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The Johns Hopkins-Lancet Commission on Drug Policy and Health

Public Health and International Drug Policy

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Objectives

Drug policies are often coloured by ideas about drug use and dependence that are not scientifically grounded

- To examine the emerging scientific evidence on public health issues arising from drug control policy
- To inform and encourage a central focus on public health evidence and outcomes in drug policy debates

About The Johns Hopkins–Lancet Commission

The Commission was co-chaired by Professor Adeeba Kamarulzaman of the University of Malaya and Professor Michel Kazatchkine, the UN Special Envoy for HIV/AIDS in Eastern Europe and Central Asia.

Composed of 22 experts from a wide range of disciplines and professions in low-income, middle-income, and high-income countries. We reviewed the global evidence base on the impacts of drug policy on health outcomes and did novel analyses, including mathematical modelling, to further enhance understanding of the complex and manifold interactions of dug policy with health, human rights, and wellbeing. The Center for Public Health and Human Rights at the Johns Hopkins Bloomberg School of Public Health served as the secretariat for the Commission, and scholars and fellows from the centre also served as commissioners or analysts, or both. We produced this report with the hope that it would enrich discussions at the time of the UN General Assembly Special Session on the world drug problem. We intend to continue our work after the meeting, and especially to continue to advocate for evidence-based and health-focused reform of drug policy.

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- The 1998 UNGASS declaration does not distinguish between drug use and drug misuse
- The idea that all drug use is dangerous and evil has led to enforcement-heavy policies and has made it difficult to see potentially dangerous drugs in in the same light as potentially dangerous foods, tobacco and alcohol which the goal of social policy is to reduce potential harms.

“Drugs have destroyed many people, but wrong policies have destroyed many more.”

Kofi Annan

former UN Secretary General

Health Impact of Drug Policy based on Prohibition

- The pursuit of drug prohibition has generated a parallel economy run by criminal networks.
- These networks, which resort to violence to protect their markets, and the police and sometimes military or paramilitary forces that pursue them contribute to violence and insecurity in communities affected by drug transit and sales

Figure 1: Proportion of homicides involving gangs or criminal groups by region, 2011 (or latest year)

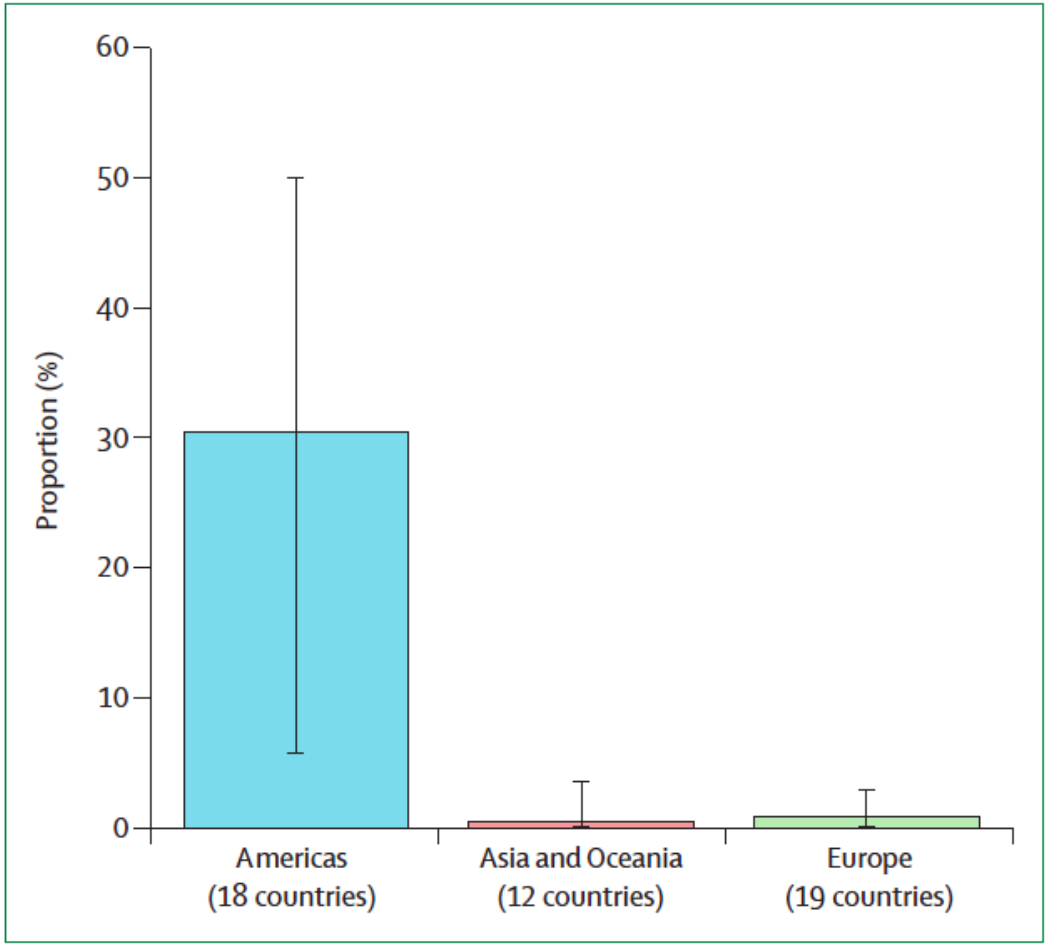
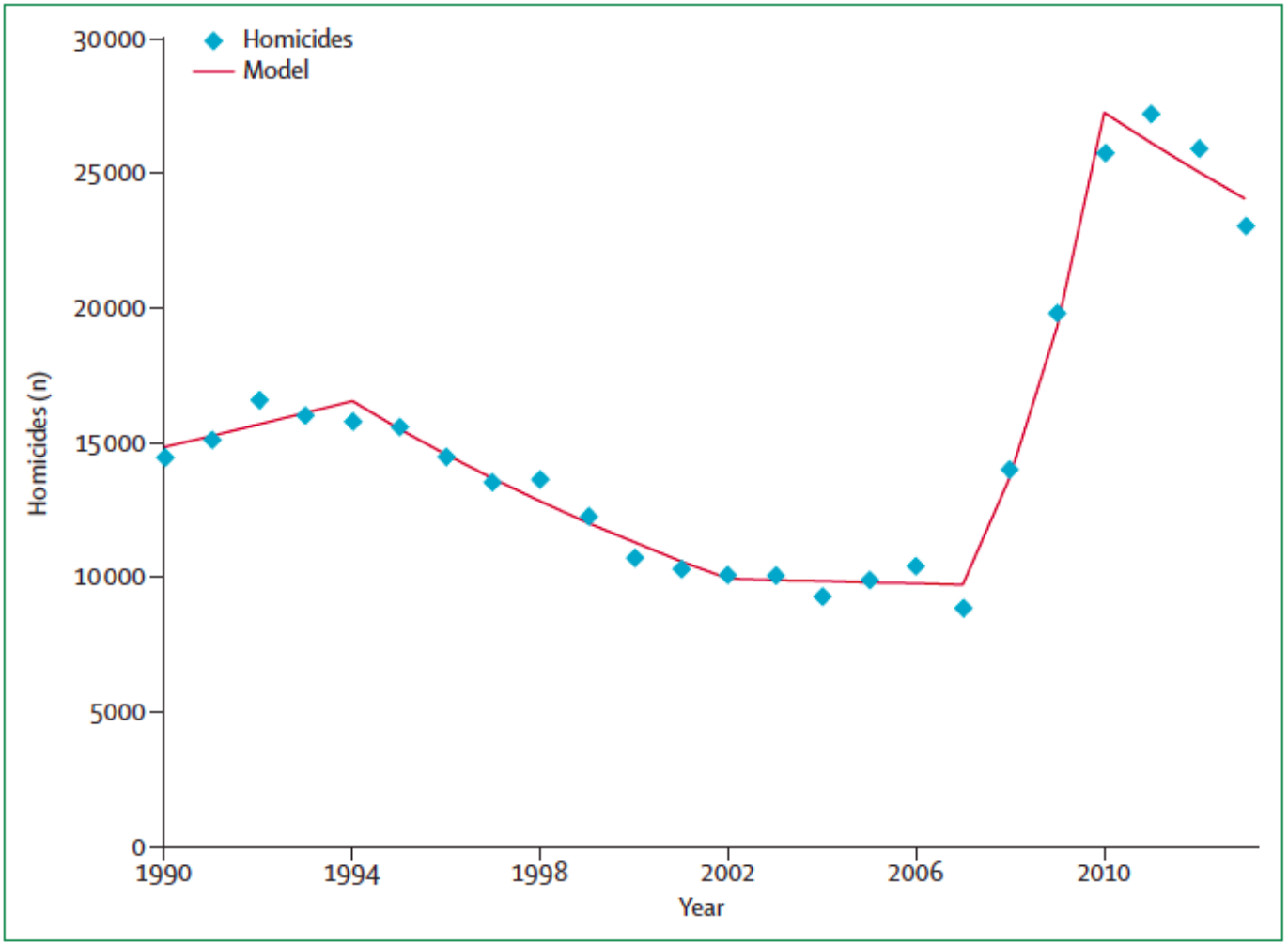


