

Upcoming report of the OHCHR report on the Sustainable Development Goals and Health

Contribution of the International Drug Policy Consortium

October 2017

Introduction

The **International Drug Policy Consortium** (IDPC, www.idpc.net) is a global network of 177 NGOs coming together to promote drug policies grounded in the principles of health, human rights, development, social inclusion, human security and civil society participation.

IDPC welcomes the call for contributions from the Office of the High Commissioner for Human Rights (OHCHR) for the preparation of its report on the Sustainable Development Goals and health, as mandated under the General Assembly Resolution 35/23. We note the concerns, raised in Resolution 35/23, that '54 per cent of persons living with HIV are in need of treatment, many of whom do not know their HIV status'. We also welcome the recognition of the 'need for States to address the social, economic and environmental determinants of health, as well as to address holistically a range of barriers arising from inequality and discrimination that impede access to health-care services'.

In Target 3.3 of the Sustainable Development Goals, UN member states committed to the following: **'By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases'**. This target will be direly missed if those most vulnerable to HIV/AIDS are being left behind by government policies, international donors and UN leadership.

In 2011, UN member states approved Resolution 65/277 'Political Declaration on HIV and AIDS: Intensifying our efforts to eliminate HIV and AIDS', in which they committed to reduce the transmission of HIV among people who inject drugs by 50% by 2015.ⁱ Available data shows that this target was spectacularly missed – with HIV incidence increasing by a third over this same period.ⁱⁱ According to the latest data from the United Nations Office on Drugs and Crime (UNODC), more than one in ten people who inject drugs are currently living with HIV.ⁱⁱⁱ The continued spread of HIV among people who use drugs is a direct result of limited availability and funding for effective health interventions, but also of repressive drug laws and policies that hampers their access to the health and social programmes they need. A repressive approach towards drug use also exacerbates stigma and discrimination towards people who use drugs.

A harm reduction approach

Harm reduction aims to reduce the harms associated with drug use, acknowledging that many people will be unable, or unwilling, to stop using drugs. The most common harm reduction interventions include needle and syringe programmes, opioid substitution therapy, drug consumption rooms, overdose prevention, and outreach programmes, among others. The Committee on Economic, Social and Cultural Rights,^{iv} the Committee on the Rights of the Child^v and

the Special Rapporteur on the right to health have all concluded that harm reduction is an essential approach for people who use drugs. Harm reduction is also widely promoted by the UNODC, the World Health Organization and the Joint United Nations Programme on HIV and AIDS.^{vi}

Nevertheless, coverage^{vii} and funding^{viii} for these interventions remain woefully inadequate worldwide, despite overwhelming evidence of their effectiveness. For instance, just two needles are distributed per person who injects drugs per month, and only 8% of people who inject opioids have access to opioid substitution therapy.^{ix} As for funding, US\$ 2.3 billion annually is estimated by UNAIDS to be required to fund HIV prevention among people who inject drugs. At last estimate only US\$ 160 million was invested by international donors – this is only about 7% of what is required. This is not for resources dedicated to drug control, rather, it is a matter of resource allocation. Indeed, it is estimated that global drug enforcement exceeds US\$ 100 billion annually – most of which targets the very people in need of health and social support, rather than punishment. One tenth of this fund would cover global HIV prevention for people who inject drugs for four years.^x

Ending the punishment of people who use drugs

Punishing and incarcerating people who use drugs creates a significant obstacle to their access to life-saving harm reduction and treatment services. Today, one in five people are incarcerated for drug offences, the great majority for simple possession.^{xi} In several regions of the world, including East and South East Asia, people who use drugs are also subjected to severe punishments including compulsory detention, compulsory registration in government databases, and police abuse, to name a few.^{xii} These practices have been ineffective in reducing the prevalence drug use, and have contributed instead to the spread of HIV, by deterring people who use drugs from accessing healthcare services for fear of arrest and ill-treatment. In 2012, 12 UN agencies called for the immediate closure of compulsory drug detention centres, concluding that this practice raises ‘human rights issues and threaten[s] the health of detainees, including through increased vulnerability to HIV’.^{xiii}

As a response to these violations of the right to health, several governments have chosen to remove criminal sanctions for people who use drugs, with a view to facilitate their access to health and social services and reduce stigma. Portugal, for instance, decriminalised drug use 16 years ago, and several studies have concluded that the approach had contributed to improved health outcomes, in particular increased access to voluntary drug dependence treatment, reduced numbers of overdose deaths, reduced stigma and discrimination. The number of HIV cases related to drug use or injection was reduced from over 900 new cases in 2000 to only 79 in 2012.^{xiv}

In the lead up to the United Nations General Assembly Special Session (UNGASS) on drugs, 15 UN agencies, including the OHCHR, UNAIDS, WHO, UN Women, the UN Development Programme and others, have called for the removal of criminal sanctions and punishment against people who use drugs.^{xv}

Similarly, in its 2015 report on human rights and drug control, the OHCHR noted:

‘One study compared countries that comprehensively and consistently adopted approaches based on harm reduction without punitive approaches with countries that steadfastly resisted the harm reduction programmes and focused instead on punitive approaches. It found that the prevalence of HIV among people who injected drugs in Australia, Germany, Switzerland and the United Kingdom of Great Britain and Northern Ireland was less than 5

per cent, whereas in the Russian Federation and Thailand HIV prevalence among people who injected drugs was over 35 per cent.’

