



The need to challenge unhealthy drug policies to improve drug treatment

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IDHDP

IDHDP Purpose



- To increase the participation of medical doctors in drug policy reform
- To help bridge the gap between evidence based practice and drug policy in many countries
- To lobby internationally to influence changes in drug policy:
 - to promote harm reduction
 - create healthy drug policies

Questionnaire how the medical treatment of people who use drugs was affected by their country's drug policy

- Results showed all countries' drug treatment systems affected by their national drug policy
- Countries where:
 - Policy is prohibitive to drug treatment
 - Against evidence-based medical treatment
- Many countries reported similar issues:
 - Impact of stigma
 - Interference by law enforcement
 - Change in government interrupts progress in putting policy into practice

Does policy affect amount of drug use?

- *“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.”*
- 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>

What is a drug policy?

- Covers all activities related to illicit drugs
- Set of principles or an ideology that directs public action in this field (e.g. war on drugs, harm reduction)'
- 'A system of laws, regulatory measures, courses of action and funding priorities concerning (illicit) psychoactive drugs and promulgated by a governmental entity or its representatives'

adapted from Kilpatrick, 2000

What makes a healthy drug policy?

- **Integrated whole package including:**
 - **Prevention**
 - **Supply**
 - **Treatment system including:**
 - Harm reduction with OST & Needle Syringe programmes
 - Reintegration
 - **Realism is the key**

Need:

- **Balanced integrated policy**
- **Based on evidence rather than opinion**
- **Need evaluation**

We don't need a war on people who use drugs

"We are losing the war against drugs." Bush

"War on drugs is a war on human beings"

*"The politicians are formulating the drug problem as
an issue of national security, but it is an issue of public
health"*

Mexican poet, Javier Sicilia

Good evidence based treatment

People at centre

- Harm reduction
- OST
- Psychological interventions
- Abstinence-based
- Mutual aid groups
- Rehabilitation and reintegration
- General health care
- Employment, social, housing and financial

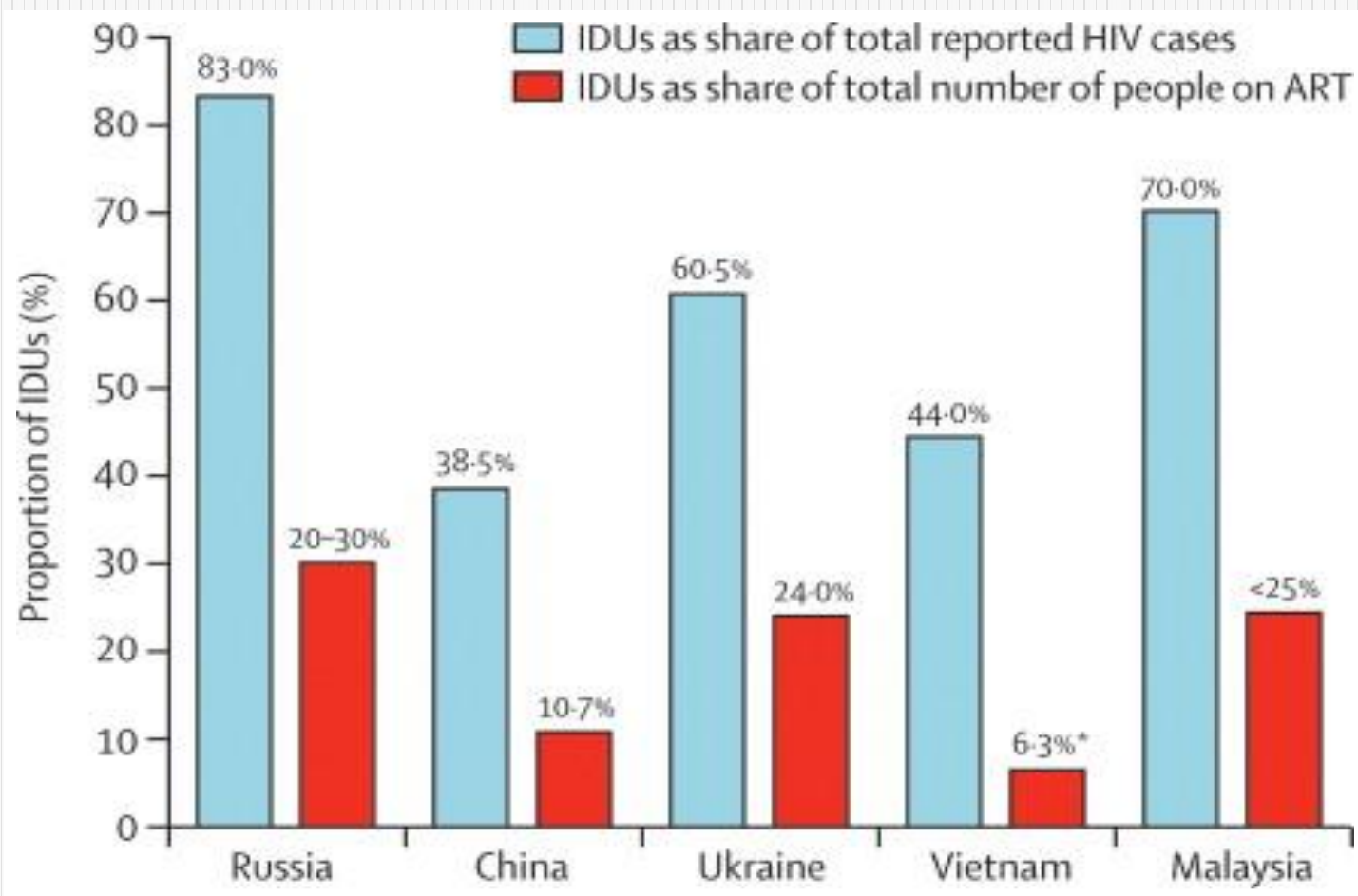
Damage on people if unhealthy drug policy

