



Welcome to the July / August 2013 issue, particular welcome to our new members and readers.

Highlights:

- The Future of IDHDP
- In the News
- New publications on the website
- Upcoming events
- IDHDP communications

The future of IDHDP

We are very excited to send you the latest IDHDP Newsletter. For a while it was difficult to see how to continue without funding. However, a series of things have happened which have allowed us to continue the work of the organization. The most important has been your positive affirmations about IDHDP's critical role and helpful suggestions on how we can make IDHDP work together.

Sebastian Saville, former Executive Director of Release has joined the IDHDP team as Executive Director, currently in an unpaid capacity. He is well known in the field both nationally and internationally, has extensive fundraising experience and has helped to bring new life with his positive approach.

Sebastian's message to members and readers "With health based drug policy so firmly on political agendas there has never been a better moment for doctors to unite and push this new type of drug policy over the line. I have always supported International Doctors for Healthier Drug Policies ("IDHDP") and I am very pleased to be joining the organization to help take it forward to become an even more influential voice. I have always said that it will need the man on the street to question current drug policy if we are to see any significant change. Doctors/physicians carry great weight in the community and once their voice becomes louder it will surely encourage others and help make change politically irresistible."

The team has recognised the need for IDHDP to project greater clarity on the important role doctors can play in drug policy. As part of this process we are working on updating the [website](#) and refocusing our key principals, which are:

1. Protect society and the individual from drug-related death and disease
2. Public health instead of criminal justice
3. Improve access to essential medicines
4. Expand access to evidence based treatment

We are all very passionate about the organisation and have been and will continue to volunteer our time to make it possible to ensure that what has become such a useful tool in the fight for drug policy reform remains active.

In the June newsletter we asked if any of our members and readers had suggestions on how to sustain the future of our organisation. Below are the three main suggestions:

1. Approaching members for private donations: One member has generously donated £2,000, which has helped enormously with organisational expenses and allowed us to make the essential changes to the website. Would you like to make a donation?

2. Approaching medical organizations for a donation: In April, Swiss Society of Addiction

Medicine (SSAM) generously gave a donation. Do you have connections with your national medical organisations and would you be comfortable discussing a possible donation to IDHDP? If yes we can provide you with any required information for this meeting.

3. Members volunteering their time: five of our members have kindly offered to volunteer their time to assist the team. Do you have the capacity to offer your time?

In the news

Why we need drug policy reform

Open Society Foundation's blog on drug policy reform. The article states "poorly designed drug laws that seek to punish production, possession, use, and even dependence have fueled violence, instability, and health crises."

Prohibition as a policy to control illicit drugs has failed

Editorial by Dr Alex Woodak stating that "despite the vast sums spent on law enforcement, illicit drugs are still easy to get."

Should drugs be decriminalised?

South Africa discusses decriminalising drugs to significantly weaken gangs by ruining their main source of income and power.

Experts discuss role of drug policy in HIV, hepatitis and TB epidemics

Highlights from the 'Evidence-Based Drug Policies for an Effective HIV Response' which was a high level panel on Drug Policy and Public Health at the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (30 June – 3 July 2013) Kuala Lumpur, Malaysia.

Hooray for healthy drug law

New Zealand Drug Foundation welcomes the passing of the New Zealand Psychoactive Substances Bill. Mr Bell, Director, said that the regulation of new psychoactive substances is the first step in the right direction for healthy drug law.

New Publication on the Website

HIV/AIDS, HCV and TB

HIV and Injecting Drug Use

To quote Yusef Azad, Director of Policy and Campaigns "*National AIDS Trust Report* , comes from a roundtable held in January 2013 which brought together, for the first time in far too long, experts from both HIV and the drug sectors to discuss HIV risk, trends in injecting and policy on harm reduction. There are a wide range of recommendations which readers will be interested in, but to highlight two;

1. a call for sexual health and drugs services to work together to meet new drug use trends amongst gay men (including sharing of injecting equipment);
2. a clear recommendation to Public Health England to express unequivocal support for maintaining people appropriately on OST and to change policy and financial incentives which prioritise treatment exit over other important treatment outcomes."

Question: does this fit with what is occurring in your country?

Language, identity and HIV: why do we keep talking about the responsible and responsive use of language? Language matters

Letter to the editor in the Journal of International AIDS Society. Letter to the editor in the Journal of International AIDS Society. Aims to shift the language used in relation to people living with HIV, the medical condition and their identities.

