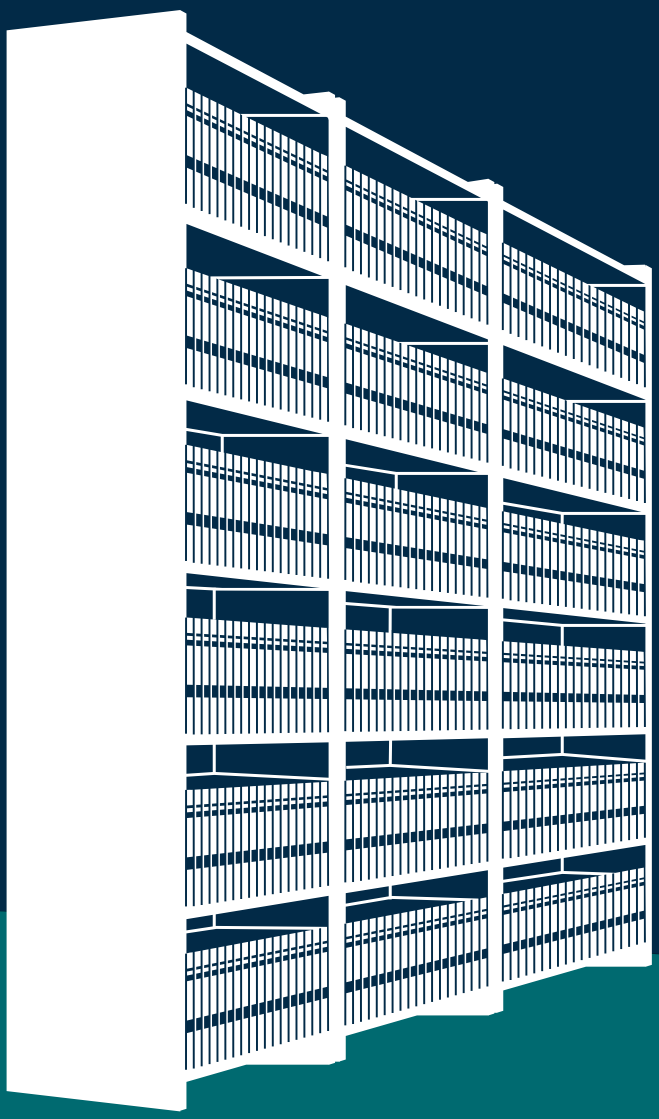

7

Legislating for Health and Human Rights: Model Law on Drug Use and HIV/AIDS

Stigma and discrimination

Canadian HIV/AIDS Legal Network | Réseau juridique canadien VIH/sida

7

This model law resource consists of eight modules, addressing the following issues:

1. Criminal law issues
2. Treatment for drug dependence
3. Sterile syringe programs
4. Supervised drug consumption facilities
5. Prisons
6. Outreach and information
7. Stigma and discrimination
8. Heroin prescription programs

This module, and the other modules, are available in multiple languages on the website of the Canadian HIV/AIDS Legal Network at www.aidslaw.ca/drugpolicy.

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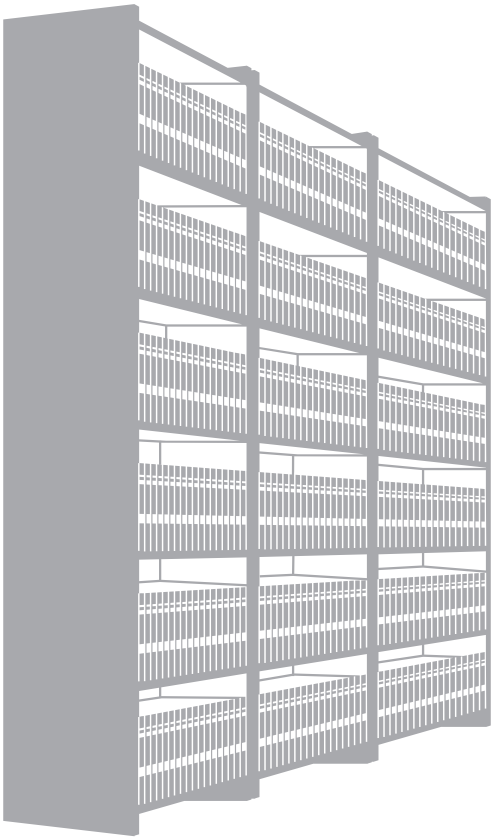

Legislating for Health and Human Rights: Model Law on Drug Use and HIV/AIDS

Stigma and discrimination

Legislating on Health and Human Rights:
Model Law on Drug Use and HIV/AIDS
Module 7: Stigma and discrimination

Further copies can be retrieved at www.aidslaw.ca/drugpolicy
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About the Canadian HIV/AIDS Legal Network

The Canadian HIV/AIDS Legal Network (www.aidslaw.ca) promotes the human rights of people living with and vulnerable to HIV/AIDS, in Canada and internationally, through research, legal and policy analysis, education, and community mobilization. The Legal Network is Canada's leading advocacy organization working on the legal and human rights issues raised by HIV/AIDS.

Introduction

UNAIDS (the Joint United Nations Programme on HIV/AIDS) suggests that approximately 30 percent of new HIV infections outside sub-Saharan Africa are due to contaminated injection equipment.[1] In eastern Europe and Central Asia, the use of contaminated injection equipment accounts for more than 80 percent of all HIV cases.[2] Yet, globally, less than five percent of people who inject drugs are estimated to have access to HIV prevention services,[3] and even in regions where they account for the majority of HIV infections, people who use drugs are routinely excluded from HIV/AIDS care and treatment.

Many countries with injection-driven HIV/AIDS epidemics continue to emphasize criminal enforcement of drug laws over public health approaches, thereby missing or even hindering effective responses to HIV/AIDS. There is considerable evidence that numerous interventions to prevent HIV transmission and reduce other harms associated with injection drug use are feasible, effective as public health measures and cost-effective.[4] Despite such evidence, millions of people around the world who use drugs do not have access to such services because of legal and social barriers.

International human rights law establishes an obligation on states to respect, protect and fulfill the right to the highest attainable standard of health of all persons, including those who use drugs. Other human rights are equally relevant in the context of the HIV/AIDS epidemic. When human rights are not promoted and protected, it is harder to prevent HIV transmission, and the impact of the epidemic on individuals and communities is worse. Consequently, UN member states have committed to

> enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups ….[5]

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[1] UNAIDS, *2006 Report on the Global AIDS Epidemic*, May 2006, p. 114. At www.unaids.org/en/HIV_data/2006GlobalReport/default.asp.

[2] UNAIDS, *2006 Report on the Global AIDS Epidemic*, p. 114.

