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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**

**CAL**

**CAMPAIGN TO CHECK THE**  
EMERSON ROAD

This is your problem and you can do something about it. Tear out this ad and send it to anyone in Washington you think might be helpful. Urge the Government to initiate a cash program for population stabilization. And write us for two things: (1) Measures the Government can take to implement such a program. (2) Additional things you can do to help.

We can't afford to wait much longer. Every day lost only compounds the problem. The time to act is now.

We can't afford to wait much longer. Every day lost only compounds the problem. The time to act is now.

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**DR. DAVID FRIDMAN**, Nobel Laureate  
**BERNARD E. H. RUFFIN**,  
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ON

**DRUG ADDICTS**



**SHOULD BE TREATED AS  
PATIENTS, NOT CRIMINALS**

made on Imgur

# Public health approach to drug control?



a Drug Detention Center



## 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.

A woman sitting on her bed made out of bamboo was chained to a tree, with a deep wound on her leg at Jesus Divine Temple (Nyakumasi) Prayer Camp.

# **Incarceration vs. Treatment:**

**Drug Courts Help  
Substance Abusing Offenders**



**Is “non-adversarial” better?**



## HIV incidence linked to injection remains high

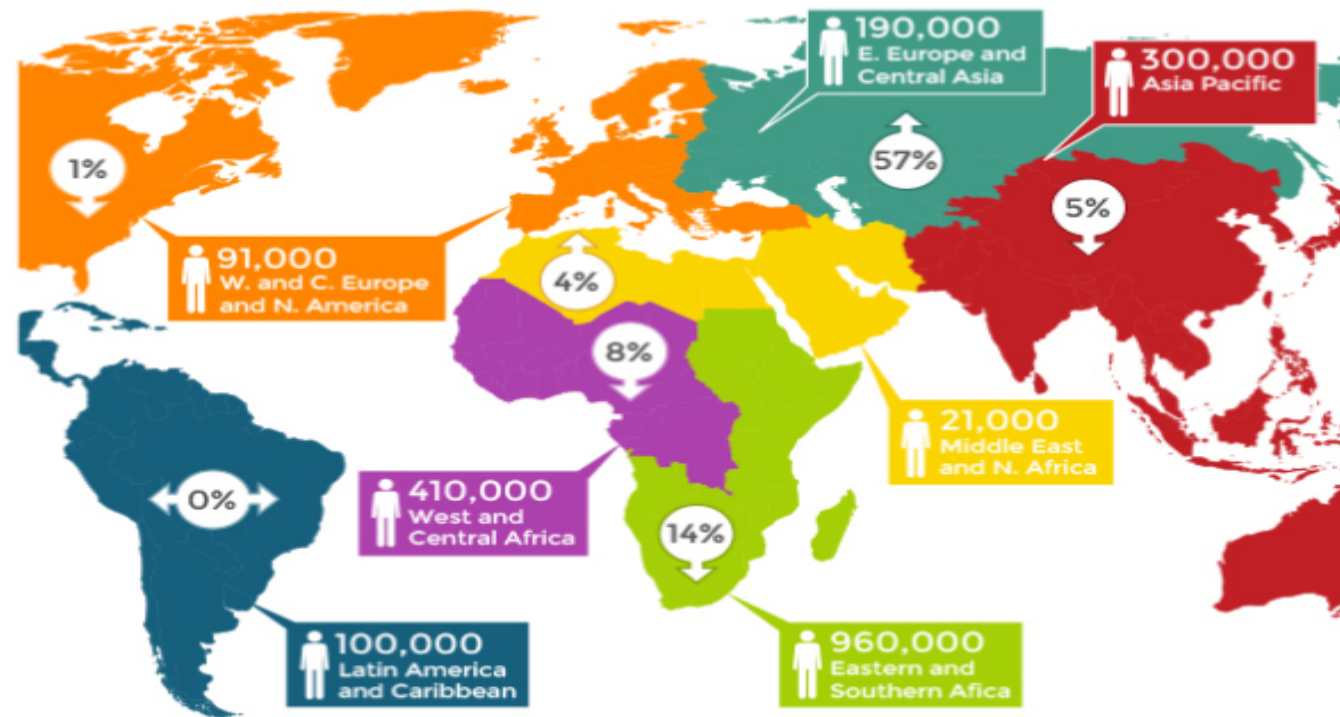
### Number of new HIV infections in 2015 and change since 2010

