

Thank you for the opportunity to contribute an Aotearoa New Zealand perspective to the General Comment being prepared for the United Nations Committee on Economic, Social and Cultural Rights (CESCR).

The perspectives shared in this document come from communities of people who use drugs (PWUD) in Aotearoa New Zealand. In June 2023 the New Zealand Drug Foundation gathered people who use drugs and people with lived and living experience (PLE) to hear about experiences with health and social services and unmet needs.

Current drug policies have resulted in the violation of human rights for PWUD and PLE. This includes the right to an adequate standard of living, the ability to work, access stable housing and have their health, social and cultural needs met. Through the experience of unmet needs, stigma, and discrimination, PWUD in Aotearoa New Zealand experience impacts on their economic, social, physical, and cultural wellbeing.

Drug policies both nationally and internationally have not adequately addressed the needs of, and harms experienced by, people who use drugs. As CESCR is continuously reviewing drug policies, we recommend incorporating the perspectives and recommendations proposed by PWUD in Aotearoa New Zealand.

Violations within Specific Groups

PWUD often have their right to health violated. As a result, the unmet health needs of PWUD are extensive. Stigma and discrimination within the healthcare system is often felt heavily by PWUD. Individuals report not feeling safe to disclose their substance use and as a result are at risk of misinformation, misguided practice, unwanted drug interactions and inappropriate care. Where PWUD do disclose their experience of substance use or addiction, they are often labelled as 'drug users', 'drug seekers' or 'non-compliant'. These labels can follow individuals for a long time, even after significant periods of abstinence or recovery.

PWUD in Aotearoa New Zealand report not having access to appropriate care for physical and mental health concerns. Individuals reported a variety of experiences that range from being denied pain relief for tonsillitis or appropriate care for broken legs to mental health concerns being completely disregarded and being denied access to cancer screening. Further, access to emergency health services for acute conditions is often delayed for PWUD. For example, people shared experiences of being made to undergo drug and alcohol testing emergency departments before being permitted to see an emergency doctor.

Aotearoa New Zealand still has a very restrictive approach to Medication Assisted Treatment (MAT), meaning there are very limited MAT options available and where accessible, they are tightly controlled. As a result, PWUD have very limited options outside of abstinence. Further, PWUD are exposed to the volatile and toxic illicit drug supply; substances are variable in quality and adulterants. As a result, PWUD are at high risk of experiencing drug-related harm or injury.

“I had a seizure because I felt like I couldn’t disclose my benzo use and went into withdrawal coming out of hospital.”

- Anonymous, Lived & Living Experience Forum attendee, June 2023

“I’ve struggled to get the medication I needed because I disclosed my history of drug use, I thought it would help because of the comorbidity between ADHD and substance use – instead, I was labelled drug seeking and denied treatment.”

- Anonymous, Lived & Living Experience Forum attendee, June 2023

“I had a lapse after years of abstinence because of how I was treated. I went to my doctor as I was feeling toxic – he dismissed my symptoms. I was eating well, exercising, doing everything right, and I thought – it must be the methadone that’s making me feel like this. So, I went off the methadone and then relapsed. It turned out I had an issue with my kidneys that meant urine was leaking into my body – it was never even investigated by my doctor. My husband relapsed too, and I ended up in jail.”

- Anonymous, Lived & Living Experience Forum attendee, June 2023

The ongoing effects of these unmet health needs for PWUD are broad and can result in people experiencing further stigma, shame, and social isolation. PWUD may be unable to work or participate in their communities.

PWUD are also incarcerated at significant rates in Aotearoa New Zealand. In the judicial system, the mental and physical health needs of PWUD are often not adequately addressed. A punitive approach to drug-related crime has resulted in drug use being treated as a criminal issue, rather than a health issue. The current approach of drug laws ensure that many human rights are not enjoyed by New Zealanders.

PWUD are often denied the resources and support required to achieve an adequate standard of living. Many PWUD are living in poverty, are denied employment opportunities or experience loss of income as a result of their substance use. Secure housing can be difficult for PWUD, particularly if they need to access social or emergency housing. Many social housing providers require abstinence at residences and will kick people out for substance use. Further, PWUD are sometimes denied their right to family life. For whanau in the social care system, the disclosure of substance use can result in children being removed from the care of their parents or whanau.

Human rights violations for PWUD disproportionately affect Māori, Pacific and other minority communities. Indigenous people who use drugs in New Zealand experience continued intergenerational harm from colonization, resulting in individual and group trauma, poverty, and a higher representation in judicial services. Māori who use drugs are often restricted from their rights to enjoy cultural life and cultural health.

A Rights-based Approach to Drug Policy

Existing drug policies affect New Zealanders human rights in a variety of ways. These policies must be reconceptualized and resources must be redistributed to focus on harm reduction, culturally specific and appropriate services, and evidence-based approaches to reducing harm from drug use. Imperatively, PWUD and PLE must be consulted and considered at all stages of programme development, implementation, and evaluation.

The future approach to illicit drugs must exist within a rights-respecting paradigm. There will be appropriate and non-discriminatory health and social services for people who use drugs, especially those tailored for the needs of young people, people of rainbow communities and indigenous people.

Almost all health services available to people who use drugs are under a Western worldview but there must be a balance. Rongoā Māori and To Ao Māori healing modalities need to be practiced along with other cultural traditions, holistic solutions and mana enhancing options; increased tino rangatiratanga, Māori sovereignty and no requirement to align decisions about alcohol and drug services to the greater sector is also needed.

The current worldwide prohibitionist drug policies impose severe legal consequences upon people who use drugs; there is an ever-present threat of one's freedom being taken away as a result of experiencing addiction or drug dependence. A human rights paradigm would include a consideration of root causes for drug offences, especially minor ones, support for people coming out of prison for drug offences and punitive punishment replaced with a health-based approach. People must not be coerced into court-supervised treatment or jailed and forced into abstinence.

More options for services for PWUD are imperative, including community-led and peer-led initiatives. This includes access to a variety of low-threshold services and harm reduction services. Services for PWUD should recognize the holistic needs of individuals, rather than just their substance use. The measure of success of drug policies should be quality of life improvement, not sustained abstinence. Services should be proactive, not reactive. Treatment should empower the individual their whānau and their community.

“Criminalization approaches are stigmatizing our community – they not only don’t help; they are actively causing harm. We need to look at each individual, their humanity, and specific needs, and meet them where they are with care and support instead of stigma and judgement. This is what has been proved to work again and again. It’s long past time to follow the evidence.”

- Anonymous, Lived & Living Experience Forum attendee, June 2023