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The health imperative for global drug policy reform

HIV and AIDS reporter, 18 August 2009

Feature: The health imperative for global drug policy reform

Recommended readings:

- At what cost? HIV and human rights consequences of the global "war on drugs"
- Harm reduction and human rights: the global response to drug-related HIV epidemics
- IDPC advocacy note: the political declaration - a missed opportunity
- UN drug summit: undo a decade of neglect
- Legislating for health and human rights: model law on drug use and HIV/AIDS

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- Nutrition care for people living with HIV and AIDS (PLWHA): training manual for community and home-based care providers: facilitators guide
- A basic package of health services for Afghanistan, 2005/1384
- Guidelines for occupational safety and health, including HIV in the health services sector
- Circumcision: a surgical strategy for HIV prevention in Africa
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Announcements

Feature: **The health imperative for global drug policy reform**

The stigmatisation and marginalisation of people who inject drugs and the spread of HIV infection amongst this population group has been identified as one of the major adverse consequences of a prohibitionist approach to drug control. The international drug control system has focused on reducing the scale of the market while neglecting strategies to mitigate against the consequences of drug use. A major obstacle to effective HIV prevention for people who inject drugs are policies and legislation which criminalise drug use and treat it as a law enforcement rather than a public health issue.

The twin epidemics of injecting drug use and HIV are growing year on year with approximately one third of all new HIV infections outside of Africa resulting from unsafe injecting drug use. Of the estimated 15.9 million people who inject drugs globally, 3 million are HIV positive. The fastest growing HIV epidemics are found in Eastern Europe and the ex-Soviet states where up to 80 percent of people living with HIV are injecting drug users. Injecting drug use has been identified as a key risk factor in HIV infection as the sharing of non-sterile injecting equipment is a very efficient way of transmitting blood-borne viruses including HIV. It is thought that this practice is up to three times more likely to transmit HIV than sexual intercourse.

There is clear evidence that the provision of sterile injection equipment and access to opiate substitution therapy can reduce the risk of HIV transmission and slow down HIV infection rates. However, less than 5 percent of people who inject drugs in developing countries have access to such life saving harm reduction measures.

The United Nations Commission on Narcotic Drugs convened in Vienna in March 2009 to review progress made against objectives set by the UN General Assembly 10 years earlier and to agree the international framework for drug control policies for the next 10 years.

This was an opportunity for the UN to recognise and admit the failures of the ‘war on drugs’, and in particular to make harm reduction a central pillar of international drug control. Despite pressure from other UN bodies, the Global Fund and civil society, the framework adopted does not explicitly support harm reduction measures.

The political declaration from Vienna, essentially reaffirms a security-focused approach to drug control that costs an estimated US\$100 billion a year. Public health and human rights take a back seat to law enforcement once again in an unfortunate recycling of policies that are destructive and counterproductive. Excessively strict narcotic policies and practices that stem from a blind effort to achieve a 'drug free world' severely limit access to both to opiate-based pain relief (the WHO estimates that 80% of the world's population has either no or insufficient access to pain relief) and to opiate substitution therapy for drug users in certain parts of the world.

The 'war on drugs' cannot continue to be a war on people. Drug policies that are humane, compassionate, based in principles of human rights and harm reduction are the most effective way to reduce the negative impacts of drug use and drug markets. Some countries have already recognised this and taken positive steps in this direction. The UN bodies must speak as one on this issue, abandon an incoherent and wasteful strategy that undermines health and human rights and encourage more countries to follow suit.

This feature is written by Ann Fordham, Coordinator of the International Drug Policy Consortium.

More information:

- International Drug Policy Consortium
www.idpc.net/
- IDPC Briefing paper - ECOSOC side event 'From Vienna to Geneva to New York – Reconciling UN Mandates with Regard to the Response to Illicit Drugs' Geneva, 7th July 2009
www.idpc.net/publications/idpc-briefing-ecosoc-side-event-ecosoc-un-aids-global-fund?utm_source=IDPC+Monthly+Alert&utm_campaign=b76af465b6-IDPC_July_Alert7_15_2009&utm_medium=email
- IDPC Briefing note - The 10-year review of the United Nations Drug Control System: difficult questions remain for member states and UN system wide coherence
www.idpc.net/publications/idpc-briefing-ecosoc-july-2009?utm_source=IDPC+Monthly+Alert&utm_campaign=b76af465b6-IDPC_July_Alert7_15_2009&utm_medium=email