- In Russia 37% of the 1.8 million people who inject drugs are infected with HIV, NSP is severely limited and OST is illegal
- In countries with long- established harm reduction programs, such as the UK, Australia and Germany, HIV rates are below 5%
- In Central Asia, Latin America and Sub-Saharan Africa, OST coverage equates to less than one person for every 100 people who inject drugs

IDUs as share of total HIV cases and of patients receiving ART, 2008

Data sources: number of IDUs infected with HIV,

60 total HIV cases; 68 IDUs on ART in Russia, 69 China, 14 Ukraine, 70 Vietnam, 12, 68 and Malaysia. 65 IDU=injecting drug user. ART=antiretroviral therapy. *Data are for 2009.



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*

Figure 2.

OST available to <2% of IDUs

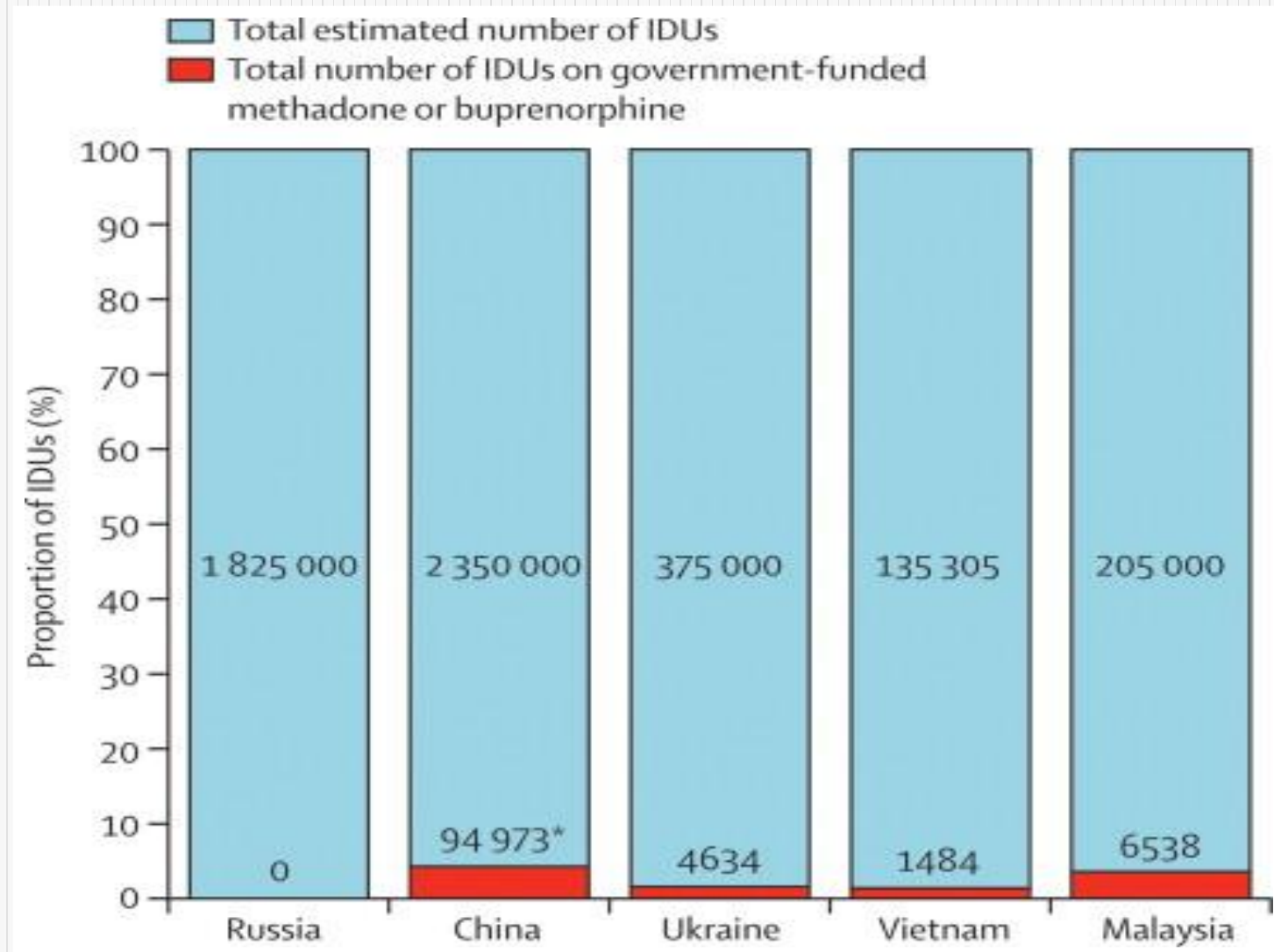
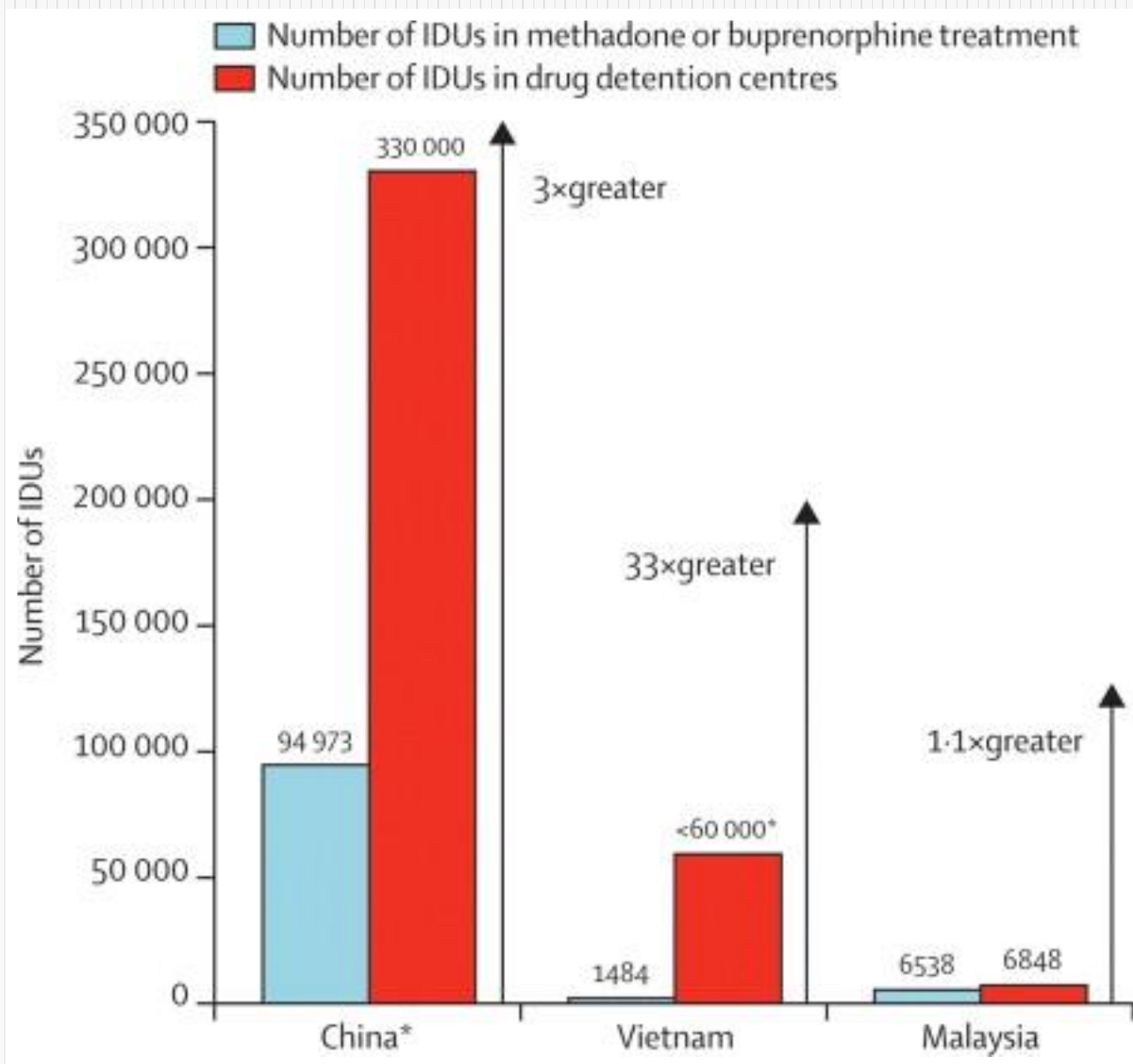
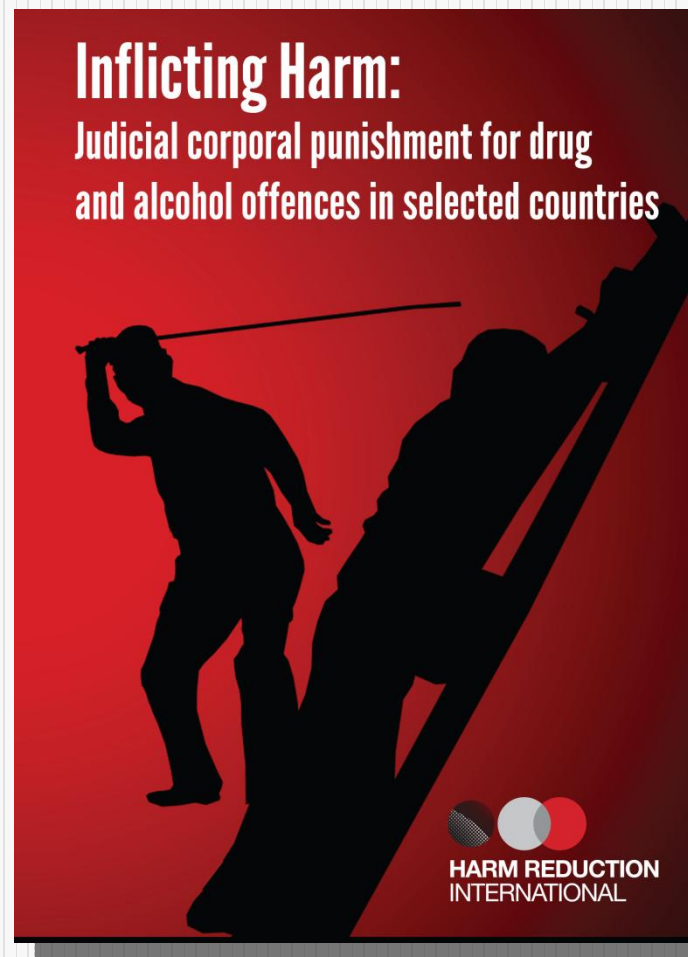


