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Evidence, values, and ideology in public health decision-making
The debate over supervised injection facilities

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Objectives

• Discuss the evidence regarding the potential costs and benefits of supervised injection facilities in Toronto.
• Critically appraise the knowledge translation and policy discussion following the release of the TOSCA study report.
• Discuss the interplay of values and evidence in the context of supervised injection sites.
Outline

• A History of Supervised Injection in Canada
• The TOSCA Report and the Reaction
• Evidence and Values
• Conducting Controversial Value-laden Research
Supervised Consumption Facility

- A legally sanctioned health facility that offers a hygienic environment where people can use illicit drugs under the supervision of trained staff
- Injecting, smoking, or both
- 90+ facilities internationally, including Vancouver
A Short History of Supervised Injection in Canada

• Late 1990s: alarming increase in HIV rates in Vancouver’s downtown eastside neighbourhood
• Public health emergency declared in 1997
• 2003: Insite opened in Vancouver, first legally sanctioned supervised injection site in Canada
• Conservative government: “The supervised injection site undercuts the ethic of medical practice”
Evidence for Insite

- Comprehensively evaluated
- Decreased needle sharing
- Decreased overdose rate
- Increased referral for drug treatment
- Increased community support
- Cost-effective and likely cost-saving
Objections to Insite

• Tony Clement, former Minister of Health:
  ○ Is it true that supervised injections offer 'positive health outcomes?' I would not put it this way. Insite may slow the death spiral of a deadly drug habit, but it does not reverse it. I do not regard this as a positive health outcome."
  ○ "The supervised injection site undercuts the ethic of medical practice and sets a debilitating example for all physicians and nurses, both present and future in Canada”

• Canadian Police Association:
  ○ "That money should be plowed into programs that are effective and that offer real hope to all addicts of kicking the destructive habit and that focus on prevention, education and treatment"
Toronto and Ottawa

• 2005 Toronto Drug Strategy
  ○ Needs assessment and feasibility study for supervised consumption sites
• 2008: Toronto and Ottawa Supervised Consumption Assessment Study (TOSCA) launched
• Independent project
• Included Ottawa, which has the highest rate of new HIV infections among people who inject drugs in Ontario
The Supreme Court Ruling

- September 2011: Supreme court rules in favour of keeping Insite open, potentially opens doors for additional facilities
- “The Minister’s failure to grant … an exemption to Insite engaged the claimants’ … rights and contravened the principles of fundamental justice.”
- “The Minister [of Health]’s decision … would have prevented injection drug users from accessing the health services offered by Insite, threatening their health and indeed their lives.”
- “[T]his limit is not in accordance with the principles of fundamental justice. It is arbitrary [and] also grossly disproportionate: during its eight years of operation, Insite has been proven to save lives with no discernable negative impact on the public safety and health objectives of Canada.”
On future applications …

• “… the Minister must exercise that discretion within the constraints imposed by the law and the Charter, aiming to strike the appropriate balance between achieving public health and public safety.

• In accordance with the Charter, the Minister must consider whether denying an exemption would cause deprivations of life and security of the person that are not in accordance with the principles of fundamental justice.

• Where, as here, a supervised injection site will decrease the risk of death and disease, and there is little or no evidence that it will have a negative impact on public safety, the Minister should generally grant an exemption”
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Report of the Toronto and Ottawa Supervised Consumption Assessment Study, 2012

toscastudy.ca

APRIL 11, 2012
Research Methods

• Co-principal investigator Dr. Carol Strike
• Focus groups and interviews with multiple stakeholders
• Surveys
• Geographic analysis
• Administrative health databases
• Mathematical modelling
• Cost-effectiveness analysis

• “The most comprehensive assessment of potential supervised consumption sites ever undertaken”
Released in April 2012
Recommendations

1. Both Toronto and Ottawa would benefit from implementation of supervised injection facilities
2. The optimal model for a supervised injection facility is a fixed facility that is integrated within an existing organization
3. A strong evaluation plan is an essential component of any implementation plan
4. A supervised injection facility should have clearly established rules
5. Insufficient evidence to support a recommendation to implement a supervised smoking facility
6. The process to establish SIF should be part of a comprehensive drug strategy
What happened next?

