INPUD

International Network *of* People *who* Use Drugs

Consensus Statement on Drug Use Under Prohibition

Human Rights
Health and the Law

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The International Network of People who Use Drugs' (INPUD) Consensus Statement

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INPUD
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Acronyms

AIVL	Australian Injecting & Illicit Drug Users League
ANPUD	Asian Network of People who Use Drugs
ASUD	Autosupport des Usagers de Drogues
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
CASO	Consumidores Associados Sobrevivem Organizados
CNPUD	Cambodian Network of People who Use Drugs
DNP+	Delhi Network of Positive People
ENPUD	Eurasian Network of People who Use Drugs
EuroNPUD	European Network of People who Use Drugs
IDUF	Indian Drug Users Forum
INPUD	International Network of People who Use Drugs
KeNPUD	Kenyan Network of People who Use Drugs
PKNI	Persaudaraan Korban Napza Indonesia
ReACT	Real Activist Community, Tanzania
TaNPUD	Tanzanian Network of People who Use Drugs
SDUU	Swedish Drug Users Union
TTAG	Thai AIDS Treatment Action Group
UISCE	Union for Improved Services Communication and Education
VNPUD	Viet Nam Network of People who Use Drugs
WARDU	Welfare Association of Recovering Drug User

Other acronyms used in this document/used by participants

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User(s)
LGBTQ/I	Lesbian, Gay, Bisexual, Trans, Queer, Intersex
MSM	Men who have Sex with Men
NSP	Needle/Syringe Programme
OST	Opiate Substitution Therapy
PEP	Post-Exposure Prophylaxis
STI/D	Sexually Transmitted Infection/Disease

Introduction – Contexts of Oppression; INPUD's Demands

"Of the people, for the people, and by the people who use drugs"
INPUD Consultation, Dar es Salaam, Tanzania, 2015

This is the International Network of People who Use Drugs' (INPUD) *Consensus Statement on Drug Use Under Prohibition*. It focuses on human rights, health, and the law in relation to people who use drugs.[1] The document is informed by the perspective of those who are so catastrophically impacted by global prohibition and by the so-called 'war on drugs': people who use drugs themselves.[2] Large numbers of verbatim quotations are included, with this document being driven by the voices of representatives of organisations of people who use drugs.

This document highlights the outcomes of the war on drugs. It makes clear that the war on drugs is, in reality, a war on people who use drugs, and a war on the communities in which they live. It is a war that has had appalling impacts upon health, welfare, and human rights. Instead of laws and policies designed to prioritise health and safeguard wellbeing, people who use drugs are criminalised,[3] and the drugs they use are criminalised and controlled. These have resulted in substantially creating and exacerbating the harms and risks associated with drug use. Though different contexts and regions are marked by varying legislation, policy, and understanding, there are considerable commonalities the world over in criminalising legislation, endemic stigma, and discrimination.

Criminalisation, and the understandings that justify it, have resulted in the rights of people who use drugs being systemically and endemically violated globally.

This Consensus Statement not only establishes the context of oppression and human rights violations in which people who use drugs live, but also sets out the imperative changes necessary to mitigate the harms and human rights violations to which they are subject.

In short, therefore, each section of this document:

1. Sets out the current situation of people who use drugs in relation to a specific human right, and
2. Sets out requirements for this human right to be protected and realised, and for the health and wellbeing of people who use drugs to be prioritised.

This document asserts that people who use drugs are entitled to the recognition of their human rights. This document asserts that the lives of people who use drugs are as valuable as the lives of all others, that their wellbeing and health is as important as that of all others.

This is a statement of essential demands. These demands must be met if the harms experienced by people who use drugs are to be ended.

INPUD's Consensus Statement collates a declaration of rights of people who use drugs. It is around these rights that the Consensus Statement is structured. The Consensus Statement builds on established and recognised human rights, tailoring them to the specific needs of people who use drugs in emphasising the human rights that are most pertinent specifically to them. For ease of accessibility and convenience, these human rights of people who use drugs are collated below, and references to the relevant pages of the Consensus Statement are provided.

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[1] 'Drug use' should be taken to refer to the non-medically sanctioned use of psychoactive drugs, including drugs that are illegal, controlled, or prescription.

[2] This Consensus Statement stems from **four regional consultations conducted by the INPUD Secretariat** in 2015 with representatives of drug user rights organisations internationally. Each consultation was comprised of focus groups with participants. **Consultations were undertaken in** Dar es Salaam, **Tanzania,** in Bangkok, **Thailand,** in London, **England,** and in Tbilisi, **Georgia.** A **virtual consultation** was also conducted.

[3] The vast majority of states criminalise people who use drugs. Many states criminalise activities surrounding drug use, with legislation prohibiting possession and supply of drugs used to target people who use drugs themselves, their families, and the communities in which they live. In some states, the very *use* of drugs is criminalised; in such contexts, it is essentially illegal for people who use drugs to *exist* in society, which may be referred to as an 'ontological crime'.

The Human Rights of People who Use Drugs

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INPUD's Essential Demands

In order to realise the human rights of people who use drugs, the following essential demands must also be realised. This list is not exhaustive; however, the consultations that have informed INPUD's Consensus Statement have demonstrated that these demands at the very least must be met in order to respect and promote the health, wellbeing, and rights of people who use drugs. For convenience, they are provided with references to the relevant pages of the Consensus Statement.

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The Rule of Law and Protection of Human Rights

RIGHT 1: THE RIGHT TO RIGHTS

PEOPLE WHO USE DRUGS ARE ENTITLED TO THEIR HUMAN RIGHTS, WHICH MUST BE PROTECTED BY THE RULE OF LAW

The Right to Rights

Human rights are inalienable, and must be protected by the rule of law.

> "We are human. Like other humans. So we have a right to live like other humankind."
> (Interview with two respondents, Dar es Salaam consultation)

> "To be treated fairly like a human being. We want to get all our basic needs, like other people get. Like, clothes, food, and shelter. Also, we need to get education, you understand? ... If all human beings are the same, understand, there's no difference, they are human rights for everybody."
> (ReACT, Tanzania, Dar es Salaam consultation)

> "According to the constitution of the country, it says that we have a right to health. We have a right to live."
> (KeNPUD, Kenya, Dar es Salaam consultation)

> "We don't ask for more. We just ask for the equality with others, types of human rights. Don't do stuff that you don't do to other people."
> (WARDU, Malaysia, Bangkok consultation)

However, because **people who use drugs are criminalised, stigmatised, and socially excluded,** they are treated like second-class citizens who are not entitled to legal protection of their inalienable human rights.

> "All laws related to prohibition – possession, supply, [drug] trafficking, etc – many of these laws have been becoming harsher in more recent times with more severe penalties for relatively minor offences"
> (AIVL, Australia, virtual consultation)

People who use drugs, therefore, often **do not have recourse to the same legal infrastructures as other citizens, notably laws protecting rights to be free from violence and discrimination, and the right to health.**

In practice, therefore, the human rights of people who use drugs are frequently *not* protected by the rule of law. **Though human rights are universal, people who use drugs are frequently seen and treated as less than human** (as per the below quotations). They are not seen as being entitled to the same rights, and protection by the same laws, as everybody else.

> "They see people who use drugs as not a human being … Even though I put some amount of chemical or whatever in my body, it doesn't mean that I'm not a human being anymore. I'm still a human being. But the way people treat us … the way [the] country treats us, the way policy treats us, the way government treats us, is completely inhuman."
> (DNP+, India, Bangkok consultation)

> "So human rights for us, I mean, it will be a joke back in our country. If I say like openly in public 'These are our rights', then everybody will oppose me … as a [person who] uses drugs, I mean, this makes me like I'm a lesser human being. Subhuman being … first we are human … first we need to think whether we are fighting for drug policy reform, or anything, or for our inclusion, we need to think we are human. That thing is what binds us together. I think that's the really important thing."
> (ANPUD, Nepal, Bangkok consultation)

> "In Greece, they give rights to everybody except the users, the drug users … the drug users don't have anything. I mean, there is no such thing as human rights."
> (Greek Drug and Substitute Users Union, Greece, London consultation)

> "When you have a country with no resources, drug users are costs. Not really persons. They are not seen as persons who have rights."
> (CASO, Portugal, London consultation)

> "[Drug] users are considered less than human, so that means that you can get away with anything. So we need to be humanised. Made to be seen as human beings and not animals. Because they treat us like animals."
> (TaNPUD, Tanzania, Dar es Salaam consultation)

> "The constitution already protects all human beings. All citizens of a particular country, so also being a drug user, I'm supposed to be protected by the same law, but … the law … it's harsh on people who use drugs."
> (KeNPUD, Kenya, participant 2, Dar es Salaam consultation)

> "Because you're a drug user, you don't have any rights. Rights to health, rights to move around, right when you're caught to have a fair hearing."
> (KeNPUD, Kenya, participant 1, Dar es Salaam consultation)

Due to being criminalised and marginalised, and due to well-founded fear of experiencing problematic interactions with law enforcement and the police, people who use drugs can be **reluctant and/or unable to access legal justice and/or to report difficulties such as abuse, violence, and discrimination** that they may have experienced. **People who use drugs frequently have to protect themselves** and their loved ones, families, and community members, and **cannot rely on the police or state to protect them.**

> "There is no legal assistance provided, so they are not allowed to get [an] attorney to assist them, and then basically they are by themselves."
> (ANPUD, Thailand, Bangkok consultation)

> "The police … should change their attitudes and behaviour towards us by treating us fairly ... We are running away from them because we are trying to avoid violence. But they are the ones who are creating violence because when we see them we become scared, we become horrified, then we run away instead of them protecting us, it's like we have to protect ourselves."
> (ReACT, Tanzania, Dar es Salaam consultation)

> "The police attitudes that should change is that they should first recognise drug users as human beings. When they recognise that we are all human beings, then they will be able to change at least their attitudes towards us … first of all they need to recognise that we're human beings, and we have rights too, just like any other human being."
> (KeNPUD, Kenya, Dar es Salaam consultation)

> "This is my personal experience because I've been to jail many times. My last count was fourteen times. After that I stopped counting … according to the law we are supposed to be produced every fifteen days in the court but never in my lifetime, I've never seen a magistrate."
> (DNP+, India, Bangkok consultation)

INPUD Demands

Demand 1:

People who use drugs, and drug use, must be decriminalised.

"[Decriminalisation is] a first step, which is not … the best thing, but it's yet a better thing to have at least the free consumption, you know. That the violence is going down of the police, of course, when the consumption is allowed."
(ASUD, France, London consultation)

"There's lots of things which I think should be changed in the law, from straight-up decriminalisation, straight to legalisation."
(TaNPUD, Tanzania, Dar es Salaam consultation)

Demand 2:

Decriminalisation alone is not enough: people who use drugs must have access to legal justice and police protection.

"I think that if the laws are made more protective, they protect us, then definitely human rights, our human rights, will be recognised. Like, if the law states that if anyone or a group of people are caught, in the act of mob justice, maybe they'll have a very tough [penalty] … Yeah, basically. If the laws … protect us, yeah. Then I think that the, our rights will be respected […] we shouldn't be like burnt, you know, they should let us have a fair hearing, just like any other person. Yeah."
(KeNPUD, Kenya, participant 1, Dar es Salaam consultation)

"Formal recourse must be available and encouraged for people who use drugs to complain if their rights have been violated … [There is a] high degree of distrust between drug users and police."
(AIVL, Australia, virtual consultation)

"The laws need to be fair to everybody as we are all equal. I think the laws should be fair, and also they should consider the marginalised populations. They should protect them."
(KeNPUD, Kenya, participant 2, Dar es Salaam consultation)

Demand 3:

Those who enforce the law, particularly the police and members of the criminal justice system, must be sensitised to the needs and rights of people who use drugs.

