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Friday, February 19, 2016

Dear H.E. Mr. Ban Ki-moon,

On January 21, 2016, the International Centre for Science in Drug Policy (ICSDP), a global network of scientists seeking to support the optimization of illicit drug policies by using the best available scientific evidence, convened an event at the United Nations Headquarters in New York, titled "Identifying Common Ground for UNGASS 2016: Rethinking Metrics to Evaluate Drug Policy."

At this event, the ICSDP released an open letter from the scientific community calling on national and international stakeholders to commit to a formal revision of the metrics used to evaluate drug control policies, and to prioritize indicators that provide specific evidence on the health, peace and security, development, and human rights impacts of drugs and drug policies on communities. Further, the open letter calls for the creation of an expert advisory group to conduct a formal revision of drug policy metrics as an official outcome of the United Nations General Assembly Special Session on the World Drug Problem (UNGASS). As an addressee of the open letter, please find attached a copy for your review.

As the open letter outlines, to date, UN agencies and Member States have in general prioritized a small set of indicators to evaluate the effectiveness of drug policy. Even using such narrow indicators, which have focused primarily on reducing the demand and supply of illegal drugs, the scientific evidence demonstrates that drug policies have failed to demonstrate sustained effectiveness. Furthermore, the narrow set of drug policy indicators currently in use provides little insight into how drug policies affect peace and security, development and human rights, and the health issues that intersect all three of these pillars. To meaningfully evaluate illicit drug policies, then, indicators that measure 'real-world' outcomes that are of relevance to communities need to be prioritized.

Importantly, we note that several references to indicators appear throughout the most recent public draft of the UNGASS outcome document, titled "UNGASS 2016: Our joint commitment in effectively addressing and countering the world drug problem" and prepared by the UNGASS Board for consideration by the Commission on Narcotic Drugs on February 9, 2016. While we welcome this language, we nonetheless encourage Member States to advocate for specific language in the UNGASS outcome document on the need to move beyond indicators directly related to drug demand and supply reduction and towards a

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broader set of indicators that measure in detail the health, peace and security, development, and human rights impacts of drugs and drug policy in order to meaningfully optimize drug policy outcomes.

The UNGASS represents a rare opportunity to move towards drug policies informed by health concerns and that effectively address the three UN pillars of peace and security, human development and human rights. This meeting of the General Assembly is also a unique opportunity to ensure system wide coherence, specifically between the goals of drug policy and the Sustainable Development Goals, which encompass a range of issues relevant to drug policy, including health, poverty, criminal justice, and gender equality. We therefore urge you to consider this issue in your engagement with the UNGASS process.

The ICSDF's mandate is to support policymakers in the development of evidence-based drug policy interventions. Should you require assistance or guidance when developing drug policies, or in incorporating the best available scientific evidence into drug policy processes, please do not hesitate to contact me directly.

Please accept, Excellency, the assurance of my highest consideration.

Dan Werb, PhD

Director | International Centre for Science in Drug Policy

Assistant Professor | Division of Global Public Health, University of California San Diego

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OPEN LETTER: _____

A Call for A Reprioritization of Metrics to Evaluate Illicit Drug Policy _____

JANUARY 21, 2016

TO: _____

UN Member States Delegations
Mr. Ban Ki-Moon, Secretary-General, United Nations
Mr. Mogens Lykketoft, President of the UN General Assembly
Mr. Arthayudh Srisamoot, Chair of the Commission on Narcotic Drugs
Mr. Yury Fedotov, Executive Director, United Nations Office on Drugs and Crime
Dr. Margaret Chan, Director-General, World Health Organization
Dr. Michel Sidibé, Executive Director, Joint United Nations Programme on HIV/AIDS
Mr. Anthony Lake, Executive Director, UNICEF
Ms. Helen Clark, Administrator, UN Development Program
Mr. Dainius Pūras, UN Special Rapporteur on the Right to Health



