Drug policy and harm reduction

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Dr Alex Wodak PM
alex.wodak@gmail.com

My background:

• Physician
• Interest in alcohol & drugs
• Research on genetic susceptibility to alcoholic liver disease in London
• Director, Alcohol and Drug Service, St Vincent’s Hospital, Sydney 1982-2012
• Interest in drug treatment, prisons, drug policy
My background:

- Research on drug treatment, smoking cessation in prisons
- Approach to drugs strongly influenced by my efforts to control HIV among/from people who inject drugs (PWID)

International experience:

- Brazil: Yes
- Lao PDR: Yes
- Malaysia: Yes
- Maldives: No
- Mauritius: No
- Myanmar: Yes
- Namibia: No
- Pakistan: Yes
- Papua New Guinea: Yes
- Samoa: No
- Sri Lanka: Yes
- Thailand: Yes
- Uzbekistan: Yes
**Tasks:**

- Initiatives for facilitating desistance from drug use in institutional and community settings:
  - effective treatment approaches for desistance from drug use
  - staff training for implementation of treatment
  - methods for reducing harm to health/social life caused by drug use
- Coordination and cooperation between criminal justice agencies and health care or social welfare agencies; in particular, effective coordination and cooperation during incarceration, release from prison and diversion from criminal procedure to health care/social welfare focused procedures or treatment, etc.

**My framework:**

- ‘Use reduction’ or harm reduction?
- Arguments for ‘use reduction’
  - UN system for policy development, implementation & monitoring
  - Almost all countries have signed & ratified
- But growing debate about international drug control system
- Should reduction drug use be an end or a means to an end?
Harm reduction:

• Existed for many years in public health & policy
• Stimulated by threat of HIV among/from PWIDs from 1980s
• Emphasise reduction of harm rather than reduction of use
• ‘Never let the best be the enemy of the good’

Harm reduction:2

• Definition: ‘Reducing health, social & economic costs of legal and illegal drug without necessarily reducing drug consumption’
• Increasing concern that drug prohibition had failed & could not be made effective
• Consequentialism or non-consequentialism?
• ‘What is harm reduction?’ Harm Reduction International website
Reducing drug use:

- ‘Initiatives for facilitating desistance from drug use in institutional and community settings’
- All drugs or just illegal drugs?
- Treaties only about illegal drugs
  - But legal drugs cause many more deaths, much more cost to economy
  - More prisoners have problems legal than illegal drugs
  - Many have problems with both
  - Many people with problems illegal drugs die from tobacco related illness

Reducing drug use: 2

- If smoke in prison inmates cannot save money
- Smoking increases chance of relapse to illegal drugs
- Prison smoking bans or allow prison e-cigarettes?
Reducing illegal drug use through treatment:

Psychosocial interventions:

• 12 step methods
  – Self help groups, alcohol & ‘narcotics’
  – In prison & in community
  – Prescribed program
  – Religious/spiritual
  – Debate about evaluation
  – Lay not a clinical intervention

Reducing illegal drug use through treatment:

• Cognitive Behavioural treatment
  – Based on learning theory
  – Identify triggers
  – Provide range of practical interventions
  – Well evaluated across range of problems
  – More individuals than groups

• Many other psychosocial interventions
Reducing illegal drug use through treatment: 3

- Self Management and Recovery Training (SMART)
  - Based on CBT
  - Individual or group
  - Evaluated
  - Not as black and white as 12 step
  - Not spiritual
  - More flexible

Reducing illegal drug use through treatment: 4

- Opioid Substitution Treatment
- Agents:
  - Methadone: agonist
  - Buprenorphine: partial agonist
  - Diacetylmorphine: agonist
  - Hydrocodone: agonist

- Principles:
- Replace: short-acting, injectable, illegal, street drug with long-acting, oral, legal, prescribed drug
Reducing illegal drug use through treatment: 5

- Methadone most frequently evaluated treatment in medicine!
- Now compelling evidence that OST is:
  - Effective
  - Safe
  - Cost effective ($4-7: $1)
  - In community AND in prisons
  - Reduces: deaths, HIV, crime, drug use, improves social functioning
- Endorsed many major medical organisations, UN bodies

Reducing illegal drug use through treatment: 6

- Diacetylmorphine trials 7 countries, >1500 subjects, similar findings, only for small minority
- OST in community about 85 countries
- OST in prisons about ½ these countries
- OST in prison important:
  - Reduce recidivism
  - Reduce HIV infection
  - Continue on into community prevent overdose deaths
- In almost all countries, demand for OST>> supply – even worse in prisons
Reducing illegal drug use through treatment:

- No agreed substitution treatment
- But now active research
- Have to rely on psychosocial treatments
- But more effective than often thought

Are treatments for cocaine worthwhile?

- RAND: Controlling Cocaine Supply Versus Demand Programs, Peter Rydell, Susan Everingham
- Return on $US 1:00 investment
  - Crop eradication 15c
  - Interdiction 32c
  - US customs & police 52c
  - Drug treatment $7.46
- Yet USG allocated 93% funds to LE, 7% to drug Rx
Staff training for implementation of treatment:

- Defining drug problems as primarily criminal justice makes drug treatment much less effective
- Stigma, discrimination, underfunding, ignore human rights, ignore evidence
- Redefine as primarily health & social issue
- Give staff practical experience as part of training

Methods for reducing harm to health/social life caused by drug use:

- Hard to distinguish whether harm caused by drug use or drug policy eg heroin - robbing banks
- Social integration critical – eg encourage PWUD to get jobs – education, training v important
- Practical harm reduction: needle syringe programs, condom promotion + housing, legal assistance etc
Conclusions:

- Difficult area
- Polarised views
- But becoming clearer that drug prohibition has not reduced:
  - Drug production
  - Drug consumption
  - Number of new drugs
  - Drug prices down
  - Availability high

Conclusions: 2

- Drug markets bigger, more dangerous
- Increase in: deaths, disease, crime, corruption, violence
- Prisons critical in reducing problems from drugs & drug policy
- But low priority in many countries
- Bad policy has been good politics