"I think we need to do sensitisation to police or law enforcement towards human rights. And how to treat people who use drugs. Because sometimes when people who use drugs are being detained, they are not given any necessary drug or treatments."
(ANPUD, Thailand, Bangkok consultation)

"For human rights of people who use drugs to be respected, first we need to think of educating people on human rights and this needs to be in all levels, the healthcare workers, the medics, the local administration, the religious leaders, and the community itself … 'cause most of our human rights are being violated. Day to day."
(KeNPUD, Kenya, participant 2, Dar es Salaam consultation)

"If we taught police officers how to work with harm reduction programmes, we can try to make them change their attitude towards drug users, to make them think that they don't need punishment."
(ENPUD, Moldova, translation, Tbilisi consultation)

"Sensitisation of the community, the law enforcers, the health providers, they should be sensitised against violations, violence, so you know that there are different types of violence, maybe it's not physical, maybe it's verbal, right? Maybe emotional. So the community needs to be educated."
(KeNPUD, Kenya, participant 1, Dar es Salaam consultation)

"We should focus on educating the police, they are the main perpetrators of violence against the drug users. They are the ones to focus on constantly, teaching them, training them to respect the human rights of drug users, and not to abuse the authority they have, 'cause they do anything, and they get away with it. Because they're supposed to protect us, but they don't."
(TaNPUD, Tanzania, translation, Dar es Salaam consultation)

"Firstly the law needs to change and then the current police force needs to be entirely overhauled. Re-training needs to occur in basic human rights. Where do you start? There is so much here that is wrong, however, much of this is rooted in the stigma and abuse of human rights that our law supports and encourages so if this were to change perhaps the other behavioural things would follow?"
(AIVL, Australia, virtual consultation)

Stigma, Drug-Userphobia, and Discrimination

RIGHT 2:

PEOPLE WHO USE DRUGS HAVE THE RIGHT TO NON-DISCRIMINATION

"The many problems that we have, the main reason for this is the thoughts of society on the problem of drug use. It's stigmatisation and discrimination."
(ENPUD, Ukraine, translation, Tbilisi consultation)

Stigma and Social Spoiling

Criminalisation of people who use drugs drives, and is driven by, stigmatisation and discrimination. Because drugs, and people who use them, are criminalised, people who use drugs are dehumanised, are judged to be criminals, and are **understood as dangerous, deviant, and socially disruptive.** It is these understandings that result in people who use drugs being endemically discriminated against, and it is these perceptions that inform systemic violence and human rights violations perpetrated against people who use drugs. Fear and hatred of people who use drugs – **drug-userphobia[4] – is rife, and is rarely challenged.**

"I see some people, hate me, judge me, because I'm using."
(Interview with two respondents, Dar es Salaam consultation)

"Because we are using drugs, so they've judged us already, that we are not human. We are animals. We are animals … in Tanzania till now we are still struggling to be heard and to be treated like other human beings."
(ReACT, Tanzania, Dar es Salaam consultation)

"This stigma and discrimination, one comes from the family, and another one comes from the health workers, and now you find also from the law enforcers themselves."
"You find that we are widely stigmatised and on a human rights perspective we are not at all humans. That's their perception, 'cause even if, the names they call us, you find even others saying that you are the living dead, you know?"
(KeNPUD, Kenya, Dar es Salaam consultation)

"The general perception is generalisation, you know, drug users are thieves, they're criminals, they do crimes, and all those things, so they always see drug users as a homogeneous group, you know?"
(ANPUD, Nepal, Bangkok consultation)

Further to being seen as dangerous and criminal, people who use drugs – particularly those with drug dependencies – are understood to be sick and pathological. This results from what may be referred to as **the 'addiction-as-disease' model,** which constructs people who have drug dependencies as having a 'disease', as being sick, dangerous, and unable to exercise agency and self-determination. This understanding is used to **justify compulsory 'treatment'** for

[4] At present, there is no commonly used term to denote discriminatory and phobic views towards people who use drugs. 'Drug-userphobia' is not a universally accepted term, though it has had some use in advocacy and academic literature, as well as on social media.

people who use drugs. This stigmatising perception is also used to **justify removal of children from parental custody:** if people who use drugs are seen to be unable to make decisions about their *own* lives, their capacity to take care of *others* is undermined in turn.

"We have this drug law reform in 2001, so we are [now seen to be] sick people, not criminals … Even this law that has its focus on health issues, it needed to be written again, because it only addresses drug use as a disease, and not recreational use. So even this focus on health must be rewritten."
(CASO, Portugal, London consultation)

"In Vietnam the government has declared that drug users are patients, and as patients they need treatment."
(VNPUD, Vietnam, translation, Bangkok consultation)

"They just stuck in this one line of thinking, that you are sick, you're a criminal, and you're dangerous. And it's really bad."
(TaNPUD, Tanzania, Dar es Salaam consultation)

"I was told that if I don't stop using drugs then I wouldn't be able to see my kids again … it's not like we are mad, and we don't need mental treatment [just] because of our decision to use something."
(KeNPUD, Kenya, Dar es Salaam consultation)

"[It] is counterproductive to address drug use as a public health problem, or health problem at all. I mean, it's counterproductive. I understand that to a certain degree this is partly needed, but the most of this discourse is bad because it's patronising people … this must be changed, because we are not ill because we use drugs."
(Društvo AREAL, Slovenia, London consultation)

Internalised Stigma

People who use drugs can **internalise stigma:** they can come to believe the stereotypes and negative generalisations that are made about them. This correspondingly comes to negatively impact self-worth, mental health, and wellbeing.

"We should begin with ourselves. There is a serious problem within the drug user community also of low self-esteem, shame, and just feeling that you don't deserve to have certain rights. There's a lot of that within the drug user community. Sometimes they feel that even the violence against them is legitimate."
(TaNPUD, Tanzania, Dar es Salaam consultation)

"We should change ourselves, because stigmatisation is inside of us."
(ENPUD, Ukraine, translation, Tbilisi consultation)

"Inner-stigmatisation prevents drug users from defending their human rights. And I've faced a lot of situations like that myself … Drug users can themselves defend their rights if they have pride in themselves, if they believe in themselves."
(ENPUD, Russia, translation, Tbilisi consultation)

"Inner-stigmatisation influences this situation very much: for example, if I'm a drug user and have HIV, I can't defend my rights … You just have to raise awareness in the community."
(ENPUD, Uzbekistan, translation, Tbilisi consultation)

Such is the power of internalised stigma that **people who use drugs can discriminate against one another;** they can make efforts to distance themselves from what they perceive to be more problematic types or patterns of drug use.[5]

"You find that also we have violence among our own selves."
(KeNPUD, Kenya, Dar es Salaam consultation)

"I remember when I was sniffing heroin, I used to see the people who were injecting like junkies, you know, and when I was a junkie, I was looking [at] people who were injecting crack, like 'Oh, those guys are really a mess', you know."
(ASUD, France, London consultation)

Community and Familial Discrimination

Such is the power of stigma, that people who use drugs experience **discrimination and social exclusion** in civil society, and **perpetuated by their own communities and families.** Discrimination informs frequently experienced violence, including physical, verbal, sexual, gendered, and structural/institutional violence.[6]

"Beginning with your mother, your father, your brothers and your sisters, and they treat you like a leper. Like you have a contagious disease."
(TaNPUD, Tanzania, participant 1, Dar es Salaam consultation)

"I just found myself wandering around and sleeping in the ghettos, and I didn't feel like going back home, because home was like hell for me. So this is, it made me feel that the stigma started from my family."
(ReACT, Tanzania, Dar es Salaam consultation)

"You are usually discriminated [against] by the people who are close to you. And that starts with family … you find this stigma started from home, whereby the parents

[5]This is discussed in more detail in INPUD's *Drug User Peace Initiative: Stigmatising People who Use Drugs,* available at: http://www.druguserpeaceinitiative.org/

[6]Violence perpetrated against people who use drugs is addressed in detail in the Violence section of this document, and discrimination and structural violence from healthcare and service providers is discussed in the Health section of this document.

themselves, they're now ashamed to be saying 'that is my son'. So you find they've hidden that thing, they've buried their heads [in the] sand."
(KeNPUD, Kenya, Dar es Salaam consultation)

"He [respondent] decided to leave the home, because he'd reached a point where everybody was treating him like he was different. When he comes in, they treat him like a dangerous object … he decided to cut communication with the family, because he knows himself. He uses drugs. But he knows he's not a criminal. But they refused to accept that. So he decided to live his own life from now on, and he has no contact with the family."
(TaNPUD, Tanzania, participant 2, translation, Dar es Salaam consultation)

"Unfortunately many people are still treated poorly by family members or shunned completely due to their drug use."
(AIVL, Australia, virtual consultation)

"For seven years, I couldn't go home, I couldn't go to my home to celebrate holidays for seven years … when I was using drugs, I couldn't live with my mother because she wanted me to be abstinent … drug users who are women don't live with their families. They run away to other provinces."
(VNPUD, Vietnam, translation, Bangkok consultation)

Language and Hate Speech

Discriminatory words and terminology are commonly used about people who use drugs. They are driven by stigma and generalising assumptions that are made about people who use drugs. Discriminatory words include 'junkie', 'druggie', 'addict', 'speed-freak', and 'crackhead'. People who have ceased using drugs can be referred to as being 'clean', and this therefore implies that those who use drugs are the converse, are 'dirty'. Words like these denigrate, exclude, and marginalise, and are nothing less than hate speech.

"Words are very important. It's up to us to begin to take care about the words that we use too. And the words that they use about us … as we can't accept homophobia or anti-Semitism words, we don't have to accept any … words like junkie."
(ASUD, France, London consultation)

"We have to start talking with our own language, we must change the way we write. If we write an article, it's so important that we have our own words … we are gonna start filing complaints against [the] media when they're using this word *'missbrukare'* [drug misuser/abuser] … no one really [cares] if people are saying *missbrukare* … it's a negative word that generalises a community into something bad."
(SDUU, Sweden, London consultation)

"They do screens, urine generally, and not all the time but they may say 'Oh, you know, your urine is dirty'; they call it dirty."
(UISCE, Ireland, London consultation)

Compound Stigma and Discrimination

People who use drugs and who are members of other marginalised communities experience compounded stigmatisation and discrimination. Women, people of colour, people living in poverty, LGBTQ people, sex workers, and people living with HIV and hepatitis C all experience stigmatisation, social exclusion, and discriminatory violence. Drug-userphobia intersects with other discriminatory generalisations: with whorephobia, misogyny, sexism, classism, and racisms, for example. These communities experience compounded discrimination, notably from service and healthcare providers, which is discussed in the Health section of this document.

"There are some crosscutting issues … LGBT, transgender, gay, lesbian, at the same time women, at the same time people with HIV and [use] drugs, so all these things. Drug users, we are, by default discriminated by the community already, so on top of that if I'm [living with] HIV, and top of that if I'm hepatitis C, it's another added discrimination that we face … how the society looks at us is … that's inbuilt, default."
(DNP+, India, Bangkok consultation)

"Women, I think, suffer more from stigma when it comes to drug use. The stigma directed at them is stronger because it maybe challenges traditional perceptions about women being carers, and drug use is seen as the opposite to that for some reason … it's just a reflection of inequality generally as well, a lot of the issues affecting drug users in terms of discrimination and stigma are felt more acutely by women."
(UISCE, Ireland, London consultation)

"The situation in Indonesia is … people who use drugs and also HIV-positive or hepatitis C, they've got double stigma, they've got double problems."
(PKNI, Indonesia, Bangkok consultation)

"Many peers and folk I work with, when it was disclosed and it came out in the community that somebody had HIV, it was often sprayed up [painted] against their wall, they would have to leave their home. I personally have worked with homeless people, and it got out that I had hepatitis C, I was no longer to work in the kitchens … stigma's extremely high. Extremely high … [One person was] told, recently, that if he presented to his, a GP, went to a GP surgery, and they said that he had to disclose his blood status to the receptionist. And that's totally wrong … misinformation that actually adds to the negative mental health of that person."
(EuroNPUD, Northern Ireland, London consultation)

"They think women who use drugs should be burned like witches."
(ENPUD, Georgia, translation, Tbilisi consultation)

"Women in Australia share in common something that all women, regardless of where they live, have in common – sexism and gender inequality. For women who use drugs in Australia the effects are heightened as they have the double stigma of being a drug user and a woman."
(AIVL, Australia, virtual consultation)

"For men who use drugs in Vietnam, they're already considered to be arseholes and scumbags and good-for-nothings, and for women the stigma and discrimination double … if a woman uses drugs, they have no chance in life: no job, no boyfriend, no husband, no social life … Men in detention centres get visits from their families, but women in detention centres never get family visits."
(VNPUD, Vietnam, translation, Bangkok consultation)

Drug-Shaming and the Media

Further to experiencing discrimination from families and communities, people who use drugs are frequently subject to **drug-shaming and drug-userphobia in the media.** People can be outed as using drugs by the media, with this leading to discrimination in broader society, and termination from employment. Unlike legislation which formally recognises hate speech along the lines of race, ethnicity, nationality, disability, and sexuality, hate speech against people who use drugs is rarely, if ever, formally recognised in legislation. Drug-related hate speech, drug-userphobia, and drug-shaming rarely, if ever, go challenged or punished.

"People in the community have adopted this attitude because of all the media and the propaganda. They believe that drug users all look dirty, and anybody who looks dirty is a drug user and automatically a thief."
(TaNPUD, Tanzania, Dar es Salaam consultation)

"All of them [detained people suspected of using drugs and/or being sex workers] were taken in photos, and their photos, together with their names, went on the television, in newspapers … the news kept reproducing this again and again, and all Greek houses were saying 'Oh, we're released from the, you know, from the health bombs that were walking around us, and now our husbands are safe, our families are safe.'"
(Greek Drug and Substitute Users Union, Greece, London consultation)

"[The police] would say [to people who use drugs] that 'We would put your picture, as well as your parents' name in the newspaper the next day, so you have to pay a certain amount of money.' And that amount is quite big."
(IDUF, India, Bangkok consultation)

"The media played a very important role in that, in stigmatising drug users … your full face is on the television. Your full name, your full address … So we need to consider the media as human rights violators as well."
(Monitoring Network of Human Rights Violation against People who Use Drugs, Indonesia, Bangkok consultation)

INPUD Demands

Demand 4:

People who use drugs must not be assumed to be sick, deviant, or criminal.

"Drug use is not a mental disease. And yeah, that drug users are not sick people and they don't have mental illnesses […] The one who are providing methadone, they are not drug users. They're just mental doctors in a mental hospital. Okay? So there's a big difference, because this is not, we are not talking of mental illness, right? Yeah, so there's a big difference. If we had doctors who really are friendly to us, yeah, so, we can get our own maybe health centre, with friendly doctors who do not practise any stigma and discrimination […] We require a stigma-free, discrimination-free [society], love, understanding, acceptance, support from our friends, our parents, in the community. And the community at large."
(KeNPUD, Kenya, participant 1, Dar es Salaam consultation)

"The only thing is more education, and more sensitisation to the community, to understand the kind of people that they are talking about, the kind of people who are their children who use drugs, and to see how can these people be part of the solution, but not always be part of the problem."
(KeNPUD, Kenya, participant 2, Dar es Salaam consultation)

Demand 5:

Drug-userphobia and drug-shaming must be legally recognised as discrimination and hate speech.

