

Playing relationship counsellor – can we avert a divorce between scientific evidence and drug policy?



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'Nowhere is the divorce between rhetoric and reality more evident than in the formulation of global drug policies, where too often emotions and ideology rather than evidence have prevailed.'

So said Kofi Annan, when writing in a [blog](#) for the Huffington Post's US site.

As an Aussie, I have a strong belief in the value of a 'fair go'. Indeed it's almost part of our national psyche down under. Right now, when looking at drug policies around the world, the notions of a fair go, of justice and fairness (or lack thereof), are particularly poignant.

For those of us in the Southeast Pacific region, President Duterte's [murderous regime](#) in the Philippines encouraging the senseless killing of thousands of drug users is utterly horrifying. Across North America we see the vast [unfolding epidemic](#) of fatal overdose, driven by powerful illicit opioids in the heroin market as well as the over prescription of pharmaceutical opioids. And we see differing responses where things are more ideologically driven in the United States compared with more pragmatism and evidence informed policies in Canada. Around the world we should remember that 80% of all drug-related offences are for simple possession of small amounts. And

according to [Harm Reduction International](#), at least 33 countries carry the death penalty for drugs in their law, even though most don't use it.

It's this interference from politics and politicians that can motivate and compel us to work where we do, yet it also highlights our necessary role as advocates more than ever. For me, my work has meant that I have thought a lot about the role of law in society generally, and how law can and should relate to drugs and the people who use them. Put simply, I see good laws as a means of protection; protecting people, protecting rights, protecting property. So if no one else is hurt, I find it hard to justify why we should criminalise someone on the basis of what they put in their body. Especially when we know there's good evidence to show that stigma makes accessing treatment less likely. It's made me, along with many of us I'm sure, look at the now famous example of Portugal in removing criminal sanctions for the possession of drugs for personal use. Notably for me this policy that came about in 2001, the same year that Australia opened its first supervised injecting centre, still the only of its kind in the country, where I am now the Medical Director. And we all know some of the key results seen in Portugal – namely a large reduction in HIV incidence and a large reduction in drug-related deaths. However these were not solely a result of removing criminal sanctions for use and possession, but were also related to a scaling up of other health and harm reduction initiatives. What is sometimes less well known is that Portugal is by no means alone, and over 30 [countries](#) have decriminalisation policies in place for personal drug possession; sometimes for all drugs, other times for specific drugs. Pleasingly, there seems to be an increased appetite globally to talk about the need for a different approach. Recently we have seen:

- The Johns Hopkins-*Lancet* Commission on Drug Policy and Health review the global evidence on impacts of drug policy and health outcomes and [publish](#) in the *Lancet* last year, concluding with a series of recommendations to governments that included the decriminalisation of all minor drug offences and making harm reduction measures a central pillar of health systems and drug policy.
- The BMJ published an [editorial](#) entitled 'The war on drugs has failed: doctors should lead calls for drug policy reform'.
- In June this year a Joint United Nations [statement](#) was issued on ending discrimination in health care settings. It called for the review and repeal of punitive drug laws proven to have negative health outcomes and that counter established public health evidence – including drug use, or possession of drugs for personal use.

In my experience doctors do often think of themselves as advocates, and we pride ourselves on advocating for our patients. But we don't tend to see the role we can have advocating more broadly, against government policies that punish and harm unnecessarily, against mainstream media that stigmatises and dehumanises, we don't always see ourselves as agents of social change.

And speak up we must. We should not shirk the responsibility that comes with being respected members of society. It means people will listen when we speak up. We need to determine our own areas of influence, and seek to increase it. We need to be prepared to stand up for what we know, and demand that evidence informed-policies are implemented. We need to urgently play the relationship counsellor rather than accept the divorce Kofi Annan spoke of in the unhappy marriage of scientific evidence and drug policy. Because if not us, then who?

For me, the most significant reasons that we should advocate for removing criminal penalties associated with drug use, are to reduce shame, stigma and discrimination, reduce costs to the criminal justice system, and thus free up both money and resources towards treatment for those who need it.

I began this with a quote, and I'll end with one too; Margaret Mead reminding us: *'never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.'*