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Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East

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Item 5 (d) of the provisional agenda**

Practical measures tailored to the specific needs of children and youth to prevent drug abuse and facilitate consideration of the needs of underage drug offenders with regard to the criminal justice system**Working group on practical measures tailored to the specific needs of children and youth to prevent drug abuse and facilitate consideration of the needs of underage drug offenders with regard to the criminal justice system****Background note by the Secretariat****I. Introduction**

1. The present note provides information on the objective of the working group, as well as guiding questions for discussion and background information on the topic of child and youth drug abuse prevention and treatment and measures to address their involvement in drug-related crime, including cultivation and trafficking. The note also highlights the linkages between the topic of the working group and the 2030 Agenda for Sustainable Development, as well as the outcome document of the special session of the General Assembly on the world drug problem (UNGASS).

2. Member States have increasingly recognized that child and youth drug users and traffickers constituted a significant group in international drug control exposed to negative risk factors, and that they had special needs that require attention. Children and youth affected by drug dependence are vulnerable to violence and deprivation associated with their drug use disorders. Children and youth may be involved in various types of drug-related crime, including the illicit cultivation of crops, the production of drugs, trafficking in drugs, urban crime, and youth and gang-related violence. Many juvenile justice and criminal justice systems are faced with a large proportion of children and youth accused or convicted of drug-related offences with or without drug use disorders. They often face particular hardships when such systems are not equipped to cater to their specific rights and needs.

* Available only in Arabic, English and Russian, which are the working languages of the subsidiary body.

** UNODC/SUBCOM/51/1.



3. This attention to the subject is reflected in General Assembly resolution S-30/1, which contains the outcome document of the special session of the Assembly on the world drug problem held in April 2016, in Commission on Narcotic Drugs resolutions 57/3 and 58/2 on prevention of drug abuse and the treatment and care for children and young people, and the Sustainable Development Goals, in particular Goals 3, 4, 10, 11 and 16.

II. Objective of the working group

4. This working group aims to highlight the importance of measures that take into account the specific rights, needs and circumstances of children and youth with regard to the world drug problem. Participants are encouraged to share national experiences in mainstreaming a focus on children and youth into all stages of the development, implementation, monitoring and evaluation of drug and criminal justice policies and programmes.

5. The workshop further aims to serve as a platform to share best practices and lessons learned regarding national initiatives to implement international instruments such as the International Standards on Drug Use Prevention¹ and the International Standards for the Treatment of Drug Use Disorders² (developed by UNODC and the World Health Organization), the Convention on the Rights of the Child (CRC),³ the United Nations Standard Minimum Rules for the Administration of Juvenile Justice⁴ (the Beijing Rules), the United Nations Guidelines for the Prevention of Juvenile Delinquency⁵ (the Riyadh Guidelines) and the United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice.⁶

6. Participants are further encouraged to share national experiences relating to the participation of children and youth in drug-related crime and discuss the conditions that continue to make children and youth vulnerable to exploitation and participation in drug trafficking, including as couriers.

7. The working group may wish to consider the following guiding questions:

- What role can law enforcement play in preventing drug use behaviours among children and youth?
- What concrete measures could be taken to substantially improve the coverage and quality of drug prevention interventions and the coverage and quality of drug treatment, care and rehabilitation services?
- What actions are required to increase the offer of alternatives to conviction or punishment for personal consumption-related offences and other drug-related offences of a minor nature?⁷ What effective models on such alternatives can be shared?

¹ www.unodc.org/unodc/en/prevention/prevention-standards.html.

² www.unodc.org/docs/treatment/UNODC-WHO_2016_treatment_standards_E.pdf.

³ www.unodc.org/pdf/criminal_justice/UN_Convention_on_the_Rights_of_the_Child.pdf.

⁴ www.unodc.org/pdf/criminal_justice/UN_Standard_Minimum_Rules_for_the_Admin_of_Juvenile_Justice_Beijing_Rules.pdf.

⁵ www.unodc.org/pdf/criminal_justice/UN_Guidelines_for_the_Prevention_of_Juvenile_Delinquency_Riyadh_Guidelines.pdf.

⁶ www.unodc.org/pdf/criminal_justice/Model_Strategies_violence_children.pdf.

⁷ See background paper for the third round table held during UNGASS 2016: www.unodc.org/documents/ungass2016/Background/RTpapers/Roundtable_3_FINAL_12April_clean.pdf.

