Ad Hoc US Coalition for Global Drug Policy Reform
point-by-point breakdown of statement in relation to HIV concerns

by David Borden, Executive Director, StoptheDrugWar.org, borden@drcnet.org

- HIV-focused organizations endorsing this statement as of 2/23/16:

  AIDS Alabama
  AIDS United
  BOOM!Health (NY)
  Canadian HIV/AIDS Legal Network
  Caribbean Vulnerable Communities Coalition
  Chicago Recovery Alliance
  Double Positive Foundation (Suriname)
  The CHOW Project (HI)
  Cincinnati Exchange Project
  Harm Reduction Action Center (CO)
  Harm Reduction Coalition
  Hispanic Health Network
  Housing Works
  Intercambios Asociación Civil (Argentina)
  Intercambios Puerto Rico
  Latino Commission on AIDS
  New York Harm Reduction Educators
  Positive Health Project (NY)
  Project Inform
  REDUC - Brazilian Harm Reduction and Human Rights Network
  St. Ann's Corner of Harm Reduction (NY)
  Treatment Action Group
  Women With A Vision (LA)

- Does this statement call for legalization, and of all drugs?

  Technically this statement stops short of directly calling even for marijuana legalization. A Washington Post writer who discussed our coalition in the "Wonk Blog" actually noted that (https://www.washingtonpost.com/news/wonk/wp/2015/05/05/global-drug-policy-isnt-working-these-100-organizations-want-that-to-change/). What the statement says is that countries should have the right to try legalization systems, and that there should be experiments with new drug policies.

  One would fairly infer that signatory groups have sympathy toward the idea of drug legalization, or at least think it is worth considering and experimenting with. But the statement itself doesn't directly state that. Of course that wouldn't necessarily prevent some observers from perceiving it as including a call for legalization, and

organizations must assess any strategic implications that may have for them. The statement does have the effect of supportiveness of the legalization concept in some way, and is intended to do so.

Another portion of the statement relates to the administration's actions that relate to state marijuana legalization laws. The statement defends the Cole Memo's idea of accommodating state-regulated marijuana markets, e.g. maintaining federal prohibition but making enforcement a low priority if a state addresses the government's priorities vis a vis safety and preventing access by minors, interstate trafficking, etc., ad in cases where businesses are complying with the state's own laws and rules.

An HIV-specific point in favor of the administration's approach is that it is helpful to medical marijuana patients (among all the others it helps). Even in medical marijuana states, the administration's hands-off approach (as laid out in the previous Cole memo) has been inconsistently observed by DOJ's US Attorneys in the medical marijuana states. This second Cole memo shifted the dynamic in medical marijuana's favor in those states.

To the extent that the statement supports the idea of drug legalization, an HIV-specific case is that drug prohibition has been shown to contribute to the spread of HIV, by incentivizing users to employ high-risk methods of drug taking like injection, and incentivizing both suppliers and users to primarily make use of high-potency forms of drugs that are compact and easier to conceal and transport and which are often taken by injection. Even if syringes were never criminalized, we have to assume that some degree of needle sharing would take place, and that many users would view having a syringe as a risk factor for getting searched for illegal drugs.

A second HIV-specific point on the legalization question is that the high financial cost of street drugs drives many addicts into situations like homelessness or having to resort to prostitution to afford the drugs, at high risk of contracting or spreading HIV. Partial reform measures like heroin maintenance programs for people who are already addicted to the drug, along with increased availability of substitutes like methadone or buprenorphine, would reduce that, but it seems doubtful that such interventions could ever reach 100% of the people who need them, and do so in time to completely avoid the risk of HIV transmission.

- As part of supporting the right of countries to experiment with legalization systems, the statement defends that portion of Ambassador Brownfield's "Four Pillars" approach. However, the statement also critiques the absence of any reference to the need for human rights obligations to constrain governments' flexibility in drug policy.

  Human rights in drug policy encompasses the right to access public health interventions such as opioid substitution therapy, syringe exchange, safe injection facilities, and other harm reduction measures that are banned in many countries. It also includes criminal justice practices that, along with other problems, contribute to

HIV transmission or possibly impede treatment.

The PCB Decision Points for UNGASS that was submitted by the members of the UNAIDS NGO delegation lay out a whole set of such problems resulting from criminalization. (This refers to the version that was submitted, rather than the final version adopted by UNAIDS.) In part 3A of the document, the group "[e]ncourages the Joint Programme to… [w]ork with member states to address the key drivers of HIV transmission among PWID including repressive policies such as criminalization, incarceration and forced rehabilitation… through comprehensive drug policy reform…"

This call for ending the criminalization of users echoes similar calls made by or within a variety of UN agencies, including UNAIDS, UNDP, UN Women, and the UN Office of the High Commissioner on Human Rights (http://www.tdpf.org.uk/blog/truth-behind-unodcs-leaked-decriminalisation-paper). Most recently a UNODC report written by an HIV staffer at the agency recommended decriminalization, but the report was pulled from publication following apparent pressure by the US government.

- The importance of opioid availability for pain management has self-evident importance for at least some HIV patients. The issue raised in the statement is that the drug control regime has had an unintended effect of making opioids unavailable to the vast majority of people in most of the world. Governments in the developing world often lack the capacity to manage the substantial bureaucratic requirements of managing scheduled substances, and the fear of diversion of substances to the illicit market is even greater in countries with weak governments than here in the US.

- The stifling of medical marijuana research by the US government is one example of an obstacle to research with controlled substances that has an impact on some HIV patients.

- The impact of discriminatory policing on HIV transmission was documented in the early 2000s by the Dogwood Center (http://stopthedrugwar.org/chronicle-old/160/globalemergency.shtml). The central mechanism the center's report identified was the increased likelihood that an African American or Latino drug user faced of being searched for drugs. This creates an incentive to discard syringes following their use, in turn increasing the sharing of syringes, hence higher rates of HIV infection among minority injection drug users.

- The issue of aerial fumigation of drug crops may seem somewhat afield from HIV concerns, but one can plausibly postulate an indirect impact. The progressive view in international development is that it is a mistake to attack a population's livelihood before other economic opportunities are well established. Doing so through measures such as crop eradication has a destabilizing effect, fueling social disorder and driving farming populations to align with insurgencies or criminal organizations for protection. In this model, eradication might take place after certain stages of

development have been achieved; done prematurely, however, eradication has the effect of sustaining poverty. Disorder and poverty in turn create increased risk for the transmission of diseases, while reducing a society's capacity to administer prevention and treatment measures.

- Following the resumption of executions for nonviolent drug offenses by the government of Indonesia earlier this year, Indonesian NGOs argued in an open letter to Pres. Joko Widodo that the death penalty would increase the vulnerability of addicts, who may be coerced into participation in the drug trade by dealers and traffickers (http://www.justiceaction.net/2015/01/an-open-letter-reject-death-penalty.html). Like incarceration and aggressive policing tactics, draconian punishments like the death penalty are likely to drive the drug trade and some users further underground, reducing their ability to access harm reduction, drug treatment, or HIV and other medical services.

- The statement's call for revising the metrics by which drug policy is evaluated, is part of what we believe is needed in order to ultimately shift resources away from the current enforcement-oriented approach, and toward the positive, "people-centered" approaches that are available in fields like public health and development.

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