



Welcome to the November / December 2013 issue, particular welcome to our new members and readers.

### Highlights:

- IDHDP plenary session: Policy, Society, Alcohol and Novelty in Addiction
- International Drug Policy Consortium ("IDPC")
- Interviews and speeches
- New publications on the website
- Upcoming events
- IDHDP communications

### IDHDP plenary session: Rome conference 2014

IDHDP have been invited to host a plenary session at the Global Addiction 2014, **Policy, Society, Alcohol and Novelty in Addiction** conference held in Rome on the **24 to 26 June 2014**.

The conference will focus on the impact on society of addiction, including policy initiatives targeted at dealing with the difficulties associated with addictions.

The IDHDP plenary sessions will focus on IDHDPs four main aims. Confirmed speakers and topics:

- **Dr Judith Yates:** *The problem of overdose and how bad policy leads to deaths and good policy saves lives.*
- **Deborah Small:** *The impact of racism on drug policy*
- **Katherine Pettus:** *How drug policy denies pain medication to 80% of the world's population*
- **Dr Ewan Lawson:** *Expanding evidence based medicines to all*

Registration is now open. Register now to receive the discount for IDHDP members, please contact **Rebecca** for further information.

Members meeting: there will be a members meeting held during the conference and will be a great way for members to discuss and share ideas with colleagues.

For further information on the conference visit the **conference website**

### International Drug Policy Consortium ("IDPC")

The International Drug Policy Consortium (IDPC) has become one of our most valued partners and is a global network of more than 100 NGOs that come together to promote drug policy reform at national and international level. Their international network of experts promote drug policy alternatives based on global evidence and best practice, human rights, public health, social inclusion, development and civil society participation. To keep in touch with IDPC's work and the latest news and publications on drug

policy, subscribe to our trilingual Monthly Alert: <http://idpc.net/alerts/subscribe>  
Ed note: This is a superb way to keep up with international drug policy and preparations for UNGASS March 2016.

### **Support. Don't Punish**

In 2013, IDPC and key international NGOs launched an exciting global campaign, "Support. Don't Punish", to raise awareness on the harms caused by the criminalisation of people who use drugs. The campaign involves an interactive photo project which now includes more than 1,500 photos! We also organised a global day of action on 26 June 2013 in 41 cities across the world. Take action now by [visiting the campaign website](#) and send us your photo!

### **Latest publications**

#### **[Drug policy advocacy in Asia: Challenges, opportunities and prospects](#)**

International Drug Policy Consortium (IDPC), produced this report to develop a better understanding of drug policy advocacy activity in 10 Asian countries: Cambodia, China, India, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Thailand, and Vietnam. It aims to achieve three goals: 1; Identify organisations engaged in harm reduction and drug policy advocacy, 2; Identify gaps and challenges in harm reduction and drug policy advocacy that remain to be addressed, 3; Develop recommendations for prioritising new activities in harm reduction and drug policy advocacy.

#### **[IDPC Response to the UNODC World Drug Report 2013](#)**

International Drug Policy Consortium (IDPC) response to the UNODC Report 2013, highlighting that the report "represents an impressive and wide-ranging set of data, analysis and policy prescription, and provides an overview of recent trends and the current situation in terms of production, trafficking, and consumption, including the consequences of illicit drug use on health."

### **Interviews and speeches**

#### **[Interview: Michel Kazatchkine](#)**

Listen to Professor Michel Kazatchkine giving the Alison Chesney and Eddie Killoran lecture - inspiring.

#### **[Canadian MP Megan Leslie](#)**

Listen to a great speech from Canadian MP Meagan Leslie about safe injecting sites - she really gets it!

#### **["A real good news story"](#)**

Interview with Ingrid van Beek about the benefits and sense behind injecting facilities.

#### **[When Storytelling Makes a Difference between Pain and Peace](#)**

An interview with Andrey Rokhanskiy the director of the Institute for Legal Research and Strategy, which advocates for palliative care and patients who use drugs in Kharkiv, Ukraine.

### **New publications on the website**

#### **Drug Policy**

#### **[Is research in substance abuse undervalued?](#)**

An editorial in *Addiction* states "substance abuse research is undervalued, because research costs are salient while the benefits to research are more diffuse and difficult to quantify. Because of the inherently low value that policy-makers and society place on substance abuse research, it is particularly important for researchers to articulate the benefits of their work."

#### **[How to treat the treatment system](#)**

Dr M Reisinger discusses how treatment should be available for all patients who need it and there should be no waiting-lists. To reach this availability primary care physicians should provide these treatments. Regulations should be eased, because excessive regulations and controls are counter-productive. They are a barrier to treatment and they increase the risk of death for patients.

