

Abstract

The health of injecting drug users (IDUs) has deteriorated alarmingly in many countries as serious complications, especially HIV infection, have become common. HIV infection is now the most important factor predicting mortality among populations of IDUs. Therefore control of HIV among IDUs is central to protection of their health, and is also critical to control the spread of HIV in the broader community in many countries. Denial of the basic human rights of IDUs is common and often flagrant. Although expensive, ineffective, and frequently counterproductive, law enforcement is still the major national and international response to illicit drugs. Excessive reliance on criminal sanctions violates the human rights of IDUs and results inevitably in poor health outcomes in this population. Prohibition encourages substitution by more dangerous drugs and more dangerous routes of administration, while obstructing effective public health measures required to control HIV.

La santé des utilisateurs de drogues injectables (UDI) s'est détériorée de façon alarmante dans de nombreux pays à mesure que de graves complications, particulièrement l'infection par le VIH, se sont répandues. L'infection par le VIH est désormais le plus important facteur influant sur la mortalité parmi ces populations. De ce fait, la lutte contre la propagation du VIH parmi les UDI est un facteur central pour la protection de leur santé. Dans de nombreux pays, elle est de même fondamentale pour juguler l'épidémie de VIH dans la communauté en général. Le refus aux UDI des droits humains fondamentaux est fréquent et souvent flagrant. Bien que coûteuse, inefficace et souvent improductive, la recours à la Justice demeure la principale démarche nationale autant qu'internationale face à l'usage des drogues illicites. En s'appuyant de façon excessive sur la répression, on viole les droits des UDI et l'on compromet la santé de cette population. La prohibition encourage le recours à des drogues plus dures et à des modes d'utilisation plus dangereux aussi. La prohibition s'oppose de même à l'application de mesures efficaces de santé publique nécessaires pour le contrôle du VIH.

La salud de las personas usuarias de drogas inyectables (UDI) se ha deteriorado enormemente en muchos países a medida que algunas complicaciones graves, como la infección de VIH, se han repandido. En la actualidad, la infección de VIH entre UDI poblaciones es el factor más importante para predecir la mortalidad. Por tanto, el control del VIH entre UDI es un elemento central para proteger su salud. En muchos países es también crítico controlar la difusión de VIH en la comunidad en general. La negación de los derechos humanos fundamentales a las personas UDI es un hecho común y a menudo escalandoso. A pesar de ser caro, ineficaz, y en general contraproducente, la aplicación de la ley es todavía una de las mayores respuestas nacionales e internacionales hacia las drogas ilegales. Una confianza excesiva en las sanciones criminales viola los derechos humanos de las personas UDI y resulta de manera inevitable en consecuencias deficientes para la salud de esta población. La prohibición fomenta la sustitución por drogas más peligrosas y por vías de administración más peligrosas también. Al mismo tiempo, obstruye medidas eficaces de salud pública que son necesarias para controlar el VIH.

Articles

HEALTH, HIV INFECTION, HUMAN RIGHTS, AND INJECTING DRUG USE

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The epidemic of AIDS was first recognized in the 1980s. AIDS was soon shown to result from sexual or blood-to-blood transmission of the human immunodeficiency virus (HIV). In response to this epidemic, some called for draconian measures directed at populations deemed to be at highest risk arguing that this was a traditional public health approach to epidemics spread by dangerous microorganisms. Few were persuaded by this argument. An alternative approach based on the notion that only more vigorous attempts to protect human rights for all, but especially the most vulnerable members of communities, can ensure that the HIV epidemic is brought under control was also set forth. Although initially argued by some to be counter-intuitive, it has since come to be widely accepted as the most reasonable strategy.

In almost all countries, populations at higher risk of HIV infection, including men who have sex with men, commercial sex workers and injecting drug users, have long been subjected to discrimination. There is now a wealth of empirical evidence drawn from numerous countries to demonstrate that prevention strategies based on respect for human rights allow authorities to engage more effectively with higher risk populations, thereby reducing high risk behavior and decreasing the spread of HIV.¹ Protection of human rights for all, especially marginalized populations, has become a central is-

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sue for those concerned with protecting present and future generations from the immense health, social and economic costs of poorly controlled HIV epidemics. This article argues that widespread denial of the basic human rights of drug users and poor control of HIV among and from injecting drug users are closely connected by an almost universal focus on reducing the availability of illicit drugs through law enforcement measures, while a harm reduction approach would ultimately be most useful.

