

## Clement unleashes barrage at safe injection site supporters

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Federal Health Minister Tony Clement unleashed a flurry of punches at critics of the federal government's decision to challenge the operation of the Vancouver-based InSite safe injection site during a 30-minute address to the Canadian Medical Association's (CMA's) 141st annual general council Aug. 18, 2008, in Montréal.

The government is appealing a May 27, 2008 British Columbia Supreme Court ruling that the federal Controlled Drugs and Substances Act should allow for medical exemptions so that InSite can continue operations (*CMAJ* 2008; 179[1]:25). Clement reiterated the federal government's belief that treatment programs are preferable to harm reduction strategies, arguing that there are no ethical grounds for health care professionals to support sites where people addicted to drugs can shoot up under medical supervision.

"A better thing to do is to treat people, to prevent people from going on drugs in the first place," Clement said.

Citing a recent government study (*CMAJ* 2008;178[11]:1412-13), Clement added that scientific evidence about InSite's efficacy was fraught with "uncertainty."

Every dollar spent on InSite and other harm reduction facilities is better spent elsewhere, he said. "I believe that greater benefits could be achieved from its \$3 million annual cost. ... We have to do more to reach out to our own sons

and daughters who are overdosing in [Vancouver's] Downtown Eastside. They need our compassion and they need our intervention, not help simply to shoot up."

Clement questioned whether doctors should be involved in any aspect of the administration of illegal drugs. "Is it ethical for health care professionals to support the administration of drugs that are of unknown substance or purity or potency?"

He also expressed his concern that supervised injection is more of a form of palliative care than a means to promote full recovery from drug addiction. "Injections are not medicine," he said. "They do not heal."

Supervised injection is the equivalent of helping a gambling addict switch from video gambling to race-track betting or offering an alcoholic a bottle beer instead of a shot of whisky, Clement said, adding that doctors tell smokers to quit, not to smoke less.

Delegate Dr. Albert Schumacher of Windsor, Ont. later told Clement that the smoking analogy was inappropriate, as quitting smoking is a long and difficult process and harm reduction plays an important role. "I would hate for you to use that example again."

Clement argued that safe injection sites constitute "ethics of diversion." Noting that InSite claims to save one life per year, Clement said monies spent on treatment would yield better results. Vancouver Coastal Health now spends

\$22 million annually on harm reduction; "imagine the number of addicts we could help over the next five years if that money could be diverted and spent on long-term treatment instead."

It is equally unfair that wealthy people who are addicted to drugs have access to expensive rehab programs while those living in poverty have no such opportunities, Clement argued. "We can and we must do better than this if compassion is our motive."

Clement said that he'd like InSite's focus to shift from supervised injection to treatment and prevention. "Even if they fail treatment the first time, we can help them to get up and try again."

Several physician delegates were quick to counterpunch in the follow-up question period. Among those was Dr. Bonnie Cham, chair of the CMA's Committee on Ethics, who was troubled by Clement's use of medical ethics to justify a political decision and objected to his entire line of reasoning. "IV drug users have the right to compassion and access to care that has proven to be beneficial," Cham said to loud applause.

Clement was also grilled on federal investment in mental illness research, tobacco advertising, medical isotope development, trans fat regulation, laboratory standards, delaying repayment of student loans until after residency, and false or misleading product health claims. — Roger Collier, *CMAJ*

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