

Commission on Narcotic Drugs

60th Session

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Agenda item 6: 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 by Robert Husbands

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**Office of the United Nations High Commissioner for Human Rights
(OHCHR)**

Chairperson,

UNGASS was an important milestone and discernible progress was certainly achieved. However, the outcome document will need concrete, operational results if it is ultimately deemed to be a success.

In spite of the positive measures contained in the outcome document, I would like to highlight a number of urgent challenges to implementation from a human rights perspective.

Since UNGASS, the right to life has continued to be challenged in some States. In one State, in particular, there has been a notable and dramatic upsurge in extra-judicial executions of suspected drug

traffickers and drug users. Extra-judicial executions are among the most serious human rights violations, and they must be subject to a prompt and effective investigation by an independent and impartial body with a view to bringing perpetrators to justice. Otherwise impunity will prevail.

Other significant challenges to the implementation of UNGASS also exist. In a number of countries, individuals suspected of drug-related offences continue to be the subject of unlawful and arbitrary arrest or detention. In addition, compulsory detention and rehabilitation centres for drug users, or those who are merely suspected of drug use, continue to function. Individuals may be confined to compulsory detention centres without trial, or even an evaluation of whether they have drug use disorders. Compulsory treatment is often not evidence based, and forced labour, torture, ill treatment and sexual violence have been reported to occur in these centres.

The outcome document recognizes that persons with drug use disorders may only participate in drug treatment programmes on the basis of voluntary and informed consent. States need to carefully monitor programmes to ensure that coercive measures are not used to pressure drug users into treatment programmes against their will.

The outcome document recognizes that medication assisted therapy and injecting equipment programmes are effective measures to minimize the health and social consequences of drug use. It also promotes measures to prevent and treat drug overdose, and notably by the use of the medication naxalone which has been demonstrated to be effective in reducing overdose-related deaths. In order to counter the trend of an increasing number of deaths by opioid overdose in some regions of the world, the challenge will be to promptly and effectively implement these measures.

Also concerning the right to health, millions of people, particularly in developing countries, continue to not have access to essential medicines such as opioids for the relief of moderate and severe pain, as well as for opioid substitution therapy. The challenge to implementation will be to change the dynamic of inaction to this long standing problem, so that positive results may be finally achieved.

An additional challenge to the implementation of the outcome document is that ethnic minorities, women and adolescents continue to bear a disproportionate impact of drug control efforts. Often poor and with little or no education, minorities, women and adolescents are frequently sentenced to substantial and disproportionate prison terms for minor, non-violent drug-related offences. Alternatives to incarceration would be far more appropriate in most cases.

Another challenge to implementation concerns the rights of indigenous peoples. The challenge to implementation will be for States to provide legal certainty so that indigenous peoples may use drugs in their traditional, cultural and religious practices or ceremonies, as they have done for centuries.

Chairperson,

While OHCHR acknowledges that there was not a consensus on some important issues at UNGASS, such as the use of the death penalty for drug-related offences or the de-criminalization of the personal possession and use of drugs, as an Office we will continue to advocate for these positions. We will do this because, in our view, the use of the death penalty for drug-related offences is incompatible with the right to life; and because the criminalization of

the personal use and possession of drugs places significant and unreasonable obstacles to the right to health for drug users.

Chairperson, this concludes my statement.

Thank you.