



Drug Policy Dialogue in South East Europe

# Drug policy reform

## The UNGASS 2016 a catalyst for change?

**Thanasis Apostolou**

Director Association Diogenis, Drug Policy Dialogue



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ATHENS - THESSALONIKI

**Athens**

• 23, Ippokratous Str. – 106 79 Athens  
Tel.: (+30 210) 33.87.500, Fax: (+30 210) 33.90.075

**Thessaloniki**

• 1, Fragon Str. – 546 26 Thessaloniki  
Tel.: (+30 2310) 535.381, Fax: (+30 2310) 546.812  
• 42, Ethnikis Aminis Str. – 546 21 Thessaloniki  
Tel.: (+30 2310) 244.228, 9, Fax: (+30 2310) 244.230  
<http://www.sakkoulas.gr> • e-mail: [info@sakkoulas.gr](mailto:info@sakkoulas.gr)

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Some points that need to be analysed and discussed more thoroughly with the aim to reach agreement.

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- b. The recognition of harm reduction programmes and practices should be enshrined in national legislation.
- c. The access to controlled substances
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# INTRODUCTION

The international community has made efforts, since the beginning of the last century, to address the social problem of the use of narcotic and psychotropic substances through a control system based on limitation of their cultivation, production and availability for medical and scientific purposes. Cultivation and production for other uses is prohibited and prosecuted with severe criminal penalties. In 1961, the United Nations (UN) adopted, after many years of negotiations, the “Single Convention on Narcotic Drugs, 1961”, with the aim to eliminate the illicit cultivation of opium, the coca bush and the cannabis plant. Following the Single Convention on Narcotic Drugs, that has been amended by the 1972 Protocol, two more conventions on drugs have been adopted: the 1971 International Convention on Psychotropic Substances and the International Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. These three international conventions are the basis of the legislation of the UN Member States on narcotic and psychotropic substances. The vast majority of the UN member states has signed and most of them have ratified these three international conventions.

The implementation of the three conventions has not achieved, up to now, their objectives. On the contrary, the cultivation, production, trafficking and use of psychotropic substances, beyond their use for medical and scientific purposes, has expanded all over the world and new psychoactive substances have been added to the list of illegal substances.

The international community has repeatedly evaluated the effectiveness of the drug control system. General finding is, that the phenomenon of use of narcotic and psychotropic substances continues to exist and that the approach of prohibition, suppressive measures and punishment does not work. Despite this finding, UN member states are reluctant to distance themselves from the current system. In the period after 1961 until recently, mainly the position of the great powers and in particular the position of the United States of America prevailed. The known as “war on drugs” not only did not bring the expected results, but had also serious negative consequences such as the creation of criminal groups for the trafficking of illicit substances, investment in repressive measures of punishment and imprisonment of users, than prevention and treatment, exacerbation of corruption, the black economy and money laundering.

With the major political, social and economic changes of the 1990s, voices of disagreement, with the current control system of narcotic and psychotropic substances and the search for different methods to address the problem, increased. The UN General Assembly Special Session on drugs in 1998, despite the high expectations for change, ended up with the continuation of the repressive policies.

The conclusion of this General Assembly was summarized in the slogan “A drug free world, we can do it.” In 2016, the UN General Assembly Special Session was held in a world that was not free of drugs and no significant changes in the negative effects of the system had taken place.

In this publication we briefly refer to the important moments of evaluation of the drug control system which took place during the last 30 years at the annual meetings of the UN Commission on Narcotic Drugs (CND), the annual UN General Assembly and the discussions during the preparations for the UN General Assembly Special Session (UNGASS) in April 2016. We refer to reports of the UN Office on Drugs and Crime, the resolutions of the Commission on Narcotic Drugs and of the UN General Assembly, the interventions of member states, UN agencies, civil society organizations and the Scientific Community. These are the documents that show how the responsible bodies in charge of the regulations on drugs, discuss about the achieved results and the measures they propose to address the shortcomings.

We consider it important to know the context in which decisions that affect the lives of millions of citizens, take place. These documents are neither easy nor exciting, but we need to know them, because they contain decisions taken by the responsible decision-making bodies with the applicable procedure. It is not easy to change existing measures if states fail to promote alternative measures in decision-making bodies. That is why we refer at several points to procedural issues concerning the way in which decisions are made. The setting-up of working groups and the choice of topics to be discussed, formal negotiations and informal discussions where compromises are reached, or the establishment of a steering committee to coordinate the work are decisive mechanisms for the outcome of a session or the content of a resolution, a decision or political declaration.

This publication includes also views of UN officials and UN organizations, of scientists and representatives of civil society organizations who comment on the current situation, and support new policy-making pathways of drug policy. The UN is an example that deserves to be followed as far as the involvement of all stakeholders is concerned. Civil Society Organisations and the scientific community get the opportunity to participate as observers both in plenary and in working groups, have the right to speak and submit written proposals. Although their input cannot be decisive, because they cannot vote, it is important to be present and participate in the discussions, because they have, this way, the opportunity to express opinions from different social groups.

The outcome document adopted by the UN General Assembly Special Session on Drugs in April 2016 is an important milestone in the discussions about the drug control system of the last decades. It is a document that will generate a new impetus for policy and legislation that aims to protect and improve social and individual well-being, promote public health, provide science-based knowledge about the effectiveness of interventions and secure respect for human rights. In an annex we publish - with the permission of the UN - the text of the UNGASS outcome

document so that the reader can have direct access to the exact formulations, the analysis and recommendations of the seven (7) chapters of the document.

