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Follow-up to the implementation at the national, regional and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem

Conference room paper submitted by Czechia, Switzerland, Uruguay, the Office of the United Nations High Commissioner for Human Rights and the International Drug Policy Consortium entitled “Human rights challenges in addressing and countering all aspects of the world drug problem: Outcomes of the human rights discussion held at the 67th session of the Commission on Narcotic Drugs”**

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Human rights challenges in addressing and countering all aspects of the world drug problem

Outcomes of the human rights discussion held at the 67th session of the UN Commission on Narcotic Drugs

Conference Room Paper, 68th session of the UN Commission on Narcotic Drugs, 10-14 March 2025

In August 2023, the Office of the United Nations High Commissioner for Human Rights (OHCHR) published its report 'Human rights challenges in addressing and countering all aspects of the world drug problem' ([A/HRC/54/53](#)). Produced at the occasion of the Midterm Review of the 2019 Ministerial Declaration on drugs (as per [Human Rights Council Resolution 52/24](#)), the report offers an overview of the human rights implications of drug policy, while highlighting positive developments in aligning drug policies with human rights. In the spirit of the International Guidelines on Human Rights and Drug Policy, the report provides several recommendations for States and relevant stakeholders to develop effective drug policies grounded in human rights.

In order to present the main findings of the report, the OHCHR collaborated with the International Drug Policy Consortium (IDPC) to organise a series of side events at the 67th session of the UN Commission on Narcotic Drugs (CND), focusing on each of the themes covered within the report. Each event was held in partnership with, and featured representatives of, a number of UN entities, Member States and civil society and community-based organisations. This Conference Room Paper offers a summary of the discussions, focusing particularly on the examples of good practice and recommendations presented by the speakers. The document summarises the presentations of independent panellists and does not necessarily represent the views of the United Nations.

Box 1. List of human rights challenges as presented in the OHCHR report

- [Lack of, and unequal access to, treatment and harm reduction](#)
- [The 'War on drugs' and the militarisation of drug control](#)
- [Overincarceration and prison overcrowding](#)
- [Use of the death penalty for drug offences](#)
- [Disproportionate impact on specific groups](#) (including children and youth, people of African descent, Indigenous Peoples and women)
- Persistent and emerging challenges, including [human rights challenges in crisis settings](#) and challenges related to the [right to a healthy environment](#).

With the valuable support of the following Member States:

Addressing human rights challenges related to drug use in humanitarian and other crisis settings

Overview

Held on the first day of the 67th session of the CND on Monday 18 March, this side event led by the Lebanese harm reduction centre Skoun¹ delved on the human rights challenges faced by people who use drugs in humanitarian and other crisis settings.

Speakers shared similar concerns regarding drug use in humanitarian and crisis settings: while drug use tends to increase in crisis situations, services and responses become more constricted, as access to basic necessities such as food, shelter and medicines becomes scarce. The participants underscored the need to ensure the availability of harm reduction interventions, in particular opioid agonist therapy (OAT), needle and syringe programmes and naloxone distribution – as well as to address the structural barriers hampering access. Such barriers include, in particular, criminalisation, discrimination, stigmatisation and violence, including gender-based violence. Certain groups, such as women who use drugs, sex workers, LGBTQI+ people and people deprived of liberty, were identified as being particularly vulnerable.

The infographic is titled "Good practices in ensuring access to key services for people who use drugs in humanitarian and crisis settings". It is divided into two columns by a vertical dashed line. The left column is headed "Ukraine" and lists three bullet points: "Extended OAT provision" (30-day take-home OAT & adapted services for internally displaced people), "Harm reduction adaptations" (Service providers adapted their services to address immediate needs (food, shelter)), and "Medicine procurement" (Emergency sourcing of essential medicines facilitated by international donors). The right column is headed "Middle East" and lists two bullet points: "Emergency preparedness" (Civil society developed emergency plans in 6 countries to address needs of people who use drugs and people living with HIV) and "Ensuring access to medicines" (Civil society collaborated with international organisations and donors to ensure access to essential medicines).

Credit: Juan Fernandez Ochoa

The issue of access to medicines was specifically highlighted by the panellists. The use of essential medicines remains concentrated in the Global North, with alarmingly low availability in the Global South. Access is particularly restricted in emerging armed conflict settings, humanitarian crises, chronic conflicts, insecure regions and geographically remote areas – even though such medicines are all the more needed in such contexts.

¹ This side event was organised by Skoun, with the support of IDPC, OHCHR, Belgium, Czechia, Mexico, Paraguay, Switzerland, Uruguay, the World Health Organisation, the Joint United Nations Programme on HIV/AIDS, the International Federation of Red Cross and Red Crescent Societies, the Agence Française de Développement, the Alliance for Public Health, the Centro de Estudios de Derecho, Justicia y Sociedad, the Centro de Estudios Legales y Sociales, the Eurasian Harm Reduction Association, Harm Reduction International, Open Society Foundations and Students for Sensible Drug Policy International. A summary of the side event are available here: <https://cndblog.org/2024/03/side-event-addressing-human-rights-challenges-related-to-drug-use-in-humanitarian-and-other-crisis-settings/>

“Access to essential medicines, including morphine, becomes even more critical in [emergency and crisis] situations. Belgium is actively working to raise awareness and persuade governments to address these challenges”, Representative of the Federal Ministry of Health, Belgium

Best practices

Two case studies were presented during the side event, the first of which being **Ukraine**, which remains under siege since [the Russian’s full-scale armed attack on Ukraine](#) in February 2022. The conflict has exacerbated vulnerabilities and stigma across society, especially for marginalised groups. Because of the drastically opposed drug policy approaches in Russia and Ukraine, people who use drugs located in occupied territories are now denied access to OAT and other harm reduction services, while facing heightened stigma and criminalisation. In contrast, the Ukrainian government has made pivotal decisions, including allowing 30-day take-home OAT, and adapting services for those internally displaced in the western part of the country. At the same time, various UN agencies and the Global Fund have facilitated the emergency procurement of essential medicines, while various European countries who have welcome Ukrainian refugees are providing psychological support, basic necessities and have lowered the threshold for OAT. In the meantime, Ukrainian harm reduction providers promptly adapted their services to respond to immediate needs such as providing food and shelter, including for families and children.

