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Contents

Abbreviations

AAAQ availability, accessibility, acceptability, quality

AIDS acquired immunodeficiency syndrome

ART antiretroviral therapy

ARV Antiretrovirals

CESCR Committee on Economic, Social and Cultural Rights

CND Commission on Narcotic Drugs

CSO Civil Society Organisation

ECOSOC Economic and Social Council

EECA Eastern European Central Asian countries

HCV Hepatitis C

HIV human immunodeficiency virus

HIV T&C HIV testing and counselling

ICESCR International Covenant on Economic, Social and Cultural Rights

ICRC The International Committee of the Red Cross

INCB International Narcotics Control Board

MMT methadone maintenance therapy

NDS National Drug Strategy

NGO non-governmental organization

NSP needle and syringe exchange program

OHCHR Office High Commissioner for Human Rights

OST opiate substitution therapy

PWID people who inject drugs

PWUD people who use drugs

SDGs Sustainable Development Goals

SGB Secretariat to the Governing Bodies of UNODC

TB Tuberculosis

UDHR Universal Declaration of Human Rights

UN United Nations

UNAIDS Joint United Nations Programme on HIV and AIDS

UNDHR Universal Declaration of Human Rights 1948

UNDP United Nations Development Programme

UNGASS UN Special Session on Drugs 2016

UNICEF United Nations Children's Fund http

UNODC United Nations Office on Drugs and Crime

WDR World Drug Report

WHO World Health Organization

Introduction to the problem

Introduction

The aim to improve the health and wellbeing of humankind, while prioritizing human rights has been repeatedly recognized as the goal of the current international drug control system. The crucial component for the realization of the right to health for people using drugs is the availability and accessibility of medical services, particularly harm reduction services. The harm reduction approach while doubting the possibility to achieve drug free world, advocates for pragmatic and practical measures on how to reduce the widespread negative consequences of drug use and to provide comprehensive medical and physiological support to the most at risk group of population.

The international drug control system based on the United Nations drug conventions provides substantial guidance and latitude for countries seeking to design broad, balanced and humane drug policies that are consistent with the principles of human rights. Successful strategies to reduce drug-related harm utilize a balance of measures from several key intervention areas, including demand reduction, supply reduction, early intervention, treatment, rehabilitation, social re-integration, and assistance with acute health problems for active drug users (harm reduction). Unfortunately, the last listed approach which is of high social and public importance, has been continuously devaluated by many countries worldwide.[1] Even though the fact that harm reduction, including HIV prevention, treatment and care services, have been proving their effectiveness since their implication and all scientific evidences have been collected, there are still uncertainties in some countries positions and their HIV responses do not address human rights and evidence based approach.

Drug use is a complex social phenomenon involving the drugs which are used, the people using them, the context in which they are acquired and used, and the social construction of drug use by society and by governments. These complex drug related

[1] FORUT, "The zero draft of the UNGASS Outcome Document 2016, Recommendations for preamble text and action points", Available from https://www.unodc.org/documents/ungass2016/Contributions/Civil/ FORUT/FORUT_position_paper_-_input_to_UNGASS_Outcome_Document.pdf, (accessed 03 May 2016)

issues are in concern of law enforcement authorities, public health and social institutes, population and state in general.

Recent years the international attention has increased towards severe human right violations committed in the name of "war on drugs", which comes with denial of medical needs which are lifesaving for people who use drugs. The UN Development Programme in submission for UN Special Session on Drugs 2016 (UNGASS) stated that the "corruption, violence and instability" fuelled by the war on drugs generate "large-scale human rights abuses" and "discrimination and marginalization of people who use drugs, indigenous peoples, women and youth."[2] In this respect, academia, civil society, public servants, human right specialists are continuously highlighting the fact that current international drug policies, when being implemented in the countries, are frequently resulting in punitive laws and harmful practices, which in their turn is leading to violation of human rights of people who use drugs and to direct or indirect risk of HIV transmission among them. In the recent report of the United Nations High Commissioner for Human Rights recently highlighted that renewed efforts are needed to address the impact of the world drug problem on the enjoyment of human rights.[3]

Therefore, there is a need for critical evaluation of the current policy framework in order to define the flows and determine the reasons of current negative practices in name of drug control. For that reason, I am planning to demonstrate in my thesis how drug policies undermine harm reduction services.

The aim of the research is to define the crucial points in the international drug policy framework which are leading to denial of human rights of people who use drugs, particularly the right to health and equal access to medical services; to demonstrate the

[2] UN Development Programme,'Perspectives on the Development Dimensions of Drug Control Policy', New York, Available from https://www.unodc.org/documents/ungass2016/Contributions/UN/ UNDP/ UNDP_paper_for_CND_March_2015.pdf, (accessed 01 May 2016)
[3] United Nations High Commissioner for Human Rights, Study on the impact of the world drug problem on the enjoyment of human rights, A/HRC/30/65, Geneva, Available from https://daccess-ods.un.org/TMP/3296914.10064697.html, (accessed May 1 206)

interrelation between current drug policies and their practical implementation, which brings to human right abuses and damage to public health.

To achieve this goal I will conduct comprehensive legal and policy analysis and reviews of drug policy framework in order to define the points that create barriers for people who use drugs to access HIV services; I will consider the evidence on impact and effectiveness of HIV services; demonstrate the vulnerability of key groups within community of drug users; define the role of police in this regards; and provide case studies and examples of practical implication of best practices and other country practices. Moreover, in my thesis I will critically review the current process of development in drug policy and its results, new approaches and different country positions during the process of preparation for UNGASS 2016.

Background

In eighties', in the beginning of HIV epidemic, the infection constituted a great threat to public health, social and economic development dimensions. Governments were not prepared and failed in the response due to absence of reliable information about the virus, the roots, the ways of transmission, lack of knowledge on how to prevent and treat the HIV infection. In the first years of epidemic, the virus characterized with extremely rapid expansion and has affected 71 million people, among which 34 million died of HIV.[4]

In these days, even though still ongoing debates about the origin of the virus, however due to medical and scientific development in this field, *population* have precise data on the ways of transmission and know the evidence based prevention and treatment services, which helps to preserve lives and health of people living with HIV. Due to the recent available data globally around 36.9 million people were living with HIV at the

[4] Global Health Observatory (GHO) data, Global situation and trend. Available at http://www.who.int/gho/hiv/en/

end of 2014 when mortality rate composed only around 1.2 million.[5] Nowadays being HIV positive does not necessarily mean upcoming death.

In the last 10 years, the world has achieved very impressive results in controlling the HIV pandemic as 30 million HIV infections have been averted and new HIV infections declined by 35%.[6] When it comes to key populations, particularly people who use drugs PWUD and people living in prisons, we cannot make similar conclusions. Explosive HIV epidemics have occurred in many countries among people who inject drugs (PWID). The high infection rates are strongly associated with unsafe injecting practices and risky sexual behaviours among PWID. The HIV prevalence among people who inject drugs is far more higher than among the general population. According to The Joint United Nations Programme on HIV and AIDS (UNAIDS) recent report (2014) there are nearly 12.7 million PWIDs and approximately 1.7 million, or 13% out of them, are living with HIV.[7]

However, the global response to HIV has failed to achieve the Millennium Development Goal to reduce the 50% of HIV transmission among injecting drug users by 2015.[8] As a continuation of previous efforts, the new universal agenda known as Sustainable Development Goals (SDGs) were declared and commitment to end AIDS by 2020 and reduce number of HIV infection among people who inject drugs by 75% by 2020 was expressed.

The most dangerous health issue in the context of HIV is associated with unsafe injecting practices. Injecting drug users are at the very high risk of acquiring blood-borne diseases, such as hepatitis B and C.[9] In addition to that, tuberculosis is one of the

[5] Global Health Observatory (GHO) data
[6] CND, UNODC, Medium term strategy 2012-2015, E/CN.7/2011/CRP.4,Vienna. Available from https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_54/4_CRPs/E-CN7-2011-CRP4_V1181367_E.pdf, (accessed 02 May 2016)
[7] Gap Report 2014,People left behind:people who inject drugs, Available from http://www.unaids.org/sites/default/files/media/images/gap_report_popn_05_idus_2014july-sept.ppt
[8] UNAIDS Programme Coordinating Board, background note, Available from http://www.unaids.org/en/resources/documents/2016/modus-operandi-PCB, (accessed 02 May 2016)
[9] UNAIDS, 'The Gap Report', UNAIDS, Geneva, 2014, p. 173, Available from http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf.s://www.unodc.org/documents/balticstates//Library/NSP/EffectivenessNSP.pdf, (accessed 02 May 2016)

causes of death among people who inject drugs while the main cause is overdose.[10] [11] Drug users suffer from severe pains, when not receiving appropriate treatment, globally, each year tens of millions of people are suffering without adequate pain control, including an estimated 1.5 million people dying of AIDS-related causes.[12] The critical aspect here is that all these negative effects are consequences only of unsafe and risky behaviour of drug users. There are number of reasons why people using drugs turn to such practices while knowing the high risk for their lives and the main reasons are lack or inaccessibility of HIV/harm reduction services.

While UNODC is the leading agency that is supporting countries to achieve universal access to HIV prevention, treatment, care services for people who use drugs.[13] Harm reduction is now also accepted by main relevant UN agencies including WHO, UNAIDS, UNICEF, UNDP; the ICRC, World Bank and others. This recognition continues to increase globally, in many countries in Europe, Asia, and the western Pacific and Canada.[14]

A growing body of evidence proves the effectiveness of harm reduction services in preventing HIV and viral hepatitis, and preventing and reversing overdose cases.[15]There are 9 internationally recognised interventions developed by specialized UN agencies, among which the Needle and syringe programmes (NSPs), Opioid substitution therapy (OST), HIV testing and counselling (T&C) and Antiretroviral therapy (ART) have a great importance in addressing HIV and other health related harms among injecting

[10] Harm Reduction International, 'The Global State of Harm Reduction 2012', Harm Reduction International, London, 2012. Available from https://www.hri.global/files/2012/07/24/GlobalState2012_Web.pdf, (accessed 01 May 2016)
[11] UNODC, 'World Drug Report', UNODC, Vienna, 2014, Available from http://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_ web.pdf, (accessed 03 May 2016)
[12] UNAIDS Spectrum Estimates 2013, Available from http://www.unaids.org/en/dataanalysis/datatools/spectrumepp, (accessed 03 May 2016)
[13]UNODC,HIV and AIDS, Addressing HIV and AIDS, Available from https://www.unodc.org/unodc/en/hiv-aids/new/addressing_HIV_and_AIDS.html, (accessed 03 May 2016)
[14] A. Wodak, L. McLeod, *The role of harm reduction in controlling HIV among injecting drug users, AIDS*, Available from PMC, 2008, p.83-86
[15] A. Ball, G. Weiler, M. Beg, A. Doupe, 'Evidence for action for HIV prevention, treatment and care among injecting drug users', *International Journal of Drug Policy*, vol.16(1), 2015, p.1–6

drug users.[16]This comprehensive range of activities lies under the general scope of harm reduction programs among which are: the needle and syringe exchange programmes, safer injecting facilities, naloxone for overdose prevention; dependence treatment programs (OST), information, education and communication programmes, advocating for changes in laws, regulations and policies that increase harms or hinder harm reduction efforts, participation of people who use drugs in policymaking, programming, and monitoring and evaluation.[17]Harm reduction includes methods addressing the consequences of drug use and the effective strategies aimed at minimising the risks of drug use.

There is a considerable scientific proof emerging that evidence based, targeted interventions for PWID is not only a cost effective way of reducing HIV transmission amongst that population, they can have positive outcomes for criminal justice and overall public health objectives. There are also net gains for wider society. Scaling up such interventions not only improves targets on reducing HIV transmission, but studies have also shown that petty crime is reduced, while communities feel safer.

Great number of academic and scientific based research suggest that the main factors behind the disproportionately low access to harm reduction services include: lack of supporting national drug policies and legislations; over-reliance of many national drug control systems on sanctions, imprisonment and even the death penalty; overuse of incarceration of people who use drugs; police practices; compulsory detention for drug use and punitive practices in the name of treatment for drug dependence; and stigma and discrimination.[18] In addition, countries quite often refer to economic inability to cover the health related services, however this argument should be taken sceptical due to the

[16] WHO, UNODC and UNAIDS, 'Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users', Vienna, 2012, p.6
[17]Harm reduction International, A position statement from Harm Reduction International, Available from http://www.ihra.net/what-is-harm-reduction, (accessed 05 May 2016)
[18]A. Strathdee, M.Beg, M. Kazatchkine, State of the art science addressing injecting drug use, HIV and harm Reduction, *International Journal of Drug Policy*, vol.26, 2015, p.3

reason that harm reduction services have also proven their financial benefits.[19] There is a common problem of disproportionate distribution of state budget on the fight against drugs, when the most significant part goes to law enforcement and the rest is left for health aspects.

[19]Substance Abuse and Mental Health Services Administration. Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs, Available from http://www.ncbi.nlm.nih.gov/books/NBK64164/ pdf/Bookshelf_NBK64164.pdf, (accessed 05 May 2016)

1. Evidence based response

1.1 Introduction to HIV Prevention, treatment and care services

Since the beginning of HIV epidemic, international community and countries within their own systems showed unprecedented commitment to address this global threat to their public health, social and economic development and security. Governments worldwide realized that such a complex challenge requires effective response, and therefore at that time both internationally and nationally they started the process of elaborating strategies on the fight against HIV. In this regard, countries have chosen the multispectral approach, which involved the partners from various sectors such as international institutions, state authorities, civil society, people with HIV and people working with them for the participation in drafting and implementation of policies. In some years, countries have achieved consensus on setting for themselves concrete commitment to achieve universal access to HIV prevention, treatment, care and the measurements of their progress. The declaration of Millennium Development Goals has become a culmination in this development process in the aim towards "halting and reversing the spread of HIV".[20]Universal access as a call for more equitable, affordable and comprehensive HIV services, and as a platform for social justice, has inspired people and communities everywhere to do better.[21]Nevertheless, the new challenges such as economic crisis, civil wars, and policy barriers have evolved which extremely undermined the fulfillment of expressed commitment. Therefore, global community reinforce its commitment in Sustainable Development Goals 2016 in the scope of the goal 3 on health and well-being. Considering the achieved progress the goal 3 particularly address the target of ending the epidemic of AIDS by 2030 and eliminate threats posed my HIV.[22]

[20]The Millennium Development Goals, goal 6, Available from http://www.unmillenniumproject.org/goals/, (accessed 06 May 2016)
[21]UNAIDS, Universal Access to HIV Prevention, Treatment, Care and Support: From Countries to Regions to the High Level Meeting on AIDS and Beyond 2011 Road Map, Available from http://www.unaids.org/sites/default/files/sub_landing/files/2011_UA_roadmap_en.pdf, (accessed 06 May 2016)
[22]Sustainable Development Goals, goal 3, Available from http://www.un.org/sustainabledevelopment/health/,(accessed 06 May 2016)

On the way towards achieving the goal of universal access to HIV prevention treatment and care services WHO, UNODC and UNAIDS jointly developed technical guide for achieving universal access to HIV prevention, treatment and care for injecting drug users, where they provided a comprehensive package of 9 interventions:

1. Needle and syringe programmes (NSPs)
2. Opioid substitution therapy (OST) and other drug dependence treatment
3. HIV testing and counselling (HTC)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom programmes for IDUs and their sexual partners
7. Targeted information, education and communication
(IEC) for IDUs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis (TB).

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) have declared commitment to to achieve "zero new HIV infections, zero discrimination and zero AIDS-related deaths".[23] In this context, the first four interventions have proven their efficacy in decreasing the HIV transmission rates and mortality cases. Particularly, HIV testing and counseling is an important part of the HIV prevention, treatment and care package of interventions. HIV testing is the first and essential step for people on getting knowledge about their HIV status. The wide implementation of this measure on the voluntary basis is a key to successful response to HIV epidemic. In case of negative HIV status, person at high risk is generally recommended to retest in 6 months due to the special characteristic of viral detection. In case of positive HIV status people are getting linkage to appropriate counseling and further must receive corresponding HIV services, therefore HTC serves an important role of connecting infected person with necessary treatment and care services.

[23]WHO, Consolidated guidelines on HIV testing services, Available from http://apps.who.int/iris/bitstream/10665/179870/1/9789241508926_eng.pdf?ua=1&ua=1, (accessed 06 May 2016)

Due to comparative analysis conducted in 77 countries in years 2009 and 2013 the results have demonstrated the positive tendency of increasing the number of HIV testing coverage in 33%.[24][25] While substantial progress has been made, according to the most recent data available globally nearly 54% of people living with HIV are unaware about their status.[26] The knowledge of population at high risk, such as injecting drug users is tend to be worse, due to the fact that their testing rate is lower and consequently they test late and are not able to receive treatment on time.[27] Another essential part of HTC is counseling that consists of both pre and post testing counseling, which aimed to provide accurate information on the testing and results, support and recommendation on further actions.[28]

One of the main challenges regarding HTC provision is the issue of access of the most vulnerable key population of drug users. In this regard, specialised international organizations such as WHO, UNAIDS and UNODC have been repeatedly highlighted the importance of expanding of HTC, while specifying the necessity to prioritise and reach the key populations.[29]The other aspect refers to the quality and legal and policy basis when delivering HIV testing. The main provision of the HIV testing should be conducted according to the human rights and public health based approach. Firstly, the HTC must be provided on the voluntary basis and at the same time correspond to such norms as consent, confidentiality, counselling, correct test results and connections to care, treatment and prevention services.[30]Human rights based approach in the context of HTC refers to the issues of universal access to medical services, coming with the

[24]World Health Organization, Progress report on the global health sector response, 2014, Available from http:// www.who.int/hiv/pub/progressreports/update2014/en/, (accessed 07 May 2016)
[25]S. Staveteig, S.Wang, SK. Head, SEK, Bradley, E. Nybro, Demographic patterns of HIV testing uptake in sub Saharan Africa, Calverton (MD): ICF International, 2013, p.56
[26]World Health Organization, Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2016, Available from http://apps.who.int/iris/bitstream/10665/128048/1/9789241507431_eng.pdf?ua=1, (accessed 07 May 2016)
[27]World Health Organization, Service delivery approaches to HIV testing and counselling (HTC): a strategic HTC policy framework. Geneva, 2012 Available from http://apps.who.int/iris/ bitstream/10665/75206/1/9789241593877_eng.pdf, (accessed 07 May 2016)
[28]World Health Organization, Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations
[29] World Health Organization, Service delivery approaches to HIV testing and counselling (HTC)
[30] C. Beyrer, Global epidemiology of HIV infection in men who have sex with men, Lancet, vol. 380(9839), 2012, p.367–377

availability and accessibility of HTC, the application of gender and age-responsive approach when delivering services and considering interests and needs of key populations.

There is a scientific evidence proving that sharing of injecting equipment is strongly associated with the risk of acquiring HIV and hepatitis C and its ongoing spread.[31]The NSP is aimed to prevent the sharing of injecting equipment and strategies for the safe disposal of used injecting syringes. The point that requires attention is that this programme does not encourage drug use, but not necessarily reduce drug dependency, while this is a public health tool to reduce the spread of blood-borne infections.[32]NSPs substantially reduce HIV and HCV transmission among people who inject drugs.[33]The programmes on NSP envisage the availability of clean injecting equipment in various models. It could include the accessibility of needles and syringes in pharmacies, installation of vending machines in the areas with high population of people using drugs. The good practices of such programmes include free distribution or exchange of free needle and syringe for used one.[34]The effectiveness of NSP in reducing of HIV has been proven by number of analysis and reviews conducted specialised international agencies and state authorities. In the US the respective state organ conducted 8 reviews on the effect of NSP and few years later the research was done jointly with WHO, the convincing evidence proved the effectiveness, safety, and cost-effectiveness of NSP in HIV reduction.[3536] Number of studies conducted in different countries found that NSPs

[31]A. Strathdee, M.Beg, M. Kazatchkine, State of the art science addressing injecting drug use, HIV and harm Reduction, *International Journal of Drug Policy*
[32]KJ. Neufeld,M. Kidorf K. Kolodner, V. King, M. Clark, RK.Brooner, A behavioral treatment for opioid-dependent patients with antisocial personality, Epub, vol. 34(1), 2008, pp.104.
[33] Joint United Nations Programme on HIV/AIDS, Report on HIV in Asia and the Pacific, 2013, Available from http://www.unaids.org/sites/default/files/media_asset/2013_HIV-Asia-Pacific_en_0.pdf, (accessed 09 May 2016)
[34]A. Wodak, L. McLeod, *The role of harm reduction in controlling HIV among injecting drug users*,p.85
[35]A. Wodak, A. Cooney, Do needle syringe programs reduce HIV infection among injecting drug users: a comprehensive review of the international evidence, *Substance Use Misuse*, PubMed, vol.41, 2006, pp.777–816.
[36]Committee on the Prevention of HIV Infection among Injecting Drug Users in High Risk Countries, Preventing HIV infection among injecting drug users in high risk countries: an assessment of the evidence. National Academies Press, Available from http://www.nap.edu/catalog.php?record_id=11731#orgs, (accessed 10 May 2016)

are cost-effective both from societal economic and health sector perspectives.[37]The NSP is not limited to provision of clean injecting equipment, it may also include a range of services on education and information on reduction of drug-related harms, referral to drug treatment, medical care and legal and social services.[38] Therefore, one of the internationally recognized harm reduction interventions showed its high value and the strong recommendation has been stated to take all the corresponding actions to provide an access to NSP to people injecting drugs.[39] [40]

The OST with methadone and buprenorphine is critical and evidence based drug dependence treatment. The substitution in this context means replacing the opioid drugs, under medical supervision, with a similar substance, while taking it in a different way. The OST ensures equitable access to essential medicines, in particular opiate-based medications for pain relief. Strong and compelling evidence showed that these two opioid agonist medications are highly effective in treating dependence on opioids.[41] This treatment allows blocking the euphoric and physiological effects of opioid agonists.[42] Therefore the doubts on the program, especially in developing countries and frequent statement among public who are not aware of the real aspects of the therapy that OST is legal way of using drugs doesn't have any evidential basis. On the contrary, OST has proven convincingly to reduce injecting behaviours that put people who use

[37]P. Vickerman, A. Miners, J. Williams, Assessing the cost-effectiveness of interventions linked to needle and syringe programmes for injecting drug users: An economic modelling report, Available from https://www.unodc.org/documents/lpo-brazil/Topics_drugs/Publicacoes/459802-Volume_26_Supp.pdf, (accessed 11 May 2016)

[38]D. P. Wilson,D. Braedon, A. J. Shattocka, N. Fraser-Hurt, The cost-effectiveness of harm reduction, *International Journal of Drug Policy* referring to Heimer, 1998; Kidorf & King, 2008

[39]WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users

[40]L. Degenhardt, HIV prevention for people who inject drugs: why individual, structural, and combination approaches are needed, *Lancet*, vol. 376 (9737), 2010, pp.285–301,Available from Lancet, (accessed 11 May 2016)

[41]Institute of Medicine, Report Brief, Advising the Nation. Improving Health. Preventing HIV Infection Among Injecting Drug Users In High Risk Countries, Available from http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2006/Preventing-HIV-Infection-among-Injecting-Drug-Users-in-High-Risk-Countries-An-Assessment-of-the-Evidence/11731_brief.ashx, (accessed 11 May 2016)

[42] K. L. Kjome, and F. G. Moeller, 'Long-Acting Injectable Naltrexone for the Management of Patients with Opioid Dependence,'Substance Abuse: Research and Treatment, vol :5, 2011 pp.1–9

drugs at high risk for acquiring HIV.[43] Particularly, one of the recent analysis conducted in North America, Europe and Asia found that OST using methadone maintenance treatment was associated with a 54% reduction in risk of having HIV among people injecting drugs.[44] In addition, the OST has proven to reduce the illicit drug use, the death from drug overdoses and criminal activity.[45] [46]This treatment when provided in complex, frequently serves as the gateway to other public health services. Another important benefit of this treatment is its contribution to the improvement in personal social and family functioning of people who use drugs. Regardless the unambiguous and compelling evidence of OST effectiveness, it is estimated that only 8% of people who inject drugs globally currently receive opioid substitution therapy, when this percentage is extremely less in developing countries.[47]This inequity in access to treatment is obvious in data on UK with its 90% of access to OST, 3% in India and China and 0% in Russian Federation.[48]

In order to achieve the goal of providing adequate access to medical treatment to with OST, the therapy should be provided free of charge and should be covered with health insurance. In addition, there is a recommendation for developing by countries the policy framework for the provision of the OST.[49]The human rights approach entails only voluntary basis for treatment with the full consent of the person.

