



Chris Ford outlines the effect of unhealthy drug policies and argues that doctors have an important role in shaping and influencing a healthier approach to drug policy. Ed.

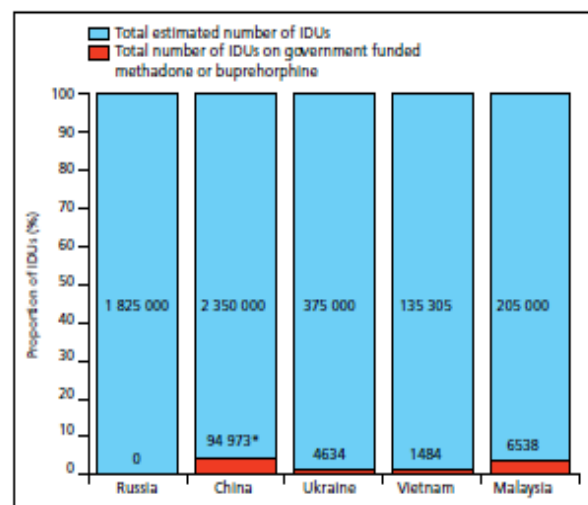
What effect drug policy has on treatment and why we need to be involved

I was enjoying chatting to an enthusiastic GP Registrar who had recently completed the Royal College of General Practitioners Management of Drug Misuse Part 1 when he asked me why I had become involved in drug policy and could it really affect treatment? I thought it was such an important question that I would try and answer it for Network.

What is drug policy?

It's a system of laws, regulatory measures, courses of action and funding priorities concerning all activities related to illicit drugs and promulgated by a governmental entity or its representatives. It involves a set of principles or an ideology that directs public action in this field (for example a 'war on drugs', or a 'harm reduction' approach).

We know the global war on drugs has failed and this has had devastating consequences for individuals and communities around the world. Large amounts of money have been spent on criminalisation and repressive measures have failed to curtail supply or consumption. But these repressive efforts have harmed people who use drugs and impeded progress on public health measures: to reduce HIV and hepatitis C; provide accessible opioid substitute therapy; and prevent other harm reduction measures to be available to all who need them. Drug policy is being used by many countries to justify individuals' and governments' moralistic and prejudiced opinions.



Opioid substitute therapy available to less than 2% of injecting drug users

Source: The Lancet : HIV in people who use drugs "Treatment and care for injecting drug users with HIV infection: a review of barriers and ways forward." Wolfe, D; Carriere, P; Shepard, D. *The Lancet* July 2010;376:355-366

Because of this people who use drugs are often stigmatised and are not treated in the same way as other patients - why? Is it to do with illegality? Is it a moral judgement? Why are so many countries allowed to get away with punishing people who use drugs rather than supporting them? In this era of evidence-based practice why is the evidence we have in the drugs field, both in clinical practice and policy, not used?

What do we know?

1. Is the HIV epidemic fuelled by bad drug policy and the war on drugs? Yes
 - a. In Russia 37% of the 1.8 million people who inject drugs are infected with HIV, where needle and syringe

...continued overleaf

provision is severely limited and opioid substitution therapy is illegal¹.

- b. In countries with long-established harm reduction programs, such as the UK, Australia and Germany, HIV rates are below 5%².
 - c. In Vietnam 44% of HIV is in people who inject but they only make up 6.3% of the patients receiving antiretroviral therapy³.
2. Does more humane policy affect the amount of drug use? No and to quote the World Health Organisation *"Globally, drug use is not distributed evenly and is not simply related to drug policy, since countries with stringent user-level illegal drug policies did not have lower levels of use than countries with liberal ones."*⁴
3. Is the war on drugs working? No, it has failed and it is in fact a war on people. To quote Mexican poet, Javier Sicilia who lost his son in the cross fire of Mexico's drug war: *"The politicians are formulating the drug problem as an issue of national security, but it is an issue of public health"*
We must consider decriminalisation to avoid patients with a health problem becoming criminals.
4. What do we know from the results of International Doctors for Healthy Drug Policy (IDHDP) questionnaire to its members in over 50 countries, on how the medical treatment of people who use drugs was affected by their country's drug policy?
- a. Results showed that all countries' drug treatment systems were affected by their national drug policy, mostly in a negative way, particularly with regards to health and rates of HIV infection, where policies worked against evidence-based medical treatment.
 - b. Many countries reported similar issues with the impact of stigma, interference by law enforcement and how a change in government interrupts progress in putting policy into practice.
5. Do drug detention centres stop people using drugs? No!
- a. Over 40 states apply some type of judicial corporal punishment for drug and alcohol offences and call it treatment but people have no right of appeal, are exposed to forced labour and receive no treatment⁴.

