

# THE IMPACT OF DRUG POLICIES ON HUMAN RIGHTS, PUBLIC HEALTH AND THE PREVENTION, TREATMENT AND CARE OF HIV AND OTHER BLOOD-BORNE INFECTIONS

## Contents

1. WHY THE EATG IS ADDING ITS VOICE TO THE GLOBAL DEBATE ON DRUG POLICY REFORM [p.1]
2. DRUG USE AND ITS LINKAGES WITH HIV AND VIRAL HEPATITIS [p.1]
3. OUR CONCERNS WITH THE CRIMINALIZATION PARADIGM IN DRUG POLICIES [p.2]
4. OUR SUPPORT TO WHAT IS PROVEN TO WORK [p.3]

## 1. WHY THE EATG IS ADDING ITS VOICE TO THE GLOBAL DEBATE ON DRUG POLICY REFORM

The European AIDS Treatment Group is a member-led network of more than 180 volunteer activists, most of them living with HIV based in 47 countries across Europe and Central Asia. Members represent different communities coming together to strengthen the voices of people living with or at risk of HIV infection, in clinical research, as well as in the design, implementation, and evaluation of policies, laws, and programmes that affect their lives. Our members come from a diverse range of backgrounds, including people living with HIV, social workers, researchers, medical doctors, service providers, counselors, community-peer workers, all linked to national, regional and sub-regional organizations.

This paper seeks to clarify where the EATG stands on different aspects of the drug policy debate and approaches to delivering health-based policies. With this position paper, the EATG aims to further its work with people using drugs and advocacy for a syndemic approach in improving health outcomes and maximize its contribution to drug policy discussions in Europe and beyond, in particular, that within the Civil Society Forum on drugs of which it is a member.

As one of the crucial lessons from the response to HIV and AIDS is that the

meaningful engagement of people directly affected by HIV or who belong to communities that are disproportionately affected by HIV, the European AIDS Treatment Group is committed to encouraging programme planning, implementation and evaluation processes in which people who use drugs are meaningfully **involved**. We adhere to this principle because we know that programs are more responsive to the needs of people who use drugs, more effective and more sustainable when they emerge from processes in which the voices of people most affected are heard.

## 2. DRUG USE AND ITS LINKAGES WITH HIV AND VIRAL HEPATITIS

It is estimated that 15.6 million (95% uncertainty interval [UI] 10.2–23.7 million) people aged 15–64 years inject drugs globally, with 3.2 million (1.6–5.1 million) women and 12.5 million (7.5–18.4 million) men (1). The estimated number of people who inject drugs living with HIV is between 0.9 and 4.8 million. The consensus among global agencies such as UNAIDS is that around 19 percent of people who inject drugs are living with HIV. In the European Union, the prevalence of high-risk opioid use is estimated at 0.4% of the EU population, the equivalent of 1.3 million high-risk opioid users in 2016. According to the European Monitoring Centre for Drugs and Drug

<sup>1</sup> Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage

systematic review. Published Oct 23, 2017, [https://doi.org/10.1016/S2214-109X\(17\)30375-3](https://doi.org/10.1016/S2214-109X(17)30375-3)

Addiction (2), Germany, Spain, France, Italy, and the United Kingdom account for three-quarters of the estimated number of injecting drug users. In the Eastern part of Europe, Russia accounts for over 80% of the new HIV infections in the entire Eastern European and the Central Asian region. According to Russian Officials, the epidemic is growing by an estimated 10% per year. By contrast, new infections in the rest of Europe and North America dropped by 9%. At the end of 2017, the Russian Ministry of Health announced that Russia reached 1 million people living with HIV. Since Russia has the highest number of people who inject drugs (1.8 million, or about 2.3% of the adult population), paired by one of the most repressive responses to drug use and drug possession in the world, it's no surprise that the vast majority of people living with HIV are either former or current injecting drug users. Eastern Europe as a whole account for 80% of all new infections in the WHO European Region, where the cumulative number of HIV cases have turned 2 million in 2017.