"The nature of society, how the general population looks towards the people who are using drugs is more detrimental than the law itself. No matter what amount of bad laws or good laws you have, society is not accepting people who use drugs."
(DNP+, India, Bangkok consultation)

"Legislation that punishes discrimination towards certain groups of people, like people who use drugs, so if discrimination towards them would be punished, perhaps the situation would change."
(ENPUD, Moldova, translation, Tbilisi consultation)

"I think we should do something to present the picture of drug users as humans in the media. Because there are so many negative images of drug users throughout the media."
(TaNPUD, Tanzania, Dar es Salaam consultation)

"We have a nice design of the law [Portuguese decriminalisation of people who use drugs], but we have no resources, so it's just an abstract thing, you know? The stigma is still there, the exclusion is still there … it doesn't matter if you have a very beautiful design[ed] law, if you in real reality, things are practically the same."
(CASO, Portugal, London consultation)

"Even if the law changes, people's mind doesn't change at the same time. The discrimination, the harassment from police, will continue … parents, they raise their children, I mean, 'Watch out for the drug users.' I mean, we are like the last citizens that can be harassed by society, because it's in people's minds. But, the decriminalisation is the first step. But then it will take years."
(SDUU, Sweden, London consultation)

"On the general level they accept this fact that drugs are, that people who use drugs are not criminals, but deep in their hearts they still basically, they operate with prejudices."
(Društvo AREAL, Slovenia, London consultation)

Violence

RIGHT 3:

PEOPLE WHO USE DRUGS HAVE THE RIGHT TO LIFE AND SECURITY OF PERSON

RIGHT 4:

PEOPLE WHO USE DRUGS HAVE THE RIGHT NOT TO BE SUBJECTED TO TORTURE OR TO CRUEL, INHUMAN, OR DEGRADING TREATMENT

> "Prohibition exposes drug users to violence from a range of sources – the police, the health system, the corrections system … and of course, the violence inflicted upon drug users in the name of 'rehabilitation'."
> (AIVL, Australia, virtual consultation)

As a result of criminalisation, stigma, and the discrimination they drive, people who use drugs are subject to widespread violence. This violence is perpetrated by agents of the state – notably the police – and criminalisation endorses it. People who use drugs additionally experience violence within their own communities and families. This violence comes in many forms. It ranges from physical and sexual violence, to structural violence and coercion from staff in institutional and closed settings, to emotional abuse and harassment, to murder, state-sponsored execution, and extra-judicial killings.

State-Sponsored Violence and Violence in Detention

Since people who use drugs are criminalised and stigmatised, they cannot rely on being protected by the law, or by those who enforce it. Far from it: people who use drugs are subject to **police-perpetrated abuse and violence, including sexual violence and torture.**

> "I have one of my friends in this area, the police shot him, so their leg is breaking and cut. So now he has no leg, because of the police … They shot him for nothing, they shoot him because we sleep out [we are homeless], we are drug users."
> (Interview with two respondents, Dar es Salaam consultation)

> "Once we went, they were throwing bombs, teargas bombs in the [drug] hotspots, and we went to complain about it … so we went there to ask them, 'Why are you throwing teargas bombs, this is a residential area, there's kids here, old people here, you know, why're you doing this?' They said 'Oh, we got all these new weapons, we need to test them' … So what they said is that 'We use drug users as exercises' … So things like that, they consider us like animals who they can use for experiments. Not as human beings."
> (TaNPUD, Tanzania, Dar es Salaam consultation)

> "In Greece, police is so, so brutal, so violent, still, after so many years."
> (Greek Drug and Substitute Users Union, Greece, London consultation)

> "You are a citizen of second class. You are like thieves, or criminals. I mean, because you are a drug user, the policeman doesn't consider you as a normal citizen. They consider you as a citizen of second class, that you have no rights, and they can beat you, they can steal [from] you … because they know that you're not going to put a complain[t]."
> (ASUD, France, London consultation)

In some contexts, the police have been responsible for **extra-judicial killings** of people who use drugs and members of the communities in which they live, and numerous states **retain the death penalty for drug offences,** with people still executed for a wide range of drug-related offences.

"It's been about 50 people on the [death] row, for death penalty [for drug offences] … it's been like more like a political decision which is popular, that a new president releases a harsh policy on controlling the drugs problem in Indonesia; so one of the suggestions … is death penalty for drug trafficking … that's shaped by the mainstream media that they highlight small issues, became big issues … So it's been used in Indonesia as well to shape a perspective that the death penalty works."
(Monitoring Network of Human Rights Violation against People who Use Drugs Indonesia, Bangkok consultation)

"Our law system still makes that drug use is an illegal thing. The death penalty still exists."
(PKNI Indonesia, Bangkok consultation)

The human rights violations, violence, harassment, and abuse perpetrated by the police and authorities against people who use drugs **continue in detention and incarceration.** People who use drugs are subject to **abuse and violence, including sexual violence (discussed further below), and physical and mental torture in prisons and pre-trial detention.** Forced 'treatment' and 'rehabilitation' centres are also marked by high levels of violence and abuse; this is discussed in greater detail in the Arbitrary Detention section of this document.

"Drug users are abused a lot in jail, and even in pre-jail, the police centres. Once they identify you as a drug user, you're sub-human … if you look, you'll find out that they only went to jail because they happened to be in a drug spot … they don't treat us as people [who] need medical assistance, they treat us as criminals."
"If you are arrested and you're thrown behind in a police post they don't even care about you. You ask for anything, *anything,* water, anything, they tell you 'Shut up, who told you to go use drugs?' And it's really tough, 'cause sometimes you find you have a withdrawal, and you're stuck in this small, stuffy room, really small. And if you complain they punish you by keeping you there the whole day … they should be given training in respect for human rights of the people they arrest. Otherwise we're going to be getting hurt all the time."
(TaNPUD, Tanzania, translation, Dar es Salaam consultation)

"In the police stations, the situation is really terrible. If you say something, they beat you, and they put you in the small room that you will not be [a] bother to the other people. There are no human rights in Greece if you use drugs."
(Greek Drug and Substitute Users Union, Greece, London consultation)

"People [who use drugs] who were detained in Bangkok, there was no health [services] provided for them. And there's no assistance provided for them. And commonly there are harassments towards them."
(ANPUD, Thailand, Bangkok consultation)

People who use drugs can be **forced to experience drug withdrawal** in detention, and can be **interrogated whilst withdrawing.** This is recognised as a form of torture.[7]

"When a drug user is arrested, the police officers are waiting for his withdrawal, and in this state, drug users can just agree on law violations that they didn't commit. They just can sign any kind of papers. They can just tell on their friends. Everything."
(ENPUD, Russia, translation, Tbilisi consultation)

"When, for example, a woman is held in jail, and if they want to get some kind of statement from her, they can use violence towards her. And when a person is held for more than 12 hours, so they can't get methadone, so they have to go withdrawal."
(ENPUD, Georgia, translation, Tbilisi consultation)

"[The police] use the state people are in when they are going through withdrawal."
(ENPUD, Lithuania, translation, Tbilisi consultation)

Community and Familial Violence

People who use drugs are often stereotyped and generalised as dangerous criminals and deviant social outsiders, associated with crime and disruptive behaviour. In civil society and **in the communities in which people who use drugs live, these discriminatory assumptions result in frequently experienced violence.** This takes the form of physical and verbal abuse and violence, including sexual violence, gendered violence, and murder. In some parts of the world, what is termed 'mob justice' is common, and people who use drugs are subject to beatings, stoning, and burning. Due again to the criminalisation and stigmatisation of people who use drugs, these abuses often go unchallenged.

[7] Méndez, J. E., 2013, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment,* available at: http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf

"When walking in the streets, somebody, he's lost something, you understand, his phone … because we are dirty, we are not wearing nice [clothes], he thinks it's you what did that, you understand? They're starting to punish you and shouting, and push you, he calls you 'Fucking junkie.'"
(Interview with two respondents, Dar es Salaam consultation)

"I've seen mob justice applied to somebody just because of the way they look … it's very common with drug users, because drug users are associated with thieves. So automatically, if you see a drug user, and you cry 'thief', and the assumption of a drug user is somebody who's dirty-looking or wearing dirty clothes. They just start beating you up. And I've seen many cases of innocent people being beaten up and killed."
(TaNPUD, Tanzania, Dar es Salaam consultation)

"They kill you … they say that 'Now you won't be able to disturb people'. So you find that violation of our human rights, it is in a level whereby it is so alarming."
(KeNPUD, Kenya, Dar es Salaam consultation)

"He was bleeding all over his body, you understand? ... and the people don't wanna help him because he's using drugs. People just pass, and 'This guy is a drug user, so you don't need to go to hospital.' 'Yeah, let him die' … They beat him on the street without even get[ting] help [for him], the community, they just see, and they didn't even help him, other community members; they just say 'Eh, it's okay, just kill him, burn him.'"
(ReACT, Tanzania, participant 2, Dar es Salaam consultation)

"We have paramilitary groups in Ireland who target drug users … it happened in poorer neighbourhoods where they would march on people's houses, people that were selling drugs, and those people were also drug users … so there was people beaten to death … but also there's been people shot in the north of Ireland and people told to leave their communities."
(UISCE, Ireland, London consultation)

"In Northern Ireland, it's difficult to come out as a drug user because you can get shot. And targeted […] Family members will bring their son, daughter to the paramilitary … to receive a beating or perhaps getting shot in the knees … the drug-using folk that I would visit in jails, it's because their families have often disowned them because there's a community stigma. You know, 'Your son, your daughter's a junkie.'"
(EuroNPUD, Northern Ireland, London consultation)

"She went to the school, to take her boy, and the whole village was gathered there and they started throwing stones at her, and insulting her, telling her she's a, you know, that she's a sick bitch and everything. This was a massive, a massive violence. It was very brutal."
(Greek Drug and Substitute Users Union, Greece, London consultation)

"It's very popular to beat up drug users at sites where drugs are sold … [And] relatives started having negative attitudes towards their drug-using relative; they said that it's impossible to have a family and be a drug user at the same time … That means discrimination from relatives of drug users, and … the relatives of drug users … can even agree to violence, to treat drug use; I'm speaking about compulsory treatment."
(ENPUD Russia, translation, Tbilisi consultation)

"In Cambodia, there's some sorts of abuse of people being hung by the ankle in the daylight sun."
(ANPUD, Thailand, Bangkok consultation)

Stigma is 'sticky': **those who associate with stigmatised people are stigmatised in turn.** Such is the stigma associated with drug use that people providing services, healthcare, and harm reduction services can be targeted in drug-userphobic attacks.

"An outreach worker, a peer educator had gone … to take another user, his peer, to take him, to accompany him to the hospital … when the community members saw them, they started shouting 'thief, thief' … when they apprehended them they started beating them up and they also they were also beating up the outreach worker, the peer educator, because the peer educator was, he's one of them. He has been using."
(KeNPUD, Kenya, participant 2, Dar es Salaam consultation)

Women who Use Drugs: Gendered Violence

The criminalisation and stigmatisation of people who use drugs intersects with widespread discrimination and violence, including sexual and gendered violence against women. And the disproportional social exclusion and economic disenfranchisement of women compounds the problem. Women who use drugs therefore experience gendered **violence, both in civil society and at the hands of the authorities and the police.**

"[There are] violations perpetrated by the representatives of law enforcement towards women who use drugs who are also involved in sex work. There are also cases of violence perpetrated by the law enforcement officers … 'cause they know that she's a drug user, so she can't file a complaint."
(ENPUD, Lithuania, translation, Tbilisi consultation)

"From my experience I know that the way cops treat women is totally unacceptable. I mean, from the street to the police station, they are playing with you, they are taking your pills or your heroin and he says 'Look at it, look at it, what will you give me if I give you that?'

And when you are behind bars in the police station … they say things like … 'Suck my dick, you probably do that day and night', or 'How many dicks have you sucked to get your drugs today?' ... it was something that leaves you just so deep wounds that you feel that the nightmare never ends, that you can even go to sleep and you're in your bed and you wake up and you say 'Oh, I'm safe, I'm not in his hands, I'm not in people's hands who can hurt me, or who can exercise violence on me.'"
(Greek Drug and Substitute Users Union, Greece, London consultation)

"Drug users are submit[ted] to a lot of violence, but women drug users are submitted double, of violence, because from the dealers, from the police, from the other drug users, from everybody."
(ASUD, France, London consultation)

"One woman in particular was, it's neither here nor there if she was taking drugs, it so happens that she wasn't. She was on a high level of Subutex, and men went into her home and beat her – she could hardly walk – with hammers."
(EuroNPUD, Northern Ireland, London consultation)

"For us women it's very, very hard. Because either way, if you don't have money to bail yourself out or your parents are not around, then they [the authorities/police] will have to forcibly or maybe just negotiate with you so that they can have sex with you, and most of them want unprotected sex [...] When it comes to the law enforcers they don't protect us. In fact they're the ones who abuse us more, 'cause when you're caught you're taken to the cells, they rape you."
(KeNPUD, Kenya, Dar es Salaam consultation)

"It is common that in detention centres, women who use drugs get raped by police officers during detainment … they tend to be sexually abused by police officers as well, in exchange for good treatment, in exchange for freedom."
(Monitoring Network of Human Rights Violation against People who Use Drugs, Indonesia, Bangkok consultation)

INPUD Demands

Demand 6:

Violence perpetrated against people who use drugs, both in civil society and at the hands of the authorities, the police, and healthcare providers, must be investigated and prosecuted.

