



International  
Network of People  
*who Use Drugs*

# Global Consultation Forum on the Impact of Drug Policies on the Economic, Social, and Cultural Rights of People who Use Drugs.

Consultation Report

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# Global Consultation Forum on the Impact of Drug Policies on the Economic, Social, and Cultural Rights of People who Use Drugs.

## Introduction

Punitive drug laws, policies, and practices have a detrimental and enduring impact on the human rights of people who use drugs, particularly in the socio-economic sphere protected under the International Covenant on Economic, Social, and Cultural Rights (ICESCR).<sup>1</sup> In addition to the rights frequently referred to in reports such as the ‘right to health’, these rights also encompass the fundamental social and economic conditions necessary for a dignified and free existence, such as access to food, water, housing, education, cultural identity, employment, social security, and an adequate standard of living. Importantly, in the context of drug use, these rights also extend to bodily autonomy, freedom from coerced treatment, and other protections outlined in the ICESCR.

In recent years, the UN Committee on Economic, Social, and Cultural Rights (CESCR) has increased their scrutiny of drug laws and policies and developed a growing set of recommendations regarding the alignment of drug policies with ESCRs. This work, however, has mostly focused on the right to health of people who use drugs, mainly through concluding observations made in response to, or following, a State review. They are usually based on information provided by the State under review, and by civil society organisations (CSOs) working in

the country under review; in which they provide an assessment of the country’s human rights situation, identify areas where there may be violations or shortcomings, and make recommendations for improvements that are specific to that member State. These concluding observations are vital as they provide guidance for States to address gaps in their implementation of economic, social, and cultural rights. Additionally, they provide a basis for advocacy by civil society organisations and other stakeholders to hold governments accountable for their obligations under the ICESCR.

Despite the value of these periodic statements and concluding observations from the CESCR, it was recognised that a more holistic and systematic approach to the issue of drug policy and its impact on economic, social, and cultural rights was needed. It was in this context, in late 2022, that the CESCR decided to initiate work on a General Comment on the impact of drug policies on economic, social, and cultural rights. The purpose of the General Comment is to “clarify States’ obligations relating to the impact of drug policy on the enjoyment of rights enshrined in the Covenant in order to provide a framework for implementation of the Covenant as whole with regard to drug laws, policies, and practices.”<sup>2</sup>

<sup>1</sup> Office of the United Nations High Commissioner for Human Rights, ‘Human rights challenges in addressing and countering all aspects of the world drug problem’ (A/HRC/54/53, 15 August ) available here; See also the International Covenant on Economic, Social, and Cultural Rights <https://www.ohchr.org/sites/default/files/cescr.pdf>

<sup>2</sup> Annotated outline: General Comment on the impacts of drug policies on economic, social, and cultural rights.

Responding to this development, a group of civil society and community organisations<sup>3</sup> convened in 2022 to create the Drug Policy Consortium for the General Comment on the Impact of Drug Policies on Economic, Social, and Cultural Rights (The Consortium)<sup>4</sup>. Its objective is to develop a joint advocacy strategy to influence the content of the General Comment and to guarantee that international and national organisations, advocates, people who use drugs, as well as growers and other relevant stakeholders participate actively and directly in the process. Funding for this endeavour was secured through the Open Society Foundations (OSF), with each Consortium partner receiving a portion of the funds to facilitate their participation and implement key strategic advocacy activities.

On January 31 2024, the International Network of People Who Use Drugs (INPUD) utilised OSF funding to conduct a Global Online Consultation Forum, engaging global communities and networks of people who use drugs to discuss the impact of drug laws, policies, and practices on the economic, social, and cultural rights of people who use drugs. This report aims to provide a comprehensive overview of the online consultation forum, analyse emerging themes, and offer recommendations. The insights from the report will inform advocacy strategies aimed at influencing the development of the General Comment and advocating for the economic, social, and cultural rights of individuals who use drugs at both national and international levels.

## Consultation Scope and Process

The consultations were conducted via video conferencing using Zoom, employing a combination of individual, group, and plenary exercises to explore three key discussion questions. These questions centred on examining the impact of current drug laws, policies, and practices on the daily lives and realisation of various economic, social, and cultural rights for people who use drugs, as well as formulating recommendations for states and the drafting committee of the General Comment. The consultation was conducted in English, with simultaneous translation provided in French and Russian as per the language requirements of the participants.

Prior to the consultation forum, an online consultation tool<sup>5</sup> was developed and shared with participants to ensure a standardised approach. This tool presented the following three discussion questions:

- What is the impact of current drug laws, policies, and practices on the realisation of various rights such as the right to work, to health, to education, to an adequate standard of living, to cultural identity and bodily integrity for people who use drugs in your country or region? What do you believe your State/s should do about this?
- If you could make three recommendations to CESCR and the General Comment writing committee to reduce the impact of drug laws and policies on the economic, social, and cultural rights of people who use drugs in your country/region, what would they be?
- Would you like to add anything else on how current drug laws, policies and practices impact the daily lives of people who use drugs in your country/region?

The forum commenced with two opening presentations followed by breakout group

<sup>3</sup> Dejusticia, Eurasian Harm Reduction Association (EHRA), Harm Reduction International (HRI), Helsinki Foundation for Human Rights (HFHR), International Drug Policy Consortium (IDPC), International Network of People Who Use Drugs (INPUD), Lembaga Bantuan Hukum Masyarakat (LBHM), TB/HIV Care and VisoMutop.

<sup>4</sup> <https://hri.global/publications/cescr-general-comment-on-drug-policies-civil-society-engagement/> Last accessed on 08 February 2024

<sup>5</sup> See Appendix A

discussions and concluded with a plenary session where group-nominated rapporteurs provided feedback from each breakout group. A total of 27 individuals from eight (8) regional networks of people who use drugs and the International Network of Women who Use Drugs (INWUD) participated in the consultation forum, providing a diverse range of perspectives. Each group had a facilitator and notetaker from INPUD, ensuring that the consultation was entirely community-led.

Three breakout groups were formed based on regional representation:

- *Group 1: High-Income Countries (HIC)<sup>6</sup>*, with participants from the following networks:
  - European Network of People Who Use Drugs (EuroNPUD),
  - North American Network of People Who Use Drugs (NANPUD),
  - International Network of Women Who Use Drugs (INWUD), and
  - Pacific Network of People Who Use Drugs (PasifikaNPUD)
- *Group 2: Low- and Middle-Income Countries (LMIC)<sup>7</sup>*, with participants from the following networks:
  - African Network of People Who Use Drugs (AfricaNPUD),
  - Latin American Network of People Who Use Drugs (LANPUD),
  - Network of Asian People Who Use Drugs (NAPUD), and
  - Middle East and North African Network of People Who Use Drugs (MENANPUD)
- *Group 3: Eastern European Countries<sup>8</sup>*, with participants from the Eurasian Network of People Who Use Drugs (ENPUD)

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<sup>6</sup> Countries represented included: Slovenia, Portugal, South Africa, Canada, Lebanon, Indonesia, and Australia.

<sup>7</sup> Countries represented included: Kenya, Zanzibar, Costa Rica, Guatemala, Thailand, India, Bahrain, and Morocco.

<sup>8</sup> Countries represented included: Ukraine, Georgia, Kyrgyzstan, and Kazakhstan.

## Limitations

While this consultation provided a critical opportunity for community voices and perspectives to be heard, it is also important to acknowledge some of limitations associated with the consultation. First, the scope and format of the consultation was somewhat constrained by the level of resourcing available which only allowed for an online (rather than in-person) consultation. Additionally, the online format meant that the length of the consultation needed to be relatively short, which impacted on the extent to which key issues were able to be explored in detail.

Despite these limitations, it is important to note, however, that a key aim of the consultation was to amplify the voices of highly marginalised individuals whose perspectives are often overlooked and/or are absent in discussions on drug policy and human rights. In such a context, the online consultation can be deemed highly successful and provided important new insights that can be the basis for further community-led consultations and research to delve deeper into the multifaceted impact of drug policies and laws on the economic, social, and cultural rights for people who use drugs.

## Key Findings and Outcomes

### Information on ESC Rights & People Who Use Drugs

During the consultation, one of the core issues highlighted was the lack of a comprehensive evidence-base regarding the impact of drug policies and practices on the economic, social, and cultural (ESC) rights of people who use drugs. Participants from the Latin American Network of People Who Use Drugs (LANPUD) expressed concern over the absence of reliable data, which often hampers efforts to assess and address the full extent of the impact of drug laws and policies on ESC rights. This deficiency not only impedes evidence-based policymaking but also limits the ability of advocacy groups and civil society organisations to effectively advocate for the rights of people who use drugs. Moreover, this lack of data extends beyond Latin America, with participants from other regions including Eastern Europe & Central Asia (EECA), Africa, and Asia also noting significant gaps in research and documentation regarding the intersection of drug use and ESC rights.