Dr. Dan Werb, PhD

Executive Director, International Centre for
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Dr. Evan Wood, MD, PhD

Professor of Medicine, Division of AIDS, Univer-
sity of British Columbia

Dr. Steffanie Strathdee, PhD

Associate Dean, Global Health Sciences, Univer-
sity of California San Diego

Dr. Michel Kazatchkine, MD

Member of the Global Commission on Drug
Policy, Geneva

Dr. Don Des Jarlais, PhD

Director, International Research Core in the Cen-
ter for Drug Use and HIV Research, New York
University College of Nursing

Dr. Catherine Hankins, MD, PhD, CM

Deputy Director, Science, Amsterdam Institute
for Global Health and Development, Department
of Global Health, Academic Medical Centre,
University of Amsterdam

Dr. David Nutt, MD, FMedSci

Edmond J Safra Professor of Neuropsychophar-
macology, Division of Brain Sciences, Imperial
College London

Dr. Julio Montaner, MD

Director, British Columbia Centre for Excellence
in HIV/AIDS

Dr. Thomas Kerr, PhD

Co-Director, Urban Health Research Initiative,
British Columbia Centre for Excellence
in HIV/AIDS

Dr. Kanna Hayashi, PhD

Assistant Professor, Department of Medicine,
University of British Columbia

In 2016, the United Nations General Assembly Special Session on Drugs (UNGASS) will convene to reflect on the impacts of the past two decades of global drug policy, and to chart a course for the future. This process, which was last undertaken in 1998, comes at a time of significant changes in drug policies across countries and regions. The 2016 UNGASS represents a rare opportunity to reassess the global approach to drugs and to move towards drug policies informed by health concerns and that effectively address the three UN pillars of peace and security, human development and human rights. This meeting of the General Assembly is also a unique opportunity to ensure coherence between the goals of drug policy and those of the UN's 17 Sustainable Development Goals, which encompass a range of issues relevant to drug policy, including health, poverty, criminal justice, and gender equality.¹ We therefore believe that this new consensus must include a commitment by all stakeholders to revise the range of indicators used to assess and improve drug policy effectiveness.

We call on all national and international stakeholders (including UN member states and agencies) to commit to a formal revision of the metrics used to evaluate drug control policies, and to prioritize indicators that provide specific evidence on the impact of drugs and drug policies on communities. Further, this commitment to revising the set of priority indicators used to monitor the impact of drugs and drug policies should be an official outcome of the 2016 UNGASS process.

Governments and other institutional actors have prioritized a small set of indicators to evaluate drug policy success as a result of a narrow focus on reducing the demand and supply of illegal drugs.² These include the price of illicit drugs, the purity of illicit drugs, the perceived availability of illicit drugs, the number and volume of illicit drug seizures, the number of drug-related arrests and incarceration, and the level of drug use in the general population (with no discrimination between problematic and non-problematic forms of drug use).³⁻⁶ Unfortunately, based on these indicators, drug policies combining street-level drug law enforcement with drug supply interdiction



(i.e., seizures, the dismantling of clandestine drug laboratories, border security measures, etc.) have not, by and large, demonstrated effectiveness.⁷⁻⁹

While experts have identified many factors that increase an individual's risk of problematic drug use (i.e., mental health issues and trauma, among others),¹⁰⁻²⁶ there is a comprehensive scientific literature delineating how many drug-related harms, including HIV and hepatitis C transmission,²⁷ fatal overdose,²⁸⁻³⁰ and substance use disorder, are exacerbated by current drug policy responses.^{31,32} Indeed, a scientific consensus has emerged that policies of drug prohibition and criminalization substantially heighten the risk that people who use drugs will encounter negative health and social outcomes.³³⁻⁴¹ Nevertheless, governments have prioritized law enforcement and interdiction over public health and development interventions, with few tangible results in reducing the supply or use of illegal drugs.^{7,8} Law enforcement-based approaches have in turn led to increases in high-risk behaviors among drug-using populations (e.g., use of unsterile needles as a result of enforcement-based barriers to clean injecting equipment).⁴²⁻⁴⁷ Drug law enforcement has also resulted in the spatial displacement of vulnerable drug-using populations and illicit drug production in a number of settings.⁴⁸⁻⁵²

