

Rethinking The War On Drugs

Ending the War on Drugs: A Rights Perspective

For more than fifty years the world has pursued a so-called War on Drugs. Its goal—a world free of illicit use of drugs—has proven elusive: Despite billions of dollars spent, illicit drug use is up and illicit drugs today are cheaper and more accessible than ever before. Moreover, the War on Drugs has had disastrous unintended consequences, fueling the spread of violence, human rights abuses and infectious disease in much of the world. In 2013, Colombia, Guatemala and Mexico, some of the countries hardest hit, called for a special session of the United Nations General Assembly on drugs arguing that “revising the approach on drugs...can no longer be postponed.” This session will be held in April 2016. In the run-up, Human Rights Watch will be publishing a series of articles that will highlight the consequences for respect and protection of human rights of the War on Drugs.

April 22, 2016
16:05 PM EDT



A Missed Opportunity to End the War on Drugs

The biggest United Nations summit on drugs in almost 20 years is over, and while there are signs many countries are stepping back from the destructive “war on drugs” approach to drugs, it’s hard not to conclude that overall the meeting was a missed opportunity.

Three years ago, Colombia, Guatemala, and Mexico called the meeting, arguing that the cost of the “War on Drugs” had become too high and a new approach was urgently needed. Unfortunately, the document the UN General Assembly approved on Tuesday does not represent a real break with the past but rather business-as-usual, with some shifts in emphasis.

The increased focus on health and human rights in the document is welcome, but as long as the dominantly courts-and-cops approach to fighting drugs continues, the toll from the fight will far outweigh the damage from the drugs themselves. There is little doubt that tens of thousands of people will continue to suffer from drug-related violence and human rights abuses in the coming years; that drug users and those involved in minor trafficking will continue to fill our jails; and that HIV and hepatitis C will continue to wreak havoc among people who inject drugs.

The glass-half-full view is seeing the summit as a key step in the long, complicated process of changing the way the world sees drugs. Importantly, the once-unshakable global consensus on the War on Drugs has been shattered. Much to the chagrin of countries that sought to protect the status quo, led by Russia, a critical mass of reform-minded countries powerfully challenged long-standing orthodoxies on drugs and forced open a debate that had been notoriously insular. Decriminalization of personal use and possession – the key to ending widespread abuses against drug users – is now a mainstream issue. Discussion of the benefits and risks of legalization and regulation of marijuana,

In all likelihood, we will see a further fracturing of the approach to drugs around the world. Some countries will continue down the path of reform – legalizing (medical) cannabis, decriminalizing drug use, and favoring effective health over criminal justice interventions – while others will double down on harsh law enforcement approaches. But ultimately the reformers are likely to have the advantage. Their approach is based in science rather than ideology, and the evidence suggests strongly that they will attain the better public health outcomes.

In 2019, the current global drug strategy will expire. The key question is how many countries will by then be willing to follow the evidence even if it necessitates politically inconvenient steps. The human rights of tens of thousands of people depend on the answer.

April 21, 2016
08:59 AM EDT

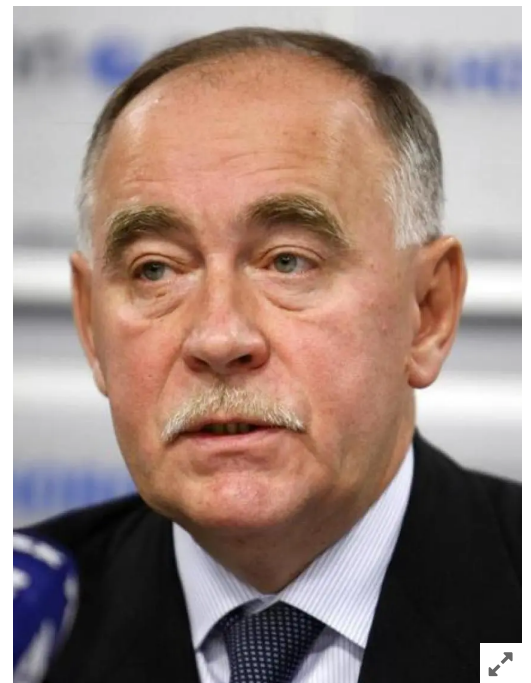


Drug Users Face Abuse in Russia’s Private Treatment Facilities

Experts [estimate](#) that three to six million people use illicit drugs in Russia [with the number of](#) heroin users topping a million, according to official estimates. Drug users are stigmatized and jailed frequently for possession of very small amounts of drugs. The hardnosed approach by police prompts drug users in Russia to avoid health services for fear of arrest and harassment.