2.1 million  
people newly  
infected in  
2015 globally

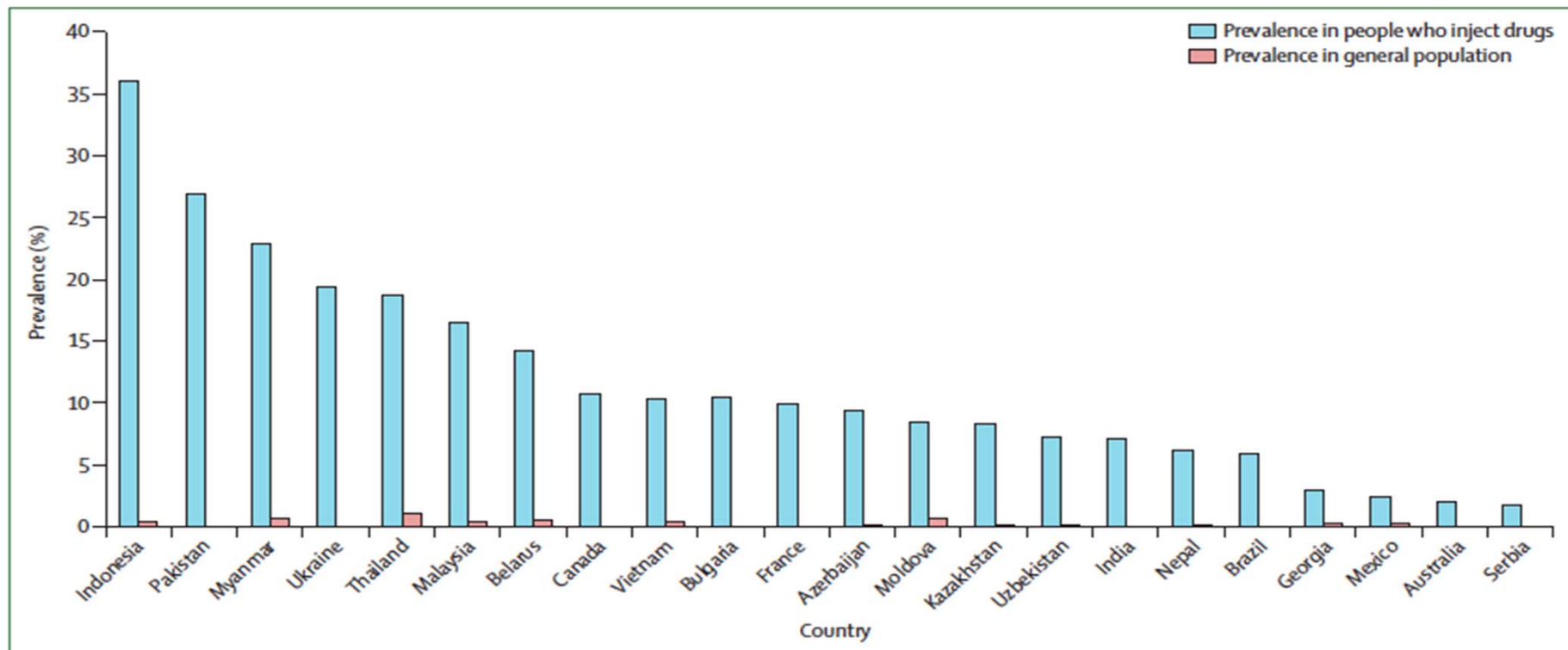
Decrease in  
number of  
infections  
globally since  
2010:

