Médecins du Monde's contribution to OHCHR Report on 'world drug problem' & human rights

Dear High Commissioner for Human Rights,

As an international medical organization working in the Harm Reduction field for more than 30 years, Médecins du Monde welcomes and thanks you for the opportunity to contribute to the future report on drug policy and human rights. This contribution is a compilation of the experience from our teams in the field, including people who use drugs who face the consequences of drug policy on a daily-basis.

Médecins du Monde is currently implementing comprehensive harm reduction programmes internationally – in France, Ivory Coast, Kenya, Tanzania, Georgia, Vietnam, Myanmar[1]. Our approach is a community-based, meaning that people who use drugs are at the heart of the programmes, both as beneficiaries *and* actors in the implementation of services and advocacy efforts. This enables us to be at the forefront of the challenges caused by drug policies, including the human rights violations.

As underlined in chapter 1 of the UNGASS Outcome Document, a key priority to address drug-related issues is to "promote the health, welfare and well-being of all individuals", including through "prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures."
Today, in our countries of intervention, most people who use drugs are denied their right to health. Yet, right to health is recognized as a universal human right and people who use drugs are a "key population", i.e. fundamental to actually reach the elimination of HIV/AIDS and viral hepatitis epidemics by 2030.

[Chapter 4, paragraphs (a), (b): "enhance the knowledge of policymakers and the capacity, as appropriate, of relevant authorities on various aspects of the world drug problem" and "ensure non-discriminatory access to health, care and social services"]

> One of the main barriers of access to health identified in the field is the general stigmatization and discrimination that drug users are facing at many levels: from health staff, government authorities, police officers, general population, as well as self-exclusion from the drug users themselves.

[Chapter 1 paragraph (i): "Recognize drug dependence as complex, multifactorial health disorder characterized by a chronic and relapsing nature with social causes and consequences that can be prevented and treated"]

[1] More information on Médecins du Monde's comprehensive approach : https://www.medecinsdumonde.org/en/harm-reduction

There are generally strong misconceptions around drug use and a resistance to harm reduction services by government authorities and general population: the complexity of drug addiction and dependence is largely unknown. This participates in the stigmatization and violence towards drug users and their exclusion from health facilities.

[Chapter 1: paragraph (l): "Develop and strengthen, as appropriate, the capacity of health, social, law enforcement and other criminal justice authorities to cooperate…"]

Drug users are increasingly recognized as a "key population" by national government, particularly in their guidelines and policies regarding HIV elimination. Yet, in practice, the majority of health staff, from local to national levels, is not trained to provide care to this population and to answer their specific needs. Yet, without drug-user friendly services, drug users cannot be reached by prevention and care services.

Recommendation 1: Addressing stigmatization and discrimination towards drug users by all levels of government, health care providers and among general population; and reinforce harm reduction approach and trainings.

[Chapter 1 "…prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases", paragraph (c) and (d): "increase the availability, coverage and quality of scientific evidence-based prevention measures and tools that target relevant age and risk groups" and "promote the well-being of society as a whole through the elaboration of effective scientific evidence-based prevention strategies centred on and tailored to the needs of individuals".

Not only do drug users face difficulties in accessing existing health services, there is a significant lack of coverage in harm reduction services[2]. While substitution therapy is scaling up in different regions, it is still not sufficient to cover the needs and there is a very low access to other basic services including needle and syringe programmes and overdose management services.

It is noteworthy that harm reduction is mainly not understood as a comprehensive approach by most stakeholders who focus mainly on "hygienist" and abstinence interventions: opioid substitution therapies and medical interventions (eg: HIV testing and care) are more understood and supported than other pathologies, wounds, overdose management. Focus is put on tackling blood-borne infections, instead of addressing the health and well-being of people who use drugs, in an holistic approach.

[2] In 2017, among the 179 countries and territories where injecting drug use has been reported, just 86 (48%) have implemented opioid substitution therapy and 93 (52%) have needle and syringe programmes. (WHO, *Global health sector strategy on viral hepatitis 2016-2021*, 2017)

Moreover, there is a focus from international institutions on injecting drug use only, while non-injecting drug users also face high risks of infections, including non-blood borne infections such as tuberculosis, as well as other pathologies.

Due to limited resources and a lack of understanding and support from authorities, health services addressing drug users' needs, including harm reduction interventions, lack financing. Most existing harm reduction services in our areas of intervention are funded through multilateral and bilateral cooperation, including the Global Fund to fight AIDS, tuberculosis and malaria. There is almost no public budget dedicated to the care of drug users.

Recommendation 2: Promote the understanding of harm reduction as a comprehensive set of intervention promoting health and well-being of people who use drugs and increase the coverage in comprehensive harm reduction and drug-user friendly health services for people who use drugs, including people who inject drugs.

[Chapter 4, paragraph (o) (j) (l): "promote and implement effective criminal justice responses to drug-related crimes […] including practical measures to uphold the prohibition of arbitrary arrest and detention and of torture and other cruel, inhuman or degrading treatment or punishment…"; "Encourage the development, adoption and implementation, with due regard for national, constitutional, legal and administrative systems, of alternative or additional measures with regard to conviction or punishment in cases of appropriate nature…" and "promote proportionate national sentencing policies, practices and guidelines for drug-related offences"]

Georgia, Myanmar and Ivory Coast are undergoing efforts to reform their drug laws towards a more public-health and human-rights approach. Nevertheless, in all our areas of intervention, actual implementation of alternatives to punishment is very limited if none existent.

In our settings, the criminalization of people who use drugs often leads to police arrests in hotspots and detention of people who use drugs. Access to social, medical and legal services is often compromised in this kind of situations for drug users. During police interventions, drug users are often beaten up, arbitrarily arrested, and their medications (including ART) are frequently destroyed, leading to severe health consequences. This situation is very unpragmatic since it pushes drug users to take further risks (isolation, injecting etc.).

During executive declarations on war on drugs declarations, Harm reduction service delivery is interrupted, especially outreach work, putting drug users in more danger of contracting infections due to unavailability of sterile drug use equipment and using in hiding which can lead to overdoses.

[Chapter 1 paragraph (j): "Encourage the voluntary participation of individuals with drug use disorders in treatment programmes, with informed consent" and Chapter 4 paragraph (b): "Promote

effective supervision of drug treatment and rehabilitation facilities by competent domestic authorities to ensure adequate quality of drug treatment and rehabilitation services…"]

> Punitive drug laws make drug use a socially deviant behavior hence stigma and discrimination is cultivated along with the abstinence dogma.
> In our areas of intervention (Vietnam, Kachin in Myanmar), forced drug detention centers are numerous and are known for their deplorable penitentiary conditions and human rights abuses (torture, forced labour..).

Recommendation 3: Generate evidence on the negative impact of punitive drug laws on the health of drug users and reform drug policies accordingly, to provide actual alternatives to punishment and effective access to health to drug users.

Thank you for this opportunity to contribute to the report on drug policy and human rights,

Kind regards