The Russian government [stubbornly refuses](#) to provide drug treatments like opiate substitution that have proven effective. Even funding for treatment that doesn’t involve the use of substitute drugs – an approach the government prefers – is limited. Only a few Russian regions offer state-provided rehabilitation treatment. As a result, treatment is often left in the hands of private companies or organizations.

The government has a duty to regulate these privately-owned facilities to ensure they do not endanger or abuse patients. The Russian government has failed to do this – with predictable consequences. Over the last few years, there have been numerous reports of abuse in these facilities: People are sedated, taken from their homes by force to remote facilities, usually in the countryside, and forced to stay there for months, often without their consent (which family members give for them instead). Some of the “treatment” methods used at such centers are more reminiscent of torture than medical care. According to press reports, drug users at one [center](#) were put in a hole in the ground filled with icy water and forced to stay for up to an hour, even in winter. Other methods [included](#) physical violence, electroshock, verbal abuse and public humiliation. The media have even reported that [people](#) have [died](#) in such centers.



Viktor Ivanov, head of Russia’s Federal Drug Control Agency, speaks during a news conference in Moscow October 7, 2009. © 2009 Reuters

government should also ensure people with drug dependence have access to a range of treatments - including drug substitution - that are based on evidence. Only then, will Russia be able to start to address the problem of drug dependence.

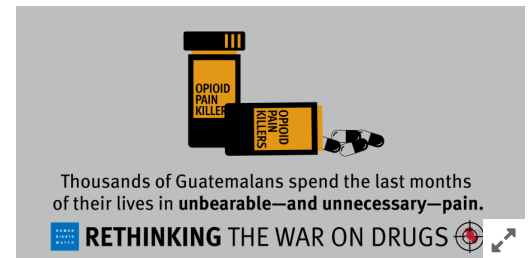
April 20, 2016
13:37 PM EDT



Guatemala: Where (Legal) Pain Relief is all but Impossible

Guatemala's regulations on opioid painkillers, essential medicines for the relief of cancer pain, are among the strictest in the world. Doctors must write prescriptions on special forms, which can only be obtained from a single office in Guatemala City, 25 at a time, and each prescription must be approved by the Ministry of Health. Imagine: each time someone needs an opioid prescription filled they must travel to the ministry office in Guatemala City - often hundreds of miles away - during business hours and obtain a validation stamp. Only then can they go to a pharmacy to fill it.

For many patients and their families this is impossible. As a result, we estimate, many thousands of Guatemalans suffer severe, untreated pain in the last months of their lives. "The pain was so intense [at some points] that [my son] would grab his hair screaming and run through the streets calling for help," the mother of a young man with a brain tumor told us.



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Besides the senseless suffering, the excessive bureaucratic requirements pose an acute ethical dilemma for physicians and pharmacists: They are obligated to offer proper care to patients but many feel they cannot do so without stretching - or outright breaking - the law, and exposing themselves to possible disciplinary or even criminal penalties.

We documented examples of health care workers putting themselves at serious legal risk out of a feeling of obligation to their patients. "These patients are literally dying and in pain," said a pharmacist in Guatemala City who admitted to filling prescriptions not validated by the ministry of health. "I can't send them to the Ministry of Health on a bus [to get a stamp validating their prescription for morphine]."

A doctor from a rural town said he had stopped writing prescriptions for morphine because "it is practically impossible to get it legally." Instead, this doctor admitted, he helped patients get morphine on the black market, where it is readily available.

No health care worker should have to risk jail time to prescribe essential medications. No patient should have to suffer needlessly because regulations make it impossible to get necessary medications. It is high time for Guatemala to change its drug control regulations.

drugs in an effort to address sky-high HIV prevalence among that group. To the police officer, however, the fact that the government supported this needle and syringe program was of little consequence.

“The sergeant [arrested me and] took me to Mambleyo Police Post,” Mickdad told Human Rights Watch. “There, he beat me with his hands, a stick, and also [kicked me] with his boots.” Mickdad’s mother had to bribe the officer to secure her son’s release. “Even now I have pain in my spinal cord... I am HIV positive, so when people beat me it’s a problem,” Mickdad said.