There has been an on-going discussion about language in the drugs field: "addiction, drug users, drug misuse, people who use drugs" for many years. But there has been little written about language from the medical profession.

Position papers from organisations of people who use drugs:

* INPUD Statement and Position Paper on language, identity, inclusivity and discrimination

*The National Alliance of Advocates for Buprenorphine Treatment The Words We Use Matter. Reducing Stigma through Language

Question: What are your thoughts on language in the drugs field?

Malaysia makes progress against HIV, but challenges remain

Adeeba Kamarulzaman Professor at University of Malaya and an IDHDP patron, describes how the country's epidemic has changed over the past two decades. "In the first wave, it was mainly through heterosexual transmission from neighbouring countries such as Thailand, then the second wave was through intravenous drug use, but now in the third wave what we are seeing is drug users, plus female partners of those drug users, and transmission through men who have sex with men."

Adeeba also adds "...There are 70 000 people on drug substitution treatment and harm reduction has played a major role in decreasing the HIV epidemic."

The Role of Gender on HIV/AIDS Stigma among Medical Students in Puerto Rico: Implications for Training and Service Delivery

Study conducted by Center for AIDS Prevention Studies (CAPS) and University of California, San Francisco (UCSF) examined "the efficacy of a stigma reduction intervention among 507 medical students from across Puerto Rico, which showed gendered differences in stigma "Similar work is being undertaken in Puerto Rico on the effect of stigma in medical students on the people who for being treated for drug use and we await those results but its hard not to worry about the results."

Revitalizing the HIV response in Pakistan: A systematic review and policy implications

According to the recent Drug Use in Pakistan 2013 Technical Summary Report, an estimated 6.45 million (5.8%) people aged 15–64 years in Pakistan used plant-based or synthetic drugs, or prescription drugs for non-medical purposes in the past 12 months. Cannabis was the most commonly used drug in Pakistan and other commonly used drugs included opiates, heroin and painkillers with 0.4% injecting, with 73% of the regular opiate injectors sharing a syringe.

This data was no surprise to Sania Nishtar, one of the lead authors of The Lancet Series, and a federal minister in the Government of Pakistan. "With a burgeoning population, rampant joblessness, paucity of social safety nets, and bleak prospects for young people, drug use is escalating beyond control; there are both a demand and a seamless supply", she tells The Lancet.

The paper concludes that "Pakistan must continue to invest in targeted, evidence-based interventions to prevent the spread of HIV and curb the epidemic trajectory in Pakistan"

UNODC Drug report and editorials

World Drug report 2013

UNODC's annual report presents a "comprehensive overview of the latest developments in drug markets. It covers production, trafficking, consumption and related health consequences.

Chapter 1: examines the global situation and the latest trends in the different drug markets and the extent of illicit drug use, as well as the related health impact.

Chapter 2: addresses the phenomenon of new psychoactive substances (NPS), which can have deadly consequences for their users but are hard to control, with dynamic, fastmutating producers and "product lines" which have emerged over the past decade."

Pakistan's drug problem

Chris Beyrer, a professor of epidemiology at Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA and a IDHDP Patron, has reservations about the UNODC Drug report. "The whole report and UNODC are based on the concept of prohibition and a drug-free world. I think they are at least 10 years behind the times here. The war on drugs has failed", he explains. "The US backed and enforced regime of zero tolerance and total prohibition utterly failed in the USA, led to a generation of mass over incarceration, has destabilised several countries, and is no longer an evidence-based goal for the future."

The new danger of synthetic drugs

Editorial published in the Lancet which investigates the wave of novel drugs designed by chemists globally and how policy makers are struggling with this new market. Dr Prosser says "It's tough as a

clinician because even if you do believe the patient is being honest with you, they don't always know exactly what they've taken", she says. "People will come in and say they used a drug, but they really have no idea."

Harm Reduction

Supervised consumption rooms: The French Paradox

Marie Jauffret-Roustidea et al. analyse the "social and political issues associated with the creation of drug consumption rooms in the French context as well as the role of public opinion polling in public health policy-making."

Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis

The aim of the study, conducted by the Clinical Addiction Research Education Unit of the Boston University School of Medicine, "is to evaluate the impact of state supported overdose education and nasal naloxone distribution (OEND) programs on rates of opioid related death from overdose and acute care utilization in Massachusetts."