Figure 2: Number of homicides in Mexico, 1990-2013



Health Impact of Drug Policy based on Prohibition

- Repressive drug policing greatly contributes to the risk of HIV linked to injection.
- Policing could be a direct barrier to services such as needle and syringe programmes (NSP) and opioid substitution therapy (OST).
- Police seeking to boost arrest totals have targeted facilities that provide these services to find, harass, and detain large numbers of people who use drugs.
- Drug paraphernalia laws, which prohibit possession of injecting equipment, lead people who inject drugs to fear carrying syringes and force them to share equipment or dispose of it unsafely.

Figure 5: Prevalence of HIV infection among people who Inject drugs and in the general population

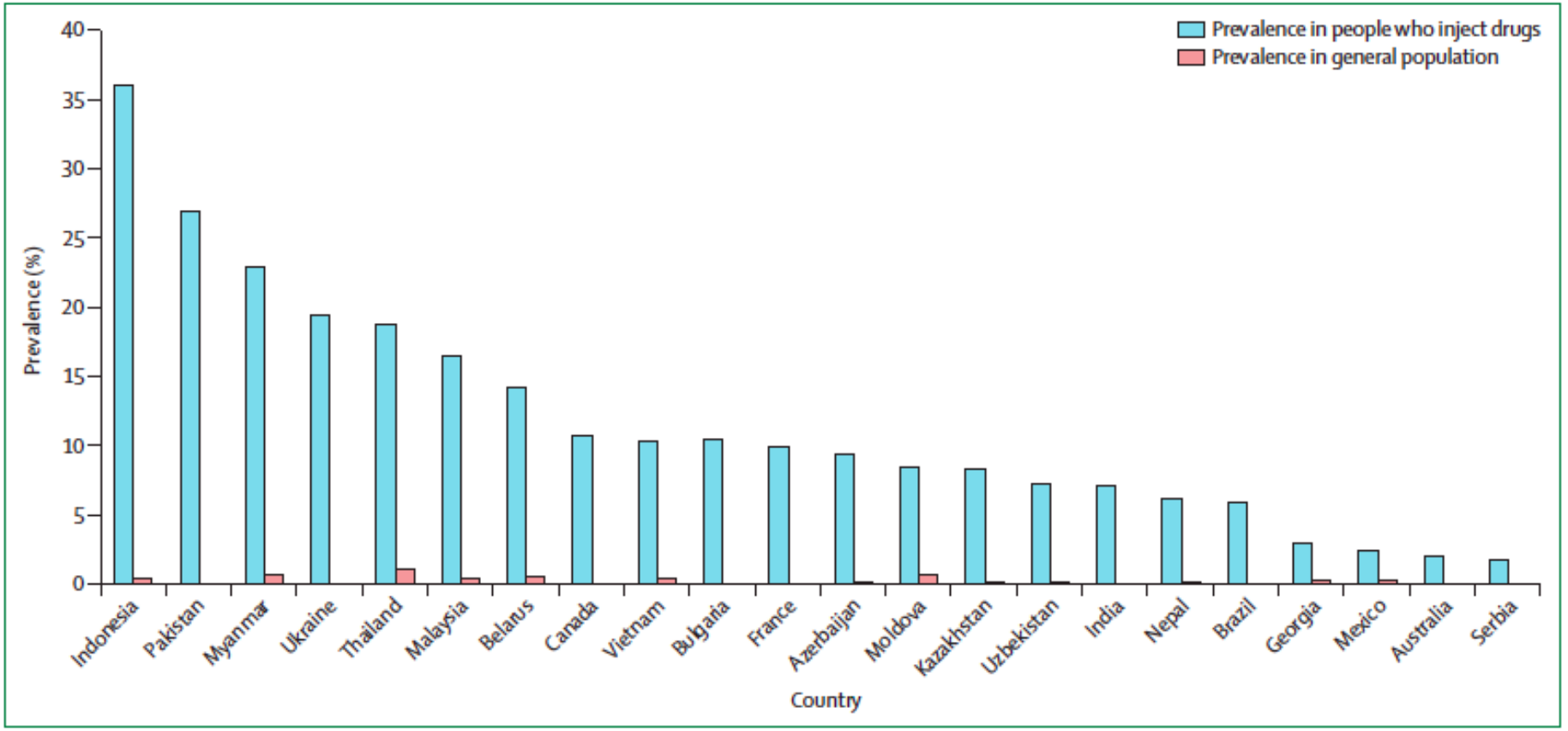


Figure 6: Impact on prevalence of HCV infection over time of scaling up OST and high coverage (100%) NSPs from 0% to 20%, 40%, or 60% coverage for three epidemic scenarios with a baseline chronic prevalence of HCV infection of 20%, 40% or 60%

