Thank you Mr. Chair:

Chile values this forum for discussion, through which we can share some of the efforts made to fulfill the commitments made at the UNGASS in 2016 and the 2019 Policy Declaration.

THE THREE INTERNATIONAL DRUG CONTROL CONVENTIONS AND HUMAN RIGHTS

For my country, the three international drug control conventions are the cornerstones of the international drug control system. They represent a worldwide consensus and a multilateral commitment to address the World Drug Problem in accordance with the principles of a comprehensive and balanced approach, common and shared responsibility, and the idea that public policies should be founded on scientific evidence.

Having stated that, Chile recognizes that ALL treaties—and especially those whose core purpose is human welfare—must be construed in line with concurrent commitments in terms of human rights.

The health and wellbeing of humanity is the ultimate goal of the drug conventions, which comprises a twofold purpose: to ensure access to and availability of controlled substances for medical and scientific purposes while preventing diversion and misuse.

As a country, we have taken a number of steps to guarantee that drug policies adhere to international treaties and prioritize human rights, with a particular focus on women and children. As with any other citizen, we recognize the importance of respecting the social, economic, cultural, and civic rights of drug users and other populations with problematic drug use. Access to controlled substances for medical purposes, particularly opiates, is guaranteed in Chile.

ALTERNATIVES TO CONVICTION OR PUNISHMENT

To enhance the security and wellbeing of our communities, personal drug use is not a criminal offense in Chile. Since 2004, we have had Drug Treatment Courts, which have lowered jail sentences for minor drug-related offenses. They do not function as special courts, but rather as programs within the regular criminal justice system. The Drug Treatment Courts (run by SENDA Servicio Nacional para la Prevención y Rehabilitación del Consumo de Drogas y Alcohol) are aimed at adult and adolescent lawbreakers who exhibit a problematic use of psychoactive substances. The Program is currently being used in 35 courts around the country, with an emphasis on adolescents in 29 of those courts.

Additionally, since 2012, treatment has been available through probation as an alternative to incarceration, and since 2017, parole now includes treatment and rehabilitation.
SENDA has spent almost a decade addressing problems with social integration for those who are in recovery from problematic drug use or have already done so. For this, there are two specialized programs that aim to go beyond only treating people and are related to recovering and respecting their rights. These are the Socio-Labor Orientation and the Housing for Social Integration.

The Socio-Labor orientation aims to assist individuals with a history of problematic drug use in entering the workforce by providing them with training, assisting them in completing their education, or maybe even connecting them to a job offer or post. The goal is to enable individuals to create their own processes and sustain them over time.

The Homes for Social Integration provide those who have successfully finished a treatment process with a first residential setting where they can maintain their accomplishments and be able to build other skills that ensure the process's continuity over time.

Through our social integration program, we are committed to prioritize people's healing and rights.

**OFERTA**

On the supply control side, we would like to draw attention to the Zero Microtrafficking Plan, a project that, in collaboration with the affected communities, aims to put a stop to the street sale of small dosages in the areas most vulnerable to drug trafficking and the violence that follows. The MT-0 strategy was able to bring the State closer to the communities and committing them to reclaiming back public spaces.

Additionally, we would like to call attention to the Chilean Drug Early Warning System, which is run by the SENDA Chilean Drug Observatory. This Early Warning System is made up of a multidisciplinary network that shares information in order to discover incidents involving New Psychoactive Substances (NSP) or Emerging Drugs (EDD), as well as to evaluate the hazards associated with their use and/or provide early warnings for the development of effective responses. Among other things, the SAT’s work has been essential in identifying the appearance of detectable levels of fentanyl, allowing for the adoption of sanitary and control measures.

**PREVENTION AND TREATMENT**

We have established and strengthened comprehensive care systems that take into account detection, early intervention, treatment, rehabilitation, and social integration. We have done this by placing a strong emphasis on the public health dimension and by ensuring a gender perspective, and taking measures that are tailored to the needs of the most vulnerable groups, particularly children and adolescents.

There are 550 treatment centers in Chile, and about 60 of them are just for women. The mixed centers take gender perspective into account. There are about 110 other drug rehab centers for juvenile offenders.
ACADEMIA

In June 2021, with the assistance of many public and private organizations, we launched the SENDA Academy as part of our commitment to the prevention, treatment, and social integration of persons who exhibit problematic alcohol and other drug use.

The SENDA Academy is a body in charge of organizing, formulating, and carrying out education and training programs for professionals who execute prevention programs (strengthens their skills and abilities), as well as providing guidelines and directives surrounding drugs. It is also accountable for creating strategic alliances with different institutions. At the same time, it seeks to be a space where all citizens can freely access information that is supported by scientific evidence.

PROTECTING CHILDREN AND YOUNG PEOPLE

As a country, we have a significant challenge due to our high levels of substance usage. We are particularly concerned about the increase in consumption in the school population between 13 and 18 years of age and in higher education. In light of this, one of our main goals is to decrease youth drug and alcohol use, with the help of communities, families, schools, the public sector, and civil society, among other groups.

Since 2006, the treatment of teenagers with problematic alcohol and other substance use is covered by the public health system. Since 2007, the new teenage criminal responsibility law has been in effect, and drug treatment and rehabilitation for adolescents in conflict with the criminal justice system has been introduced (under the supervision of SENDA).

In 2018, the Icelandic drug use prevention strategy was implemented in six districts of Chile, with coverage gradually expanding. By 2022, it will be implemented in all of the country's districts. The Icelandic model is a prevention program that seeks to reduce drug use among kids and teenagers in districts, territories, the local community, families, schools, peer groups, and other settings where interventions can be made.

The COVID pandemic has compelled SENDA to adjust their prevention programs. As of 2022, it has made available to all secondary education establishments in the country audiovisual material that promotes healthy life styles in order to avoid substance use. To date, more than 111,000 students have worked with these materials (representing 3,900 courses from 489 institutions). This platform, which includes content in indigenous languages, is an innovative initiative for Latin America that could likely benefit the region's youth and children.

We would like to support the suggestion made Boy the distinguished Delegation of Switzerland that the World Drug Report once more include a chapter on human rights. That chapter should cover the protection of children and adolescents as well as the relationship between that protection and the progressively decreasing perception of the risks connected with substance use.

Thank you Mr. Chair