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it isn't balance when opinion runs as fact

THE MEDIA I A non-study in an un-journal is an unscientific screed against Vancouver's Insite by a drug prohibitionist network

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This is what they call serendipity. The ink was barely dry on last week's column about false balance -- about how the media try to present equally "both sides" of an issue, even when the evidence overwhelmingly supports one side -- when I discovered the perfect, made-in-Vancouver example of this very phenomenon.

Of course, it wasn't a particularly difficult discovery to make, since newspaper and magazine headlines blared from coast to coast that a new "study," published in an international "journal" on drug policy, suggests that Vancouver's supervised injection facility (Insite) has been a failure.

You could argue that the media were just doing their jobs in reporting the "study," in balancing the stories detailing the two dozen studies, published in world class peer-reviewed journals like The Lancet and the New England Journal of Medicine, which attest to Insite's many positive outcomes.

The trouble, however, is that this most recent "study" isn't, and the "journal" it was published in isn't, either. Rather, the "journal" -- which goes by the impressive name, The Journal of Global Drug Policy and Practice -- is a non-peer-reviewed website registered to the Drug Free America Foundation, not a scientific or medical journal.

Unlike real journals, which contain real studies written by real scientists, this "journal" includes a total of seven articles over its two issues, and all of those articles are commentaries rather than scientific studies.

And as we all know, anyone today can start a website, slap some opinion pieces on it and call it a journal. But that doesn't make it one, and it certainly doesn't put it in the league of The Lancet or the New England Journal of Medicine.

Similarly, the "study," by Colin Mangham, is an opinion piece funded by the RCMP -- as if the force doesn't have enough problems right now -- not a scientific study. There are no hypotheses tested, no research design, no statistical analyses, only a poorly written and poorly argued commentary on Insite.

This is no surprise, since Mangham is "director of research" for the Drug Prevention Network of Canada, a group of drug prohibitionists led by former Conservative MP Randy White, who praised Mangham's "study" because it "balanced" -- there's that word again -- reports about Insite.

The network includes links to a hodgepodge of poorly written prohibitionist literature on its website, but appears to conduct no scientific research of its own, which gives its director of research very little to do.

Despite this, Mangham insists that his opinion piece is "not an opinion piece" but "runs much deeper than that," which suggests only that Mangham has an unjustifiably high opinion of his opinion pieces.

Mangham ought to have the opposite opinion, since his opinion pieces are ill-informed, to say the least. As evidence of this, consider the opinion piece at issue. Although presented as a critique of Insite, it's more accurately an attack on harm reduction measures, of which Insite is but one example.

Mangham begins by presenting us with his own bizarre definition of harm reduction philosophy as "viewing drug use not only as inevitable, but as simply a lifestyle option, a pleasure to be pursued, even as a human right."

This isn't the philosophy of most supporters of Insite, but it's necessary for Mangham to create this straw man so that he can charge, as he's done countless times before, that this philosophy is essentially relativist, holding that "there is no right or wrong choice."

This is even more bizarre given that just before presenting his eccentric definition of harm reduction, Mangham tells us that "complete objectivity" about harm reduction is impossible because "it involves values, worldviews and ideologies." So Mangham denies that objectivity about values is possible -- that we have no objective way of determining if certain values are better than others -- which reveals that he is the true relativist.

Suffice it to say, then, that Mangham will never make it as a philosopher. Sadly for him, he fares no better as a scientist.

After all, he continues his opinion piece with a "critique" of 10 of the two dozen published scientific studies on Insite. And his criticisms quickly prove to be incorrect, inaccurate and invalid.

For example, Mangham disputes several published studies that claim Insite was associated with a reduction in public disorder. According to Mangham, increased police presence in the area "more than accounts" for the changes in crime and disorder, yet the studies fail to "discuss or acknowledge the impact of police activity."

This is simply false. The studies assessed the impact of both the site and the police presence, and found that each had an independent, positive effect on public disorder.

Similarly, Mangham argues that Insite couldn't possibly be credited with a reduction in needle-sharing unless users performed all of their injections at the site, which is not the case. Yet the real scientists, in their real studies published in real journals, established that more frequent use of Insite was associated with less frequent needle-sharing, even if all injections didn't occur at the site. Mangham also claims, erroneously, that half of the drug users in one study shared needles, when the true figure is 11 per cent.

Further, Mangham argues, in contrast to the scientific studies, Insite has had no

impact on overdose deaths, largely because the number of overdose deaths in Vancouver "increased since Insite started up."

It's interesting that Mangham uses overdose figures from 2004 rather than 2005 (when overdoses declined); in any case, his claims are meaningless given that he doesn't detail how many overdoses occurred as a result of injection drug use (which Insite could affect) and how many were caused by other means (which Insite cannot.)

Finally, and perhaps most bizarrely, Mangham takes issue with a study that found Insite was attracting high-risk users -- the homeless, those who had recently overdosed, daily users, and users under 30 years of age. For Mangham, this was not enough, since the site didn't attract the youngest users and therefore couldn't act as a preventive measure, which, of course, was never the purpose of the site.

Despite Mangham's incorrect, inaccurate and invalid criticisms of the research on the site, he continues his diatribe, stating that Canada's preoccupation with harm reduction could divert funds from prevention, treatment and enforcement efforts.

This criticism beggars belief, since Canada's preoccupation has always been with enforcement, which Mangham and the Drug Prevention Network support. According to a recent analysis of Canada's drug strategy by researchers at the B.C. Centre for Excellence in HIV/AIDS (who are also responsible for the evaluation of Insite), in the fiscal year 2004-05 (after Insite opened), Canada devoted 73 per cent (\$271 million) of drug strategy funds to enforcement.

In comparison, only 14 per cent (\$51 million) went to treatment, and harm reduction received a paltry 2.6 per cent (\$10 million), the same amount as that received by prevention programs.

So Mangham is right that prevention received short shrift from the federal government, but he's entirely wrong in blaming harm reduction, the other drug pillar orphan, for the sorry state of prevention efforts in Canada. He should, rather, be blaming our obsession with enforcement, but don't expect that to happen, since he's on record as supporting the war on drugs.

Further, he's entirely wrong in supporting "prevention" programs that are proven failures, while holding Insite to an impossible standard. For example, Mangham supports the RCMP-run DARE (drug abuse resistance education) prevention program, despite the fact that scientific studies have repeatedly shown the program fails to prevent or delay drug use.

In effect, then, Mangham supports drug prevention programs that science has shown are ineffective, while attacking the solid science of a single, fiscally insignificant harm reduction measure. This reveals that Mangham's interests are ideological rather than scientific, no surprise given that he publishes commentaries instead of scientific studies.

While I find Mangham's attacks on scientifically proven harm reduction programs and his single-minded devotion to ineffective prevention programs unscientific and immoral, I'll still defend his right to promote such claptrap, however odious it might be.

What I can't defend is the media's emphasis on balance, even when "balanced" reporting serves to obscure the truth. I understand the desire of newspapers and

other media to provide "both sides" of the story, especially in our highly partisan environment, but it would be far better if they'd just tell the truth.

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