INPUD
International Network of People who Use Drugs

FACTSHEET SUMMARY

# ‘Taking back what’s ours!’

A documented history of the movement of people who use drugs

## Key messages

- Participants see the movement of people who use drugs as a fight for the respect, protection and fulfilment of inalienable human rights. The movement enshrines and promotes dignity, empowerment and self-determination for people who use drugs, and celebrates the contributions people who use drugs make to their societies and communities. A key tenet of the movement is the meaningful involvement of people who use drugs within policy and programming: "Nothing about us, without us".

- Criminalisation of people who use drugs and prohibition of drugs exposes people who use drugs to violence, human rights violations, stigma and trauma. For these reasons, the global movement remains committed to ending the failed 'War on Drugs'. Criminalisation directly harms people who use drugs and also stifles activism because people who use drugs may fear being open and joining with the movement.

- The HIV/AIDS response made larger-scale funding for harm reduction available for the first time in many countries and thus helped to galvanise drug user rights activists. The crisis made many people who use drugs realise they could be "agents of change". Yet participants warned against harm reduction becoming too biomedical and technocratic and emphasised the importance of a broader lens and approach.

- Organisations representing people who use drugs are chronically underfunded and funding is often piecemeal and inconsistent. Scarce, time-limited funding creates tensions and allows only for 'firefighting' and dealing with emergencies, rather than for longer-term strategies to improve the lives of people who use drugs.

- Donors must ensure they do not "divide and conquer" activists, that they streamline their funding and programming at national level and meaningfully promote (and do not tokenise) the involvement of people who use drugs. Funders must trust people who use drugs and allow them, as experts-by-experience, to set programme goals.

- Working at the level of policymaking is vital, but activists working in these spheres need to remain attuned to grassroots concerns. It is important to ensure organisations remain creative, organic and in touch with communities even as they professionalise.

- Newer advocates need training, from learning technical skills to manage an organisation, to "learning the language of diplomacy" to enter into dialogue with policymakers, bureaucrats and researchers. Learning skills builds confidence and self-esteem. Specific support is also required to manage the emotional toll of being an activist in the movement of people who use drugs, as many have experienced and continue to experience burnout, stress, trauma and grief.

- Activists celebrated many hard-won changes, such as the rollout of harm reduction tools, and some tentative progress towards changing "hearts and minds" of society at large, by telling stories which "disrupt the narrative" and show the "real faces behind the problems". Equally important was the fact that the movement had given activists a sense of belonging, and helped many to overcome feelings of stigma and self-blame.

- A mix of innovative strategies is required to effect change, often working in tandem at different levels of the system (for example, combining protest with more bureaucratic negotiation). It is important to recognise the different skills and strengths people who use drugs can bring, dignifying each person to contribute in their unique way.

- Dialogue, diplomacy and negotiation with governments and policymakers must be balanced and coordinated with more radical, grassroots-level strategies to drive progress. Activists need "a foot half in the system, and one half outside the system".

- The political stasis on drug policy reform in most countries and globally has meant that many activists have had to bypass the official avenues in order to undertake the changes that are desperately needed at the local or neighbourhood level, for example setting up drug consumption sites or distributing naloxone.

- Leading activists in the movement need to mentor and upskill others to ensure sustainability of organisations, and continuity of knowledge and institutional memory.

- More experienced activists and younger activists can each learn from each other; sharing knowledge should be a non-hierarchical process and can prevent activists from "reinventing the wheel" or repeating the mistakes of others.

- Previous leaders in the movement have provided invaluable examples and lessons of how to push for change and empowerment in the face of prohibition and oppression. It is vital to keep these activists' stories alive, and use them to educate and inspire a newer generation of activists.

# Brief Timeline of Key Events

**1961:** UN Single Convention on Narcotic Drugs frames "addiction to narcotic drugs" as a "serious evil" for individuals and society. Activists continue to fight against this framing which creates a false legitimacy for the War on Drugs, and dehumanises, stigmatises and criminalises people who use drugs. Criminalisation means that people who use drugs are exposed to violence from police and authorities, which falls disproportionately on poorer, Black, Brown and indigenous people who use drugs. It exposes people who use drugs to toxic drug supplies, undermines respect for rights to safety, shelter and health, and makes it challenging or activists to collectivise, assemble and push for change.

**1961**

**1980s onwards:** HIV/AIDS pandemic leads to increasing funding for harm reduction programmes and services, and by extension for advocacy by people who use drugs. Scaling up of harm reduction has been a defining success of the movement, although there are emerging concerns that it has become overly technocratic and biomedicalised. It is important to continue to aim for well-funded, "full spectrum" harm reduction that empowers and refuses to pathologise people who use drugs.

**1980s onwards**

**2002:** Founding of the Global Fund to Fight AIDS, Tuberculosis and Malaria. This led to more funding for harm reduction in many countries where national governments do not provide funding. Ensuring the sustainability of funding remains a vital challenge, especially for broader advocacy activities. Funders need to provide core funding, in order to upskill activists, cover overheads and thereby support long-term strategic activities. Funders must streamline funding, and allow organisations to set their own goals from the bottom-up and represent grassroots concerns.