[3] United States Agency for International Development et al, *Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries in 2003*, June 2004. At www.futuresgroup.com/Documents/CoverageSurveyReport.pdf.

[4] See, for example, N. Hunt, *A review of the evidence-base for harm reduction approaches to drug use*, Forward Thinking on Drugs, 2003. At www.forward-thinking-on-drugs.org/review2-print.html.

[5] *Declaration of Commitment on HIV/AIDS*, UN General Assembly, Res/S-26/2, 27 June 2001, para. 58. At www.un.org/ga/aids/docs/aress262.pdf.

UN member states have also committed to ensuring that a wide range of HIV prevention programs is available, including the provision of sterile injecting equipment and harm reduction efforts related to drug use.[6]

The widespread legal, social and political ramifications of the HIV/AIDS epidemic make it necessary to review and reform a broad range of laws. Some countries have adopted national HIV/AIDS laws, but these laws often ignore crucial policy issues, as well as human rights abuses that perpetuate the HIV epidemic. This is particularly true with respect to illegal drug use. HIV prevention, care and treatment services operate best within a clear legal framework that specifically protects the human rights of people who use drugs and enables harm reduction measures to mitigate the impact of HIV. A legislative framework can provide clarity and sustainability for such services. This is particularly important, given the often dominant approach of criminalizing illegal drug use and people who use drugs, which creates additional barriers to delivering health services. Law reform is not a complete solution to effectively addressing the HIV epidemic among people who use illegal drugs, but it is a necessary and often neglected step.

The model law project

In early 2005, the Legal Network established a project advisory committee and, in consultation with the committee, developed a plan to produce model law that would assist states in more effectively addressing the HIV epidemic (and other harms) among people who use drugs, based on evidence of proven health protection and promotion measures, and in accordance with states' human rights obligations.

Comprehensive consultations were conducted during the drafting of the model law. A draft version of the model law was reviewed by a group of legal experts, harm reduction advocates and government representatives from central and eastern Europe, and countries of the former Soviet Union, during a meeting in Vilnius, Lithuania (7–8 November 2005). The document was modified in line with this feedback and recommendations. In early 2006, the model law was circulated in electronic form to a large number of people and organizations, providing a further opportunity to modify and strengthen the resource. This final document has, therefore, benefited from the thinking of a wide range of experts in the fields of HIV/AIDS, human rights and drug policy.

About this resource

This model law resource is a detailed framework of legal provisions and accompanying commentary. It makes reference to examples of law from those jurisdictions that have attempted to establish a clear legal framework for addressing HIV/AIDS issues among people who use drugs.[7] This resource also incorporates human rights principles and

[6] *Declaration of Commitment on HIV/AIDS*, para. 52.

[7] References to national legal instruments are included in order to demonstrate the feasibility of establishing progressive legal frameworks so that law reform in other jurisdictions can be informed by such examples.

obligations of states throughout the document. It is annotated in order to highlight critical issues and evidence that supports the measures proposed.

This model law resource is designed to inform and assist policy-makers and advocates as they approach the task of reforming or making laws to meet the legal challenges posed by the HIV epidemic among people who use drugs. The model law resource is not intended for any one country or set of countries. Rather, it is designed to be adaptable to the needs of any of a wide number of jurisdictions. In some instances, the model law presents different legislative options for implementing states' human rights obligations. It is hoped that this resource can be most useful for those countries where injection drug use is a significant factor driving the HIV epidemic, and particularly for developing countries and countries in transition where legislative drafting resources may be scarce.

The model law resource consists of eight modules, addressing the following issues:

(1) Criminal law issues
(2) Treatment for drug dependence
(3) Sterile syringe programs
(4) Supervised drug consumption facilities
(5) Prisons
(6) Outreach and information
(7) Stigma and discrimination
(8) Heroin prescription programs

Each of the eight modules in this series is a stand-alone document. Each module begins with the introduction that you are reading now; the text of the introduction is identical in all of the modules.

Following the introduction, each model provides a prefatory note, model statutory provisions and a list of selected resources. (Taken together, the model statutory provisions in all eight modules would form a model law addressing HIV/AIDS and drug use.)

The prefatory note presents a rationale for reforming laws and policies in the area covered by the module. This is followed by a discussion of the relevant UN conventions on drug control, and of states' human rights obligations in this area.

The section on model statutory provisions contains provisions that could be included in a model law on HIV/AIDS and drug use. The provisions are divided into chapters, articles, sections and subsections. The first chapter ("General Provisions") describes the purpose of that Part of the model law, and provides definitions for many of the terms included in the provisions.

These references do not imply that the actual practice in the jurisdictions cited represents "best practice." There is often a long way to go in ensuring that actual practice conforms to these legal undertakings.

Some of the provisions are accompanied by a commentary. The commentary provides additional information on, or rationale for, the provision in question. For some model statutory provisions, two options are presented; a note inserted into the text indicates either (a) that one or the other option should be selected, but not both; or (b) that one or the other option, or both options, can be selected. As well, some of the provisions have been labelled as "optional." This means that these provisions may or may not be applicable, depending on the situation in the country.

The section on selected resources contains a short list of resources which the Legal Network considers to be particularly useful. There are two subsections: one on articles, reports and policy documents, and one on legal documents.

The model law resource is heavily footnoted. The notes provide additional information on the issues being addressed, as well as full references. If the same source is cited more than once in a module, the second and subsequent references to that source are somewhat abbreviated (usually just the name of the author, or organization, and the title of the article or report).

Module 7:
Stigma and Discrimination

Module 7 contains a prefatory note which discusses the rationale for reforming laws protecting against discrimination and vilification on the basis of real or perceived HIV status, drug dependence and drug use. The prefatory note describes the human rights obligations contained in relevant international laws and policies. This is a followed by a section on model statutory provisions designed to strengthen anti-discrimination laws, and to ensure the greater involvement of people who use drugs in the development and implementation of laws, policy and programs affecting them. Module 7 concludes with a list of recommended resources.

Prefatory Note

Rationale for reform

Notwithstanding the illegal status of some drugs, people who use those drugs have human rights and are entitled to protection of those rights. In reality, the enjoyment of human rights is undermined by the social stigma attached to drug use and the resulting discrimination and vilification against people who use drugs.[8] Discrimination occurs when people are treated unfairly because they belong to a particular group or have a particular characteristic. Vilification is any public act that could incite others to hate, have serious contempt for, or severely ridicule an individual because they belong to a particular group or have a particular characteristic.