6%

AVERT.org  
Source: UNAIDS 2016

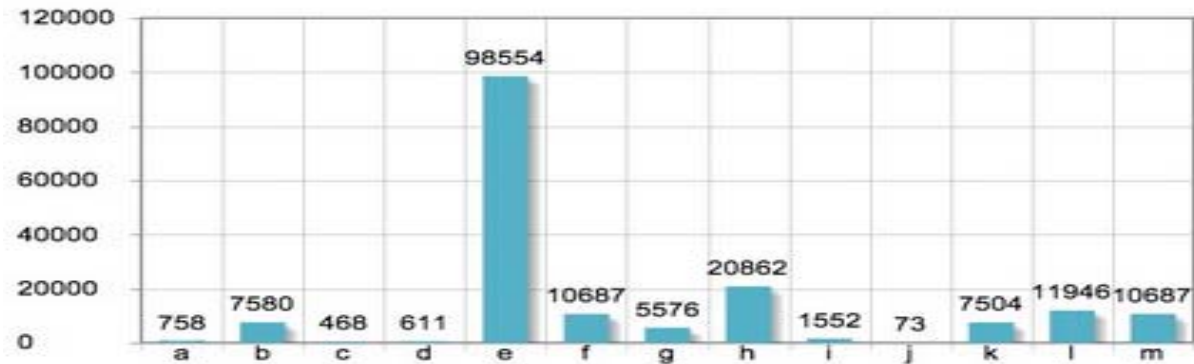


## Prevalence of HIV infection: people who inject drugs vs. general population



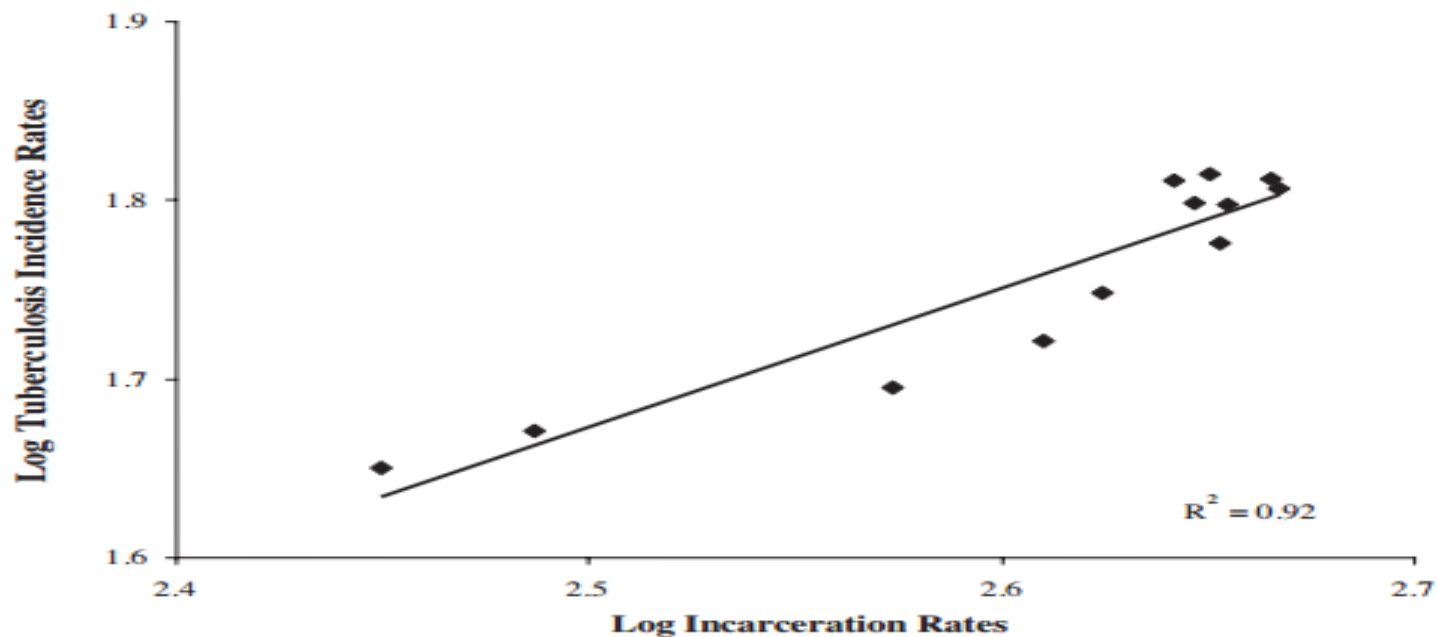


## U.S. federal prisoners by type of conviction, 2014



| Chart Label | Offense                                               | # of Inmates | % of Inmates |
|-------------|-------------------------------------------------------|--------------|--------------|
| a           | Banking and Insurance, Counterfeit, Embezzlement      | 758          | 0.4%         |
| b           | Burglary, Larceny, Property Offenses                  | 7,580        | 3.9%         |
| c           | Continuing Criminal Enterprise                        | 468          | 0.2%         |
| d           | Courts or Corrections                                 | 611          | 0.3%         |
| e           | Drug Offenses                                         | 98,554       | 50.1%        |
| f           | Extortion, Fraud, Bribery                             | 10,687       | 5.4%         |
| g           | Homicide, Aggravated Assault, and Kidnapping Offenses | 5,576        | 2.8%         |
| h           | Immigration                                           | 20,862       | 10.6%        |
| i           | Miscellaneous                                         | 1,552        | 0.8%         |
| j           | National Security                                     | 73           | 0.0%         |
| k           | Robbery                                               | 7,504        | 3.8%         |
| l           | Sex Offenses                                          | 11,946       | 6.1%         |
| m           | Weapons, Explosives, Arson                            | 10,687       | 5.4%         |

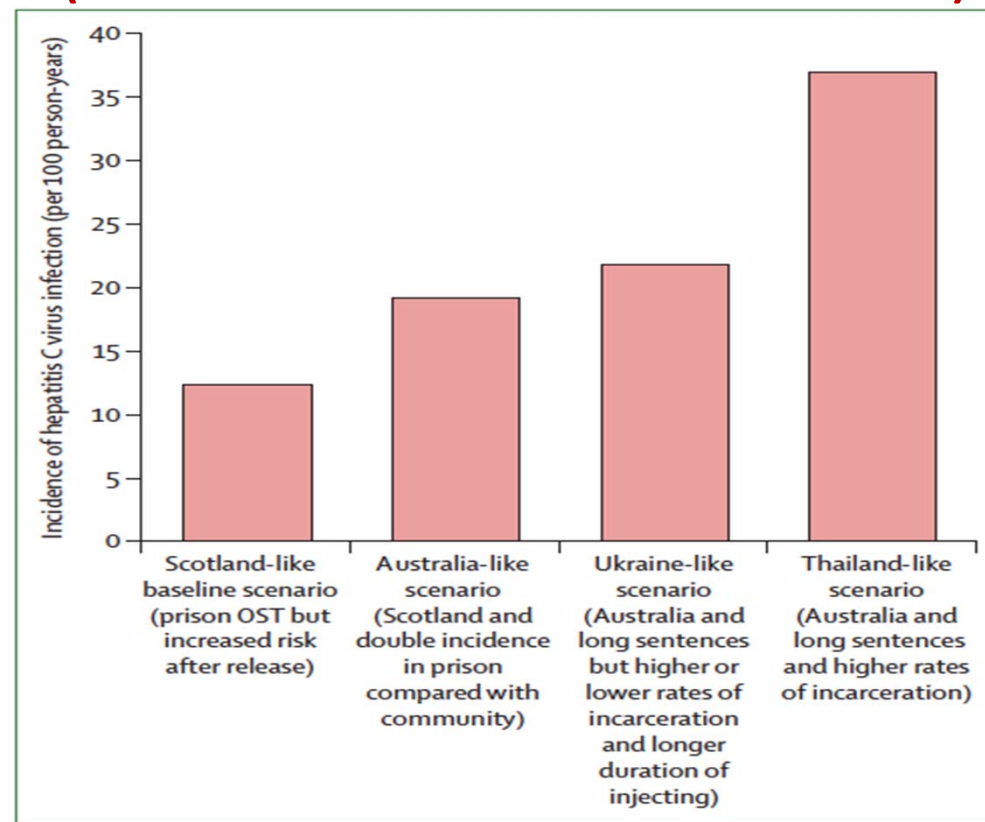
**Incarceration and TB epidemics, Europe & C. Asia:**  
**Net ↑ in incarceration → 2/3 of increase in TB incidence**  
(Stuckler et al., Proc Natl Acad Sci 105(36):13281, 2008)



