



HUMAN RIGHTS PROJECT

AUGUST 2015 INTERIM REPORT



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BACKGROUND

Human rights violations are commonly experienced by people who use drugs. Prior to service delivery, the Step Up Project ran a number of community consultation workshops which confirmed that drug-using communities were experiencing human rights violations. In a national consultative workshop facilitated by UNODC in late 2014, the abuse of human rights was identified as the biggest concern for people who inject drugs.

In February 2015 Mainline ran a number of training workshops to enable peer outreach workers to act as paralegals. An initial form was developed and subsequently refined. In April 2015 a human rights violations project plan was developed, the aims and objectives of which are described below.

In late June 2015 limited service delivery began, and in July 2015 full service delivery, including a needle and syringe distribution and collection program, started. This report is therefore the first quarterly report for the human rights violations project plan.



Jos of Mainline talking to community group members

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AIMS AND OBJECTIVES

Aims

To create a mechanism whereby human rights violations can be recorded and dealt with in an appropriate manner and be used for advocacy in the promotion of the rights of drug users.

Objectives

1. To record human rights abuses suffered by drug users as a result of their drug use (directly or indirectly)
2. To offer referral paths to legal services as and when needed
3. To collect data around human rights abuses that can be used for advocacy purposes
4. To help address the sense of helplessness and frustration expressed by the PWUD community around human rights violations
5. To empower drug users and their networks to document human rights violations so that accurate data can be collected and used for advocacy








ACTIVITIES AND FINDINGS TO DATE

Violations encountered

Prior to service delivery there were a number of reports of general human rights violations taking place via the community advisory groups. These included general harassment, illegal searches, arrest without processing and then release, the solicitation of bribes and assault. This information will be collated in the future to form a baseline, both for this and various other projects.

Once service delivery began, there were further reports of human rights violations, particularly around the confiscation of harm reduction packs and syringes. All three cities reported that some form of harassment had occurred that directly affected the delivery of services. Some of this harassment was overt, and included confiscation or destruction of harm reduction commodities, while there were also more subtle forms, such as the presence of police vehicles at sights of service delivery (see cover photo).

Examples of harassment and human rights violations include:

-  Destruction of syringes
-  Confiscating harm reduction packs
-  Illegal searches, including cavity search in public
-  Police observation of service delivery
-  Arrest without processing
-  "Confiscation" of general belongings
-  Refusal of medical treatment

"They [the police] only found my harm reduction pack which had old and new needles. They took the pack from me telling me that I was not allowed to have needles on me even though I explained to them I got the pack from TB/HIV Care Association"



Needles destroyed using a wire cutter by members of the South African Police Services in Pretoria.

Recording of violations

PROBLEMS ENCOUNTERED

While the principle and logic behind the development of a specific human rights violations recording document was sound and such a document is indeed necessary, there have been limitations around the practical application of the tool. Many violations have been reported anecdotally and via the diaries kept by peer-outreach workers and professional nurse counsellors. Service beneficiaries have been reluctant to spend the required time documenting the violations. Part of this is due to their fear of being identified at the project by law enforcement agencies. Another factor is that peer outreach workers are also pressed for time, and as such service delivery takes precedent. When a peer outreach worker is delivering services on the street, for example in Pretoria, they cover a three-hour long route and meet people in busy streets where “normal” life is carrying on around them. This is not conducive to the recording of violations. This has resulted in very few forms being completed, which does not give an accurate figure regarding the numbers of violations taking place. For this reason an alternative option was developed, not to replace the old form and process, but rather to augment it.

DEVELOPMENT OF NEW FORMS

A new human rights violation recording form was developed for use in the field. This form mimics the current form used by peer outreach workers to record interventions delivered in the field. The hope is



that this form will be able to be used in a more integrated way, quickly and efficiently, so as to provide better quantitative data that can then be analysed and mapped to best inform advocacy efforts. This form will record:

- HE - Unique beneficiary code
- HE - Location of event
- HE - Nature of violation
- HE - Responsible organization
- HE - Any further comments

Examples of Institutional Stigma

The following are two examples of stigma that have occurred at an institutional level.

