

# Submission to the United Nations Committee on Economic and Social Rights ahead of Brazil's periodic review

## List of Issues

18 December 2020

### Submitting organisations:

The **International Drug Policy Consortium** is a global network of 198 non-government organizations that advocate for drug policies based on evidence, and on principles of public health, human rights, human security, development and civil society participation.

**Conectas** is a leading human rights organization from the Global South. Our mission is to realize and enhance human rights and combat inequality to build a fair, free, and democratic society from a Global South perspective. In its more than 15 years of existence, Conectas has developed expertise in alliance-building, producing and sharing knowledge, and advocacy. Conectas' key activities include fostering a network of organizations from the Global South, gathering activists, and academics from the Global South to share their experiences and knowledge, and promoting a well-informed public debate on human rights. Since 2006, Conectas has held consultative status with the ECOSOC-UN and has regularly worked with the UN, particularly in the Human Rights Council. Also, a large part of Conectas' advocacy work for human rights in Brazil is done in partnership with the UN agencies in the country.

The **Black Initiative for a New Drug Policy** is a civil society organization that works to build a racial and economic justice agenda. To this end, the Black Initiative promotes human rights policies and drug policy reforms. With a focus on national and regional public security and mental health agendas, the initiative's work aims to strengthen Brazilian democracy.

### Contact details:

#### For IDPC:

International Drug Policy Consortium  
61 Mansell Street  
E1 8AN London, UK  
contact@idpc.net

#### For Conectas:

Conectas Direitos Humanos  
Avenida Paulista 575, 19  
01311-000, Sao Paulo, Brazil  
[henrique.souza@conectas.org](mailto:henrique.souza@conectas.org)

#### For INNPd:

Iniciativa Negra por uma Nova Política de Drogas  
[dudujpt@gmail.com](mailto:dudujpt@gmail.com)

## Executive summary

1. Conectas Direitos Humanos (Conectas), the International Drug Policy Consortium (IDPC), and Iniciativa Negra por uma Nova Política de Drogas (INNPD), welcome the opportunity to provide input to the Committee on Economic, Social and Cultural Rights, regarding the List of Issues of the forthcoming periodic review of Brazil by the Committee. In particular, this submission will focus on the serious violation of the rights to health of people who use drugs in Brazil.<sup>1</sup>
2. The information on the number of people who use drugs in Brazil is limited, and incomplete. After years of investment, the government censored the publication of the official drug-use census, conducted by an internationally respected research center, as the new administration disagreed with the results, which disproved the so-called “drug epidemic” that fuels draconian drug laws and policies being adopted in the country<sup>i</sup>. For 2017, the UN Office on Drugs and Crime (UNODC) reported a 1% prevalence of cocaine use, and a 0.1% prevalence of heroin use as of 2017.<sup>ii</sup> However, people who use drugs are disproportionately affected by health harms, such as blood-borne diseases and mental health conditions; for instance, HIV prevalence among people who inject drugs in Brazil is estimated at 9.9%,<sup>iii</sup> while in the general population that rate is 20 times lower, at 0.5%.<sup>iv</sup> The failure to produce and make available qualified data on drug use is part of the control process that gives substance to the war on drugs, compromises the elaboration of effective public policies, reinforces stigmas, and feeds on Brazilian structural racism.
3. In recent years, the Brazilian authorities have consistently reduced the public funding and support for evidence-based and rights compliant drug services, including harm reduction services. This submission will focus on three aspects in which this has impacted the right to health of people who use drugs in Brazil:
  - a. The lack of access to evidence-based harm reduction services, which has become more pressing due to the government’s rejection of harm reduction in its National Drug Policy, and due to the closure of several centres.
  - b. Increased public investment and support for abstinence-based drug ‘rehabilitation’ centres, which do not provide evidence-based drug treatment, and where shocking cases of torture and cruel, inhuman or degrading treatment or punishment have been reported.
  - c. The increasing criminalisation of drug use and of possession for personal use, which acts as a barrier to accessing health services, and has driven a major increase in the number of incarcerated people, particularly amongst those belonging to marginalised communities.

---

<sup>1</sup> This submission follows closely the content and recommendations of: EU Civil Society Forum on Drugs (2020), Submission to the EU on the occasion of the EU-Brazil dialogue on drugs. Archived with the EU Civil Society Forum on Drugs.

