

UNGASS ON THE WORLD DRUG PROBLEM: PEOPLE, PUBLIC HEALTH AND HUMAN RIGHTS AT THE CENTRE

High-level multi-stakeholder perspectives from UNAIDS, the World Health Organization, the United Nations Office on Drugs and Crime and the Office of the United Nations High Commissioner for Human Rights



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Executive summary



On 21 October 2015, Switzerland and Colombia co-chaired an event in Geneva entitled UNGASS on the World Drug Problem: People, Public Health, and Human Rights at the Centre—a High-Level Multi-Stakeholder Perspective, which brought together:

- Michel Sidibé, Executive Director, Joint United Nations Programme on HIV/AIDS (UNAIDS).
- Marie-Paule Kieny, Assistant Director-General, World Health Organization (WHO).
- Aldo Lalé-Demoz, Deputy Executive Director, United Nations Office on Drugs and Crime (UNODC).
- Zeid Ra'ad Al Hussein, High Commissioner for Human Rights, Office of the United Nations High Commissioner for Human Rights (OHCHR).
- Thomas Gass, United Nations Assistant Secretary-General for Policy Coordination and Inter-Agency Affairs.
- Mike Trace, Chair of the International Drug Policy Consortium (IDPC).

The event raised awareness at a high-level among missions in Geneva, civil society and other partners on the importance of the public health and human rights dimension in the context of the world drug problem, as well as of the close intersection between these two themes. Forty-six countries from all the regions were represented, as well as the European Union, the Council of Europe, the Global Fund to Fight AIDS, Tuberculosis and Malaria and civil society.

This executive summary seeks to put forth the key messages of the high-level stakeholder event without interpretation in order to inform the discussions leading up to the production of the outcome document to be adopted by the General Assembly on the occasion of UNGASS 2016 on the World Drug Problem.

Common observations

The need to integrate public health and human rights approaches to drug control was substantiated by top representatives of four United Nations agencies—UNAIDS, UNODC, WHO and OHCHR. The four United Nations agencies' statements included common themes underlining problems resulting from drug control approaches that are not sufficiently public health and human rights-based. The three common themes are shown below, each followed by compelling facts from the various speakers' statements.

Theme 1: HIV and hepatitis C transmission by intravenous drug use and lack of harm reduction programmes, especially access to clean syringes and opioid substitution therapy

- People who inject drugs are nearly 30 times more likely to contract HIV than the general population and many of them are coinfecting with hepatitis C. The HIV response leaves these people behind as needed services and treatments do not reach them. Evidence shows that harm reduction is a key principle of sound drug policy and that it works. Harm reduction investment is cost-effective in terms of infections averted and healthy years gained, and the social benefits exceed treatment costs.
- Approximately 13% of the 13 million people who inject drugs worldwide are living with HIV and more than 60% are living with chronic hepatitis C infection. WHO, UNODC and UNAIDS have defined a comprehensive package of programmes to prevent and manage HIV and viral hepatitis infection along with other major health complications, such as overdose.
- Only 10% of people who inject drugs have access to needle and syringe programmes; only 8% of people who inject drugs have access to opioid substitution therapy; and only 14% of people who inject drugs have access to antiretroviral therapy. These statistics refer to three of the nine components of the comprehensive package of services for HIV prevention, treatment and care developed and implemented by WHO, UNAIDS and UNODC.
- The need for harm reduction programmes has also been recognized by the Human Rights Council. Virtually all States urgently need far greater availability of such measures in prisons.
- Though effective strategies for decreasing transmission have been known since the late 1990s and have been endorsed by Member States, preventive measures are not implemented in practice because the priority remains the control of the drug market. The High-Level Meeting on AIDS target of reducing transmission by 50% by 2015 will be missed by a large margin. As a result, many lives have been lost.

“We want to continue to build on this momentum by reiterating our commitment for drugs policies that are people-centred and by underscoring the powerful nexus between human rights and public health.”

