



STUDENT DRUG-TESTING COALITION

Helping students pursue a better future.



Joint Statement in Opposition to the Vienna Declaration Released July 20, 2010

The criminalization of illicit drug use provides positive health and social benefits by deterring nonmedical use of substances that cause great harm to HIV/AIDS-affected individuals. Incarceration that respects human rights and provides drug treatment services can accelerate an individual's recovery from drug dependence and prevent drug-related harms to HIV/AIDS-affected individuals and prevent further proliferation of both diseases - HIV/AIDS and substance abuse.

In anticipation of the International AIDS Conference (AIDS 2010) from July 18-23, 2010,ⁱ the Vienna Declarationⁱⁱ was released by a group of non-governmental organizations (NGOs) and signed by private individuals to outline a global strategy to deal with the modern drug epidemic. The Vienna Declaration is based on three false premises: 1) that the criminalization of illegal drug use fuels the HIV/AIDS epidemic, 2) that criminal justice and health promotion are conflicting approaches to drug policy, and 3) that the major costs of illegal drug use are those generated by the criminal justice system.

The prohibition of illegal drug use does not encourage the spread of HIV/AIDS, but rather it reduces illegal drug use among HIV/AIDS patients, as well as the non-infected population and thereby reduces the population vulnerable to HIV/AIDS infection by contaminated needles. Illegal drug use exacerbates weaknesses of the immune system, making individuals with AIDS more susceptible to infection and death.ⁱⁱⁱ Marijuana use causes impaired immunity,^{iv v vi vii} and opens the door for the virus that causes Kaposi's Sarcoma,^{viii} life-threatening for individuals with HIV/AIDS. Marijuana also contains bacteria and fungi that put users at risk for infection.^{ix x xi} Illegal drug use among AIDS patients is life-threatening because these drugs lessen the effectiveness of anti-retroviral (ARV) medications.^{xii} Nonmedical drug use is associated with increased risky sexual behaviors which promote transmission of HIV/AIDS in a way that needle exchange cannot prevent.^{xiii xiv}

Illegal drug use also increases sexual violence which in turn results in more HIV infections, particularly among the most vulnerable members of society including women^{xv} as well as children. Mother-to-child transmission of HIV/AIDS now can be largely prevented by medical intervention; however, there is no protection for unborn fetuses from the adverse effects of a drug-using mother.^{xvi}

There are 200 million illegal drug users globally, making up 5% of the world population aged 16-64,^{xvii} and an estimated 33.4 million people living with HIV/AIDS.^{xviii} Since the emergence of the HIV/AIDS epidemic in 1981, an estimated 25 million people have died of HIV/AIDS-related causes and two million people die each year from this disease.^{xix} These numbers are tragically high, but so is the number of global drug-related deaths, estimated at 223,000 each year.^{xx} As previously noted, illegal drug use increases the risks associated with both contracting and treating HIV/AIDS. Reducing drug use must be part of the solution to curb the distressingly high HIV/AIDS death toll.

The Vienna Declaration concludes that “reorienting drug policies towards evidence-based approaches that respect, protect and fulfill human rights has the potential to reduce harms deriving from current policies and would allow for the redirection of the vast financial resources towards where they are needed most: implementing and evaluating evidence-based prevention, regulatory, treatment and harm reduction interventions.” Prevention and treatment are admirable goals which aim to reduce illegal drug use; *however many so-called “harm reduction” interventions normalize illegal drug use and inevitably lead to more nonmedical use of drugs, leading to more drug-caused harm.* Real harm reduction is achieved by rejecting illegal drug use to improve the health and safety of would-be drug users.

To promote public health and public safety, and to reduce both illegal drug use and HIV/AIDS, the World Federation Against Drugs (WFAD), Drug Free America Foundation, Inc. (DFAF), Institute for Behavior and Health, Inc. (IBH) and numerous other organizations and individuals support a balanced restrictive drug policy that uses the criminal justice system, and the illegal status of nonmedical drug use, to reinforce both prevention and treatment. The current globally-endorsed balanced drug abuse prevention policy can be improved. Treatment systems can work together with the criminal justice system by incorporating new, effective and evidence-based strategies to reduce illegal drug use among criminal offenders. These approaches also reduce the commission of new crimes and associated incarceration.

The greatest costs of illegal drug use are *not* generated by the criminal justice system but by the nonmedical drug use itself. These costs include not only sickness and death but reduced productivity and the high healthcare costs generated by illegal drug use.

We are committed to efforts to improve current drug policy to further reduce illegal drug use by building on a balanced strategy that includes the criminal justice system. Rather than choosing between prevention and treatment on the one hand, and the criminal justice system on the other, it is important to find better ways for them to work together to achieve vital public health and public safety goals that neither can achieve alone. We know that the prevention of illegal drug use and HIV/AIDS prevention must go hand-in-hand; they are not in conflict with one another.

