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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**

Statement submitted by the Canadian Centre on Substance Abuse, a non-governmental organization in 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.

* [E/CN.7/2020/1](#).

** Issued without formal editing.



Statement¹:

Supporting Health and Human Rights in Drug Policy

1. Respect, protect and promote human rights

The UNODC has affirmed that all of its programs, policies and technical advice should further the realization of human rights, and cooperation between the UNODC and Member States should have as an outcome the development of States' capacities to meet their human rights obligations.² In 2019, the UN System Chief Executives Board for Coordination committed the UN system to "ensure the respect for the dignity and human rights of people who use drugs in all aspects of drug and social policies."³ The UN Declaration on the Rights of Indigenous Peoples affirms that "Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health."⁴ However, attention to specific human rights concerns remains contentious at the CND, and in some settings violations have increased.⁵

We urge Member States to address:

- Access to controlled substances for medical purposes;
- Stigmatization of people who use drugs;
- Over-incarceration and disproportionality in sentencing;
- Drug detention centres;
- Extrajudicial executions; and
- The death penalty.

We also urge Member States to promote harmonization of domestic laws and policies with concrete normative guidance, such as the *International Guidelines on Human Rights and Drug Policy*,⁶ assisting States in complying with international human rights standards.

2. Promote and adopt more comprehensive and sophisticated indicators for evaluating the impacts of drug policy

The narrow set of indicators used to evaluate drug policy has historically failed to provide insight into how drugs and drug policies affect peace and security, development and human rights, as well as the health issues that intersect all three. It is therefore paramount to ensure the revised ARQ is consistent with the *UNGASS Outcome Document*.⁷ Efforts by the UN System Coordination Task Team are also positioned to fill gaps and address limitations of the revised ARQ, particularly with respect to measuring the impact of drugs and drug policies on health, peace and security, development and human rights.⁸

We urge Member States to:

- Include language in the revised ARQ that is consistent with the UNGASS Outcome Document,⁹ including language about human rights, human development and the Sustainable Development Agenda; and
- Consider and support opportunities for engaging the UN System Coordination Task Team to contribute to UN system-wide coherence.

3. Ensure full access to essential medicines and facilitate medical research

Ensuring the availability of controlled substances for medical and scientific purposes is a fundamental objective of the UN drug conventions and an obligation of Member States that has been achieved by few countries to date.¹⁰

Appropriate access to controlled medicines is strongly supported by the CND and World Health Assembly Resolutions.^{11,12,13,14} Despite broad international support for

these commitments, too often the resolutions have been undermined by calls for additional essential medicines to be placed under international control, including ketamine, tramadol and pregabalin, despite the adverse impact these controls would have on access for medical uses, a concern of particular importance in many low-income countries.¹⁵

We urge Member States to:

- Recognize and reinforce the leading role of the WHO as the primary specialized agency for health within the UN system;
- Recognize and advocate for the authority and role of the WHO in assessing substances for international control through the Expert Committee on Drug Dependence, strengthening access to controlled medicines and executing its responsibilities under the international drug control treaties on medical and scientific matters.
- Provide the WHO the oversight role to ensure that the drug control conventions and system support a public health approach; and
- Emphasize the obligation of the International Narcotics Control Board to ensure the availability of controlled substances for medical and scientific purposes and to ensure that inappropriate regulatory barriers are not in place.¹⁶

4. Recognize the effect of drug policies on youth, support evidence-informed education and meaningfully include young people in policy-making

Current drug policies and accompanying education and prevention approaches focused on prohibition have failed to achieve the objectives of protecting the wellbeing of children, promoting delay of onset of use and preventing problematic youth substance use.¹⁷ When youth are made a central theme in developing policy but denied an active role in the process, it disregards their autonomy and expertise.¹⁸

We urge Member States to:

- Acknowledge that the right to education as outlined in the Convention on the Rights of the Child¹⁹ is a key component in the protection of youth and entitles young people to education about drugs that is rooted in scientific evidence and harm reduction;
- Recognize that youth have the right to access harm reduction services and evidence-based voluntary drug dependence treatment, including drug substitution therapies;²⁰ and
- Emphasize the negative impacts of law enforcement approaches on children and youth.

5. Ensure meaningful representation of diverse civil society, including people who use(d) drugs

The participation of civil society organizations and the meaningful inclusion of people who use drugs in drug policy dialogues is required to successfully address drug issues. Given their engagement in affected communities, civil society organizations – including those of people who use or have used drugs – have unique contributions to make to these debates and to implementing policies and programs on the ground. The continued involvement of people who use drugs ensures policies are grounded in their voice, human rights and dignity.

