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Drug Policies Beyond the War on Drugs

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Public health as smoke-screen in drug policy reform

Joanne Csete PhD, MPH
Columbia University
Feb. 2017
THE POPULATION BOMB THREATENS THE PEACE OF THE WORLD

SO WHAT ARE WE DOING ABOUT IT?
DRUG ADDICTS

SHOULD BE TREATED AS PATIENTS, NOT CRIMINALS
Public health approach to drug control?
Health pillar of drug policy?
Public health approach to drug control?

legislation. Despite these legal provisions, it has done little to ensure that protections are in place and enforced.
Incarceration vs. Treatment:
Drug Courts Help Substance Abusing Offenders
Is “non-adversarial” better?
HIV incidence linked to injection remains high
Prevalence of HIV infection: people who inject drugs vs. general population
# U.S. Federal Prisoners by Type of Conviction, 2014

<table>
<thead>
<tr>
<th>Chart Label</th>
<th>Offense</th>
<th># of Inmates</th>
<th>% of Inmates</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Banking and Insurance, Counterfeit, Embezzlement</td>
<td>758</td>
<td>0.4%</td>
</tr>
<tr>
<td>b</td>
<td>Burglary, Larceny, Property Offensea</td>
<td>7,580</td>
<td>3.9%</td>
</tr>
<tr>
<td>c</td>
<td>Continuing Criminal Enterprise</td>
<td>468</td>
<td>0.2%</td>
</tr>
<tr>
<td>d</td>
<td>Courts or Corrections</td>
<td>611</td>
<td>0.3%</td>
</tr>
<tr>
<td>e</td>
<td>Drug Offenses</td>
<td>98,554</td>
<td>50.1%</td>
</tr>
<tr>
<td>f</td>
<td>Extortion, Fraud, Bribery</td>
<td>10,687</td>
<td>5.4%</td>
</tr>
<tr>
<td>g</td>
<td>Homicide, Aggravated Assault, and Kidnapping Offenses</td>
<td>5,576</td>
<td>2.8%</td>
</tr>
<tr>
<td>h</td>
<td>Immigration</td>
<td>20,862</td>
<td>10.6%</td>
</tr>
<tr>
<td>i</td>
<td>Miscellaneous</td>
<td>1,552</td>
<td>0.8%</td>
</tr>
<tr>
<td>j</td>
<td>National Security</td>
<td>73</td>
<td>0.0%</td>
</tr>
<tr>
<td>k</td>
<td>Robbery</td>
<td>7,504</td>
<td>3.8%</td>
</tr>
<tr>
<td>l</td>
<td>Sex Offenses</td>
<td>11,846</td>
<td>6.1%</td>
</tr>
<tr>
<td>m</td>
<td>Weapons, Explosives, Arson</td>
<td>10,687</td>
<td>5.4%</td>
</tr>
</tbody>
</table>
Incarceration and TB epidemics, Europe & C. Asia:
Net ↑ in incarceration ➔ 2/3 of increase in TB incidence
(Stuckler et al., Proc Natl Acad Sci 105(36):13281, 2008)

Fig. 2. Relationship between average TB incidence and incarceration rates, 1991–2002. Incarceration rates are assessed by using sentencing data from UNICEF TransMonee Database, 2005 edition (21) [TB incidence data are from the WHO Global Tuberculosis Database 2007 (5).]
Modelled incidence of HCV among people who inject drugs from effects of incarceration in several settings

(Vickerman et al. for Lancet Commission)
Methadone and HIV incidence in Iranian prisons

![Graph showing HIV incidence and MMT expansion over time.](image-url)
Proportion of people who inject drugs living with HIV who receive ART, by region
Opioid overdose hits the middle-class white population

Case & Deaton, Proc Natl Acad Sci USA 2015; 112: 15078–83

Fig. 1. All-cause mortality, ages 45–54 for US White non-Hispanics (USW), US Hispanics (USH), and six comparison countries: France (FRA), Germany (GER), the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE).
Missing out on a good investment


<table>
<thead>
<tr>
<th>Additional Investment</th>
<th>Infections That Would Happen</th>
<th>Infections Averted</th>
<th>Additional Investment</th>
<th>Treatment Costs Avoided</th>
</tr>
</thead>
<tbody>
<tr>
<td>No additional funding</td>
<td>2575</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Invest $10 million more</td>
<td>2381</td>
<td>194</td>
<td>10m</td>
<td>75.8m</td>
</tr>
<tr>
<td>Invest $20 million more</td>
<td>2205</td>
<td>370</td>
<td>20m</td>
<td>144.9m</td>
</tr>
<tr>
<td>Invest $30 million more</td>
<td>2043</td>
<td>532</td>
<td>30m</td>
<td>208m</td>
</tr>
<tr>
<td>Invest $40 million more</td>
<td>1895</td>
<td>680</td>
<td>40m</td>
<td>265.9m</td>
</tr>
<tr>
<td>Invest $50 million more</td>
<td>1759</td>
<td>816</td>
<td>50m</td>
<td>319.1m</td>
</tr>
</tbody>
</table>
Pence, Putin, Mbeki and Their HIV/AIDS-Related Crimes Against Humanity: Call for Social Justice and Behavioral Science Advocacy

Seth C. Kalichman

Abstract Indiana, a large rural state in the Midwestern United States, suffered the worst North American HIV outbreak among injection drug users in years. The Indiana state government under former Governor and current US Vice President Mike Pence failed the HIV-epidemiological prevention challenge in the face of this HIV and emerging hepatitis-c virus epidemic. Local health authorities sounded alarms to the state government, but with syringe access and exchange restricted by state law, there were few available interventions. Archaic prohibitions also degraded prevention in the face of this HIV and...
Table 1  HIV infections attributed to injection drug use and changes in opiate overdose deaths in Indiana and selected comparison states