### **Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Challenges for Asia and the Pacific 2013**

Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) Programme highlight the most current patterns and trends of amphetamine-type stimulants and other drugs of use in East and Southeast Asia and provides overviews for the neighbouring regions of South Asia and the Pacific Island States and Territories. From all 15 countries that contributed to this report, 13 countries reported methamphetamine as the primary or secondary drug of use.

### **West Africa's drug trade: reasons for concern and hope**

An editorial in Addiction states that West Africa has recently emerged as a major focus for international drug policy, mainly in response to largescale cocaine seizures. The policy response has been concentrated on the criminal justice system, "however, limited data exist regarding the rates of local drug use in West Africa, and public health initiatives related to treatment have been sidelined."

### **The temporal relationship between drug supply indicators: an audit of international government surveillance systems**

Report published in the BMJ conducted by D Werb et. al studied international drug surveillance databases to assess the relationship between multiple long-term estimates of illegal drug price and purity. They conclude that "the findings suggest that expanding efforts at controlling the global illegal drug market through law enforcement are failing."

### **What would it take to eradicate health inequalities? Testing the fundamental causes theory of health inequalities in Scotland**

NHS Scotland give "evidence that all-cause socioeconomic inequalities in mortality persist despite reductions for some specific causes, and that inequalities are greater with increasing preventability, suggests that focusing on reducing individual risk and increasing individual assets will ultimately be fruitless in reducing inequalities and may even increase them. Elimination and prevention of inequalities in all-cause mortality will only be achieved if the underlying differences in income, wealth and power across society are reduced."

## **HIV**

### **ACCESS CHALLENGES FOR HIV TREATMENT: Among People Living with HIV and Key Populations in Middle-Income Countries**

Sarah Zaidi et. al policy briefing states access to treatment for a whole range of illnesses, infectious and non-communicable diseases, has made survival possible. "Wealthy countries with comprehensive health insurance coverage consider expensive medicines as an acceptable part of health care. But for the vast majority PLHIV and members of key populations including PUD, medicines are unaffordable and economic costs of illness are high for the individual, the family, community, and country. The challenge, for all countries including for Middle Income Countries, is securing treatment that is financially sustainable particularly in the case of HIV"

## **HCV**

### **The Uncomfortable Truth - Hepatitis C in England: The State of the Nation**

In this report the Hepatitis C Trust state that there must be no more excuses for the rising tide of deaths from hepatitis C, as it is a preventable and curable virus. The report "reveals plainly the link between hepatitis C and deprivation. Almost half of patients with hepatitis C who go to hospital are from the poorest fifth of society. It begs the question: has hepatitis C been overlooked for all these years, resulting in spiralling hospital admissions and deaths, because of the people it impacts?"

### **Hepatitis Scotland e-Bulletin: A Treatment Focus**

Hepatitis Scotland review recent treatment news, including research presented at the 64th Annual Meeting of the American Association for the Study of the Liver in Washington D.C, along with other stories relevant to the treatment of viral hepatitis. Highlighting a way forward without interferon but looks like the cost will exclude 90% of people who need them.

## **Pain Management**

### **Annals of Oncology**

Read ground-breaking international collaborative survey, published in Annals of Oncology, which shows that more than half of the world's population live in countries where regulations that aim to stem drug misuse leave cancer patients without access to opioid medicines for managing cancer pain.

The GOPI study has uncovered a pandemic of over-regulation in much of the developing world that is making it catastrophically difficult to provide basic medication to relieve strong cancer pain.

### **Abandoned in Agony: Cancer and the Struggle for Pain Treatment in Senegal**

Human Rights Watch highlight the need for urgent action to address palliative care in Senegal. The majority of cancer patients live and die in unbearable pain, even though there are cheap and ineffective methods to alleviate their suffering. "Morphine, an essential medicine that is critical for adult and paediatric pain treatment, is unavailable outside of Dakar, the capital city. Even in Dakar, shortages are common. Overly stringent regulations on stocking and purchasing morphine make it difficult for hospitals to make it available to patients. Inflexible rules on morphine prescription make it virtually impossible for many Senegalese to get their medication."

### **Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders**

This quick guide for clinicians in the US but is helpful to others, provides succinct, easily accessible information to clinicians about the use of medications to help patients with substance use disorders (SUDs) deal with chronic noncancer pain (CNCP). The guide includes information on 1) patient assessment; 2) chronic pain management; 3) patients treated with opioids; and 4) treatment agreements.

