2.1 Drug law reform

A shift of focus from criminalising and punishing drug users to promoting human rights, public health and socio-economic development will bring better results and be more consistent with other areas of social and health policy.

Why is drug law reform important?

Since the creation of the international drug control system, the dominant strategy of reducing the scale of drug markets and use has been based on the principle of deterrence and focused on implementing tough laws prohibiting the production, distribution and use of controlled substances. It was believed that this strategy, which seeks to deter any involvement in the illicit drug market with the threat of punishment, would reduce, and eventually eliminate, the global drug market and its associated health and social harms.

Many studies have now acknowledged the limited effect of the two main elements of this strategy – suppression of supply through controls on production and distribution, and suppression of demand through punishment and deterrence. This policy has also led to a number of negative consequences. In 2008, the then Executive Director of UNODC provided a list of unintended negative consequences. These are summarised below.

- A huge and lucrative criminal black market is created, exploited by powerful criminal organisations. Law-enforcement actions against these markets can create the conditions that favour the most violent and ruthless criminals.

- The issue of policy displacement refers to the fact that already limited resources used to tackle the drug market are mainly targeted at ineffective law-enforcement interventions, the consequence being that little is left for public health and socio-economic programmes.

- Geographical displacement, also referred to as the ‘balloon effect’, means that once an operation has been successful against one drug-producing region, drug production rises in another part of the country, region or the world. Analysts have noted that a successful operation against a particular trafficking network can lead to an upsurge in violence as new trafficking groups fight over the ‘turf’ left vacant.
• **Substance displacement** means that when an intervention tackles a specific substance through reduction of supply or demand, drug dealers and people who use drugs turn to other, and sometimes more harmful, substances.³

• The criminalisation of people who use drugs increases their **marginalisation and stigmatisation**. Law-enforcement actions against people who use drugs, and social disapproval of their behaviour, is often counterproductive, hindering their access to social and healthcare services and their productivity in society. Criminalising people who use drugs also breaks up positive family and community ties and undermines access to jobs and education. Minority groups are particularly affected because they are often the primary targets of law-enforcement interventions.

  Additional consequences of tough drug control include, to name a few,⁴ the issue of laws prohibiting the distribution of drug paraphernalia, deterring people who use drugs from using needle and syringe exchange programmes;⁵ laws that inhibit legitimate access to controlled medicines (such as cannabis, morphine, ecstasy, methadone and buprenorphine) for medical or research purposes, leaving millions of people unable to treat opioid dependence and moderate or severe pain;⁶ and the imposition of disproportionate penalties on drug offenders.⁷

Governments need to look for options for drug law reform that suit their own situations and legal structures.

Given the limited impact, and negative consequences, of traditional legal frameworks on reducing the scale of the global drug market, national governments need to look at options for drug law reform that suit their own situations and legal structures. This chapter looks at the international framework within which any reform should operate, analyses key principles of drug laws, and describes different types of potential reform.

**The international legal framework**

**The United Nations drug conventions**

The global drug control regime consists of three complementary conventions that have been signed and ratified by most UN member states.

• **The 1961 UN Single Convention on Narcotic Drugs**⁸ details controlled substances within schedules, requiring that stringent controls be placed upon them because of their harmful characteristics, risks of dependence and/or limited therapeutic value. The primary objective of the convention is to control drugs by restricting their use to ‘medical and scientific’ purposes.

• **The 1971 UN Convention on Psychotropic Drugs**⁹ introduced a broadly equivalent control regime for newly developed psychotropic drugs such as hallucinogens and tranquillisers, restricting their use to ‘medical and scientific’ purposes. The convention also encourages international co-operation to address drug trafficking (article 21).

• **The 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances**¹⁰ was introduced to counter the increasingly powerful and sophisticated transnational organised criminal groups, and promotes international co-operation to address drug trafficking effectively. Signatory states are compelled to establish as criminal offences any activities related to the production, sale, transport, distribution or purchase of the substances included in the 1961 and 1971 Conventions (articles 3, para. 1 and 21).
All three conventions allow signatory states to adopt measures for the treatment, education, aftercare, rehabilitation or social re-integration of those who have committed drug-related offences and are found to be drug dependent. These offenders may be encouraged to enter drug treatment, either as an alternative or in addition to criminal justice sanctions. In terms of drug consumption, there is no specific requirement to criminalise this within any of the conventions and there is considerable flexibility for minor offences related to personal consumption. A level of depenalisation and/or decriminalisation (see Box 4, Section 2.1: Drug law reform) is therefore possible under the UN drug conventions for personal use offences such as possession or cultivation for personal use (these two concepts are explained below).

