

AMNESTY INTERNATIONAL PUBLIC STATEMENT

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THE COVID-19 PANDEMIC MUST SERVE AS A CATALYST FOR THE TRANSFORMATION OF OUTDATED AND FAILED DRUG POLICIES

The COVID-19 pandemic, and government responses to it, are exacerbating existing inequalities that pose particular risks and challenges for people who use drugs worldwide.¹ As activists around the world come together in a Global Day of Action through the Support. Don't Punish campaign and call for the reform of drug policies, Amnesty International joins all these brave human rights defenders raising their voices against the harmful and repressive policies implemented under the so-called "war on drugs".

People who use drugs have historically faced stigma and discrimination, and often experience underlying health conditions, higher rates of poverty, unemployment and homelessness.² The precarious situation that many people who use drugs live in puts them at higher risk of infection and increases the probability that they will be negatively affected by it. Moreover, high levels of socio-economic deprivation faced by people who use drugs and people who engage in the drug trade makes it more difficult for them to mitigate the risks of infection and to comply with government restrictions such as physical distancing and isolation. As drug markets and health services around the world are affected and disrupted by the outbreak of COVID-19, there is a risk of more dangerous drugs being sold on the streets, shifts to more harmful substances and/or riskier methods of use, and additional barriers to access health and harm reduction services, placing the life and health of people who use drugs at increased risk.

Governments must therefore put in place effective policies to protect the rights of people who use drugs and other communities affected by punitive drug laws, and use this opportunity to transform outdated and failed drug policies that have resulted in violence, disease and suffering around the world. Since the outbreak of the COVID-19 pandemic in early 2020, many countries have taken action to support the work of human rights defenders and civil society organizations and to protect the rights of people who use drugs and other affected communities, demonstrating that new drug policies that better protect public health and human rights are possible when there is enough political will.

ACCESS TO HEALTH AND HARM REDUCTION SERVICES

As governments continue to impose travel bans and border closures, drug markets around the world are being disrupted and affected.³ Shortages in the supply of illicit drugs are leading to higher prices, increased adulteration of drugs, and shifts to either more harmful substances and/or riskier methods of use.⁴ These shifts may also lead to increased numbers of overdoses, due to stockpiling of drugs as well as an increase in adulterated drugs, posing a serious threat to the lives and health of people who use drugs.⁵ Physical withdrawals may be more acute, and even lethal in some cases, due to shortages in drugs which are also likely to induce chaotic patterns of behaviour with serious knock-on effects for the wider public.⁶

At a time when health services are already over-stretched, people who use drugs may find increased obstacles to access treatment and other medical care related both to COVID-19 and other medical conditions. Restrictions on movement and

¹ International Network of People who Use Drugs. *In the time of COVID-19: Civil Society Statement on COVID-19 and People who use Drugs*. 7 April 2020, available at <https://bit.ly/2VtSfFq>

² Report of the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 6 August 2010, UN Doc. A/65/255

³ United Nations Office on Drugs and Crime. *COVID-19 and the drug supply chain: from production and trafficking to use*. April, 2020 available at <https://bit.ly/2W0xXa4>

⁴ McKenna, Gary. "COVID-19 effects hit illegal drug supply, put addicts in danger" in *Tri-City News*, 1 April 2020 available at <https://bit.ly/3bdudVK>; Reynolds, Emma. "It's stockpiling, but not as you know it. Why coronavirus is making people hoard illegal drugs" in *CNN*, 5 April 2020 available at <https://cnn.it/2RBn2yY>. See also European Monitoring Centre for Drugs and Drug Addiction, *EMCDDA update on the implications of COVID-19 for people who use drugs (PWUD) and drug service providers*. 25 March 2020 available at <https://bit.ly/2yjqK9p>

⁵ UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, "Statement by the UN expert on the right to health on the protection of people who use drugs during the COVID-19 pandemic", 16 April 2020 available at <https://bit.ly/2MdosfG>

⁶ Torrance, Josh. *What impact will COVID-19 have on drug markets and users?* 9 April 2020, available at <https://bit.ly/3bkMgJu>

orders to close non-essential businesses to stop the spread of the disease have led to several countries to stop the operation of harm reduction facilities,⁷ leaving people who use drugs with minimum or no access to life-saving services such as opioid substitution therapy (OST), needle and syringe programmes and drug consumption rooms. The challenges that women and girls who use drugs face when trying to access health and harm reduction services based on their gender are being exacerbated, including due to high levels of stigmatization in the family and the community.⁸ Restrictions imposed to address the pandemic have increased cases of gender-based violence, including sexual violence, leaving women and girls who use drugs at a particular risk.⁹