<table>
<thead>
<tr>
<th>State/City</th>
<th>Year</th>
<th>New injection-related HIV infections</th>
<th>% Change in opiate overdose deaths 2014–2015&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana</td>
<td>2015</td>
<td>175</td>
<td>7.1</td>
</tr>
<tr>
<td>Iowa</td>
<td>2014</td>
<td>6</td>
<td>17.0</td>
</tr>
<tr>
<td>Kentucky</td>
<td>2015</td>
<td>2</td>
<td>21.1</td>
</tr>
<tr>
<td>Ohio</td>
<td>2014</td>
<td>15</td>
<td>21.5</td>
</tr>
<tr>
<td>Michigan</td>
<td>2014</td>
<td>16</td>
<td>13.3</td>
</tr>
<tr>
<td>Maine</td>
<td>2015</td>
<td>5</td>
<td>26.2</td>
</tr>
<tr>
<td>North Dakota</td>
<td>2014</td>
<td>5</td>
<td>36.5</td>
</tr>
<tr>
<td>New York City&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2015</td>
<td>16</td>
<td>20.4</td>
</tr>
<tr>
<td>Chicago&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2014</td>
<td>30</td>
<td>7.6</td>
</tr>
</tbody>
</table>

<sup>a</sup> Sourced from the most recent year available from state and city HIV surveillance reports

<sup>b</sup> Available from CDC https://www.cdc.gov/drugoverdose/data/statedeaths.html

<sup>c</sup> City data for HIV infections and state data for overdose deaths
Rich research base for consumption rooms:
overdose ↓, needle sharing ↓, link to other services ↑
Ithaca mayor wants a haven for heroin addicts

Sarah Broitenbach, Pew/Stateline Staff Writer  12:05 a.m. EDT March 25, 2016


That’s how Mayor Svante Myrick describes Ithaca, New York, where he hopes to open the nation’s first safe injection facility — a place where heroin users could shoot their illegal drugs under medical supervision and without fear of arrest.

His proposal, part of a plan to address drug abuse in the 31,000-person college town in central New York, is not a novel idea. Safe injection sites, which also connect clients to treatment programs and offer emergency care to reverse overdoses, exist in 27 cities in other parts of the world. Some have been around for decades.

But no safe havens for injecting illegal drugs exist in the United States, which is experiencing an epidemic of opioid addiction and a rising tide of overdose deaths. Some lawmakers in California and Maryland want to change that and make legal what addiction specialists say is already going on at many clinics or needle-exchange programs.
Punitive drug policy undermines measures to address overdose
WHICH COUNTRIES CAN ACCESS PAIN TREATMENT?
Missed research opportunities on drugs?

Marijuana drug treats childhood epilepsy, pivotal trial reveals
Opioid overdose and medical marijuana: Will NIDA fund the obviously needed research?

• Bachhuber et al., *JAMA Int Med* 2014; 174 (11): ecological study: lower opioid overdose rates in states with medical marijuana

• Boenhke et al., *J Pain* (epub 2016 Mar 18, doi: 10.1016/j.jpain.2016.03.002): cross-sectional survey of pain patients: Patients with chronic pain in Michigan are replacing opioids with cannabis
Lancet Commission: What really is a public health approach?

**Public health and international drug policy**

*Joanne Csete, Adeeba Kamarulzaman, Michel Kazatchkine, Frederick Altice, Marek Balicki, Julia Buxton, Javier Cepeda, Megan Comfort, Eric Goosby, João Goulão, Carl Hart, Thomas Kerr, Alejandro Madraco Lojouz, Stephen Lewis, Natasha Martin, Daniel Mejia, Adriana Carnecho, David Mathieson, Isidore Oboh, Adeolu Ogunsanmi, Susan Sherman, Jack Stone, Nandini Vallath, Peter Vickerman, Tomáš Zábranský, Chris Beyrer*

**Executive summary**

In September, 2015, the member states of the UN endorsed Sustainable Development Goals (SDGs) for 2030, which aspire to human-rights-centred approaches to ensuring the health and wellbeing of all people. The SDGs embody both the UN Charter values of rights and justice for all and the responsibility of states to rely on the best scientific evidence as they seek to better humankind. In April, 2016, these same states will consider control of illicit drugs, an area of social policy that has been fraught with controversy and thought of as inconsistent with human rights norms, and in which scientific evidence and public health approaches have arguably had too limited a role.

The previous UN General Assembly Special Session (UNGASS) on drugs in 1998—convened under the theme, "A drug-free world—we can do it!"—endorsed drug-control policies with the goal of prohibiting all use, possession, production, and trafficking of illicit drugs the same light as potentially dangerous foods, tobacco, and alcohol, for which the goal of social policy is to reduce potential harms.

**Health impact of drug policy based on prohibition**

The pursuit of drug prohibition has generated a parallel economy run by criminal networks. Both 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. In Mexico, the striking increase in homicides since the government decided to use military forces against drug traffickers in 2006 has been so great that it reduced life expectancy in the country.

Injection of drugs with contaminated equipment is a well-known route of HIV exposure and viral hepatitis transmission. People who inject drugs are also at high risk of tuberculosis. The continued spread of unsafe
Timing of accelerated U.S. drug war no accident: Putting blacks in their place following passage of civil rights laws
D. Baum, *Harper’s*, Apr 2016: from the horse’s mouth

Top Nixon aide J. Erlichman (1994):

“The Nixon White House had two enemies: the antiwar left and black people....We knew we couldn’t make it illegal to be against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes..., vilify them night after night on the evening news....

Did we know we were lying about the drugs? Of course we did.”
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