SPEAKING OUT

Personal testimonies of rights violations experienced by people who use drugs in Nepal

Human Rights Count

FOR KEY POPULATIONS LIVING WITH HIV

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About us

The **National Association of People Living with HIV/AIDS in Nepal (NAP+N)** is a non-political, non-religious, non-governmental, non-profitable, autonomous network of people living with HIV in Nepal. NAP+N was established in 2003 in order to combat the HIV epidemic in Nepal. The common goal was "To unite all those living with the virus in Nepal and fight back". More than 58 staff members work across the country to improve the quality of life of people living with HIV. 120 organisations supporting people living with HIV are affiliated to NAP+N with around 7,000 people living with HIV as members. Achut Sitaula is the present president of NAP+N.

NAP+N has been conducting the Human Rights Count! study since 2010 and advocacy activities to create an enabling environment for people living with HIV and key populations to ensure their fundamental rights in Nepal. The previous reports and advocacy tools can be found at www.napn.org.np/humanrightscount. For information and to take part in the upcoming Human Rights Count! study 2016, please contact shivaachrya@yahoo.com

www.napn.org.np

The **Drug Users National Alliance (DUNA)** is a non-profit making national network of current drug users in Nepal formed and registered in 2012. It works to ensure the right to treatment for drug users, to prevent drug abuse and over doses, as well as advocating to create an environment where people can access treatment, care and support. DUNA is conducting a national campaign to reform drug policy in Nepal.

The **Global Network of People Living with HIV (GNP+)** is the global network for and by people living with HIV. GNP+ advocates to improve the quality of life of people living with HIV and works to ensure equal and equitable access to health and social services, by focusing on social justice, rights and the meaningful involvements of people living with HIV in programme and policy development.

www.gnpplus.net

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With sincere thanks to the Bridging the Gaps programme for their financial support for Human Rights Count for Key Populations Living with HIV. Bridging the Gaps brings together almost 100 local and international organisations to work towards achieving universal access to HIV and sexually transmitted infection prevention, treatment, care and support for key populations including sex workers, LGBT people and people who use drugs.

www.hivgaps.org

BRIDGING THE GAPS
Health and rights for key populations

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NAP+N National Association of PLWHA in Nepal NIA PIN 2003

DUNA Drug Users' National Alliance

GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

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Acronyms

AIDS	acquired immune deficiency syndrome
APN+	Asia Pacific Network of People Living with AIDS
ART	antiretroviral therapy
CBS	Central Bureau of Statistics
DUNA	Drug Users Network in Nepal
GNP+	Global Network of People Living with HIV
HCV	hepatitis C virus
HIV	human immunodeficiency virus
HRC	Human Rights Count
IBBS	integrated bio-behavioural survey
KP	key population
KPLHIV	key populations living with HIV
MoHP	Ministry of Health and Population
NAP+N	National Association of People Living with HIV/AIDS in Nepal
NCASC	National Centre for AIDS and STD Control
OST	opioid substitution therapy
TB	tuberculosis
UNAIDS	United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime

Foreword

It is my pleasure to share the Human Rights Count for Key Populations Living with HIV report 2015: 'Personal testimonies of rights violations experienced by people who use drugs in Nepal'. This report is the continuation of Human Rights Count! (2010) and Human Rights Count! (2012), which have set a milestone; to start a human rights movement, aimed at gathering evidence of human rights violations experienced by people living with HIV in order to stop the violations and advocate for the rights of people living with HIV in Nepal.

The successful completion of this study is an outcome of the collective efforts of all the people who gave their testimonies and the data collectors from the National Association of People Living with HIV/AIDS Nepal (NAP+N) and Drugs Users Network in Nepal (DUNA) who collected the testimonies. We would like to extend our sincere thanks to the GNP+ team including Aditi Sharma and Laura Davies for their technical support throughout and Ed Ngoksin for his contribution to the training programme. We are also thankful for the research design and support provided by Catherine Dodds and David Reid of Sigma Research at London School of Hygiene & Tropical Medicine. I am particularly grateful to Mr Shiva Lal Acharya (the lead researcher of Human Rights Count! since its inception in 2010) for his initiative and commitment to establish a human rights culture in Nepal. I would like to extend my sincere thanks to HIV and Human Rights Consultant Ms Sanju Paudel for collating the data and helping to draft the report. I would like to acknowledge the contribution of Ms Naomi Burke Shyne for establishing the culture of documenting HIV related human rights violations among key population in Nepal during her tenure in Nepal in 2010–2012 that we are continuing with support from GNP+.