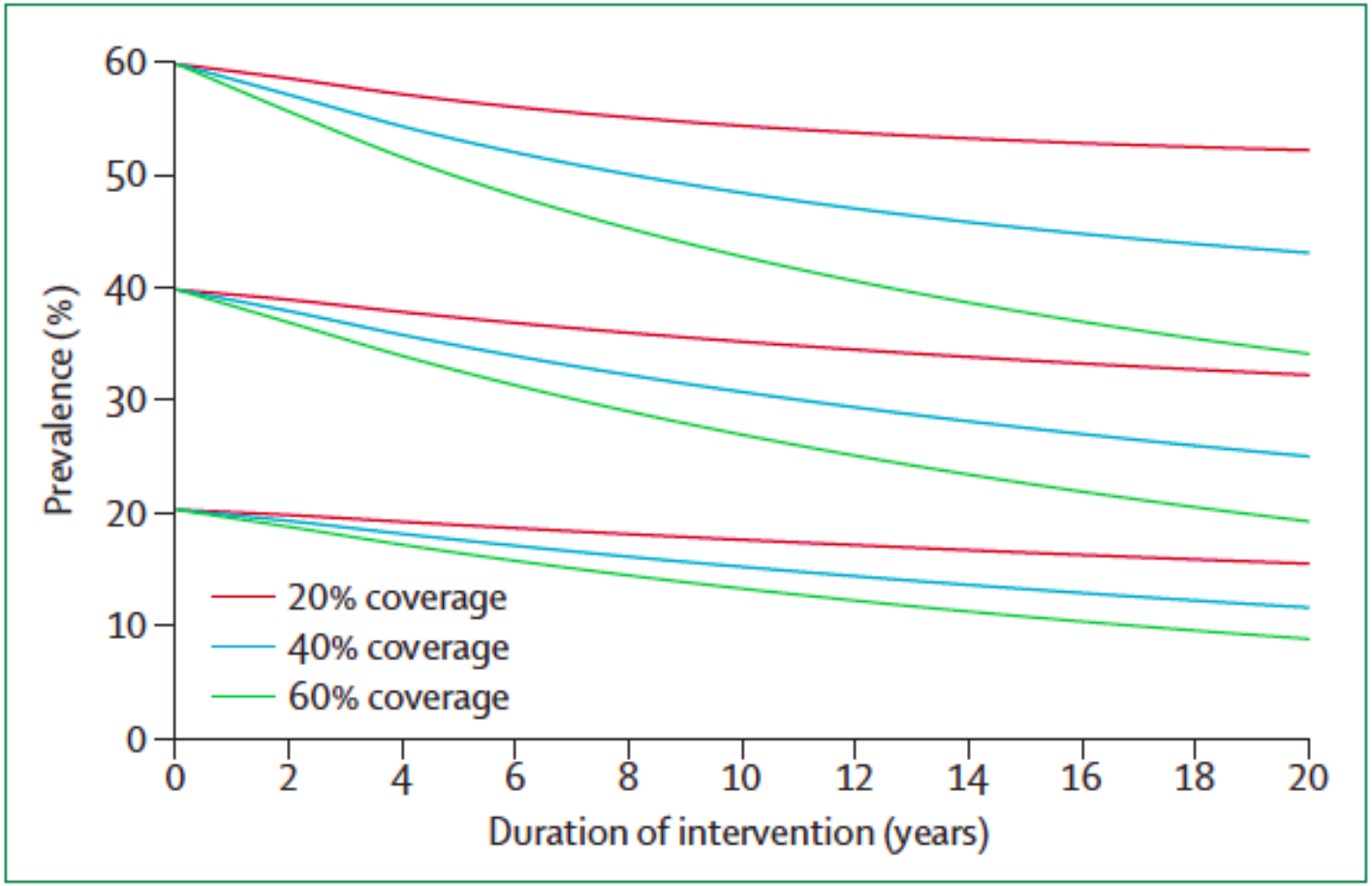
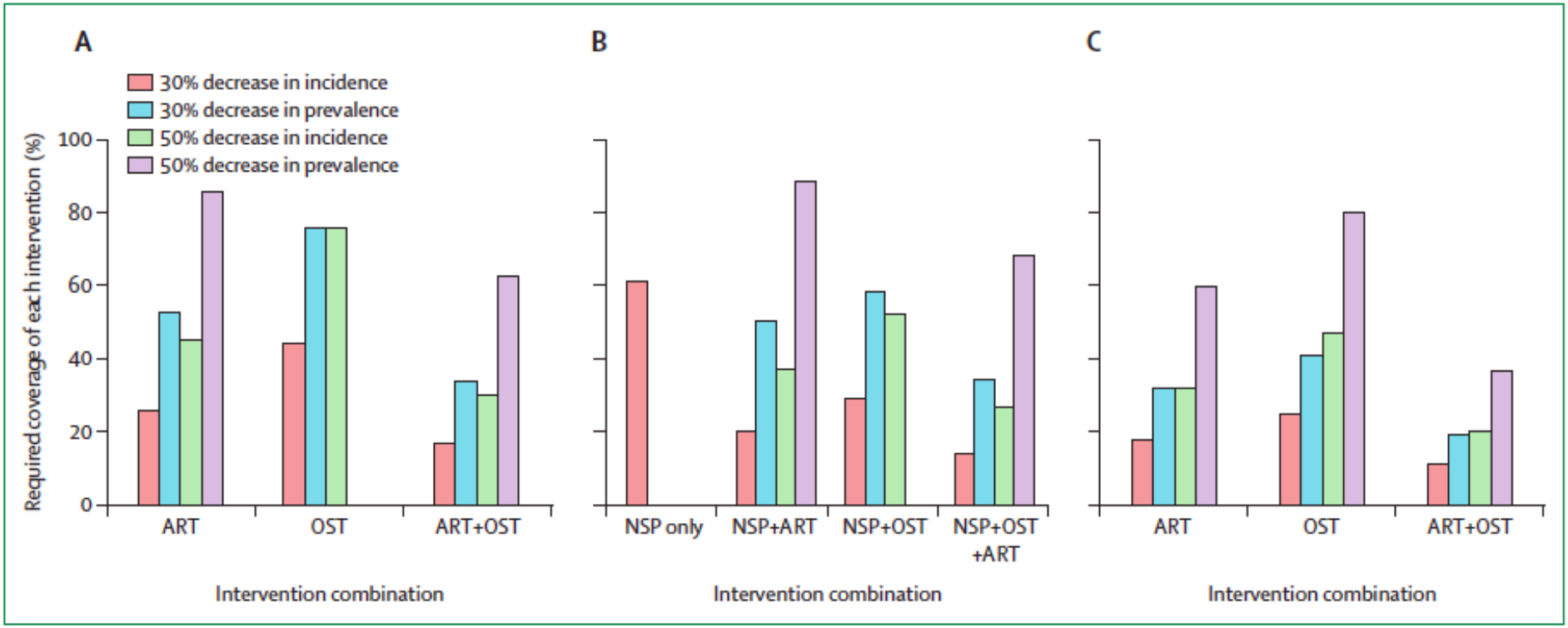


