

# HUMAN RIGHTS INDICATORS FOR DRUG POLICY

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# THE PROBLEM

- **Widespread human rights violations occurring in the name of drug control**
  - Death penalty for drug offences in 33 countries;
  - Torture and ill-treatment of people who use drugs (PWUD) at the hands of law enforcement and prison officials;
  - Lack or denial of essential medicines and basic health services for PWUD
- **Why? No attention to human rights in the UN drug conventions**

# THE PROBLEM

- Human rights not part of drug policy M&E
  - No human rights indicators, benchmarks or targets!
- “If it isn’t counted, it tends not to get noticed.”  
– John Kenneth Galbraith

# A MATTER OF INTERNATIONAL LAW

- UN bodies and UN member states are all bound by their overarching obligations under the Charter of the United Nations to promote universal respect for, and observance of, human rights and fundamental freedoms.

# OHCHR GUIDE



- Published in 2012
- Available online:  
[http://www.ohchr.org/  
EN/Issues/Indicators/  
Pages/documents.aspx](http://www.ohchr.org/EN/Issues/Indicators/Pages/documents.aspx)

# STEP 1: IDENTIFY HUMAN RIGHTS THAT DRUG POLICY MIGHT ENGAGE

For example:

- Right to life;
- Freedom from torture and ill treatment;
- Right to the highest attainable standard of health

*\*\*Note: there are many more\*\**

# STEP 2: IDENTIFY KEY CHARACTERISTICS FOR EACH RIGHT

- Review human rights treaties and the work of UN treaty bodies, UN Special Rapporteurs, etc.

Human right	Key characteristics
Right to life	Arbitrary deprivation of life
	Death penalty
Freedom from torture and ill treatment	Use of force by law enforcement
	Access to essential medicines
	Conditions of detention
Right to health	Access to drug related health services
	Access to essential medicines
	Prevention and treatment of diseases

# STEP 3: IDENTIFY INDICATORS FOR EACH CHARACTERISTIC

- With human rights, process is just as important as outcome – so need indicators for that, too!
- OHCHR recommends the use of structural, process and outcome indicators.



# EXAMPLE 1: THE RIGHT TO LIFE

	<b>Death penalty (<i>one of the key characteristics</i>)</b>
<b>Structural (<i>intent</i>)</b>	<ul style="list-style-type: none"><li>- Ratification of international human rights treaties relevant to protecting the right to life;</li><li>- Date of entry into force &amp; coverage of domestic laws that prevent the death penalty for drug offences;</li><li>- CND resolutions/declarations/decisions explicitly critical of, or opposed to, the death penalty for drug offences.</li></ul>
<b>Process (<i>steps taken</i>)</b>	<ul style="list-style-type: none"><li>- Number of convicted people facing the death penalty for drug offences, disaggregated;</li><li>- Number of Member States that retain the death penalty for drugs receiving drug enforcement aid via the UN or other Member States.</li></ul>
<b>Outcome (<i>impact</i>)</b>	<ul style="list-style-type: none"><li>- Proportion of death sentences for drugs offences commuted in last 12 months;</li><li>- Number of executions for drug offences in last 12 months.</li></ul>

# EXAMPLE 2: FREEDOM FROM TORTURE AND ILL TREATMENT

	Use of force by law enforcement
<b>Structural</b>	<ul style="list-style-type: none"><li>- Ratification of international human rights treaties relevant to protecting PWUD from torture and ill treatment;</li><li>- Timeframe and coverage of health policy for places of detention.</li></ul>
<b>Process</b>	<ul style="list-style-type: none"><li>- Number of complaints received and proportion redressed;</li><li>- Proportion of law enforcement officials receiving training on the prevention of torture and ill treatment;</li><li>- Proportion of law enforcement officials formally investigated for abuse against PWUD.</li></ul>
<b>Outcome</b>	<ul style="list-style-type: none"><li>- Reported cases of torture and ill treatment of PWUD;</li><li>- Incidence and prevalence of death and injury of PWUD at the hands of law enforcement.</li></ul>

# EXAMPLE 3: THE RIGHT TO HEALTH

	Prevention and treatment of disease
<b>Structural</b>	<ul style="list-style-type: none"><li>- Ratification of international human rights treaties relating to the right to health;</li><li>- Timeframe and coverage of national policy on harm reduction;</li><li>- CND resolutions lending explicit support to harm reduction, HIV prevention, access to essential medicines and overdose prevention.</li></ul>
<b>Process</b>	<ul style="list-style-type: none"><li>- Proportion of people who use inject drugs accessing needle and syringe programs, disaggregated;</li><li>Proportion of people who use opiates accessing OST, disaggregated;</li><li>- Annual spend on harm reduction as a % of GDP per capita.</li></ul>
<b>Outcome</b>	<ul style="list-style-type: none"><li>- Death rate associated with, and prevalence of, HIV and HCV among PWUD, disaggregated.</li></ul>

# IMPORTANT POINTS

## 1. Disaggregated data is essential!

- It's an obligation under human rights law
- Helps to identify inequalities/discrimination and measure the effectiveness of policies and interventions

## 2. Process of identifying indicators should be transparent and participatory!

- Very important to meaningfully consult with affected populations, including PWUD.

**THANK YOU!!**

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<http://www.harmreductiondecade.org>



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