

# Impacts of Drug Policies on Economic, Social and Cultural Rights: A New General Comment of the United Nations Committee on Economic, Social and Cultural Rights

10 October 2022

## I. Introduction

1. Punitive drug policies have a devastating and ongoing impact on human rights including those recognised in the International Covenant on Economic, Social and Cultural Rights (ICESCR), and sit at the heart of the Committee on Economic, Social and Cultural Rights (CESCR)’s mandate to monitor the implementation of the covenant and support progress in achieving general observance of these rights.
2. Although a comprehensive review of all dimensions of ESCRs impacted by drug policies exceeds the scope of this concept note, rights violations in the name of drug control have been documented in relation to the right to health, the right to work, the right to food, the right to social security, the right to enjoy the benefits of scientific progress, the right to an adequate standard of living, the right to education, the right to adequate housing and Indigenous rights. The two tables below illustrate by way of example the impacts of drug policies on ESCRs and other human rights.

Table 1 ESCRs Impacts from Drug-Related Policies

| Economic, Social & Cultural Human Rights Impacts from Drug-Related Policies  |   |   |
|--|---|---|
| <p><b>Right to the Highest Attainable Standard of Health</b></p> <p>The human right to enjoy the highest attainable standard of physical and mental health applies equally in drug laws, policies and practices context.</p> <p><u>1. Harm Reduction</u><br/>Voluntary access to harm reduction services, goods, facilities, and information</p> <p><u>2. Drug Dependence Treatment</u><br/>Voluntary access to evidence-based drug dependence treatment</p> <p><u>3. Access to Controlled Substances as Medicines</u><br/>Access to controlled medicines without discrimination, including for use as opioid substitution therapy, pain management, in palliative care, as medical procedures, and for treatment &amp; management of other health conditions.</p> <p><u>4. Right to a Safe &amp; Healthy Environment</u><br/>Right of those living and working in and near communities where cultivation of illicit drug crops takes place.</p> | <p><b>Right to An Adequate Standard of Living</b></p> <p>People who are dependent on illicit drug economies have the same entitlement to an adequate standard of living, including adequate food, clothing and housing, like others</p> | <p><b>Right to Benefit from Scientific Progress &amp; Its Applications</b></p> <ul style="list-style-type: none"> <li>States are duty-bound to implement measures to ensure that scientific knowledge &amp; technologies and their applications—including evidence-based, scientifically proven interventions to treat drug dependence, to prevent overdose, and to prevent, treat, and control HIV, hepatitis C, and other diseases—are physically available and financially accessible without discrimination</li> <li>Scientific research on controlled drugs must be undertaken and communicated without censorship &amp; free from political interference</li> </ul> |
| <p><b>Right to Social Security</b></p> <p>People who use drugs, people dependent on illicit drug economies, people in prisons and other places of detention or closed settings, and those who have been arrested for, charged with, or convicted of drug-related offences have the same right to social security as others, but such right, particularly housing, education, and basic income security, is invariably denied or impeded to them on the basis of their status or behaviour.</p>   |   |   |

Adapted from International Guidelines on Human Rights and Drug Policy (HRDP, UNAIDS, WHO & UNDP; 2020)