We urge Member States to support the meaningful participation of civil society (including Indigenous peoples, youth, people who use drugs and communities particularly affected by problematic drug use and by drug policies) at international drug policy meetings, including the CND.

Endnotes:

- ¹ The Canadian Centre on Substance Abuse has changed its working name to the Canadian Centre on Substance Use and Addiction
- ² UNODC (2012), *UNODC and the Promotion and Protection of Human Rights: Position Paper*. (Vienna, UNODC).
- ³ UN Chief Executives Board for Coordination, “common United Nations system position on drug policy” CEB/2018/2, 18 January 2019, *Annex 1: United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration*.
- ⁴ United Nations General Assembly. (2007). *United Nations Declaration on the Rights of Indigenous Peoples*. Retrieved from Department of Economic and Social Affairs Indigenous Peoples: <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>.
- ⁵ Human Rights Council (4 September 2015), *Study on the Impact of the World Drug Problem on the Enjoyment of Human Rights: Report of the United Nations High Commissioner for Human Rights*, UN Doc. A/HRC/30/65, http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session30/Documents/A_HRC_30_65_E.docx; Human Rights Council (14 September 2018), *Implementation of the Joint Commitment to Effectively Addressing and Countering the World Drug Problem with Regard to Human Rights: Report of the Office of the United Nations High Commissioner for Human Rights*, UN Doc. A/HRC/39/39, https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session39/Documents/A_HRC_39_39.docx.
- ⁶ United Nations Development Programme, World Health Organization, UNAIDS, *International Centre on Human Rights and Drug Policy. International Guidelines on Human Rights and Drug Policy*. <https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/international-guidelines-on-human-rights-and-drug-policy.html>.
- ⁷ UNODC (2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem*, <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>.
- ⁸ UN Chief Executives Board for Coordination, “common United Nations system position on drug policy” CEB/2018/2, 18 January 2019, *Annex 1: United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration*.
- ⁹ UNODC (2016), *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem*, <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>.
- ¹⁰ International Narcotics Control Board (2014), *Annual Report*, Chapter 1, https://www.incb.org/documents/Publications/AnnualReports/AR2014/English/AR_2014_E_Chapter_1.pdf.
- ¹¹ Commission on Narcotic Drugs (2010), *Resolution 53/4: Promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse*, https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2010/CND_Res-53-4.pdf.
- ¹² Commission on Narcotic Drugs (2011), *Resolution 54/6: Promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse*, https://www.incb.org/documents/Psychotropics/Resolutions/CND_Res-54-6.pdf.
- ¹³ World Health Assembly (2014), *Resolution WHA67.19: Strengthening of palliative care as a component of comprehensive care throughout the life course*, http://apps.who.int/gb/ebwha/pdf_files/wha67/a67_r19-en.pdf.
- ¹⁴ World Health Assembly (2015), *Resolution WHA68.15: Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage*, http://apps.who.int/gb/ebwha/pdf_files/wha68/a68_r15-en.pdf.
- ¹⁵ Global Commission on Drug Policy (2015), *The Negative Impact of Drug Control on Public Health: The Global Crisis of Avoidable Pain*, <http://www.globalcommissionondrugs.org/reports/the-negative-impact-of-drug-control-on-public-health-the-global-crisis-of-avoidable-pain/>.
- ¹⁶ WHO Executive Board (2014), *Resolution EB134.R7: Strengthening of palliative care as a component of integrated treatment within the continuum of care*; United Nations Millennium Development Goals Gap Task Force (2013), *Millennium Development Goal 8: The global partnership for development: making rhetoric a reality*, <http://www.who.int/medicines/mdg/en/index.html>.
- ¹⁷ Hadland, S, Marshall, B., et al (2012), Ready Access to Illicit Substances among Youth and Adult Users, *Am J Addict*. 21(5): 488–490, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3419381/>.
- ¹⁸ Rainbow Health Ontario (2015), *LGBT Drug Use and Harm Reduction Fact Sheet*, <https://www.rainbowhealthontario.ca/resources/rho-fact-sheet-lgbt2sq-people-drug-use-harm-reduction/>.
- ¹⁹ UN General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, available at: <https://www.refworld.org/docid/3ae6b38f0.html>

²⁰ United Nations Development Programme, World Health Organization, UNAIDS, International Centre on Human Rights and Drug Policy. *International Guidelines on Human Rights and Drug Policy*.
<https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/international-guidelines-on-human-rights-and-drug-policy.html>.