- United Nations Commission on Narcotic Drugs
www.unodc.org/unodc/en/commissions/CND/index.html
 - 2009 World Drug Report, United Nations Office on Drugs and Crime (UNODC)
www.unodc.org/unodc/en/frontpage/2009/June/world-drug-report-2009-released.html
 - Call to Action: Support Global Drug Policy Reform, June 2009
www.idpc.net/sites/default/files/alerts/CallToAction_ENG.pdf
 - Harm reduction, Eldis Key Issues Guide
www.eldis.org/go/topics/resource-guides/hiv-and-aids/key-issues/harm-reduction
 - International policy and finance, Eldis HIV and AIDS Resource Guide
www.eldis.org/go/topics/resource-guides/hiv-and-aids/health-systems-and-hiv/aids/international-policy-and-finance
 - Human rights, Eldis HIV and AIDS Resource Guide
<http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/citizenship-and-rights/human-rights>
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Recommended readings

1. At what cost? HIV and human rights consequences of the global "war on drugs"

Authors: International Harm Reduction Development Program

Publisher: Open Society Institute and Soros Foundations Network, 2009

A decade after governments worldwide pledged to achieve a 'drug-free world', there is little evidence that the supply or demand of illicit drugs has been reduced. This digital book from the Open Society Institute argues that instead, aggressive drug control policies have led to increased incarceration for minor offenses, human rights violations, and disease. The book examines the descent of the global war on drugs into a war on people who use drugs. The authors focus on the experiences of people who use drugs and those who work with them.

The document is divided into three main sections which look at police abuse in the name of drug control, the export of American and Russian approaches to dealing with drug related issues and drug use, control and HIV in south and southeast Asia. The document also focuses in on specific countries examining issues including police abuse of injection

drug users in Indonesia, arbitrary detention and police abuse of drug users in Cambodia, and forced drug testing in China. Drug control policies and HIV prevention and care among injection drug users in Imphal, India are examined in addition to the impacts of the drug war in Latin America and the Caribbean. Civil society reflections are provided on 10 years of drug control in Myanmar, Thailand, and Viet Nam. Finally the twin epidemics of drug use and HIV and AIDS in Pakistan are detailed.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44213&type=Document

2. Harm reduction and human rights: the global response to drug-related HIV epidemics

Publisher: International Harm Reduction Association, 2009

It is estimated that 15.9 million people inject drugs in 158 countries and territories around the world. Despite the proven efficacy of harm reduction interventions and endorsement by the UN bodies, uptake of strategies for harm reduction is inadequate. This report from the International Harm Reduction Association points out that national responses to injecting drug-related HIV epidemics have been poor in many parts of the world and that there still remain 76 states with evidence of injecting drug use in which no harm reduction interventions are present. The authors consider the international response to the drug related HIV epidemics and provide regional overviews of areas including Asia, central and eastern Europe, the Caribbean, Latin America and sub-Saharan Africa.

The document then goes on to consider harm reduction and human rights. The right to health is outlined and the criminal law and abusive law enforcement are criticised for impeding HIV prevention efforts. The authors conclude that The United Nations drug control and human rights regimes have developed in what have been described as 'parallel universes'. The drug control entities rarely discuss human rights and the human rights bodies and mechanisms, in turn, have rarely focused on drug policy. The result is an international system and policy environment where significant human rights violations, many impeding HIV prevention efforts, fall between these two separate regimes, unaddressed and largely ignored. The human rights entities within in the United

Nations must, within their respective mandates, take this opportunity to begin to focus on the human rights aspects of international drug policies, including their impact on HIV prevention, treatment and care for people who use drugs.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44214&type=Document

3. IDPC advocacy note: the political declaration - a missed opportunity

Publisher: International Drug Policy Consortium, 2009

A high level review has recently taken place of the progress against objectives set at the General Assembly Special Session on Drugs in 1998, namely, to eradicate or significantly reduce the production of, and demand for, the non-medical use of controlled drugs. This advocacy note from the International Drug Policy Consortium declares deep disappointment with the review process and the resulting declaration that was placed before the 2009 Commission on Narcotic Drugs for adoption.

The authors of the note argue that they have witnessed an almost total unwillingness to confront the real policy dilemmas, and a series of increasingly surreal political and diplomatic battles over wording that are entirely disconnected from the reality of drug use and problems as experienced in the outside world. They argue that aside from the general fact that the document has no unifying theme or structure, no clear assessment of progress, no clear articulation of challenges and priorities, no structured description of future responsibilities of the various actors, there are four specific aspects of this declaration that cannot go by unchallenged. These are: a clear assessment of progress, appropriate objectives, system wide coherence of harm reduction, and access to controlled medicines.

[adopted from the authors]

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44216&type=Document

4. UN drug summit: undo a decade of neglect

Publisher: Human Rights Watch, 2009

UN drug control agencies have paid little attention to whether international drug control efforts are consistent with human rights protections, or to the effect of drug control policies on fundamental human rights. This webpage provides an overview of Human Rights Watch documentation of human rights abuses linked to drug enforcement laws, policies, and practices over the last decade. It demonstrates through their investigations that some governments have justified a wide range of serious human rights abuses in the name of fighting a 'war on drugs'.