Ambassador
Alexandre Fasel,
Permanent Representative
of Switzerland to the
United Nations
in Geneva

Theme 2: lack of access to controlled medicines for pain and mental health, and anaesthesia

- It is estimated that 80% of the world's population suffering pain from, for example, terminal cancer do not get the pain relief they need due to problems with access to controlled medicines.
- Access to essential controlled medicines for pain management is extremely poor or almost non-existent in some parts of the world, causing immense suffering of patients.
- In developing countries in particular, there is little or no access to morphine for health care, because of fears that it will be diverted to illicit purposes. This penalizes patients in pain and restricts the option of opioid substitution therapy for people who inject drugs.
- Opioid substitution therapy by providing methadone to people who inject drugs works.

Theme 3: drug users' lack of access to treatment and care due to discrimination, exclusion and criminalization

- Criminalization of people who use drugs and punitive laws fuel HIV transmission more than anything else. Too many are excluded from treatment and care because policy and legislative environments don't allow for access to services. Ending punitive approaches will enable people to come out of the shadows and access HIV and other health services.
- A large number of people who use drugs are held in compulsory detention centres in the name of treatment, where their human rights are violated. People who use drugs, and seek support, are often denied access to health and social services. The obstacles range from barriers in law and policy, such as many national drug control systems' over-reliance on punishment, compulsory detention and incarceration of people who use drugs, to the absence of effective health care and social services, including harm reduction measures. They range from violence, particularly against women and children, to discrimination by health-care providers, the police, the criminal justice system or society in general.
- People who use drugs, especially people who inject drugs, often face unjustified discrimination, and even denial of treatment, by health-care providers. Criminalization of possession and use of drugs causes significant obstacles to the right to health. Therefore, the Special Rapporteur on the right to health has called for decriminalization of the possession and use of drugs. WHO, UNAIDS and OHCHR have taken similar positions, and UNODC is

“The criminalization of people who use drugs is fuelling the HIV epidemic. It is an injustice that people who use drugs are being left behind in the AIDS response when we know what works. Investment in harm reduction is a crucial foundation of an efficient drugs policy that not only saves lives but is also cost-effective. Everyone has the right to health.”

Michel Sidibé,
UNAIDS Executive Director

working on a contribution document that places the right to health at the forefront, including when people are in conflict with the law for minor or non-violent offences.

- The distinction should be understood between depenalization, decriminalization and legalization of drug use. Systems of depenalization and decriminalization either reduce or eliminate criminal penalties for drug use but they do not legalize drug use nor do they refer to a legal drug market.
- There is a need to promote gender equality and to ensure that the elimination of all forms of discrimination against women who use drugs is addressed.

Other key topics covered included the need to acknowledge and protect the rights of children in drug policy, the need for increased resource allocation for health and rights-based policies, the need for alternative development for agricultural and retail livelihoods, cooperation among different levels, internal cooperation, social reintegration, the recognition of the role of agencies and forums and their contribution to the world drug regime according to their mandates, the promotion of economic, social and cultural rights and policies that have led to such negative consequences as the power and growth of organized crime; however, they were not common issues in all statements; therefore, they were not listed above. Full speeches provided additional detail, statistics, and evidence showing the magnitude of each problem.

The political framework of the world drug problem

The overarching theme of the event focused on the political framework of the world drug problem and the opportunities presented by UNGASS 2016 as well as the 2030 Agenda for Sustainable Development to significantly strengthen the health and human rights pillars of drug control policies. Speakers frequently referred to the intent of the conventions on drug control and to their purpose—“to protect the health and welfare of mankind” and to the preamble in the Single Convention on Narcotic Drugs of 1961, which states as being “concerned with the health and welfare of mankind.” Each statement referred to recent agency and inter-agency initiatives addressing public health and human rights aspects of the world drug problem.

UNGASS 2016 seen as an opportunity

The UNGASS on the World Drug Problem is clearly seen as a “once-in-a-generation” opportunity to rebalance international policies on drugs and to increase the focus on public health, and the respect of human rights, including prevention, treatment, care and harm reduction and each agency explicitly

“As we approach next year’s UNGASS, we have a once-in-a-generation opportunity to rebalance international policies on drugs and to increase the focus on public health, on prevention, on ensuring treatment, on care and on harm reduction.”

Marie-Paule Kieny,
Assistant Director-General of
the World Health Organization

referred to its willingness to play a role in the run up to UNGASS.

