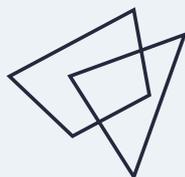


THE FOURTH REGIONAL
IMPLEMENTATION DIALOGUE
INTERNATIONAL GUIDELINES ON
HUMAN RIGHTS AND DRUG POLICY

Sub-Saharan Africa Final Report

6-7 December 2022



INTERNATIONAL GUIDELINES ON
Human Rights + Drug Policy

About the International Centre on Human Rights and Drug Policy

Established in 2009, the International Centre on Human Rights and Drug Policy (HRDP) is an academic programme dedicated to developing and promoting innovative and high-quality human rights research and education on issues related to drug laws, policy, and enforcement. HRDP is based at the Human Rights Centre, University of Essex.

About the International Guidelines on Human Rights and Drug Policy

The International Guidelines on Human Rights and Drug Policy are the result of a partnership between HRDP and the United Nations Development Programme (UNDP), and a three-year international consultative process, to apply contemporary human rights legal standards to drug policy. Covering the entire supply chain, from supply to use, and grounded in basic human rights principles, the Guidelines address the catalogue of core internationally recognised rights, as well as drug policy themes (health, development, and criminal justice), and groups (children, women, indigenous people). The Guidelines highlight the measures that States should undertake or refrain from undertaking in order to comply with their human rights obligations, while taking into account their concurrent obligations under the international drug control conventions. They are intended as a normative reference for parliamentarians, diplomats, judges, policy makers, civil society organisations, and affected communities.

About the Implementation Report Series

Standard setting is a first step towards rights-based action. However, it is not always clear how certain standards – often broadly phrased – translate into concrete measures on the ground. Measuring human rights progress is a further challenge. The Implementation Report Series addresses these challenges. Written for a general audience, the reports are intended to highlight key themes or issues in drug policy requiring human rights attention, best practices from the local level that demonstrate rights realisation, and tools and methods for translating norms into action. The reports take a positive perspective, focusing on existing efforts and opportunities from around the world showing how action on human rights is possible and practical in the drug policy space and how – in some cases – it is already happening. It is our hope that this series showcases the possibilities for transformative rights-based action in drug policy in a way that is beneficial to those working in drug policy who may not have human rights expertise, as well as those working in human rights who may be unfamiliar with drug policy issues.

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1. SUMMARY OF THE REGIONAL DIALOGUE

The Fourth Regional Dialogue on the Implementation of the International Guidelines on Human Rights and Drug Policy took place virtually on the 6th and 7th of December 2022, bringing together more than 80 participants from Sub-Saharan Africa from governments, international and regional organisations, national human rights institutions, civil society, and academia to discuss how to move forward with the International Guidelines on Human Rights and Drug Policy (the Guidelines) in the Sub-Saharan Africa region.

The two-day meeting was co-hosted by the International Centre on Human Rights and Drug Policy at the University of Essex, the United Nations Development Programme, the Office of the High Commissioner for Human Rights, the Swiss Federal Department of Foreign Affairs, the Global Partnership on Drug Policies and Development implemented on behalf of the Federal Ministry of Economic Cooperation and Development, the Kenya Legal & Ethical Issues Network on HIV and AIDS, ENDA Santé, and the Civil Society Institute for HIV and Health in West and Central Africa.

The objectives of this Dialogue, which is part of a series of regional consultations focusing on the implementation of the Guidelines, were to discuss and map out challenges and opportunities for implementing the Guidelines in national and regional settings of Sub-Saharan Africa. The Dialogue also presented the opportunity to broaden the coalition of national, regional, and international actors working to turn the Guidelines into concrete actions and help ensure their effective implementation.

2. SETTING THE SCENE: PANELS AND PLENARY DISCUSSIONS

2.1. Welcome messages

Representatives from the United Nations Development Programme, United Nations human rights mechanisms, the Swiss Federal Department of Foreign Affairs, the African Network of People Who Use Drugs, the African Union Commission, and the International Centre on Human Rights and Drug Policy delivered welcome messages. They expressed their commitment to promoting, supporting, and facilitating the implementation of the Guidelines across the Sub-Saharan Africa region.

