

Submission to the United Nations Human Rights Committee ahead of the eighth periodic review of the United Kingdom of Northern Ireland and Great Britain

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Reporting organisations:



[Release](#) is the national centre of expertise on drugs and drugs law in the UK. The organisation, founded in 1967, is an independent and registered charity. Release provides free non-judgmental, specialist advice and information to the public and professionals on issues related to drug use and to drug laws. The organisation campaigns directly on issues that impact on its clients - it is their experiences that drive the policy work that Release does and why Release advocates for evidence-based drug policies that are founded on principles of public health rather than a criminal justice approach.

Release believes in a just and fair society where drug policies should reduce the harms associated with drugs, and where those who use drugs are treated based on principles of human rights, dignity and equality. Release is a NGOs in Special Consultative Status with the Economic and Social Council of the United Nations.



Harm Reduction International (HRI) is a leading NGO dedicated to reducing the negative health, social and legal impacts of drug use and drug policy. We promote the rights of people who use drugs and their communities through research and advocacy to help achieve a world where drug policies and laws contribute to healthier, safer societies.

HRI is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

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Summary

Release and Harm Reduction International welcome the opportunity to submit information to the Human Rights Committee ahead of its adoption of the List of Issues Prior to Reporting (LOIPR) for the review of the United Kingdom of Great Britain and Northern Ireland (the “United Kingdom”).

This submission will provide a brief overview and suggestions for issues to be raised regarding the impact of the United Kingdom’s drug policy on the enjoyment of civil and political rights, focusing on:

1. The violation of the right to life of persons who use drugs (Article 6 ICCPR);
2. The violation of the right to life in the context of international cooperation (Article 6 ICCPR);
3. The violation of the right to fair trial due to the deprivation of free legal representation for person charged with criminal drug possession offences (Article 14 ICCPR);
4. The violation of the right to be free from arbitrary arrest and detention, as a result of the disproportionate and discriminatory exercise of stop and police search powers (Articles 9 and 26 ICCPR);
5. The violation of the rights to privacy and to equality and non-discrimination, as a result of strip searches (Articles 7, 17 and 26 ICCPR);
6. The violation of the right to equality and to non-discrimination in drug enforcement operations (Article 26 ICCPR).

1. Violation of the right to life of people who use drugs

Article 6 ICCPR

1.1. The right to life and harm reduction services

This Committee has clarified that the right to life entails a positive obligation for states to take appropriate measures to address the general conditions in society that may give rise to direct threats to life, including the prevalence of life-threatening diseases and “extensive substance abuse”.¹

As detailed below, the United Kingdom is currently experiencing a stark increase in drug-related deaths, which the government is failing to address by:

- Failing to provide accessible and quality harm reduction services, which are proven to be lifesaving for persons who use drugs. Given that the United Kingdom has a rate of drug-related deaths higher than that of any other European country, the failure to implement these services should be condemned as a failure to fulfil the United Kingdom’s obligation to protect the life of its citizens; and
- Continuing to pursue a repressive drug policy that further discriminates and marginalises people who use drugs, which can constitute a significant barrier to accessing health services, thereby undermining the effectiveness of prevention and drug treatment.²

1.2. The situation of harm reduction services in the United Kingdom

The United Kingdom has one of the highest rates of drug-related deaths in Europe. In 2018, there were 4,359 overdose deaths registered in England and Wales; over half (2,208) involved an opiate such as heroin.³ In Scotland there were 1,187 drug induced deaths – an increase of 27 per cent from the previous year. Scotland’s figures imply a drug-death rate that is nearly three times that of the United Kingdom as a whole, and is also higher than that reported for any other EU country.⁴ A similar increase has also been recorded in Northern Ireland, where 136 drug-related deaths were registered in 2017 – 60% more than the deaths recorded 10 years ago.⁵ Notably, drug-related mortality is a significant factor in falling UK life expectancy - particularly in deprived communities.⁶

The United Kingdom has failed to take appropriate measures to respond to these direct threats to the life of persons who use drugs, including the implementation and expansion of life-saving harm reduction initiatives that would curb the rising premature mortality and the rate of drug-related deaths.

Indeed, evidence-based harm reduction interventions, some of which have existed for decades, are still not widely available in the United Kingdom, if at all. The following are some of the main examples.

