

# High-level panel on public health and human rights approaches to the world drug problem

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VIDEO RECORDING

Greetings,

Recently, at the request of the Human Rights Council, my Office prepared the **first comprehensive report** on the impact of the world drug problem on the enjoyment of human rights. It demonstrated the urgency of a number of issues.

As the Special Rapporteur on the right to health has noted, drug use is not a medical condition and does not necessarily lead to drug dependence, which is a chronic, relapsing disorder that should be medically treated. Yet people who use drugs, especially those who inject drugs, often face **unjustified discrimination, and even denial of treatment, by health-care providers.**

**Criminalization of possession and use of drugs causes significant obstacles to the right to health.** Drug users may justifiably fear that they will be arrested or imprisoned if they seek health-care. They may even be discouraged from seeking information about safe practises for drug use – and indeed, in some States, even dissemination of information about safe practices is punishable by law. The result, most frequently, is risky forms of drug use which can lead to infections, vascular accidents and drug overdose, which is the main cause of drug-related deaths.

For these reasons, the Special Rapporteur on the right to health has called for decriminalization of the possession and use of drugs, and WHO and UNAIDS have taken similar positions. I join them in urging States to consider decriminalizing possession and use of drugs.

The need for **harm reduction programmes** has been recognized by the Human Rights Council. Today, such measures, including syringe-exchange and opioid substitution therapy, are available in slightly less than half of countries worldwide. And virtually all States urgently need far greater **availability of such measures in prisons.**

I am also concerned about **access to essential controlled medicines.** In developing countries in particular, there is little or no access to morphine for health care, because of fears that it will be diverted to illicit purposes. This penalises patients in pain, who need such medicine, as well as restricting the option of opioid substitution therapy for drug users. I urge decision-makers to prioritise health.

The question of children and drug use is also vital. Children should be protected by focusing on **prevention**, including on the risks of HIV infection, and should receive accurate

and age-appropriate information on drugs. The Committee on the Rights of the Child has recommended that **children should not be subject to criminal prosecution**, and that responses to drug use should be based on health education, treatment and social-reintegration. It has also **criticized aerial fumigation of drug crops** because of its effects on children.

Like the Secretary-General, I strongly feel that States need to seek alternatives to criminalization and incarceration of people who use drugs, and increase their focus on public health, prevention, treatment and care.

Thank you.