Organizations:

Sven-Olov Carlsson, International President, World Federation Against Drugs, www.wfad.se

Robert L. DuPont, M.D., President, Institute for Behavior and Health, Inc., www.ibhinc.org

David Evans, Esq., Executive Director, Drug Free Projects Coalition,

www.studentdrugtesting.org/

Calvina Fay, Executive Director, Drug Free America Foundation, Inc., www.dfaf.org

Members, International Task Force on Strategic Drug Policy, www.itfsdp.org

-
- ⁱ XVIII International AIDS Conference. (2010). Retrieved July 12, 2010 from <http://www.aids2010.org/>
- ⁱⁱ The Vienna Declaration. (2010). Retrieved June 30, 2010 from <http://www.viennadeclaration.com/the-declaration.html>
- ⁱⁱⁱ Antoniou, T., & Tseng, L. (2002). Interactions between recreational drugs and antiretroviral agents. *Annual of Pharmacotherapy*, 36, 1598-1613.
- ^{iv} Cabral, G.A., & Vasquez, R. (1992). Delta-9-Tetrahydrocannabinol suppresses macrophage extrinsic anti-herpes virus activity, *Proceedings of the Society for Experimental Biology and Medicine*, 199(2), 255-63.
- ^v American College of Allergy, Asthma and Immunology. (2004, November 17). Immunological changes associated with prolonged marijuana smoking.
- ^{vi} Tashkin, D.P., Baldwin, G.C., Sarafian, T., Dubinett, S., & Roth, M.D. (2002). Respiratory and immunologic consequences of marijuana smoking. *Journal of Clinical Pharmacology*, 42(11 Suppl), 71S-81S.
- ^{vii} Wu, T.C., Tashkin, D.P., Djahed, B., & Rose, J.E. (1988). Pulmonary hazards of smoking marijuana as compared with tobacco. *New England Journal of Medicine*, 318(6), 347-351.
- ^{viii} American Association for Cancer Research. (2007, August 2). Marijuana component opens the door for virus that causes Kaposi's sarcoma. *ScienceDaily*. Retrieved July 7, 2010 from <http://www.sciencedaily.com/releases/2007/08/070801112156.htm>
- ^{ix} Fleisher, M., Winawer, S.J., & Zauber, A.G. (1991). Aspergillosis and marijuana. [Letter]. *Annals of Internal Medicine*, 115, 578-579.
- ^x Ramirez, J. (1990). Acute pulmonary histoplasmosis: newly recognized hazard of marijuana plant hunters. *American Journal of Medicine*, 88(5), 60N-62N.
- ^{xi} Taylor, D.N., Wachsmuth, I.K., Shangkuang, Y.H., Schmidt, E.V., Barrett, T.J., et al. (1982). Salmonellosis associated with marijuana: A multi state outbreak traced by plasmid fingerprinting. *New England Journal of Medicine*, 306(21), 1249-1253.
- ^{xii} Ghaziani, A. (2005, October). Crystal methamphetamine use and antiretroviral drug resistance: A pilot study of behavioral and clinical correlates. International Association of Physicians in AIDS Care. *IAPAC Monthly*, 297-299. Retrieved July 9, 2010 from <http://img.thebody.com/legacyAssets/22/36/meth.pdf>
- ^{xiii} Wechsberg, W.M., Parry, C.D.H., & Jewkes, R.K. (2010, May). Drugs, sex, gender-based violence, and the intersection of the HIV/AIDS epidemic with vulnerable women in South Africa. RTI Press. Retrieved July 9, 2010 from <http://www.rti.org/pubs/pb-0001-1005-wechsberg.pdf>
- ^{xiv} Colfax, G., Coates, T.J., Husnik, M.J., Huang, Y., Buchbinder, S., Koblin, B., et al. (2005). Longitudinal patterns of methamphetamine, popper (amyl nitrite), and cocaine use and high-risk sexual behavior among a cohort of San Francisco men who have sex with men. *Journal of Urban Health*, 82(1 Suppl 1), i62-i70.
- ^{xv} Wechsberg, W.M., Parry, C.D.H., & Jewkes, R.K. (2010, May). Drugs, sex, gender-based violence, and the intersection of the HIV/AIDS epidemic with vulnerable women in South Africa. RTI Press. Retrieved July 9, 2010 from <http://www.rti.org/pubs/pb-0001-1005-wechsberg.pdf>
- ^{xvi} World Health Organization. (2010). PMTCT strategic vision 2010-2015: Preventing mother-to-child transmission of HIV to reach the UNGASS and millennium development goals. Retrieved July 9, 2010 from http://www.who.int/hiv/pub/mtct/strategic_vision.pdf
- ^{xvii} United Nations Office on Drugs and Crime. (2010). World Drug Report 2010. New York: United Nations. Retrieved July 7, 2010 from http://www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-res.pdf
- ^{xviii} UNAIDS. (2009, December). Global facts & figures. Retrieved July 7, 2010 from http://data.unaids.org/pub/FactSheet/2009/20091124_FS_global_en.pdf
- ^{xix} UNAIDS. (2009, December). Global facts & figures. Retrieved July 7, 2010 from http://data.unaids.org/pub/FactSheet/2009/20091124_FS_global_en.pdf
- ^{xx} National Drug Research Institute. (2003, February 25). Tobacco, alcohol and illicit drugs responsible for seven million preventable deaths worldwide. Media release. Retrieved July 7, 2010 from <http://db.ndri.curtin.edu.au/media.asp?mediarelid=40>