which might be considered when researching the impact, or possible impact, of an SIS site could include: the degree to which the consumption of certain illicit drugs leads to violence (Small et al 2006, 74); the relation between crime levels and the concentration of addicts in an area; the degree to which more intensive policing of addicts reduces drug consumption per addict (Fitzgerald 2005, 203); the relations between the policing of addicts and the overall level of community drug use (Fitzgerald 2005, 203); the impact of policing practice on the number of publicly discarded needles (Strike et al 2004, 266); the impact an SIS is seen to have on the frequency of particular crime types around the SIS or in the entire policing jurisdiction for the offences of prostitution (Strike et al 2004, 267; Bennett, et al 2008, 114), robbery (Bennett, et al 2008, 114), shoplifting (Bennett, et al 2008, 114), drug dealing (including selling, administering, giving, transferring, transporting, sending, or delivering) (Wood et al 2006, 13; Mangham 2006, 23), illegal street vending (Mangham 2006, 23), common assault (Mangham 2006, 23), sexual assault (Canada 2008a), loud arguments that disturb the peace (Mangham 2006, 23), urinating or defecating in public (Mangham 2006, 23), erratic behaviour due to drug-induced psychosis (Mangham 2006, 23), fencing of stolen property (Mangham 2006, 23), public intoxication (Mangham 2006, 23), littering (Mangham 2006, 23), begging or 'squeegee activity' (Canada 2008a) and vehicle break-ins (Watson et al 2012, 364); the impact on the number of youth injecting illicit drugs (Kerr et al 2005, 213-14); impact on the number of needle sticks for police officers (Beletsky et al 2005, 269); the impact on the number of injections that take place in public (Canada 2008a); the impact on the number of crimes committed by addicts when in withdrawal (Rhodes, et al 2006, 915); the impact of security guards on public order around the SIS (Fischer and Allard 2007, 29); and the impact of 'facility runners' on congregations of drug users and drug dealing issues around the SIS (Fischer and Allard 2007, 29).

Questions on how SIS could impact on drug markets are often under-represented in the current research, yet the policy of demand-side and supply-side reduction is contingent upon information in this area. Thus, it may also be useful to research: the impact on the total volume of drugs consumed in the region around an SIS site; the impact on the street level price of illicit drugs used for injection (Kerr et al. 2005, 214); the impact of the SIS on separating drug markets (Wouter and Benschop 2012) (e.g., heroin users from users of crack, cocaine, methamphetamine, licit pharmaceuticals, or cannabis); and the impact on the ability of police to gather actionable intelligence about criminal activity (Rhodes, et al 2006, 919).

Community

Police services protect the safety and security of entire communities, as well as particular neighborhoods and high crime hot spots. Law enforcement agencies are also engaged in community education efforts and crime prevention at a community wide level. Thus, police are one, amongst several, stakeholders that might be well placed to contribute to research on how an SIS could relate to community wide issues such as: attracting additional addicts to the geographic

area, from other areas of their policing jurisdiction or from other policing jurisdictions (Small et al 2006, 74; Thompson in Canada 2008b, 3; Watson et al 2012, 368; Strike et al 2004, 267; Fischer and Allard 2007, 18); attracting additional drug dealers to the geographic area of the SIS, from other areas of their policing jurisdiction or from other policing jurisdictions (Fischer and Allard 2007, 18); if the presence of an SIS makes non drug users think using hard drugs can be done safely, leading to more addiction, youth and children trying drugs (Small et al 2006, 74; Canada 2008a; Clement in Canada 2008b, 19); the acceptance of local communities and institutions towards opening a later SIS if an "unsanctioned facility" opens first (Small et al 2006, 78); the quality of life in the neighbourhood (Strike et al 2004, 263); the impact on the property values in the neighbourhood (Strike et al 2004, 263); views of people in the neighbourhood regarding fear for their safety (Strike et al 2004, 263; Kerr et al 2005, 213); the degree to which others in the city will unfairly stigmatize people in the same neighbourhood (Strike et al 2004, 266); if a neighbourhood with a bad enough local drug problem exists to warrant an SIS (Strike et al 2004, 267); if an NGO or organization or coalition in a community has the confidence of the police to handle administering an SIS program (Strike et al 2004, 268); the impact on local businesses (Fischer and Allard 2007, 6); the impact on tourism (Fischer and Allard 2007, 6); and the possible avoidance of the SIS neighborhood due to safety concerns (Fischer and Allard 2007, 6).

Treatment

Police officers have been identified as important partners in the provision of treatment to those addicted to illicit drugs (Fischer and Allard 2007, 7). Although police are not medical professionals and are not the main source of expertise on the efficacy of various treatment modalities, police can be experienced secondary observers of how treatment impacts on the behaviour of drug users and the impact of that behaviour on the community in general (Thompson in Canada 2008b, 3), in part because they have contact with the drug users who are both in treatment and not in treatment.

Issues related to the treatment of drug users that are of relevance when evaluating the public safety impact of SIS include: the degree to which SIS may cause drug users in treatment to relapse (Canada 2008a); the degree to which SIS may cause drug users to seek, or not seek, treatment (Canada 2008a); the degree to which SIS may cause drug users to stay addicted longer (Fischer and Allard 2007, 18); and the degree to which SIS may perpetuate the cycle of addiction or that SIS many dissuade people from abstaining completely from drug use (Thompson in Canada 2008b, 3). Further, it is important to know whether or not police believe that, when they are asked to participate as partners in an SIS, they are working mainly to advance public safety goals or public health goals (Thompson in Canada 2008b, 3).