Importantly, drug policies that employ criminal justice interventions to disrupt illicit drug markets are known to paradoxically contribute to drug market violence⁵³ and have not been associated with changes in illicit drug availability, purity or price.⁸ Enforcement-based drug policies have also been associated with widespread human rights violations in a range of settings including Southeast Asia, Latin America, North America, Eastern Europe, and Russia.⁵³⁻⁶³ Finally, the coverage of evidence-based treatment and harm reduction services for drug-dependent individuals has not been brought to scale in most settings,⁶⁴ which critically undermines the effectiveness of efforts to reduce the harms of drugs and reduce the expansion of epidemics of HIV and hepatitis C.^{65,66}

The narrow set of evaluative drug policy indicators currently in use provides little insight into how

drug policies affect peace and security, human development and human rights, and the health issues that intersect all three of these pillars. For example, the presence of cheap and available illicit drugs in a community does not in and of itself provide policymakers insight into the drug-related harms experienced by that community, or what policy approach may be most effective. To meaningfully evaluate illicit drug policies, then, indicators that measure 'real-world' outcomes of relevance to communities need to be prioritized.

Fortunately, a range of relevant drug policy indicators have been developed over the past few decades, and are currently employed by a wide array of experts in the field (along with international organizations including the World Health Organization, the Joint United Nations Programme on HIV/AIDS, UNICEF, and others). As such, these community-oriented indicators must be meaningfully incorporated into formal illicit drug policy evaluation processes at national, regional, and international levels; we suggest a preliminary list of such indicators (see Table 1).

Given that robust indicators have been developed by experts to assess a range of impacts of drug policies on community health, safety, development and human rights, UN Member States and other international stakeholders should commit to the creation of an expert advisory group to conduct a formal revision of drug policy metrics as a key outcome of the 2016 UNGASS process.⁶⁷ We caution that without such bold action, the unacceptably high levels of drug-related harms experienced in many settings – including epidemics of HIV and hepatitis C,²⁷ widespread and increasing levels of fatal overdoses,²⁸⁻³⁰ epidemics of drug-related violence,^{27,63,68} social and human rights violations, and major economic consequences (e.g., tax burden) related to the incarceration of drug users,^{61,69-73} – will continue, with grave implications for communities affected by illicit drugs across the globe.



TABLE 1: Preliminary set of potential drug policy indicators

HEALTH

- | | |
|---|--|
| • Level of coverage and access to interventions identified by WHO/UNODC/UNAIDS as part of the comprehensive package for HIV prevention, treatment and care for PWID* 74 | • The proportion of people with opioid dependency that have access to evidence-based substitution treatment |
| • Level of coverage for evidence-based treatment for substance use disorders | • The prevalence and incidence of blood-borne disease transmission, including HIV and hepatitis C, among people who use and inject drugs |
| • The incidence of fatal overdose | • The frequency of first responder calls for emergencies that include mention of drugs |
| • Drug-related emergency room presentations or hospitalizations | • Essential health services for people who use drugs included under universal health coverage |
| • The frequency of use of contaminated or unsterile injecting equipment | • Level of access to essential health services among people who use drugs (e.g., HIV and HCV treatment, OST, naloxone, etc.) |
| • The proportion of people who use drugs with access to adequate supplies of sterile injecting equipment | |

* NSPs; OST; HIV testing and counseling; prevention and treatment of sexually transmitted infections; condom programmes for PWID and their sexual partners; targeted information, education and communication for PWID and their sexual partners; prevention, vaccination, diagnosis and treatment for viral hepatitis; prevention, diagnosis and treatment of tuberculosis