Our special appreciation goes to Rajiv Kafle, immediate past President of NAP+N as well as those respondents whose human rights violation cases are documented in this study. Without their cooperation and openness to share their stories, this study would not have been possible.

Mr Achut Sitaula

President

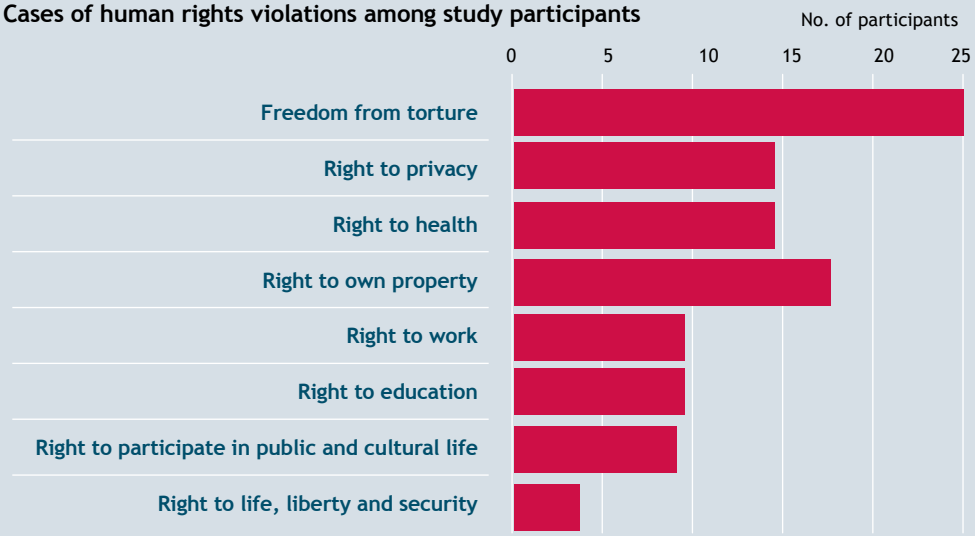
National Association of People Living with HIV/AIDS Nepal (NAP+N)

Executive summary

Three decades after the first case of HIV was found in Nepal, HIV has become one of the most devastating diseases the country has ever faced. To date it is estimated that 40,000 people are living with HIV and nearly 4,000 have died of HIV-related illnesses in Nepal. Throughout this time, people living with HIV and key affected populations, have experienced and witnessed many violations of their human rights. The project, 'Human Rights Count for Key Populations Living with HIV (KPLHIV)', aims to document these violations, to aid advocacy against them and to devise long-term solutions.

In Nepal, the National Association of People Living with HIV/AIDS (NAP+N) consulted with key population networks and decided to focus specifically on people who use drugs and are living with HIV. This report is a result of community-led research carried out by NAP+N and the Drug Users Network in Nepal (DUNA). Together, they gathered testimonies of human rights violations against people from these populations. In total, 34 people were interviewed for this study. The range of human rights violations they have experienced is illustrated in the table below.

Cases of human rights violations among study participants



The study showed that the respondents had gone through a range of experiences of human rights violations. They have been discriminated against, abused and ostracised. The majority of perpetrators were found to be non-governmental organisation-run rehabilitation service operators, doctors and nurses as well as security personnel and their own family members. The respondents knew the perpetrators and believe they faced discrimination due to their HIV status and their drug use.

Most of the violations took place in drug detoxification and rehabilitation centres. Even though the government of Nepal is running opioid substitution therapy (OST) and harm reduction programmes, people who use drugs are forcibly taken to rehabilitation centres where numerous human rights violations take place. The heavy competition among these private rehabilitation centres to find clients seems to be exacerbating the problems.

This community-led study is an important first step, highlighting the human rights violations experienced by people who use drugs and are also living with HIV. There is now a need for all stakeholders to come together to discuss the issues raised by this report and how to address them.

Recommendations

All stakeholders, including the government of Nepal and civil society need to work in partnership to address the issues facing key populations living with HIV and to protect their human rights.

