What drug policy can learn from climate change – or not?

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The year 2016 was the hottest year on record since the industrial revolution overtaking 2015 - which is now the second hottest. However, even with evidence like this an anti-science agenda exists to a level where the incoming President of the most powerful country in the world says climate change does not exist and threatens to pull the USA out of the Paris agreement signed recently by every country in the world.

Is there a parallel with drug policy? Policies based on science, which have led to huge reductions both in drug related deaths and the transmission of HIV are being eroded at an alarming rate.

International drug policy continues to have a hugely damaging effect on population health, human rights and wellbeing, not only on individuals who consume and/or sell drugs but also on societies as a whole.

2016 – all about UNGASS

Throughout 2015 and early 2016 everyone was talking about the "big event" – the United Nations General Assembly Special Session ("UNGASS") on the "world drug problem" – the first for almost twenty years.

After much preparatory work and co-operation amongst NGOs and other UN departments prior to the UNGASS meeting, it ended up as what could best be described as a rubber-stamping exercise for a weak document that had already been prepared during the 59th Commission of Narcotic Drugs ("CND") UNGASS preparatory process.

The outcome document in the main supported the status quo. It fails to refer explicitly to harm reduction or even the abolition of the death penalty for drug offences. Those who were looking forward to seeing words like decriminalization must have been dreaming.

There were a few crumbs for those who wanted a more evidence based approach. Like references to health-oriented interventions and proportional sentencing. As well as the much needed addition of "access to controlled medications for medical use" including controlled medicines for pain relief and for use in drug treatment.

When there is excitement about a medicine like naloxone, which has been preventing opioid overdoses for decades, being included it gives an indication of how little was achieved.

Reducing harm is surely the first consideration – and using proven evidence based interventions would take place for anything except when it comes to drug use. However, the words 'harm and 'reduction' seem to take on an almost evil meaning when put together. Not once do they appear in the document.

Unsurprisingly, the outcome of this meeting was decidedly less than inspiring. The UN was not about to abandon the war on drugs, that much was made clear. However, any thoughts the authorities had on clamping down on countries – such as Portugal, Mexico, and Canada – which are making moves to end the punitive approach to drug policy were unheard. What became clear at UNGASS was that the drug conventions on their own have little in the way of teeth. Indeed, countries were encouraged to adopt approaches they thought appropriate.

The UK, once a leader in progressive drug policy, was about to take a giant leap backwards, with the introduction of the Psychoactive Substances Act.

This law, which bans the sale of'psychoactive substances'(a term so vague even the authors of the Act seem to have no idea what it means), turned centuries of British legal tradition on its head. No longer were citizens' rights implied unless specifically denied by law. The PSA was still a stark reminder of just how much things have changed in the UK.

HIV:
In keeping with the climate change theme, the scientific evidence is undisputed worldwide that HIV in PWIDs is a preventable disease. However, 2016 saw Russia record its one millionth HIV infection among PWIDs.

If politicians and heads of international organizations are serious when coming up with statements on ending AIDS by 2030 – then they need to do much more for PWIDs. The 2016 World AIDS conference in South Africa saw PWIDs as little more than an afterthought and certainly not given the prominence required if targets for 2030 are remotely possible.

Hepatitis C:
The WHO in October 2016 stated that special efforts must be made to ensure treatment is accessible to PWIDs. With the new medicines now available an opportunity exists to completely eradicate hepatitis C. However, it will require pharmaceutical companies, governments, doctors, and health purchasers to come together to ensure these medicines are quickly available to all. Also a crucial factor for success will be the involvement of people living with hepatitis C and well-resourced harm reduction services. In 2016 it became clear that hepatitis C is curable – 2017 must see us well down the road to eradication for all.

Drug-related deaths:
It is hard to believe in yet another area science does not prevail. Easily accessible naloxone would prevent huge numbers of opioid overdoses. While there has been some increase in its availability, the procrastination on who and how people can get it saw 2016 reach modern time records for opioid overdoses. With the USA leading the world in drug- related mortality, contributing to an estimated 25% of drug-related deaths globally and Canada seeing a 327% increase in drug overdose deaths since 2008. Western Europe saw overdose continuing to be a major cause of deaths in people who use drugs ("PUDs"), with more than 6,000 deaths each year, many involving opioids. In the UK, there has been a 64% increase in drug-related deaths linked to heroin and morphine in the last two years, now the highest since records began.

