Written evidence from Health Poverty Action

1. Health Poverty Action is an international NGO that acts in solidarity with health workers, activists and communities worldwide to improve health and challenge the causes of poverty. Since our very beginnings, we have taken a justice-oriented approach, developing strong community roots, creating comprehensive and integrated health systems, and addressing the social determinants of health. We work in partnership with people around the world who are pursuing change in their own communities. We view drug prohibition as one of the core drivers of poverty and poor health globally. We welcome the opportunity to submit evidence to this inquiry.

2. We recognise the scope of this inquiry is primarily domestic, however given the implications of UK’s drug policies both for health and justice domestically as well as the lives of people overseas and the fact that prohibition continues to harm the poorest and most vulnerable thought the world providing a significant barrier to sustainable development and poverty reduction. We advocate a coherent, integrated approach that recognises the harms of prohibition and ensures the UK upholds coherent public health approaches to drug policies across domestic, foreign and international development policy. We respond only to the question on which we have relevant expertise.

Background

3. Prohibitionist policies undermine health: Domestically the majority of drug users are consuming drugs which are completely unregulated. This lack of regulation means that people are denied reliable information about what they are taking. For example, changes in the availability, price and purity of street heroin have been linked to the recent increase in heroin related deaths in the UK.¹

4. As a consequence of the so called ‘war on drugs’ many countries focus on prohibition, eradication and punitive measures to the detriment of harm reduction, public health and human rights. Some countries do not provide HIV treatment or harm reduction services (such as needle exchanges or treatment) to people who use drugs. Criminalisation also means that where harm reduction services do exist, people who use drugs are less likely to access treatment, or even any form of healthcare.\(^2\) Globally, just 4% of HIV positive people who inject drugs have access to HIV treatment.\(^3\) This also increases the risk of HIV transmission amongst those who use drugs.\(^4\)

5. In addition, strict drug laws have unintended consequences on availability of medicines. For instance, restrictions to stop opioid medicines in the same family as heroin from being sold illegally can make morphine unavailable for those in severe pain. As a result of these policies, 90% of AIDS patients and 50% of cancer patients globally, living in low- and middle-income countries, have access to just 6% of the morphine used globally for pain relief.\(^5\) This particularly affects people in poorer countries and undermines their right to health.

6. Prohibition increases poverty: People involved in the drugs trade tend to be poor or otherwise marginalised. But focusing on eradication and prohibition creates and reinforces cycles of impoverishment that it can be hard to get out of. For instance, when producers’ crops are eradicated, farmers can lose all of their (minimal) income, which might make it harder for them to access healthcare or buy food. This can create a vicious cycle where illicit crop producers become increasingly dependent on cultivating drug-linked crops to counter the impoverishing effects of eradication.\(^6\) Similarly, people who receive criminal convictions for supplying or possessing drugs can often find it harder to access employment, which makes it harder for them to stop engaging in the drug trade and consigns them to a lifetime of poverty.\(^7\)

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\(^5\) West African Commission on Drugs. 2014. ‘Not Just in Transit: Drugs, State, and Society in West Africa.’ Dakar: West African Commission on Drugs


\(^7\) Health Poverty Action. 2014. ‘Casualties of war: How the War on Drugs is harming the world’s poorest.’ London: Health Poverty Action.
7. Prohibition is racist, sexist and discriminatory: In the UK and the US young people from black and Asian communities are far more likely to be charged with drug offences, despite similar levels of use as the rest of the population. Women, the young, and other marginalized groups are also more likely to be criminalised for low level, non-violent crimes like possession, subsistence dealing or micro-trafficking. People in vulnerable situations are sometimes forcibly coerced into participating in the illicit drug market in the first place. Criminalising these groups locks people into poverty by preventing them from accessing social services and employment opportunities.

8. Despite the significant impacts on global health and poverty, drug policy is overlooked in current DFID policy and not incorporated in the SDGs. Further, DFID has used the aid budget to enforce prohibition.

9. Prohibition wastes money: The cost of the war on drugs is at least $100 billion a year. This rivals the size of the global aid budget (about $146 billion). If redirected, the money spent on the war on drugs could help provide healthcare, education and clean water to everyone. In addition, if some drugs were regulated, controlled and taxed we could not only ensure safety of users and the rights of producers, but also raise taxes to address the poverty and lack of public services globally.

