

Policies on drugs must advance rights, including to health, Türk says

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Mr President,
Excellencies,
Distinguished panellists,

I am glad to open this discussion, which is urgently needed. Human rights ought to be central to all policies that tackle the world's drug problem. Currently, this is far from the case – and I encourage the Council to continue ramping up its engagement on these topics, and to infuse a human rights dimension in all fora where these issues are addressed.

Your discussion today is particularly vital in light of the upcoming midterm review of the 2019 Ministerial Declaration on the world drug problem. This is a key opportunity to recommend changes to drug policies over the next five years – strengthening their advancement of human rights and in doing so, making those policies more effective.

Our report, *A/HRC/54/53*, identifies several policy areas of serious concern. They include so-called “war on drugs” policies, including the **militarization of drug control**, which often subjects people to a range of serious rights violations; **compulsory** drug treatment; **overincarceration**, and related prison overcrowding. Use of the **death penalty** for drug-related offences is of grave concern. Other issues include lack of – and unequal access to – **treatment and harm reduction**.

Policies regarding drugs need, above all, to advance human rights, including the right to health. And fortunately, we have seen more and more policies in recent years that are better grounded in a public health and rights-based approaches. The report of my Office points to global efforts to **move away from the death penalty** for drug offences, as well as a number of national initiatives to shift away from punitive approaches, by **decriminalizing** drug use and possession, setting up **alternatives to incarceration**, and broadening **harm reduction** – steps that are in line with our recommendations.

For example, in the United Kingdom, **Scotland** published two months ago a draft outline of its Charter of Rights for people affected by substance use, which it plans to finalize by the end of this year. The draft is firmly grounded in the International Guidelines on Human Rights and Drug Policy, and nourished by community consultations.

Colombia continues to implement significant human rights-based changes to its drug policies, to focus on prosecuting those who benefit most from criminal activity, and dismantling criminal networks, while protecting vulnerable people from harm.

Pakistan ended capital punishment for drug-related offences in July last year.

Malaysia has removed its mandatory death penalty for drug offences, and the resentencing of hundreds of individuals on death row is underway.

In **India** and **Mexico**, recent legal reforms have emphasised alternatives to incarceration in some cases.

Ghana has recently adopted legislative changes in the direction of a public health-friendly drug policy, which need to be followed up by meaningful initiatives for alternatives to incarceration, and access to treatment, health-care and social services for people who use drugs.

The report also highlights an increased focus on human rights in drug policy discussions in international fora, and greater participation of civil society in national and global decision-making processes that are related to drugs.

Building on these positive developments, and similar efforts in progress in several other countries, we must strive to move the world away from an ineffective, and harmful, emphasis on prohibition and punishment.

Drug policies must include **evidence-based and gender-sensitive** approaches to harm reduction, and be part of broader efforts to end **racial and gender discrimination** in policing and criminal justice systems.

Harm reduction services can have very positive impact for drug-users and communities. In this and every other respect, **drug policies need to uphold the rights of people who use drugs**, and this also means that people who inject drugs – and who may develop infectious diseases, including HIV-AIDS – must have access to medical care in an atmosphere of respect. All **treatment for drug dependence must be voluntary** and provided by qualified health professional. The **decriminalisation** of drug usage can be a powerful step forward.

To turn an economy away from the cultivation of illicit crops, it is important that communities – including farmers, women and Indigenous Peoples – are **meaningfully consulted** on options for alternative livelihoods. We also need measures that can take control of illegal drug markets, such as **responsible regulation** that can eliminate profits from illegal trafficking, criminality and violence.

And overall, people who use drugs, affected communities and young people, as well as civil society organisations, must participate in the design, implementation, and evaluation of all policies on drugs.

I urge all actors to engage with my Office, the Council's Special Procedures, and our UN colleagues for expert advice on human rights-based approaches to these and other issues, in line with the UN Common Position on Drugs.

Thank you