The webpage is divided into eight main sections which argue different points about the human rights aspects of drug policy and provide examples from country reports including China, Bangladesh, United States, Thailand and Russia. The authors argue that governments have routinely killed people to implement drug enforcement policies, and that people who use drugs are routinely subjected to violence during arrest and detention, in some cases to extract confessions.

In addition the document shows how drug control efforts undermine lifesaving health services, including HIV prevention and treatment, and drug dependence treatment. It is highlighted how people incarcerated for drug offences account for a substantial percentage of prisoners in many countries throughout the world. The authors argue that unnecessarily strict narcotic drug control laws, policies, and practices in many countries also severely restrict access to controlled medicines for therapeutic purposes. Thus undermining the right to health and to be free from cruel, inhuman and degrading treatment or punishment for millions of people who need narcotic drugs to treat pain or drug dependence. Finally the document provides links to further reading which highlight some potential steps towards multilateral support for human rights based drug policy.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44217&type=Document

5. Legislating for health and human rights: model law on drug use and HIV/AIDS

Publisher: Canadian HIV/AIDS Legal Network, 2009

Many countries with injection-driven HIV and AIDS epidemics continue to emphasise criminal enforcement of drug laws over public health approaches, thereby missing or even hindering effective responses to HIV and AIDS. This online resource from the Canadian HIV/AIDS legal network shows how there is considerable evidence that numerous interventions to prevent HIV transmission and reduce other harms associated with injection drug use are feasible, effective as public health measures and cost-effective. Despite such evidence, millions of people around the world who use drugs do not have access to such services because of legal and social barriers.

The resource provides a detailed framework of legal provisions and accompanying commentary. It refers to examples of law from jurisdictions that have attempted to establish a clear legal framework for addressing HIV and AIDS issues among people who use drugs. It also incorporates human rights principles and the obligations of states throughout the document. The resource is annotated to highlight critical issues and evidence that supports proposed measures. It consists of eight modules, each of which is a stand-alone document. These include: criminal law issues, sterile syringe programmes, supervised drug consumption facilities, prisons, outreach and information, treatment for drug dependence, stigma and discrimination, and heroin prescription programmes.

[adapted from the author]

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44218&type=Document

Latest additions from the HIV and AIDS resource guide

1. Nutrition care for people living with HIV and AIDS (PLWHA): training manual for community and home-based care providers: facilitators guide

Authors: Regional Centre for Quality of Health (RCQHC), School of Public Health, Makerere University

Publisher: Food and Nutrition Technical Assistance Project , 2008

This facilitators' guide, published by Regional Centre for Quality of Health Care, aims at equipping community health workers (CHWs) and home-based care providers with the basic skills needed to provide nutrition care and support to people living with HIV and AIDS (PLWHA).

The training package first provides basic information about nutrition and then focuses on nutrition care for PLWHA. The topics covered include: the relationship between nutrition and HIV, assessing nutritional status, improving food intake, managing food and drug interactions and complications of HIV, caring for HIV-positive women and children infected with or affected by HIV, food and water safety and hygiene, principles of counselling and referrals and networking.

This facilitators guide is supported by a package of participant handouts that complement the summary of content for each session. Additionally, there is a suggested training schedule which provides ideas for how this guide can be used to design training outlines.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44190&type=Document

2. A basic package of health services for Afghanistan, 2005/1384

Authors: Islamic Republic of Afghanistan Ministry of Public Health

Publisher: Management Sciences for Health, 2005

Since the creation of the Basic Package of Health Services (BPHS) in Afghanistan in 2003 the country has seen many positive changes in its health care system. This document from the Ministry of Public Health defines the key elements of the health system being built in the country. The service was to rebuild the national health system and identify health services which were so important to addressing the greatest health problems that they should be available to all Afghans, even those in remote areas. This document illustrates where these basic primary care and hospital services are provided and details the hospital referral system necessary to support the BPHS.

The document outlines the basic package of health services available in Afghanistan, its development, accomplishments and challenges. The authors discuss the future of the BPHS strategy and the types of health care used by it. Specific areas examined include: maternal and newborn health, child health, communicable diseases, mental health and supplies of essential drugs. The report then looks at the staffing for BPHS and health posts and district hospitals in addition to the equipment needed and diagnostic services. A summary of the services is then provided and a comprehensive list of tables with specific details on services including family planning, public nutrition, control of malaria, HIV and AIDS and blood transfusion services.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44189&type=Document

3. Guidelines for occupational safety and health, including HIV in the health services sector

Authors: M. R. Montgomery

Publisher: Population Reference Bureau, 2009

These guidelines, published by the Ministry of Health of Uganda, recognise that all types of work are hazardous and persons at work are exposed to situations that may result into injury, disease or even death. In Uganda, the authors argue that the health sector is loaded with a wide variety of situations where health and safety issues are crucial. Additionally, the authors assert that while the economic cost of occupational risks is high, public awareness of safety and health tends to be quite low. The authors argue that the Ugandan health sector requires a standardised framework for workplace safety and health, including responding specifically to HIV as a workplace hazard.