A syringe sucks up a mixture of heroin and water prepared on a foil wrap as addicts shoot up in Stone Town Zanzibar, December 22, 2009. © 2009 Reuters

The prevalence of HIV among people who use drugs in Tanzania is estimated at 36 percent – dramatically higher than the prevalence of about 5 percent of adults in the country’s overall population. The government has taken steps to address this problem. Tanzania is only the second African country to provide opiate substitution treatment, the most effective form of drug treatment for opioid dependence, and its authorization of needle and syringe programs sets it apart from many of its neighbors.

But the fact that drug use is punishable in Tanzania by up to 10 years in prison undermines these efforts. While prosecutions do occur, many drug users told us that more frequently, police – or members of semi-official vigilante groups – simply rough them up, extort them for every shilling they can get, and release them.



June 18, 2013

“Treat Us Like Human Beings”

Discrimination against Sex Workers, Sexual and Gender Minorities, and People Who Use Drugs in Tanzania

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This abuse drives people who use drugs underground, away from essential health services. “The police are a problem,” a health worker said. “In our HIV prevention work, we had to convince them [people who use drugs] that we’re not coming with the police to arrest them.”

In February, police in Dar es Salaam, Tanzania’s largest city, launched a crackdown on people suspected of drug use. Outreach workers told Human Rights Watch that they witnessed police conduct a mass arrest at a camp where heroin users hang out. The outreach workers had come to educate drug users on HIV prevention and harm reduction.

Police harassment undermines government efforts to bring HIV transmission among people who use drugs under control. The Tanzania Network of People Who Use Drugs, an advocacy group, is calling on the Tanzanian government to end arrests and ultimately decriminalize personal drug use. Tanzania should focus on what has been proven to work: harm reduction and expanded access to treatment.

As world leaders gather this week for the United Nations General Assembly special session on drugs, they would do well to closely examine the Lancet Commission [report](#) that exhaustively details the failures of the so-called “war on drugs.”

The report shows how current drug policies have failed to eradicate drugs, reduce the harms of drug use, offer treatment to drug users or ensure access to pain medications. At the same time, these policies have led to massive incarceration and undermined the health of people in many countries. Not surprisingly, the report calls for a thorough reevaluation of international drug policies.



Policemen and villagers use sticks and grass cutters to destroy a poppy field above the village of Tar-Pu, in the mountains of Shan State January 27, 2012. © 2012 Reuters

As a member of the commission and a long-term researcher on Burma, I was struck hearing the perspectives of experts from Colombia, Mexico, the United States and African and Asian countries. Burma has been both a major producer and exporter of illicit drugs and is currently beset by a growing epidemic of drug use and punitive eradication efforts. Many of the experts spoke of the same disastrous approaches to drug control I have seen in Burma: policies that view drug policy largely as a crime issue. This approach has clearly failed as drug production, illicit use and its effects on domestic crime, health problems and drug-related violence have only expanded in recent decades in regions such as Latin America.

The commission suggests policy solutions that are being debated more openly now than in previous years, especially in regions where drugs have had a disastrous social impact. These include decriminalizing minor drug offenses such as petty use and sale, reducing the violence of drug policing, and making harm reduction a central pillar of health services and drug policy. It recommends that UN member countries also need to integrate health, human rights and development concerns into drug policy planning; make greater investment in treatment for drug users; end involuntary detention; ensure access to controlled medicines; develop specific policies to reduce harm to women: and fund research on drug policies and their impact on human rights.

The theme of this week’s drug summit is youth and young people, a perfect opportunity to agree on new approaches informed by evidence and guided by human rights norms so we don’t burden another generation with the predictable results of rigid and abusive approaches to dealing with drugs.

April 19, 2016
07:25 AM EDT

Brazil’s Senseless ‘War’

On February 2, 2014, Alda Castilho, a 27-year-old military police officer died after suspected drug traffickers opened fire on her squad in a shantytown in Rio de Janeiro. “Her death was in vain,” her mother, Maria Rosalina da Silva, told us last month.