Although data on female drug use are still scarce, evidence also suggests a substantial and growing population of women injecting drugs worldwide. Women and men have different experiences of injecting drug use and related risks and harms. Even within a community that faces high levels of violence and social exclusion, gender shapes the way people access and receive services (3). As a result, women who use drugs have significantly higher rates of morbidity and mortality as compared to their male counterparts, and in particular higher rates of HIV infection.

It is undeniable that in most of the world, unsafe injecting drug use remains a significant contributor to HIV transmission, accounting for at least 10 percent of global HIV infections and around 30 percent of HIV infections outside of sub-Saharan Africa. While the primary drug of choice during the eighties and the nineties was heroin, dynamics have been changing over the last

two decades with a majority of people who use drugs shifting toward stimulants and synthetic opiates. This poses new challenges both concerning treatment and to the increased risk of overdose. The sale of drugs on the internet represents another excellent example of how change can occur rapidly, posing new challenges for existing response models. According to a recent joint EMCDDA-Europol report (4), EU suppliers were estimated to be responsible for half of 'darknet' drug sales between 2011 and 2015. Since then, the number of online sales has been continuously growing mainly in the Eastern part of Europe and Central Asia where according to community research the darknet represents the primary source of supply for illicit drugs. Other phenomena such as the use of psychoactive substances like crystal methamphetamine, mephedrone, and GHB/GBL, in a sexualized context, by gay men and other men who have sex with men, commonly known as chemsex speaks to the increased intersectionality that cannot be ignored while discussing drug use.

Irrespective of their drug (or drugs) of choice, the way they procure them, and the social networks in which drugs are consumed, be it for simple pleasure, self-medication or to enhance sexual experiences, people who use and inject drugs have consistently poor and inequitable access to HIV prevention, treatment, care, and support. To make things worse, they often face discrimination, marginalization, and abuse in every walk of life. As their behaviors are criminalized in the majority of countries, they often face incarceration or, in some countries, extrajudicial detention, and capital punishment. Settings in which access to comprehensive HIV services is even more limited.

### 3. OUR CONCERNS WITH THE CRIMINALIZATION PARADIGM IN DRUG POLICIES

Since the early seventies, the United States

<sup>2</sup> European Drug Report 2018, EMCDDA  
<http://tinyurl.com/ycgy3kat>

<sup>3</sup> UNGASS statement Global Fund, 2106  
<http://tinyurl.com/jgj2haa>

<sup>4</sup> Drugs and the darknet: a growing threat to health and security <http://tinyurl.com/yboj9hjo>

has been leading a failed, costly and inhumane war on drugs. As wars are always waged on people, the war on drugs has resulted in a war against the millions of men and women who use drugs. After sixty years, ideologically driven drug policies, unprecedented levels of incarceration, the widespread use of excessive force and the unparalleled violence against non-violent drug users are the sole sinister and noticeable results. Mass incarceration, police brutality, extra-judicial killings, forced detention in the name of treatment, widespread violations to the right to health, including the failure to provide people who use drugs with adequate drug dependence treatment and essential medicines for pain relief, are all products of the global war waged on non-violent individuals whose only crime is to voluntarily and peacefully choose to ingest plants, weeds, and other mind-altering substances.

It comes as no surprise that such policies have led to the marginalization and stigmatization of people who use drugs, pushing them away from jobs, education and other health and social services. Besides, this makes them more vulnerable to HIV and other blood-borne diseases, such as Tuberculosis and viral hepatitis. The prevalence of these infections among all key populations facing a similar level of violence and dehumanization is particularly severe among people who use drugs (5).

