

Geneva Platform intervention at the Human Rights Council Consultation on Promoting Human Rights in the HIV response, Tuesday 12 February 2019, Palais des Nations, Geneva

Note: the oral version delivered by Jennifer Hasselgard-Rowe was shorted to fit within the time constraints given at the Consultation.

It is my pleasure to address you here on behalf of the Geneva Platform on Human Rights, Health and Psychoactive Substances, established in mid-2017 with the aim of promoting health and human rights elements in drug policy-related discussions in Geneva and increasing the dialogue between civil society, academia and relevant international agencies working in this field.

We warmly commend the organisers of this significant Consultation, mandated by Human Rights Council Resolution 38/8 and bringing together several partners. In the lead up to the Commission on Narcotic Drugs (CND) High-Level Ministerial Segment on Addressing and Countering the “World Drug Problem” and the 62nd Session of the CND that will take place in Vienna next month, it is crucial to emphasise the need to prioritise the human rights of people who use drugs in all drug policy-related considerations.

The Geneva Platform notes with grave concern that injecting drug use is now evidenced in 179 countries or territories, representing an increase of 31 countries (mostly in sub-Saharan Africa) since the last review in 2008; and that almost 18% of the estimated 15.6 million people who inject drugs are living with HIV and 52% are hepatitis C antibody positive.¹ This data highlights the urgent need to increase the level of priority given to people who inject drugs in the wider HIV response.

Although there has been a reasonably steady uptake of harm reduction interventions over the past ten years,² the Geneva Platform remains concerned that “coverage of HIV and HCV prevention interventions for people who inject drugs is likely to be insufficient to effectively prevent HIV and HCV transmission.”³ Indeed, access to opioid substitution therapy medications is also dangerously low worldwide, contributing to a situation in which global HIV targets will be missed by decades.

The lack of funding allocated to harm reduction interventions globally remains a major challenge to overcoming this health coverage barrier. Harm Reduction International has estimated that international donor funding – which accounts for two thirds of all harm reduction funding – fell by 24% between 2007 and 2016.^{4, 5}

¹ Degenhardt, Louisa et al. ‘Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review’, *The Lancet Global Health*, Volume 5, Issue 12, e1192 - e1207, 2017.

² Harm Reduction International, *Global State of Harm Reduction 2016*. Although note that GSHR 2018 shows that only 86 countries implement NSP to varying degrees (a drop from the 90 that did so in 2016).

³ See Larney, S et al. ‘Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review’, *The Lancet Global Health*, [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30373-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30373-X/fulltext). The study also reveals that “only 1% of people who inject drugs live in countries with high coverage of both NSP and OST.”

⁴ Cook, C. & Davies, C. (July 2018), *The lost decade: Neglect for harm reduction funding and the health crisis among people who use drugs* (Harm Reduction International), <https://www.hri.global/files/2018/09/25/lost-dec-ade-harm-reduction-funding-2018.PDF> See also Commission on Narcotic Drugs (2017), *Resolution 60/8. Promoting measures to prevent HIV and other blood-borne diseases associated with the use of drugs, and increasing financing for the global HIV/AIDS response and for drug use prevention and other drug demand reduction measures*, http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_60/CNDres_2017/Resolution_60_8_60CND.pdf stressing the urgent need to address the harm reduction funding gap.

Another significant barrier to improving respect for and the protection and fulfilment of human rights in the context of the response to HIV is the criminalization of people who use drugs and the punitive laws which continue to fuel HIV transmission. Criminal laws relating to drug use and related policing drive people away from the health services they need, thereby impeding responses to HIV, hepatitis C, overdose, and drug dependence. At the extreme end of the scale in terms of repressive practices and human rights violations, the extrajudicial killings of people suspected of using drugs in the Philippines have also been linked to rising HIV incidence rates.

Not only do repressive drug policies fuel an overcrowding prison capacity crisis but they also lead to the denial of essential medical services and conditions in which cruel, inhuman and degrading treatment is more likely to occur. Compulsory drug detention centres also tend to fuel HIV incidence rates and they violate several human rights such as the freedom from arbitrary detention, the right to health and the freedom from torture and other cruel, inhuman or degrading treatment or punishment. We call for such centres to be closed since all drug dependence treatment and prevention programs must operate on a voluntary basis.

Decriminalisation of drug use as well as the removal of laws or regulations that criminalise possession of needles and syringes and opiate substitution therapy constitute key reforms to reduce overincarceration, address stigma and discrimination as well as improve health challenges such as HIV, TB and Hepatitis, which people who use and inject drugs are more vulnerable to.

Finally, we acknowledge the work of the Human Rights Council in documenting the impacts of punitive drug policies on human rights and encourage the human rights system to further address this issue.

In order to combat stigma, discrimination, violence and abuse and promote human rights in the HIV response, States must put in place a scaled-up and sustainable harm reduction response that ensures universal access to the critical interventions set out in the UNGASS 2016 Outcome Document. They must ensure it is implemented within a supportive and enabling legal and policy environment, is firmly rooted in human rights and involves people who use drugs at all stages of design, delivery and assessment of the policies.

Governments have an important opportunity here today at this Consultation as well as in the upcoming CND meetings in Vienna to act on commitments made at the UN General Assembly, at the CND as well as in the Human Rights Council's two Resolutions on addressing the world drug problem (in 2015 and 2018), to ensure that the next decade in international drug policy is strongly grounded in human rights and protects the needs and rights of individuals and communities, in accordance with the principles of health, human rights and sustainable development.

This will help break down the many health, social and human rights barriers people who use drugs face on a daily basis and contribute to building inclusive and prosperous societies that leave no one behind. Thank you for your attention.

⁵ See also UNAIDS (2016), *Do no harm: Health, human rights and people who use drugs*, http://www.unaids.org/sites/default/files/media_asset/donoharm_en.pdf which estimates that US\$ 1.5 billion is required each year by 2020 to fund HIV prevention among people who inject drugs.