

**UNCT Cambodia Common View Point on Drug Policy (2017):
Support to the Royal Government of Cambodia to ensure
protection of human rights in implementation of drug policy.**

The position of the UN Country Team (UNCT) in Cambodia on drug policy¹ affirms a balanced, health-centered and rights-based approach, in which treatment programs guarantee universal human rights and are guided by evidence-based research such as the International Standards for the Treatment of Drug Use Disorders, operational recommendations from the 2016 United Nations General Assembly Special Session on the World Drug Problem², the Single Convention on Narcotic Drugs³, and the Ten Operational Recommendations⁴ by UNAIDS.

The cumulative evidence on effective drug policy conclusively demonstrates the need for integrated solutions, resulting in a continually increasing number of countries updating their national and regional strategies.

This more balanced policy approach puts health and human rights at the forefront while also focusing on the reduction of supply from major drug criminals and organized and transitional crime, and reinforcing the accountability of drug law enforcement. From such an approach, it derives that:

- The health response should establish a continuum of care from drug use prevention to treatment and harm reduction, in which a complete range of interventions are made available to meet the different needs and situations of people who use drugs, or people who are at risk of developing drug use problems. Prevention strategies based on scientific evidence working with families, schools, and communities can ensure that children and youth, especially the most marginalized and poor, grow and stay healthy and safe into adulthood and old age. Such a response should emphasize the importance of using scientific evidence to target relevant age and risk groups in multiple settings (community, health system, and confined settings such as detention centers and prisons). **Of particular importance is avoiding the confinement of people who use drugs or people suspected of drug use in non-medical or rehabilitation facilities. Instead, it is important that voluntary access to evidence-based treatment and services at community and/or health settings should be made available.** Transition from compulsory drug rehabilitation centers to voluntary community-based treatment and services should be promoted based on a set of recommendations⁵ which was adopted at the Third Regional Consultation on Compulsory Centers for Drug Users in Asia and the Pacific, organized on 21-23 September 2015 in Manila, the Philippines, with Cambodia's participation. The plan for the First Six Month

¹ This document complements the position of the UNCT in Cambodia on drug dependence treatment, which was adopted in 2011.

² UNODC, Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem (2016), <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>.

³ United Nations, the Single Convention on Narcotic Drugs 1961: As amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs (1972), https://www.unodc.org/pdf/convention_1961_en.pdf.

⁴ UNAIDS, Do No Harm: Health, Human Rights and People Who Use Drugs (2016), http://www.unaids.org/sites/default/files/media_asset/donoharm_en.pdf.

⁵ UNDOC et al., Report of the Third Regional Consultation on Compulsory Centres for Drug Users in Asia and the Pacific (2015), https://www.unodc.org/documents/southeastasiaandpacific/Publications/drugs-and-health/Report_of_the_Third_Regional_Consultation_on_CCDUs_in_Asia_and_the_Pacific_21-23_September_2015.pdf

Campaign against Illicit Drugs (01 January to 30 June 2017)⁶ of the Royal Government of Cambodia also provided measures for treatment, rehabilitation, and reintegration (MTRR). MTRR requires the General Secretariat of the National Authority for Combatting against Drugs (GSNACD) to coordinate with relevant institutions in order to establish temporary treatment and rehabilitation center(s), national vocational training center(s), and reintegration programme(s). The MTRR require the Ministry of Health to strengthen its competence and expand treatment and care for drug dependence through health centers and referral hospitals, where appropriate while calling on local authorities (from provincial to commune level) to set up a mechanism to supervise and encourage drug users to avail of medical and rehabilitative services as appropriate, and follow-up to prevent relapse. Services and facilities of adequate standard required by these measures should be made available before the commencement of any drug crackdown campaign.