Castillo was one of the almost 60,000 homicide victims in Brazil in 2014. It is unknown how many were the victims of drug traffickers. In Niterói, São Gonçalo and Itaboraí, three cities within Rio de Janeiro’s metropolitan area, about 400 of the 480 homicides in 2014 were drug-related, estimates

The “war on drugs” is the main driver of police operations in shantytowns, which often end in death. Brazil’s police killed more than 3,000 people in 2014, according to official data. While the police routinely say these deaths resulted from shootouts with criminals, Human Rights Watch has documented dozens of cases in the last decade in the states of Rio de Janeiro and São Paulo in which the evidence strongly suggests they were extrajudicial executions. In some instances in Rio de Janeiro, according to prosecutors and police officers Human Rights Watch interviewed, corrupt police officers involved with drug traffickers committed the killings.



A 17-year-old Brazilian drug gang member poses with a gun atop a hill overlooking a slum in Salvador, Bahia State on April 11, 2013. © 2013 Reuters

Apart from contributing to the spike in homicides and the strengthening of deadly gangs, Brazil’s “war on drugs” has also failed to achieve its objectives. Drugs are more plentiful now and stronger than in the 1970s, when the United States began pushing the rest of the world to fight the illegal drug trade.

Police officials described to us the futility of anti-drug operations. Military Police Major Roberto Valente, for example, told us that if they capture a low-level operative, such as a lookout, his gang will give him a gun and promote him once he leaves prison.

Often, top traffickers simply continue their trade from prison. If the police kill them, they are likely to be replaced before the body is stiff.

Having suffered so much in the name of fighting drugs, Brazil should encourage a new approach during the UN’s Special Session on this issue, which starts today in New York. It is time to decriminalize possession of drugs for personal use and to take a look at legalizing drugs.

Opponents of decriminalization argue that it will increase drug use, but the experiences of other countries do not support that assertion. In Portugal, which decriminalized possession of drugs for personal use 15 years ago, the number of people dependent on drugs decreased, as did HIV transmission among drug users and incarceration rates.

Some countries are trying out the legalization of production, distribution and use of marijuana, the most commonly used illegal drug. Early evidence suggests this may cut into the profits of drug traffickers without firing a single bullet. Brazil should consider doing the same.

A new approach to drugs may save the country millions of reais that could be used for drug treatment and the prevention of violence. Most important, it could save thousands of lives every year. It is time to put an end to the current senseless policy.

April 19, 2016
00:44 AM EDT



Why Asia’s Drug Detention Centers Need to be Shuttered

Human Rights Watch has spoken to hundreds of people who use drugs throughout China and Southeast Asia. Typically soft-spoken and polite, despite the many hardships they had suffered, these people rarely sounded bitter—except when describing their time in government drug detention

A new [report](#) from UNAIDS, the United Nations program on HIV/AIDS, estimates that in 2014 – the last year for which the agency has data – about 450,000 people were being held in centers in China and other countries in Southeast Asia. These centers are supposed to provide treatment for people who use drugs, although their “treatment” consists primarily of arduous physical exercises and military-like drills. Former detainees also describe sadistic violence – being shocked with electric batons, whipped with twisted electrical wire, beaten, and being chained while standing in the sun. One former 16-year-old detainee of a center in Cambodia told us that a staff member would use a cable to beat people: “On each whip the skin would come off and stick on the cable.”



An “intervention” truck from the Daun Penh district police in Phnom Penh. Such trucks are used to transport the police who carry out “street sweeps” of drug users and other people considered “undesirable” by authorities. © 2013 Human Rights Watch

In Cambodia, there are at least eight drug detention centers that hold about 1,000 people at any given time, almost none voluntarily. About 10 percent of the detainees are children, some as young as 6, according to government statistics. Human Rights Watch’s investigations in [2009](#) and [2013](#) found the main “therapy” at the centers is hard labor and exhausting physical exercise.



December 8, 2013

"They Treat Us Like Animals"

Mistreatment of Drug Users and “Undesirables” in Cambodia’s Drug Detention Centers

 [Download the full report](#)

 [Download the summary and recommendations in KHMER](#)

In Vietnam, more than 20,000 people, including children, are [detained in these centers](#), forced to perform labor, often husking cashews, a major export earner for Vietnam. These detainees are either not paid or paid well below minimum wage. One adult detainee told us he spent five years at one center and worked with children as young as 12. He said each detainee was forced to meet a quota of skinning three and a half kilos of cashews every day. Detainees must work to meet these daily quotas, or they are beaten.