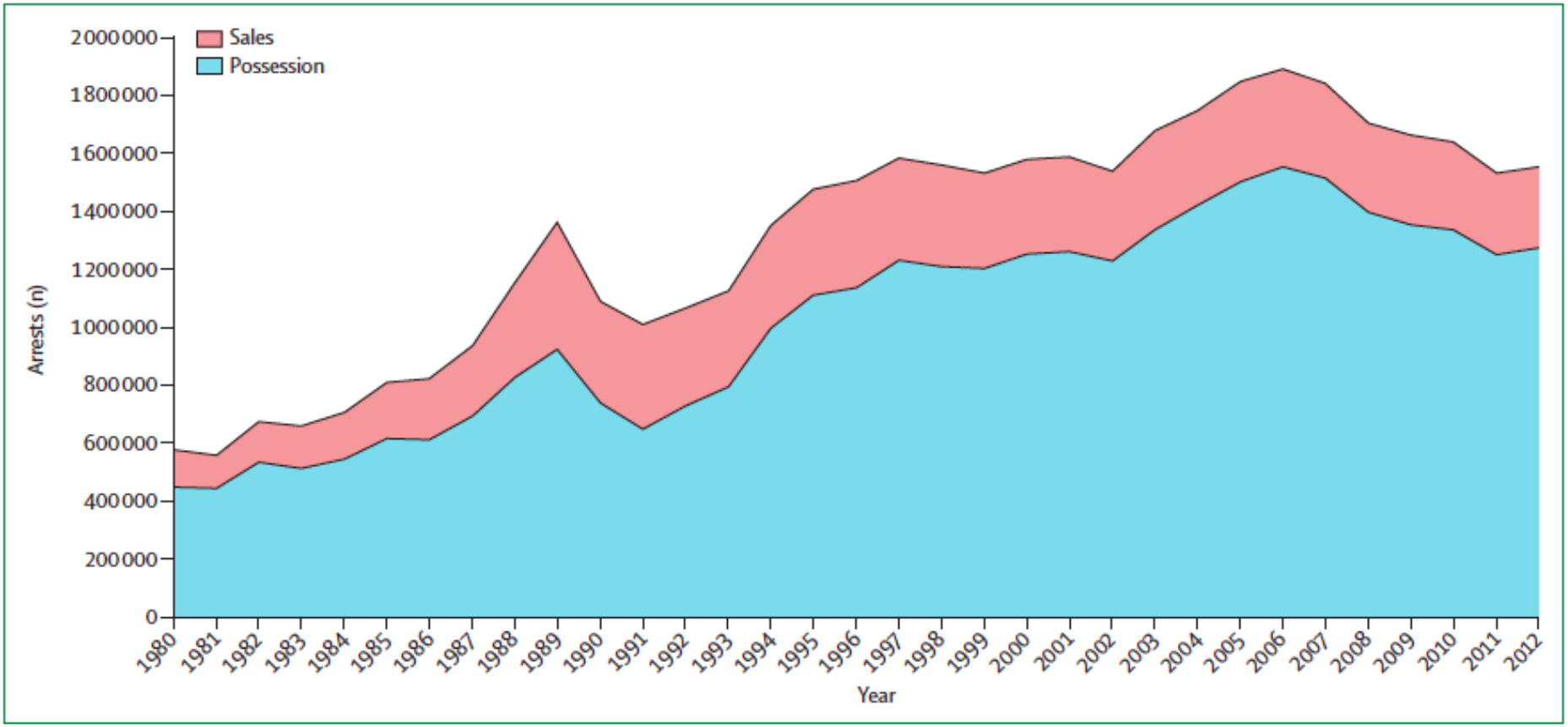
Figure 7: Required scale up of ART, NSP, and OST to achieve 30% or 50% decrease in incidence of prevalence of HIV among People who inject drugs over 10 years in Tallinn, Estonia (A) St. Petersburg, Russia (B), and Dushanbe, Tajikistan (C)



Health Impact of Drug Policy based on Prohibition

- Excessive use of incarceration as a drug-control measure.
- Many national laws impose lengthy custodial sentences for minor, non-violent drug offences
- PWUD are over-represented in prison and pre-trial detention.
- Drug use and drug injection occur in prisons.
- HIV and HCV transmission occurs among prisoners and detainees, and is often complicated by co-infection with tuberculosis
- Too few countries offer prevention or treatment services despite international guidelines urge comprehensive measures, including provision of injection equipment, for people in state custody

Figure 13: Drug arrests in the USA, 1980-2012



Health Impact of Drug Policy based on Prohibition

- Enforcement of drug laws has been applied in a discriminatory way against racial and ethnic minorities in a number of countries.
- In the USA in 2014, African American men were more than five times more likely than white people to be incarcerated for drug offences in their lifetime
- Substantial gender biases in current drug policies. Of women in prison and pretrial detention around the world, the proportion detained because of drug infractions is higher than that of men of colour and their children, families, and communities.

