

Health-related consequences of criminalization for People Who Use Psychoactive Substances

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3 CINTESIS

First things first

- Historical and anthropological studies show that humans have always used psychoactive substances. They always did it in the various cultures and in the diverse periods in History
- In the Durkheimian sense, then, we could say that taking drugs is a “normal” and “functional” behaviour. This might indicate that drugs must play an important social and individual role in human cultures. And if it is so, maybe they satisfy some kind of need, some kind of function. In the Durkheimian sense, then, a healthy society must present “normal”^{*} drug use rates, considering similar and comparable societies

^{*}in statistic terms

If drug use has always been there, if it is so profoundly rooted in our history and nature, what sense does it make to criminalise a practice that deeply belongs to human cultures?

The most common answer would probably be: “because it's harmful!”.

But, once again, historical studies show us how, in the majority of cases, **criminalisation is not driven by drug use harms** (for many times those were simply not there or were insignificant) **but by socio-cultural and geostrategic reasons.**

Two documented examples: the social reaction to drug use of immigrants in the XIXth Century in the US during the Industrial Revolution and of Portuguese people returning to the country after the Colonial Era. In both cases, diabolization of those populations based on their drug use of certain substances was not justifiable by any harms associated to that use.

(Escohotado, 1996; Da Agra, 1998)

Thus, the war on drugs has never been a matter of drug harms, but always a matter of social, cultural and geostrategic conflicts or interests.

That`s why it is has always served as an instrument for social control of those who were regarded as a menace by people in privileged positions.

The war on drugs has historically been used to justify surveillance and punishment over marginalized populations and countries.

As an example of this, we simply need to see the data on who is arrested and punished for drug use all over the world: we would systematically find prominent factors as the colour of the skin, the socio-economic origin or the residential neighbourhood.

HIV, tuberculosis, viral hepatitis are not driven by drug use in itself, but by the social reaction to drug use, which leads to hidden consumption, marginalization, low access to sterilized equipment...

Social reaction to drug use is, therefore, the reason for criminalization, not drug harms.

Let's now see in detail what happens when we criminalize drug use:

General health-related consequences of criminalization for People Who Use Psychoactive Substances (PUPS):

- Widespread of epidemics such as HIV/AIDS, Hepatitis C and Tuberculosis (TB)
- Increased drug-related mortality and morbidity
- Lack of awareness in drug-using communities
- Lack of health system and health professional responsiveness to PUPS
- Stigma and human rights violence
- Lack of advocacy and of funding
- Incarceration of PUPS and introduction of risks to wider prison populations
- Lack of harm reduction strategies
- Inadequate screening for infections

- Viewing PUPS as criminals leads to **marginalization, isolation, stigma and discrimination**;
- These incur on a **lack of knowledge about the risk factors and consequences** of infectious diseases (such as HIV/AIDS, HCV/Hepatitis C and tuberculosis) and **limit the access** to formal healthcare services, to prevention and harm reduction programs, and to specialized treatment;
- In some countries, criminalization incites **a political pressure to discourage the provision of public health services** to PUPS, as this population is perceived as ‘undeserving’;
- Stigma and discrimination negatively impact self-esteem and confidence, leading to a **feeling of disinvestment** (people start believing they are not worthy of receiving treatment and are not motivated to reach it and adhere to it).

“... the laws governing which substances citizens can imbibe have a pernicious influence on the experience of healthcare for many affected people.”

“The hepatitis C virus (HCV) epidemic thrives within a global legislative context of drug prohibition”