In the **Middle East**, in the face of crises such as COVID-19, the 2020 Beirut blast, and the influx of refugees from Syria, the panellist explained how emergency preparedness plans in six countries of the region were developed, ensuring that the needs of people who use drugs, people living with HIV and other vulnerable groups were adequately addressed. In Lebanon, civil society played an essential role in ensuring access to medication for those in need, via collaborations with harm reduction organisations and international appeals.

Recommendations

In the context of humanitarian and other crisis settings, the panellists proposed the following recommendations:

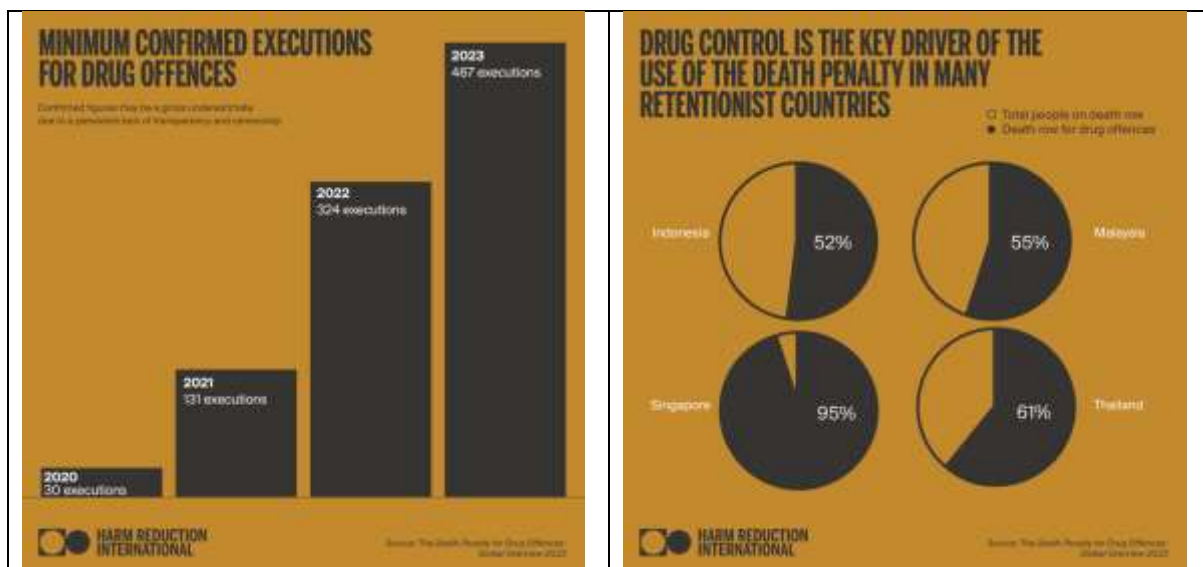
- Integrate the needs of people who use drugs and at-risk communities within humanitarian response planning, implementation and funding allocations.
- Integrate harm reduction services into primary healthcare, to lower the threshold to access services. The response should pay particular attention to the needs of vulnerable groups such as women who use drugs, sex workers, LGBTQI+ people and people deprived of liberty.
- Ensure access to controlled medicines, especially for OAT, pain management and palliative care, in emergency and crisis settings through relaxed control measures that facilitate procurement and dispensing processes, including for paediatric use.
- Improve the understanding and expertise of frontline workers in delivering medicines for OAT, palliative care and pain management, as well as for the prevention and management of gender-based violence.
- Ensure uninterrupted OAT provision in crisis settings through the establishment of emergency response plans that can rapidly address shortages and mitigate risks associated with the unavailability of OAT.
- Meaningfully engage harm reduction civil society organisations, affected communities and local frontline workers in emergency and humanitarian response planning and frameworks.
- Reform drug policies, shifting away from punitive models, and adopt drug policies based on health and human rights that recognise and advance the rights of people who use drugs.
- Broaden the UN response to drugs to include human rights and humanitarian agencies.

The death penalty for drug-related offences: Challenges to restrict its use and pathways towards abolition

Overview

Organised by Harm Reduction International (HRI), in collaboration with Amnesty International, this side event was held on Wednesday 20 March.² The panellists explained that under [international human rights law](#) drug offences can never serve as the basis for the imposition of the death penalty. In 2019, the UN Human Rights Committee [concluded](#) that a State that has not yet abolished the death penalty can only impose it for the most serious crimes, i.e., crimes of extreme gravity involving intentional killing.

Yet, the use of the death penalty has recently increased for drug-related offences. According to HRI's [research](#), a record high number of drug-related executions was documented in 2023, with at least 467 people being executed. In the past year, drug offences were responsible for 42% of all executions globally – the highest proportion recorded since 2016. 98% of known drug-related executions took place in Iran. Confirmed sentences for drug offences also increased by more than 20% since 2022, with sentences handed to at least 3,375 people in 16 countries. Drug offences continue to account for a large proportion of people on death row, reaching 52% in Indonesia, 55% in Malaysia, 61% in Thailand, and 95% in Singapore. Various speakers raised concerns over the lack of transparency on the use of capital punishment (especially in countries like China, North Korea and Vietnam); it is therefore likely that figures are much higher.