Figure 14: Drug-related incarceration by race in the USA, 2013-14

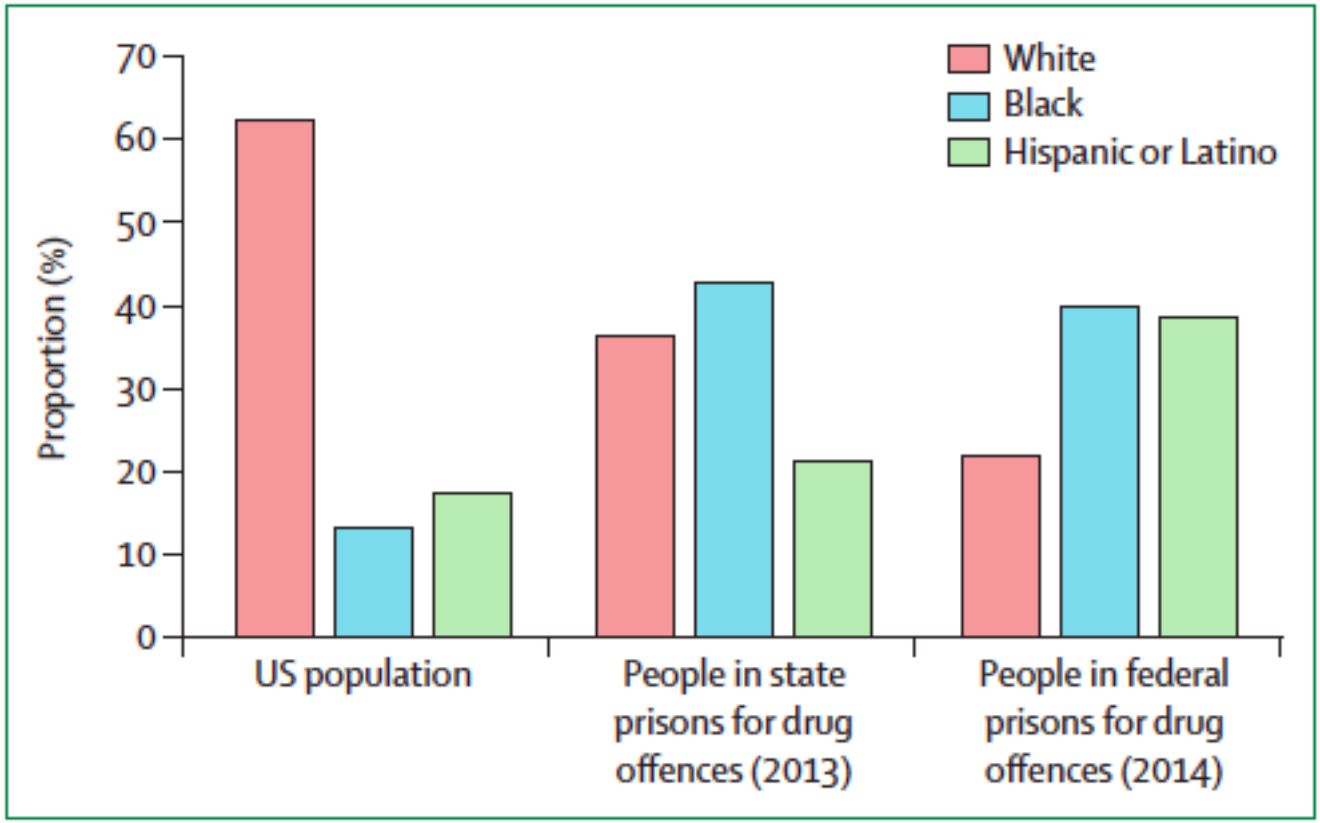
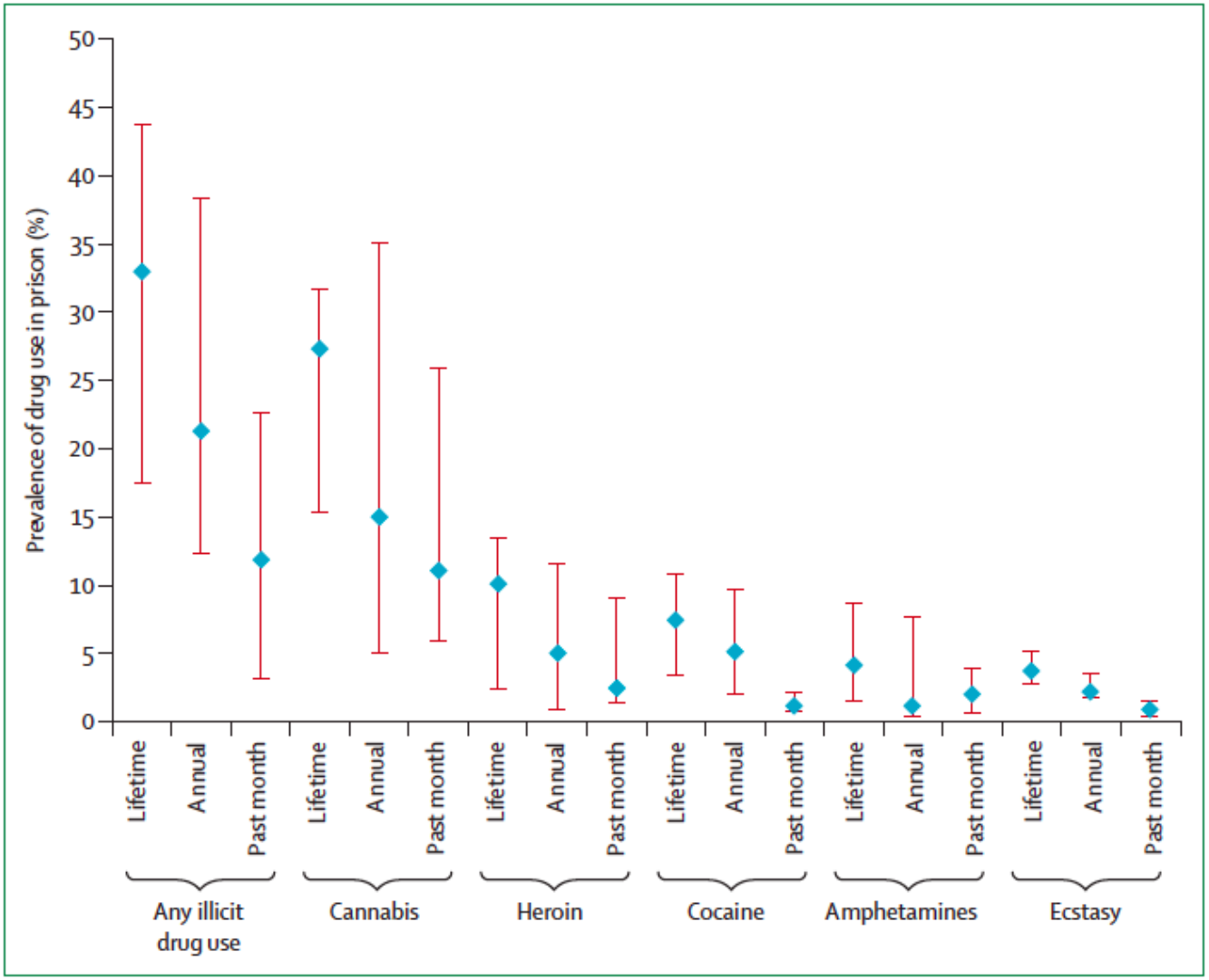


Figure 16: Lifetime, annual, and past-month prevalence of drug use in prison



Health Impact of Drug Policy based on Prohibition

- Mathematical model illustrates that incarceration and high risk of infection in the post-incarceration period can contribute to national incidence of HCV infection among PWID.