Recommendations

We call upon the OHCHR to:

- **Promote harm reduction** as a key component of the right to health and the achievement of Target 3.3 of the Sustainable Development Goals
- Reiterate its call for the **decriminalisation of drug use** as a critical enabler of a health-oriented approach to drug use, with a view to ‘to eradicate any form of discrimination, stigma, violence and abuse in health-care services’^{xvi}
- Call on member states to **end all other forms of inhumane and disproportionate punishment** against people who use drugs, including compulsory detention, ill-treatment, compulsory registration, and other practices which continue to ‘impede access to health-care services’ such as harm reduction, drug dependence treatment and HIV prevention, treatment and care.

Endnotes

ⁱ General Assembly (July 2011), *Resolution 65/277. Political Declaration on HIV and AIDS: Intensifying our efforts to eliminate HIV and AIDS*, A/RES/65/277, http://www.unaids.org/sites/default/files/sub_landing/files/20110610_UN_A-RES-65-277_en.pdf

ⁱⁱ Joint United Nations Programme on HIV and AIDS (2016), *Get on the fast-track – The life-cycle approach to HIV*, <http://www.unaids.org/en/resources/documents/2016/get-on-the-fast-track>

ⁱⁱⁱ United Nations Office on Drugs and Crime (2017), *UNODC World Drug Report 2017, ‘Factsheet’*, https://www.unodc.org/wdr2017/field/WDR17_Fact_sheet.pdf

^{iv} See E/C.12/RUS/CO/5, E/C.12/ZAZ/CO/1, E/C.12/EST/CO/2 and E/C.12/UKR/CO/5

^v In its General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health

^{vi} World Health Organisation, United Nations Office on Drugs and Crime & Joint United Nations Programme on HIV and AIDS (2012), *WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision*, http://www.who.int/hiv/pub/idu/targets_universal_access/en/

^{vii} Harm Reduction International (2016), *The Global State of Harm Reduction 2016*, <https://www.hri.global/contents/1739>

^{viii} Harm Reduction international, International Drug Policy Consortium & International HIV/AIDS Alliance (2013), *The funding crisis of harm reduction*, <http://idpc.net/publications/2014/07/the-funding-crisis-for-harm-reduction>

^{ix} Mathers, B.M., et al (2010), ‘HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage’, *The Lancet*, **375**(9719): 1014-1028, <http://www.thelancet.com/journals/lancet/article/PIIS0140673610602322/abstract>

^x Harm Reduction international, International Drug Policy Consortium & International HIV/AIDS Alliance (2013), *The funding crisis of harm reduction*, <http://idpc.net/publications/2014/07/the-funding-crisis-for-harm-reduction>

^{xi} Commission on Crime Prevention and Criminal Justice (2014), *World crime trends and emerging issues and responses in the field of crime prevention and criminal justice*, E/CN.15/2014/5, https://www.unodc.org/documents/data-and-analysis/statistics/crime/ECN.1520145_EN.pdf

^{xii} See, for instance: Kamarulzaman, A. & McBrayer, J.L. (2015), ‘Compulsory drug detention centers in East and Southeast Asia’, *International Journal of Drug Policy*, 26(1): S33-S37, [http://www.ijdp.org/article/S09553959\(14\)003351/abstract](http://www.ijdp.org/article/S09553959(14)003351/abstract)

^{xiii} See: https://www.unodc.org/documents/southeastasiaandpacific//2012/03/drug-detention-centre/JC2310_Joint_Statement6March12FINAL_En.pdf

^{xiv} International Drug Policy Guide (2016), *IDPC Drug Policy Guide*, ‘Chapter 3.1: Decriminalisation of drug use’, http://fileserv.idpc.net/library/IDPC-drug-policy-guide_3-edition_FINAL.pdf

^{xv} See: Hallam, C. (March 2016), *Striving for system-wide coherence: An analysis of the official contributions of United Nations entities for the UNGASS on drugs* (London: International Drug Policy Consortium), <http://idpc.net/publications/2016/03/striving-for-system-wide-coherence-an-analysis-of-the-official-contributions-of-united-nations-entities-for-the-ungass-on-drugs>

^{xvi} See: Resolution 35/23