Demand 7:

Executions and extrajudicial killings of people who use drugs, and for drug-related offences, must end.

Health

RIGHT 5:

PEOPLE WHO USE DRUGS HAVE THE RIGHT TO THE HIGHEST ATTAINABLE STANDARD OF HEALTH

Barriers to Health

Criminalisation as a Barrier to Health

Since people who use drugs are frequently criminalised, **drug-using paraphernalia, such as syringes and needles, can be used as evidence** of drug use by the police, and **paraphernalia can be confiscated and/or destroyed** by police. This impedes safer, hygienic use of drugs and serves as a disincentive for people who use drugs to carry sterile injection paraphernalia. This increases the likelihood of rushed injecting and needle sharing, increasing the risk of overdose and impeding efforts to prevent transmission of blood-borne infections like HIV and hepatitis C. People who use drugs in public spaces fear state-sponsored harassment, violence, and arrest, and again this results in **rushed drug use, and people using drugs in unhygienic and dangerous conditions.**

> "If you're caught with any drug paraphernalia like the NSP, the needle and syringe programme, or anything, and you don't even have like the drug on you, you can go to jail … it's just not right that if you're caught with a needle and a syringe in your pocket, that you're taken to jail. It's not right. And that maybe sometimes increases what we're trying to reduce: the HIV infection. Because not everyone is going to carry their needle and syringe. They are scared they are going to be caught with it."
> (KeNPUD, Kenya, Dar es Salaam consultation)

> "When they find our needles in the [public areas of drug using/buying/selling] they take them and destroy them, and then we don't have needles to use after they've destroyed them."
> (TaNPUD, Tanzania, participant 2, translation, Dar es Salaam consultation)

> "They have a part of the law that says if you're found dealing in substances, paraphernalia, not even drugs, you can get arrested. So that means all the drop-in centres, you can get arrested for being in a drop-in centre. It's totally illogical."
> (TaNPUD, Tanzania, participant 1, Dar es Salaam consultation)

> "Police officers come to the bus that provides harm reduction services and search everything, and if he finds a used syringe with traces of drugs in it, he can just take the syringe from them and stomp on it, and throw it on the ground."
> (ENPUD, Lithuania, translation, Tbilisi consultation)

> "We don't have an injection room in Dublin; people are shooting up in alleyways and not using sterile equipment … in sterile surroundings."
> (UISCE, Ireland, London consultation)

> "If you are caught with needle, syringe, or a little bit of drugs, you could be sent to jail straight away. For five years."
> (IDUF, India, Bangkok consultation)

Further to the criminalisation of people who use drugs acting as a significant barrier to health and well-being, the **criminalisation of drugs themselves compounds harm.** Since drugs are criminalised and controlled, they are produced in a **black-market context, fuelling violence and organised crime.**

Such illicit drug production and distribution results in people who use drugs being unable to know the composition and purity of the drugs that they buy or use, or whether the drugs that they use contain contaminants. This results in driving morbidity and mortality of people who use drugs, who can **over-**

dose on drugs of unknown strength, and can be poisoned by dangerous contaminants. Notable examples include the **presence of anthrax in heroin,** and **contamination of ecstasy with PMA,** a dangerous and toxic contaminant.

> "Increase in risks that accrue to illicit drug users – acquiring drugs needs to occur in 'hidden' manner often associated with higher risk, cost of drugs is artificially inflated, attracts criminal interests."
> (AIVL, Australia, virtual consultation)

> "The war on drugs [means that] … drugs are uncontrolled, and they have impurities."
> (UISCE, Ireland, London consultation)

> "[In Portugal] we can use but you can't buy it. So when you have to buy, you are entering this criminal environment where there's violence happening against users. And it didn't change with the law, you know, we have this law that decriminalises use, but if you have to go to the neighbourhood to buy it, you can be at risk."
> (CASO, Portugal, London consultation)

> "The criminalisation of drug users depends on the criminalisation of drugs … for common people, drug users are criminals. So, because, they are using a criminal product … it's going to be hard to convince people that we have rights meanwhile the product is forbidden, you know … It's a criminal action, it's criminal to get drugs, you have to see dealers, the dealers are criminals."
> (ASUD, France, London consultation)

Discrimination from Healthcare Providers as a Barrier to Health

People who use drugs experience **discrimination, judgemental encounters, breaches in medical confidentiality, and structural violence from healthcare and service providers.** Since disclosing drug use can result in difficult interactions, people can be reluctant to do so, or may not even seek healthcare and service provision in the first place. In short, stigma and discrimination are significant barriers to prioritising the health and wellbeing of people who use drugs.

> "Stigma often prevents … people going forward for treatment."
> (EuroNPUD, Northern Ireland, London consultation)

> "First we have to suffer the embarrassment and humiliation of being ambushed and beaten up in public by the police in front of everybody, and then when we go to the hospitals to get treatment, the health workers are very stigmatising and discriminatory towards us. In the end we end up getting hurt, us users. The government is harsher towards users than transporters or pushers. We are the ones who suffer the brunt of the government's anger […] People in the hospitals, they get away with a lot of stuff, and nobody questions them because they say 'it's just a drug user, he's trash'. We suffer a lot, drug users, at the hands of health workers who don't care about us."
> (TaNPUD, Tanzania, participant 2, translation, Dar es Salaam consultation)

> "Most health workers, they are stigmatising and prejudiced against drug users. If you go there, they judge you by your appearance, and once they see you are a drug user, whatever disease you have, they recommend you to a department of mental health. They treat it as a mental health disease … They make comments about you, about your drug use, about how it's your fault, very, stuff to make you feel bad. We tried … to provide training to health workers … and they just pay lip service to what you have said and when they go back to their offices, they still practise what they believe, which is basically stigma and discrimination."
> (TaNPUD, Tanzania, participant 1, Dar es Salaam consultation)

> "The doctors have such a negative attitude towards us … they, you know, prefer [us] to disappear than have us [as] patients."
> "I felt stigma every time I had to meet a doctor … the look on their face could clearly betray that they despised me. For example, they were testing me, and they had a look on their face like I was dirty."
> (Greek Drug and Substitute Users Union, Greece, London consultation)

> "There is a high degree of stigma and discrimination experienced by drug users in Australia and this is often the experience with healthcare professionals. Access is impacted by this as stigma acts as a barrier … If you can pass as a non-drug user it's okay, till they find out … General 'suspicion' of the motives of people who use drugs … often results in misdiagnosis, under-medicating for pain and/or onerous and unnecessary monitoring and surveillance."
> (AIVL, Australia, virtual consultation)

> "Since they're shabbily dressed, they're dirty, they're filthy, so the doctor's interaction, the medical provider's interaction is very, very bad."
> (DNP+, India, Bangkok consultation)

> "When these people go ART centre with filthy clothes and like who have not taken a bath for months, they are just denied access to services. Or they would say 'Oh, you come last, let me handle the cases earlier', and by the time when his turn comes, it's time to close down the office. So if that happens to me two or three times, I would never visit the hospital again."
> (IDUF, India, Bangkok consultation)

"The doctor, when they found [out that] these people is drug user, just leave him. They never care about, they never give him treatment, because all the drug user, there's no money to spend … and the doctor need the money. So it's difficult for these people to get treatment."
(Interview with two respondents, Dar es Salaam consultation)

"You find doctors, some of healthcare workers, you find they have this perception of being a drug user, you are a criminal, and you are a bad person […] When you go now to a service provider like a nurse or maybe a medic they will tend not even to touch you. The way they behaving around you there it's like you're not a human being."
(KeNPUD, Kenya, Dar es Salaam consultation)

"Question of confidentiality, because even clinic services in prison, they allow information to flow to the rest of the prison, you know … I work in a prison, and lots of health information from inmates circulates from the clinic services. So even inmates don't trust the doctor and the nurses that work there."
(CASO, Portugal, participant 2, London consultation)

"In Portugal, the drug users is sometimes don't go to the hospital because [of] discrimination, because still [there is] stigma."
(CASO, Portugal, participant 1, London consultation)

"Because of stigmatisation, people can't be open with their status. Even if he or she goes into a treatment facility and tries to conceal that he or she is a drug user, it's visible anyway that they are."
(ENPUD, Ukraine, translation, Tbilisi consultation)

Women who use drugs regularly experience **problematic and discriminatory interactions** with service and healthcare providers, including social service involvement, domestic intrusions, breaches in confidentiality, and losing child custody, and often **do not have access to services tailored to women's specific needs.**

Pregnant women who use drugs can be subject to breaches in medical confidentiality, can be subject to compulsory 'treatment' and medicalised detention, can be denied access to antiretroviral therapies and harm reduction services, and can be denied access to opiate substitution despite it being safe and recommended by the World Health Organization for pregnant women who have opiate dependency. This all results in women who use drugs facing **considerable and significant barriers to accessing service and healthcare provision.**

"There's a lady who went for a HIV test, and she was turned back. Because she was smelling and she was dirty, and she was high. So, there's a lot that is going on, I think that the healthcare workers should be really, really sensitised. And about women who use drugs, I think ours is a double stigma, double discrimination … From the healthcare services you get stigma, you get discrimination … you might go to a health centre, and you want STI [tests] or you want cervical cancer screening, right? But the doctor will not even touch you. Because they'll say that you're dirty, you're smelly, so they won't even have time to look at you … it's their right to get that health service, but for the health workers, because we are users, we are not important to them."
(KeNPUD, Kenya, Dar es Salaam consultation)

"Women who use drugs … feels that something's wrong with her if she goes to take methadone or goes to the clinic to go for testing and so on, so that's one of the challenges."
(WARDU, Malaysia, Bangkok consultation)

"A high proportion of women, including myself, don't go forward for treatment for fear of social services. Our government is extremely right-wing … so as a drug-using woman it can be extremely difficult […] There's no specific service that I'm aware of that'll help pregnant women who are maybe using drugs."
(EuroNPUD, Northern Ireland, London consultation)

"After having given birth, women should feel happy, but they often leave the facility feeling depressed, because she faces not only additional problems as a person who uses drugs, but also she faces strong stigma and discrimination coming from medical staff."
(ENPUD, Ukraine, translation, Tbilisi consultation)

"Women often face lack of access to medical services, because that means she has to disclose her status [as a drug user]. Plus, women face violence from law enforcement agencies if she uses drugs."
(ENPUD, Uzbekistan, translation, Tbilisi consultation)

People who use drugs who are also members of other marginalised and socially excluded communities experience compounded difficulties and barriers in accessing healthcare and service provision. People who use drugs who are also sex workers, LGBTQ people, people of colour, people living in poverty, and/or people living with blood-borne infections such as HIV and viral hepatitis all experience barriers in accessing services and healthcare.

"Due to the double stigma and discrimination, it's hard for them to access the services that the drug users, the other drug users, access, maybe like NSP, most of them who are LGBTI who are MSMs, they are either MSMs and they don't talk about their drug life, or they are drug users and they don't talk about their sex orientation … There was a drug user who was an LGBTI, who was an MSM, he had anal warts. So he went to like a health centre and do you know what happened? The nurses, the health workers started calling each other … 'Come see what this man has on his'; imagine. Now if he had these warts, will he really go back to a health centre again? No. He wouldn't go back again … he will not go back again to a health centre."
(KeNPUD, Kenya, Dar es Salaam consultation)

"They [people who use drugs who are living with HIV] complain a lot about confidentiality, for example. They say a lot of them are afraid to expose their status, because people are very, some health workers are very lax about respecting their privacy … they in general complain about discrimination in the provision of services to them, that people provide the services sometimes abuse them just because they have the power to do it."
(TaNPUD, Tanzania, Dar es Salaam consultation)

"I needed additional actions from medical staff, but they wanted me to leave the hospital in such a state. And when I visited the professor, he told me that he wouldn't operate on me, because of my hepatitis C, in case he got hepatitis C from me … They made me leave the hospital without any kind of operation. I won't speak about the rest of what happened."
(ENPUD, Russia, translation, Tbilisi consultation)

Access to Healthcare and Harm Reduction

For people who use drugs, **the right to the highest attainable standard of health specifically includes harm reduction services,** which are designed to reduce the avoidable and mitigatable harms and risks to health that can be associated with drug use, such as HIV and hepatitis C acquisition, and overdose. Harm reduction interventions notably include needle and syringe programmes, opiate substitution therapy (with methadone and buprenorphine recognised by the World Health Organization as being 'essential medicines'), drug consumption rooms, and peer-based naloxone distribution.

However, **harm reduction services are severely lacking,** and they are strongly opposed by many organisations and governments: only an estimated **10% of people worldwide who require harm reduction services have access** to them.

As a result of this considerable lack of harm reduction services, combined with social exclusion and criminalisation, almost 18% of people who inject drugs are living with HIV, between 45.2% and 55.3% are estimated to be living with hepatitis C, and there are around 183,000 drug-related deaths every year,[8] primarily overdose-related deaths.