Specifically this report recommends:

1. The National Centre for AIDS and STD Control (NCASC) and the Ministry of Home Affairs should review and update the national drug policy and the national guidelines for drugs detoxification and rehabilitation service providers to ensure that the human rights of people who use drugs are upheld.
2. The Ministry of Home Affairs must put in place systems to regulate the operations of private rehabilitation centres. In particular, to ensure people enter the centres of their own free will and are treated humanely at all times.
3. NCASC should work with communities to provide comprehensive training on human rights-based drugs detoxification and rehabilitation programmes to both public and private service providers.
4. NCASC, the Ministry of Home Affairs and the prison authorities should ensure the availability of antiretroviral therapy (ART) and 'take-away' doses of OST for people who inject drugs and are living with HIV in prison.
5. The Department of Drug Administration should consider allowing syringe sales without prescriptions.
6. NCASC should provide ongoing training to all healthcare workers to ensure that they provide healthcare services to all without discrimination.
7. National networks of people living with HIV and key populations should raise awareness and support people who use drugs to report human rights violations. They should collaborate with the NCASC to set up and implement a mechanism to document HIV-related human rights violations against people living with HIV across the country. This should also include a toll-free hotline to provide psychosocial and legal counselling to people living with HIV.

Chapter 1: Background

According to the Ministry of Health and Population (MoHP), National Centre for AIDS and STD Control (NCASC) and its Country Progress Report on the HIV/AIDS Response 2014, the epidemic of HIV in Nepal is dynamic and is concentrated among key populations at higher risk, such as people who inject drugs, men who have sex with men, transgender people, female sex workers and male labour migrants. Despite the higher prevalence among key populations, according to the different levels of integrated bio-behavioural surveys (IBBS) among key populations, HIV prevalence is moderately declining after reaching its peak during 2002–2003.

The Central Bureau of Statistics (CBS) estimated that there were around 52,000 people who inject drugs in Nepal in 2013, which is much higher than the previous estimate of 32,563 in 2011. An estimated 4,453 of people who inject drugs were female (NCASC, 2013).

In 2011, HIV prevalence among people who inject drugs was recorded at 6.3% in Kathmandu and 4.6% in Pokhara (IBBS, 2011), representing a significant and consistent decline from 68% in 2002 in the Kathmandu Valley and 22% in Pokhara in 2003 (IBBS, 2011; IBBS, 2003). HIV prevalence among people who inject drugs in the Eastern Highway districts dropped from 35% in 2002, to 8% in 2009, and has remained around 8% since (NCASC, 2012). Likewise, HIV prevalence in the Western Highway districts declined from 8% in 2009, to 5% in 2012. Targeted interventions such as the needle syringe exchange programme as well as the scale up of opioid substitution treatment (OST) at district level have contributed greatly to this.

Viral hepatitis is strongly associated with HIV, particularly among people who inject drugs, due to common routes of transmission. Apart from viral hepatitis, the other prevalent co-infections among people who inject drugs and living with HIV is tuberculosis (TB). A study on co-infection of hepatitis C virus (HCV) among HIV positive people in the Kathmandu Valley revealed that 43.3% out of 319 people living with HIV were also infected with HCV. Prior to that, UNDP conducted a survey across 18 districts of five regions among the 677 people living with HIV of which 83% were people who inject drugs; and found 19% were infected with HCV. In 2010, UNoDC conducted a study among women who inject drugs which showed that 15% of them were infected with HCV.

In Nepal, NGOs are allowed to run rehabilitation centres but there are no regulatory agencies. This lack of regulatory mechanism promotes the commercialisation of detoxification centres as well as serious human rights violations due to unhealthy competition. There is also a lack of adequately skilled and trained staff at majority of drug treatment centres.

Chapter 2: Methodology

Human Rights Count for KPLHIV, a project coordinated by GNP+, focuses on gathering evidence of human rights violations experienced by key populations living with HIV in order to stop violations. It follows the success of Human Rights Count!, an evidence gathering tool that enabled networks of people living with HIV in eleven countries (including Nepal) to document cases of HIV-related human rights violations against people living with HIV. The overarching aim of the project is to advocate for a reduction in the number of HIV-related human rights violations against people living with HIV and their families, and to improve the way that such violations are addressed when they occur. These advocacy activities are informed by evidence collected by and for people living with HIV.

NAP+N has been continuously monitoring human rights violations through the Human Rights Count since 2010. Following a consultation period in 2014, which drew on expertise from the GNP+ KPLHIV Advisory Group, Human Rights Count for KPLHIV was developed to focus on key populations, and document their experiences through a qualitative approach. Using the tool, representatives of key populations and people living with HIV carry out their own research, based on their own nationally agreed advocacy priorities. To achieve this, partnerships are essential, in particular the partnership between networks of people living with HIV, KP networks and human rights organisations.

