

Report to OHCHR on “human rights in the administration of justice, in particular on violence, death and serious injury in situations of deprivation of liberty”, pursuant to Resolution 36/16

18 April 2019



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.



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The **Canadian HIV/AIDS Legal Network** promotes the human rights of people living with, at risk of or affected by HIV or AIDS, in Canada and internationally, through research and analysis, litigation and other advocacy, public education and community mobilization.

Contacts

Harm Reduction International | 61 Mansell Street, E1 8AN, London (UK) | www.hri.global | office@hri.global

Canadian HIV/AIDS Legal Network | 1240 Bay Street, Toronto (Canada) | <http://www.aidslaw.ca> | info@aidslaw.ca

Introduction

People who use drugs retain their fundamental rights, including the right to health and including in detention settings, and States have a heightened, positive obligation to protect those most vulnerable, and/or under their direct control.¹

Regrettably, the criminalisation of drug use and drug possession for personal use, in the context of repressive drug policies, leads to the arbitrary detention of people who use drugs, and to forced detention and treatment. There are credible and systematic reports of violence and human rights violations committed in criminal and administrative detention against people who use drugs.

This report will focus on **forms of violence in situations of deprivation of liberty for drug-related offences**. Accordingly, it will provide information on (1) Withdrawal symptoms in detention, and (2) Violence in the context of administrative drug detention.

1. The arbitrary nature of detention for drug-use related behaviour

International human rights law requires that deprivation of liberty be lawful, imposed as a measure of last resort, and reasonable. Accordingly, "arbitrariness is not to be equated with 'against the law', but must be interpreted more broadly to include elements of inappropriateness, injustice, lack of predictability and due process of law".² The prohibition against arbitrariness furthermore stipulates that the underlying rationale for detention cannot be discrimination,³ and UN mechanisms have affirmed that drug consumption or dependence are not sufficient justification for detention.⁴

The application of punitive laws (criminal or administrative in some States) for drug use, drug possession for personal use, and non-commercial drug distribution in small quantities among fellow drug users, is disproportionate and discriminatory.⁵ Using punitive laws with respect to drugs infringes upon multiple human rights. The infringement cannot be justified as necessary in a free and democratic society because the proportionality test fails on two levels:

- The systematic and large-scale negative health impact of the application of punitive drug laws undermines objectives of public health and public safety; and
- The use of punishment for the aforementioned drug offences does not satisfy the requirement of "minimal infringement" of rights. A health-based approach provides for the same or better health and public safety results with far fewer infringements.

Punitive laws are discriminatory because they contribute to the marginalization and vulnerability of people who use drugs — a group that historically suffers from social and often state-sanctioned stigma.

In March 2019, the Working Group on Arbitrary Detention re-affirmed that "in order to meet the requirement of proportionate sentencing, States should revise their penal policies and drug legislation with the aim of reducing minimum and maximum penalties *and decriminalizing the personal use of drugs and minor drug offences*"⁶

In assessing human rights violations committed in detention settings in connection to drug policy, we thus wish to emphasize the **inherently discriminatory and thus arbitrary character of any form of detention** for the above-mentioned drug offences.

2. Torture and ill-treatment of people who use drugs in detention

People who use drugs are particularly vulnerable to violence in detention, in some cases amounting to torture; including in the form of denial of drug-dependence treatment and abuse of withdrawal symptoms.

Denying treatment to a person with a drug dependence can cause the person unbearable pain and suffering, and is to be acknowledged as a form of violence. The WHO indicates that the symptoms of opiate withdrawal include, among other things, severe diarrhoea, vomiting and anxiety.⁷ It is now recognised by human rights mechanisms, including the UN Special Rapporteur on torture, that the denial of treatment services to prisoners with a drug dependence can constitute inhuman or degrading treatment.⁸ The European Court of Human Rights reiterated this principle in September 2016, when it concluded that the failure by German authorities to adequately assess the need for opioid substitution therapy of an opioid dependent prisoner, and the physical and mental suffering this caused, amounted to inhuman treatment.⁹

