Drug User Peace Initiative

A War on the Health of People who Use Drugs

drug war peace

INPUD

International Network of People who Use Drugs

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Introduction: the Risks of Drug Use; the Harms of Prohibition

Numerous risks are associated with drug use,[1] and every year there are around 183,000 drug-related deaths.[2] Risks that can be associated with drug use notably include death and morbidity (from overdose and blood-borne infections, for example), and there are additionally large costs, including financial and social costs of violence, costs of policing prohibition, as well as costs to healthcare infrastructure.[3,4]

The risks and costs that can be associated with drug use are used to justify prohibition. The so-called 'war on drugs' relies on an understanding that illicit drugs are necessarily 'bad', are detrimental and damaging (it therefore relies on an understanding of people who use drugs as 'bad', as discussed in the *Stigmatising People who Use Drugs* document of INPUD's *Drug User Peace Initiative*). We are told, therefore, that since drugs are 'bad', harmful, and dangerous, they need to be criminalised to deter people from using them. But the use of some drugs is substantially more risky than that of others, and some legal drugs (such as, in most countries, alcohol) are considerably more harmful than a large number of criminalised drugs. Therefore, this understanding that drugs are all 'bad' is a crude and inaccurate one: it generalises and conflates all illicit drug use. It relies on misinformation and stigma to drive moral panic surrounding the apparent risks and costs of illicit drugs to attempt to discourage drug use, and to maintain popular support for prohibition and criminalisation.

But prohibition has failed in its misguided ambition to decrease drug use. As has been observed again and again, the war on drugs has failed in its principal ambition. Some limited downward trends in the use of cocaine and heroin globally, for example, have been offset by rising use of synthetic and prescription drugs: people are using more drugs, and they are using a wider variety of drugs.[5] The UNODC estimates that as of 2012, between 162 million and 324 million people (aged 15-64) used drugs in the previous year. That is between 3.5 and 7% of the

1 'Drug use' should be taken to refer to the non-medically sanctioned use of psychoactive drugs, including drugs that are illegal, controlled, or prescription.

2 UNODC, 2014, *World Drug Report* (Vienna: UNODC)

3 Degenhardt, L. and Hall, W., 2012, Extent of illicit drug use and dependence, and their contribution to the global burden of disease. *The Lancet* 379: 55–70

4 INPUD has previously jointly published summarised key interventions that are imperative to drug-related harm reduction: Levy, J., 2014, *The Harms of Drug Use: Criminalisation, Misinformation, and Stigma* (London: INPUD and Youth Rise), available at http://www.inpud.net/The_Harms_of_Drug_Use_JayLevy2014_INPUD_YouthRISE.pdf (last accessed 11 September 2014)

5 UNODC, 2011, *World Drug Report* (Vienna: UNODC)

global population[6] – hardly a testament to the success of prohibition, and its accompanying legislation and policy designed to eliminate the use of drugs.

> "The global war on drugs has failed, with devastating consequences for individuals and societies around the world. Fifty years after the initiation of the UN Single Convention on Narcotic Drugs, and 40 years after President Nixon launched the US government's war on drugs, fundamental reforms in national and global drug control policies are urgently needed. Vast expenditures on criminalization and repressive measures directed at producers, traffickers and consumers of illegal drugs have clearly failed to effectively curtail supply or consumption." (Global Commission on Drug Policy, 2011: 2)[7]

As per the above quotation, **not only has prohibition failed to decrease drug use, but the fact is that many of the harms and costs that are associated with drug use are substantially driven by prohibition: most of these harms are, in fact, in and of themselves produced by prohibition and criminalisation.**

It is absurd that prohibition is justified by the claim that drug use is harmful, when the perverse irony is that prohibition *itself* creates, drives, and perpetuates drug-related harms. This document explains how prohibition, and prohibitionist ideas, have come to result in so much harm associated with drug use. In this document, INPUD stresses that the war on drugs is a war on the health and wellbeing of people who use drugs.

