

**Commission on Narcotic Drugs**

**59<sup>th</sup> Session**

**Fourth Inter-sessional Meeting**

**10 to 11 October 2016, 10 a.m. and 3 p.m.**

**Board Room D, C – Building, V.I.C.**

**Statement by Robert Husbands**

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

**Chairperson,**

**Distinguished delegates,**

**Members of civil society,**

**UNGASS 2016** was an important milestone. In the words of the United Nations High Commissioner for Human Rights, there was “discernable progress however modest it may be.” While the outcome document contains positive elements, a number of human rights issues that States, civil society and we, at OHCHR, had raised during the preparatory process were either not addressed, or not adequately addressed, in the outcome document. Nevertheless, we understand that the purpose of this meeting is to focus on

implementation, and our aim is to be constructive and to contribute to this process.

First, concerning **health issues**, the outcome document contains a number of positive elements. These include the recognition that **medication assisted therapy** and **injecting equipment programmes** are effective measures at minimizing adverse public health and social consequences of drug use, and that such programmes should be made available to those in prisons and other custodial settings. The outcome document also promotes measures to prevent and treat drug overdose, and in particular opioid overdose, notably by the use of **naxalone** to reduce drug-related mortality.

The outcome document also calls for **non-discriminatory access to health care and services** by drug users, including those in prison and pre-trial detention. The outcome document indicates that health care and services should be on a level equal to that available in the community, which is very positive. And the outcome document also recognizes that individuals with drug use disorders should only participate in treatment programmes on a **voluntary basis** and on the basis of **informed consent**.

In terms of implementation, States should set targets to significantly increase their use of medication assisted therapy and injecting equipment programmes, more commonly known as opioid substitution therapy and needle and syringe exchange programmes. States should particularly increase these measures in prisons and other custodial settings, where such services are often most lacking. States should also set ambitious targets to ensure the availability of these measures to women detainees and prisoners.

For States that presently do not use medication assisted therapy or have injecting equipment programmes, consideration should be

given to the development of such programmes on a pilot basis so that experience can be gained with these positive health measures. Such States could benefit from technical assistance from international organizations as well as from States that already have experience with such measures.

Concerning the use of naxalone to reduce drug-related deaths from opioid overdose, States should set ambitious targets for the increased use of naxalone, including by first responders and friends and family of drug users.

Concerning the **non-discriminatory access to health care and related services**, training should be provided to health care personnel and social workers to eliminate prejudice and discriminatory attitudes towards drug users. States should also discontinue the use of drug registries which facilitates discrimination against drug users, and discourages them from seeking health care and information. It is recommended that independent complaints procedures be established to monitor whether health care systems are in practice non-discriminatory.

Concerning the participation of persons with drug use disorders in treatment programmes on a **voluntary basis** and on the basis of **informed consent**, compulsory detention and rehabilitation centres should be closed, as recommended in the joint statement of 12 United Nations entities in 2012. States should also closely monitor any element of coerciveness in efforts to encourage persons with drug use disorders to enter treatment programmes.

**Concerning criminal justice**, the outcome document indicates that responses to drug-related crimes should be subject to legal guarantees, including practical measures to uphold the prohibition of arbitrary arrest and detention, as well as the prohibition of torture

and other forms of ill treatment. It is also positive that States are urged to eliminate impunity, ensure timely access to legal aid, the right to a fair trial, and to ensure proportional sentencing for drug-related convictions.

In terms of implementation, a number of actions could be undertaken. Suspects of drug-related offences who are subject to arbitrary arrest or detention, or who are subject to torture and other forms of ill treatment, should receive compensation and those responsible for such acts should be held accountable. Drug dependent persons in custodial settings should never be denied medication assisted therapy as a means of eliciting confessions or for obtaining other information. For States that have not already done so, torture should be made a crime in domestic legislation. Extra-judicial killings should also be subject to investigation and alleged perpetrators brought to justice.

Concerning the outcome document's reference to **alternative measures** to conviction or punishment in cases of an appropriate nature, persons who are arrested for personal use or possession of drugs, or other minor, non-violent offences, should not be imprisoned. **Children** who use drugs should not be subjected to criminal prosecution, and responses should instead be focused on health education, treatment and social integration.

The outcome document calls for a **gender perspective** and the **involvement of women** in developing, implementing and monitoring drug policies, which is very positive. Women who use drugs, or who are engaged in the micro-distribution of drugs, are often very poor with little or no education. States should seek alternatives to imprisonment in appropriate cases, and promote education and vocational training for these women, as well as other forms of social

assistance. And States should also take steps to protect women who use drugs from violence, including sexual violence.

Concerning the rights of **indigenous peoples**, States should amend their laws, as some States have already done, to provide a clear legal framework for indigenous peoples to use drugs in their traditional, cultural or religious practices.

Chairperson, this concludes my presentation.

Thank you.