The stigma faced by people who use drugs is reinforced by the criminal laws and law enforcement practices that surround drug use, and by the fact that in many countries there are few legal protections against discrimination and vilification for people who use drugs. Some people who use drugs are made more vulnerable to human rights abuses by stigma on additional grounds, including race, mental illness, unemployment and health status.[9] The vulnerability of people who use drugs to blood-borne infections such as HIV and

[8] See, for example, B. Link et al, "On stigma and its consequences: evidence from a longitudinal study of men with dual diagnoses of mental illness and substance abuse," *Journal of Health and Social Behaviour* 38 (1997): 177–190; S. Murphy and J. Irwin, "Living with the dirty secret: problems of disclosure for methadone maintenance clients," *Journal of Psychoactive Drugs* 24 (1992): 257–264.

[9] See D. Samoilov, "Double discrimination: drug users living with HIV/AIDS," *HIV/AIDS Policy and Law Review* 9(3) (2004): 83–85. This article describes the discrimination faced by people living with HIV/AIDS in general, and HIV-positive people who use drugs in particular. See, also, M. Young et al, "Interpersonal discrimination and the health of illicit drug users," *American Journal of Drug and Alcohol Abuse* 31 (2005): 371–391. The study found that the presence of multiple stigmatizing characteristics was associated with poorer mental and physical health. See, also, T. Minior et al, "Racial differences in discrimination experiences and responses among minority substance users," *Ethnicity and Disease* 13(4) (2003): 521–527.

hepatitis is perpetuated where stigma surrounding drug use undermines or impedes the implementation of proven measures, such as access to sterile syringes, which can help protect against such health risks.

There is considerable documented evidence of HIV-related stigma and discrimination around the world.[10] Stigma and discrimination threaten the effectiveness of HIV prevention and care programs by discouraging individuals from coming forward for testing and seeking information on how to protect themselves and others. When diagnosed with HIV or other blood-borne diseases, people who use drugs often face additional discrimination in access to treatment.[11] Authorities often justify this exclusion from HIV treatment by citing adherence problems and low motivation among drug users. However, extensive experience and numerous studies have shown that with

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[10] A. Malcolm et al, "HIV-related stigmatization and discrimination: its forms and contexts," *Critical Public Health* 8(4) (1998): 347–370; J. Grierson et al, *HIV Futures 3: Positive Australians on Services, Health and Well-Being*, Monograph Series Number 37, Australian Research Centre in Sex, Health and Society, La Trobe University, 2002 (available via www.latrobe.edu.au/hiv-futures); UNAIDS and Network of African People Living with HIV, *Situation Analysis of Discrimination and Stigmatization against People Living with HIV/AIDS in West and Central Africa*, UNAIDS, 2002 (available via www.unaids.org/wac/2002/background.html); M. Richter, "Certain legal aspects of AIDS discrimination in South Africa," *AIDS Analysis Africa* 12(5) (2002): 12–14; E. Chase et al, *Stigma, HIV/AIDS and Prevention of Mother-to-Child Transmission: A Pilot Study in Zambia, India, Ukraine and Burkina Faso*, United Nations Children's Fund/Panos Institute, 2001 (at www.panos.org.uk/aids/stigma_countries_study.htm); Canadian HIV/AIDS Legal Network, *A Plan of Action for Canada to Reduce HIV/AIDS-related Stigma and* Discrimination, 2004; Alliance for South Asian AIDS Prevention, *Discrimination and HIV/AIDS in South Asian Communities: Legal, Ethical and Human Rights Challenges — An Ethnocultural Perspective*, 1999; P. Aggleton, *HIV and AIDS-Related Stigmatization, Discrimination and Denial: Forms, Contexts and Determinants — Research Studies from Uganda and India*, UNAIDS, 2000 (at www.unaids.org/publications/documents/human/#ethics); F. Dubois-Arber et al, "HIV/AIDS institutional discrimination in Switzerland," *Social Science and Medicine* 52 (2001): 1525–1535; Terrence Higgins Trust, *Prejudice, Discrimination and HIV: A Report*, 2001 (available via www.tht.org.uk/policy_discrim.htm); G.M. Herek et al, "HIV-related stigma and knowledge in the United States: prevalence and trends, 1991–1999," *American Journal of Public Health* 92(3) (2002): 371–377; N. Mawar et al, "The third phase of HIV pandemic: social consequences of HIV/AIDS stigma & discrimination & future needs," *Indian Journal of Medical Research* 122 (December 2005):471–484; D. Reidpath et al, "HIV discrimination: integrating the results from a six-country situational analysis in the Asia Pacific," *AIDS Care* 17(Suppl 2) (July 2005): S195–204; T. Merati et al, "The disjunction between policy and practice: HIV discrimination in health care and employment in Indonesia," *AIDS Care* 17(Suppl 2) (July 2005): S175–179.

[11] WHO, *Progress on global access to HIV antiretroviral therapy: a report on "3x5" and beyond*, March 2006. The WHO report states (p. 8) that while an estimated 36 000 people who inject drugs were receiving antiretroviral (ARV) treatment by the end of 2005, more than 80 percent (30 000) were in Brazil. The remaining 6000 patients were distributed among 45 other countries. These figures suggest a large unmet need, particularly in Eastern Europe and Central Asia, where people who inject drugs represent 70 percent of HIV cases, but just 24 percent of patients currently on treatment. See also E. Oppenheimer et al, "Treatment and care for drug users living with HIV/AIDS," paper prepared for the UN Reference Group on treatment and care for drug users living with HIV/AIDS, Centre for Research on Drugs and Health Behaviour, Imperial College, London, December 2003.

programmatic attention to their needs and situation, people who use drugs adhere as well to HIV treatment as do other people.[12]

Because discrimination and vilification against people who use drugs or who are HIV positive are driven by entrenched social stigma, there are limits to the effectiveness of legal remedies in addressing such discrimination and vilification. However, governments have an important role to play in providing a legal framework for individuals to assert their rights. Anti-discrimination measures can form part of such a framework. Anti-vilification measures can also play an important role. Effective legal protection includes the capacity to invoke and enforce those laws and regulations through the courts, human rights tribunals, professional regulatory bodies and the like.

International law and policy

Human rights obligations

Discrimination against people living with or affected by HIV/AIDS, or those presumed to be living with or affected by HIV/AIDS, violates fundamental human rights, in particular the right to be free from discrimination.[13] The United Nations Commission on Human Rights has declared that the term "or other status" in non-discrimination provisions in international human rights texts should be interpreted to cover health status, including discrimination on the basis of HIV/AIDS status, actual or presumed.[14]

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[12] Research confirms that simple and low-cost measures are available to provide tailored ARV programs to drug users that can make HIV treatment compliance equivalent to that of non-drug users. The best results on compliance have been reported in settings where opioid substitution treatment is readily available. For example, it is possible that in some cases, efforts aimed at helping clients cope with and manage their drug use may be an effective way to achieve and maintain high levels of adherence to HIV medications over time. See, for example, J.P. Moatti et al., "Adherence to HAART in French HIV-infected injecting drug users: the contribution of buprenorphine drug maintenance treatment," *AIDS* 14(2), (January 2000): 151–155; A. Mocroft et al, "A comparison of exposure groups in the EuroSIDA study: starting highly active antiretroviral therapy (HAART), response to HAART and survival," *Journal of Acquired Immune Deficiency Syndrome* 22(4) (1999): 369–378. See, also, Open Society Institute, *Breaking Down Barriers: Lessons on Providing HIV Treatment to Injection Drug Users*, July 2004; N. Ware et al., "Adherence, Stereotyping and Unequal HIV treatment for Active Users of Illegal Drugs," *Social Science and Medicine* 5 (2005): 565–576.