Driving Hepatitis C and HIV Transmission

Driven Through Sharing Injection Equipment

12.7 million people are estimated to inject drugs globally.[8] Transmission of blood-borne infections amongst people who inject drugs is primarily driven by the sharing of injection equipment; prevalence (proportion in the community) and incidence (numbers of new cases) of blood-borne infections amongst people who inject drugs is considerable. It is estimated that almost 18% of people who inject drugs are living with HIV (2.8 million).[9,10]

Hepatitis C is far more virulent and readily transmissible than HIV,[11] and hepatitis C is therefore the most important and prevalent blood-borne infection affecting people who inject drugs: between 45.2% and 55.3% are estimated to be living with hepatitis C.[12] The increased virulence of hepatitis C means that its spread is not only driven by needle sharing, but additionally through the sharing of other injection paraphernalia, such as spoons and filters.

Where is the Harm Reduction?

People share injection equipment for numerous reasons. Sterile injection equipment is frequently not readily available. In addition, people often have to rush injecting due to fear of police interruption. A lack of harm reduction information and education additionally means that people

6 UNODC, 2014, *World Drug Report* (Vienna: UNODC)

7 Global Commission on Drug Policy, 2011, *Report of the Global Commission on Drugs Policy*, available at http://www.globalcommissionondrugs.org/reports (last accessed 1 October 2014)

8 UNODC, 2014, *World Drug Report* (Vienna: UNODC)

9 UNODC, 2011, *World Drug Report* (Vienna: UNODC)

10 It needs to be stressed that there are serious discrepancies between the 2014 and 2011 figures presented in the UNODC reports, with 13.1% HIV prevalence estimated in 2014, as opposed to 18% in 2011, for example. As noted by Harm Reduction International (http://www.ihra.net/contents/1426), these changes should not be attributed to actual changes in prevalence, but instead attributed to methodological changes and/or availability of divergent data.

11 Rhodes, T., Davis, M., and Judd, A., 2004, Hepatitis C and its risk management among drug injectors in London: renewing harm reduction in the context of uncertainty. *Addiction* 99: 621–633

12 UNODC, 2011, *World Drug Report* (Vienna: UNODC)

are not equipped with appropriate information on how to inject more safely. Furthermore, having to register at harm reduction services, as well as fear of discrimination, arrest, and state-sponsored harassment, all act as disincentives to access harm reduction, healthcare, and service provision.

In short, appropriate and fully realised harm reduction interventions – specifically needle and syringe programmes, drug consumption rooms, and opiate substitution programmes – as well as an end to the state-sponsored harassment and stigmatisation of people who use drugs, are imperative if the incidence of blood-borne infections is to decrease.

But the vast majority of people who inject drugs today do not have access to harm reduction, healthcare, or service provision; only 10% of people worldwide who require harm reduction have access to these crucial services.[13] People who inject drugs only receive an estimated two needles and syringes per month. Only around 8% receive opiate substitution.[14] Drug consumption rooms have not been established in the vast majority of countries, with only 61 cities having established these facilities by 2009.[15]

Harm reduction is so inadequately available because it is widely opposed the world over. Opposition to harm reduction programmes, such as needle and syringe programmes, stems from prohibitionist rhetoric: it is claimed these interventions will encourage drug use, will encourage needle sharing, will increase injection frequency, will increase the numbers of discarded needles, will persuade people to start using drugs when otherwise they would not have, and will dissuade people from ceasing their drug use where otherwise they would have done so.[16] Opposition to drug consumption rooms is justified with similar concerns.[17]

These prohibitionist arguments opposing drug-related harm reduction are not evidence-based: there is no evidence justifying the above concerns surrounding needle and syringe programmes or drug consumption rooms.[18,19] Yet opposition to drug use *per se* has led to opposition to harm reduction. As discussed elsewhere in this *Drug User Peace Initiative*, this failure to provide harm reduction violates the right of people who use drugs to the highest attainable standard of health, with **opposition to harm reduction leading to strikingly high levels of blood-borne infections amongst people who inject drugs.**

