High Level Review of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

Statement by
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* High Commissioner’s statement delivered by Mr. R. Husbands
Chair, Excellencies, Ladies and Gentlemen,

Thank you for giving me the opportunity to address this High Level Review. I would like to begin by noting that the Political Declaration and Plan of Action of 2009 reaffirms the unwavering commitment of Member States to fully respect the purposes and principles of the Universal Declaration of Human Rights, and all human rights and fundamental freedoms.

Regrettably human rights violations continue to occur in the implementation of drug control policies by States. Violations of the right to life, the right to health, the prohibition of torture and other forms of ill treatment, the prohibition of arbitrary detention, the right to equality and non-discrimination, the rights of indigenous peoples and the rights of children are all sources of serious concern.

The right to life

Article 6 of the International Covenant on Civil and Political Rights indicates that in States which have not yet abolished the death penalty, the sentence of death may be imposed only for the “most serious crimes.” The Human Rights Committee has determined that the concept of “most serious crimes” applies only to the intentional taking of another life, and that the death penalty cannot be applied solely for drug offences. In spite of this, a significant number of States continue to sentence persons to death solely for drug offences. In some States, executions for drug offences constitute a significant portion of total executions.

The right to health

Violations of the right to health, as set out in both the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child, continue to occur in a significant number of States. Users of illegal drugs may be reluctant to seek out health information, advice or treatment because they fear that information about their drug use will be shared with authorities, leading to arrest, imprisonment or treatment against their will.

In many States, access to proven harm-reduction measures, including needle and syringe exchange programmes and opiate substitution therapy, is extremely limited or non-existent. Failure to provide health-care and harm-reduction programmes for drug injecting users has facilitated transmission of diseases such as HIV and hepatitis C. In some States, laws prohibit carrying injecting paraphernalia, and this creates additional health risks for those who inject drugs.

Arbitrary detention, torture and other forms of ill-treatment

The intense focus of law enforcement against drug use has resulted in large numbers of persons being arrested and held in prolonged periods of pre-trial detention for minor drug offences. The denial of opiate substitution treatment during custody has been used by some authorities as a way of eliciting confessions, by inducing painful withdrawal effects. Beatings and other forms of corporal punishment during custody have also been reported.

The use by some States of compulsory drug detention and rehabilitation centres is also a source of concern. The so-called ‘treatment’ in such centres is frequently not based on individualized assessment and evidence-based medical practice, but rather in mass treatment with a focus on disciplinary-type interventions such as physical exercise and drills. In many compulsory drug detention centres, practices include forced labour, corporal punishment,
un-medicated withdrawal, sexual abuse, solitary confinement and experimental treatments administered without the consent of the individual concerned.

Indigenous peoples

Some traditional practices of indigenous peoples involve the use of substances subject to the international drug control treaties. In many cases these are centuries-old practices, and arguably may be protected by the Declaration on the Rights of Indigenous Peoples and the International Covenant on Economic, Social and Cultural Rights. In situations of competing legal obligations, solutions can be found, including through interpretation of the existing international legal framework; by entering reservations when ratifying a treaty or by denouncing an applicable treaty and re-ratifying it with the appropriate reservation.

Discrimination and the right to equality

National laws that stigmatize and marginalize drug users also need to be addressed. Known drug use may lead to loss of employment opportunities, may deprive a person of a range of parental rights including custody, and may result in other legal rights being impaired. In some States, ethnic minorities and marginalized groups living in poverty have also been the target of disproportionate drug enforcement efforts.

The rights of the child

Children face particular challenges in relation to drug use. The Committee on the Rights of the Child has called for children who use drugs not to be subject to criminal proceedings; for them to receive accurate and objective information on drugs and for appropriate youth-friendly harm reduction and drug treatment services to be made available. However, the Committee has found that in practice, drug-using children in most States are subject to criminal prosecution and that often harm-reduction and drug-dependence treatment are not available. The Committee has also criticized the use of aerial spraying for eradication of drug crops because of its effects on children. It has in addition condemned the practice in some States of placing children in compulsory drug detention and rehabilitation centres.

As you can see, there are a number of relevant issues for your consideration. I urge Member States to discuss how action can be taken to improve respect for human rights in the context of drug control policies. We stand ready to further these important discussions.

Thank you.