## **1. Lack of access to harm reduction services for people who use drugs in Brazil. (Art. 12 ICESCR - right to health).**

4. Harm reduction has been recognised as an essential component of the right to health by many UN human rights expert,<sup>v</sup> and this Committee has consistently urged states to strengthen harm reduction policies.<sup>vi</sup> Furthermore, harm reduction services should be available and accessible for all people who use drugs, regardless of the substance they use and the consumption method. For example, studies conducted in Brazil suggest that people who use crack and cocaine paste are more vulnerable to hepatitis infection;<sup>vii</sup> a 2017 study also found a 2.8% HIV prevalence among people who use crack in Goiás, Brazil, which is six times more than amongst the general population.<sup>viii</sup> In times of COVID19, safe inhalation interventions are also necessary in order to prevent the spread of the pandemic amongst people who use drugs.<sup>ix</sup>
5. However, the 2020 *Global State of Harm Reduction reports* that there are no Needle and Syringe Programmes nor Opioid Agonist Therapies available in Brazil.<sup>x</sup> This is due in part to the small numbers of people who inject drugs and people who use opioids, but also to a lack of political support for harm reduction.
6. Some harm reduction services are available for people who use cocaine and cocaine derivatives such as cocaine paste and crack cocaine, as this drug use is more prevalent,<sup>xi</sup> with an estimated 1.5 million users in the country.<sup>xii</sup> However, these services are insufficient, and they cannot respond to the number of people seeking support. Service providers also report concerns about a hostile political environment, which may further limit their ability to provide services.<sup>xiii</sup> This is specially concerning given that people who use cocaine derivatives have backgrounds of oppression, poverty and marginalisation, which already operate as important barriers to accessing health care.<sup>xiv</sup>
7. In recent years, local and national authorities in Brazil have shown a general lack of support for harm reduction, and pushed for an increasingly punitive drug policies. At a national level, a new drug strategy adopted in 2019 explicitly rejects the harm reduction approach, and commits funds to abstinence-based religious programmes.<sup>xv</sup> At a local level, an example of regressive change can be found in Sao Paulo in 2016, when the local administration closed down the ‘De Braços Abertos’ (Open Arms) project operated in Crâcolandia (a stigmatising name for the open crack scene), and replaced it with the Redenção (Redemption) project. Whereas De Braços Abertos provided health, employment and accommodation to people who use crack cocaine with no precondition of abstinence or treatment, the Redenção project reportedly requires that participants abstain from drug use and undergo mandatory drug tests.<sup>xvi</sup> In its first eight months of operation, Redenção saw an adherence rate of just 17%.<sup>xvii</sup>
8. In November 2020, a group of mental health and human rights advocates requested investigations<sup>xviii</sup> over allegations that the Health Ministry is preparing a “dismantling”<sup>xix</sup> of mental health services in the country, a mass annulment of executive and administrative norms that organize the funding of harm reduction and non-custodial services, while diminishing requirements for forced treatment.

## **2. Public investment in private ‘rehabilitation’ centres that do not provide evidence-based drug services, and raise important human rights concerns. (Art. 12 ICESCR - right to health).**

9. Brazil has experienced a major shift in the provision of mental health and drug dependence treatment services since 1987. In the 1990s, the Brazilian government closed several private institutions, reducing the number of beds (up to 60,000 vacancies were eliminated in 10 years), and building a new approach based on communitarian psychosocial attention centres<sup>xx</sup>. As a result, religious-oriented pseudo-therapeutic communities started to flourish.
10. The new 2019 National Drug Policy is expected to channel more funds and resources to these abstinence-based, religious-focused treatment centres, as it calls to financially ‘support and stimulate’ therapeutic communities,<sup>xxi</sup> in some of which serious human rights abuse has been reported.<sup>xxii</sup> According to a 2017 survey, there are over 2,000 therapeutic communities in the countries, and 64% of them receive some form of public funding.<sup>xxiii</sup> In 2020, the federal government is paying for 20.000 beds in therapeutic communities, at a cost of around 300.000 million reais, while community-based, interdisciplinary services are receiving around half of this sum, widening the treatment-gap in the country. At the same time, there is no public policy of accountability for these treatment centers in place.
11. Recently, the federal administration approved the institutionalization of teenagers in therapeutic communities, against recommendations by the National Human Rights Council and National Children and Adolescent Council<sup>xxiv</sup>, two official civil society participation bodies.
12. There are major concerns about some of these ‘treatment facilities’, as they do not comply with minimum quality standards for the treatment of drug dependence, and in some cases subject people who use drugs to serious human rights abuse. The issues documented in these centres include:
  - a. The involuntary internment of people who use drugs in rehabilitation centres, which constitutes in itself a form of arbitrary detention, as well as a violation of the right to be free from non-consensual medical treatment.<sup>xxv</sup> In that regard, it should be noted that in 2019 president Bolsonaro signed a bill that would allow for the involuntary internment of people who use drugs without judicial authorisation.<sup>xxvi</sup>
  - b. A broad range of interventions that could constitute torture and cruel, inhuman or degrading treatment, including: tying residents in beds and injecting tranquilizers;<sup>xxvii</sup> the refusal to provide sufficient food and nourishment;<sup>xxviii</sup> degrading treatment such as forcing patients to be naked,<sup>xxix</sup> or attempts to ‘dehomosexualise’ LGBTI people.<sup>xxx</sup>
  - c. The use of ‘laborthrapy’,<sup>xxxi</sup> that is forced labour such as construction as a form of drug treatment, even for teenagers..
  - d. In general, the denial of evidence-based drug treatment, focusing instead of abstinence-based methods and praying.