Speakers highlighted the significance of the Guidelines to uphold the rights of particularly vulnerable groups, including prisoners, people who use drugs, and women and girls. They observed that the Dialogue plays a critical role in tracking implementation at both the national and regional level. They also noted that the Dialogue plays an equally important role in identifying evidence-based approaches that facilitate a human rights-based approach to drug policy.

2.2. Panel 1: The International Guidelines on Human Rights and Drug Policy: A tool for change

The panel, comprising representatives from the International Centre on Human Rights and Drug Policy, the Office of the High Commissioner on Human Rights, and a civil society organisation from Nigeria, discussed how the Guidelines can be used to support constructive engagement in the design and implementation of human rights-based drug policy, and highlighted rights-based initiatives and outcomes at the national, regional, and international level.

For example, the Guidelines have been cited in three high court cases in Colombia; have informed the development of Brazil's national guidelines on social protection; and have been cited in the European Union Drug Strategy and in recommendations issued by United Nations human rights expert mechanisms on arbitrary detention, women's rights, and economic, social, and cultural rights. In Albania, following a training on integrating the Guidelines into their work, criminal court judges have used the Guidelines as a reference in more than 15 criminal court cases.

The Guidelines provide a comprehensive set of international legal standards for placing human dignity and sustainable development at the centre of UN Member States' responses to drug sale and drug use. The speakers noted the importance of supporting their full implementation by African governments. Speakers also highlighted the continued commitment by governments to the 'war on drugs', despite evidence – and international obligations – demonstrating the need to embrace a human rights-based approach to drug policy. In many countries, prohibitionist laws, policies, and practices have perpetuated discrimination, racism, and stigma against, as well as the criminalisation of, people who use drugs. In many countries, people who use drugs in general are denied treatment, and in some countries, they are tortured and face cruel, inhuman, and degrading treatment or punishment.

Panellists discussed how the Guidelines serve as a valuable advocacy tool civil for society organisations at the national level. For example, civil society organisations in Nigeria have used the Guidelines in trainings on criminal justice reform with law enforcement officers; in advocacy before the Ministry of Justice regarding the torture and ill-treatment of people who use drugs; in lobbying efforts with policy makers to raise concerns about the current drug law; and in workshops with networks of people who use drugs and with human rights lawyers. The Guidelines have also proven useful for public education and awareness efforts.

2.3. Panel 2: Pathways to implementation

This panel focused on integrating human rights standards into frontline service delivery for people who use drugs; cannabis cultivation and sustainable livelihoods for small farmers; issues related to women and criminal justice; and national dialogues as a mechanism to localise human rights and advance participatory drug policy reform.

Frontline service delivery for people who use drugs

The panel began with a discussion of one of the first harm reduction centres in West Africa, established in Senegal in 2014. The centre provides comprehensive harm reduction services, including methadone and sterile syringes, psychosocial support, and other health services for people who use drugs, as well as training for health care workers involved in the care of people who use drugs, with a specific goal to ensure equal access to treatment and services for women and men.

As is the case in many countries in the region, drug use and possession for personal use are criminal offences in Senegal, punishable by significant fines and incarceration, and criminalisation, stigma, and discrimination all pose significant barriers to accessing harm reduction and other health services. In this repressive legal and social context, harm reduction includes advocating for law reform, including the decriminalisation of drug use and possession, the promotion of alternatives to prosecution and punishment for drug-related offences, and the provision of legal support for people who use drugs.

Cannabis cultivation and sustainable livelihoods for small farmers

Cannabis policy has been undergoing reform across multiple African nations. Although cannabis cultivation and use remain criminalised across most of the continent, in recent years, a number of countries have reformed their laws to legalise the production, sale, and use of cannabis for scientific and medical purposes. This presents an opportunity for governments to support sustainable livelihoods for small farmers who cultivate cannabis and to meet their obligations to ensure the right to an adequate standard of living among this population.