- Overdose Prevention Sites – otherwise known as “Drug Consumption Rooms”– are professionally supervised healthcare facilities where people can consume illicit drugs in a safe and non-judgemental environment.⁷ Evidence and experience show that Overdose Prevention Sites reduce high-risk injecting behaviours associated with HIV and viral hepatitis transmission,⁸ reduce the incidence of overdose,⁹ and facilitate access to naloxone –an opioid antagonist that reverses the effect of opioid overdoses - when overdoses do occur.¹⁰ In the United Kingdom there are currently no Overdose Prevention Sites. The central government has continuously blocked the establishment of a Site in Glasgow despite the alarming number of preventable opioid-induced deaths in the city.¹¹
- Take-Home Naloxone programmes aim to make naloxone more readily available in places where opioid overdoses might occur, by distributing naloxone to potential overdose bystanders, and by providing training on overdose risk and management.¹² In the United Kingdom, Take-Home Naloxone programmes are wholly inadequate, particularly on release from prison. Take-Home Naloxone and training was delivered to only 12 per cent of the prison releases of opiate clients in 2017/18¹³ - despite there being an increased risk of an opioid overdose during the immediate post-release period due to a loss of tolerance.¹⁴ The government itself acknowledges that this is in part due to “a lack of clarity about which [government] agency is responsible”.¹⁵
- Drug checking services are instrumental in promoting the health, safety, and life of people who use drugs, as they allow them to be informed about the composition of the substance they are going to consume. These are currently operating only via the non-governmental organizations Loop and WEDINOS, but are not accessible in most parts of the United Kingdom.

1.3. Lack of Needle and Syringe Programmes in prisons

Needle and Syringe Programmes (NSPs) provide sterile needles and syringes to people who inject drugs, and are thus instrumental in reducing the transmission of HIV and other blood borne viruses, such as hepatitis B and C. The World Health Organization (WHO), UNAIDS and UNODC recognise NSPs as key components of an effective HIV and viral hepatitis response for injecting drug use.¹⁶ These interventions have also been endorsed by the UN General Assembly,¹⁷ the Economic and Social Council,¹⁸ and the Commission on Narcotic Drugs.¹⁹ The latter has highlighted the importance of these interventions to meet Sustainable Development Goal targets to end AIDS and tuberculosis, and combat hepatitis by 2030.²⁰ Finally, NSPs form part of the comprehensive package of 15 essential interventions identified by UN agencies for HIV prevention, treatment and care in closed settings.²¹

This Committee has made clear that states have a heightened duty of care to take any necessary measures to protect the life and health of incarcerated persons.²² By arresting and depriving individuals of their liberty, states assume the responsibility to care for their life and bodily integrity, and to take appropriate measures to protect their right to life. Furthermore, under the principle of equivalence of care, detainees should have access to healthcare in custody that is at least equivalent to that available in the community.²³

The authorities of the United Kingdom are failing to fulfil these obligations, as they have not implemented any NSP in British prisons, although they acknowledge that drug use is “prevalent” in the prison system.²⁴ As a direct result of this, prisoners are more likely to contract blood-borne viruses such as HIV and hepatitis B and C, which can be life-threatening.

NSPs should be implemented in prisons across the United Kingdom, and with particular urgency in areas of need. NSPs are especially needed in England, where prisoners are upwards of four times more likely to test positive for a blood-borne virus than their peers in the community, and the prevalence of blood-borne viruses among people in prison increased in 2019.²⁵ Similarly, in Scotland, where outbreaks of HIV among persons who inject drugs in prisons have been routinely recorded;²⁶ and a recent outbreak of HIV among people who inject drugs in Glasgow has been linked to frequent incarceration among this group.²⁷

1.4 Suggestions for List of Issues

In light of the above, we respectfully call upon this Committee to submit the following questions to the authorities of the United Kingdom:

- Report on the measures adopted in the country to respond to the stark increase in (highly preventable) drug-related deaths, including with specific reference to:
 - (a) Availability and accessibility of lifesaving harm reduction services, such as (but not limited to) Needle and Syringe Programmes and opioid-reversal medication, both in the community and in detention settings;
 - (b) Steps adopted to monitor, evaluate, and address the impact of current drug policies on such increase;

- Given that “around half of opiate related deaths occur among those who have never or have not been engaging in drug treatment for several years”²⁸, what steps has the government taken to ensure access to low-threshold high quality treatment particularly Opioid Substitution Therapy?
- Medical amnesty or ‘Good Samaritan’ policies have been widely implemented across the US and save lives by removing the fear of prosecution and hesitation during a life-threatening emergency²⁹ What steps has the government taken to ensure those seeking medical attention for drug-related injury or overdose are protected from prosecution for drug related offences?

