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The Southern African HIV Clinicians Society states its support for the decriminalisation of drug use

The Southern African HIV Clinicians Society (SAHCS) supports evidence-based law and policy-making. We believe that South Africa will not reach its, nor international, HIV or viral hepatitis reduction and treatment targets or related public health goals if it does not decriminalise drug use.

Local research has identified higher HIV and viral hepatitis C (HCV) prevalence among people who inject drugs compared to the general population. The most recent biobehavioural survey estimated HIV prevalence among people who inject drugs to be 11% in Cape Town and 58% in Pretoria (the TipVal Study, 2017/18).[1] This reflects earlier studies noting similarly high HIV prevalence in these cities, and HIV prevalence in Durban of 17%.[2,3] Programmatic data from 2018 indicates that HIV prevalence among people who inject drugs reached by harm reduction services in the city of Johannesburg was 45%.[4] The burden of HCV among people who inject drugs is alarming – 83 - 94% in Pretoria, 44 - 64% in Cape Town and 35% in Durban.[1,2]

The evidence highlighting the infectiveness of law enforcement approaches to managing substance use is convincing. Incarceration significantly increases HIV, HCV and other health risks.[5–7] In contrast, the decriminalisation of drug use, which means that the possession of drugs for personal use is not a criminal justice matter and is without legal consequences, is associated with significant reductions in HIV and HCV risk. The decriminalisation approach also creates space and financing for the widespread implementation of evidence-based HIV and HCV prevention and treatment interventions.[8,9]

Several high-income countries have decriminalised drugs with remarkable beneficial impact on their HIV epidemics. Portugal, for example, decriminalised the use of all drugs in 2001. Between 2001 and 2012 the number of HIV infections reduced from 1 016 to 56 and the number of AIDS cases from 568 to 38.[10] Additionally, during this time the number of deaths among people who use drugs decreased, and the level of drug use among people aged 15 – 24 years remained constant.[11] Similar HIV and health benefits of decriminalisation are likely in middle and low income countries. For example, a mathematical model based on an 80% reduction in incarceration for drug related offences with increased access to opioid substitution therapy in Mexico would reduce HIV infections among people who inject drugs in that country by 21% by 2030.[12]

UNAIDS[4], the World Health Organisation[5], the United Nations Office on Drugs and Crime and the Global Commission on HIV and the Law[6] all support the decriminalisation of drug use. In January 2019 the Chief Executives Board of the United Nations adopted a common position on drug policy that endorses the decriminalisation of drug possession and use.[13] The Global Commission on Drug Policy recommends that states move towards the legal regulation of currently unregulated substances.[13]

SAHCS therefore encourages the decriminalisation of drug use as a progressive policy and law. This approach aligns with international health care and human rights organisations, and will help stem the tide of HIV, TB, viral hepatitis and related infections in South Africa.

By making this evidence- and human rights-based policy change, South Africa would be primed to scale-up effective harm reduction programmes that could set a continent-wide wave of attention to this important issue. An issue which disproportionately harms the poor and most vulnerable, while diverting law and health resources to pointless and often harmful interventions.

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