Credit: Harm Reduction International

From these figures, it is clear that drug control remains a key driver of the imposition of the death penalty in many retentionist countries. This is despite evidence that the death penalty does not deter, or reduce the occurrence of, drug-related crimes. The imposition of the death penalty for drug offences has, in some situations, also been linked to breaches of the right to a fair trial, including forced confessions, lack of access to a lawyer, and cases of ill-treatment and torture while on death row.

² This side event was organised by Harm Reduction International, with the support of OHCHR, Albania, Australia, Austria, Belgium, Canada, Costa Rica, Czechia, Mongolia, Mexico, New Zealand, Paraguay, Portugal, Switzerland, the United Kingdom, the European Union, Uruguay, the World Health Organisation, the Joint United Nations Programme on HIV/AIDS, the United Nations Development Programme, Amnesty International and the Open Society Foundations. A summary and recording of the side event are available here: <https://cnblog.org/2024/03/side-event-the-death-penalty-for-drug-related-offences-challenges-to-restrict-its-use-and-pathways-towards-abolition/>

Research presented shows that the imposition of the death penalty often intersects with broader socioeconomic disparities, unequal access to justice and systemic inequalities, disproportionately affecting specific groups on the basis of gender, race, class, disability, migration status and other identity factors. The Human Rights Committee also identified cases of instrumentalisation of drug laws to target individuals from specific minorities, for instance LGBTQI+ people.

Best practices

Panellists highlighted a number of welcome moves away from the imposition of the death penalty for drug offences in 2023, starting with a number of commutations and pardons in favour of individuals sentenced to death for drug offences, including in **Bahrain, Indonesia, Kuwait** and the **United Arab Emirates**.

Other countries have gone a step further. The same year, **Pakistan** took the landmark decision to remove death as a possible punishment for drug offences [through an amendment to its narcotic drug law](#), becoming the first Asian country to abolish the death penalty for drug offences in over a decade.

Malaysia is yet another country having taken steps towards the abolition of capital punishment. Until recently, Malaysia imposed the mandatory death penalty for drug trafficking offences – a practice deemed unfair and unjust by human rights defenders across the country, especially because of its disproportionate impacts on foreign nationals engaging in the illegal drug market as drug couriers. After years of advocacy by human rights groups, the Malaysian government set up an independent committee of experts to review all offences relating to the death penalty. After a period of consultations, the resulting report led the government to [remove the mandatory death penalty](#) for drug trafficking offences – alongside a resentencing of all prisoners currently on death row.

In Africa, the **Ghanian** Parliament voted in favour of the abolition of the death penalty for all offences, with the aim of ‘upholding human rights, promoting fairness and advancing the cause of justice’, in the words of the Ghanian speaker. The panellist underscored the government’s efforts to examine the underlying factors driving drug offences, and the effectiveness of alternative sentencing measures to address the root causes of engagement in drug offences.

“We must approach the issue with a critical eye and a commitment to finding effective solutions. This requires a comprehensive examination of the underlying factors driving drug offences, including the socioeconomic conditions that may contribute to involvement in drug-related activities, as well as the effectiveness of alternative sentencing measures in addressing the root causes of drug-related crimes”, Deputy Permanent Representative of Ghana

Recommendations

The panellists recommended that decision makers consider the following:

- Abolish the death penalty for all offences, including drug offences and commute death sentences that have already been handed out.
- Avoid replacing the death penalty with life imprisonment as this equates to torture and other forms of ill-treatment.
- Examine, and seek to address, the root causes of engagement in drug-related offences, including socioeconomic vulnerabilities, unequal access to justice and systemic inequalities.
- Engage in meaningful dialogue with stakeholders at all levels, including civil society organisations, legal experts and international partners, to foster a deeper understanding of

the complexities surrounding drug policies, and identify pragmatic pathways towards the abolition of the death penalty.

- Encourage UN entities in Vienna and Geneva to speak with one voice to ensure that international obligations dealing with organised crime are not used to justify violations of international human rights law.

The speakers also called on retentionist countries to:

- Limit the use of the death penalty only for the most serious crimes, involving intentional killing.
- Repeal the mandatory use of the death penalty in all circumstances.
- Protect people on death row from cases of torture and ill-treatment, and apply minimum standards of detention, including access to healthcare, including mental healthcare, and essential medicines.
- Improve transparency and access to data on the use of the death penalty.

The right to a healthy environment and drug policy

Overview

On Wednesday 20 March, the Corporación Centro de Estudios de Derecho Justicia y Sociedad (Dejusticia) held a side event to discuss the impacts of illegal economies and drug policies on the right to a healthy and sustainable environment, both in rural and urban settings, with a focus on **Colombia** and **South Africa**.³

Panellists agreed that the intersection between drug policy and the environment unveils a complex web of considerations that extend far beyond societal norms and legal issues.

The panel reviewed the possible environmental harms associated with drug cultivation and illegal economies more broadly. For instance, the estimated carbon footprint associated with the production of cocaine and cannabis was deemed to be significantly higher than that related to the production of cocoa beans. The use of agrochemicals in the production of cocaine was also identified as a driver of deforestation, especially when used in fragile ecosystems.