While these conventions impose obligations on national governments, signatory states have much discretion and flexibility as to how domestic drug laws should be framed and implemented. In implementing the UN drug conventions, governments should keep in mind first that the main concern of the conventions is to improve the 'health and welfare of mankind', and second that they are also bound by their obligations under other international conventions, including those protecting human rights and fundamental freedoms.

The United Nations human rights system
The only explicit reference to illicit drug use appears in article 33 of the UN Convention on the Rights of the Child, but issues raised in drug law and drug policy are implicit throughout the human rights treaty architecture. Human rights and fundamental freedoms apply in the context of drug policy, and people who use or grow drugs, like any other citizen, should benefit from these rights at all times (see Chapter 1.2: Ensuring compliance with fundamental rights and freedoms). Governments from around the world have signed a number of international treaties and declarations that protect different aspects of human rights, including the right to life, to health, to due process and to be free from discrimination, torture and slavery, to name a few.

However, as explained in Section 1.2, a number of drug policies have led to serious human rights violations. It is crucial that, when designing drug laws, policy makers ensure that these are consistent with their international human rights obligations.

Technical issues to consider within existing drug laws
Drugs and their classification
Most national laws regroup controlled substances into schedules according to their perceived danger, with the schedules linked to a hierarchy of penalties that will help in judging the seriousness of the offence committed in relation to a substance.

The international drug conventions provide guidance to national governments on how to classify controlled substances. However, the scheduling mechanism offered by the conventions was created 50 years ago – at a time when scientific evidence was scarce – and is at times confusing and inconsistent, as was highlighted by both WHO and the International Narcotics Drug Board (INCB). For example, cannabis, the coca leaf and morphine have been used for pain relief for hundreds of years. However, despite evidence that these substances cause little harm to the individual, they are included in Schedule I of the 1961 Convention – the strictest drug control regime applied, for example, to heroin.
Box 1 highlights discrepancies between levels of harm and control for various drugs. Although the study discussed has limitations because of the difficulty in measuring the harms associated with a specific substance, it clearly shows that the classification system promoted in the UN drug conventions is not evidence based.

**Box 1. Discrepancies between levels of harm and control**

In a report published in *The Lancet* in 2007 and revised in 2010, a team of British scientists ranked licit and controlled drugs according to the actual and potential harms they could cause to society, and contrasted these findings with the classification of each substance within the United Kingdom (UK) Misuse of Drugs Act. The graph in Figure 1 uses the 2010 findings on related harm and contrasts them with the drug classification system established by the UN drug conventions.

**Figure 1. UN classification of substances and levels of harm**

The main problem posed by drug schedules is therefore the difficulty of maintaining a scientific approach to classifying drugs. One issue is the continuous evolution of research on the harms linked with certain drugs. Another major issue leading to poor assessments of drug-related harm is the fact that harm is largely determined by dosage, the mode of administration, the frequency of use, poly-drug use, the type of drug-using environment, etc. As a result, classification is rarely based on solid evidence, but rather on ideological and cultural judgements. The mechanism of drug classification is further complicated by the rapid emergence of new synthetic substances, also called ‘legal highs’, and the increasing use of pharmaceutical drugs.

The principle that different types of substances can attract different levels of control for drug-related offences can still be useful, provided that scheduling is not the only determinant in sentencing when the offence is within the realm of the criminal justice (see paragraph below on ensuring the proportionality of sentencing). Classification should therefore be accompanied by some level of judicial discretion that takes into account a range of other factors relating to the offence and the offender, in order to determine a proportionate sentence – for example, the nature of supply, previous criminal history, treatment needs, etc.
Based on this understanding, several elements need to be taken into account when reviewing national drug classifications:

- whether the current drug classification system should be maintained or replaced by an alternative process for judging the seriousness of offences (for example, aggravating or mitigating factors); if the current drug classification system is retained, is the current placement of substances evidence based, and is the classification system widely understood?