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[43] World Health Organization, Evidence for action: effectiveness of drug dependence treatment, Available from http://www.who.int/hiv/pub/prev_care/en/evidenceforactionalcommunityfinal.pdf, (accessed 12 May 2016)

[44]GJ. MacArthur, S. Minozzi, N. Martin, P. Vickerman, S. Deren, J. Bruneau, L. Degenhardt, M. Hickman, Opiate substitution treatment and HIV transmission in people who inject drugs: systematic review and meta-analysis. BMJ (Clinical research 2012), Available from http://researchonline.lshtm.ac.uk/427586/, (accessed 12 May 2016)

[45]P. Lawrinson, R. Ali, A. Buavirat, S. Chiamwongpaet, S. Dvoryak, B. Habrat, Key findings from the WHO collaborative study on substitution therapy for opioid dependence and HIV/AIDS, Addiction, vol.103: 1484, 2008, p.92

[46]R.Weber, M. Huber, M. Rickenbach, H. Furrer, L. Elzi, Hirschel B, et al., et al. Uptake and virological response to antiretroviral therapy among HIV infected former and current injecting drug users and persons in an opiate substitution treatment program: the Swiss HIV Cohort Study, HIV Med,vol.10:407, 2009, p.16

[47]BM. Mathers, L. Degenhardt, H. Ali, L. Wiessing, M. Hickman, RP. Mattick, HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage, *Lancet*,vol.375: 1014,2010, p.28

[48] Ibid

[49]World Health Organization, Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence, Available from http://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf, (accessed 12 May 2016)

Antiretroviral therapy (ART) is treatment of people infected with HIV using anti-HIV drugs. Standard antiretroviral therapy consists of the combination of antiretroviral drugs to maximally suppress the HIV virus and stop the progression of HIV disease. ART has the high potential both to reduce mortality and morbidity rates among HIV-positive people, it reverses the disease progression and improves their quality of life and health.[50] [51] Considering the high HIV prevalence among people who inject drugs, the provision of ART to injecting drug users is critical to their lives. WHO in its recent Guideline on ARV recommend initiating the ARV provision with the special focus on reaching people injecting drugs. Nevertheless, this group of population generally has extremely poor access to ART(less than 1%) despite the fact that provision of ART to IDUs has population-wide health benefits and despite evidence that IDUs can successfully undergo treatment and benefit from ART.[5253] The benefits from ART are not limited to saving lives of people who use drugs, in addition it also contributes to state of public health while reducing HIV transmission.

The current coverage with the harm reduction interventions is too low to protect men, women and young people who use drugs and people living in prisons, from HIV and viral Hepatitis C. Only 10% of people who inject drugs have access to NSP; only 8% among them have access to OST and only 14% receiving ART.[54]

1.2 International standards for treatment

There have been numerous calls from member states for development of international standards for treatment in order to help them to implement evidence based policies, as a reaction, the relevant document prepared by UNODC and WHO was adopted by

[50]WHO, Health topics. Antiretroviral therapy, Available from http://www.who.int/topics/antiretroviral_therapy/en/, (accessed 12 May 2016)
[51]WHO,HIV/AIDS. Treatment and care, Available from http://www.who.int/hiv/topics/treatment/en/, (accessed 12 May 2016)
[52] EF. Long, Effectiveness and cost-effectiveness of strategies to expand antiretroviral therapy in St. Petersburg, Russia. AIDS, vol. 20:2207–2214, 2006, p.3
[53]MC. Donoghoe, Access to highly active antiretroviral therapy (HAART) for injecting drug users in the European Region 2002– 2004. *International Journal of Drug Policy*, vol.18:271–280, 2007, p.43.
[54]M.M. Bradley and others, "HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage", *The Lancet*, vol. 375:9719, 2010, pp. 1014-1028

member stated in March 2016 at the 59th CND.[55] The reason for international urge to draft internationally recognised standards could be explained by the fact that drug related harms place a burden on public health, security and have great number of negative social consequences. For many years society have been misled by the inaccurate information on the aspects of drug use and its treatment. Nowadays, due to scientific evidence drug use is recognised as a complex health issue, member states, NGOs and general community are gradually changing the perception in the way of addressing drug related problems towards more comprehensive approach, considering side effects and relying on inform based methods. The UNODC/WHO contains evidence based information and recommendations in order to provide guidance for policymakers on effective and ethical treatment models. The treatment programs that are not corresponding to international standards usually do not bring positive results for people using drugs.

The document defines the main aims for treatment as: to reduce the intensity of drug use; improve functioning and wellbeing of an individual; prevent future harms. International standards are based on several principles for promoting evidence based treatment:

- Treatment must be available at the different levels of health care system, should be easily accessible for different groups of populations, attractive and appropriate to special needs of people using drugs. Service facilities should have friendly environment and be able to provide general social support and care;
- Treatment services should be developed and delivered according to ethical standards and respect for human rights and dignity and individuals choice;
- Promoting treatment models by improving partnership between law enforcement and social services
- Integrated treatment policies, services, procedures, approaches and linkages must be constantly monitored and evaluated. [56]

[55]International Standards for the Treatment of Drug Use Disorders, Commission on Narcotic Drugs, E/CN.7/2016/CRP.4,March 2016.Available at https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/ECN72016_CRP4_V1601463.pdf

[56] International Standards for the Treatment of Drug Use Disorders, Commission on Narcotic Drugs

1.3 Key populations

These interventions are not often responsive to the specific needs of groups among people who use drugs, for that reason respective international organizations have defined key population groups among people using drugs who are especially vulnerable to acquiring HIV and human rights abuses. The high-risk behaviors, drug use culture and patterns, social settings and special needs of key populations define the rationale of specific attention. These groups among PWID are women, children and youth, people in prisons and other closed settings, men having sex with men, transgender people and sex workers.

Women using drugs are experiencing multiple vulnerability as a part of gender discrimination and stigma, gender based violence, sexual abuses and all that increase the risk of acquiring HIV and other blood-borne diseases.[57] Women in particular appear to face social and policy barriers to treatment — while 1 out of 3 drug users globally is a woman, only 1 out of 5 drug users in treatment is a woman.[58] Even when drug policies are health and human centered, they are generally designed as male-focused or gender neutral.

The international human rights documents have always underlined the need for "special care and assistant, which must be given to children",[59] there are several reasons why children using drugs deserve special attention in this context. First, this age period is defined as time of initiation of drug use; there is a recent trend when the age of injecting drug use tend to be decreasing[60]; young people tend to experiment with new substances, which makes them highly susceptible to new drug-related harms; young people are more likely to practice sharing equipment with other injectors[61] and commonly, youth is

[57]S. Pinkham, K. Malinowska-Sempruch, Women, harm reduction and HIV. Open Society Institute, Available from www.opensocietyfoundations.org/publications/women-harm-reduction-and-hiv-0, (accessed 13 May 2016)
[58]UNODC, World Drug Report 2015, Available from https://www.unodc.org/documents/wdr2015/World_Drug_Report_2015.pdf, (accessed 13 May 2016)
[59] Universal Declaration of Human Rights (adopted 10 December 1948 UNGA Res. 217 A(III) (UDHR) art. 25(2)
[60] UNODC, World Drug Report 2012 (United Nations publication, Sales No. E.12.XI.1).
[61] M. Hickman, V. Hope , T. Brady, 'Hepatitis C virus (HCV) prevalence, and injecting risk behaviour in multiple sites in England in 2004', Journal of Viral Hepatitis, vol.14, 2007, pp.645–652

not well informed about the aspects of HIV and other viruses transmissions as well as about the opportunities for health services. Due to the UNICEF data 2,500 children become HIV infected every day worldwide[62], at the end of 2013, 240 000 children were considered to be newly infected.[63] The access to HIV services for young people injecting drugs is even more challenging than for adults. Young population face age related restrictions and other social barriers as high stigma, fear, the requirement of parental consent in order to have aces to HIV prevention treatment and care services. [64]

Prisons and other closed settings are crucial moment in the context of HIV and drug use. The following information demonstrates the situation for people living in prisons: between 56% and 90% of people who inject drugs will be incarcerated at some stage in their life[65]; injecting drug use is highly prevalent among prison populations ;30 million people spend time in prisons every year, when the prevalence of HIV, hepatitis B and C and Tuberculosis among them is 2 to 10 times or higher, than in the general population. The access to HIV prevention, treatment and care services is extremely limited in prisons, even when they are in place in community, which violates the principle of equality for the prisoners in their access to medical services. People living in prisons are isolated from national public health programmes, prisons and other closed settings are often seriously neglected in country HIV and TB responses.[66]

Key populations commonly experience multiple sigma and discrimination, they are restricted with social and policy barriers in access to HIV prevention, treatment and care services. These key populations disproportionately affected by HIV, they influence the

[62]UNICEF Opportunity in Crisis: Preventing HIV from early adolescence to young adulthood. (New York: 2011), Available from http://www.unicef.org/media/files/Opportunity_in_Crisis_LoRes_EN_05182011.pdf (accessed 20 May 2016)
[63]SDGs Available from http://www.un.org/sustainabledevelopment/health/, (accessed 20 May 2016)
[64]Background documentation for the interactive discussions on high-level segments to the held during the special session of the General Assembly on the world drug problem in 2016. Commission on Narcotic Drugs. Fifty-eighth session, 4 March 2015. E/CN.7/2015/CRP.4
[65]UNAIDS, The Gap Report 2014, Chapter 05 – People who Inject Drugs, Available from http://www.unaids.org/en/resources/campaigns/2014/2014gapreport/gapreport, (accessed 20 May 2016)
[66] UNODC,HIV/AIDS, Prisons and HIV, Available from https://www.unodc.org/unodc/en/hiv-aids/new/prison_settings_HIV.html, (accessed 20 May 2016)

epidemic dynamics and therefore they play a critical role in defining the strategy for successful response to HIV.[67]

Countries generally draft their policies addressing HIV providing general focus, even those recognizing the high concentration of virus among key populations are often reluctant to design policies that focus on providing adequate services to the population that are at a high risk and hard to reach.[68]

According to the international standards HIV prevention, treatment and care services have to be accessible, available, acceptable and of good quality, while at the same time ensure that they are reaching the key populations.[69] These principles are also supported by the human right approach, designed by ECOSOC from which follows that all health related facilities, goods and services must be available, accessible, acceptable, appropriate and of good quality (AAAQ).[70]

To improve the situation with the access to harm reduction services UNAIDS adopted the Fast Track Strategy with ambitious targets, such as 75% reduction of new HIV infections among key populations, including people who inject drugs and people in prisons, by 2020.[71]The achievement of the 75% reduction target by 2020, requires urgent expanding of the coverage of these services to at least 90% for NSP and ART and 40% for OST. This goal should be achieved with comprehensive approach based on human rights principles. The substantial aspects of access to HIV prevention treatment and care services are universality and equality. In this respect, the drug and health policies should address everyone. In order to achieve this goal of leaving no one behind the HIV programmes are to be carefully designed and implemented, considering

[67]WHO, Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.
[68] Ibid p3
[69]S. Gruskina, D. Tarantola, Universal Access to HIV prevention, treatment and care: assessing the inclusion of human rights in international and national strategic plans, PMC, AIDS, Available from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3356157/, (accessed 24 May 2016)
[70]Physicians for Human Rights Tools & Resources, Toolkits > Medical Professionalism > The human rights basis for professionalism in health care > AAAQ Framework, Available from http://phrtoolkits.org/toolkits/medical-professionalism/the-human-rights-basis-for-professionalism-in-health-care/aaaq-framework/, (accessed 05 June 2016)
[71]UNAIDS, Fast Track Strategy Available from http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf, (accessed 01 June 2016)

specific needs and vulnerabilities of sub-groups among key population. Ensuring supportive and non-stigmatized environment in delivering harm reduction services is an essential step towards fulfilment the respective goal. Successful group and person targeted response initially requires accurate examination of particularities, special challenges and risk factors, which later would be introduced in strategic planning of evidence based HIV services to be available and accessible, adequate, voluntary, provided on the non-discriminatory basis and tailored according to specific needs of vulnerable groups.

2. Policy Barriers to HIV services

2.1 International policy framework

2.1.1 Development Process

The international drug control system is based on three UN Conventions:

- the Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs, 1961 (1961 Convention), largely established the system;
- the Convention on Psychotropic Substances, 1971, (1971 Convention) added psychotropic substances to the list of drugs the use of which must be limited to medical and scientific purposes; and
- the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988, (1988 Convention) established a more detailed system of control against the trafficking of illicit drugs.

In June 1998, at the UN General Assembly Special Session on drugs a Political Declaration[72] along with an Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and Alternative Development[73] were adopted by Member States. In March 2009, Commission on Narcotic Drugs (CND) a governing body of UNODC conducted a 10-year evaluation of policies and practices and based on these findings, the General Assembly adopted in 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.[74] The former includes a commitment to 'eliminate or reduce significantly and measurably' the availability and use of illicit drugs and psychotropic substances by 2019.[75]The plan of Action highlights the necessity to tackle the adverse consequences of drug abuse in the context of comprehensive, complementary and multi-sectoral drug demand reduction strategies While this document addresses all forms of

[72]Political Declaration, General Assembly resolution S-20/2, annex. June 1998
[73]Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and Alternative Development, General Assembly resolution S-20/4 E, September 1998

[74]UNODC, Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. High-level segment Commission on Narcotic Drugs. Vienna, 11-12 March 2009. http://www.unodc.org/documents/ungass2016/V0984963-English.pdf
[75] UNODC, Political Declaration and Plan of Action, para. 36

drug use, including misuse and dependence, it calls member states to strengthen efforts aimed at reducing the adverse consequences of drug abuse, including HIV, HCV, TB. In addition, the Plan of Action emphasises that access to drug treatment should be affordable, available and based on scientific evidence.[76]Since then and up to 2014, the UNODC in its official position and member states collectively through CND were continuously supporting human rights and health based response to the problems associated with drug use. In 2014, the Joint Ministerial Statement resulting from the mid-term review of the implementation of the Political Declaration and Plan of Action reiterated Member States' commitment to the 50% reduction in HIV transmission among injecting drug users by 2015 target.[77]

At the 2014 International AIDS Conference, the Joint United Nations Programme on HIV/AIDS (UNAIDS) highlighted the gap between reality and rhetoric showing clearly how people who inject drugs are being 'left behind', citing criminalization, social stigma, a lack of services along with funding as the lead causes.[78] UNAIDS has proposed a Fast-Track approach over the next five years, which will allow the world to end the AIDS epidemic by 2030.[79] According to this approach, globally, the target for HIV prevention is to reduce new HIV infections by 75% by 2020 and by 90% by 2030.[80] Further, the policy development process has been greatly influenced by the defining of Sustainable Development Goals, which build upon the Millennium Development Goals and converge with the post 2015 development agenda. In the Agenda for Sustainable Development, the goal 3.5 commits Governments to

[76]Ibid
[77]UN Joint Ministerial Statement of the 2014 High-Level Review by the Commission on Narcotic Drugs of the Implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Commission on Narcotic Drugs Fifty-seventh Session Vienna, 13-21 March 2014, Available from http://www.unodc.org/documents/hlr//JointStatement/V1403583_E_ebook.pdf, (accessed 02 June 2016)
[78]UNAIDS, The Gap Report 2014, Chapter 05 – People who Inject Drugs
[79]UNAIDS, Fast-Track: ending the AIDS epidemic by 2030, Available from http://www.unaids.org/en/resources/documents/2014/JC2686_WAD2014report, (accessed 02 June 2016)

[80]UNAIDS Programme Coordinating Board. Agenda item 5. Retargeting process for universal access. UNAIDS/PCB (35)/14.22 paragraph 29, Available from http://www.unaids.org/sites/default/files/media_asset/20141124_Retargetting_process_universal_access.pdf, (accessed 02 June 2016)

"strengthen the prevention and treatment of substance abuse". There are also other targets relevant to drug policies in the context of HIV, particularly target 3.3 on ending the AIDS epidemic and combating hepatitis, target 3.4 on prevention and treatment of noncommunicable diseases and promotion of mental health, target 3.8 on universal health coverage and target 3.b on access to essential medicines.[81] The most recent moment in this policy development has been the UN Special Session on Drugs 2016, which served as a critical point in the evaluation of the progress. This General Assembly Session was aimed to review the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem and to define new goals and priorities to achieve for member states by 2019.[82]Even though the process of codification of UN drug control treaties had been developed without taking into serious consideration the human rights issues, while these two areas were drafting as in 'parallel universes'[83] 'practically detached [84]' from each other in the UN system and in national laws and policies back then, nowadays the importance of compliance of drug treaties with human rights standards on the international policy level is accepted without any doubt. In this respect, M. Nowak and D.Barret argue that UN drug conventions are insufficient alone for the complex issues of drug policy, and that human rights law must be recognized by the relevant organs of the UN as a part of that framework as according to the UN Charter.[85]

[81]Transforming our world: the 2030 Agenda for Sustainable Development, 70/1, A/RES/70/1, United Nations General Assembly , Septemeber 2015

[82]Sustainable Development Knowledge Platform, Goal 3 Ensure healthy lives and promote well-being for all at all ages Available from https://sustainabledevelopment.un.org/sdg3, (accessed 02 June 2016)

[83]P. Hunt, 'Human Rights, Health and Harm Reduction: States' Amnesia and Parallel Universes', Available from https://www.hri.global/files/2010/06/16/HumanRightsHealthAndHarmReduction.pdf, (accessed 02 June 2016)

[84]Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak, (UN Doc No A/HRC/10/44, 2009), para. 51,available http://www2.ohchr.org/english/bodies/hrcouncil/docs/10session/A.HRC.10.44AEV.pdf, (accessed 02 June 2016)

[85]D. Barrett, M. Nowak,'The United Nations and Drug Policy:Towards a Human Rights Based Approach', The Diversity of International Law: Essays in Honour of Professor Kalliopi K. Koufa, 449-477,A.Constantinides, N. Zaikos, (eds.) (Brill/Martinus Nijhoff,2009), Available from http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1461445 (accessed 29 May 2016)

Although, recently, the gradual improvements have been observed, as the civil society organizations, research and academic institutions, UN organs and member states have repeatedly addressed the problems resulting from current drug policies, specifying widespread human rights violations and therefore calling for more active implementation of human rights perspective. [86]

2.1.2 Drug policies with human rights and health based approach

The UNODC in one of its recent documents developed during the preparatory process for UNGASS 2016, which was drafted based on the country submissions, highlighted the way of addressing the drug related issues as in full compliance with human rights principles, according to the UN Charter, Universal Declaration of Human Rights 1948 (UNDHR) and UN drug conventions.[87]

The UN Drug Conventions do not specifically mention human rights in their provisions (except one article in 1988[88]) when in reality a lot of issues of the Conventions have strong connection to human rights abuses committed on the national level as consequences of criminalization of drug-related activities, implication of severe, punishments (resulted in death penalties, detentions, tortures), and extremely negative health outcomes.[89]

Refereeing to human rights framework in this context, UN Charter, UNDHR), The International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights(CESCR), The UN Convention Against Torture (CAT) are highly relevant.

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[86] D. Barrett, P. Veerman, *A Commentary on the UN Convention on the Rights of the Child: Article 33, Protection from Narcotic Drugs and Psychotropic Substances*, Leiden, Brill/Martinus Nijhoff, 2012,p.7

[87]UNODC, Roundtable 3 Cross-cutting issues: drugs and human rights, youth, women, children and communities, Available from https://www.unodc.org/documents/ungass2016//Background/RTpapers/Roundtable_3_FINAL_12April_clean.pdf, (accessed 03 June 2016)

[88]UN Convention against illicit traffic in narcotic drugs and psychotropic substances 1988, United Nations.

