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## Commission on Narcotic Drugs

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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 HIV/AIDS Legal Network, 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.

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

\*\* Issued without formal editing.



## Statement

# Supporting a Comprehensive Public Health Approach to Drug Policy

## 1. Implement and promote a public health approach to drugs

A public health approach is an organized, comprehensive, multi-sectoral effort directed at maintaining and improving the health of populations, incorporating evidence-informed policy and practice and based on principles of social justice.<sup>1,2</sup> These principles include equity and the protection and promotion of human rights, including the right to enjoy the highest attainable standard of health. A public health approach addresses relevant determinants of health to reduce problematic substance use and associated harms, including the Indigenous determinants of health (colonialism and its ongoing racism, social exclusion, denial of cultural continuity, political and territorial sovereignty and self-determination). Drug policy focused on creating greater equity for Indigenous peoples must support access to and availability of resources to enable an Indigenous specific public health approach guided by Indigenous knowledge. Over-emphasis on the prevention of drug use in isolation tends to stigmatize people who use drugs, often ignoring the structural and other determinants of use, and contributes to punitive, discriminatory approaches that compound harms at individual and community levels.<sup>3</sup> A comprehensive public health approach includes decriminalizing the possession of drugs for personal consumption and evidence-based movement towards the regulation of currently prohibited drugs, including innovative approaches to providing a safe supply.<sup>4,5</sup>

We urge Member States to implement a public health approach to drugs, focused on health and social justice, rather than relying on criminal law responses.

## 2. Support harm reduction as a key component of a comprehensive public health approach to drugs

Harm reduction measures have been recognized as essential for people who use drugs by the UN General Assembly, Human Rights Council, WHO, UNAIDS and multiple human rights treaty bodies and special rapporteurs.<sup>6</sup> The *WHO/UNODC/UNAIDS Technical Guide* identifies key harm reduction interventions, including needle and syringe programs and opioid agonist therapy, as part of a comprehensive approach for addressing HIV among people who inject drugs. These interventions must be culturally relevant and accessible to all in both community and correctional settings. All of these interventions have demonstrated efficacy in reducing a range of HIV and other risks and harms related to drug use.<sup>7</sup> Cultural connection and access to culturally relevant services are key sources of resilience for Indigenous people, including those struggling with problematic drug use and who are vulnerable to or living with HIV. The lack of investment in harm reduction is a primary reason the Millennium Development Goal targets for addressing HIV among people who use drugs were widely missed; UNAIDS has warned of rising HIV infections among people who inject drugs.<sup>8</sup>

We urge Member States to take a public health approach, including explicit and firm support for harm reduction interventions such as those identified in the *WHO/UNODC/UNAIDS Technical Guide*,<sup>9</sup> as well as supervised consumption services, drug checking services, and safe supply initiatives.

## 3. Pursue and support the decriminalization of possession of drugs for personal consumption as essential to a public health and human rights-based approach to drugs

Criminal prohibitions are ineffective in deterring drug use and contribute to widespread human rights violations. Criminalization leads to both individual and systemic stigma and discrimination that prevents people from seeking services. This has disproportionate impacts on populations including Indigenous peoples, people of

colour, women, youth and those with mental health conditions or problematic substance use.<sup>10</sup> Criminalization also prioritizes the allocation of resources to the criminal justice system rather than health and social services.<sup>11</sup> In fact, support for the decriminalization of possession for personal consumption, and its permissibility under the drug control treaties, has now been well documented by a range of UN bodies and special rapporteurs on human rights, including the Office of the High Commissioner for Human Rights, UNAIDS and WHO.<sup>12</sup>

We urge Member States to support and implement the decriminalization of drug possession for personal use as a key component of a public health and human rights-based approach to drugs.

#### **4. Reject ill-conceived, unrealistic and harmful demands for a “drug-free world”**

In the 1998 UN Special Session on drugs, the General Assembly called for a “drug-free world,” ignoring the reality of drug use and often emphasizing abstinence-based approaches at the cost of a comprehensive set of evidence-based programs and services. This unrealistic goal has been used to justify the use of measures that violate human rights, such as mass incarceration, torture, drug detention centres and the death penalty.

We urge Member States to consistently oppose insertion of “drug-free world” language within UN documents as unrealistic and counter-productive.

#### **5. Reflect the realities of the impacts of drug policies on the ground**

The drugs landscape has changed significantly and policy must keep pace. Numerous states have implemented evidence-based local and national reforms aimed at addressing public health and human rights concerns in place of the status quo of demand and supply reduction measures rooted in criminal prohibition. Tensions are growing between Member State practice and outdated treaties or unjustifiably inflexible and inappropriate interpretations of those treaties. The way forward must include frank discussions aimed at resolving these tensions and measures taken toward reform; for example, *inter se* modifications enable Member States to test and evaluate the impacts of innovative policies, while operating within the boundaries of international law.<sup>13</sup>

We urge Member States to engage in open discussion recognizing and aiming to resolve tensions within the treaty system and the effects of the scheduling regime on public health and human rights.