10. Prohibition increases violence: The war on drugs is often frighteningly literal. It includes increasing use of the military – and police forces that look and act more like the military. In Mexico alone 23,000 people were murdered in 2016 as a result of the war on drugs.

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10. [Link](https://blogs.lse.ac.uk/ideas/2012/10/how-international-aid-for-drug-enforcement-fuels-human-rights-abuses/)


11. Prohibition destroys the environment: Current drug policy causes serious harm to often fragile ecosystems, both directly through crop eradication programmes and indirectly by pushing drug cultivation into more remote areas. Indiscriminate aerial crop spraying has also led to the destruction of licit crops, forests, rare species of plants, and the habitats of indigenous animals.\textsuperscript{14}

What responses to drugs internationally stand out as particularly innovative and / or relevant, and what evidence is there of impact in these cases?

12. Prohibition has caused untold harm throughout the world. Legally regulating drugs will take power away from criminals and drug cartels and allow governments to control the trade. They can regulate to determine who has access to drugs and where and in what quantities they can be sold. They can also choose to tax them and raise funds for harm reduction and other public services.

13. Legally regulating drugs is the responsible reaction to years of failed prohibition which has caused untold misery and destroyed lives across the world.

14. Around the world, this new approach is already being put in place. A range of countries are experimenting with regulated cannabis markets, notably Uruguay, Spain, numerous US states, and Jamaica.\textsuperscript{15} In 2018 Canada made history becoming the first G7 nation to legalise recreational cannabis. 8 US states and Washington D.C have passed laws to allow the legal use of cannabis for medicinal and recreational purposes.\textsuperscript{16} Most other US states have allowed some form of medicinal cannabis use\textsuperscript{17} or decriminalised possession of cannabis in some way.\textsuperscript{18} The early indications from this experiment, particularly in places like Colorado, are that it is helping to reduce teen cannabis use\textsuperscript{19} and bringing in revenues to help fund public services.\textsuperscript{20}

\textsuperscript{14} Count the Costs. 2012. ‘The War on Drugs: Causing Deforestation and Pollution.’ London: Count the Costs.
\textsuperscript{15} \url{http://www.emcdda.europa.eu/publications/topic-overviews/cannabis-policy/html_en}
\textsuperscript{18} Norml. 2017. ‘States That Have Decriminalized’. Available at: http://norml.org/aboutmarijuana/item/states-thathavedecriminalized
15. More than 30 countries have decriminalised drugs to some extent.\textsuperscript{21} Portugal decriminalised personal possession of all drugs in 2001 and moved towards a harm-reduction approach.\textsuperscript{22} The relative success of this move has demonstrated that there are alternatives to prohibition and criminalisation. For instance, it has shown that by eroding the stigma and criminal sanctions attached to drug use and addiction, people who use drugs find it easier to seek treatment.\textsuperscript{23} What’s more Portugal now has the lowest rate of drug induced death in Western Europe: just 39 deaths compared to the UK’s 2,538.\textsuperscript{24} It has also drastically reduced the amount new HIV infections amongst people who use drugs.\textsuperscript{25}

16. Others are exploring innovative alternatives, Bolivia’s coca-control programme has prioritised reducing the harm caused my militarised crop eradication, rather than directly preventing drug trafficking.\textsuperscript{26} This programme is a success because it focuses on sustainable livelihoods and community development, investing in social services and public infrastructure, and actively involves the local community in planning and implementing the projects.\textsuperscript{27} Crucially, they allow a subsistence amount of coca leaf to be grown – for consumption and sale to the legal market – legitimising the livelihoods of people who grow coca, empowering farmers and giving them the support and income security to diversify their livelihoods.\textsuperscript{28}

\textsuperscript{25} Transform Drug Policy Foundation. ‘The success of Portugal’s decriminalisation policy – in seven charts’. Available online at: http://www.tdpf.org.uk/blog/success-portugal%E2%80%93decriminalisation-policy-%E2%80%93seven-charts
\textsuperscript{27} Ibid.
17. **Move the responsibility for drug policy to the Departments of Health and International Development.** Drug policy should be a health issue, not a criminal justice one. Moving responsibility for drug policy to the Department of Health (DoH), as advocated by a range of public health organisations, will put drug policy in the hands of people with the expertise and mandate to prioritise health and harm reduction. Given the role of the so-called ‘war on drugs’ as a key driver of global poverty, the Department for International Development (DFID) should share this mandate in order to align domestic and international approaches and support other countries who want to pursue harm-reduction approaches.