VOORTREKKER ROAD CORRIDOR IMPROVEMENT DISTRICT

A number of human rights violations regarding the removal of harm reduction packs have been noted in the Bellville area of Cape Town. Many of these involve the staff of the Voortrekker Road Corridor Improvement District (VRCID). We have engaged with this organization (see engagement section below) and had discussions around the project. Towards the end of August 2015, the VRCID Chief Operations Officer sent an e-mail to a local city councilor in which he complained about the Step up project handing out needles and implying that this was the cause of inappropriately discarded needles in public spaces. This led to the development of a fact sheet on injecting equipment distribution and disposal, and we hope that it will encourage further engagement with those who do not fully understand the role of harm reduction programs.

SOMERSET HOSPITAL

Recently we have received reports of street-dwelling heroin users seeking help being referred away from a local hospital –Somerset Hospital - while in acute withdrawal. These patients were referrals from field workers employed by the Cape Town City Improvement District, and were accompanied to the hospital. Such patients are not considered medical emergencies, and while this is technically true, they are made to suffer unnecessarily. In this particular instance the patients had to wait more than 24 hours before receiving any medications to help ease their withdrawals. This is not an isolated incident, and is a further example of how people with drug dependencies are unfairly discriminated against and how human rights violations are often caused at a systemic level. Currently TB/HIV Care Association is in negotiations with the Provincial Department of Health to address issues of heroin dependence. Sensitization training is also planned.

Responses and Engagement

DRUG-USING COMMUNITY

The forms initially developed were introduced to service beneficiaries via the CAG meetings. This was well received. Although there has not been a large number of forms being completed, there was value because the community felt that their needs were being heard. Regular feedback is provided to the community around issues of human rights abuses.

LAW ENFORCEMENT AGENCIES

In response to the needs of service beneficiaries and reports of human rights abuses, multiple law enforcement agencies have been engaged with across all three cities where the Step Up Project is operating. This includes the South African Police Services (SAPS), Metro Police, City Improvement Districts and private security firms. These interactions have sometimes shown immediate benefits, while in some areas a more sustained effort will be required.

OTHER ORGANISATIONS

There has been significant engagement with other organisations around the issue of human rights. In Cape Town, Khulisa, an organization that provides diversion programs for the community court, has started recording human rights violations for the project. The Street People's Forum has agreed to engage with all member organisations and encourage them to do the same. In Durban the project has established links with the Durban University of Technology's Urban Future's Centre, and an advocacy body championing the rights of street dwelling drug users has been established. In Pretoria there have been significant advocacy efforts with various health facilities, including the Department of Health. In order to improve access to health services there is now a specialized clinic run once a week for project service beneficiaries being run from the premises of Out Wellbeing.

In one area of Tshwane there were reports of SAPS officers destroying sterile syringes by cutting them with wire cutters – see photo on p2. The local Step Up Project immediately contacted the relevant police station and were able to engage with the officer concerned. This led to the officer engaging with the rest of the station and the practice has now been stopped. Not only this, but service beneficiaries are no longer being arrested for being in possession of used injecting equipment.

EXPANDING THE PROJECT

Recently TB/HIV Care Association received funding from AmfAR to conduct **Project ACE** (Advocacy, Communication and Education). This project will use the data from the human rights project to inform advocacy initiatives. The aim will be to target specific wards in each city and train champions in these areas through a series of workshops. Human rights abuses will be tracked in these areas and compared to surrounding areas to see if this ground-up approach within a local setting makes a difference to the way people who use drugs are treated.

Data from the human rights project will also be used for the Open Society Foundation funded **RUN2016** project which will look at drug policy in South Africa, including the effect on human rights, ahead of the UNGASS on drugs in 2016.

MOVING FORWARD

There are three main objectives that we hope to achieve before the next report:

- HEB-** Improved quantitative data recording around the number and types of human rights violations being experienced by service beneficiaries
- HEB-** The presentation of baseline human rights data drawn from a variety of sources, including community advisory group minutes, records of community engagements, outreach worker diaries and interviews, service delivery experience, the formative assessment and the RAR study
- HEB-** Improved access to legal services for service beneficiaries.



The Step Up Project mobile wellness clinic