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International Federation of
Medical Students' Associations

IFMSA Policy Document Drug Reform

Proposed by SfGH-UK and IFMSA-Uruguay

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Policy Statement

Introduction

For over 90 years, the non-medical use of drugs has been criminalised and stigmatised through the 'War on Drugs', with the aim of creating a drug-free world. However, it is now clear that these repressive, highly-criminalised and enforcement-led policies have not only failed to protect individuals and communities from harm but have, in fact, exponentially increased the harms of use. Instead of the current repressive approach, we need to adopt an approach led by public health that prioritises the use of rigorous evidence, where, instead of criminalisation, individuals are empowered and provided with proper care with respect and dignity in place of stigmatisation and marginalisation.

IFMSA Position

The International Federation of Medical Students' Associations (IFMSA) does not support the use of drugs, but it does support progressive drug policies that are founded in a compassionate, respectful and human-rights based approach. We believe in: i) preventing drug use, by ensuring that individuals grow, live and work in safe and nurturing communities, ii) supporting those who do use drugs, through the adequate funding and provision of pharmacological, psychosocial and recovery services, iii) ending the criminalisation of drugs and adopting a public health-led approach, as with alcohol and tobacco and iv) reallocating resources to tackle the criminal control of drugs, alongside the violence and extortion used by these groups.

The IFMSA stands with governments such as Uruguay, Portugal, Canada, Norway and Australia, with current and former Secretary-Generals of the United Nations (UN), with leaders of the World Health Organization (WHO), with UNAIDS and with human rights groups such as Human Rights Watch and Amnesty International, among many others, in the call for progressive global drug reform, if further suffering and loss of life is to be avoided.

Calls to Action

The IFMSA calls upon:

1. The UN and National Governments to:
 - a. Develop policies that are evidenced based, public health-led and that would ensure that people who use drugs are treated with dignity and respect.
 - b. Recognise that repressive drug policies do not reduce drug use but do negatively impact the health of individuals and communities.
 - c. Acknowledge that marginalised communities disproportionately experience drug-associated harms, particularly women, ethnic minorities and homeless populations, and ensure that resources are appropriately distributed to protect these vulnerable groups.
 - d. Reallocate resources used for "the war on drugs" from police forces, the justice system and prisons into prevention of drug use, treatment, harm reduction strategies and education on harm reduction measures.
 - e. To support and fund research on drug reform models, such as decriminalisation and legalisation, in both high-income countries (HICs) and low- and middle-income countries (LMICs) to ensure a coordinated global response to the use, production and trafficking of drugs.
2. The WHO;
 - a. To collaborate with other UN agencies and partner organisations such as the UN Office on Drugs and Crime (UNODC), the Commission of Narcotic Drugs (CND) and the International Narcotics Control Board (INCB) in order to campaign for public-health-led drug reform.

3. Health Service Providers to:

medical
students
worldwide



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International Federation of
Medical Students' Associations

- a. Work with governments and policymakers to prevent drug use by ensuring healthy childhood development, social inclusion, safe and secure working environments and social support.
 - b. Ensure that people who use drugs receive appropriate care and support through adequate pharmacological, psychosocial and recovery services.
 - c. Ensure that their services are accessible to all groups requiring treatment for drug use disorders or related illness by limiting financial barriers, increasing the provision of services and guaranteeing confidentiality.
 - d. End the stigma and marginalisation associated with drug use in their own practice, the practise of their colleges and their places of work by challenging institutional barriers and personal beliefs towards people who use drugs.
4. Medical Schools to:
- a. Provide comprehensive and high quality education on the harms of drug use and drug reform strategies to improve health within curricula.
 - b. Challenge the stigmatisation of people who use drugs in medical students through educational events and coordinated campaigns.
5. National Member Organisations (NMOs) and students to:
- a. Advocate for evidence-based and public-health-led approaches, by supporting local, national and international campaigns which target governments and policymakers.
 - b. Identify other external organisations that are advocating on these issues and to collaborate towards shared goals.