### **Palliative care – a human right**

The European Association for Palliative Care, the International Association for Hospice and Palliative care, the Worldwide Palliative Care Alliance and the Human Rights Watch, urge governments to relieve suffering and recognize palliative care as a human right. The briefing gives a definition of palliative care and states, governments have to recognize the need for access to palliative care.

## **Harm Reduction**

### **Managing psychiatric comorbidity within versus outside of methadone treatment settings: a randomized and controlled evaluation**

Robert K. Brooner et. al study states that "substance abuse treatment incorporating daily methadone and weekly counseling is generally effective in reducing the harmful

consequences of opioid dependence disorder. Approximately half of treatment seeking opioid-dependent patients also have a comorbid psychiatric disorder." The study concludes "On-site and integrated psychiatric and substance misuse services in a methadone treatment setting might improve psychiatric outcomes compared with off-site and non-integrated substance misuse and psychiatric care."

### **Buprenorphine implants for treatment of opioid dependence: randomized comparison to placebo and sublingual buprenorphine/naloxone**

Richard N. Rosenthal et. al conducted a study to "evaluate the safety and efficacy of buprenorphine implants versus placebo implants for the treatment". The buprenorphine implantable was developed to address problems with adherence, diversion and non-medical use. They concluded "Compared with placebo, buprenorphine implants result in significantly less frequent opioid use and are non-inferior to sublingual buprenorphine/naloxone tablets."

### **Medication-Assisted Treatment With Methadone: Assessing the Evidence**

Catherine Anne Fullerton et. al examined the effectiveness of Methadone maintenance treatment (MMT) to assist individuals with an opioid use disorder abstain from or decrease use of illegal or nonmedical opiates. They conclude "MMT is associated with improved outcomes for individuals and pregnant women with opioid use disorders. MMT should be a covered service available to all individuals"

### **What is Harm Reduction?**

Open Society Foundation give a great explainer of harm reduction, stating that it is a multi-faceted and the importance of changing drug policy.

### **Shooting Up: Infections among people who inject drugs in the UK 2012 -an update**

Public Health England report on the changing face of injecting drug use in the UK. Including the people who inject, image and performance enhancing drugs, such as anabolic steroids and melanotan. They are at greater risk of HIV, hepatitis B and hepatitis C infection than previously thought. To minimize the harm from injecting drug use, changes in the patterns of use that increase infection risk need to be detected and responded to promptly.

### **When sex work and drug use overlap: Considerations for advocacy and practice**

Harm Reduction International give a detailed report examines the overlap between people use drugs and sell sex. It provides a "snapshot of available evidence on the factors that contribute to their vulnerability and aims to draw attention to this often neglected area, and inform policy and programmatic discussions."

### **Other newsletters and websites of interest**

#### **International AIDS Society News October 2013**

IAS give an update on their current activities including the 2013 Kuala Lumpur conference and the upcoming conference in Melbourne 2014.

#### **Global Drug Survey**

Over SIXTY THREE THOUSAND people have now taken part in a game changer of a **drug survey**. From Silk Road to skunk, from policy to prescription drug use and from the workplace to the dance floor, this is the survey for those who think about drugs, like drugs, use drugs or are just a little curious. Join in, in any one of 9 languages - entrance is free you just need a cup of coffee and a little patience! Please share around your networks so we can produce the drug users guide to harm reduction! *Dr Adam Winstock*

### **Upcoming events**

When planning to attend conferences and meetings please help us spread information on IDHDP, **Rebecca** can provide you with membership flyers and information, available in **Russian, French, Spanish and English**.

### **Commission on Narcotic drugs, (13 and 14 March 2014), Vienna, Austria**

Commission on Narcotic Drugs resolution 56/12 sets out the preparations for the high-level review of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.

If you are attending the event and would like to meet with Sebastian Saville, (Executive Director) and / or other members please contact **Rebecca**.

### **The Pathway to Reform (28 March 2014) Auckland, New Zealand**

New Zealand developed the worlds' first drug policy reform to be based on science not political rhetoric. Learn and hear all the details including the key moments in the development of new regulation vs. the traditional prohibitionist solution to the emerging realities of new Psychoactive Substances in society.

### **Eighth Annual Conference of the International Society for the Study of Drug Policy, (21 - 23 May 2014), Rome, Italy**

The conference will be of interest to policy makers, practitioners and academics from a wide array of disciplines who are engaged in drug policy research pertaining to drug markets, the harms caused by both the supply of and demand for drugs, and the intended and unintended consequences of policy.

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

## **IDHDP communications**

### **Twitter**

**Follow us on Twitter.** We have **1500** followers!

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, but we do recommend that you do consider joining Twitter as it is a great way to keep up to date on current articles, publications and the ever changing face and movement towards health based drug policy.

### **Newsletter**

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