PEACE & SECURITY

- | | |
|---|--|
| • The incidence of drug market-related homicide | • Drug use-related injuries |
| • The incidence of drug market-related violence | • Traffic accidents and other fatalities due to the influence of drugs |
-



DEVELOPMENT

Poverty in drug cultivation regions

Access to legal markets in illegal drug cultivation regions

Human Development Index⁷⁵ score for drug cultivation regions

Illicit drug use production and trafficking as proportion of national GDP

Annual value and composition of illicit drug production by country and region

Proportion of people with drug dependence that have access to stable housing

HUMAN RIGHTS

Proportion of prisoners incarcerated for non-violent drug crimes

Number of individuals sentenced to death for drug offences

Proportion of population with a criminal record for non-violent drug possession or use

Level of access to essential health services for people who use drugs while incarcerated or detained

Number of individuals detained in compulsory drug detention centers⁷²

Incidence of physical or sexual abuse experienced by drug-dependent individuals by law enforcement or while incarcerated

Level of access to medically appropriate analgesic medicines for palliation

Inclusion of affected communities in drug policy and program-making and evaluations

Level of gender-sensitive service provision



REFERENCES

1. United Nations. Resolution adopted by the General Assembly on 25 September 2015: Transforming our world: The 2030 Agenda for Sustainable Development in: Assembly UNG, editor. New York City: United Nations; 2015.
2. Bewley-Taylor D. Drugs policy metrics under review. London: IHS; 2015.
3. International Narcotics Control Board. INCB Annual Report 2010. Vienna: International Narcotics Control Board; 2011.
4. ONDCP. FY 2015 Budget and Performance Summary. Washington, DC: United States Office of National Drug Control Policy; 2015.
5. DEA. STRIDE surveillance system. New York: United States Drug Enforcement Administration; 2011.
6. ECOSOC. Strategy for the period 2012–2015 for the United Nations Office on Drugs and Crime. Vienna: United Nations Economic and Social Council; 2012.
7. Degenhardt L, Chiu W-T, Sampson N, et al. Toward a global view of alcohol, tobacco, cannabis, and cocaine use: Findings from the WHO World Mental Health Surveys. *PLOS Med* 2008; **5**(7): 1053–67.
8. Werb D, Kerr T, Nosyk B, Strathdee S, Montaner J, Wood E. The temporal relationship between drug supply indicators: an audit of international government surveillance systems. *BMJ Open* 2013; **3**: 8.
9. Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the Future national survey results on drug use, 1975–2007. Volume I: Secondary school students. Bethesda, MD: National Institute on Drug Abuse; 2008.
10. Feng C, DeBeck K, Kerr T, Mathias S, Montaner J, Wood E. Homelessness independently predicts injection drug use initiation among street-involved youth in a Canadian setting. *J Adolesc Health* 2013; **52**(4): 499–501.
11. Roy E, Haley N, Leclerc P, Cedras L, Blais L, Boivin JF. Drug injection among street youths in Montreal: Predictors of initiation. *J Urban Health* 2003; **80**(1): 92.
