

The Drug War: Fueling the HIV/AIDS Pandemic

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the Drug
Policy
Alliance.

Introduction

The war on drugs is a major driver of the HIV/AIDS pandemic among people who inject drugs and their sexual partners. The criminalization and mass incarceration of people who use illicit drugs, restricted access to sterile syringes and opioid substitution treatment, and aggressive law enforcement practices have promoted risky behaviors that facilitate the spread of HIV/AIDS and other diseases while creating barriers to drug and HIV treatment.

"The war on drugs has failed, and millions of new HIV infections and AIDS deaths can be averted if action is taken now."

– Global Commission on Drug Policy, June 2012.

Criminalization

Criminalization creates barriers to treatment and encourages unsafe injecting practices. Evidence consistently shows that repressive drug law enforcement practices are strongly associated with higher HIV rates. Fear of arrest drives many people who inject drugs into environments where HIV risks are greatly elevated, and away from HIV testing, prevention and other public health services. Criminalization also erects multiple barriers to both HIV and drug treatment. Research clearly demonstrates that people who use drugs tend to have lower rates of antiretroviral therapy utilization and higher rates of death due to HIV/AIDS.

Public funds are being misspent on drug law enforcement instead of proven HIV prevention strategies. While drug war budgets have generally increased, effective treatment programs get short shrift – and in the U.S. practically no federal funds are invested in programs that will reduce injection drug-related harms. In fact, federal funding of syringe access programs is banned in the U.S. Perhaps not

surprisingly, less than one third of people who inject drugs surveyed by the Centers for Disease Control and Prevention (CDC) had been reached by an HIV intervention.¹

Mass Incarceration

The mass incarceration of people for nonviolent drug law violations plays a significant part in the pandemic in the U.S. and globally. Unsafe conditions and the absence of adequate HIV prevention measures in prisons lead to increased HIV risks and HIV outbreaks among incarcerated people who use drugs in many countries, notably the U.S. Both the prevalence of HIV and the number of AIDS cases are markedly higher in correctional settings than among the general population. In the U.S., up to 25 percent of all HIV-infected people are estimated to cycle through correctional facilities each year.²

Incarceration is associated with higher risks of unsafe injecting drug use, unprotected sexual contact and outbreaks of HIV. Incarceration and criminalization also result in disruptions of HIV antiretroviral therapy – and consequently elevated HIV viral load and HIV transmission risk, as well as increased antiretroviral resistance. Early antiretroviral treatment is proven to decrease transmission and prevent new infections, yet punitive policies continue to impede these efforts.

Racial Disparities

As a result of the egregious racial disparities in drug law enforcement in the U.S., mass incarceration has also led to extremely disproportionate rates of HIV infection in communities of color. Blacks are far more likely to be incarcerated for drug law violations than whites, and these disproportionate incarceration rates are a primary reason for the far higher rates of HIV infection among blacks. Blacks represent just 14

percent of the U.S. population but according to the CDC have accounted for almost half of new HIV infections nationwide in recent years.³

Proven, Life-Saving Public Health Interventions Are Available

Drug Decriminalization. Countries that have reduced or eliminated drug criminalization have generally been better able to cope with injection drug-related HIV/AIDS.

In 2001, Portugal enacted a comprehensive form of decriminalization of low-level possession and consumption of *all illicit drugs* and reclassified these activities as administrative violations. The policy was part of a comprehensive health-oriented approach to addressing problematic drug use, especially unsafe injecting, that also included a major expansion of treatment and harm reduction services, including opioid-substitution therapy and syringe access. Between 2000 and 2008, the number of cases of HIV among people who inject drugs declined from 907 to 267, and the number of AIDS cases dropped from 506 to 108. These significant declines are largely attributable to the increased provision of harm reduction services facilitated by decriminalization.⁴