Laos is believed to have eight such centers. Information about practices there are very limited. We investigated the [Somsanga](#) Treatment and Rehabilitation Center near Vientiane, which calls itself a “health-oriented facility.” But most detainees – 1,100 to 2,600 per year – are held in locked cells inside a compound with high walls and barbed wire. Many face detention without due process and ill treatment. Disturbingly, the [US embassy](#) continues to support the center.



January 25, 2010

“Skin on the Cable”

The Illegal Arrest, Arbitrary Detention and Torture of People Who Use Drugs in Cambodia

 [Download the report in English](#)

 [Download the report in Khmer](#)

In March 2012, 12 UN agencies issued a [joint statement](#) condemning compulsory drug detention and calling for their immediate closure. More than four years later, little progress has been made. The



Indonesia's Drug Trafficker Executions Aren't Over Yet

International human rights law is absolutely clear: Countries should not use the death penalty for drug-related offenses. Yet, Indonesia's Minister of Foreign Affairs, Retno Marsudi, recently [confirmed](#) that her country would continue to put drug traffickers to death due to the country's "drug emergency."

Last year, Indonesia prompted a major international outcry when it executed 14 drug traffickers. Six convicted drug traffickers were put to death in January 2015, including five foreigners. On April 29, over the objections of numerous foreign governments, Indonesia executed eight convicted drug smugglers – including seven foreign nationals, from Australia, Ghana, Nigeria, and Brazil – by firing squad. Non-Indonesians [make up](#) the majority of the country's 64 death row prisoners convicted of drug crimes.



Catholic nuns pray beside the coffin of Brazilian Rodrigo Gualarte at a funeral home in Jakarta, Indonesia April 29, 2015. © 2015 Reuters

Jakarta defends the death penalty as "shock therapy" against drug trafficking. "We must finish drug dealers or we're losing a generation," a government spokesperson said in late 2014.

Yet, the death penalty's deterrence effect has been repeatedly debunked. Most recently the United Nations assistant secretary-general for human rights, Ivan Šimonovi, [said](#), there was "no evidence that the death penalty deters any crime." A University of Oxford [analysis concluded](#) that capital punishment does not deter "murder to a marginally greater extent than does the threat and application of the supposedly lesser punishment of life imprisonment." That renders continued use of the death penalty merely cruel and irrevocable.

The death penalty has become a contentious issue in the negotiations in preparation for the April 2016 UN General Assembly session on drugs. While the European Union and Latin American countries have spoken out strongly against capital punishment for drug offenses, countries like Indonesia, Iran, and China have blocked any attempts to include language about ending the use of the death penalty for drug offenses in the outcome document.

Indonesia's current execution spree is no judicial accident. Since taking office in November 2014, President Joko Widodo has made the death penalty for convicted drug traffickers a signature policy issue.

It is overdue for Widodo to recognize the well-documented failure of the death penalty as a crime deterrent and join the growing number of countries that have abolished capital punishment.



The Dark Ages of Drug Treatment in Russia

It is bad enough that the Russian government denies opioid users one of the most effective dependency treatments – methadone, a drug used to treat people dependent on heroin. Now, Russia’s government is targeting drug users who sue for their health rights in court.

Alexey Kurmanaevsky, a social worker, found this out the hard way.

Kurmanaevsky has a long history of opioid dependence. He has repeatedly sought help from Russia’s public clinics, but frequently relapsed into drug use shortly after – not surprising as treatment in these clinics [ignores](#) scientific evidence of what works and what doesn’t.



Alexey Kurmanaevsky © Private

As a result of injecting drug use, Kurmanaevsky is HIV positive.

Between 2011 and 2014, he and two other Russians struggling with drug dependence filed an application with the European Court of Human Rights, arguing that banning opioid substitution therapy violates international human rights law.

In 2014, the European Court informed the Russian government about the case. The fallout for Kurmanaevsky and his fellow plaintiffs happened rapidly. Kurmanaevsky, at the time in remission, was working as a peer counselor at a state-funded drug rehabilitation center, the Healthy Country Foundation. One day, his boss called him to say that a government official had been in touch. The official told his boss that Kurmanaevsky’s employment at Healthy Country “damaged” its reputation. His boss then ordered Kurmanaevsky to withdraw the European Court case and publicly admit that he had been mistaken regarding substitution therapy. Otherwise, he had to cut ties to Healthy Country.