The outbreak of COVID-19 is also having a severe impact on the accessibility and availability of harm reduction services, which can further impinge on the right to health of people who use drugs. Restrictive regulations banning or limiting take-home doses of methadone and other substitution therapies make complying with isolation and physical distancing rules extremely difficult for people who use drugs.¹⁰ Low availability and accessibility of naloxone (a medicine that counters the effects of an opioid overdose) and other harm reduction measures pose a higher risk of death and serious injury, particularly as drug markets get disrupted and more harmful drugs – such as fentanyl – are introduced to the market.

States should therefore take urgent measures to ensure people who use drugs have continued access to health and social services during the pandemic to reduce the risks and harms associated with the use of drugs. Services should include prevention and evidence-based information tailored to the current situation, as well as harm reduction, voluntary treatment and rehabilitation services on a non-discriminatory basis, including in prisons and other situations where people are deprived of their liberty. States should also ensure that harm reduction, treatment and rehabilitation services remain available and easily accessible to everyone during the pandemic, including by declaring harm reduction programmes as essential services that must remain open despite the restrictions, and declaring harm reduction providers as critical healthcare workers so they can access protective equipment and continue to provide services safely.

On the other hand, States should put in place policies that enable and empower people who use drugs to comply with the restrictions, including by lifting and adapting restrictive regulations on harm reduction services. For example, as many countries have already done so,¹¹ States should ease policies banning or limiting take-home doses of methadone and other substitution therapies to reduce the need to travel to harm reduction facilities, and guarantee increased access to opioid substitution therapy and other harm reduction services to respond to supply shortages and other changes in drug markets. This should also include States support for the provision of safe supply of drugs, including safe prescription alternatives to illicit drugs, for people who have a history of using drugs and are at risk of withdrawal or overdose.

OVERCROWDING AND UNSANITARY CONDITIONS IN PLACES OF DETENTION

The prohibition of drugs and criminalization of drug-related conduct have led over the past decades to a worldwide increase in prison populations.¹² According to UN estimates, nearly 2 million people were arrested in 2017 for the use or possession of drugs for personal use.¹³ Approximately 20% of the global prison population is detained for a drug-related offence, of which 83% have been convicted only for drug possession.¹⁴ Thousands more remain arbitrarily detained in compulsory drug detention facilities, where people suspected of using drugs are sent with the aim of making them stop using drugs.¹⁵

Overcrowding and unsanitary conditions make it impossible for detainees and staff to take preventive steps against COVID-19, including regular hygiene, physical distancing and isolation. New restrictions on family visits and other rights during the

⁷ EMCDDA. “Impact of COVID-19 on drug services and help-seeking in Europe”. May, 2020. Available at <https://bit.ly/310AlhM>

⁸ UNODC. “Women and drugs: drug use, drug supply and their consequences” in *World Drug Report 2018*. June, 2018. Available at <https://bit.ly/2XyhbOv>

⁹ UN Special Rapporteur on violence against women, *States must combat domestic violence in the context of COVID-19 lockdowns*. 27 March 2020, available at <https://bit.ly/2V5DABb>

¹⁰ UNODC. “Suggestions about treatment, care and rehabilitation of people with drug use disorder in the context of the COVID-19 pandemic”. March, 2020. Available at <https://bit.ly/3dGJuQg>

¹¹ EMCDDA. “Impact of COVID-19 on drug services and help-seeking in Europe”. May, 2020. Available at <https://bit.ly/310AlhM>

¹² OHCHR, “Implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights”. 14 September 2018, UN Doc. A/HRC/39/39, para. 44

¹³ UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters. *What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters*. March 2019, available at <https://bit.ly/3eneJR6>

¹⁴ United Nations Office on Drugs and Crime. *World Drug Report 2014*. New York, 2014

¹⁵ Report of the Working Group on Arbitrary Detention, 10 July 2015, UN Doc. A/HRC/30/36; OHCHR. *Study on the impact of the world drug problem on the enjoyment of human rights*. 4 September 2015. UN Doc. A/HRC/30/65

pandemic are increasing stress and tension in places of detention, and have already led to episodes of protests, violence and riots in different countries.¹⁶