- which substances the legislation should cover (when considering UN obligations) and how they should be distributed across classes

- whether the quantity or street value of the drug substance should be taken into account when determining its class

- the process that should be used to scrutinise and incorporate new psychoactive substances; if a substance falls into disuse, or evidence emerges that its harms are greater or less than previously understood, what is the process for reviewing its place in the national classification system?

- the framework that is most suitable to reflect the link between controlled drugs and licit substances (alcohol, tobacco and pharmaceuticals).

Several studies have been conducted on the respective harms associated with the availability and use of different drugs.\(^{22}\) This research can provide governments with guidance for appropriate classification.

**Ensuring proportionality of sentencing for drug-related offences**

Traditional criminal prosecution guidelines have distinguished individuals according to the amount and classification of the drugs found in their possession, and any evidence of intent to supply them to others. Over time, governments have found that these factors alone were insufficient to distinguish accurately between different actors in the drug market, or focus enforcement resources on those powerful and violent people who control illicit drug markets. This system has also led judges to impose disproportionate penalties for relatively minor drug offences, as was the case for example in Ecuador (see Box 2), or in other parts of the world where certain drug offences are punished with the death penalty (see Box 3).

**Box 2. The Ecuadorian experience of proportionality of sentencing\(^ {23}\)**

Ecuadorean drug laws were drafted in the 1980s under intense international pressure and soon became some of the harshest in Latin America. The strict enforcement of these laws led to massive problems of prison overcrowding – in 2008, 17,000 individuals were being detained in a prison infrastructure that was built to hold up to 8,000 inmates. Out of these 17,000 prisoners, 34% were being held on drug charges. At the time, a mandatory minimum sentence of 10 years’ imprisonment was imposed on all drug offenders without distinction – people using drugs, first-time offenders, low-level dealers and high-level traffickers. The overuse of preventive detention further worsened the prison situation.

In 2008, the government announced a national campaign that included, among other components, pardon for low-level traffickers. This shift in policy was justified as follows: ‘[The current law] establishes punishment that is disproportionate to the crime committed; in reality, the majority of sentenced persons are not large-scale traffickers or sellers but persons called “drug couriers”, mostly women, the majority of whom have no control over narco-trafficking but are persons who rent their bodies ... as drug containers in exchange for ... money unrelated to the amount obtained by the scale of such substances’.\(^ {24}\)
It is possible for governments to ensure that penalties for drug offences are proportionate and that available resources are used effectively. To achieve these objectives, it is helpful to consider four broad groups and suggest ways in which they can most effectively be dealt with under the law.

- **People who use drugs ‘recreationally’ or occasionally** are individuals caught in possession of small amounts of drugs, where there is no evidence of drug dependence (such as repeated convictions for possession, other related offences or medical history) or criminal behaviour. Deterrence through harsh punishment is not effective in reducing the prevalence of drug use among these individuals. Under revised drug laws, people who use drugs recreationally should be considered as a low priority and take up a minimum amount of resources (or none at all in a regulated market) from the criminal justice system. Policies can involve depenalisation (e.g. informal warnings), de facto decriminalisation (orders to the police to de-prioritise this group) or decriminalisation (e.g. the imposition of fines, informal sanctions such as donations to a charity, community work or other civil or administrative sanctions). These types of policies will be described in further detail below (see Box 4).

- **People dependent on drugs** are individuals arrested in possession of drugs for whom there is evidence that use is part of a wider pattern of behaviour that may cause harm to themselves and/or others. They are usually arrested for drug possession or for other offences, such as property crime, sex work or low-level dealing. Drug laws should include mechanisms to offer this group evidence-based treatment for drug dependence. Diversion should be based on the principle of due process and involve mechanisms for appropriate screening by professional staff (see Section 2.2: Effective drug law enforcement). If people dependent on drugs are sent to prison, they should also be offered drug treatment services (see Chapter 2.4: Effective drug interventions in prisons).

In July 2008, the Ecuadorian Constitutional Assembly adopted a package of reforms and proposals that included pardon for low-level traffickers. By January 2009, 6,600 prisoners had been released by simplifying legal proceedings and granting pardon to those who had terminal diseases and to low-level traffickers; 1,600 of these were drug couriers.

**Box 3. The use of the death penalty for drug offences**

Thirty-two countries and territories worldwide retain the death penalty for drug offences. Although only a small number of states use the death penalty, hundreds of drug offenders are executed every year. Several countries, including Egypt, Iran, Kuwait, Lao People’s Democratic Republic and Sudan, even prescribe the death penalty as a mandatory sentence for certain drug offences.