- What are factors that justice systems should consider in providing for sanctions to drug-related offences that are proportionate to their gravity?
- What measures have been taken to promote prevention of children’s involvement in drugs and crime?
- Do law enforcement agencies receive training and develop specialized practices to support children with drug use disorders/involved in drug-related criminal activities?
- What measures have been taken to ensure that actors within the child protection, health and juvenile justice system have the capacity to protect the rights and respond to the needs of children who have substance abuse problems when in contact with the justice system?
- Are there measures to incorporate substance abuse treatment into the domestic juvenile justice system (such as for instance screening and assessment for substance abuse upon apprehension or arrest; initiation of treatment while awaiting trial or while in pretrial detention; access to community-based treatment programmes; or treatment in detention and community-based treatment after release)?

III. Implementation of the provisions of UNGASS and the 2030 Agenda for Sustainable Development

A. UNGASS

8. In the outcome document of the thirtieth special session of the United Nations General Assembly held in April 2016 entitled “Our joint commitment to effectively addressing and countering the world drug problem”, adopted by the Assembly in its resolution S-30/1, Member States devoted a subsection to recommendations on cross-cutting issues, including on drugs and youth, thereby highlighting the need to take into account the specific needs and circumstances faced by youth with regard to the world drug problem (see Annex).

9. Member States committed to promote the effective coordination among the justice, education and law enforcement sectors and social services to ensure that the specific needs, including mental and physical needs, of underage drug offenders and children affected by drug-related crime are appropriately considered, including in criminal justice proceedings where required, including by providing those in need with drug treatment and related support services.

10. They also committed to implementing age-appropriate practical measures, tailored to the specific needs of children, youth and other vulnerable members of society, in the legislative, administrative, social, economic, cultural and educational sectors, including measures to provide them with opportunities for healthy and self-sustained lives. This is meant to prevent the abuse of narcotic drugs and psychotropic substances, and address their involvement, use and exploitation in the illicit cultivation of crops, production and manufacturing of and trafficking in narcotic drugs, psychotropic substances and other forms of drug-related crime, including urban crime, youth and gang-related violence and crime.

B. 2030 Agenda for Sustainable Development

11. With the adoption of the 2030 Agenda for Sustainable Development, Member States have committed to a multidimensional approach to development and to work

together in a spirit of common and shared responsibility, also in addressing the world drug problem.

12. Children and youth affected by drug dependence or involved in drug offences are vulnerable to violence and deprivation associated with their drug use disorders or their involvement in drug offences, which stands in the way of achieving the Sustainable Development Goals, in particular Goal 3 (Ensure healthy lives and promote well-being for all at all ages), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), Goal 10 (Reduce inequality within and among countries), Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable) and Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels end abuse, exploitation, trafficking and all forms of violence against and torture of children).

13. Goal 3 focuses on good health and well-being for all at all ages and Member States committed to “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse” (target 3.5) as well as to “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all” (target 3.8).

14. Strengthening the quality and increasing the coverage of drug prevention, treatment, care and rehabilitation services that are based on scientific evidence and international human rights obligations can support meeting Sustainable Development Goal 3.5 and could ensure the present and future wellbeing of children, youth, families and communities by reducing the health and social burden of drug abuse and drug use disorders, particularly on the vulnerable members of society such as children, women, people suffering from co-occurring mental health disorders and people in prison settings as well as the marginalized in the context of a comprehensive, integrated and balanced approach based on public health.

15. Under Goal 16, Member States have committed to end abuse, exploitation, trafficking and all forms of violence against and torture of children (target 16.2). Supporting countries in ensuring that children are better served and protected by justice systems, and that measures are put in place to prevent and respond to all forms of violence against children can help achieve the target.

16. Information on the contributions made by the Commission on Narcotic Drugs and the Commission on Crime Prevention and Criminal Justice related to the implementation of the 2030 Agenda for Sustainable Development can be found on www.unodc.org/unodc/en/commissions/commissions-2030.html.

IV. Child and youth drug use prevention

17. Only one in six persons suffering from drug use disorders has access to treatment services and these data mask profound differences among regions and between gender (only one out of five drug users in treatment is a woman even though one out of three drug users is a woman⁸). This low coverage is typically concentrated in the urban areas. At least a third of the reporting Member States have not established a budget for their drug prevention and treatment strategies.⁹ Drug prevention and treatment services

⁸ United Nations Office on Drugs and Crime, “World Drug Report 2015”, 2015, pages xi, xii. See also UN Women, *A gender perspective on the impact of drug use, the drug trade, and drug control regimes*, UN Women Policy Brief (2014).