12. Hwang SW. Homelessness and health. *CMAJ* 2001; **164**(2): 229.
13. Miller CL, Kerr T, Frankish JC, et al. Binge drug use independently predicts HIV seroconversion among injection drug users: implications for public health strategies. *Subst Use Misuse* 2006; **41**(2): 199–210.
14. Kidorf M, Disney ER, King VL, Neufeld K, Beilenson PL, Brooner RK. Prevalence of psychiatric and substance use disorders in opioid abusers in a community syringe exchange program. *Drug Alcohol Depend* 2004; **74**(2): 115.
15. Susser E, Miller M, Valencia E, Colson P, Roche B, Conover S. Injection drug use and risk of HIV transmission among homeless men with mental illness. *Am J Psychiatry* 1996; **153**(6): 794.
16. Hawke JM, Jainchill N, De Leon G. Adolescent amphetamine users in treatment: Client profiles and treatment outcomes. *J Psychoactive Drugs* 2000; **32**(1): 95–105.
17. Brief DJ, Bollinger AR, Vielhauser MJ, et al. Understanding the interface of HIV, trauma, post-traumatic stress disorder, and substance use and its implications for health outcomes. *AIDS Care* 2004; **16**(1 suppl 1): 97.
18. Johnson LW, Harlow LL. Childhood sexual abuse linked with adult substance use, victimization, and AIDS-risk. *AIDS Educ Prev* 1996; **8**(1): 44.
19. Hadland SE, Werb D, Kerr T, et al. Childhood sexual abuse and risk for initiating injection drug use during adolescence and young adulthood: A prospective cohort study. *J Adolesc Health* 2012; **50**(2): S1–S.
20. Nasir S, Rosenthal D. The social context of initiation into injecting drugs in the slums of Makassar, Indonesia. *Int J Drug Pol* 2009; **20**(3): 237–43.
21. Harocopos A, Goldsamt LA, Kobrak P, Jost JJ, Clatts MC. New injectors and the social context of injection initiation. *Int J Drug Pol* 2009; **20**(4): 317–23.
22. Sherman SG, Fuller CM, Shah N, Ompad DV, Vlahov D, Strathdee SA. Correlates of initiation of injection drug use among young drug users in Baltimore, Maryland: the need for early intervention. *J Psychoactive Drugs* 2005; **37**(4): 437–43.
23. Chami G, Werb D, Feng C, DeBeck K, Kerr T, Wood E. Neighborhood of residence and risk of initiation into injection drug use among street-involved youth in a Canadian setting. *Drug Alcohol Depend* 2013; **132**(3): 486–90.
24. Kermode M, Longleng V, Singh BC, Hocking J, Langkham B, Crofts N. My first time: initiation into injecting drug use in Manipur and Nagaland, north-east India. *Harm Reduct J* 2007; **4**(1): 19.
25. Fuller CM, Vlahov D, Arria AM, Ompad DC, Garfein R, Strathdee SA. Factors associated with adolescent initiation of injection drug use. *Public Health Rep* 2001; **116** Suppl 1: 136.
26. Abelson J, Treloar C, Crawford J, Kippax S, van Beek I, Howard J. Some characteristics of early-onset injection drug users prior to and at the time of their first injection. *Addiction* 2006; **101**(4): 549–55.
27. Mathers BM, Degenhardt L, Phillips B, et al. Global epidemiology of injecting drug use and HIV among people who inject drugs: A systematic review. *Lancet* 2008; **372**(9651): 1733–45.



