DRUG USERS' CHARTER OF RIGHTS

10 specific, detailed rights for drug users were elaborated by Russell Newcombe, researcher for Lifeline in the U.K., at a conference in 2007. Since then this documents has formed the basis for much discussion about the establishment of structured societal protection for drug users.

Drug users have the three general rights to

(a) consume drugs,

(b) receive help for drug problems, and

(c) be subject to fair drug laws and policies.

Under these three headings, drug users have the specific rights

(1) to ingest drugs and be intoxicated,

(2) to possess and store drugs,

(3) to share drugs with others,

(4) to access quality drugs,

(5) to access drug-taking equipment,

(6) to access information about drugs,

(7) to receive help for drug problems,

(8) to be accurately described,

(9) to be subject to reasonable drug laws, and

(10) to social inclusion without discrimination.

Drug users and non-users also have universal rights under the Human Rights Act (based on the European Convention on Human Rights).

Consumption. Adults have the right to obtain, prepare, and ingest drugs, and to be intoxicated on drugs, according to their own personal decisions without criminalisation or unsought interference from other individuals or organisations, as long as their drug use does not directly harm other people*. Drug use is a victimless crime. Therefore, national laws making drug use/possession a criminal offence should be repealed (the UN Conventions permit this). This right covers the time, place and style of drug use, i.e. people should have the right to take drugs (a) in their own free time, (b) on private premises or in any public venues licensed for such purposes, and (c) by whichever methods of use they choose (amounts used, frequency of use, methods of administration, etc.). Though public ingestion of drugs needs to be prohibited, intoxication in public should only be an offence when associated with disorderly behaviour (cf. 'drunk & disorderly') or unsafe behaviour (eg. driving while unfit through drug use).

Storage/possession. Drug users have the right to possess in their own property an amount of drugs compatible with several months' supplies for personal use (though drug supplies must be stored in safe and secure conditions); and a right to possess reasonable amounts of drugs in their clothing or baggage when moving through public spaces

(several days' supplies), or travelling for business or leisure (several weeks' supplies).

Drug sharing. Drug users have the right to share drugs with other adults, either by giving or receiving them freely (as a gift) or for the same price (reimbursement) – which is put forward on the grounds that the spirit of the UN Drug Conventions is concerned with banning the supply of drugs for profit ('dealing'), not with criminalizing people for sharing drugs with their friends. Legalisation of commercial supply would first require changes to the UN Drug Conventions.

Access to quality drugs. Drug users have a right of access to quality controlled, pure (unadulterated, uncontaminated), hygienic, reasonably priced drug products. Within the constraints of the UN Drugs Conventions, this access is restricted to three sources: (1) 'legal drugs' sold through licensed retailers (alcohol and tobacco) or 'headshops' (eg. salvia), (2) controlled drugs prescribed by doctors and dispensed through pharmacies, and (3) the cultivation of drug plants for personal use on private property. Access to a supply of most drugs is disenabled by the UN Drug Conventions which require that national laws prohibit activities such as cultivation, manufacture, import/export and commercial supply as 'drug trafficking'.

Equipment. Drug users have a right of access to appropriate equipment and materials for preparing and administering drugs in the safest and most hygienic way – covering all four methods of ingestion: digestive (swallowing), respiratory (inhaling), circulatory (injecting), and membranal (absorption - notably sniffing, chewing, suppositories, and skin-patches). Similarly, drug users have a right of access to suitable containers and facilities for storing, transporting and disposing of used equipment (notably syringes) and other waste materials.

Information. Drug users have a right to accurate and up-to-date information about safer drug use, particularly on the effects of drugs, and the links between consumption behaviours and harmful consequences. This information should be based on both state-funded and independent scientific research, and provided through multiple delivery channels – including mass media advertising, health agency publications, and messages on drug-related equipment and materials.