The use of the death penalty contravenes the principle of proportionality of sentencing protected under international law. The International Covenant on Civil and Political Rights in particular states that the death penalty may only be legally applied for the ‘most serious crimes’ (article 6.2). International human rights bodies have concluded that drug crimes do not meet this criterion. One of the arguments brought forward is the fact that those executed often come from economically vulnerable groups, exploited by trafficking gangs.

In the past decade, countries such as the Philippines, Uzbekistan and Kyrgyzstan, have abolished the death penalty altogether, while Tajikistan and Jordan removed capital punishment for drug offences.
• **Social** or low-level dealers are those at the bottom end of the retail drug market and most likely to be arrested and punished since their activities are more visible to law-enforcement authorities. Some of these people are purely social suppliers, who deal for little or no profit. Others are ‘drug couriers’, who have been pressed into getting involved, through intimidation or desperation.\(^{27}\) The concentration of law-enforcement resources and punishment on these people is problematic for two reasons. First, once arrested and removed, they are easily replaced, meaning that this policy only has a limited impact on the market. Second, low-level dealers are often under the power of those who truly control the drug market. Drug laws should re-focus on high-level drug traffickers rather than low-level offenders, and take into account the circumstances under which the drug crime was committed, to ensure proportionate sentences. Finally, some low-level dealers may also be dependent on drugs, in which case they should fall under the category above.

• **Serious or organised traffickers** are the crime gangs that control the large-scale drug markets, often using high levels of violence. These are the individuals that cause the most harm to the community. The most powerful individuals within these groups are often the most difficult to apprehend, but they should be the primary target of law-enforcement resources and punishment. It is possible to introduce clear aggravating factors that would make it easier to distinguish between the levels of seriousness of the different types of dealing and the punishments applied.\(^ {28}\) These include possession of weapons, use of violence and indicators of involvement of organised crime, or of involving children. Dealing drugs in public places can be added to this list, but must be handled with care and sensitivity, since organised criminals with the real power and wealth will usually remain in the background, using small user-dealers (often vulnerable individuals) to work the streets for them. Carefully designed and implemented drug laws can truly influence the nature of the drug market and create incentives for dealing networks to be less violent, less public and less harmful to the community (see Section 4.2: Reducing drug market violence).

**Options for drug law reform**

Many governments have now realised that drug laws should primarily seek to contribute to the overall national objectives of reducing crime and promoting public health and socio-economic development. Various alternative strategies are at their disposal to design more humane and effective drug laws, which will focus resources on the most harmful aspects of the drug market, while encouraging the provision of support and health care for people who grow and/or use drugs. Four main policies are increasingly accepted as viable alternatives to the current drug control regime (see Box 4).
Box 4. Definitions

**Depenalisation** – reduction of the severity of penalties associated with drug offences. Penalties remain within the framework of criminal law.

**De facto decriminalisation** – drug use or possession for personal use remains illicit under the law, but in practice, the person using that drug or in possession of it will not be arrested or prosecuted.

**Decriminalisation** – drug use and/or possession, production and cultivation for personal use are no longer dealt with through criminal sanctions, but drug trafficking offences remain a criminal offence. Under this legal regime, sanctions may be administrative or may be abolished completely.

**Legal regulation** – all drug-related offences are no longer controlled within the sphere of criminal law, but production, supply and use are strictly regulated through administrative laws, as is the case for tobacco or alcohol.

**Depenalisation**

Depenalisation involves reducing the level of penalties associated with drug offences, but these penalties remain within the framework of criminal law and the offender will usually retain a criminal record. In the UK, for example, a person arrested for drug possession for personal use is given a warning, rather than a prison sentence (see Box 5).

**Box 5. The UK cannabis warning scheme**

The ‘cannabis warning scheme’ was introduced in 2004 and allows the police to take an escalated approach to possession offences involving small amounts of cannabis. Those caught in possession for the first time can receive a ‘cannabis warning’, which does not result in their arrest or a criminal record and is dealt with on the street. If caught on a second occasion, the individual will receive a penalty notice for disorder (an £80 on-the-spot fine), which will not be put on a criminal record provided that the fine is paid within 21 days. A person caught on a third occasion will be arrested and will either be given a caution or prosecuted. In case of aggravating circumstances (e.g. smoking in public), the scheme does not apply. The scheme is also discretionary and a police officer can therefore decide to arrest an individual without following the guidance. Evidence shows that since 2004, cannabis use has dropped significantly in the UK, especially among young people.