- 115 newspaper articles in Canada
- Extensive TV and radio coverage: CBC, CTV, Global, City TV
- TV interviews: CBC, Global, CTV, CNN Int’l
- Sun TV called us “Pointy-headed researchers at St. Michael’s Hospital, the arrhythmic heart of junkie-land”
Today Deb Matthews, Minister of Health and Long-Term Care, released the following statement on the supervised drug injection sites report:

“We thank the researchers at the University of Toronto and staff at St. Michael’s Hospital for their report on supervised drug injection sites.

We are always prepared to listen to good advice, and we make our decisions based on evidence.

Experts continue to be divided on the value of the sites.

We have no plans to pursue supervised sites at this time.”
Other Media

• Supportive articles and editorials in
  o Toronto Star
  o Ottawa Citizen
  o Globe and Mail
  o National Post
  o Others
Few Direct Inquiries

- Only one call when study released from member of the public
- Offering to sell me a youth hostel because “it would be a great site for a supervised injection facility”
- Over the course of the research: Most focus has been on location rather than on feasibility or need
In 2013

- June: Federal government introduces “Respect for Communities Act”
- New barriers for future facilities
- July: Toronto MOH endorses supervised injection services, opposes bill
- Toronto Board of Health votes in favour
- Parliament prorogues; reintroduced Oct. 17
- November: No new services or facilities established
- Groups in Ottawa and Montreal have publicly declared intention to ask for legal permission
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Two poles of the debate:

- Evidence
  - Minister: “Experts continue to be divided”
  - Police
- Values
Evidence to Practice

• Social change is difficult
• Decision makers don’t give evidence its due
• One Solution: The Evidence “Bomb”

Forces that seek to maintain the harmful status quo in the drug policy arena … would be overwhelmed if the medical, public health, and scientific communities stood together and called for evidence based approaches to tackle drug related harms.

• But sometimes a lot of evidence still doesn’t change practice
Evidence can be misused by proponents

- “Proven to prevent” HIV and hepatitis C (vs. modelling)
- “Will prevent overdoses” (vs. we didn’t estimate overdose deaths)
- “Will save money” (vs. is cost-effective)
- Only the first recommendation is mentioned
The Police’s View of Evidence

• You know it’s interesting, because when we hear presentations from the health side . . . “Well, the statistics are telling us this, this, and this.” They go on the empirical evidence, but there’s a whole anecdotal piece that they never disclose and they never discuss. (Ottawa participant)

• Those that are involved in the research of it are all already prejudiced. I don’t know of anybody that’s done research on this whole issue of harm reduction, that wasn’t already involved with a network or a coalition of some sort, before getting the funding to do the research. (Ottawa participant)
Police use selective and anecdotal evidence

- *The majority of their injections are still taking place outside Insite [Vancouver’s SCF].* (Ottawa participant)

- *So what I’ve seen in Vancouver does not, from my perspective, deal with those issues. There’s more needles on the street there than I see here. There’s more addicts lying around the streets, shooting up on the streets than I ever see here.* (Ottawa participant)
“Can we, just for a moment, Your Honor, ignore the facts?”
What do we mean by values?

• Values, "refers to norms about right and wrong human conduct“ … what is preferred over what?
• Relates to morals and ethics
• In research, aversion to rigid values that don’t consider context. Often label as “ideology”
• Epidemiologists thinking about values
  o Generally not trained
  o Terms of discourse might be unfamiliar
  o Concern about losing control of message
A seemingly unbiased study called TOSCA was released by researchers from St. Michael’s Hospital and University of Toronto calling for the creation of injection sites in Ottawa and Toronto.

The casual reader might take their side because most studies and papers advocating harm reduction are done by doctors, researchers, scientists and the like. And of course, to the uninitiated, these people appear completely unbiased. They are the authority in our society and routinely given the benefit of the doubt.

But the TOSCA researchers are far from unbiased and their report isn’t a true study. It’s just that they — and other harm reduction activists — have done a solid job over the years of framing the debate in their language.

