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Item 5(e) of the provisional agenda\*

**Implementation of the international drug control treaties: other matters arising from the international drug control treaties****Statement submitted by Youth RISE (Resource, Information, Support and Education) Limited, a non-governmental organization in special consultative status with the Economic and Social Council\*\***

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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\* [E/CN.7/2025/1](#).

\*\* Issued without formal editing.



Youth RISE, on behalf of the Paradigma Youth Coalition, urgently calls for transformative drug policy reform grounded in human rights, harm reduction, and meaningful youth engagement. Current punitive approaches, shaped by the Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971), and the Convention against Illicit Traffic in Narcotic Drugs (1988), have perpetuated systemic harm against young people globally. These treaties, developed without input from affected communities or youth, prioritize criminalization over health, disproportionately harming marginalized groups, including Indigenous peoples, racialized communities, and young people who use drugs (Paradigma Coalition, 2024). Paradigma Youth Coalition demands a rights-based recalibration of the international drug control regime to centre youth well-being and autonomy.

### **The Failure of Prohibition and Its Impact on Youth**

The “unintended consequences” of prohibition – unregulated markets, stigmatization, and displacement of public health priorities – have exacerbated risks for young people (UNODC, 2009). Criminalization drives youth into unsafe environments, limits access to harm reduction services, and entrenches cycles of poverty and incarceration. For example, punitive drug laws disproportionately target Indigenous youth practicing traditional medicine, violating their rights under the UN Declaration on the Rights of Indigenous Peoples (UNDRIP) to cultural preservation (Article 24) and self-determination (Article 21) (UNDRIP, 2007). Similarly, young people who use drugs face systemic barriers to HIV prevention and treatment, contravening their right to health under the Convention on the Rights of the Child (CRC) and the International Covenant on Economic, Social, and Cultural Rights (ICESCR) (UNCRC, 1989; OHCHR, 2023).

The Convention on the Rights of the Child (UN CRC) creates an obligation to take all appropriate measures, including legislative, administrative, social, and educational measures, to protect children from drug-related harm. We emphasize that the UN Committee on the Rights of the Child has interpreted that appropriate measures must be rights-compliant and effective, include the development of accessible and age-appropriate drug education, harm reduction, and drug dependence services, and refrain from criminalizing children because of their drug use or possession of drugs for personal use. It is concerning that certain interpretations of Article 33 of the UN CRC have caused significant harm, and we call on member states to interpret it within broader human rights law, including UNDRIP and other articles of the UN CRC.

Current policies also undermine the Sustainable Development Goals (SDGs), particularly SDG 3 (health), SDG 4 (education), and SDG 16 (justice). Criminal records for minor drug offenses restrict educational and employment opportunities, while fear-based drug education programs fail to equip youth with accurate health information (Paradigma Coalition, 2024). The Coalition emphasizes that Article 33 of the CRC, which mandates protection from drug-related harm, must not justify punitive measures but instead prioritize harm reduction and decriminalization (UN Committee on the Rights of the Child, 2020).

### **Human Rights and Health Equity**

The Coalition stresses that international drug control treaties must align with human rights law. The Universal Declaration of Human Rights (UDHR) guarantees privacy and confidentiality (Article 12), yet young people who use drugs face surveillance, discrimination, and breaches of medical confidentiality (UDHR, 1948). Similarly, the Convention on the Rights of Persons with Disabilities (CRPD) obligates states to ensure access to essential medicines. Yet, neurodivergent youth are often forced to self-medicate through illicit markets due to restrictive policies (CRPD, 2007).

It is crucial to adopt an intersectional approach in policymaking, which recognizes that causes of disadvantage or discrimination do not exist independently but intersect and overlap, hence demanding policy responses that are sensible to the plurality of human experiences. This includes recognizing that young people’s experiences are

highly diverse and intersect with factors such as, but not limited to, race, gender, ethnicity, sexuality, age, religion, nationality, region, socio-economic status, as well as disabilities.

Harm reduction is a non-negotiable component of health equity. Youth-friendly services—such as needle exchanges, supervised consumption sites, and opioid agonist therapy—remain inaccessible due to age restrictions and parental consent laws. These barriers violate the right to health under the CRC and the ICESCR and perpetuate overdose risks (OHCHR, 2023). The Coalition welcomes the UN System Common Position (2019), which affirms that decriminalization aligns with treaty flexibility and urges states to adopt legal frameworks that prioritize health over punishment (UN System Common Position, 2019).

### **Criminal Justice Reform and Youth Diversion**

The criminalization of drug use has catastrophic consequences for youth. Over-policing of marginalized communities funnels young people into justice systems, violating the Beijing Rules (1985) and Havana Rules (1991), which mandate diversion from incarceration and humane treatment in detention (UN General Assembly, 1985, 1991). Criminal records limit housing, employment, and educational prospects, increasing vulnerability to exploitation in illicit markets. The Coalition demands alternatives to incarceration, including community-based rehabilitation and expungement of nonviolent drug offenses.

States must also address racial and socioeconomic disparities in drug law enforcement. Systemic racism ensures that Black, Indigenous, and racialized youth face higher arrest rates for drug offenses, perpetuating cycles of marginalization (Paradigma Coalition, 2024). The Coalition calls for disaggregated data collection to expose these inequities and inform anti-discrimination policies.

### **Youth Participation in Policy Reform**

Meaningful youth engagement is critical to equitable drug policy. The Coalition rejects tokenistic inclusion and demands formal mechanisms for youth leadership in policy design, implementation, and evaluation. The UN 2030 Youth Strategy recognizes youth as agents of change, yet young people—especially those who have lived and living experiences with drug use—remain excluded from decision-making spaces (UN Youth Office, 2018). The CND and UNODC must create youth advisory boards and allocate funding for youth-led harm reduction initiatives.

### **Recommendations**

1. *Decriminalize Drug Use and Possession*: Align national laws with the UN System Common Position (2019) to eliminate criminal penalties for personal drug use, reducing stigma and incarceration (UN System Common Position, 2019).
2. *Expand Youth-Specific Harm Reduction*: Remove age restrictions and parental consent requirements for services like needle exchanges, naloxone distribution, and safer supply programs (OHCHR, 2023).
3. *Reform International Treaties*: Review the Single Convention on Narcotic Drugs and related treaties with input from Indigenous communities, youth, and people who use drugs to align with UNDRIP and human rights law (UNDRIP, 2007).
4. *Divert Youth from Criminal Justice Systems*: Implement the Beijing Rules and Havana Rules by prioritizing community-based interventions over incarceration (UN General Assembly, 1985, 1991).
5. *Fund Peer-Led Education*: Replace fear-based curricula with evidence-based, youth-designed drug education that addresses harm reduction and mental health (Paradigma Coalition, 2024).

6. *Ensure Climate Justice*: Address the environmental harms of drug prohibition, particularly in Indigenous territories, by integrating climate action into drug policy (UNODC, 2023).

### Conclusion

The Paradigma Youth Coalition asserts that drug policy must prioritize human dignity over punishment. By centring youth voices, decriminalizing drug use, and investing in harm reduction, states can uphold their obligations under international law while fostering safer, healthier communities. As the CND reviews progress toward the 2019 Ministerial Declaration, we urge Member States to reject prohibitionist frameworks and embrace policies that uplift – rather than criminalize – young people.

### Co-sponsoring NGOs:

Paradigma Youth Coalition, Canadian Students for Sensible Drug Policy

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