

HIV and Mexican drug law reform: good intentions wasted?



Monitoring and evaluating a reform process is crucial. Irrespective of the sector in which changes are needed, well devised reforms will go to waste without effective and committed implementation. Findings of negligible positive or even adverse effects can invariably turn into frustration. Worse still, legal reform with insufficient follow-up can lead to a false sense of conclusion that can aggravate the problem the reform is attempting to address. The study by Annick Borquez and colleagues in *The Lancet Public Health*¹ provides a relevant and illustrative case study: a public health-oriented drug law reform that had no significant effect on HIV incidence among people who inject drugs in the US–Mexico border city of Tijuana. The researchers attributed this lack of effect to insufficient enforcement of the reform and exposure to the wrong drug treatment programme (ie, compulsory drug abstinence instead of opioid agonist treatment).

In view of the non-randomised nature of the intervention, the study used epidemic modelling to quantify the effect of the legal policy changes on new infections, accounting for specific demographic and epidemic dynamics through time, such as incarceration status, syringe confiscation, and exposure to drug rehabilitation.¹ The model has the advantage of using data from a cohort study, which was specifically designed to assess the effect of the Mexican drug law reform on HIV risk in people who inject drugs in Tijuana. The results provide a valuable benchmark for public sector-implementing institutions at the federal and state level, including police and health authorities, noting the gap between observed and potential health impact of the reform process. The researchers use their findings to provide concrete proposals for corrective actions through an improved implementation strategy, which, if heeded, could show how rigorous modelling plays a vital role in guiding policy reformulation.

Beyond trying to close the feedback loop between policy design, implementation evaluation, and policy reformulation, a second key lesson emerges from the study. In theory, intersectoral policies are ranked among the most cost-effective interventions for promoting healthy behaviours, including policing attitudes to reduced exposure to HIV infection. In practice, intersectoral policies are, by design, plagued

with coordination problems. For example, to reduce HIV infections, investing in legislation that decriminalises individuals who are addicted to drugs can be a logical choice, especially in circumstances in which there is a strong case for a preventive effect (ie, avoiding infections) over a costly treatment strategy (eg, improved access to antiretrovirals).² Nonetheless, measuring and better understanding the real-world cost-effectiveness of intersectoral reforms is essential.³ Health policies that span sectors entail special implementation complexities, and public health-oriented drug law reform is no exception. Special attention needs to be paid to subsequent coordinated activities between the judicial and health sectors for positive effects on health to be realised, most notably communication and awareness campaigns directed at the police force and a better preparedness of the health sector to respond to a higher demand for opioid agonist treatment services.⁴

Finally, from a policy perspective, the findings show that legal reform is necessary but not sufficient for changing human behaviour and achieving better health outcomes. Reforms that involve forcible legal practices in hierarchical interactions, such as the police force and people who inject drugs, are complex and need to be accompanied by adequate educational programmes for the first group, and viable treatment enforcement alternatives for the latter.^{5,6} Borquez and colleagues succeed in quantifying the effect of drug law reform on HIV transmission among people who inject drugs and provide an in-depth description of the police's understanding of the changes introduced by the reform, as well as the people who inject drugs' perceptions of drug treatment programmes. This allows for a comprehensive interpretation of the results and a good understanding of the Mexican context, while clearly providing guidance on what further steps are needed to achieve a significant reduction in HIV incidence among people who inject drugs in Tijuana, and elsewhere.

Eduardo Gonzalez-Pier*, Giota Panopoulou

Center for Global Development, Washington DC, USA (EG-P); Mexican Health Foundation, Mexico City, Mexico (EG-P); and Medica Sur Clinical Foundation, Mexico City, Mexico (EG-P, GP) egpier@cgdev.org

We declare no competing interests.

Copyright © 2018 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.

Published Online
August 16, 2018
[http://dx.doi.org/10.1016/S2468-2667\(18\)30162-2](http://dx.doi.org/10.1016/S2468-2667(18)30162-2)
See [Articles](#) page e429

- 1 Borquez A, Beletsky L, Nosyk B, et al. The effect of public health-oriented drug law reform on HIV incidence in people who inject drugs in Tijuana, Mexico: an epidemic modelling analysis. *Lancet Public Health* 2018; published online Aug 16. [http://dx.doi.org/10.1016/S2468-2667\(18\)30097-5](http://dx.doi.org/10.1016/S2468-2667(18)30097-5).
- 2 Bernard CL, Owens DK, Goldhaber-Fiebert JD, et al. Estimation of the cost-effectiveness of HIV prevention portfolios for people who inject drugs in the United States: a model-based analysis. *PloS Med* 2017; **14**: 1002312.
- 3 Russell LB, Sinha A. Strengthening cost-effectiveness analysis for public health policy. *Am J Prev Med* 2016; **50**: 6–12.
- 4 Cepeda JA, Strathdee SA, Arredondo J, et al. Assessing police officers' attitudes and legal knowledge on behaviors that impact HIV transmission among people who inject drugs. *Int J Drug Policy* 2017; **50**: 56–63.
- 5 Arredondo J, Strathdee, Cepeda J, et al. Measuring improvement in knowledge of drug policy reforms following a police education program in Tijuana, Mexico. *Harm Reduct J* 2017; **14**: 72.
- 6 Burgos JL, Cepeda Ja, Kahn JG, et al. Cost of provision of opioid substitution therapy provision in Tijuana, Mexico. *Harm Reduct J* 2018; **15**: 28.