



The United Nations Commission on Narcotic Drugs

Intersession Meeting, 19 October, 2020

Thematic session 1

“Drug treatment and health services continue to fall short of meeting needs. Deaths related to drug use have increased. The rate of transmission of HIV, the hepatitis C virus and other blood-borne diseases associated with drug use, including injecting drug use in some countries, remains high”

Statement

United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

Excellencies,
Ladies and Gentlemen,
Colleagues,

It is my pleasure to join you today to talk about some public health challenges with regard to the drug problem.

We live in a world with high levels of drug use, drug-related deaths and other harmful consequences. Overall, these result from a combination of poverty, inequality, limited opportunities for communities in marginalized or vulnerable situations as well as political instability around the globe.

People who use drugs live almost in every city, every country and every region. Reportedly, **in 2018 around 269 million people used drugs**, up 30 per cent from 2009, and 11 million injected drugs. Of the 11 million, half are living with hepatitis C, and 1.4 million with HIV. In 2015, a harrowing 450,000 deaths was attributed to the use of drugs. The latest available data indicates that the death toll has been also higher: **585,000 people died as a result of drug use in 2017**. (*World Drug Report 2020*)

These are not only statistic. These numbers count individuals who are members of our families, our societies and our countries.

More than four years ago, at the thirteen special session of the UN General Assembly on the world drug problem held in 2016 (**UNGASS 2016**), all countries committed to implement several noble recommendations on treatment of drug use disorders, rehabilitation, recovery and social reintegration. Regrettably, despite such commitments, repressive drug policies -such as “**the war on drugs**”- has continued in many parts of the world, based on the

inaccurate idea that crackdowns on people who use drugs – or who are engaged in the illicit drug trade– will make drug use vanish. We know from experience, however, that this is simply not true. This approach has failed.

Overly punitive approaches and the criminalization of drug use, fuel stigmatizing attitudes and discrimination; they also pose significant obstacles for the realization of the right to health of people who use drugs.

Criminalization drives people who use drugs away from the health care they need, out of fear of arrest, imprisonment or non-consensual treatment.

Decriminalization, in culmination of several other measures, contributes to reduce the mortality and other harmful consequences associated with drug use.

There are ever-growing evidence that **harm reduction measures**- such as needle exchange program, quality treatment, education, counselling, and drug substitutes like Methadone have been effective in decreasing addiction, overdose and the spread of HIV and Hepatitis C.

We have seen some progress in the provision of harm reduction services over the last few decades, but recent search reveals enormous **gender gaps**. Even when available, too often harm reduction services are not tailored to the unique needs of specific groups. Among others, women who use drugs are underserved and face the compounded stigma related to gender and to drug use.

Most recently, COVID-19 related quarantine and travel restrictions have disrupted the supply and delivery of harm reduction services,¹ including opioid agonist therapy (OAT) medications and HIV-related services.

The COVID-19 pandemic, however, has also resulted in **some positive changes**, with harm reduction services quickly adapting to the altered conditions. For example, some countries made distribution more accessible with home delivery of OAT medication, offering dosing at community pharmacies, or distributing OAT in outreach settings. These measures are commendable.

I cannot overemphasize that **everyone has a right to health and to be treated with respect, dignity and equality** - regardless of gender, sexuality, race, nationality, legal status or drug use. **Leaving no one behind means reaching first those who are furthest behind**, those in most vulnerable or most marginalized situations, such as people who use drugs.

Compassionate, inclusive, health-centered and human rights based approach to the drug policy are the solution - not the harsh punitive approach. Harm reduction can be a model of integrated service delivery that centres the person, takes into account their intersectional vulnerabilities, and provides programmes that help them achieve better health.

We **must** work together to respond to the world drug problem, and protect the people who use drugs. Thank you.

¹ See Statement by the UN expert on the right to health on the protection of people who use drugs during the COVID-19 pandemic, available at: <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25797&LangID=E>