Position Paper

Background

The United Nations (UN) estimates that 250,000,000 individuals, or 5% of the global adult population, used a non-prescribed drug at least once in 2014 and, as this figure fails to include drugs such as tobacco and alcohol, it is clear that drug use is widespread in our societies.¹ This is also highlighted by the global burden of disease studies, where it has been shown that the global burden of disease from alcohol and tobacco is 4% of disability-adjusted-life-years (DALYs) with 0.8% attributable to other drugs.² Therefore, it is clear that the use of drugs is prevalent and that their associated-harms can be significant.

As follows, it is also important to consider the scale and types of harm caused by drug use. Annually, there are 190,000 premature deaths and 28 million years of 'healthy life' lost worldwide from substance use, mainly attributed to the use of opioids such as heroin and fentanyl, and the practice of unsafe injection.¹ Of equal importance is the harms to mental health, with an estimated 5-10% of drug users, or 29.5 million individuals globally, developing a 'substance use disorder', defined as drug dependence and drug abuse or harmful use.³⁻⁴ Furthermore, each drug is associated with different types of harm; the use of cannabis is associated with dependence and other mental health disorders, opioids are associated with the risk of overdose, infections such as HIV and Hepatitis C and dependence and multiple drugs are associated with road-traffic accidents, suicides, violence and mental health disorders. However, it is certainly not clear if these associations are causal.⁵

Ultimately it is our duty, as health professionals, to reduce these harms and to ensure the health of our patients and communities. For the past 90 years, the global consensus has been to tackle drug use through the 'War on Drugs'. This 'war' has led to a series of policies adopted by governments and policymakers that prioritized a prohibitive, enforcement-led, and criminalised approach to drug use with the aim of achieving a 'drug-free world'. However, it did not achieve a drug-free world, drug use has increased in prevalence and the harms of drug use have only increased⁶. We need to acknowledge that this approach has failed, that a world free of drugs is unachievable and that to reduce the harms associated with drug use, new approaches are needed.

Discussion

The Harms of Drug Use Harms of the Drug

Firstly, when considering the harm of drugs, we cannot consider all substances to be equal in their harms. Cannabis is one of the most widely used psychoactive substances globally and it is associated with substance use disorder as well as other mental health conditions, especially when used in adolescence.^{4-5,7} In contrast, emerging research has shown that Cannabidiol (CBD), an active extract of cannabis, may be effective in decreasing episodes of psychosis in individuals with Schizophrenia, treating chronic pain and in decreasing the frequency of seizures in individuals with Epilepsy.⁸⁻⁹ The impact of this research culminated in the World Health Organization (WHO) recommending that CBD should not be scheduled as a controlled substance, while also acknowledging that more research is needed.¹⁰ Conversely, we could also consider another commonly used drug, tobacco. As a drug, it is considered to be the leading cause of preventable death worldwide and set to cause eight million deaths by 2030, and yet in many countries, it is legal and sold without restriction.¹¹ Although, some countries have now accepted the damage tobacco causes to health and have introduced strict regulation on its sale and advertising, resulting in declining use and associated disease.¹²

In considering these two drugs, the conclusion should not be that one should be illegal and one should not, or that one causes more harm and one causes more benefit, but instead this comparison should highlight that the illegality or the stigma surrounding any drug does not always reflect the evidence of its effect, either in terms of harm or benefit. Any drug can cause harm, depending on its context of use, and they should not be considered equal in term of their effects. We need to be



pragmatic and consider drugs based on objective evidence and their overall effects on individuals, communities and society, not on our assumptions or attitudes.

Harms of Use

Just as we cannot consider all substances to be equal in their harms, we cannot consider all methods of drug use to be equal, and again this varies depending on the drug in question. Of all drugs considered, opioids are frequently cited as the most harmful to individuals and are a considerable cause of death and disability from a fatal overdose, substance use disorders and bloodborne infections, such as HIV, Hepatitis C and Hepatitis B.^{1,2} This is primarily due to the practice of unsafe injection and polydrug use. In some regions, such as Latin America and Eastern Europe, the prevalence of HIV in people who inject drugs is $\geq 20\%$.²

Although, in the case of opioid use especially, we know that harm reduction measures can drastically reduce these harms. For example, needle exchange programs, other routes of administration, limiting polydrug use and provision of opioid antagonists. Again, we cannot prevent the use of drugs, so we should work towards limiting harms and saving lives.