⁹ Report of the Executive Director on Actions taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced

are often not offered as part of the normal provision of health services under the national health system. Low coverage is compounded by stigma and discrimination, as well as low quality services.

18. Drug prevention strategies often rely on isolated efforts to raise awareness about the danger of drugs among youth and the general public.¹⁰ They are rarely based on a scientific understanding of the factors that increase the vulnerability of children and youth when they start drug use or progress into drug use disorders. These vulnerabilities are largely beyond the control of the individual and can be addressed by drug prevention based on scientific evidence which can start at a very young age and in a variety of settings.

19. Services for the early intervention, treatment, care, recovery, rehabilitation and social reintegration of young people with drug use disorders are too often not based on a scientific understanding of drug dependence as a complex, multifactorial health disorder characterized by a chronic and relapsing nature. In addition to the paucity of services to prevent overdose and transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, the scarcity of services to address the high prevalence of co-occurring mental health disorders is particularly worrying, as well as of services in prison settings. Furthermore, the access of young people who inject drugs to effective HIV prevention services is challenging considering the high levels of stigma, fear and the age-related barriers.

20. This situation contrasts sharply with what could be afforded by the systematic implementation of drug prevention and treatment services that are based on scientific evidence and international human rights obligations, as described in the International Standard on Drug Use Prevention and the UNODC-WHO International Standards on the Treatment of Drug Use Disorders. Quality drug prevention that is based on scientific evidence can prevent the initiation of drug use and many other risky behaviours (including truancy, aggressiveness, delinquency and violence, etc.), thus ensuring that children and youth grow healthy and safe.¹¹

21. Treatment, care, rehabilitation and social reintegration services that are based on scientific evidence and on the respect of the rights and dignity of the individuals who use drugs and suffer from drug use disorders can protect health, by preventing overdose, HIV, Hepatitis C and other health co-morbidities (consequences) and can lead youth to regain control over their lives and initiate full and productive lives in recovery.¹² In both cases, services have proven to be effective and cost effective.¹³

22. Drug prevention and treatment services should support children and youth throughout their development from infancy and early childhood through childhood and adolescence; programme and policies should target the population at large (universal prevention), but also support groups (selective prevention) and individuals (indicated prevention) that are particularly at risk; both individual and environmental factors of

Strategy to Counter the World Drug Problem (E.CN.7/2016/6).

¹⁰ Report of the Executive Director on Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (E/CN.7/2016/6).

¹¹ UNODC, *International Standards on Drug Use Prevention* (2013).

¹² UNODC/WHO, *International Standards on the Treatment of Drug Use Disorders*, (2016); UNODC, *Principles of Drug Dependence Treatment*, UNODC/WHO Discussion Paper (2009); UNODC *Reducing the adverse health and social consequences of drug abuse: a comprehensive approach* (2009); UNODC, *From Coercion to Cohesion: Treating Drug Dependence Through Health Care, Not Punishment* (2010).

¹³ UNODC, *International Standards on Drug Use Prevention* (2013); WHO, “Public health dimension of the world drug problem including in the context of the Special Session of the United Nations General Assembly on the World Drug Problem, to be held in 2016”, report by the Secretariat to the Executive Board (EB138/11), 138th session (2016).

vulnerability and resilience should be addressed in multiple settings (e.g. families, schools, communities, the workplace, etc.).¹⁴

23. According to the International Standards on Drug Use Prevention, a range of evidence-based voluntary pharmacological and psychosocial treatment services should be available, accessible and affordable through a network of settings (community-based outreach, screening, brief interventions and referral to treatment, short-term residential treatment, outpatient treatment, long-term residential treatment, recovery management) together with health care and social protection.¹⁵

24. From an infrastructure point of view, evidence-based interventions should be supported by the balanced allocation of adequate and sustained financing in the context of the national health system and in coordination with a number of other sectors, most notably, law enforcement and justice, education, social welfare and labour, as well as civil society, universities and the private sector. The quality of the services should be ensured by data collection, national standards based on international scientific evidence, accreditation and continuous training, monitoring and evaluation. New options for the treatment of disorders, particularly arising from the use of stimulants and new psychoactive substances, need to be scientifically developed.