[89]D.Barret, M.Nowak, para. III

Particularly, the International Covenant on Economic Social and Cultural Rights in its article 12(1) ensures the right *of everyone* to the enjoyment of the highest attainable standard of physical and mental health, and the member states are committed to take steps for the full relaxation of this right. The parts of the article that are related to provision of HIV services are following: (a) the provision for the reduction of the stillbirth-rate and of infant mortality; (c) the prevention, treatment and control of epidemic, endemic, occupational and other diseases; d) the creation of conditions which would assure to all medical services and medical attention in the event of sickness.[90]
Even though the International Covenant on Economic Social and Cultural Rights does not contain specific references to drug related health conditions, the CESCR Committee in its' Concluding Observations regularly addresses this issue in the interpretation of the meaning of the article 12 (the right to health)[91].This is also supported by the fact that both the present and former Special Rapporteurs on the Right to Health have referred to drug use as part of their mandate.[92]

The ultimate goal of the two UN drug conventions, which is stated in the preambles, is the protection of health and welfare of humankind, together with a strong commitment on limiting the use of drugs and their possession exclusively to medical and scientific purposes.[93]

The conventions also call for implementation of public health measures in order to prevent and reduce the negative consequences of drug use. In this respect, WHO in the submission for UNGASS underlines the importance of its role under the conventions to "protect individuals and societies from harm due to drug use and to promote public

[90]International Covenant on Economic Social and Cultural Rights, General Assembly resolution 2200A (XXI), December 1966
[91] Committee on Economic Social and Cultural Rights, Concluding Observations: Tajikistan (UN Doc No E/C.12/TJK/CO/1, 2006) para. 70; Ukraine (UN Doc No E/C.12/UKR/CO/5, 2007) para. 28; Poland (UN Doc No E/C.12/POL/CO/5, 2009) para. 26; Kazakhstan (UN Doc No E/C.12/ KAZ/CO/1, 2010) para. 34,,Available from www2.ohchr.org/, (accessed 03 June 2016)
[92]P. Hunt, Mission to Sweden (UN Doc No A/HRC/4/28/ Add.2, 2007) paras 60–62; Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, A.Grover, Mission to Poland (UN Doc No A/ HRC/14/20/Add.3, 2009) paras 57–80
[93]1961 Convention, para.2, 1971 Convention, preamble, para. 5

health interventions to reduce harm".[94] The 1988 convention calls for taking appropriate demand reduction measures with a view of "reducing human suffering"[95], based on recommendations of the United Nations and the World Health Organisation.[96] In the INCB commentary on the article 14, it is stated that the ultimate aim of the Conventions is to reduce harm.[97] It has been repeatedly underlined at the international level that there is no contradiction between the "measures to reduce health and social consequences of drug abuse" and "drug demand reduction".[98]According to the INCB position, harm reduction plays an important role in a comprehensive drug demand reduction and health strategy,[99] which also supports the statement that harm reduction interventions go in line with the provisions of three UN drug conventions.

The other important relevant aspect for the HIV treatment is the provisions from drug conventions that requires from the states taking practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of persons involved with the illicit use of drugs. Amending protocol to the 1972 Convention highlights the importance of the personnel working with people using drugs to be trained and have understanding of the problems of drug abuse.[100]

[94]WHO, WHO's role, mandate and activities to counter the world drug problem: A public health perspective, Available from https://www.unodc.org/documents/ungass2016//Contributions/UN/WHO/UPDATED_WHO_Role_and_Mandate_to_counter_the_worlds_drug_problems_2014.pdf, (accessed 05 June 2016)
[95]Art. 14,para. 4 of the 1988 Convention
[96]Art. 14,para. 4 of the 1988 Convention
[97]INCB Annual Report 2003. Available from https://www.incb.org/incb/en/publications/annual-reports/annual-report-2003.html, (accessed 05 June 2016)
[98]UNODC, Reducing the adverse health and social consequences of drug abuse: a comprehensive approach, United Nations Office on Drugs and Crime, Vienna, Austria, Available from https://www.unodc.org/docs/treatment/Reducing_the_Adverse_Health_and_Social_Consequences_of_Abuse.pdf, (accessed 05 June 2016)
[99]INCB, Report of the International Narcotics Control Board for 2000, International Narcotics Control Board, Vienna, Austria, Available from http://repository.un.org/bitstream/handle/11176/90160/2000_P3_CH14.pdf?sequence=1&isAllowed=y(accessed 05 June 2016)
[100] Article 38 of the 1961 Single Convention on Narcotic Drugs (as amended by its 1972 Protocol) and article 20 of the 1971 Convention on Psychotropic Substances

According to recent international review, many countries reported to have operating facilities for compulsory drug treatment, which violates the human rights principles and public health approach. Such facilities refers to mandatory enrolment of people using drugs (not necessarily drug dependant) to forced treatment or rehabilitation programs.[101] The systematic analysis conducted by the International Centre for Science in Drug Policy concluded that forced treatment is not effective in reducing post-treatment drug-use, nor criminal recidivism in comparison to voluntarily treatment models. Moreover, the study revealed that forced treatment is commonly associated with human rights violations such as tortures, forced labour, sexual and physical abuses.[102] Human Rights Watch documented such cases, as for example in China, where people injecting drugs, or people with HIV are placed to compulsory drug treatment facilities without due process, where they are commonly subject to forced labour and mandatory HIV testing. Furthermore, people caught by police for drug use must undergo through mandatory detoxification.[103]

The Political Declaration supports the comprehensive approach of international drug policy with the focus on public health, prevention, treatment and care, and economic, social and cultural measures.[104]The essential element of such strategy is the implementation of evidence-based and ethical treatment and care programs for people who use drugs and people with HIV. It is crucial that the framework for such programs ensures that the services of good quality are delivered on the confidential, voluntary, non-discriminatory basis. People who use drugs retain the right to the highest attainable standard of health – which includes access to the comprehensive package of 9 harm reduction interventions developed by WHO, UNODC, UNAIDS have demonstrated

[101]T.C. Wild, Compulsory substance-user treatment and harm reduction: A critical analysis. Substance Use & Misuse, vol.34(1), 1999, p.83–102.
[102]D. Werb, A. Kamarulzaman , M.C. Meacham, C. Rafful, B. Fischer, S.A. Strathdee , E. Wood, The effectiveness of compulsory drug treatment: A systematic review, International Journal of Drug Policy Available from https://d3n8a8pro7vhmx.cloudfront.net/michaela/pages/61/attachments/original/1455111336/The_effectiveness_of_compulsory_drug_treatment-_A_systematic_review.pdf?1455111336, (accessed 07 June 2016)
[103]Human Rights Watch, Drug Policy and Human Rights, Available from https://www.hrw.org/news/2009/04/10/drug-policy-and-human-rights, (accessed 07 June 2016)
[104]Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem 2009, para 6 (c), General Assembly, 2009

their effectiveness from social, economic and security perspectives and their benefits are recognized on the international level.

Availability of controlled narcotic drugs and psychotropic substances

One of the main goals of Conventions guarantees to ensure the availability of controlled narcotic drugs and psychotropic substances and that they are prescribed for medical purposes and safely reach patients through a controlled distribution chain.[105] The intention of this provision has been interpreted by INCB as for the overall goal of a "well-functioning national and international system for managing the availability of narcotic drugs and psychotropic substances".[106] In addition to that, full compliance with the right to the highest attainable standard of health[107] requires from international community taking progressive efforts towards improvement of the access to controlled drugs for medical purposes, such as for pain relief and the alleviation of suffering.[108] For that reason drug control policies should not restrict the availability of the medical drugs that are defined as "indispensable"[109] and are essential for health. The problem might arise when states impose restrictive measures that are not directly prescribed in the drug conventions, however in this case such measures "must not adversely affect the availability of narcotic drugs and psychotropic substances for medical and scientific purposes".[110] The respective evidence collected by INCB found that national laws and regulations that were unduly restrictive or burdensome were commonly perceived as a

[105]Single Convention on Narcotic Drugs 1961, Convention on Psychotropic Substances 1971

[106]INCB,"Report of the International Narcotics Control Board on the availability of internationally controlled drugs: ensuring adequate access for medical and scientific purposes". New York 2011, Available from https://www.incb.org/incb/en/publications/annual-reports/annual-report-2011.html, (accessed 11 June 2016)

[107]Article 12 of the 1966 International Covenant on Economic, Social and Cultural Rights, as well as article 5, subparagraph e (iv) of the 1965 International Convention on the Elimination of All Forms of Racial Discrimination, article 12 of the 1979 Convention on the Elimination of All Forms of Discrimination against Women, article 24 of the 1989 Convention on the Rights of the Child, and article 25 of the 2006 Convention on the Rights of Persons with Disabilities

[108] International Narcotics Control Board, Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes. Indispensable, adequately available and not unduly restricted (United Nations document E/INCB/2015/1/Supp.1), 2016

[109] Convention 1961

[110] Para. 131 in INCB (2011), "Report of the International Narcotics Control Board on the availability of internationally controlled drugs: ensuring adequate access for medical and scientific purposes". New York 2011.

significant limitation on their availability.[111]Concluding on this aspect, the states following the provisions of UN drug conventions on restricting the use of narcotic drugs and psychotropic substances to medical and scientific purposes should not create barriers to their appropriate clinical utilization.[112]

2.1.3 Negative health consequences of drug policies: restrictive laws and hidden obstacles

The first and essential step in order to maintain accessibility and availability of HIV services is establishing appropriate legal framework supporting harm reduction interventions. Globally, the current state of harm reduction remains challenging, according to the legal review 60 percent of countries are having laws, regulations or policies that are barriers to effective HIV services for key populations.[113] As an example, in some countries there are laws restricting the availability of injecting equipment, which in their turn undermine efforts to control HIV.[114] Many countries express their political position, which contradicts to science and evidence based approach and they prohibit in the policies the implementation of OST, which significantly damage the health of the population.

The laws that penalize the health workers to provide harm reduction services such as condom or needle and syringes distributions serve as a critical barrier in access to health services.[115] Laws prohibiting provision and possession of needles and syringes create fear for people who use drugs, driving them away from HIV prevention, treatment and

[111] Para.97 in INCB (2011), "Report of the International Narcotics Control Board on the availability of internationally controlled drugs: ensuring adequate access for medical and scientific purposes". New York 2011.
[112]UNODC, UNGASS 2016, Drug policy provisions from the International drug control Conventions Available from https://www.unodc.org/documents/ungass2016//Drug_policy_provisions_from_the_international_drug_control_Conventions.pdf, (accessed 13 June 2016)
[113]Joint United Nations Programme on HIV/AIDS, Global report: UNAIDS report on the global AIDS epidemic,2013, Available from http://files.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf, (accessed 10 June 2016)
[114]A. Wodak, L. McLeod, The role of harm reduction in controlling HIV among injecting drug users, AIDS. Author manuscript, Available from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3329723/#R18, (accessed 10 June 2016)
[115] WHO, Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations

care services, and encourage high risk behaviour, such as sharing needles and syringes, which stipulate them to avoid life-saving health care services.[116]

Stigma and discrimination supported by punitive policies create serious barriers for key population to initiate and continue the use of harm reduction services. In this regard, the essential point is the development of policies that are person-centred, anti-discriminatory and are aimed to reach key population.

The compelling evidence has demonstrated how punitive drug laws and policies are leading to unintended negative consequences for public health and social well-being, while at the same time are accompanied by severe human rights violations. The punitive drug approach undermines the equal access to harm reduction services for PWUD, which in its turn increases the risk of acquiring HIV, hepatices C. Importantly, these punitive policies have not been proven to show the good results in combating drug related crimes, in contrast, in countries where aggressive drug control measures are in place, the availability and purity of drugs has increased, while the price of drugs has remained stable or declined, together with continuous high rates of drug use.[117]

Several practical outcomes demonstrate how such punitive laws and policies cause indirect harmful consequences for key populations. First, these criminal laws create number of barriers for people who use drugs to access harm reduction services in form of stigma and discrimination within healthcare system, refusal of service delivery to people who use drugs, breaches of confidentiality, requirements to be drug-free as a condition of treatment. One of the common barriers that prevent people who use drugs to access HIV services is the use of registries that lead to denial of such basic rights as

[116]Count the Costs, The War on Drugs: Undermining international development and security, increasing conflict, Available from http://www.countthecosts.org/seven-costs/undermining-development-and-security-fuelling-conflict, (accessed 11 June 2016)
[117]C. Beyrer, K. Malinowska-Sempruch, A. Kamarulzaman, M. Kazatchkine, M. Sidibe, S.A. Strathdee, Time to act: A call for comprehensive responses to HIV in people who use drugs, *Lancet*, vol.376(9740), 2010, pp.551–563,

employment and child custody.[118][119] This serves as common example why many women refuse to register as a client for harm reduction services, it also shows how even when directly not prohibited by law the access to harm reduction services is prevented through hidden obstacles.

The other negative side effect of law enforcement approach towards drug policy is the incarceration of drug users. Incarceration of people who use drugs is highly associated with high rates of HIV transmission, which is an issue of great concern globally. Even if the coverage with HIV prevention, treatment and care services in community is high, commonly in prisons and other closed setting the situation is far different. Although the respective international organisations repeatedly underline the importance of continuum of care with regard to harm reduction interventions, meaning the provision of the same level of access to drug and HIV treatment in prisons, however in reality the access to such services is generally disrupted with incarceration. For that reason, the imprisonment of people who use drugs, which is associated with syringe sharing, unprotected sex, absence of HIV services lead to rapid HIV outbreaks,. A growing body of evidence has revealed that incarceration is a risk factor for acquiring HIV infection in countries of western and southern Europe, Russia, Canada, Brazil, Iran and Thailand.[120]

The fact that criminalisation of drug use resulting in incarceration of people who use drugs often disrupt HIV treatment efforts, promoting HIV drug resistance and increasing risk of HIV transmission, has yet to be appropriately addressed in national and international HIV prevention strategies.[121]

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[118]D.Wolfe, MP. Carrieri, D. Shepard, Treatment and care for injecting drug users with HIV infection: a review of barriers and ways forward, *Lancet*, vol. 376(9738), 2010, pp.355-366;
[119]E. Wood, T. Kerr, MW. Tyndall, JSG. Montaner, A review of barriers and facilitators of HIV treatment among injection drug users. AIDS, vol. 22(11), 2010, pp. 1247-1256.
[120]R. Jurgens, A Ball, A. Verster, Interventions to reduce HIV transmission related to injecting drug use in prison, *Lancet Infect Dis*, vol. 9(1) 2009, pp.59
[121] UNAIDS, The treatment 2.0 framework for action: catalysing the next phase of treatment, care and support, Available from http://www.unaids.org/en/media/unaids/contentassets/documents/ unaidspublication/2011/20110824_ JC2208_outlook_treatment2.0_en.pdf, (accessed 09 June 2016)

Countries frequently refer to UN drug conventions, especially Convention 1988 when justifying their punitive laws on criminalisation of drug use and possession. Therefore, this issue requires special attention. Taking into consideration, there is a need to analyse the basis of the international drug control framework, three UN drug conventions. At first, from the provisions of the Convention 1961, amended with the protocol 1972 it follows that "drug addiction is often the result of an unwholesome social atmosphere in which those who are most exposed to the danger of drug abuse live".[122] Respective UN organ, responsible for interpreting and commenting the UN drug convention, recently have highlighted that "drug dependence is a complex and multifactorial disorder involving individual, cultural, biological, social and environmental factors".[123] Such perception defines the direction of addressing people who use drugs in legal and policy documents. Considering that initiating drug use and the development of dependence as not an individual's isolated choice, but as the behavioural expression of a complex set of psychobiological vulnerabilities and conditions[124] contributes to better understanding of the right focus when drafting policies directly influencing them. Both, drafters of the convention and current international policymakers recognize that the drug dependence as a health issue rather than criminal.

Regarding the provision on criminal offences, the convention 1988 contains the article, which recognises them as activities such as possession, purchase or cultivation of controlled drugs for personal consumption.[125] However, from the article 3 of the convention 1988 follows, that if this approach contradicts the constitutional concepts or the basic principles of the country legal system this can be a subject for national margin of appreciation.[126] In addition to that, convention 1988 draws a distinction between drug dealers and people who are committing offences that are "minor in their nature", as when people who use drugs produce or sell small amounts in order to maintain their

[122]Operative paragraph 1., Resolution III, 1972 amendments to 1961 Convention.
[123]UNODC, Working towards evidence-based drug dependence treatment and care, Available from https://www.unodc.org/docs/treatment/Brochures/10-50007_E_ebook.pdf, (accessed 11 June 2016)
[124]N. Ezard, Substance use among populations displaced by conflict: a literature review, *Disasters*, vol. 36, 2009, pp. 535
[125]Convention 1988
[126]Art. 3, para. 2 of the 1988 Convention

personal use.[127]Importantly, that the same convention contains the article, according to which countries can provide measures for treatment, education aftercare, rehabilitation or social reintegration as an alternative to conviction or punishment.[128] From the text of the conventions follows the clear distinction between drug traffickers and people who use drugs, which is also supported by the fact that the vulnerabilities, social disadvantages and risks of this group are frequently mentioned there.

Furthermore, the other critical aspect is related to the distinction between decriminalisation and de-penalisation from the meaning of the UN drug conventions. Due to the reason that the possession, purchase or cultivation for personal use do not necessarily require punishment, it could be stated that de-penalisation goes in line with UN drug conventions.[129] However, de-penalisation do not necessarily require decriminalisation, as according to the UN convention 1988 drug possession, purchase and use is perceived as illegal, but does not envisage the criminal sanctions or punishments, while appropriate social, medical and educational programs. In line with this statement, treatment, as alternative to incarceration, is mentioned in many provisions of the Conventions, clearly defining that individuals affected by drug use disorders do not need to be criminally punished.[130]

Concluding on relevant findings from the drug conventions, the international legal framework do not require from states necessary incarceration and punitive practices, in contrast, the conventions highlights the importance of taking appropriate measures for treatment and care of health and wellbeing people who use drugs.

[127]Art. 3 para. 4. (c) of the 1988 Convention
[128]Art. 3, para. 4. (d) of the 1988 Convention.
[129]UNODC, Drug policy provisions from the international drug control Conventions, Available from https://www.unodc.org/documents/ungass2016//Drug_policy_provisions_from_the_international_drug_control_Conventions.pdf, (accessed 14 June 2016)
[130]Art. 36, para.1. (b) of the 1961 Convention; Art. 22, para. 2 (b) of the 1971 Convention; Art.3, para. 4. (b) of the 1988 Convention.

The position of UN organs whose primarily concern is public health and human rights, such WHO[131], UNDP[132], UN Women[133], OHCHR[134] is common and recently have been expressed in UNAIDS drug policy recommendations as to treat people who use drugs with support and care instead of punishment, and further underlined that this commitment is only possible to achieve "by implementing alternatives to criminalization, such as decriminalization and stopping incarceration of people for consumption and possession of drugs for personal use".[135] The position of UNODC requires special attention, the UNODC briefing paper developed by HIV section for the International Harm Reduction Conference in Kuala Lumpur, October 2015 was in the high focus of media and public. This document aligned UNODC with the strong support for the decriminalisation of drug use that is expressed in UNAIDS contribution paper in part of policy recommendations. Further, the UNODC reiterates its official position, and also noticed that the UN drug conventions do not require penalization of drug use or drug possession for personal use and acknowledged the role of human rights abuses against people who use drugs in fuelling HIV.[136]

It seems reasonable, that health and human rights-based drug policy requires from governments to stop criminalizing people who use drugs. From both UN bodies and civil society worldwide, there are calls for rebalancing the drug policy strategies. In this regard, the Global Commission on HIV and the Law expresses its view that putting health and community safety first requires a fundamental reorientation of policy

[131]WHO, Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations
[132]UNDP, Perspectives on the Development Dimensions of Drug Control Policy, 2015, Available from http://www.unodc.org/documents/ungass2016//Contributions/UN/UNDP/UNDP_paper_for_CND_March_2015.pdf, (accessed 13 June 2016)
[133]UN Women, A Gender Perspective on the Impact of Drug Use, the Drug Trade, and Drug Control Regimes – UN Women Policy Brief, 2014, Available from http://www.unodc.org/documents/ungass2016//Contributions/UN/Gender_and_Drugs_-_UN_Women_Policy_Brief.pdf , (accessed 13 June 2016)
[134]OHCHR, Statement by Ms. Navi Pillny, High Commissioner for Human Rights, 2014,Available from http://www.unodc.org/documents/ungass2016//Contributions/UN/31_OHCHR_140314_pm.pdf, (accessed 13 June 2016)
[135]UNAIDS, Reference, A PUBLIC HEALTH AND RIGHTS APPROACH TO DRUGS, 2015, Available from https://www.unodc.org/documents/ungass2016//Contributions/UN/UNAIDS/JC2803_drugs_en.pdf, (accessed 13 June 2016)
[136]UNODC, Drug policy provisions from the international drug control Conventions.

priorities and resources, from failed punitive enforcement to proven health and social interventions.[137]

Based on the analysis of the requirements and standards from the international legal drug policy framework it could be concluded that there are no international legal barriers to the provision of harm reduction services. Therefore, the provision of harm reduction services should be seen as a core obligation of states that follows from the international law and human rights law.[138]

In this connection, there is a need to create enabling policy environment for fostering HIV prevention treatment and care programs. There are so called "critical enablers" that implies strategies and activities aimed to improve the accessibility, acceptability, uptake, equitable coverage, quality, effectiveness and efficiency of harm reduction interventions.[139]

Considering current legal framework for drug policies, the realities and complexities for the changes in UN drug conventions in near future, at the same time the continuing spread of HIV, there are several ways for countries to design and adopt their national legal and policy framework not violating the international norms. INCB in its report and UNODC in its policy papers have developed some practical recommendations, according to which the punitive measures should be replaced with health based approach, penalties for drug-related crimes should be proportionate to committed action.[140]

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[137]Global Commission on HIV and the Law, HIV and the Law: Risks, Rights & Health, Available from http://www.hivlawcommission.org/index.php/report, (accessed 17 June 2016)
[138]International Drug Policy Consortium, Submission to the Office of the High Commissioner for Human Rights from the International Drug Policy Consortium (IDPC), Available from http://www.ohchr.org/Documents/HRBodies/HRCouncil/DrugProblem/InternationalDrugPolicyConsortium.pdf, (accessed 17 June 2016)
[139]WHO, Consolidated guidelines on HIV testing services
[140]International Narcotics Control Board, Report of the International Narcotics Control Board for 2007, United Nations document E/INCB/2007/1

It is proven that when the most affected population participate in the process of policy development it brings to more effective results and have a more positive impact on health outcomes.[141]Even though in other areas of policy inclusion of vulnerable targeted group and their participation is one of the basic principles, when it comes to HIV polices, surprisingly very few countries mention the principle of participation.[142]Community participation is a key to successful drug and health policy, as most affected vulnerable populations are better aware of the structural challenges, hidden barriers and obstacles, as a result when these barrier are accordingly addressed in policies, this could improve the access to health services.

2.2 Case study

Comprehensive human rights based strategies that address drug use and HIV are believed to bring positive outcomes, there are several countries whose experience proves to show the progress in achieving good results. Such countries have sufficient evidence on decrease of HIV rates among people who inject drugs and stabilisation of this rate. Among these countries can be defined the Netherlands, Switzerland and Portugal. There are also some countries that had extremely high HIV rates in the past, but recently have been taking progressive steps towards controlling HIV epidemic, among them are Ukraine, Malaysia and Belarus.[143]The rates of HIV infection varies greatly from region to region, depending on the state drug policy and level of acceptance and implementation of harm reduction strategies. The experience of the Russian Federation clearly demonstrates the negative consequences in the view of political opposition to harm reduction.