Table 2 Other Human Rights Impacts from Drug-Related Policies

| Other Human Rights Impacts from Drug-Related Policies   |   |  |  |
|---|---|--|--|
| <p><b>Right to Life</b></p> <ul style="list-style-type: none"> <li>• Impact from consumption &amp; lack of harm reduction</li> <li>• Death &amp; mandatory death sentence for drug possession/use</li> <li>• State-perpetrated &amp; private violence</li> <li>• Extradition to face death sentence or torture</li> </ul>                 | <p><b>Freedom from Arbitrary Arrest and Detention</b></p> <ul style="list-style-type: none"> <li>• People arrested or detained from drug use or drug dependence</li> <li>• In many countries, pre-trial detention is a measure of first instance for drug-related charges</li> </ul>  | <p><b>Freedom of Expression and Information</b></p> <ul style="list-style-type: none"> <li>• Access of information on drug laws, policies &amp; practices, and harm reduction measures</li> <li>• Censoring or restriction on scientific &amp; health related information about drug use and harms</li> </ul>            | <p><b>Freedom of Religion</b></p> <ul style="list-style-type: none"> <li>• Criminalization of cultivation and use of controlled substances for religious purposes</li> </ul> |
| <p><b>Freedom from Torture &amp; Cruel, Inhuman or Degrading Treatment</b></p> <ul style="list-style-type: none"> <li>• Act of torture on people suspected of using drug during investigation &amp; detention</li> <li>• Withholding drugs from people requiring them for medical purposes (drug dependence &amp; pain relief)</li> </ul> | <p><b>Right to a Fair Trial</b></p> <ul style="list-style-type: none"> <li>• People charged with drug-related offences are denied the right to fair trial by competent, independent and impartial tribunal</li> <li>• Review or appeal of conviction and legal assistance or legal aid are also lacking</li> <li>• Extradition or forcible transfer of those charged with drug-related offences to countries where right to fair trial is denied</li> </ul> | <p><b>Right to Privacy</b></p> <ul style="list-style-type: none"> <li>• Arbitrary &amp; unlawful interference with family, home &amp; correspondence of people who use drugs</li> <li>• Disclosure of personal health data, including drug test results and drug dependence treatment history without consent</li> </ul> | <p><b>Freedom of Assembly</b></p> <ul style="list-style-type: none"> <li>• Freedom of association &amp; assembly concerning drug laws, policies &amp; practices</li> </ul>   |

Adapted from International Guidelines on Human Rights and Drug Policy (HRDP, UNAIDS, WHO & UNDP; 2020)

- Most evident is the impact of punitive drug control on the right to health. According to UN data, there were an estimated 500,000 drug use-related deaths in 2019.<sup>1</sup> This represents a preventable death every minute. The UNODC also reported that 1.4 million people who inject drugs are currently living with HIV, and 5.5 million are living with hepatitis C.<sup>2</sup> UNAIDS estimates that a person who injects drugs is 35 times more likely to acquire HIV than a person who does not<sup>3</sup>. These harms are preventable, with evidence-based health interventions promoted by the UN itself.
- While states spend billions on drug law enforcement, the health response to drugs remains neglected. According to UNODC estimates, 36 million people experience drug dependence, representing approximately 13% of people who use drugs,<sup>4</sup> but only 1 in 8 people who experience drug dependence were able to access some form of professional help in 2019<sup>5</sup>. Where treatment for drug dependence exists, there are barriers to accessibility, availability, acceptability and quality, while discrimination continues to pose a systemic barrier to many marginalized groups. Treatment often has no base in scientific evidence (i.e. punishment-based treatment), and is centred solely on abstinence. Treatment is also often linked to other violations of human rights, including through the use of compulsory drug detention centres (with an estimated 500,000 people detained in such centres

<sup>1</sup> [https://www.unodc.org/res/wdr2021/field/WDR21\\_Booklet\\_1.pdf](https://www.unodc.org/res/wdr2021/field/WDR21_Booklet_1.pdf), p. 58

<sup>2</sup> [https://www.unodc.org/res/wdr2022/MS/WDR22\\_Booklet\\_2.pdf](https://www.unodc.org/res/wdr2022/MS/WDR22_Booklet_2.pdf), p. 32

<sup>3</sup> <https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>

<sup>4</sup> [https://www.unodc.org/res/wdr2021/field/WDR21\\_Booklet\\_2.pdf](https://www.unodc.org/res/wdr2021/field/WDR21_Booklet_2.pdf), p. 20.