Health & helping services. Like other health service patients, drug users have a right to medical help and psycho-social assistance for preventing risks and dealing with any harmful consequences arising from their drug use – including risk/harm-reduction services (eg. needle exchange, consumption rooms, substitute prescribing) and abstinence-oriented services (eg. detoxification, rehabilitation). This right includes access to the same medical treatment and health services inside prison as they would be entitled to receive outside prison.

Accurate description. People who ingest drugs have a right to be legitimately (accurately) described as drug users, drug takers, or drug consumers - where 'drug' can be substituted by the name of any particular drug, and 'user' by the name of any particular method of use, eg. injector/smoker. But it is discriminatory to refer to them as drug misusers, drug abusers, drug addicts, or problem drug users except when applied as a professional judgement (eg. medical diagnosis, legal ruling) about a particular individual. This is because most drug use is normal behaviour arising from an interaction of genes and environment, not a sign of immorality, criminality, madness or sickness. Prejudicial names and statements should also be regulated (as with racism and sexism).

Reasonable drug laws. First, drug users also have a right to expect that laws regulating drug use and intoxication in particular contexts – notably when driving and in public places – (a) should be based on scientific evidence about the specific effects of each drug (eg. whether the drug negatively affects driving/work performance); and (b) should impose reasonable penalties for such drug-related offences, similar to those for comparable offences (eg. driving/working when sleep deprived). Under-age drug use should be a civil offence dealt with by psycho-social interventions (eg. counselling). Second, drug users have a right to expect that the methods of law enforcement agencies respect their general rights and freedoms, i.e. regarding detection, detention, prosecution, etc.. Intrusive broad-sweep methods of detecting drug use – including searches of people and property, drug-sniffing animals, drug tests on body fluids/products, electronic monitoring, and other drug-identifying technology – should not be

employed routinely in educational, work or other public settings (which may violate Article 8 of the Human Rights Act). Instead, these detection methods should be employed only as 'with-cause' interventions in individual cases involving public safety or security, and/or when evidence about drug use is legally required (eg. drivers in road accidents, incidents involving regulated professionals).

Social inclusion. Drug users have the right to equal opportunities with regard to the institutions and organisations of society – including work, education, housing, finances, driving, travel, parenting, leisure, health services and criminal justice. This means that people should never be treated differently from other people just because they are known to use drugs, nor should sub-groups of drug users be treated differently from each other. This right incorporates (a) protection from medical, legal and social discrimination; (b) equal access to the resources of the community; and (c) representation on any statutory bodies or groups responsible for determining drug policy and drug strategy.

Of course, rights entail duties (social responsibilities). Drug users have two primary duties: a specific duty to obey national laws regulating drug consumption and intoxication in particular contexts, notably those involving driving, public use, disorderly behaviour, under-age drug use, and administering drugs to others without their consent ('spiking'); and, a general duty to avoid directly hurting other people in any way when consuming drugs or while intoxicated – including such potentially harmful activities as smoking in other people's air-space, casually discarding drug-taking equipment, and using drugs/being intoxicated while at school/work.

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* 'direct harm' to others arising from drug use needs careful definition, but (a) would include all types of physical harm, and (b) would exclude some psycho-social harms – for instance, emotional stress to significant others who disapprove of drug use would be classified as an indirect (minor) harm. For example, no one would seriously suggest that we prohibit behaviour purely on the grounds that it emotionally upsets some people, while having no other harmful consequences. Democratic freedom means that the citizen is permitted to do whatever they want, as long as they do not do things which significantly harm other people (called crimes). Laws against crimes are enforced by the police – though a small number of undemocratic laws involve 'victimless crimes' (i.e. not causing significant harm to others) - notably drug use. The issue of what constitutes 'significant' drug-related harm is of critical importance.

Confidentiality and information sharing

Confidentiality

Confidentiality is the central trust between you and a drug treatment service. This enables an open and honest relationship between you and the drug service professional. However, it is important to recognise that information sharing is central to meeting your needs and reducing the risk of harm to you and others. Information about you needs to be shared between agencies to ensure your needs are met. Often more than one agency will be included in providing the package of care and support you need.