"There is a serious shortage of harm reduction services … harm reduction should be adopted."
(TaNPUD, Tanzania, Dar es Salaam consultation)

"I have met clinicians and service providers, and when you talk of harm reduction, they tell you, 'What is that?'"
(KeNPUD, Kenya, Dar es Salaam consultation)

"All of us know that needle syringe exchange programme or needle syringe programme is the most controversial component of the harm reduction services, because people think we are promoting people to use drugs."
(IDUF, India, Bangkok consultation)

"Many drug users cannot access methadone, since the location for methadone centres are very far from where they live. The government has promised they will extend the programme, but until now it has been very slow."
(VNPUD, Vietnam, translation, Bangkok consultation)

"We had the first DCR [drug consumption room] in Athens, that worked for a year, and it had fabulous effects, results, and they closed it in one day [after the new government came to power]."
(Greek Drug and Substitute Users Union, Greece, London consultation)

"In Portugal, since 2001, they are, in the law, they predicted to open drug consumption rooms, and since 2001 till now, no drug consumption rooms opened."
(CASO, Portugal, London consultation)

"Stopping of OST therapy in the Crimea [has resulted in] the following death of about 100 people … the change of drug policy was so fast, that people didn't realise what was happening. All of the people immediately lost access to their OST."
"With Russian federal drug control services, they burned methadone in big quantities. It's actually the amount of methadone that could be used by all the patients, for one and a half months, or two months. And the reporters were invited to that event, it was shown on the TV."
(ENPUD, Ukraine, translation, Tbilisi consultation)

"Naloxone in Vietnam … drug users cannot go to the pharmacy or the hospital to buy naloxone; naloxone is only available in hospitals' ER."
(VNPUD, Vietnam, translation, Bangkok consultation)

[8] UNODC, 2014, *World Drug Report* (Vienna: UNODC)

Comprehensive harm reduction services, incorporating all required services, are a rarity. Many of the harm reduction interventions and services that are available are run as 'pilot projects', or applied piecemeal. Harm reduction programmes and service providers can be **high-threshold, open at inconvenient times,** in areas that are **inaccessible,** can be **prohibitively expensive,** can involve **long waiting lists,** and can involve **punishments.** All of this presents substantial obstacles in accessing what services are available.

> "The problem is that you have to walk a distance to where you'll get those services like the harm reduction services."
> (KeNPUD, Kenya, Dar es Salaam consultation)

> "Concerning OST … We have eight years waiting list, where there was a statistic that three out of four people, when they were called to get accepted in the programme, they were either incarcerated or dead … They just don't exist anymore. And that's very frustrating and very, it makes us also very furious […] It seems like it's enjoyable for them to see people taking a bus while they have not a job and they live … kilometres outside the city – where the programme is – and they have a newborn baby, and a wife to take care of, and they put the penalty … to break their morale. And we're sick of it."
> (Greek Drug and Substitute Users Union, Greece, London consultation)

> "if the developed countries … find the treatment of hepatitis C … expensive then you can imagine how it can be back here in Africa."
> (KeNPUD, Kenya, Dar es Salaam consultation)

> "In a small little place, you'd have this clinic that's open for two hours, and everybody that's on methadone has to go there, so you get people just looking out their window and saying 'Oh, I didn't know he was on that stuff, oh there he is', and, so you get a label. And it sticks. It sticks, you know. You become **** the junkie, and no matter what happens you'll always be known as that."
> (UISCE, Ireland, London consultation)

> "Laws state that a person should not get imprisoned if he gets treatment; but in practice, people need to have money for treatment, and in practice they don't have such sums of money, so they are imprisoned."
> (ENPUD, Ukraine, participant 1, translation, Tbilisi consultation)

> "Participation in OST therapy programmes for drug users means violation of their constitutional rights, for example the right for free movement in the country, because the patient is limited to his site where he gets his medicine."
> (ENPUD, Ukraine, participant 2, translation, Tbilisi consultation)

> "Community members experience stigma and discrimination, there's a high threshold of access, inconvenient opening hours, and sometimes the locations of the organisation is inconvenient to get to, and stigma also comes from the staff of the organisations."
> (ENPUD, Russia, translation, Tbilisi consultation)

> "When the word 'harm reduction' was coined, what is the harm? The harm was HIV. The harm was HIV, not hepatitis C. So the entire programme was designed around HIV … now, you don't get … everything. But just giving syringes … that's not good enough to prevent hepatitis C, because he will share his cotton with his friend, or spoons, or the pipe or the other paraphernalia."
> (DNP+, India, Bangkok consultation)

> "Issues such as cost, waiting lists for 'enrolment' in the programme, lack of prescribers, stigma and discriminatory practices imbedded into the 'service' provision often make for a very inaccessible pharmacotherapy programme in Australia."
> (AIVL, Australia, virtual consultation)

Further to barriers in accessing service provision, people who currently use drugs can be **denied treatments and healthcare on the basis of their drug use.** This is of especial concern in terms of treatment for hepatitis C and antiretroviral therapy for HIV. **Antiretroviral coverage** for people who use drugs living with HIV is only about 4% globally; in some countries it is less than 1%.[9]

> "If you're a drug user or you're using drugs now, you cannot [be] treat[ed with] interferon … [It is thought that] if you are using drugs you cannot manage to focus on your health."
> (TTAG, Thailand, Bangkok consultation)

> "Globally the access to ARVs is very low among people who use drugs … on the movement for the universal access to ARVs, if we are honest then [access is] very low in our community … [universal access to] hep C is a very far-fetched dream for us now."
> (ANPUD, Nepal, Bangkok consultation)

> "Another problem is hepatitis C. Because in Slovenia … if you are still using drugs, they said 'Ah you are not a good patient, that's why we can tell you for sure that you will be not able to sustain the whole package of treatment'. So the people are not entering into these programmes, they are thrown out."
> (Društvo AREAL, Slovenia, London consultation)

> "If you go to the doctor to treat HIV and you're under the influence of drugs, you are denied treatment … So we don't get ARV therapy until the doctor sees you are in what is seen to be an adequate state of mind."
> (ENPUD, Latvia, translation, Tbilisi consultation)

[9]Mathers, B. M., et al., 2010, HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *The Lancet* 375, 9719:1014-1028

"In terms of treatment of hepatitis … doctors discriminate against people who use drugs and say they're not loyal to the programme, and so they're not admitted to the programme. The second thing is that I heard from doctors that, 'Why should we treat their hepatitis, if they will go and use drugs again, and get re-infected?'"
(ENPUD, Russia, translation, Tbilisi consultation)

"Access to hepatitis C treatment is a disgrace with 1% treatment … Because HCV is seen as a 'junkies' virus' the response by government has been lamentable … A treatment rate of 1% is just indefensible. The new generation medications where you only need take one pill a day for a couple of months for a 90%-plus cure rate are still unavailable in Australia."
(CAHMA, Australia, virtual consultation)

"When they go to the hospital to see the doctor, the doctor would say 'You stop using your drugs first, then we can start the ART'."
(IDUF, India, Bangkok consultation)

Services can fail to take people's variable and nuanced realities into account: people who use drugs can be seen through a filter of only their drug use, and their specific and individual requirements can be overlooked and sidelined. This results in their not being seen to require non-drug-specific services such as, for example, gender-specific services, condom provision, safer sex information and education, rape alarms, or referral.

"LGBTIQ people and people who use drugs, PLHIV who are part of those three groups, but are not able, because the segregation of these groupings, like MSM who are also IDU, who are also PLHIV, they couldn't access [services] because the services are segregated, like 'This is a service for IDU, this is a service for PLHIV, this is a service for MSM', but then what about, like me, MSM, living with HIV, drug user, and then like, where should I go?"
(ANPUD, Thailand, Bangkok consultation)

"In Kenya we know that there is NSP. That is needle and syringe programme, we know that there is TB screening and all that, but what about, there is nothing about hepatitis. Nothing at all … Condom and lubricants … there're MSMs who are drug users, there're sex workers who are drug users too. So what happens if they don't distribute condoms to us? 'Cause most of them, they have this mentality that drug users don't have sex or something like that. So the only thing they distribute is a needle and syringe."
"HIV is a bit bearable because you know that even in our programmes, they supply ARVs, right? So, the issue is hepatitis C and B. As much as there's screening … there's not a lot of knowledge about hepatitis C."
(KeNPUD, Kenya, Dar es Salaam consultation)

"Hepatitis C treatment is problem number one. Currently, people are dying not from HIV, but from liver cirrhosis if they are infected [with hepatitis C]."
(ENPUD, Uzbekistan, translation, Tbilisi consultation)

"The programme is designed in such a way that like it is addressed to the male drug users. And the government thinks that the same can be replicated for the female drug users … If you look at the OST centres … in India … it's all males actually who's coming to the OST centre to have access to buprenorphine or methadone, so it's not designed for women … they can't access because it is designed for men."
(IDUF, India, Bangkok consultation)

Harm Reduction and Healthcare in Detention

Access to healthcare and harm reduction services in closed settings – including pre-trial detention and prisons – is, internationally, almost entirely lacking. Further to a lack of trained medical personnel, harm reduction interventions such as opiate substitution therapy and needle and syringe programmes are conspicuous by their absence. Due to a lack of availability of sterile injection paraphernalia, incarcerated people who inject drugs have to **reuse and share injection paraphernalia.** And because of a lack of opiate substitution in many closed settings, people who have opiate dependency and are detained are forced to experience drug withdrawals, and in some contexts are **interrogated whilst withdrawing,** which is discussed in the Violence section of this document.

"People are on heroin, and they are detained, they are not given any methadone or any substitution therapy, whatever, because people will suffer in the withdrawal."
(ANPUD, Thailand, Bangkok consultation)

"There is no service provision for needle syringe programme in the jail."
(IDUF, India, Bangkok consultation)

"In prisons we don't have any of the harm reduction services. Any of it, not NSP, not testing and screening of hepatitis B or C, not screening of STIs, no, a lot of those services are not found in there, in the prisons … Those are only found outside the prison … there is no NSP in prisons. So you find that they'll have to reuse, and in one or the other they'll have also to share."
(KeNPUD, Kenya, participant 2, Dar es Salaam consultation)

"A user who is currently on methadone is caught and you're taken to the cells, and you're on methadone. Then what happens to you? At the time you're in the cells? What happens to you?"
(KeNPUD, Kenya, participant 1, Dar es Salaam consultation)

"There is NO access to any clean injecting equipment in ANY jail in Australia."
(CAHMA, Australia, virtual consultation)

"There should be a doctor in every police station. At least a doctor who is aware, because most of the … people who have been taken to jail are drug users … But we don't have those facilities here, and if you ask, even if you are ready to pay for the healthcare, they will beat you up, and say that you, 'Who are you to say such a thing. You are just nothing. If you were somebody, you wouldn't have gone and used drugs."
(ReACT, Tanzania, Dar es Salaam consultation)

"They don't comprehend that needle exchange in prisons must be applied. I saw a condition when whole floor, I mean, thirty people exchange one syringe … you don't want to give them syringes? Okay, give them foil. Yeah. Also foil is forbidden in Slovenia."
(Društvo AREAL, Slovenia, London consultation)

"There are no OST programmes in women's prisons. There are OST programmes in male prisons, but not in women's prisons. I almost died. I got three months of withdrawals, and I almost died in prison … I was going through withdrawal [in prison] without any kind of assistance. I almost died due to that withdrawal. I couldn't even drink water."
(ENPUD, Georgia, translation, Tbilisi consultation)

"There is no OST therapy in prisons in Ukraine … The current system would never allow harm reduction services, OST therapy, in prisons."
(ENPUD, Ukraine, translation, Tbilisi consultation)

In addition, **blood-borne infection and STI screening and counselling, as well as antiretroviral therapy and treatment for hepatitis C, are very rarely provided** in closed settings.

"People often face situations where they have to stop their treatment when they get arrested, for example. And while they're in jail, either he has no access or has restricted access to ART therapy."
(ENPUD, Tajikistan, translation, Tbilisi consultation)

"Drug users who were in the prison hospital … without legs, having Kaposi's sarcoma and HIV in a very bad stage, a very advanced stage, and many of them were just ready to die, they were waiting to die. There was no doctor, no nurses."
(Greek Drug and Substitute Users Union, Greece, London consultation)

"In prisons also, I mean even basic amenities they don't have. Forget about like ARVs and harm reduction and condoms … [One woman] was diagnosed HIV-positive. And she fell sick every time. But only very late it came to us … We told the jail doctor, prison doctors, and it was very late. And she died in the hospital … there is no adherence counselling, peer-counselling, any intervention in the prison."
(ANPUD, Nepal, Bangkok consultation)

"For hepatitis C and HIV, usually in the detention people will get treated only when they are in critical condition, and the treatment is very limited and it's not comprehensive."
(ANPUD, Thailand, Bangkok consultation)

INPUD Demands

Demand 8:

People who use drugs must have access to the highest attainable standard of healthcare, service provision, and harm reduction.

"Now, we talk of that a drug user has a right to have a clean needle and a syringe, this means that now we are also now treated like humans, you know?"
(KeNPUD, Kenya, Dar es Salaam consultation)

"Needle exchange should be more available … it should be made available in the local hospitals, every hospital, pharmacies, as much as possible … There is no needle exchange [in some areas]. So that needs to be done. The rest, there should be upscaling of services, should be made more available, HIV, ARV provision, TB testing definitely, hepatitis, the health services."
(TaNPUD, Tanzania, Dar es Salaam consultation)

Demand 9:

Harm reduction services must be available accessibly, freely, and comprehensively, and must take into account people's nuanced and variable realities.