Most speakers underscored the detrimental consequences of drug law enforcement and eradication in illegal crop cultivation areas, especially in relation to cannabis and coca. The use of hazardous pesticides such as glyphosate in crop eradication campaigns was highlighted as having devastating impacts on the right to life, to health (with cases of still-births and infertility), to clean water, and to a healthy environment. The indiscriminate aerial fumigation of cannabis and coca has also had a dramatic effect on surrounding vegetation and agricultural land, jeopardising food security and agricultural livelihoods. This has been researched in both South Africa and Colombia. In the latter, the use of glyphosate continued until the country's own National Drug Council and Constitutional Court concluded in 2015 that it undermined the realisation of fundamental rights.

“Environmental damage caused by forced fumigation or control programmes necessitates a re-evaluation of drug policy and enforcement strategies, and that's what we are doing in our country, evaluating strategies, policies and legislation”, Chair of the Central Drug Authority, South Africa

As a result of crop eradication campaigns, farmers are often left with no other choice than to relocate in more remote and often more dangerous areas, posing risks to their safety, and bringing them further away from essential services and economic opportunities, while exacerbating environmental damage caused by deforestation and soil erosion. Indigenous communities were identified as being particularly affected.

The panel ended with an analysing the effects of alternative development and crop substitution programmes on human rights and the environment. An evaluation of Colombia's programmes between 2017 and 2022 showed that they did not deliver the intended benefits to the overwhelming majority of its beneficiaries, while coca crop cultivation and deforestation both increased in zones located near the targeted communities.

³ This side event was organised by the Centro de Estudios de Derecho, Justicia y Sociedad, with the support of the OHCHR, IDPC, the UN Special Rapporteur on toxics and human rights, the World Health Organization, Colombia, Czechia, Germany, Thailand, Portugal, Paraguay, Switzerland, Uruguay, Open Society Foundations, CESED, Elementa DDHH, the Friedrich Ebert Stiftung, Fundación Ideas para la Paz, Health Poverty Action, the International Coalition for Drug Policy Reform & Environmental Justice, the International Centre for Human Rights and Drug policy, the Transnational Institute and the Washington Office on Latin America. A summary and recording of the side event are available here: <https://cndblog.org/2024/03/side-event-the-right-to-a-healthy-environment-and-drug-policy/>

Recommendations

The panellists made the following recommendations to policy makers as they consider how to best respect, protect and fulfil the right to a healthy environment in the context of drug policies:

- Adopt an integrated approach to address the challenges related to both drugs and the environment – and ensure that the UN system better coordinates its efforts in the areas of drug policy and environmental protection.
- Ensure better coordination regarding cooperation with Global South countries to ensure that drug policies take into account environmental protection and climate change mitigation.
- Promote tailored, community-level, and community-led interventions that ensure the protection of the rights to health, safety, and to a clean, healthy and sustainable environment for local and Indigenous communities.
- Strengthen the rule of law and State presence in areas where illicit economies thrive to improve access to basic services and economic opportunities for local communities, while reducing environmental harms.
- Prioritise the need to address the root causes of engagement in the illegal cultivation of crops like coca and cannabis, environmental protection and community well-being, over eradication and interdiction.
- Ensure that alternative development and crop substitution programmes are designed not only with an agricultural approach in mind, but also bearing in mind social and environmental conditions in local communities. Such programmes should no longer prioritise eradication.

Navigating tensions and contradictions: Addressing human rights challenges related to the lack of, and the unequal access to, treatment and harm reduction

Overview

In this community-led side event organised by the International Network of People who Use Drugs (INPUD) on 20 March 2024,⁴ UN, government and civil society and community representatives discussed the human rights challenges faced by people who use drugs in relation to access to harm reduction and treatment services.

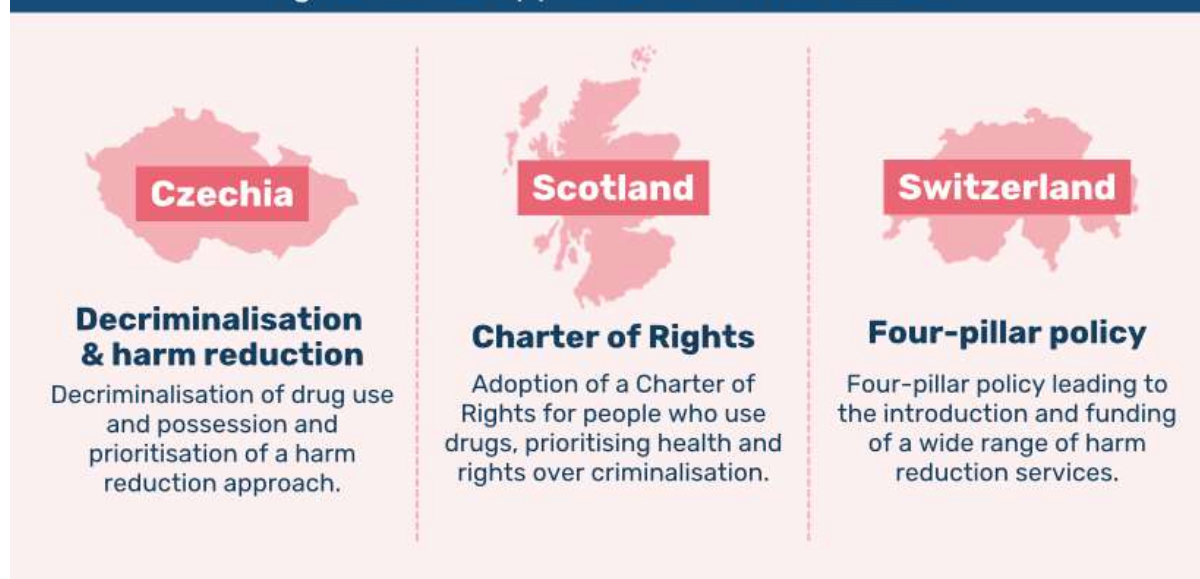
The speakers underscored the tensions and contradictions between human rights obligations and international drug control – with people who use drugs being caught in the middle. As a result, people who use drugs continue to be disproportionately affected by preventable blood-borne diseases. Among the 13,2 million people injecting drugs worldwide, 1.6 million are estimated to be living with HIV, and more than half are living with hepatitis C. Women who use drugs and people deprived of their liberty were considered as particularly vulnerable.

