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“It is relatively fair to assume that it is in fact very punitive drug policies that are fuelling the public health crisis.”

Summary: Kasia Malinowska-Sempruch described the effects of drug policies on HIV epidemics and public health in countries such as Russia, China, Ukraine, Vietnam, and Malaysia.

EFFECTS OF PUNITIVE DRUG POLICIES ON HIV EPIDEMICS

HIV continues to spread, and affects people who inject drugs as a (quite dramatic) result of punitive drug policies. Countries with significant rates of HIV among injection drug users – such as Russia, China, Ukraine, Vietnam, and Malaysia – are those that champion

IDUs as share of total reported HIV cases

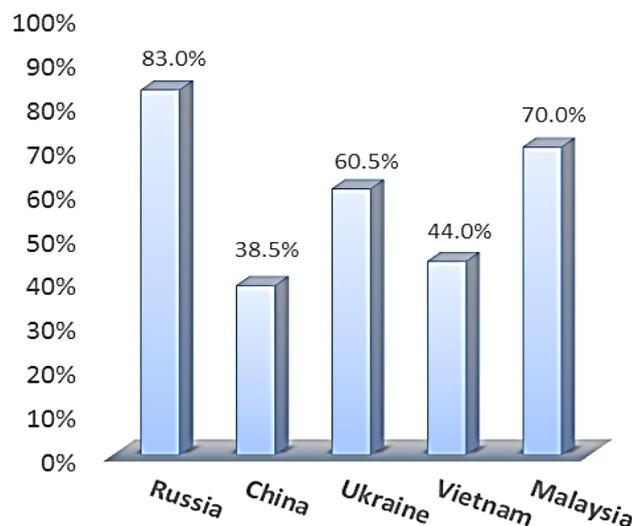


Figure 1. IDUs as share of total reported HIV cases.

very punitive policies. It is therefore reasonable to assume that it is the policies that are fuelling the public health crisis. Figure 1¹ shows Injection Drug Users (IDUs) as a

¹ **Source:** The Lancet: HIV in people who use drugs (July 2010). “Treatment and care for injecting drug users with HIV infection: a review of barriers and ways forward.” Wolfe, D; Carriere, P; Shepard, D.

proportion of total reported HIV cases in different countries. For example, in Russia, 83% of all people infected with HIV are IDUs (ca. 1,000,000 cases).

By contrast, Figure 2 shows the availability of government-funded substitution treatment in the same countries. For example, in July 2010, there were no users in Russia on substitution treatment. Officials often justify this by claiming that substituting

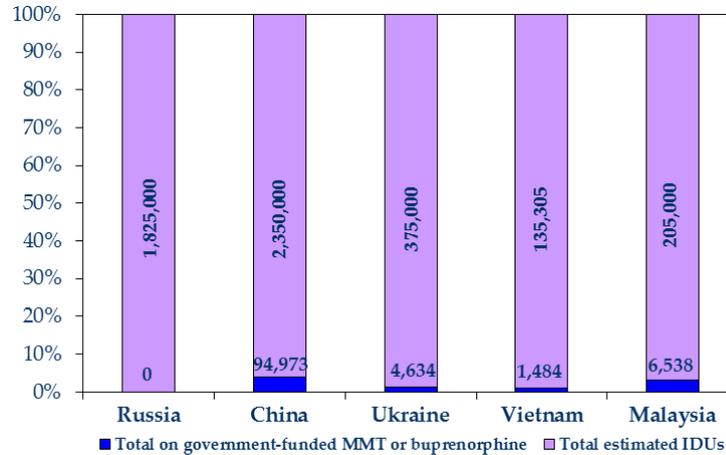


Figure 2. Total IDUs and IDUs on government-funded MMT or buprenorphine.

one drug for another is against the UN Conventions.

These data point out that we need to question not only what the real implications of the Conventions are, but also whether governments are using them to impede sensible public health policies.

Moreover, where treatment does exist, it is generally not in line with human rights standards or good clinical practice. Forty countries in the world use corporal punishment as a way of treatment, i.e., the government supports the idea that drug use can be 'beaten out of people,' and a number of countries place drug users in what they call 'detention centres' of questionable treatment value.

ALTERNATIVE POLICIES AND PREVENTION OF HIV EPIDEMICS

Figure 3 shows that HIV among drug users could be diminished by offering combined interventions. The tools – needle and syringe programmes (NSP), opioid substitution therapy (OST), antiretroviral therapy (ART) – are already available; what we need is the political will to implement them.

Specifically, the figure shows that if the only tool offered to IDUs is needle-exchange, it will have a minimal effect on new HIV infections. Adding OST and ART to needle-exchange programmes can significantly cut the number of new infections.