To address this issue, participants emphasised the need for better and more comprehensive research and data collection on various aspects of ESC rights, including access to healthcare, housing, education, and employment opportunities for people who use drugs. They highlighted the need for data collection methods that are inclusive, participatory, and community-led, ensuring that the voices and experiences of marginalised groups are accurately captured. Additionally, participants stressed the importance of disaggregated data to identify and address intersecting forms of discrimination and inequality faced by people who use drugs, including gender-based disparities and racial and ethnic discrimination. By collecting and analysing comprehensive data on ESC rights, policymakers, researchers, and

advocates can better understand the challenges faced by people who use drugs and develop targeted interventions and policies to promote and protect their rights effectively.

### The Right to Health

In its General Comment on the right to health (General Comment No.14, 2000), the Committee on Economic, Social, and Cultural Rights interpreted the right to health, as defined in article 12.1, as “an inclusive right that extends beyond timely and appropriate health care to encompass the underlying determinants of health”. It further emphasised that the International Covenant on Economic, Social and Cultural Rights (ICESCR) prohibits discrimination in access to health care based on various grounds, including race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation, and civil, political, social, or other status, noting that such discrimination, whether intentional or unintentional, nullifies or impairs the equal enjoyment or exercise of the right to health<sup>9</sup>.

During consultations, participants identified criminalisation as the key underlying determinant of health for people who use drugs. Specifically, they highlighted the numerous adverse impacts resulting from current drug laws, policies, and practices, particularly on realising economic, social, and cultural (ESC) rights, most notably the right to health with one participant from Costa Rica stating:

*“There is a huge impact, drug laws are the problem itself. Criminalisation limits the enjoyments of all ESC rights, especially the right to health. You might lose a job, your children might get taken if you are a*

<sup>9</sup> General comment no. 14 (2000), The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights)



*mother using drugs, you might not have access to housing, you might not get your ARVs if you are using drugs, you might not have access to medication, there are so many issues” – participant from Costa Rica.*

Other participants too underscored how criminalisation significantly impedes the enjoyment of ESC rights, especially access to healthcare. By way of example, participants from the Middle East & North Africa (MENA) region noted that HIV medical staff often refuse HIV treatment to people who use drugs, citing unsubstantiated concerns about harmful medical interactions between HIV treatment and opioid agonist treatment. This sentiment was echoed by participants from the Latin American region, who also expressed concerns regarding the challenges that people who use drugs face in accessing essential medications such as antiretrovirals (ARVs) due to punitive measures associated with the criminalisation of drug use. A community member from the LAC region noted:

*“We have developed a legal assessment tool within LANPUD, and it showed us that the right to health of people who used drugs is being violated, they are being denied their HIV treatment. It is crazy that you can be denied treatment just because you are a drug user.” – participant from LANPUD, Costa Rica.*

Another community member from the MENA region added:

*“There is a need for education, especially for healthcare workers, there is a lot of misinformation, they refuse to give you HIV medication when you are on harm reduction treatment, they say they are afraid of the interaction, even for herpes they refuse.” – participant from MENAPUD, Bahrain.*

Furthermore, multiple participants from across LMICs in the consultation emphasised the absence of harm reduction programs and funding as a critical issue, which compounds challenges in ensuring healthcare access for people who use drugs. They stressed how refusal to properly fund and provide evidence-based harm reduction programs and services for people who use drugs, despite WHO global guidance that specifies these services as essential<sup>10</sup>, continues to act as a fundamental barrier to the right to health for people who use drugs in many countries and regions.

The absence of harm reduction programs and funding was also raised as a critical issue in Latin America particularly in relation to the use of stimulant drugs. Participants stated that harm reduction funding in the region mostly focuses on harm reduction for people who inject opioids, even though the region is mostly known for stimulant use:

*“Harm reduction funding has almost completely been focused on harm reduction for people who inject drugs and opioid use, when this behaviour and practices are not very common in the region. You see groups in Colombia, Argentina, and Mexico but most of the rest of the region do not inject drugs or use opioids, we’re more of a stimulant culture, so there is a lot of cocaine and NPS.” – participant from LANPUD, Costa Rica.*

Additionally, they highlighted the lack of public services for drug treatment in the region, noting that existing options are severely limited and predominantly available in larger cities or provided by religious organisations. However, these organisations often violate human rights, resorting to coercive measures such as forced detention, sexual abuse, and denial of

<sup>10</sup> WHO Consolidated Guidelines on HIV, viral hepatitis & STI prevention, diagnosis, treatment, and care for key populations, 2022: <https://www.who.int/publications/i/item/9789240052390>

medication, instilling widespread fear among individuals seeking treatment.<sup>11</sup>

Furthermore, participants from the Africa and Asia regions expressed concerns about police interference in the implementation of harm reduction guidelines and services, particularly regarding needle and syringe programs (NSPs) and other harm reduction interventions. This interference hinders efforts to promote public health and human rights, exacerbating the harms associated with mainstream drug policies and undermining community trust in authorities (for further detail see section on police violence).

Building on the many existing reports on the ‘right to health’ for people who use drugs, this consultation served to further underscore the multifaceted relationship between drug laws, policies, and practices, that are exacerbating barriers to healthcare access and impeding the realisation of the right to health for people who use drugs.

### Healthcare Insurance & Access to Health Services

Linked to the wider issues raised above, the consultation also underscored other health related challenges faced by people who use drugs across various regions. In Southeast Asian countries like Thailand and Vietnam, participants highlighted that health insurance is often a prerequisite for accessing healthcare services. This policy effectively excludes people who cannot afford insurance premiums, who are refugees or migrants and/or criminalised, leaving them without access to vital medical care. Participants from Indonesia echoed these concerns, noting that current regulations under the Indonesian health insurance system deny access to medical benefits for people who inject

drugs<sup>12,13</sup>. The prohibitive cost of healthcare further exacerbates the marginalisation of people who use drugs, who often already face economic challenges.

Stakeholders from the EECA region and the Eurasian Network of People Who Use Drugs (ENPUD) also underscored the lack of access to life and health insurance for individuals using psychoactive substances. Participants from across countries in the EECA region spoke to the devastating impact that a lack of access to health insurance can have for people who use drugs, including creating barriers to essential medicines and life-saving services such as HIV and HCV treatments and OAT provision. Participants stated that people who use drugs in the EECA region are living with painful and even life-threatening conditions and injuries due to a lack of health insurance.

Participants from the MENA region also raised alarm over recent changes to government healthcare coverage<sup>14</sup> for harm reduction treatment and opioid agonist treatment (OAT)<sup>15</sup> in Lebanon. Previously, the government covered a significant portion of the treatment costs, making it accessible to those in need. However, participants stated that recent policy shifts have resulted in individuals bearing the full financial burden, rendering treatment unaffordable and out of reach for many. Additionally, the discontinuation of government-funded treatment for hepatitis C further compounds the healthcare challenges faced by people who use drugs in Lebanon, as highlighted by a participant from INWUD:

<sup>11</sup> No Health, No Help- Abuse as Drug Rehabilitation in Latin America and the Caribbean. Open Society Foundations. 2016. <https://www.opensocietyfoundations.org/publications/no-health-no-help>

<sup>12</sup> Key populations are being left behind in universal health coverage: landscape review of health insurance schemes in the Asia-Pacific region. UNAIDS. 2022 <https://www.aidsdatahub.org/sites/default/files/resource/unaid-key-populations-uhc-asia-pacific-2022.pdf>

<sup>13</sup> COUNTRY PROGRAMME 2017 – 2020.- Indonesia, UNODC [https://www.unodc.org/documents/indonesia/publication/2017/UNODC\\_Country\\_Programme\\_2017\\_-\\_2020.pdf](https://www.unodc.org/documents/indonesia/publication/2017/UNODC_Country_Programme_2017_-_2020.pdf)

<sup>14</sup> Government healthcare coverage refer to healthcare services and benefits provided or subsidised by the government to eligible individuals in a particular jurisdiction over which that government has control.

<sup>15</sup> Note: also sometimes referred to as ‘opioid substitution treatment’ or OST.



*“In Lebanon we are facing a big problem in harm reduction treatment and OST. In previous years, 80% of the cost was covered by the country, and people who need it paid only 20% of the cost. Now people are paying 100%, and it is a big amount. I am an OST patient, I am working, I can pay, but other people cannot afford the cost, so they go back to heroin. Plus, my country used to cover the treatment of hepatitis C for three months, now we don’t have the medicine because the government is no longer paying.” – participant from INWUD, Lebanon.*

The Committee on Economic, Social, and Cultural Rights emphasised in General Comment No.14 of 2000 on the Right to the Highest Attainable Standard of Health that:

*“States have a special obligation to provide those who do not have sufficient means with the necessary health insurance and health-care facilities, and to prevent any discrimination on internationally prohibited grounds in the provision of health care and health services, especially with respect to the core obligations of the right to health.”<sup>16</sup>*

However, in summary, the INPUD consultation revealed multiple accounts from participants across many countries and regions where States are failing to ensure equitable health access to people who use drugs through necessary health insurance and the subsidisation of critical and essential treatments, such as OAT and those for HIV and HCV.

<sup>16</sup> General Comment No.14: Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant) see: <https://www.refworld.org/legal/general/cescr/2000/en/36991>

## ESC Rights & Women Who Use Drugs

The consultation also shed light on the disproportionate impact of current drug laws, policies, and practices on women, revealing alarming trends that exacerbate social inequalities and violate human rights.