2. Violation of the right to life in the context of international cooperation facilitating the imposition of the death penalty

Article 6 ICCPR

2.1. The duty to respect the right to life and international cooperation

As reiterated by this Committee, all states have an obligation to refrain from aiding or assisting activities undertaken by other states that violate the right to life.³⁰ This includes, as specified by the International Guidelines on Human Rights and Drug Policy,

“[Taking] steps to ensure that they do not aid or assist in the imposition of the death penalty outside of their jurisdiction and that training, the supply of equipment or personnel and funding for drug law enforcement activities by or in another State, mutual legal assistance between States or their joint operations with another State do not contribute, directly or indirectly, to the imposition of the death penalty.”

Similarly, the United Nations Special Rapporteur on Extrajudicial, Summary or Arbitrary Executions has pointed out that, when bilateral or multilateral assistance programmes contribute to the imposition of the death penalty in contravention of international human rights law, countries that fund such programmes can become unlawfully complicit in the violation of the right to life.³¹

This risk is especially high in the context of international cooperation in the field of law enforcement. As a consequence, the Special Rapporteur on Extrajudicial, Summary or Arbitrary Executions has also repeatedly called for states to adopt clear operational guidelines aimed at ensuring that the provision of financial or technical assistance does not support violations of the right to life, “especially with regard to drug offences”.³² In 2012, UNODC itself noted that, by cooperating with countries that apply the death penalty for drug offences, it is placing itself in a very vulnerable position regarding its obligation to respect the right to life.³³

2.2. The United Kingdom’s international cooperation in the field of drug enforcement

This obligation to refrain from aiding or assisting the imposition of the death penalty is particularly strong for abolitionist states who are signatories to the Second Optional Protocol to the International Covenant on Civil and Political Rights, such as the United Kingdom. In fact, in its 2011-2015 Strategy for Abolition of the Death Penalty, the government of the United Kingdom itself noted that the application of the death penalty would limit any justice and security assistance provided to retentionist

countries.³⁴ While authorities have not published any updated strategy after 2015, they have stated that the policy remains unchanged.³⁵

In contrast with this, evidence seems to indicate that United Kingdom's foreign aid continues³⁶ to facilitate the development of sophisticated drug control operations that can result in detention, death sentencing, and execution for drug offences.

Particularly problematic is the provision of material and technical assistance to Pakistan, a retentionist country, which was a recipient of the Conflict, Stability and Security Fund (CSSF) in 2017.³⁷ International organisations have repeatedly exposed and condemned systemic violations of fair trial rights in capital cases in Pakistan, and the use of violence and ill-treatment to extract confessions.³⁸ A recent independent performance review of the CSSF emphasised that “working with such counterparts risks legitimising them and their actions, or even becoming complicit in [human rights] violations”,³⁹ thus undermining the very object and purpose of the fund – peace, safety and security.

Moreover, the United Kingdom pledged a further \$3,455,353 into UNODC special purpose fund,⁴⁰ allowing countries such as Iran - a state that has executed at least 3,970 individuals for drug offences alone between 2008 and 2018 - to strengthen drug control, by providing training and material assistance.⁴¹

2.3 Suggestions for List of Issues

In light of the above, we respectfully call upon this Committee to submit the following questions to the authorities of the United Kingdom:

- Provide detailed information on the assistance provided under the CCSF to Pakistan, detailing (a) how the funds have been invested on the ground; and (b) what mechanisms are in place to ensure that no assistance has been, or is being, provided to drug control operations which have resulted in the offenders facing a capital trial, or other grave violation of fundamental rights;
- Provide detailed information on the programmes supported by the United Kingdom in retentionist countries through the UNODC special purpose fund; and on the mechanisms in place to ensure that no assistance has been, or is being, provided to drug control operations which have resulted in the offenders facing a capital trial, or other grave violation of fundamental rights.