**De facto decriminalisation**

*De facto* decriminalisation refers to situations where activities such as large-scale possession, production and supply of a drug remain illicit, but people arrested for use, possession and/or cultivation for personal use will no longer be subject to arrest and prosecution in practice. This usually follows an order from the government not to enforce the law. One of the most striking examples of such an approach has been developed in the Netherlands concerning cannabis possession and use (see Box 5 in Section 2.3: Reducing incarceration). The problem with *de facto* decriminalisation is that it is an informal order that can easily be reversed after a change in government.

**Decriminalisation**

Decriminalisation entails the repeal of laws that define drug use or possession for personal use as a criminal offence, or transferring the process to administrative or health services. The obvious advantage of decriminalisation over *de facto* decriminalisation is that it is formalised in the law.
Decriminalisation also presents a major advantage over depenalisation – the individual caught in possession of drugs will not have a criminal record, which is an important barrier to access to education, employment and social services.

In practice, decriminalisation can raise important issues for governments since they need to create mechanisms to distinguish between possession for personal use and possession with intent to supply to others. Some governments have established threshold quantities to provide guidance on whether the amount should be considered to be for personal or for commercial use, while other governments leave it to the discretion of judges or the police to assess the intent of possession. Although there is no ‘silver bullet’ response to this issue, evidence shows that threshold quantities should be indicative only and should be considered jointly with additional factors, including drug dependency, intention, culpability and harm.30

About 30 countries and states have moved towards decriminalisation of drug possession, including countries as different as Portugal (2001), Brazil (2006) and the Czech Republic (2010). Argentina is also currently revising its drug laws to decriminalise drug possession for personal use. In the USA, 14 states have now decriminalised cannabis possession for personal use.31

Having been developed and extensively evaluated for more than 10 years, the Portuguese decriminalisation model shows encouraging trends. Under the Portuguese law adopted in 2001, although drug possession for personal use is still legally prohibited, violations of the prohibition are exclusively administrative rather than criminal. The decriminalisation process is coupled with a comprehensive public health approach (see Box 6 in Section 2.3: Reducing incarceration). Evidence demonstrates that the policy has led to a significant reduction in drug-related health problems (including HIV infections and drug-related deaths), improved attendance at programmes treating drug dependence, reduced prison and criminal justice overload, a decrease in drug-related crime, an increase in law-enforcement actions focused on large-scale drug trafficking with a consequent improvement in public safety, and no significant increase in the prevalence of drug use.32

A regulated drug market
As the critiques of a blanket prohibitionist approach have gathered momentum, the parallel question around alternatives to prohibition has begun to enter mainstream policy debate (see Box 6). ‘Legal regulation’ differs from ‘legalisation’ – in both systems, drug production, supply and use is legal, but a regulatory model means that strict regulations are put in place to control these activities.

Box 6. Abstract from the report of the Global Commission on Drug Policy

‘[We] encourage experimentation by governments with models of legal regulation of drugs to undermine the power of organized crime and safeguard the health and security of their citizens. This recommendation applies especially to cannabis, but we also encourage other experiments in decriminalization and legal regulation that can accomplish these objectives and provide models for others.’33

The last decade has seen the first detailed proposals emerge34 that offer different options for controls over products (dose, preparation, price, and packaging), vendors (licensing, vetting and training requirements, marketing and promotions), outlets (location, outlet density, appearance), who has access (age controls, licensed buyers, club membership schemes) and where and when drugs can be consumed.
The report *Blueprint for regulation*, for example, explores options for regulating different drugs among different populations and suggests various regulatory models for discussion that may lead to the management of drug markets with less health and social harm (see Box 7). Lessons can be drawn from successes and failings with alcohol and tobacco regulation in various countries, as well as controls over medicinal drugs and other harmful products and activities that are regulated by governments.