Figure 3.



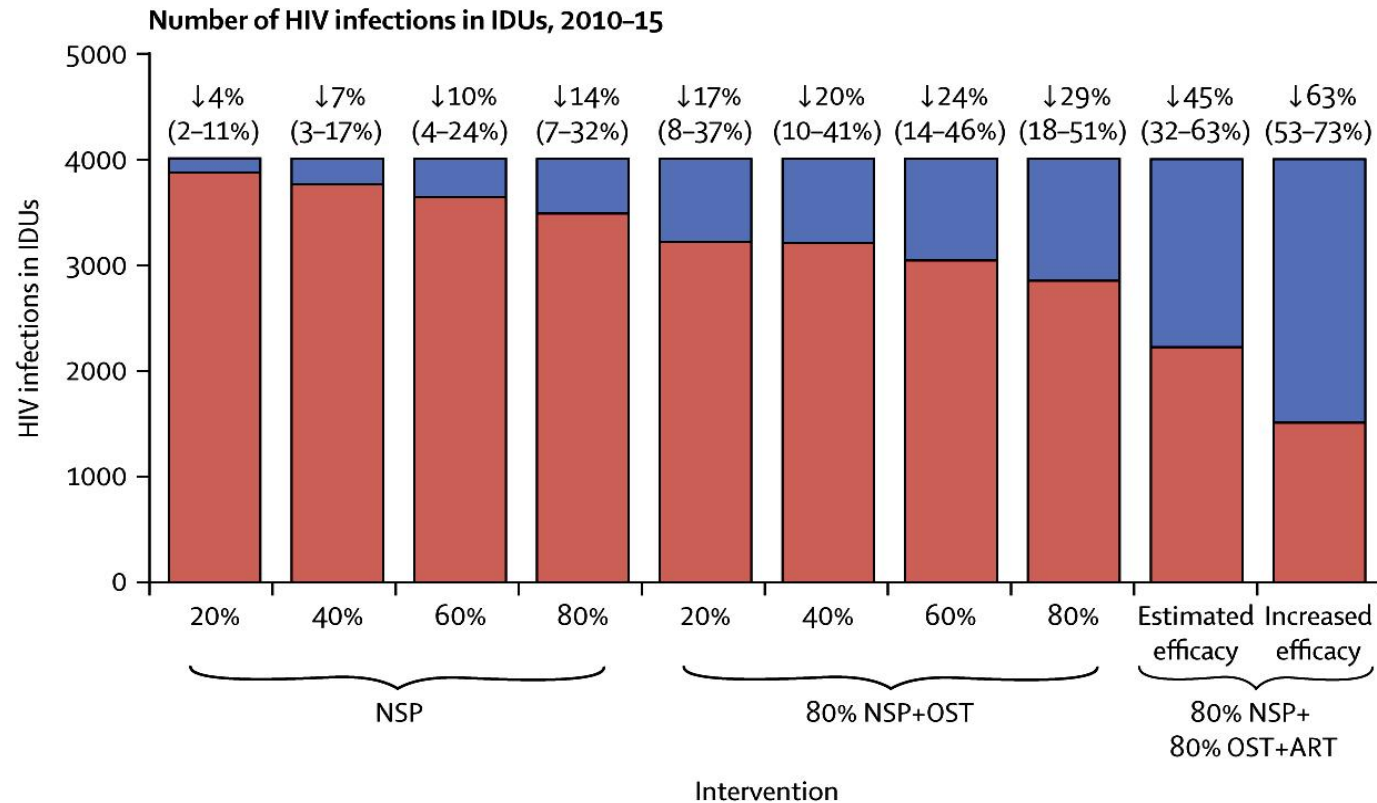
Corporal punishment & drug offenses

- A recent study by Harm Reduction International finds that over 40 states apply some type of judicial corporal punishment for drug and alcohol offences.
- Drug detention in the name of treatment (no rights of appeal, forced labor, no treatment)



