



**OAS** | **CICAD**



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**LOCAL RESPONSES TO HEROIN USE IN FIVE COLOMBIAN CITIES**



65 Session of the CICAD.

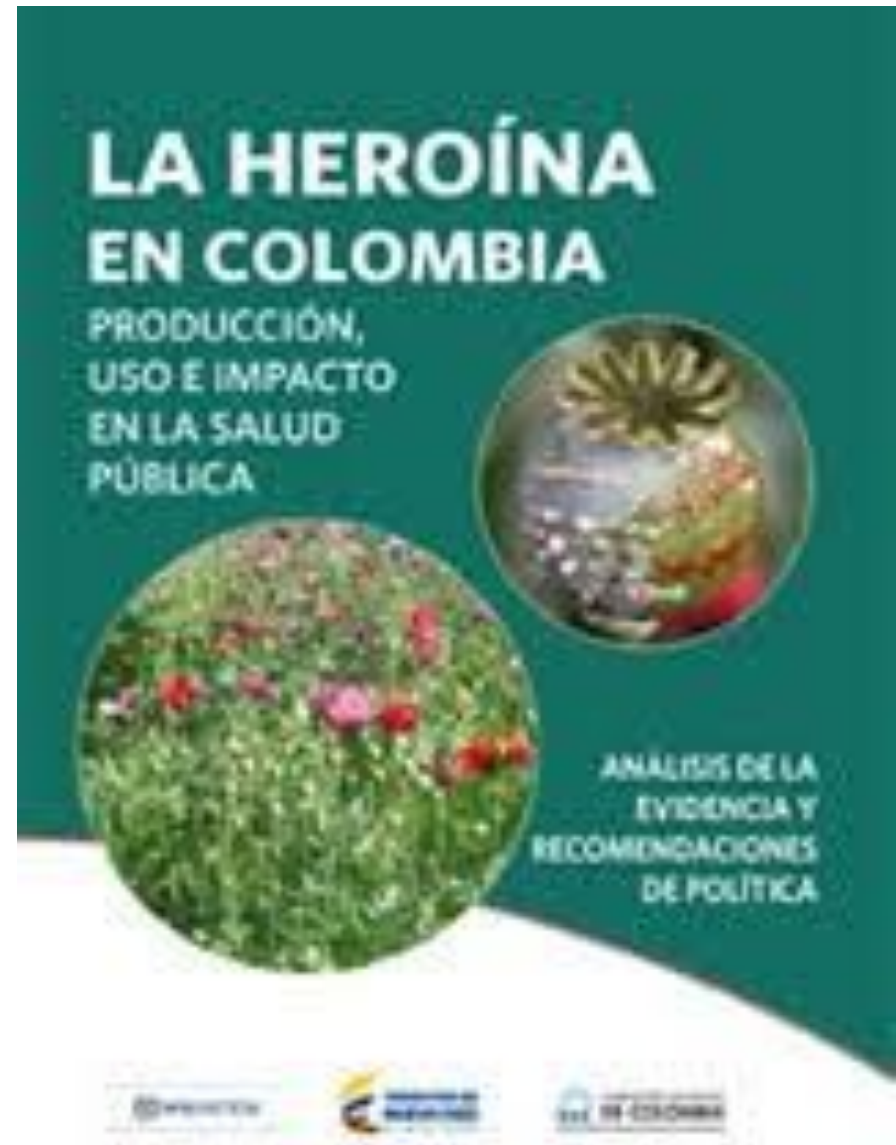
Buenos Aires, Argentina

Civil society panel.

Local responses to heroin use in five Colombian cities.

# LIVING ON THE MARGINS

- In 2015 the Ministry of Justice carried out a diagnosis of the national situation of heroin use.
- People who inject drugs / methadone programs : 3501 people in Cali/ 1 program, 2442 in Pereira/2 programs, 2006 in Cúcuta/1 program, 1850 in Armenia/3 programs, for a total of 9799 people. Santander de Quilichao has no data available, and one methadone program.
- Healthcare for PWUD is guaranteed under Law 1566 of 2012, through the general health system.
- Context of PWUD: Most of them are in situations of homelessness, in poor areas of the cities, and with scarce support networks.