In some cases, drug treatment is intentionally withheld with the intent of punishing the person, or as a means of coercing drug dependent people into self-incrimination or confession as a result of pain and severe symptoms of opioid withdrawal.¹⁰ According to the UN Special Rapporteur on torture, “There is no doubt that the withdrawal syndrome can cause severe pain and suffering if medical assistance is not provided accordingly, and that the condition of withdrawal in prisoners creates a strong potential for mistreatment.”¹¹ In its latest concluding observations on Russia in 2018, the Committee Against Torture noted the lack of opioid substitution therapy in Russia and expressed concerns at consistent reports that law enforcement officials deliberately took advantage of the withdrawal syndrome displayed by drug users deprived of liberty to elicit coerced confessions, and that the courts admitted such evidence. The Committee urged Russia to take all the measures necessary to effectively protect drug users deprived of liberty against the exploitation by the police of the pain and suffering associated with the withdrawal syndrome, including to extract confessions; to ensure that such confessions are not admitted by the courts; and to provide drug users in detention with adequate access to necessary medical treatment.¹²

In some cases, police officers have used these symptoms to humiliate and torture people with a drug dependence by preventing them from accessing toilets or other facilities, and/or shaming them into confessions.¹³ Such abusive treatment of persons in need of medical treatment amounts to torture. This has also been noted by the Special Rapporteur on torture, who recognised that, “if withdrawal symptoms are used for any of the purposes cited in [the] definition of torture enshrined in article 1 of CAT, this might amount to torture.”¹⁴

The Special Rapporteur further asserted that, “[b]y denying effective drug treatment, State drug policies intentionally subject a large group of people to severe physical pain, suffering and humiliation, effectively punishing them for using drugs and trying to coerce them into abstinence, in complete disregard of the chronic nature of dependency and of the scientific evidence pointing to the ineffectiveness of punitive measures.”¹⁵

3. Violence in administrative detention and compulsory treatment of people who use drugs

Compulsory drug treatment and rehabilitation have been unanimously recognised by human rights bodies as contravening the prohibition against inhuman and degrading treatment, the prohibition of arbitrary detention, and the right to health; the latter, in particular, sanctions the principle of free and informed consent as one of its fundamental components. From the right to health also descend obligations for the State to provide accessible, adequate, and non-discriminatory health services, which are safe, effective, people-centred, and evidence-based.

A number of UN mechanisms have identified administrative detention for drug use as a situation where detainees are at a heightened risk of abuse, and denounced multiple forms of violence people who use drugs endure under the guise of “treatment”.

Below are some country examples.

3.1. Vietnam

Article 28 of the Law on Preventing and Combating Narcotic Drugs stipulates that “A drug addict aged 18 and over, who still indulges in his/her drug-taking habit after being subjected to detoxification at home and/or in the local community or educated repeatedly in his/her own commune, urban ward or district township or who has no fixed place of residence, shall have to be sent to a compulsory detoxification centre.”¹⁶ The detention in these centres is regulated under the administrative violations regime, and can last up to two years.

According to Article 31 of the same law, detoxification can also be imposed to “temporary detainees, convicted offenders, inmates of education establishments and trainees of correctional training schools.”

The Council of the European Union reported, in July 2017, the presence in the Country of at least “5 compulsory drug rehabilitation centres, and 75 centres providing a mix of compulsory, voluntary and Methadone treatment”; a total of “17,488 [individuals] are participating in the compulsory programs under Courts’ Orders, of which 10,422 have no permanent residence.”¹⁷ Worryingly, the number of people in compulsory rehabilitation pursuant to Court orders rose of 12,461 units between 2015 and 2016,¹⁸ as a further manifestation of the ongoing reliance of the Government of Vietnam on this abusive system.