Effective HIV interventions

Scaling up Combination HIV Interventions: Nairobi, Kenya



Source: *The Lancet: HIV in people who use drugs (July 2010)*. "HIV and risk environment for injecting drug users: the past, present, and future." *Strathdee, et al.*

Successful experiments in drug policy:

1. Four Pillar approach in Switzerland

- Between 1991 and 2004, drug related deaths declined by more than 50%
- Levels of new HIV infections divided by 8 within 10 years
- 90% reduction of property crime committed by drug users
- 70% of injectors are now in some kind of treatment

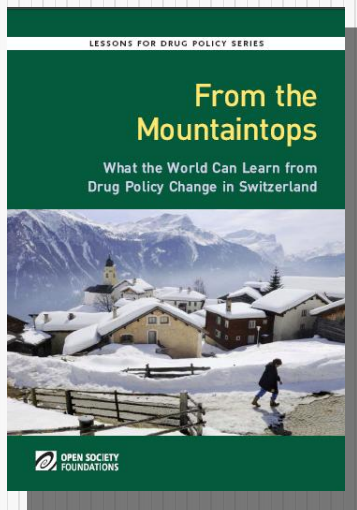
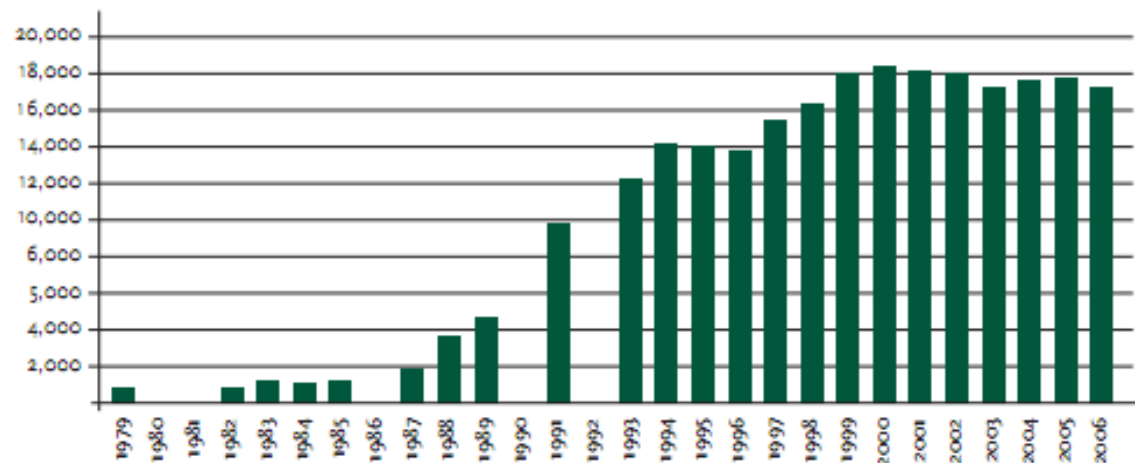


FIGURE 1: Number of methadone patients, Switzerland, 1979–2006

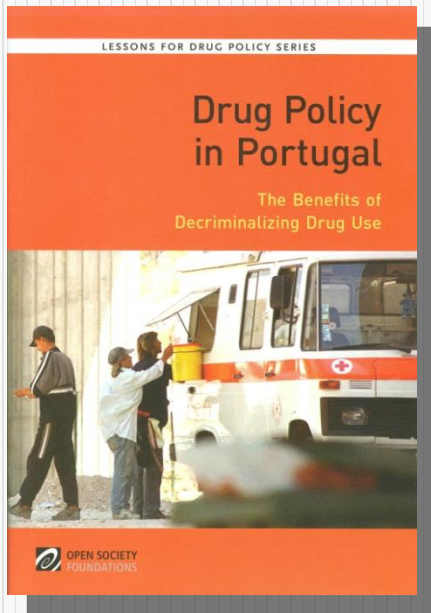


Source: Act-info: Nationale Substitutionsstatistik (Methadon) <http://www.nasuko.ch/nms/db/index.cfm>