The panel described the lack of funding (including government funds) for harm reduction as a key barrier to availability. In the case of South Africa, frustrations have arisen in relation to the restricted access to OAT and other harm reduction services. Concerns were also raised regarding the poor remuneration provided to peer educators and peer workers.

Finally, the speakers raised the alarm over the ongoing criminalisation of people who use drugs and people living with HIV – an approach that undermines their human rights, in particular the right to health. Participants were also warned about the negative impacts of coercive treatment, and of the fact that the great majority of people who use drugs do not require any form of treatment at all.

⁴ This side event was organised by the International Network of People Who Use Drugs, with the support of OHCHR, IDPC, Czechia, the Kingdom of the Netherlands, Norway, Paraguay, Portugal, Switzerland, Uruguay, the World Health Organization, the Joint United Nations Programme on HIV/AIDS, the United Nations Development Programme, the African Network of People who Use Drugs, AIDSFONDS, the Elton John AIDS Foundation, the European Network of People who Use Drugs, Harm Reduction International, the Latin American Network of People who Use Drugs the Middle East and North African Network of People who Use Drugs, the Network of Asian People who Use Drugs, the Open Society Foundations, the South African Network of People who Use Drugs, the Women and Harm Reduction International Network and Youth RISE. A summary of the side event is available here: <https://cndblog.org/2024/03/side-event-navigating-tensions-and-contradictions-addressing-human-rights-challenges-related-to-the-lack-of-and-the-unequal-access-to-treatment-and-harm-reduction/>, with a recording available here: https://drogriporter.hu/en/navigating-tensions-and-contradictions/?fbclid=IwZXh0bgNhZW0CMTEAAR0rzMJ8nUXosGf8_GzM5KC_Y14fWhjROhuNxGY6PHGWWhuZL2SdHEYoQQIk_aem_AUJKRnAhQc1af2PUIBpTst3SP220pqEZxMMG2FvUVTf8w9I1aKfh5oHbqhE3Yr_MVjXVsakn06_L28FWPDgiR-xB

Best practices in ensuring a rights-based approach to service access



Credit: Juan Fernandez Ochoa

Best practices

Czechia was presented as a positive example of a country's endeavours to consistently place human rights and harm reduction at the centre of its drug policy. Since 2010, the country decriminalised the possession of drugs for personal use, deprioritising police interventions in favour of a harm reduction approach. In 2014-2019, the Czech drug policy integrated all major drug-related phenomena into one policy strategy with harm reduction becoming its core principle.

Similarly, **Scotland** recently elaborated a new [Charter of Rights for People Affected by Substance Use](#) which promotes a public health and rights-focused approach to drug use, over criminalisation. This human rights approach means that people have the right to choose their own treatment plan and harm reduction measures, without stigma.

"The Charter of Rights, which has been developed by a network of people from across Scotland, represents the power of communities to affect change", Scottish Minister for Drugs and Alcohol Policy

In **Switzerland**, harm reduction was adopted as a key pillar in the government's drug policy decades ago, in response to the heroin crisis in the 1980s. This led to the introduction of a wide range of harm reduction services, with Switzerland becoming one of the first countries offering supervised drug consumption rooms, and securing access to harm reduction in prison settings. The policy yielded highly positive results in relation to HIV, hepatitis C, mortality and stigma.

Recommendations

The panellists proposed the recommendations below to ensure improved access to harm reduction and treatment services for people who use drugs:

- Put people and human rights at the centre of drug policy and harm reduction policies, and ensure the meaningful participation of people who use drugs in the design, implementation, monitoring and evaluation of drug policies and programmes.

- Decriminalise people who use drugs and people living with HIV, as a critical enabler for access to life-saving harm reduction and treatment services.
- Address the intersecting forms of stigma and discrimination faced by people who use drugs while accessing health, legal aid, education, employment and social protection services, and when interacting with law enforcement.
- Urgently address the funding gap for harm reduction services, and ensure that peer workers and educators are adequately remunerated for their critical work.
- Ensure that specific groups, such as women who use drugs, young people and people deprived of liberty, have equal and non-discriminatory access to harm reduction interventions.
- Use international guidance to inform the provision of key harm reduction services, and pay special attention to the needs of women who use drugs and people deprived of their liberty.

Silenced no more: Amplifying the voices of populations disproportionately impacted by punitive drug policies

Overview

On Thursday 21 March, Students for Sensible Drug Policies (SSDP) brought together UN officials, government representatives, as well as civil society and community speakers to highlight the disproportionate health and social harms faced by young people, women, Indigenous Peoples and people of African descent in the application of punitive drug policies.⁵ Problematically, those most affected by prohibition have traditionally been excluded from drug policy debates.