<sup>5</sup> [https://www.unodc.org/res/wdr2021/field/WDR21\\_Booklet\\_1.pdf](https://www.unodc.org/res/wdr2021/field/WDR21_Booklet_1.pdf), p. 48.

in Southeast Asia every year<sup>6</sup>). Torture and other ill-treatment in public and private centres are widely documented<sup>7</sup>.

5. Evidence also shows that harm reduction interventions such as needle and syringe programmes, opioid agonist treatment, drug consumption rooms, and drug checking are effective in protecting the right to health, saving lives, and preventing the spread of infectious diseases. However, while 98 countries are reported to support harm reduction in their policies<sup>8</sup>, in a majority of countries availability and accessibility of such services is very low and marked by inequities in access for the poor, certain ethnic groups and women and gender non-confirming people (even in high-income countries).<sup>9</sup> In some countries harm reduction is effectively criminalised.
6. Punitive drug policies also impinge access to controlled medicines, with an estimated 5 billion people living in countries with little to no access to such medicines for pain relief and palliative care, while stigma and discrimination are serious obstacles to healthcare services for people who use drugs. Meanwhile, sexual and reproductive health rights of women who use drugs are frequently violated, as recognised by the Special Rapporteur on the right to health.<sup>10</sup>
7. In recent years, human rights mechanisms, alongside academia and civil society—including this Committee—have devoted increasing attention to the impact of drug policies on other ESCRs; such as the right to work,<sup>11</sup> the right to social security (art. 9),<sup>12</sup> the right to enjoy the benefits of scientific progress,<sup>13</sup> the right to an adequate standard of living (specifically of farmers involved in the cultivation of illicit crops),<sup>14</sup> the right to education (ranging from students enduring degrading strip-searching and random drug testing at schools to reduced school enrollment and attendance due to eradication campaigns),<sup>15</sup><sup>16</sup> and the right to adequate housing,<sup>17</sup> just to cite a few. Similarly, a growing body of evidence details the direct and indirect ways in which drug control can violate the principles of equality and non-discrimination that should guide the protection and promotion of all rights recognised in the Covenant.<sup>18</sup>

<sup>6</sup> <https://unaids-ap.org/ccdu/drug-compulsory-treatment-resources/>

<sup>7</sup> <https://www.opensocietyfoundations.org/publications/treatment-or-torture-applying-international-human-rights-standards-drug-detention>, <https://idpc.net/publications/2022/04/torture-and-ill-treatment-against-people-who-use-drugs-in-nigeria>

<sup>8</sup> <https://www.hri.global/global-state-of-harm-reduction-2021>

<sup>9</sup> <https://globaldrugpolicyindex.net/wp-content/themes/gdpi/uploads/GDPI%202021%20Report%20EN.pdf>, p. 47; [www.globaldrugpolicyindex.net](http://www.globaldrugpolicyindex.net)

<sup>10</sup> A/66/254, para. 38

<sup>11</sup> e.g. E/C.12/UZB/CO/3; E/C.12/MUS/CO/5

<sup>12</sup> E/C.12/AUS/CO/5, A/HRC/38/33/Add.1

<sup>13</sup> “scientific research is impaired for some substances under the international conventions on drug control, which classify these substances as harmful for health and with no scientific or medical value. However, some of these classifications were made with insufficient scientific support to substantiate those classifications, as credible evidence exists regarding the medical uses of a number of them”, General Comment no. 25 (E/C.12/GC/25)

<sup>14</sup> E/C.12/COL/CO/6,

<sup>15</sup> Damon Barrett, “The Impact of Drug Policies on Children and Young People”, Open Society Foundations,

<sup>16</sup> <https://www.amnesty.org/en/documents/amr19/2068/2015/en/>

<sup>17</sup> See A/HRC/43/43, para. 33.