V. Children and youth in contact with the justice system with drug use disorders or involved in drug-related crime

25. When children are concerned, Member States shall “seek to promote the establishment of laws, procedures, authorities and institutions specifically applicable to children alleged as, accused of, or recognized as having infringed the penal law”¹⁶ (Article 40.3 of the CRC). The specialized system established should aim at administering measures in proportion not only to the gravity of the offence, but also the circumstances and needs of the child¹⁷ (Rule 17.1 (a) of the Beijing Rules).

26. Pursuant to the Convention on the Rights of the Child, States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures to protect children from illicit drug use and prevent the use of children in the illicit production and trafficking of such substances.¹⁸

27. Research demonstrates that early non-medical drug use contributes to higher likelihood of future drug use disorder incidents in those children. Of particular concern are children living with an adult who illicitly uses drugs or has a drug use disorder, children living and working on the street, orphans, particularly children in conflict areas, and children in contact with the justice system. It is also very difficult to collect reliable data on children in those situations, and to provide tailored drug prevention and drug treatment services.

28. Within the justice system, children are vulnerable to become victims of crime and to be involved in the commission of crimes themselves, while still in a formative age. Frequently, they are exploited by gangs and organized criminal groups in the illicit drug market. In many countries, the majority of children in detention either have substance abuse problems or have committed drug-related offences. Overreliance on depriving children of liberty is still common in many countries, despite the fact that

¹⁴ UNODC, *International Standards of Drug Use Prevention* (2013).

¹⁵ UNODC/WHO, *International Standards for the Treatment of Drug Use Disorders* (2016).

¹⁶ See article 40.3 of the Convention on the Rights of the Child.

¹⁷ See rule 17.1 (a) of the Beijing Rules.

¹⁸ Article 33 of the Convention on the Rights of the Child.

the Convention on the Rights of the Child states that “arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time”.¹⁹

29. The Convention on the Rights of the Child foresees that for children in conflict with the law “a variety of dispositions, such as care, guidance and supervision orders; counselling; probation; foster care; education and vocational training programmes and other alternatives to institutional care shall be available to ensure that children are dealt with in a manner appropriate to their well-being and proportionate both to their circumstances and the offence”.²⁰ However, many countries still lack adequate drug prevention and child protection laws, policies and measures. Specialized institutions and professionals are often missing and inter-institutional communication and cooperation are common challenges. In many countries, gaps persist in the engagement of the family, community, media and civil society, as well as with regard to available data and statistics on the extent of the problem and the performance of the child protection, health, education and the justice systems in dealing with children with drug use problems.

30. The United Nations Standard Minimum Rules for Non-custodial Measures (The Tokyo Rules)²¹ foresee that, in appropriate cases, various schemes such as case-work, group therapy, residential programmes and specialized treatment, conducted by professionals with suitable training and practical experience, should be among the range of non-custodial measures available to effectively meet the needs of offenders. These Rules also foresee that the failure of a non-custodial measure should not automatically lead to the imposition of a custodial measure. The increased application of non-custodial measures to persons affected by drug use disorders who have committed offences, requires that public health and justice authorities actively and routinely collaborate with a view to promoting the rehabilitation and reintegration into society of those persons.

31. When the criminal justice system comes into play, offenders with drug use disorders retain their right to access the services described above. These services can also not be denied to those imprisoned for more serious drug offences or other types of offences, who should enjoy the same standards of health care that are available in the community, and should receive continuity of treatment and care, including for HIV and drug dependence.

VI. Technical cooperation to prevent youth drug abuse and their involvement in drug-related crime

32. Effective prevention of drug use addresses the vulnerabilities that put children and young people at risk of starting to use drugs or other risky behaviours. Families can be one of the strongest protective factors in the lives of children and early adolescence. Poor parenting, family dysfunction, neglect and abuse are some of the strongest risk factors associated with a range of risky behaviours, including substance abuse. Conversely, responsive and warm parenting and monitoring are among the strongest protective factors, even in poor and marginalized communities, and family skills training programmes have been shown to be effective and cost-effective in preventing drug use, substance abuse, and other risky behaviours, including violence.

33. Since 2010, UNODC has been piloting evidence-based programmes across the globe. In 2015 alone, the work of the Office reached 2,500 parents and children,

¹⁹ Convention on the Rights of the Child, article 37. See also Rules 13 and 19 of the Beijing Rules.