28. Unick GJ, Rosenblum D, Mars S, Ciccarone D. Intertwined epidemics: National demographic trends in hospitalizations for heroin and opioid-related overdoses, 1993-2009. *PLoS ONE* 2013; **8**(2): e54496.
29. Brugal MT, Barrio G, Fuente LDL, Regidor E, Royuela L, Selves JM. Factors associated with non-fatal heroin overdose: assessing the effect of frequency and route of heroin administration. *Addiction* 2002; **97**(3): 319-27.
30. Hall WD, Degenhardt LJ, Lynskey MT. Opioid overdose mortality in Australia, 1964-1997: Birth-cohort trends. *Med J Aus* 1999; **171**(1): 34.
31. Wall R, Rehm J, Fischer B, et al. Social costs of untreated opioid dependence. *J Urban Health* 2000; **77**(4): 686.
32. Marshall BDL, Werb D. Health outcomes associated with methamphetamine use among young people: A systematic review. *Addiction* 2010; **105**(6): 12.
33. Wood E, Werb D, Kazatchkine M, et al. Vienna Declaration: a call for evidence-based drug policies. *Lancet* 2010; **375**(9610): 2.
34. Global Commission on Drug Policy. The War on Drugs and HIV/AIDS: How the criminalization of drug use fuels the global pandemic. Rio de Janeiro: Global Commission on Drug Policy, 2012.
35. Drucker E. Drug prohibition and public health: 25 years of evidence. *Pub Health Rep* 1999; **114**(1): 14.
36. Miron JA. Violence and the US prohibitions of drugs and alcohol. *Am Law Econ Rev* 1999; **1**(1): 75.
37. Werb D, Rowell G, Guyatt G, Kerr T, Montaner J, Wood E. Effect of drug law enforcement on drug market violence: A systematic review. *Int J Drug Pol* 2011; **22**(2): 8.
38. Altken C, Moore D, Higgs P, Kelsall J, Kerger M. The impact of a police crackdown on a street drug scene: evidence from the street. *Int J Drug Pol* 2002; **13**: 189.
39. Cooper HLF, Wypij D, Krieger N. Police drug crackdowns and hospitalisation rates for illicit-injection-related infections in New York City. *Int J Drug Pol* 2005; **16**(3): 150.
40. Maher L, Dixon D. The cost of crackdowns: Policing Cabramatta's heroin market. *Current Issues in Criminal Justice* 2001; **13**(1): 5.
41. Kerr T, Small W, Wood E. The public health and social impacts of drug market enforcement: A review of the evidence. *Int J Drug Pol* 2005; **16**(4): 210.
42. Werb D, Wood E, Small W, et al. Effects of police confiscation of illicit drugs and syringes among injection drug users in Vancouver. *Int J Drug Pol* 2008; **19**(4): 332.
43. Rhodes T, Judd A, Mikhailova L, et al. Injecting equipment sharing among injecting drug users in Togliatti City, Russian Federation: Maximizing the protective effects of syringe distribution. *J Acquir Immune Defic Syndr* 2004; **35**(3): 293.
44. Rhodes T, Mikhailova L, Sarang A, et al. Situational factors influencing drug injecting, risk reduction and syringe exchange in Togliatti City, Russian Federation: a qualitative study of micro risk environment. *Soc Sci Med* 2003; **57**(1): 39.
45. Bluthenthal RN, Kral AH, Lorrivick J, Wetters JK. Impact of law enforcement on syringe exchange programs: A look at Oakland and San Francisco. *Med Anthropol* 1997; **16**(1): 61.
46. Bluthenthal RN, Heinzerling K, Martinez A, Kral AH. Police crackdowns, societal cost, and the need for alternative approaches. *Int J Drug Pol* 2005; **16**(3): 2.
47. Wagner KD, Simon-Freeman R, Bluthenthal RN. The association between law enforcement encounters and syringe sharing among IDUs on skid row: A mixed methods analysis. *AIDS Beh* 2013: 1-7.
48. Wood E, Spittal PM, Small W, et al. Displacement of Canada's largest public illicit drug market in response to a police crackdown. *CMAJ* 2004; **170**(10): 1551.
49. Brouwer KC, Lozada R, Weeks JR, Magis-Rodriguez C, Firestone M, Strathdee SA. Intraurban mobility and its potential impact on the spread of blood-borne infections among drug injectors in Tijuana, Mexico. *Subst Use Misuse* 2012; **47**(3): 244-53.
50. Laffiteau C. The balloon effect: The failure of supply side strategies in the war on drugs. *Academia Edu* 2011; **1**: 1-18.
51. Moreno-Sanchez R, Kraybill DS, Thompson SR. An economic analysis of coca eradication policy in Colombia. *World Development* 2003; **31**(2): 375.
52. Veillette C. Plan Colombia: A progress report: Library of Congress, 2005.
53. Human Rights Watch. Abusing the user: police misconduct, harm reduction and HIV/AIDS in Vancouver. Vol. 15, No. 2(B) - May 2003. Available: <http://www.hrw.org/reports/2003/canada/canada0503.pdf>.
54. Kaplan K, Suwannawong P. The AIDS and human rights crisis among injecting drug users in Thailand. The XIV International AIDS Conference 2002.
55. Fellner J, Vinck P. Targeting blacks: Drug law enforcement and race in the United States. New York: Human Rights Watch, 2008.
56. Human Rights Watch. Asserting the rights of injection drug users in the era of HIV/AIDS. 2004.
57. Sherman SG, Aramrattana A, Celentano DD. Researching the effects of the Thai "war on drugs": Public health