Systematic reports of violence and human rights violations in these centres have emerged, in the form of (among others): inhuman and degrading treatment, physical abuse (such as beatings, deprivation of food and water, confinement, among others), forced testing and treatment, detention in overcrowded cells. Additionally, because these centres are not formally places of detention, they are subject to limited judicial oversight.¹⁹

Equally problematic are reports of forced labour being imposed in these centres as part of the detoxification process. This has been acknowledged by the Government of Vietnam itself during the latest cycle of review by the Human Rights Committee. In paragraph 42 of the Reply to the List of Issues, the Government describes a “labour regime applicable to prisoners and drug addicts at compulsory rehabilitation establishments [to help them] be aware of the value of labour and restore work skills that had been reduced by addiction”.²⁰ The imposition of labour as therapy not only lacks any scientific basis; it also constitutes a violation of Article 8 ICCPR, according to which “No one shall be required to perform forced or compulsory labour,”²¹ and ultimately violates the right of everyone to live a life in dignity.²² It is also incompatible with the obligations of Vietnam under ILO Convention 29 concerning Forced or Compulsory Labour, which the Country ratified in 2007.

In its latest Concluding Observations on Vietnam in March 2019, the Human Rights Committee expressed concern at the use of forced labour, inadequate medical conditions, and overcrowding of detoxification centres; and recommended the Country to: “(a) pursue a comprehensive review of relevant laws, policies, and practices vis-à-vis drug-dependent individuals, particularly those deprived of their liberty in compulsory drug rehabilitation centres with a view to bringing them into full compliance with the Covenant, including by ending the use of forced labour in such rehabilitation centres; (b) ensure that all persons detained in connection with drug addiction problems are treated with humanity and with respect for the inherent dignity of the human person; and (c) introduce an effective mechanism with formal authority to decide on complaints.”²³

3.1.2 Recent developments

In recent years Vietnam has partially reviewed this system, also in response to international pressure.²⁴ The 2012 Law on Handling Administrative Violations, entered into effect in July 2013,²⁵ introduced a court process for determining whether a person found to have a drug dependence will be compulsorily treated. However,

it is reported that, in practice, these procedures fail to meet basic standards of fairness and due process.²⁶ In December 2013 the government approved the Drug Rehabilitation Renovation Plan (hereinafter: Renovation Plan) for 2013 – 2020²⁷ which sanctioned a shift from a compulsory to a voluntary system for addressing drug dependence, centred around community-based treatment centres.²⁸ In the Renovation Plan the Government committed to “diversify drug dependence treatment models, scale up community-based and voluntary treatment centers (including MMT clinics) and gradually reduce the number of drug users held in compulsory treatment centers.”²⁹

The Plan is a timid step in the right direction: it does not envisage the cessation of this abusive system of treatment, but rather only a reduction in the proportion of drug users sent to compulsory centres.³⁰ It is now estimated that 71 centres will be in operation in 2020 – down from the 105 reported in 2015 - with a capacity of 20,000 patients.³¹ More than 30 additional detox centres will reportedly be established through private funding.³²

3.2. Cambodia

The Cambodian Law on Control of Drugs prescribes that individuals found to be using or possessing controlled substances “considered as addicted to drugs”³³ may be ordered to undergo treatment in a “detoxification establishment.”³⁴ If the person has been sentenced to imprisonment for drug-related offences, the judge can determine that he/she undergo drug treatment while in prison.³⁵

The Drug Control Law also allows the prosecutor and court to divert a person accused of using drugs from imprisonment, or to postpone of sentencing if h/she agrees to enter into a ‘voluntary’ treatment programme and completes it.³⁶ The rapidly increasing rates of imprisonment and detention of people who use drugs witnessed since 2015,³⁷ however, indicate that these diversion opportunities have not been used to protect and advance the health and well-being of people who use drugs.³⁸ On the contrary, there appears to be a tendency to over-rely on forced detoxification as a means to control drug use and – more generally – maintain social order.³⁹

Individuals in detoxification centres are exposed to violence and suffer a broad range of human rights violations, including: lack of evidence-based treatment, healthcare and medical supervision; forced labour; beatings and physical abuse; detention in unsanitary conditions (such as lack of sanitation and running water.); and denial of adequate food.⁴⁰

