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**The Lancet Commissions**

## national drug policy

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**Executive summary**

In September 2015, the member states of the UN endorsed Sustainable Development Goals (SDGs) for 2030, which aspire to human rights-centred approaches to ensuring the health and wellbeing of all people. The SDGs embody both the UN Charter values of rights and justice for all and the responsibility of states to rely on the best scientific evidence as they seek to better humankind. In April 2016, these same states will consider control of illicit drugs, an area of social policy that has been fraught with controversy and thought of as inconsistent with human rights norms, and in which scientific evidence and public health approaches have equally had too limited a role.

The previous UN General Assembly Special Session (UNGASS) on drugs in 1998—convened under the theme, “A drug-free world—we can do it!”—endorsed drug-control policies with the goal of prohibiting all use, possession, production, and trafficking of illicit drugs. This goal is enshrined in national laws in many countries. In promulgating drugs a “grave threat to the health and wellbeing of all mankind”, the 1998 UNGASS echoed the foundational 1954 convention of the international drug-control regime, which justified eliminating the “evil” of drugs in the name of “the health and welfare of mankind”, but neither of these international agreements refers to the ways in which pursuing drug prohibition might affect public health. The war on drugs and non-evidence policies that govern the prohibitionist consensus are now being challenged on multiple fronts, including their health, human rights, and development impact.

The Johns Hopkins-Lancet Commission on Drug Policy and Health has sought to examine the emerging scientific evidence on public health issues arising from drug-control policy and to inform and encourage a central focus on public health evidence and outcomes in drug-policy debates, such as the important deliberations of the 2008 UNGASS on drugs. The Commission is concerned that drug policies are often coloured by ideas about drug use and dependence that are not scientifically grounded. The 1998 UNGASS declaration, for example, like the UN drug conventions and many national drug laws, does not distinguish between drug use and drug misuse. A 2015 report by the UN High Commissioner for Human Rights, by contrast, emphasised that drug use “is neither a medical condition, nor does it necessarily lead to drug dependence”. The idea that all drug use is dangerous and evil has led to enforcement-heavy policies and has made it difficult to see potentially dangerous drugs in

the same light as potentially dangerous foods, tobacco, and alcohol, for which the goal of social policy is to reduce potential harms.

**Health impact of drug policy based on public health evidence**

The pursuit of drug prohibition has generated a global economy run by criminal networks, both of which resort to violence to protect their interests. Police and sometimes military or paramilitary forces contribute to violence in communities affected by drug markets. In Mexico, the striking increase in homicide rates since 2006 has been in great part due to the government’s decision to use military force to suppress drug markets.

Injection of drugs with contaminated equipment is a well known route of HIV exposure and viral hepatitis transmission. People who inject drugs are also at high risk of tuberculosis. The continued spread of opioid injection-linked HIV contrasts with the progress that has been made in reducing sexual and vertical transmission of HIV in the past three decades. We found that responsive drug policing greatly contributes to the risk of HIV linked to injection. Policing could be a direct barrier to services such as needle and syringe programmes (NSP) and use of non-sterilised syringes to treat dependence among those who inject opioids, which is known as opioid substitution therapy (OST). Police seeking to boost street trials have targeted facilities that provide these services to find, harass, and detain large numbers of people who use drugs. Drug paraphernalia laws, which prohibit possession of injecting equipment, lead people who inject drugs to fear carrying syringes and force them to share equipment or dispose of it unsafely. Policing practices undertaken in the name of the public good have demonstrably worsened public health outcomes.

One of the greatest impacts of pursuit of drug prohibition identified by the Commission with respect to infectious disease is the excessive use of incarceration as a drug-control measure. Many national laws impose lengthy custodial sentences for minor, non-violent drug offences, and people who use drugs are over-represented in prisons and penal detention. Drug use and drug injection occur in prisons, although their occurrence is often denied by officials. HIV and hepatitis C virus (HCV) transmission occurs among prisoners and detainees, and is often complicated by co-infection with tuberculosis (in many places multidrug-resistant tuberculosis). The few countries offer prevention or treatment services despite international guidelines that

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