Participants from both LMICs and HICs expressed concern over the pervasive issue of child custody loss among people who use drugs with a disproportionate impact on women who use drugs as the primary caregivers in most countries. They highlighted that the mere status of being a person who uses drugs often leads to the removal of children from their care, without proper consideration of their parenting abilities. This practice, underpinned by discriminatory policies, practices, and attitudes, perpetuates cycles of marginalisation, and denies women the opportunity to demonstrate their capacity as caregivers as one participant highlighted:

*“In our country being a drug user is hard. Most drug users are unemployed, they are turned away from many opportunities, they do not have any support. Most women get their children taken away from them, no one makes sure that they are good mothers or not, simply because they are drug users is enough to get their children taken away from them, this is supported by policies.” – participant from INWUD, South Africa.*

Participants also emphasised the prevalence of gender-based violence (GBV) experienced by women who use drugs, highlighting that the true extent of this problem remains vastly underreported due to pervasive stigma. These claims are also supported in research that shows how women who use drugs encounter significant barriers when seeking assistance or reporting incidents of violence, exacerbating

their vulnerability, and perpetuating a cycle of silence and impunity<sup>17</sup>.

Barriers discussed in the consultation included stigmatisation and discrimination from healthcare providers, law enforcement, and social service agencies, which deter women from disclosing experiences of violence. Participants added that fear of legal repercussions related to drug use, past negative experiences, or distrust of authorities, economic instability, and limited access to tailored support services further complicate their ability to seek assistance. Participants also highlighted how intersectional discrimination based on gender, drug use, race, ethnicity, or socio-economic status further exacerbates these challenges. In discussing strategies to address these barriers, participants stated that comprehensive approaches are required including drug decriminalisation and gender equitable strategies, policies, and practices that prioritise the needs and experiences of women who use drugs. One participant from Indonesia was keen to highlight intersectionalities and the ways that structural barriers and the war on drugs work to perpetuate gender-based violence against women who use drugs:

*“I want to speak on behalf of women who use drugs, the war on drugs has a huge impact on us. Decriminalisation is a good opportunity for us to bring our voices up. It is very difficult for women and gender diverse people; it is very difficult for us to speak up. Gender based violence against women who use drugs is very high, none of it is reported to government because of the stigma on us.”* – participant from INWUD, Indonesia.

Participants in the consultation also stressed that women who use drugs face heightened risk of

police violence, including sexual exploitation and coercion, reflecting broader patterns of gender-based discrimination and abuse. For example, participants from South Africa highlighted instances of sexual violence perpetrated by law enforcement authorities against women who use drugs. Participants stated that in these encounters, women are coerced into performing sexual acts as a means of avoiding arrest or other punitive measures. Such egregious violations not only undermine the dignity and rights of the individuals involved but also reflect systemic failures in upholding justice and protecting vulnerable populations, as highlighted by a female participant from South Africa:

*“Women are vulnerable. They are forced to perform sexual acts to avoid going to jail and the police know that you can’t do anything about it.”* – participant from INWUD, South Africa.

Participants from the MENA and Asia regions also emphasised the impact of cultural and social norms on women who use drugs, particularly those from Bangladesh and Pakistan. They highlighted how patriarchal norms act as barriers for women in accessing essential services due to the stigma associated with drug use and HIV status disclosure.

Participants stated that, in these male-dominated cultures, women are constrained by societal expectations, including the obligation to adhere to strict modesty standards. Consequently, many women find themselves unable to seek necessary assistance, perpetuating a cycle of marginalisation and vulnerability. Moreover, cultural attitudes towards specific substances further exacerbate this situation, with smoking and drinking being prohibited on religious grounds (‘haram’), while the possession of raw opium is tolerated. This dichotomy underscores the multifaceted impact of cultural beliefs on the ESC rights of

<sup>17</sup> Shirley-Beavan, S., Roig, A., Burke-Shyne, N. et al. Women and barriers to harm reduction services: a literature review and initial findings from a qualitative study in Barcelona, Spain. *Harm Reduct J* 17, 78 (2020). <https://doi.org/10.1186/s12954-020-00429-5>

individuals who use drugs, as highlighted by this participant from the Asia region:

*“In respect of Asia, I would like to highlight the culture in two countries in Asia. Culture in Bangladesh and Pakistan is the main problem, it’s a male dominated society, women are supposed to be wearing hijab all the time once they are out of the house. So, what we hear from our communities is that they do not have access to adequate services because they are afraid to disclose their drug use, or HIV status. That becomes a major hurdle. Women are not allowed to seek services. Having raw opium is fine but smoking and drinking is considered haram. This is the cultural impact.” – participant from NAPUD, India.*

### Access to Employment

The consultation brought to light the significant hurdles faced by people who use drugs in accessing employment opportunities, underscoring the presence of systemic barriers and discriminatory practices that perpetuate their social and economic marginalisation. Factors such as pre-employment and workplace-based drug testing, criminal background checks, and the exclusion of individuals with prior drug-related offenses from certain professions pose considerable obstacles to securing and retaining employment across many of the countries and regions in the consultation. Even without a conviction, a drug-related arrest or charge often becomes a barrier to employment due to its inclusion in official records.

An example shared by a participant from MENANPUD shed light on the issue of employment discrimination in Morocco. According to participants, individuals who disclose their past drug use still encounter rejection from employers, perpetuating economic vulnerability and social exclusion

among people who use drugs. Moreover, bureaucratic hurdles in obtaining essential documentation, such as driving licenses, were highlighted during the consultation by participants from both the EECA and Western Europe regions. For example, a participant from Slovenia noted that individuals undergoing opioid agonist treatment (OAT) face unreasonable demands, such as repeated sobriety testing, when applying for a driver’s license, further impeding their employment prospects and full participation in society.

These consultations underscored the enduring impact of criminal records on employment opportunities, evident across various regions where individuals encounter significant challenges in accessing work. This cycle of poverty and exclusion perpetuates systemic inequalities and undermines the right to work for individuals with a history of drug-related offenses, creating a self-reinforcing cycle that ensnares and entraps people who use and have used drugs in unrelenting cycles of disadvantage and poverty. One participant from South Africa explained:

*“People’s right to work is infringed upon when you get a criminal record, which continues a cycle of poverty. What I would like to see happen is instead of persecuting people for personal drug use, maybe we can work on a referral system, instead of sending people to prison we can maybe refer them to organisations that can help them instead of sending them to jail. Once you get a criminal record it is extremely difficult to get a job anywhere. I think it takes 10 years for the criminal record to be erased in South Africa.” – participant from SANPUD, South Africa.*

Participants voiced concerns about the potential ramifications of employment loss and the risk of losing custody of children for individuals who use drugs, highlighting how

punitive enforcement measures associated with drug use can have cascading effects on their livelihoods and daily lives, as well as those of their families and communities.

Participants also highlighted that this is an issue in both low-middle-income and high-income countries. One participant from Australia, stated that the issue of pre-employment and workplace-based drug testing is escalating, affecting an expanding number of industries and businesses. In certain industries, individuals can be compelled to undergo urine drug screens not only during pre-employment checks but also on a random basis once employed.

Similarly, roadside drug testing is increasingly becoming a hurdle to securing and retaining employment in countries like Australia. Roadside drug testing that is based on the mere presence of a drug in a person's system rather than empirical evidence of impaired judgement when driving, is resulting in people losing their driver's licenses and often their livelihoods if driving is a requirement for their work. Depending on the drug detected, individuals may also acquire a criminal record, further undermining their prospects of employment. Underscoring this, these are issues that affect people who use drugs across regions, with participants from Ukraine stating that draconian drug testing methods are being used by the police in their country, hindering people who use drugs from holding drivers' licences and employment:

*“A person can be sober the next day after marijuana consumption, but tests will show traces within 30 days. Police will give you a fine of 1000 US dollars. You are ok to go to war, but not to drive or go to work.” – participant from ENPUD, Ukraine.*

As highlighted in the research, this consultation has underscored the critical role that employment plays in people's lives

and broader wellbeing. Employment not only provides income but also grants access to health insurance, medical treatment, and social connections. Precarious employment and low income not only contribute to poverty but also increase susceptibility to poor health outcomes and vulnerability to violence.<sup>18</sup>

### Access to Housing

The consultation revealed significant challenges faced by people who use drugs in accessing stable housing, especially upon release from prison or drug treatment programs.

Participants emphasised the lack of transitional housing options for individuals exiting the criminal justice system, leaving them without a safe and stable environment. This lack of support exacerbates the risk of homelessness and social exclusion for people who use drugs. It functions to reinforce harmful stereotypes about people who use drugs and can leave people at increased risk of drug-related overdose which is known to be heightened in the immediate post-release period among people who use drugs and is further exacerbated by housing vulnerabilities.