Drug treatment services must find a balance between your rights to confidentiality and the importance of information sharing.
No drug treatment service can offer absolute confidentiality. It is important you understand when information will be kept in confidence and when it will be shared with other services involved in your care. All drug treatment services must have a clear confidentiality policy which you and its staff understand.

The policy should also be presented and clearly explained to you, both verbally and in written form, before assessment for treatment begins. The policy should be explained to you on your first visit to the service and your understanding regularly reviewed. You should be explicitly advised of your rights with regard to confidentiality, including your right to access the information that is held on you.

Under 16's

If you are under 16, your parents are not automatically informed, however, the situation is more legally complex. If

you are worried, it is probably a good idea to ring the service first without giving them your name, and ask them about their policy for under 16's. They won't mind doing this as it's their job to help you and gaining your trust is a big part of that.

Information sharing

There are a number of people who may ask a drug worker for information about you. These may include GPs, social services, probation staff, the courts, employers and family/friends. It is important to have agreed policies on information sharing which encourage effective joint agency working.

The general principles of information sharing are outlined below:
Information should be only used for the purpose for which it was given.
Information about you should only be shared with your permission.
Information should normally only be shared on a need-to-know basis. This
You and your and carer should be advised why and with whom information will be shared so that your consent can be obtained.
All confidential information should be safeguarded against unauthorised disclosure (e.g. ensuring passwords on computers are changed regularly and that procedures are in place to check the identity of telephone callers).

Confidentiality and the law

Confidentiality boundaries are put in place:
To protect children at risk of harm, as defined by he Children's Act 1989.
To protect the public from acts of terrorism, as defined in the Prevention of Terrorism Act 1971
As a duty to the courts
Under the Drug Trafficking Offences Act 1986
To prevent or detect a crime. Section 115 of the Crime and Disorder Act 1998, gives public bodies the power, but not a duty, to disclose information for the prevention or detection of crime
To ensure the service provides a duty of care in a life-threatening situation (e.g. serious illness of injury, suicide and self-harming behaviour). This includes when a service user continues to drive against medical advice, when unfit to do so. In such circumstances relevant information is shared with professional services.
To protect the service provider in a life-threatening situation (e.g. calls to the police regarding a violent service user). The Department of Health has published guidance on the issue of violence against staff.
A decision to disclose confidential information without your consent should not be made lightly, and should only happen after consultation between the drug worker and their line manager.

Children and young people
Under the Children's Act 1989 the interests of the child is always paramount, overriding any other public interest consideration. Statutory bodies have a duty to assist local authority social services in child protection.

Written records
If you are seeing a drug worker, it is likely they will also keep a written record about your needs. They will probably have a number of clients who they see and therefore need to remind themselves of your situation. The records should be kept in a locked file or in some cases, on a computer. All the above mentioned confidentiality rules will apply. The police, social services or anybody else have no authority to see the files they keep on you, and they should only be passed onto a Doctor or other medical service with your permission
Most services have a policy allowing you to access the records they keep on you. In some cases this is your legal right. If they don't allow you to see your records, ask them why.

Summary and conclusion
Everyone involved in drug treatment takes the issue of confidentiality seriously.
The Home Office Index doesn't exist any more and the Regional Databases which replaced it are mainly used to

provide statistics aimed at dealing with the problem. They do not share information with other agencies or notify the Home Office about you.
NHS drug treatment facilities will usually inform your GP of their contact with you, though they should get your permission first.
Anyone seeking information about your health will usually contact your GP.
Your GP will only release information with your agreement.
If you refuse to allow your GP to release your records this may affect your treatment package.
Voluntary sector agencies are less likely to inform your GP unless they happen to be providing you with a methadone script.
All agencies have statutory responsibility to notify Social Services where a child may be at risk.

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