Kurmanaevsky refused and lost his job. The other applicants to the European Court were also pressured to drop the case by authorities, they said. When the employer of one of them, a nongovernmental organization, refused to yield, the [organization suddenly faced](#) inspections and fines that have paralyzed its work.

Evidence is mounting that Russia’s punitive approach to drugs does not work – the number of drug related deaths has [remained steady](#) recent years and 70 percent of Russia’s inmates are drug users. At the same time, the government has grown increasingly intolerant of critics. Using vaguely worded anti-drug propaganda laws, it has [censored](#) public discussions regarding substitution treatment.

Now it has also evidently decided to go after those who go to court to protect their rights.

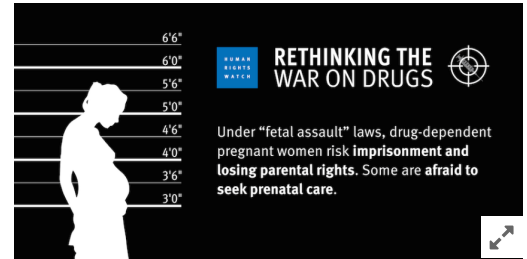
But Kurmanaevsky is going forward with the case. He hopes the European Court of Human Rights will decide in his favor and force Russia to enter the 21st century when it comes to treating opioid dependence.



Criminalizing Drug Use By Pregnant Women Increases Harm

Imagine a law that makes pregnant women afraid to seek prenatal care or go to a hospital to give birth. Crazy? In fact, that's exactly what is happening in numerous U.S. states.

In 2015, I [researched](#) the impact of the Tennessee law criminalizing the use of certain drugs by pregnant women. Under child welfare law, healthcare providers may test women for illegal drugs and, if found positive, report them to child services, which may then alert law enforcement. As a result, these women may go to jail on charges of “assault” –ostensibly on the fetus—and risk losing parental rights.



These laws try to address a real public health issue: Children born to mothers who are drug dependent may develop conditions such as neonatal abstinence syndrome, a temporary and treatable health condition that results from prenatal exposure to opioids. But our research shows why a criminal justice approach is the wrong way to tackle this problem. Rather than protecting the health of the women and their children, we found that this approach makes things worse by prompting drug-dependent women to avoid healthcare entirely.

I interviewed women who gave birth in circumstances that were dangerous to themselves and their child. One woman described being in labor while her partner quickly looked up how to do a home birth. Some women said they tried to detox at home—something that can actually put the health of their pregnancy at greater risk than the use of illegal drugs itself. A gynaecologist told me some of her drug dependent patients were showing up later for prenatal appointments or simply stopped showing up at all.

The fact that there are few affordable drug treatment facilities in much of the US—especially ones that accept pregnant women—and some may only accept certain insurance policies, makes these laws particularly unfair. How can a woman with drug dependence enter into [treatment](#) when it is not available or accessible? A woman from east Tennessee told me she called drug treatment providers across the state but was unable to find any that would accept her insurance. She tried to leave the state when she went into labor but did not have enough time; she ended up giving birth on the side of the road.

In Tennessee, about 100 women have been charged under the “fetal assault” law since 2014, mostly in rural eastern Tennessee, an area severely lacking in drug treatment facilities, and in Memphis, a majority African American city. In Alabama, [almost 500](#) women have been arrested under a similar law. More than three-quarters of US states have such laws in place and prosecutions have occurred in most.

Confronted with the detrimental impact of its law, Tennessee recently decided to let some of the most harmful provisions expire in July. Other states should follow suit and repeal such laws. Instead of criminalizing women who use drugs they should offer them meaningful access to affordable drug treatment and other drug-related health care without discrimination. Such approaches that make pregnant women facing drug dependency feel safe to seek treatment and prenatal care lead to better

April 13, 2016
10:12 AM EDT



Gordon's Story: Denial of Treatment, then Punishment, in Prison

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April 12, 2016
07:50 AM EDT



How Punitive US Drug Laws Tear Families Apart

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April 11, 2016
08:00 AM EDT



The Unexpected Casualties of Mexico's "War on Drugs"

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April 8, 2016
07:50 AM EDT



Stuck in a US Prison – for a Small Amount of Marijuana

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April 6, 2016
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Forget a Drug Free World, Time to Focus on Harm Reduction

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April 4, 2016
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Farmers the Losers in South Africa's War on Marijuana



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March 30, 2016
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March 22, 2016
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The War on Drugs – A Cure Worse Than the Disease



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