



May 18, 2018

H.E. Zeid Ra'ad Al Hussein  
High Commissioner on Human Rights  
Office of the United Nations High Commissioner for Human Rights (OHCHR)  
Palais Wilson  
52 rue des Pâquis  
CH-1201 Geneva, Switzerland

High Commissioner Ra'ad Al Hussein:

On behalf of Help Not Handcuffs, Inc., an NGO in Special Consultative Status with the United Nation's Economic and Social Council, I am writing in response to the call for contributions for the Report of your office on the implementation of the UNGASS Outcome Document in regards to human rights.

Help Not Handcuffs, Inc. works to reform drug laws from a recovery and human rights perspective. We oppose any coercive policies, including drug criminalization, which cause and increase harm to people who use drugs and destroy their opportunities for recovery.

Drug prohibition and abstinence-based philosophies create a culture that drives human rights violations of those who use drugs. Predicated on its ability to violate the human rights of people who use drugs, prohibition's use of force is collectively violent,<sup>1</sup> and intentionally harms people by creating formalized sanctions against drug using people. Furthermore, it exposes them to severe violent risk such as police violence, police sexual assault, extrajudicial killings and other egregious human rights violations in institutions such as treatment facilities, hospitals, jails, prisons, etc.

By reaffirming a commitment to a prohibition-centric approach as stated on page 1 (below), the Outcome Document positions itself to recommit to the atrocities of the drug war:

*"...our determination to tackle the world drug problem and to actively promote a society free of drug abuse in order to help to ensure that all people can live in health, dignity and peace, with security and*

*prosperity, and reaffirm our determination to address public health, safety and social problems resulting from drug abuse;”*

Although, most people who use drugs do not experience problematic drug use<sup>i ii iii iv</sup> or commit crimes, this approach forces this population to interact with institutions that they otherwise would not be involved with (criminal justice system, prison system, treatment system) due to criminalization. Furthermore, this is done in a racially disparate manner. As a driver of racially disparate mass incarceration, drug criminalization plays a significant role in alarming statistics such as one in ten African American children having an incarcerated father<sup>v</sup> in the USA.

In addition to forcibly separating families through mass incarceration, prohibition empowers organized crime. Wide scale displacement from violent conflict between drug cartels and governments resulting in internally displaced persons<sup>vi vii</sup> is well documented. Gangs<sup>viii</sup> and Mafias<sup>ix</sup> also take advantage of the prohibition-created illicit markets and have devastating effects on communities.

Drug use is made more dangerous and deadly by allowing prohibition policy to remove all of the legal institutions, which would have offered protections for consumers including protections from deadly adulterants such as fentanyl in the drug supply. This can be seen with the skyrocketing fentanyl deaths, which have increased 540% in just 3 years in the USA and have surpassed heroin overdose deaths.

Most concerning of all is the use of prohibition as a validation for mass extermination events. This phenomenon can be seen most clearly in the Philippines where President Rodrigo Duterte’s campaign to kill people involved with drugs has resulted in over 13,000 extrajudicial killings, triggering an International Criminal Court investigation for Crimes Against Humanity.

Clearly, recommitting to the prohibition-driven system will undermine the goal of “ensuring that people can live in health, dignity and peace, with security and prosperity.”

It is with these realities in mind that we respectfully urge you as the High Commissioner on Human Rights to forcefully advocate for the below recommendations in your report:

### **Chapter 1**

Paragraphs (J) and (K) involve users in “long-term recovery” and support “recovery-support programmes.”

*Recommendation: Abstinence-based philosophies permeate the treatment and recovery system. These philosophies are intolerant of relapses and/or continued drug*

*use and often create punitive responses, which definitively cause harm and human rights violations. Example: Recovery housing will forcibly make an individual homeless for relapsing, which for the substance use disorder population, means intentionally harming people for displaying a symptom of a medically identifiable health issue. To support persons in recovery or seeking recovery do not build “recovery services” but rather offer services based on a harm-reduction approach, which will not intentionally harm these people for relapses but instead continue to help them along as they develop their recovery life-skills.*

Paragraph (M) include the use of opioid receptor antagonists such as naloxone to reduce drug-related mortality.

*Recommendation: Include opioid agonists such as heroin-assisted treatment and other regulated opioids proven to stabilize opioid-using people and prevent drug overdose. HAT programs have existed for decades. These programs are for current heroin using people who have already failed other mainstream forms of treatments. HAT programs give pharmaceutical grade heroin to participants under medical supervision. Since the heroin is regulated and given in safe spaces, the harms of drug criminalization (such as the aforementioned fentanyl/carfentanil deaths) are eliminated or greatly mitigated, meaning less overdose deaths. HAT Programs have been exposed to randomized clinical trials (RCT) with proven outcomes showing HAT is “a feasible, effective and safe as a therapeutic intervention” and also a meta-analysis of RCTs showed reduced use of illicit heroin, superior retention in the HAT program and improved mortality. Currently HAT Programs are available in Switzerland, The Netherlands, Spain, Germany, Canada, Belgium and Denmark.*

#### **Chapter 4**

Paragraph (A) “...fully respect all human rights and fundamental freedoms and protect the health, safety and well-being of individuals, families, vulnerable members of society, communities and society as a whole...”