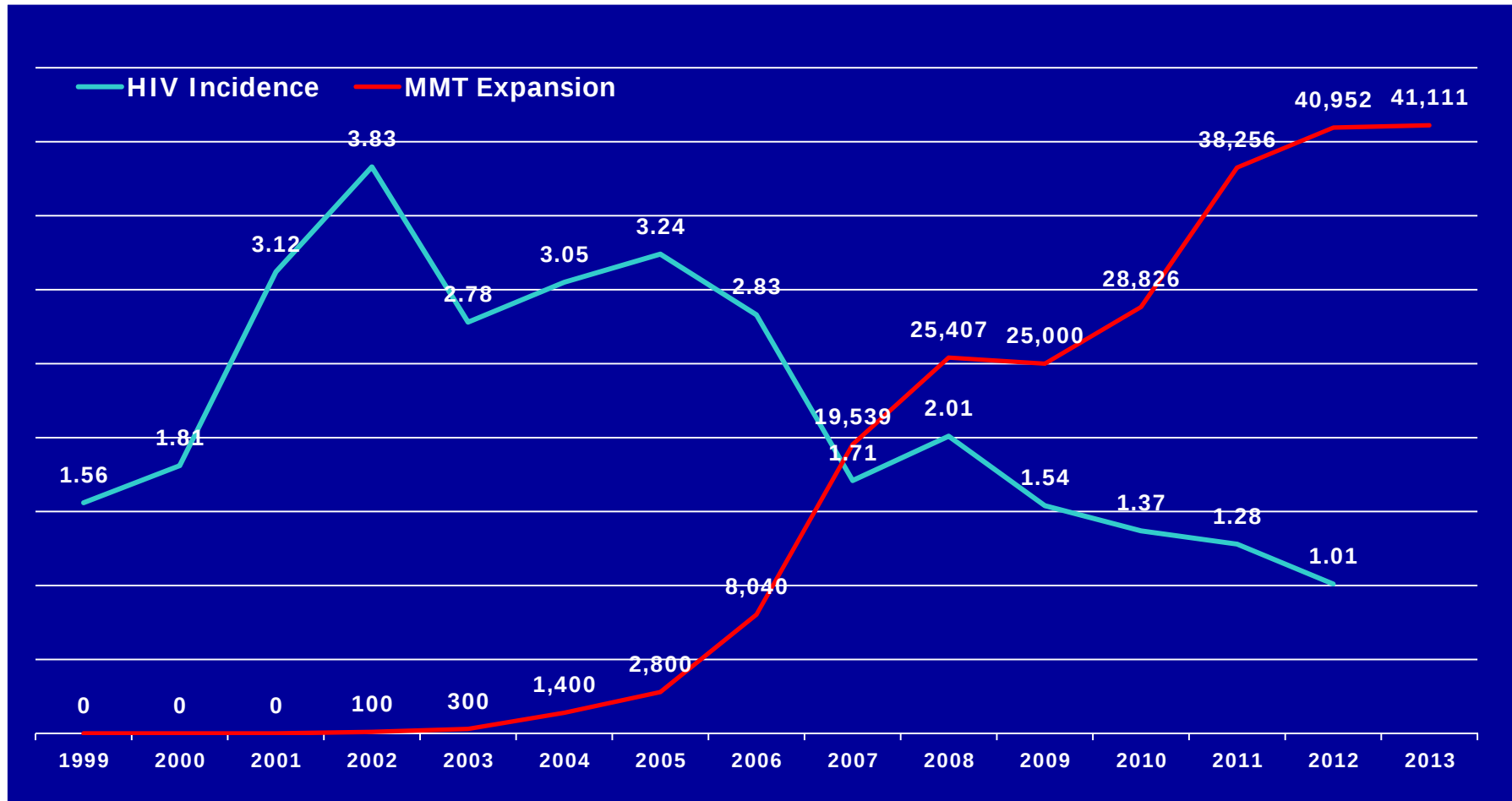
**Fig. 2.** Relationship between average TB incidence and incarceration rates, 1991–2002. Incarceration rates are assessed by using sentencing data from UNICEF TransMonee Database, 2005 edition (21) [TB incidence data are from the WHO Global Tuberculosis Database 2007 (5).]