13. Although these violations were well documented by the National Preventive Mechanism in October 2017, the Brazil authorities have taken little to no action to remedy them.<sup>xxxii</sup> Instead of acting swiftly to end these shocking abuses, in June 2019 the government decided to dismantle the anti-torture body, currently operating solely due to judicial intervention.<sup>xxxiii</sup> In October 2020, inspections by the same body, accompanied by civil society mental health advocates, found evidences of torture and other forms of inhuman treatment in one of these facilities, which had received hundreds of thousands of reais to conduct voluntary treatment<sup>xxxiv</sup>. Similarly, the National Sanitary Surveillance Agency notes in its 2019 reports that these institutions are the cause of a disproportionate high number of grave violations of health regulations<sup>xxxv</sup>.

### **3. The criminalization of drug use and possession for personal use. (Art. 12 ICESCR. Right to health).**

14. As this Committee noted in its recent Concluding Observations on Norway, the criminalisation of drug use prevents people who use drugs from accessing harm reduction services, and health care more generally,<sup>xxxvi</sup> as people who use drugs avoid health services out of fear of punishment, stigmatization, and interaction with law enforcement officials.
15. A plethora of UN bodies and human rights experts have also made clear that detention is never an appropriate response to drug use or drug dependence.<sup>xxxvii</sup> According to the International Guidelines on Human Rights and Drug Policy, which were developed by a coalition including Member States, the WHO, UNAIDS, the UNDP, and the OHCHR, ‘states shall ensure that people are not detained solely on the basis of drug use or drug dependence’.<sup>xxxviii</sup> The criminalisation of mere drug use can also constitute a violation of the right to liberty, as the UN Working Group on Arbitrary Detention has highlighted that ‘drug consumption or dependence is not sufficient justification for detention’.<sup>xxxix</sup> A recent analysis of over 100 peer-reviewed studies showed that scientific literature has been compiling for years evidence that criminalisation has a negative effect on access to HIV prevention and treatment.<sup>xl</sup>
16. Brazil’s drug policy is predominantly punitive. Law 11343/06 (adopted in 2006) is centred around a distinction between drug use –which remains criminalised but should not be punished with incarceration – and drug trafficking, for which severe criminal penalties were increased. However, in the absence of a clear definition of the two, discretion was left to the courts, resulting in the increased and widespread incarceration of people who use drugs.
17. The recourse to punishment and incarceration as the primary means to combat drugs has led to a dramatic increase in the prison population of Brazil, which is now the highest in the world after the United States and China. Between 2006 and 2014 the prison population grew 55% (against an 8% growth in the general population) and the number of people incarcerated for any drug offence grew by 267%.<sup>xli</sup> As of June 2019, 773,151 people were incarcerated in Brazil, of which 39.4% for drug offences alone.<sup>xlii</sup> The percentage is even greater in the female prison population, 56.16% of whom

were in prison for drug crimes.<sup>xliii</sup> Around 40% of those incarcerated are in pre-trial detention, and may await trial for years.<sup>xliv</sup> People charged with drug offences are overrepresented amongst this populations, as the classification of ‘drug trafficking’ as a heinous crime in national legislation limits the chances of bail and alternative punishment.<sup>xlv</sup>

