

E. Ross Albers Closing session speech

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Perspectives from the Community of People who Use Drugs

Ironically for a talk at an AIDS conference I want to start off quite far from HIV, which is in my view not the real issue that binds the key affected populations together. HIV is a symptom and not necessarily the cause of what really brings us, as people who inject drugs, together with sex workers, gay men and other men who have sex with men, transgender people, people living with HIV and people living with HCV as communities, as individuals, and as activists.

We have all felt the devastating impact that stigma can have upon our lives, whether it be in the form of denial of access to vital health care services, to employment, to the right to enter certain countries, to family life, or the denial of our agency, and pathologisation of our behaviour. Stigma kills members of our very diverse, intermingled, and overlapping communities, not metaphorically, but in reality, and brutally.

The flip side of stigma is that you have to look to your own people, to people shunned as you are for support, for comfort, for solidarity, for community. Herein lies the reason why community movements and cross community solidarity play such a vital, inspiring, and vivid role. For by recognising that we only have ourselves to rely upon our communities have realised that we must organise themselves, provide the services that we need, defend ourselves, educate ourselves about our rights and health, and advocate for ourselves and our equally criminalised allies. In that spirit, the International Network of People who Use Drugs supports the call of the global sex worker rights movement for a boycott of ICAAP 2015 if the Bangladeshi government doesn't protect the livelihoods and human rights of the sex workers and their families evicted from the Tangai brothels.

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

To be explicit, the pursuit of repressive drug control in the name of the war on drugs, has inexorably driven rampant human rights abuses against people who use drugs, these include the hundreds of thousands in compulsory drug detention centres in Asia, women who use drugs are subject to violence, including sexual violence at the hands of the state, it

includes the mob violence visited upon people who use drugs in East Africa and North East India. That one set of international laws is systemically driving breaches of another is an increasingly untenable situation. Whilst there is no hierarchy of legal systems, it is arguable that human rights law and the indivisible, inalienable, and universal principles upon which it is based should unequivocally trump the pursuit of another set of laws that are producing such gross rights violations. When the pursuit of drug control law becomes a driver of widespread human rights abuses, it is without doubt time to call for a thorough review of those laws. As The Global Commission on Drug Policy put in in their report The Negative Impact of the War on Drugs on Public Health: The Hidden Hepatitis C Epidemic: "instead of investing in effective prevention and treatment programmes to achieve the required coverage, governments continue to waste billions of dollars each year on arresting and punishing drug users — a gross misallocation of limited resources that could be more efficiently used for public health and preventive approaches. At the same time, repressive drug policies have fuelled the stigmatisation, discrimination and mass incarceration of people who use drugs".

There is no doubt that the pursuit of punitive prohibition, and the war on people who use drugs is driving such breaches of human rights. When you define public policy as a war you are going to produce war casualties, and decidedly negative consequences. In response to this war we are calling for a peace, we are calling for an amnesty for drug war prisoners, an end to the violence and rights violations that have been heaped upon our community, and we are calling for an intelligent and open debate on humane alternatives. The state of war in which we are living is one waged in the name of morality, of social order, and in defence of the right of the state to control the bodies of its citizens. This war against the supposed threat to society that some drugs pose has in reality made communities of people who use drugs the real targets, has made us into casualties of war and made us scapegoats for much of society's ills. Let me be clear, the 1961 Single Convention uses unprecedentedly extreme language to describe individuals who use drugs as "evil". This labelling, enshrined in international law, has very real consequences for our lives. And the HIV and hepatitis C response.

It can no longer be claimed that human rights violations occurring in the name of the war on drugs are aberrations, they are rather the logical consequence of the pursuit of this war. This is why we call upon activists from our sister communities to join us in calling for an end to the war on drugs, an end to the war on our communities, and an end to the endemic stigmatisation, marginalisation, discrimination, physical and structural violence that it has entailed.

We are routinely denied access to appropriate health care services (including access to sterile needles and syringes, opiate substitution programmes, and treatment for HIV and hepatitis C), education, and the right to vote, denied the right to enter, stay and reside in numerous countries, has seen us flung into jails, prisons, and forced detoxification centres that are nothing more than forced labour camps, has seen us denied access to our children, and subject to corporal and capital punishment. Corporate greed has now set the price of the new drugs that can cure HCV at \$1000 per pill or \$84000 for a curative course.

The combination of repressive legal environments, structural barriers and impediments to health care, legal redress and support has directly fuelled the twin epidemics of HIV and hepatitis B and C currently raging through the drug using community. The disproportionate burden of these blood borne viruses carried by the injecting community, with 3 million out of 16 million living with HIV, but only 4% of them receiving ART, is directly attributable to the legal environment in which we live and the discrimination to which we are subject. HIV is both a biological fact and an exploiter of social vulnerability, poverty, and structural faultlines. As such, we need a socio-political, human rights respecting, and community based response along with the bio-medical one.

The war on people who use drugs has fallen most heavily on ethnic minorities, indigenous people, the poor, young people, and women, particularly pregnant women, who use drugs. These multiple markers of stigma and exclusion have fuelled mass incarceration, coerced sterilisation, police victimisation, violence, and actively driven the twin epidemics of HIV and hepatitis B and C amongst our community.

This tidal wave of flagrant, systemically driven human rights abuses must be brought to an end, and the only way to do so is to attack the problem at its root. This means calling for a thorough overhaul of the UN conventions that comprise the global regime of drug prohibition. Superficial redress, and minor reform will not staunch the flow of systemic rights abuses directed at people who use drugs, their families and communities. Only the end of the war on people who use drugs through international legal reform will suffice to end this panoply of inhumanity. To ensure that this war ends, we are calling upon members of other criminalised communities, the AIDS movement, human rights defenders and advocates to join with drug user activists in working to ensure that ending the architecture of global prohibition is firmly on the table at the UN General Assembly Special Session on Drugs in 2016. Without an end to the global war that has long been fought on our community there will be no end to HIV.