**Cúcuta**  
Capital of Norte de Santander

**Pereira**  
Capital of Risaralda

**Armenia**  
Capital of Quindío

**Cali**  
Capital of Valle del Cauca

**Santander de Quilichao**  
Municipality of Cauca

# International standards on the right to health for PWUD (I)

- Healthcare for people who use drugs (PWUD) is part of the fulfilment of article 12 of the ICESCR and article 10 of the San Salvador Protocol.
- General Comment No. 14 on the right to health highlights that the lack of healthcare and appropriate measures to access opioids, constitutes a violation of the right to health.
- The international guidelines on human rights and drug policy (UNDP, UNAIDS and ICHRDP) highlights that States' obligations with regards to health include healthcare to PWUD, including harm reduction on a non-discriminatory basis.

# Estándares internacionales sobre el derecho a la salud para las PQUD (II)

## **Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health:**

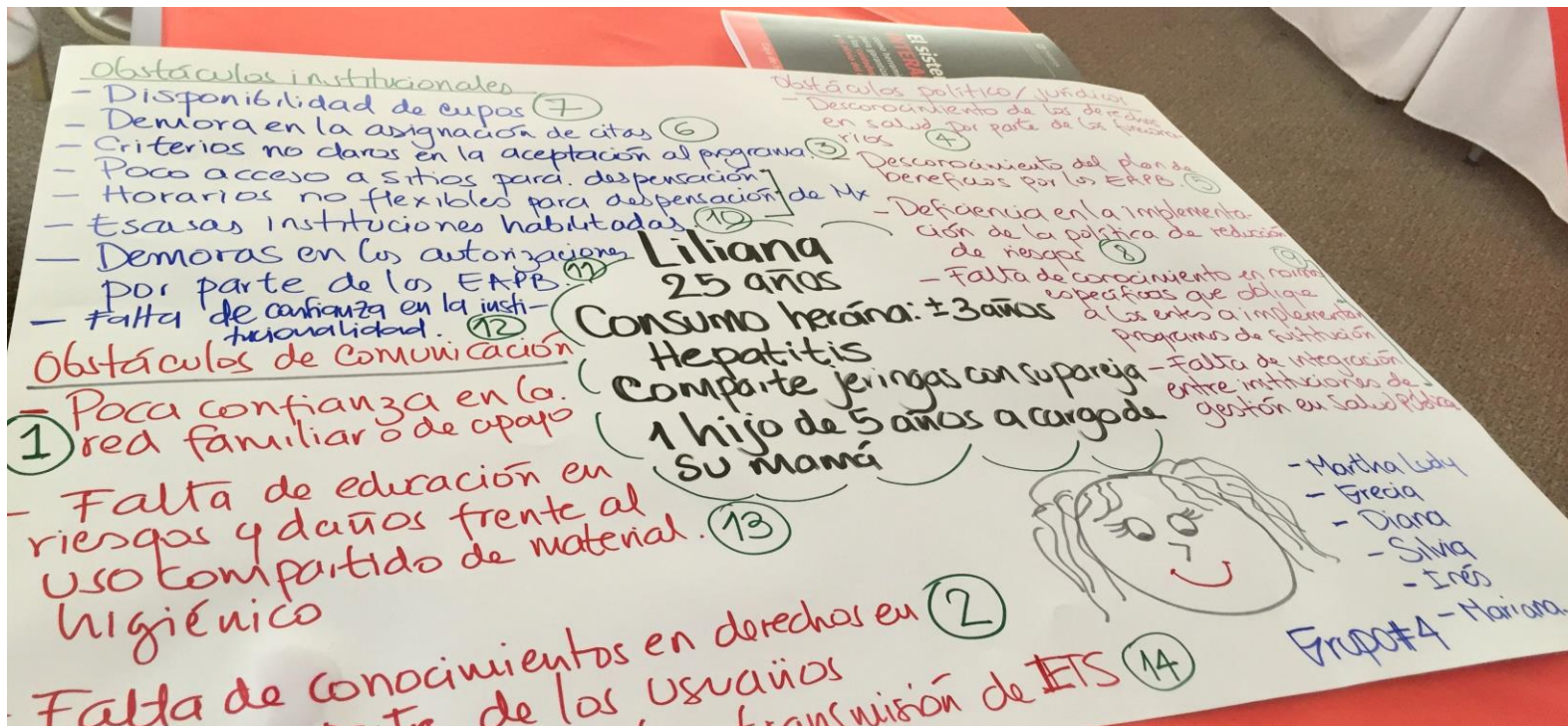
- 2010: The emphasis on treatment models that are not evidence based, and imposed on PWUD, make up for suffering on the effects of withdrawal syndrom from opioids. This is added to the administrative barriers dictated by the control regime on these medicines. Res A/65/255 de 2010.
- 2016: Laws that impose sanction on personal drug use can push PWUD to abandon vital harm reduction services, in contradiction with goal 3 of the SDGs. Res A/71/304 de 2016.

