

OBSERVATIONS



WAR ON DRUGS

Reasons for drug policy reform: prohibition enables systemic human rights abuses and undermines public health

Harsh enforcement of prohibition undermines the right to health and fundamental dignity, write **Dainius Pūras** and **Julie Hannah**

Dainius Pūras *UN special rapporteur on the right to health*^{1 2}, Julie Hannah *co-director*²

¹Centre for Child Psychiatry and Social Pediatrics, Vilnius University, Lithuania; ²International Centre on Human Rights and Drug Policy, Human Rights Centre, University of Essex, Colchester, UK

Drug prohibition, including criminalisation to regulate the supply and demand of controlled substances, has had devastating effects on human rights and public health worldwide.

Prohibition as an international policy response gives rise to illicit drug markets governed by criminal networks and regulated by violence. The poor and marginalised communities in which illicit drugs are cultivated, transited, or sold are disproportionately affected. States have responded with increased law enforcement, escalating violence and further destabilising communities. Parallel violent pursuits both to protect and to topple illicit markets have been linked to large scale displacement, femicide, and an overall decrease in life expectancy, such as in Mexico.¹

Mass incarceration to enforce prohibition has overburdened criminal justice systems and left countless people languishing in deplorable facilities in inhumane conditions around the world.² Criminalisation of possession means that a fifth of people who use drugs spend much of their lives cycling through the criminal justice system, with serious social, economic, and health consequences. In prisons, people who inject drugs have limited or no access to healthcare, including harm reduction interventions such as clean needles and opioid substitution treatment.^{3 4}

Custodial settings are a high risk environment for transmission of HIV and hepatitis C, particularly for people who inject drugs, and these infections have broader public health consequences once people are released.¹ Despite the devastating health and human rights effects, incarceration has failed to deter drug consumption or trafficking.

Outside the criminal justice system, the pursuit of prohibition has given rise to compulsory detention centres, where people identified as drug users may be held without due process and

subjected to torture, physical and sexual violence, and forced labour in the name of “treatment.” In East and South East Asia alone, an estimated 250 000 people are held in these facilities despite evidence of their ineffectiveness in treating drug dependence.^{5 13} Compulsory detention of drug users violates the right to health and is inhuman, degrading, and “inherently arbitrary” under international human rights law.⁵⁶

Outside prison, criminalisation and stigma associated with drug use have been recurrent barriers to accessing healthcare, including scientifically proved harm reduction treatment.⁷ Punitive models of drug control such as registries of drug users, reporting requirements for health professionals, legal bans on the provision of substitution treatment, and police raids near healthcare facilities deter people from accessing healthcare, driving drug use underground and increasing health risks.⁸ Prohibition has been linked to a growing epidemic of opioid overdose in North America, where unnecessary restrictions on overdose treatment, lack of substitution treatment, and aggressive policing contribute to preventable mortality.¹

Laws banning opioids such as methadone and morphine for medically indicated treatment and regulations unnecessarily restricting their prescription or use undermine healthcare professionals in the delivery of ethical healthcare. As a result, four fifths of the world lack adequate access to drugs for palliative care and slightly less than half of countries worldwide have frameworks in place to enable the provision of opioid substitution treatment.⁹

Bold initiatives have emerged in recent years that show there are other ways to tackle the complex dimensions of drugs that can reduce harms and improve public health outcomes. In countries such as the Czech Republic, Switzerland, and Portugal, longstanding decriminalisation models based on public health

have reduced transmission of infectious disease, mortality, and criminality and placed the individual at the heart of the response.¹

Likewise, communities and individuals from the frontlines of prohibition have used human rights to mobilise and demand reform to secure their health and wellbeing. In 2011, community health activists successfully challenged the ban on supervised injecting facilities in western Canada, the first of two facilities now operating in North America.¹⁰ After innovative community mobilisation efforts, three courageous activists recently challenged Russia's legal ban on opioid substitution treatment and are awaiting a decision from the European Court of Human Rights.¹¹

Behind these community efforts to bring about change, healthcare professionals had a crucial role. Looking ahead, in this era of drug reform, professionals must be guided by their legal and ethical responsibilities to champion the health and dignity of the people they serve. They are duty bound to lead in efforts to combat societal prejudices and enable reforms that rightfully centre on individuals and communities.

Drug prohibition and criminalisation is a failed policy model. It is now time for decriminalisation and the move towards legal regulation of controlled substances.

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