"The scope of harm reduction needs to be broadened … it needs to have all sorts of drugs, complete drug information, whether it's illegal or licit. It should have that kind of information at least."
(ANPUD, Nepal, Bangkok consultation)

"There should be a comprehensive service where … whether you're a sex worker or you're a drug user or MSM or whatever … not only that, women, young girls, young boys, children, pregnant, married, unmarried. [There is too] much segregation [of services]."
(DNP+, India, Bangkok consultation)

"Maybe we can have more like drop-in centres, which provide the full, comprehensive package of harm reduction … maybe if we had our own drop-in centres, then it would be easier to access all the comprehensive package, condoms, NSP, methadone, all under one roof."
"A place where the comprehensive package, we get needle and syringe, PEP services, STI screening and treatment, cervical cancer screening and treatment, ARVs, and we also need education, mostly on our rights."
"For the people living with HIV, there should be sustainability, and availability of ARVs. Yeah. And for MSMs, I think just like, there should be enough condom and lubricant distribution, yeah. And then, yeah, comprehensive [service provision]."
(KeNPUD, Kenya, Dar es Salaam consultation)

"There's definitely a need for female-package services, and I'm thinking specifically crisis centres, even shelters, 'cause a lot of them … they have kids walking around with the little kid on their back and doing drugs and some of them having no place to stay. I see that a lot."
(TaNPUD, Tanzania, Dar es Salaam consultation)

"The legislation had been changed a bit. That means it's possible to establish to begin with safe injecting rooms."
(Društvo AREAL, Slovenia, London consultation)

Demand 10:

Service and healthcare providers, as well as the police and staff in all closed settings, must be sensitised to the specific needs of people who use drugs.

> "Ignorance has to change amongst the health providers. And when I say ignorance, I mean that they should have knowledge of drug users, what we go through, and how we are, how we should be treated, and there should [be] no stigma and discrimination. And they should have knowledge on drug users and on harm reduction."
> (KeNPUD, Kenya, participant 1, Dar es Salaam consultation)

> "The service providers, the nurses, the doctors, and the medics, they should have, there should be sensitisation … there should be training that the doctors go through, so as to understand what is harm reduction, and what is the importance of these services to the drug users … attitude is something that needs to change, 'cause the attitude they have towards people who use drugs, it is a very negative attitude."
> (KeNPUD, Kenya, participant 2, Dar es Salaam consultation)

> "If you are a drug user and you go to the hospital, you have to be treated like other people, not they must pass you: 'Ah, this is a drug user, leave him [to] die there. This is a drug user. Leave him [to] die there'; we don't want these things to be happening anymore in our country."
> (ReACT, Tanzania, participant 2, Dar es Salaam consultation)

> "I have experienced many issues … For instance, the problem of these staff, most staff, they are not experienced on drugs … those health providers, they failed, because they have no experience on drug issues."
> (TaNPUD, Tanzania, participant 3, Dar es Salaam consultation)

Demand 11:

Comprehensive healthcare and harm reduction services must be available in *all* contexts, including closed settings such as prisons and pre-trial detention.

> "[It's important] to add on more in terms of the awareness of the police or the enforcement to know that, okay, look, if you get caught because of using drugs, they should have a proper procedure or policy to look into it. If you use heroin, they should have a stock of methadone, or they can call the hospital."
> (WARDU, Malaysia, Bangkok consultation)

> "In the detention, like they should make sure that there is availability of proper health services, and if you're sick, you're getting the right medication for the ailment that you have … in case of OST, make sure that they have a way to get you to the nearest clinic where you can get your methadone, so you don't have to miss your dose because you are in detention."
> (KeNPUD, Kenya, participant 1, Dar es Salaam consultation)

> "People who use drugs in detention need access to harm reduction developments such as access to clean injecting equipment, hepatitis C treatment, access to nicotine replacement treatments and so on."
> (CAHMA, Australia, virtual consultation)

> "In the police stations there should be like methadone, which is a harm reduction service, and also something else, there should be naloxone, whereby also naloxone, it's because of the overdose, and they're the first people to witness this overdose."
> (KeNPUD, Kenya, participant 2, Dar es Salaam consultation)

Demand 12:

People who use drugs must be involved in the conception, implementation, evaluation, and monitoring of service and healthcare provision. Where possible, service provision must be peer-led.

"I feel like that first and foremost we should educate ourselves … We need to protect each other first before other people protect us; we have to show that we care about each other. And that will come only by peer education … we shouldn't get tired of giving peer education to our fellow. That is the only way which we can end violence, because by being compassionate, understanding among each other, we can carry the message to the community as well … I think we should get users, drug users, to be there, provider of the services. Because they understand us much better than any other person. That is the only way."
(ReACT, Tanzania, Dar es Salaam consultation)

"We need like our own peer-led [services], fine, if they can't even give us a health centre, but we just have a drop-in centre which is peer-led, our own, yeah? There're doctors out there who are friendly to us. Not all are bad. Right? So, like, even if we get our own centres, we can make sure that the doctors or the nurses who are there providing the services for us are friendly and they are trained very well. They know about drugs, not just someone who is a doctor, he just has the papers, he just a degree as a doctor, and has not experience as a drug user. So he can't even be able to understand what we go through. So I think peer-led … centres for us with doctors, qualified doctors, who understands our situations."
(KeNPUD, Kenya, Dar es Salaam consultation)

"They have also promised that there will be many community-based treatments in Vietnam, but until now they still haven't got any … community-based treatment in Vietnam."
(VNPUD, Vietnam, translation, Bangkok consultation)

"[There are laws] prohibiting peer distribution of sterile injecting equipment and new prohibitions on even the display (not just sale) of pipes for smoking methamphetamines."
(AIVL, Australia, virtual consultation)

Demand 13:

Barriers to health must be undermined and dismantled: not only must people who use drugs be decriminalised, but drugs must be produced in a legal and regulated context.

"There needs to be a decriminalisation of drug users. And certain drugs themselves [need to be legalised]."
(ANPUD, Nepal, Bangkok consultation)

"Legalisation of all currently illegal drugs would be the most significant harm reduction strategy coupled with well-resourced health and social support services for drug users who are living with harms stemming from previous legal frameworks."
(AIVL, Australia, virtual consultation)

"If drugs are not anymore forbidden, I mean, we'll not be anymore criminals, you know. We will not be, anymore, delinquents. We will be normal citizens that use a product. That's all."
(ASUD, France, London consultation)

"Prohibition needs to be consigned to the garbage can of history."
(CAHMA, Australia, virtual consultation)

Employment

RIGHT 6:

PEOPLE WHO USE DRUGS HAVE THE RIGHT TO WORK, TO FREE CHOICE OF EMPLOYMENT, TO JUST AND FAVOURABLE CONDITIONS OF WORK, AND TO PROTECTION AGAINST UNEMPLOYMENT

People who use drugs are often at a **considerable disadvantage in the job market,** and frequently experience **discrimination from their employers.** Knowledge of their drug use can result in difficult and abusive encounters at work and hostile work environments.

> "My first experience at a profit company, when I disclosed that I'm a drug user … they demoted me."
> (ANPUD, Thailand, Bangkok consultation)

> "Everybody's attitude changed towards me [when it became known that I used drugs]. I was being looked at more. I was being questioned more. I was being pressured more. I became the centre of attention. The centre of conversation in the office, and it became very uncomfortable … I just decided to quit the job myself. I was more comfortable quitting the job … I mean, going to work became like a psychological nightmare for me."
> (TaNPUD, Tanzania, Dar es Salaam consultation)

> "I have … received final warning for using drugs and attending work, and this is the organisation that implements harm reduction. They're supposed to be supporting drug users."
> (Bangkok consultation)

Knowledge of drug use can also result in **job termination,** and **not being considered for job interviews.** People who use drugs, therefore, often have to conceal their drug use from employers and colleagues, and may avoid seeking assistance or service provision for their drug use, for fear that being outed as a drug user will come to detrimentally impact workplace interactions and job security.

> "Any person that is under drug or alcohol influence at work can be fired … People can't find a job, because it's believed that a drug user is always a criminal, that he's a bad worker. So a lot of people can't find a job because of it. Because they're using drugs. Or they're fired from their job."
> (ENPUD, Tajikistan, translation, Tbilisi consultation)

> "They [people who use drugs] can't just get a job … because some of the companies can get to the database that has all the data about drug users in the country, so the drug user can't get a job there, in the company."
> (ENPUD, Russia, translation, Tbilisi consultation)

> "Another serious problem is that, just for drug use, you can't even get a job. That's a violation of the right for work."
> (ENPUD, Georgia, translation, Tbilisi consultation)

> "A police officer can go to the place of work of a person on OST therapy, and he can disclose his status to his employer, to push him to fire that person."
> (ENPUD, Moldova, translation, Tbilisi consultation)

> "If my employers had have known I had a history of drugs, they would definitely not have employed me. I would not have made it even to the interview. And there's many people, especially women again, that are strung out, are unwell, and should obviously qualify for OST but cannot come forward because, okay, there's the stigma with the family, but there's also then, you would lose your employment."
> (EuroNPUD, Northern Ireland, London consultation)

> "People have been fired from their jobs they don't get past interview people don't want to employ junkies"
> (AIVL, Australia, virtual consultation)

"There is a lot of discrimination and a lot of stigma … I lost my job because I was using, even though I was delivering their targets, I was working according the way they wanted us to work. I still got fired."
(KeNPUD, Kenya, Dar es Salaam consultation)

"You are accepted like second-class citizen, I mean you cannot apply for certain jobs … these are forms of social control, I mean, segregation. Second-class citizens."
(Društvo AREAL, Slovenia, London consultation)

INPUD Demands

Demand 14:

People who use drugs must not be treated differently from their co-workers on the basis of their drug use. They have the same right to employment as all others.

"[Drug] users are human beings … and so they have to be treated fairly as other human beings. So drug users has the right to work as other people, regardless the drug they take. Not only right to work, but also to be respected."
(TaNPUD, Tanzania, Dar es Salaam consultation)

"Look at the individual as to the work and the quality of the work that they provide, as opposed to their drug use. It's like, my drug use is like my sexuality, it's my business."
(EuroNPUD, Northern Ireland, London consultation)

Demand 15:

People who use drugs are entitled to a stable, non-hostile workplace environment.

"Employers should be taught and educated about drugs, the truth about drug users, about harm reduction … They should be told about this. It's part of the bigger picture of changing the society's attitude."
(TaNPUD, Tanzania, Dar es Salaam consultation)

Demand 16:

People who use drugs must be able to work without threat of arbitrary termination, discrimination, and harassment.

"Just being a drug user, that should not be the criteria of you being chucked out from the office. We should be actually looking at the output, we should be actually looking at the performance. So, performance as well as output should be the indicator of actually … for his promotion, or for giving more responsibility."
(IDUF, India, Bangkok consultation)

"What we … ask for, is respect. Respect because I'm a human being, and if this is my experience, and you've employed me out of my experience, so long as I do my job well there shouldn't be any stigma … All we need is respect."
(ReACT, Tanzania, Dar es Salaam consultation)

"I've been fired once. Yeah. Not for not delivering, not for being late, not for any misconduct, but for my using. Yeah. And it hurt a lot … So we need stigma, discrimination, out. Respect, yes."
(KeNPUD, Kenya, Dar es Salaam consultation)

Arbitrary Detention

RIGHT 7:

PEOPLE WHO USE DRUGS HAVE THE RIGHT NOT TO BE SUBJECTED TO ARBITRARY ARREST OR DETENTION

Stop and Search: Drug-Userphobia, Racism, and Classism

Drugs are controlled and people who use drugs are criminalised. This gives police legal sanction to harass and arbitrarily stop and search people on the suspicion that they use, sell, and/or carry drugs.

People who use drugs are frequently stopped and searched simply for 'appearing' as if they use drugs, or as if they have committed a drug-related offence. The police ascertaining whether someone may have committed a drug-related offence is hugely arbitrary; it is driven by bias, stigma, and discrimination. People can be singled out if they appear to be **'under the influence', or if they show signs of having used or injected drugs.**

> "The quick way of they do a test is to show our tongue, whether it's dry or not … to check our arms for injecting marks."
> (IDUF, India, Bangkok consultation)

> "There were many drug hotspots in Hanoi, and when I used drugs I went there every day to buy drugs, and when police started their stop-and-search programme they came to the hotspots and people there ran away in madness, and trampled on one another in running away."
> (VNPUD, Vietnam, translation, Bangkok consultation)

Those who are stopped and searched, as well as those who are charged and arrested, are notably determined by **racism, xenophobia, and classism.** The war on drugs is a lens through which the most marginalised in society are harassed and controlled by the police.[10]

> "Amongst all those young boys [in French prisons for drug offences], you have a lot of people from the immigration people … the war on drugs … [is similar to in the] United States, for the black people and Latin people, it's kind of, war against [people of colour] … and that's [the] point, you know? The principal point."
> (ASUD, France, London consultation)

> "If we look [to] Colorado and some American states which we changed the laws, the laws are still not adequate, because the [people of colour], black, Hispanos [Hispanic people], are still oppressed in these countries."
> "[There are] checks of well-known drug users on the street. We all know that there are certain rules, police officers in Slovenia is the same as in Germany or in Italy, cannot stop you on the street without a reason. But they are stopping drug users on the street and just trying to check if there is something in the pockets."
> (Društvo AREAL, Slovenia, London consultation)

> "The police are very arbitrary in the way they apply the law. Me and [name redacted] just came from the [area] … where they just came in and raided the place. It's very common; [for] some [areas] … it happens five times a day. They just come, like [name redacted] said, and they arrest anybody and everybody who is there."
> (TaNPUD, Tanzania, Dar es Salaam consultation)

[10] The discriminatory stopping and searching of people for suspected drug-related offences is discussed in more detail in INPUD's *Drug User Peace Initiative: Violations of the Human Rights of People who Use Drugs*, available at http://www.druguserpeaceinitiative.org/

"We are always the victims of the stop and search … what we lack is human rights and legal awareness capacity … if you are from good socioeconomic background, then there is another story … But if the case is from the poor, then he'll go to the court, then he'll go to the jail."
(ANPUD, Nepal, Bangkok consultation)

The stopping and searching, arresting, and detention of people who use drugs are frequently used as tools with which to **displace people who use drugs from public space**, as a mode of enforcing social exclusion and segregation of people who use drugs from civil society.