When it comes to drug use and drug possession, incarceration is not only cruel. It is also, ineffective, inappropriate, and expensive (6). Moreover, it contributes to the HIV and TB epidemics, both in prisons and in the community. Prisoners are five times more likely to be living with HIV than adults in the community and up to 50 times in countries with high incarceration rates of people who inject drugs. Although women represent a minority (6,8 %) of the prison population, they are at a higher risk of HIV transmission than male prisoners due to their socio-economical profile, and the relatively higher representation of women who use drugs among female prisoners.

We support a radical approach that unequivocally calls for the immediate removal of all forms of incarceration for drug use and drug possession. Research makes it clear that among the strategies for reducing drug use and associated crime, imprisonment ranks near the bottom of that list in terms of results. In fact, more imprisonment for drug offenders can only result in fewer resources allocated to programs, practices, and policies that have been proved to reduce drug use and crime.

As one of the leading European organizations advocating for the rights of people living with or at risk of contracting HIV, the European AIDS Treatment Group expresses profound concern that the current drug control policy regime undermines, rather than supports, the reach and impact of health programs for people who use drugs.

Therefore, we advocate for:

- **Ending the incarceration for victimless and nonviolent offenses, including drug use and drug possession for personal use, and repeal national laws criminalizing drug use.** We consider that the most principled and effective manner to reduce the risks associated with problematic drug use is to prevent people from being forcibly detained in the first place.

#### 4. OUR SUPPORT TO WHAT IS PROVEN TO WORK

Together with radical and unequivocal advocacy aimed at decriminalizing drug use and drug possession, the only sensible response to drug use as a public health concern is to make available and bring to scale a Harm Reduction package of effective and non-judgmental methods aimed at preventing transmission of HIV and other blood-borne infections and supporting people who use drugs in accessing those services. Harm reduction can be broadly

<sup>5</sup> The World Drug PERCEPTION Problem: Countering Prejudices About People Who Use Drugs, 2017, Global Commission on drugs <http://tinyurl.com/y8gl4kb7>

<sup>6</sup> Time Served: The High Cost, Low Return of Longer Prison Terms" (2012), <http://tinyurl.com/yb7qhnhx>

defined as a set of "policies, programmes, and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption." This approach benefits people who use drugs, their families and their communities.

An overwhelming body of evidence (7) shows that needle and syringe programs (NSP) and opioid substitution therapy (OST) are among the most effective and cost-effective prevention and treatment programs in the world, and among the most widely evaluated.

As an example, in March 2005, methadone and buprenorphine, one of the cornerstones of the harm reduction package, were added to the 14th Model List of Essential Medicines (EML) released by the World Health Organization (WHO) (8). Among other benefits related to their treatment of opioid dependence, studies have shown that these drugs increase adherence to antiretroviral therapy as well as reduce the risk of HIV infection among people who inject drugs (PWID).

Further, in 2009, recognizing the importance of interventions for people who inject drugs in efforts to reach universal access and halt the HIV pandemic, WHO, UNAIDS and UNODC articulated and endorsed a "comprehensive package" of nine interventions for the prevention, treatment, and care of HIV among people who inject drugs:

- Needle and syringe programs
- Opioid substitution therapy and other drug dependence treatment
- HIV testing and counseling
- Antiretroviral therapy
- Prevention and treatment of sexually transmitted infections
- Condom distribution programs for people who inject drugs and their sexual partners

- Targeted information, education, and communication for people who inject drugs and their sexual partners
- Vaccination, diagnosis, and treatment of viral hepatitis
- Prevention, diagnosis, and treatment of tuberculosis

Overdose management, including access to naloxone (an opioid antagonist able to reverse respiratory depression in opioid overdose, included in the WHO Essential Medicine List) should be a core component of all harm reduction services. In 2014 WHO recommended the provision of naloxone to first respondents (including people who use drugs) irrespective of any medical training (9)

Evidence supporting safe consumption rooms where substances that are considered illegal can be used under supervision is growing. Their primary role is to address the risks associated with using drugs on the streets (e.g., overdose and violence) by offering a safe, supervised space. Safe consumption rooms are also an additional way to refer people who use drugs to other medical services including drug dependence programs. Although they are not yet included in the comprehensive package, they enjoy growing support from WHO and other key agencies.