IDU and Vulnerability to HIV Infection

HIV infection has not only changed the way injecting drug use is perceived, but has also transformed injecting drug use itself. Injecting drug users (IDUs) have been among the most marginalized of populations, especially in those countries where the national drug policy relies almost entirely on efforts to restrict illicit drug supplies. Assessment of the emphasis accorded to the human rights of IDUs is therefore important for evaluating past, present and proposed efforts of national governments and international organizations attempting to control the spread of HIV.

A decade ago, the problems of illicit drug use and the practice of drug injection seemed restricted to the wealthy industrialized countries of the world. Likewise, HIV infection among drug injectors seemed only a problem of the industrialized world. This is no longer true. For example, in 1988, HIV infection among IDUs began to spread explosively in Thailand with a monthly incidence in this population of an astonishing four percent. Subsequently, HIV epidemics fueled by the heterosexual spread of the virus affected the general community in that country. HIV epidemics extended to injecting drug users in the neighboring countries of Burma, (northeast) India, (southwest) China, Vietnam and Malaysia.² It has become undeniable that injecting drug use is far more common than had been realized in a growing number of developing countries, and that concurrently HIV is spreading alarmingly among this population and their sexual partners.

Experience in many parts of the world demonstrates that where HIV infection has spread extensively among IDUs through the sharing of unsterile injection equipment, infection also occurs through sexual contacts between IDUs and

their sexual partners. Approximately one-third of the new cases of AIDS attributed to heterosexual transmission in the United States result from sexual contact between HIV-infected IDUs and their non-drug using sexual partners.³ Accordingly, respect for human rights of IDUs is a matter which transcends this population and is of concern to the entire community. Furthermore, as drug injecting populations in one country may be in close contact with their counterparts in other countries, this issue is not only of national but also international importance.

Over the last half century, drug policy has increasingly depended on efforts to restrict illicit drug supplies. Yet global drug production has grown steadily, accompanied by a global increase in consumption (most marked recently in developing countries).^{4,5} These trends have occurred while illicit drug law enforcement has progressively intensified in almost all countries with enlarged customs bureaus and police drug squads, more severe penalties for drug offenses, and substantially increased funding of all components focused on reducing supply.⁶

Populations of IDUs often have dreadful health outcomes with far higher morbidity and mortality than non-drug using men and women of similar age. HIV infection, now the most serious threat to the health of drug injectors, has been shown to be rampant in this population in several parts of the world, including, especially, the northern shores of the Mediterranean, the northeastern tri-state region (New York, New Jersey, and Connecticut) of the United States, the highly populated southeast region of Asia and in southeastern Brazil. Prevalence of HIV among populations of injecting drug users in these regions often exceeds 50 percent, especially in larger cities.⁷ It is estimated that there are now over 5 million injecting drug users in more than 120 countries.^{8,9}

Global Drug Production and Markets

The illicit drug market is both dynamic and volatile.^{10,11} Every few years, decreasing global production of illicit drug is reported with enthusiasm. Most often these decreases are only temporary and local, and result from such factors as poor weather in particular growing areas.¹²

During the last decade, chemical-based drugs (such as amphetamine) have started to supplant or replace plant-based drugs (such as heroin or cocaine) because of their shorter supply line and consequent greater ease of concealment. There is increasing evidence that HIV infection follows drug trafficking routes. Law enforcement focused on illicit drugs tends to destabilize drug trafficking routes exposing new populations to the risk of drug injection and HIV. Regrettably, a sustained reduction in global illicit drugs through law enforcement seems unachievable.^{13,14,15}

During the last decade technological advances in communications and transport have been increasingly available, and a remarkable globalization of capital, labor, goods and services has occurred. Supranational trading blocks like the European Union, the North American Free Trade Association (NAFTA), and the Asia Pacific Economic Cooperation (APEC) group have been established to reduce customs barriers and other obstacles to trade. These changes have enabled the illicit drug trafficking industry to operate with ever increasing ease.¹⁶ Rapidly improving transport and infrastructure in the developing world has also helped to assist the distribution of illegal drugs in these countries. There has also been a reported growing involvement of anti-government military forces in illicit drug trafficking.¹⁷ The considerable skills these organizations have acquired transporting firearms, finances and fugitives from justice around the world when applied to drugs can also generate the income needed to fund armed rebellion.

