Rt Hon Helen Clark, Chair of the Global Commission on Drug Policy.
Keynote speech at opening of Harm Reduction International Conference HR23.
Melbourne, Australia, 16 April 2023

Your Excellencies, distinguished guests, ladies, and gentlemen.

Let me begin by acknowledging the Boonwurrung and Woiwurrung Peoples as the Traditional Custodians of the land on which we are meeting here today, and by paying my respects to their Elders past and present. I extend my respect to all Aboriginal and Torres Strait Islander peoples here today.

I am here as Chair of the Global Commission on Drug Policy, and I bring thanks from our Commission to all present who are playing an important role in harm reduction. My thanks also go to Harm Reduction International for inviting me to speak at this opening session.

Since the Global Commission on Drug Policy was established in 2011, it has advocated for policies on drugs which are based on

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research evidence, human rights, and health and well-being. Harm reduction plays an essential role in the approach for which we advocate.

From the earliest days of harm reduction, those in frontline service provision understood that the harms caused by drug use could be mitigated without being conditional upon cessation of drug use. The aim was to provide whatever levels of support people were willing to accept, and to support the agency of individuals.

At the national and international policy levels though, things weren't so simple. The concept of harm reduction and its interventions generated debate and tensions from when it was first raised in international drug control fora in the mid-1980s. Harm reduction has always been a challenge to the punitive approaches which the international drug control conventions have mandated for so long.

That's because to be effective, harm reduction does not and cannot insist on abstinence-based prevention and therapies. It meets people who use drugs where they are, and thereby builds trust with a population which has so often been marginalized and stigmatised. Thus, harm reduction became a game changer in the provision of support for people who use drugs.

Now, more than six decades after the 1961 *Single Convention on Narcotic Drugs* came into being, we are still confronted by this damaging convention and its many highly negative impacts and consequences. Punitive, prohibitionist drug policies continue to ruin lives around the world. The prohibitionists set goals of eliminating or substantially reducing the numbers of people who use drugs and the volume of drugs consumed. The evidence from six decades of this flawed approach demonstrates its utter failure. Let's consider some of it.

The 2022 World Drug Report of the United Nations Office on Drugs and Crime (UNODC) estimated that around 284 million people, (or 5.6 per cent of adults aged 15-64) had used an illicit or controlled drug within the previous 12 months – a number which had increased by 26 per cent since 2010.[1]

UNAIDS reports that the risk of acquiring HIV is 35 times higher among people who inject drugs than among those who don't.[2]

***The Lancet* just a few weeks ago published the findings of a study of the prevalence of injecting drug use and of key related harms. It reported that 15·2% of people who inject drugs are living with HIV and that 38·8% have a current hepatitis C (HCV) infection.**

[1] https://www.unodc.org/res/wdr2021/field/WDR21_Booklet_1.pdf
[2] https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

Harm Reduction International's 2022 Global Overview of the Death Penalty for Drug Offences reports that 35 countries provide for the death penalty for those convicted of drug offences, and around a dozen of those apply a mandatory death penalty for certain drug offences. More than 3000 people are currently on death row[3] for drug-related offences. In the past ten years at least 4,000 people have been executed for drug offences around the world - that is disproportionate treatment and a breach of international law.

Punitive drug laws drive prison overcrowding. Penal Reform International reported in 2022 that one in five people in prison are held for drug offences. That's an estimated 2.2 million people worldwide who are in prison for drug-related offences.[4]

Then there is the devastating human impact of the opioid-overdose crisis, particularly dire in the United States, Scotland, and Canada. Opioid-related deaths in the United States constitute around two-thirds of all drug-related deaths.[5] A significant number of those could be prevented with better access to harm reduction services, such as overdose prevention sites, peer distribution of naloxone,

[3] https://hri.global/flagship-research/death-penalty/
[4] https://cdn.penalreform.org/wp-content/uploads/2022/05/GPT2022-Exec-summary-EN.pdf
[5] https://www.unodc.org/res/wdr2021/field/WDR21_Booklet_1.pdf

drug checking services, safer supply, and Overdose Agonist Treatment (OAT) in the community and in prisons.

The negative consequences of prohibitionist and punitive policies have also resulted in:

- **High-risk behaviours such as unsafe injecting,**
- **Deterring people in need of health services from seeking them, and investing resources in ineffective. punitive responses instead of in health and social programmes;**
- **Reducing the level of personal and government funds that might otherwise be available for positive investment in people's lives; and**
- **Burdening millions of people with the long-lasting negative consequences of a criminal conviction.[6]**

The evidence is clear that harm reduction services can address a number of the negative impacts of bad drug law. Harm reduction services work and are cost-effective.[7] But, bad law needs to be overturned. The Global Commission on Drug Policy will continue to campaign against prohibition and for the legal regulation of drugs.