3. Violation of the right to a fair trial due to the removal of free legal representation in criminal cases for drug possession

Article 14 ICCPR

3.1. The right to free legal representation in all criminal cases

Article 14.3 ICCPR establishes a positive obligation on all states to guarantee the legal representation of all persons in criminal cases. When a person does not have sufficient means to pay for their legal representation, authorities have the obligation to provide them free legal aid.⁴² Legal aid is widely

recognised as a necessary precondition for the enjoyment of the right to a fair trial and to an effective remedy.⁴³

3.2. Denial of free legal representation of persons accused of drug possession offences

In the United Kingdom, the right to a fair trial is effectively impeded by the lack of free legal representation for people charged with drug possession offences, which constitute criminal offences under the law of the United Kingdom.⁴⁴ This comes following cuts and reforms to legal aid, as a consequence of which most drug possession cases are not deemed to meet the threshold of seriousness required for legal aid entitlement.

Therefore, many of those prosecuted for drug possession in the United Kingdom are required to represent themselves in court – without a lawyer – if they cannot afford to pay for representation.⁴⁵ This lack of free legal representation undermines an imperative “safeguard that ensures fairness and public trust in the administration of justice,”⁴⁶ and will ultimately have a disproportionate impact on poorer and disadvantaged groups.

This is particularly problematic, considering the impact that a criminal record has on the enjoyment of private and family life, including on employment opportunities, educational aspirations, and freedom of movement.

3.3 Suggestions for List of Issues

In light of the above, we respectfully call upon this Committee to submit the following question to the authorities of the United Kingdom:

- What measures is the United Kingdom taking to ensure that persons facing criminal charges for drug offences obtain adequate legal representation in cases in which they are not able to afford one?

- We strongly support the United Nations System Chief Executives Board for Coordination (UNCEB), call for the decriminalisation of drug possession for personal use.⁴⁷, in line with range of UN bodies – including OHCHR, UNODC, UNAIDS, WHO, UNDP, and the UN Committee on Economic Social and Cultural Rights.⁴⁸ Where drug use is criminalised, it impacts the enjoyment of human rights, including the principle of human dignity and personal autonomy, and aggravates health and social harms. Criminalisation of drug possession also undermines the rule of law, in that the laws are inequitably applied and routinely breached by large sections of the population therefore, we would strongly recommend that the United Kingdom government to decriminalise drug possession. However, in the absence of reform in this area, drug possession offences should be considered serious enough for entitlement to free legal aid.

4. Violation of the right to be free from arbitrary arrest and detention in the exercise of stop and search powers

Articles 9 and 26 ICCPR

In the 2015 Concluding Observations to the United Kingdom's seventh periodic review, this Committee noted that stop and search powers in the United Kingdom are exercised in an arbitrary and discriminatory manner; and recommended that the authorities establish "robust independent security and oversight" over them.⁴⁹

Since then, the authorities of the United Kingdom have not taken appropriate measures to ensure that stop and search powers are not used in a manner that is arbitrary, and that it does not target disproportionately members of ethnic minorities.

Section 60 of the Criminal Justice and Public Order Act 1994 "allows police officers to stop and search anyone who is in a specific area designated by a senior officer, regardless of whether the officer reasonably believes the individual has a prohibited item".⁵⁰

In March 2019, a pilot was launched to relax these powers, allowing seven police forces to no longer follow current guidance for Section 60 searches, citing violent crime as a justification. Without assessing and evaluating the effectiveness (or ineffectiveness), proportionality and necessity of the pilot, the government extended it to all 43 police forces in England and Wales.⁵¹ This is despite evidence from 2017/18 demonstrating the power's ineffectiveness: of the 2,501 stop searches in England & Wales conducted under a Section 60 authorisation in that period of time, only 3% (71) led to an arrest for offensive weapons.⁵²

Furthermore, such draconian police powers are proved to fuel ethnic disparities. For example, Black people in England and Wales are 40 times more likely than white people to be stopped and searched,⁵³ pointing to systemic discrimination in the use of police power.

4.1 Suggestions for List of Issues

In light of the above, we respectfully call upon this Committee to submit the following questions to the authorities of the United Kingdom:

- Report on how stop and search powers are regulated and exercised, with specific reference to compliance with the principles of necessity and proportionality;
- How does the United Kingdom responds to evidence that in England and Wales Black people are 40 times more likely than white people to be stopped and searched under Section 60 authorisations?