GNP+ worked in partnership with Sigma Research at the London School of Hygiene & Tropical Medicine to develop a tool that could be used to identify and record human rights violations experienced by key populations living with HIV. Learning from previous Human Rights Count studies, the researchers decided that the tool should aim to gather in-depth qualitative data from relatively small numbers of people. The interview questionnaire was designed in a way that enabled individual countries to determine their own advocacy priorities in advance, and to focus on just one or two themes in the course of each interview. In Nepal, NAP+N and DUNA chose to focus on human rights violations experienced by people who use drugs and are living with HIV.

Alongside the questionnaire, GNP+ and Sigma Research developed a series of guidance tools to support data collectors and key stakeholders. An intense programme of training was also provided for all data collectors and others involved in the research. This included training on the concept of human rights, key populations and common violations of human rights they can experience, national legal contexts and qualitative research techniques. Following the trend of previous Human Rights Count studies, possible data collectors from people living with HIV groups were identified across the country. A total of 25 data collectors were trained. The data collectors were members of networks of people living with HIV or people who use drugs and were all living with HIV themselves. The objectives of the training were not only to develop a pool of data collectors, but also strengthen the skills of community activists to conduct advocacy on rights of people living with HIV and people who use drugs in Nepal.

Limitations: Personnel changes in NAP+N and its regional affiliates meant that a further four data collectors needed to be mobilised, briefed and paired with a trained data collector during the interviews. The devastating earthquake in April 2015, followed by three months of aftershocks of similar strength, impacted on follow-up interviews. Most of the interviews had been completed before the earthquake, but some transcripts were not detailed enough and the research consultant and head of NAP+N conducted follow-up interviews with most respondents either by phone or in person. This phase was also impacted by the embargo by the Indian Government on the Nepalese border (September 2015) that cut supplies of fuel, medicine and essential commodities. All the above events impacted on the scope and quality of interviews as well as the overall time taken.

Chapter 3: Social demographics and sampling methods

This research was conducted among people who inject drugs in eight different cities in five development regions: Dharan, Chitwan, Kathmandu, Lalitpur, Bhaktapur, Pokhara, Nepaljung and Mahendranagar.

DEMOGRAPHIC DISPOSITION OF THE RESPONDENTS			
Region	**Male**	**Female**	**Sub-Total**
Eastern	12	0	12
Central	7	0	7
Western	5	2	7
Mid-Western	4	0	4
Far-Western	4	0	4
Total	32	2	34

The age range of respondents was between 25 and 46 years. All the respondents were people who inject drugs and are living with HIV. Among them, two were female sex workers and one a migrant worker. Among them, 33 had been in prison at least once due to their drug use. Out of 34, 18 were employed full-time in community-based organisations of people living with HIV and people who use drugs, where six have maintained an income sufficient to sustain their livelihood.

This study adopted a purposive snowball-sampling method. The president of NAP+N identified five key respondents (seeds) in five development regions, based on his knowledge of their experiences of human rights violations. Then, with support of members from DUNA these seed respondents identified a further two respondents with similar experiences of human rights violations. The study went up to two waves in four development regions, and went up to three waves in the Eastern region study. A total of 34 case studies were collected during the research.

The data collectors interviewed the respondents using the questionnaire developed for this project. Each interview took about 45 minutes to one hour. Data collectors documented the key points of the narrative stories on paper. In some cases, the answers given to the questions were not detailed enough so the data collectors met with the respondents again, or telephoned them to ask supplementary questions. The testimonies shared by the respondents form the central component of this report.

Chapter 4: Research findings

Freedom from torture

Two thirds of the respondents (25) reported serious violations of their right to freedom from torture and inhumane treatment due to their use of drugs or their HIV status or both. The majority of them have faced this kind of torture and inhumane treatment at drugs detoxification and rehabilitation centres as well as in police custody. Most of the respondents reported that, in Nepal, society as well as the government treats drug addiction as a criminal act. Rather than promoting support and treatment, they try to forcefully rehabilitate people who use drugs using police administration and different corrective therapies at rehabilitation centres owned by non-government organisations.