- research in a human rights crisis. In: Beyrer C, Pizer H, eds. *Public health and human rights: Evidence-based approaches*. Baltimore: Johns Hopkins University Press; 2006.
58. Kerr T, Kaplan K, Suwannawong P, Wood E. Health and human rights in the midst of a drug war. *Public Health and Human Rights: Evidence-Based Approaches* 2007.
59. Jurgens R, Csete J, Amon JJ, Baral S, Beyrer C. People who use drugs, HIV, and human rights. *The Lancet* 2010; **376**(9739): 475-85.
60. Beletsky L, Martinez G, Gaines T, et al. Mexico's northern border conflict: collateral damage to health and human rights of vulnerable groups. *Revista Panamericana de Salud Pública* 2012; **31**(5): 403-10.
61. Amon JJ, Pearshouse R, Cohen J, Schieffer R. Compulsory drug detention centers in China, Cambodia, Vietnam, and Laos: Health and human rights abuses. *Health and Human Rights* 2013; **15**(2).
62. Malta M, Beyrer C. The HIV epidemic and human rights violations in Brazil. *J Int AIDS Soc* 2013; **16**(1).
63. Trans-Border Institute. *Drug violence in Mexico: Data and analysis through 2012*. Trans-Border Institute, 2013.
64. Lawrinson P, Ali R, Buavirat A, et al. Key findings from the WHO collaborative study on substitution therapy for opioid dependence and HIV/AIDS. *Addiction* 2008; **103**(9): 1484-92.
65. Aceljas C, Hickman M, Donoghoe M, Burrows D, Stulkyte R. Access and coverage of needle and syringe programmes (NSP) in Central and Eastern Europe and Central Asia. *Addiction* 2007; **102**(8): 1244-50.
66. Mathers BM, Degenhardt L, Ali H, et al. HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *Lancet* 2010; **375**(9719): 15.
67. TNI, UNGASS 2016. *Background memo on the proposal to establish an expert advisory group*. Amsterdam: Transnational Institute, 2015.
68. Roberts M, Trace M, Klein A. *Thailand's 'War on Drugs'*. London: Beckley Foundation, 2004.
69. Pettit B, Western B. Mass imprisonment and the life course: Race and class inequality in U.S. incarceration. *Am Sociol Rev* 2004; **69**: 151-69.
70. Roberts DE. The social and moral cost of mass incarceration in African American communities. *Stanford Law Review* 2004; **56**: 1271-305.
71. Spohn C, Holleran D. The Effect of Imprisonment on Recidivism Rates of Felony Offenders: a Focus on Drug Offenders. *Criminology* 2002; **40**(2): 329.
72. Joint statement on compulsory drug detention and rehabilitation centres ILO, OHCHR, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP, WHO and UNAIDS. Geneva: United Nations Office of the High Commissioner for Human Rights; 2012.
73. Cohen JE, Amon JJ. Health and human rights concerns of drug users in detention in Guangxi Province, China. *PLoS Med* 2008; **5**(12): e234.
74. WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users: 2012 revision. Geneva: WHO/UNODC/UNAIDS, 2012.
75. UNDP. *Human Development Report 2015*. New York: Human Development Report Office, 2015.

ABOUT THE INTERNATIONAL CENTRE FOR SCIENCE IN DRUG POLICY

The International Centre for Science in Drug Policy (ICSDP) is a network of scientists and academics from all global hemispheres committed to improving the health and safety of communities and individuals affected by illicit drugs by working to inform illicit drug policies with the best available scientific evidence. By conducting research and public education on best practices in drug policy while working collaboratively with communities, policymakers, law enforcement and other stakeholders, the ICSDP seeks to help guide effective and evidence-based policy responses to the many problems posed by illicit drugs.