

UNAFEI 170th International Training Course
VE2-2 (3-Sep, PM)
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Drug policy and harm reduction

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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**

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My background:2

- 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)

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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 |

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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.

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My framework:

- 'Use reduction' or harm reduction?
- Arguments for 'use reduction'
 - International drug treaties 1961, 1971, 1988
 - 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?

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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’

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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

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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

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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?

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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

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Reducing illegal drug use through treatment:2

- **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**

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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

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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**

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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**

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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**

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Reducing illegal drug use through treatment:7

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

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Are treatments for cocaine worthwhile?

- RAND: Controlling Cocaine Supply Versus Demand Programs, Peter Rydell, Susan Everingham
- https://www.rand.org/pubs/monograph_reports/MR331.html
- 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

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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**

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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**

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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

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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

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