[13] Freedom from discrimination is a fundamental human right enshrined in international and regional human rights instruments. See *Universal Declaration on Human Rights* (art. 2); *International Covenant on Civil and Political Rights* (ICCPR) (art. 2, 26); *International Covenant on Economic, Social, and Cultural Rights* (ICESCR) (art. 2); *Convention on Elimination of All Forms of Discrimination Against Women* (art. 12); the *Convention on the Rights of the Child* (art. 2); *African Charter on Human and Peoples' Rights* (art. 2,28); *American Convention on Human Rights* (art. 1, 24); and *European Convention on Human Rights and Fundamental Freedoms* (art. 14).

[14] See, for example, *The protection of human rights in the context of human immune deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS),* UN Commission on Human Rights, Resolution 1999/49. See, also, Resolutions 1995/44, 1996/43, 2001/51, 2003/47 and 2005/84.

The 2001 UN General Assembly *Declaration of Commitment on HIV/AIDS* recognizes that "realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS" and that "respect for the rights of people living with HIV/AIDS drives an effective response."[15] In the Declaration, states made a commitment to:

> enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups, in particular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic.[16]

The UNAIDS/OHCHR *International Guidelines on HIV/AIDS and Human Rights* (the *International Guidelines)* recommend that anti-discrimination legislation provide protection from discrimination in both the public and private sectors and include coverage of direct and indirect discrimination, as well as discrimination where HIV/AIDS is only one of several reasons for the discriminatory act. Based on human rights principles, goods, services and information relating to HIV/AIDS must be universally accessible — i.e., available, acceptable, of good quality, within physical reach and affordable for all.[17] The *International Guidelines* also recommend that states consider prohibiting HIV/AIDS vilification.[18] The UN Commission on Human Rights has repeatedly urged states to take all necessary steps to ensure the respect, protection and fulfilment of HIV-related human rights as contained in the *International Guidelines*, including taking all necessary measures to eliminate stigmatization and discrimination against those infected and affected by HIV/AIDS.[19]

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[15] *Declaration of Commitment on HIV/AIDS*, United Nations General Assembly Special Session on HIV/AIDS, 26th special session, agenda item 8 (document A/RES/S-26-2), para. 58. Available via www.unaids.org/whatsnew/others/un_special/index.html.

[16] *Declaration of Commitment on HIV/AIDS*, para 58.

[17] Office of the United Nations High Commissioner for Human Rights (OHCHR) and UNAIDS, *International Guidelines on HIV/AIDS and Human Rights*, UNAIDS/03.26E, 1998; OHCHR and UNAIDS, *International Guidelines on HIV/AIDS and Human Rights*: *Revised Guideline 6 — Access to prevention, treatment, care and support*, UNAIDS/02.49E, August 2002.

[18] OHCHR and UNAIDS, *International Guidelines on HIV/AIDS and Human Rights*, Guideline 5, paras. 30, 30(a).

[19] See, for example, *The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS)*, UN Commission on Human Rights, Resolution 1999/49. See, also, Resolution 2001/51.

The UNAIDS *Protocol for the Identification of Discrimination against People Living with HIV* is designed to determine whether laws, regulations, procedures, or practices are discriminatory.[20] States should also be guided by the *Handbook for Legislators on HIV/AIDS, Law and Human Rights.*[21] The *Handbook for Legislators* states that "antidiscrimination laws should be enacted or revised to cover people living with asymptomatic HIV infection, people living with AIDS and those merely suspected of living with HIV or AIDS. Such laws should also protect groups made more vulnerable to HIV/AIDS due to the discrimination they face."[22]

Particular populations who already suffer from a lack of human rights protection and from discrimination or who are marginalized by their lack of legal status are often disproportionately vulnerable to HIV infection. The *International Guidelines* recognize people who use drugs as one such population.[23] The *International Guidelines* call for "states' legislation, policies, programs, plans and practices to include measures to address factors that hinder the equal access of vulnerable individuals and populations to prevention, treatment, care and support, … including discrimination of various kinds."[24] The model law that follows sets out a legal framework for protecting people who use drugs (or are perceived to use drugs) from unwarranted discrimination on that basis.

In some jurisdictions, where a person is deemed to be drug-dependent, he or she may be able to draw on additional legislative protections. Protection from discrimination based on drug dependence is afforded where legislation recognizes drug dependence under the definition of "disability" or "health status" for the purposes of anti-discrimination law. In some jurisdictions, people who are drug-dependent (or perceived to be) enjoy protection from discrimination based on disability or health status in employment and in the provision of goods, services, facilities or accommodation.[25]

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[20] UNAIDS, *Protocol for the Identification of Discrimination against People Living with HIV*, 2000. At www.unaids.org/publications/documents/human/law/JC295-Protocol-E.pdf. The Protocol includes a template that can be used to identify forms of discrimination against people with HIV/AIDS in areas of social life. The areas covered are health care; employment; justice and legal processes; administration; social welfare; housing; education; reproduction and family life; insurance and other financial services; and access to other public accommodations or services.

[21] UNAIDS/IPU, *Handbook for Legislators on HIV/AIDS, Law and Human Rights*, UNAIDS/99.48E, 1999.

[22] UNAIDS/IPU, *Handbook for Legislators on HIV/AIDS, Law and Human Rights*, p. 127. The *Handbook for Legislators* advocates the need to improve the social and legal status of vulnerable groups, including people who use drugs (p. 69).

[23] OHCHR and UNAIDS, *International Guidelines on HIV/AIDS and Human Rights*, para 75.

[24] OHCHR and UNAIDS, *International Guidelines on HIV/AIDS and Human Rights: Revised Guideline 6*, Recommendation (e); see, also, *International Guidelines on HIV/AIDS and Human Rights* Guideline 8, paras. 38(b) and 38(j) regarding specific attention to the needs of vulnerable groups. See Guideline 3, para. 28(j), and Guideline 10, para. 42(a) on measures to address discrimination in the provision of health care.

[25] See, for example, *Canadian Human Rights Act* (R.S., 1985, c. H-6). Section 25 of the Act defines disability as any previous or existing mental or physical disability and includes previous or existing dependence on alcohol or a drug.