"Authority to search based on 'reasonable suspicion' can be used to intimidate and harass so-called 'known' users as a way of controlling them and restricting their right to freedom of movement and expression."
(AIVL, Australia, virtual consultation)

"There's a big problem with homelessness really, so a lot of people that are homeless are injecting drugs and they've nowhere to do it safely and cleanly. But the discourse, the conversation is more around how bad it looks, you know … I'd be concerned that it's about the people, you know, that they're not to be seen either, you know, so it's easy just to push them in somewhere."
(UISCE, Ireland, London consultation)

"One famous hotspot … whenever they want to raid, they raid it ... that place, you can't find it anymore. No one is selling there."
(DNP+, India, Bangkok consultation)

"Police works so that heroin is sold only in one place in the city."
(ENPUD, Lithuania, translation, Tbilisi consultation)

"There are constant raids on female sex workers and drug users. So a lot of people who use drugs try to stay away from the centre of the city. So the sites where you can buy drugs are in the suburbs and outskirts of the city."
(ENPUD, Latvia, translation, Tbilisi consultation)

Medicalised Incarceration: Compulsory Testing, 'Treatment', and 'Rehabilitation'

Further to being arbitrarily stopped, searched, and arrested, in many countries people who use drugs are subject to arbitrary detention in compulsory 'treatment' centres. Such detention is justified by the 'addiction-as-disease' understanding of drug dependency (discussed in the Stigma and Discrimination section of this document): people who use drugs are pathologised as sick and unable to exercise agency and self-determination. Since they are seen as unable to make objective and informed decisions, this is used to justify **compulsory 'care', 'treatment', and 'rehabilitation'**, as well as **compulsory testing for blood-borne viruses.** Informed consent is seen as irrelevant for those who are infantilised as being unable to exercise consent.

"In my case I was ambushed by my own family and they gave me an injection, and when I woke up I was in a rehab [centre]. And it was against my consent. And this was a rehab which was like a prison. You are not allowed to go out. And I had no choice about what I could do. And I was forced to take pills, because they considered it a mental disease. So I was forced to take pills. If you don't take these pills you are beaten up, and it was a mental hospital. And they treat all drug addicts as mental patients. So they put you in the same hospital with real mental patients. And there was lots of people there who were sent there by their families against their will … They just stuck in this one line of thinking, that you are sick, you're a criminal, and you're dangerous. And it's really bad."
(TaNPUD, Tanzania, Dar es Salaam consultation)

"They have a law about non-consensual treatment. It's used by the agreement of the relatives, and if they have a signal from the neighbours it also can be used … it's like a prison with antidepressants."
(ENPUD, Uzbekistan, translation, Tbilisi consultation)

"Compulsory treatment, it's an alternative to prison … either you are going to the mental hospital for compulsory treatment, or if you don't want it, you will go to jail."
(ENPUD, Tajikistan, translation, Tbilisi consultation)

"The court can make a decision to send you instead of prison to a rehab facility or, for example, home arrest. You will have to stay at home for certain hours, and you don't have much choice because it's the same as compulsory treatment, because you have to get treatment."
(ENPUD, Lithuania, translation, Tbilisi consultation)

"The drug user, he is forced to go into the facility, and is forced to be there for half a year, or even more … You can't just leave this facility if you want to, even if it violates the rule of treatment and the rule of free movement. In fact it's a confinement that doesn't recognise the will of the person."
(ENPUD, Russia, translation, Tbilisi consultation)

In addition to detaining people without any due legal process, compulsory 'treatment' centres for people who use drugs are often marked by **violence, torture, unpaid and forced labour, and a lack of access to service and healthcare provision.**

"Drug users speaking about tortures they went through in such facilities. In nowadays in my city, there are 26

similar facilities. There are 30-50 drug users in each of them … Starting from physical violations, physical abuse, they get beaten, sleep deprivation, they don't get any food, if they don't like it, they can get doused with cold water: they are put into a bath of ice cold water. There are three interviews where people are speaking about their experiences and some of those people were suicidal. Those people who tried to escape, they just don't go to the police, naturally, but those who go to the police, they were sent back to that facility … the fact is that violence is usual at such rehab centres."
(ENPUD, Russia, translation, Tbilisi consultation)

"Then we have a rehab [centre] called XXXX. So, they are chained on their ankles … so they have to go on hunger for about a week to ten days, something like that, and they're many dead reported in that site also … lots of torture is happening."
(DNP+, India, Bangkok consultation)

"The rehab centre … I have visited a couple of times to interact with the, they call it 'inmates'. And the chain that has been locked on the leg depends on how long you've been there in the centre … If you are there just for a month, it is just one iron ring that has been tied on your leg. A lot of people try to run away from there. They are caught, they are beaten; that's not reported. People who have successfully come out from that centre after completion of treatment, their mental health is questionable, because they are in such a trauma that they have to go through every day … There are no discussions about ART. There are no discussions about hep C. There are no discussions about safer injecting, safer sex."
(IDUF, India, Bangkok consultation)

"I was in the detention centre two times, and for two years each time. The compulsory centre in Vietnam … they have to do compulsory labour in the detention centre for four hours per day … people entering the detention centre have to sign a contract that they will follow the regulations. And in the regulations it says that people who enter will have to do labour work for recovery; it's called 'recovery labour work'."
(VNPUD, Vietnam, translation, Bangkok consultation)

Compulsory testing for blood-borne viruses, the possibility of medicalised incarceration, and breaches in medical confidentiality all act as **barriers and disincentives to accessing healthcare and service provision** (as is discussed in more detail in the Health section of this document).

"[In some contexts] a doctor has to call the police when a drug user is positive in an HIV test, you know. You know what does it mean, that? That nobody drug user is going to get a test! That's a stupidity, and when they ask me, 'What we have to do for new path for fight against AIDS?', I said 'Well just end with that kind of thing.'"
(ASUD, France, London consultation)

Community and Familial Incarceration

People who use drugs can also be **detained and imprisoned by their communities and families.** As with medicalised detention, such incarceration is often marked by violence and torture.

"Community-based violence and human rights violations is rampant in India … They have a case called 'bear case' [cage], animal case, like an iron case, which, in the middle of the town they put it, and they stuff inside the drug user, so … everyone could see it … And in Nagaland, they have these small huts, in bamboo or something like that, so people cannot just move. If they move, the bamboo shooting, at the same time we have this very nasty wild leaf. If you touch, you get [stung] … so they cannot move."
(DNP+, India, Bangkok consultation)

"I have personally seen that wooden case that has been kept on the roadside … so they call it a community cage. So people know who are the drug users in that area. And they are kept inside there, so it's very difficult for that person to be in that cage, because of the itchy leaves or the wood has been used there, so it's unthinkable. You can't just think as a human being, being put there. Forget about the animals … The punishment here is they would dig up the earth, put them in there to his neck, and fill the earth again, and let them stay there for two days, whether it's sunny, whether it's rainy, it doesn't matter… So that's another way of punish people who use drugs … that's community detention."
(IDUF, India, Bangkok consultation)

"[My family] bought a long chain, and tied me up in the corner of the house, hoping to get me off drugs. The longest time I was chained up in my house was for three months. Every time they untied me … they came and found me, brought me back home, and chained me up again … it was a cycle that happened for the last fifteen years."
(VNPUD, Vietnam, translation, Bangkok consultation)

INPUD Demands

Demand 17:

People who use drugs must not be subject to arbitrary detention or arrest, arbitrary stop and search, compulsory treatment, or forced labour.

"[The law should be changed so as] not [to] allow police the right to 'randomly' target anyone."
(Purple Poppy Alliance, Australia, virtual consultation)

"I was given an injection, and I woke up in a rehab against my will. And the rehab was guarded by … armed men, you know. It was like a jail, I mean what kind of rehab is that, you know? You force somebody to quit with a gun. So that's the situation where it's like, yes, very bad. Human rights are very much ignored."
(TaNPUD, Tanzania, Dar es Salaam consultation)

Bodily Integrity

RIGHT 8:

PEOPLE WHO USE DRUGS HAVE THE RIGHT TO BODILY INTEGRITY

Drug Testing and Stop and Search: Violating Bodily Integrity

Since people have the right to bodily integrity and privacy, they have the right to use drugs – whether it be for pleasure, to self-medicate, to enhance performance, to alter consciousness, or to provide some succour and relief from hard lives[11] – without their bodily integrity and privacy being violated. As noted by the below participant,

> "Drug use is a right."
> (ENPUD, Russia, translation, Tbilisi consultation)

Yet people who use drugs are subject to routine violations of their bodily integrity when they are **stopped and searched and forced to undergo drug testing.** Stopping and searching of people who use drugs is **invasive, can involve violence including gendered and sexual violence, can involve compulsory urine and blood testing,** and can result in **outing people who use drugs to the wider community,** leading to social exclusion and risk of violence.

> "Everyone has to go to rehab even though they just using for the first time. As long as their urine is positive."
> (PKNI, Indonesia, Bangkok consultation)

> "The step being taken by the Thai authority is a urine test, and if it's positive, they were detained. It doesn't matter what substance on their urine test result."
> (ANPUD, Thailand, Bangkok consultation)

> "A person can be fined even if there is no drugs found [on them], but if the police officer thinks that he's under the influence of drugs. They have his urine tested, and if they find traces of drugs, the first time you get a fine … and after that it can be a day of arrest or years of imprisonment."
> (ENPUD, Lithuania, translation, Tbilisi consultation)

> "The police officers can just stop the drug users, and after that they get him tested."
> (ENPUD, Latvia, translation, Tbilisi consultation)

> "There was a case that happened to our friend. She got arrested, and the police officer, male police officer, made her take a urine test in front of him. Literally to piss in front of him."
> "[An] unethical and repressive practice is street drug testing … So, they can just be stopped, and they are forced to go to the drug testing facilities … If they just think that they are drug users, they can just stop and search, according to their will."
> (ENPUD, Georgia, translation, Tbilisi consultation)

Pregnant Women who Use Drugs

Women who use drugs are disproportionately impacted by criminalisation and policing, and the difficulties faced by women who use drugs are **compounded in cases of pregnancy:** pregnant women who use drugs are subject to gross invasions of their privacy and their bodily integrity. There are increasing occurrences of the welfare of foetuses being prioritised by social services, as well as by healthcare and service providers, over the wellbeing and rights of pregnant women who use drugs.

Pregnant women who use drugs face the possibility of compulsory drug 'treatment' and detention, and since women who use drugs are pathologised and

[11] *Statement: International Drug Users' Day 2014 - 1st November: 'Community. Solidarity. Empowerment'*, available at http://www.inpud.net/INPUD_Statement_International_Drug_Users_Day_2014_01.11.2014.pdf

demonised as being incapable of looking after themselves and their families, they can be forced, coerced, and incentivised to have their **foetus terminated,** and can be coerced and/or incentivised into **being sterilised.** Pregnant women who use drugs can additionally be **prosecuted for ostensibly endangering their foetus** through using drugs.

> "There's a lot of discrimination, like for those few who go for clinics, you're asked stupid questions, you know, like 'Why did you get pregnant in the first place?' Yeah. You know, so most of them just tend to stay away till you give birth. Yeah. And most of them give birth at home, yeah. So if there's any infection, PMCT [Prevention of Mother to Child Transmission], yeah, so the children are at risk of getting infected too. Yeah. It's a cruel world, it's a cruel world for the woman."
> (KeNPUD, Kenya, Dar es Salaam consultation)

> "If she's pregnant it is thought she should get an abortion because it's thought her child will be mentally disabled. And doctors make her have an abortion. There were fourteen cases in prisons when the uteruses of women [who use drugs] were removed."
> (ENPUD, Georgia, translation, Tbilisi consultation)

> "There are examples of women being targeted for forced or pressured long-term contraceptive use or sterilisation."
> (AIVL, Australia, virtual consultation)

> "Pregnant women live in fear of people finding out about their using … they can't tell anyone anything and they will have that child removed at birth if they continue to use. Unless you lie the whole way through your pregnancy."
> (Purple Poppy Alliance, Australia, virtual consultation)

INPUD Demands

Demand 18:

People who use drugs must not have their bodily integrity violated through drug testing, or through being pressured or coerced to terminate their pregnancy or to be sterilised.