[141]E. Potts, Accountability and the right to the highest standard of health. Colchester, University of Essex Human Rights Centre, Available from http://repository.essex.ac.uk/9717/1/accountability-right-highest-attainable-standard-health.pdf, (accessed 14 June 2016)
[142]S. Gruskina, D. Tarantola, Universal Access to HIV prevention, treatment and care: assessing the inclusion of human rights in international and national strategic plans
[143]UNODC, UNGASS 2016, Contributions UN,UNAIDS, Available from https://www.unodc.org/documents/ungass2016//Contributions/UN/UNAIDS/JC2803_drugs_en.pdf, accessed 14 June 2016)

Further, I will elaborate on the example of Russian policy, then specifically focus on Portugal example as a good practice, and provide case study of the Belarusian experience in the view of recent challenges.

2.2.1 Case study: Russia

The collapse of USSR lead to changes in political, economic and social life of Russian people, which also affected the drug scene in the country. The number of people using drugs significantly increased in the first 18 years of post-soviet Russia, and accompanied with enormous increase of HIV infections and deaths from AIDS. At present, the number of people using drugs in the country constitutes nearly 8,5 million which is 6% of population.[144] The use of heroin considered the most common drug, used though injecting practices. The so called "heroin crisis" has been fuelling the HIV epidemic in the country due to the fact that the main way of virus transmission is through contaminated needles.[145]The Russian Federation has the highest number of PWID in the Eastern European region, which is around 2 million people, and 26% among them are estimated to be living with HIV.[146]

One of the reasons for continuously increasing HIV cases among PWID in the country is the official state position to address HIV and drug use problem. The position prioritises the treatment versus prevention efforts, such as "drug dependency treatment is more effective than needle exchange and methadone programs."[147]Interestingly, that on the official level the Ministry of Health recognises drug dependence as chronic illness, however at the same time this is the only disease, which is not addressed by

[144]M. Galeotti, Narcotics and Nationalism: Russian Drug Policies and Future, Available from http://www.brookings.edu/~/media/Research/Files/Papers/2015/04/global-drug-policy/Galeotti--Russia-final.pdf?la=en, (accessed 12 June 2016)
[145]R.Grim, M.Ferner, Ahead Of A Key Meeting, Russia Is Driving Global Drug Policy Into The Ground, The Huffington Post, Available from http://www.huffingtonpost.com/entry/russia-drug-policy_us_570d669fe4b08a2d32b83743, (accessed 14 June 2016)
[146]UNAIDS Programme Coordinating Board, background note, Available from http://www.unaids.org/sites/default/files/media_asset/20160607_UNAIDS_PCB38_16-14_BN_EN.pdf, (accessed 14 June 2016)
[147]A.Mazus, 'Who heads the Moscow Centre for HIV/AIDS Prevention', Reuters, Available from http://www.reuters.com/article/us-russia-hiv-idUSTRE7BK12X20111221, (accessed 15 June 2016)

medical treatment, in contrast the patients are subjected to cruel, inhuman or humiliating treatment and punishment.[148]

The national drug strategy for 2016-2020[149] and laws prohibit implementation of the comprehensive package of intervention from WHO/UNODC/UNAIDS technical guide provision one of the main harm reduction interventions. One of the dramatic consequences of such policies is that drug related deaths continues to show sharp increase in numbers, according to recent data available in 2013 this mortality rate constituted 100 000.[150]The experience of people in Crimea serves as a practical example, where under the Ukrainian drug control system people using drugs were receiving appropriate treatment and OST among them, however after annexation to the Russian Federation they were denied in this health services. As a result out of 800 people were OST patients, 20 of them died from drug overdose in 2014.[151][152]

The government also oppose another internationally recognised program on needles and syringes (NSP). The position of health authorities requires special attention, as according to the view expressed by of Ministry of Health the NSP "stipulates to tolerate drug dependent persons".[153]The high level specialist in drug treatment in one of his statements call for increasing "social pressure" on drug users as a method of preventing and combating drug dependence.[154]Although there are few NSP cites operating in the country, but considering the lack of political will and financial support, uncertain legal

[148]Andrey Rylkov Foundation, Canadian HIV/AIDS Legal Network, Eurasian Harm Reduction Network "ATMOSPHERIC PRESSURE" Russian Drug Policy as a Driver for Violations of the UN Convention against Torture, Available from http://www.countthecosts.org/sites/default/files/Atmospheric_Pressure.pdf, (accessed 15 June 2016)
[149]Strategy for the Implementation of the National Anti-Drug Policy of the Russian Federation in the Period Until 2020, adopted by Presidential Order N 690 of 9 June 2010, para. 4, 32, 48
[150]M. Galeotti, Narcotics and Nationalism: Russian Drug Policies and Future,
[151]O. Arunyan, 'Crimea's Methadone Ban Hitting Rehab Patients Hard, RFE/RL, June 20, 2014, http://www.rferl.org/content/crimeas-methadoneban-hitting-rehab-patients-hard/25429665.html, (accessed 15 June 2016)
[152] M. Kazatchkine, 'Russia's Ban on Methadone for Drug Users in Crimea Will Worsen the HIV/AIDS Epidemic and Risk Public Health,' *British Medical Journal* 348, Available from http://dx.doi.org/10.1136/bmj.g3118, (accessed 15 June 2016)
[153] Health Minister, T. Golikova, "The state and improvement of the narcological service of the Russian Federation," 2010, abstract for the conference "Drug Addiction in 2010", Available from http://www.minzdravsoc.ru/health/prevention/21, (accessed 15 June 2016)
[154]A. Kurskaya, "Public pressing against drug dependence," RIA Novosti, 16 May 2011, Available from

status of such programs their coverage is far to cover the needs of key population. This approach is contradicting the scientific evidence and recommendations made by international organizations, such as WHO studies that provide evidence to support the effectiveness of harm reduction interventions in substantially reducing HIV rates and highlight that this efficacy must be regarded as overwhelming.[155]

In the Russian Federation, the drug control laws, policies and practices undermine the internationally recognized balanced approach that consist of drug prevention, treatment and harm reduction. Important to mention that in other counties harm reduction programs are usually supported by medical workers and drug treatment specialists. It does not work for Russia. In Russia the most basic and widespread measure for drug treatment is the detox.[156]Such strategy is leading to negative consequences as it is lack of appropriate supportive medical interventions to sustain remission.[157]

The legal framework in the Russian Federation impose harsh punishments for drug related offences and serve as a clear punitive law enforcement approach. The sanctions according to the drug law for drug use and possession is disproportionately severe. While the drug use can be punished by 15 days of arrest,[158] the drug possession a might be resulted in up to 3 years of imprisonment.[159]The fear of being arrested, to be humiliated and tortured increase the risky behavior of people using drugs, even with some level of awareness on the risks and harms affected population is still limited in the accessible means of treatment, care and support. Such situation created by the state put

[155]UNODC Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users (Evidence for action technical papers), Available from https://www.unodc.org/documents/balticstates/Library/NSP/EffectivenessNSP.pdf, (accessed 15 June 2016)

[156]E. Rigbey, 'Drug Addiction: Not Quite as Simple as Russia v the West,' oDR, November 16, 2009, Available from https://www.opendemocracy.net/content/ drug-addiction-not-quite-as-simple-as-russia-v-west, (accessed 15 June 2016)

[157] Human Rights Watch ,'Russia: Drug Addiction Treatment Requires Reform,' November 8, 2007, Available from http://www.hrw.org/en/ news/2007/11/07/russia-drug-addiction-treatment-requires-reform, (accessed 16 June 2016)

[158]Article 6.9. of the Russian Federation Code on Administrative Offences, 2001

[159]Article 228 of the Criminal Code of the Russian Federation, 1996

the key groups in unbearable conditions and make them extremely vulnerable to health and social risks.[160]

The national Strategy on Drug policy for 2016-2020 is not envisaging any progressive steps in drug policy development. Instead, the main document defining drug strategy in the country is not mentioning human rights. While the UNODC and the international legal framework priorities the health and wellbeing of humankind in the view of drug polices, the Russian Federation is clearly not following this policy line. The legal drug control framework when addressing people using drugs is demonstrating repressive approach. The political opposition to harm reduction services contradicts the scientific and evidence based drug treatment approach recognized worldwide. Both national and international data and evidence on the health outcomes relating to the rates of HIV infections and other blood-borne disease, drug related mortality shows the ineffectiveness of the state policy. While fueling HIV epidemic in the country, the regressive, punitive policies that are aimed to create social hatred are leading to marginalization, stigmatization and discrimination of people using drugs. The national drug policy contradicts the person centered, health and scientific based approach, which is resulting in negative health and social outcomes.

2.2.2 Case study: Belarus

The history of HIV epidemic in the country started in 1996 in one of the small town Svetlagorsk with the population around of 70 thousand people. By the end of the year the number of people living with HIV reached 700, which was 10 times higher than throughout the country and was one of the highest epidemiology rates in Europe. The HIV epidemic was mostly concentrated among key population such as PWID and was continuously increasing.[161] To respond to this challenge, the community of Svetlagorsk launched the first harm reduction program in the country in 1997 that included educational materials on safe sex and injecting practices, provision of clean needles and

[160]Andrey Rylkov Foundation, Canadian HIV/AIDS Legal Network, Eurasian Harm Reduction Network "ATMOSPHERIC PRESSURE" Russian Drug Policy as a Driver for Violations of the UN Convention against Torture

[161]N. Chernyavsky, '10 facts from the history of the first HIV outbreak in Svetlagorsk', Salidarnast, Available from http://gazetaby.com/cont/art.php?sn_nid=41068, (accessed 16 June 2016)

syringes, and distribution of condoms. Despite the existing political opposition and local criticism towards harm reduction services, the positive results proved the effectiveness and benefits of these activities. Baseline study showed that 92 % of key populations shared injecting equipment in 1992, this number decreased to 35% in 1999.[162] This first effort to implement harm reduction services in challenging conditions, facing number of barriers have proven its efficacy and served as an example for the county in future.

Nowadays, according to the recent data available as of 1 January 2015, Belarus reported 17,522 cases of HIV infection. At present there are 14,500 people registered under the supervision of psychiatrists-narcologists.[163]The HIV epidemic in Belarus is characterized as concentrated, with a low prevalence among the general population (0.14%, 2014) and higher rates among the key populations the prevalence among people who inject drugs (PWIDs) is 14.3%.[164]

The state of harm reduction in the country is showing tendency to undergo gradual progress, however in the view of the new challenges in drug scene the government developed drug legislation with a great emphasis on punitive measures. This new policy has a potential of further human rights violations for people who use drugs and thus compromising earlier made efforts on implementing harm reduction measures.

The legal status of OST, one of the main harm reduction interventions for people who inject drugs, has been approved by the Ministry of Health and integrated in the public health care system in 2010.[165]The study on socio-economic cost-effectiveness of OST provision in the country, conducted by a national state research institution, played an

[162]Interagency coalition on aids and development, HIV/AIDS, Injection Drug Use, Harm Reduction and Development, Available from http://www.icad.cisd.com/,(accessed 16 June 2016)
[163]Minsk regional clinic, 'Drug abuse treatment,' Available from http://mokc.by/content/ambulatornaya-narkologicheskaya-pomosch, (accessed 16 June 2016)
[164] According to the Division of HIV / AIDS SE "National Center for Hygiene, Epidemiology and Public Health"
[164]D. Raben, J. Klinte, WHO, A. Sönnerborg, Karolinska Institute, E. Subata, 'HIV Programme Review in Belarus, Evaluation Report,'2014, Available from http://www.cphiv.dk/LinkClick.aspx?fileticket=PZk_gZKMBD8%3D&portalid=0, (accessed 16 June 2016)
[165]Eurasian Harm Reduction Network, 'National Report Belarus,' Available from http://www.harm-reduction.org/sites/default/files/pdf/belarus-global-fund-case-study-eng.pdf

essential role in defining enabling legal and policy environment for this service. At present there are 17 opioid substitution therapy sites functioning in 15 cities of Belarus.[166]Still, the situation with OST requires further improvements with regard to quality and functional aspects of service delivery based on the high number of clients' complaints. One of the most common complaint on OST is connected to the non-flexible working hours and absence of possibility to take-home dose that impact personal life of patients (need of daily visits to clinics impact their freedom to travel).[167]

Due to the recent high activity in advocacy measures undertaken in collaboration with international organisations and public figures, the rates HIV testing and counselling has significantly increased. Although at the same time, this rate remains low as 26% among key target population of people who inject drugs.[168]

The study on NSP in Belarus demonstrated its cost effectiveness, and it proved to prevent 32.6% - 44.2% of new HIV cases. In 2014 in the country have been successfully operating 32 needle exchange programs, and their coverage concluded nearly 42 % of the number of people who use drugs.[169]

The legal framework in Belarus does not define the status, the rules and standards for needle and syringes service delivery. As NSP was under the control of civil society sector this aspect has not been an issue of concern for long time, but since the coming changes in the role of main coordinator of harm reduction services resulting in its transition to the public health authorities, it might lead to barriers in access to NSP for people who use drugs because of the lack of trust and fear of state institutions of PWUD, stigma and discrimination in public health sector in general.[170]

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[166]Eurasian Harm Reduction Network,'Sustainability and transition planning for Global Fund Harm Reduction Projects,' Available from http://www.harmreduction.org/sites/default/files/inline/files/Belarus%20Policy%20brief.pdf p 5
[167] Ibid, p.5
[168] Government of the Republic of Belarus, CONCEPT OF THE NATIONAL HIV PREVENTION PROGRAMME FOR 2016-2020 2015: Minsk.
[169]Eurasian Harm Reduction Network, (EHRN) 'Sustainability and transition planning for Global Fund Harm Reduction Projects,' p.3
[170] Eurasian Harm Reduction Network, 'National Report Belarus'

Recently, the country has been demonstrating significant progress in the HIV/AIDS response. Particularly, the increase in the number of people on ARV treatment and subsequent decrease in mortality, furthermore Belarus is one of the countries in the EECA region that can achieve the elimination of vertical HIV transmission. In addition to that, recently during one of the press conferences the UNAIDS regional director expressed the view that "Belarus can be the first country in Eastern Europe to end the AIDS epidemic as a threat to public health by 2020. Belarus cannot miss this chance to make history and to save the lives thousands of people." [171]It is also worth mentioning that Belarus is one of the few countries in the region that agrees to take further commitments on financing the harm reduction services, while mostly in EECA the international donors are supporting the maintenance of such health programs.[172]

In 2014 Belarus faced the changes in drug scene connected with the emergence on the illicit market new synthetic and designer drugs, that created alarming situation resulted in rapid increase in drug related deaths, especially among young people.[173]In reaction to this, Belarus decided to take punitive law enforcement approach and introduced amendments to the national drug legislation. The amendments to the criminal code introduced in 2015 could be considered as regressive from the human right perspective. In addition to the increase in the length of imprisonment for drug trafficking to maximum of 25 years, decreasing the age of criminal liability for drug crimes to 14 years, there are also new measures criminalising drug use. According to the new provisions, if a person is caught by police for the first drug use he/she is to pay an administrative fine (approximately equal to 100$), in case if person is caught for the ssecond time during a year being under the influence of illegal narcotic drugs in public

[171]UNAIDS, Ending the AIDS epidemic in Belarus: joint commitments and joint efforts, Available from http://www.unaids.org/en/resources/presscentre/featurestories/2015/february/20150210_belarus, (accessed 17 June 2016)
[172]ICASO, Situation analysis of sustainability planning and readiness for responsible transition of harm reduction programs from Global Fund support to national funding in EECA, Available from http://www.icaso.org/media/files/24043-EHRNReportonResponsibletransitioninEECARUS.pdf, (accessed 17 June 2016)
[173]BelTA, 'The antidrug decree will come in force 1 January 2015- MOI', 1O December 2014,TUT.BY, Available from http://news.tut.by/society/428854.html, (accessed 17 June 2016)

places he/she is a subject to criminal liability.[174] The civil society have already voiced their concerns that such legal amendments will lead to further marginalisation and stigmatisation of people who use drugs and prevent them from seeking treatment. The new drug legislation has established additional barriers in access to HIV prevention, treatment and care services for people who use drugs. One of practical examples of such negative consequences is an obligation for health institutions to inform the law enforcement authorities about the people who use drugs.[175]

In 2015, state adopted of concept on social rehabilitation of people with alcohol and drug addiction engaging forced labour, which also considered as regressive step and has high potential for human right violations.[176] This institution is a "strange hybrid of rehab and prison" which is a part of penal system where people with substance abuse can be locked up there even without committing a crime. Regional courts are referring people using drugs to such institutions not considering peoples consent. These labour camps do not provide harm reduction interventions, the main treatment method is rehabilitation through forced labour.[177]It seems reasonable to reconsider the status of the labour camps, which must not engage forced labour, moreover any treatment have to be provided on voluntarily basis.

The extensive but punitive law enforcement measures to fight the drug related crimes from one side have been accompanied with the activation from the civil society and health sector in fight with HIV and other blood-borne infections. The fruitful cooperation with international partners and national NGOs have resulted in positive changes in drug and HIV policies. At first, the significant improvement in drug polices

[174]President decree № 6 from 28 December 2014 "On urgent measures for the combating of unlawful drug trafficking" para 11.1, Available from http://president.gov.by/ru/official_documents_ru/view/dekret-10535/,(accessed 17 June 2016)
[175]Eurasian Harm Reduction Network, Country Profile, Belarus, Available from http://www.harm-reduction.org/ru/country-profiles/belarus, (accessed 17 June 2016)
[176]'Concept on social rehabilitation of people with alcohol and drug addiction engaging forced labour', Available from http://www.government.by/upload/docs/file79a3b95cda5fad7c.PDF, (accessed 17 June 2016)
[177]I. Popova,' Inside Belarus's 'rehab prisons' for alcoholics – in pictures',17 December 2015,The Guardian, Available from https://www.theguardian.com/world/gallery/2015/dec/17/belarus-soviet-jail-for-alcoholics-irina-popova, (accessed 17 June 2016)

was connected with the inclusion of the civil society sector as a co-stakeholder for realisation of activities following from the new state "action plan on effective anti-drug trafficking measures, prevention of drug consumption and social rehabilitation of drug users".[178] Moreover, the National HIV Prevention Program and Plan 2016-2020 that were elaborated in close cooperation with representatives from public health authorities, civil societies and international experts, are directly targeting the key populations and especially people who use drugs.[179]. The State Programme on HIV Prevention for 2016-2020 presumes taking efforts to advance the end of the AIDS epidemic by 2020. The state also envisages that key populations should have universal access to integrated services for the prevention, diagnosis, treatment and care of HIV by 2020.[180] In addition, Belarus set out that goal that vulnerable groups and the population at large should have equal access to high-quality healthcare, and social protection services that effectively address their needs.[181]

Republic of Belarus acknowledges the fact of increasing HIV prevalence and existing challenges for addressing the problem .While progressive steps have been taken in some areas to address the growth of new HIV cases among key population, successful health based response requires taking further systematic actions in order to expand the coverage of evidence based and cost-effective programs, to improve the access for people who inject drugs to HIV services, and enhance the coordination of activities among different state and non-state stakeholders.

[178]The Official Internet Portal of the President of the Republic of Belarus, 'Decree № 6, Urgent measures to combat drug trafficking ,' Available from http://president.gov.by/ru/news_ru/view/kommentarij-k-dekretu-o-neotlozhnyx-merax-po-protivodejstviju-nezakonnomu-oborotu-narkotikov-10537/, (accessed 17 June 2016)

[179]Ministry of Health Republican Centre for Hygiene, Epidemiology and Public Health,' State Program Public Health and Demographic Security' Available from http://rcheph.by/news/utverzhdena-gosudarstvennaya-programma-zdorove-naroda-i-demograficheskaya-bezopasnost-na-2016-2020-g.html, (accessed 17 June 2016)

[180]UNDAF 2016-2020, UNDAF Area of Cooperation 4: Sustainable Development of Human Capital: Health, Education, Social Inclusion and Protection, Comprehensive Post-Chernobyl Development, (the outcome 4.2), Available from http://un.by/f/file/UNDAF%20RU%20internet.pdf, (accessed 17 June 2016)

[181]UNDAF 2016-2020, As a part of UNDAF Area of Cooperation 4: Sustainable Development of Human Capital: Health, Education, Social Inclusion and Protection, Comprehensive Post-Chernobyl Development, outcome 4.3

2.2.3 Case study: Portugal

The society in Portugal in the mid XX was conservative, traditional and the country was ruled by authoritarian regime. These aspects have defined the attitude and relation towards drugs and people who use them. However, since 1960-s drug use started increasing in the country, but still was mostly concentrated in the environment of artists. Police regime focusing on isolation from external influence defined the social life people, and they did not have common knowledge about drugs. In early 1990-s the drug use became one of the most serious concerns of the society in Portugal.[182]Interesting fact that with the public perception of the situation with drug consumption, in reality the drug consumption rates were among the lowest in Europe.[183]Even the general rate on drug use was not high, due to surveys Portugal had the highest rates in problematic drug use, especially heroin use during the period from 1980-1990.[184] Back then, the Church and related institutions were leading the treatment and care of people who use drugs, and this played an important role in defining aspects of drug policy in the country.[185] Later in 2001, the data demonstrated that 0,7% of population tried heroin at least once in their lives, which constituted the highest rate in Europe.[186] While at the same time the HIV rates among people who inject drugs, especially heroin, were extremely high and reached 60%.[187]

The drug control laws and polices before 2011 were fuelling the HIV epidemic and drug related harms. The fact that, drug use and possession were illegal and subjected to criminal sanctions entailed the situation when people who use drugs were avoiding HIV prevention and treatment services in fear to be caught by police. According to the legal drug control framework before 2001 people who use drugs were considered as criminals

[182]Open Society Foundation, 'Drug policy in Portugal', Available from https://www.opensocietyfoundations.org/sites/default/files/drug-policy-in-portugal-english-20120814.pdf, (accessed 17 June 2016)
[183] Nationwide Survey on Psychoactive Substances Consumption conducted by professor Casimiro Balsa, Interview with Casimiro Balsa, 2001.
[184] Joao Goulou, quoted in: C, Beyrer, 'Time to act: a call for comprehensive responses to HIV in people who use drugs, The Lancet: HIV in People Who Use Drugs, Special Issue, July 2010.
[185] Open Society Foundation, 'Drug policy in Portugal', p.132
[186] Nationwide Survey on Psychoactive Substances Consumption conducted by professor Casimiro Balsa et al. in 2001
[187] Interview with Henrique Barros, National Coordinator for HIV/AIDS, 2001

because of the illegality of drug use. In Portugal, drug control laws prohibited the needle and syringes programs, following the view that such practices supporting drug use.[188] The criminal sanction for personal drug possession according to the law constituted a fine or year of imprisonment.[189]The number of people using drug were increasing as well as the number of drug-related deaths, and rates of HIV, AIDS, Tuberculosis, and Hepatitis B and C among people who inject drugs. [190]