Since its introduction, the comprehensive package has been endorsed by high-level political bodies including the UN General Assembly, the Economic and Social Council, the UN Commission on Narcotic Drugs, and the UNAIDS Programme Coordinating Board. Also, key donor agencies, including the Global Fund and PEPFAR, have committed to using this framework in the programs they fund.

In 2011, the UN High-Level Meeting on HIV/AIDS set an ambitious target to reduce HIV transmission among people who inject drugs by 50 percent by 2015. To achieve this goal, the number of new HIV infections had to fall by at least 120,000 per year. On the

<sup>7</sup> A review of the evidence-base for harm reduction approaches to drug use, Neil Hunt, Mike Ashton, Simon Lenton, Luke Mitcheson, Bill Nelles and Gerry Stimson, 2010 <http://tinyurl.com/y8ldu2c5>

<sup>8</sup> The Model List of Essential Medicines (EML), published by

the [World Health Organization](#) (WHO), contains the medications considered to be most effective and safe to meet the most important needs in a [health system](#).

<sup>9</sup> Community management of opioid overdose, World Health Organization, 2014, <http://tinyurl.com/qatwrdd>

contrary, HIV transmission among people who use drugs increased by one third between 2011 and 2015, with funding being just 13% of what UNAIDS estimates is needed annually. Behind these numbers is the continued spread of preventable disease and lives lost.

**BASED ON THESE CONSIDERATIONS, THE EUROPEAN AIDS TREATMENT GROUP:**

- Explicitly and unequivocally **supports harm reduction as the most effective, cost-effective and humane response to the negative health consequences of problematic drug use**, and strongly advocates for evidence-based interventions that aim to ensure access to HIV prevention, treatment, care and support for people who use drugs, including but not limited to the nine interventions set out in the “comprehensive package.”
- Underlines the importance of **gender-sensitive harm reduction programs as critical** to ensure equitable access to services and to address the significant overlap between gender, drug use, and non-conforming gender identities.

Unfortunately, in spite of the preponderance of public health and economic evidence for harm reduction interventions, and while sustaining a failed war on drugs, investments remain far too low, particularly from national resources. This is due to over-reliance to external funding, and a deteriorating political landscape that has become increasingly hostile towards people who use drugs, and minorities in general. As a result, only a fraction of people who use drugs in the world have regular access to the most basic form of the harm reduction package (NSP and OST), and it is estimated that almost 90% <sup>(10)</sup> of people who inject drugs living with HIV have no access to antiretroviral therapy.

Reliance on external resources is unsustainable in the long-term. International donor funding accounted for 64% of total

harm reduction funding in Low- and Middle-Income Countries in 2016. Funding fell almost one quarter from 2007-2016. The process is accelerating in middle-income countries where 75% of people who inject drugs live. In that context, EATG stands with local communities to support:

- **An equitable, sustainable and fully funded scale-up of evidence-based services for people who inject drugs**, including by ensuring an ordered transition from donor support to domestic funding to avoid interruptions of services in or closure of harm reduction services.
- An immediate increase in domestic funding for the rapid scale-up of harm reduction services to be made available through national budgets: as a matter of urgency in all countries facing a rapid phase-out from donors and a matter of good public health in all European Countries. Resources must be made available through social contracting and other mechanisms that allow community-based organizations and other non-state actors to access funding at the national, regional and sub-regional level to maximize number and quality of implementers.
- **The direct involvement of people who use drugs in developing and monitoring the national budget to hold governments accountable.**

*This paper was written in October 2018 by Mauro Guarinieri, with input from EATG members and staff*

<sup>10</sup> Global State of Harm Reduction 2016, Harm Reduction International <http://tinyurl.com/yawuqafw>