

Statement by Mr. Zeid Ra'ad Al Hussein, United Nations High Commissioner for Human Rights at the United Nations Work on the World Drug Problem

Excellencies,
Ladies and gentlemen,

I am pleased to address you today, to use this opportunity to encourage a shift of focus in tackling the world drug problem – a shift from an approach primarily based on law enforcement to one that, first and foremost, focuses on the human rights of drug users. My hope is that Member States will ensure that human rights are at the core of the outcome document of UNGASS 2016, which can provide firm guidance towards future action.

As Navi Pillay stressed, people do not lose their human rights because they use drugs. I put to you that they have the same rights as all of us: to health and to life, to non-discrimination, to freedom from arbitrary arrest and detention, and to freedom from torture and other forms of ill treatment. The State's response to an individual's drug use should always be compassionate, focus on that individual's health and well-being, with full respect for dignity and rights. This is absolutely crucial when the drug users are children. For them, the denial of these rights can have particularly tragic, long-term consequences – both personal and for society as a whole.

Sadly, as my Office recently documented in its first-ever comprehensive report on the human rights impact of the world drug problem, people who use drugs are often denied access to healthcare or may have poorer access to healthcare. Such denial or reduced access may be based on the generalized, stigmatizing assumption that a person's drug use would make him or her unable to adhere to treatment. This is clearly in breach of the obligation of healthcare professionals to provide treatment to all, without discrimination.

The lack of access to adequate health care is particularly dire for drug users in prisons, where there is a heightened risk of HIV infection, viral hepatitis and tuberculosis. Better health care in prisons, including harm reduction services, is urgently needed.

And harm reduction programmes, including needle and syringe programmes as well as opioid substitution treatment, have been shown to go a long way towards protecting the health of drug users by reducing the risk of infection and vascular damage, as well as of HIV and viral hepatitis transmission. Such programmes can also be a valuable entry point for drug users into the health care system. Opioid substitution therapy reduces the risk of drug overdose, as does the widespread availability of naloxone which acts as an antidote to opioid overdose. It has been estimated by WHO that 69,000 people die a year from opioid overdose. Sixty-nine thousand deaths, many of which are preventable, fail to make the headlines – perhaps because drug users live on the margins of society. The issue is clearly a serious public health issue, but arguably a right to life issue as well.

Restricted access to controlled medicines, both for opioid substitution therapy and for non-drug related health needs, is a significant right to health issue, particularly in developing countries. It is not acceptable that morphine, for example, is severely restricted or not available at all in some countries when it can reduce the pain associated with cancer or other serious health conditions. There is clearly a need for dramatic change in this area.

Criminalization of drug use is also a key impediment to the right to health. In States that criminalize drugs, users may avoid reaching out for health care or essential, sometimes lifesaving, information. They may legitimately fear that seeking help would end up resulting either in arrest or in treatment against their will. In some States, law enforcement officials actually arrest people outside drug treatment facilities. Criminalization also leads to risky forms of drug use, such as syringe-sharing, hurried or risky injection of drugs, or their use in unsafe places.

I urge Member States to consider decriminalizing the use and possession of drugs for personal use. I stress here that children, in particular, must not be subject to criminal prosecution for drug use. For children, the focus must be on prevention, on education, health, treatment, including harm reduction, and social integration.

Within criminal justice systems, there is also a need for a drastic change in the way drug-related offences are treated. An estimated 33 countries or territories impose the death penalty for drug-related offences, resulting in some 1,000 executions per year. Drug-related offences do not meet the standards required by human rights law for application of capital punishment. I call on States to revise their laws so that the death penalty shall no longer be applied for drug-related offences.

The so-called "war on drugs" has spawned many other undesirable consequences. As we heard from the Deputy Secretary-General, there have been reports of torture and ill-treatment, and even extrajudicial killings by some State security services. In many instances, such killings are not effectively investigated. There must not be impunity for human rights violations in the name of drug control. The rule of law must firmly govern any law enforcement operations to tackle drug trafficking.

The UN Working Group on Arbitrary Detention has also found that people who use drugs are particularly at risk of arbitrary detention. Some States have provided for automatic pre-trial detention for individuals arrested for drug use, without individual determination. People arrested for drug-related offences are sometimes subject to violence, to extract confessions or obtain information about other drug users or traffickers. In some cases, law enforcement agents have reportedly withheld opioid substitution therapy from such individuals.

There have also been disproportionately long sentences for drug use and possession, or for micro-distribution - sometimes longer than sentences handed down for murder, rape or kidnapping. A criminal conviction for drug use or possession also often results in stigma and discrimination, and can thus affect employment, child custody and access to Government benefits. I urge States to consider alternatives to imprisonment for minor, non-violent drug offences.

In a number of countries, ethnic minorities are disproportionate targets of drug enforcement efforts. Women also pay a high price for drug use, and tend to be convicted for low-level, high-risk tasks, such as micro-distribution or smuggling small amounts of drugs across borders. In detention, they face heightened risks of violations. With regards to indigenous peoples too, I would urge that where use of controlled drugs has been a historical part of their traditional, cultural or religious practices, they should be allowed to use drugs for these narrow purposes.

Excellencies, ladies and gentlemen,

There is an increasing, very welcome, realisation in the international community that the world drug problem needs to be tackled in a holistic way, with full respect for the human rights of those who are most directly affected by it. I look forward to continuing discussions with Member States to ensure that the outcome document of the UNGASS is drafted with human rights at its forefront.

I thank you.