As a reaction to the alarming situation in late 1990s the government, parliament, general community and other concerned members of society initiated the process of negotiations on the way to address the problems. The multispectral team consisted of doctors, lawyers, law- enforcement authorities, sociologists and civil society were involved in the process of developing the national strategy on drugs.[191] Based on the recommendations and the programm developed by the multispectral committee, in July 2001 Portugal introduced a new law 30/2000, which has significantly changed the policy addressing people who use drugs. The new legal act decriminalised the use and possession for personal use of all types of illicit drugs, which could be defined all together as the 10 days supply. Nevertheless, these changes are not addressing the drug manufacturers, dealers and traffickers.[192]The decriminalisation here means that drug use and possession is not anymore a subject of criminal liability, but administrative. This generally entails the following consequences such as fines or community work. In case of Portugal, in accordance with the new law, the 'Commissions for the Dissuasion of Drug Addiction' now has become responsible for taking decisions on the penalties for drug offences. Practically, the police refer a person who use drugs to this body, which consists of legal, health and social workers.[193] In reality, the majority of those referred to the commissions by the police have their cases 'suspended', which means that they

[188] Open Society Foundation, 'Drug policy in Portugal'
[189] C. Hughes, A. Stevens, 'THE EFFECTS OF DECRIMINALIZATION OF DRUG USE IN PORTUGAL', Available from https://core.ac.uk/download/files/57/91904.pdf, (accessed 17 June 2016)
[190]Transform Drug Policy Foundation, 'Drug decriminalisation in Portugal setting the record straight', Available from https://www.unodc.org/documents/ungass2016/Contributions/Civil/Transform-Drug-Policy-Foundation/Drug-decriminalisation-in-Portugal.pdf, (accessed 17 June 2016)
[191]Open Society Foundation, 'Drug policy in Portugal'
[192]C. Hughes, A. Stevens, 'THE EFFECTS OF DECRIMINALIZATION OF DRUG USE IN PORTUGAL'
[193]Transform Drug Policy Foundation, 'Drug decriminalisation in Portugal setting the record straight',

receive no penalty.[194] The main aim of such commissions is to encourage people to seek relevant treatment or education programs; however, the basis for such treatment must be voluntarily, according to the rules of commission.[195]

The decriminalisation has positively contributed to the work of police allowing them to focus on people who profit from the drugs trafficking, and relived the court workload, while enabling a public health approach to drug users.[196] This policy reform contributed to expanding and improving HIV and drug use prevention, treatment, harm reduction and social reintegration programmes.[197]

The new law in Portugal has been in the centre of media and public attention for quite long time as was the first comprehensive reform of drug legal framework. This example is still an important topic for debates and discussions among policy makers and societies worldwide. Unluckily, this good and progressive practice in the development of drug policy has been frequently misrepresented. The main issues that require clarification are legal status of the new law and the practical outcomes of the new policy, proved by reliable data and evidence. Regarding the first issue, it should be considered that there is clear difference between decriminalisation, de-penalization and legalisation. Under de-penalisation drug use and possession remain a subject to criminal law with corresponding criminal sanctions that in some cases could be replace by alternative measures. Decriminalisation changes the character of the sanction imposed for these activities from criminal to administrative field. As it is often loosely suggested the decriminalization law does not legalize drugs.[198] Legalisation requires introduction of new laws that are legally permitting and regulating the production and sale of drugs. This is an important point to clarify the false statements that Portugal with its

[194] European Monitoring Centre for Drugs and Drug Addiction, 'National report 2012: Portugal', Available from http://www.emcdda.europa.eu/html.cfm/index214059EN.html, (accessed 17 June 2016)
[195]A. Domosławski, 'Drug Policy in Portugal: The Benefits of Decriminalizing Drug Use', Open Society Foundations Global Drug Policy Program, Available from http:// www.opensocietyfoundations.org/sites/default/files/drug-policy-in-portugalenglish-20120814.pdf
[196]C. Hughes, A. Stevens,
[197]Transform Drug Policy Foundation, 'Drug decriminalisation in Portugal setting the record straight',
[198]H. Laqueur, 'Uses and Abuses of Drug Decriminalization in Portugal', refers to studies by Messamore 2010 and O'Neill 2011, Available from https://www.law.berkeley.edu/files/Laqueur_(2014)_-_Uses_and_Abuses_of_Drug_Decriminalization_in_Portugal_-_LSI.pdf, (accessed 17 June 2016)

decriminalisation law is breaching its international commitment towards prohibition of drugs. While the legalisation of drugs does not comply with the international obligations of Portugal under the UN drug conventions, decriminalisation does.[199] In relation to the second topic, the independent analysis of results in various areas have proved the significant benefits of Portuguese policy model.[200]

One of the main critical concern was connected to the belief that such policy could lead to increase in number of drug users, however the statistics shows that after the reforms the level of drug consumption remains almost the same as before 2001 and is still the lowest in Europe.[201] Moreover the level of drug use among young people from 15-24 has declined.[202] The data one more time proves that removal of criminal penalties for drug use does not increase the levels of drug use, which is also supported by compelling evidence from different countries.[203] The number of newly diagnosed HIV cases among people who inject drugs has declined dramatically, falling from 1,016 to 56 between 2001 and 2012, while the number of new cases of AIDS also decreased, from 568 to 38. [204] The number of drug-related deaths have also decreased from nearly 80 in 2001, to 16 in 2012.[205]

Furthermore, one of the main health related benefits is the impressive increase in the coverage with harm reduction intervention, as according to data from 1998 till 2011, the number of people in drug treatment increased by more than 60 %.[206]

Concluding based on the clear facts and reliable evidence, the experience of Portugal have demonstrated significant improvements in public health and security areas. It

[199]Interview with Casimiro Balsa, 2001.
[200]E.Hughes, A. Stevens, 'What Can We Learn from the Portuguese Decriminalization of Illicit Drugs?,' *British Journal of Criminology*, vol. 50, no. 6, 2010,pp. 999-1022
[201]European Monitoring Centre for Drugs and Drug Addiction, "2013 National Report (2012 Data)
[202]E.Hughes, A. Stevens, 'What Can We Learn from the Portuguese Decriminalization of Illicit Drugs?,
[203] European Monitoring Centre for Drugs and Drug Addiction (2011b) 'Looking for a relationship between penalties and cannabis use'. http://www.emcdda.europa.eu/ online/annual-report/2011/boxes/p45
[204]European Monitoring Centre for Drugs and Drug Addiction (2014) 'Data and statistics', Available from http://www.emcdda.europa.eu/data/2014, (accessed 17 June 2016)
[205]Data for year 2001 taken from Hughes, C. E. and Stevens, A. (2012) op. cit., p. 107; data for year 2012 taken from Instituto da Droga e da Toxicodependência (2013), op. cit., p. 64
[206]H. Laqueur, 'Uses and Abuses of Drug Decriminalization in Portugal'

should be taken into account that the positive outcomes from the policy reforms is the result of comprehensive approach. The decriminalisation act built a legal framework, which facilitated promoting and expenditure of harm reduction services in order to provide better treatment and support to people who use drugs. The country has changed approach towards drug policy to "treatment instead of punishment", while prioritising health and wellbeing of key populations. The innovative strategy of Portugal is based on fundamental values with "the recognition of the need to respect human dignity, understand the life choices and social circumstances of others, and uphold the constitutional right to health lay behind the change of approach toward drug consumption".[207]

Belarus, Portugal and the Russian Federation have chosen different legal and policy frameworks. The scientific evidence and numerous reports from human rights organisations shows the dramatic outcomes of repressive drug policy defined by Russian government, accompanied by the opposition to implement one of the main scientifically based harm reduction intervention. The increasing HIV rates, high number of overdoses and drug related mortality deaths, human right abuses, mass arrests, humiliating and degrading treatment towards drug users all these are realities of Russian punitive policy and laws. Its neighbouring country Belarus has chosen the other way for developing national HIV strategy. As the country is facing threats from high HIV rates, the health authorities and local NGOs have launched and promoting harm reduction activities for key populations. National and international agencies are putting efforts to build the partnership between various stakeholders and especially law enforcement authorities, which is resulting in gradual improvements. However, the drug laws and policies still require careful review in order to follow the human right and health based approach. The experience of Portugal shows the progressive and innovative line of policy development, which contributed to the health outcomes. Such liberal person-centred policy removes several social and legal barriers and therefore allows scaling up HIV treatment services, improves the lives of people using drugs. Concluding on case

[207]The Portuguese Drug Strategy, 1999, Available from http://www.emcdda.europa.eu/system/files/att_119431_EN_Portugal%20Drug%20strategy%201999.pdf, (accessed 17 June 2016)

studies from, it is worth mentioning that based on scientific analysis it could be stated that punitive drug laws and policies are increasing the health risks of individuals and communities, therefore the policy and legal reforms promoting public health over the criminalization of drug use and PWID are urgently needed.[208]

Better treatment and care results are achieved when respective policies envisage comprehensive and multispectral health and human right based approach. The compelling evidence has demonstrated that repressive drug laws and policies lead to significant harmful consequences for public health and social well-being, while at the same time are accompanied by severe human right violations. The punitive drug approach undermines the equal access to harm reduction services for PWUD, which in its turn increase the risk of acquiring HIV, hepatices C. The criminalisation of drug use and drug possession leads to stigmatisation of drug users, increase unsafe injecting practices and limit the access to HIV treatment and care services. Recalling the primary goal of drug polices which is protection of health and wellbeing of people, we put the focus on the health and person centred approach. This aim requires creating supportive legal and policy environment, which is informed and evidence based. Scientific evidence and human rights standards contribute to comprehensive understanding of the "health" in the drug policy context. Successful response to the cores of challenges and negative consequences posed by repressive drug policies requires cooperation and joint efforts from policy makers, civil societies, inclusion of communities of people who use drugs.

[208] UNODC, Science Addressing Drugs and HIV: State of the Art of Harm Reduction, The International Journal of Drug Policy

3 Police practices

3.1 Barrier or facilitator

While laws and policies can create enabling framework for harm reduction programs, practical implementation of the policies plays a key role for the actual delivery of these services. The activities of law enforcement authorities are crucial in defining the consequences of the drug policies for several reasons. Commonly, according to their mandate the main function is to maintain public safety and security through enforcing the law and order. Within this function the police officers carry out strategies that may have unintended harmful consequences for the public health and increase drug related harms. It happens due to the reason that during their work police intersect with the key population, whose behaviour might be criminalised, and they are frequently the first contacting point with criminal justice system. In addition to the main police mission to maintain public safety and security, there is also very important mandate to protect the rights of people, especially those most vulnerable, and the protection of public health lies under this scope of mandate. In the context of HIV among people using drugs, the actions of police can have a significant impact on the health outcomes for those most at risk population.

At present, due to the great number of comparative analysis and case studies conducted on the approaches on drug polices proved the effectiveness and the benefits of human rights and health based approach for both public security and health outcomes. Considering that the police are on their duty to serve and protect the population, the key to successful response to the criminal and health threats is the balanced approach. Such balanced approach consists police activities on reducing and preventing large scale illegal drug crimes and facilitating and promoting the HIV prevention, treatment and care programs for key population. This approach is based on the recognition of human dignity of all people, concerns for health, security and human rights. Balancing these elements are helping to bridge the gap between the law enforcement and the health, while support to achieve better access to treatment and to reduce illicit drug use.[209]

[209]Practical guide for Civil Society HIV service providers among people who use drugs: IMPROVING COOPERATION AND INTERACTION WITH LAW ENFORCEMENT OFFICIALS, Available from

In recent years there have been undertaken several studies that are focusing on the police practices and spread of HIV among people who inject drugs. The first studies have been mostly emphasising the negative aspects of policing practise, the researchers collected body of evidence on police abuses in different forms. The findings on the HIV showed that punitive police practices are leading to direct and indirect effects on the behaviour of people who use drugs and consequently increase the risk of acquiring HIV for the targeted population.[210]Most of the studies highlighted the fact that when the law enforcement authorities implement the "traditional" approach in fight against drugs, the effect from their actions creates "risk environment" for people who use drugs on the ground. In this regard the relevant professionals and civil society representatives, started to express the common opinion on the necessity of rethinking and rebalancing the law enforcement approach when dealing with drug use in order to ensure effective implementation of harm reduction services.[211] These studies brought the public attention to human rights violations of people who use drugs, and facilitates the active work of international organisations and national institutions on development of strategies to improve the situation.[212] Based on the comprehensive research several methodologies have been developed, which are aimed to increase the knowledge of police officers on the aspects of drug use and HIV and to introduce new working approaches in order to improve the access to health services. Such training activities allow to build understanding on the role of law enforcement authorities in the area of public health and at the same time the implemented methods tend to show better results in decreasing small-scale drug related activities, when improving the results on investigation of major crimes.[213]

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https://www.unodc.org/documents/hivaids/2016/Practical_Guide_for_Civil_Society_HIV_Service_Providers.pdf, (accessed 18 June 2016)

[210]UNODC, Science Addressing Drugs and HIV: State of the Art of Harm Reduction, The International Journal of Drug Policy

[211]J. Cohen, J. Csete / 'As strong as the weakest pillar: Harm reduction, law enforcement and human rights', International Journal of Drug Policy vol. 17;101–103, 2006, p. 107

[212] Development of number of technical guides on police training

[213] Practical guide for Civil Society HIV service providers among people who use drugs: IMPROVING COOPERATION AND INTERACTION WITH LAW ENFORCEMENT OFFICIALS

Police actions greatly influence the level of access of people who use drug to harm reduction services. International researchers define that policing practices can directly or indirectly stipulate the high risk behaviour of key population, consequently affecting the chance of acquiring HIV and other blood borne infections among them. One of the most common police activities directly influencing the aces to services are the confiscation of needle and syringes and arrest for their possession. The practice of confiscation of injecting equipment is leading to the increase in sharing syringes, which in its turn is one of the risk drivers for acquiring HIV. In many countries, the possession of injecting equipment with drug residue can be determined as drug possession and be further sanctioned with arrest. Such practices have been reported to take place targeting the clients of harm reduction services in the vicinity of NSP cites.[214] Interestingly, that such practices are happen to occur even in countries where laws and policies are not prohibiting the NSP programs, purchase or possession of injecting paraphernalia. The reports on the country example, took place in two towns of Mexico, showed that police officers were confiscating needle and syringes from people injecting drugs, while there are no laws prohibiting possession of injecting equipment.[215]Fear of arrest and confiscation for carrying of injecting equipment is creating risk environment in which PWID tend to sharing needles and syringes, to inject in hurry, which could lead overdose cases.

There are police activities that could indirectly lead to harmful consequences and undermine the access to harm reduction services, among which are police "crackdowns", surveillance of NSP and OST cites, arrests and random urine testing of clients of these services.[216]Intensified police activity near OST and NSP centres discourage people using drugs to seek the treatment. The documented evidence has shown that when police intensify their activities near harm reduction facilities this

[214] S.A. Strathdee, L. Beletsky, T. Kerr,' HIV, drugs and the legal environment', International Journal of Drug Policy, vol. 26, 2015, p.28
[215]R.A. Pollini, K. C. Brouwer, R. M. Lozada, R. Ramos, M.F. Cruz, C. Magis-Rodriguez, C., 'Syringe possession arrests are associated with receptive syringe sharing in two Mexico-US border cities,' *Addiction,* vol. 103(1),2008,pp. 101–108
[216]R.N. Bluthenthal, J. Lorvick, A.H. Kral, E.A. Erringer, J.G. Kahn, 'Collateral damage in the war on drugs: HIV risk behaviors among injection drug users' International Journal of Drug Policy, vol. 10,1999,p. 25–38

initiates the risky practices among people injecting drugs, which in its turn increase the risk of acquiring HIV, other blood borne infections and associated with higher overdose mortality rates.[217]During one of the interviews, that aimed to define what hinders key population to use harm reduction services when they are in place one of the drug users says, "I'd rather get AIDS than go to jail".[218] In such circumstances, a person using drugs contradicting his survival instincts and neglecting his/her health needs would in most of the cases choose the personal liberty. The other study in Bangkok revealed that the majority of PWID are frequently subjected to random urine testing during their treatment, such practices that are carried out not in voluntary basis deter key targeted group to seek the health services.[219]

The study on U.S. showed the reality how policing practices are discouraging the access to HIV prevention, treatment and care services. The report conducted for a month period in the area of NSP cite estimated 43% of client harassment; 31% of confiscation of clients' syringes; 12 % client arrest.[220] Furthermore, the other study conducted in the U.S. focusing on the female drug users, when encountering police officers demonstrated widespread cases of police misconduct, physical and sexual abuse, and other human right violations.[221]These are the most extreme and most concerning cases, as law enforcement representatives in contrast with their mission are abusing their power, and consequently they discourage their image and public trust.

In many countries arrests at NSP and OST cites is a common police practice as it's the easiest way to fill the arrest quotas, as in some countries the number of arrests serves as

[217]A. Bohnert, A. Nandi, M.Tracy, M. Cerda, K.J. Tardiff, D. Vlahov, D.,'Policing and risk of overdose mortality in urban neighborhoods*,' Drug and Alcohol Dependence*, vol.113(1), 2011, pp. 62–68.
[218]Human Rights Watch (2003e). Injecting reason: Human rights and HIV prevention for injection drug users: California: A case study.
[219]K. Ti Hayashi, J. Buxton, K. Kaplan, P. Suwannawong, E., Wood, E., 'Experiences with urine drug testing by police among people who inject drugs in Bangkok, Thailand,' *International Journal of Drug Policy*, vol. 25(2) 2013,pp. 297–302.
[220]L. Beletsky, A. Agrawal, B. Moreau, P. Kumar, N. Weiss-Laxer, R. Heimer, 'Police training to align law enforcement and HIV prevention: Preliminary evidence from the field,' *American Journal of Public Health*, vol.101,2011, pp. 2012–2015
[221]L.B. Cottler, C. C. O'Leary, K. B. Nickel, J. M. Reingle, D. Isom, 'Breaking the blue wall of silence: Risk factors for experiencing police sexual misconduct among female offenders,' American Journal of Public Health, vol.104(2),2013,pp. 338–344

one of the performance indicators. Incarceration of drug users according to the ample evidence is associated with the rapid increase of HIV, other blood-borne, sexually transmitted diseases, and serves as a point where health services are mainly disrupted.[222]

The aforementioned studies demonstrated the "paradigm and reality" of drug policies and practices, while at the same time many of them underlined the need to re-think and re-balance the approach of law enforcement agencies towards ensuring better health results.[223]

The key to that shift has been found in the role of police as a critical link in support of harm reduction services. One of the main barriers in this regard is that many law enforcement agencies are focused on the security and criminal justice, considering that public health is not an issue of their concern. However, for long time police have been playing significant role in protection of public health, maybe even without conscious systematisation the scope and the influence of their actions. Nowadays the good practices of multi-sectoral cooperation of relevant stakeholders among which are law enforcement, public health authorities and CSO representatives demonstrated the positive outcome in achieving good results in both health and security sector. When law enforcement agencies are actively involved in their mission of maintaining public health among other duties, these proved to improve access to treatment and positively affect the harm reduction services. In this regard, the police when putting the policy into practice could become as either barrier or facilitator to the access of key affected population to the live saving health services. Nevertheless, it should be take into account that turning law enforcement from barrier to facilitator requires comprehensive interventions brining new methods of their work, raising awareness on the threats of

[222]K. Dolan, B. Moazen, A. Noori, S. Rahimzadeh, F. Farzadfar, F.Hariga, 'People who inject drugs in prison: HIV prevalence, transmission and prevention', International Journal of Drug Policy, vol. 26, 2015, pp.12–15

[223] J. Cohen, J. Csete / 'As strong as the weakest pillar: Harm reduction, law enforcement and human rights'

HIV and blood borne infections, changes in their perception of key populations, their role in promotion of public health.[224]

Even when the state laws and policy is not explicitly promoting harm reduction, there are still ways for police officers to implement progressive international tactics. Use of discretion is one of such practices, which police have known and been using for many years. This effective method gives flexibility in decision-making and allows to facilitate the entering people using drugs into treatment programs. When applying discretion a police officer carefully considers the circumstances and the nature of an offence, and if this action does not necessarily require criminal sanction, he/she implies one of the fitting operational tools. Relating to minor drug related offences this approach does not remove the accountability from offender, but provides the law enforcement agent to take a decision in favour of community interest and health of a person using drugs.[225]

The other method that serves as a good policing practice is called drug arrest referral schemes, which have been implemented even in countries with traditional drug control policies. Drug referral schemes is a form of partnership between law enforcement agencies and community based organisations that provides medical and social services for people using drugs.[226]The rationale for this system was the evidence that many problematic drug users will enter the criminal justice system at some point of their lives[227] and police officers are as a part of their work encounters key populations that are at high risk of HIV, therefore this model serves as a good opportunity to identify drug using offenders and put them in touch with treatment services. The referral starts at the police station where the arrest of a person using drugs is used as a point where he/she can be offered treatment. It is worth mentioning that participation in such

[224]Law Enforcement and HIV Network (LEAHN),Consultation on Police and HIV, Available from http://www.idlo.int/sites/default/files/Consultation-on-Police-and-HIV-Report.pdf, (accessed 8 June 2016)
[225]Practical guide for Civil Society HIV service providers among people who use drugs: IMPROVING COOPERATION AND INTERACTION WITH LAW ENFORCEMENT OFFICIALS
[226]UNODC, Drug Referral Schemes, Manual, Russia, Available from https://www.unodc.org/documents/russia/Manuals/DRS_MANUAL_FINAL.pdf, (accessed 8 June 2016)
[227]J. O'Shea, B. Powis, *Drug arrest referral schemes: a case study of good practice* refer to Godfrey et al 2002

treatment is voluntarily and does not necessarily to become an alternative to imprisonment. The UK drug referral model consists of multidimensional team of drug workers that are based either in police stations or on call. They proactively contact arrested person that is in risk group, conduct the needs assessment of an arrested person and consider the appropriate harm reduction services for this person, where this person would be further referred to.[228] This mechanism of cooperation supports the HIV prevention, treatment and care program, while at the same time contributes to crime reduction.[229] Furthermore, the comparative analysis in countries that have implemented this model showed the referral to treatment reduces levels of problematic drug use, improves health and social functioning, reduces involvement in criminal behaviour and improves employment outcomes.[230]

When law enforcement is supporting harm reduction, the HIV prevention, treatment and care services can operate effectively and bring better health and community results.[231] Mistrust or lack of knowledge on the harm reduction programs, uncertainties on the legal status of such programs are the main reasons of certain type of attitude towards these services. Particularly, the barriers for acceptance of harm reduction could be explained by several preconditions, such as perception that harm reduction might not comply with law enforcement and criminal justice standards; new methods are contradicting with traditional approach of war on drugs and zero tolerance; and involve collaboration and cooperation, which is not very common practice for "old school" police authorities.[232]This situation requires active efforts from both national and international sector, accompanied with provision of educational, information and training programs. Brining new approach might be challenging with relation to the specifics of police culture that has been shaping during long time, however police