This document is broadly divided into five chapters: the first comprises of background information that includes the magnitude of workplace accidents and incidents as well as the justification for these guidelines. The second chapter addresses the basic principles and interventions that are considered essential for the sector's workplace safety and health. The third chapter deals with management of HIV and AIDS as a specific workplace hazard while the fourth chapter covers management of the other common

hazards that exist at the health workplace. The final chapter deals with implementation of a workplace safety and health programme, including aspects of monitoring.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44180&type=Document

4. Circumcision: a surgical strategy for HIV prevention in Africa

Authors: I. T. Katz; A. A. Wright

Publisher: New England Journal of Medicine, 2008

Public health officials are now arguing that circumcision of men should be a key weapon in the fight against infection with the human immunodeficiency virus (HIV) in Africa. Recent studies have shown that circumcision reduces infection rates by 50 to 60 percent among heterosexual African men. This article in the New England Journal of Medicine examines the past research and future obstacles associated with introducing circumcision as a preventative measure. The authors discuss the results from previous randomised trials which suggest that circumcision reduced the rate of HIV infection among heterosexual men by 60 percent. Researchers have also found that circumcision provides increased protection against the human papillomavirus, herpes simplex virus, syphilis, and chancroid.

The authors highlight how most people involved in scaling up adult male circumcision recognise that the surgery is a costly endeavour and a socially complex intervention that may compromise other public health priorities. Reaching women through other prevention methods is also important because there is no direct evidence to date that circumcision reduces the risk of transmission from men to women. The article concludes that although circumcision has increasing support from researchers, donors, and politicians, its status as a non-behaviour-based intervention may ultimately be its biggest obstacle. The scale up of circumcision will require strong political backing, adequate funding, and leaders to champion the cause to ensure that it is a safe, low-cost option available throughout Africa.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44148&type=Document

5. Male circumcision: global trends and determinants of prevalence, safety and acceptability

Authors: London School of Hygiene & Tropical Medicine; UNAIDS

Publisher: World Health Organization, 2007

There is conclusive evidence from observational data and three randomised controlled trials that circumcised men have a significantly lower risk of becoming infected with the human immunodeficiency virus (HIV). This report from the World Health Organization reviews the determinants, prevalence, safety and acceptability of male circumcision, focusing on sub-Saharan Africa. The authors review the religious, cultural and social determinants of male circumcision and estimate the prevalence at global and regional levels. The report then summarises medical aspects of the procedure, including medical indications for circumcision, surgical methods used and the complications of circumcision carried out in clinical and non-clinical settings.

The public health implications of the fact that male circumcision reduces risk of HIV infection are then considered, including a summary of the acceptability of adult male circumcision in currently non-circumcising populations in sub-Saharan Africa with high incidence of HIV. The authors find that there is substantial evidence that male circumcision protects against several diseases, including urinary tract infections, syphilis, chancroid and invasive penile cancer, as well as HIV. However, as with any surgical procedure, there are risks involved. Recent studies of acceptability among non-circumcising communities with high prevalence of HIV in southern Africa were fairly consistent in finding that a majority of men would be willing to be circumcised if it were done safely and at minimal cost. The report concludes that there is increasing demand for male circumcision in southern Africa and future expansion of circumcision services must be embedded within comprehensive HIV prevention programming, including informed consent and risk-reduction counselling.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44147&type=Document

See the complete list of latest additions at: www.eldis.org/hiv aids

Announcements

Conference: International Drug Policy Reform Conference

Dates: 12-14 November 2009

Location: Albuquerque, New Mexico, USA

Online registration is now open for the International Drug Policy Reform Conference, which will be hosted by the Drug Policy Alliance (DPA). It is a biennial event that brings together people from around the world who believe that the war on drugs is doing more harm than good.

A full programme and speaker list is not yet available. Please revisit the conference website to view this information at a later date. Please use the full details link to be redirected.

Early Bird registration is available up until 9 October 2009.

More details available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities&id=44176&type=Item

Short course: HIV politics, policy, governance and planning mechanisms

Dates: 21 April - 18 May 2010

Location: Royal Tropical Institute, KIT Training Centre, Amsterdam

In this course, participants identify HIV and AIDS-related international agreements, conventions and financial mechanisms, and analyse how these influence national planning and implementation and vice versa. Participants analyse political and institutional structures and their implications for planning and managing the response. They will also examine the relationship between poverty reduction strategies, development processes, mainstreaming and HIV and AIDS and translate these into HIV strategic planning processes.

More details available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities&id=44232&type=Item

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The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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