However, many small farmers face major obstacles to entering the legal market, including an inability to pay for required licences or permits and a lack of secure land tenure. In fact, current cannabis law reforms are unlikely to improve the well-being of the majority, instead creating opportunities for elite powerful actors like agribusinesses that can afford necessary licences and permits. This further marginalises small cannabis growers, whose activities remain illegal, putting them at constant threat of prosecution, discriminatory eviction, and land grabbing. For example, in Zimbabwe's legal market, cannabis production is dominated by agribusinesses due to high licence and production costs.

Ensuring human rights in cannabis policy, where reforms are already underway across the continent, is key. This includes the comprehensive legalisation of cannabis (not just for scientific and medical purposes); making legal markets accessible to small farmers; and implementing evidence-based policies, including harm reduction.

Women, criminal justice, and drug policy

The Guidelines recognise women as a key group affected by drug policy, highlighting issues affecting women who use drugs, women involved in the drug trade, and women who depend on illicit economies, including cultivation. Worldwide, women are increasingly being imprisoned for drug-related offences, and at a higher rate relative to men. Women face tougher sanctions and stigma when they are charged with drug use, possession, or related offences, and they are more likely to spend more time on remand because they are less likely to afford bail, effective legal representation, and other support services. They also face more stigma compared to their male counterparts, as well as rejection from family members and loss of contact with their children. The majority of women in prison are incarcerated for minor offences; most are poor and uneducated and have committed their crimes due to economic survival or factors related to gender-based violence.

Prison systems are designed for men, with scant consideration of women's specific needs and circumstances, including with respect to pregnancy, breast-feeding, and other sexual and reproductive health needs. There is little or no access to drug treatment services designed for women and, in general, limited information highlighting women's experiences.

Implementing the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules) in Sub-Saharan Africa is key to addressing these problems. The Bangkok Rules are applicable to women and girls deprived of their liberty and children who are incarcerated with their mothers. They call for the development of admission procedures that take into account the vulnerability of women and children, women's health care needs, the need for sustained contact with the outside world, and the need to develop discipline procedures and training for prison personnel.

International human rights non-governmental organisations have undertaken significant work to implement the Bangkok Rules, including in the region. This includes research and advocacy on the gender-responsive treatment of women prisoners; continuous training on the Bangkok Rules and the United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules); and the development of resources on gender-sensitive justice procedures and gender-sensitive offender assessment tools.

National dialogues as a mechanism to localise human rights and advance participatory drug policy reform

A speaker who had worked in government and as a civil society actor shared his perspective on the important role that civil society has played in drug law reform in Ghana.

In Ghana, civil society has engaged health and drug control agencies, members of Parliament, the judiciary, law enforcement agencies, and the media in discussions about drug law reform, helping build bridges among different branches of government, and between the government and civil society, to support dialogues that are inclusive of civil society and a wide range of government stakeholders. This is impressive given the diverse and often opposing positions within and between government actors and civil society on drug control law and policy.

From a government perspective, civil society engagement in drug policy reform can strengthen the quality of drug control policy and help support its legitimacy. In addition, Ghanaian civil society organisations are connected with international drug policy organisations that have facilitated international exchange programmes to support government officials, including from the national drug control agency, the judiciary, and Parliament, to travel to learn about civil society advocacy on drug law reform in other countries. And civil society's diplomatic (as opposed to confrontational) approach has also facilitated government-civil society conversations and, more broadly, national-level dialogues.

Ghana's 2020 Narcotics Control Act reflects progress towards human rights-based drug policy, including treating 'substance use disorders' as a public health, not criminal, issue. This is an outcome of successful engagement with civil society. Civil society-government engagement is an ongoing process, as civil society continues to engage with police officers and judges to train them on the new drug law.