In May 2017, Thhan Dang – an individual who had been using heroin and living with HIV - died during his incarceration at the Prey Speu detention centre in Phnom Penh, after being unable to access methadone and antiretroviral therapy.⁴¹

Children are also being detained in youth drug centers and youth rehabilitation centers, despite the Human Rights Committee raising concerns in its 2015 report on Cambodia about “reports of arbitrary arrest and detention of homeless people, beggars, people who use drugs, children in street situations and sex workers in ‘social affairs’, youth rehabilitation and drug rehabilitation centers.” In the same report, the Committee also expressed its concern about allegations of torture, ill-treatment and other abuses committed by staff working at these institutions.⁴²

In spite of their clear incompatibility with human rights standards and their ineffectiveness, compulsory detention continues to be a central feature of Cambodia’s drug policy: the number of individuals held in these centres is reportedly increasing, while more centres are being built.⁴³

3.3 Lao PDR

Arbitrary detention and compulsory treatment of people who use drugs are consistently reported in Lao PDR. Since 2011, human rights bodies and non-governmental organizations have reported violations and abuses suffered by individuals in so-called drug-rehabilitation centres in the country, such as (but not limited to): forced testing and treatment (often not based on scientific evidence); involuntary entry and lack of medical evaluation; forced labour; detention in unsanitary conditions; and sexual violence. What is formally described

as treatment and rehabilitation, in reality constitutes arbitrary detention following arbitrary arrest, lacking due process guarantees or judicial oversight, in a context where violence and abuses are commonplace.⁴⁴

The most infamous among these centres is Somsanga Rehabilitation Centre, where since 1996 more than 25,000 people have been “treated.”⁴⁵ Although the centre is still operational, no information is available concerning the number of people currently detained or the current conditions.⁴⁶

During the latest cycle of review, the Human Rights Committee requested information on these centres, and on reports of arbitrary arrest and detention of persons who use drugs.⁴⁷ Regrettably, the Government failed to provide such information. Although Lao PDR report noted that law enforcement is prohibited from using violence against “drug offenders”, and referred to an ongoing commitment to “developing better management of detention and correctional facilities,”⁴⁸ it did not elaborate specifically on national drug control strategies, nor provided “relevant statistics on the number of reported cases of torture and ill-treatment, investigations, prosecutions of prison officials and convictions secured.”⁴⁹

3.4. Iran⁵⁰

Article 1 of the Iranian Anti-Narcotics Law criminalises substance use, article 15 states that “addicts who do not seek treatment and rehabilitation are criminals.”, while Article 19 prescribes flogging as well as a monetary fine for those who use drugs but are not “addicts”.

3.4.1 Rehabilitation centres

Articles 15 and 16 of the Anti-Narcotics Law require individuals identified as “addicts” to seek treatment in rehabilitation centres (paid by the “addict”), and prescribe that “addicts are protected from the prosecution of this crime in the period of treatment and rehabilitation.” Despite the existence of regulations for such centers (referred to as “camps”) and a licencing schemes, lack of adequate oversight by the authorities has resulted in the emergence of a large number of illegal camps across the country. Furthermore, reports have emerged of the creation of centers for detention of “flagrant addicts” (*mo’tadan-e motejaher*) across the city of Tehran by the Revolutionary Guards.⁵¹

People who use, or are suspected to be using, drugs are routinely arrested on the streets by law enforcement and forcibly admitted to rehabilitation camps, often for indefinite periods of time. There are no procedures for individuals detained in these camps to challenge the lawfulness of their detention before a regular, independent, and impartial court⁵²

Rehabilitation methods employed in the camps are not in line with international human rights standards and evidence-based health approaches.

Official and semi-official media consistently report of torture, ill-treatment, and abuse of people who use drugs in camps.⁵³ Individuals admitted to camps are generally held in “withdrawal rooms”, and undergo a process of detoxification without the presence of medical professionals. Moreover, it appears that (except in exceptional cases), drug users’ medications, including those prescribed for mental health conditions, are discontinued following their admission to camps. In some camps, detainees are thrown in cold water pools during winter. Reports of beatings and denial of food are also rampant.