In the chapter about the UN General Assembly, we emphasize that although the outcome document is not radical, it includes many points that support innovative practices that many countries and regions of the world are already implementing. This makes the document interesting and is a sign of progress in the debate about change of many problematic aspects of the current policy. Positive points of the outcome document of the Special Session are:

1. The recognition that narcotic and psychotropic substances are primarily an issue of public health. This recognition is an important development given that more than 60% of the UN Member States are dealing with drugs primarily as a matter of public security and criminal justice, which falls within the remit of the Ministry of Justice and the Ministry of Public Order and Security.
2. The positive development towards harm reduction programs and practices. The philosophy and the practices of harm reduction have been a matter of controversy in the past decades. The UN Commission on Narcotic Drugs continues - and it is the only UN body - to deny the inclusion of the phrase "harm reduction" in its official texts. Also the outcome document of the special session of 2016 did not include this phrase, while in the same document the General Assembly calls upon Member States to consider adopting almost all the measures and practices of harm reduction.
3. The recognition of the right of users to choose their treatment and the right of voluntary participation in treatment. This is an important point related to the approach and treatment of users who in various countries are obliged to follow treatment and rehabilitation programs and are subject to unacceptable "treatment methods" especially in prison settings.
4. The recommendation to the Member States to promote and plan targeted interventions for categories such as young people, women and vulnerable groups of the population.
5. The promotion of alternative measures to punishment and imprisonment.
6. The measures for availability and access to controlled medicines for pain relief.
7. The participation of stakeholders in decision-making concerning policy and implementation of adopted measures.

The outcome document of the UNGASS does not mention - and this is a negative element - important issues that have to be addressed. Some of these points are:

1. The failure to mention the abolition of the death penalty for drug-related offenses
2. The non-acceptance of the term "harm reduction"
3. The failure to mention the supervised drug consumption rooms, a facility in the context of harm reduction practices

4. The decriminalisation of possession of small quantities of drugs for personal use
5. Finally the failure to refer to the global discussion about cannabis

The positive points of the outcome document of the UN Special Session as well as the shortcomings we have identified must be subject of discussion and action at the national and local level. In the end, the member states have to decide which policy they would like to adopt and implement. The recommendations of the outcome document offer enough room for exploration of more effective and humane drug policy.

Civil society organizations, the scientific community and in particular political actors such as political parties and initiatives of drug dependent people must play a key role in exercising pressure on their governments to implement the recommendations of the UNGASS 2016 and to promote proposals on the issues that are still under discussion. The result must be a policy and legislation on drugs that promotes public health and human rights, is practical and effective. Key elements of this policy should be:

- a) *Systematic evaluation of the programs and the measures implemented, and of their effectiveness. Whatever does not work and does not achieve the expected results should be replaced by other measures and methods.*
- b) *Respect of the principle to take into account current scientific knowledge and social developments*
- c) *Preparedness and political will to reform policies and legislation in order to be more effective and responsive to meeting the needs of citizens and society.*

The seven (7) chapters of the UN General Assembly document with operational recommendations are an important guideline for the initiatives that Member States will have to undertake in the coming period. The seven chapters refer to the following themes:

1. Demand reduction and related measures, including prevention and treatment, as well as other health-related issues
2. Ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion
3. Supply reduction and related measures; effective law enforcement; responses to drug-related crime; and countering money-laundering and promoting judicial cooperation
4. Cross-cutting issues: drugs and human rights, youth, children, women and communities
5. Cross-cutting issues in addressing and countering the world drug problem: evolving reality, trends and existing circumstances, emerging and persistent challenges and threats, including new psychoactive substances, in conformity

with the three international drug control conventions and other relevant international instruments

6. Strengthening international cooperation based on the principle of common and shared responsibility
7. Alternative development; regional, interregional and international cooperation on development-oriented balanced drug control policy; addressing socioeconomic issues

The next two sessions of the Commission on Narcotic Drugs in 2018 and 2019 and the developments related to the progress of the UN programme of Agenda 2030 on “Transforming the world: the Agenda for Sustainable Development” should set out the guidelines for the next steps. The Sustainable Development Program 2030 creates opportunities for the approach of drug policy in the framework of peace, the rule of law, human rights, economic development and equality. Discussions in this context may have a positive impact on the process of modernizing the drug control system. The debate about drug policy in the context of sustainable development goals will also strengthen cooperation between national and local authorities in tackling the issue of narcotic and psychotropic substances.

In the meantime, the reform efforts of UN member states will continue, as has been the case in the last decade. In particular, developments regarding the cannabis and coca status will continue. There is strong doubt among many people, scientists and practitioners in the field of drugs around the world, whether the inclusion of cannabis in the international conventions was a right decision. In Latin America, the doubt is mainly about the traditional use of coca leaves. The case of Bolivia is characteristic. The president of Bolivia pointed out that the inclusion of the coca leaf in the 1961 Single Convention was “an important historical mistake.” Bolivia has already enshrined in its own legislation the legitimate cultivation of coca for traditional use, making a reservation on the paragraphs of the 1961 Single Convention relating to the abolition of coca leaf chewing.

In the case of cannabis, an increasing number of countries introduce legislation about the production and use of cannabis for medical purposes. International conventions allow this under certain conditions. However, most countries over the past 60 years did, in practice, not allow the regulation of cannabis for medical purposes. Legislation of cannabis for medical use is a development that indicates a positive assessment of cannabis as a plant with therapeutic effects. Cannabis for industrial purposes is allowed. The regulation of cannabis production for recreational use, which is not in accordance with the international conventions, is also important. The regulation of cannabis for all three categories (industrial, medical and recreational) in Uruguay as well as in several US states and recently in Canada is a trend showing that several countries distance themselves from the provisions of the international conventions, making changes in their legislation with the support of their citizens. Since cannabis is the most widely used controlled substance in the world and perceptions about the risks are varied, is needed in the

coming years, to examine how the international community should respond to the growing tendency to change the status of cannabis. The World Health Organization will soon assess cannabis. The Expert Committee on Drug Dependence (ECDD) in its meeting in May 2018 will be conducting preliminary cannabis evaluations. Some propose a specific international treaty on cannabis, similar to the Framework Convention on Tobacco Control (FCTC) of the World Health Organization.

