

The following actions **must** be taken by national leaders and the United Nations Secretary General, as well as the United Nations Office on Drugs and Crime, UNAIDS and the Commission on Narcotic Drugs:

1. Acknowledge and address the causal links between the war on drugs and the spread of HIV/AIDS, drug market violence and other health (e.g., hepatitis C) and social harms.
2. Respond to the fact that HIV risk behavior resulting from repressive drug control policies and under-funding of evidence-based approaches is the main issue driving the HIV epidemic in many regions of the world.
3. Push national governments to halt the practice of arresting and imprisoning people who use drugs but do no harm to others.
4. Replace ineffective measures focused on the criminalization and punishment of people who use drugs with evidence-based and rights affirming interventions proven to meaningfully reduce the negative individual and community consequences of drug use.
5. Countries that under-utilize proven public health measures should immediately scale up evidence based strategies to reduce HIV infection and protect the health of persons who use drugs, including sterile syringe distribution and other safer injecting programs. Failure to take these steps is criminal.
6. The public and private sectors should invest in an easily accessible range of evidence-based options for the treatment and care for drug dependence, including substitution and heroin-assisted treatment. These strategies reduce disease and death, and also limit the size and harmful consequences of drug markets by reducing the overall demand for drugs.
7. All authorities must recognize the clear failure of the war on drugs to meaningfully reduce drug supply and, in doing so, move away from conventional measures of drug law enforcement "success" (e.g., arrests, seizures, convictions), which do not translate into positive effects in communities.
8. Measure drug policy success by indicators that have real meaning in communities, such as reduced rates of transmission of HIV and other infectious diseases (e.g., hepatitis C), fewer overdose deaths, reduced drug market violence, fewer individuals incarcerated and lowered rates of problematic substance use.
9. Public health bodies within the United Nations system must lead the response to drug use and related harms and to promote evidence-based responses. Other bodies, including the International Narcotics Control Board, should be subjected to independent external review to ensure the policies they promote do not worsen community health and safety.
10. Act urgently: The war on drugs has failed, and millions of new HIV infections and AIDS deaths can be averted if action is taken now.

The Full Spectrum's mission is to enhance and sustain LGBTQ diversity, inclusion, and access within the cannabis industry and community.

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How The WAR ON DRUGS Fuels The Global HIV PANDEMIC



Examining the effects of criminalization.



The War on Drugs and the HIV/AIDS Pandemic

The global war on drugs is driving the HIV/AIDS pandemic among people who use drugs and their sexual partners. While the annual number of new infections has been falling since the late 1990s, HIV increased by more than 25% in 7 countries over this time span. Five of these countries are in Eastern Europe and Central Asia, where the war on drugs is being aggressively fought and, as a result, the number of people living with HIV in this part of the world has almost tripled since 2000.

Fear of arrest drives people who use drugs underground, away from HIV testing and HIV prevention services and into high risk environments.

Aggressive law enforcement practices focused on suppressing the drug market drive drug consumers away from public health services, and into hidden environments where HIV risk becomes drastically elevated. Police violence and torture of drug consumers have been widely reported. Police harassment, confiscation of clean syringes and arrest for possession of syringes are also common. All of these practices have repeatedly been shown to increase the sharing of used syringes and other risky injection practices.

Mass Incarceration Fuels HIV Transmission

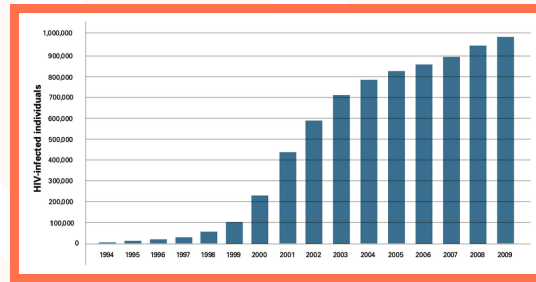
In many countries, including the U.S., HIV and AIDS prevalence behind bars are many times higher than among the general population. One-quarter of all HIV-infected Americans are estimated to pass through correctional facilities annually. Disproportionate incarceration rates are one of the key reasons for the elevated rates of HIV infection among African Americans.

Drug Law Enforcement Creates Barriers to Antiretroviral Therapy

These barriers to treatment include stigma and discrimination within healthcare settings, refusal of services, breaches of confidentiality, requirements to be drug-free as a condition of treatment, and the use of registries that lead to denial of such basic rights as employment and child custody. As a result, research has repeatedly shown that drug consumers have lower rates of antiretroviral therapy use and higher HIV/AIDS death rates.