In September 2018, a member of Parliament’s Social Commission denounced the ineffectiveness of rehabilitation programmes and noted that - despite requirement for the involvement of medical professionals including psychiatrists and social workers - these requirements are often ignored and “any person without expertise or familiarity in this field has established camps.”⁵⁴

In 2014, an official from the State Welfare Organization reported that 39 individuals had died in rehabilitation camps between January 2013 and January 2014), pointing to the first few days of detoxification as the main reason behind the deaths.⁵⁵

3.4.2 Other drug camps

According to an anonymous source, violence and violations are commonplace in the Farahabad Camp facility (Mazandaran province), where individuals convicted of non-capital drug offences are detained. The camp is severely overcrowded (300% its official capacity), has three showers for 700 people, and hot water available once an hour two times a week.

Potable water is made available only in the form of morning tea water; while tap water in the spring and fall months is saline and polluted with sand, and is not available between 8AM and 4PM. Reportedly, methadone is distributed to detainees to incapacitate them, rather than for therapeutic purposes.⁵⁶

¹ Outcome Document of the 2016 UN General Assembly Special Session on the World Drug Problem. Paras 1(o), 4(b), 4(m).

<https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>

² *Mukong v Cameroon*, Communication No. 458/1991, UN Doc. CCPR/C/51/D/458/1991 (1994) para. 9.8

³ see for example *Fongum Gorji-Dinka v. Cameroon*, Communication No. 1134/2002, U.N. Doc. CCPR/C/83/D/1134/2002 (2005), para. 5.1

⁴ Among others, see Report of the Working Group on Arbitrary Detention A/HRC/30/36 July 2015, para. 60.

⁵ For one of definitions of social supply, please see Hough, M., Warburton, H., Few, B., May, T., Man, L.-H., Witton, J. and Turnbull, P. J. (2003). A growing market. The domestic cultivation of cannabis. York: The Joseph Rowntree Foundation

⁶ 'States should stop arbitrary detentions for drug offences, say UN rights experts' (Statement by the UN Working Group on Arbitrary Detention, 20 March 2019), Emphasis added. <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24369&LangID=E>.

⁷ World Health Organization, *Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence* (2009).

⁸ Human Rights Council. Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez (1 February 2013), para. 54. UN Doc A/HRC/22/53; Human Rights Committee. Concluding observations on the seventh periodic report of the Russian Federation (28 April 2015), para. 16. UN Doc. CCPR/C/RUS/CO/7

⁹ European Court of Human Rights *Wenner v. Germany* App. 62303/13 (1 September 2016)

¹⁰ Application of Ivan Aghoshkin to the European Court of Human Rights, June 8, 2013. <http://rylkov-fond.org/blog/advocacy/strat-cases/echr/>

¹¹ Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak, 14 January 2009, A/HRC/10/44, para. 57.

¹² Committee against Torture, Concluding observations on the sixth periodic report of the Russian Federation. UN Doc. CAT/C/RUS/CO/6 28 (August 2018)

¹³ Application of Ivan Aghoshkin to the European Court of Human Rights, June 8, 2013. <http://rylkov-fond.org/blog/advocacy/strat-cases/echr/>

¹⁴ Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Promotion and Protection of All Human Rights, Civil, Political, Economic, Social and Cultural Rights, Including the Right to Development, U.N. Doc. A/HRC/10/44 (Jan. 14, 2009) (by Manfred Nowak).

¹⁵ *Ibid*, para 74.