**2002**

**2006:** Activists for the rights of people who use drugs set out the Vancouver Declaration. This highlighted defining features of the drug user rights movement: respect for the human rights, dignity and self-determination for people who use drugs; and the deleterious effect of criminalising and prohibitive drug policies on the rights and health of people who use drugs. Fighting criminalisation and prohibition and creating an empowering collective that provides a "home" for all people who use drugs remain key priorities for the movement.

**2006**

**2008:** Formation of the International Network of People who Use Drugs (INPUD), with an initial meeting of 126 delegates in Copenhagen, Denmark. Since its foundation, INPUD has helped to coordinate activists working around the world for the rights of people who use drugs. Regional networks, such as the Asian, Eurasian, Latin American, and Middle East and North African Networks of People who Use Drugs have since been established. This has helped the activist movement to speak with one voice in high-level global fora, and build capacity to work with policymakers, legislators and scientists.

**2008**

**2010s:** Some moves towards legalisation of cannabis, but concerns this redoubles criminalisation of people who use other drugs; drug policies becoming more repressive in many parts of the world (e.g. South-East Asia, Russia and Eastern Europe); large increases in drug-related deaths in the US. In response to the slow pace of change, many activists are taking matters into their own hands, for example establishing technically illegal drug consumption sites, or procuring naloxone and providing training to prevent overdoses.

**2010**

**2017:** Release of the practical guidance Implementing comprehensive HIV and HCV programmes with people who inject drugs (IDUIT). This was a good example of where high-level advocacy and partnership between people who use drugs and organisations with UN system can create meaningful change at the national level, such as inclusion of buprenorphine in harm reduction services. This demonstrates that, in the face of challenges of co-optation and bureaucratisation faced by the global movement, it is possible to stay rooted in and effect change at a more local level, provided that resources and training for community-level activists are in place.

**2017**

# Global Snapshot of the Movement of People who Use Drugs

**North America:** Despite positive developments, for example the legalisation of cannabis in Canada and certain US states, criminalisation and oppression of people who use drugs remains widespread, particularly among Black, Brown and indigenous people who use drugs. In the face of increasing numbers of preventable deaths among people who use drugs, many activists are bypassing working with governments and authorities to directly distribute naloxone and provide training for preventing overdoses, and to set up their own drug consumption sites.

**Latin America:** With relatively low rates of drug use administered by injection, Latin America has received relatively limited funding for harm reduction. However, as a region which has experienced large-scale violence due to the global War on Drugs, people who use drugs become "guilty by association" and drug use is strongly stigmatised. The activist movement faces a challenge uniting and representing people who use what are considered "street drugs" alongside those using more traditional psychedelics.

**Sub-Saharan Africa:** Increasingly strong activism and representation of people who use drugs, for example involvement of activists in the Country Coordinating Mechanisms of the Global Fund, or in shaping South Africa's National Drug Master Plan. Feeling of rapid progress within a short time, although huge challenges of criminalisation and stigmatisation persist. As funding for HIV prevention declines, activists were clear that the HIV movement must remain closely allied with the movement of people who use drugs.

**Western Europe:** Activists from more inclusive welfare states (e.g. Norway, Denmark, Germany, the Netherlands) generally felt more included in decision-making on drug policy. In the Netherlands, partial decriminalisation had contributed to a more "relaxing situation" for people who use drugs. Despite the Norwegian parliament voting to decriminalise drug use in 2017, changes can feel slow as political opposition remains to initiatives such as scaling up drug consumption sites and many people who use drugs are living marginalised, in poor health, and subjected to police harassment and criminalisation.

**South and South-East Asia:** Conservative laws and policies have silenced and repressed activist activities. Evidence of copycat politics, with extreme, extrajudicial violence towards people who use drugs in Philippines reverberating around the region. Despite strongly criminalising and pathologising attitudes to drug use (evident in compulsory drug detention centres and private rehabilitation centres), there is continued will in countries like India and Indonesia to continue engagement with government where possible.

**Eastern Europe and Central Asia:** A reactionary and turbulent climate in countries such as Russia, Ukraine and Georgia has increased repression not only of people who use drugs but also civil society activism more broadly. As an activist in Russia commented, "the obvious problem is that the country is run by a dictatorship, so it's not much that the civil society movement can do, but they are doing their best". In this context, not only are people who use drugs and practices like harm reduction criminalised, but also activism by people who use drugs; in Russia, "people are being arrested just for protesting for the rights of people who use drugs".

**Australia and New Zealand:** The HIV epidemic had a rapid, overwhelming impact on the community of people who use drugs and activists from these countries praised the quick introduction of harm reduction tools such as sterile needles and syringes, methadone and buprenorphine. In Australia, there have been "modest" reforms of cannabis laws, though this was thought to have shifted criminalisation elsewhere, particularly indigenous people who use drugs.

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