One main reason to change the regime of cannabis is the wide spread illegal cultivation and the involvement of organised crime in trafficking of cannabis for recreational purposes. Local actors such as Mayors, local police and the local communities see the dead-end of the current measures and look for different methods to tackle the problem.

The philosophy and the programs and practices of harm reduction are accepted by most countries around the world. Both local, national and international actors who had previously opposed, tolerate harm reduction alongside other drug dependency treatment programs.

The prevailing trend focuses on accepting diversity in the approach to drug use and dependence. The challenges of our times with the emergence of new psychoactive substances, the influence of the internet and social media will substantially influence the approach of the drug phenomenon. The bottom-up principle instead of “top-down” will surely gain ground. This means that initiatives of local communities, municipalities and regions will grow. The challenge for UN member states and international organizations is clear. The voice of society should be heard by shaping future policies. The UN General Assembly’s outcome document on drugs can provide a good framework for member states to shape policies on the basis of cooperation with all actors involved in the implementation of the recommendations of the UNGASS document “Our joint commitment to effectively addressing and countering the world drug problem”.

*Thanasis Apostolou,  
Director Diogenis Association,  
Drug Policy Dialogue*

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## ΕΙΣΑΓΩΓΗ

Η διεθνής κοινότητα προσπαθεί, από τις αρχές του περασμένου αιώνα να δώσει απάντηση στο κοινωνικό πρόβλημα της χρήσης ναρκωτικών και ψυχοτρόπων ουσιών μέσω ενός συστήματος ελέγχου που στηρίζεται στον περιορισμό της καλλιέργειας, παραγωγής και διάθεσής των για ιατρικούς και επιστημονικούς σκοπούς. Καλλιέργεια και παραγωγή για άλλες χρήσεις απαγορεύεται και διώκεται με αυστηρές ποινικές ποινές. Το 1961 ο Οργανισμός Ηνωμένων Εθνών (ΟΗΕ) ενέκρινε, μετά από πολυετείς διαπραγματεύσεις, την «Ενιαία Σύμβαση για τις Ναρκωτικές Ουσίες, 1961» με στόχο την εξάλειψη της παράνομης καλλιέργειας του οπίου, των φύλλων του θάμνου της κόκας και του φυτού της κάνναβης. Μετά τη σύμβαση για τις ναρκωτικές ουσίες η οποία τροποποιήθηκε με το πρωτόκολλο του 1972, ακολούθησε η διεθνής σύμβαση για τις ψυχοτρόπες ουσίες του 1971 και η διεθνής σύμβαση κατά της παράνομης διακίνησης των ναρκωτικών και ψυχοτρόπων ουσιών του 1988. Οι τρεις αυτές διεθνείς συμβάσεις αποτελούν τη βάση για την νομοθεσία των κρατών μελών του ΟΗΕ για τις ναρκωτικές και ψυχοτρόπες ουσίες. Η μεγάλη πλειοψηφία των χωρών μελών του ΟΗΕ έχει υπογράψει και οι περισσότερες έχουν επικυρώσει αυτές τις τρεις διεθνείς συμβάσεις.

Η εφαρμογή των εν λόγω συμβάσεων δεν έχει, μέχρι σήμερα, επιτύχει τους στόχους της. Αντίθετα η καλλιέργεια, παραγωγή, διακίνηση και χρήση ψυχοτρόπων ουσιών, εξαιρουμένης της ιατρικής και επιστημονικής τους χρήσης, έχει επεκταθεί σε ολόκληρη την υφήλιο και επιπλέον νέες ψυχοτρόπες ουσίες έχουν προστεθεί στον κατάλογο των παράνομων ουσιών.

Η διεθνής κοινότητα έχει επανειλημμένα αξιολογήσει το σύστημα ελέγχου των ψυχοδραστικών ουσιών ως προς την αποτελεσματικότητά του. Γενική διαπίστωση είναι ότι το φαινόμενο της χρήσης ναρκωτικών και ψυχοτρόπων ουσιών συνεχίζει να υπάρχει και ότι η αντιμετώπισή του με κατασταλτικά μέτρα απαγόρευσης και τιμωρίας δεν αποδίδει. Παρά όμως αυτή τη διαπίστωση, οι χώρες μέλη του ΟΗΕ διστάζουν να πάρουν αποστάσεις από το ισχύον σύστημα. Στην περίοδο μετά το 1961 και μέχρι πρότινος, επικράτησε κυρίως η στάση των μεγάλων δυνάμεων και ειδικά των Ηνωμένων Πολιτειών της Αμερικής με τα αυστηρά κατασταλτικά μέτρα, του γνωστού πολέμου κατά των ναρκωτικών, τα οποία όχι μόνο δεν έφεραν τα αναμενόμενα αποτελέσματα, αλλά είχαν και σοβαρές αρνητικές επιπτώσεις όπως η δημιουργία εγκληματικών κύκλων διακίνησης και προσφοράς παράνομων ουσιών, η επένδυση σε κατασταλτικά μέτρα τιμωρίας και φυλάκισης των χρηστών αντί της πρόληψης και θεραπείας, η έξαρση της διαφθοράς, η παραοικονομία και η νομιμοποίηση εσόδων από παράνομες δραστηριότητες.

Με τις μεγάλες πολιτικές, κοινωνικές και οικονομικές αλλαγές της δεκαετίας του '90, αυξήθηκαν οι φωνές διαφωνίας με το ισχύον σύστημα ελέγχου των ναρκωτικών και ψυχοτρόπων ουσιών και η αναζήτηση διαφορετικών μεθόδων αντιμετώπισης

του προβλήματος. Η Ειδική Γενική Συνέλευση του ΟΗΕ το 1998, κατέληξε-παρά τις προσδοκίες πολλών για αλλαγή- στη συνέχιση των κατασταλτικών πολιτικών που συνοψίζονταν στο σύνθημα «Ένας κόσμος χωρίς ναρκωτικά, μπορούμε να το πετύχουμε». Το 2016 διοργανώθηκε εκ νέου Ειδική Γενική Συνέλευση του ΟΗΕ, σε έναν κόσμο που δεν είχε απαλλαγεί από τα Ναρκωτικά και δεν είχε επιφέρει ουσιαστικές αλλαγές στις αρνητικές επιπτώσεις του συστήματος.

