



**"Parallel universes":  
Drug policy, human rights and the war on people who use drugs**

Over the last few years it has been increasingly widely recognised that two bodies of international law, namely human rights law on the one hand and drug control law on the other, exist in "parallel universes". Professor Paul Hunt UN Special Rapporteur on the right to the highest attainable standard of health made this remark in a report in which he also noted that "This widespread, systemic abuse of human rights is especially shocking, because drug users include people who are the most vulnerable, most marginal in society. Despite the scale of the abuse, despite the vulnerability, there is no public outrage, no public outcry, no public inquiries, on the contrary: the long litany of abuse scarcely attracts disapproval. Sometimes it even receives some public support."

To be explicit, the pursuit of repressive drug control in the name of the war on drugs, has inexorably driven rampant human rights abuses against people who use drugs and their communities. That one set of international laws is systemically driving breaches of another is an increasingly untenable situation. Whilst there is no hierarchy of legal systems, it is arguable that human rights law and the principles upon which it is based, principles that are defined as indivisible, inalienable, and universal, should unequivocally trump the pursuit of another set of laws that are producing such gross rights violations. When the pursuit of drug control law becomes a driver of widespread human rights abuses, on what is unquestionably a massive scale, it is without doubt time to call for a thorough review of those laws. As The Global Commission on Drug Policy put in in their report 'The Negative Impact of the War on Drugs on Public Health: The Hidden Hepatitis C Epidemic': "instead of investing in effective prevention and treatment programmes to achieve the required



coverage, governments continue to waste billions of dollars each year on arresting and punishing drug users – a gross misallocation of limited resources that could be more efficiently used for public health and preventive approaches. At the same time, repressive drug policies have fuelled the stigmatisation, discrimination and mass incarceration of people who use drugs”. This passage makes clear the mechanism by which repressive drug policies drive and produce violations of the human rights of people who use drugs.

That the pursuit of drug control, the maintenance of punitive prohibition, and the war on people who use drugs is indeed driving such breaches is now beyond question. When you define the pursuit of public policy, defined by both national and international law, as a war you are going to produce war casualties, and arguably unintended, and in this case, decidedly negative consequences. In response to this war we are calling for a peace, we are calling for an amnesty for drug war prisoners, an end to the violence and rights violations that have been heaped upon our community, and we are calling for an intelligent and open debate on alternatives. The state of war in which we are living is one waged in the name of morality, of social order, and in defence of the right of the state to control the bodies of its citizens. This war against the supposed threat to society that the "evils of drugs" pose has in reality made communities of people who use drugs the real targets, has made us into casualties of war, it has stigmatised us, discriminated against us, pathologised us, and made us scapegoats for much of society's ills.

It can no longer be claimed that human rights violations occurring in the name of the war on drugs are aberrations, they are rather a logical consequence of the pursuit of this war. As such, we all upon the human rights community, and society at large not to remain silent, but to join us in calling for an end to the war on drugs, an end to the war on our



communities, and an end to the endemic stigmatisation, marginalisation, discrimination and structural violence that it has entailed.

These conditions have fostered an environment in which people who use, and in particular, people who inject drugs, have suffered from systemic denials of their rights to health, to privacy, to integrity of body and mind, to be free from discrimination, torture, cruel, degrading and inhuman treatment, and to liberty. The deep stigma that people who use drugs are subject to has seen us denied access to appropriate health care services (including access to sterile needles and syringes, opiate substitution programmes, and treatment for HIV and hepatitis C), education, and the right to vote, denied the right to enter, stay and reside in numerous countries, has seen us flung into jails, prisons, and forced detoxification centres that are nothing more than forced labour camps, has seen us denied access to our children, and subject to corporal and capital punishment.

All of this for what is in reality a victimless crime, for we would argue that what drugs an adult chooses to use should not be the business of the police, or judicial authorities, or that of any other agent of the state. That it has become so has fuelled an epidemic of imprisonment, incarceration, denial of appropriate medical care, and ill treatment that defies, and makes a mockery of human rights norms.

The combination of repressive legal environments, structural barriers and impediments to health care, legal redress and support has directly fuelled the twin epidemics of HIV and viral hepatitis currently raging through the drug using, and in particular, injecting, community. The skewed and disproportionate burden of these blood borne viruses carried by the injecting community is directly attributable to the legal environment in which we live



and the discrimination to which we are subject. HIV is as much a biological fact as it is an exploiter of social vulnerability, poverty, and structural fault lines. That it thrives amongst communities who by dint of their sexual orientation (the LGBT community), choice of profession (sex workers), gender identity (transgender people), or choice of drugs and mode of administration (people who inject drugs, and in some contexts people who smoke stimulants, particularly people living in poverty who smoke crack) are criminalised, marginalised, and discriminated against makes its prevention and the fight against it, first and foremost a human rights issue. As such, a socio-political, human rights respecting, and community based response is as, if not more imperative, than a purely bio-medical one.

The extent of the human rights violations to which people who use drugs are subject is extensive. Beyond the criminalisation of drug use and possession which is in and of itself a legally enshrined violation of the right not to be interfered with or to privacy, in terms of what drugs one chooses to use, these violations range from, and include, the hundreds of thousands of actual or suspected drug users thrown into drug detention or 'rehabilitation' centres in South East Asia in which torture, forced labour, abuse, violence and degradation are the norm; the prisons in the USA, Russia and countless other countries that are filled with non-violent drugs offenders, with a disproportionately large number of those in the USA being people of colour, African Americans and Latinos; denial of access to health care, most notably denial of access to treatment for HIV and for hepatitis C; the denial of our agency and ability to make decisions about our well-being; and arbitrary police violence and harassment.

The war on people who use drugs has fallen most heavily on ethnic minorities, the poor, and women who use drugs. These multiple markers of stigma and exclusion have fuelled



mass incarceration, forced sterilisation, police victimisation, violence, and actively driven the twin epidemics of HIV and viral hepatitis amongst these sectors of our community.

This tidal wave of flagrant, systemically driven human rights abuses must be brought to an end, and the only way to do so is to attack the problem at its root. In this case this means calling for a thorough overhaul of the three UN conventions that together comprise the global regime of drug prohibition. Superficial redress and minor reform will not staunch the flow of systemic rights abuses directed at people who use drugs, their families and communities. Only the end of the war on people who use drugs through international legal reform will suffice to end this panoply of rights violations. To ensure that this war ends we are calling upon human rights defenders and advocates to join with drug user activists, harm reduction and drug law reform advocates in working to ensure that ending the architecture of global prohibition is firmly on the table at the UN General Assembly Special Session on Drugs in 2016.