Figure 17: Modelled overall endemic incidence of HCV infection among people who inject drugs results from various effects of Incarceration in several illustrative global settings

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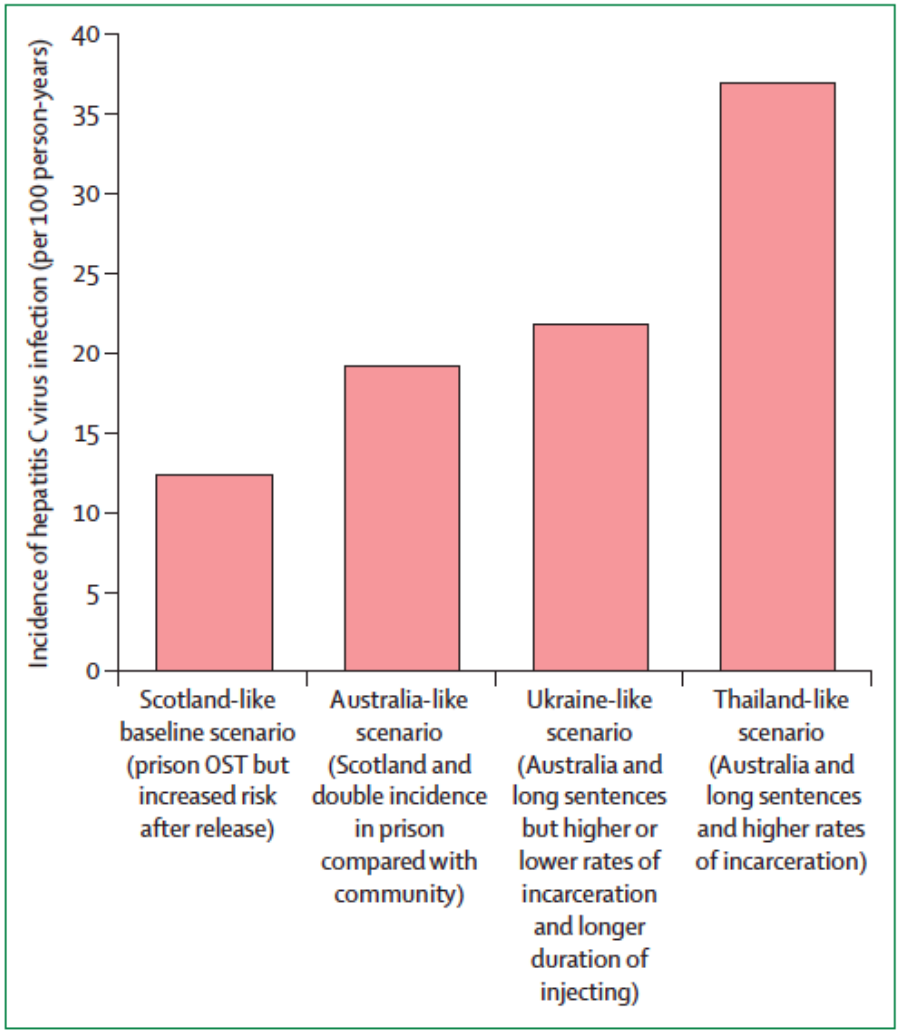
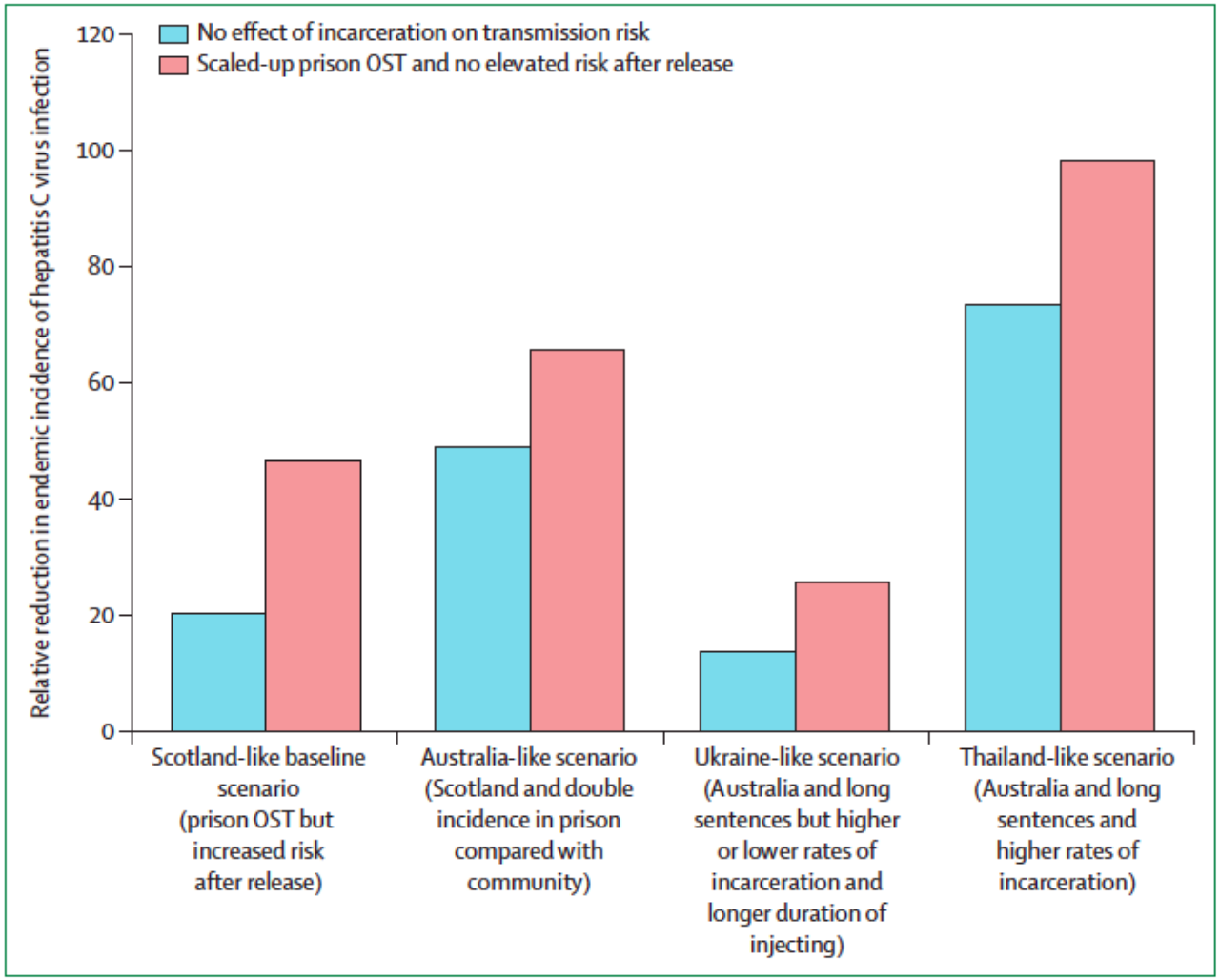