Στην παρούσα έκδοση αναφερόμαστε περιληπτικά στις σημαντικές στιγμές αξιολόγησης του συστήματος ελέγχου των ναρκωτικών όπως αυτές έλαβαν χώρα κατά τα τελευταία 30 χρόνια στις ετήσιες συνόδους της Επιτροπής Ναρκωτικών, των ετήσιων Γενικών Συνελεύσεων του ΟΗΕ και στην προετοιμασία, τους στόχους, τις επιδιώξεις και το τελικό κείμενο της Ειδικής Γενικής Συνέλευσης του ΟΗΕ τον Απρίλιο του 2016. Η αναφορά στις εκθέσεις του Γραφείου του ΟΗΕ για τα Ναρκωτικά και το Έγκλημα, στα ψηφίσματα της Επιτροπής Ναρκωτικών και της Γενικής Συνέλευσης του ΟΗΕ καθώς και στις παρεμβάσεις χωρών μελών, οργανισμών του ΟΗΕ, οργανώσεων της Κοινωνίας των Πολιτών και της Επιστημονικής Κοινότητας στις συζητήσεις αποτελεί μια συνειδητή επιλογή. Θεωρούμε σημαντικό να γνωρίζει κανείς σε ποια πλαίσια παίρνονται αποφάσεις που επηρεάζουν τη ζωή εκατομμυρίων πολιτών, γιατί προκύπτουν από τις διαπραγματεύσεις δυσκολονόητα συμβιβαστικά κείμενα αποφάσεων με τη δυνατότητα να ερμηνευτούν διαφορετικά και γιατί συχνά δεν συμπεριλαμβάνονται στα κείμενα απόψεις που υποστηρίζονται από χώρες οι οποίες προτείνουν αλλαγές στο ισχύον σύστημα. Τα επίσημα αυτά κείμενα δεν είναι ούτε εύκολα, ούτε συναρπαστικά, είναι όμως αναγκαίο να τα γνωρίζουμε γιατί έχουν τη σφραγίδα των αποφάσεων που έχουν ληφθεί με την ισχύουσα διαδικασία από τα υπεύθυνα κέντρα αποφάσεων. Δεν είναι εύκολο να αλλάξει κανείς ισχύοντα μέτρα αν δεν καταφέρει να προωθήσει εναλλακτικές προτάσεις στα κέντρα αποφάσεων. Αυτός είναι και ο λόγος που αναφέρονται σε αρκετά σημεία διαδικαστικά θέματα που αφορούν στον τρόπο διεξαγωγής των συζητήσεων. Η σύσταση ομάδων εργασίας και η επιλογή των θεμάτων που θα συζητηθούν, οι επίσημες ανοιχτές διαπραγματεύσεις και οι ανεπίσημες συζητήσεις όπου καταλήγει κανείς σε συμβιβασμούς ή η επιλογή ενός διευθυντικού σώματος που θα συντονίζει τις εργασίες, αποτελούν καθοριστικούς μηχανισμούς για το αποτέλεσμα μιας συνόδου ή το περιεχόμενο ενός ψηφίσματος, μιας πολιτικής διακήρυξης ή μιας απόφασης.

Στο κείμενο αυτής της έκδοσης παρατίθενται και απόψεις προσωπικοτήτων και οργανισμών του ΟΗΕ, επιστημόνων και εκπροσώπων οργανώσεων της κοινωνίας των πολιτών που εκφράζουν κριτική σε αρκετά θέματα και υποστηρίζουν νέους δρόμους χάραξης πολιτικής για τις ναρκωτικές και τις ψυχοτρόπες ουσίες. Είναι παράδειγμα προς μίμηση η δυνατότητα που άρχισε πρόσφατα να δίνει ο ΟΗΕ στην κοινωνία των πολιτών και την επιστημονική κοινότητα να συμμετέχουν σαν παρατηρητές τόσο στην ολομέλεια, όσο και σε ομάδες εργασίας και να τους δίνεται η δυνατότητα λόγου και υποβολής γραπτών προτάσεων. Αν και ο λόγος τους δεν είναι αποφασιστικός αφού δεν μπορούν να ψηφίσουν, είναι σημαντική η παρουσία και η συμμετοχή τους στις συζητήσεις, γιατί εκφράζουν απόψεις διαφόρων κοινωνικών ομάδων.



Το τελικό κείμενο που υιοθετήθηκε από την Ειδική Γενική Συνέλευση του ΟΗΕ για τα ναρκωτικά τον Απρίλιο του 2016, θεωρούμε ότι είναι ένας σημαντικός σταθμός στις συζητήσεις που έχουν γίνει τις τελευταίες δεκαετίες για το θέμα της πολιτικής για τα ναρκωτικά. Είναι ένα ακόμη βήμα που ελπίζουμε να δώσει νέα ώθηση στην διαμόρφωση πολιτικής και νομοθεσίας που εστιάζεται στην προστασία και τη βελτίωση της κοινωνικής και ατομικής ευημερίας, την προώθηση της δημόσιας υγείας, της επιστημονικά θεμελιωμένης γνώσης για την αποτελεσματικότητα των παρεμβάσεων και το σεβασμό των ανθρωπίνων δικαιωμάτων. Σε παράρτημα δημοσιεύουμε - με την άδεια του ΟΗΕ - το κείμενο του τελικού εγγράφου της UNGASS, έτσι ώστε ο αναγνώστης να μπορεί να έχει άμεση πρόσβαση στις ακριβείς διατυπώσεις, την ανάλυση και τις συστάσεις των επτά (7) κεφαλαίων του εγγράφου.