# Modelled incidence of HCV among people who inject drugs from effects of incarceration in several settings

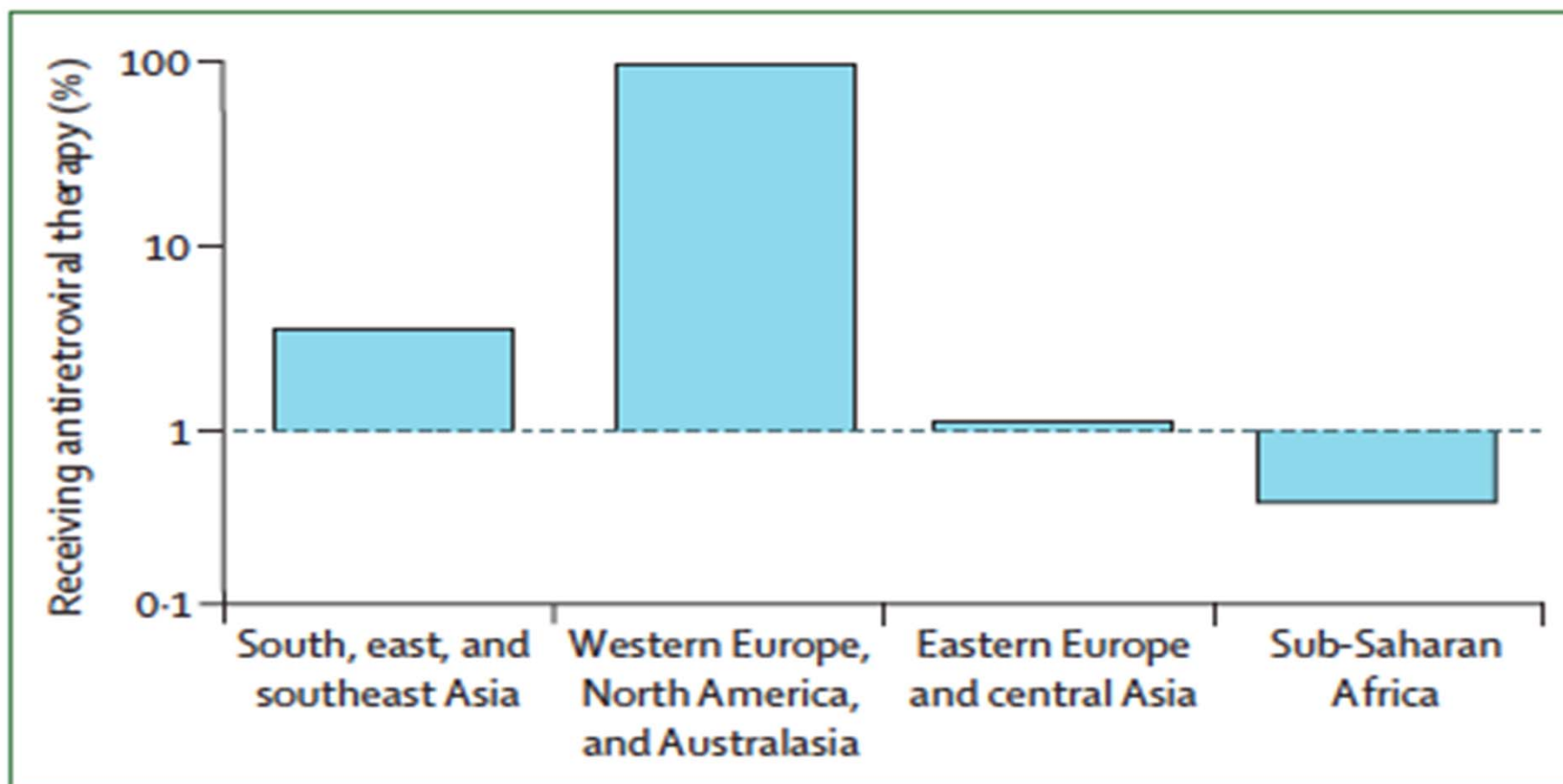
(Vickerman et al. for Lancet Commission)