¹⁶ Socialist Republic of Vietnam, Law on Preventing and Combating Narcotic Drugs, Art. 28

¹⁷ Council of the European Union, Regional Report on South Asia. From Australian Regional Chair of the Dublin Group (16 October 2017), 54

¹⁸ From figure reported at Council of the European Union, Regional Report on South Asia. From Australian Regional Chair of the Dublin Group (16 October 2017), 55

¹⁹ Among others, see: Vuong et al., 'Cost-Effectiveness of Center-Based Compulsory Rehabilitation Compared to Community-Based Voluntary Methadone Maintenance Treatment'; <https://www.bbc.co.uk/news/world-asia-37749156>; <https://www.news24.com/World/News/cold-turkey-at-vietnams-compulsory-drug-rehab-centres-20171211>

²⁰ Human Rights Committee, List of Issue in relation to the third periodic report of Viet Nam. Addendum: Replies of Viet Nam to the List of Issues" (26 November 2018). UN Doc. CCPR/C/VNM/Q/3/Add.1, Para. 42

²¹ Notably, detention in rehabilitation centres does not fall under the definition of 'punishment for a crime' as of Article 8.3(b), 8.3(i)

²² Human Rights Committee, "General Comment No. 36 on Article 6 of the International Covenant on Civil and Political Rights, on the Right to Life." Para. 3, 50

²³ Human Rights Committee, "Concluding observations on the third periodic report of Viet Nam" (28 March 2019). UN Doc. CCPR/C/VNM/CO/3, para. 31

²⁴ See Joseph J. Amon et al., 'Compulsory drug detention in East and Southeast Asia: Evolving government, UN and donor responses' (2013) *International Journal of Drug Policy* 25(1)

²⁵ Council of the European Union, Regional Report on South Asia. From Australian Regional Chair of the Dublin Group (16 October 2017), 56. Doc 13600/17. Available at: https://www.parlament.gv.at/PAKT/EU/XXV/EU/15/95/EU_159529/imfname_10756868.pdf

²⁶ United States Department of State, 'Vietnam: Country report on Human Rights Practices for 2016', 12. Available at: <https://www.state.gov/documents/organization/265598.pdf>

²⁷ Vietnam Ministry of Labor Invalid and Social Affairs (2013), Renovation Plan for drug addiction treatment for 2013–2020 in Vietnam

²⁸ Windle, 'A slow march from social evil to harm reduction: drugs and drug policy in Vietnam', 7

²⁹ Council of the European Union, Regional Report on South Asia. From Australian Regional Chair of the Dublin Group (16 October 2017), 55

³⁰ Windle, 'A slow march from social evil to harm reduction: drugs and drug policy in Vietnam', 7

³¹ International Drug Policy Consortium (2019) '10 Years of Drug Policy in Asia: How Far Have We Come? - A Civil Society Shadow Report' (forthcoming)

³² Ibid.

³³ Kingdom of Cambodia, Law on Control of Drugs, Art. 98(2), 95

³⁴ Ibid., Art. 91

³⁵ Ibid., Art. 62 and 97

³⁶ Ibid., Art. 91 and 92

³⁷ Tuort, S. et al. (2017) "How understanding and application of drug-related legal instruments affects harm reduction interventions in Cambodia: a Qualitative Study", *Harm Reduction Journal*, 14:39, 1-13, available at

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5477156/pdf/12954_2017_Article_167.pdf

³⁸ Asian Network of People who use Drugs and International Drug Policy Consortium, Universal Periodic Review (3rd Cycle) – Cambodia – Joint NGO Submission (J512). Available at: <https://www.ohchr.org/EN/HRBodies/UPR/Pages/UPRKHStakeholdersInfoS32.aspx>

³⁹ Ibid.

⁴⁰ Report of the Special Rapporteur on the situation of human rights in Cambodia, UN Doc. A/HRC/39/73 (15 August 2018). Paras. 40 - 43

⁴¹ Bourmont, Martin de and Chakrya, Khouth Sophak "Is Cambodia's war on drugs working?" *The Phnom Penh Post*, June 14, 2017, available at <https://www.phnompenhpost.com/national-post-depth/cambodias-war-drugs-working>

⁴² Human Rights Committee, Concluding observations on the second periodic report of Cambodia (27 April 2015). UN Doc. CCPR/C/KHM/CO/2