Στο κεφάλαιο όπου αναφερόμαστε στις εργασίες της Ειδικής Γενικής Συνέλευσης του ΟΗΕ τονίζουμε ότι, αν και το τελικό κείμενο δεν είναι ριζοσπαστικό, περιλαμβάνει πολλά σημεία τα οποία είναι υποστηρικτικά καινοτόμων πρακτικών που εφαρμόζονται σε πολλές χώρες και περιοχές του κόσμου. Αυτό κάνει το έγγραφο ενδιαφέρον και αποτελεί ένδειξη προόδου στη συζήτηση για την αλλαγή πολλών προβληματικών πτυχών της τρέχουσας πολιτικής. Θετικά σημεία του τελικού κειμένου της Ειδικής Συνόδου αποτελούν:

1. Η αναγνώριση ότι οι ναρκωτικές και ψυχοτρόπες ουσίες πρέπει να αντιμετωπισθούν κυρίως ως θέμα δημόσιας υγείας. Η αναγνώριση αυτή είναι μια σημαντική εξέλιξη, δεδομένου ότι πάνω από το 60% των κρατών μελών του ΟΗΕ αντιμετωπίζουν τα ναρκωτικά πρωταρχικά ως θέμα δημόσιας ασφάλειας και ποινικής δικαιοσύνης το οποίο εμπίπτει στις αρμοδιότητες του υπουργείου Δικαιοσύνης και του Υπουργείου Δημόσιας Τάξης και ασφάλειας.
2. Η θετική αντιμετώπιση των προγραμμάτων και των πρακτικών μείωσης της βλάβης. Η φιλοσοφία και οι πρακτικές μείωσης της βλάβης αποτέλεσε σημείο αντιλεγόμενο τις περασμένες δεκαετίες. Η Επιτροπή Ναρκωτικών – και είναι η μόνη από τους οργανισμούς του ΟΗΕ- συνεχίζει να αρνείται τη συμπερίληψη της φράσης «μείωση της βλάβης» στα επίσημα κείμενά της. Και στο τελικό κείμενο της ειδικής συνόδου του 2016 δεν συμπεριλήφθηκε αυτή η φράση, ενώ στο ίδιο έγγραφο καλούνται τα κράτη μέλη να εξετάσουν την υιοθέτηση σχεδόν όλων των μέτρων και πρακτικών για τη μείωση της βλάβης χωρίς όμως αναφορά στον όρο «μείωση της βλάβης».
3. Η αναγνώριση του δικαιώματος των χρηστών στην επιλογή της θεραπείας και της εθελοντικής συμμετοχής τους στη θεραπεία. Αυτό είναι ένα σημαντικό σημείο σε σχέση με την προσέγγιση και την μεταχείριση των χρηστών οι οποίοι σε διάφορες χώρες υποχρεώνονται να παρακολουθήσουν προγράμματα απεξάρτησης και υποβάλλονται σε απαράδεκτες «μεθόδους θεραπείας» ειδικά στα σωφρονιστικά καταστήματα.
4. Η σύσταση προς τα κράτη μέλη να προωθήσουν και να σχεδιάσουν στοχευμένες παρεμβάσεις για κατηγορίες όπως οι νέοι, οι γυναίκες και ευάλωτες ομάδες του πληθυσμού.

5. Η προώθηση εναλλακτικών της τιμωρίας και της φυλάκισης, μέτρων.
6. Η λήψη μέτρων για τη διαθεσιμότητα και την πρόσβαση σε ελεγχόμενα οπιοειδή φάρμακα για την καταπολέμηση του πόνου.
7. Η συμμετοχή των άμεσα ενδιαφερόμενων στη λήψη αποφάσεων σχετικά την πολιτική και την εφαρμογή των μέτρων που υιοθετούνται.

Το τελικό κείμενο δεν αναφέρεται –κι αυτό είναι ένα αρνητικό στοιχείο– σε σημαντικά θέματα που θα έπρεπε να θίξει. Μερικά απ’ αυτά τα σημεία είναι:

1. Η λόγω έλλειψης ομοφωνίας αποφυγή αναφοράς στο θέμα της κατάργησης της θανατικής ποινής για αδικήματα που σχετίζονται με τα ναρκωτικά
2. Η μη αποδοχή του όρου «μείωση της βλάβης»
3. Η παράλειψη αναφοράς στους χώρους επιτηρούμενης χρήσης, μιας δομής που έχει πραγματοποιηθεί από πολλές χώρες στα πλαίσια των πρακτικών μείωσης της βλάβης
4. Η παράλειψη της αποποινικοποίησης και απεγκληματοποίησης της κατοχής μικρο-ποσοτήτων ναρκωτικών και ψυχοτρόπων ουσιών για προσωπική χρήση. Δεν λήφθηκε έτσι υπόψη η σύσταση οργανισμών του ΟΗΕ, οργανώσεων της κοινωνίας των πολιτών, και μελών της επιστημονικής κοινότητας να καταργηθούν οι σχετικές διατάξεις στη νομοθεσία των χωρών μελών του ΟΗΕ.
5. Τέλος, η αποσιώπηση της συζήτησης που διεξάγεται σε παγκόσμια κλίμακα για το θέμα της κάρναβης.

Τα θετικά σημεία που περιέχει το τελικό έγγραφο της Ειδικής συνόδου του ΟΗΕ όσο και οι ελλείψεις που εντοπίσαμε πρέπει να αποτελέσουν αντικείμενο δράσης σε Εθνικό και τοπικό επίπεδο. Τελικά, είναι τα κράτη μέλη που πρέπει να αποφασίσουν ποια πολιτική επιθυμούν να υιοθετήσουν και να εφαρμόσουν. Οι συστάσεις του τελικού εγγράφου προσφέρουν αρκετό περιθώριο για διερεύνηση περισσότερο αποτελεσματικών και ανθρωπίνων πολιτικών για τα ναρκωτικά.