One of the TOSCA study’s lead authors, Dr. Ahmed Bayoumi, hardly seems an unbiased researcher. “He is committed to the concepts of social and economic justice” as explained in his bio on the Medical Reform Group website. Social and economic justice are insider buzz words to tip your hat to a certain segment of society that you have already made up your mind on a manifold of issues. You’re part of the “in crowd.”
Reframing the Question

• Is such research value-free?
• If not, which values does it represent?
• What are the implications for acknowledging values for
  ○ Research?
  ○ Knowledge Translation?
Harm Reduction as a Value

• “Reducing the adverse consequences associated with psychoactive drug use is considered even more important than reducing illicit drug consumption”
• Needle and syringe exchange programs, opioid substitution widely available
• Controversial: Supervised consumption, prescribed heroin
• Early writings: value neutral, pragmatic
• More recent: human rights and social justice
Police perspectives on values

[W]e adopted a very long time ago a needle exchange program, which I think was a moral thing to do … By the way, most police services in the country do support such a thing because we believe it to be the moral thing to do. To provide that service, and to provide public education around it. …And the outcomes I think are compelling. (Toronto participant)
The Nature of Values

• Fixed or constructed?
• Universal or context-specific?
• Often not well-formed
• Frequently not explicit
• Primarily interested in *social values*
Some Examples of Scientific Values

• Rigour in research
• Advancement of scientific knowledge
• Collegiality
• Freedom of inquiry and expression
Values and Rigour

• Objectivity not about negating values
• Rather systems to reduce bias
• “Strong objectivity”: work to counter own biases
• Reflexivity
• Not individual neutrality but rather diversity and critical insights among community of scientists
Social Justice

• Often cited as a principle of social epidemiology or public health
• But if inequities are unjust, then the goal of revealing and documenting social injustices must be to challenge them
• Rejection of individualistic, atomistic, or libertarian frameworks
Values and Knowledge Translation

• We don’t have a model for public intellectuals in health studies
• “Taint” of advocacy
• Positivist paradigm: Facts are facts!
• Separates facts from values; privileges facts over values
• Advocacy seen as illegitimate
  ○ Seen as being in opposition to evidence
  ○ Conceptualized in individual terms
  ○ Conceptualized in utilitarian terms
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Questions

• If political problems require political solutions, do we need to engage in politics?
  ○ Is the scientist’s role is to generate evidence or to also engage in advocacy?
• Can we articulate our values?
• Is there a distinction between advocacy and activism?
• Who are the decision partners for social change?
Why do we need public health intellectuals?

- Political problems require political solutions
- Evidence is only one component
- Conventional approach is predominantly pluralist
- Some underlying premises:
  - Decision makers want evidence
  - Evidence is the primary determinant of decision making
  - Focus is on consequences, maximizing best outcome
- In this framework, the scientist’s role is to generate evidence
- But …
“Some dialectical oppositions are not reconcilable, not transcendable, not really capable of being folded into a sort of higher, undoubtedly more noble, synthesis.”

Edward Said
An Alternative Framework

- Social justice as a foundation for shared values for studying health inequity
- Decision maker’s perspective is not normative
  - Conflict sometimes unavoidable
- Avoid syncretism
- Thinking about values
  - Develop a shared set of values to guide inquiry as a community of researchers
  - Help us to understand KT for policy-relevant research
  - Consider role of communities within values frameworks
Social Justice is not a Theory

- Multiple theories of justice exist
- Just as in feminist scholarship, range of ideologies and theories
- In health inequities research:
  - strongly egalitarian
  - focused on distributive justice
  - particular attention to marginalized groups
Some Bold Assertions

• People who study health inequities have a set of shared values (not necessarily shared ideologies)
• The decision to study health inequities is rooted in a commitment to social justice
• These values determine both what we study and how we do research
• Goal is social change, not just study
• Making these values explicit is vital for achieving social change
• This challenges the traditional model of health research. Public intellectuals await.
Values for Supervised Injection Research

- Rigorous research methods, self criticism, and reflexivity
- Harm reduction framework: Avoid rigid judgments, victim blaming
- Social Justice: focus on disadvantaged groups and distributive issues in health, health determinants, outcomes
- See health as socially constructed, analyze systems as well as individuals
- Value community opinions and expertise as sources of knowledge and experience
- Commitment to free inquiry and a willingness to challenge authority