# Methadone and HIV incidence in Iranian prisons

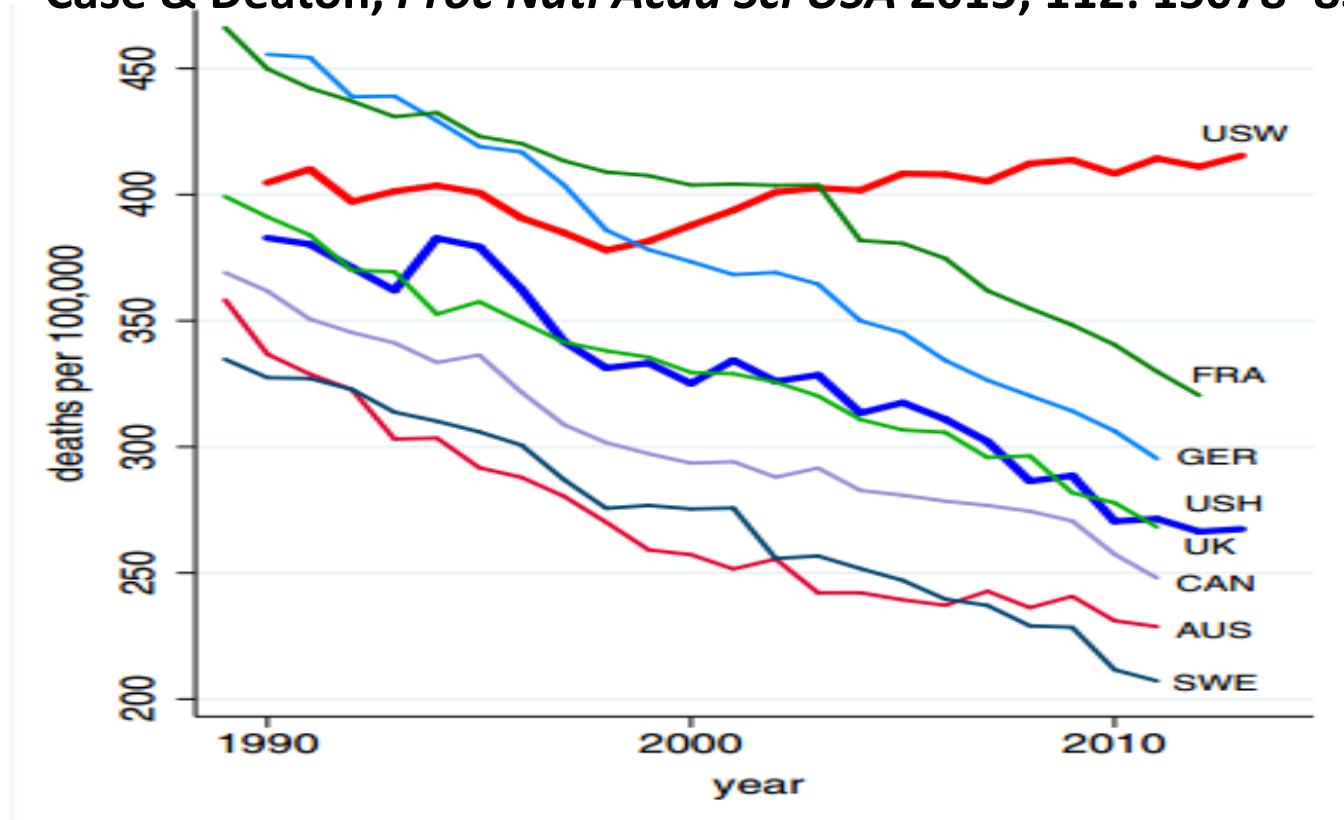


## Proportion of people who inject drugs living with HIV who receive ART, by region



# Opioid overdose hits the middle-class white population

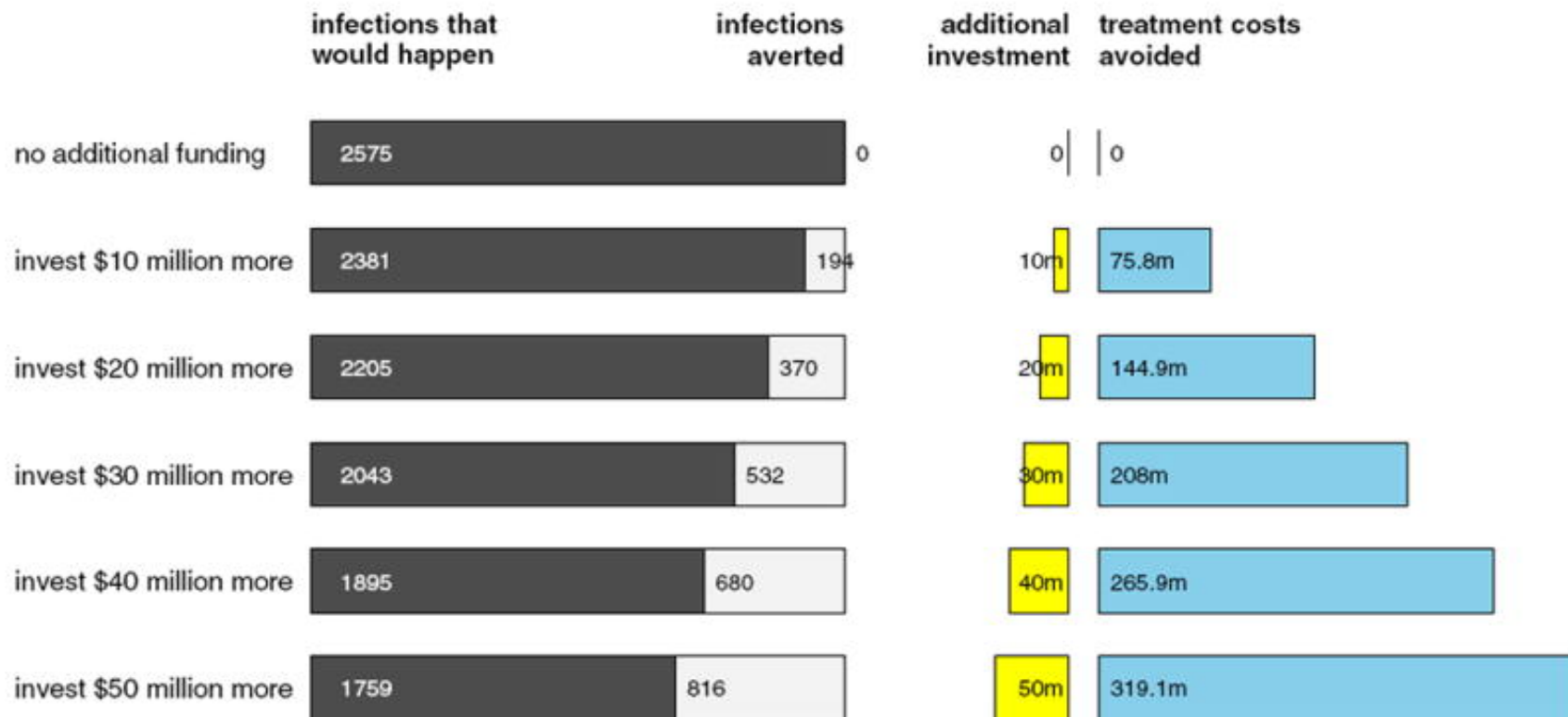
Case & Deaton, *Proc Natl Acad Sci USA* 2015; 112: 15078–83



**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

Nguyen et al., *AIDS Behav.* 18(11):2144, Nov. 2014



EDITORIAL

# Pence, Putin, Mbeki and Their HIV/AIDS-Related Crimes Against Humanity: Call for Social Justice and Behavioral Science Advocacy

Seth C. Kalichman<sup>1</sup>

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**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 fueled the HIV outbreak by 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

**Table 1** HIV infections attributed to injection drug use and changes in opiate overdose deaths in Indiana and selected comparison states

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

<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 Breitenbach, Pew/Stateline Staff Writer

12:05 a.m. EDT March 25, 2016



(Photo: Getty Images/iStockphoto)

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A bustling economy. Record-low unemployment. A ballooning heroin problem.