These are the most developed countries in the world and should be leading the way in showing how science can prevent opioid overdose. Let's see 2017 as the year when it becomes as easy to get a naloxone kit, as it is a pack of cigarettes.

Harm reduction:
We know that more countries are seeing injecting but for the first time this year's Harm Reduction International ("HRI") report shows no increase at all in the number of countries with at least one needle and syringe program ("NSP"). For the last ten years, HRI has monitored global levels of harm reduction, which until this year's report have shown a slow but steady increase in the number of countries providing NSP. Yet more evidence of the ignoring of science and evidence,

Controlled medicines for treatment of pain and dependency:
Over 75% of the world's population has no access to proper pain relief, especially morphine largely due to restrictive regulations meant to stop the misuse of drugs like heroin. There's much work to be done in 2017 to implement the 2016 UNGASS resolve to tackle this situation. Also needed in 2017 is an increase in training and awareness of palliative care among health professionals as it continues to be a major barrier to improving access.

Currently only 80 countries out of 158 that report injecting drug use provide Opioid Substitution Treatment ("OST'), with only three new countries adopting its use in the last two years. In certain countries, such as the Russian Federation, OST is illegal. Again - the science is abundant and the evidence overwhelming that OST saves lives. Let 2017 be the year that it is seen as no different than other medical interventions.

The term "prescription opioids" is vague and can be misleading. Do we mean medicine that can be prescribed or has been prescribed? What we are really talking about are opioids made by pharmaceutical companies as opposed to illicit heroin. The USA and some other countries have seen the harmful and nonmedical use of opioids made by pharmaceutical companies increase enormously in recent years. The reasons for this are many and complex but policy needs to contribute to the prevention of diversion of opioids made by pharmaceutical companies while ensuring patient access to the most appropriate medicines. Attention should also be given to why so many people – particularly those from most marginalized and poorest parts of our society – find the escape to be found in taking opioids so appealing.

Prisons:
The criminalisation and incarceration of PUDs mainly from the most marginalised sections of society, remains the primary response in almost every Member State. According to studies conducted in a large number of countries, between 56-90% of PWIDs have been imprisoned at some stage in their lives. The prevalence of HIV, HCV and TB is substantially higher inside prisons with the provision of harm reduction services in prison settings continuing to be inadequate and far behind that of the wider community.

Death Penalty

There are at least 33 countries that retain the death penalty for drug offences, even for the sale of relatively small amounts of drugs and in 10 countries it's a mandatory sanction for certain drugs offences. However, 2016 must be remembered for Rodrigo Duterte's state sanctioned execution of thousands of people in the Philippines in the most part simply for taking drugs. Let 2017 be the year when the international community steps in with severe sanctions to bring this slaughter to an end.

Doctors in 2016

The recent collection of articles in the BMJ clearly identifies the huge role for doctors - they must play a leading role in changing current policy. Drug policies must be built on the health and well being of both the individual and society, so who better than healthcare professionals to lead the way. Currently most doctors' professional organisations have little to say about policies such as the criminalisation of people who use drugs.

Increasing numbers of obstetricians, paediatricians, cardiologists, surgeons and other specialists are joining the more obvious candidates of HIV/AIDS and addiction specialists in becoming members of IDHDP.

And now 2017

The work of organisations fighting poverty, supporting human rights and providing medical care to the most needy is impeded by current drug policy.

There is a clear and obvious need to align international drug policies with the overarching 2030 Agenda and the Sustainable Development Goals, embedding the drugs issue comprehensively and explicitly within the UN's three pillars: development, human rights, peace and security.

An opportunity now exits for a coming together of international agencies and NGOs, which have up to now remained silent on the issue of drug policy.

The international community has accepted unequivocally the science and evidence that clearly shows what has caused such significant climate change and has unanimously called for new policies. It is now time for science and evidence to also prevail if the damage already done and continuing to be done to people all over the world by current drug policy is first to be stopped and then to be repaired.

Doctors and their professional organisations need to take a lead in making this happen.

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