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**Sponsoring Organization:**

Global Network of People Living with HIV/AIDS, The  
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## **Communities Respond: Taking Stock of the “Drug Free World” Failures, Safeguarding Human Rights<sup>1</sup>**

**Statement for Agenda Item 5.** Interactive, multi-stakeholder round tables of the ministerial segment:

(a) *Taking stock of the implementation of all commitments made to jointly address and counter the world drug problem, in particular in the light of the 2019 target date for the goals set in paragraph 36 of the Political Declaration; analyzing existing and emerging trends, gaps and challenges;*

(b) *Safeguarding the future: enhancing our efforts to respond to the world drug problem through strengthening international cooperation, including means of implementation, capacity-building and technical assistance, on the basis of common and shared responsibility.*

The Rome Statute of the International Criminal Court defines crime against humanity as ‘*a widespread or systematic attack directed against a civilian population*’ including ‘*the intentional infliction of conditions of life, calculated to bring about the destruction of part of a population*’. This is the war on drugs. This is the reality for people who use drugs.

Global drug policy strives for the unachievable “*Drug Free World*”, and in doing so, leads some states resorting to sustained abuse and violence, violation of rights, executions and state-sanctioned killings. The question we have to collectively answer is, is such a goal even worthwhile? Current evidence suggests not. The UNODC World Drug report 2018 shows that global opium production has jumped by 65% from 2016 – 2017; global cocaine manufacture reached its highest-ever level in 2016, a 56% increase between 2013 – 2016; the number of people using drugs globally has risen from an estimated 208 million in 2006 to 275 million by 2016; an estimated 34.2 million people between the ages of 15 – 64 used amphetamines in 2016.<sup>2</sup> Unless we change our approach and recognise that there is a ***world drug policy problem***, the current trajectory of harms related to the penalisation and criminalisation of drugs and drug use will not cease.

In violation of international law, over 4,000 people have been executed for drug offences since 2008; thirty-five jurisdictions retain the death penalty, violating agreed international standards; one in five prisoners are incarcerated for drug offences, most of these for possession of drugs for personal consumption; 450,000 people who use drugs are illegally detained in compulsory drug detention centres across 7 South-Eastern Asian countries, and the most damning statistic of all, 27,000 extra-judicial killings of people who use drugs have taken place in the drug crackdown in the Philippines.<sup>3</sup> Of great concern is that other states in the region are copy-cattling this approach, with extra-judicial killings of people who use drugs reported in Indonesia and Bangladesh, amongst others.<sup>4</sup> The public health impacts of the war on drugs are severe. The 2018 Global State of Harm Reduction reports that among the estimated 15.6 million people who inject drugs, HIV and HCV prevalence is 17.8% and

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<sup>1</sup> **Co-sponsors:** International Network of People who use Drugs (INPUD), Asian Network of People who use Drugs (ANPUD), Eurasian Network of People who use Drugs (ENPUD), European Network of People who use Drugs (EuroNPUD)

<sup>2</sup> UNODC World Drug Report 2018: Global Overview of Drug Demand and Supply 2018

<sup>3</sup> IDPC Taking Stock: A Decade of Drug Policy. IDPC Civil Society Shadow Report 2018

<sup>4</sup> ANPUD Statement 2018

52% respectively.<sup>5</sup> The UNODC Report: *Ending AIDS by 2030* report indicates that out of the 1.6 million people who inject drugs living with HIV, 83% are co-infected with HCV.<sup>6</sup> And yet despite this heavy disease burden only 86 countries implement needle and syringe programmes, a proven method of disease reduction.<sup>7</sup> Such approaches, centered on punishment rather than rights-based health approaches have critical impacts on the right to health. An International AIDS Society report: *Maximizing the benefits of ARV therapy for key populations* revealed only 4% of HIV+ people who inject drugs were receiving ART.<sup>8</sup> Furthermore, there has been a 145% increase in drug-related deaths over the last decade, with 450,000 deaths per year in 2015. The punish not treat focus has meant access to overdose prevention drugs like naloxone, has been denied or restricted, leading to untold misery for many families. In 2017 in the United States alone, there were 71,000 preventable overdose deaths.<sup>9</sup>