Harms Resulting from Criminalisation

Due to the criminalization, the harms of drug use have increased and measures to reduce harm have been prevented, but criminalisation has also increased the barriers faced by people who use drugs when accessing health services.¹ Not only do people who use drugs face physical barriers to accessing healthcare such as limited financial resources and poor provision of services but also institutional barriers such as stigmatisation and discrimination from health professionals and wider society.¹³ This means that people who use drugs are unable to access treatment services such as substitution programmes and psychosocial support, but also health services to improve their overall health. By limiting access to healthcare, criminalisation has directly undermined the human rights of people who use drugs and contributed to their increased risk of morbidity and mortality.^{1,6}

Another harm from prohibitive and enforcement-led strategies that is important to consider is the increase in violent crime, trafficking and corruption, as well as the strengthening of criminal organisations.^{1,6} The production, trafficking and sale of drugs by criminal groups is inherently violent, with an estimated 100,000 deaths from violence related to the illegal drug trade in Mexico since 2006. In response governments, through the 'war on drugs', allocate resources to military and law enforcement strategies that reduce the resources available for development such as health systems, welfare programmes and infrastructure.⁶ Furthermore, these effects are seen in all regions, but particularly so in LMICs.¹

Harms to Marginalised Groups

As highlighted, people who use drugs endure limited access to healthcare and increased violence as a direct result of criminalization, however, marginalised groups such as women, ethnic minorities and those with unstable housing face these most challenges most acutely.¹ Men are twice as likely as women to suffer from a drug use disorder, face greater barriers to accessing treatment and are more likely to be imprisoned for drug offences than any other crime.^{1,6} The effect on ethnic minorities is also grave, with the most well-known example being the black population in the United States where they account for 33.6% of drug arrests yet comprise 13% of the population, although this is just one example and people of colour in many societies are disproportionately affected.⁶ Finally, a group that is often forgotten in the discourse of drug harms is those with unstable housing. It is well known that homelessness and unstable housing often co-occur. Not only can homelessness be a result of non-medical drug use, it can also lead to drug use and can be a barrier to accessing services to gain secure housing.¹⁴ In terms of health, it has been shown that unstable housing of people who use drugs was independently associated with all-cause mortality and increased the risk of HIV and Hepatitis C.¹⁵



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International Federation of
Medical Students' Associations

Therefore, due to the nature of our current drug policies, we can see that two individuals can use the same substance but, due to their socioeconomic and cultural circumstances, face entirely different outcomes. It is vital that we consider the social determinants of drug use, such as unstable housing, insecure employment and social exclusion, when discussing drug harms and that resources are distributed to further protect marginalised groups.^{6,16}

The Strategies to Reduce Harm

When considering the current harms of drug use and the failure of repressive policies to reduce these harms it is important to consider the 'post-war on drugs' era and what future public-health led and evidenced-based policies could entail. We believe these policies should aim to prevent problematic drug use, promote harm reduction, education and treatment measures, end the criminalisation of those who use drugs and consider alternative models such as decriminalisation and legalisation.⁶

Preventing Drug Use

While it has been demonstrated that a world free of drugs cannot be attained, the problematic use of drugs can certainly be limited by focusing on the social determinants of drug use.^{6,16} These determinants are not dissimilar to the more general social determinants of health; early childhood development, social inclusion, safe and secure working environments and social support, among others.¹⁷ Furthermore, the WHO has clearly outlined that the use of drugs is strongly associated with the environments that individuals grow, live, work and age and that non-medical use of drugs can be both a cause of decreased socioeconomic status and a response to difficult economic and social conditions.¹⁸

It is imperative that governments and policymakers focus on tackling the social determinants of drug use and improving the communities in which we all live. Not only will ensuring safe and nurturing childhoods, inclusive social networks and secure work, reduce the environments in which individuals become dependant on drugs and ensure prosperous communities, it will also improve the conditions in which individuals can recover from drug dependence.¹⁸