Participants from the Western European region also highlighted the pervasive barriers faced by people who use drugs in Slovenia and Portugal when attempting to secure housing. Participants cited systemic discrimination and stigma as major obstacles, which serve to reinforce cycles of homelessness and marginalisation. While acknowledging the value of such initiatives, participants expressed some concerns over the reliability of projects like 'Housing First'<sup>19</sup>, noting

<sup>18</sup> Compton W, Gfroerer J, Conway K, et al. Unemployment and substance outcomes in the United States 2002–2010. *J Alcohol Drug Depend.* 2014; 142:350–353

<sup>19</sup> Housing First seeks to address homelessness and promote community integration by providing individualised and scattered apartments in mainstream neighbourhoods to homeless people with mental health and co-occurring drug dependence issues. See: Ornelas, J., Martins, P., Zilhão, M. T., & Duarte, T. (2014). Housing First: An ecological approach to promoting community integration. *European Journal of Homelessness*, Volume, 8 (1).

that homeless individuals sometimes only have access to housing for six months before being forced back to the streets. They called for more sustainable, long-term, and reliable housing programs to address this issue effectively:

*“There is a lot of difficulty in accessing housing for people who use drugs in Europe. People who use drugs have a lot of barriers when trying to access housing.”*  
– participant EuroNPUD, Portugal.

In the MENA region too, participants from Lebanon reported a lack of adequate support structures and shelters for individuals with a history of drug use, particularly those exiting the prison system. Underscoring the global nature of these types of problems because of prohibition and criminalisation, similar issues were also raised by participants from Australia, where access to housing is used as a tool to punish people for drug-related offenses; if people are caught dealing or using, they lose access to public housing. In many countries, there are also a lack of legal protections for people who use or have used drugs, especially people with criminal records for drug offences, who routinely face stigma and discrimination in relation to housing access.

In South Africa, participants raised concerns about the lack of harm reduction-focused shelters. Furthermore, individuals are often coerced into rehabilitation programs and subjected to drug testing instead of receiving supportive housing services. At other times, the imposition of fees for shelter accommodation further exacerbates the challenges faced by homeless individuals, compounding their economic insecurity and social vulnerability. As a participant from South Africa put it:

*“People are forced to pay to live in shelters, how am I homeless, jobless, and still expected to pay to lie in a shelter?”* – participant from INWUD, South Africa.

## The Right to Bodily Integrity

For over 10 years INPUD has been calling out the ongoing violations to the bodily autonomy of people who use drugs globally. In 2015, the INPUD report titled “Drug User Peace Initiative - Violations of the Human Rights of People Who Use Drugs<sup>20</sup>” shed light on the myriad violations that encroach upon the bodily autonomy of individuals who use drugs. It highlights the pervasive criminalisation of drug possession and use in most countries, effectively criminalising people who use drugs themselves. Additionally, in some jurisdictions, it is deemed illegal to have drugs in one’s bloodstream, essentially criminalising the ‘state of being a drug user’. This renders people who use drugs inherently susceptible to police interference, harassment, and violence including public searches, invasive strip and cavity searches, arrests, and imprisonment.

The report underscored how police across the globe routinely stop, detain, and arrest individuals merely based on their perceived appearance and/or assumptions about drug use, a process that is arbitrary and discriminatory. People are frequently apprehended for possessing needles, and their injection paraphernalia is often confiscated or destroyed by law enforcement upon discovery. People who inject drugs are specifically targeted based on visible signs of drug use and/or being ‘known to police’ and subjected to police scrutiny and intervention. These practices are an inherent violation of the bodily integrity and autonomy of people who use drugs, and participants in the consultation spoke of being routinely targeted by police and called on governments and authorities to do more to protect their fundamental rights in this regard.

<sup>20</sup> Drug User Peace Initiative - Violations of the Human Rights of People Who Use Drugs. INPUD. 2015.  
<https://inpud.net/drug-user-peace-initiative/>



## Police Violence

Police violence in drug enforcement intersects with economic and social rights in significant ways, exposing systemic inequalities and injustices embedded deep within society. In many cases, marginalised and socio-economically disadvantaged communities bear the brunt of aggressive drug enforcement tactics, leading to disproportionate levels of violence, harassment, and abuse by law enforcement agencies. In a cyclic fashion, this exacerbates already existing economic and social disparities, as individuals from these communities are often deprived of their right to security, dignity, and equality before the law. Moreover, the heavy-handed approach to drug enforcement can in general disrupt social cohesion and trust in law enforcement authorities, perpetuating cycles of poverty and marginalisation. These issues have been well-documented in many global reports including by the Global Commission on Drug Policy in 2020 which stated that:

*“The burden of drug policing is overwhelmingly borne by poor communities, young people, and often disadvantaged social and ethnic groups, whereas drug consumption by wealthier communities may evade police attention. Criminal records for low-level, non-violent offenders, often already stigmatized, further exclude them from society and the legitimate economy, and makes it more difficult to access health services. Burdening criminal justice systems with minor crimes such as possession for personal use, especially of cannabis, drains resources from more complex investigations into serious crime. Corruption, police harassment and abuse of state power is all too often associated with the policing of drugs markets. Not only does this undermine communities’ rights and put people at risk, but it is also self-defeating for police, as it harms*

*possibilities for effective intelligence-building and information sharing between police and communities.”* – Global Commission on Drug Policy <sup>21</sup>

In this wider context, it is hardly surprising that the consultation also highlighted alarming trends of police violence targeting people who use drugs, particularly in low- and middle-income countries. Participants from Kenya underscored the pervasive culture of corruption within law enforcement, where individuals are coerced into bribery to evade arrest or prosecution for drug-related offenses. This systemic corruption not only undermines the rule of law but also perpetuates cycles of poverty and vulnerability among marginalised communities.

*“It is expensive to be a drug user in Kenya, you must always have money on you for bribery.”* – participant from AfricaNPUD, Kenya.

Participants from the Latin American region also highlighted the detrimental impact of the war on drugs on people who use drugs. One participant explained that:

*“The war on drugs in the region is characterised by violent enforcement measures that disproportionately target and incarcerate individuals involved in drug-related activities, including mothers, growers, and users.”* – participant from LANPUD, Guatemala.

These violent enforcement measures they said, include “zero tolerance” policing strategies that involve the sudden increase in police threats, sanctions, and arrests for drug-related offences. These strategies aim to reduce and disrupt both drug supply and demand by increasing the risk of arrest and incarceration for sellers and

<sup>21</sup> Enforcement of Drug Laws- Refocusing on organised drug crime elites. Global Commission on Drug Policy. 2020 [https://globalinitiative.net/wp-content/uploads/2020/05/FINAL-EN\\_2020report\\_web.pdf](https://globalinitiative.net/wp-content/uploads/2020/05/FINAL-EN_2020report_web.pdf)



buyers. They also prioritise punishment over access to evidence-based harm reduction and treatment under the erroneous assumption that people who use drugs respond to the criminal justice system's deterring incentives<sup>22</sup>.

Participants further noted that the 'war on drugs' leads to people who use drugs being incarcerated for non-violent drug-related crimes, contributing to prison overpopulation in the region. This situation further leads to a cascade of related problems, including deteriorating detention conditions, heightened violence within penitentiaries, restricted access to education and proper medical care, among others. Furthermore, pre-trial detentions of suspects involved in drug-related crimes are often abusive and protracted, extending for years before reaching a final judicial verdict. In countries like Bolivia, Brazil, Ecuador, Mexico, and Peru, pre-trial detention is mandatory for drug-related offenses, regardless of their severity. For instance, in Mexico, suspects can be held in custody for up to 80 days without facing formal charges.<sup>23</sup>

Participants from NAPUD emphasised similar concerns in the Asia region, particularly pointing out Thailand for its prolonged detention of individuals without due process. They highlighted cases where detainees were held for years without hearings or knowledge of the charges against them. This militarised approach to drug control neglects underlying social and health needs, exacerbating systemic injustices and perpetuating cycles of violence, poverty, stigma, and criminalisation. As one participant put it:

*"The message is "see, we are fighting the war on drugs", but in fact all that they are doing is criminalising the users, because*

*we know that big Narcos traficantes are imbedded into the government itself."* – participant from LANPUD, Guatemala.

Participants from the Africa region echoed these sentiments, with participants from Kenya highlighting instances of police violence and brutality experienced by people who use drugs. They provided an alarming example from where the Kenyan Defence Force raided an injecting site, physically assaulting drug users by beating them, cutting their dreadlocks with knives, and burning their identity cards. Similarly, a participant from South Africa shared experiences of excessive force by the police against people who use drugs. They noted that such violent behaviour is often condoned by the general community, as they perceive it as law enforcement's efforts to "clean up the streets" by any means necessary.

*"I was told by a police officer that they went to an injecting site and tortured the community, they beat them up, cut their dreadlocks and burned their national identity cards, knowing very well how important identity cards are, he was very proud when he told me this story. This is a regular occurrence in Kenya."* – participant from AfricaNPUD, Kenya.

Furthermore, participants expressed concerns about police interference in the implementation of harm reduction guidelines, particularly regarding needle and syringe programs (NSPs) and other harm reduction interventions. This interference hinders efforts to promote public health and human rights, exacerbating the harms associated with drug use and undermining community trust in law enforcement authorities.