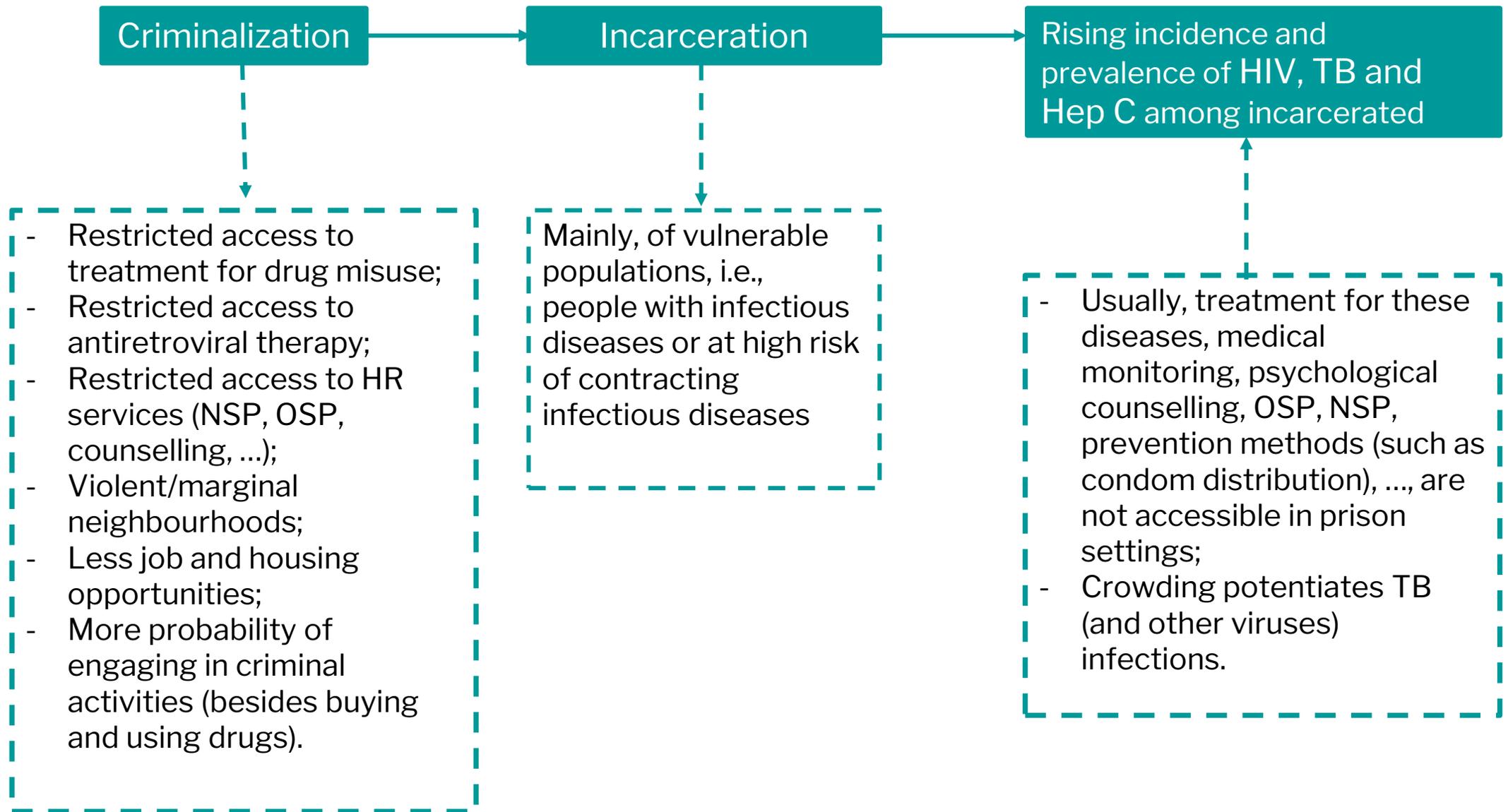
“Within HIV/AIDS research, clinicians commonly see current illicit drug use as a barrier to commencing treatment for HIV infection”

“... medical practitioners remain largely resistant to the notion of harmless, recreational, non-dependent injecting and other illicit drug use. This view is reinforced by decades of anti drug messages and the explicit demonization of drug users”

“... illicit drug using patients were considered less deserving of medical treatment because medical practitioners believed they were responsible for their own ill health.”

Stigma and conservative views among health and social care givers are reinforced by prohibitive settings and negatively impacts the access to and the quality of the care given to PUPS undergoing treatment for infectious diseases.