18. People incarcerated for drug offences are disproportionately from ‘ethnic minorities, of low socio-economic status, and of low educational attainment’.<sup>xlvi</sup> Of those incarcerated, almost 60% are first-time offenders, and most were arrested for possessing less than 100 grams of cannabis or cocaine.<sup>xlvii</sup> The high criminalization of black women in Brazil impoverishes, exposes and violence a large group of families and communities, considering that black women represent 68% of the entire female prison population. During his latest visit to the country in 2016, the UN Special Rapporteur on torture expressed preoccupation at reports that most people incarcerated for drug offences are people who use drugs or small-scale dealers.<sup>xlviii</sup>
19. As a consequence, prisons are chronically overcrowded.<sup>xlix</sup> Conditions of detention are often poor and inhumane, with widespread violence as well as lack of adequate water, sanitation, ventilation, and healthcare reported.<sup>1</sup> This is despite the fact that people in detention are more vulnerable to developing health conditions, including TB and HIV. A recent report by the Yale Global Health Justice Partnership suggests that mass incarceration for drug offences in Brazil– which impacts disproportionately on the poorest and on marginalised groups – plays a central role in driving TB infections not only in prison but also in the general population.<sup>li</sup> Mirroring the lack of harm reduction services in the community, there are no harm reduction services in Brazilian prison, again in violation of human rights standards,<sup>lii</sup> as well as UN guidelines on HIV prevention, treatment and care in closed settings<sup>liii</sup> and the UNGASS Outcome Document.

#### **4. Recommendations for the list of issues**

20. In view of the foregoing, we recommend that the Committee includes the following questions in the List of Issues that will be presented to Brazil:
  - a. Please provide information on the legislative and policy measures taken to expand the harm reduction programmes, and on the extent to which drug users have benefited from those programmes.
  - b. Please provide information on the legislative and policy measures taken to ensure that private drug treatment services provide voluntary, rights-compliant, and evidence-based services.
  - c. Please indicate any steps taken to review legislation criminalizing personal drug use and any studies carried out to analyse the impact of such legislation on racial and ethnical minorities, prison overcrowding, and on access to health-care services by drug users.