Family Life

RIGHT 9:

PEOPLE WHO USE DRUGS HAVE THE RIGHT TO FOUND A FAMILY ENTITLED TO PROTECTION BY THE LAW, ENTITLED TO PRIVACY, AND ENTITLED TO BE FREE FROM ARBITRARY INTERFERENCE

Child Custody and Domestic Intrusions

Intrusions into the families and homes of people who use drugs are frequent, and are undertaken by the police and by social services. Such intrusions are frequently motivated simply by knowledge (or supposition) of drug use, **irrespective of whether drug use has impacted parenting or family life.** And since people who use drugs are assumed, by default, to be unfit parents, they – especially women who use drugs – face **issues with child custody.**

> "They tend to believe that you're a misfit and you cannot contribute to anything that is important. And as from my experience, I had ultimatums: it's either I stop using or they take my kids away from me. And I don't think that is right and I don't think they had a right for that."
> (KeNPUD, Kenya, Dar es Salaam consultation)

> "It was not uncommon to take the child away, to take it into foster care … It's still stigma, they're still trying to pursue the woman like [if] you are on drugs, you are on methadone, [it is thought that] it's not a good environment for your child, it will evolve [to be a] bad person, and so on, it's still a lot of pseudo-scientific moral approach."
> (Društvo AREAL, Slovenia, London consultation)

> "Women often … don't come forward for treatment for fear of social services … stigma, risk of social services, worries or concerns about getting children removed."
> (EuroNPUD, Northern Ireland, London consultation)

> "Women who use drugs not only experience forced abortion, but also if she gives birth, it's very easy to remove child custody … drug use is one of the reasons that enable official bodies to remove child custody … They try to visit her home unofficially and without any kind of permission, and try to establish that the house is dirty or that the children are neglected; in most cases they see that the behaviour of the woman towards her child is good anyway. So in fact they are motivated by their inner attitude that drug use is bad and that means that this woman who uses drugs is also a bad woman."
> (ENPUD, Russia, participant 1, translation, Tbilisi consultation)

> "She gave birth to her first child five years ago and wanted to go to rehab but was afraid that her name and surname would then be in the database of drug users, and that would be a reason for her to get her parental rights removed. So as a result, she started selling drugs in order to get money, and got arrested and imprisoned, and her child was sent to foster care. So after imprisonment, she gave birth to a second child, but because she used drugs, the second child was sent to foster care too. Now, she gave birth to her third child, but I know that almost two month ago she was arrested again. And I think that soon she will be imprisoned again, and probably the third child will go to foster care too."
> (ENPUD, Russia, participant 2, translation, Tbilisi consultation)

> "In Finland if social services hear that women are drug users, they take children away directly."
> (Suomen Lumme Ry, Finland, London consultation)

"Drug users regularly have their children removed and are often held to 'standards' that other community members are not held and without justification or explanation. [There are] limited avenues for complaint … Women who use drugs here are viewed as poor mothers."
(AIVL, Australia, virtual consultation)

"People who use drugs are unfairly targeted in the family court system and this causes grief and loss."
(Purple Poppy Alliance, Australia, virtual consultation)

"The Australian government is proposing legislation that will see babies being taken away at birth from drug-using … mothers who refuse to seek help … To me this is inherently violent and a clear example that drug-using mothers suffer the most egregious abuses … pregnant drug users live in fear of losing their child even before it is born."
(CAHMA, Australia, virtual consultation)

Such problematic interactions and invasions of families and domestic environments, fed as they are by bias, stigma, and preconception, all serve to distance people who use drugs and their families and communities from healthcare provision, as well as from service and social service providers.

"You don't admit using in case they refuse to treat you or call child services or the police."
(Purple Poppy Alliance, Australia, virtual consultation)

INPUD Demands

Demand 19:

Drug use alone must never justify the invasion or disruption of privacy or of family and/or domestic life.

Organising, Associating, Networking: Nothing About Us Without Us

RIGHT 10:

PEOPLE WHO USE DRUGS HAVE THE RIGHT TO ASSEMBLE, ASSOCIATE, AND FORM ORGANISATIONS

Exclusions from Debate and Policy Formation

Contributions of people who use drugs to political debate and policy formation are often sidelined. People who use drugs are assumed to be unable to view their own lives and lived experiences objectively, and so others speak in their place. People who use drugs themselves are rarely, if ever, included in the formation of laws and policy that pertain to them. And on the rare occasions when people who use drugs are able to contribute to relevant debate and policy formation, their **participation is frequently tokenistic.**

> "Politicians … don't want us to be involved and to talk for ourselves, for things about us. They ignore us … everyone was there in the parliament to talk except the drug users … we are human beings, we want to be treated [the] same, like other people. To be treated fairly, you understand? So these people, they didn't want us to be involved there [in political discussion] … I believe you can't talk things about us without us to be involved."
> (ReACT, Tanzania, Dar es Salaam consultation)

> "All these professional workers are always declaring 'We are here to work for drug users', and so on and so on, but they don't accept us to be part of the working process."
> (Društvo AREAL, Slovenia, London consultation)

> "In relation to the 'drug debate', people who use drugs have very little involvement in mainstream political debate."
> (AIVL, Australia, virtual consultation)

> "I don't think they even going to listen to what we said, they just gonna like, it's a formality … 'Cause now it's become a game. They just say 'Okay, call them, they're here, okay, they were here, goodbye' … And then they say 'We involved the drug users'. But it's like a charade."
> (TaNPUD, Tanzania, Dar es Salaam consultation)

> "Basically we are not involved in policy making. They want to write their own things based on what they know, but they don't have any … idea, any consultation from us. So they don't know anything."
> (KeNPUD, Kenya, Dar es Salaam consultation)

> "At the moment, so far we've only been invited as observers in any international platform."
> (ANPUD, Thailand, Bangkok consultation)

> "It's not fair for us if they just need us because of our experience, not our perspective etcetera."
> (PKNI, Indonesia, Bangkok consultation)

> "Everybody has a stake. But the drug users are very low down in the hierarchy."
> (UISCE, Ireland, London consultation)

> "If we don't really dynamically push things, to grab what we need, and not take it by the hand; they will not give it to us kindly. That's it. We have to fight for it."
> (Greek Drug and Substitute Users Union, Greece, London consultation)

> "We are trying to make something, to make our voices heard, we are trying to participate … But nowadays we can say we participate, but in reality we are not participating in decision making."
> (ENPUD, Tajikistan, translation, Tbilisi consultation)

"Policy makers already have their mind-set, so even when drug users are invited to workshops or consultations, their contributions aren't heard. They are listened to, but it doesn't mean that it's going to change anything."
(VNPUD, Vietnam, translation, Bangkok consultation)

Barriers to Organising: Criminalisation and Discrimination

Due to the fact that people who use drugs are often criminalised, stigmatised, socially excluded, and face discrimination, violence, and abuse both in civil society and sponsored by the state, **organising, forming networks, getting funded, providing peer-based service provision, and engaging in peaceful protest can be extremely difficult and dangerous for people who use drugs.** As with other criminalised, marginalised and/or stigmatised communities, people who use drugs have to associate and organise in the face of **substantial barriers and abuses.**

"When we go to the … hotspots [of drug using, buying, and selling] for outreach, they [the police] can come and ambush us anytime. And we won't be able to protect ourselves. But since this is all for a good cause, and this is for us, we are prepared to go to any lengths with it. They need to hear us. They need to include us and involve us in any decision making, because we are part of the community. Yes. And it affects us, we are humans. And we need our rights as well."
"It will be very difficult to demonstrate our issues in public because even when we are in our hotspots, in our using sites, the law ambushes us. And whoever, whether you have the stuff on you or don't have it, they don't care. They just put you in their vehicles and take you straight to the cells … demonstration in the streets will cause huge trouble. Even if the media is there. Their cameras will be taken and smashed, and they will be put in prison also."
(ReACT, Tanzania, Dar es Salaam consultation)

"There are a lot of barriers [to organising], there are structural barriers … It's really hard to get funding for the users' organisations. If it's challenging for the global organisations, forget about the small groups, the community groups on the ground who are organising themselves and doing their own work without resources."
(ANPUD, Nepal, Bangkok consultation)

"Peer-based drug user organisations are not well funded or supported by government and are often limited in what they can do … It's quite difficult. Limited funding, stigma and isolation often make it difficult."
(AIVL, Australia, virtual consultation)

"No state national funding strategy will include advocacy or developing of the drug user community."
(ENPUD, Russia, translation, Tbilisi consultation)

Simply registering as an organisation for people who use drugs can be difficult or impossible, seen to endorse and encourage a moralised and criminalised activity.

"We don't have a right to organise. For instance, if we have to register our organisations, then people who use drugs can't register their organisations. So that's also a human rights violations for us. But we usually manipulate the laws, and we do organise."
(ANPUD, Nepal, Bangkok consultation)

"The government bodies can't register us, because our name contains 'drugs'. They say that we are breaking the law."
(ENPUD, Georgia, translation, Tbilisi consultation)

"There are similarities in the organisation of sex work, MSMs, and LGBTIs, MSM sex workers, and drug users' organisations. They all go through the same issues. Yeah … it's very hard to get a certificate … the registering, it's quite difficult for us, they make it difficult for us, more than any other organisations."
(KeNPUD, Kenya, Dar es Salaam consultation)

"In Vietnam, it's impossible for networks of drug users to have legal status … If we want to do a consultation or workshop and want to invite policy makers to express our ideas, as drug users, they're not going to show up, since we don't have legal status … Basically, I don't think that the voice of drug users in Vietnam are really heard."
(VNPUD, Vietnam, translation, Bangkok consultation)

"CNPUD network is [having] difficulty right now not get[ting] registered with the Ministry of Interior … difficult for the members of networks to go to interventions, or to go to another meeting, they always ask CNPUD, 'Do you have a letter of register?'"
(CNPUD, Cambodia, Bangkok consultation)

The Importance of Networking and Organising

Despite considerable barriers to participating in political debate and discourse, **people who use drugs have been active, and successful, in establishing networks and organisations.**

> "Guys, it begins from us, it ends to us, and where we are right now is such a big achievement. And we have to think about it sometimes, and think where we were, and where we are now, and where we can be tomorrow. And if we have this on our minds, we can really do miracles … Now it's the time to change things that were never touched before. Legalisation, decriminalisation, prisons, treatments, rights."
> (Greek Drug and Substitute Users Union, Greece, London consultation)

> "It is not an easy job. But we have to do it because we have our rights also. And we will demand our rights as humans in the society."
> (ReACT, Tanzania, Dar es Salaam consultation)

> "I think we need to find a way that we can work together in one voice more effectively. To be unified."
> (ANPUD, Thailand, Bangkok consultation)

Many networks have now successfully applied for funding for their imperative work, and have increasing roles in terms of empowerment, advocacy, and political influence and impact. Though forming networks can happen organically and with relative ease, substantial barriers are still faced. Due to social exclusion, **marginalisation, and isolation, people who use drugs may not be aware that they have human rights, or that they have the right to associate and organise.**

> "The difficulties and ease of organising a drug user network … there's lots of awareness raising and consciousness raising that needs to be done in the drug user community."
> (TaNPUD, Tanzania, Dar es Salaam consultation)

> "It's all about coming from that community, being one of those community, and if it's a drug users community, if it's a sex workers community, if it is an MSM community, you just identify yourself from which community do you come from. So, for drug users, it was so easy 'cause you find that you have the same people who use together."
> (KeNPUD, Kenya, Dar es Salaam consultation)

INPUD Demands

Demand 20:

People who use drugs must be respected as experts on their own lives and lived experiences.

"*Nothing About Us Without Us,* that's the ground foundation of the Swedish Drug Users Union, and I think with your organisations as well."
(SDUU, Sweden, London consultation)

Demand 21:

Participation of people who use drugs in debate and policy formation must be meaningful, not tokenistic.

"It's very tokenistic. I think they have to tick a box so they select, handpick certain service users … And nobody's actually telling the truth. So it's like these people are handpicked. Selected, I feel, on purpose, and it's extremely tokenistic. So. And to change policy, that's not effective."
(EuroNPUD, Northern Ireland, London consultation)

Demand 22:

The wellbeing and health of people who use drugs and their communities must be considered first and foremost in the formation of laws and policies related to drug use.

"The law needs to take care of us, protect us, and listen to us. And ask us questions, and to involve us so that we can educate them about our problem, because it seems like they don't know anything about our problem, that's why they go and just take, make decisions which are not human at all."
(ReACT, Tanzania, Dar es Salaam consultation)

Demand 23:

Networks of people who use drugs must be able to legally register and be recognised as formal organisations with political legitimacy.

"Drug users themselves, they have to organise themselves, so that they can organise and formulate more organisations for them, for advocating and helping them when [facing] different issues."
(TaNPUD, Tanzania, participant 3, Dar es Salaam consultation)

"We have to begin with ourselves. We have to love each other and love ourselves, love and respect each other, and it will project outward from there. And the community will see us as an example and it will be easier for them also."
(TaNPUD, Tanzania, participant 1, Dar es Salaam consultation)

"We have to sit down, get together, discuss, and organise ourselves so that we can reach and meet these political leaders, talk to them, and convince them. Because as people who use drugs, we are many; we just need to be organised. And once we do that, we can achieve what we want, and make life better for all of us."
(TaNPUD, Tanzania, participant 2, translation, Dar es Salaam consultation)

Demand 24:

People who use drugs must be able to organise and network without fear of discrimination, arbitrary interference, or violence.

"I believe that unity is power and strength. If we are together, if we work together as activists without any stigma, any barriers, then I'm sure we can get, yeah, we can get there."
(ReACT, Tanzania, Dar es Salaam consultation)

The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs and its impact on the drug-using community's health and rights. INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national and regional levels.
www.inpud.net

INPUD is part of Bridging the Gaps – health and rights for key populations. This unique programme addresses the common challenges faced by sex workers, people who use drugs and lesbian, gay, bisexual and transgender people in terms of human right violations and accessing much needed HIV and health services.
Go to **www.hivgaps.org** for more information

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Consensus Statement on Drug Use Under Prohibition

Human Rights
Health and the Law

The International Network of People who Use Drugs' (INPUD) Consensus Statement

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