3. LIGHTNING TALKS: SHARING IDEAS AND EXPERIENCES

3.1. Drug policy and the right to health in Sub-Saharan Africa: Access to medicines for palliative care and pain relief

The speaker discussed the progress made towards improving access to medicines for palliative and chronic care in Sub-Saharan Africa, focusing on the African Palliative Care Association's (APCA) work to develop comprehensive care in the region.

There is limited access to controlled medicines for pain relief and palliative care, especially morphine, in most countries in Africa. Oral morphine, an inexpensive, effective medicine to treat pain, is unavailable, or available in limited quantities, throughout the region. A number of factors contribute to this situation, including highly restrictive drug control policies, inadequate financing, a lack of training for health care workers on prescribing opioids for pain relief, and a lack of integration of palliative care into existing services.

The speaker noted that partnerships among key stakeholders have proven to be effective in facilitating change to ensure access to morphine for pain relief. For example, Uganda has managed to establish a stable supply chain for morphine through a system of strategic partnerships among the Ministry of Health, medical stores that supply, store, and distribute powdered morphine, and Hospice Africa, which reconstitutes oral liquid morphine. Furthermore, the Ministry of Health, the Palliative Care Association of Uganda, and Makerere University, with support from APCA, work together to train prescribers. Uganda has focused on producing oral liquid morphine, which is cheaper, easier to manufacture, and easier to dose, and has amended its law to permit non-physician prescription of opioids. This has substantially increased access to morphine to treat pain in Uganda. APCA also has provided technical assistance to start the production of oral morphine in a number of countries in the region, including Kenya, Rwanda, Eswatini, Botswana, Malawi, Tanzania, and Zimbabwe, and is beginning to do so in the Democratic Republic of the Congo.

The speaker pointed to proven models to deliver pain medicines in several countries, including Rwanda, Eswatini, Botswana, Malawi, and Kenya, which have stand-alone palliative care policies; laws that allow non-physician prescribers, such as in Uganda and Zimbabwe; and comprehensive systems, like that of Uganda, which facilitate the financing, procurement, reconstitution, and delivery of oral morphine, and urged the adoption and expansion of these models to ensure access to pain medicines in the region.

The speaker also noted that a partnership between providers of sexual and reproductive health services and other professionals would prove useful to support women's access to services. Given women's unique needs, such a partnership would reduce their marginalisation and discrimination in service provision.

3.2. Bellhaven Harm Reduction Centre: Government and community collaboration to promote rights and restore dignity

The Bellhaven Harm Reduction Centre, which provides low-threshold harm reduction services, including methadone, for low-income and homeless people in Durban, South Africa, is the first such centre of its kind in South Africa, and a model for the country and for the Sub-Saharan African region on how to provide low-cost, low-threshold harm reduction services.

The Centre emerged from a project initiated in March 2020, during the first COVID-19 lockdown, when the municipality approached people working on harm reduction, including from the Urban Futures Centre at the Durban University of Technology and the South African Network of People Who Use Drugs, to set up a withdrawal management programme for homeless people. Within a short time, a makeshift facility was established at a parking lot lockdown facility to provide methadone treatment for approximately 450 individuals.

In June 2020, at the end of the first lockdown, the municipality provided a building for the Bellhaven Harm Reduction Centre, signalling an important shift from its previous prohibitionist, abstinence-based approach to drug use. The Bellhaven Harm Reduction Centre currently provides harm reduction services, including methadone, to 160–200 people daily.

In addition to the building, the municipality provides electricity and full-time security. There is no money for operational costs, however, and the Centre relies on donor funding to cover these costs and to pay for methadone and other harm reduction services, which raises concerns about sustainability over the long term.

Law enforcement officials have been key partners and champions of the Centre in public fora. These officials do not interfere with clients' access to services at the Centre, and police have picked up methadone for people who have been arrested to protect against withdrawal symptoms. Law enforcement officials have taken part in sports activities at the Centre and have joined Centre staff on a walk through the town centre calling for reforming laws around drug use and recognising the human rights of people who use drugs.