Where Public Health Approaches Are Ignored, the HIV Epidemic Is Out of Control

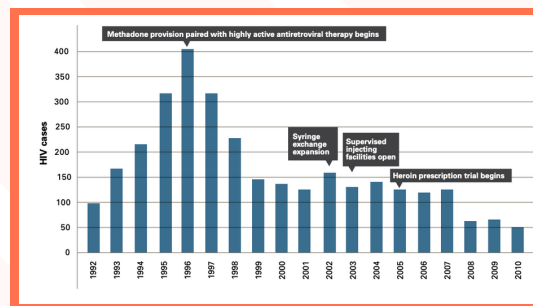
Restrictions on syringes results in increased syringe sharing. Restrictions to methadone access prevents treatment for those who are seeking recovery.



Estimated number of HIV-infected individuals in the Russian Federation

Where Addiction is Treated as a Health Issue, the Fight Against HIV is Being Won

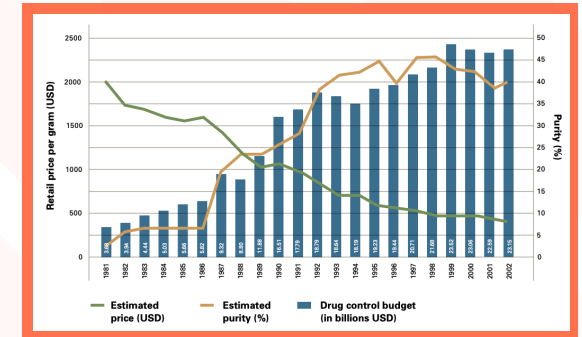
A global survey found that in 52 cities without syringe exchange, HIV prevalence increased by approximately 6% per year, whereas prevalence decreased by approximately 6% per year in the 29 cities with syringe exchange programs. In British Columbia, Canada, antiretroviral therapy, opioid substitution (including heroin prescription), syringe distribution and medically supervised injecting facilities has resulted in declining HIV incidence and AIDS deaths among intravenous drug consumers there.



Decline in new HIV cases attributable to drug injecting in British Columbia coinciding with public health interventions

The War on Drugs Has Not Reduced Drug Supply

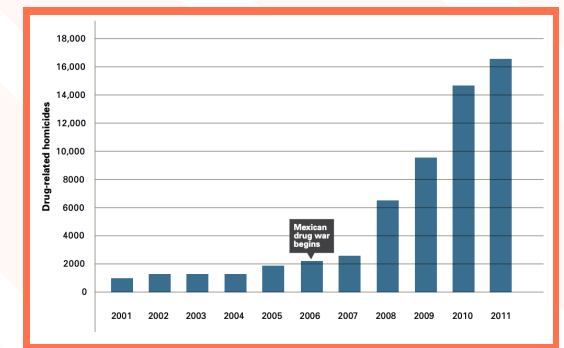
Drug seizures, arrests, convictions and other commonly reported indices of drug law enforcement has been ineffective at reducing drug supply. Despite an ever-increasing "drug-control" budget, heroin purity has sky-rocketed and costs have decreased.



Change in estimated heroin price and purity in the context of the increasing annual drug control budget in the United States

The Drug War Spreads Violence in Addition to HIV

Prohibition of drugs has contributed to increased levels of drug-related mortality and drug market violence. Drug arrests and other drug law enforcement strategies that remove individuals from the lucrative drug market contribute to violence by having the "perverse effect of creating new financial opportunities," resulting in fights over market share.



Estimated drug-related homicides in Mexico before and after the government crackdown on drug cartels

Public Health Approaches Can Reduce Rates of Drug Use

Health-based policies have the potential to significantly decrease rates of use. Drug consumption is not increased by syringe exchange programs. Supervised injection facilities (where drug consumers can inject street-obtained illicit drugs under the supervision of medical staff), have proven to increase the use of addiction treatment and to reduce rates of drug injecting.

All information is from:
**REPORT OF THE GLOBAL COMMISSION
ON DRUG POLICY**

**"The War on Drugs and HIV/AIDS:
How the Criminalization of Drug Use
Fuels the Global Pandemic"**

<https://www.globalcommissionondrugs.org/reports/the-war-on-drugs-and-hiv-aids>