Model Statutory Provisions

Chapter I. General Provisions

Article 1. Purpose of this Part

The purpose of this Part is to reduce the stigma and discrimination faced by people who use drugs and people living with HIV/AIDS. This Part aims to:

- extend anti-discrimination protection to people who are, or are perceived to be, living with HIV/AIDS;
- extend anti-discrimination protection to people who use or have used drugs, or are perceived to use or to have used drugs;
- extend anti-discrimination protection to people who are, or are perceived to be, dependent on drugs;
- render unlawful the vilification of people who are, or are perceived to be, using drugs or living with HIV/AIDS; and
- increase the involvement of people who use drugs in decision-making on policies and programs that affect their lives, so as to strengthen the effectiveness of those policies in achieving health and human rights objectives.

Article 2. Definitions

For the purposes of this Part the following definitions are used:

"Dependence" means the criteria for dependence in the International Classification of Diseases (ICD-10), or the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria.[26]

"Drug treatment" means a formalized program with specific medical or psycho-social techniques aimed at reducing a patient's dependence on controlled substances, thereby improving the general health of the patient. Such measures may include opioid substitution treatment, residential or out-patient services, administration of medicines to reduce cravings or diminish the impact of using controlled substances, psychiatric and psycho-social support services and supervised support groups.

"Health care" refers to services provided by health professionals in the formal health system for prevention or treatment of mental or physical diseases or disorders.

[26] The ICD-10 diagnostic guidelines can be found at www.who.int/substance_abuse/terminology/definition1/en/. The DSM-IV definition is provided in *DSM-IV, Diagnostic and Statistical Manual of Mental Disorders, ed. 4.* (Washington DC: American Psychiatric Association, 1994). At http://allpsych.com/disorders/substance/substancedependence.html.

"Health practitioner" means a person entitled under the [relevant health law] to provide health services. Health practitioners include accredited physicians and registered nurses.

"Public act" includes:

(a) any form of communication to the public, including speaking, writing, printing, displaying notices, broadcasting, telecasting, screening and playing of tapes or other recorded material;
(b) any other conduct observable by the public, including actions and gestures and the wearing or display of clothing, signs, flags, emblems and insignia; and
(c) the distribution or dissemination of any matter to the public.[27]

[27] This definition of public act is not a comprehensive list of all acts that may be public. It may be necessary to look to the particular facts of the situation to see whether an act is in fact one that is public. This wording is derived from Section 20B of the *Anti-Discrimination Act 1977* [New South Wales, Australia]. At www.austlii.edu.au/au/legis/nsw/consol_act/aa1977204/ .

Chapter II. Protection from Discrimination and Vilification

Article 3: Discrimination related to HIV/AIDS unlawful

[Two options for Article 3 are provided below (3a and 3b). One or the other (or both) can be selected.]

Option 1: Article 3(a). Prohibition on discrimination relating to HIV/AIDS status

It is prohibited [in the areas prescribed by anti-discrimination legislation] to discriminate against a person, or a relative or associate of the person, on the ground that the person lives with HIV or AIDS, or is perceived to live with HIV or AIDS.

– AND/OR –

Option 2: Article 3(b). Extension of the meaning of the term "disability" in existing anti-discrimination legislation

For the purpose of [anti-discrimination legislation] the term "disability" [or "handicap", "health status" or equivalent term] includes living with HIV or AIDS, or perceived to be living with HIV or AIDS.

Commentary: Article 3

Article 3a provides a model of anti-discrimination legislation tailored specifically to provide protection against discrimination based on actual or perceived HIV/AIDS status. A number of countries have explicitly prohibited discrimination on the basis that people are living with HIV or AIDS, or perceived to be living with HIV or AIDS.[28] As an example of how such law operates, a blanket exclusion of HIV-positive people from employment would be considered discriminatory; individual job applicants should be evaluated in terms of their individual circumstances, including their ability to perform the essential duties of a job, rather than on the fact they are living with HIV/AIDS.[29]

[28] Examples of such legislation include Articles 36–42 of the *Law on the Prevention and Control of HIV/AIDS*, No. NS/RKM/0702/015 [Cambodia]; *The Philippine Aids Prevention and Control Act of 1998*: *Implementing Rules and Regulations*, Republic Act 8504; *Por el cual se reglamenta el manejo de la infección por el Virus de Inmunodeficiencia Humana (VIH), Síndrome de las Inmunodeficiencia Adquirida (SIDA) y las otras Enfermedades de Transmisión Sexual (ETS)*, Decreto 1543 DE 1997, Diario Oficial No. 43.062, 17 January 1997 [Colombia]; *HIV/AIDS Management and Prevention Act*, No.4 of 2003 [Papua New Guinea]; Article 17of *the Law on the Prevention of the Spread in the Russian Federation of Disease Caused by the Human Immunodeficiency Virus*, 24 February 1995 [Russian Federation].

[29] See, for example, *XX v. Gun Club Corporation et al*, Constitutional Court, Judgment No. SU-256/96 (1996) (Colombia); *MX v. ZY, AIR 1997 Bom 406*, High Court of Judicature, 1997 (India); *Hoffman v. South African Airways*, Constitutional Court of South Africa, Case CCT 17/00 (2000) (1) SA (CC), 2000 (11) BCLR 1235 (CC) (South Africa). These cases, and others on HIV discrimination, are included in

In addition to, or as an alternative to article 3a, protection may be afforded by expanding the definition of the term "disability" (or "handicap", "health status" or equivalent term depending on existing language of anti-discrimination legislation) in the existing anti-discrimination law of a jurisdiction to include HIV/AIDS status. Article 3b is designed to modify the coverage of pre-existing anti-discrimination legislation that already prohibits discrimination against people with disabilities. If HIV/AIDS status is recognized as a disability for the purpose of existing anti-discrimination laws, persons who are HIV-positive can enjoy protection from disability-based discrimination in employment and in the provision of goods, services, facilities or accomodation customarily available to the general public.[30]

Article 4: Discrimination related to drug dependence unlawful

[Two options for Article 4 are provided below (4a and 4b). One or the other (or both) can be selected.]

Option 1: Article 4(a). Prohibition on discrimination relating to drug dependence

It is prohibited [in the areas prescribed by anti-discrimination legislation] to discriminate against a person, or a relative or associate of the person, on the ground that the person is drug-dependent, or is perceived to be drug-dependent.

– AND/OR –

UNAIDS and Canadian HIV/AIDS Legal Network, *Courting Rights: Case Studies in Litigating the Human Rights of People living with HIV*, UNAIDS Best Practice Collection, March 2006. At www.aidslaw.ca/Maincontent/issues/discrimination/Courtingrights-ENG.pdf.