The Chair of the International Drug Policy Consortium, representing civil society, was encouraged that public health and human rights approaches have become the dominant view from WHO, UNODC, the United Nations Development Programme (UNDP), UNAIDS and OHCHR. He stated that the challenge is now for United Nations agencies and Member States to back up this commonly accepted consensus with high-level objectives and indicators that encompass human rights, public health, coherent drug control activities aligned with other United Nations agencies and the Sustainable Development Goals (SDGs), and refocused resource allocations. He urged those present to make sure that the “Geneva Voice” is heard by Member State colleagues in Vienna and that all agencies responsible for promoting health and human rights play an active role in UNGASS 2016.

Following are opportunities and recommendations presented by UNODC as a result of six regional dialogues which brought together representatives from national drug control agencies, civil society organizations and representatives of UNAIDS, WHO and UNDP. They encompass specific calls or recommendations made by other agency stakeholders during the event as well.

UNGASS is an opportunity:

- To encourage Member States to use options and alternatives, available under the United Nations international drug control conventions, to imprisonment and punishment for drug-related offences of a non-violent nature. It is important to include education and participation in voluntary drug dependence treatment and other harm reduction and social services as valid alternatives to incarceration. Specifically with regard to HIV, the WHO, UNODC, UNAIDS comprehensive package of services for HIV prevention, treatment and care has to be scaled up as a critical contribution to ending AIDS by 2030.
- To engage with people who use drugs and with civil society organizations.
- For Member States to promote access to controlled medicines, as it is essential to the relief of pain related to health conditions.
- That allows Member States to better align drug control and sustainable development responses through the promotion of effective partnerships across various sectors (SDG 17).
- To take into account human rights when addressing the world drug problem, when assessing current policies and when finding solutions.

“Public health needs have not been sufficient in international drug policy and the criminal justice system. Access to HIV prevention, treatment, and care for people who use drugs is far below what is needed.”

Aldo Lalé-Demoz,
Deputy Executive Director,
UNODC

“There are key meetings coming up, where the health agencies and human rights instruments of the United Nations should be in the room, should be shouting loud and should be making suggestions.”

Mike Trace,
chair of the International Drug
Policy Consortium

In addition, the 2030 Agenda for Sustainable Development offers a unique platform and a real incentive for countries to adopt effective, fair, humane and public health centred drug control measures, including evidence-based drug dependence treatment, access to essential controlled medicines, as well as access to justice and legal aid, in order to achieve tangible results in critical global goals aimed at better health (SDG 3), gender equality (SDG 5), reduced inequality (SDG 10) and access to justice (SDG 16).

From New York, the United Nations Assistant Secretary-General for Policy Coordination and Inter-Agency Affairs, Thomas Gass, welcomed the multi-dimensional approach of this event and explained that the recently adopted 2030 Agenda for Sustainable Development defines the beginning of a new era of international cooperation and a shared vision of humanity. This vision defines a world where the needs of the most vulnerable are met and in which no one is left behind. This vision must guide the implementation of the SDGs and encourage all to work beyond silos and make use of the integrated force of the SDGs, especially to deal with the dilemmas and crises that will occur. With this approach, the UNGASS on the World Drug Problem should become a strong pillar of the implementation of the 2030 Agenda on Sustainable Development, firmly anchored in universal human rights and acknowledging the multi-dimensional characteristics of the problems facing humanity.

Conclusion

The high-level perspectives from UNAIDS, WHO, UNODC and OHCHR presented at this event were unanimous with regard to the need to prioritize public health and human rights in global drug policy in order to address the world drug problem. Each agency representative provided evidence reflecting deficiencies in current drug control approaches with regard to public health and human rights, recommended public health and human rights-based strategies for drug control and expressed their willingness to work across agencies to ensure implementation of more inclusive public health and rights-based approaches to global drug policy. The civil society representative of IDPC fully supported this approach. All speakers urged Member States to take advantage of the opportunity of UNGASS 2016 to negotiate an action-based outcome document that will better serve the health and welfare of mankind.

“UNGASS 2016 is a key opportunity for States to address the problem of drugs with determination, political will and a real focus on human rights and health for the well-being of the people worldwide.

Ambassador
Beatriz Londoño Soto,
Permanent Representative
of Colombia to the
United Nations
in Geneva