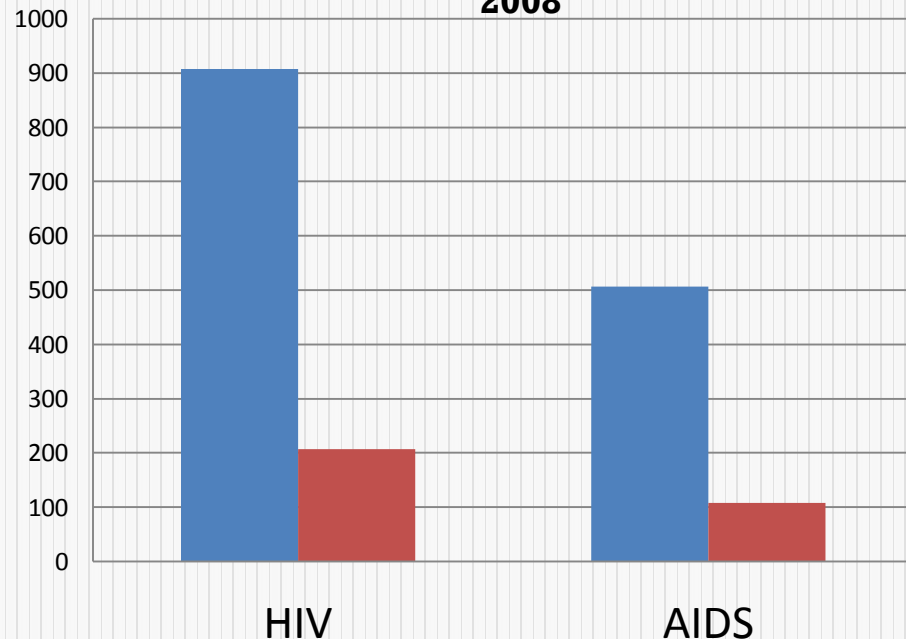
Successful experiments in drug policy

2. Decriminalization in Portugal

- No. of street overdoses fell from 400 to 290 annually
- Reduced illicit drug use among most at-risk group (15-19 year olds) since 2003
- Reduced prevalence of HIV among IDUs; expansion in treatment



Incidence of HIV and AIDS among drug users, 2000-2008



Source: Fátima Trigueiros, IDT Portugal, Alex Stevens, University of Kent, Caitlin Hughes, University of New South Wales

Case study: Portugal – treating, not punishing

- Data since 2001 show that “decriminalisation has had no adverse effect on drug usage rates in Portugal”
 - Came after some rises in the 1990s
 - Numbers in treatment risen from 6,000 in 1999 to over 24,000 in 2008
 - Reflects big rise in treatment **but not in drug use**
 - % used heroin increased from just 1% to 1.1%.
 - Most other drugs, the figures have fallen
 - Number injecting heroin fallen from 45% to 17%
 - IDU now only 20% of Portugal’s HIV cases, down from 56% before.

Manuel Cardoso, deputy director of the Institute for Drugs and Drug Addiction

- *“Before decriminalisation, addicts were afraid to seek treatment because they feared they would be denounced to the police and arrested,”*
- *“Now they know they will be treated as patients with a problem and not stigmatised as criminals.”*
- *“We no longer have to work under the paradox that exists in many countries of providing support and medical care to people the law considers criminals.”*

Evidence is there

- **Good evidence-based treatment for people who use drugs set in a healthy integrated drug policy works**
- **Hence should not be restricted by punitive, opinion-based national drug policies**

Drug policies that adversely affect access to quality medical care need to be challenged to improve drug treatment

- **We as doctors need to be involved in drug policy reform to improve care of people who use drugs**
- **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**



Thank you

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