[30] The Hong Kong *Disability Discrimination Ordinance* prohibits discrimination, harassment or vilification based on disability in several areas, including employment and education. The definition of "disability" includes the presence of organisms in the body that cause or are capable of causing disease or illness. This definition includes HIV/AIDS when the individual is asymptomatic. See Hong Kong Special Administrative Region, *Disability Discrimination Ordinance*, 1995. The U.K. *Disability Discrimination Act 1995* covers HIV at the symptomatic state of the disease. See U.K., *Disability Discrimination Act 1995*, c. 50. In Australia, the definition of "disability" includes the presence of organisms in the body that cause or are capable of causing disease or illness. This definition includes HIV. See Australia, *Commonwealth Disability Discrimination Act 1992*. The *Americans with Disabilities Act of 1990* prohibits discrimination against disabled individuals, including people who are HIV-positive or have AIDS, in employment, public services and public accommodations. See, *Americans with Disabilities Act of 1990*, 42 U.S.C., s. 2101-122113. See, also, *Bragdon v. Abbott*, US Sup. Ct. No. 97-156 (6/25/98). In this case, the U.S. Supreme Court upheld the view that a person's asymptomatic HIV infection is a disability under the *Americans with Disabilities Act of 1990.*

Option 2: Article 4(b). Extension of the meaning of the term "disability" in existing anti-discrimination legislation

For the purpose of [anti-discrimination legislation] the term "disability" [or "handicap", "health status" or equivalent term] includes dependence on drugs, or perceived dependence on drugs.[31]

Commentary: Article 4

Discrimination on the basis of drug use is widespread. This provision protects one group of people who use drugs from discrimination, specifically those who are dependent (or perceived to be drug-dependent). The World Health Organization (WHO) recognizes drug dependence as a chronic, relapsing, medical condition.[32] In some jurisdictions with existing law prohibiting discrimination based on "disability", "handicap" or "health status", the definition of disability has been expanded to include drug dependence and perceived drug dependence.[33] Such a legal definition provides persons who are drug-dependent with protections from disability-based discrimination in areas such as employment and in the provision of goods, services, facilities or accommodation.[34] The

[31] This wording is derived from Section 25 of the *Canadian Human Rights Act*, R.S. 1985, c. H-6.

[32] WHO, *Neuroscience of Psychoactive Substance Use and Dependence*, 2004, pp. 7, 32–34. At www.who.int/substance_abuse/publications/en/Neuroscience_E.pdf.

[33] *Canadian Human Rights Act*, s. 25. Disability is defined as "any previous or existing mental or physical disability and includes disfigurement and previous or existing dependence on alcohol or a drug." The Federal Court of Appeal in Canada has expressly confirmed that this provision should not be limited to dependence on a "legal" drug, and that dependence on illegal drugs also constitutes a disability under federal human rights legislation; see *Canada (Human Rights Commission) v Toronto-Dominion Bank*, [1998] 4 FC 205 (Federal Court of Appeal). In British Columbia, the 1992 case of *Williams v Elty Publications Ltd.* determined that alcohol dependence was a disability under the *British Columbia Human Rights Code*; see *Williams v. Elty Publications Ltd.*, (1992) 20 CHRR D/52 (BCCHR). A similar decision was reached in *Handfield v North Thompson School District No 26*, [1995] BCCHRD No 4 (B.C. Council of Human Rights) (QL). In Alberta, dependence on a chemical substance was found to constitute a physical or mental disability under the *Human Rights, Citizenship and Multiculturalism Act*; see *Alberta (Human Rights Commission) v Elizabeth Metis Settlement*, 2003 ABQB 342, [2003] AJ No 484 (QL). In Ontario, the case of *Entrop v Imperial Oil Ltd.* determined that actual and former drugs users are protected against discrimination by the prohibition on discrimination based on disability under the *Ontario Human Rights Code*; see *Imperial Oil Ltd. v. Ontario (Human Rights Commission)* [2000] O.J. No. 2689. Similarly, it was held in the 1999 Quebec case of *Lapointe v Doucet* that drug dependence is a handicap in the sense of Article 10 of the Quebec *Charter of Rights and Freedoms*; see *Lapointe v Doucet* [1999] JTDPQ No. 16 (Québec Human Rights Tribunal). See, also, *Carr v Botany Bay Council & Anor* [2003] NSWADT 209, New South Wales [Australia] Administrative Appeals Tribunal. In this case, the applicant's addiction to methadone was considered a disability for the purposes of the *Anti-Discrimination Act 1977* (NSW). In another case, the Federal Court of Australia held that opioid dependence may constitute a disability for the purposes of the *Disability Discrimination Act 1992 (Cwlth*); see *Marsden v Human Rights and Equal Opportunity Commission and Coffs Harbour & District Ex-Servicemen & Women's Memorial Club Ltd.* [2000] FCA 1619 (Federal Court of Australia).

[34] For a succinct explanation of how such law operates in the field of employment and drug testing, see Ontario Human Rights Commission, *Policy on drug and alcohol testing*, 27 September 2000. At www.caw.ca/whatwedo/substanceabuse/pdf/OHRCDrugAlcoholPolicy.pdf. See, also, *Kemess Mines Ltd. v. International Union of Operating Engine* [2006] B.C.J. No. 263; in this case, a man was dismissed from

protection of people who are drug-dependent or perceived to be drug-dependent represents an important step forward in providing protection from discrimination to all people who use drugs.

Article 5: Discrimination related to drug use unlawful

Absent a reasonable justification given the circumstances of the case, it is prohibited [in the areas prescribed by anti-discrimination legislation] to discriminate against a person, or a relative or associate of the person, on the ground that the person uses or has used drugs, or is perceived to use or have used drugs.

Commentary: Article 5

Article 5 provides a model legislative provision that would prohibit discrimination on the basis of actual or perceived drug use. It goes further than legislation which only prohibits discrimination on the basis of drug dependence (article 4). It recognises that people who use drugs are often subjected to forms of prejudice, stigma and discrimination that are unrelated to the reality of drug use and unjustifiable by any overriding public policy considerations. The criminal prohibition of illegal drugs does not mean that persons who use those drugs should be denied basic human rights, such as when they are dismissed from employment or denied health care services simply because of prejudice against persons who use drugs on the part of an employer or health professional.

Under the proposed provision, the relevant court or tribunal would determine whether or not the act or omission alleged to be discriminatory could be justified as reasonable in the circumstances of the case. This would provide the court or tribunal with an opportunity to consider issues such as whether the act or omission responds to a pressing and substantial objective, whether it is rationally connected to the objective, whether it impairs the rights of people who use drugs as little as possible, and whether the act or omission is proportionate to the objective.

Article 6. Vilification related to HIV/AIDS unlawful

(1) It is unlawful for a person, by a public act, to incite hatred towards, serious contempt for, or severe ridicule of a person or group of persons on the ground that the person is (or members of the group are) living with or perceived to be living with HIV or AIDS.