3.3. Access to justice and legal aid

The speaker, a paralegal and human rights advocate, focused on his organisation's actions to ensure access to justice and legal aid for people deprived of liberty in Ghana, including its work with the Justice for All Program (JFAP) and with the prison system.

Pre-trial, or remand, prisoners make up a significant percentage of Ghana's prison population. The focus on prosecuting drug-related offences to appease public concerns about the dangers of drug use, instead of focusing on reducing harms related to drug use, contributes to the problem. JFAP, a State-led initiative, works to decongest prisons by setting up in-prison special courts to adjudicate pre-trial/remand prisoner cases, and also provides paralegals for these prisoners. Civil society facilitates these initiatives. Since the introduction of JFAP in 2007, the pre-trial/remand prisoner population has decreased from 33% to 9.7%. State and civil society partnerships have also established the In-Prison Paralegal Program, which trains convicted prisoners, with the assistance of prison officers, to represent themselves in appealing their cases. The speaker noted that further action by the government is necessary to protect the rights of people who use drugs or are arrested or convicted of drug-related offences, such as providing drug treatment as an alternative to imprisonment, and sentencing minor offenders to community service.

The speaker highlighted the gap in service provision for people who use drugs who are imprisoned, including the fact that drug treatment in prison focuses on abstinence as its main objective. He urged relevant actors and agencies to respond by developing the relevant infrastructure, professionals, and policies needed to ensure that people who use drugs have access to services that they need, in the framework of harm reduction, and to ensure their dignity and human rights. He also emphasised the need to ensure legal representation, as well as empowerment for self-advocacy and self-representation, for people arrested, accused, or convicted of drug offences.

3.4. Stakeholder engagement and collaboration on drug policy: Partnerships with civil society and government on the way to policy change

The speaker, an advocate who represents the community of people who use drugs, and who works with women and young people who use drugs in Kenya and Tanzania, spoke about the critical role that people who use drugs, in coalition with civil society organisations, play in advocating for drug policy reform, focusing on developments in Kenya.

In recent years, international donors have invested in community empowerment for people who use drugs, resulting in a number of law and policy 'wins' for this community. For example, people who use drugs have worked with Kenya's national HIV programme to integrate a human rights-based approach into the programme's standard operating procedures. They have worked in coalition with civil society organisations and the media

to push for the decriminalisation of drug possession for personal use. Kenya's Narcotics, Drugs and Psychotropic Substances (Control) (Amendment) Act of 2022 continues to provide for harsh punishment for the possession of drugs for personal use, although the penalties have been reduced significantly, from ten years' imprisonment to five years' imprisonment or a fine for cannabis.

While this falls far short of decriminalisation, it is an improvement over the previous law. Since 2018, the speaker and her organisation have partnered with legal organisations to train approximately 100 paralegals throughout the country. With the support of paralegals, people who use drugs have been able to defend themselves against cases of arbitrary arrest and detention and to benefit from fair processes in court.

The community of people who use drugs has done trainings on harm reduction for law enforcement officials, and the speaker expressed her excitement about using the Guidelines as a resource in future trainings with law enforcement officials, prosecutors, and judges. The community of people who use drugs are also actively engaged in conversations with civil society organisations to support a national harm reduction law.

The speaker highlighted that the voices of people who use drugs was the missing piece in advocacy and that giving a face to the harms of drug prohibition has allowed for progress.

4. IMPLEMENTATION WORKSHOPS: LINKING THE INTERNATIONAL GUIDELINES ON HUMAN RIGHTS AND DRUG POLICY TO NATIONAL PRIORITIES

Participants joined one workshop session each day to discuss specific topics addressed in the Guidelines that had been identified as priorities for the Sub-Saharan African region: health, development, criminal justice, women, children and adolescents, and participation and community empowerment. The sessions aimed to identify and prioritise key projects and ideas for implementation around these topics.