[228] J. O'Shea, B. Powis, *Drug arrest referral schemes: a case study of good practice,* London: Home Office,p. 4
[229]UNODC, Drug Referral Schemes, Manual, Russia
[230]UNODC, The Incarceration of Drug Offenders, Available from https://www.unodc.org/documents/balticstates//EventsPresentations/PrisonConference_1-2June10/Monaghan_2_june.pdf, (accessed 19 June 2016)
[231]Practical guide for Civil Society HIV service providers among people who use drugs: IMPROVING COOPERATION AND INTERACTION WITH LAW ENFORCEMENT OFFICIALS
[232]F. Hansen, Drug and Alcohol Coordination NSW Police, Australia, 'Are Police Interfering Are Police Interfering with Harm Reduction? The Role of Police in Harm Reduction'

officers after acknowledging the practical benefits from such programs generally tend to support the idea of harm reduction. Importantly, in order such interventions in police culture and practices to be effective there is need of support for the harm reduction on the different levels, especially on high management level. In this regard, it is beneficial and convincing to use the peer education, which in this case could be the demonstration of the best practices from the law enforcement authorities of countries with similar drug policy or the experience of the country's success in overcoming the common threats and challenges.[233]

3.2 Enhancing role of police in harm reduction efforts: case study

3.2.1 Case study: Canada

In 1990-s Canada had the highest rates of HIV among the developed countries. The situation in Vancouver was especially alarming as according to official data, the number of people injecting drugs reached 20%, while the concentration of HIV among them reached nearly 40%.[234] Vancouver Downtown Eastside was highly populated with people injecting drugs, indigenous people and sex workers. The situation in this area started gaining international attention, with the high rates of problematic drug use, alarming HIV rates, forced disappearance and murders of sex workers, extreme vulnerability of First Nations people.[235] [236] The level of criminal activity in Downtown Eastside was an issue of great concern for population of Vancouver. In reaction to this, police authorities decided to take active actions to clean the streets from drugs. As a result, in 2003 law enforcement authorities launched a large-scale crackdown operation "Torpedo". Although the operation achieved the goal to remove drug dealers from the streets, this operation accompanied with the implication of aggressive methods, which in its turn lead to serious health and social consequences. This crackdown created risk environment for people using drugs, following by rapid increase in HIV rates and the number of other blood borne diseases. During the operation police officers were also targeting people using drugs, arresting and charging them for drug use and possession,

[233] S.A. Strathdee, L. Beletsky, T. Kerr,' HIV, drugs and the legal environment'
[234] J. Baglole, 'Vancouver drug facilities draw ire of U.S. officials' *Wall Street Journal*, 2003
[235] Strathdee SA, Patrick DM, Currie SL, et al. *Needle exchange is not enough: lessons from the Vancouver injecting drug use study*. AIDS, vol.11(8), 1997, pp.59-65.
[236] Statistics Canada. Population Census of Canada. 1996

which influenced the increase in practice of sharing injecting equipment and stipulated hurried injections. [237] Moreover, it lead to changes in patterns of drug use, when people switched from smoking of heroin to injecting, due to the reason that injecting is quicker and it makes it more practical when hiding from police.[238]

There has been documented police harassment, physical abuse and violence, cases of torture and ill-treatment when addressing people using drugs. In reaction to this, international human right organizations voiced their concern on Canadian police practices when targeting people using drugs.[239]

Police punitive measures in Vancouver Downtown Eastside stimulated sharing of contaminated needles and syringes and undermined access HIV services. Aggressive police practices did not bring long-term positive effect in fight with illicit drug trade, while created the public health emergency in this area.[240] [241]

The aforementioned facts initiated discussions among policymakers, law enforcement and general community, where all the parties agreed that traditional punitive approach is brining large-scale harmful outcomes for health and security, and there is an urgent need to rethink the current approach and police practices in the context of drug related crimes.[242]

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[237]Human Rights Watch, 'Abusing the User: Police Misconduct, Harm Reduction and HIV/AIDS in Vancouver, Canada' 6 May 2003, Available from https://www.hrw.org/report/2003/05/06/abusing-user/police-misconduct-harm-reduction-and-hiv/aids-vancouver-canada, (accessed 20 June 2016)
[238]Canadian HIV/AIDS Legal Network, 'Do not Cross: Policing and HIV risks faced by people who used drugs', Available from http://harmreduction.org/wp-content/uploads/2012/01/PoliceHIVidu.pdf, (accessed 20 June 2016)
[239]Human Rights Watch, 'Abusing the User: Police Misconduct, Harm Reduction and HIV/AIDS in Vancouver, Canada'
[240]E. Wood, MW. Tyndall, P. Spittal P, 'Needle exchange and difficulty with needle access during an ongoing HIV epidemic' International J Drug Policy 2002;13(2):95-102.
[241]MV. O'Shaughnessy, JS. Montaner, S. Strathdee, MT. Schechter, 'Deadly public policy'. Int Conf AIDS,vol.12, 1998, p.982
[242]J. Cohen, J. Csete / 'As strong as the weakest pillar: Harm reduction, law enforcement and human rights'

Interestingly, that by then Canada had progressive drug policy document, adopted in 2001. This so called "four-pillars" Drug strategy represents balanced approach and includes: prevention and education; treatment and rehabilitation; harm reduction; and law enforcement. This document promotes harm reduction programs, ensures the cooperation and partnership of relevant stakeholders for their implementation and functioning. Canadian drug strategy implies the balance between public health and security, meaning that both areas are aimed at to work for "a safer, healthier community".[243] However when referring to law enforcement agencies, they see their main goal as "to prevent unlawful export, import, distribution and possession of illegal drugs".[244] Even though the state policy document on drugs recognizes harm reduction, unfortunately in realty this does not automatically entails corresponding police practices. The evaluation process revealed that so-called balanced approach was not corresponding to reality since its beginning, as according to financial audit almost 95% of budget allocated for related matters was distributed to criminal law measures.[245]

The prominent changes in Vancouver began in 2003 when the first supervised injection "Insite" was officially established and supported by police. The compelling evidence showed that such facilities improve health characteristics of people injecting drugs and ensure better treatment results.[246]

The power that law enforcement authorities have to exercise their duties and their frequent contacts with people using drugs put them in position e where practically they have equal if not greater role in ensuring access to harm reduction interventions.[247] The launch of Insite supplemented with adoption of police instructions that has essential

[243]D. MacPherson, 'A framework for action: A four-pillar approach to drug problems in Vancouver', 2001

[244]The Canadian Centre on Substance Abuse, Canadian Drug Strategy, Available from www. Ccsa.ca, (accessed 20 June 2016)

[245] Auditor general Canada 2001, report of the auditor general Canada, chapter 11- illicit drugs, Available from www. Oag-bvg.gc.ca, (accessed 20 June 2016)

[246]Policedeviance, 'Drug Policy in Canada: From Punitive Prohibition to Harm Reduction', 24 November 2012, Available from https://policedeviance.wordpress.com/2012/11/24/drug-policy-in-canada-from-punitive-prohibition-to-harm-reduction/, (accessed 20 June 2016)

[247]J. Cohen, J. Csete / 'As strong as the weakest pillar: Harm reduction, law enforcement and human rights'

role. Police officers in Vancouver are supporting harm reduction and are responsible to ensure better access of people using drugs to harm reduction services.[248]Vancouver Police Department Drug Policy is a 10 pages document based on four-pillar approach, which underlines the benefits of harm reduction for policing practice, recommends to refrain from applying punitive measures towards people using drugs and supports the use of discretionary application of law. This document also envisages the alternative to criminal procedure when a person using drugs could be referred to treatment and rehabilitation programs.[249]

The model of Vancouver demonstrated how the balanced approach works in practice, when law enforcement with its means contributes to public health. The Vancouver police Department still works on maintaining public safety and security, when addressing violence, but at the same time this police unit facilitates the access to health services and fulfil the duty to protect the lives of people.

3.2.2 Case study: Kyrgyzstan

After the collapse of Soviet Unit, Kyrgyzstan became as a transit route for drug trafficking from Afghanistan to Europe. This lead to rapid increase of drug use, and drug related harms.[250] According to expert estimation the at that time the number if people using drug almost reached 100000, while the HIV prevalence among injecting drug users constituted 15%.[251] At present, the main way of HIV transmission remains injecting with contaminated needles, which is 65,4%. According to official data, number of people injecting drugs constitutes 65,2% from the general number of people with HIV.[252]

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[248] Vancouver Police, *Vancouver Police Department Drug Policy*, Available from http://vancouver.ca/police/assets/pdf/ reports-policies/vpd-policy-drug.pdf, (accessed 20 June 2016)
[249]G. Denham ,'A Review of Published and Available Materials Related to Law Enforcement Policies on Prevention of HIV and Harms Associated with Injecting Drug Use Across 12 Countries', 2010
[250]L. Beletsky, A. Agrawal, B. Moreau, P. Kumar, N. Weiss-Laxer, R. Heimer, 'Police training to align law enforcement and HIV prevention: Preliminary evidence from the field,'
[251]Fact Sheet WHO, UNAIDS (2009, note 1), Available from http://www.euro.who.int/__data/assets/pdf_file/0005/158468/KGZ-HIVAIDS-Country-Profile-2011-rev1.pdf, (accessed from 21 June 2016)
[252]Ministry of Justice, Republic of Kyrgyzstan, State Programm on HIV 2012-2016, Available from http://cbd.minjust.gov.kg/act/view/ru-ru/93959, (accessed from 21 June 2016)

Soviet drug control legal framework entailed punitive and repressive policy and practices towards people using drugs. Police officers were carrying out raids on NSP and OST cites, they were harassing and arresting clients of harm reduction programs. Such policing practices undermined the access of people using drugs to HIV services and fueled the HIV epidemic in the country.[253] In reaction to health threats, post-soviet government in Kyrgyzstan decided to change the approach and at the policy level remove legal sanction for possession of injecting equipment and decriminalized small-scale drug possession.[254]

Since then the local NGOs, international partners have been collecting best practices on cooperation of police and civil society in context of harm reduction. The advocacy of civil society sector based on scientific evidence allowed to convince the high level health and law enforcement authorities on the benefits and effectiveness of public health and human right based approach. Due to these efforts, Kyrgyzstan has been the first in the region to recognize at the official policy level harm reduction programs, like needle and syringe exchange programs and methadone maintenance therapy; methadone and sterile syringes are even available for prisoners.[255] New policy adopted in 2003 institutionalized the partnership between police and community based service providers united by common aim of ensuring better public health.[256]

The further progressive development followed by extensive educational and training programs of law enforcement authorities on different levels. Such programs are aimed to raise awareness among police officers on HIV, to demonstrate the risks for key

[253]Practical guide for Civil Society HIV service providers among people who use drugs: IMPROVING COOPERATION AND INTERACTION WITH LAW ENFORCEMENT OFFICIALS,
[254] CIS News, "Kyrgyzstan takes an official course towards humanization of its policy towards drug users", 2009
[255]Zelichenko,' How to learn tolerance: Law enforcement and Harm Reduction in practice', Available from http://www.drogenbeauftragte.de/fileadmin/dateiendba/Presse/Downloads/Nr._9_Alex_Zelichenko_3_ENG_short.pdf, (accessed 21 June 2016)
[256]L. Beletsky, R. Thomas, M. Smelyanskaya, I. Artamonova,N. Shumskaya, A. Dooronbekova, A. Mukambetov, H. Doyle, R. Tolson, Policy Reform to Shift the Health and Human Rights Environment for Vulnerable Groups: The Case of Kyrgyzstan's Instruction 417, Available from http://www.ncbi.nlm.nih.gov/pubmed/23568946, (accessed 21 June 2016)

population, and aspects of their occupational safety, to explain the philosophy of harm reduction, to explain the role of police in public health programs and to show new policing practices. Specifically Police order 389 followed by the instruction 2008 state that police personnel must not interfere with delivery of health services. That means that police officers in Kyrgyzstan must refrain from interfering with the work of NSP and OST cites. The instruction envisages that police personnel must avoid all types of discrimination and violation of rights of vulnerable groups of population.[257]

Furthermore, the country introduced special course on HIV and harm reduction in Bishkek Police Academy. The educational and training curses targeted both young professionals and medium and senior level staff. Such activities were also supplemented with issue of police newspaper that is collecting best policing practices, science and evidence based articles and legal reviews on drug related topic.[258]

The reforming process targeted all the regions and police units. Despite the gradual progressive steps taken by country, there are still documented cases of wrongful policing practices, undermining access of vulnerable groups of population to HIV prevention and treatment services. However, the positive aspect, that such cases are brought to public attention and criticized by civil society sector.[259]

This progressive public health oriented approach contributed to improvement in the access to HIV prevention and treatment services for people injecting drugs. In recent years, the number of NSP increased from 29 to 49, and the success of new strategy is the increase in number of NSP clients to 54%. Regarding OST, at present there 20 operating OST cites. The clients of OST stating that this program helps them to improve their social lives, as nearly 41% get employed, and some of them reestablish their

[257]Practical guide for Civil Society HIV service providers among people who use drugs
[258]A. Zelichenko, 'Role of police in HIV Prevention among people using drugs. Case studies of international practices of police cooperation with harm reduction programs', Minsk, Policraft, 2015, p.68
[259]Aki press, Society,' Global effort to halt and reverse HIV/AIDS showing results, finds UN report,' Available from http://kg.akipress.org/news:587790, (accessed 22 June 2016)

family ties. The new approach also contributed to decline in overdose mortality rate of people injecting drugs as to 14,2%.[260]

The law enforcement since 1990 has been undergoing though gradual process of reforming towards human right oriented approach. Knowledge was chosen as a key to changes, as only knowledge can bring the shift in perception of drug related issues in police culture. Comprehensive and extensive reforms in legal, institutional and educational level guiding police behavior support the process of developing an attitude, as when police officer would refer a person using drugs treatment instead of arresting for small scale drug possession. Overall, the experience of Kyrgyzstan represents a useful case study of the feasibility, impact, and sustainability of law and law enforcement-oriented interventions based on the principles of public health and human rights of vulnerable groups.[261]

3.2.3 Case study: Australia

Australia has designed its National Drug Strategy (NDS) in mid 1980-s which is in force nowadays.[262] Even though the drug police act has been drafted more than 20 years ago this document is regularly undergoing progressive reviews and changes.[263]The National Drug control act recognizes the comprehensive strategy including measures on drug supply, demand and harm minimization, where implementation of the former entails cooperation and collaboration between police, health and education sector and civil society. Police authorities are the main stakeholders responsible for the

[260]UN News Center, 'Global effort to halt and reverse HIV/AIDS showing results, finds UN report,' Available from http://cbd.minjust.gov.kg/ act/view/ru-ru/93959, (accessed 22 June 2016)
[261]S.Burris, K.M. Blankenship, M. Donoghoe, S. Sherman, J.S. Vernick, P. Case, P., 'Addressing the "risk environment" for injection drug users: The mysterious case of the missing cop,' *Milbank Quarterly*, vol.82(1),2008, pp. 125–156

[262] National Drug Strategy (Australia), *National Drug Strategy*, Available from http://www.nationaldrugstrategy.gov.au/ 2016, (accessed 22 June 2016)
[263]G. Denham ,'A Review of Published and Available Materials Related to Law Enforcement Policies on Prevention of HIV and Harms Associated with Injecting Drug Use Across 12 Countries', 2010

implementation of the norms of NDS and therefore they must demonstrate in their duties the commitment to harm reduction.[264]

It is worth mentioning, that the process of the implementation of new strategy accompanied with structural interventions including several phases. The support from senior level of law enforcement agencies positively influenced the process of development corresponding policy guidelines and regulations for the implementation by police officers on the ground. The following step included delivery of number of education and training programs aimed to raise awareness and to develop new skills. The last step required the time and practice of implementation of new tactics and methods, which in it turn contributed to building acceptance of harm reduction in police culture and practice. In addition, Australian police officers are benefiting from the common law system, which allow them to use actively discretion in various circumstances. [265]

One of the most populated Australian state, New South Wales in continuation of national drug policy act, introduced and further amended its own Drug Misuses and Trafficking Act, which was intended to allow possession of injecting paraphernalia and promote safe injecting practices.[266]Furthermore, internal guidelines and regulations for police units supplemented this new act in order to assist in the practical implementation of new methods, particularly, encourage use of discretion, work in collaboration with civil society and facilitate provision of NSP. In addition, the new regulations restrict police to carry out unwarranted patrol in the vicinity of NSP centers as it might prevent people injecting drugs to refer to this service.[267] Such active efforts bring the positive results, according to recent data available in the New South Wales there are operating

[264] NSW Police Force, Drugs, Available from http://www.police.nsw.gov.au/community_issues/drugs, (accessed 22 June 2016)
[265]F. Hansen, Drug and Alcohol Coordination NSW Police, Australia, 'Are Police Interfering Are Police Interfering with Harm Reduction? The Role of Police in Harm Reduction'

[266] Drug Misuse and Trafficking Act 1985, Drug Misuse and Trafficking Regulation, 2000, NSW Legislation
[267]F. Hansen, Drug and Alcohol Coordination NSW Police, Australia, refer to Commissioners Instructions 1988 Australia Commissioners Instruction

successfully nearly 800 NSP sites, 375 pharmacies and 100 vending machines with needles and syringes. Nowadays almost every state in Australia introduce its own police instructions and regulations that generally provides an overview of NSP and recommend the way of interaction between police officers and service providers of NSP.[268]

In analogy with NSP, many states in Australia developed OST guidelines and instructions for police that generally provide the basic information on methadone and other pharmacotherapies, their legal status, clarify uncertainties. Furthermore, such instructions facilitate collaboration and communication between police and community (local OST providers).[269] Commonly such partnership allows law enforcement "save the time" and to target the drug supply market,[270] consequently brining benefits for crime prevention and result in positive outcomes for all involved parties.

Australia was among the first countries to establish special injecting facilities for safe drug use. In these drug consumption rooms a person can use sterile injecting equipment and is supervised by a medical staff. Such practices allowed to decrease greatly the risk of acquiring HIV and blood borne infections, and to prevent overdose cases. The unique feature of Australian example is that police and special community committee are working collaboratively in order to maintain successful operation of such facilities. They have established good communication system, which serves as a platform for fruitful discussion and mutual assistance.[271]

Significant progress has been made in response to drug overdose cases. The changes in this sphere is a reaction to high overdose mortality that was caused by the state policies

[268] Victoria Police, *Victoria Police Manual 103-7 – Intoxicated, injured or ill persons – Needle and Syringe Programs policy*, Melbourne, 2010, G. Denham ,'A Review of Published and Available Materials Related to Law Enforcement Policies on Prevention of HIV and Harms Associated with Injecting Drug Use Across 12 Countries', 2010

[269]F. Hansen, Drug and Alcohol Coordination NSW Police, Australia, 'Are Police Interfering with Harm Reduction? The Role of Police in Harm Reduction'

[270] Practical guide for Civil Society HIV service providers among people who use drugs

[271] G. Denham ,'A Review of Published and Available Materials Related to Law Enforcement Policies on Prevention of HIV and Harms Associated with Injecting Drug Use Across 12 Countries', 2010

and practices according to which drug overdose was falling under the scope of criminal liability, therefore people were not referring to medical institutions as those were obliged to report to police. Considering that one of the main function of police is to protect life and to prevent the increased number of drug related death, states developed new policy that recommends police to refrain from attending routinely non-fatal overdoses and encourage to use discretion in the community interest.[272]

In some states, Custodial Risk Management units are operating in police stations in order to support the health and address the special needs of people using drugs in custody. The team consisting of medical workers facilitate safe transition from community to custody, where they mainly focus on risks for people in place with limited access to health services. [273]

Australian police frequently send non-violent drug using offenders to programs of early referral into treatment. Such referral schemes in Australia serves as an alternative to criminal persecution where police officer can refer a person using drugs committed minor offence to treatment and education programs.[274]

Comprehensive way of shifting the law enforcement policies and practices brought positive changes in criminal, health and social sphere. The data collected from 1998-2007 showed the significant decline in problematic dug use almost to 40%. The number of drug related death and overdose cases decrease nearly by half. One of the main success of this practice is the increase and improvement in the access to HIV prevention, treatment and care services. Even though the level of drug use is still considered to be high by national authorities, but the situation in context of risks and harms is not alarming as it was before. The special feature of Australian approach is that the country tend to actively use evidence and inform-based approach, conducting

[272] Practical guide for Civil Society HIV service providers among people who use drugs
[273] Ibid.
[274] A. Kellow, 'Enhancing the Implementation and Management of Drug Diversion Strategies in Australian Law Enforcement Agencies: The cases of South Australia Police, Tasmania Police and Victoria Police during the period 2000–2005, National Drug Law Enforcement Research Fund, Hobart, 2008

careful evaluation and regular reviews, which contributes to achieving the progress. The key to success of Australian example is the balanced approach with the strong focus on harm minimization, accompanied with joint work of law enforcement agencies, health, education and civil society.[275]

These three case studies demonstrate how countries with very different legal systems, social and political realities have been developing their own ways to fight HIV and to protect their population. The common approach for all three countries that allows them to achieve progress in social, health and security sphere is the shift from traditional punitive policing approach to progressive model. The core of the former is the public health and human right principles. They key to successful realization of progressive model is the understanding by law enforcement their critical role in public health and following in their day-to day duties the principles of human rights. Kyrgyzstan, Australia and Canada have all faced the health and social threats posed by HIV and high criminal drug related activities, and in the end, all three countries have experienced that what works is scientifically based harm reduction interventions. Nevertheless, the police reforming process is not an easy and quick way to go, but the benefits from their implementation are significant and cost people's lives.

Generally, there are several tactics, that where mentioned above, that law enforcement agencies can imply regardless their legal and policy framework. Among them are use of discretion in the interest of community and the launch of drug referral schemes. Even a pilot project of drug referral scheme in one of the police departments will demonstrate the benefits from this system that does not require enormous financial or human resources. The other successful method that all there countries have chosen as a main principle of their work is the cooperation, communication and partnership among law enforcement, public health and civil society sector in order to achieve their common goal. Furthermore, this partnership entails that police officers must not interfere with the work of community based organizations that provide harm reduction services for people

[275]UNODC, Drug Policy and Results in Australia, Available from https://www.unodc.org/documents/data-and-analysis/Studies/Drug_Policy_Australia_Oct2008.pdf, (accessed 22 June 2016)

using drugs. They must refrain from carrying out crackdowns, raids and patrolling in the vicinity of OST, NSP centers. Commonly such changes in policing culture requires the shift in the perception a person using drugs from criminal to a person with special health needs. Example of Kyrgyzstan is demonstrating how comprehensive targeted educational and awareness raising programs could serve as a critical structural intervention to harmonize law enforcement and public health in countries with high burdens of drug use and blood-borne infections.[276]

In all the best practices, law enforcement authorities are promoting harm reduction. The reason for that is that in these countries police personnel acknowledged the effectiveness of such programs. Frequently when police officers are strongly opposing or avoiding implying methods in favor of public health, they are generally lacking adequate information and do not see the rationale from changing the traditional approach. According to the great number of harm reduction training reports the police officers tend to demonstrate greater intent to refer people injecting drugs to HIV services.[277]In order to ensure that police is playing active role in public health and ensure the access to harm reduction, there is a need to carry out comprehensive reforms in order to change the punitive and aggressive policing approach.