Global Drug Consumption

Until the 1980s, illicit drug cultivation and production was almost entirely confined to developing countries while consumption was virtually restricted to industrialized countries. These boundaries have become increasingly blurred. Consumption of illicit drugs has been stable or has even declined in many industrialized countries, as demand has been saturated. In contrast, consumption of illicit drugs has increased rapidly in many developing countries.

The increase in income in some developing countries has made illicit drugs an affordable luxury for large populations for the first time. The rapid urbanization of populations

in many developing countries in recent years has probably also contributed to the growing supply and demand for illicit drugs. With the increasing adoption of free market economic policies around the world, incomes and wealth have been growing more divergent within and between countries. In many countries, severely disadvantaged populations without hope of gaining education, legitimate earnings or jobs have increasingly turned to illicit drug use and trafficking, partly to cope with intolerable poverty and hopelessness but also as a source of income and employment when legal alternatives have been unavailable.

In recent decades, there has also been a tendency in developing countries for drug users to switch from non-injecting routes of administration to injecting. This transition to injection is encouraged by the focus of law enforcement operations. Drugs consumed by smoking, such as cannabis and opium, are far more bulky and strong smelling and therefore easier to detect than injectable drugs such as heroin, cocaine, and amphetamine. Similarly, needles and syringes for injecting are much easier to conceal than pipes for smoking. This was described 20 years ago, when enforcement pressures were intensified, as the “pro-heroin effects of anti-opium policies.”¹⁸ Conversely, and for different reasons in each place, non-injecting routes of administration have started to replace injecting drug use in industrialized countries such as the United States, the Netherlands, and the United Kingdom.¹⁹ Non-injecting routes of administration such as smoking, sniffing, swallowing and snorting are associated with much lower risk of death from drug overdose and virtually no risk of blood borne viral infections (such as HIV, hepatitis B and C) provided there is no relapse to injecting.

Complications of Injecting Drug Use

The complications of injecting drug use have become far more serious in recent years. For unknown reasons, drug overdose deaths have increased in many industrialized countries.²⁰ There is minimal data on drug overdose deaths from developing countries. Multi-drug resistant tuberculosis has also become a problem in some countries, especially where HIV infection among injecting drug users is under very poor control. Injecting drug use is now responsible for approxi-

mately 5 to 10 percent of global HIV infections.²¹ Although less than the proportion of HIV infections associated with sexual transmission, the public health repercussions of HIV infections associated with shared injecting equipment are generally greater than infections attributed to unsafe sex alone. IDUs are often disadvantaged members of their communities with limited capacity to adjust to the havoc of a life-threatening illness. In countries where HIV has spread extensively among injecting drug users, rapid spread to the general population has generally occurred, especially where there has also been a large commercial sex industry close to the drug-using population.²²

In the last few years, it has become better appreciated that HIV represents only a small proportion of all blood borne viral infections associated with sharing of injection equipment. Hepatitis B and C are generally far more prevalent than HIV among IDU populations.²³ The prevalence and incidence of Hepatitis C (HCV) among drug injectors around the world is remarkably similar. Approximately three quarters of injecting drug users with a history of at least five years injecting are HCV antibody positive. Although a smaller proportion of HCV antibody positive individuals develop serious complications and the onset is considerably delayed compared to HIV, the burden of illness due to HCV among injecting drug users is very high in most countries, and in many, probably exceeds that due to HIV.

The Rise and Rise of Prohibition

Prohibition is an attempt to eliminate or reduce cultivation, production, transport, distribution, sale, possession and administration of certain mood-altering drugs specified in national laws and international treaties. In recent decades, authorities have also attempted to curtail the movement of funds by drug traffickers within countries and across national boundaries.

The international movement to prohibit illicit drugs began with an international meeting in Shanghai in 1909 and a subsequent meeting held under the auspices of the League of Nations in Geneva in 1925. A series of international treaties were instituted and combined into the Single Convention on Narcotic Drugs of 1961 (amended in 1972). Interna-

tional organizations like the United Nations International Drug Control Program (UNDCP) were established to institutionalize international cooperation to restrict drug supplies. The effect of this growing web of laws and international mechanisms concerned with illicit drug use has been to define illicit drug use almost entirely as a law enforcement problem.²⁴ Health interventions have received minimal emphasis despite growing and compelling evidence of both effectiveness and cost-effectiveness.