A number of common themes emerged, including the need to collect gender- and age-disaggregated data on people who use drugs; to address the harms of prohibition by decriminalising drug use and possession for personal use; and to support partnerships and collaboration among people who use drugs and their representative organisations, civil society organisations, government, and academia centred on designing and implementing human rights-based drug policy.

4.1. Right to health

Participants highlighted that the criminalisation of drug use and possession are key barriers to accessing harm reduction and other health services for people who use drugs. Drug treatment and harm reduction services are scarce to non-existent in many countries, in particular outside major cities, and fear of arrest, and discrimination by health care workers, keep people who use drugs from accessing those treatment and harm reduction services that do exist, as well as other health and social services. Participants also noted that many people who use drugs live in conditions of poverty, which poses an additional barrier to accessing services.

It was suggested that the Guidelines be used to educate stakeholders, including government officials, judges, police, health care workers, and people who use drugs, about the health and other rights of people who use drugs; to advocate for law and policy reform, including the decriminalisation of drug use and possession for personal use; to guide rules and regulations for opiate substitution and other drug dependence treatment programmes; and to raise public awareness about the rights of people who use drugs.

Participants suggested that lawyers be trained to effectively defend people who use drugs in criminal cases. They also suggested that supporting economic empowerment for people who use drugs should be a priority.

4.2. Right to development

Participants noted that small farmers and other small-scale cultivators are largely excluded from discussions around cannabis regulation and that ensuring their participation in these discussions, and their inclusion in cannabis regulation law and policy reform, should be a priority.

Towards this end, participants highlighted the importance of providing training to government officials, regulators, and policy makers on how to prioritise the inclusion of small-scale cultivators in regulated markets, guided by obligations to ensure equality and non-discrimination and the right to an adequate standard of living. The Guidelines are a useful resource in this regard.

4.3. Criminal justice

Participants highlighted the need to engage judges, law enforcement officials, and parliamentarians in discussions on the decriminalisation of drug use and possession for personal use, and suggested developing a civil society human rights scorecard to monitor human rights violations and compliance by governments with regard to drug policies. They also raised concerns about the incarceration of women for drug-related crimes and emphasised the need to ensure a gender perspective in all programmes, including with respect to access to health services in prison, and prison policies more broadly.

4.4. Women and gender

The specific needs and circumstances of women who use drugs, women who cultivate drugs, and women who are arrested or incarcerated for minor drug-related crimes are often overlooked in the design and implementation of drug control laws, policies, and practices. Participants suggested a number of ways that the Guidelines could be used to address this gap. For example, the Guidelines could be used to:

- Increase the capacity of law enforcement officials, members of the judiciary, and politicians by raising their knowledge and awareness of the specific needs and circumstances of women who use drugs, cultivate drugs, or are arrested or incarcerated for drug-related crimes.
- Mobilise financial and technical resources for harm reduction and other interventions for women.

- Support women-centred drug law and policy implementation and reform.
- Support the design of harm reduction and sexual and reproductive health services to ensure integration between the two.
- Support gender-sensitive prison law and policy reform, including with respect to sentencing guidelines and alternatives to incarceration.

Participants emphasised the importance of collecting data and conducting research on the impact of prohibition on women, and collaborating with academia and governments in this work. They noted the need to prioritise women’s involvement in the cultivation and trade of cannabis and to ensure housing and other health and social services for women who use drugs and their families. They also highlighted the importance of ensuring that women who use drugs are represented in all their diversity, including women who are homeless, sex workers, migrant women, and transgender women.

4.5. Children and adolescents

Children’s and adolescents’ specific needs and interests are often overlooked in the design and implementation of drug control laws, policies, and practices. Participants suggested that a long-term strategic objective would be to make children more visible in drug policy. This would include the development and implementation of child-centred drug control policies, including to ensure access to controlled medicines for pain relief and palliative care and to address issues faced by children in the juvenile justice system or affected by parental incarceration. Participants recommended the development of a child-centred report that provides opportunities for advocacy and research through the documentation and sharing of children’s experiences with these issues in the region.