5. Violations of the right to privacy and the right to equality through discrimination in strip searches conducted by the police

Articles 7, 17 and 26 ICCPR

Strip searches constitute a highly invasive restriction on the right to privacy and bodily integrity of all persons. As such, states should only conduct them when they are strictly necessary,⁵⁴ and present clear regulations and procedures, including appropriate monitoring procedures.⁵⁵ Furthermore, strip searches that do not fulfil the requirements of necessity and appropriateness can also constitute a form of degrading treatment, if they result in the humiliation of the persons they target.⁵⁶

5.1. Excessive and discriminatory strip searches in the United Kingdom

In addition to “standard” searches, the police forces of the United Kingdom have the power to conduct a more thorough search (removal of more than an outer layer of clothing) and intimate searches (removal of all clothing and intimate parts exposed).⁵⁷ There is no arrest threshold for conducting searches, giving authorities broad discretion in deciding to exercise such power.

These extensive police powers over people’s bodies appear to be almost exclusively employed for drug control purposes. According to official data, 86% of the more thorough searches conducted in 2018/19 across 33 reporting police forces were for drugs.⁵⁸ Similarly, freedom of information responses from 25 police forces revealed that 91% of the intimate searches conducted in 2017/18 (across these forces) were for drugs.⁵⁹

The fact that so few stop and searches end in arrests – as detailed in the previous paragraph - suggests that the practice is being used in a disproportionate manner, and is not effective (nor necessary) in preventing or solving crime.⁶⁰

In spite of the invasive character of this practice, its impact on privacy and dignity, and the heightened risk of abuse and discriminatory application, the police are also failing to adequately monitor the use of these powers in some parts of the country.⁶¹ This is particularly concerning, given the evidence that stop and search is disproportionately used to police communities of colour and people living in areas of deprivation.⁶²

5.2 Suggestions for List of Issues

In light of the above, we respectfully call upon this Committee to submit the following question to the authorities of the United Kingdom:

- Elaborate on the compliance of the use of strip searches with the principles of proportionality and necessity;
- What measures is the United Kingdom taking to ensure that law enforcement officials do not conduct strip searches disproportionately and arbitrarily against individuals of a particular race or ethnicity?

6. Violation of the right to equality and to non-discrimination in the context of drug enforcement

Article 26 ICCPR

6.1. International law on non-discrimination in policing efforts

The prohibition of discrimination on racial grounds constitutes a general and overarching principle that must characterise the protection of all human rights, as well as an autonomous right established by ICCPR.⁶³

The Committee on the Elimination of Racial Discrimination (CERD) has called on countries to eliminate laws or practices that may be race-neutral on appearance, but that unjustifiably result in significant racial disparities in their impact.⁶⁴ With specific regard to the United Kingdom, CERD has also expressed concern that the use of stop and search powers in the United Kingdom have a disproportionate impact on persons belonging to ethnic minorities, especially young men.⁶⁵

Other United Nations bodies have long recognised that legislation and policing to counter drug offences have a disproportionate impact on ethnic and racial minorities.⁶⁶ In its 2015 study on the impact of the world drug problem, the United Nations High Commissioner for Human Rights noted that members of ethnic minorities, in particular those who are poor and live in marginalized communities, may be particularly subject to discrimination in the context of drug enforcement efforts, referring to the United Kingdom as an example of this worrying trend.⁶⁷

6.2. Racial discrimination in drug enforcement within the United Kingdom

In the United Kingdom, the right to equality and freedom from discrimination is impeded by the lack of measures to address systemic discrimination on grounds of race and ethnicity in the context of drug law enforcement. Data show that the “explain or reform” approach recommended in the Lammy Review,⁶⁸ which requires that law enforcement bodies produce an evidence-based explanation for racial disparities in their operations, has not been applied to drug policy. As a consequence, drug law enforcement in England and Wales has fallen most heavily on people of colour and those living in deprivation.

Drug control dominates the statistics regarding the use of stop and search powers, with around 60 per cent of all searches in England and Wales carried out for this activity;⁶⁹ and research findings suggest that black people are nine times more likely to be stopped and searched for drugs despite being less likely to use controlled substances compared to the white population - providing prima facie evidence of discrimination.⁷⁰ Furthermore, when caught in possession of a controlled substance, black people are treated more harshly than white people; are less likely to receive out of court disposals, many of which result in no criminal record; and, are more likely to be arrested. For example, black people are 12 times more likely to be sentenced for cannabis possession compared to the white population.⁷¹ Finally, the odds of receiving a prison sentence are around 240% higher for racial and ethnic minority offenders, compared to white offenders.⁷²