- The policies governing the social affairs, youth rehabilitation and drug rehabilitation centres, in particular the Prakas on the establishment, role and duties of each centre, need to be reviewed and revised by incorporating relevant human rights principles and standards, such as the Convention on the Rights of the Child, the International Covenant on Civil and Political Rights, the right to health, etc. The guidance documents need to be developed for each centre, on the Procedures for Admission, Administration and Rehabilitation, and should make it very clear that the referral to and placement at the centres must be voluntary.
- The collection practices and referral procedures of people collected in the streets have continued to violate international as well as national laws specifically relating to the freedom from arbitrary arrest, as well as several rights protected under the Criminal Procedure Code of the Kingdom of Cambodia; these practices must either strictly be according to due process or they must cease completely.
- As recommended in the assessment report by the Ministry of Social Affairs, Veterans and Youth Rehabilitation⁷, “treatment should be provided in accordance with the UN Recommendations on the Law on Drug Control, particularly Article 102 stating that ‘the treatment and rehabilitation should be accompanied by appropriate medical services which respond to the needs of each individual and be decided by a healthcare professional, with informed consent from the person in question.’”
- Rehabilitation and reintegration needs to be at the core of the drug policy. Clear guidelines on reintegration and follow-up plan should be developed for when clients leave the centres, so as to avoid the situation of clients returning back to the community and falling back into the same or a similar situation as before their stays at the centres.
- Supply reduction, which is enhanced when and if the health response is significantly and robustly implemented, should shift the focus from street users and small peddlers to major organized criminals. Supply reduction measures should also be implemented transitionally across the entire value chain (from precursors, containers, airport and border control, to money laundering and drug related corruption) to be efficient, and to ensure adherence to established and agreed policing standards. The Action Plan for Drug Crackdown Campaign requires international collaboration by asking GSNACD and concerned ministries-institutions to continue open bilateral and multilateral collaboration with neighboring countries as well as key international

⁶ Royal Government of Cambodia (2016), Plan for the First Six Month Campaign against Illicit Drugs (01 January to 30 June 2017), dated on 13 December 2016.

⁷ Ministry of Social Affairs, Veterans and Youth Rehabilitation (2013), Assessment of the policies, procedures and practices in the referral, placement, management, rehabilitation and reintegration of children, women and vulnerable persons at social affairs, youth rehabilitation and drug rehabilitation centres under the authority of the Ministry of Social Affairs, Veterans and Youth Rehabilitation in Cambodia, p.8.

organizations in order to protect and conduct timely crackdowns on drug commercial activities. In connection with this multilateral collaboration, the international collaboration also requires the General Commissariat of National Police to openly cooperate by exchange of information with UNODC, INTERPOL, and law enforcement institutions of other countries, particularly the countries with root causes of drug commercial activities.

- The criminal justice system has an important role to play to protect citizens, particularly the poorest and most vulnerable to crime. It should also ensure human rights of drug users are not violated. Access to legal services, fair and due process, proportionate and alternative sentencing, adequate treatment, rehabilitation and other social services should be made available and accessible, as necessary and adequate, for drug users.
- In addition to the international human rights treaties pertaining to the rights of the child, to which Cambodia is a party, the recently-passed Juvenile Justice Law can be applied to child offenders, including those who are forced and pressured to engage with drug commercial activities. This law requires relevant authorities, including judicial police officers, prosecutors, and judges, to consider alternative measures to arrest and detention for the best interest of the child. The number of juvenile detainees in prison increased gradually in 2016, after the implementation of the Plan for the First Six Month Campaign against Illicit Drugs (01 January to 30 June 2017). Based on the latest report in June 2017, received from the General Prosecutors' Office attached to the Court of Appeal, the juvenile detainees are accounted at 1,195 and majority of them are arrested under drug-related offenses. According to LICADHO Consultant, 94 children under 3 year-old are currently living with their mothers and approximately 60 pregnant women are detained in 17 prisons⁸ in Cambodia. The Ministry of Justice issued a circular on the implementation of provisional detention order and formula⁹, addressing to Presidents of all provincial Courts of First Instance and all Prosecutors attached to those courts to interview, as much as possible, charged and accused juveniles, pregnant women, women with accompanying child about their living conditions and to consider detention as a last resort. Given the overcrowding in prisons, this circular should be reinforced for implementation.
- There is a need for a comprehensive data collection and analysis on drug prevalence on national and local level. Effectiveness and efficiency of health response and, overall drug policy, relies on availability of accurate and disaggregated data on drug users.
- The lapses of oversight raise concerns about protection of vulnerable adults and children who are in the care of state authorities which lack effective supervision and management. Mechanisms for structured, thorough, transparent and regular inspection for all drug rehabilitation centres should be established to ensure proper functioning in line with the international human rights norms and standards, which includes child protection obligations.
- The government is encouraged to make linkages and work together with relevant UN and civil society organizations so as to best determine the needs of vulnerable persons and target programs and services.

⁸ The prisons mentioned are: Police Judicial Prison, Correctional Center 2, Correctional Center 3, Correctional Center 4, and Provincial Prisons in Tahkmao, Shihaboukville, Kompong Speu, Kampot, Kompong Chhnang, Kompong Cham, Kompong Thom, Koh Kong, Pursat, Battambang, Banteay Meanchey, Siem Reap, and Svay Rieng.

⁹ No.120 Kor.Yor.Ror.Bor/14 dated on 23 January 2014.