**Table 3.1 HEALTH EFFECTS OF RESTRICTED AVAILABILITY TO CONTROLLED MEDICINES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mechanisms** | **Unintended** **Consequences** | **Users**  | **Non-users** | **Possible interventions** |
| Very strict regulations and reduced accessibility of prescription drugs, in particular morphine and other opioid analgesics | **R**educed possibilities for medical improvements related to avoidable pain and other symptoms for patient in need, **H**indered/slowed down research on medical marihuana **R**educed availability of opioid substitution treatment | x | x | 1. Ensure proper accessibility, availability and affordability of controlled medicines (in particular opioids and benzodiazepines) to patients in need
2. Raise awareness, training and sensitisation for treatment with opioids among practicing healthcare professionals
3. Ensure inter-agency collaboration between state agencies and relevant stakeholders i.e. health professionals, judiciary and CSOs in order to formulate coherent and balanced drug control policy responses
4. Ensure access to appropriate substitution treatment supported by adequate psychosocial care and rehabilitation taking into account the fact that a wide variety of different treatment options should be provided
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| --- | --- | --- | --- | --- |
| **Table 3.2 HEALTH EFFECTS DUE TO LAW ENFORCEMENT OF THE DRUG PROHIBITION Mechanisms** | **Unintended** **Consequences** | **Users** | **Non-users** | **Possible interventions** |
| Substance displacement to more hazardous but “legal” drugs | **I**ncreased health risk due to unknown, often dangerous and life threatening synthetic drugs  | X |  | 1. Develop awareness raising prevention initiative through targeted information, education and communication (IEC) to relevant groups
2. Adequate regulations of NPS
3. Foster inter-sectoral linkages and knowledge exchange among CSOs and state led institutions
4. System for information exchange across countries
 |
| Elevated drug price  | **M**ore cost-effective but riskier means of drug administration**M**ore cost-effective but riskier types of drugs **L**ess disposal income on food, health care, clothing, shelter etc.  | X |  | **PI 5**1. Increase capacities and upgrade current practices of low-threshold services to respond more effectively to the drug users’ health and social needs[[1]](#footnote-1), including interventions tailed also to NPS users
2. Encourage the involvement of, and promote peer-training in outreach work, including measures to reduce drug-related deaths, first aid and early involvement of the emergency services
 |
| Variation in purity | Risk of mortality and morbidity |  |  | **PI 5, PI 9, PI 10**1. Support Naloxone distribution schemes for overdose prevention
 |
| Stigmatization  | **D**iscourage users to seek help and preventative services **I**nfluence the attitudes of health care providers leading to reduced access and/or reduced quality of health care services **R**educed well-being and self-esteem of users and their families and friends | XXX |  X | 1. Support active participation of drug users in common social and economic activities and in the decision-making of relevant issues
2. Implement anti-discrimination campaign and specialized training to health care and social workers
 |
| Barriers to implement appropriate treatment and low-threshold services in settings such as prisons | **R**isk for health problems such as HIV/AIDS, tuberculosis and other infectious diseases for marginalized groups  | X | X | 1. Make available relevant treatment and rehabilitation services in prisons, refugee or immigration detention facilities
2. Embed psychosocial support and preventive harm reduction practices within prison personnel and police service training curricula
3. Ensure adequate vaccination programs and prophylactic measures to drug users and relatives
 |

**Table 3.3 HEALTH EFFECTS DUE TO POLICE LAW ENFORCEMENT TOWARDS PROBLEM DRUG USERS (e.g. arresting and/or identifying problem drug users)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mechanisms** | **Unintended** **Consequences** | **Users**  | **Non-users** | **Possible interventions** |
| Undermine health care and harm reduction services  | **I**ncrease the risk for:***H***IV/AIDS and other infectious diseases users and sex-partners***S***exually transmitted infections ***D***eterioration of health status Users abandoning other users in need of emergency due to fear of apprehension  | XXX | XXX | **PI 5[[2]](#footnote-2), PI 9[[3]](#footnote-3), PI 11[[4]](#footnote-4), PI 15[[5]](#footnote-5)**1. Develop and implement police service performance indicators, just and health oriented agenda
2. Develop centralized database for systematic monitoring specific drug user groups’ needs
3. Remove barriers for witnesses to call police agencies
 |
| Risky injecting practices (how and where they inject) due to fear of apprehension | **I**ncreased the risk of overdoses, mortality, and decreased well-being and health for users  | X |  | **PI 5, PI 9, PI 10[[6]](#footnote-6), PI 15**1. Introduce, or expand, the availability of Supervised Drug Consumption Facilities
 |
| Physical contact between law enforcement agents and drug users/by-standers | **I**ncrease the risk of power misuse and violation of human rights **I**ncrease the risk of physical and mental harms and distress  | X | X | **PI 15**1. Introduce alternative performance indicators for street police officers
2. Implement mechanisms for police accountability and transparency
3. Develop independent and transparent civilian complaint mechanisms
 |
| Physical displacement of injecting drug users to remote locations  | **I**ncrease the risk for mortality and morbidity, including infectious diseases  | X | X | **PI 4, PI 5, PI 15**1. Consider potential relocation from law enforcement resources and operations towards prevention, treatment and social welfare initiatives
2. Implement community based policing and prevention programs with law enforcement participation
3. Introduce Drug Referral Schemes (DRS) to available treatment and low threshold services
 |

1. Including but not limited to scaling up Needle and Syringe Programs (NSP); Supervised drug consumption facilities (SDCF)Community-based outreach programs (CBO); Opioid maintenance therapy (OMT) and other drug treatments; Antiretroviral therapy (ART); Vaccination, diagnosis and treatment of viral hepatitis [↑](#footnote-ref-1)
2. Develop awareness raising prevention initiative through targeted information, education and communication (IEC) to relevant groups [↑](#footnote-ref-2)
3. Increase capacities and upgrade current practices of low-threshold services to respond more effectively to the drug users’ health and social needs, including interventions tailed also to NPS users [↑](#footnote-ref-3)
4. Support Naloxone distribution schemes for overdose prevention [↑](#footnote-ref-4)
5. Embed psychosocial support and preventive harm reduction practices within prison personnel and police service training curricula [↑](#footnote-ref-5)
6. Encourage the involvement of, and promote peer-training in outreach work, including measures to reduce drug-related deaths, first aid and early involvement of the emergency services [↑](#footnote-ref-6)