There has been a mushrooming in the number of rehabilitation centres as well as government methadone programmes at district level. As a result, it is hard for rehabilitation centres to find enough clients. In this context, most of the rehabilitation centres and harm reduction programmes mobilise outreach workers to provide information on drug addiction and HIV/AIDS. Unfortunately, some participants said that the outreach workers sometimes spy on people who use drugs and facilitate police to arrest them, call their family, blackmail them emotionally and legally and take them to rehabilitation centres, causing economic, psychological and social problems for the drug user and their family.

Respondent A5 said that:

> *Due to my addiction and HIV, I faced lots discrimination and inhuman behaviours. With support from police, local rehabilitation centre operators picked me up forcefully numbers of times from my own home and dumped me in a rehabilitation centre for months. In return, they charged big amount to my family that has worsened my relation with my family members as well as added financial burden too.*

He further added that:

> *In the rehabilitation and detoxification centre, they used to practice awful treatment therapy like Baltin Therapy (showering with ice cold water in early morning and a number of times a day), Bhata Therapy (beating with long stick), washing all the dishes of rehab, measuring premise of rehabilitation centre with match stick, they are so horrific that I tried to escape repeatedly, then they shaved the four sides of my head as a punishment. In fact, during 18th century, the King of Nepal used to give this kind of punishment to traitors and deport them from the country. In humiliation and frustration, I attempted suicide but failed. Fortunately, that attempt led me to a good counsellor at the hospital and he facilitated OST for me - that gave me new life and new hope.*

Similar to the experiences of A5, respondent C3 also recalled that he was injecting heroin for a couple of years. With support from his family, he repeatedly tried to give up his injecting behaviour. He was admitted to different rehabilitation and detoxification centres four times but was not successful. He was willing to enrol in the OST programme and told his brother. When his family and relatives came to know about this, due to negative attitudes towards the OST programme, they immediately called the police, with support from a local outreach worker. He was sent to another notorious

rehabilitation and detoxification centre, where already one client had died due to excessive physical punishment, and many were injured while trying to escape from the centre.

Respondent E1 recalled his experiences of inhuman torture while he was in custody:

> *They kept us in very narrow, dirty and dark cells, away from others, where we had problems accessing medicines, including ART. We had very bad cravings for drugs, but instead of managing these issues, prison personnel beat us badly with plastic pipe and forced us to take cold baths throughout the day and night. As a result, I still have back and joint pain, have chest infection and have not recovered yet. Even today I am scared of police and uniformed personnel. Not only that, I am even scared to visit government offices including municipality, chief administrative office, and legal bodies, including the courts.*

Likewise, another respondent C4 also shared similar experiences:

> *Three years back, I had serious family problems due to a financial matter at home. One day, I was sleeping in my room after having my regular dose of my choice of chemical - buprenorphine. It was about noon, all of a sudden, a group of unknown young men came to my room and took me forcefully from my room, despite of my cry and call for help, no one responded to my call. They blindfold my eyes, tied my hands and forcefully put me in their taxi. In the taxi too, I tried to get help from others, I cried and made strange sounds for help but instead of getting help, one of the group members held my mouth and slapped me on my face. Then, I gave up all my efforts and felt my days were over.*
>
> *After an hour of driving, they took me to a house, opened my blindfold, then I came to know that they were people from a rehabilitation centre and had brought me there for my detoxification and treatment. I was so scared, my heartbeat was increasing, and my body was aching. When I looked around me, I saw that, people with strange hair-cut (shaved four side only), were measuring water with a teaspoon, holding cooking gas cylinder on their head, three people were standing on one leg with a full dustbin in their hand. At this sight, I became hopeless and scared. Then, they called my family members and started my counselling and filled the client intake form. They started giving me lecture on the need for recovery. Though it was my second time at rehab, I expressed my desire to go for a methadone programme instead of this in-house detoxification programme. Then, in anger, they slapped my face and told me of the negative consequences of OST. Then, they gave me a full dose of chlorpromazine that gave me a high for a week and I remained unconscious. When I came out from the trip of chlorpromazine, my body was aching; my head was about to burst, craving for buprenorphine.*
>
> *When they noticed my withdrawal symptoms, they forced me to take cold shower and offered me a very spicy pickle and started to give physical torture and punishment. It was so hard that I almost gave up my hope for life and decided to escape from the centre. At night I jumped from the balcony of centre, unfortunately, I jumped over the table tennis court that caused me to break my leg and my spine was badly injured. I tried to run but the security of rehab followed me and arrested me shortly. Then they*

handed me over to police falsely accusing me of stealing from the rehab centre.

