

→ Human rights, global health and international drug control: A call for UK action

At a major UN meeting on drugs in 1998, global leaders pledged “a drug free world”. This target has driven an international war on drugs and fuelled human rights violations:



The death penalty

The death penalty for drug offences has been the source of much discussion this year, following the executions of 14 people in Indonesia. However, Indonesia represents just a fraction of the total number of executions:

- Some 33 countries and territories still have capital punishment for drug offences on their books, and Harm Reduction International estimates that at least 1000 people are executed each year.
- A small number of countries – Saudi Arabia, China, Iran and Vietnam – execute large numbers. Extra-judicial killings have also characterised the war on drugs. A 2003 crackdown led by Thailand’s Prime Minister Thaksin resulted in the deaths of over 2200 people.



Mass imprisonment

Possession of drugs for personal use, small-scale cultivation and low-level dealing and trafficking are crimes in almost every country, often with disproportionate penalties.

- In Iran, people are sentenced to death for possessing just 30g of a controlled drug. In Latin America, drug offenders generally receive long prison terms, and several countries impose mandatory pre-trial detention, with cases taking years to come to court.
- Criminalisation and arrest quotas can also encourage police officers to target harm reduction services. Human Rights Watch has reported on drug users being arrested and beaten while accessing needle and syringe programmes in East Europe and Central Asia.



Compulsory treatment

Harm Reduction International has repeatedly raised concerns about compulsory drug treatment, particularly in Asia where several states force people who use drugs into treatment centres.

- In China, hundreds of thousands are detained in camps described by the UN Special Rapporteur on Torture as “*inhuman or degrading treatment or punishment, if not mental torture*”. They can be held for up to three years and are subjected to forced labour, military drills and repetition of anti-drug slogans.
- In Singapore, people in drug treatment can be caned if they relapse.
- In centres in Russia, detainees have been flogged, handcuffed to beds and denied access to medication which can alleviate withdrawal symptoms.

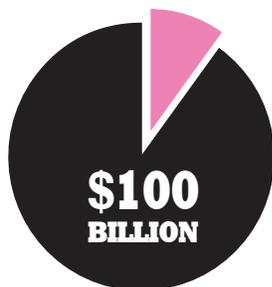
Punitive approaches to drugs hit those who are already marginalised the hardest – poor people, women¹ and racial minorities – but have little impact on the drug trade or the cartels that profit from it. At the same time, drug control strategies have prevented progress on reducing HIV, hepatitis and drug-related deaths. If scale up of needle and syringe programmes and opioid substitution therapy continues at the current pace, it will be 2026 before every country which needs harm reduction has even one service in place². As a result, we are failing to meet the UN target to halve HIV among people who inject drugs by 2015 by more than 80 per cent.



Harm Reduction International works to reduce drug-related harms. Our vision is a world in which individuals and communities benefit from drug laws, policies and practices that promote health, dignity and human rights.

June 26th is the **Support Don't Punish Day of Action**, marked last year by campaigners in over 100 cities. June 26th is also the UN Day in Support of Victims of Torture and – ironically – the International Day Against Drug Abuse and Illicit Trafficking. While some governments will commemorate this date by holding public executions, Harm Reduction International is calling on the UK Government to take the following steps:

- ➔ Ahead of the 2016 UN General Assembly Special Session on Drugs (UNGASS), the UK must preserve its long track record on harm reduction by joining other nations in fighting for strong outcomes on human rights, health and harm reduction funding.
- ➔ As the Global Fund to fight AIDS, TB and Malaria develops a new five year strategy, the Department for International Development (DFID) must work with it to sustain services for people who inject drugs in countries where governments do not support harm reduction. Last year DFID ended harm reduction projects in India, Nepal, Kyrgyzstan, Tajikistan and Uzbekistan³, following the 2012 closure of a programme in Vietnam that had averted 31,000 HIV infections⁴. Recently DFID has also pushed the Global Fund to reduce support to middle-income countries, resulting in further closures.
- ➔ The UK must redirect funding away from abusive and ineffective supply control programmes, and reinvest it in services that save lives. Research by Reprieve⁵ reveals that Home Office support to the UN Office on Drugs and Crime is fuelling convictions and death sentences in states such as Pakistan, with little evidence that this money impacts on drug use in this country.



Each year governments, including the UK, spend over **\$100 billion** on drug control. By contrast, global funding for harm reduction amounts to just **\$160 million – only seven per cent of what is needed**. Harm Reduction International recently launched the #10by20 campaign, calling on governments to redirect a tenth of these resources to harm reduction.



Please help today

The UNGASS is an important opportunity for political and public debate about international drug control policies and spending, and with a strong UK voice, may even be a chance to secure support for a global target of 10 per cent by 2020. Parliamentarians can help to achieve this by:

-  Printing our *Support Don't Punish* and *10 by 20* logos, and asking someone to **take a photo** of you holding or displaying them.
-  **Tweeting** your photo and endorsing #supportdontpunish and #10by20 on Twitter.
-  **Writing** to the Secretary of State for International Development, Justine Greening, and the Home Secretary, Theresa May, to raise the funding concerns set out above and to call for a strong UK voice on human rights, health and harm reduction at the UNGASS.

You can find printable logos, sample photos and tweets and a template letter at www.ihra.net/10by20UK.

1. International Harm Reduction Association (2012). *Cause for alarm: the incarceration of women for drug offences in Europe and Central Asia*; International Drug Policy Consortium (2013). *Women, drug offences and penitentiary systems in Latin America*.

2. International Harm Reduction Association (2012). *Global state of harm reduction 2014*.

3. STOPAIDS (2014). *Increasing DFID's contribution to addressing HIV among key populations: review and recommendations*.

4. University of New South Wales (2014). *Evaluation of a decade of DFID and World Bank supported HIV and AIDS programmes in Vietnam from 2003 to 2012*.

5. Reprieve (2014). *European aid for executions: how European counter narcotics aid enables death sentences and executions in Iran and Pakistan*.