Driving Overdoses and Deaths

Driven by Black Market Drug Production and the Enforcement of Criminalisation

One of the most significant risks associated with opiate use (particularly injecting opiates such as heroin and morphine) is overdose; indeed, overdoses are the primary contributor to drug-related deaths globally, and heroin overdoses have doubled across most of the United States in the two years between 2010 and 2012.[20]

13 Mathers B. M. et al., 2010, HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *The Lancet*: DOI:10.1016/S0140-6736(10)60232-2

14 Ibid.

15 Hedrich, D., Kerr, T. and Dubois-Arber, F., 2010, Drug consumption facilities in Europe and beyond, in *European Monitoring Centre for Drugs and Drug Addiction, Harm reduction: Evidence, Impacts and Challenges*, ed. Rhodes, T. and Hedrich, D.: 305-331 (Luxembourg: Publications Office of the European Union)

16 WHO, 2004, *Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS Among Injecting Drug Users* (Geneva: WHO)

17 Hedrich, D., Kerr, T. and Dubois-Arber, F., 2010, Drug consumption facilities in Europe and beyond, in *European Monitoring Centre for Drugs and Drug Addiction, Harm reduction: Evidence, Impacts and Challenges*, ed. Rhodes, T. and Hedrich, D.: 305-331 (Luxembourg: Publications Office of the European Union)

18 Ibid.

19 WHO, 2004, *Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS Among Injecting Drug Users* (Geneva: WHO)

20 Associated Press in New York, 2014, Fatal heroin overdoses double across much of US in two years. *The Guardian*, 3 October, available at http://www.theguardian.com/society/2014/oct/03/heroin-overdose-deaths-us-doubles-painkillers-addiction (last accessed 6 October 2014)

Opiate overdoses can occur for several reasons: if an opiate user is incarcerated or detained in a closed setting, such as pre-trial detention, their being forced to abstain from opiate use will result in a corresponding decline in tolerance. This can result in overdose when opiates are used again. Drug overdoses are more likely when drugs – particularly depressant drugs, such as opiates, benzodiazepines, and/or alcohol – are mixed. Additionally, due to the fact that drugs are criminalised, and therefore produced in a black market context, it is impossible for people to accurately know the content, or the purity and strength, of the drugs that they use. Using drugs that are unusually pure can result in overdose when a person takes the quantity they are used to; this applies both to depressant drugs such as opiates, and stimulant drugs such as MDMA, where using too much can result in serotonin syndrome/toxicity and tachycardia.

Where is the Harm Reduction?

In the case of opiate overdoses, deaths are entirely preventable. Death from opiate overdose can take up to several hours, during which time the effects of overdose can be mitigated and reversed. Naloxone is a safe drug that can reduce the effects of opiate overdose in minutes. The provision of naloxone to those likely to witness an opiate overdose has now been recommended by the World Health Organisation (WHO), in its *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (2014). This recommendation should be taken to refer to the provision of naloxone to people who use opiates themselves, since most overdoses occur with another person present.[21]

Additionally, drug consumption rooms allow people to use drugs in a safe and hygienic context in the presence of medically trained staff. That there has not been a single death from overdose in these centres globally is a testament both to their success as a harm reduction initiative, and also to the efficacy of naloxone.

However, prohibition yet again creates barriers to the realisation of comprehensive and successful harm reduction; prohibition drives overdose deaths.

As discussed above, there has been staunch opposition to drug consumption rooms, though arguments in favour of such opposition lack evidentiary support. Naloxone, additionally, is not readily available for people who use drugs, despite this being advocated by the WHO. Moreover, contacting emergency medical services is vital when an overdose is taking place, and, as mentioned above, most overdoses occur with someone else present. However, due to the fact that drugs and the people who use them are criminalised, people can be unwilling to contact the emergency services for fear of police involvement, arrest, imprisonment, and/or incurring discriminatory responses. Prohibition, and the criminalisation, stigma, and discrimination it drives, serves to distance people who use drugs from service provision and serves to drive drug-related harms.