Women and girls have historically been disproportionately affected by criminal drug law enforcement, especially women who lack education and economic opportunities or that have been victims of abuse.¹⁷ As women and girls become disproportionately impacted by COVID-19 and the economic crisis caused by it, including in relation to loss of employment and livelihood, there is a risk that many more women and girls will be pushed into the illicit trade of drugs. This situation will further expose women and girls to arrest and prosecution during the COVID-19 crisis and its aftermath, as well as lengthy prison sentences as they usually face harsher obstacles to access non-custodial penalties and other alternatives to detention.¹⁸

States should therefore decriminalise the use, possession and cultivation of drugs for personal use as a way to protect the rights of people who use drugs and to prevent the spread of COVID-19. In the meantime, authorities should deprioritise the enforcement of anti-drug operations and consider deferring the intake of new arrivals to prison in appropriate cases or converting prison sentences to fines or other non-custodial penalties.

As governments continue to implement policies for the release of prisoners as a measure to alleviate overcrowding and prevent further transmission of COVID-19, they should ensure that people convicted of drug-related offences can also be considered for early, temporary or conditional release without discrimination, and provide them with the appropriate health and social services they may require after release. States should also close compulsory drug detention centres permanently and without delay, and immediately release all those detained therein with sufficient provisions of health and social services available to them. People that remain in detention must have access to a standard of healthcare that meets each person's individual needs similar to what is available in the community, including drug treatment and harm reduction.

PROTECTION OF LIVELIHOODS

States around the world have adopted extraordinary measures to prevent and mitigate the effects of COVID-19, including as part of formally declared states of emergency, and have granted increased powers to the police and other security forces to ensure compliance with restrictions imposed to address the pandemic. Emergency powers have been historically deployed against the most marginalized sectors of society, including people who use drugs, who are often scapegoated in a way to portray an image of government's effective action.¹⁹

Such responses to the COVID-19 pandemic are having grave impacts on people's livelihoods and their ability to work. Many people who use drugs lack adequate housing, finding it more difficult to isolate themselves and comply with other restrictions that leaves them exposed to over-policing and criminalization.²⁰ Shelters and other alternatives that are providing emergency accommodation to those at risk often require people to stop using drugs, even if they are not ready or able to do so, leaving them at increased risk of infection. Police powers to stop and search people on the streets, including to ensure compliance with restrictions imposed in the context of COVID-19, put people who use drugs at higher risk of criminalization and may deter them from attending health appointments or seeking harm reduction services.²¹

States must therefore put in place measures to ensure that, at a minimum, people who are homeless, including those who use drugs, are provided with emergency accommodation where they are able to protect and isolate themselves. This should include measures to guarantee that people who are homeless and use drugs are able to access emergency accommodation without discrimination, with explicit instructions that they will not be forced to stop using drugs in their new accommodation. Furthermore, States must ensure that people who are homeless and those living in inadequate housing have access to up-

¹⁶ Amnesty International, "Iran: Prisoners killed by security forces during COVID-19 pandemic protests", 9 April 2020 available at <https://bit.ly/3eonHxe>; Amnesty International, "Colombia: State must take appropriate measures to protect prison population from COVID-19 pandemic", 23 March 2020 available at <https://bit.ly/2V6gDOQ>. See also, Inter-American Commission on Human Rights, "The IACHR urges States to guarantee the health and integrity of persons deprived of liberty and their families in the face of the COVID-19 pandemic", 31 March 2020, available at <https://bit.ly/3eriER9>

¹⁷ UN Women, "A Gender Perspective on the Impact of Drug Use, the Drug Trade and Drug Control Regimes (policy brief)", 2014

¹⁸ UN Women, "A Gender Perspective on the Impact of Drug Use, the Drug Trade and Drug Control Regimes (policy brief)". July, 2014 available at <https://bit.ly/3a7uqIE>

¹⁹ International Network of People who Use Drugs. *Consensus Statement on Drug Use under Prohibition: Human Rights, Health and the Law*. October, 2015

²⁰ UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, "Statement by the UN expert on the right to health on the protection of people who use drugs during the COVID-19 pandemic", 16 April 2020 available at <https://bit.ly/2MdosfG>

²¹ Rolles, Steve. *Reality Check: policing of people who use drugs during the COVID-19 pandemic*. 31 March 2020, available at <https://bit.ly/34GZ0I3>

to-date information on COVID-19 and its symptoms, measures that have been put in place to help ensure that they can protect and isolate themselves, and where and how they may seek advice and support, including adequate health care, harm reduction and treatment.

