
SSDP CONTRIBUTIONS TO OHCHR REPORT ON SUSTAINABLE DEVELOPMENT GOALS AND HEALTH

Students for Sensible Drug Policy (SSDP) is an international grassroots organization comprised of young people who are concerned about the impacts of drug abuse on our communities, but also know that the global War on Drugs is failing our generation and our society. SSDP mobilizes and empowers young people to get involved in the political process, pushing for sensible policies to achieve a safer and more just future. SSDP does this while fighting back against counterproductive policies – in particular, those that directly harm students and youth. In consultation with our allies in SSDP Australia and Canadian Students for Sensible Drug Policy, we have comprised the following recommendations to the OHCHR for their report on the implementation of the 2030 Sustainable Development Goals

Target 3.5 of GA Resolution 35/23 states the intention to “strengthen the prevention and treatment of substance abuse, including narcotic drugs and harmful use of alcohol”. In light of this, member states should acknowledge and invest in harm reduction services such as drug checking programs, syringe exchange programs, supervised injection facilities, overdose prevention interventions, educational material about minimizing risks associated with using drugs, and nightlife harm reduction. Harm reduction is a proven approach that saves lives, and states should be strongly encouraged to decriminalize the provision of these life-saving services and dedicate funding towards their implementation. Many NGOs wish to provide or already provide these basic services but are discouraged or disallowed from doing so because of the fear of criminal prosecution. A change is urgently needed, as harm reduction is well-documented as an evidence-based intervention that saves lives. This approach is also more reasonable from an economic standpoint; in Australia, every dollar invested in harm reduction programs saves \$4 in direct healthcare savings and, \$27 is saved in total costs.¹

The decriminalization of drug use and associated penalties for the possession of drugs is a step member states can take to decrease the stigmatization that prevents people who use drugs from pursuing a high standard of health. Evidence shows that the harms of criminalizing people who use drugs far outweigh the effect of punitive legislation. This is particularly important for young people, students, homeless youth, and members of marginalized communities who suffer debilitating mental stress from incarceration and whose future employment and educational prospects are often severely jeopardized by criminal records. Decriminalization of drugs is beginning to receive greater support internationally, with Costa Rica, Portugal and the Czech Republic having already decriminalized drugs. The UN High Commissioner for Human Rights similarly called on member states to decriminalize possession at UNGASS 2016.²

Each of the three previously mentioned member states have approached decriminalization in their own way. For instance, a person caught using or possessing a small quantity of drugs in Portugal will be evaluated by a local Commission for the Dissuasion of Drug Addiction, which is composed of a lawyer, a doctor, and a social worker. This is a much more sensible approach than criminalizing people possessing drugs, as it keeps them in the community, removes the economic burden imposed on the taxpayer through incarceration, and upholds the basic human rights that are guaranteed by the Universal Declaration on Human Rights.³ We recommend that the OHCHR specifically mention the inclusion of harm reduction centered frameworks as part of this human rights based approach needed to ensure the attainment of the 2030 Sustainable Development Goals. Harm Reduction addresses the socioeconomic determinants of health more so than any other tried approach to drug policy, paving the way for successful community development. A model of decriminalization should also promote the right of everyone to the enjoyment of the highest attainable standard of health, also part of the 2030 Agenda.

The decriminalization of drugs could also help alleviate racial discrimination in countries with high incarceration rates. Per GA Resolution 35/23, racial discrimination can be a barrier towards attaining the highest standard of physical and mental health.

¹ <http://www.lse.ac.uk/ideas/Assets/Documents/reports/LSE-IDEAS-Ending-the-Drug-Wars.pdf>

² <https://www.un.org/ruleoflaw/wp-content/uploads/2016/01/Statement-by-Mr.-Zeid-OHCHR.pdf>

³ http://www.emcdda.europa.eu/system/files/publications/4508/TD0116918ENN.pdf_en

Many states utilize drug prohibition as a means to discriminate against ethnic minorities and deprive them of their basic human rights. For instance, in the United States, nearly 10% of arrests in the US are for possession of a controlled substance⁴. African Americans comprise 32% of persons arrested for drug possession in the United States and are incarcerated at more than five times the rate of white Americans, despite representing only 12% of monthly drug users⁵. Due to overcrowding, conditions in US prisons have rapidly deteriorated, with inmates suffering from physical mistreatment, barely tolerable living conditions, and inadequate health care. Furthermore, since 1979 the US government has permitted companies to utilize free prison labour⁶, with inmates receiving either inadequate pay or no pay at all. In this lens, incarceration dooms many people to a life of slavery for simply possessing a controlled substance. Incarceration, under these conditions, is a critical barrier towards a high standard of health for everyone, and in states where ethnic minorities are disproportionately targeted for arrest, decriminalization of drugs is a crucial step towards overcoming this barrier.

Recognizing that the abuse of substances can have debilitating physical and mental health effects, we call for evidence-based, age-appropriate education that aims to provide objective information on drug use that prioritizes the reduction of harm rather than relying on fear and intimidation. Preventative measures often based on the ‘just say no’ rhetoric have done little to empower and educate youth to increase health and reduce drug harms, despite generously funded campaigns from Member States. Abstinence-only education is not a sufficient response to youth drug use, as it is important to recognize some youth will nonetheless choose to consume drugs. Rather than solely providing information which discourages drug use, it would be far more effective to invest in education programs that talk *with* kids about drugs rather than *at* them. Such programs would provide access to factual information that empowers young people, creates a culture of safety and responsibility, and recognizes the unique cultural and social climates experienced by young people. Evaluations on the effectiveness of these preventative measures should be conducted with regularity, as it is important to always be updating prevention strategies based on new challenges.

Target 3.4 of GA Resolution 35/23 talks about reducing mortality through prevention and treatment. In the spirit of ensuring all options for treatment are given avenues for research, we encourage member states to invest in research related to medical benefits of psychoactive substances such as cannabis, psilocybin, ayahuasca, ibogaine, and MDMA. The international drug control regime has, as part of its mandate, the requirement of enabling access to controlled substances for medical and scientific uses. In practice, however, medical and scientific research of these substances has been severely limited due to regulatory, financial, and ethical obstacles. These impediments have significantly slowed down research that would potentially uncover the beneficial uses of various controlled substances. Recent research has shown that the drugs listed above have the potential to treat mental health issues, and therefore should be rescheduled to reflect their medical potential/value. The rapid proliferation of medical cannabis underscores the need for a drug policy approach which prioritizes medical and scientific research and is grounded in evidence.

Finally, we encourage the United Nations and all relevant agencies to work to ensure active participation of young people in the development, implementation, and evaluation of proposals put forth to achieve the right to the highest attainable standard of health for all. While grateful that youth are considered key stakeholders in these discussions, we have often felt disappointed in the lack of opportunities for young people to engage in these critical discussions at the international level. Furthermore, we have felt that when we do have opportunities to speak up, our voices have often been muted, ignored, or commercialized. We invite all member states and UN agencies to include multiple youth representatives in future debates or discussions pertaining to the right to the highest attainable standard of health.

⁴ <https://www.bjs.gov/content/pub/pdf/aus9010.pdf>

⁵ <http://www.naacp.org/criminal-justice-fact-sheet/>

⁶ <https://www.ncjrs.gov/pdffiles1/bja/203483.pdf>