(2) Nothing in this section renders unlawful:

(a) a fair report of a public act referred to in Section (1); or

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employment after being caught smoking marijuana in his room at the mine site. The arbitrator concluded that the employer discriminated against the employee on the grounds of his disability. See, also, *Alberta (Human Rights and Citizenship Commission) v. Kellogg Brown & Root (Canada) Co*. [2006] A.J. No. 583. In this case, a construction company discriminated against a man when it fired him after his pre-employment drug screening tested positive for marijuana.

(b) a public act, done reasonably and in good faith, for academic, artistic, scientific, research or religious discussion or instruction purposes, or for other purposes in the public interest, including discussion or debate about and expositions of any act or matter.[35]

Commentary: Article 6

The aim of this article is to ensure that people living with, or perceived to be living with HIV/AIDS can live a dignified and peaceful existence free from vilification. Examples of activities that come under vilification include graffiti, abuse, speeches or statements made in public, statements or remarks published in the media, the wearing of symbols, gestures made in public, and posters or stickers in public spaces that vilify people because of their HIV/AIDS status. The *International Guidelines on HIV/AIDS and Human Rights* enjoin states to "enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups, people living with HIV/AIDS and people with disabilities in the public and private sectors." Such laws might include a legislative prohibition on vilification.[36]

Article 7. Vilification related to drug use unlawful

(1) It is unlawful for a person, by a public act, to incite hatred towards, serious contempt for, or severe ridicule of, a person or group of persons on the ground that the person (or members of the group) use drugs or are perceived to use drugs.

(2) Nothing in this section renders unlawful:

(a) a fair report of a public act referred to in Section (1); or
(b) a public act, done reasonably and in good faith, for academic, artistic, scientific, research or religious discussion or instruction purposes, or for other purposes in the public interest, including discussion or debate about and expositions of any act or matter.

Commentary: Article 7

The aim of this article is to ensure that people can live a dignified and peaceful existence free from vilification because they use drugs. In many parts of the world, drug use is considered a "social evil," and those people who use drugs are considered morally corrupt. Instances of vilification are present in many countries.[37] Vilification of people

[35] This wording is derived from *Anti-Discrimination Act 1977* [NSW, Australia], s. 49ZXB.

[36] OCHHR and UNAIDS, *International Guidelines on HIV/AIDS and Human Rights*, Guideline 5, para. 30(a).

[37] In Thailand, drug users have been targeted as part of a war of drugs campaign. See Human Rights Watch, *Not Enough Graves: The War on Drugs, HIV/AIDS, and Violations of Human Rights*, June 2004. In China, persons at high risk of HIV infection, such as drug users, face stigma and harassment from officials, law enforcement agencies and the wider society; see Human Rights Watch, *Locked Doors: The Human Rights of People Living with HIV/AIDS in China*, August 2003. For a description of vilification on the basis of drug use in India, see Health and Development Networks, *Special Issue: Stigma and HIV/AIDS*

who use drugs increases their stigmatization and compromises their right to the enjoyment of the highest attainable standard of physical and mental health.

(Supplement: Stigma, HIV/AIDS, and Drug Use), The Correspondent, 2004, Issue 12a, pp. 6–7. For a description of vilification on the basis of drug use in Russia, see Human Rights Watch, *Lessons not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation*, April 2004, p.53.

Chapter III. Greater Involvement of People Who Use Drugs

Article 8. Greater involvement of people who use drugs

(1) People who use drugs have the right to be consulted and involved in the research, design, development, implementation, delivery and evaluation of laws, policy and programs affecting them.

(2) In particular, the [relevant public health authority] shall:

(a) explicitly and formally recognize the unique value of organizations of people who currently use or previously used drugs;
(b) develop and implement a plan for the greater and meaningful involvement of people who currently use or previously used drugs;
(c) provide political support and financing to facilitate the greater and meaningful involvement of people who currently use or previously used drugs; and
(d) ensure the meaningful involvement of people who currently use or previously used drugs on the boards, committees and oversight and evaluation mechanisms that advise and oversee programs and services affecting them.

Commentary: Article 8

Greater involvement of people who use drugs is a specific expression of the right to participation exemplified by the right to "take part in the conduct of public affairs" and the right to "take part in cultural life."[38] Increased involvement of people who use drugs in policies and programs that affect their lives strengthens the effectiveness of those policies and programs in achieving health and human rights objectives. Meaningful involvement requires that people who use drugs be involved at all levels in a variety of roles including as contributors, speakers, implementers, experts and participants in decision-making bodies.[39] People who use drugs are familiar with the unique needs of their communities and are able to offer valuable experience and insight that should inform law, policy and programs that affect them.[40]

Recognition of and consultation with people who use drugs acknowledges the important role such people and groups play in advocating for the rights of their community

[38] ICCPR, art. 25; ICESCR, art. 15.

[39] See Canadian HIV/AIDS Legal Network, *"Nothing about us without us"— Greater, meaningful involvement of people who use illegal drugs: A public health, ethical, and human rights imperative,* 2005. See, also, J. Cabassi, *Renewing our voice: Code of good practice for NGOs responding to HIV/AIDS*, NGO HIV/AIDS Code of Practice Project, 2004; UNAIDS, *From Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA),* UNAIDS/99.43E, 1999.

[40] See Canadian HIV/AIDS Legal Network, *"Nothing about us without us"— Greater, meaningful involvement of people who use illegal drugs: A public health, ethical, and human rights imperative.*

members and the valuable contribution they can make in the development of government policy and programs affecting people who use drugs.[41]

At the organizational level, involvement of people who use drugs can help overcome negative perceptions about people who use drugs. Such involvement can also help to expand the reach and effectiveness of programs and services. For example, people who use drugs may be able to more effectively undertake peer-based outreach and education than people who do not have first-hand experience within these communities. Such initiatives have been particularly effective in expanding the reach and effectiveness of harm reduction services, providing much needed care and support, and advocating for their rights and the recognition of their dignity.[42] Both the *International Guidelines* and the *Handbook for Legislators* encourage the involvement of vulnerable populations in prevention, care and support programs in order to ensure their relevance and effectiveness.[43]

At the community level, meaningful involvement sends a signal that people who use drugs have rights and can be effectively involved in the delivery of health care services and human rights advocacy.[44] In many countries, people who use drugs have formed organizations and have taken an active role in working for and advocating on behalf of

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[41] See, for example, OHCHR and UNAIDS, *HIV/AIDS and Human Rights: International Guidelines*, Guideline 2. The *International Guidelines* call on states to "ensure, through political and financial support, that community consultation occurs in all phases of HIV/AIDS policy design, programme implementation and evaluation and that community organizations are enabled to carry out their activities, including in the fields of ethics, law and human rights, effectively." They specifically mention vulnerable groups when defining "community representation" (para 24(a)).