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

## TRAVEL RE- INVENT

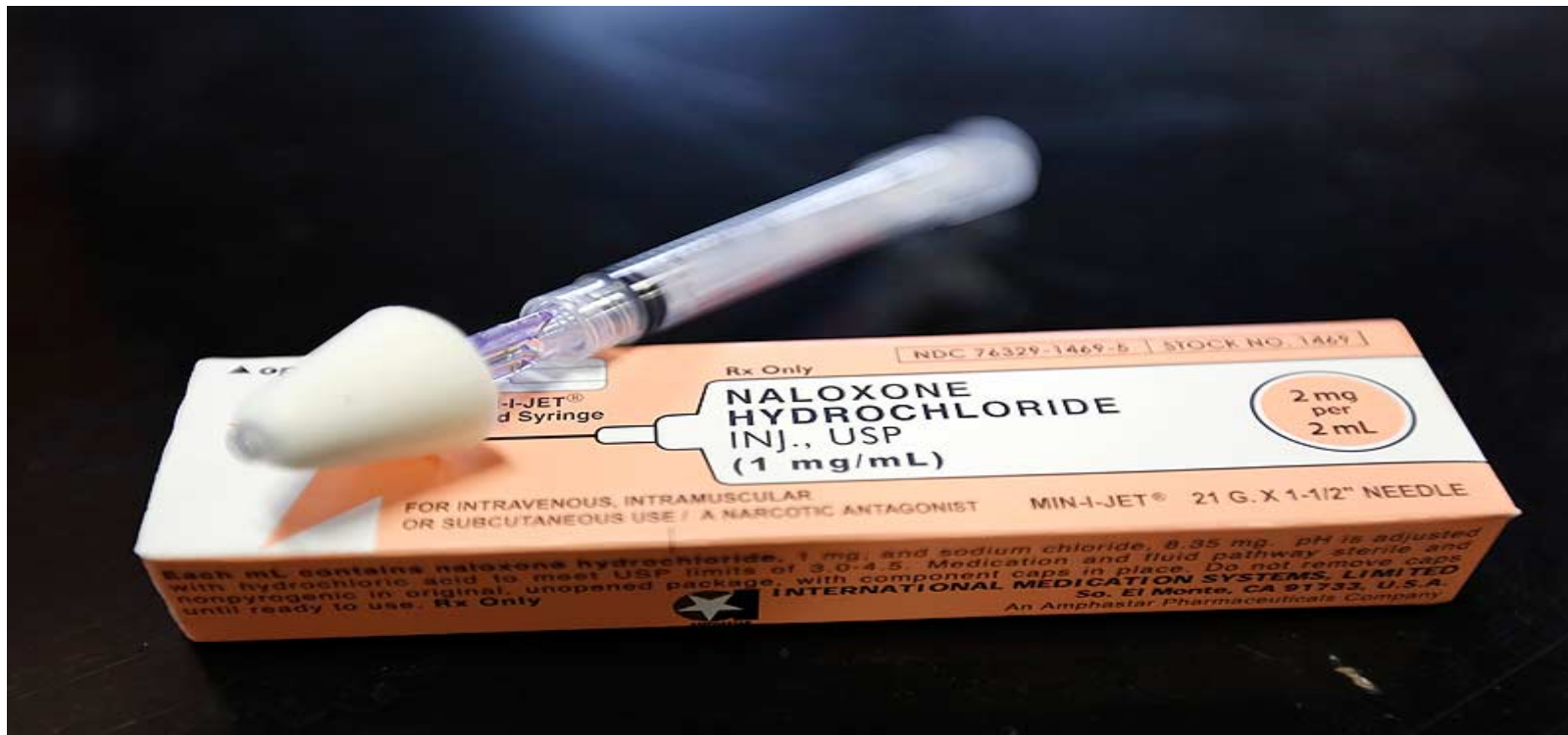
With 200+ hotels we're re-invented. With an authentic sense of timeless design, this is the new essentials done right.  
**This is Four Points.**