---

## ENDNOTES

- <sup>i</sup> Brazilian government accused of suppressing data that would call its war on drugs into question <https://www.sciencemag.org/news/2019/06/brazilian-government-accused-suppressing-data-would-call-its-war-drugs-question>
- <sup>ii</sup> See UNODC Statistics and data, Annual Prevalence of Drug Use. Available at: [https://dataunodc.un.org/drugs/prevalence\\_table-2017](https://dataunodc.un.org/drugs/prevalence_table-2017)
- <sup>iii</sup> Stone, K and Shirley-Beavan, S (2018), *The Global State of Harm Reduction 2018*. Harm Reduction International: London, p. 96. Available at <https://www.hri.global/files/2019/02/05/global-state-harm-reduction-2018.pdf>
- <sup>iv</sup> [https://www.unaids.org/sites/default/files/media\\_asset/2020\\_aids-data-book\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf), p. 232.
- <sup>v</sup> Among others, see: Paul Hunt, 'Human rights, health, and harm reduction', 8; Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover(2010) A/65/255, para. 55; CESCR, Concluding Observations on the combined initial and second periodic reports of Thailand, UN Doc. E/C.12/THA/CO/1-2; CEDAW, Concluding Observations on the combined fourth and fifth periodic reports of Georgia (2014), UN Doc. CEDAW/C/GEO/CO/4-5, para. 31(e); Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover, Mission to Poland (2010) A/HRC/14/20/Add.3, para. 86; CESCR, 2016, Concluding Observations on the sixth periodic report of Sweden. UN Doc. E/C.12/SWE/CO/6. Human Rights Committee in E/C.12/RUS/CO/5, E/C.12/LTU/CO/2, E/C.12/EST/CO/2 and E/C.12/UKR/CO/5. UN General Assembly Resolutions A/65/277. Human Rights Council Resolution A/12/27. For more information, see: International Centre on Human Rights and Drug Policy/UNDP, International Guidelines on Human Rights and Drug Policy
- <sup>vi</sup> See amongst many others E/C.12/ECU/CO/4 (CESCR 2019), E/C.12/KAZ/CO/2 (CESCR 2019).
- <sup>vii</sup> Stone, K and Shirley-Beavan, S (2018), *The Global State of Harm Reduction 2018*. Harm Reduction International: London, p. 103
- <sup>viii</sup> Ibid., p. 104
- <sup>ix</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306748/>
- <sup>x</sup> [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_2\\_3\\_Caribbean\\_Latin\\_FA\\_WEB.pdf](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_2_3_Caribbean_Latin_FA_WEB.pdf), p. 100.
- <sup>xi</sup> Stone, K and Shirley-Beavan, S (2018), *The Global State of Harm Reduction 2018*. Harm Reduction International: London,
- <sup>xii</sup> [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_2\\_3\\_Caribbean\\_Latin\\_FA\\_WEB.pdf](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_2_3_Caribbean_Latin_FA_WEB.pdf), 106.
- <sup>xiii</sup> See Rigoni, R, Brecksema, J and Woods, S (2018), *Speed Limits: Harm Reduction for People Who Use Stimulants*, Mainline: Amsterdam. Available at: <https://english.mainline.nl/posts/show/11665/harm-reduction-for-people-who-use-crack-a-best-practice-from-brazil>
- <sup>xiv</sup> [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_2\\_3\\_Caribbean\\_Latin\\_FA\\_WEB.pdf](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_2_3_Caribbean_Latin_FA_WEB.pdf), p. 103.
- <sup>xv</sup> <https://bolsonaro-bans-harm-reduction-escalates-drug-war//filtermag.org/>
- <sup>xvi</sup> It should be noted that mandatory drug testing violates human rights and public health standards mandating that testing be voluntary
- <sup>xvii</sup> Stone, K and Shirley-Beavan, S (2018), *The Global State of Harm Reduction 2018*. Harm Reduction International: London
- <sup>xviii</sup> In portuguese: [https://politica.estadao.com.br/blogs/fausto-macedo/wp-content/uploads/sites/41/2020/12/oficio\\_121220201317.pdf](https://politica.estadao.com.br/blogs/fausto-macedo/wp-content/uploads/sites/41/2020/12/oficio_121220201317.pdf)
- <sup>xix</sup> <https://www1.folha.uol.com.br/equilibrioesaude/2020/12/governo-bolsonaro-quer-revogar-portarias-que-sustentam-politica-de-saude-mental.shtml>
- <sup>xx</sup> Mental health in Brazil: strides, setbacks, and challenges. [https://www.scielo.br/scielo.php?pid=S0102-311X2019001300501&script=sci\\_arttext&tlng=en](https://www.scielo.br/scielo.php?pid=S0102-311X2019001300501&script=sci_arttext&tlng=en)
- <sup>xxi</sup> <https://filtermag.org/bolsonaro-bans-harm-reduction-escalates-drug-war/>
- <sup>xxii</sup> <https://theintercept.com/2019/03/10/tratamento-drogas-governo/>
- <sup>xxiii</sup> Data can be found in: [https://drive.google.com/drive/folders/18O2akxhH\\_rWoE1gUB6kZySZw7sJkfnMK](https://drive.google.com/drive/folders/18O2akxhH_rWoE1gUB6kZySZw7sJkfnMK)
- <sup>xxiv</sup> Official statement can be read, in Portuguese, here: <http://conselho.saude.gov.br/images/Recomendacoes/2020/RecConjunta001.pdf>
- <sup>xxv</sup> General Comment 14, CESCR
- <sup>xxvi</sup> <https://www.hrw.org/world-report/2020/country-chapters/brazil>