Participants raised concerns about the dearth of information on children who use drugs and suggested that data on drug use be disaggregated by age. The Guidelines could be used to support the collection of these data and, in turn, to advocate for the development and implementation of child-sensitive treatment and harm reduction services for adolescents.

Over the short term, participants suggested that best practices on access to palliative care for children, as well as barriers to accessing services, be documented. They noted the importance of focusing on alternatives to incarceration for women in prison, considering motherhood, as compared to the type of crime committed, as a factor to support eligibility for such alternatives.

4.6. Rights, participation, and community involvement

People who use, possess, or cultivate drugs have the right to meaningful participation in the design and implementation of laws, policies, and practices that affect them. Yet this right is often disregarded.

Participants highlighted the importance of partnerships and collaboration among people who use drugs, civil society actors, governments, and academics to address key priorities, including the development of a more inclusive agenda for law and policy reform and implementation, and for data collection and budget analysis. In the short term, the Guidelines can be used to help identify and engage key stakeholders to work towards these ends and provide training on relevant drug policy issues.

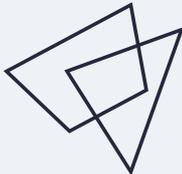
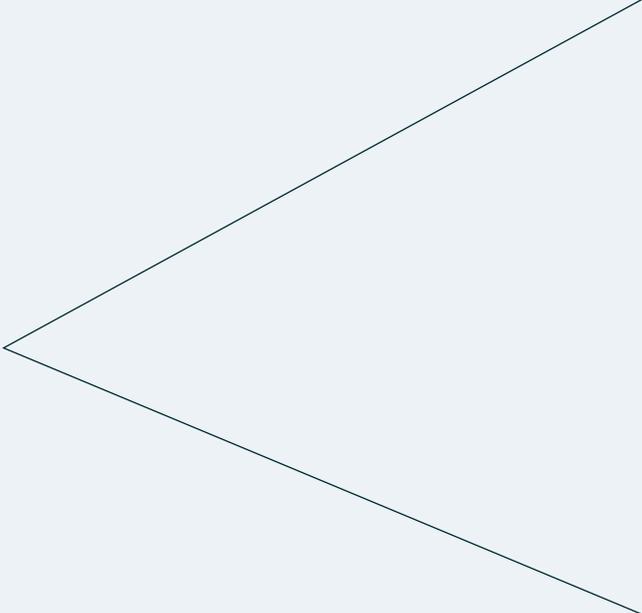
Participants focused on the de facto exclusion of small-scale farmers from access to legal drug markets (such as the market for medical cannabis). They suggested that ensuring small-scale farmers' meaningful participation in the design of laws, policies, and programmes, and addressing the root causes of exclusion from access to legal markets (including licence costs, stigma, and criminalisation), be addressed as a longer-term priority.

5. CONCLUDING REMARKS

The speaker giving concluding reflections began by thanking the team who organised the event, as well as the participants, for their engaging, committed discussion of the drug situation in Sub-Saharan Africa.

The speaker noted that the participatory nature of the Guidelines' drafting, publication, and rollout over the past few years – including the work that participants have been doing – has greatly contributed to the fact that human rights considerations have become increasingly visible in drug policy discussions at the national and international level. She noted that people are using the Guidelines to design, evaluate, and advocate for drug policies that put people who use drugs, cultivate drugs, or are otherwise involved in drug-related issues at the centre. This trend is visible at the international level, for example, in discussions at the Commission on Narcotic Drugs. It is also can be seen at the national level in countries such as Albania, Mexico, and Brazil, where the judiciary and other government institutions are using the Guidelines in their work, as well as in regional discussions – such as this one – on Guidelines implementation.

The speaker encouraged participants to use the Guidelines in their daily work and to spread their knowledge of this document among their colleagues. She noted that there is a large network of people who work on the intersection of human rights and drug policy that stands ready to assist Dialogue participants, and she expressed her gratitude that this network has grown over the course of this Dialogue to include even more advocates from Sub-Saharan Africa.



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