This is not what humanitarian global drug policy looks like, and the absence of a humanitarian approach is severely hampering efforts to find sustainable and effective solutions to very complex questions and problems. Leading up to the Ministerial Segment 2019, some member states have pushed strongly for further regression. The UNGASS 2016 Outcome Document is the latest consensus document and needs to take precedence, with its language, particularly on human rights, defended. In addition to the UNGASS 2016 Outcome Document, states have also signed up to the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the International Covenant on Civil and Political Rights (ICCPR) and various other human rights instruments. Critically, we must acknowledge the irrefutable link between the criminalization of people who use drugs, including those of us living with HIV and/or HCV and the challenge this poses to our right to health, particularly in the context of Universal Health Coverage (HCV), UNAIDS 90 – 90 – 90, and the Sustainable Development Goals. The continued disregard for the human rights of HIV and HCV-positive people who use drugs is a major barrier to accessing treatment and embedding effective prevention measures. It is the failure to understand global drug policy in the context of human rights, that is creating a public health crisis in many parts of the world.

When it comes to the protection of the rights of people who use drugs, we need to be extra vigilant. Can it be argued that the issue of drugs and drug use poses such a serious threat to society that setting aside these commitments to human rights, public health and global commitments are justified? The inherent human rights and dignity of people who use drugs ought not be suspended under drug control treaties.

In order to “safeguard the future”, the paradigm of global drug policy thinking needs to change and consider decriminalisation of drugs as a viable answer. Decriminalisation shifts the focus away from punishment, to a more people-centred one that encompasses health and social benefits. It addresses stigma and discrimination, reduces crime and the attendant costs, does not increase drug use and enables people who use drugs to re-enter society and make valuable contributions. We must fully embrace life-saving health programmes such as harm reduction approaches. These approaches have the endorsement of WHO, UNAIDS, The Global Fund, UNODC and many other agencies, and yet still are not universally applied.

Finally, the meaningful involvement of people who use drugs, as both a principle and practice, and in policy-making and programming is imperative. Involving people who use drugs in service development and delivery improves the reach, access and quality, and thereby impact of health and social services.<sup>10</sup> Ensuring the meaningful participation of communities in policy-making is central to

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<sup>5</sup> Harm Reduction International: *Global State of Harm Reduction 2018*

<sup>6</sup> UNODC: *Ending AIDS by 2030, For and with people who use drugs 2018*

<sup>7</sup> Harm Reduction International: *Global State of Harm Reduction 2018*

<sup>8</sup> International AIDS Society report: *Maximizing the benefits of ARV therapy for key populations. 2014*

<sup>9</sup> IDPC *Taking Stock: A Decade of Drug Policy. IDPC Civil Society Shadow Report 2018*

<sup>10</sup> UNODC/INPUD/WHO *Implementing Comprehensive HIV and HCV Programmes for and with people who inject drugs 2016; WHO Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations; HIV prevention among key populations; UNAIDS Global Fund key populations action plan 2014 – 2017*

effective decision-making. States deal in the macro and have to make big decisions, but those decisions are informed by information from the micro-level and community engagement can be an important tool in aiding government decision-making.

We, as individuals and networks of people of use drugs, the International Network of People who use Drugs (INPUD), Asian Network of People who use Drugs (ANPUD), Eurasian Network of People who use Drugs (ENPUD), European Network of People who use Drugs (EuroNPUD) and PLHIV communities (GNP+) have borne the brunt of the current approach to the so-called world “drug problem”. We have endured death and devastation, due to being denied our fundamental human rights. In short, current drug policies have become the primary problem. As world leaders gather in Vienna, Austria for the Ministerial Segment 2019 to set out the next decade of drug policy, we urge member states to decriminalise drugs and therefore the people that use them, move towards the legal regulation of drugs, respect our human rights and ensure our meaningful involvement in the decisions that affect our lives.