[6] https://www.globalcommissionondrugs.org/wp-content/uploads/2016/03/GCDP_2014_taking-control_EN.pdf
[7] https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf

It's estimated that more than US100 billion per year is spent on trying to enforce prohibition. Current investment in harm reduction is a tiny fraction of that, despite the big return on investment in it.

Thus, harm reduction services are simply not yet widely available at the level and scale required – for example, to end the AIDS epidemic. Fewer than two per cent of people who inject drugs are living in countries with the UN-recommended levels of coverage of needles, syringes, and opioid substitution therapy.[8]

In many countries, harm reduction services are non-existent.[9] Worse, some countries criminalise possession of syringes as drug paraphernalia, even including syringes supplied as part of needle and syringe exchange programmes.

The prohibition and criminalisation of the possession and use of psychoactive substances have also resulted in harmful consequences for the most vulnerable members of our societies: women, Indigenous peoples, ethnic minorities, children and young persons, people living with HIV and AIDS, members of the LGBTQIA+ communities, homeless persons, sex workers, and others.[10]

[8] https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00057-8/fulltext
[9] https://hri.global/wp-content/uploads/2022/11/HRI_GSHR-2022_Full-Report_Final-1.pdf
[10] https://www.ohchr.org/en/statements/2022/06/end-war-drugs-and-promote-policies-rooted-human-rights-un-experts

The list of human rights violations associated with enforcement of prohibition is long. This suffering must serve as a constant reminder of the need to move away from punitive approaches to evidence-based policies that respect human rights.

Harm reduction is a key part of that change, and indeed is part of a wider movement for human rights, working with intersectoral human rights movements across the globe.

Comprehensive harm reduction strategies also recognise that a combination of psychological, biological, social, environmental, and cultural factors influence individuals' lives. As such, harm reduction initiatives must provide access to health and social services which address the social determinants impacting on people who use drugs. This includes access to legal services, especially in countries where drug use and possession are criminalised.

REMAINING CHALLENGES

Harm reduction initiatives continue to face a number of challenges which are often embedded in both our current laws and in cultural and societal norms – not least in stigma against people who use drugs.

Many policy-makers are still reluctant to accept that the complete eradication of drugs is both an unnecessary and impossible goal. They may feel that supporting harm reduction may somehow condone the use of drugs – the result of such thinking is that the funding allocated to harm reduction is vastly exceeded by that allocated to law enforcement.[11] This is a considerable political and practical obstacle to provision of harm reduction services, and one which requires a shift in how drug issues and people who use drugs are perceived.

Yet, notwithstanding the challenges, successful harm reduction is being carried out. The Global State of Harm Reduction 2022 report points out that currently, 105 countries include supportive references to harm reduction in their national policy documents.[12]

That report noted an increase in the number of countries implementing key harm reduction services, such as needle and syringe programmes, opioid agonist therapy, and the operation of drug consumption rooms.[13] For example, new needle and syringe programmes (NSPs) are now available in Burundi, Côte d'Ivoire, the Democratic Republic of the Congo (DRC), Guinea, Seychelles, and Uganda.[14]

[11] https://www.globalcommissionondrugs.org/wp-content/uploads/2016/03/GCDP_2014_taking-control_EN.pdf
[12] https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/
[13] 92 countries implementing at least one NSP (up from 86 in 2020), 87 countries with at least one OAT programme (up from 84 in 2022), 16 countries with legal and operational DCRs (up from 12 in 2020).
[14] https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/

Drug checking is another tool which can minimise harm and prevent deaths. Many countries now offer this service, especially at festivals and clubs, but now increasingly also at harm reduction centres and needle exchanges. New Zealand recently became the first country in the world to legalise drug checking completely.

Further deaths from overdoses could be prevented by more far reaching solutions. Advocates in North America have been pushing hard to access safer supply of drugs. This is because overdoses are often caused by a person using a substance or substances which they didn't know they were taking, or when they take a different dosage from what they thought they were taking. Street drugs don't come with labels or quality control. Knowing what you are taking and being able to dose appropriately would be a game changer.

In response the province of British Columbia has launched an ambitious pilot project aimed at decreasing the number of overdoses and reducing stigma surrounding drug use. People with addictions, who have not been able to stop using after receiving treatment, have been able to access a prescribed safer supply of a range of substances since March 2020. Advocates in Vancouver have also been distributing labelled packages of heroin,

methamphetamine, and cocaine to those not eligible for prescription supply.

Also in British Colombia, since January this year, people found in possession of up to 2.5 grams of some drugs (opioids, methamphetamine, cocaine and MDMA) will no longer be criminalised.[15]

In New York City, the implementation of safe consumption rooms has saved the lives of hundreds of people (701)[16] since the opening of monitored drug consumption on-sites in November 2021.

