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**Commission on Narcotic Drugs****Sixty-second session**

Vienna, 14–22 March 2019

Items 10 and 11 of the provisional agenda\*

**Implementation of the Political Declaration and  
Plan of Action on International Cooperation  
towards an Integrated and Balanced Strategy to  
Counter the World Drug Problem****Follow-up to the special session of the General  
Assembly on the world drug problem held in 2016,  
including the seven thematic areas of the outcome  
document of the special session****Statement submitted by the Canadian HIV/AIDS Legal  
Network\*\***

The Secretary-General has received the following paper, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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\* [E/CN.7/2019/1](#).

\*\* The present document is reproduced in the form in which it was received.



## Supporting Health and Human Rights in Drug Policy

**1. We urge Member States to promote a public health approach focussed on promoting health and social justice, rather than relying predominantly on criminal law responses.**

A public health approach is an organized, comprehensive, multi-sectoral effort directed at maintaining and improving the health of populations, incorporating evidence-informed policy and practice, and based on principles of social justice. It addresses relevant determinants of health in order to reduce problematic substance use and associated harms (Appendix A). Overemphasis on trying to prevent the use of drugs *per se* tends to target and stigmatize people who use drugs, often ignoring the structural and other determinants of (problematic) use, and contributes to punitive, discriminatory approaches that compound harms at both individual and community levels.

**2. We call on Member States and the CND to address these priority human rights issues:**

- **Access to controlled substances for medical purposes**
- **Stigmatization of people who use drugs**
- **Overincarceration and disproportionality in sentencing**
- **Drug detention centres**
- **Extrajudicial executions**
- **The death penalty**

We also urge Member States and the CND to **welcome the development of concrete normative guidance assisting States in complying with international human rights standards**, such as the forthcoming *International Guidelines on Drug Policy and Human Rights*.

By consensus, Member States have explicitly and repeatedly directed that drug control efforts must be in conformity with the standards of international human rights. The UNODC has affirmed that all of its programs, policies, and technical advice should further the realization of human rights, and cooperation between the UNODC and Member States should have as an outcome the development of States' capacities to meet their human rights obligations. Despite the general rhetorical affirmation of human rights, attention to specific human rights concerns in the context of drug policy remain contentious at the CND, and in some settings violations of human rights have increased.

**3. We urge CND to support Member States in implementing the harm reduction interventions identified in the *WHO/UNODC/UNAIDS Technical Guide*.**

The *WHO/UNODC/UNAIDS Technical Guide* identifies key harm reduction interventions as part of a comprehensive approach for addressing HIV among people who inject drugs. These include needle syringe programs and opioid agonist therapy, which need to be accessible in both community and correctional settings, and which should be culturally relevant. These interventions have demonstrated efficacy in reducing HIV and other risks and harms related to drug use. The lack of investment in harm reduction is a primary reason the MDG targets for addressing HIV among people who use drugs were widely missed; UNAIDS has warned of rising HIV infections among people who inject drugs.

**4. We urge the CND to recognize the decriminalization of drug possession for personal use as a key component of a public health approach to drugs.**

Criminal prohibitions are ineffective in deterring drug use, especially among members of vulnerable populations. As noted in the 2018 UNODC *World Drug Report*, there has been no significant progress in the last decade either on reducing demand for

substances or reducing drug-related health and social risks. Criminalization of drug possession directly leads to both individual and systemic stigma and discrimination that prevents people from seeking services, and to widespread human rights violations; it also prioritizes the allocation of resources to the criminal justice system rather than to the development of health and social services.

**5. We urge the CND to hold an open discussion of tensions arising under the current treaty provisions.**

The drugs landscape has changed significantly since 2009, and policy must keep pace. Numerous States have implemented evidence-based local and national reforms aimed at addressing public health and human rights concerns in place of the *status quo* of demand and supply reduction measures rooted in criminal prohibition. Tensions are growing between Member State practice and outdated treaties. The way forward must include frank discussions aimed at resolving these tensions.

**6. We urge the elimination of “drug-free world” language within United Nations documents.**

In the 1998 UNGASS, the General Assembly called for a “drug-free world,” ignoring the reality of drug use and often emphasizing abstinence-based approaches at the cost of a comprehensive set of evidence-based programs and services. This unrealistic goal has been used to justify the use of measures that violate human rights, such as mass incarceration, torture, drug detention centres and the death penalty.