We wish to highlight the negative impact of disproportionate policing on the enjoyment of a broad range of rights – including the right to life and the right to health – especially in a context of systemic stigmatisation and marginalisation of people who use drugs. Among others, fear of detection by law enforcement and the possibility of further criminalisation is a crucial driver of high-risk drug taking behaviours, including sharing (and use of) nonsterile injecting equipment⁷³; rushed consumption of drugs in unhygienic and unsupervised environments increasing risk of overdose or injury⁷⁴; and pre-loading drugs before entering a venue to evade detection.⁷⁵ Furthermore, if someone is present at the scene of an overdose or crime, and they are in possession of drugs, they are less likely to contact emergency services due to worry of police involvement and arrest.

6.3 Suggestions for List of Issues

In light of the above, we respectfully call upon this Committee to submit the following question to the authorities of the United Kingdom:

- How does the United Kingdom respond to evidence that law enforcement in the context of drug control disproportionately and arbitrarily targets ethnic and racial minorities?

- ¹ Human Rights Committee, “General Comment No. 36 on Article 6 of the International Covenant on Civil and Political Rights, on the Right to Life”. UN Doc. CCPR/C/GC/36 (30 October 2018), para. 26.
- ² Global Commission on Drug Policy (2017) [The World Drug Perception Problem: Countering prejudices about people who use drugs](#).
- ³ Office for National Statistics. (2019) [Deaths related to drug poisoning in England and Wales: 2018 registrations](#).
- ⁴ National Records Scotland. (2019) [Drug-related deaths in Scotland in 2018](#).
- ⁵ Northern Ireland Statistics and Research Agency. (4 March 2019) ‘[Number of males dying from drug-related causes has almost doubled in the last 10 years](#)’, *Statistics press Notice – Drug-related deaths and drug misuse deaths registered in Northern Ireland (2007-2017)*.
- ⁶ Bulman, M. (2019) [Life expectancy in UK falls amid rise in avoidable deaths in disadvantaged communities, report shows](#), *Independent*.
<https://www.hri.global/files/2019/03/29/drug-consumption-room-brief-2018.pdf>
- ⁷ Potier, C., Laprevote, V., Dubois-Arber, F., Cottencin, O., and Rolland, B. (2014) Supervised Injecting Services: What has been demonstrated? A systematic literature review, *Drug and Alcohol Dependence*, 145, 48-68, <https://doi.org/10.1016/j.drugalcdep.2014.10.012>.
- ⁸ European Monitoring Centre for Drugs and Drug Addiction. (2018) [Drug consumption rooms: an overview of provision and evidence](#).
<https://www.hri.global/files/2019/03/29/drug-consumption-room-brief-2018.pdf>
- ⁹ [HC Deb 7 March 2019 c 187139](#)
- ¹⁰ European Monitoring Centre for Drugs and Drug Addiction. (2019) [Take-home naloxone – topic overview](#).
- ¹¹ Public Health England & National Drug Evidence Centre (2019) [Secure Setting Statistics from the National Drug Treatment Monitoring System \(NDTMS\): 1 April 2017 to 31 March 2018](#), Page 44
- ¹² Farrell M. and Marsden J. (2008) ‘Acute risk of drug-related death among newly released prisoners in England and Wales’, *Society for the Study of Addiction*, 103(2), 251-5, <https://doi.org/10.1111/j.1360-0443.2007.02081.x>
- ¹³ Advisory Council on the Misuse of Drugs. (2019) [ACMD report on Custody-Community Transitions \(CCT\)](#); Release. (2019) [Release’s Written Submission to the Justice Committee: ‘Prison Governance’ Inquiry](#).
- ¹⁴ WHO, UNODC and UNAIDS, WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users: 2012 Revision (Geneva, WHO, 2012)
- ¹⁵ Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS (General Assembly resolution 65/277, annex).
- ¹⁶ Among others, see Economic and Social Council resolution 2009/6.
- ¹⁷ CND Resolution 60/8; Promoting measures to prevent HIV and other blood-borne diseases associated with the use of drugs, and increasing financing for the global HIV/AIDS response and for drug use prevention and other drug demand reduction measures (2017)
