**HIGH-LEVEL PANEL DISCUSSION**

**“UNGASS 2016 ON THE WORLD DRUG PROBLEM”**

**Vienna, 9 December 2015**

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It is a great honour to join today’s panel discussion in preparation of the UNGASS 2016 on drugs. I thank the Permanent Representatives of Colombia, Norway and Switzerland for the organization of this important and timely event. I am delighted also to share the podium with my peers from WHO, UNAIDS and OHCHR, as well as the Vice-Minister of Justice of Colombia.

The Commission on Narcotic Drugs, entrusted by the General Assembly to lead the preparations for UNGASS 2016, is working hard to make the UNGASS preparatory process as open and inclusive as possible. Equally important, the CND is also determined to produce an outcome document that is short, concise, substantive, action-oriented, including operational recommendations. Clearly, this opportunity to assess successes and challenges in international drug control cannot be missed. Not by Member States. Not by the scientific community, academia and civil society organizations. Not by United Nations entities, including UNODC.

Let me spell out 7 of the most critical issues, lessons learned and best practices that arise from the UNODC field-based technical assistance programmes implemented with partners throughout the world, and which I believe should be addressed by stakeholders as they finalise the UNGASS outcome document. My list is not comprehensive and focusses primarily on access to health and criminal justice reform.

**First, there is still is a manifest need to recognize that drug use and related complications**—such as HIV, hepatitis C and drug overdose—are public health issues that must be addressed first and foremost by the healthcare system. Drug use is a multi-factorial health and social condition, requiring humane and evidence-based treatment, not punishment.

People who use drugs, and seek support, are often denied access to the health, social and other care services that they need. The obstacles to be overcome range from barriers in law and policy; absence of effective healthcare and social services; risk of violence, particularly for women and children; and stigma and discrimination levied at drug users by health services, the criminal justice system or communities in general.

Together with relevant government authorities, other UN entities, civil society organizations and the scientific community, we at UNODC work hard to remove such obstacles.

At both the policy and operational levels, we advocate for the move *away* from a sanction-oriented approach and *into* a health-oriented approach, which is fully in line with the international drug control conventions, human rights, as well as a growing body of standards, norms, guiding principles and best practices in the fields of drug use prevention, treatment and care.

Punishing and denying “access to health” to people who use drugs and are in conflict with the law for minor non-violent drug offences has many negative effects, including the fuelling of HIV or hepatitis C transmission, resulting in a high number of overdose deaths and increasing discrimination, violence and social exclusion.

**Second, law enforcement and criminal justice efforts must focus on the most serious drug offences,** such as the organization, management and financing of large-scale drug trafficking and the laundering of its proceeds. UNODC supports many countries to increase the effectiveness of international law enforcement cooperation for intelligence sharing, joint operations and border controls, as well as international cooperation in criminal matters, such as extradition, mutual legal assistance and confiscation of crime proceeds. In this connection, UNODC also strongly encourages Member States to use alternatives to imprisonment for drug-related offences of a minor non-violent nature. Notwithstanding the clear focus of the 1988 Vienna Convention on combating the most serious offences, the provisions available in the convention to implement alternatives to incarceration for minor non-violent drug-related offences are not fully implemented by many Member States.

Excessive use of imprisonment for drug-related offences of a minor non-violent nature is ineffective and has contributed significantly to an over-burdening of stretched criminal justice systems, including severe prison overcrowding in many countries, thereby increasing the risk of infringing on the human rights of those imprisoned, and exacerbating the transmission of HIV and other diseases among people who inject drugs.

The provision of evidence-based treatment and care services to drug-using offenders, as alternatives to incarceration, has shown to substantially increase recovery and reduce recidivism. Even the most costly forms of alternative interventions (such as drug courts) beat imprisonment on the basis of a cost-benefit analysis. The use of non-custodial measures in appropriate cases is, therefore, a cost-effective and human-rights based solution.

In recent decades, the UN General Assembly has adopted several normative instruments, negotiated at the *Commission on Crime Prevention and Criminal Justice*, that encourage the use of alternatives to imprisonment and can promote a more effective implementation of the international drug control conventions. Relevant international standards and norms include the UN Revised Minimum Rules for the Treatment of Prisoners (the **Nelson Mandela Rules**), the UN Standard Minimum Rules for Non-custodial Measures (the **Tokyo Rules**), the UN Minimum Rules for the Administration of Juvenile Justice (the **Beijing Rules**) for the protection of children’s rights, and the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the **Bangkok Rules**). The latter add a gender perspective to the issue of imprisonment and its alternatives. UNODC resolutely promotes the implementation of these standards and norms in the context of its integrated country, regional and global programmes.