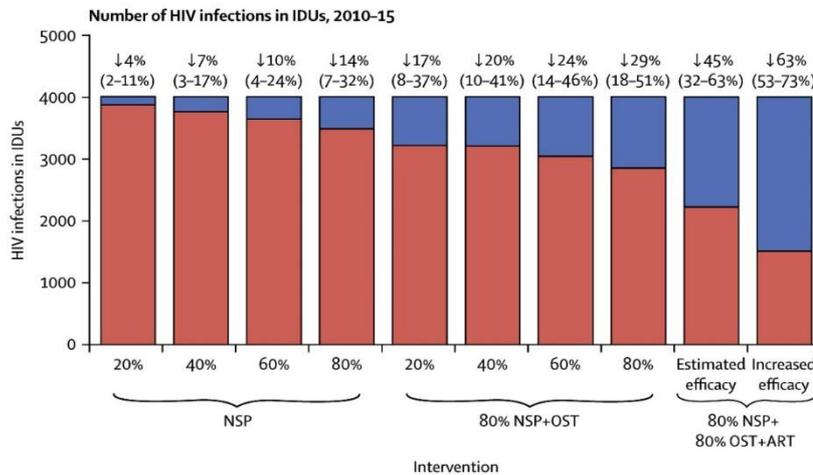


Figure 3. Decrease in predicted new HIV infections (in red) in IDUs with increasing take-up of needle and syringe programmes (NSP), opioid substitution therapy (OST) (assuming an 80% take-up of NSP), and antiretroviral therapy (ART) (assuming 80% take-up of NSP).

The next two figures show examples of successful drug policy experiments in Portugal (Figure 4²) and Switzerland (Figure 5). In Portugal, decriminalisation resulted in a reduction of street overdoses (from 400 to 290 annually); a reduction of illicit drug use in the most at-risk group (15-19 year olds); reduction of HIV prevalence among IDUs; and expansion of treatment.

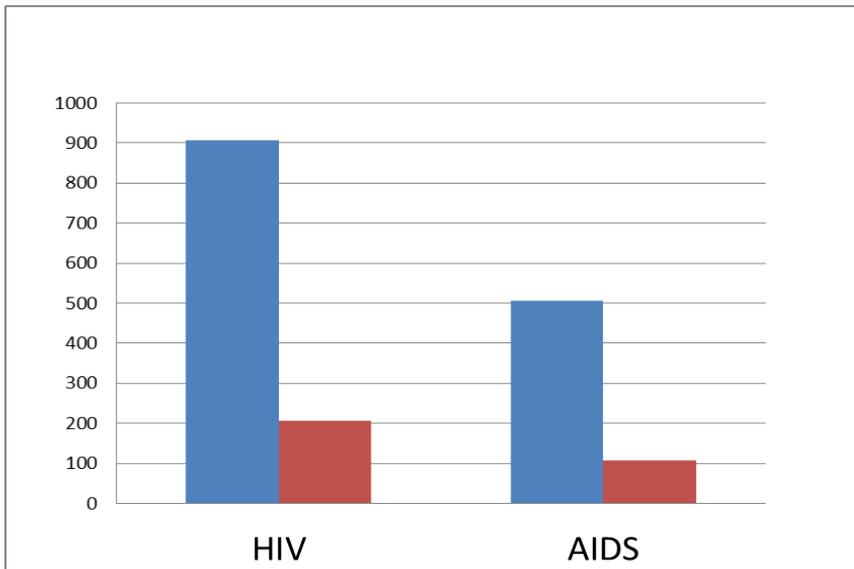
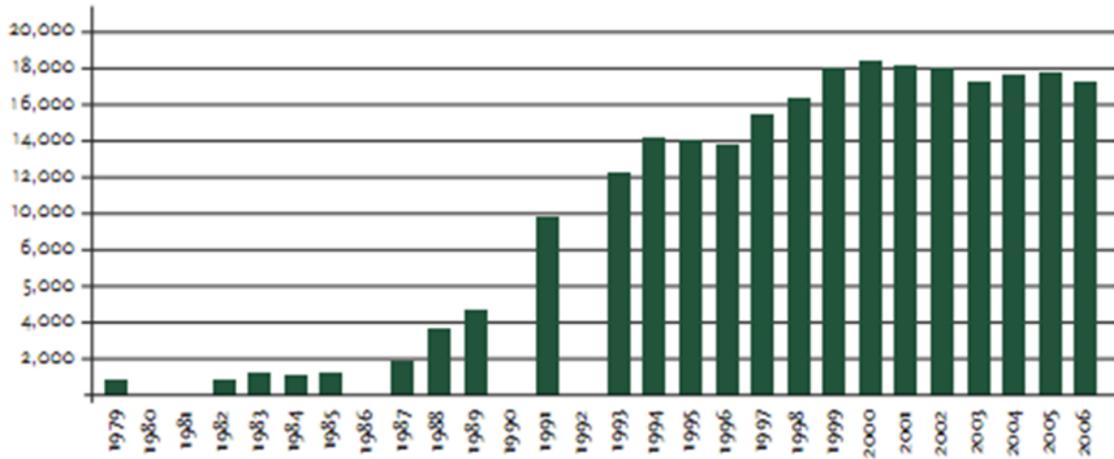


Figure 4. Incidence of HIV and AIDS among drug users in Portugal in 2000 (blue) and 2008 (red), following decriminalisation in 2002.

² Source: Fátima Trigueiros, IDT Portugal, Alex Stevens, University of Kent, Caitlin Hughes, University of New South Wales

In Switzerland, the country's approach produced excellent results: between 1991 and 2004, drug-related deaths declined by more than 50%; levels of new HIV infections fell by a factor of 8 in 10 years; property crime committed by drug users was reduced by 90%; and 70% of IDUs were in treatment. It is important to question the current Conventions to ensure that this happens everywhere.

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



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

Figure 5. Number of methadone patients in Switzerland between 1979 and 2006, following the adoption of new drug policies in the early 1990s.