Οι οργανώσεις της κοινωνίας των πολιτών, η επιστημονική κοινότητα και ιδιαίτερα οι πολιτικοί παράγοντες όπως τα πολιτικά κόμματα και πρωτοβουλίες των άμεσα ενδιαφερόμενων που πλήττονται από τα ναρκωτικά, πρέπει να διαδραματίσουν καθοριστικό ρόλο ασκώντας πίεση στις κυβερνήσεις τους για την εφαρμογή των συστάσεων της Ειδικής Γενικής Συνέλευσης του ΟΗΕ 2016 (UNGASS 2016) και να προωθήσουν προτάσεις για τα θέματα που βρίσκονται ακόμη υπό συζήτηση. Το αποτέλεσμα πρέπει να είναι μια πολιτική και νομοθεσία για τα ναρκωτικά που προάγει τη δημόσια υγεία και τα ανθρώπινα δικαιώματα, είναι πρακτική και αποτελεσματική. Βασικά στοιχεία αυτής της πολιτικής πρέπει να είναι:

*α) Η πλήρης και συστηματική αξιολόγηση των προγραμμάτων και των εφαρμοζόμενων μέτρων ως προς την αποτελεσματικότητά τους. Ό,τι δεν λειτουργεί και δεν αποφέρει τα αναμενόμενα αποτελέσματα πρέπει να αντικατασταθεί από άλλα μέτρα και μεθόδους.*

β) Η τήρηση της αρχής να λαμβάνονται υπόψη η σύγχρονη επιστημονική γνώση και οι κοινωνικές εξελίξεις

γ) Η ετοιμότητα και η πολιτική βούληση να προσαρμόζονται ανάλογα, οι πολιτικές και η νομοθεσία για να μπορούν να είναι αποτελεσματικότερες και να ανταποκρίνονται στις ανάγκες των πολιτών και της κοινωνίας.

Οι επτά (7) παράγραφοι του εγγράφου της Γενικής Συνέλευσης του ΟΗΕ με επιχειρησιακές συστάσεις αποτελούν μια σημαντική κατευθυντήρια γραμμή για τις πρωτοβουλίες που οφείλουν να αναλάβουν τα κράτη μέλη κατά την προσεχή περίοδο. Τα 7 κεφάλαια αναφέρονται στα εξής θέματα:

1. Μείωση της ζήτησης και τα συναφή μέτρα, συμπεριλαμβανομένης της πρόληψης και της θεραπείας, καθώς και άλλων θεμάτων σχετικών με την υγεία
2. Εξασφάλιση της διαθεσιμότητας και της πρόσβασης σε ελεγχόμενες ουσίες αποκλειστικά για ιατρικούς και επιστημονικούς σκοπούς, αποτρέποντας παράλληλα την εκτροπή τους
3. Η μείωση της προσφοράς και συναφή μέτρα. Αποτελεσματική επιβολή του νόμου. Αντιμετώπιση των εγκλημάτων που σχετίζονται με τα ναρκωτικά. Καταπολέμηση της νομιμοποίησης εσόδων από παράνομες δραστηριότητες και προώθηση της δικαστικής συνεργασίας
4. Ναρκωτικά και ανθρώπινα δικαιώματα, νεολαία, παιδιά, γυναίκες και Κοινότητες
5. Διατομεακά ζητήματα αντιμετώπισης και καταπολέμησης του παγκόσμιου προβλήματος των ναρκωτικών: συνεχώς εξελισσόμενη πραγματικότητα, τάσεις και υπάρχουσες συνθήκες, αναδυόμενες και εμμένουσες προκλήσεις και απειλές, συμπεριλαμβανομένων των νέων ψυχοδραστικών ουσιών, βάσει των τριών διεθνών συμβάσεων ελέγχου των ναρκωτικών και άλλων συναφών διεθνών μέσων
6. Ενίσχυση της διεθνούς συνεργασίας βάσει της αρχής της κοινής και επιμερισμένης ευθύνης
7. Εναλλακτική ανάπτυξη. Περιφερειακή, διαπεριφερειακή και διεθνής συνεργασία σχετικά με την ισόρροπη πολιτική ελέγχου των ναρκωτικών σε σχέση με την ανάπτυξη και την αντιμετώπιση κοινωνικοοικονομικών θεμάτων.

Οι προσεχείς δύο σύνοδοι της Επιτροπής Ναρκωτικών του 2018 και του 2019 και οι εξελίξεις των συζητήσεων του προγράμματος του ΟΗΕ για τους στόχους της ατζέντας 2030 «Μετασχηματισμός του κόσμου: η Ατζέντα για τη Βιώσιμη Ανάπτυξη» θα πρέπει να καθορίσουν τις κατευθυντήριες γραμμές για τα επόμενα βήματα. Το πρόγραμμα για τη βιώσιμη ανάπτυξη 2030 δημιουργεί ευκαιρίες για την προσέγγιση της πολιτικής για τα ναρκωτικά σε σχέση με τα ζητήματα της ειρήνης, του κράτους δικαίου, των ανθρωπίνων δικαιωμάτων, της οικονομικής ανάπτυξης και της ισότητας. Οι συζητήσεις στο πλαίσιο αυτό μπορεί να έχουν θετική επίδραση στη διαδικασία εκσυγχρονισμού του συστήματος ελέγχου των

ναρκωτικών. Η συζήτηση σχετικά με την πολιτική για τα ναρκωτικά στο πλαίσιο των στόχων της βιώσιμης ανάπτυξης θα ενισχύσει επίσης τη συνεργασία μεταξύ των Εθνικών και των τοπικών αρχών στο θέμα της αντιμετώπισης των ναρκωτικών και των ψυχοτρόπων ουσιών.