**BOOK A FOUR POINTS**

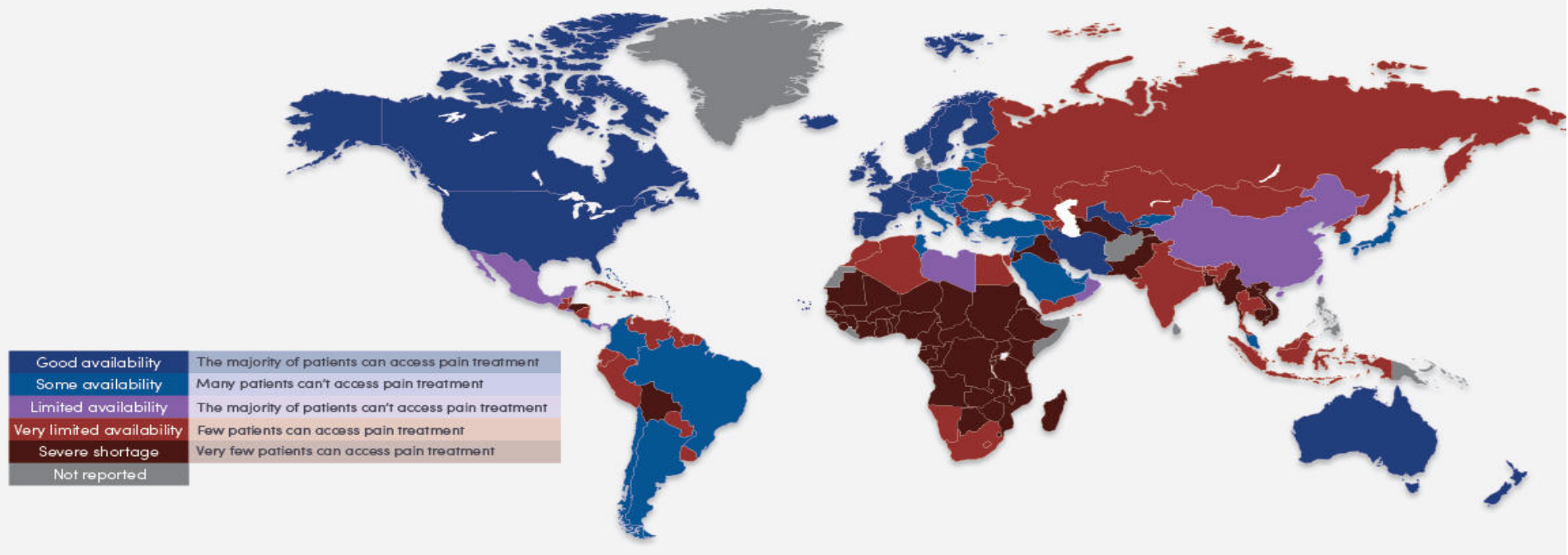
Where do you want to go?

Enter a Destination

## 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?

*Lancet* 387(10026): 1427–1480, 2 April 2016

The Lancet Commissions



## 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 Madrazo Lajous, Stephen Lewis, Natasha Martin, Daniel Mejía, Adriana Camacho, David Mathieson, Isidore Obot, Adeolu Ogunrombi, Susan Sherman, Jack Stone, Nandini Vallath, Peter Vickerman, Tomáš Zábanský, 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

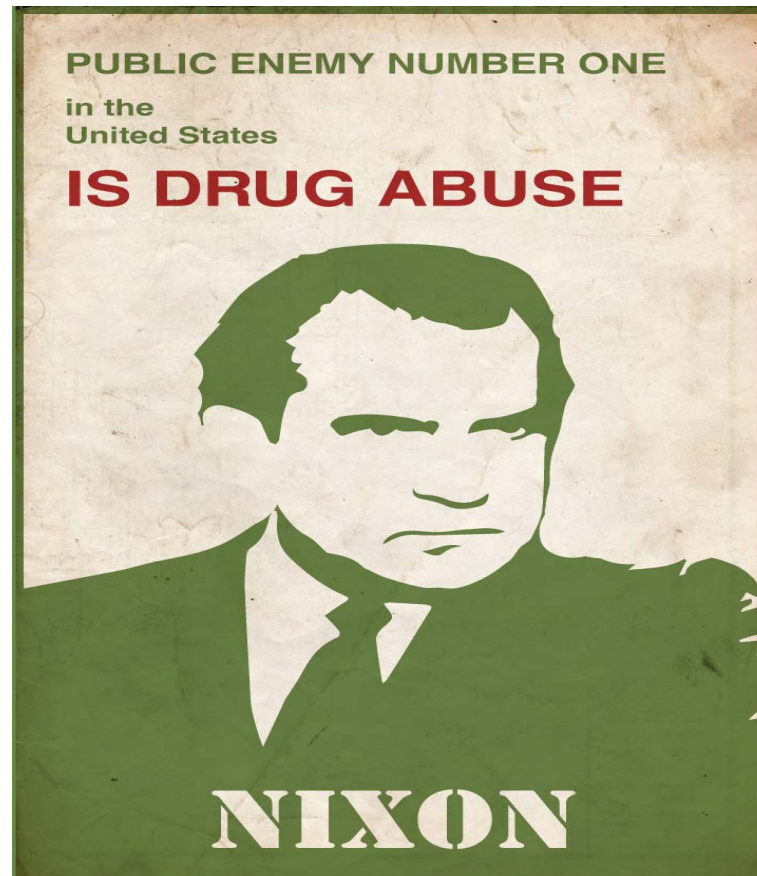
The pursuit of drug prohibition has generated a parallel economy run by criminal networks. Both these networks, which resort to violence to protect their markets, and the police and sometimes military or paramilitary forces that pursue them contribute to violence and insecurity in communities affected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

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Columbia University, New York City, NY, USA (J Csete PhD, Prof C Hart PhD); University of Malaya, Kuala Lumpur, Malaysia (Prof A Kamarulzaman PhD); UN Special Envoy, HIV in Eastern Europe and Central Asia, Geneva, Switzerland (Prof M Kazatchkine PhD); Yale University, New Haven, CT, USA (Prof F Altice MD); Warsaw, Poland (M Balicki MD); Central European University, Budapest, Hungary (Prof J Buxton PhD); Center for Public Health and Human Rights, Johns Hopkins Bloomberg School of Public

**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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