Creating Dangerous Drugs – The Black Market of Prohibition

Prohibition creates a black market in which drugs are produced, bought, and sold. This results in people being unaware of the purity of the drugs that they use, which can result in overdose, as discussed above.

But deaths and morbidity do not only occur due to inconsistent purity of the drug(s) people *intend* to take. The black market context in which drugs are produced means that dangerous contaminants can be present in drugs. Consider the example of alcohol prohibition, as still practised in some states: illegally produced alcohol may be improperly distilled, or can be

21 INPUD, 2014, *INPUD response to the WHO's Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations*, available at http://www.inpud.net/INPUD_Response_to_WHO_Consolidated_Guidelines_on_HIV_Prevention_Diagnosis_Treatment_and_Care_for_Key_Populations_8.9.14.pdf (last accessed 8 October 2014)

made containing methyl alcohol, or methanol, which can result in blindness and death. Alcohol prohibition is widely regarded to be foolhardy and dangerous for reasons such as this; yet drug prohibition continues in earnest.

Heroin contaminated with anthrax is a notable recent example of one especially deadly contaminant. From 2009 onwards, tens of cases of anthrax amongst people who use heroin were reported in mainland Europe and in the UK. Many of those who were infected died.[22] Similarly, deaths from ecstasy contaminated with PMA (para-Methoxyamphetamine) have increased substantially over the last three years.[23] PMA prevents serotonin reuptake, and even a small amount – far smaller than the amount of MDMA it would take to overdose – can induce serotonin syndrome and can be fatal.

All of these deaths have taken place not because of the harms of heroin or ecstasy/MDMA themselves, but due to contaminants that would not be present in these drugs were it not for prohibition.

> "Ecstasy and heroin are both 'Class A' drugs in the UK, perplexing given the two substances' very divergent effects, the nature of potential harms, and the overall severity of harm… in practice, the above harms and deaths associated with use of these two drugs stem from their criminalisation and black market production and provision, rather than from the drugs themselves" (INPUD and Youth Rise, 2014: 5)[24]

Where is the Harm Reduction?

In addition to prohibition resulting in impure and incredibly dangerous drugs, a failure to provide appropriate harm reduction, such as drug-testing facilities, is grossly irresponsible: such initiatives would have saved lives. Opposition to drug use has again fed through into an opposition to pragmatic interventions designed to make drug use safer and avoid entirely preventable deaths.

> "it is a sad irony that it is prohibition itself that causes and exacerbates so many of the harms surrounding drug use. Not only has prohibition resulted in people mistakenly taking toxic drugs, but the British Government has failed to roll out pill testing and drug purity/content testing facilities, as are available in The Netherlands…. Though the Government's ambition is to abolish drug use, this is irrelevant to the fact that people are currently using drugs and people are avoidably dying from contaminated drugs." (INPUD, 2013: 3)[25]

The Violence of the 'War on Drugs'

Further to driving harm associated with drug use itself, the war on drugs has fuelled violence globally. The criminalisation of drugs has handed great power to drug cartels and gangsters, fuelling drug trafficking- and drug production-related violence. In reality, the 'war on drugs' is clearly a war on people who use drugs, and their communities. It is the criminalisation and stigmatisation that prohibition relies upon that so negatively impacts upon the lives and welfare of people who use drugs.

22 INPUD, 2013, *Anthrax Warning! Information for Heroin Users* (London: INPUD), available at http://www.inpud.net/INPUD_Anthrax_information_for_heroin_users_Issue.3_March.2013.pdf (last accessed 2 October 2014)

23 INPUD, 2013, *WARNING! PMA Contaminated Ecstasy and MDMA Alert for MDMA and Ecstasy Users* (London: INPUD), available at http://www.inpud.net/PMA_Warning_INPUD_Oct2013.pdf (last accessed 2 October 2014)

24 Levy, 2014, *The Harms of Drug Use: Criminalisation, Misinformation, and Stigma* (London: INPUD and Youth Rise)

25 INPUD, 2013, *WARNING! PMA Contaminated Ecstasy and MDMA Alert for MDMA and Ecstasy Users* (London: INPUD), available at http://www.inpud.net/PMA_Warning_INPUD_Oct2013.pdf (last accessed 2 October 2014)