Στο μεταξύ θα συνεχιστούν οι μεταρρυθμιστικές πρωτοβουλίες κρατών μελών του ΟΗΕ, όπως έχει συμβεί και κατά την τελευταία δεκαετία. Ειδικότερα, οι εξελίξεις σχετικά με καθεστώς της κάνναβης και της κόκας θα συνεχίσουν να απασχολούν τις χώρες μέλη του ΟΗΕ. Εκφράζεται έντονη αμφιβολία, από πολλούς πολίτες, επιστήμονες και επαγγελματίες στο πεδίο των ναρκωτικών ανά τον κόσμο, αν και κατά πόσο η συμπερίληψη της κάνναβης στις διεθνείς συμβάσεις ήταν μια σωστή απόφαση. Στη Λατινική Αμερική η αμφιβολία αφορά κυρίως την παραδοσιακή χρήση των φύλλων της κόκας. Η περίπτωση της Βολιβίας είναι χαρακτηριστική για το ζήτημα του φυτού της κόκας. Ο πρόεδρος της Βολιβίας, επεσήμανε ότι η συμπερίληψη του φύλλου της κόκας στην ενιαία σύμβαση του 1961 ήταν «ένα σημαντικό ιστορικό λάθος». Η Βολιβία πρότεινε και κατοχύρωσε στη δική της νομοθεσία τη νόμιμη καλλιέργεια της κόκας για παραδοσιακή χρήση δηλώντας επιφύλαξη για τις παραγράφους της ενιαίας σύμβασης του 1961 που αναφέρονται στην κατάργηση της μασήματος των φύλλων της κόκας.

Στην περίπτωση της κάνναβης, ένας αυξανόμενος αριθμός χωρών νομιμοποιεί την παραγωγή και χρήση κάνναβης για ιατρικούς σκοπούς. Οι διεθνείς συμβάσεις επιτρέπουν υπό ορισμένες συνθήκες αυτή τη ρύθμιση. Ωστόσο, οι περισσότερες χώρες τα τελευταία 60 χρόνια δεν επέτρεψαν, στην πράξη, τη ρύθμιση της κάνναβης για ιατρικούς σκοπούς. Η νομιμοποίηση της κάνναβης για ιατρική χρήση είναι εξέλιξη που δείχνει μια θετική εκτίμηση της κάνναβης ως φυτού με θεραπευτικά αποτελέσματα. Η κάνναβη για βιομηχανικούς σκοπούς επιτρέπεται. Σημαντικό είναι και το φαινόμενο της νομοθετικής ρύθμισης για την παραγωγή κάνναβης για ψυχαγωγική χρήση, πράγμα το οποίο είναι αντίθετο προς τις διεθνείς συμβάσεις. Η ρύθμιση της κάνναβης και για τις τρεις κατηγορίες (βιομηχανική, ιατρική και ψυχαγωγική) στην Ουρουγουάη καθώς και σε σημαντικό αριθμό πολιτειών των ΗΠΑ και πρόσφατα στον Καναδά είναι μια τάση που δείχνει ότι αρκετές χώρες παίρνουν αποστάσεις από τις διατάξεις των συμβάσεων και κάνουν αλλαγές στη νομοθεσία τους με την υποστήριξη των πολιτών τους. Δεδομένου ότι η κάνναβη είναι η πλέον χρησιμοποιούμενη ελεγχόμενη ουσία παγκοσμίως και οι απόψεις σχετικά με την επικινδυνότητα της είναι ποικίλες, είναι αναγκαίο τα επόμενα χρόνια να εξεταστεί ο τρόπος με τον οποίο η διεθνής κοινότητα πρέπει να ανταποκριθεί στην αυξανόμενη τάση για αλλαγή του καθεστώτος της κάνναβης. Ο Παγκόσμιος Οργανισμός Υγείας θα αξιολογήσει προσεχώς την κάνναβη. Η σύσκεψη της Επιτροπής Εμπειρογνομημόνων του Παγκόσμιου Οργανισμού Υγείας για την Εξάρτηση από τα Ναρκωτικά (ECDD) που θα πραγματοποιηθεί τον Μάιο του 2018 θα είναι αφιερωμένη στη διεξαγωγή προκαταρκτικών αξιολογήσεων της κάνναβης. Ανάμεσα στις προτάσεις που υποστηρίζονται υπάρχει και η πρόταση για ειδική διεθνή συνθήκη για την κάνναβη παρόμοια με τη Σύμβαση πλαίσιο για τον έλεγχο του καπνού (FCTC) του Παγκόσμιου Οργανισμού Υγείας.

Ένας από τους κύριους λόγους για την αλλαγή του καθεστώτος της κάνναβης είναι η εκτεταμένη παράνομη καλλιέργεια και η εμπλοκή του οργανωμένου εγκλήματος στη διακίνηση κάνναβης για ψυχαγωγικούς σκοπούς. Τοπικοί παράγοντες όπως δήμαρχοι, τοπική αστυνομία και τοπικές κοινότητες βλέπουν το αδιέξοδο των σημερινών μέτρων και αναζητούν διαφορετικές μεθόδους για την αντιμετώπιση του προβλήματος.