*"I'll give an example of Nigeria, even though organisations of people who use drugs have worked to sensitise different police departments on the importance of NSPs, at community level we still*

<sup>22</sup> Polomarkakis KA. Drug law enforcement revisited: The "war" against the war on drugs. *Journal of Drug Issues*. 2017;43(4):396–404. doi: 10.1177/0022042617697017

<sup>23</sup> Working Group on Arbitrary Detention: Preliminary Findings from its visit to Mexico. OHCHR (18 to 29 September 2023). <https://www.ohchr.org/sites/default/files/documents/issues/detention-wg/country-visit/20230929-mexico-preliminary-findings-en.pdf>

*have police officers raiding NSP sites and confiscating needles, and frontline workers continue to face arrests from police officers, especially when you are found in possession of a significant quantity of needles and syringes” – participant from AfricaNPUD, Nigeria.*

### **Forced Detention and Compulsory/Closed Settings**

In 2012, UN entities called on governments worldwide to close compulsory drug detention and ‘rehabilitation centres’ for people “suspected of using drugs or dependent on drugs” due to health and human rights concerns<sup>24</sup>. These calls were reiterated in 2020 with a focus on countries in Asia and the Pacific citing continued human rights violations, including lack of due process, forced labour, inadequate nutrition, physical and sexual violence toward detainees, and denial of evidence-based drug treatment and basic health-care services in these facilities.<sup>25</sup> On both occasions, UN entities were responding to the ongoing evidence of widespread human and ESC rights violations associated with these compulsory detention centres. Unsurprisingly then, the issue of compulsory or forced detention was also raised in the INPUD Global Consultation on ESC rights for people who use drugs.

The consultation underscored the detrimental impact of forced detention practices targeting people who use drugs, which involve coercive measures depriving individuals of their autonomy and violating their rights, leading to further harm and trauma. Reports from participants of forced detention and excessive

use of force against people who use drugs were alarming, particularly in some African countries like Rwanda, where coercive measures such as forced ‘rehabilitation’ are employed:

*“The excessive force is at higher level for the people who use drugs in our region. We still have countries like Rwanda who lock up people who used drugs for forced rehabilitation” – participant from AfricaNPUD, Kenya.*

Additionally, participants from Latin America highlighted the negative impact of privately-run ‘rehabilitation centres’ known for violating the rights of people who use drugs. These centres often subject individuals to chaining, public humiliation, and abduction, and operating unlawfully without proper medical or governmental oversight. People are often brought to these centres against their will, by family members, police, or gangs of centre residents<sup>26</sup>. Echoing these concerns, participants from Kenya expressed similar issues with private so-called ‘rehabilitation centres’ in their country, emphasising their failure to adopt a human rights-based approach to drug treatment. Individuals admitted to these facilities under the influence of their families often recount distressing accounts of being confined in chains and subjected to physical abuse by staff.<sup>27</sup>

Participants from South Africa also raised concerns about the lack of regulation and oversight in private rehabilitation programs, leading to instances of inhumane treatment and forced confinement, experimental ‘therapies’ that lead to harm, advocating for the promotion of voluntary, evidence-informed, and rights-based treatment for drug dependence.

<sup>24</sup> UN Joint statement: compulsory drug detention and rehabilitation centres [https://files.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310\\_Joint%20Statement6March12FINAL\\_en.pdf](https://files.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf)

<sup>25</sup> UN Joint statement on compulsory drug detention and rehabilitation centres in Asia and the Pacific in the context of COVID-19 <https://unaidsapnew.files.wordpress.com/2020/05/unjointstatement1june2020.pdf>

<sup>26</sup> No Health, No Help- Abuse as Drug Rehabilitation in Latin America and the Caribbean. Open Society Foundations. 2026. <https://www.opensocietyfoundations.org/publications/no-health-no-help>

<sup>27</sup> Rehab Nightmare: the dark side of Somali healing centres in Kenya. BBC Africa. 2018. <https://www.bbc.com/news/world-africa-45021036>

The forced and/or coerced detention of people who use drugs often in closed settings with little or no oversight and scrutiny remains a significant issue globally. According to a 2022 report by UNODC and UNAIDS on “Compulsory Treatment and Rehabilitation in East and Southeast Asia”<sup>28</sup>, progress towards ending compulsory treatment for people who use drugs in this region has stalled. The transition to voluntary, evidence-informed, and human-rights based services has also slowed down.

In many countries in East and Southeast Asia, compulsory ‘treatment’ facilities for people who use drugs are still operational. These facilities function as places of confinement where individuals accused or known to be using drugs are involuntarily admitted for detoxification and ‘treatment’ without adequate due process. These facilities are administered under criminal or civil law, or government policy, and are operated by various entities including the military, the police, ministries of health or social affairs, or national drug control agencies. Conditions in these facilities have been reported to include forced labour, lack of adequate nutrition, and denial or limited access to healthcare.

Considering these ongoing rights violations and challenges and the issues raised by participants in this consultation, we call for the immediate closure of these centres wherever they exist. In their place, it is crucial to prioritise voluntary and community-led approaches that respect the dignity and autonomy of people who use drugs and ensure access to comprehensive healthcare and support services that are tailored to people’s individual needs.

## Freedom from Poverty

The consultation highlighted the significant role that drug policies and criminalisation play in perpetuating and exacerbating poverty and socioeconomic disparities. In Australia, participants emphasised the impact of the high cost of illicit drugs on people’s drug use behaviours and overall quality of life. The exorbitant prices of drugs force people who use drugs to make difficult choices, forcing them into poverty and leading to compromised health and social outcomes. This economic pressure is directly linked to drug policies and criminalisation, which perpetuates cycles of poverty and marginalisation among affected communities:

*“The high cost of drugs is a huge concern, everything costs so much, that it affects your user behaviour and the type of drugs you choose to use. This affects your quality of life. You’d make different decisions if price was not affecting your choices, this is directly linked to criminalisation and drug policy, it forces people to take more risks.” – participant from PacificPUD, Australia.*

Similarly, in South Africa, poverty emerged as a central factor driving drug use, particularly among vulnerable populations. Limited access to education, employment opportunities, and social services leaves individuals more susceptible to substance use as a coping mechanism.

Furthermore, participants highlighted how criminalisation exacerbates poverty by limiting access to job prospects and integration into society due to the stigma and legal barriers associated with having a criminal record. As highlighted earlier, the punitive approach to drug offences further marginalises already vulnerable populations, hindering their ability to escape poverty and achieve socioeconomic mobility:

<sup>28</sup> Compulsory Drug Treatment and Rehabilitation in East and Southeast Asia. UNODC and UNAIDS. 2022.  
[https://www.unodc.org/roseap/uploads/archive/documents/Publications/2022/Booklet\\_2\\_12th\\_Jan\\_2022.pdf](https://www.unodc.org/roseap/uploads/archive/documents/Publications/2022/Booklet_2_12th_Jan_2022.pdf)

*“All kinds of people from different social classes use drugs, but it is the poor who are always targeted. Law enforcement always targets the poorer communities, and it is the drug user who is mostly impacted. You are arrested, you go to jail, you have a criminal record, you get out, you can’t get a job, you can’t get housing, you can’t get anything! The cycle of poverty is reinforced. We are already poor, we already have limited access to education and employment, whether we are drug users or not, but criminalisation just makes it worse.” – participant from INWUD, South Africa.*

### **Access to Legal Rights**

The legal landscape for people who use drugs is fraught with systematic barriers and complexities that impede their access to justice and legal due process across various countries and regions. There are many challenges here, including arbitrary arrests, lack of access to justice and legal representation, as well as overrepresentation in criminal justice systems, and significant obstacles in accessing legal aid services. These issues, explored briefly in the consultation, collectively underscore the broader problems associated with the criminalisation of drug use and its impact on the economic, social, and cultural rights of people who use drugs.

### **Over-representation in Criminal Justice Systems**

It is well-documented globally that people who use drugs are overrepresented in criminal justice systems around the world. Participants in the consultation stated that this overrepresentation is indicative of law enforcement practices and policies that disproportionately target and impact these communities under the guise of implementing prohibition and the so-called ‘war on drugs’.

They added that such policies and practices often lead to a cycle of arrest and re-arrest, further marginalising impacting individuals and undermining the realisation of their socio-economic rights, and broader social wellbeing and integration.

The consultation also noted that challenges associated with access to justice and observance of legal due process, are further compounded for racialised communities, with racial discrimination exacerbating the social and economic marginalisation of these communities. The intersectionality of drug laws and practices with race and ethnicity exposes the stark reality about how justice is meted out. Participants in the HIC group highlighted how racialised individuals, particularly those within marginalised communities, are disproportionately targeted and affected by drug enforcement policies and practices, leading to a self-reinforcing feedback loop – with higher rates of arrest, prosecution, and incarceration for drug-related offenses.

Participants further highlighted that this overrepresentation of black people and people of colour in criminal justice systems should not be dismissed as a mere statistical anomaly but rather, reflects lived structural and systemic biases and discriminatory practices embedded within society, law, and judicio-legal frameworks.

For example, participants from Australia highlighted the disproportionate incarceration rates among First Nation or Aboriginal people in Australia, especially Aboriginal people who use drugs, who they said are stopped, searched, arrested, charged, and imprisoned for low-level drug offences far more often than non-Aboriginal people. They highlighted that this relates to systematic over-policing and racialised laws and policies that lead to arbitrary arrest and imprisonment. As one participant stated:

*“Aboriginal people are no more likely to use illicit drugs than non-Aboriginal people, but they are charged with drug offences far more often and end up in prison where their health and human rights are further violated.”* – participant from PacificPUD, Australia.