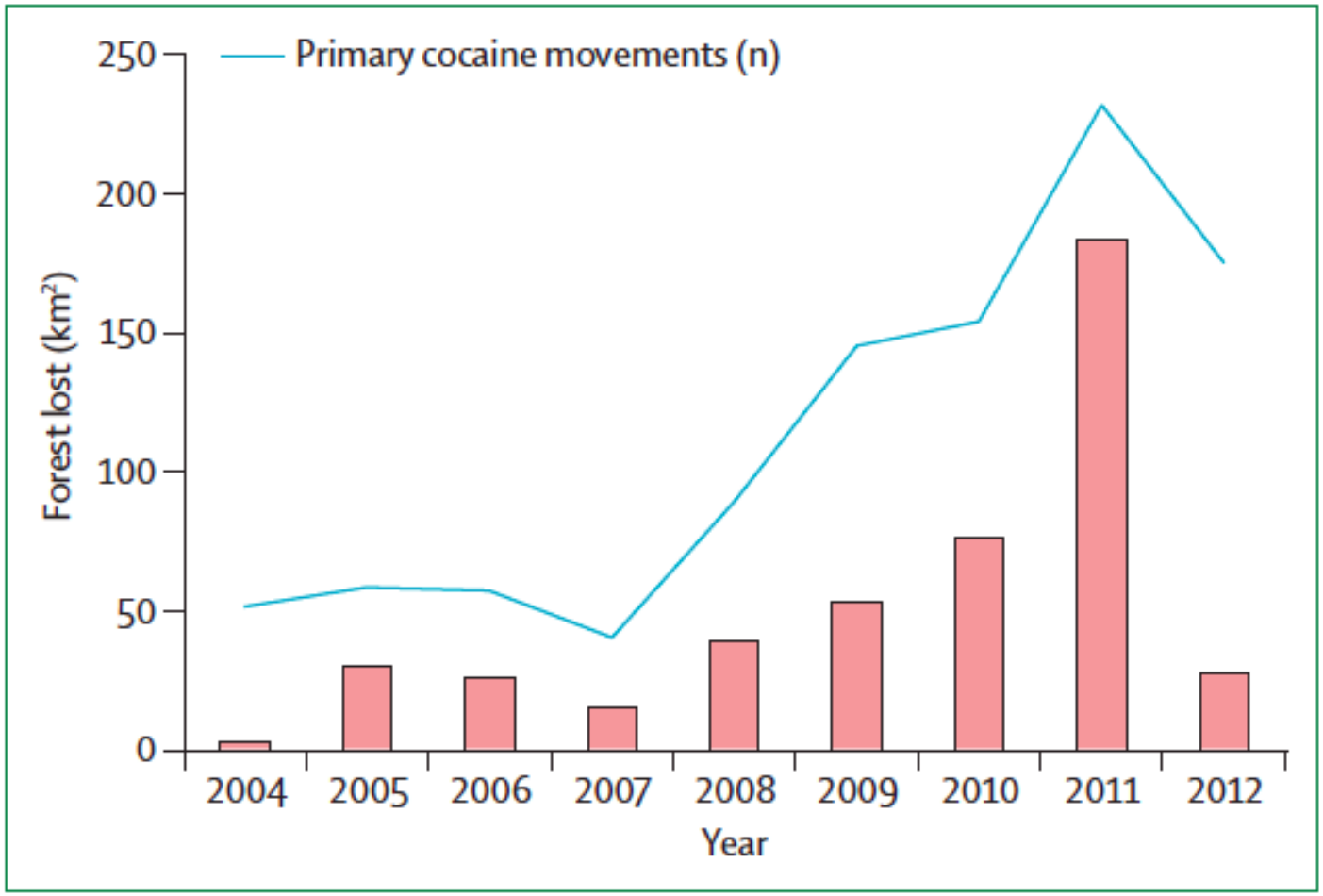
Figure 18: Modelled relative reduction in overall endemic incidence of HCV infection among people who use drugs for four illustrative global settings



Health Impact of Drug Policy based on Prohibition

- The pursuit of the elimination of drugs has led to aggressive and harmful practices targeting people who grow crops used in the manufacture of drugs, especially coca leaf, opium poppy, and cannabis.
- Aerial spraying of coca fields in the Andes with the defoliant glyphosate (N-(phosphonomethyl)glycine) has been associated with respiratory and dermatological disorders and miscarriages.
- Forced displacement of poor rural families who have no secure land tenure exacerbates their poverty and food insecurity and in some cases forces them to move their cultivation to more marginal land.
- Geographical isolation makes it diffi cult for state authorities to reach drug-crop cultivators in public health and education campaigns and it cuts cultivators off from basic health services.

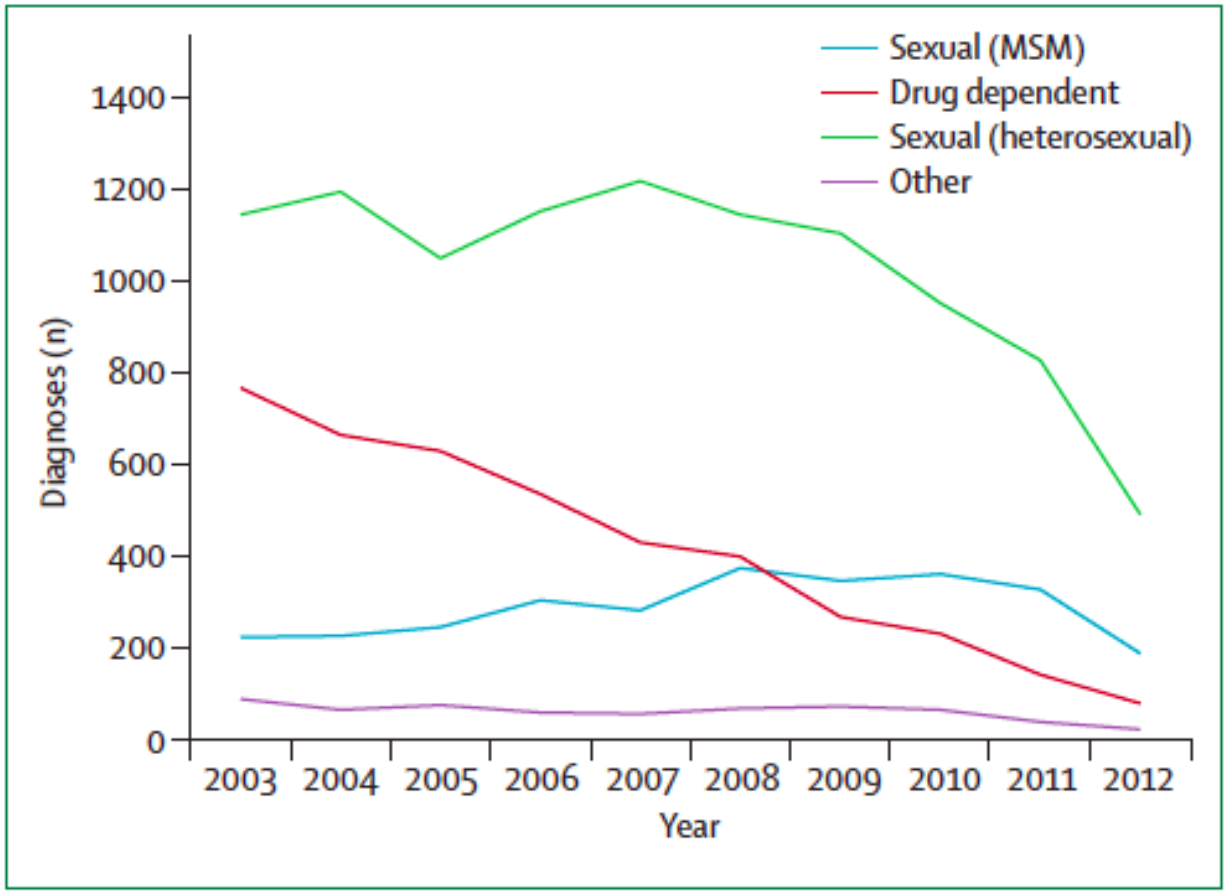
Figure 24: Deforestation in Honduras and major trafficking of cocaine, 2004-12