And I could go on but the sum of the evidence is that unhealthy drug policies are bad for people's health.

So what evidence do we have that healthy drug policies improve health?

Lots! For me a healthy drug policy is one which consists of a balanced and integrated whole system including; prevention, controls on supply, good evidence based treatment, with choice, for all who request it, placing them firmly at the centre. Systems which work are those that meet needs and comply with evidence rather than those based on opinion, and which are subject to regular review and evaluation.

Look at Switzerland, which introduced an integrated healthy drug

policy in the late 1980s, and found that: between 1991 and 2004, drug related deaths declined by more than 50%; levels of new HIV infections divided by 8 within 10 years; there was a 90% reduction of property crime committed by drug users; and 70% of injectors are now in some kind of treatment⁵.

Or Portugal who, shocked at their HIV rate in injectors, introduced an integrated drug policy including decriminalisation and found: the number of street overdoses fell from 400 to 290 annually; there has been reduced illicit drug use among the most at-risk group (15-19 year olds) since 2003; and there has been reduced prevalence of HIV among injecting drug users and an expansion of numbers in treatment⁶.

So I'm hoping I have begun to answer the registrar's question and that he and indeed all doctors will join IDHDP as we aim to mobilise the voice and increase the participation of doctors in drug policy reforms, which has been sadly lacking for too long, by building a bridge from health to policies; treating people who use drugs problematically with respect and with evidence based treatments; preventing the spread of HIV, hepatitis C, hepatitis B and tuberculosis and other infectious diseases and fatal overdoses by providing new needles and syringes, opioid substitution treatment, overdose prevention training and naloxone, condoms and safer injecting facilities to all who need and want them; and using our knowledge of what works in clinical practice to influence (or change) drug policies.

Drug policy is particularly vulnerable to political influence that has little to do with evidence-based medicine, probably more so than any other area of health, and it is important to identify this and challenge where it is happening.

At the moment IDHDP membership is only open to doctors but all other practitioners are invited to join the IDHDP forums and can receive our monthly updates. Go to www.idhdp.com for more information.

What does this mean for UK?

I feel we have often been preoccupied by the wrong things, concentrating on crime reduction rather than health improvement, lurching from retention (rather than improvements) to completions (and out of treatment). We have often been distracted by cheapness rather than quality, "drug misuse" rather than focusing on the person, and protecting the community rather than realising we are all part of the community, whether we use drugs or not. We need to balance aspiration with caution and what we need more than anything is a joined up integrated system based on evidence rather than opinion. We have come a long way in the last 10-15 years and we need to protect what we have improved and not be fearful of doing things even better.

Join the debate for improved drug policy in UK and beyond – the time for action is now.

Dr Chris Ford Clinical Director IDHDP chris.ford@idhdp.com website: www.idhdp.com

1 Global Commission on Drug Policy's report, *"The War on Drugs and HIV/AIDS: How the Criminalization of Drug Use Fuels the Global Pandemic,"* June 2012.

2 HIV in people who use drugs "Treatment and care for injecting drug users with HIV infection: a review of barriers and ways forward." *Wolfe D et al., July Lancet 2010; 376: 35-366*

3 Degenhard et al., World Health Organisation, 2008 "Toward a Global View of Alcohol, Tobacco, Cannabis, and Cocaine Use: Findings from the WHO World Mental Health Surveys" <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0050141>

4 Inflicting Harm: Judicial corporal punishment for Drug and Alcohol Offences in Selected Countries. HRH November 2011

5 From the Mountaintops: What the World Can Learn from Drug Policy Change in Switzerland October 2010 by Joanne Csato Global Drug Policy Program

6 Drug Policy in Portugal: The Benefits of Decriminalizing Drug Use Artur Domostawski June 2011 Global Drug Policy Program