

Written contribution from the NGO Dianova International to the Office of the High Commissioner on Human Rights regarding the human rights challenges in addressing and countering all aspects of the world drug problem

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Dianova International is an NGO with ECOSOC special consultative status operating in 19 countries and four continents. We have been working in the fields of addiction treatment and prevention at the grassroots and advocacy levels for over three decades.

Regarding the human rights implications of drug policy Dianova would like to point out some of the aspects related to the **provision of treatment services for drug dependence** as this is one of Dianova's main fields of work. It is key to understand that drug-related services are essential services that should be provided in a continuum of care logic.

The **low availability of treatment services** is especially worrying because it directly affects the health of the people who use drugs. According to the World Drug Report 2022, only one in five people with drug use disorders worldwide receive drug-related treatment each year. The UN and Member States should envisage this shortage of services as a major public health and human rights concern. It should be emphasized that withholding access to healthcare and adequate treatment contravenes both medical ethics and international law, particularly the right to health as enshrined in the International Covenant on Economic, Social and Cultural Rights (Article 12), as well as Article 25 of the UN Universal Declaration of Human Rights.

In addition, as specified in Sustainable Development Goal (SDG) 3, target 5 mentions the necessity to "*Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol*". In addition, in the [Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda](#), there is an indicators for this target is (3.5.1): *the coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders*. For these reasons, the provision of and accessibility to treatment services should be considered an essential part of all discussions and analysis in this regard.

The issue at hand however is not only quantitative but also qualitative: all services available are far from complying with the **minimum quality standards of treatment**, nor do all respect **basic human rights principles**. For example, non-voluntary treatment centres are still up and running at this moment and continue to pose serious challenges for human rights and respect for human dignity.

Another concern that Dianova would like to share is the **reduction in support to medium to long-term treatment programmes that focus on biopsychosocial interventions**, and

more particularly to residential treatment programmes. This trend is worrying as it drastically limits the provision of a wide array of intervention approaches. There is now a growing tendency to rely on responses that are predominantly pharmacological in nature, through a shorter term, and less expensive, biomedical perspective. There is no question that pharmacotherapies can be of help in the treatment of addiction, however, Dianova believes that they should be combined with such evidence-based approaches as biopsychosocial interventions or cognitive-behavioural therapy that are more likely to provide patients with the abilities and coping skills necessary to long term recovery. For this reason, Dianova believes that **overmedicalizing beneficiaries** that can be detrimental to their long-term recovery, while raising some concerns based on a human rights perspective.

It is also important to point out that other critical aspects of people's health and wellbeing include their having access to employment, affordable housing, childcare services, etc. It is therefore essential to help people who use drugs to access these services, based on a health and human rights perspective. Unfortunately, there is a **huge gap in the provision of recovery and social reintegration services**. This directly hampers the continuum of care and the efficiency of drug treatment programmes.

In addition to the relative scarcity of adequate, quality treatment services, some people, including women and LGBT+ people, experience tremendous difficulties in accessing or staying in these services. As emphasized in an infographic published by Dianova ([“The way forward. Developing gender-sensitive addiction treatment programmes to eradicate barriers for women”](#)), removing the **gender barriers to addiction services** is of paramount importance given the gender gap in the access of drug dependence services.

Although this issue has been recognized by relevant institutions, as shown in the HRC resolution 52/24 as well as in the [CND resolution 59/5 on mainstreaming a gender perspective in drug-related drug policies and programmes](#), much remains to be done to effectively scale up gender-responsive addiction programming while pursuing, at the policy level, robust advocacy strategies that address the root drivers of inequities. In this regard, the Civil Society Forum on Drugs in the EU has recently published a [report on how to enhance the gender perspective into EU drug policy](#) with a number of recommendations and aspects that could be of relevance in other regions of the world as well.

Dianova also wishes to shed more light on a long-hidden issue, namely **the situation of children whose parents use drugs**. When drug policies address the situation of children, it is usually in relation to the need to develop prevention activities that target them, or to their potential implication in illicit production, and there are very few references to parental substance use and its consequences on children. Drug policies must endeavour to respond to their needs at every level and adequately address not only the situations of neglect and stigma they may face, but also the risks they are exposed to, be they physical, psychological or social. This issue is slowly gaining visibility on the political

agenda, particularly after the [publication of a report](#) on this subject by the Pompidou Group. Additionally, Dianova produced an infographic on this theme "[Protecting the Rights of Children Affected by Parental Substance Use](#)".

There is another important element that affects people's ability to enter drug treatment programmes, i.e. the criminalization of drug use. Dianova advocates **the decriminalization of the use of all psychoactive substances**. Dianova believes that legal prosecution, punishment and criminal records do not incentivize people to access treatment programmes nor pursue the highest level of health possible – it is quite the opposite actually. Dianova calls for ending repressive policies that are not only ineffective but only serve to marginalize people who use drugs and to reduce their access to the care they need. In this regard, Dianova truly welcomes the clear position of OHCHR in favour of the decriminalization of drug use.

Last but far from least, we can't but mention the flagrant violations of human rights and international law exemplified by the 35 countries that maintain the **death penalty for drug-related offences**. The situation is urgent and must stop.

Based on the above, the OHCHR may wish to consider **the following recommendations**:

- To continue addressing drug related aspects and give them as much visibility as possible in human rights debates and work. Drug policy should not be in the sole purview of dedicated institutions, as it evidently impacts other matters including health, human rights or development. This is why the OHCHR and Human Rights Council should play a pivotal role in this regard.
- To encourage Member States to invest and support the establishment of a wide range of drug dependence services to increase the offer of services that comply with quality standards and that are affordable.
- To encourage Member States to produce and monitor the data for the indicator 3.5.1 of the SDG. The UN should keep track of this indicator's evolution.
- To monitor and denounce periodically situations where the provision of drug-related services may violate human rights principles.
- To consider a more in-depth analysis on the types of treatment provided and that it makes recommendations on how to avoid, or keep track of, the tendency to overmedicalize people with drug dependence.
- To recognize recovery and reintegration services as essential components of a continuum of care in drug-related services, and that it provides recommendations to ensure the adequate monitoring, availability, and quality of said services.
- To promote gender mainstreaming efforts among member states to ensure the inclusion of a gender perspective in drug policies and services.

- To include the rights of children affected by parental substance use in its reports and consultations about the human rights challenges posed by addressing and countering all aspects of the world drug problem.
- To continue advocating for the decriminalization of substance at the UN level and among member states as a key element to ensure the enjoyment of human rights by people who use drugs.
- To promote in all possible manners the abolishment of the death penalty worldwide, and that it continues to denounce the member states and jurisdictions that maintain it.

Dianova remains at the disposal of the OHCHR to respond to any requests for clarification or to provide any further information regarding this consultation. You may contact us at:

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