<sup>18</sup> Among many others, see A/HRC/50/28, para. 4; “Fight against world drug problem must address unjust impact on people of African descent, say UN rights experts”, <https://www.ohchr.org/en/taxonomy/term/1311?page=14>; E/C.12/UKR/CO/7; E/C.12/MUS/CO/5. more needed

8. Punitive drug policies are also shown to violate cultural rights, as in the case of the right of indigenous peoples to “produce crops and plants that they have traditionally grown for their religious, medicinal and customary purposes.”<sup>19</sup>

## II. Imperatives for a New General Comment

9. In recent years, the CESCR has increased its scrutiny over drug laws and policies and developed a growing and ever more ambitious set of recommendations regarding the alignment of drug policies with ESCRs, mostly around the right to health. However, these recommendations have been developed through concluding observations, which are fragmented, of limited scope, ad-hoc and limited to certain countries. On many occasions, particularly when drug policy activists from the country under review are not able to submit information, the Committee has not been able to raise concerns over issues related to drug policies. The same lacuna occur in the formulation of the List of Issues Prior to Reporting where the subject of drug-related policies is not addressed systematically. It may also be the case that each of the 18 expert members has different backgrounds, experiences and interests, which results in the unequal treatment and prioritization of the drug-related issues both in the LOIPR process and the resultant COBs themselves. However, efforts to increase scrutiny over drug policy and practices are supported by a growing set of authoritative interpretations of international human rights law provided by UN bodies and mechanisms; including Treaty Bodies, Special Procedures, the Human Rights Council, and OHCHR.<sup>20</sup> These initiatives demonstrate the increasing interest in this critical topic but fall short of strong general guidance to facilitate States implementation of the rights protected under the Covenant. Without a doubt, General Comments are important tools of soft law that set the criteria for State reporting, thereby triggering debates and potential for change at the domestic level. General Comments can also influence further the development of law at the national and international level and can influence deliberations in other bodies that have thus far failed to address and scrutinise the impact of drug policies on human rights.
10. The authoritative guidance of the CESCR through a General Comment is required for a few imperatives.

- 10.1 The **gravity and pervasiveness of the rights violations** connected to drug policies, which are documented in all regions of the world, in high-income and low-income countries (see civil society submissions on countries as diverse as Guatemala<sup>21</sup>, Indonesia, Italy<sup>22</sup>, or Sweden<sup>23</sup>, amongst others). Notably, such violations affect not only people who use drugs and their communities, but also people engaged in the manufacturing, distribution and sale of drugs with a particularly disproportionate impact on poor and other marginalised groups, as well as society in general. A General Comment would provide a comprehensive review of such violations, harmonise the previous findings of the Committee, provide guidance to states and offer further rationale on human rights-centred drug policies as a precondition to the promotion and protection of other rights recognised in the Covenant.

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<sup>19</sup> A/HRC/47/40, para 126(m). The Committee has provided some guidance on this issue in General Comment no. 21

<sup>20</sup> For instance, see the International Guidelines on Human Rights and Drug Policy:

<https://www.undp.org/publications/international-guidelines-human-rights-and-drug-policy>

<sup>21</sup> <http://filesserver.idpc.net/library/CESCR-Submission-Guatemala-%20Final.pdf>

<sup>22</sup> <https://www.hri.global/contents/1968>

<sup>23</sup> <http://filesserver.idpc.net/library/CESCR-Submission-Sweden-Final.pdf>