Speakers highlighted how people who use drugs continue to face barriers when seeking access to HIV services, including criminalisation, deprivation of child custody, violence, discrimination and a variety of other human rights violations.

Research in Indonesia highlighted how women who use drugs were particularly vulnerable to HIV infections and violence, especially gender-based violence, including during arrest and legal proceedings. Worryingly, when reporting cases of violence, women who use drugs were often arrested for their drug use, instead of being supported by the criminal legal system. In parallel, their needs are not adequately addressed in harm reduction services.

In Australia, the speaker discussed the **disproportionate harms** faced by Indigenous Peoples. He underscored how Indigenous Peoples are overrepresented in prisons (especially women), among those facing overdoses, and in harm reduction services. For instance, out of the 9,000 clients attending the medically supervised injection facility in Sydney, over 13% are Aboriginal.

“Overdose rates in every category are higher among aboriginal communities across Australia, reaching 20 per 100,000 compared to 5.9 for non-Indigenous People. This is not, and has never been, just a ‘war on drugs’ – it is a war on Indigenous people, a war on plants, and a war against the lands of Indigenous peoples”, Representative of the International Indigenous Drug Policy Alliance

In yet another part of the world, the UK, stop-and-search practices have caused significant harm on children and young people from Black and Brown communities. Each year, **over 2,000 strip searches** are recorded among children, 20% of which made against Black children, and often justified solely on the basis of the ‘smell of cannabis’.

Best practices

Internationally, **UNAIDS** was featured as a welcome example of community involvement. The UNAIDS Programme Coordinating Board has a long experience in engaging the community in its decision-making processes, and has recognised community representatives as experts in the HIV response. UNAIDS regularly works with networks of people who use drugs as technical experts, and has funded technical projects in several countries to support the engagement of people who use drugs in the planning of upcoming Global Fund cycles.

⁵ This side event was organised by Students for Sensible Drug Policy, with the support of OHCHR, Czechia, Paraguay, Portugal, Switzerland, the Joint United Nations Programme on HIV/AIDS, the United Nations Development Programme, the World Health Organization, the Iniciativa Negra por Uma Nova Política sobre Drogas, the International Drug Policy Consortium, the International Network of People who Use Drugs, the Open Society Foundations, the POS Foundation, the Skoun Lebanese Addictions Centre, Students for Sensible Drug Policy Australia, the Women and Harm Reduction International Network and Youth RISE. A summary of the side event is available here: <https://cndblog.org/2024/03/side-event-no-more-silence-amplifying-the-voices-of-populations-disproportionately-impacted-by-punitive-drug-policies/>

At country level, **South Africa** has recognised women’s differentiated pathways to criminality, and the fact that prisons are ill-suited to respond to the specific needs of women. The country’s [National Drug Master Plan](#) recognises women as a key population, and is promoting non-custodial measures and community correction platforms to accommodate their needs. The country is also developing harm reduction services for women in prison, and aims to create stronger links with the community to ensure continuum of care after release from prison.

Recommendations

The following recommendations were presented by the panellists to reduce the disproportionate impacts of drug policies on specific groups:

- Ensure that affected communities are recognised as experts in the HIV and drug policy response, and have a seat at the decision-making table, both nationally and internationally.
- Ensure that responses to drug use are not centred on criminalisation, incarceration and punishment, but instead on health and social support.
- Adapt harm reduction services to respond to the specific needs and realities of women who use drugs, including interventions to tackle gender-based and other forms of violence.
- Involve Indigenous Peoples in the development and implementation of all drug policies that affect them (including with regards to their health, the use of traditional plants and access to land, among other issues), through an inclusive and anti-colonial approach.
- Urgently end the racist and discriminatory implementation of drug laws and policies against people of African descent and Indigenous Peoples, and consider putting an end to harmful approaches (including stop-and search) that target specific ethnic groups, especially in relation to children.

The ‘war on drugs’ and the militarisation of drug control: Measures to address these critical human rights challenges

Overview

On Thursday 21 March, the Argentinian NGO Centro de Estudios Legales y Sociales (CELS)⁶ held a discussion on the human rights implications of militarised drug policies in the Global South.

The panel underscored how, in South and Southeast Asia and Latin America, permanent states of emergency and the enactment of anti-terrorist laws have aided the normalisation and entrenchment of militarisation – with Ecuador and Sri Lanka being presented as case studies. The militarisation of drug control, and portrayal of the ‘drug menace’ as a national security issue has long been used as a justification of increased involvement of the military in both regions – as is the construction of a security narrative positing the military and/or militarised police forces as saviours who will bring chaos into order.

This strategy has effectively labelled people who use drugs and people involved in the supply chain as the ‘enemy’ and threats to national security. This dangerous narrative implies that they are not deserving of human rights protection. The use of ‘war’ language also has implications in international law, with human rights obligations being sidelined as humanitarian law takes over, with much weaker human rights protections for affected civilians.