Another respondent (F5) reported his story:

> *Two and a half years ago, after years of injecting practices, I followed my injecting peer to go to a rehabilitation centre and stop using drugs. During these years, we had faced lots of trouble and suffering to manage the chemical of our choice. After consulting with our parents, both of us joined rehab. On the very day, they gave us a high dose of medicine for detoxification that made me unconscious after that for a week. Unfortunately, this medicine made my friend so high that he suffered lots of craving for cannabis smoking. When the bell rang for lunch, we all lined up for food but he ran away to find cannabis crossing the boundary of rehab. When he found a wild grass, he started to rub it, chew it. Once the security of rehab found him, he beat him such that he bled and fell unconscious. They brought him to rehab and washed with cold water. He did not regain consciousness. Then they took him to hospital; unfortunately he left his body before reaching hospital. That hurt me badly and after that I never ever touch drugs. Still I feel regret for persuading him to go for rehab. Sometimes I feel responsible for his death for taking him to this rehab.*

The Government of Nepal, through the Ministry of Health and Population, is conducting a 'Targeted Intervention Programme for Key Affected Populations', including provision of harm reduction supplies, needle exchange programmes, condom promotion and oral substitution programmes for people who inject drugs. However, police and security personnel continue to arrest individuals for carrying these harm reduction supplies including needle syringes and alcohol pads.

People who are unable to give up injecting drugs despite repeated drug detoxification and rehabilitation programmes, are encouraged to enrol in OST programmes. Along with the expansion and popularity of the government-owned and run OST programme in different districts, the client base for rehabilitation centres has significantly decreased, directly affecting the rehabilitation service providers. As a result, they are creating negative rumours about OST programmes and using unfair methods to connect with and forcefully sign clients up to rehabilitation programmes. This needs to be addressed immediately to ensure the rights of people living with HIV and people who inject drugs.

Right to privacy

14 respondents reported that their HIV status as well as dependence on drugs was disclosed to their parents, peers and relatives without their consent. Largely, the perpetrators were the police officers in prison and the doctors in health facilities.

E1, a 29 year-old married man, recalled his experiences:

> *I was addicted to heroin for the last four years. In 2013, police arrested me along with my three friends while we were shooting in the park. Fortunately, they came when we had already had our dose and were relaxing, but they found used needle and syringe. Police hit me badly on my head and leg with a cane stick. It bled lots. They took us into custody. Prior to filing a case against us, they took us to the hospital to dress my head. The doctor looked at me very strangely. They drew my blood, kept us in waiting there for two hours, and after a simple dressing and some pills they sent me back into custody.*

After two days, my friends and myself were sent to prison for handling illicit drugs and using it in a public place. In the evening, I was asked to make my bed in the far corner of the cell. The next day the Primary Health Care Centre in-charge told me that I was tested for HIV and the result was positive. Within a couple of hours this news became viral and I was looked like a stranger. No one came near to me, not even my own friends who were arrested with me. I was asked to clean and apply medicine to my wound by myself. The situation was very frustrating and hopeless. I tried my best to kill myself in prison. Knowing this they chained my hands and legs and kept me like an animal.

Day by day, my health became worse and worse. I stopped eating and drinking. About 45 days passed, I lost about half my body weight and they thought I was going to die. On the 55th day, they called my parents and asked for bail to release me. Finally on the 58th day, I was released on bail. My parents, wife and relatives had already been informed of my HIV result. They also started to behave like my enemy. They sold my house to my relative to pay my bill and sent me to a rehabilitation centre run by recovering addicts.

My serious concern is with the prison authority that disclosed my HIV status to my parents and my fellow prisoners, before disclosing it to me. This is a serious human rights violation. They also treated me as an animal due to my HIV status and addiction. I had a lot of cravings and withdrawal in prison. Instead of managing it, they punished me physically.

Right to health

Similarly, 14 respondents reported that they have faced difficulties accessing healthcare facilities due to their HIV status and drug use.

E4 respondent reported that, he was diagnosed with tuberculosis and was told it needed immediate intervention. He visited the regional hospital. In the course of their investigations, the doctors came to know that he was TB-HIV co-infected, and they delayed his treatment for a week with different excuses. He shared this problem with a local community- and home-based care worker; they came to the hospital and had a dialogue with hospital management. Only then did he get treatment. During the treatment, he had to listen to lots of derogatory words and deal with stigmatising behaviour from healthcare workers.