- 
- <sup>xxviii</sup> <https://www.opensocietyfoundations.org/publications/no-health-no-help> , p. 14.
- <sup>xxviii</sup> *Ibid.*, p. 17.
- <sup>xxix</sup> <https://theintercept.com/2019/03/10/tratamento-drogas-governo/>
- <sup>xxx</sup> <https://www.ohchr.org/Documents/HRBodies/HRCouncil/DrugProblem/HRC39/OpenSocietyFoundation.pdf>. P.1.
- <sup>xxxi</sup> <https://theintercept.com/2019/03/10/tratamento-drogas-governo/>
- <sup>xxxii</sup> <https://www.opensocietyfoundations.org/publications/no-health-no-help>, p. 35.
- <sup>xxxiii</sup> <https://www.omct.org/statements/2019/06/d25382/>
- <sup>xxxiv</sup> <https://mnpctbrasil.wordpress.com/2020/11/19/relatorio-publico-realizado-em-comunidade-terapeutica-voltada-para-tratamento-de-adolescentes-identifica-situacao-de-privacao-de-liberdade-diversas-violacoes-de-direitos-e-praticas-de-tortura-fis/>
- <sup>xxxv</sup> <https://www.gov.br/anvisa/pt-br/arquivos-noticias-anvisa/345json-file-1>
- <sup>xxxvi</sup> United Nations Committee on Economic, Social and Cultural Rights (2020), *Concluding observations on the sixth periodic report of Norway*, UN Doc. E/C.12/NOR/CO/6, <https://undocs.org/sp/E/C.12/NOR/CO/6>, para. 42.
- <sup>xxxvii</sup> UNODC & WHO (2008), *Principles of Drug Dependence Treatment*, <https://www.unodc.org/documents/drug-treatment/UNODC-WHO-Principles-of-Drug-Dependence-Treatment-March08.pdf> , p. 15.
- <sup>xxxviii</sup> International Centre on Human Rights and Drug Policy, UNAIDS, WHO & UNDP (2019), *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>, p. 13.
- <sup>xxxix</sup> United Nations Human Rights Council (2015), *Report of the Working Group on Arbitrary Detention*, UN Doc. A/HRC/30/36, <https://undocs.org/es/A/HRC/30/36m> para. 60.
- <sup>xl</sup> DeBeck, K. et al. (2017), ‘HIV and the criminalization of drug use among people who inject drugs: a systematic review’, *The Lancet* 4(8): e357-e374, <https://www.sciencedirect.com/science/article/abs/pii/S2352301817300735>
- <sup>xli</sup> *Ibid.*, p. 104
- <sup>xlii</sup> Departamento Penitenciário Nacional, Levantamento Nacional de Informações Penitenciárias, Junho de 2019. Available at: <https://app.powerbi.com/view?r=eyJrIjoiMTVjZDQyODUtN2FjMi00ZjFkLTlhZmItNzQ4YzYwNGMxZjQzIiwidCI6ImViMDkwNDIwLTQ0NGMtNDNmNy05MWYyLTRiOGRhNmJmZThlMSJ9>
- <sup>xliii</sup> *Ibid*
- <sup>xliv</sup> Broach, S, Petrone, M, Ryan, J and Sivaram, A (2019), *Reservoirs of Injustice: How incarceration for drug-related offences fuels the spread of tuberculosis in Brazil*. Yale Global Health Justice Partnership: New Haven, p. 22. Available at: <https://bit.ly/2w1VHOe>
- <sup>xlv</sup> *Ibid.*, p. 22
- <sup>xlvi</sup> *Ibid.*, p. 7
- <sup>xlvii</sup> *Ibid.*, p. 24
- <sup>xlviii</sup> Human Rights Council, Report of the Special Rapporteur on torture and other cruel, inhuman and degrading treatment or punishment on his mission to Brazil (29 January 2016), UN Doc. A/HRC/31/57/Add.4. Para. 22
- <sup>xlix</sup> Broach, S, Petrone, M, Ryan, J and Sivaram, A (2019), *Reservoirs of Injustice: How incarceration for drug-related offences fuels the spread of tuberculosis in Brazil*. Yale Global Health Justice Partnership: New Haven
- <sup>l</sup> *Ibid.*, p.13
- <sup>li</sup> Broach, S, Petrone, M, Ryan, J and Sivaram, A (2019), *Reservoirs of Injustice: How incarceration for drug-related offences fuels the spread of tuberculosis in Brazil*. Yale Global Health Justice Partnership: New Haven, p. 22
- <sup>lii</sup> Among others, see Human Rights Council. Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez (1 February 2013), para. 54. UN Doc A/HRC/22/53; Human Rights Committee. Concluding observations on the seventh periodic report of the Russian Federation (28 April 2015), para. 16. UN Doc. CCPR/C/RUS/CO/7; Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Promotion and Protection of All Human Rights, Civil, Political, Economic, Social and Cultural Rights, Including the Right to Development, U.N. Doc, A/HRC/10/44 (Jan. 14, 2009) (by Manfred Nowak). Para 74; European Court of Human Rights *Wenner v. Germany* App. 62303/13 (1 September 2016).
- <sup>liii</sup> UNODC, ILO, UNDP, WHO, UNAIDS (2013), *HIV prevention, treatment and care in prison and other closed settings: a comprehensive package of interventions*. Available at: [https://www.who.int/hiv/pub/prisons/interventions\\_package/en/](https://www.who.int/hiv/pub/prisons/interventions_package/en/)