*Recommendation: It is impossible to achieve the above stated goal by intentionally harming people who use drugs, exposing them to violent risk and empowering organized crime to regulate the drug markets for safety. Therefore we recommend looking at jurisdictions, which have taken non-criminalizing, and non-coercive approaches and have achieved the stated goal:*

- ***Portugal Decriminalization:*** Recognizing that prohibition causes harm, Portugal decriminalized all drugs 16 years ago. As a result, they are able to address drug use as a health issue while protecting human rights. Since decriminalization, the country went from having 1% of its population having a heroin use disorder to achieving a drug-induced death rate five times lower than the European Union average, a 95% reduction in drug-related HIV

*infections<sup>x</sup> and lower adult drug use<sup>xi</sup>. Portugal's decriminalizing all drugs allows protection of human rights and addressing drug use as a health issue with no judge, no arrest and no forced treatment.*

- ***Legalize Marijuana*** to immediately stop arrests, wasting of resources and to migrate the participants of the illicit marijuana market into a legal regulated market that is taxed and a benefit to the community. Uruguay has legalized its national marijuana market, as have 9 states and the District of Columbia in the USA.
- ***Regulate Drug Markets Responsibly*** to take responsibility for illicit drug markets through regulation and legalization schemes, which will give governments, control over drugs, make them safer, disempower organized crime, financially benefit and improve safety for communities.

## **Chapter 7**

Paragraph (A) "...strengthening the rule of law, accountable, effective and inclusive institutions"

*Recommendation: In alignment with SDG 16 Help Not Handcuffs, Inc. has made several recommendations to increase oversight and accountability of police, treatment and other institutions, which intersect with the drug using population. This includes addressing institutional betrayal, when an institution uses its resources to deny or cover up that it has caused harm to constituents it is supposed to serve or protect. Ensuring independent accountability mechanisms that extend to administrators, with criminal charges for violators, include incentives and disincentives for institutions that acknowledge and comply with reforms to address abuses, removing the statute of limitations for cases of institutional betrayal, and mandatory reporting of abuses when victims want action taken.*

Thank you for the opportunity to submit these recommendations for your report. We look forward to learning of its publication. Please do not hesitate to contact Help Not Handcuffs, Inc. if you should have questions, concerns, or require more information.

Sincerely,

*Randy Thompson*

Randy Thompson  
CEO

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- <sup>i</sup> *World Report on Violence and Health*. Rep. Ed. Etienne G. Krug. World Health Organization, 2002. Web. 2016. (The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.)<sup>j</sup>
- <sup>j</sup> NIDA. (2014, January 14). Principles of Adolescent Substance Use Disorder Treatment: A Research – based Guide. Retrieved from <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction> on 2017, October 9
- <sup>ii</sup> The National Institute on Drug Abuse Blog Team. (). Heroin. Retrieved from <https://teens.drugabuse.gov/drug-facts/heroin> on October 9, 2017.
- <sup>iii</sup> Peele, Ph.D., J.D., Stanton April 25, 2014 Normalizing Drug Use: Drug use does not become and remain addictive more often than other involvements. Psychology Today.
- <sup>iv</sup> The NSDUH Report, March 27, 2008; downloaded May 6, 2008. Figure 1 and 2, [https://roar.nevadaprc.org/system/documents/2913/original/NPRC.1129.March27\\_2008.pdf](https://roar.nevadaprc.org/system/documents/2913/original/NPRC.1129.March27_2008.pdf)
- <sup>v</sup> *Punishment and Inequality in America* Western, Bruce New York, The Russel Sage Foundation, 2006
- <sup>vi</sup> *Global Overview 2015 - People Internally Displaced by Conflict and Violence* – Internal Displacement Monitoring Centre, page 9 (New displacement also took place in Mexico, Guatemala and El Salvador, where people fled from criminal violence associated with drug trafficking.)
- <sup>vii</sup> *Addressing the Costs of Prohibition: Internally Displaced Populations in Colombia and Mexico* - Atuesta Becerra 2014, pg 50 - <http://www.lse.ac.uk/IDEAS/publications/reports/pdf/LSE-IDEAS-DRUGS-REPORT-FINAL-WEB.pdf>
- <sup>viii</sup> *Drugs and Gangs Fast Facts 2009* - National Drug Intelligence Center a component of the U.S. Department of Justice <https://www.justice.gov/archive/ndic/pubs11/13157/#relation>
- <sup>ix</sup> *The Business Relationship Between Italy's Mafia and Mexico's Drug Cartels* 2014 - InSight Crime, Corrado and Realacci <http://www.insightcrime.org/news-analysis/the-business-relationship-between-italys-mafia-and-mexicos-drug-cartels>
- <sup>x</sup> In Portugal, Drug Use Is Treated As A Medical Issue, Not A Crime <http://www.npr.org/sections/parallels/2017/04/18/524380027/in-portugal-drug-use-is-treated-as-a-medical-issue-not-a-crime>
- <sup>xi</sup> The success of Portugal's decriminalisation policy – in seven charts <http://www.tdpf.org.uk/blog/success-portugal's-decriminalisation-policy---seven-charts>