Another respondent, B1, shared that he visited hospital with serious diarrhoea.

> *When the doctor came to know about my HIV status, both doctor and nurse left me unattended, went to dressing room and came after three hours with four pairs of gloves. They wore all gloves and fixed a catheter for intravenous treatment. It was really humiliating and ridiculous.*

Similarly, another respondent reported that due to his drug use and HIV status, he and his family are facing serious stigma and discrimination while seeking health services. The majority of perpetrators were doctors from government hospitals at the central and regional level, whom respondents frequently encountered. Due to this discrimination, respondents have faced difficulties accessing various health services including treating opportunistic infections, accessing antiretroviral treatment (ART) and community home-based care. Their families and children have also been affected by this discrimination.

C2 respondent reported that:

> *When the doctor of our health centre came to know about my addiction and my HIV status, he repeatedly avoided me and my family members while we were seeking health care. A few months back, I went to the hospital to treat an eye infection of my seven year old daughter, but without touching her, he referred her to the teaching hospital at Kathmandu. That hurt my family and me lot. The well-educated doctor violated our fundamental right of accessing treatment.*

Right to own property

Half of the respondents reported that their right to property was violated. Almost all the respondents reported difficulties to manage their livelihood and were often deprived of the inheritance of their family property.

Respondent E5 shared his story of how he was disinherited.

> *My family told me, 'Due to your addictive behaviours, police arrested you several times. To release you and protect our family reputation, we had to pay big money to settle your cases well. We have lost our property and business due to your addictive behaviours. On top of this, we spend a lot of money on your drugs treatment in rehabilitation programmes. The part you were supposed to inherit is already gone. You have done more than enough harm to our family and its reputation as well as financial status. Again you are asking for your share of property without shame? Stop asking it again, otherwise, we will be forced to kick you out from home.'*
>
> *In fact, later I came to know that the local rehabilitation centre took a lot of money from my family in the name of corrective treatment with support of the local police. Today I am homeless and struggling to support myself.*

Similarly, respondent C1 also reported similar problems.

> *I belong to a rich family of my town. I have three brothers and two sisters. My father has a lot of property including six bigha of land, one residential house and two commercial buildings, two buses, one truck and two tractors. But despite of this richness, my family refused to give me a single property despite my disease and illness. They know I need frequent hospital visits, special care and nutritious food. They often said that "you are an addict - you will spoil all the property if we grant to you. On top of that, you are living with AIDS and you will die soon. We are providing you free food and shelter, again why do you need property?" This hurt me lots. In fact this is a serious human rights violation. But I have not taken legal action against my family despite of my hardship and suffering.*

Likewise, another respondent D2 shared experiences of difficulties in inheriting property. He recalled:

> *I am a recovering drug user living with HIV for last 12 years. I am living in my brother and sister-in-law's house as a servant. Though my father left us adequate property, my brother has not given me my share stating that I am a drug addict as well living with HIV. 'You will spoil all the property to your addiction if we grant it to you. On top of that you will die soon due to your HIV. Then why do you need property? Whatever you need, you can use from ours, we are not giving you separately.'*

Almost all the respondents have shared similar experiences of being deprived by their families of property due to their HIV status and drug addiction.

Right to work

One in five respondents reported that due to their drug use and HIV status, their right to work was seriously violated. The majority reported that they were expelled from their work and had difficulties finding new work when people came to know about their addictive behaviour and HIV.

A migrant worker from the far western region reported that:

> *After completing my School Living Certificate exam, I went to India in search of employment opportunities. I started to work in the New Delhi railway station as a cargo delivery boy. During my stay, I visited brothels at Lahorigate a number of times. As a result, I was infected with HIV. When my employer came to know about it and my injecting behaviour, he expelled me from work. Then, I returned to Nepal, and started to teach at a primary school. In the school too, when they came to know about my addictive behaviour, they also expelled me from work. Now I am seeking a job, but not getting one. Despite my good performance, my right to work and support myself is seriously violated.*

Right to education

Nine respondents said their right to education for themselves or their children was violated. Despite increased awareness, advocacy and social sensitisation, there are often reports of schools expelling the children of people living with HIV.