#### **6. Recognize intersectionality: Gender and race**

Current drug policies have had a disproportionate and discriminatory impact on women, people of diverse gender identities and racialized and Indigenous communities. As UN bodies, including UN human rights committees, have recognized, determinants of health such as stigma, sexism, racism, colonialism, intergenerational trauma, homophobia, transphobia, poverty, housing insecurity and homelessness, pregnancy and parenting, physical and sexual violence and repressive laws and policies that disproportionately affect women, people of diverse gender identities, people with disabilities, and racialized communities who use drugs are not sufficiently accounted for in the design of health strategies directed at people who use drugs. The UN Committee on the Elimination of Discrimination against Women and on the Elimination of Racial Discrimination expressed concern about the excessive use and disproportionate impact of incarceration for drug offences on women, Indigenous peoples and African-Canadians, and called for evidence-based alternatives.<sup>14,15</sup>

We urge Member States to recognize the negative impacts of current drug policies on women, people of diverse gender identities and racialized and Indigenous communities, and to support accessible, gender-sensitive and culturally appropriate drug treatment, harm reduction and other drug-related health services that are tailored to meet their specific needs.

## Endnotes:

<sup>1</sup> Canadian Public Health Association (2014). A New Approach to Managing Illegal Psychoactive Substances in Canada, [https://www.cpha.ca/sites/default/files/assets/policy/ips\\_2014-05-15\\_e.pdf](https://www.cpha.ca/sites/default/files/assets/policy/ips_2014-05-15_e.pdf)

<sup>2</sup> Health Officers Council of British Columbia (2011). Public Health Perspectives for Regulating Psychoactive Substances: What We Can Do About Alcohol, Tobacco and Other Drugs, <https://healthofficerscouncil.files.wordpress.com/2012/12/regulated-models-v8-final.pdf>.

<sup>3</sup> Csete, J. et al. (2016). Public Health and International Drug Policy, Report of the Johns Hopkins – Lancet Commission on Drug Policy and Health. *Lancet* 387 (10026): 1427-1480.

<sup>4</sup> Global Commission on Drug Policy (2018). Regulation: The Responsible Control of Drugs. [https://www.globalcommissionondrugs.org/wp-content/uploads/2018/09/ENG-2018\\_Regulation\\_Report\\_WEB-FINAL.pdf](https://www.globalcommissionondrugs.org/wp-content/uploads/2018/09/ENG-2018_Regulation_Report_WEB-FINAL.pdf).

<sup>5</sup> Canadian Association of People who Use Drugs (2019). Safe Supply Concept Document. <https://vancouver.ca/files/cov/capud-safe-supply-concept-document.pdf>.

<sup>6</sup> Statement by UN High Commissioner for Human Rights Michelle Bachelet (2019). Harm Reduction International Conference. <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24529&LangID=E>.

<sup>7</sup> WHO, UNODC, UNAIDS (2012), WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for HIV Prevention, Treatment and Care of Injecting Drug Users, 2012 Revision. (Geneva: WHO Press), [http://www.who.int/hiv/pub/idu/targets\\_universal\\_access/en/](http://www.who.int/hiv/pub/idu/targets_universal_access/en/)

<sup>8</sup> UNAIDS (16 March 2017), Stopping the Rise of New HIV Infections among People Who Inject Drugs, Feature Story, [http://www.unaids.org/en/resources/presscentre/featurestories/2017/march/20170316\\_CND](http://www.unaids.org/en/resources/presscentre/featurestories/2017/march/20170316_CND)

<sup>9</sup> WHO, UNODC, UNAIDS (2012), WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for HIV Prevention, Treatment and Care of Injecting Drug Users, 2012 Revision. (Geneva: WHO Press), [http://www.who.int/hiv/pub/idu/targets\\_universal\\_access/en/](http://www.who.int/hiv/pub/idu/targets_universal_access/en/)

<sup>10</sup> Office of the Correctional Investigator (2018), Office of the Correctional Investigator Annual Report 2017-2018. (Ottawa: Government of Canada), <http://www.ocibec.gc.ca/cnt/rpt/annrpt/annrpt20172018-eng.aspx>.

<sup>11</sup> BC Office of the Provincial Health Officer (2019). Stopping the Harm: Decriminalization of People Who Use Drugs in BC. <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf>

<sup>12</sup> Also the United Nations Development Programme, UN Special Rapporteur on the right to the highest attainable standard of health, UN Committee on Economic Social and Cultural Rights, UN Women, UN High Commissioner for Refugees, UNICEF, World Food Programme, International Labour Organization, UNESCO, UN Population Fund and International Organization for Migration.

<sup>13</sup> Jelsma, M., Boister, N., Bewley-Taylor, D., Fitzmaurice, & M., Walsh, J. (2018). *Balancing Treaty Stability and Change: Inter se Modification of the UN Drug Control Conventions to Facilitate Cannabis Regulation* (Swansea: Global Drug Policy Observatory), [https://www.tni.org/files/publication-downloads/balancing\\_treaty\\_stability\\_and\\_change.pdf](https://www.tni.org/files/publication-downloads/balancing_treaty_stability_and_change.pdf).

<sup>14</sup> UN Committee on the Elimination of Discrimination against Women, *Concluding observations on the combined on the combined eighth and ninth periodic reports of Canada*, CEDAW/C/CAN/CO/8-9, November 18, 2016, paras. 44-45.

<sup>15</sup> UN Committee on the Elimination of Racial Discrimination, *Concluding observations on the combined twenty-first to twenty-third periodic reports of Canada*, CERD/C/CAN/CO/21-23, September 13, 2017, paras. 15-16.