- ¹⁸ *Ibid.*
- ¹⁹ UNODC, ILO, UNDP, WHO and UNAIDS (2013) HIV prevention, treatment and care in prisons and other closed settings: A comprehensive package of interventions.
- ²⁰ Communication No. 763/1997
- ²¹ UNHCHR, report on the human rights in the administration of justice, para. 34.
https://www.ohchr.org/Documents/Issues/RuleOfLaw/Violence/A_HRC_42_20_AUV_EN.pdf
- ²² HM Prison & Probation Service. (2019) [UK Drug Prison Strategy](#).
- ²³ Public Health England (2019) [Management and prevention of bacterial wound infections in prescribed places of detention](#): Guidelines for healthcare, custodial staff and responding health protection services; Public Health England (2019) [Shooting Up: Infections among people who inject drugs in the UK, 2018](#), An update December 2019, p.16-17.
- ²⁴ Taylor A. et al. (1995) ‘Outbreak of HIV infection in a Scottish prison’, *BMJ*, 310(6975), 289-92.
- ²⁵ McAuley, A., Palmateer, N. E., Goldberg, D. J., Trayner, K. M. A., Shepherd, S. J., and Gunson, R. N. (2019) Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis, *The Lancet*, 6(5), 315-324, [https://doi.org/10.1016/S2352-3018\(19\)30036-0](https://doi.org/10.1016/S2352-3018(19)30036-0)
- ²⁶ O’Connor, R. (2018) ‘[Drug misuse deaths fall but still remain too high](#)’, Public Health England.
- ²⁷ National Conference of State Legislatures. (2017) [Drug Overdose Immunity and Good Samaritan Laws](#).
- ²⁸ Human Rights Committee, “General Comment No. 36 on Article 6 of the International Covenant on Civil and Political Rights, on the Right to Life”. UN Doc. CCPR/C/GC/36 (30 October 2018), para. 63
- ²⁹ UN General Assembly, Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions. UN Doc. A/74/304 (07 August 2015), para. 107
- ³⁰ UN General Assembly, Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions. UN Doc. A/67/275 (09 August 2012). Para. 128
- ³¹ United Nations Office on Drugs and Crime (UNODC), “UNODC and the promotion and protection of human rights”, position paper, 2012. Available from www.unodc.org/documents/justice-and-prison-reform/UNODC_HR_position_paper.pdf p. 10.
- ³² Foreign & Commonwealth Office. (2011) [HMG Strategy for Abolition of the Death Penalty 2010-2015](#).
- ³³ Grierson, J. (2018) [Is the UK government’s stance on the death penalty shifting?](#), *The Guardian*.
- ³⁴ Reprieve: <https://reprieve.org.uk/wp-content/uploads/2014/12/European-Aid-for-Executions-A-Report-by-Reprieve.pdf>, HRI: <https://www.hri.global/contents/567>
- ³⁵ HM Government (2018) [Conflict, Stability and Security Fund: Annual Report 2017/18](#), page.24
- ³⁶ Girelli G. (2018) [The Death Penalty for Drug Offences: Global Overview 2018](#), Harm Reduction International: London, p.31; Reprieve (2014) [European Aid for Executions: How European counternarcotic aid enables death sentences and executions in Iran and Pakistan](#); Amnesty International (2019) [Death Sentences & Executions](#), p.12; [Partners in Crime: International Funding for Drug Control and Gross Violations of Human Rights](#)
- ³⁷ Independent Commission for Aid Impact (2018) [The Conflict, Stability and Security Fund’s Aid Spending: A Performance Review](#), Para. 4.68
- ³⁸ UNODC (2018) [Annual Report: Covering activities during 2017](#), Page. 131 and 34
- ³⁹ Girelli G. (2019) [The Death Penalty for Drug Offences: Global Overview 2018](#), Harm Reduction International.
- ⁴⁰ Human Rights Committee, General comment no. 32, Article 14, Right to equality before courts and tribunals and to fair trial. UN Doc. CCPR/C/GC/32 (23 August 2007), Para. 10.
- ⁴¹ Report of the UN Special Rapporteur on the Independence of Judges and Lawyers/ UN Doc. A/HRC/23/43 (15 March 2013)
- ⁴² Misuse of Drugs Act 1971, section 5.
- ⁴³ Tharoor A. (2018) [New App Will Help if You’re Arrested for Drug Possession](#), Talking Drugs.
- ⁴⁴ Amnesty International (2016) [Cuts that Hurt: The impact of legal aid cuts in England on access to justice](#)