D3 respondent reported that:

> *I have two children 11 years and 6 years old. The second one is living with HIV and the first is not. One day, unfortunately my first child found my 5ml used syringe and took to school as a toy during Holi festival of colours. Unfortunately, his class teacher found it, he seized it and also he took the case to the headmaster who expelled him from school for bringing illegal drug-using equipment to school. In fact it was just an excuse because they already knew about my addictive behaviours as well as my daughter's HIV. They were waiting for an appropriate excuse to expel my kids from school. This incident supported them.*

Similarly, another respondent reported that he was expelled from his undergraduate school three years ago when he was in his final semester due to his drug use.

> *It was my right to continue education despite my addiction and disease. I could do better if I had been able to complete my undergraduate course at that time.*

Right to participate in public and cultural life

Eight respondents reported that due to their addiction and HIV, they are facing strong stigma and discrimination in their family and community resulting in repeated exclusion from social gatherings and cultural functions.

B4 respondent reported that:

> *Although I belong to nice family and my family has good social status, when my relatives came to know that I was a drug user, they started to exclude me from social and family gatherings for various artificial excuses. Not only that, few months backs, in Teej [a major festival where Hindu women decorate themselves as a Royal Princess with lots of jewellery, ornaments, nice clothes and full make-up and worship Hindu God Shiva] one of my aunts in the neighbourhood lost her necklace, then without questioning and searching where it was lost, all the people came to me, enquiring about that necklace. When I said I do not know, they beat me, abused me, called the police. The police also abused me but asked them to double-check in their home. Fortunately, it was reported that the necklace was misplaced in her changing room.*

This kind of stigmatised and stereotypical image of people who use drugs challenges their efforts towards recovery and social re-integration in society.

Right to life, liberty and security

People who use drugs are often harassed, blackmailed and abused by both police personnel as well as local gangsters.

One of the female respondents (E6) recalled her story of being raped by a civilian dressed police (though she was unable to produce evidence of them being a civil police officer so could not file a case against them).

> *Two-years back, one evening I was walking on a street in Thamel with my partner who was also a drug user. A van was following us about for hours. When we were about to return after sunset, a civilian dressed police came to me and asked me to enter the van for inquiry purpose. My partner tried to resist but they kicked him in such a way that he bled. He tried to escape and he ran away. They put me in the van. In the van, cops asked about my family details as well as my cell number. They threatened to post my photo in the newspaper and television as a female sex worker and drug user, though I was not. I requested them not to do so. Then they proposed we had sex. I had just taken my choice of chemical and was high as well as wanting to go home as soon as possible. In this situation, I had no option but to accept this proposal. They took me to a dark room of hotel and raped me one by one. As I remember at least six people raped me. After that I was unconscious and do not remember anything. Next morning, I found myself at my own bed. From my family member, I came to know that some people dropped me at the gate of my home and ran away.*

Chapter 5: Conclusion

The respondents who participated in this study believe they have been discriminated against, abused and ostracised due to their HIV status and/or their use of drugs. Most of the violations reported were carried out by the drug detoxification and rehabilitation service providers. The competition among the profit-making service providers to find clients has contributed to worsening the situation for people who inject drugs and their families. There needs to be greater regulation of these private sector services to ensure that human rights and ethical standards are upheld.

The findings show that there is stigma and discrimination when people who use drugs and are living with HIV access healthcare facilities as well as drugs detoxification and rehabilitation services in Nepal. There needs to be ongoing training of doctors, nurses and other healthcare workers to change their negative attitudes towards people living with HIV and people who use drugs.

It is heartening to note that a majority (21 of the 34 interviewed) of the respondents had shared their experience of human rights violations with representatives of the networks of people living with HIV and people who use drugs. As a result, many advocacy activities have been started. For example, NAP+N and partner organisations started a dialogue with hospitals and brought about media attention to several reported cases. In some cases no action has been taken. More work is needed at the community level to raise awareness about human rights and also to support individuals to report cases of human rights violations.

This report makes specific recommendations to reduce violations of the rights of people who use drugs and are living with HIV (see page 5). In addition, it is important to invest in civil society and community organisations such as networks of key populations and people living with HIV as they play a critical role in the effort to tackle the HIV epidemic in Nepal. Until we create an enabling environment and ensure the fundamental rights of people living with HIV, many individuals will resist seeking treatment, care and support. To this end, we call on all the relevant stakeholders to work together to promote, respect and fulfil the human rights of people who use drugs and people living with HIV in Nepal.

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