**Box 7. Five basic models for regulating drug availability**

- **Medical prescription model or supervised venues** – for drugs that can be used in a harmful way (injected drugs, including heroin, and more potent stimulants such as methamphetamine)
- **Specialist pharmacist retail model** – combined with named/licensed user access and rationing of volume of sales for moderate-risk drugs such as amphetamine, powder cocaine, and ecstasy
- **Licensed retailing** – Including tiers of regulation appropriate to product risk and local needs; this could be used for lower-risk drugs and preparations such as lower-strength stimulant-based drinks
- **Licensed premises for sale and consumption** – similar to licensed alcohol venues and Dutch cannabis 'coffee shops', these could potentially also be for smoking opium or drinking poppy tea
- **Unlicensed sales** – minimal regulation for the least-risky products, such as caffeine drinks and coca tea

The regulation of drug markets, using one of the available models, is no silver bullet. It is argued that in the short term it can only reduce the problems that stem from prohibition and the illicit trade it has created. It cannot tackle the underlying drivers of drug dependence such as poverty and inequality. However, by promoting a more pragmatic public health model and freeing up resources for evidence-based public health and social policy, it would create a more conducive environment for doing so. The costs of developing and implementing a new regulatory infrastructure would need to be considered, but would be likely to represent only a fraction of the ever-increasing resources currently directed into efforts to control supply and demand. There would also be potential for translating a proportion of existing criminal profits into legitimate tax revenue.

Different social environments will require different approaches in response to the specific challenges they face, but the range of regulatory options available to manage drug markets and use, through legitimate state and commercial institutions, are now a credible option for policy makers if the harms facing their societies cannot be addressed within the current drug control system. Moves towards legal regulation will also require that the substantial institutional and political obstacles presented by the international drug control system are overcome. Finally, they would need to be phased in cautiously over several years, with close evaluation and monitoring of the effects of the system.
Recommendations

1) A comprehensive review of national drug laws is needed in the light of changing patterns of drug use and experience of previous law-enforcement strategies.

2) As part of this process, governments and international agencies should conduct human rights impact assessments of current drug laws and their implementation.

3) When creating or revising drug laws, governments should clearly determine which aspects of the drug market are most harmful to society, and target their laws accordingly to reduce those harms.

4) New or revised drug laws should contain provisions that draw a clear distinction between the different actors operating in the market, with particular protection for people who use drugs. Such laws should also facilitate the adoption of appropriate responses for each of these categories. Alternatives to imprisonment, such as fines, or referral to treatment and care services, should be designed for low-level drug dealers and people dependent on drugs.

5) New or revised drug laws need to be clear on the range of substances covered. They should provide a structured and scientific approach to assess the seriousness with which different substances will be treated, and a simple process for adding, moving or removing particular substances.

6) New or revised drug laws need to be carefully drafted to support, instead of undermine, health and social programmes. They should authorise and encourage public-health and harm reduction interventions, such as needle and syringe programmes and opioid substitution therapy.

Key resources


**Endnotes**


3 Recently, for example, the criminalisation of illicit drug use has pushed users to stop using known drugs, including psychotropic plants with mild effects, and they have turned instead to unknown and sometimes highly dangerous synthetic substances known as ‘legal highs’ (i.e. substances having psychoactive properties but not included in a country’s drugs legislation).

4 For more information about the consequences of the global drug control system, please refer to the Count the Costs website: [www.countthecosts.org](http://www.countthecosts.org)


11 Articles 36 and 38 of the 1961 Convention, articles 20 and 23 of the 1971 Convention, and article 3 of the 1988 Convention.

To understand the flexibility within the conventions, it is useful to divide drug offences into two categories. The first are those which relate to commercial activities include possession with intent to supply commercially. The second are those offences related to personal use, such as possession for personal use, cultivation, production as well as social supply.

With respect to commercial or trafficking offences there is very little room to deviate from the requirement to criminalise, except for minor offences when the offender is deemed to be drug dependent (1988 Convention, Article 3, para 4). The conventions offer more flexibility for dealing with personal use offences outside of the criminal justice system.

The conventions are not treaties of direct applicability. While they impose obligations on states to apply international law, they can only be implemented at the national level when the signatory state has adopted domestic laws and regulations that translate the international obligations of the treaty at the national level. The autonomy of domestic law is stressed within all three conventions, and is further reflected in the declarations and reservations made by signatory states. In addition, the conventions specify that signatory states are required to implement the conventions’ provisions in domestic legislation in accordance with their constitutional principles and the basic concepts of their national legal systems.


Majority Report (3 April 2008), Informe sobre el sistema de rehabilitación social, Republic of Ecuador (Montecristi: Constitutional Assembly).