Policy Alternatives in Real Life

- Portugal and the Czech Republic decriminalised minor drug offences years ago.
- Significant financial savings, less incarceration, significant public health benefits
- No significant increase in drug use.
- Decriminalisation of minor offences along with scaling up low-threshold HIV prevention services enabled Portugal to control an explosive, unsafe injection-linked HIV epidemic
- Prevented one from happening in the Czech Republic.

Figure 25: Incidence of HIV infection in Portugal by mode of transmission, 2013-12



Policy Alternatives in Real Life

- In Switzerland and Vancouver, Canada, substantial improvements in access to comprehensive harm-reduction services, including supervised injection sites and heroin-assisted therapy (ie, prescription of heroin for therapeutic purposes under controlled conditions), have transformed the health picture for people who inject drugs.

Key Messages

- Drug laws intended to protect health have contributed to lethal violence, disease transmission, ethnic/racial and gender discrimination, and undermined people's right to health.

- Non-violent minor drug offences should be decriminalized and health and social services for drug users strengthened.

Recommendations

- Decriminalise minor drug offences—use, possession, and petty sale
- Reduce the violence and other harms of drug policing
- Make harm reduction measures a central pillar of health systems and drug policy
- Invest in treatment for HIV, HCV infection, tuberculosis, and drug dependence
- Ensure access to controlled drugs for medical use

Recommendations

- Formulate policies that do not harm women
- Integrate health concerns into supply-chair efforts
- Improve UN governance of drug policy
- Include health, human rights, and development in metrics to judge success of drug policy
- Better and broaden research on drugs and drug policy
- Take scientific approaches to regulatory experiments

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Figure 26: Cannabis use in the previous 12 months by adults and adolescents in the European Union, Norway, and Turkey by age group

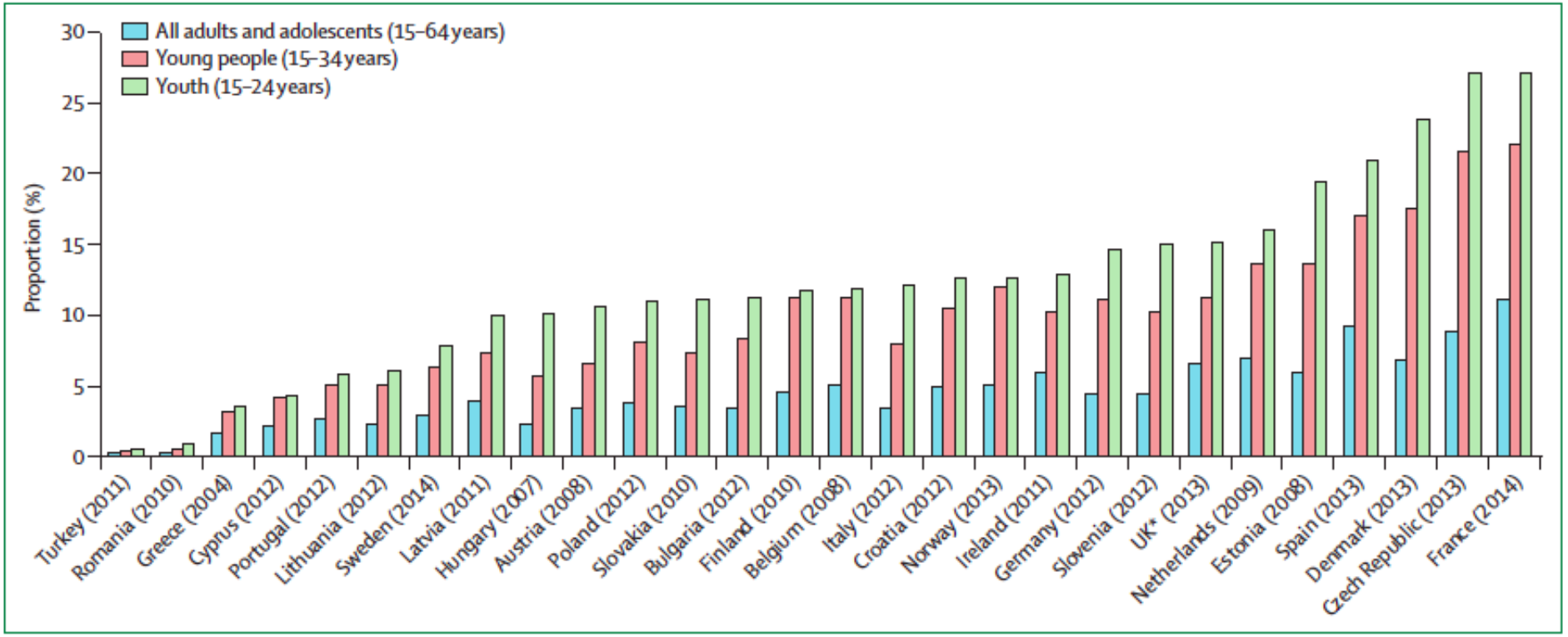

Figure 27: Newly diagnosed cases of HIV related to injection drug use in the European Union, Norway, and Turkey, 2013

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