Supporting those who use Drugs

Even when an individual does engage in the non-medical use of drugs, it is our responsibility as health professionals to support that individual and reduce the harms they face. As identified, this is primarily through the funding and provision of pharmacological, psychosocial and recovery services within health systems. The need for these services is highlighted by Sustainable Development Goal 3.5 on strengthening the prevention and treatment of substance abuse and certainly a component of universal health coverage.¹⁹ These services need to be grounded in a harm reduction approach and include needle exchange programmes, opioid maintenance or substitution treatment, overdose prevention, testing and treatment for infectious disease, appropriate counselling and community outreach measures with harm reduction information.²⁰⁻²¹

Ending Criminalisation

Some countries have successfully used drug law reform to reduce the barriers to seeking help and support services for people who use drugs, including decriminalisation and legalisation. Portugal is an example of a country that broke from 'conventional wisdom' and took steps to end its war and reform their drug policy. In 2001, due to increasingly problematic drug use, especially heroin, and increasing social concern, the government made the momentous decision to decriminalise all drugs. This action was coupled with a systemic change focusing on harm reduction, improved treatment for people who use drugs and interventions to support individuals in a social context. Despite initial concerns, both locally and globally, the results have been exceptionally positive. Drug use is estimated to have remained the same but the harms such as the rate of people who inject drugs contracting HIV and drug-related arrests have significantly decreased.²² It is important to note that a coordinated effort was



used, with input from all relevant sectors involved including doctors, lawyers and individuals who use drugs, and it is likely that an isolated measure would have been insufficient.⁶

While Portugal is just one example, many approaches exist that do not rely on incarceration and criminalisation. Norway's parliament, in 2017, voted to follow Portugal and decriminalize drug use.²³ Another approach is Drug Consumption Rooms (DCRs), supervised healthcare facilities where individuals can use drugs safely and hygienically, which has been adopted in Switzerland, the Netherlands, Germany, Spain, Luxembourg, Norway, Canada and Australia.²⁴ Evidence has shown that DCRs decrease overdose-related mortality and improve participation in treatment programs with no corresponding increase in drug use or criminality in the surrounding area.²⁵ In 2013, Uruguay's government took the largest step and choose to legalise cannabis throughout the country, with the aim of reducing the profit that drug trafficking generates and to reduce drug-related violence.²⁶

The above examples demonstrate two approaches to drug reform; decriminalisation and legalisation. A decriminalisation model involves the removal of criminal charges for drug use, to be replaced with fines or mandatory hearings, and a focus on harm reduction, although drugs would still be supplied by criminal organisations. Alternatively, in a legalisation model, the sale of drugs would not be prohibited but would be coupled with strict regulations such as age limitations, restrictions on advertising and limitations of sales.²⁷ An example of legalisation is the strict regulation of tobacco that takes place in many countries. Both models have advantages and disadvantages, and more research is required but in some cases they have shown health benefits where they have been implemented.^{6,22,25} It should be noted decriminalisation and legalisation have differing degrees of evidentiary basis and support from professionals in the field and should not be conflated. There is also not a "one size fits all" approach and every country should have the right to consider their own social and cultural context and to determine their own approach to the non-medical use of drugs.⁶

Conclusion

This policy focussed on the overreaching harms of drug use and strategies to reduce this harm. However, there could be further discussion on the production and trafficking of drugs and how this disproportionately affects LMICs, the difficulty for many countries in obtaining essential medicines for pain management due to ardent and unnecessary regulations or the rise of cryptomarkets and their lack of accountability. It is also evident that approximately all evidence for drug policy reform is based in HICs and that more research is required in LMICs to develop an appropriate global response to drug use and production.

By accepting that the current ineffective and simplistic solution to drug issues, the 'War on Drugs', has failed and by accepting that criminal justice approaches to drug policy have only exacerbated issues, we can begin to work towards a society that works for all individuals. Many of the harms outlined above would be reduced if drug policy was public-health led and treated individuals as patients, not criminals. Strategies to achieve this such as harm reduction measures and the legal regulation of drug markets are currently in use and further research to assess their effectiveness should be prioritised.

Moving forward, we call on governments to reflect upon their own drug policies and how they impact people who use drugs, and for health professionals to consider whether their health systems sufficiently meet the health needs of all individuals. As highlighted, they need only refer to Sustainable Development Goal 3.5 on strengthening the prevention and treatment of substance abuse to see that it is an urgent and global priority.¹⁹



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IFMSA

International Federation of
Medical Students' Associations

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