### Arbitrary Arrests

Participants also stated that people who use drugs are often subject to arbitrary arrests, which are conducted without sufficient evidence or due process. These arbitrary arrests manifest a broader systemic issue within law enforcement and judicial practices related to drug laws. Arbitrary detention not only undermines the principle of legality but also contributes to the overrepresentation of people who use drugs and racialised persons in the criminal justice system.

The practice of arbitrary arrests often results in the targeting of already marginalised populations, including those with low socioeconomic status and racialised minorities. Such arrests exacerbate the challenges faced by people who use drugs in accessing justice and due legal process, since the very fear of arbitrary detention can deter individuals from seeking legal assistance or claiming their rights. (Also see the section on Forced Detention).

### Lack of Legal Representation

One of the primary concerns is the lack of adequate legal representation for persons who use drugs, who frequently face legal proceedings without the necessary legal support, undermining the fairness of the process and potentially leading to unjust outcomes. This lack of representation is particularly problematic given the complexities of drug-related laws and the potential for severe penalties, including being incarcerated.

During the consultation, participants from both LMIC and HIC highlighted the critical importance of providing legal aid to individuals in prison, particularly those who are incarcerated for drug-related offences. Legal aid services should be readily available to individuals facing drug-related charges, including those who may be disproportionately affected by punitive drug laws and policies.

### Intersectional Impacts of Drug Laws and Policies

As indicated above, the consultation also highlighted the intersectional nature of the impacts of drug laws on the social, economic, and cultural rights of people who use drugs, emphasising how various social categorisations such as race, gender, sexuality, and socio-economic status intersect to exacerbate inequalities and vulnerabilities. Participants outlined how drug laws disproportionately affect certain marginalised groups, such as women, individuals racialised as black or brown, those of African descent and Indigenous people, thereby exacerbating existing social inequalities and vulnerabilities. For instance, a 2015 report by the Drug Policy Alliance revealed that approximately 57 percent of people incarcerated in state prisons and 77 percent of those incarcerated in federal prisons for drug offenses are Black or Latino, despite these groups making up only 30 percent of the U.S. population<sup>29</sup>. This disparity underscores the discriminatory impact of drug<sup>30</sup> laws on marginalised communities, perpetuating systemic injustices and widening social disparities.

Participants from the LAC region, spoke about a legal assessment tool developed by LANPUD which revealed the unique intersectional stigma

<sup>29</sup> Drug Policy Alliance (2015). The Drug War, Mass Incarceration and Race. The Drug Policy Alliance. [https://www.unodc.org/documents/ungass2016/Contributions/Civil/DrugPolicyAlliance/DPA\\_Fact\\_Sheet\\_Drug\\_War\\_Mass\\_Incarceration\\_and\\_Race\\_June2015.pdf](https://www.unodc.org/documents/ungass2016/Contributions/Civil/DrugPolicyAlliance/DPA_Fact_Sheet_Drug_War_Mass_Incarceration_and_Race_June2015.pdf)

<sup>30</sup> INPUD, 2021, Drug Decriminalisation: Progress or Political Red Herring? <https://inpud.net/drug-decriminalisation-progress-or-political-red-herring-2/>



and discrimination faced by people living with HIV who also use drugs. These individuals encounter barriers to accessing essential health services, including HIV treatment, due to stigma related to both their drug use and HIV status, as well as other social characteristics such as class.

Participants from the LAC region also highlighted how women charged and convicted of drug-related offences receive harsher penalties, compared to men in similar circumstances. Similarly, participants from the MENA region stated that in Morocco, women who use drugs, especially single mothers and female sex workers, face stigma and disrespect, further compounding their vulnerability and marginalisation within society. As one participant from Guatemala put it:

*“Women, when they are detained by the police for personal consumption, they are automatically sent to jail and punished with harder penalties for being women.”*  
– participant from LANPUD, Guatemala.

Moreover, participants also raised the fact that the intersection of age and disability further exacerbates the challenges faced by people who use drugs, particularly in countries like Slovenia. Older drug users and people with disabilities who use drugs are often left homeless and neglected due to systemic stigma and discrimination, which also reflect broader social crises and systemic failures in addressing the needs of marginalised populations:

*“We need to help the old drug users and those who are disabled. They are left on the street to rot.”* – participant from EuroNPUD, Slovenia.

In the African context, colleagues from Morocco, along with participants from Egypt, underscored the profound impact of social perceptions surrounding drug use on the realisation of economic, social, and cultural

(ESC) rights. They emphasised that the crux of the issue lies not in the nature of the drugs themselves, but rather in the societal stigma attached to drug use. The prevailing perception casts individuals who use drugs as criminals, overshadowing any nuanced understanding of the complex factors underlying drug use. Even in regions where state strategies regarding drug use are lacking, such as in their own, the pervasive societal stigma remains a formidable barrier to the advancement of ESC rights.

*“The problem is not the product, the drug, the problem is the perception on the use of drugs. We don’t see the drug, we see the social perception, we see a criminal [...] the perception is what kills us.”* – participant from MENANPUD, Morocco.



## The Way Forward: Recommendations from Participants

### Full Decriminalisation and Depenalisation

As an overarching recommendation, participants underscored the imperative to end criminalisation and prioritise the health and human rights of people who use drugs. They stated that instead of perpetuating cycles of incarceration, violence and stigmatisation, there is a critical need to shift towards laws and policies that prioritise the health, rights, and dignity of people who use drugs.

In this context, participants stressed the critical importance of challenging laws that criminalise drug possession, use and supply, advocating for full decriminalisation and depenalisation of all drugs as a first step towards a system of legal regulation for all drugs. The emphasis on the need for full decriminalisation was to highlight that too often, so-called decriminalisation reforms do not go far enough and frequently just replace criminal sanctions with administrative sanctions that do not address the underlying causes of harm for people who use drugs<sup>31</sup>. In calling for full decriminalisation, participants wanted to be clear that they are asking for comprehensive reform without imposing any form of sanctions, registries, or compulsory treatment.

As part of these reforms, participants also called for the elimination of criminal records associated with drug offences. They highlighted the profound impact of such records on people's life opportunities and ESC rights specifically, including for employment, housing, poverty elimination, and overall quality of life. Participants emphasised the need to remove such barriers as a pathway to attaining full social inclusion for people who use drugs.

<sup>31</sup> Global AIDS Strategy-2021-2026. UNAIDS  
<https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026>

### Expanding Access to Harm Reduction

Participants emphasised the urgent need to significantly expand access to harm reduction programs and services for people who use drugs through expanded commitment and investment at global, regional, and country levels. Participants in all three groups of the consultation highlighted the limited availability of harm reduction services, with people who use drugs living in LMICs having the poorest access to the essential harm reduction services they need. To address this gap, participants argued that there is a pressing need to expand harm reduction services to include a wider range of substances, including stimulants, and ensure equitable access for all individuals.

Participants also highlighted that addressing misconceptions and promoting increased understanding of harm reduction principles is essential for effective implementation. Participants emphasised the need for comprehensive harm reduction education programs to increase awareness and understanding among the general population, healthcare professionals, policymakers, and other key stakeholders at the regional and local levels.

### Bodily Autonomy and Freedom from Coercion

There was consensus among the participants that individuals have the right to make decisions about their own bodies and health without coercion or interference from external authorities. As a premise, participants stressed that this means respecting people's right to choose whether to engage in drug use, seek treatment, or participate in harm reduction and other health and social services without fear of punishment or discrimination. Participants highlighted the need to safeguard individuals from police violence and/or coercive 'treatment' practices, which violate their basic rights and dignity. Coercive approaches, such as mandatory 'rehabilitation programs', and

arbitrary and/or involuntary detention, are not only ineffective but also highly unethical, contrary to international law and perpetuate extreme levels of harm and stigma.

### **Funding Community-led services**

In line with the commitments of the Global AIDS Strategy 2021-2026<sup>31</sup>, participants advocated for the allocation of resources to support the availability of community-led services run by and for people who use drugs. This includes prioritising funding and support for grassroots organisations and community-based initiatives that are actively engaged in service delivery and advocacy efforts. Participants highlighted the importance of meaningful involvement of people who use drugs in the design, implementation, and evaluation of services, policies, and programs. This includes promoting the active participation of individuals with lived/living experience in frontline service delivery roles, such as professional peer workers who must be appropriately paid and recognised.

Colleagues also called for a shift towards community-led approaches to service delivery that prioritise holistic, person-centred care. This includes fostering partnerships between healthcare providers, community organisations, and local participants to ensure that services are accessible, culturally competent, and responsive to the needs of diverse populations. Drawing on successful models such as community-led work in Portugal, participants emphasised the importance of protecting the right to work for people who use drugs. This includes promoting peer-led initiatives and community-led services, ensuring that individuals with lived experience are actively engaged in service delivery and advocacy efforts.