Syringe Access. Restricting access to sterile syringes among people who inject drugs leads to syringe sharing – a major cause of HIV infections. Such restrictions persist despite conclusive evidence that providing access to sterile syringes reduces the transmission of HIV/AIDS and other disease without increasing drug use, crime or unsafe discarding of syringes. Such programs are also cost-effective.⁵

Syringe access programs are supported by every major medical and public health organization, including the American Medical Association, National Academy of Sciences, American Academy of Pediatrics, American Bar Association, Centers for Disease Control and Prevention, U.S. Conference of Mayors, World Health Organization, UNICEF, World Bank and the International Red Cross-Red Crescent Society. The U.S. Congress should immediately and permanently remove the ban on federal funding for life-saving syringe access programs.

Supervised Injection Facilities. Supervised injection facilities (SIFs) are controlled health care settings where people who use drugs can more safely do so

under clinical supervision and receive health care, counseling, and referral to other services, including drug treatment. There are currently 98 SIFs operating in 66 cities around the world – but none in the U.S.

SIFs are proven to reduce unsafe injecting practices and the transmission of blood-borne viruses; prevent overdose fatalities; increase access or referrals to treatment programs, including medication-assisted treatment and detoxification services; save the taxpayer in societal costs associated with emergency room visits and crime; and reduce the social harms associated with injection drug use, such as public disorder, public intoxication, public injecting, and publicly discarded syringes.⁶

Medication-Assisted Treatments. Medication-assisted treatments (also known as opioid-substitution programs or narcotic replacement therapies) have demonstrated success in improving the health of people who use heroin and other illicit opioids. Such therapies include methadone and buprenorphine, as well as the heroin-assisted treatment (HAT) programs that have proven enormously successful in dozens of cities in eight countries (Switzerland, Holland, England, Spain, Germany, Canada, Belgium and Denmark). Evaluations of HAT programs have found significant reductions in illicit drug use and crime, and improvements in health across the board.⁷ Denial of these treatments results in untreated addiction and preventable HIV risk behavior. The U.S. should ensure that all of these treatments are made widely available.

¹ Centers for Disease Control and Prevention, "HIV-associated behaviors among injecting-drug users--23 Cities, United States, May 2005-February 2006," *MMWR Morb Mortal Wkly Rep* 58, no. 13 (2009).

² Theodore Hammitt, Mary Patricia Harmon, & William Rhodes, "The burden of infectious disease among inmates of and releasees from US correctional facilities, 1997," *American Journal of Public Health* 92, no. 11 (2002): 1789-1794.

³ Centers for Disease Control and Prevention, "Estimates of New HIV Infections in the United States, 2006-2009," (Washington, DC: Center for Disease Control and Prevention, 2011).

⁴ Caitlin Elizabeth Hughes and Alex Stevens, "What Can We Learn From The Portuguese Decriminalization of Illicit Drugs?," *British Journal of Criminology* 50, no. 6 (2010).

⁵ Institute of Medicine, *Preventing HIV Infection among Injecting Drug Users in High-Risk Countries: An Assessment of the Evidence* (2006).

⁶ T Kerr et al., "Findings from the Evaluation of Vancouver's Pilot Medically Supervised Safer Injection Facility—Insite (UHRI Report). Vancouver, BC: BC Centre for Excellence in HIV/AIDS," *Addiction and Urban Health Research Initiative* (2009); S. Semaan et al., "Potential role of safer injection facilities in reducing HIV and hepatitis C infections and overdose mortality in the United States," *Drug Alcohol Depend* 118, no. 2-3 (2011).

⁷ Marica Ferri, M. Davoli, and C. A. Perucci, "Heroin maintenance for chronic heroin-dependent individuals," *Cochrane Database Syst Rev* 10.1002/14651858.CD003410.pub4, no. 12 (2011); Eugenia Oviedo-Joekes et al., "Diacetylmorphine versus methadone for the treatment of opioid addiction," *N Engl J Med* 361, no. 8 (2009).