²⁰ See inter alia article 40 of the Convention on the Rights of the Child.

²¹ www.unodc.org/pdf/compendium/compendium_2006_part_01_03.pdf.

positively strengthening the attachment between parents and children, as well as their behaviour in the family and in school. These are protective not only against drug use and substance abuse, but also against child maltreatment and youth violence. In line with this, over 330 facilitators and trainers were trained in 2015 to allow countries to sustain this work in the future.

34. Similarly, the piloting of evidence-based school-based prevention for early adolescents continued in five countries. Serbia completed the piloting of Lions Quest Skills for Adolescence (LQSFA) to the benefit of around 1,600 students and the preliminary analysis of the post-test results indicated a significant impact at the level of strengthening substance use refusal skills and perception of harm of alcohol among these students.

35. While drug use prevention is effective when based on scientific evidence, too many prevention activities are, unfortunately, improvised and not evaluated. In this context, UNODC continued the dissemination of the International Standards on Prevention of Drug Use initiated in 2013 and 2014. More than 280 policymakers and other national stakeholders from more than 30 countries discussed and planned how to improve and how to evaluate the national drug prevention systems of their countries in keeping with the International Standards on Drug Use Prevention, so that they become an effective and cost-effective investment in the wellbeing of children, youth, their families and communities.

36. In 2016, UNODC launched Listen First, a campaign promoting the prevention of drug use among the general public and particularly parents: www.unodc.org/listenfirst (available in all United Nations languages). The campaign is centred on the concept of listening to children and youth as the foundation of any successful effort in supporting youth growing healthy and safe. The video of the campaign was launched during a high-level event United National Special Session of the General Assembly in 2016. The event, featuring H.M. the Queen of Sweden, the President of the General Assembly, the heads of both UNODC and WHO and four ministers was broadcasted in live-stream to more than 5,000 people. In the 6 languages of the United Nations, the video has been since viewed 80,000 times. A factsheet for policymakers and one for parents was launched on social media in the months following the event, and fact sheets for teachers, health workers and practitioners will follow. The website with the other documentation linked to the campaign has received 60,000 unique visits.

37. Within the Framework of the Global Programme on Violence Against Children in the Field of Crime Prevention and Criminal Justice, the first pilot country is Colombia. In 2015-2016, significant progress had been made in effectively protecting children who are in contact with the justice system. A large proportion of the cases relate to drug offences. UNODC is implementing jointly with the hospital "Hospital Centro-Oriente" and the City of Bogotá, a drug treatment strategy for children deprived of their liberty. Approximately 150 children are benefiting from a comprehensive tailored drug treatment programmes. With the Government of the Department of Tolima, UNODC has started to work with families whose children are deprived of liberty creating sustainable livelihoods in order to secure a safe and violent-free environment. UNODC juvenile justice experts applied restorative justice practices intended to impact the judicial proceedings of children in pretrial detention, and to achieve early release for those who are serving a custodial sentence in four regions of Colombia. The work of UNODC in those four regions focused on fostering peace between groups of children in detention facilities. Aiming to achieve a non-violent atmosphere for all children in those facilities, UNODC carried out peace-building workshops and related activities, including awareness-raising, forging peace agreements and engaging in cross-intercultural activities. UNODC has furthermore strengthened the capacity of approximately 150 justice professionals in

four regions of the country on the prevention of and responses to violence against children who are in contact with the justice children. Also, a baseline study on the application of alternative measures to judicial proceedings was conducted and workshops for justice professionals in three regions of the country carried-out. Also, based on the “United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice”,²² UNODC achieved enhanced protection of children in contact with the justice system through the work with departmental and local governments, in particular the government of the City of Bogotá and the government of the Department of Tolima.

²² General Assembly resolution 69/194.

