Hello everyone, good morning and thank you for being here.

I think that it is of the uttermost importance to start talking about the issues underlying our current situation around the world in relation to the promotion and protection of human rights in the context that we can see still unfolding related to HIV and other communicable diseases, and so I want to thank you for your attendance to this forum, the space and the opportunity of being here to share some thoughts on this with you.

From my personal experience in Mexico, I can say that as a young person using all sorts of drugs in different settings and throughout many years and learning from what other peers have had to go through, I can say that besides the legal barriers and punitive/prohibitionist policies, there is a historical and cultural issue that is, according to myself, the main causal factor for the stigma and discrimination that people who use drugs have to face every day.

This has a correlation with other circumstances and hyper-complex phenomena pretty much in the same way that it has happened before and we can still see it happening when we look at people living with HIV and other communities that suffer from the oppression of the cultural constructs that have been built around these words and concepts, such as “drugs”, “addiction” and “disease” and the complete incapacity of explicitly acknowledging the devastating consequences of an overly punitive approach to drug control even when it’s evident that there’s no longer consensus within the UN system.

Throughout time and in different societies we have seen the rejection of certain individuals because their practices don’t seem to fit the norms, the “normal” standard of behavior or identity traits, this has happened with homosexuality, diverse gender identities, discrepancies in political and even spiritual ideologies and certain uses of psychoactive plants and substances, and just from a very quick retrospective it is not hard to see how there is a heavy influence of moralistic frameworks coming from imposed religious and fanatic ideologies where some practices are accepted and others are demonized.

The right to the highest attainable level of health and health services continuously crashes with the lack of proper education, information and references from health service providers and health professionals (doctors, psychiatrists, mental health professionals, etc.) who have been taught a lot of biased and distorted information along with judgmental, stigmatizing and inaccurate information that is sustained by these misconceptions and ideological prejudice based in a moral judgment; ensuring public health, development and respect of human rights is not peripheral, but central to drug policy.

The criminalization and stigmatization of people who use drugs contributes to their marginalization and increased vulnerability to health problems. Globally, of an estimated 12 million people who inject drugs, around 14% are living with HIV, and 50% with hepatitis C (in places like Mexico this goes up to 85%) – far exceeding the prevalence in the general population.

The criminalization of these practices (whether it was homosexuality, living with or transmitting HIV or using psychoactive plants and substances) only institutionalizes these repressive belief systems and generates a social and legal framework where the power structures are able to determine what is acceptable and “normal” and what is not. Because of this, our schools, academic institutions and cultural frameworks are not based in science or evidence and don’t provide a proper formation and sensitizing for the people who will provide the services or to the general population, for that matter.

What we are now calling full spectrum harm reduction includes aiming towards deconstructing and reshaping the stigmatizing notions that have been held for long long time and seek to provide a more rational, humane, objective cultural and social platform where things can be seen as they are and not as we’ve been led to believe; this is fundamental in order to be able to develop and strengthen a “comprehensive, integrated and balanced approach” to drug use.

Just as the UNGASS outcome document states, we should be striving to “promote and strengthen regional and international cooperation in developing and implementing treatment-related initiatives (and I would add “when it’s needed”, because we need to deconstruct this idea that everyone who uses drugs needs treatment), enhance technical assistance and capacity building and ensure non-discriminatory access to a broad range of interventions, including psychosocial, behavioral and medication-assisted treatment, as appropriate, including access to such services in prisons and after imprisonment, giving special attention to the specific needs of women, children and youth in this regard

“Minimizing the adverse public health and social consequences of drug abuse” is something that requires a multidimensional effort and new strategies that address those aspects that haven’t been properly addressed before, such as substances different than opiates and routes of administration different than injecting, data collection and utilization, effective prevention, harm reduction education and alternative treatment options (again, only when it’s necessary and as a voluntary decision exclusively) can be used together to promote innovative harm reduction approaches, such as drug checking, just to mention that we are currently developing the Harm Reduction Network of the Americas where we try to maintain these strategies as a central axis.

Full spectrum harm reduction and specific models such as drug checking programmes can provide a useful and reliable tool to reduce drug-related harm (in particular those related to NPS) and “identify and monitor trends in the composition, production, prevalence and distribution of new psychoactive substances”, providing “relevant, reliable and objective data”, that “enhances early warning networks” and supports evidence-based decision-making

Coming from Latin America, I can say that the relationships that different social structures can have (and actually still have, mainly within the indigenous communities) with psychoactive plants and substances is in no way necessarily destructive or negative and harmful, has nothing to do with psychopathologies and it can actually serve a purpose when it comes to the structuring of the social roles and the cohesion of the collective identity around spiritual and psycho-emotional aspects of the identity-forming process of any human group, not to mention the mental-health and well-being of the individual.

We can see this happening with the plants that draw the highest investment in enforcement, eradication and persecution, cannabis and poppy, but in Latin America we can also see this with the coca leaf, tobacco, Ayahuasca, peyote, mushrooms and an endless list of sacred and medicinal plants and concoctions that serve healing, therapeutic, ritualistic and even recreational purposes in a communitarian context where nothing has to be hidden or clandestine because it is integrated in the social and collective practices.

The rights to education, freedom of religion, cognitive freedom, privacy and self-determination are completely ignored and pushed aside when it comes to the use of this molecules and although this happens in a local level within each country, it is rooted in the international conventions and treaties that coerce the state members to enforce the prohibitionist policies pretending to be “concerned with the health and welfare of humankind” while misguidedly continues to place the elimination of psychoactive substances uses as a precondition to the pursuit of “health, dignity and peace”.

Ever since the 20’s with the very clear and obvious example of alcohol prohibition in the United States there was no doubt left for anyone who would analyze the situation with an unbiased and impartial eye that the organized crime groups and what in Mexico has become a narco-state emerges purely out of the fact of pushing something to the clandestine illicit status and thus opens an unsupervised and unregulated market to be exploited because the demand for the “products” that become illicit remains and the more than 50 years of the war on drugs show perfectly that it doesn’t only remain but that it actually increases, also because of profit-seeking market dynamics.

So, as a conclusion, I want to extend an invitation to everyone present here to try and learn a bit about the historical use of each of the substances that are scheduled in the international conventions so that it’s easier to understand that engaging the community of people who use drugs in the planning, design, development and effective implementation of health services and harm reduction strategies to move towards a less violent and less harmful social model should be no different that engaging any other person, because, if we are honest, all of us use a vast array of psychoactive substances every day and the fact that they can be legal or illegal in different places of the world is completely arbitrary and serves no other purpose than to fuel the war economy and generate an us versus them mentality when there’s really no other enemies than fear and ignorance.

Thank you.