- 10.2 The **ongoing process to holistically address states obligations to adopt a health- and human rights-based approach to drugs**,<sup>24</sup> and what that entails in practice. Many countries still contend that the prohibition or under-investment in harm reduction, compulsory detention and forced treatment, the promotion of stigmatising discourses and policies, or conditioning access to state services to abstinence from drug use, are appropriate responses in line with both their drug control and their human rights obligations. Authoritative guidance on how to interpret the provisions of ICESCR in this field is necessary, together with guidance on the relationship between drug-related obligations under different sources of international law.
- 10.3 General Comment will **reinforce emerging initiatives to clarify, develop, and harmonise international standards on ESCRs and drug policies**. These initiatives have been developed by the UN Chief Executives Board (CEB) (the 2018 UN Common Position on drugs), UN entities, academia and civil society (the 2018 International Guidelines on Human Rights and Drug Policies), and special procedures (see 2021 WG on arbitrary detention study on drug policies<sup>25</sup>, or Joint Statement on World Drugs Day 2022<sup>26</sup>). A contribution by a key treaty body in this context would provide new strength and momentum to these efforts and would also guide and facilitate an increased involvement by human rights bodies as well as civil society in monitoring and reporting. Further engagement of the Committee can propel other Treaty Bodies that have thus far remained silent to become more engaged on the impact of drug policies on the rights protected under other conventions. At the same time, a General Comment would clarify in one single authoritative document the obligations of state parties in the context of drug policies and bring a comprehensive approach to respecting, protecting and fulfilling the multiple ESC rights frequently violated by punitive drug policy.
- 10.4 As illustrated in the Tables 1 and 2 above, drug policies have created impacts across a broad spectrum of human rights. While drug policies are often cited as a health issue in human rights context, it is in fact a health++ topic, signifying its extensive scope beyond health and even in the right to health area, the issue is highly dynamic augmented by new technologies (new drugs and treatment) and new languages (eg harm reduction). A General Comment on the impact of drug policies will fill the gap existing in the current corpus of CESCR General Comments on relevant rights (such as GC 22 on right to sexual and reproductive health, or GC 20 on non-discrimination in ESCRs), which do not explicitly address their implementation in the context of drug policies. While the latest GC25 contains references to drug policies, particularly on controlled substances, the lack of nexus and interrelatedness with other issues pertaining to drug-policies impacts has rendered the jurisprudence of the Committee fragmented and non-synergetic A new GC will also allow to build upon and update elements of General Comment no.14 on the right to the highest attainable standard of health related to drugs,<sup>27</sup> to better reflect current standards and allow the Committee to address all these issues in a comprehensive manner to fully reflect the interdependence and indivisibility of human rights. It is also important to underscore the impacts of specific groups from drug policies as shown in table 3 below. Other groups not listed therein, particularly persons with disabilities who use drugs must also be incorporated and analysed in the new GC. The impacts on these specific groups have not been systematically addressed in existing GCs; thus a new GC will strategically provide a needed space for developing an inclusive and integrated approach for them.

<sup>24</sup> See: UN System Common Position on drugs, <https://unsceb.org/sites/default/files/2021-01/2018%20Nov%20-%20UN%20system%20common%20position%20on%20drug%20policy.pdf>

<sup>25</sup> <https://www.ohchr.org/en/calls-for-input/study-arbitrary-detention-relating-drug-policies>

<sup>26</sup> <https://www.ohchr.org/en/statements/2022/06/end-war-drugs-and-promote-policies-rooted-human-rights-un-experts>

<sup>27</sup> such as in para.36

Table 3 ESCRs Impacts of Specific Groups from Drug-Related Policies

| ESCRs Impacts of Specific Groups from Drug-Related Policies   |  |  |   |
|---|--|--|---|
| <p><b>Children</b></p> <p>In drug laws, policies and practices, the best interests of children protect them from exploitation in the drug trade and ensure that their voices must be heard.</p> <ol style="list-style-type: none"> <li>1. <u>Prevention</u></li> <li>2. <u>Intervention for Children who use drugs</u></li> <li>3. <u>Protection for &amp; from parental drug dependence</u></li> <li>4. <u>Protection from exploitation in the illicit drug trade</u></li> </ol> | <p><b>Women</b></p> <p>The right to non-discrimination of women applies equally to women who use drugs &amp; women who are involved in drug trade or dependent on illicit drug economies.</p> <ol style="list-style-type: none"> <li>1. <u>Intervention for women who use drugs</u></li> <li>2. <u>Women, drug-related offences, and dependence on illicit drug economies</u></li> <li>3. <u>Women and illicit drug cultivation</u></li> </ol> | <p><b>Persons deprived of liberty</b></p> <p>Human dignity and respect for the inherent dignity of the person cannot be stripped from those who are held in prisons or other closed settings and places of detention for drug-related reasons..</p> <p>In addition to the observance of international principles pertaining to treatment of those in prisons, including the Nelson Mandela Rules, the Bangkok Rules (women) and the Beijing Rules (children), States must ensure that those deprived of their liberty have access to voluntary and evidence-based health services, including harm reduction and drug treatment services.</p> | <p><b>Indigenous Peoples</b></p> <ol style="list-style-type: none"> <li>1. <u>Right to self-determination, to lands, territories, and resources, and to conservation of lands</u></li> <li>2. <u>Right to free, prior, and informed consent</u></li> <li>3. <u>Right to enjoy culture and to profess and practice religion</u></li> </ol> |

Adapted from International Guidelines on Human Rights and Drug Policy (ICPC, UNAIDS, WHO & UNDP; 2020)

10.5 Drug control and the protection and promotion of ESCRs in the context of drug policies fall within the remit of an exceptionally broad group of UN agencies, including UNODC, OHCHR, WHO, UNAIDS, and UNDP; with other international actors playing a critical standard-setting role (among others, donor States and the Global Fund to Fight AIDS, Tuberculosis, and Malaria). This creates a significant risk of duplication, inconsistent action, and tension in the understanding and promotion of a human rights-based approach to drugs. A General Comment would provide authoritative guidance to UN entities and other relevant stakeholders on their own obligations in this area. Similar guidance would fall within the scope of CESCR work, as evidenced by General Comment no. 14<sup>28</sup> and General comment no.22<sup>29</sup>. Moreover, a General Comment would provide a strong tool for human rights defenders and drug policy activists to engage with their governments as they continue to be censored and repressed by their governments when raising concerns around domestic policies.

11. Authoritative guidelines on ESCR and drug policy would contribute to global efforts in achieving the Sustainable Development Goals (SDGs), especially Goal 3, Goal 11 and Goal 16.<sup>30</sup> International drug control is a cross-cutting development issue that impacts and impedes the achievement of many of the SDGs. UNDP has noted that illegal drug markets and the responses to address them cut across the SDGs and undermine the overarching commitment to ‘leave no one behind’.<sup>31</sup> Repressive

<sup>28</sup> paras. 63 - 65.

<sup>29</sup> paras. 52 and 53.

<sup>30</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00198-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00198-1/fulltext)

<sup>31</sup> <https://www.undp.org/publications/development-dimensions-drug-policy>

approaches to drugs perpetuate poverty, for example because of lengthy periods of imprisonment that disproportionately impact vulnerable populations or the erasure of livelihoods when illicit crops are forcibly eradicated without sustainable alternatives put in place.

### III. Urgency of A New CESCR General Comment

12. Authoritative guidance of the Committee through a General Comment at this critical time, when the punitive legal frameworks instituted during the so-called ‘war on drugs’ are increasingly under question, has the potential to contribute to shaping future drug policy responses to be in line with human rights obligations.
13. The General Comment would place the Committee in a leading role for the growing interest on the human rights impacts of drug policies that is now emerging at the Human Rights Council (with resolutions in 2015 and 2018) and among special procedures. The CESCR is well placed to take this role because of its regular reviews of domestic drug policies and their compatibility with the obligations under the Covenant; with over 30 concluding observations on the issue between 2016 and 2022. In that regard, a contribution by a treaty body of the significance of the CESCR would create the much-needed momentum for other actors in the international human rights and drug policy fora to become more engaged on the issue.
14. For instance, the UN Commission on Narcotic Drugs held a full-day discussion on drug control and human rights in September 2022. The participation of a Committee member at the session was welcome and essential to ensuring that the voices of key treaty bodies are heard in Vienna. There is currently clear momentum towards calling for a human rights-based approach to drugs that should be leveraged. In addition, the international community will meet in Vienna in March 2024 for the mid-term review of the 2019 Ministerial Declaration to discuss the global state of drug policies.<sup>32</sup> Clear and continued engagement by the Committee, including via a General Comment to be published on time for this event, would help to continue to centre human rights in drug policy both at the UN and national levels.

### IV. Proposed methodology and timeline

15. To ensure that the new GC on impact of drug policies on ESCRs is comprehensive, holistic and inclusive, an initial scoping of stakeholders is conducted as shown in the diagram below. It must be noted that civil society and affected communities, including people who use drugs, service providers, farmers, and indigenous peoples, have a wealth of knowledge, expertise, and evidence of the human rights impacts of drug policies and how to address and/or mitigate them. Shadow reports to UN human rights treaty bodies, regular engagement in the UPR, inputs into reports of the OHCHR and Special Procedures, and the development of key resources such as the International Guidelines on Human Rights and Drug Policy or the Global Drug Policy Index are testament to this. The preparation of the General Comment would therefore greatly benefit from the meaningful involvement of civil society and affected communities, at all stages of the drafting process.

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<sup>32</sup> 2024 will constitute the mid-term review of the 2019 Ministerial Declaration on drugs, where member states will gather to evaluate progress made since 2019 and decide on a way forward until 2029.

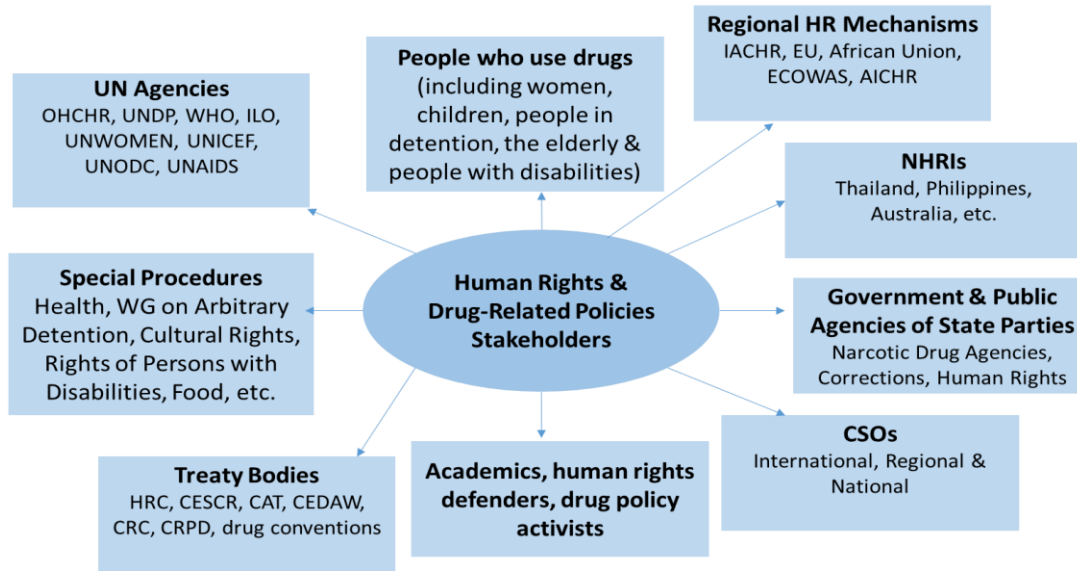
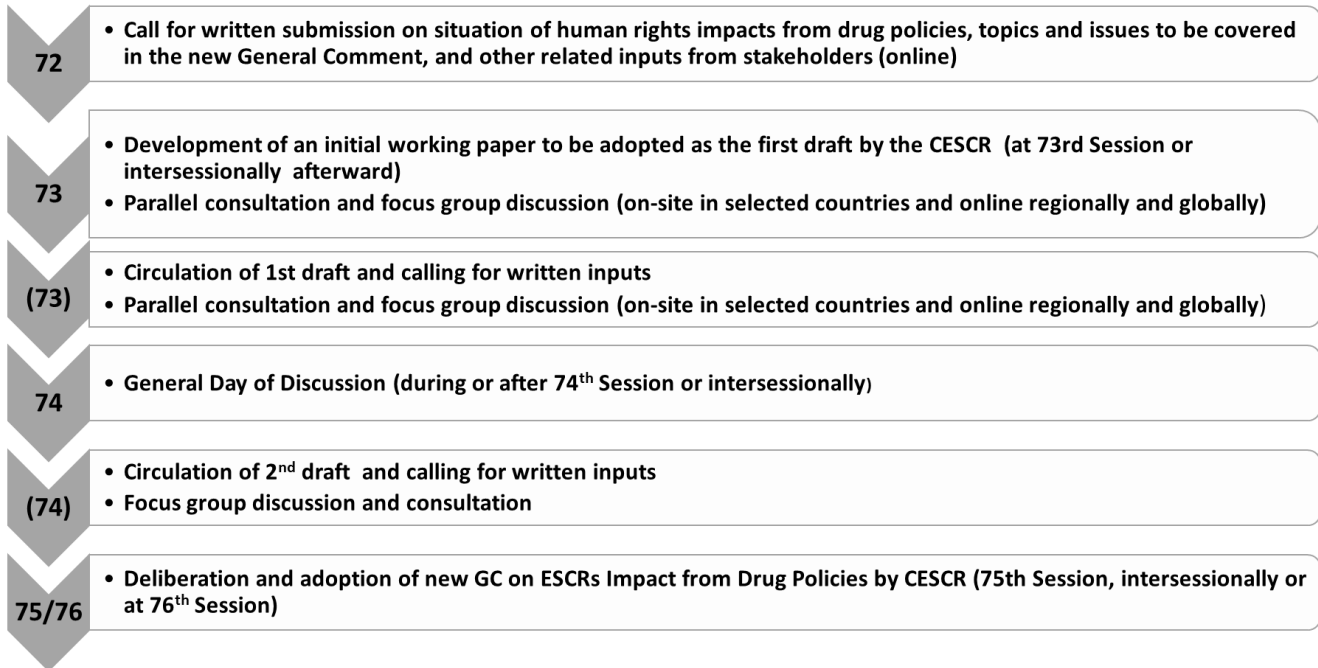


Diagram 1 Identification of Stakeholders in the GC Process