During the last decade, there have been some attempts to increase the emphasis on reducing the demand for drugs. A “harm reduction” approach has been explicitly endorsed by a number of countries, with even some grudging acceptance from the UNDCP. In the last few years, there has been a welcome greater acceptance of the public health effectiveness of harm reduction programs from international organizations concerned with health such as the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The Effect of Prohibition on Health, Social, and Economic Outcomes

Despite the increasing emphasis on efforts to reduce the supply of illicit drugs, there has been a global increase in the volume of drugs consumed, the number of people consuming these drugs, and a proliferation in the range of drugs available.²⁵ Intensified illicit drug law enforcement may have raised profits as well as prices, attracting more drug traffickers who in turn searched for new markets. Prohibition may well have had counterproductive effects on the global drug market. The entry of Colombian “cartels” into cocaine trafficking to the United States is said to have followed stern action taken by U.S. authorities against the South American cannabis industry.²⁶ Relatively less harmful routes of administration such as chewing coca leaf have been largely replaced by more harmful routes of administration such as injecting cocaine or inhaling crack cocaine vapor. There is no convincing evidence that a law enforcement focus on illicit drugs has produced significant, sustained reductions in drug use or drug problems, although some regions or countries may have experienced temporary benefits.²⁷

Public health measures introduced to reduce the spread of HIV among injecting drug users (such as methadone maintenance programs and needle exchange programs) have been obstructed or delayed in many countries because of an entrenched belief in the effectiveness of illicit drug law enforcement and the perception that support for harm reduction might undermine supply reduction. Countries which most emphasized supply reduction, such as the United States, have generally witnessed more extensive spread of HIV among IDUs.²⁸ The health, social, and economic cost of drugs use has been exacerbated by prohibition, for not only has it failed to limit the number of persons who use drugs, but individual and societal outcomes have deteriorated.

It is also difficult to deny a link between vigorous efforts to reduce the supply of drugs and corruption of the criminal justice system. Reliance on illicit drug law enforcement is often associated with high levels of property crime and large numbers of drug users entering prison, further threatening the physical and psychological health of an already vulnerable population.

Attempts to reduce the cultivation, production, transport, distribution, sale, and self-administration of illicit drugs and interrupt the flow of profits generated from illicit drug trafficking have proven to be very expensive and ineffective.²⁹ The opportunity cost of benefits foregone (e.g., investments to improve employment and education in disadvantaged populations or to improve the amenity of derelict neighborhoods) should also be considered.

Harm Reduction

Some countries have responded to the threat of HIV infection among IDUs with a pragmatic approach often referred to as "harm reduction." Harm reduction is based on an acceptance of the fact that illicit drug use is now entrenched in many (if not most) countries. Harm reduction policies regard the lessening of the health, social and economic costs of illicit drug use as their paramount task, and the reduction of drug supply as only one possible approach for achieving this end. In contrast, conventional approaches generally seek to reduce the number of people who use illicit drugs even though this may increase the overall costs to individual drug users

and the general community. Although harm reduction is considered by some to be a new development, it has been implicit in numerous policy and program approaches to mood altering drugs and other public health issues for some decades. Even the term “harm reduction” itself predates the era of HIV and appears in some WHO official publications.³⁰

Measures used to control HIV infection among and from IDUs have generally been based on some form of a harm reduction approach. These have included explicit and realistic education for drug users designed and implemented with the involvement of the target population, community development of IDUs including government-funded user organizations, needle exchange programs and methadone maintenance. Countries which explicitly adopted harm reduction programs and implemented these measures have generally controlled HIV epidemics among their injecting drug users with little difficulty.³¹ Such countries include Australia, the Netherlands, New Zealand, and Switzerland. However, this achievement was only possible by contravening the spirit—if not the letter—of prohibition. For example, it was possible in countries which adopted harm reduction to convince the police of the overwhelming importance of containing HIV among IDUs for the benefit of the entire community. Accordingly, police agreed to ignore needle exchanges and methadone programs, allowing them to function effectively. Countries which have explicitly opposed harm reduction, such as the United States, Malaysia, and (initially) Thailand, have generally experienced far more extensive spread of HIV among injecting drug users and subsequent spread to populations which do not use drugs.³²

Human Rights, Injecting Drug Use and Prohibition

The Universal Declaration of Human Rights (1948) includes many rights which may be understood to be seriously compromised by drug prohibition policies and practices, including the rights to life, liberty, health, education, equality before the law, freedom of movement, religion, association, and information.³³

The right to health is compromised by approaches which often diminish health outcomes for injecting drug users, their families and their communities. Efforts to introduce effec-

tive harm reduction/public health prevention strategies, such as needle exchange and methadone, have been thwarted in many countries because these measures were seen to conflict with the national drug policy of prohibition. By worsening control of HIV as well as damaging many other important health outcomes, prohibition can justly be understood to raise a number of human rights issues.