[42] See UNAIDS, *From principle to practice: Greater involvement of people living with or affected by HIV/AIDS (GIPA)*; Canadian HIV/AIDS Legal Network, *"Nothing about us without us"— Greater, meaningful involvement of people who use illegal drugs: A public health, ethical, and human rights imperative*, p. 17; Australian Injecting & Illicit Drug Users' League, *Policy Position: Drug User Organisations*, undated; available via www.aivl.org.au/; [U.K.] National Treatment Agency, *A Guide to Involving and Empowering Drug Users*, Public Draft 2, undated, s. 1.3; C.A. Latkin, "Outreach in natural settings: the use of peer leaders for HIV prevention among injecting drug users' networks," *Public Health Reports* 113(Suppl 1) (1998): 151–159; L.B. Cottler et al, "Peer delivered interventions reduce HIV risk behaviours among out-of-treatment drug abusers," *Public Health Reports* 113(Suppl 1) (1998): 31–41.

[43] UNAIDS/IPU, *Handbook for Legislators on HIV/AIDS, Law and Human Rights*: "Laws and regulations that provide for restrictions on the movement or association of members of vulnerable groups in the context of HIV/AIDS should be removed in both law (decriminalized) and law enforcement" (p. 127); OHCHR and UNAIDS, *HIV/AIDS and Human Rights: International Guidelines:* "There is growing international consensus that a broadly based, inclusive response, involving people living with HIV/AIDS in all its aspects, is a main feature of successful HIV/AIDS programmes" (para. 76).

[44] The Australian Injecting & Illicit Drug Users' League, *Policy Position: Drug User Organizations*; [U.K.] National Treatment Agency, *A Guide to Involving and Empowering Drug User*, s. 4.10; T. Kerr et al, *Responding to an Emergency: Education, Advocacy and Community Care by a Peer-Driven Organization of Drug Users — A Case Study of Vancouver Area Network of Drug Users (VANDU)*, Health Canada, 2001.

people who use drugs.[45] Examples of the activities with which such organisations have undertaken include managing needle distribution and exchange programs, producing educational material, participating in research, forming policy and developing programs.[46]

[45] See S.R. Friedman et al, "Community development as a response to HIV among drug injectors," *AIDS 92/93 — A Year in Review* 7(Suppl 1) (1993): S263–S269; A. Wodak et al, "The global response to the threat of HIV infection among and from injecting drug users," *AIDS Targeted Information* 12(6) (1998): R41–R44. See, also, Canadian HIV/AIDS Legal Network, *"Nothing about us without us"— Greater, meaningful involvement of people who use illegal drugs: A public health, ethical, and human rights imperative.*

[46] See, for example, N. Crofts et al, "A history of peer-based drug-user groups in Australia," *Journal of Drug Issues* 25 (1993): 599–616.

Selected Resources

This section provides a list of resources that the Legal Network considers to be particularly relevant.

Articles, reports and policy documents

Canadian HIV/AIDS Legal Network. *Courting Rights: Case Studies in Litigating the Human Rights of People living with HIV.* UNAIDS Best Practice Collection, March 2006. At www.aidslaw.ca/Maincontent/issues/discrimination/Courtingrights-ENG.pdf.

Canadian HIV/AIDS Legal Network. *"Nothing About Us Without Us" — Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health, Ethical, and Human Rights Imperative*, 2005. At www.aidslaw.ca/Maincontent/issues/druglaws/greater-involvement/GIreport.pdf.

Council of the European Union. *Recommendation on the prevention and reduction of health-related harm associated with drug dependence* of 18 June 2003. 2003/488/EC.

European Parliament. *Recommendation to the Council and the European Council on the EU drugs strategy (2005-2012).* A6-0067/2004, 15 December 2004.

OHCHR and UNAIDS. *International Guidelines on HIV/AIDS and Human Rights* UNAIDS/02.49E, 2003.

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Ontario Human Rights Commission. *Policy on Drug and Alcohol Testing*, 2000. At www.ohrc.on.ca/english/publications/drug-alcohol-policy.shtml.

UNAIDS, *Protocol for the Identification of Discrimination against People Living with HIV*, 2000. At www.unaids.org/publications/documents/human/law/JC295-Protocol-E.pdf.

UNAIDS/IPU. *Handbook for Legislators on HIV/AIDS, Law and Human Rights*. . UNAIDS/99.48E, 1999.

WHO. *Neuroscience of Psychoactive Substance Use and Dependence*, 2004. At www.who.int/substance_abuse/publications/en/Neuroscience_E.pdf.

WHO/UNAIDS/UNODC. *Policy brief: Antiretroviral therapy and injecting drug users — Evidence for action on HIV/AIDS and injecting drug use*, 2005.

Young, M. et al. "Interpersonal discrimination and the health of illicit drug users." *American Journal of Drug and Alcohol Abuse*, 31 (2005): 371–391.

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Anti-Discrimination Act. 977 s 20B and s.49ZXB. At www.austlii.edu.au/au/legis/nsw/consol_act/aa1977204/. [New South Wales, Australia].

Canada (Human Rights Commission) v *Toronto-Dominion Bank*. [1998] 4 FC 205 (Federal Court of Canada).

Canadian Human Rights Act. R.S. 1985, c H-6, s. 25.

Disability Discrimination Act 1992, s.4. At www.austlii.edu.au/au/legis/cth/consol_act/dda1992264/s4.html [Australia].

Disability Ordinance, 1995. At www.legislation.gov.hk/blis_export.nsf/findEngSection?OpenAgent&View_name=ProCurAllEngDoc&section_choose=CAP%20487%20%20DISABILITY%20DISCRIMINATION%20ORDINANCE&chapter_choose=Chapter%20487%20DISABILITY%20DISCRIMINATION%20ORDINANCE. [Hong Kong].

Law on the Prevention and Control of HIV/AIDS, No. NS/RKM/0702/015. [Cambodia].

Marsden v Human Rights and Equal Opportunity Commission and Coffs Harbour & District Ex-Servicemen & Women's Memorial Club Ltd [2000]. FCA 1619 (Federal Court of Australia).

O preduprezhdenii rasprostraneniya v Rossiskoi Federatsii zabolevaniya vyzyvaemogo virusom immunodefitsita cheloveka (VICH-infektsii) (Federal Law of the Russian Federation on the prevention of the spread in the Russian Federation of diseases caused by the Human Immunodeficiency virus (HIV-infection) of 30.03.1995 # 38 FZ, last amended 22 August, 2004 No 122-FZ. [Russian Federation].

The Philippine Aids Prevention and Control Act of 1998: *Implementing Rules and Regulations*, Republic Act 8504. [The Philippines].

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