18. **Promote and ensure better access to harm reduction services and decriminalise the possession of all drugs for personal use.** The numbers of drug –related deaths have risen significantly in recent years. Many of these deaths, and the risks of exposure to HIV and other diseases linked to injecting drug use, could likely be reduced if people had adequate access to treatment, support, and harm reduction services, including opioid substitution treatment, supervised consumption spaces and needle and syringe exchanges. The stigma attached to drug use and the threat of criminalisation are further barriers people who use drugs face in accessing the services they need. They must be removed to create a new public health and welfare approach to drug policy.

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29 Including the Faculty of Public Health and Royal Society for Public Health. More information on this can be found here: https://www.rsph.org.uk/our-work/policy/drug-policy-reform.html.


19. **Move towards the legal regulation of all drugs, starting with the UK cannabis market**

Many countries around the world are starting the process of moving away from prohibition towards decriminalisation and legal regulation of all drugs including Bolivia, Canada and Uruguay. This new approach to drug policy will ensure that rather than penalising or criminalising people involved in the drug trade. It is often injustice, inequality and vulnerability that drives them to engage in that trade in the first place, whether that is as consumers, producers or suppliers. Rather than compounding problems like poverty, powerlessness and stigma with a hard-line prohibitionist approach we must aim to approach drug policy in a way that works to address these drivers of engagement with the drug trade, and at the same time makes engaging in that trade as harm-free as possible.

20. As cannabis is significantly less harmful than many other drugs, it makes sense to start there and move towards a fully regulated legal market, like those in alcohol and tobacco.\(^\text{34}\) Legalising and regulating cannabis will enable the government to control the cannabis trade - ensuring benefits for public health, vulnerable communities and society. It will reduce criminals’ grip on the lucrative drug trade and free up police resources.\(^\text{35}\) It will enable us to regulate and inform people about the strength of cannabis and reduce the use of cannabis by young people.\(^\text{36}\) What’s more, it will also generate tax revenues to fund vital public services – including the NHS and drug treatment programmes.\(^\text{37}\)

21. **Align drug policy with the Sustainable Development Goals (SDGs).** The UK should advocate at the relevant UN bodies for the development of new drug policy metrics. These must measure

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the impacts of drug policy on a) the harms associated with the drugs trade, and b) efforts to achieve the SDGs and ensure the inclusion of drug policy in the voluntary national reporting for the SDGs. We should lead by example in including an analysis of drug policy in the UK’s first voluntary national review on SDG progress in July 2019.

22. UN member states have recognised that efforts to achieve the SDGs and to effectively address the world drug problem are complementary and mutually reinforcing, but they also need to address the punitive drug policies that themselves are barriers to achieving the SDGs. By leading by example, the UK could demonstrate a commitment to meeting the SDGs and implementing the recommendations of the UN General Assembly Special Sessions (UNGASS) on the World Drug Problem. Using the SDG indicator framework to develop these metrics would be the most effective way to establish policy coherence in line with the SDGs, provide an additional avenue to evaluate the impacts of drug control; increase awareness and engage the international development community on the issue.

23. **Champion evidence-based policy and innovation globally to establish drug policies that improve the health, development and human rights of marginalised populations** Evidence from around the world - including previous DFID funded programmes - shows that harm reduction initiatives significantly improve the health and welfare of people who use drugs, particularly when accompanied by de-criminalisation. As well as championing and funding evidence-based harm reduction policies and programmes, DFID should also drive innovation by funding and supporting countries seeking to establish legal regulation systems, funding innovative new programmes like the coca control programme in Bolivia, and funding

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participatory research with affected communities at national and local levels to drive innovation and evidence the impact of new programmes and policies.

24. **Support countries developing innovative policy paradigms** Countries in the global South seeking to explore innovative new drug policy paradigms have come under international pressure or even face the risk of sanctions from more powerful members of the international community.\(^{44}\) The UK government has an important role to play internationally in championing any progressive initiatives to legally regulate the illicit drugs market, particularly in low- or middle-income countries most affected by the ‘war on drugs’, at the UN and other international fora.

Health Poverty Action would be delighted to provide further evidence to the Committee.

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