The illicit drug users' right to liberty is jeopardized by the very common experience of arbitrary arrest and incarceration. Even those who have never committed violent or property crimes are threatened. Most injecting drug users are involved at one time or another in buying or selling illicit drugs, because they have no legitimate sources of supply. Therefore, selling illicit drugs provides both a source of illicit drugs and an income to fund their own consumption. This inevitably draws illicit drug users into the criminal justice system where once deprived of their liberty, they are at increased chance of HIV infection or risk other damage to their physical or psychological health.

Drug users have a right to information, including being informed by authorities about health problems in a dispassionate manner. In practice, this rarely happens. Information about drugs provided to the public in most countries is systematically distorted and exaggerated. Research grants proposing to investigate potential health benefits of currently illicit drugs (such as cannabis) are unlikely to receive funding, while generous grants are available for researchers interested in documenting possible toxic effects. Drug education often attempts to deter potential users by exaggerating adverse health consequences. Drug users are often deprived of information about realistic ways of reducing the harm from illicit drugs while continuing to use them, as this is seen to condone illegal drugs.

The right to equality before the law is probably the most flagrantly contravened element of human rights as it applies to IDUs. In some countries, IDUs have lost the presumption of innocence, generally considered a cornerstone of fair legal systems. In the United States, umbilical cord blood or meconium from newborns has been used to prove maternal illicit drug use during pregnancy. However, there have been no attempts to test maternal use of legal drugs, such as alcohol or

tobacco, even though there is substantial evidence of significant damage to the fetus from these drugs. In the United States, there is an astonishing disparity in the penalties imposed for powder cocaine and crack cocaine (which are used differently by different racial/ethnic groups).³⁴

The right of illicit drug users to free association was denied universally until the 1980s. At that time, health departments in some countries realized that community organization could help control the spread of HIV. Although associations of injecting drug users have started to appear in a few countries such as the Netherlands, the United Kingdom and Australia over the last decade, this is still unthinkable in most countries which enthusiastically enforce prohibition. The ability of these associations to function effectively depends on the level of societal willingness to deal with these issues constructively. Such associations can provide an easy opportunity for law enforcement authorities to arrest drug users in countries where repressive policies prevail. Thus prohibition and the freedom of association of drug users can easily be seen as incompatible.

The rights to a decent standard of living, including food and nutrition, clothing and housing, the right to necessary medical care and treatment and the right to social security, are almost always denied to drug users, even in countries generally considered to be "enlightened." Illicit drug users often live in squalid conditions. In some countries, as an extension of law enforcement efforts to control drug use, health care workers are required by law to notify authorities of patients they believe to have health problems resulting from illicit drug use. Controlling illicit drug availability through law enforcement and achieving control of HIV infection in this population are often mutually exclusive aims.

The United Nations General Assembly has also approved a Declaration on the Rights of Disabled Persons which could conceivably include drug users.³⁵ This Declaration notes the necessity of protecting the rights and assuring the welfare and rehabilitation of the physically and mentally disadvantaged. A "disabled person" is defined as "any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical or

mental capabilities." Whether alcohol or drug dependent persons should be regarded as disabled has often been debated. In a well-known case (which reached the U.S. Supreme Court), a former serviceman, dishonorably discharged from the U.S. Army for alcoholism, sued his former employer for failure to provide educational benefits available to other discharged soldiers on the grounds that he had been discriminated against because of an illness.³⁶ The United States government does allow some alcohol and drug dependent persons to receive social services because of their disability.

Although economic and social rights can be provided progressively, inadequate progress is occurring in many countries as resources and services required to ensure these human rights are being reduced by many governments. The rhetoric employed in the drug control arena also betrays a highly discriminatory attitude. The term intravenous drug "abuser" or injecting drug "abuser" was virtually universal as recently as 10 years ago. This term is still common in many countries, but is slowly being replaced by the term injecting drug "user," especially in countries which have accepted harm reduction. In the Netherlands, it has been widely reported that the term "Dutch citizens who use drugs" has been used in official documents.