Annex

The relevant section of the UNGASS outcome document (S-30/1) “**Operational recommendations on demand reduction and related measures, including prevention and treatment, as well as other health-related issues**” contains the following provisions:

1. *We reiterate our commitment to promoting the health, welfare and well-being of all individuals, families, communities and society as a whole, and facilitating healthy lifestyles through effective, comprehensive, scientific evidence-based demand reduction initiatives at all levels, covering, in accordance with national legislation and the three international drug control conventions, prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, and we recommend the following measures:*

Prevention of drug abuse

(a) *Take effective and practical primary prevention measures that protect people, in particular children and youth, from drug use initiation by providing them with accurate information about the risks of drug abuse, by promoting skills and opportunities to choose healthy lifestyles and develop supportive parenting and healthy social environments and by ensuring equal access to education and vocational training;*

(b) *Also take effective and practical measures to prevent progression to severe drug use disorders through appropriately targeted early interventions for people at risk of such progression;*

(c) *Increase the availability, coverage and quality of scientific evidence-based prevention measures and tools that target relevant age and risk groups in multiple settings, reaching youth in school as well as out of school, among others, through drug abuse prevention programmes and public awareness-raising campaigns, including by using the Internet, social media and other online platforms, develop and implement prevention curricula and early intervention programmes for use in the education system at all levels, as well as in vocational training, including in the workplace, and enhance the capacity of teachers and other relevant professionals to provide or recommend counselling, prevention and care services;*

(d) *Promote the well-being of society as a whole through the elaboration of effective scientific evidence-based prevention strategies centred on and tailored to the needs of individuals, families and communities as part of comprehensive and balanced national drug policies, on a non-discriminatory basis;*

(e) *Involve, as appropriate, policymakers, parliamentarians, educators, civil society, the scientific community, academia, target populations, individuals in recovery from substance use disorders and their peer groups, families and other co-dependent people, as well as the private sector, in the development of prevention programmes aimed at raising public awareness of the dangers and risks associated with drug abuse, and involve, inter alia, parents, care services providers, teachers, peer groups, health professionals, religious communities, community leaders, social workers, sports associations, media professionals and entertainment industries, as appropriate, in their implementation;*

(f) *Consider enhancing cooperation between public health, education and law enforcement authorities when developing prevention initiatives;*

(g) *Develop and improve recreational facilities and provide access for children and youth to regular sports and cultural activities, with a view to promoting healthy lives and lifestyles, including through the recovery and improvement of public spaces, and promote the exchange of experiences and good practices in this field to further enhance effective preventive interventions;*

(h) *Promote and improve the systematic collection of information and gathering of evidence as well as the sharing, at the national and international levels, of reliable and comparable data on drug use and epidemiology, including on social, economic and other risk factors, and promote, as appropriate, through the Commission on Narcotic Drugs and the World Health Assembly, the use of internationally recognized standards, such as the International Standards on Drug Use Prevention, and the exchange of best practices, to formulate effective drug use prevention strategies and programmes in cooperation with the United Nations Office on Drugs and Crime, the World Health Organization and other relevant United Nations entities;”*

The relevant section of the UNGASS outcome document (S-30/1) “**Operational recommendations on cross-cutting issues: drugs and human rights, youth, children, women and communities**” contains the following provisions:

4. *We reiterate our commitment to respecting, protecting and promoting all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies, and we recommend the following measures:*

Drugs and human rights, youth, women, children, vulnerable members of society, and communities

(...)

(c) *Promote effective supervision of drug treatment and rehabilitation facilities by competent domestic authorities to ensure adequate quality of drug treatment and rehabilitation services and to prevent any possible acts of cruel, inhuman or degrading treatment or punishment, in accordance with domestic legislation and applicable international law;*

(d) *Continue to identify and address protective and risk factors, as well as the conditions that continue to make women and girls vulnerable to exploitation and participation in drug trafficking, including as couriers, with a view to preventing their involvement in drug-related crime;*

(e) *Promote, in accordance with domestic legislation, effective coordination among the justice, education and law enforcement sectors and social services to ensure that the specific needs, including mental and physical needs, of underage drug offenders and children affected by drug-related crime are appropriately considered, including in criminal justice proceedings where required, including by providing those in need with drug treatment and related support services;*

(f) *Implement age-appropriate practical measures, tailored to the specific needs of children, youth and other vulnerable members of society, in the legislative, administrative, social, economic, cultural and educational sectors, including measures to provide them with opportunities for healthy and self-sustained lives, in order to prevent their abuse of narcotic drugs and psychotropic substances, and address their involvement, use and exploitation in the illicit cultivation of crops, production and manufacturing of and trafficking in narcotic drugs, psychotropic substances and other forms of drug-related crime, including urban crime, youth and gang-related violence and crime, fulfilling the obligations as States parties to the Convention on the Rights*

of the Child and taking into account the United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines);

(...).
