

# **Review of Methadone Treatment Protocol**

## **Submission by Rialto Rights in Action.**

The Rialto Rights in Action Group welcomes this opportunity to make a submission to the Review of Methadone Treatment Protocol.

### ***Who We Are***

The Rialto Rights in Action Group is a collaboration of Rialto Residents, Dolphin House Community Development Association, The Dolphin and Fatima Health Projects, Community Action Network (CAN), Community Response, and Participation and Practice of Rights Project, Belfast. The Project Co-ordinators are CAN and the work is funded by The Joseph Rowntree Charitable Trust.

### ***What We Do***

Rialto Rights in Action supports residents who live with inequalities to adopt a rights based approach to issues of health and housing. While we are not ourselves experts in Human Rights we have come to appreciate the importance of basing the work of social justice on the simple demand that rights are respected, protected and fulfilled. We have a particular interest in the rights of people who are on long term methadone.

### ***The Issues We Wish to Highlight and Why***

The Rialto Rights in Action Group first became involved in methadone use as a consequence of a community led audit on health needs in the Rialto area (*Our Health, Our Wealth*). Grave concern was expressed about the lived experience of people who are on long term medication. This audit highlighted a number of key issues that illustrate the denial of the right to health and the right to participate in decisions that impact on a person's life such as

- The practice of urine sampling
- The lack of an annual review for each person where there is meaningful engagement and choice
- The lack of real choice for treatment options.

The group then conducted a series of conversations with people who are on methadone to inquire in more detail about the exact nature of the issues from lived experience. We have subsequently established the link between the issues named and human rights.

## ***Key Concerns in Relation to***

### **Urine Sampling**

- It is a degrading way of checking if a person is clean
- It can be difficult for men to urinate while on methadone and this is increased under supervision
- Some people on methadone have been sexually abused – giving urine samples is even more difficult for them
- It serves the court and legal system and is not focussed on the best treatment for the individual
- It does not differentiate between a person having “a slip” for 1 time of those who doing so regularly
- There is an over dependence on urine sampling
- Medical people have told us that it is possible to tell from a person, by either asking them or looking at them if they have been using other substances. Therefore how necessary is it?
- Urine samples can be bought and sold – this raises the question of the validity of the process.
- The supervision process is based on belief that person will cheat
- Saliva testing is a viable alternative. It is used in Scotland and is deemed to be 96% effective.

### **Annual Review**

There is no systematic review process. There is a plan in relevant drug policies for a Shared Care Plan System which would assign a key worker, build integration across agencies and have referral pathways BUT this is not in operation.

People have a right to participate in decisions that impact on their lives. People on methadone have a right to have a meaningful say in the progressive realisation of their right to health.

## **Lack of Real Choice for Treatment Options**

The real issue is one of choice – does it exist? Does it exist in a way that allows a person to progressively realise the highest attainable standard of health available to others not on methadone? The experience is that there is no real choice when a person presents for treatment. One may be offered all sorts of options but the only real one that exists is Methadone and it was never intended as a treatment option in the first place

## ***Link to Human Rights***

**The Right to Health** is enshrined in a number of key international instruments. The following are particularly relevant to the issues named above

### **UN Declaration of Human Rights**

- All human beings are born free and equal in dignity and rights. Article 1
- Everyone has a right to a standard of living adequate for the health of himself (herself), and of his (her) family, including...medical care and necessary social services. Article 25 (1)

### **International Covenant of Economic, Social and Cultural Rights**

- The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Article 12 (1)
- Article 12.2 (d) refers to the creation of certain conditions - provision of equal and timely access to basic preventative, curative and rehabilitative health services and health education, regular screening programmes, appropriate treatment of preventative diseases, illnesses, injuries, disabilities, preferably at community level.

This is interpreted by **General Comment 14 of the Committee on Economic, Social and Cultural Rights** as meaning

- Health is a fundamental human right indispensable for the exercise of other human rights. Every human is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity.
- The right to health is closely related to the realization of other human rights, as contained in the International Bill of Rights, including the rights to food, housing, work, education, human dignity, life, non discrimination, equality, the prohibition against torture, privacy, access to information and the freedoms of

association, assembly and movement. These and other rights and freedoms address integral components of the right to health.

The Right to Health in all its forms and at all levels contains the following interrelated and essential elements.

1. Availability
2. Accessibility
3. Acceptability
4. Quality

### **1. Availability**

Relates to functioning public health and health care facilities, goods and services, as well as programmes, have to be available in sufficient quantity within the State party

### **2. Accessibility**

Health facilities, goods and services have to be accessible to everyone without discrimination, within the jurisdiction of the State party. Accessibility has four overlapping dimensions. Of particular relevance in this case are :

- Non-discrimination: health facilities, goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population, in law and in fact, without discrimination on any of the prohibited grounds.
- Information accessibility: accessibility includes the right to seek, receive and impart information and ideas concerning health issues. However, accessibility of information should not impair the right to have personal health data treated with confidentiality.

### **3. Acceptability**

All health facilities, goods and services must be respectful of medical ethics and culturally appropriate ...sensitive to gender and life cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned.

### **4. Quality**

Health facilities, goods and services must also be scientifically and medically appropriate and of good quality.

## **International Convention on Economic, Social and Cultural Rights**

Article 2 (1) says

Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving **progressively the full realization of the rights recognized in the present**

**Covenant** by all appropriate means, including particularly the adoption of legislative measures.

The right to Health, like all human rights imposes three types or levels of obligation on State parties: *the obligations to respect, protect and fulfill*.

*Respect*: refrain from interfering directly, or indirectly with the enjoyment of the right to health

*Protect*: To take measures that prevent third parties from interfering with article 12

*Fulfill*: Contains obligations to facilitate, provide and promote.

## **The Right to Participate in Decisions**

People have **The right to participate in formulation, development, implementation and monitoring of all actions that impact on their lives.**

This is a cross cutting right that underpins all other rights. The following are some examples of where it can be found:

### **UN Declaration of Human Rights**

**Article 19** Freedom of opinion and information

**Article 21** Right to Participate in Government and Free Elections and Vote

**Article 26** Right to Education

**Article 27** Right to Participate in Social and Cultural Life of the Community

### **International Convention on Economic Social and Cultural Rights**

#### **Common Article -1 Right to Self Determination**

1.1 All peoples have the rights to self determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development

## **Conclusion**

The Rialto Rights in Action Group believe that

- Urine sampling in the manner in which it is currently conducted is not necessary, of poor quality, unreliable and a gross violation of the dignity of people and a violation of human rights as outlined above. We call for an end to the practice immediately.

- We believe that an annual review is a necessary requirement in the realisation of the right to participate in the decisions that relate to the fulfillment of the highest attainable standard of health for people who are on methadone. This should be compulsory and meaningful in all treatment plans.
- The lack of real choice in practice to alternative treatments is a violation of the right to health and should be addressed as a matter of urgency

The Rialto Rights in Action Group is very happy to meet the review body to discuss any of the points made in this submission in more detail. We can be contacted through Cecilia Forrestal, in Community Action Network, 24 Gardiner place, Dublin 1 by email at [cecilia@canaction.ie](mailto:cecilia@canaction.ie) or by phone at 8788005

We would welcome being kept informed of the outcome of the review process.

Thank You.