When the HIV epidemic was first recognized in the early 1980s, authorities in industrialized countries were forced to reconsider their long-standing commitment to policies which marginalized drug injecting populations and kept them underground. Countries like the Netherlands and Australia recognized that optimal control of this epidemic was not possible while one of the most critical target populations remained ostracized. Thus began a process aimed at integrating drug users into mainstream life. Inevitably, this led to some interesting contradictions. In Australia, for example, some government AIDS projects require that appointed educational officers are actually members of the target population.³⁷ Consequently, some officers appointed to projects targeting drug users have publicly stated that they were eligible for their positions because they were currently carrying out a practice deemed at the time to be illegal.

The Decline of Prohibition: Zero or Grudging Tolerance?

The 1990s have seen the remarkable success of harm reduction approaches to control HIV infection among injecting drug users. Evidence of this success first began to emerge from industrialized countries but some evidence of success is now also emerging from developing countries.^{38,39}

This experience has led some to consider that harm reduction can only be taken to its logical conclusion if the legal environment is changed. A trial of lawful heroin provision to heroin users intractable to previous treatments was commenced in Switzerland in 1994 with encouraging preliminary results. Among the total of 1,146 patients followed for 18 months, there were no overdose deaths, only three new HIV infections, four new hepatitis B infections and five new hepatitis C infections.⁴⁰ The Netherlands has also been a pioneer of this approach, having decided recently to conduct a heroin trial. Heroin trials are also under consideration in Spain and Canada. In the United States, in November 1996, 53 percent of voters participating in a referendum held simultaneously with presidential and congressional elections supported medicinal cannabis use in California (Proposition 215) and 66 percent supported more radical drug policy reform measures in Arizona (Proposition 200).⁴¹ This suggests that voters may be far more prepared to consider reform than their elected leaders.

Virtually all countries are caught in a tangled web of national and state laws and commitments to international drug control treaties. It is inevitable that the few countries embarking on reform in the next few years will proceed cautiously, carefully evaluating each stage, and that their successes and failures will serve as models for future efforts.

Conclusion

In recent decades, global drug consumption has increased substantially in terms of the number of countries where illicit drug use is found, the number of individuals consuming drugs, and the range of drugs available. Drug problems have become significant public health concerns in many countries in recent years with increasing numbers of overdose deaths.

Entry of HIV infection into drug injecting populations dramatically worsens their health outcomes.

There is a growing perception that illicit drug law enforcement has been a resounding failure. It has generally proved to be expensive, ineffective, and counterproductive. Yet criminal sanctions continue to dominate national and international responses to illicit drugs. Illicit drug law enforcement has increased the number of people exposed to the risk of HIV through drug injecting by inadvertently encouraging a shift away from less harmful routes of administration of low concentration, relatively unrefined illicit drugs. Instead, the consumption of illicit drugs in a more concentrated and refined form has led to the far more hazardous routes of administration which are now known to be associated with HIV transmission. The unswerving commitment to a policy relying on illicit drug law enforcement has also impeded implementation of effective public health/harm reduction measures designed to reduce HIV spread such as needle exchange and methadone programs. The spread of HIV along illicit drug trafficking routes in Asia and Latin America and the instability of these routes in the face of intense law enforcement pressures are further pointers to the link between HIV spread and prohibition. Support for drug policy reform is growing in many countries as these and other problems associated with reliance on illicit drug law enforcement are increasingly recognized.

Reliance on criminal sanctions as the major response to illicit drug use inevitably results in the denial of human rights of the IDU population as drug use remains defined as a law enforcement rather than a health problem. Poor health outcomes in this population then follow, because health promotion and health care services are more difficult to provide to a now stigmatized and underground population. Protection of human rights is an essential precondition to improving the health of individual drug users and improving the public health of the communities where they live.

Experience with controlling HIV in diverse risk groups in many countries demonstrates that better outcomes are generally achieved when target populations are involved in the selection and implementation of the prevention measures which affect them. Involvement of risk groups in control of

HIV is extremely difficult unless the members of these groups are recognized as full citizens with the same rights as other citizens.

In order to achieve major improvements in the health and HIV control of injecting drug users, several important reforms are required. Illicit drug use will need to be accepted as primarily a health rather than a law enforcement problem. The fact that drug users hold the same rights as other citizens will need to be recognized. Policy on illicit drugs will need to be determined on the basis of evidence, rather than assumed conformity with international treaties passed decades ago. The recent trial in Switzerland suggests that medical prescription of currently illicit drugs for selected individuals may be an effective way of improving health and welfare outcomes including reducing the spread of blood borne viral infections. Improvement in the health of individual drug users and the health of the public at large requires recognition of the human rights of injecting drug users.

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