A call to reprioritise metrics to evaluate illicit drug policy

On April 19–21, 2016, the UN General Assembly Special Session on Drugs (UNGASS) will convene to chart a course for the future to tackle the world's drugs problem. The 2016 UNGASS represents a rare opportunity to reassess the global approach to drugs and to move towards drug policies that more effectively address the three UN pillars of peace and security, human development, and human rights. We believe that we need a new consensus that includes a commitment to revise the range of indicators used to assess and improve drug policy effectiveness.

For the past 40 years, governments and other institutional actors have prioritised a small set of indicators to evaluate drug policy success, narrowly focused on reducing the demand and supply of illegal drugs.[1] These indicators include the price of illicit drugs, the purity of illicit drugs, the perceived availability of illicit drugs, the number and volume of illicit drug seizures, the number of drug-related arrests and incarceration, and the prevalence of drug use in the general population (with no discrimination between problematic and non-problematic forms of drug use).[2] Unfortunately, based on these indicators, drug policies combining street-level drug law enforcement with drug supply interdiction have not, by and large, demonstrated effectiveness.[2,3] Indeed, a scientific consensus has emerged that policies of drug prohibition and criminalisation substantially heighten the risk that people who use drugs will encounter negative health and social outcomes.[4] Law enforcement-based approaches have in turn led to increases in high-risk behaviours among drug-using populations (eg, use of unsterile needles as a result of enforcement-based barriers to clean injecting equipment).[4] To meaningfully evaluate illicit drug policies, then, indicators that measure so-called real-world outcomes of relevance to communities need to be prioritised.

Fortunately, robust and detailed indicators have been developed to assess a range of impacts of drug policies on community health, safety, development, and human rights. UN Member States and other international stakeholders should therefore commit to the creation of an expert advisory group to conduct a formal revision of drug policy metrics as a key outcome of the 2016 UNGASS process.[5] Without such action, the unacceptably high levels of drug-related harms experienced in many settings—including epidemics of HIV and hepatitis C, widespread and increasing levels of fatal overdoses, drug-related violence, and the mass incarceration of drug users[6]—will continue, with grave implications for communities affected by illicit drugs across the globe.

DW and NM received grants from Open Society Foundations. JM is supported with grants paid to his institution by the British Columbia Ministry of Health and by the US National Institutes of Health. JM has also received limited unrestricted funding, paid to his institution, from Abbvie, Bristol-Myers Squibb, Gilead Sciences, Janssen, Merck, and ViiV Healthcare. All other authors declare no competing interests.

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PATHWAY-2: spironolactone for resistant hypertension

We read with great interest the study by Bryan Williams and colleagues (Nov 21, p 2059),[1] which confirmed for the first time the superiority of spironolactone over α blockers and β blockers in resistant hypertension—a very important clinical finding. We would like to draw attention to some aspects.

An inverse association between blood pressure response and renin status is reported. Although renin is an indicator of sodium status, does an association between blood pressure response and 24 h urinary sodium excretion also exist? This link might be important because renin assessment is not easily performed worldwide.

Recent data suggest that adiposity might influence the cardiovascular effects of antihypertensive drugs,[2] and it has been hypothesised that spironolactone might be very effective in patients who are overweight and obese.[3] Therefore, an analysis of blood pressure response according to baseline body-mass index levels might be useful.

Another question is whether blood pressure response is associated with baseline aldosterone levels? We assume that serum aldosterone was measured in most study participants, as an essential part of patients' assessment for the exclusion of primary hyperaldosteronism.[4] Relevant data, if available, might be elucidating.