Due to the reason that police officers during their work encounter people using drugs, their cooperation is critical and allows to build the bridge between public health and security. Law enforcement agencies play an important role in improving the access of people using drugs to health services. There is an essential step, when police personnel use this contacting moment and to choose to refer them treatment instead of punishment.

[276]S.A. Strathdee, L. Beletsky, T. Kerr,' HIV, drugs and the legal environment', International Journal of Drug Policy,

[277] L. Beletsky, R. Thomas, M. Smelyanskaya, I. Artamonova,N. Shumskaya, A. Dooronbekova, A. Mukambetov, H. Doyle, R. Tolson, Policy Reform to Shift the Health and Human Rights Environment for Vulnerable Groups

4 UNGASS as defining moment for public health and human rights in drug policy

4.1 Development process, organizational aspects

Joint Declaration of Mexico, Columbia and Guatemala in 2012 initiated implementation of the decision to hold early UN Special Session in order to review "the achievements and challenges in countering the world drug problem".[278]In April 2016, UN General Assembly held Special Session to discuss the state of global drug policy. It was a crucial moment in defining the future of the international drug policy development.

The aim of conveying this Special Session was to build an international platform, which is enabling "taking the decisions necessary to increase the effectiveness of the strategies and instruments with which the global community addresses the challenges of drugs and their consequences".[279] UNGASS on drugs was supposed to become a forum for open debates, which considers different options.[280]

However, some countries were more willing than others to challenge the current international drug control system. Questioning the principles of the UN drug conventions, the legal and institutional frameworks of UN drug control system is still mostly a political taboo.[281]In relation to this topic one of the member states in his statements to the GA states: "Let's not be afraid to debate, to discuss, to change, to project, even about the conventions that apparently need to be untouchable. The conventions are not the Bible, they are just that, conventions, agreements, which should evolve as people and policies evolve".[282]

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[278] A/RES/67/193, International cooperation against the world drug problem, resolution approved by the General Assembly on 20 December 2012

[279] Declaración Conjunta Colombia, Guatemala y México,, New York, 1 October 2012, Available from http://mision.sre.gob.mx/onu/images/dec_con_drogas_esp.pdf, (accessed 23 June 2016)

[280]Ban Ki-moon, Statement, 'Secretary-General's Remarks at Special Event on the International Day Against Drug Abuse and Illicit Trafficking', New York, 26 June 26, 2013, Available from http://www.un.org/sg/statements/index.asp?nid=6935, (accessed 23 June 2016)

[281]Transnational Institute, Contributions, Background memo, UNGASS 2016, Available from https://www.unodc.org/documents/ungass2016/Contributions/Civil/Transnational_Institute/Background_memo_November_UNGASS_2016_final.pdf, (accessed 23 June 2016)

[282] Discurso del Secretario del Estado Juan Carlos Molina, SEDRONAR Argentina, General Assembly high-level thematic debate, New York, 7 May 2015, Available from http://statements.unmeetings.org/media2/4658463/argentina.pdf, (accessed 23 June 2016)

CND was requested by GA to become a leading organ for preparations for the third Special Sessions on Drugs in 2016 as it was for the second in 1998. Back then, the main role of the political organ of UNODC was criticized in a part that it had monopoly in shaping the drug policy, limiting it to the wordings of "the framework of the three international drug control conventions".[283]

Since December 2014, international organizations, member states and civil society have started active process on the preparation for the UNGASS 2016. The UNODC in Vienna became a main scene for the preparatory process supplemented by the great number of scientific consultations, members states negotiations, multi stakeholder meetings and debates.

CND resolution 57/5 refers to the UNGASS as a milestone on the way to international drug control system until 2019. In the same document, the Secretariat to the Governing Bodies was requested to prepare report with recommendation on the preparations, possible outcomes and organisational aspects.[284]In the resolution 69/200 GA invited UN agencies, relevant international and regional organization to contribute to the preparatory process for the UNGASS 2016. These contributions were designed to be submissions of specific recommendations on the issues addressed at the UNGASS. The Assembly recognizes the important role of participation of civil society organizations, specifically mentioning that this involvement should be effective, substantive and active.[285]

In order to ensure that the preparatory process is inclusive and transparent, all the international and regional organizations, and civil society sector were invited to submit their contributions to be further published at the official UNGASS web page. These written submissions are aimed to demonstrate scientific findings, knowledge and

[283]Transnational Institute, Contributions, Background memo, UNGASS 2016
[284]Resolution 57/5 Special session of the General Assembly on the world drug problem to be held in 2016 The Commission on Narcotic Drugs,2014
[285]Commission on Narcotic Drugs Reconvened fifty-eighth session, Organization of the special segment on the preparations for the special session of the General Assembly on the world drug problem to be held in 2016, E/CN.7/2015/19, Economic and Social Council, 2015

research on the drug policy as well as positions of the entities on the drug policy in view of Special Session.[286]

The formal meetings consists of several segments: intersessional meetings of CND; (briefings by UNODC and other relevant UN agencies; consultations on the UNGASS preparatory process) and meetings of subsidiary bodies of CND (HONLEA, Sub-Commission, cooperation activities in drug law enforcement at the regional level). Informal meetings are conveyed in the form of interactive discussions, visits to UNODC laboratory, meetings of the chair of regional groups and civil society consultations. During several CND Intersessional Meetings, reconvened sessions and negotiations member states and NGOs were working on elaboration of draft of the outcome document. The CND meetings were commonly accompanied with special, side events and scientific consultations on the world drug problem.

According to GA resolution, the Special Session was to be held from 19 to 21 April 2016 in New York in form of general debate and multi- stakeholder round-table discussions on thematic issues.[287] The same resolution contains provisions on the modalities for drafting of UNGASS outcome document.

Member states were invited to send their inputs regarding the issues to be addressed in the outcome document, which was supposed to be "short, substantive, concise and action-oriented document comprising a set of operational recommendations, based upon a review of the implementation of the Political Declaration and Plan of Action, including an assessment of the achievements as well as ways to address long-standing and emerging challenges in countering the world drug problem». The outcome document after it is drafted has to be recommended for adoption at the plenary session of the special session.[288]

[286]Resolution 57/5. CND
[287]Resolution 70/181. Special session of the General Assembly on the world drug problem to be held in 2016, A/RES/70/181, General Assembly, 2016,
[288]Resolution 58/8 Special session of the General Assembly on the world drug problem to be held in 2016, E/CN.7/2015/15,CND, Economic and Social Council, 2015

It might seem that the preparatory process of the Special Session has potential for open debates, inclusivity, transparency and open participation, however many NGOs have voiced their disappointment about these issues. First concern generally refers to the CND and the SGB, Vienna based UNODC bodies that were appointed to organize the preparation instead of GA in New York. The main criticism to these organs were that they intentionally excluded progressive and innovative inputs and proposals from member states and NGOs. Secondly, even though the active participation of all member states was defined as one of the principles for preparatory process[289], in reality many countries that do not have their permanent missions in Vienna were not provided with financial and organizational assistance to be able to attend preparatory meetings. Third, officially international and non-governmental organizations were invited to send their written contributions that were further published at UNGASS webpage[290], however this part served more as a storage with information that contains alternatives to existing policies and new approaches, which was not anyway used during the negotiations. And fourthly, the format of CND Intersessional meetings excludes civil society organizations from participation in negotiations.[291]

4.2 Preparatory process

During CND meetings and sessions, several member states expressed in their statements that UNGASS would allow to address the current challenges and threats posed by world drug problems and to elaborate on the practical, sustainable and long term operational recommendations in the framework of current legal system.[292]

[289]Resolution 69/200. Special session of the General Assembly on the world drug problem to be held in 2016, A/RES/69/200, General Assembly, 2015

[290]UNODC, CND, Note by the Secretariat on Special session of the General Assembly on the world drug problem to be held in 2016 (Organizational arrangements), E/CN.7/2016/15, Available from https://documents-dds-ny.un.org/doc/UNDOC/GEN/V16/011/41/PDF/V1601141.pdf?OpenElement, (accessed 29 June 2016)

[291] TNI, The UNGASS outcome document: Diplomacy or denialism? Civil Society Statement Problems with the UNGASS preparatory process. March 2016. Available at https://www.tni.org/en/article/the-ungass-outcome-document-diplomacy-or-denialism#3

[292]UNODC, CND, Report on the Reconvened Fifty-eighth Session of the Commission on Narcotic Drugs, Vienna 9-11 December 2015,Available from https://www.unodc.org/unodc/en/commissions/CND/session/58Reconvened_Session_2014/58-reconvened.html,(accessed 29 June 2016)

During number of preparatory meetings the member states shared the common view on the approach addressing word drug problems, which should be evidence-based, balanced, integrated and comprehensive. The countries emphasized the role of the UN drug conventions in the international drug policy framework, while at the same time mentioning its flexibility. Importantly, that the countries made special reference to other international instruments, especially UNDHR.[293]

Many speakers during the days of the CND session underlined the importance of human rights standards and values in addressing drug related problems. They also reaffirmed the main goal of UN drug conventions, which is health and wellbeing of humankind and following it the person centered and public health based approach.[294]

There were several side events during the preparatory process, organized by stakeholders and civil society organizations addressing the issues of human rights and public health in drug policy. One of such event was a briefing conducted by former president of Portugal, and representative from the Global Commission on Drug Policy on the "Taking control pathways to drug policies that works." The presentation brings to the attention two reports of the global commission on drug policy, one elaborates on how criminalization of drug use fuels global HIV pandemic, the second defines the negative impact of the war on drugs on public health. Presenters made strong statements, where they the call to put to the end the criminalization and incarceration of people who use drugs and prioritize human right and health in drug policies.[295]

The side event that took place in October 2015, was aimed to raise awareness among high level members and civil societies on the importance of the human rights and public health in the view of drug policy. The speakers addressed three main topics, which

[293] Report on the Reconvened Fifty-eighth Session of the Commission on Narcotic Drugs
[294] Ibid.
[295]Global Commission on Drug Policy, 'Taking control pathways to drug policies that works,' Available from https://www.unodc.org/documents/ungass2016//CND_Preparations/150212-presentation_Global_Commission_CND_UNGASS.pdf, (accessed 30 June 2016)

were: HIV and hepatitis C transmission by intravenous drug use and lack of harm reduction programmes; lack of access to controlled medicines for pain and mental health, and anaesthesia; drug user's lack of access to treatment and care due to discrimination, exclusion, and criminalization. The main conclusion made by state members, civil societies and representatives from UNAIDS, WHO, UNODC, OHCHR was that there was a need and opportunity provided by UNGASS to prioritize and integrate the human right and public health into the global drug policies. In this context, participants made special reference to drug prevention, treatment, care and harm reduction.[296]

In December 2015, there were two presentations on the Portuguese experience of health based approach to drug use. In one of the presentations, in reaction to the debates on the compliance of the national model to the UN drug conventions Portugal refereed to the INCB annual report, according to which the "Government is fully committed to the objectives of the treaties".[297] In the conclusion, the Portuguese model was stated to be a best practice as it represents the comprehensive and balanced approach, which is based on the principles of proportionality and human rights.[298]

The contribution to UNGASS that deserves special attention is the contribution of the Executive Director of UNODC. This document consists of two parts where the one focuses on the drug problem and the second provides recommendations on how to address effectively the current challenges in the context of drugs in full compliance with human rights. The paper recognizes the drug use as a primarily public health concern, which in its turn requires the public heath response. In this part of the document, there is a statements which points out the significant gaps in the delivery of prevention,

[296]UNODC, CND, Conference room paper submitted by Switzerland and Colombia on the event "UNGASS on the World Drug Problem: People, Public Health, and Human Rights at the Centre — a High-Level Multi-Stakeholder Perspective" Available from http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_58Reconvened/ECN72015_CRP9_e_V1508672.pdf, (accessed 30 June 2016)

[297] INCB Annual Report 2012, paragraph 113

[298] W. Sipp, President of INCB, 'The Portuguese Approach and the International Drug Control Conventions ,'Available from https://www.unodc.org/documents/ungass2016//CND_Preparations/Reconvened58/Portugal_side_event_December_2015_INCB.pdf, (accessed 01 July 2016)

treatment and care services. Further, the paper highlights the link between drugs and health in the access to medications, where it states that availability of medications to relieve pain and suffering should not be unduly restricted.[299] With regard to human rights, the latter is referred as an essential element in addressing the world drug problem. Moreover, the document reiterates the right to the highest attainable standard of health is a human right recognized in the International Covenant on Economic, Social and Cultural Rights[300] and the Convention on the Rights of the Child.[301] This contribution refers that right to health ensures the equal opportunity for everyone to enjoy the highest attainable level of health and the right to prevention and treatment of diseases.[302]

The second part ”Lessons learned from the implementation of effective interventions” contains the part on Prevention and treatment of drug use and HIV, where it is stated that drug use disorders require evidence- informed response. The document also highlights the point that criminal justice approach undermines the access to HIV prevention, treatment and care services for people using drugs, which have to be voluntarily, easily accessible and promoted in community based health system. The following paragraph emphasizes that health oriented laws and policies increase the access to harm reduction services and therefore it’s essential to promote right to health of people using drugs and eliminate discrimination in this context.[303]

[299]UNODC, The Executive Director Contribution of the Executive Director of the United Nations Office on Drugs and Crime to the special session of the General Assembly on the world drug problem to be held in 2016, UNODC/ED/2016/1 Available from https://documents-dds-ny.un.org/doc/UNDOC/GEN/V16/012/25/PDF/V1601225.pdf?OpenElement, (accessed 01 July 2016)
[300] General Assembly Resolution 2200 (XXI). International Covenant on Economic, Social and Cultural Rights, International Covenant on Civil and Political Rights and Optional Protocol to the International Covenant on Civil and Political Rights, A/RES/21/2200, 1966
[301] United Nations, *Treaty Series*, Treaties and international agreements registered or filed and recorded with the Secretariat of the United Nationvol. 1577, No. 27531, article 24.
[302] See general comment No. 14 (2000) on the right to the highest attainable standard of health, adopted by the Committee on Economic, Social and Cultural Rights (E/C.12/2004/4), and the Office of the United Nations High Commissioner for Human Rights, *Fact Sheet No. 31*, Human Rights Fact Sheet Series (Geneva, June 2008).
[303]UNODC, The Executive Director Contribution of the Executive Director of the United Nations Office on Drugs and Crime to the special session of the General Assembly on the world drug problem to be held in 2016

The last session prior to UNGASS, included regular and special segment on the preparations for the UNGASS, which was held during March 2016. At the regular session Commission adopted seven resolutions, among which were: "Promoting informal networking within the scientific community and the sharing of scientific evidence-based findings that may inform policies and practices to address the world drug problem"; "Development and dissemination of international standards for the treatment of drug use disorders"; "Mainstreaming a gender perspective in drug-related policies and programmes"; "Promoting prevention strategies and policies".[304]

In 59th CND session, member states reaffirmed their commitments to the goals within UN drug conventions, highlighting public health and social concerns. The member states stressed the need to enhance the availability and accessibility of controlled drugs for medical purposes. Interestingly, that the part on compliance to international law and human rights contains the reference to the principle of non-intervention into the internal affairs and the full respect of sovereignty. This part shows the consensus is a priority in the negotiations of the member states during preparatory process, as the countries that have death penalty for drug-related crimes in their national laws have been frequently referring to abovementioned principles in support of continuation of their national practices. Another specific aspect in this CND report, is that it avoids the wording "harm reduction", however it contains the part, where it reaffirms that targeted interventions based on the collection and analysis of data, including age- and gender-related data, can be particularly effective in meeting the specific needs of drug-affected populations and further reiterates the commitment to end AIDS by 2030 and other blood borne diseases among key populations of people injecting drugs. [305]

The CND report contains the part on prevention, treatment and care of HIV/AIDS and treatment of drug use disorders. In this part the document emphasizes the voluntarily

[304]UNODC, CND, Note by the Secretariat on Special session of the General Assembly on the world drug problem to be held in 2016 (Organizational arrangements), E/CN.7/2016/15,
[305]UNODC, Commission on Narcotic Drugs, Report on the fifty-ninth session (11 December 2015 and 14-22 March 2016), E/CN.7/2016/16 Economic and Social Council,2016 Available from https://documents-ddsny.un.org/doc/UNDOC/GEN/V16/021/52/PDF/V1602152.pdf?OpenElement,(accessed 01 July 2016)

basis for the treatment programms with informed consent, the elimination social attitude of marginalisation and stigmatisation of people using drugs and urges countries to take actions to encourage people to seek treatment and care services.[306]

The report on 59th CND session contains the paragraph addressing cross-cutting issues of drugs and human rights. In this section, the countries express their commitments towards human rights obligations. In the context of HIV prevention for people injecting drugs this specifically refers to the part, where countries agree to ensure supervision of drug treatment facilities in order for them to provide quality services and to prevent tortures and other degrading treatment, violence of clients.[307]

The report pursuant to the CND resolution 49/4 "Responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users", provided number of policy recommendations. Among them, there are recommendations to develop health based drug policies that are promoting access to HIV prevention, treatment and care services for people using drugs. Further, it is mentioned that WHO/UNODC/UNAIDS comprehensive package of interventions should be implemented and scaled up. Laws and policies should remove barriers in the access to HIV services both in community and prison settings. The document recommends considering the alternatives to conviction for people using drugs and to replace compulsory treatment centres with social and health community based services. It also gives special attention to the needs of women injecting drugs.[308]

The harm reduction services gained attention at the 59 CND session in March 2016 in the view of UNGASS, where Chile, Israel, Norway, Sweden, United States of America and Uruguay prepared resolution on the international standards for the treatment of drug use disorders. In this document, the countries underline the importance of providing

[306]UNODC, Commission on Narcotic Drugs, Report on the fifty-ninth session
[307] Ibid
[308]UNODC, Responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users Report of the Executive Director, E/CN.7/2016/8, Economic and Social Council, 2016, Available from https://documents-ddsny.un.org/doc/UNDOC/GEN/V16/002/32/PDF/V1600232.pdf?OpenElement, (accessed 02 July 2016)

comprehensive, integrated treatment therapies, where these effective services are tailored to the individuals' needs and also stress the necessity to promote active participation and inclusion of the affected population. The abovementioned countries in the resolution call member states to scale up the coverage with evidence and inform based interventions and improve the quality of theses services. The document urges to promote dissemination of the international standards for the treatment of drug use disorders. Importantly the resolution contains part, which calls for national adaptation of the international treatment standards to ensure effective response.[309]

4.3 Roundtables

The interactive multi-stakeholder roundtables were divided according to five thematic areas. Related to HIV prevention, treatment and care services there are round table 1.demand reduction and related measures, including prevention and treatment, as well as health-related issues; and round table 3: Cross-cutting issues: drugs and human rights, youth, women, children and communities.

During the first roundtable, many speakers expressed their position supporting science and evidence and human right based services for people using drugs. In line with SGD goal 3.5 countries called for better multidimensional cooperation within their national systems. The International standards on the treatment for drug use disorders gained special attention in terms of basis for development and implementation of evidence based intervention models.

During roundtable 1, member states voiced their strong commitment for the realisation of the SDG goal 3.3 (to end AIDS among people who use drugs by 2030). In order to achieve this target, speakers stressed that drug policies have to be based on science, public health, human rights. In addition, countries pointed out the urgent need to scale up HIV prevention, treatment and care services, considering the specific needs of most

[309]UNODC, CND, Chile, Israel, Norway, Sweden, United States of America and Uruguay: revised draft resolution Development and dissemination of international standards for the treatment of drug use disorders,ECOSOC, E/CN.7/2016/L.5/Rev.1, 2016, Available from https://documents-dds-ny.un.org/doc/UNDOC/LTD/V16/016/47/PDF/V1601647.pdf?OpenElement, (accessed 3 July 2016)

vulnerable groups of women, children youth, and people in prisons. Many speakers commended to address stigma and discrimination of people using drugs and develop alternatives to criminalisation for small scale-drug-related crimes.

Roundtable 1 also covered the discussion on challenges in ensuring availability of controlled substances for medical and scientific purposes, coming to the conclusion on the importance of multisectorial approach in addressing existing barriers.[310]

Roundtable 3 on drugs and human rights specifically referred to the right to life, the right to the highest attainable standard of physical and mental health, access to controlled substances for medical purposes, non-discrimination and gender equality, the rights of children, the prohibition of arbitrary detention, torture and other forms of inhuman, cruel or degrading treatment and others.

During this discussion, many countries underlined the value of comprehensive and balanced drug polices putting individual at their centre. Further, member states emphasized the benefits of harm reduction services for the prevention and treatment of HIV among people using drugs. In this regard, countries specifically mentioned the important role of law enforcement.[311]

Even though the discussion during roundtables generally could be defined as progressive, prioritising human rights and public health, unfortunately the statements made there were not reflected in the outcome document.