Credit: Juan Fernandez Ochoa

As a result, targeted communities have faced widespread and far-reaching human rights abuses, including extrajudicial killings, forced disappearances, racial profiling in mass surveillance campaigns,

⁶ This side event was organised by the Centro de Estudios Legales y Sociales Asociación Civil with the support of OHCHR, IDPC, Colombia, Czechia, Paraguay, Switzerland, Uruguay, the Joint United Nations Programme on HIV/AIDS, the World Health Organization, the Centro de Estudios de Derecho Justicia y Seguridad, Elementa Derechos Humanos, the Federación Internacional por los Derechos Humanos, Harm Reduction International, the Fundación Regional de Asesoría en Derechos Humanos, the Open Society Foundations, the Skoun Lebanese Addictions Centre, Students for Sensible Drug Policy International and the Washington Office on Latin America. A summary and recording of the side event are available here: <https://cndblog.org/2024/03/side-event-the-war-on-drugs-militarisation-and-states-of-emergency-measures-to-address-these-critical-human-rights-challenges/>

arbitrary arrests and detention in compulsory drug treatment and overcrowded prisons, solitary confinement, intersecting forms of discrimination, all of which happening with impunity. Those most targeted are generally from marginalised socio-economic groups and ethno-religious minorities. This was described by the panellists as a ‘criminalisation of poverty’. In other contexts, drug laws were criticised as being used to target specific groups, for instance LGBTQI+ people or minority groups.

Problematically, the panel highlighted how some Global North countries are exporting, encouraging and sometimes imposing militarised drug law enforcement to the Global South, through police trainings and donations of military equipment, even when knowing that these initiatives facilitate human rights violations.

All panellists concluded that prohibition has failed to curb illegal demand and supply – with a recognition that the military is ill-suited to respond to illegal drug markets. Criminalisation has made drug use more hazardous, while generating vast revenues fuelling organised crime and corruption. In countries like Ecuador, prisons have become a centre of operation for the mafias and drug cartels, while overall levels of violence, kidnappings and homicides have spiked. The situation becomes all the more complex when the security forces tasked with tackling the drug trade become complicit with illegal traffickers and organised crime groups.

Best practices

After decades of waging a failed war on drugs, under intense pressure from the USA, under the President Petro Administration **Colombia** decided to change course. Colombia’s new [National Drug Policy](#), drafted in consultation with hundreds of civil society representatives and social leaders, now places people and the right to life at the centre of the response. The policy aims to end the criminalisation of peasant, rural and Indigenous communities, and protect human rights, the environment, peace and justice, while still aiming to dismantle and reduce the influence and capacity of criminal organisations.

“We have adopted a new national drug policy, a people-centred policy, which was drafted with the people in consultation with more than 274 organisations of civil society participated, 2,700 social leaders provided their inputs, and we put the right to life above everything else, because we believe people’s lives matter”, Colombian Ambassador to the United Nations in Vienna

Recommendations

The panellists presented the following recommendations to move away from militarisation and towards a human rights approach to drug policy:

- Restrict drug law enforcement to civilian law enforcement bodies that are properly trained and equipped, with military force being used only in extraordinary and temporary circumstances and when strictly necessary.
- Ensure that international financial and technical assistance provided for drug law enforcement operations does not contribute to human rights violations.
- Move beyond prohibition towards legal regulation, to end the immense suffering the war on drugs has caused on local communities, and address the erosion of institutions and democracies.
- Review the international drug control system to align it with UN human rights obligations, in particular the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights.
- Strengthen the role of the OHCHR, as the lead UN entity on human rights, in conducting systematic human rights due diligence of UN programmes to ensure that they adhere to the

relevant policies, international human rights standards and the UN System Common Position on drugs.

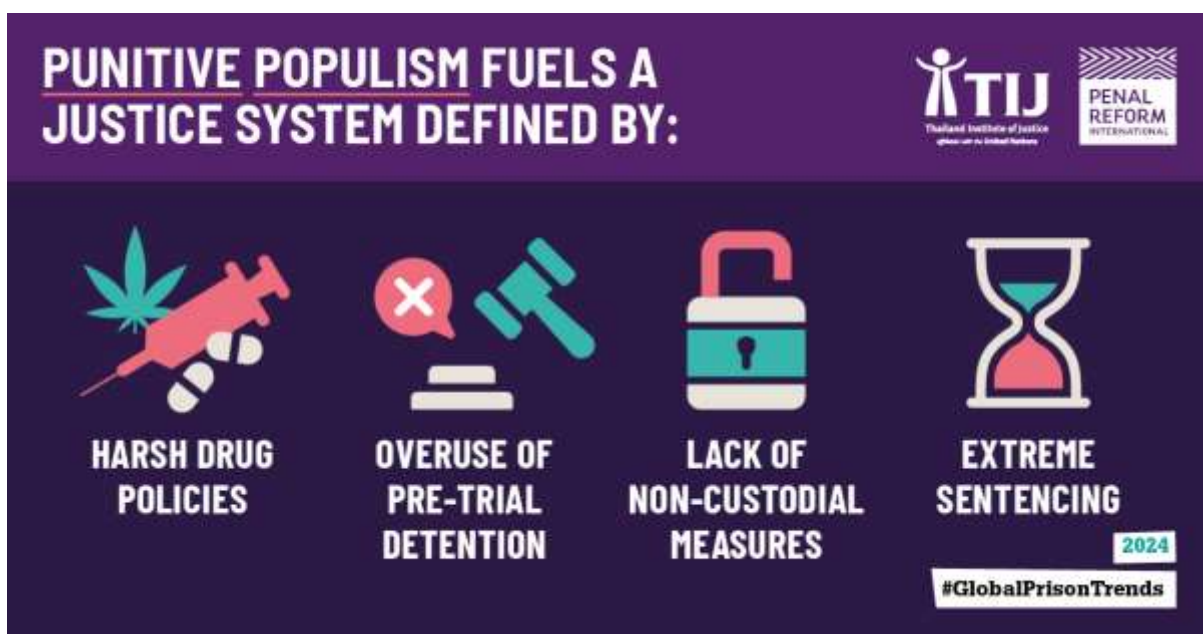
- Recognise the role played by UN Resident Coordinators in the implementation of the UN System Common Position on drugs, as a common platform for multi-agency coordinated action.
- Raise questions and push for recommendations at the Universal Periodic Review, using civil society research and inputs, on countries' drug policies when these are suspected of violating human rights.