These calls from the participants in the consultation are consistent with the findings of community-led research conducted by INPUD in 2021 on the values and preferences of people

who inject drugs in relation to HIV, Hepatitis, and STI services<sup>32</sup>. In this research, community leaders also underscored the importance of prioritising community-led initiatives while also ensuring sufficient resources for peer workers, who are often undervalued and underpaid. The report (like this consultation) also emphasised the importance of adequately compensating peer navigators/workers, ensuring they are paid fairly and equitably compared to non-peer workers in the same service.

Participants expressed concerns about the lack of recognition and support for peer workers, describing them as “not seen as professional,” “undervalued,” “unpaid,” and not provided with adequate training and support compared to other workers. The consultation highlighted the need to address these issues and recognise the crucial role of peer workers in delivering effective harm reduction and BBV services for people who use/inject drugs.

There is a clear consensus among participants that drug user-led organisations play a vital role in providing essential services, advocacy, and support for people who use drugs. However, many community-led organisations face significant funding challenges, limiting their capacity to effectively address the needs of their communities. As such, participants highlighted the critical need for increased funding to support drug user-led organisations and to empower and recognise peer workforces. They emphasised the need for funding mechanisms that prioritise community-led projects, services, and programs by ensuring that resources are allocated directly to the communities most affected by drug policies.

### **Explicit Inclusion in Health Insurance Policies**

Participants highlighted the critical importance of providing people who use drugs with access

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<sup>32</sup> Key Populations' Values and Preferences for HIV, Hepatitis and STI services: A Qualitative Study - (inpud.net)

to health insurance coverage by removing discriminatory barriers often embedded in the policies and practices of insurance providers. Governments too need to act to ensure that people who use drugs have access to health insurance policies that meet their specific needs. Access to health insurance ensures that individuals can afford essential healthcare services, including medical treatment, harm reduction services (including OAT), and psychosocial support. By expanding access to health insurance coverage, policymakers can help to mitigate barriers to healthcare access and promote the health and well-being of people who use drugs. Additionally, ensuring that health insurance policies cover harm reduction services and evidence-based drug treatment can further support individuals in accessing the care they need to lead healthy and fulfilling lives.

### **Explicit Inclusion in Government Social Welfare Policies**

Participants emphasised the necessity of explicitly including people who use drugs in social welfare schemes operated by each country's social welfare department. Regardless of their drug use status, people should have access to essential social welfare services, including housing support, financial assistance, healthcare services, education opportunities, employment support, and other forms of social support. The aim is to integrate the wellbeing of people who use drugs explicitly into the fabric of social support systems, acknowledging their rights and dignity, and addressing the systemic barriers that often exacerbate marginalisation and vulnerabilities.

### **Access to Housing**

Drawing on successful models from Western Europe, participants advocated for the expansion of programs such as 'Housing First'<sup>33</sup> as a way

<sup>33</sup> Housing First. CSH <https://www.csh.org/resources/housing-first-101-a-quick-guide-for-health-centers/>

to provide stable housing and support services to people who use drugs. Participants noted the success of 'Housing First' programs imported from countries like Norway and implemented in Portugal, highlighting the potential for similar initiatives to be adopted in other regions. Participants stressed, however, that time limits (such as the 6-month limits on access to housing referred to above) should cease to ensure that approaches like 'Housing First' prioritise not just immediate access, but also long-term, stable access to housing without preconditions such as sobriety or participation in treatment or 'recovery-based' programs.

### **Access to Legal Aid**

Participants highlighted the critical importance of providing legal aid to individuals in prison, particularly those who are incarcerated for drug-related offences. Legal aid services should be readily available to individuals facing drug-related charges, especially those who are disproportionately affected by punitive drug laws and policies. The issue of legal aid serves as an example of the broader challenges faced by people who use drugs in accessing justice and due legal process. Legal aid, intended to aid those unable to afford legal representation, is often inaccessible to people who use drugs due to eligibility criteria, limited resources, and a lack of services tailored to their specific needs.

Participants also stressed that access to legal representation is particularly critical for racialised people who use drugs, as they face heightened barriers to justice, including racial bias in legal proceedings and a lack of culturally competent legal services. The absence of effective legal aid intensifies the vulnerability of racialised individuals, limiting their ability to challenge injustices and secure fair outcomes. This gap in access to legal aid not only exacerbates the existing inequalities within the justice system but also contributes to the continued stigmatisation and penalisation of people who use drugs.

### **An Intersectional Approach**

Participants emphasised the importance of adopting an intersectional approach that considers the diverse needs and experiences of individuals affected by drug policies. Such an approach to drug policy recognises the interconnectedness of social inequalities and prioritises equity, inclusivity, and justice in all aspects of policy development and implementation. Recommendations from participants included the funding and provision of tailored harm reduction programs specifically designed for people who use drugs with complex health and social needs including older people and people with disabilities who use drugs. These programs should prioritise accessibility and accommodation, considering physical, sensory, and cognitive impairments that may impact individuals' ability to access and engage with services. They also stated that there needs to be expanded outreach efforts to reach marginalised and isolated populations, including those living in long-term care facilities, nursing homes, or assisted living facilities.

Recognising the complex dynamics of drug production and distribution, as part of an intersectional approach, participants also called for the inclusion of all participants, including cultivators, distributors, and sellers, in drug policy discussions and decision-making processes.

### **Multi-Stakeholder Approach**

There was also a recognition among participants that addressing complex issues related to drug policy requires collaboration and coordination between multiple stakeholders. As such, participants emphasised the importance of adopting a multi-stakeholder approach to drug policy that promotes collaboration between government agencies, healthcare workers, civil society organisations, and community-led networks. Further, participants underscored the importance of actively involving networks and organisations

of people who use drugs in all decision-making processes related to drug policy and to the lives and health of people who use drugs.

## Summary of Recommendations to the General Comment Writing Committee

### Effects of criminalisation

The General Comment (GC) writing committee is encouraged to produce guidance that:

- Recommends comprehensive reform of existing drug control laws, policies, and practices at the global, regional, and country levels including the full decriminalisation of drug use and possession (as a first step towards legal regulation), and the prioritisation of harm reduction and rights-based principles and approaches.
- Calls on States to implement training and sensitisation of law enforcement agencies and personnel in relation to the health, rights and dignity of people who use drugs. These training and sensitisation programs should focus on the economic, social, and cultural rights and daily realities of people who use drugs. The objective must be to promote awareness about the negative impact of criminalisation on the lives and rights of people who use drugs and promote non-violent interactions between police and people who use drugs, as well as discourage police from enforcing punitive and discriminatory laws.
- Encourages States to ensure that all State actions, laws, and policies concerning people who use drugs are informed by rights-based principles, evidence-based best practices, and a valuing of meaningful community engagement.

### Lack of data & information

The GC writing committee is encouraged to produce guidance that:

- Recommends increased funding and support for research and data collection

initiatives (including community-led research and monitoring initiatives) that focus on documenting and addressing the impact of drug laws, policies, and practices on the ESC rights of people who use drugs.

- Calls for greater collaboration between researchers/academics, government agencies and community representatives to prioritise data collection and research efforts that inform evidence-based policy and advocacy strategies to promote the health, rights and dignity of people who use drugs.

### Impacts on access to health

The GC writing committee is encouraged to produce guidance that:

- Recommends increased funding and resourcing for evidence-based harm reduction programming including (but not limited to) needle syringe programs (NSP), drug consumption sites, opioid agonist treatment (OAT), take-home Naloxone, drug checking, safe supply initiatives, etc.
- Calls for a collaborative framework at the country level between healthcare providers, affected community representatives, and policymakers to address systemic barriers to healthcare access, including stigma, discrimination, and other punitive measures associated with drug use. Key initiatives must include policy reforms aimed at full decriminalisation of drugs, the development of integrated care models that provide holistic support, and the implementation of training programs focused on harm reduction and non-discriminatory care practices.
- Promotes community-led initiatives and approaches that prioritise the health, rights, and dignity of people who use drugs, including resourcing for community-led networks at the global, regional, and local levels, funding for peer-based services and programs, and proper remuneration and workers' rights for peer workers.



### **Bodily autonomy and freedom from coerced and forced treatment**

The GC writing committee is encouraged to produce guidance that:

- Recommends governments to enact legislation and policies that explicitly protect peoples' right to bodily autonomy and prohibits any form of coerced or forced medical interventions in the name of 'drug treatment' or in response to drug use more broadly.
- Calls on all States to ensure drug treatment services are always voluntary, evidence-informed, and observe basic human rights.
- Recommends the promotion of legislative and policy measures that incorporate clear monitoring and enforcement mechanisms to ensure compliance and accountability among States in relation to their obligations to respect and protect the right to bodily autonomy, and freedom and security of the person.

### **Disproportionate impact on women**

The GC writing committee is encouraged to produce guidance that:

- Recommends gender-sensitive drug policies and programs that address the unique needs of women who use drugs.
- Calls on States to implement gender-responsive harm reduction services, including safe spaces for women who use drugs, women-specific harm reduction services, access to contraception and maternal health services, and support for survivors of gender-based violence.
- Encourages collaboration with women-led organisations and narco-feminist movements to amplify the voices and experiences of women who use drugs and advocate for their rights and dignity within drug policy reform efforts.