4.4 Plenary meetings. Regional perspectives.

The opening segment of Special session started by UNODC representatives, the director of INCB in his speech puts priority on the health of humankind and in this context, he calls for promoting effective public health measures, inclusion of HIV in

[310]Summaries of ROUND TABLE 1. Salient Points by the Co-Chairs. UNGASS 2016, New York, 2016. Available from https://www.unodc.org/documents/ungass2016//Summaries_RT/Round_Table_I_-_PLENARY_Final_Salient_Points_by_the_Co-Chairs_rev.pdf, (accessed 25 June 2016)

[311]Summary of ROUND TABLE 3. Salient Points by the Co-Chairs. UNGASS 2016, New York, 2016. Available from http://www.unodc.org/documents/ungass2016//Summaries_RT/RT3_Salient_points_final_clean_rev_clean.pdf, (accessed 25 June 2016)

comprehensive response and taking actions to improve availability of controlled medicines.[312]

The plenary follows by the strong statement made by director of WHO, she sets a right tone pointing that drug policies based on criminal justice has to be rebalanced with public health approach.[313]

When it comes to member states, they are clearly demonstrating different polarized positions. There are countries that expressed very progressive view on drug policy, calling for reforming existing policy framework and also those who claim to contunie zero tolerance approach.[314]

Majority of Latin American and some Caribbean countries are calling to challenge existing drug policy system, critically review it and openly discuss the alternatives policies.[315] In 2015, Organization of American States developed a report commending to decriminalize drug use as a basis for any public health approach.[316] Minister of Justice and Law in Colombia at one of the side events during the special session, stresses that war on drugs is over now and we have experienced the dramatic outcomes of such strategies. He acknowledges that it seems impossible to make the world free of drugs, therefore we should try to minimize drug related harms and focus on protecting

[312] Statements. Werner Sipp.General Assembly: Thirtieth special session of the General Assembly on the world drug problem (Opening segment)UNGASS 2016.Available from http://cndblog.org/2016/04/ungass-opening-segment/, (accessed 25 June 2016)
[313] Statements. Dr Margaret Chan.General Assembly: Thirtieth special session of the General Assembly on the world drug problem (Opening segment)UNGASS 2016.Available from http://cndblog.org/2016/04/ungass-opening-segment/, (accessed 25 June 2016)
[314] IDPC.Why does the United Nations find it so hard to talk about drugs? 2016.Available from http://idpc.net/alerts/2016/04/why-does-the-united-nations-find-it-so-hard-to-talk-about-drugs, (accessed 25 June 2016)
[314] Health Poverty Action, Reflecting on UNGASS: Disappointment and hope for sustainable development. May 2016. Available at https://www.healthpovertyaction.org/news/reflecting-ungass-disappointment-hope-sustainable-development/, (accessed 25 June 2016)
[315] TNI.Will UNGASS 2016 be the beginning of the end for the 'war on drugs'? UNAGSS. March 2016.Available from https://www.tni.org/en/article/will-ungass-2016-be-the-beginning-of-the-end-for-the-war-on-drugs, (accessed 25 June 2016)
[316] Jorge Chabat, Associate, Mexican Council on Foreign Relations. Global Memo,'UNGASS 2016: Time for a New Paradigm in Drugs', Available from http://www.cfr.org/councilofcouncils/global_memos/p37766, (accessed 25 June 2016)

human rights and promoting public health of the affected people. [317]These countries witnessed the failure of punitive approach that did not bring decrease in criminal activities but cost them lives of people.

European Union has official common position developed for UNGASS, which shows progressive, health and human based drug policy approach. This position recognizes the high value of harm reduction strategies. In comparison to the history of fight against drugs in Latin American Countries the countries of European Union did not experienced such large-scale human losses. However, there is widely shared opinion that because at present drug issues are not on the high political agenda in EU it is hard to reach real consensus among all the member states.[318] In contrast to Latin America, the countries in the EU have not agreed yet on common approach addressing drug use and possession for personal use in criminal justice system.[319]

At the plenary, US highlighted the importance of balancing criminal justice and public health, where law enforcement should focus on large scale drug related crimes, instead of targeting people using drugs. In terms of HIV, the US stresses the importance of improving the quality and access to treatment.[320] In terms of reaching consensus, the drug policy in United States represents an interesting example. The United States were at the forefront of the war on drugs, however nowadays their drug policy demonstrate positive shift towards more humane. Interestingly, even according to official statement, the country seems to continue preserving "hybrid system of drug control, where some countries would maintain the prohibition status quo and others could adopt policies of harm reduction or legalization".[321]

[317] CND Blog. Civil Society Forum in preparation for the UN General Assembly Special Session on Drugs. April. 2016. Available from http://cndblog.org/2016/04/civil-society-forum-in-preparation-for-the-un-general-assembly-special-session-on-drugs/, (accessed 25 June 2016)
[318] IDPC.Why does the United Nations find it so hard to talk about drugs? 2016.Available from http://idpc.net/alerts/2016/04/why-does-the-united-nations-find-it-so-hard-to-talk-about-drugs, (accessed 25 June 2016)
[319] TNI, 'Will UNGASS 2016 be the beginning of the end for the 'war on drugs''
[320] CND Blog. Statements. UNGASS 2016. United States
[321]Jorge Chabat, Associate, Mexican Council on Foreign Relations. Global Memo. UNGASS 2016

In contrast to the progressive policies from abovementioned regions, several Asian and Middle Eastern countries have openly expressed the position to preserve their repressive drug policy approach. Among them, there are powerful countries such as Russia, China, Pakistan, Saudi Arabia, Singapore, Indonesia and Egypt. As for example, Indonesia in its statement supported by many countries expresses the view that imposing death penalty for drug related crimes is effective measure and the right to implement this measure derives from the principle of sovereignty. In this regard, Dr. Henry Fisher points out that this statement generally describes their approach towards drug policy. The critical part is that in many countries of the region there is no definition drug use and drug trafficking in criminal justice system between.[322]

More than 20 African countries presented at the Special Session in New York. However, many of these countries did not have opportunity to participate at the preparatory process in Vienna. For that reason, during the plenary meetings African countries did not demonstrate active engagement in discussion process. In addition, they did not define their common position on the basis of drug policy and therefore the points of states contradicted to each other.[323]

Civil society sector generally described their participation at the UNGASS as "unpleasant experience", especially with regard to organizational aspects. The representatives from civil society sector had to stand in long lines to get into the building and some of them missed their turn for speech. Nevertheless, NGOs demonstrated high level of participation, delivering emotional, scientifically supported presentations, organized number of side events showing innovative and evidence-based approaches.[324] Civil society organizations have strong position on decriminalization of drug use and possession as the only way to end AIDS. In order to achieve this goal they

[322]IDPC.Why does the United Nations find it so hard to talk about drugs? 2016
[323]Maria-Goretti Ane, 'The road after the UNGASS fracas: Are things falling apart for Africa?', UNGASS 2016, Available from http://idpc.net/alerts/2016/06/the-road-after-the-ungass-fracas-are-things-falling-apart-for-africa, (accessed 25 June 2016)
[324]Drug reporter, 'The UNGASS on Drugs: Reform Aborted', April 2016,Available from http://drogriporter.hu/en/ungass2016, (accessed 25 June 2016)

urge to support and implement human and health oriented harm reduction strategies.[325] Even though their inputs did not find reflection in the outcome document, but due to their active engagement in the UNGASS 2016 the voice of NGOs was heard worldwide and challenges global drug policy approach.

4.5 Outcome document

On 19 April 2016, United Nations General Assembly Special Session on Drugs adopted resolution "Our joint commitment to effectively addressing and countering the world drug problem", which serves as an outcome document. The adoption of the declaration has been followed by criticism from civil society originations and several member states pointing out that the document does not consider the UNGASS submissions from member states and recommendations made by UN bodies.[326] Despite the general disappointment on the outcome document, it contains some positive and progressive points.

One of the common critical comment is that outcome document avoid mentioning term "harm reduction". However, it refers to it in the part related to prevention, treatment and care of HIV/AIDS in the paragraph (o) as "measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use". Further, the document calls for ensuring access to such interventions, and promoting in that regard the use, as appropriate, of the WHO, UNODC and UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care

[325]Robert Carr Fund, 'UNGASS 2016: Civil society urge the UN to get serious about global drugs policy',2016 Available from http://idpc.net/alerts/2016/04/ungass-2016-civil-society-urge-the-un-to-get-serious-about-global-drugs-policy, (accessed 26 June 2016)
[326]Penal reform International, 'Much ado about nothing? The Global Commission on Drug Policy assessment of UNGASS', May 2016, Available from http://www.penalreform.org/blog/much-ado-nothing-global-commission-drug-policy-assessment/, (accessed 25 June 2016)

for Injecting Drug Users. Moreover, it encourages the countries to include these interventions in their national treatment programms.[327]

The part that considered as "small victory" is the strong commitment in final resolution to improve access of internationally controlled drugs, including for the relief of pain and suffering. This part commends countries to address the barriers in national legislation and to take actions to ensure availability and accessibility of controlled medicines.[328]
UNGASS outcome document contains progressive part addressing women needs in the paragraph 4. Particularly in the context of access to harm reduction services, the resolution calls for implementation of non-discriminatory access to adequate health, care and social services, and treatment programs for women, also in closed settings.[329]The text of the document several times mentions the commitment to SDGs and encourages states to develop drug policy programms and strategies in with compliance with the Goals.[330]

Dr Rick Lines and Damon Barrett in their recent article stress the paragraph that deserves special attention and has significant role in promoting access to harm reduction services. They refer to the part that calls for "effective criminal justice response to drug related crimes, including practical measures to uphold the prohibition of arbitrary arrest and detention and of torture and other cruel, inhuman or degrading treatment or punishment and to eliminate impunity".[331] The positive aspect is that from this part among others follows the prohibition of arbitrary arrest and detention and the prohibition of torture and other cruel, inhuman or degrading treatment or punishment. Regarding this, the arbitrary arrests and detentions negatively affect the state of harm reduction and increase vulnerability for people using drugs to acquiring HIV. In addition, drug detention facilities are recognised as a form of arbitrary detention. Last,

[327] "Our joint commitment to effectively addressing and countering the world drug problem". A/S-30/L.1 UN General Assembly Resolution. New York 2016. Available from https://documents-dds-ny.un.org/doc/UNDOC/GEN/N16/105/72/PDF/N1610572.pdf?OpenElement, (accessed 26 June 2016)
[328]Draft resolution submitted by the President of the General Assembly Our joint commitment to effectively addressing and countering the world drug problem, A/S-30/L.1. para. 2
[329] A/S-30/L.1.para 4 (b)
[330] A/S-30/L.1 para 6 (d), 7(d), (g)
[331] A/S-30/L.1 para 4 (o)

but not the least, the denial of OST accounts to cruel inhuman and degrading treatment or punishment. For that reason, this paragraph can be used for improving advocacy of harm reduction strategies.[332]

In addition, the outcome document builds a bridge between drug polices and human rights, this time it's not only rhetorical mentioning of the term but the opportunity for UN agencies to involve in the process of drug policy review in accordance with human rights standards. [333]

The main criticism related to the UNGASS resolution is that the document is detached from reality, it neither refers to progressive drug policy models nor reflects the harmful consequences of repressive drug policies that are implemented in many countries worldwide. One of the shortcomings of the outcome document is the absence of any "difficult" topics such as decriminalization and legalization of drug use and possession. The issues that require special attention were intentionally omitted due to the reason that the countries did not reach the consensus on them. Unfortunately, it has been chosen to continue the policy line aiming to achieve "society free of drug abuse", which is delusional and dangerous as priorities the criminal justice over health and wellbeing.[334]

The lack of clear and strong commitment towards health and person centered approach to drug policies resulted in situation where many countries refuse to implement evidence based measures which contradicts with traditional law enforcement approach.[335]Many member states commented that the outcome document does not

[332]R.Lines and D. Barret, 'The human rights 'win' at the UNGASS on drugs that no one is talking about, and how we can use it,' May 2016, Available from https://hrcessex.wordpress.com/2016/05/09/the-human-rights-win-at-the-ungass-on-drugs-that-no-one-is-talking-about-and-how-we-can-use-it/,(accessed 27 June 2016)
[333]Penal reform International, 'Much ado about nothing? The Global Commission on Drug Policy assessment of UNGASS'
[334]TNI, 'The UNGASS outcome document: Diplomacy or denialism? Civil Society Statement Problems with the UNGASS preparatory process'
[335]IDPC,'Why does the United Nations find it so hard to talk about drugs? 2016,Available from http://idpc.net/alerts/2016/04/why-does-the-united-nations-find-it-so-hard-to-talk-about-drugs, (accessed 27 June 2016)

reflect the progressive line of discussions and negotiations during roundtable and side events and leaves very little room for reforming of drug policy.[336]

Initially, the Special Session was perceived as a unique opportunity to assess and review critically existing drug policy, and to discuss, consider and define effective policy line. Concluding on the results of UNGASS 2016, several states and majority of NGOs have expressed their strong disappointment. The Associate Director of Health and Human Rights at Human Rights Watch defines the Special Session as a "missed opportunity".[337] The minister of Justice of Columbia comments on this drug policy review, that it's like doing the same thing over and over again, expecting different outcomes.[338]

The lack of coherence between member states and even between UN agencies on the key aspects of drug policies did not allow changing the scope of global drug control system. The UNGASS outcome was described as dangerous fantasy, which does not correspond to relevant evidence and data, as it priorities elimination of drug use over health and human rights.[339] The main shortcoming of the UNGASS is that it did not take clear decisions on most important issues that seriously affect health outcomes and lives of people using drugs. Countries failed to recognize the harms and damages from prohibitionist approach.[340] The main failure in the context of health is that outcome document does not include provisions that encourages ending criminalization of drug use and possession, does not promote harm reduction strategies.[341]

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[336] Health Poverty Action, 'Reflecting on UNGASS: Disappointment and hope for sustainable development,' May 2016, Available from https://www.healthpovertyaction.org/news/reflecting-ungass-disappointment-hope-sustainable-development/, (accessed 28 June 2016)
[337] The Lancet, 'Civil society left disappointed by UNGASS on drugs,' April 2016, Available from http://www.avert.org/news/civil-society-left-disappointed-ungass-drugs
[338] Lucia Sobekova,'UNGASS – A Very Modest Drug Policy Review,' May, 2016. Available from http://blog.crisisgroup.org/latin-america/2016/05/02/ungass-a-very-modest-drug-policy-review/,(accessed 28 June 2016)
[339]S. McLean, 'The facts speak for themselves: so why is no-one listening?' April, 2016, Available from http://www.aidsalliance.org/blog/719-the-facts-speak-for-themselves-so-why-is-noone-listening, (accessed 28 June 2016)
[340] Robert Carr Fund. UNGASS 2016: Civil society urge the UN to get serious about global drugs policy
[341] Global Commission on Drug Policy,'Public statement by the Global Commission on Drug Policy on UNGASS 2016, New York, Available from http://www.globalcommissionondrugs.org/wp-content/uploads/2016/04/publicstatementforGCDP.pdf, (accessed 28 June 2016)

Nevertheless, UNGASS 2016 brings several positive trends. First, the preparatory process for Special Session accompanied with reviews and evaluation of drug policies on the national and regional levels. At the same time, civil society sector was "extremely well organized and engaged."[342]The road towards UNGASS supplemented with number of scientific consultations, meetings and debates and due to the contributions from liberal minded countries and NGOs, the calls for human rights and public health approach were heard. In addition, the outcome document has progressive provisions on controlled medicines. Importantly, it envisages that UN agencies(mostly human rights and health focused) are also engaged now in the process of drug policy review.[343] All these can positively contribute to the rebalancing of drug policies to more human right and health oriented. Even though hopes for changing of international drug policy system were not met at the UN Special Session, the preparatory process triggered the positive dynamic that could further lead to the shift in the national drug policies.

[342]L. Farthing 'Lack of Progress and Transparency at the UN General Assembly Special Session on Drugs', April 4, 2016, Available from http://nacla.org/news/2016/04/27/lack-progress-and-transparency-un-general-assembly-special-session-drugs, (accessed 28 June 2016)

[343]Penal reform International, 'Much ado about nothing? The Global Commission on Drug Policy assessment of UNGASS.

5 Conclusion

The international drug policy based on the UN drug conventions defines its ultimate goal as to protect health and wellbeing of humankind. In practice communities of people using drugs have been suffering severe human right abuses and restricted in their access to life-saving medical services, which derives from the right to health.

Based on the comprehensive analysis of drug control framework, the key findings of the thesis are:

International drug policy framework legally allows implementation and promotion of harm reduction services.

Laws that prohibit or restrict the delivery of comprehensive package of harm reduction interventions create barriers in access to health and social services.

Compelling body of scientific data and evidence demonstrated the benefits from implementing of HIV prevention, treatment and care services, such as improvement in health, economic and criminal indicators.

There are special populations among people using drugs that experience multiple vulnerability due to their gender and age; moreover, they are disproportionately affected by health and social risks. These key populations have additional social and practical barriers in access to lifesaving services.

Punitive drug policies relying on criminal justice approach undermine access of people using drugs to HIV prevention, treatment and care services. Particularly, criminalisation of drug use and drug possession increases unsafe injecting practices and proves to limit the access to HIV treatment and care services. Incarceration of people using drugs increase their vulnerability to acquiring HIV and other blood borne diseases and generally disrupt the access to harm reduction programs.

Criminal laws targeting people using drugs lead to stigmatization, marginalization and discrimination of people using drugs in general community, health and criminal justice system.

The criminalisation of drug use and possession, especially together with prohibition of harm reduction services fuel the global HIV epidemic.

Case studies on drug policy demonstrate that repressive drug policies result in high and increasing HIV rates, great number of drug related deaths, forced or compulsory drug treatment, tortures and other human right abuses. Progressive drug policy models are generally person-centered and health based, which allows promoting treatment and care of people using drugs.

Law enforcement has an important practical role in defining access to harm reduction services for people using drugs, where it can become either barrier or facilitator. Repressive policing practices (crackdowns, arbitrary arrests, policing of NSP, OST services) initiate risky behavior among people using drugs, which prevent them from referring to HIV services. Best policing practices are based on the principles of protecting people's lives and health. There are several policing approaches that contributes to harm reduction, among them are drug referral schemes, police discretion, alternatives to incarceration and cooperation with harm reduction service providers. Such policing practices promote harm reduction services and ensure better treatment results.

In the view of abovementioned conclusions there are several recommendations:

Effective response to drug related harms requires implementation of scientific and evidence based strategies prioritizing human rights and health versus criminalisation.

In order to improve health indicators (HIV, HVC, TB and mortality rates) among community of people using drugs there is an urgent need to scale up HIV services.

These services have to comply with international standards, delivered on the voluntarily basis and address specific needs of vulnerable groups.

In order to ensure accessibility and availability of harm reduction services, at first, countries have to assess and review critically their drug policies to define hidden obstacles for people using drugs to reach their health needs. Second, it is crucial to remove existing legal and policy barriers in access to HIV services, and further to create enabling policy environment for implementation of harm reduction interventions. The development process of drug strategy has to be inclusive and entails meaningful engagement of affected population and civil society sector.

To improve the role of police in HIV response, states have to consider new practices and techniques, aiming to raise the knowledge on HIV services, their role in public health and develop new skills contributing to harm reduction values.

The key to successful HIV response in the context of drug use is comprehensive and multidimensional approach, supported by efforts from health, social and law enforcement sectors, civil society and general community.

The UNGASS on drugs 2016 has not change significantly international drug control framework, nevertheless it brings some improvements. The preparatory process raised to attention many critical issues in the context of drug policies and triggered the positive dynamic in the international community that could further lead to the shift in the national drug policies to more health and person oriented approach.

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Abstract

Harm reduction is one of the elements most essential for the people injecting drugs to exercise their right to health. According to a great number of scientific data and research the HIV prevention, treatment and care services proved to help saving lives, to improve health and to contribute to resocialization of people using drugs. Nevertheless, some countries impose punitive drug policies and practices that create barriers for key populations to have a full access to these lifesaving services.

Based on the analysis of relevant international legal and policy framework, this thesis states that international drug policy calls for promotion of HIV prevention, treatment and care services for most affected populations. Moreover, UNGA Special Session presenting the most recent findings of global drug policy review particularly emphasized the importance of health and person centered approach towards drug policy.

The chapter on laws and policies puts special focus on those regulations that create direct and indirect barriers in access to harm reduction services for people using drugs. This part describes the practical outcomes from different policy approaches, determines hidden obstacles in access to HIV services that might not be foreseen by policymaker.

When addressing drug related harms, the implementation of multidimensional approach, involving health, social, criminal justice and civil society sector can improve significantly the provision of HIV treatment and care services. For instance, a police support is critical to ensure better access to harm reduction services for key populations. With regard to this matter, the paper demonstrates unintended negative consequences from policing practices and defines as well several progressive models and techniques that could promote service provision.

Health and human rights based drug policies and practices create enabling environment for provision of harm reduction services for people using drugs.

Abstrakt

Schadensminderung wirkt als ein von wesentlichen Elementen für die volle Verwirklichung des Rechts auf Gesundheit für Menschen, die Drogen injizieren. Eine große Menge wissenschaftliche Daten und Studien bestätigen, dass mit HIV verbundenen Vorbeugungs-, Behandlungs- und Pflegedienstleistungen Leben zu retten und Gesundheit zu verbessern helfen und Resozialisierung von Menschen, die Drogen gebrauchen, fördern. Allerdings wenden einige Länder eine repressive Drogenpolitik und Praktiken an, die Hemmnisse für vollen Zugriff auf diese Leben rettenden Dienste für die wichtigsten Bevölkerungsgruppen erstellen.

In diesem Papier, basierend auf der Analyse der einschlägigen völkerrechtlichen Grundlagen und unter Berücksichtigung auf Interpretationen und Empfehlungen über diese Frage von zuständigen Institutionen, wird die Feststellung gemacht, dass die internationale Drogenpolitik die Förderung von mit HIV verbundenen Vorbeugungs-, Behandlungs- und Pflegedienstleistungen für die am stärksten gefährdeten Bevölkerungsgruppen fordert. Darüber hinaus hat der Prozess der globalen Rückschau auf die Drogenpolitik in Form einer Sondersitzung der UN-Generalversammlung in den letzten Jahren die Bedeutung einer Behandlung der Drogenpolitik insbesondere betont, die auf Gesundheit und Interessen des Menschen gerichtet ist.

Im Kapitel über die Gesetze und die Politik wird besondere Aufmerksamkeit auf die Regeln gelenkt, die direkte und indirekte Hemmnisse für den Zugriff auf Schäden reduzierende Dienstleistungen für Menschen, die Drogen gebrauchen, bereiten. Dieser Teil beschreibt praktische Ergebnisse aus der Verwendung von unterschiedlichen Ansätzen und identifiziert versteckte Hemmnisse für den Zugriff auf HIV-Dienstleistungen, die vom Gesetzgeber nicht vorgesehenen werden kann.

Als Reaktion auf die mit den Drogen verbundenen negativen Auswirkungen kann die Umsetzung eines multilateralen Ansatzes mit der Teilnahme von Vertretern der Gesundheitsbehörden, Strafjustiz und des Zivilgesellschaftssektors die Erbringung von Dienstleistungen für die Behandlung und Pflege in Verbindung mit HIV deutlich

verbessert werden. Die Unterstützung seitens der Polizei ist von entscheidender Bedeutung für einen besseren Zugang zu Schäden reduzierenden Dienstleistungen für die wichtigsten Bevölkerungsgruppen. Dieses Dokument zeigt unbeabsichtigte negative Auswirkungen der Polizeipraktiken und unterstreicht zur gleichen Zeit mehrere fortgeschrittene Modelle und Methoden, die die Erbringung von Dienstleistungen erleichtern könnte.

Die Drogenpolitik und Praktiken, die auf die Menschenrechte und die Gesundheit basieren, tragen zur Schaffung von günstigen Bedingungen für die Erbringung von Schäden reduzierenden Dienstleistungen für Menschen, die Drogen gebrauchen, bei.