Ending overreliance on punishment: Decriminalisation and reducing prison congestion as key goals of drug policy reform

Overview

On the final day of the 67th session of the CND, the POS Foundation from Ghana organised a side event focusing on over-incarceration and policy reforms aimed at reducing the use of the criminal legal system for drug-related activities.⁷

According to data shared by the panellists, of the 11.5 million people incarcerated worldwide, 2.2 million are in prison for drug offences, with half a million being held for personal use. A large proportion of people deprived of liberty are held in pretrial detention, even though under international law pretrial detention should only be used as a last resort. People sentenced for drug offences are often excluded from alternatives to incarceration; this was the case, for instance, during COVID-19 times.



Credit: Penal Reform International, Global Prison Trends 2024

The panellists highlighted how the criminal legal response had disproportionately affected people living in poverty and women. For instance, most of the people held in pretrial detention are there because they cannot afford bail. With regards to women, available data show that the number of women held in prison is increasing at a faster rate than men, and a large proportion are deprived of their liberty for minor drug offences. In Southeast Asia, around 50% of women are incarcerated for drug offences, although this percentage is much higher in several countries of the region.

Asia is also known for its high rates of prison overcrowding, with the Philippines having the highest rate in the world, reaching an alarming 400%. Other forms of disproportionate punishment were documented in the region, including the ongoing use of the death penalty, extrajudicial killings, and the use of compulsory detention in the name of ‘treatment’.

⁷ This side event was organised by the POS Foundation with the support of OHCHR, IDPC, Czechia, Ghana, Paraguay, Switzerland, the Joint United Nations Programme on HIV/AIDS, the World Health Organization, the United Nations Development Programme, the Centro de Estudios de Derecho, Justicia y Sociedad, Open Society Foundations, Penal Reform International and Students for Sensible Drug Policy. A summary and recording of the side event are available here: <https://cndblog.org/2024/03/side-event-ending-overreliance-on-punishment-decriminalisation-and-prison-decongestion-as-key-goals-of-drug-policy-reform/>, with a recording available here: https://www.youtube.com/watch?v=ag-R_FZKYRM

Research by civil society and UN human rights experts has shown that reforms are possible to reduce the over-use of prisons. Various international tools, such as the Mandela Rules and the Bangkok Rules, can serve as useful guidance in the design and implementation of human rights-based alternatives to incarceration. These alternatives are cheaper, and more effective at rehabilitation.

Decriminalisation was particularly promoted as an urgent and necessary reform – in particular models where all forms of punishment are removed, and investments are made towards voluntary harm reduction, treatment and other health and social services for people who use drugs.

The discussion ended with an exchange on the influence of public opinion, and how government messaging was critical in shifting the public’s position in favour of reforms.

Best practices

Ghana was presented as a leading example of drug policy reform in the African continent. The country has severely overcrowded prisons, with a rate of 46% – with people being held in pre-trial detention for years, sometimes decades. In 2020, the country took the bold step of decongesting its prisons thanks to a review of its drug law, shifting away from a war on drugs approach and towards one centred on public health and human rights. Under the new law, people who use drugs are no longer sent to prison. They can instead pay a fine and attend a rehabilitation programme and access harm reduction services. Civil society played a central role in advocating for the reform, influencing its elaboration, and supporting its implementation, including with trainings for Parliamentarians, police and judges. Civil society also set up special mobile units in prisons to help reduce the numbers of people held in pretrial detention.

“The [new Ghanaian] law presented a conversation and a shift from war on drugs to a public health conversation, and rights for people”, Minister of the Eastern Region, Ghana

On the other side of the world, **Colombia** recently [reviewed its drug laws](#) to ensure that women heads of households in situation of vulnerability and sentenced for minor offences (including drug offences) could benefit from an alternative to incarceration. At the time of the event, around 30 women had benefited from the reform. Although this number remains small, there is promise for more.

In Asia, **Thailand** has also [shifted towards](#) more human rights-based drug policies. In a region known for its highly punitive drug control approach, Thailand was one of the countries trying to reduce prison overcrowding, including with the consideration of decriminalisation. In the end, the reform, passed in 2021, fell short of decriminalisation, but it did reduce penalties for drug use and possession, with more mitigating factors for judges to decide whether to impose a prison sentence or an alternative (such as electronic monitoring).

Recommendations

The panellists presented the following recommendations as they seek to reduce prison overcrowding and adopt a health- and rights-based approach to drug use:

- Involve civil society in the review, design and implementation of drug policies, in particular those relating to alternatives to imprisonment and harm reduction.
- Learn from other countries from similar regions having implemented reforms to decongest prisons.
- Decriminalise drug use and related activities, considering models of decriminalisation that remove all penalties and invest in systems of care and support for people who use drugs.

- Use international guidance, including the Mandela Rules and the Bangkok Rules, to design and implement alternatives to incarceration and punishment that are human rights-based and gender-sensitive.
- Ensure that government-led public messaging on drug policy puts forward health and human rights, instead of prohibition.

This side event series was made possible thanks to the leading role of the following civil society organisations:

- *Centro de Estudios Legales y Sociales*
- *Dejusticia*
- *Harm Reduction International*
- *International Network of People Who Use Drugs*
- *POS Foundation*
- *Skoun – Lebanese Addiction Centre*
- *Students for Sensible Drug Policy International*