Opioid overdose: preventing and reducing opioid overdose mortality

Discussion paper from UNODC and WHO outlines "facts about opioid overdose, the actions that can be taken to prevent and treat (reverse) opioid overdose and areas requiring further investigation."

Drug Detention Centers

The impact of compulsory drug detention exposure on the avoidance of healthcare among injection drug users in Thailand

Thomas Kerr et al. undertook this study in the Mitsampan Community Research Project based in Bangkok. They concluded "that exposure to compulsory drug detention was associated with avoiding healthcare among Thai IDU, suggesting that this system of detention may be contributing to the burden of preventable morbidity among IDU in this setting."

Medical Practice

Effect of buprenorphine dose on treatment outcome

"How much buprenorphine does it take to keep patients in treatment and suppress illicit use of heroin or other opiate-type drugs? This review concludes that on average higher is better than lower, but that individualising dose and a preparedness to go high if needed are the keys to effective treatment."

Management of opioid addiction in primary care: a pragmatic approach prioritising wellbeing not ideology

Editorial by Dr Euan Lawson in the British Journal of General Practice states that "Anyone involved in addiction may understandably embrace it, but it's important that the discussions and ideology around recovery don't distract general practice from developing the full potential of a primary care based substance misuse service."

The Challenge of Change: Improving services for women involved in prostitution and substance use

Briefing from DrugScope and Against Violence and Abuse (AVA) makes strategic and policy recommendations to "improve interventions and outcomes for these women, as well as good practice recommendations for services. A key recommendation is to consideration of the specialist needs of this group when planning national strategies and local services, to prevent these women falling through the net, and to encourage them into services"

Conference Presentation and films of interest

Evidence-Based Drug Policies for an Effective HIV Response (presentations)

Presentations from a panel at the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (30 June – 3 July 2013) Kuala Lumpur, Malaysia - "Why should physicians, researchers, service users, advocates and policy makers focusing on HIV learn and act for evidence-based narcotic drug policies?"

Breaking worse: An Interview with Jean-Paul Grund on the drug 'Krokodil' (film)

Hungarian Civil Liberties Union (HCLU) interview with Grund, J. -P. C., et al. about the study "Breaking worse: The emergence of krokodil and excessive injuries among people who inject drugs in Eurasia."

Other newsletters and websites of interest

IDPC June Alert International Drug Policy Consortium (IDPC)

August alert includes their activities, publications and news.

Global Addiction

A worldwide Association and conference facilitating the sharing of knowledge about the understanding and treatment of addiction.

Upcoming events

*When planning to attend conferences and meetings please help us spread information on IDHDP, **Rebecca** can provide you with membership flyers and a presentation slide about IDHDP.*

3rd Int. Symposium on Hepatitis Care in Substance Users. (5 - 6 September 2013), Munich, Germany

The symposium is organized by the International Network on Hepatitis in Substance Users (INHSU) to cover the latest advances on the management and treatment of viral hepatitis among people who use drugs.

Jubilee Conference ISGF (9 -13 September 2013), Zurich, Switzerland

The Swiss Research Institute for Public Health and Addiction at Zurich University's (ISGF) international conference will focus on the current major problems in the orientation of addiction research.

International Drug Policy Reform Conference 2013 (23 - 26 October 2013), Denver, USA

This biennial event brings together people from around the world who believe that the war on drugs is doing more harm than good. Attended by over 1,000 delegates representing 30 different countries but very few doctors – please let us know if you are.

International City Health 2013 Conference (4 – 5 November 2013), Glasgow, Scotland

This international event will examine current policy and practice in relation to public health in cities. Prof Michel Kazatchkine, IDHDP patron and UN special envoy on HIV/AIDS in Eastern Europe, will present the public lecture on Monday, Nov. 4. Chris Ford will also give a presentation "Urbanization: the new challenge for addiction and how primary care can help."

Save the date! Join us there and meet Michel Kazatchkine.

This is only a selection of events. To view more visit the [website](#).

IDHDP communications

Twitter

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If you are a member of Twitter you can search for us at **@idhdp**, or if you do not wish to join Twitter, you can check the IDHDP home page to read our latest tweets.

Newsletter

Please send the newsletter on to your colleagues and encourage them to **join IDHDP**.