**7. We urge the CND to move away from an emphasis on “drug-free” targets and a narrow set of process indicators in favour of targets that are realistic, measurable, and contribute to United Nations system-wide coherence and that reflect health, peace and security, development and human rights objectives.**

The narrow set of indicators currently used to evaluate drug policy is focused primarily on process in the form of intermediary policy actions (e.g. quantities of substances seized) thereby failing to measure endpoints and provide insight into how drug policies ultimately affect peace and security, development, and human rights, as well as the health issues that intersect all three.

There recently has been increased understanding of the intersections between the goals and targets of the *Sustainable Development Agenda* and the impacts of drugs and drug policies, and the need for system-wide coherence. The UNGASS Outcome Document presents opportunities for improving the evaluation of drug policies, including paragraph 4(h), which suggests the inclusion of human rights information in Member States’ reporting on the implementation of the three drug control conventions, and paragraph 7(g) on improving impact assessments by employing relevant human development indicators and other measurements in line with the SDGs.

**8. We urge CND to recognize and reinforce:**

- **the authority and role of WHO in assessing substances for international control through the ECDD, strengthening access to controlled medicines, and executing its responsibilities under the international drug control treaties on medical and scientific matters; and**
- **the obligation of the INCB and Member States to ensure availability of controlled substances for medical and scientific purposes.**

Ensuring the availability of controlled substances for medical and scientific purposes is a fundamental objective of the United Nations drug conventions and an obligation of Member States. To date, however, few countries have achieved this objective. The access gap is particularly severe in low- and middle-income countries.

Appropriate access to controlled medicines is strongly supported by CND Resolutions 53/4 and 54/6, and World Health Assembly Resolutions WHA67.19 and WHA68.15. Despite broad international support for these commitments, too often these resolutions have been undermined by Member States and by the INCB, with calls for

additional essential medicines to be placed under international control, despite the adverse impact these controls would have on access for medical uses, a concern of particular importance in many low-income countries.

**9. We urge CND to acknowledge that the right to education as outlined in the *Convention on the Rights of the Child* is a key component in the protection of youth and entitles young people to education about drugs that is rooted in scientific evidence and harm reduction. We also urge CND to recognize the negative impacts of law enforcement approaches on children and youth domestically and internationally.**

Current drug policies and accompanying education and prevention approaches focused on prohibition have failed to achieve the objectives of protecting the wellbeing of children and preventing youth substance use. When youth are made a central theme in developing policy but denied an active role in the process, it disregards their autonomy and their expertise.

**10. We urge the CND and Member States to support the participation of civil society in key international drug policy meetings, including the CND.**

The participation of civil society organizations in drug control policy debates is vital to successfully address drug issues. As the UNGASS in 2016 demonstrated, strong civil society voices and organizations working with Member States and United Nations agencies can favourably affect the development of global drug policy within the United Nations and facilitate input from a broad range of experts. Given their engagement in affected communities, civil society organizations – including those of people who use or have used drugs – have unique contributions to make to these debates and to the implementation of policy and program on the ground.

Supporting the statement:

British Columbia Centre on Substance Use, Canadian Association of People who Use Drugs, Canadian Centre on Substance Use and Addiction, Canadian Drug Policy Coalition, Canadian Students for Sensible Drug Policy, Centre on Drug Policy Evaluation, Conroy Law Corporation, Department of Criminology- University of Ottawa, Harm Reduction Nurses Association, Health Officers' Council of British Columbia, GRASP Canada, Moms Stop the Harm, moms united and mandated to saving the lives of Drug Users, Pivot Legal Society, Public Health Association of British Columbia, and Thunderbird Partnership Foundation. This is an abridged version of an advisory document prepared for the Canadian delegation at the 62nd CND. The full document with references:

[https://www.dropbox.com/s/6nkwkqrlyikvkc/HLM%20Brief%202019%20FINAL\\_.pdf?dl=0](https://www.dropbox.com/s/6nkwkqrlyikvkc/HLM%20Brief%202019%20FINAL_.pdf?dl=0).

## Appendix A

## A PUBLIC HEALTH APPROACH TO PSYCHOACTIVE SUBSTANCES

Adapted from: Emerson, B., Haden, M. 2017, "Public Health and the Harm Reduction Approach to Illegal Psychoactive Substances"; in International Encyclopedia of Public Health, eds. S.R. Quah, W.C. and Cockerham (eds.), 2nd edition vol. 6 pp. 109-183, Oxford: Academic Press.

### AN ORGANIZED, COMPREHENSIVE, MULTISECTORAL APPROACH

Founded on evidence: determinants of health, principles of social justice, human rights, equity, efficiency, and sustainability.

ASSUMPTIONS    PRINCIPLES    VISIONS    GOALS    OBJECTIVES

