Public letter to the Norwegian Minister of Health and Care Services

Key recommendations for drug policy makers

We, the undersigned, commend the Minister on initiating the shift from a criminal justice to a public health approach in Norwegian drug policy. If executed correctly, not only does this important reform hold the potential to save lives and reduce drug-related harms in Norway, it can have a major impact internationally, serving as an example for other nations looking to reform their drug policies.

Around the world, an increasing number of governments are turning to pragmatic health and harm reduction strategies as a more effective way of dealing with drug-related problems on both a societal and an individual level. Unlike the traditional approach to illicit drugs, which is focused on curbing use, the harm reduction approach builds on a commitment to public health and human rights and seeks to reduce the overall harms from drug use in society by making drug use less harmful - for both people who use drugs and those that do not - wherever possible.

To identify, assess and prioritize policies in a Norwegian model, independent commissions of drug policy experts from relevant disciplines such as medicine, criminology, sociology and economics should be consulted to ensure that the full evidence base is reflected in the new regime. People who use drugs and drug services should be included in consultations along with other affected communities.

Drawing on research and experience from a variety of countries and disciplines, a number of policy makers, health care professionals, academics and drug policy experts would like to recommend the following preliminary set of ideas for the Minister's consideration:

1. The overall goal of drug policy reform should be to minimize the total strain that drug use and drug criminalisation has on on the individual and society, rather than the prevalence of use. This effort should be based on the best evidence and evaluated with a comprehensive set of indicators of public health, community safety and human rights.

2. Important harm reduction services should be scaled up to meet demand, and easy access to these services should be ensured. Examples of such services are drug substitution therapy with a wide range of medications, supervised drug consumption sites, drug testing sites, sufficient access to naloxone and other antagonists, and needle and syringe exchange programmes for those who need them (including prison populations).

3. Minor, non-violent drug offences should be decriminalized. This includes possession and use, as well as minor acquisition, production for personal use and petty sale.[1] Using police resources in this area is ineffective and often harmful, and resources are better employed strengthening health and social-sector alternatives.

4. Investments in treatment programmes and aftercare facilities should be prioritized and validated using high-quality evidence and research, just like other medical interventions. Compulsory treatment and measures such as coerced urine testing and forced abstinence should be avoided as they adversely impact patient outcomes in addition to being at odds with basic medical ethics and human rights.[2]

5. Prevention and information efforts should be based on the best evidence. Honest information campaigns should be designed using evidence-based guidelines for risk communication.[3] Prevention efforts in schools and society should be based on tested approaches, supplemented with investments in general preventive factors such as education, vocational training, housing and social activities.

We hope the Minister of Health in Norway as well as the global community will consider these recommendations in their important effort to change both Norwegian and global drug policy reform initiatives. We are happy to offer support and assistance as needed.

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David Nutt, Professor of Neuropsychopharmacology and director of the Neuropsychopharmacology, UK

Ron Hogg, Police, Crime and Victims' Commissioner of Durham UK

Ann Fordham, Executive Director, International Drug Policy Consortium (IDPC) - UK

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[1] The Lancet commissions http://fileserver.idpc.net/library/DrugsCOM.pdf
[2] UNODC: From coersion to cohesion https://www.unodc.org/docs/treatment/Coercion_Ebook.pdf
[3] IDPC Drug Policy Guide - Drug pevention, Key recommendations: http://fileserver.idpc.net/library/IDPC-drug-policy-guide_3-edition_FINAL.pdf page 34

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