And, here in Australia, I commend the Australian Capital Territory for introducing a fixed drug testing site last year, and for the decision to decriminalise possession of illicit drugs in small quantities which will take effect in October this year. I hope more sub-national governments will follow. The Australian Capital Territory was also ahead of the game in 2020 when it removed criminal penalties for adults who possess or use small amounts of cannabis.

It is also exciting to see that earlier this year, based on the success of the Melbourne Supervised Injection Room (which opened in

[15] https://www.dw.com/en/canadian-province-decriminalizes-hard-drugs/a-64605313
[16] https://onpointnyc.org/

June 2018 and has safely managed more than 6,750 overdoses), the Victorian Government has introduced legislation to make the Medically Supervised Injecting Service (MSIR) ongoing.

In New Zealand, police have operated under a partial direction in law since 2019 to divert users of drugs to harm reduction services, and charges and convictions have come down, although not as much as was hoped. In New Zealand, Maori are disproportionately impacted by prohibitionist approaches to drugs, making up 48 per cent of those convicted for drug possession offences and 61.9 per cent of those sentenced to prison for these offences. (NZ Drug Foundation 2022).

Meanwhile in the Northland region of New Zealand, there has been a Methamphetamine Harm Reduction Initiative, Te Ara Oranga, since 2017. It has strong police, government department, and community support. Unfortunately, the nationwide rollout which was promised by the incoming government in 2017 has not yet eventuated. My foundation, The Helen Clark Foundation, partnered with The New Zealand Drug Foundation to produce a report last year recommending large upscaling of harm reduction around methamphetamine, and we advocate for the necessary funding to be allocated to that.

WHERE TO FROM HERE?

Today's geopolitical context cannot be ignored, with the devastating direct and indirect consequences of the many conflicts on services for people who use drugs.

The COVID-19 pandemic has also highlighted massive disparities in the delivery of harm reduction services around the world, and at its height directly affected the right to health of millions of people who use drugs. Harm reduction services must be made resilient to adverse events – like the post, they must always get through.

Fully funding harm reduction and viral hepatitis treatment is a must; and providing support through initiatives such as the Global Hepatitis Resource Mobilisation Conference taking place at the end of May 2023 is crucial.

At the Global Commission on Drug Policy, we continue to call for developing national legal frameworks and practices around drugs which are consistent with human rights norms. We say that there must be:

- universal access to harm reduction services and to controlled essential medicines for pain relief and palliative care;

- decriminalisation of drug use and possession for personal use, a move to legal regulation, and an end to police violence and harassment. It goes without saying that over-incarceration and

disproportionate sentencing, including the application of the death penalty, should cease.

- Inclusion, equity and non-discrimination must be the fundamental principle of all policies. [17]

Our Global Commission's 2018 report, titled 'Regulation – the responsible control of drugs', addressed the need to tackle illegal drug markets and the harms that they cause by transitioning gradually towards regulated markets for drug supply. In practice, this can mean countries creating legal markets for lower harm drugs such as cannabis. It can also mean finding ways to increase access to safer supply of substances such as opioids and stimulants in order to reduce overdoses and tackle addiction, as a number of jurisdictions already are.

At the Global Commission, we also recommend aligning drug policy with implementation of the Sustainable Development Goals.[18] **For example, SDG 3 is about ensuring healthy lives and promoting well-being for all at all ages – that should encompass health-based approaches to drug policy.**[19]

Finally, the Global Commission calls for health system strengthening strategies to include harm reduction as a pillar, and

[17] https://www.globalcommissionondrugs.org/wp-content/uploads/2021/12/Time_to_end_prohibition_EN_2021_report.pdf
[18] https://www.globalcommissionondrugs.org/wp-content/uploads/2020/06/2018SDG_ENG_web.pdf
[19] https://www.globalcommissionondrugs.org/wp-content/uploads/2016/03/GCDP_2014_taking-control_EN.pdf

for national responses to problematic drug use to provide at-scale services for people who need them, so that no-one is left behind.

Just like the suffragettes who dared to fight for the right to vote, we need to strengthen our calls for the right to health and to harm reduction. Existing legal barriers and political obstacles to harm reduction need to be removed everywhere.

Now, more than ever, we need strong political will to address the funding gaps in harm reduction services and to reach the UNAIDS 2025 "90% target" on coverage of safe injecting practices among people who inject drugs.[20] Our political leaders, at all levels of government, need to stand up for harm reduction and recognize that this is a human rights issue.

Our is shared mission here today to make harm reduction services available and accessible to all, and to uphold the human rights of every human being.

Thank you for your attention.

[20] https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf