



Contribution to the UN CESCR general comment on the impact of drug policy on economic, social and cultural rights

Submitting organization:

Skoun, Lebanese Addictions Center is a Lebanese non-profit, non-governmental organization established in 2003 as an outpatient addiction treatment center. Skoun advocates to make substance use a primary healthcare issue, and for the reform of drug policies to protect and promote the rights of people who use drugs in Lebanon. www.skoun.org

Introduction

We welcome the opportunity to provide the Council with input and comments on the outline of the General Comment on the impacts of drug policies on the social, economic and cultural rights shared for consultations. The below comments and information are drawn from Skoun's twenty years' experience in providing services, support and protection to people who use drugs in Lebanon.

We welcome the General Comment as an important addition to the body of existing jurisprudence on the human rights implications of drug policies.

Comments on specific sections of the annotated outline:

II- General obligations of State Parties under the Covenant

Non-discrimination, equality, and groups or persons requiring particular attention

Under this section, we would like to highlight that specific attention should also be given to marginalized communities who use drugs such as displaced individuals and refugees in host countries who are, according to the UNODC's most recent World Drug Report, particularly vulnerable to substance use and mental health disorders.

Lebanon hosts more than one million refugees from Syria, since 2011, and around 200,000 Palestinian refugees composed of different refugee waves from Palestine and their descendants. Lebanon is not a signatory to the Refugee Convention of 1951 and therefore does not confer official refugee status to these individuals.

Refugees in Lebanon are subjected to stigmatizing attitudes by the local population as well as the authorities; discriminatory policies such as curfews that limit their freedom of movement are enforced against them in certain municipalities¹. Furthermore, most Syrian refugees are at risk of arrest and deportation due to their lack of legal status or as a result of forced deportation campaigns conducted by the authorities². These living conditions, combined with the criminalization of drug use create multi-layered obstacles for refugees who use drugs in accessing specialized substance use and harm reduction services, especially considering that these services are limited and mostly centralized in the

¹ Inter-agency Coordination Lebanon, UNHCR, WFP, "Protection Chapter" in Vulnerability Assessment of Syrian Refugees in Lebanon, available at https://ialebanon.unhcr.org/vasyr/files/vasyr_chapters/2022/VASyR%202022%20-%20Protection.pdf

² Ibid.

capital and surrounding areas. From 2016 to 2018 for instance, up to 20% of individuals arrested for drug related crimes were Syrian nationals³.

These conditions negatively impact the rights to non-discrimination and to the highest attainable standards of physical and mental health of these communities as provided for by articles 2 and 12 of the Convention.

Additional Information:

- UNODC, Chapter 5: Substance use disorders in humanitarian settings, in World Drug Report 2023, https://www.unodc.org/res/WDR-2023/WDR23_B3_CH5_substance_use.pdf

The obligation to fulfill

With regards to the fact that drug policies often erect barriers to effective health care, including palliative care, we would like to highlight the exclusion of patients in Lebanon from legal access to medicinal cannabis.

In April 2020, the Lebanese Parliament passed law 178/2020 legalizing the cultivation of cannabis for medicinal and industrial purposes. In the section detailing the rationale for the law, Lebanese legislators highlight the “scientific findings and the many studies pertaining to the medicinal benefits of cannabis”, all the while denying the rights of local population and residents to access medicinal cannabis. The 2020 law fails to expressly provide the right to consume medicinal cannabis, fails in amending the Lebanese Law on Drugs which criminalizes substance use and possession for personal consumption, and fails to reschedule cannabis as a substance with medicinal properties.

By failing to consider avenues through which the local population could benefit from the scientific and medical advances linked to cannabis, law 178/2020 violates the right to the highest attainable standard of physical and mental health as provided for in article 12, and the right to enjoy the benefits of scientific progress and its application as provided for in article 15.

Additional Information:

- Skoun, Lebanese Addictions Center, *The Legalization of the Cultivation of Cannabis: moralistic views vs the right to health*, 2021
<https://www.skoun.org/storage/publications/76BFM5d70GNQTE1ohCka3pYOHxw19SIIShMfKuH.pdf>

III. Drug policy and ESC rights - substantive sections/Specific obligations of States parties under the Covenant

Health, social and other services for people who use controlled substances

Under this section we would like to additionally highlight the importance of the continuity of health services, harm reduction interventions and access to essential medications in times of crisis.

The financial crisis in Lebanon and the state's inability to procure essential medications have led to an ongoing shortage of Opioid Agonist Treatment (OAT). In September 2021, the Ministry of Public Health (MoPH) informed civil society organizations (CSOs) and clinics providing OAT that the available

³ Lebanese Central Drug Crimes Bureau, Annual Statistics.

Buprenorphine stock within MoPH pharmacies would last only one month. Consequently, CSOs have taken on the responsibility of ensuring the continuity of this vital service in the absence of a state response.

The scarcity of OAT medications jeopardized the stability and well-being of individuals who rely on them. The sudden shortage, the threat of interruption, and reduced doses have reportedly resulted in physical withdrawals, increased rates of overdoses, higher relapse rates, and the emergence of mental health disorders due to the heightened stress experienced by OAT service users. This situation not only compromises the continuity of care but also undermines the overall effectiveness of harm reduction efforts.

As such, the inability of the state to procure this essential medication, as well as the de-prioritization of people who use drugs from its response to the crisis violates their right to the highest attainable standards of physical and mental health as provided for by article 12.

Additional information:

- *Skoun Lebanese Addictions Center, "Submission to the United Nations High Commissioner for Human Rights: impact of the humanitarian crisis on people who use drugs- Increased vulnerabilities and marginalization, lessons from Lebanon", May 2023.*
<https://www.ohchr.org/sites/default/files/documents/issues/drug/cfi-hrc54-drug-policy/submission/subm-ohchrs-report-csos-skoun-lebanese-addictions-center-31.pdf>

Health and other ESC impacts of administrative and criminal sanctions related to controlled substances

With regards to enforcement efforts and the pursuit of repressive drug policies, we would like to draw attention to the use of pre-trial detention for drug-related charges.

In fact, article 108 of the Lebanese Code of Criminal Procedure⁴ allows for the indefinite pre-trial detention of individuals charged with drug-related felonies (this excludes the use of drugs or possession for personal consumption which legally constitutes a misdemeanor). According to the Lebanese Directorate of Prisons, in 2023, 96% of individuals held in prisons and places of detention were held in pre-trial detention⁵, and almost 25% of all detainees are held for drug-related crimes⁶. As at 8 January 2024, 6501 individuals⁷ were held in notoriously overcrowded Lebanese prison facilities; their official capacity being 3500 detainees⁸.

Indefinite pretrial detention for drug related crimes, in overcrowded prison facilities and places of detention violates the right to adequate standards of living as provided for in article 11 of the convention.

Cultivation, production, distribution, of controlled substances

Under this section we would like to particularly highlight the conditions of traditional cannabis farmers who can be excluded from newly established legal markets as is the case in Lebanon.

Article 18 of Lebanese law 178/2020 legalizing the cultivation of cannabis for industrial and medicinal purposes, precludes any person having been sentenced by a court of law for a crime or offense punished by the Lebanese Drug Law to apply for a license to cultivate. This effectively excludes traditional cannabis farmers and landowners where cannabis is grown from taking part in this newly established market. This

⁴ Lebanese Code of criminal Procedure, Article 108, available

⁵ Lebanese Prisons Directorate, 2023 Statistics, https://pa.justice.gov.lb/pa_stat.php

⁶ Ibid.

⁷ Lebanese Prisons Directorate

⁸ World Prison Brief, Lebanon Data, available at <https://www.prisonstudies.org/country/lebanon>

poses a problem as it effaces the traditional know-how of the farmers, and forces them to remain in the illegal market.

This provision violates the right to work as well as the right to favorable conditions of work and the right to non-discrimination provided for in articles 6, 7 and 2 of the Convention.

Additional Information:

- *Skoun, Lebanese Addictions Center, The Legalization of the Cultivation of Cannabis: moralistic views vs the right to health, 2021*
<https://www.skoun.org/storage/publications/76BFM5d70GNQTE1ohCka3pYOHxw19SIIShMlfKuH.pdf>

International cooperation and assistance

According to the UNODC, individuals in humanitarian settings are at increased risk of mental health and substance use disorders⁹; however, the compounded crises in Lebanon has shown the de-prioritization of people who use drugs from humanitarian responses. Besides the essential medication crisis referred to above, another example is that substance use patterns and trends amongst refugee populations is rarely if ever studied in Lebanon, in order to avoid further stigmatization of these communities. As a result, substance use related services have been excluded from humanitarian programming and funding¹⁰ therefore limiting access of refugee communities to specialized services.

Humanitarian frameworks should include substance use responses to ensure availability, access and continuity of services to individuals in humanitarian and crisis settings. This would entail further cooperation between different UN entities, member states and civil society to ensure the inclusion of substance use response within humanitarian funding and programming.

⁹ UNODC, World Drug Report 2023, Chapter 5

¹⁰ See Lebanon Crisis Response Plan (LCRP) and Lebanon Emergency Response Plan (ERP)