### **Barriers to employment**

The GC writing committee is encouraged to produce guidance that:

- Recommends the removal of barriers to employment for people with a history of drug use, including ending the use of criminal records checks and other discriminatory employment practices and policies such as forced urine drug testing that exclude and negatively impact the ESC rights of people who use drugs.
- Promotes the implementation of community-led employment programs and vocational training initiatives for people who use drugs, including access to education, skills development, and job placement services.
- Calls for collaboration between employers, trade unions, and government agencies to develop inclusive workplace policies and practices that support the rights and dignity of people who use drugs and promote equal opportunities for all individuals.

### **Housing challenges**

The GC writing committee is encouraged to produce guidance that:

- Recommends the provision of affordable and supportive housing options for people who use drugs, including transitional housing, harm reduction housing models, and Housing First initiatives where access to housing is long-term and stable, with extended time-limits, and independent of drug use or treatment status.
- Calls on States to remove discriminatory housing policies and practices that disproportionately affect people who use drugs, including eviction policies based on perceived or actual drug use and/or criminal records.
- Encourages collaboration between housing providers, local governments, and community-led organisations to develop and



implement housing solutions that prioritise the rights and dignity of people who use drugs and promote stable, affordable, and supportive living environments.

### **Social welfare concerns**

The GC writing committee is encouraged to produce guidance that:

- Promotes the development and implementation of targeted poverty reduction strategies that comprehensively address the underlying social determinants of health. These strategies should prioritise interventions aimed at improving access to quality education, creating employment opportunities, enhancing healthcare services, and expanding social support services for people who use drugs.
- Calls on States to establish formal collaboration frameworks between social welfare agencies, civil society and community-led organisations, and government departments to develop and implement comprehensive social welfare policies that explicitly prioritise the rights, welfare and dignity of people who use drugs. The policies should guarantee inclusive and equitable access to a wide range of support services, including but not limited to health care, legal aid, employment assistance, and housing.

### **Addressing poverty**

The GC writing committee is encouraged to produce guidance that:

- Recommends poverty reduction strategies that address the underlying determinants of poverty among people who use drugs, including ending criminalisation, supporting legal regulation, eliminating stigma and discrimination, and providing improved access to education, employment, healthcare, and social services.

- Calls on States to implement economic empowerment initiatives run by and for people who use drugs, including properly paid roles for peer workers, targeted vocational training, microfinance programs, and job placement services.

It is the final recommendation of this report that people who use drugs should be deemed a protected category, so that it becomes prohibited to discriminate against people based on their drug use status, whether by policy, programme, or practice. This would end compulsory biomarker drug testing that is currently used as grounds for the denial of housing, employment, and access to social welfare. Finally, this would fully advance the protection, fulfilment, and realisation of the economic, social, and cultural rights of people who use drugs, including civil and political rights, particularly that of the right to privacy.

## Appendix A

### Consultation tool

#### Global consultation forum on the impact of drug policies on economic, social, and cultural rights- 31 January 2024

#### Draft consultation guide

##### I. Background

In recent years, the UN Committee on Economic, Social, and Cultural Rights (CESCR) has intensified its examination of drug laws and policies, focusing on aligning them with the International Covenant on Economic, Social and Cultural Rights (ICESCR). This body of independent experts has shown a growing interest in recommending measures that safeguard the rights of individuals, particularly emphasising the right to health for people who use drugs. However, CESCR's position on this matter has at times been fragmented, limited in scope, and confined to specific countries.

To address the need for a more comprehensive and systematic approach to evaluating the impact of drug policies on economic, social, and cultural rights, the CESCR proposed, in October 2022, the creation of a General Comment.

##### II. What is a General Comment?

General comments, also called general recommendations, are official interpretations provided by treaty bodies on specific human rights. In this context, the General Comment seeks to clarify the rights outlined in the International Covenant on Economic, Social, and Cultural Rights, with a specific emphasis on the rights of people who use drugs. The General Comment will not only highlight violations faced by people who use drugs, but it will also offer guidance to States on how to fulfil their responsibilities and obligations under the International Covenant on Economic, Social, and Cultural Rights. In essence,

it will outline what actions States should take to safeguard the economic, social, and cultural rights of people who use drugs.

For people who use drugs, a general comment is a powerful tool to push for positive changes and hold authorities accountable. Here's how general comments can boost our ongoing efforts:

- We can use a general comment to support our arguments for change in drug policies and the proper implementation of the ICESCR treaty in our various countries.
- We can utilise general comments when drafting individual complaints to CESCR, as well as in national legal processes.
- We can support our court cases by referring to general comments; some local courts may consider the meaningful interpretation of human rights norms provided by these quasi-judicial bodies.
- We can also contribute to shaping policies and legal principles at the national level by incorporating general comments into our advocacy efforts.

##### What are Economic, Social, and Cultural Rights (ESCR)?

ESCR are human rights concerning the basic social and economic conditions needed to live a life of dignity and freedom. **These human rights include the right to food, water, housing, health, education, cultural identity, work, social security, adequate standard of living, and more. It is important to note that the current annotated outline of the general comment also mentions the rights to bodily autonomy and freedom from coerced treatment**, which are important themes when advocating for the rights of people who use drugs.

##### III. Global consultation

Considering the CESCR's initiative on a new General Comment, networks of people who use drugs convened in 2022 to create a joint

advocacy strategy to influence the process of the General Comment and to guarantee that international and national organisations, advocates, people who use drugs, and growers and other relevant stakeholders participate actively and directly in the process. This collaborative effort resulted in the formation of the Drug Policy Consortium for the General Comment on the Impact of Drug Policies on Economic, Social and Cultural Rights (The Consortium).

Funding has been secured through Open Society Foundations (OSF) to support the work of the joint advocacy plan. Each Consortium partner has been provided with a proportion of the OSF funds to support their participation in the Consortium and to implement key strategic advocacy activities.

With this background in mind, INPUD will be using the OSF funding to conduct this online global consultation forum with global communities and networks of people who use drugs on the impact of drug policies on the economic, social, and cultural rights of people who use drugs. The outcomes from the forum will be used to inform both the CESCR GC Process and the wider advocacy efforts of 'the Consortium' partner/s including thematic, regional, and global consultation forums.

### Draft Annotated Outline

A draft annotated outline of the *General Comment on the impacts of drug policies on economic, social, and cultural rights* was published on the 4 September 2023. The annotated outline provides an idea on what the general comment could possibly look like in future, the current outline is divided into two sections:

- The first section covers general obligations of those member state who are signatories to the International Covenant on Economic, Social, and Cultural rights, such as:

- States parties' obligations to ensure meaningful participation of civil society, including people who use drugs and their respective organisations, in the design, implementation, and assessment of drug laws, policies, and practices that affect them.
- States parties' obligations in reviewing their drug policies for inherent biases and their obligation to develop laws and policies that promote non-discrimination, equality, and the inclusion of groups or persons requiring particular attention.
- States parties' obligation to **respect, protect, and fulfil** human rights such as the right to health, the right to work, and the right to enjoy the benefits of scientific progress.
- States parties' responsibility to take positive action to meet the needs of all individuals, without discrimination, including those who use drugs.
- The second section seeks to answer the following questions:
  - What are the common drug control/ human rights interventions?
  - What are the human rights impacts?
  - What ICESCR norms are relevant and what do they mandate?
- Would you like to add anything else on how current drug laws, policies and practices impact the daily lives of people who use drugs in your country/region? (5 minutes)

Now that we have a clue of what the general comment could possibly look like, we need to ensure that our discussions and recommendations fit into the annotated outline and provide further guidance to the committee.

### Consultation outline:

- Welcome and introductions (5 minutes)
- Briefing presentation (10 minutes)

- Break out into three groups for more in-depth conversations.

**Group Questions:**

1. What is the impact of current drug laws, policies, and practices on the realisation of various rights such as the right to work, to health, to education, to an adequate standard of living, to cultural identity and bodily integrity for people who use drugs in your country or region? What do you believe your state/s should do about this? (13 minutes)
2. If you could make three recommendations to CESCR and the General Comment writing committee to reduce the impact of drug laws and policies on the economic, social, and cultural rights of people who use drugs in your country/region, what would they be? (12 minutes)
3. Would you like to add anything else on how current drug laws, policies and practices impact the daily lives of people who use drugs in your country/region? (5 minutes)

**Plenary:**

- a. Report back from rapporteurs (10 minutes)
- b. Wrap-up (5 minutes)

**The International Network of People who Use Drugs (INPUD)** is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. INPUD exposes and challenges stigma, discrimination, and the criminalisation of people who use drugs, and its impact on the health, rights, and dignity of people who use drugs. INPUD achieves this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national, and regional levels.

The INPUD Global Consultation Forum on the Impact of Drug Policies on the Economic, Social, and Cultural Rights of People who Use Drugs, was conducted as an activity of the Drug Policy Consortium for the General Comment on the Impact of Drug Policies on Economic, Social, and Cultural Rights. This publication and the work of the Drug Policy Consortium for the General Comment on the Impact of Drug Policies on Economic, Social and Cultural Rights is supported through a grant from Open Society Foundations (OSF). INPUD is very grateful for OSF's financial support for this important work.

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