Equally important, when called upon to provide legal assistance to Member States that are drafting or reviewing their drug laws, we promote the proportionality of sentences, as well as the clear distinction between serious drug trafficking offences and offenses of a minor non-violent nature.

By implementing alternatives to incarceration we meet another critical objective. Namely, to liberate criminal justice system resources so they can counter *serious crime* more effectively, including drug trafficking, corruption and terrorism. This, bearing in mind that illicit drug trafficking is an important component of the link between many terrorist groups and organized crime networks, which the *UN Security Council* has identified as a growing threat to global peace and stability. Specialized national criminal justice capacities, as well as regulatory frameworks for banks and other financial institutions, need to be strengthened in order to identify and prevent criminal terrorist funding.

**Third, attention must be paid to the particular vulnerability of women drug offenders**. There has been a marked increase, in both relative and absolute terms, of women imprisoned for their involvement in drug offences in recent decades. And yet, women in prison for drug-related offences are rarely major players in the global drug trade, but rather those who have been recruited or coerced to perform low-level, yet high-risk tasks, such as small-scale dealing or smuggling drugs across borders. The contributing factors that motivate women to commit drug-related offences typically point to a combination of issues, such as drug dependence, poverty, manipulation and coercion. Given that imprisonment has a particularly detrimental effect on women, their families and their communities-at-large, the use of alternatives to imprisonment are particularly appropriate for women charged with minor drug-related offences.

A good example of incorporating a gender perspective to the criminal justice treatment of women is Costa Rica’s 2013 amendment of its drug laws. This has allowed judges to use discretion in imposing shorter prison sentences, or alternatives to imprisonment for women. It applies in particular to women who have care-taking responsibilities, or are vulnerable due to poverty or old age.

**Fourth, UNODC works with other partners to strongly advocate for the promotion and protection of children’s rights**. *The Convention on the Rights of the Child* explicitly requires measures to protect children from the illicit use of drugs, and to prevent the use of children in illicit drug production and trafficking. The sound development of children and youth requires better education, poverty alleviation and protection from violence. Furthermore, children with drug use problems, who have not committed a crime, should be dealt with exclusively by the health and child protection systems. Much more cooperation among the health, child protection and justice systems is still required to promote the rights of children who have substance abuse problems or are otherwise in conflict with the law.

**Fifth,** **UNODC actively promotes the provision of legal aid**, which means the provision of legal advice, assistance and representation free of charge to those who have no means to afford their criminal defence. Many people arrested or detained for minor drug offences are poor, ill-educated or otherwise vulnerable. Access to legal aid at the early stages of contact with the criminal justice system is particularly critical, as it is at this point that decisions are made about whether prosecution or diversion will take place. UNODC’s work with UNDP in strengthening legal aid provision in Kenya, and in training public defenders in Liberia, have been successful, and can be adapted to different legal and cultural environments.

**Sixth, UNODC strongly advocates for the availability and rational use of controlled medicines**, as they are essential to the relief of pain related to health conditions. Ensuring access to controlled medicines for medical use, whilst simultaneously preventing their diversion for illicit purposes, is a fundamental objective of the international drug control conventions. And yet, only 20% of the global population has access to pain medication. UNODC, together with WHO and the Union for International Cancer Control, works to increase access to controlled drugs for medical purposes, and provides technical assistance and guidance to Member States.

**Seventh, the drug challenge is consistently evolving**, and some emerging issues require more intensive data collection and research efforts. The individual and public health risks associated with new psychoactive substances and amphetamine-type stimulants, for instance, require increased scientific evidence gathering and analysis, as a basis for effective prevention, treatment and law enforcement strategies. We recently published a study on synthetic drugs in Southeast Asia and Oceania, and remain committed to carrying out global research and analysis on this subject.

To sum, if we wish to achieve results under the 2030 Sustainable Development Agenda, we must put people first. For us, this means promoting the rule of law, as well as effective, fair and humane drug control policies, strategies and programmes. It means opening doors to evidence-based drug use and HIV prevention, treatment and care services, including harm reduction, as well as effective, accountable and human-rights compliant criminal justice systems.

UNODC stands ready to work with all stakeholders to provide integrated technical assistance and support to Member States in this important field.

Thank you for your attention.