The economic crisis that is being caused by COVID-19 and the consequent loss of income and employment will likely push several people to engage in the drug trade, including in the production and distribution of drugs.²² People who work in the informal sector, including those who depend on subsistence cultivation of illicit crops or on small-scale production or distribution of illicit drugs are at greater risk of having their livelihoods disrupted by COVID-19, a challenge that is particularly acute in countries which lack strong social security systems and where a majority of people work in the informal sector. Operations to forcibly eradicate crops and to seize illicit drugs have continued in some countries during the COVID-19 pandemic, increasing the risks and vulnerabilities of marginalized groups.²³ Indigenous peoples, rural farmers, ethnic communities, people living in poverty and other marginalized groups are disproportionately affected by anti-drug operations that aim to curb the production and distribution of drugs.²⁴ For example, efforts to address illicit cultivation have often entrenched poverty and deprivation, including by destroying the livelihoods of rural farmers and communities who depend on this cultivation.²⁵

It is therefore crucial for States to put in place measures to protect the livelihoods of those affected by punitive drug policies and ensure they can have access to economic recovery plans without discrimination. States should provide targeted support packages to people and groups particularly affected, such as those working in the informal sector and who have no health insurance or social security, including through expanded benefits, direct cash transfers, emergency financial assistance and emergency food support. Authorities should also ensure that efforts to prevent the illicit cultivation of drugs, to eradicate crops cultivated for illicit purposes or to disrupt the production and distribution of drugs do not have an adverse impact on Indigenous peoples, rural farmers and other communities who depend on the cultivation, production and distribution of drugs for their livelihood. In particular, States should address the underlying socio-economic causes of the cultivation of illicit crops and take measures to avoid entrenching poverty and deprivation, including through measures to guarantee that rural farmers and Indigenous peoples have adequate access to markets and alternative livelihoods.

A CALL FOR CHANGE

Since the outbreak of the COVID-19 pandemic in early 2020, many countries have taken action to support the work of human rights defenders and civil society organizations and to protect the rights of people who use drugs and other communities affected by punitive drug policies. Local organizations and community services around the world have quickly adapted to respond to the urgent needs of people who use drugs, despite the big risks to their own health and safety. In some countries, governments have taken important steps to prevent the spread of COVID-19 in prison and have released thousands of people convicted of minor, non-violent drug-related offences.²⁶ Other countries have implemented safeguards to ensure that people who use drugs can continue to have access to harm reduction programmes during lockdowns and other restrictions, including by amending policies that allow take-home doses of methadone and provide easier access to opioid substitution therapy.²⁷ Multiple governments also declared harm reduction services as essential to ensure that people who use drugs would not be left alone during the crisis.

The outbreak of the COVID-19 pandemic has shown that new drug policies that better protect public health and human rights are possible, as long as there is enough political will. The COVID-19 crisis must serve as a catalyst for the permanent transformation of outdated and failed drug policies that have left a legacy of violence, mass incarceration, abuse, suffering and disease around the world. States must take this opportunity to sustain and deepen the shift that has begun in favour of evidence-based alternatives that protect public health and the human rights of people who use drugs and other affected communities.

²² United Nations Office on Drugs and Crime. *COVID-19 and the drug supply chain: from production and trafficking to use*. April, 2020 available at <https://bit.ly/2WOxXa4>

²³ Ramírez Ramón, David. *La Guerra contra las poblaciones cultivadoras de coca*. Elementa DDHH. May 2020, available at <https://bit.ly/2XaNmmG>

²⁴ Office of the High Commissioner on Human Rights, “Study on the impact of the world drug problem on the enjoyment of human rights”, 4 September 2015, UN Doc. A/HRC/30/65, para. 51

²⁵ Jelsma, Martin. *Connecting the dots... Human rights, illicit cultivation and alternative development*. Transnational Institute. October 2018, available at <https://bit.ly/3cdBWTm>

²⁶ For a list of countries that have released prisoners as a preventive measure in the context of COVID-19, see Transform’s tracker of prisoner releases by country available at <https://bit.ly/30jWZS4>

²⁷ UNODC. “Suggestions about treatment, care and rehabilitation of people with drug use disorder in the context of the COVID-19 pandemic”. March, 2020. Available at <https://bit.ly/3dGJuQg>