## **Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment :**

- 2013: Denial of necessary medicines to relieve suffering caused by withdrawal syndrom in the case of PWUD is considered a violation of this right.

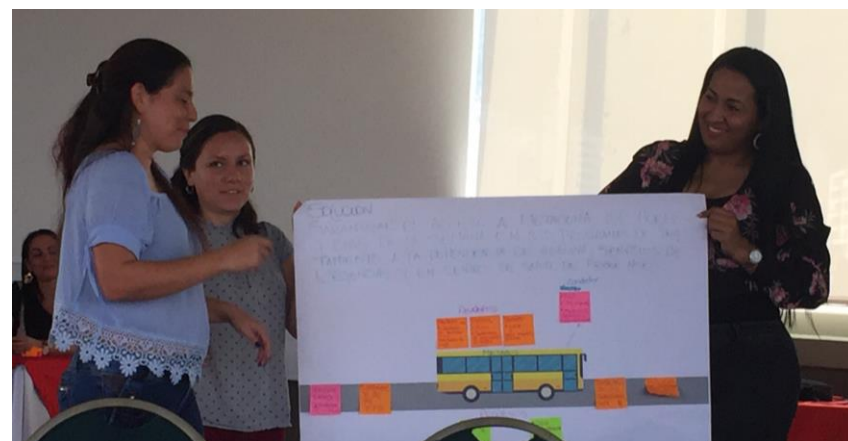
# Barriers to the effective enjoyment of the right to health

- Excessive impositions, not aligned with the situations of homelessness.
- Stigma towards PWUD from health professionals.
- Myths surrounding opioids, and its use for substitution and maintenance.
- Scarce provision of treatment facilities.
- Intermittent operation of harm reduction programs and low budgets toward it from local and national authorities.
- Ignorance about the State's legal obligations.
- Fragmentation of health services.



# A balance of the five cities

- Cali: Responses from civil society, met up with the commitment of local authorities in financing HR programs.
- Armenia: Institutional response with low-threshold treatment models, but intermittency in HR programs.
- Pereira: Civil society response, but intermittency in HR programs.
- Cúcuta: Abandonment of HR programs, and low availability of treatment facilities.
- Santander de Quilichao: Absence of an institutional response..







Plunkert

# Conclusions and recommendations

- Promote and sustain the financing of integral harm reduction programs.
- Improve measures to ensure availability and access to opioids.
- Strengthen the capacity of local governments to provide appropriate responses to the needs of PWUD, in alliance with civil society.
- Build upon existing networks of civil society that have already been working with these populations.

