



NEW TOOL ADDRESSES LEGAL ENVIRONMENT SURROUNDING SERVICES FOR PEOPLE WHO INJECT DRUGS

How can legal experts use the model?

- Law professors can use it to demonstrate the importance of international laws and guidelines and how these can be applied at the national level.
- Legal advocates can use the model to identify priority issues for legal reform.
- Experts designing legal frameworks or drafting legislation can use it as a resource to ensure the inclusion of vital elements.
- Legal analysts can use the model to illustrate the power of “legal silence” to infringe human rights and restrict access to health services.

A range of policy barriers restrict the availability of key hepatitis, HIV, drug treatment, and harm reduction services for drug users. These services are vital to halting the spread of HIV, especially in Eastern Europe and Central Asia, where unsterile sharing of injection drug equipment is the major driver of the HIV epidemic. Yet, the complex and dynamic policy environment surrounding services for drug users poses a challenge to analysts, advocates, and decisionmakers alike. The *Policy Analysis and Advocacy Decision Model for Services for People Who Inject Drugs* is a collection of tools that can be used to make sense of this complexity, allowing users to assess and address policy barriers that restrict access to services for drug users.

Designed to help country stakeholders build a public policy foundation that supports the access to and implementation and scale-up of evidence-informed services for people who inject drugs (PWID), the decision model provides a clear and detailed rendering of the legal and policy issues surrounding PWID services. Its policy inventory and analysis tool draws from the extensive body of international laws, agreements, standards, and best practices related to PWID services, allowing the assessment of a specific country policy environment in relation to these standards.

Key Legal Issues

Whether or not countries formally prohibit or restrict access to harm reduction services, repressive policies create legal vulnerability for drug users and make them susceptible to abuse and harassment by law enforcement, which often prevents them from accessing services. They also reduce access to services, particularly needle and syringe programs and opioid substitution therapy, by placing participating clients, staff, and healthcare providers at risk of harassment, penalization, and prosecution. Policy-related issues covered in the decision model include the following:

- Registration of drug users for non-medical control purposes, leaving PWID vulnerable to human rights violations and discrimination
- Application of harsh penalties for minor violations of administrative rules and procedures, leaving pharmacists and medical personnel vulnerable to fines, penalties, and imprisonment
- Low thresholds of drugs that can lead to criminal charges
- Lack of alternatives to incarceration for minor drug offenses
- Harsh “aiding and abetting” legislation
- Prioritization of law enforcement over public health approaches to drug issues
- Failure of policies to restrict admissible evidence for determining criminal offenses

To access the tool,
please visit:

www.healthpolicyproject.com/t/HIVPolicyModels.cfm

- Lack of clear requirements and procedures to protect an individual's right to informed consent
- Age and consent restrictions that limit young drug users' access to services
- Disclosure of information on registered drug users by health service providers to law enforcement agencies
- Discriminatory requirements regarding local residence registration and health insurance, limiting foreign nationals' access to key healthcare and harm reduction services
- Lack of flexibility in centralized procurement and supply mechanisms for harm reduction commodities
- Lack of free or low-cost access to legal representation

In many developing countries, these issues are exacerbated by broader structural factors like a weak judicial system, the corruption and lack of accountability of law enforcement, and stigma and intolerance among the general population. Use of cruel, inhuman, and degrading treatment has also been extensively documented both as punishment for drug use and treatment for addiction.

About the Decision Model

The decision model can be used to identify and address policy barriers that restrict the provision of and access to high-quality hepatitis, HIV, drug treatment, and harm reduction programs for people who inject drugs. The decision model is designed to identify the existence of restrictive, poorly written, and absent policies related to services for PWID. It provides background information on the overall policy framework and includes tools that collect various quantitative and qualitative data on policy language and implementation, collate the quantitative data for easy comparison, and provide basic steps to create an advocacy strategy and set priorities.

List of Tools

- **Policy Inventory and Analysis.** Instruments and procedures to compile and analyze a reference library of country documents and an analytic framework to compare the documents against international best practices and assess the extent to which they enable or restrict implementation of hepatitis, TB, HIV, drug treatment, and harm reduction services.
- **Policy Implementation Assessment Interviews.** Survey instruments collect opinions and experiences of key informants, service providers, and clients regarding the perception and implementation of policies. This information will help users understand whether to focus on changing policy language or on policy dissemination/implementation.
- **Policy Advocacy Planning Worksheets.** These worksheets help users identify and prioritize policy issues, engage stakeholders, and conduct advocacy campaigns.

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