> "[There are] a wide range of human rights violations committed in the name of drug control… These abuses, reported from all regions worldwide, are abhorrent and must be combated" (Jürgens et al., 2010)[26]

> "it is the illicit nature of the market that creates much of the market-related violence – legal and regulated commodity markets, while not without problems, do not provide the same opportunities for organized crime to make vast profits, challenge the legitimacy of sovereign governments, and, in some cases, fund insurgency and terrorism." (Global Commission on Drug Policy, 2011: 15)[27]

The human rights of people who use drugs are frequently violated, and the violence and discrimination that people who use drugs experience is often sanctioned by legislation, and by the ideas and stigma used to justify it.

Please see INPUD's *Violations of the Human Rights of People who Use Drugs* document of the *Drug User Peace Initiative* for further discussion of the violence to which people who use drugs are subject, including compulsory 'treatment', incarceration in work camps without trial, torture, and execution. See the *Stigmatising People who Use Drugs* document for a discussion of structural and institutional violence in the form of stigma, social exclusion, and discrimination.

Conclusions: Moving Forward

> "critics would argue that prohibition itself is responsible for a substantial proportion of drug-related harm" (Stevens, 2012: 9)[28]

Using drugs is associated with a plethora of harms. Prohibition is what drives and exacerbates many of those harms. Prohibition results in people taking unregulated drugs, which can result in morbidity and overdose. Prohibition drives high rates of drug overdoses, and deaths from overdoses. Harm reduction interventions are few and far between, and a lack of needle and syringe programmes, a lack of access to opiate substitution programmes, and a dearth of drug consumption rooms has resulted in driving ongoing incidence of hepatitis C and HIV amongst people who use drugs. Prohibition and criminalisation, and resultant stigma, discrimination, and violence, act as deterrents for people to make contact with healthcare and service providers when they are in need of healthcare, harm reduction, and emergency medical attention, thus further driving social exclusion and drug-related morbidity and mortality.

The provision of harm reduction services is imperative if the avoidable harms that can be associated with drug use are to be mitigated and reduced. Harm reduction needs to be adopted holistically, fully, and comprehensively; it cannot be applied piecemeal or simply run as 'pilot projects'. Harm reduction positions itself as politically 'neutral' in that it does not advocate for particular legal change. However, INPUD stresses that since the harms associated with drug use so clearly result from prohibition, criminalisation, and stigma, harm reduction narratives need to advocate for an end to prohibition. **Prohibition and the 'war on drugs' do enormous harm to people who use drugs. To address the harms that can be associated with drug use, the war on drugs – a war on the health of people who use drugs – must end.**

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26 Jürgens, R., Csete, J., Amon, J. J., Baral, S., and Beyrer, C., 2010, People who use drugs, HIV, and human rights. *The Lancet* 376: 475-485

27 Global Commission on Drug Policy, 2011, *Report of the Global Commission on Drugs Policy*, available at http://www.globalcommissionondrugs.org/reports (last accessed 1 October 2014)

28 Stevens, A., 2012, The ethics and effectiveness of coerced treatment of people who use drugs. *Human Rights and Drugs* 2, 1: 7-16

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The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs and its impact on our community's health and rights. INPUD will achieve this through processes of empowerment and international advocacy.
www.inpud.net

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These papers of the *Drug User Peace Initiative* are part of INPUD's work under Bridging the Gaps – Health and Rights for Key Populations. In this programme, almost 100 local and international organisations have united to reach 1 mission: achieving universal access to HIV/STI prevention, treatment, care and support for key populations, including sex workers, LGBT people and people who use drugs. Bridging the Gaps is funded through the Netherlands Ministry of Foreign Affairs. Go to www.hivgaps.org for more information.

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Unit 2C05, South Bank Technopark
90 London Road
London
SE1 6LN
www.inpud.net