- Criminalization and marginalization are also associated with poverty and the engagement on criminal activities (such as selling drugs, theft, carjacking, etc.) to support personal use, food, housing and other needs;
- The prejudices against illicit drugs, HIV, HCV and/or TB, poor neighbourhoods, homelessness, unemployment, etc., are all commonly applied to PUPS, making them more vulnerable to police attention and action;
- Hence, criminalization and marginalization, and all the other factors they entail, also lead to higher chances of being arrested, prosecuted and incarcerated;
- The emphasis in many countries on the mass incarceration of drug users is putting prisons at the center of epidemics.



- Countries with a criminalizing approach to drug use have higher numbers of people infected with HIV and HCV and higher mortality due to these viruses, when compared to countries that favour the provision of drug treatment and other health services;
- Factors like unstable housing, lack of social and emotional support and financial insecurity are also major obstacles when accessing treatment;
- Criminalization also leads to insufficient public and health provider awareness and support for preventing and controlling infectious diseases.

- More comprehensive approaches allow for harm reduction services and outreach teams to be able to work with people who use drugs, get them in contact with the formal healthcare services, provide them with information, share prevention strategies with them and refer them to specialised treatment for drug misuse and for infectious diseases, without as many costs and without the overwhelming fear of being arrested, mistreated, discriminated or judged.

Harm Reduction
Services & Outreach

can provide

- Needle and Syringe Programs (NSP)
- Opioid Substitution Programs (OSP)
- Rapid testing and post-test counselling
- Referrals for drug misuse treatment
- Link with formal healthcare services
- Link with social services (food, housing, employment, financial help, etc.)
- Psychological counselling and long-term monitoring
- Information on risk behaviours and health consequences
- Instrumental support (e.g., easier access to medication, transportation, general accessibility of the services)
- Emotional and motivational support
- Peer support

resulting in



Decreased
incidence and
prevalence of
HCV, HIV and TB

- General prevention (given that treatment is also a way of preventing future infections)
- Treatment initiation and adherence
- General well-being and better quality of life
- Social and professional reintegration
- Less stigma
- ...

Madden & Cavalieri (2007); Hallinan, Byrne & Dore (2007); Grebely *et al.* (2008); ECDC & EMCDDA (2011); Martin, Hickman, Hutchinson, Goldberg, & Vickerman (2013); Bruggmann *et al.* (2016)

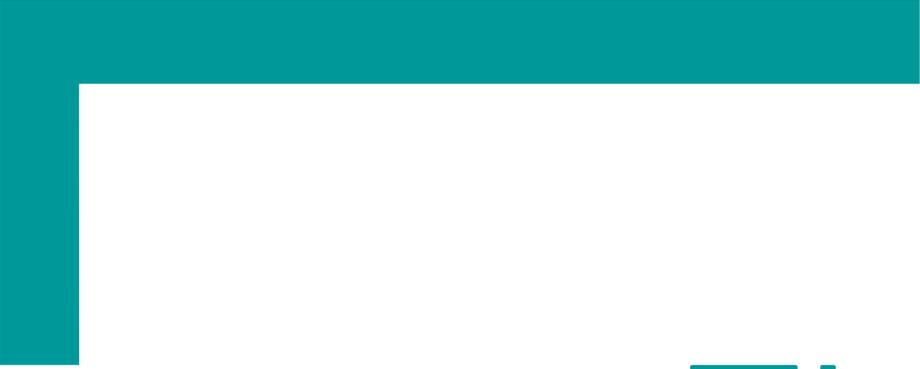
Recommendations:

- Shift the focus from criminalization to health promotion
- Improve rapid testing
- Improve access to and affordability of care and treatment
- Provide and improve access to care and treatment from within prisons
- Improve access to information and prevention programs
- Improve access to social and professional integration programs
- Provide and improve needle and syringe programs (NSP)
- Provide and improve opiate substitution programs (OSP)
- Provide training for people who interact with PUPS

To insist in criminalizing drug use is to stimulate human rights violation, structural violence, criminalization of poverty and social inequalities

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Thank You!

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