16. Announcement of a call for written submission, online and onsite consultation and focused group discussion will be the primary methods of engagement with these stakeholders. Given the urgency and imperatives of the subject matter and also the need for broad-based consultation and participation, the new GC should have a clear timeline for its development. An initial timeline is shown below. Based on the two annual sessions of the CESCR—at 72<sup>nd</sup> session in October 2022, it is envisaged that the whole process will take not more than four sessions (up to 76<sup>th</sup> session at the end of 2024). Each session in the diagram is indicated by activities to be undertaken during the session or





intersessionally.

17. As noted above, the first step to be undertaken is a call for written submission from stakeholders of their views and relevant facts on the human rights situation and drug policies, which will form an important basis of the new GC. This step is to be open until the end of January 2023 or before the 73<sup>rd</sup> session of the CESCR and will help identify key interested parties with whom a focused discussion and consultation will be further organized with a view to refining the scope and content of the GC. The drafting and development process will benefit from coordination and collaboration with existing network of experts and specialised agencies and CSOs in the field of drug policies and human rights, including the Global Commission on Drug with whom the CESCR recently conducted an interactive dialogue. Efficient management of time and resources will also be observed, for example request for synchronization of consultation with the calendar of the stakeholders such as the Brandenburg Forum that focuses on alignment of drug policies and human rights.

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