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- ⁴⁷ United Nations Chief Executives Board for Co-ordination. (2018). [Summary of deliberations: Second regular session](#), UN doc. CEB/2018/2, p.14; For a full list of UN bodies endorsing decriminalisation, see International Drug Policy Consortium (2018) [Taking Stock: A Decade of Drug Policy](#), p.48.
- ⁴⁹ Human Rights Committee, Concluding Observations on the seventh periodic report of the United Kingdom of Great Britain and Northern Ireland. UN Doc. CCPR/C/GBR/CO/7 (17 August 2015), Para. 11.
- ⁵⁰ Brown J. (2019) [Briefing Paper: Police stop and search powers](#), *House of Commons Library*, p.5.
- ⁵¹ Home Office. (2019) [Section 60 stop and search pilot extended](#), Home Office in the media blog.
- ⁵² Home Office (2019) [Police powers and procedures, England and Wales year ending 31 March 2019](#), stop and search statistics data tables: police powers and procedures year ending 31 March 2019.
- ⁵³ Townsend M. (2019) [Black people '40 times more likely' to be stopped and searched in UK](#), *The Guardian*.
- ⁵⁴ Nelson Mandela Rules, para. 52.
- ⁵⁵ Committee Against Torture, Concluding observations on the sixth periodic report of Czechia. UN Doc. CAT/C/CZE/CO/6 (6 June 2018), Para 15
- ⁵⁶ Ibid.
- ⁵⁷ Home Office (2014) [Revised code of practice for the exercise by: Police Officers of Statutory Powers of stop and search: Police and Criminal Evidence Act 1984 \(PACE\) – Code A](#), Para 3.6-3.7
- ⁵⁸ Available at data.police.uk
- ⁵⁹ Response to Freedom of Information requests are available upon request.
- ⁶⁰ Home Office (2019) Loc. Cit.
- ⁶¹ <https://www.justiceinspectorates.gov.uk/hmicfrs/news/news-feed/police-forces-failing-to-understand-the-impact-of-stop-and-search/>
- ⁶² Shiner, M., Carre, Z., Delsol, R., and Eastwood, N. (2018) [The Colour of Injustice: 'Race', drugs and law enforcement in England and Wales](#), London, Release, StopWatch & the International Drug Policy Unit at the London School of Economics and Political Science; Eastwood, N., Shiner, M., and Bear, D. (2016) [The Numbers in Black And White: Ethnic Disparities In The Policing And Prosecution Of Drug Offences In England And Wales](#),
- ⁶³ Human Rights Committee, General Comment No. 18: Non-discrimination (10 November 1989)
- ⁶⁴ See UN Committee on the Elimination of Racial Discrimination, General Recommendation 14 on article 1, paragraph 1, of the Convention (1993)
- ⁶⁵ UN Committee on the Elimination of Racial Discrimination, Concluding Observations on the combined twenty-first to twenty-third periodic reports of the United Kingdom of Great Britain and Northern Ireland. UN Doc. CERD/GBR/CO/21-23 (3 October 2016), Para 26.
- ⁶⁶ Human Rights Council, Report of the United Nations High Commissioner for Human Rights: Non-discrimination and the protection of persons with increased vulnerability in the administration of justice, in particular in situations of deprivation of liberty and with regard to the causes and effects of overincarceration and overcrowding. UN Doc. A/HRC/36/28 (21 August 2017)
- ⁶⁷ Human Rights Council, Report of the United Nations High Commissioner for Human Rights: Study on the impact of the world drug problem on the enjoyment of human rights. UN Doc. A/HRC/30/65 (4 September 2015), Para. 51.
- ⁶⁸ Lammy Review (2016) [Press Release: Lammy review: emerging findings published – Black and minority ethnic defendants are more likely to go to prison for certain types of crimes, a landmark review has found](#).
- ⁶⁹ Home Office (2019) Loc. cit.
- ⁷⁰ Shiner M. et al. (2018) Loc. cit.
- ⁷¹ Ibid.
- ⁷² Lammy Review (2016) [The Lammy Review: An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System](#), p. 33.
- ⁷³ UNODC (2016) [World Drug Report 2016](#)
- ⁷⁴ BMA Board of Science (2013) [Drugs of Dependence: The role of medical professionals](#), British Medical Association.
- ⁷⁵ Fisher H. & Measham F. (2018) [Night Lives: Reducing Drug-Related Harm in the Night Time Economy](#), Durham University, the APPG on Drug Policy Reform, The Loop & Volteface.