⁴³ Ibid., Para. 14

⁴⁴ Among others, see: Human Rights Watch, 'Somsanga's Secrets: Arbitrary Detention, Physical Abuse, and Suicide inside a Lao Drug Detention Centre (USA: Human Rights Watch, 2011); Joseph J. Amon et al., 'Compulsory Drug Detention Centers in China, Cambodia, Vietnam, and Laos: Health and Human Rights Abuses' 15/2 Health and Human Rights (December 2013), 126

⁴⁵ Human Rights Council, Report of the Working Group on the Universal Periodic Review: Lao People's Democratic Republic, para 89. UN Doc. A/HRC/29/7

⁴⁶ In July 2017, in the context of the Australia – Laos Human Rights Dialogue, a delegation of foreign officials was allowed to visit the centre. More information is available here: <http://dfat.gov.au/news/media/Pages/5th-australia-lao-pdr-human-rights-dialogue.aspx>

⁴⁷ Human Rights Committee in paragraph 15 of the List of Issues

⁴⁸ Human Rights Council, Lao People's Democratic Republic initial report, para. 54

⁴⁹ Human Rights Committee, List of Issues in relation to the initial report of the Lao People's Democratic Republic (28 March 2018), para. 12. UN Doc. CCPR/C/LAO/Q/1

⁵⁰ Unless specified, the information provided in the next paragraph has been extrapolated from: Rahman Boroumand Centre for Human Rights and Democracy in Iran and Harm Reduction international, Islamic Republic of Iran: Joint stakeholder submission to the Working Group for the Universal periodic Review – 3rd Cycle.

⁵¹ In February 2019, a member of Parliament's Research and Education Commission stated that the Revolutionary Guards had "established centers for gathering "flagrant addicts" (*mo'tadan-e motejaheer*) across the city."

See: <https://bit.ly/2VQUlxK>.

⁵² Due to lack of transparency in Iran's justice system, the exact number of substance users arrested annually are not known. However, official reports and statements indicate that thousands of individuals who use drugs are annually arrested by the authorities. In February 2019, the Head of Tehran's police forces said that "gathering flagrant addicts" (*mo'tadan-e motejaheer*) in Tehran was a priority for the force, see: <https://bit.ly/2He49i4>. In April 2016, the Head of the Prevention Police in Alborz Province stated that 4500 "flagrant addicts" over the previous two months. See: <https://bit.ly/2HW6i7R>. In October 2017, the Head of Azarbaijan Police stated that 11000 "addicts" had been arrested between April and September by the force. See: <https://bit.ly/2uvMLNa>. In April 2018, the governor of Oroumieh reported that 1347 "flagrant addicts" had been apprehended during the New Year (Nowruz) holidays. See: <https://bit.ly/2HIMSxC>. In July 2018, the chief of Tehran's Anti-Narcotics Unit of the police stated that 878 "flagrant addicts" had been "gathered/collected" within 48 hours in Tehran, see: <https://bit.ly/2F6wvZ9>. In December 2018, the Head of Anti-Narcotics Police in Lorestan said that 13850 "flagrant addicts" had been arrested during the year. See: <https://bit.ly/2JIS9XW>.

⁵³ In February 2016, the advisor to the Head of the Psychology and Counselling Organization of the Islamic Republic of Iran criticised the lack of adequate levels of hygiene and food and welfare facilities in some camps. He referred to one camp in which "beating-therapy" and threats of further beatings was used as a method to "rehabilitate" drug users. See: <http://shabestan.ir/detail/News/519639>. Also see: Javanonline, "Is this a rehabilitation or death camp?" February 22, 2010, available at: <https://bit.ly/2uv45BV>.

⁵⁴ She further stated that substance users often start using other forms of drugs in camps illustrating that the treatments are not in line with scientific research and experts' advice. See, ICANA, "Member of parliament Social Commission: The treatment process of addicts in rehabilitation camps is not standard", September 13, 2018, available at: <https://bit.ly/2F6ygpB>.

⁵⁵ ISNA, "Death of 39 people in rehabilitation camps in the past year", January 3, 2014, available at: <https://bit.ly/2JjhmKl>.

⁵⁶ ABC interview with former inmate at Farahabad Camp, Mazandaran, March 2019.