Στον τομέα μείωσης της βλάβης είναι για την πλειονότητα των χωρών ανά τον κόσμο αποδεκτή η φιλοσοφία, τα προγράμματα και οι πρακτικές μείωσης της βλάβης. Τόσο τοπικοί, εθνικοί και διεθνείς φορείς οι οποίοι ήταν στο παρελθόν αντίθετοι αποδέχονται τη μείωση της βλάβης παράλληλα με τα άλλα προγράμματα θεραπείας της εξάρτησης από τα ναρκωτικά. Η τάση που επικρατεί εστιάζεται στην αποδοχή της πολυμορφίας στην προσέγγιση της χρήσης και της εξάρτησης από ναρκωτικές και ψυχοτρόπες ουσίες. Οι προκλήσεις του καιρού μας με την εμφάνιση νέων ψυχοδραστικών ουσιών, η επιρροή του διαδικτύου και των μέσων κοινωνικής δικτύωσης θα επηρεάσει ουσιαστικά την προσέγγιση του φαινομένου των ναρκωτικών. Σίγουρα θα κερδίσει έδαφος η αρχή της προσέγγισης «εκ των κάτω προς τα άνω» αντί της «εκ των άνω προς τα κάτω» και για τα θέματα της αντιμετώπισης των ναρκωτικών και ψυχοτρόπων ουσιών. Αυτό σημαίνει ότι θα αυξηθούν οι πρωτοβουλίες των τοπικών κοινοτήτων, των Δήμων και των Περιφερειών. Η πρόκληση για τις χώρες μέλη του ΟΗΕ και των διεθνών οργανισμών είναι σαφής. Θα πρέπει να ακουστεί η φωνή της κοινωνίας στη διαμόρφωση των μελλοντικών πολιτικών και στο πεδίο των ναρκωτικών και ψυχοτρόπων ουσιών. Το τελικό έγγραφο της Ειδικής Γενικής Συνέλευσης του ΟΗΕ για τα ναρκωτικά μπορεί να αποτελέσει ένα καλό πλαίσιο καθοδήγησης των χωρών του ΟΗΕ να διαμορφώσουν τις πολιτικές για τις ναρκωτικές και ψυχοτρόπες ουσίες στη βάση της συνεργασίας με όλους τους εμπλεκόμενους φορείς και στην εφαρμογή του κοινού τους κειμένου «Η κοινή μας δέσμευση για την αποτελεσματική αντιμετώπιση και του παγκόσμιου προβλήματος των ναρκωτικών».

*Θανάσης Αποστόλου,  
Διευθυντής της Εταιρείας Διογένης,  
Διάλογος Πολιτικής για τα Ναρκωτικά*

Φεβρουάριος 2018



# Chapter 1

## The need to reform drug policies

Drug policies and their implementation during the last fifty years are increasingly criticized for their punitive character and their ineffectiveness. At all levels and in all regions of the world, a lively debate is taking place about reform of the current policy. The practice of treatment of drug users and drug dependence and the policy to combat drug production and trafficking is changing. Although there is not yet consensus about the proposals for change, in several countries of the world alternative measures to imprisonment are already implemented and at the local level law enforcement agencies and social and public Health services are cooperating and develop initiatives for a more humane and effective practices.

The debate on reform of the current drug policies has been significantly intensified after a study by the United Nations Office on Drugs and Crime which has been published on the occasion of the 100 years anniversary of the implementation of the international drug control system.<sup>1</sup>

The study provided information and data that the UN member states could use for the evaluation of the political declaration adopted by the General Assembly Special Session on Drugs (UNGASS), which has been held in New York in 1998. The slogan that was adopted at the UNGASS 1998 was: “A drug free world. We can make it.”

### **An overview of the development of the International Drug Control System**

During centuries of human history psychoactive substances were used for medical and recreational purposes in all parts of the world. Their use was largely controlled by religious and social norms.<sup>2</sup>

The period of colonisation of several parts of the world and the geopolitical and trade interests at the time influenced essentially production and use of mainly opium. China and other countries in South East Asia were most affected by imports and domestic production of opium. The 19th century opium epidemic in these countries and in particular in China and the expansion in consumption and addiction of opium in several countries in the world was the reason for the international community to take measures in order to protect the health of citizens and reduce production and trafficking of drugs.

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1. 100 years of Drug Control: [http://www.unodc.org/documents/data-and-analysis/Studies/100\\_Years\\_of\\_Drug\\_Control.pdf](http://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf) – <https://www.unodc.org/unodc/en/about-unodc/speeches/2008-03-10.html>.
  2. [https://www.unodc.org/documents/data-and-analysis/Studies/100\\_Years\\_of\\_Drug\\_Control.pdf](https://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf), p. 16.

From the beginning of the 20th century the international community had continuously adjusted the legal frame of the drug control system taking into account the social, geopolitical and economic developments and interests of the time. Important milestones in the development of the legal framework of the international agreements on drugs were: a) The Hague International opium Convention of 1912, b) The Convention of 1925 which brought cannabis, besides opium and Cocaine, for the first time under international control c) The 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs d) The 1936 Convention for the Suppression of the Illicit Traffic in Dangerous Drugs, which was the first treaty that explicitly focussed on drug trafficking and made certain drug offenses international crimes. e) The 1948 Synthetic Narcotics Protocol. f) The 1953 Opium Protocol Limiting and Regulating the Cultivation of the Poppy Plant. With this protocol only seven countries – Bulgaria, Greece, India, Iran, Turkey, the USSR and Yugoslavia – were authorized to produce opium for export.<sup>3</sup>

### **The Single Convention on Narcotic Drugs, 1961**

The number of International agreements on narcotic drugs had, beginning of the 1960s, considerably increased. There were nine international legal agreements and not all countries had signed and ratified all these agreements. Several provisions were overlapping and countries felt the need to codify them in a single Convention. After 13 years of negotiations, the Single convention was adopted in 1961 and entered into force on 13 December 1964.<sup>4</sup>

The 1961 convention article 49 §1e and 49 §2e define that Coca leaf chewing must be abolished within 25 years from the coming into force of the single convention and 49 §1f that the use of cannabis for other than medical and scientific purposes must be discontinued as soon as possible but in any case within 25 years.

### **The single convention amended, 1972**

In the 1960s there was an increase of recreational drug use and illegal production and trafficking of especially cannabis and heroin. Beginning of the 1970s USA president Nixon declared the “war on Drugs”. The USA proposed to convene a conference to agree on strengthening and intensifying efforts to fight the illegal traffic in drugs, prevent the use of drugs, and deal with the consequences of problematic drug use. In March 1972 a conference was convened in Geneva to amend the 1961 Single Convention. A protocol consisting of 22 amendments to the Single Drug Convention was adopted. Most of the states that had signed and ratified the Single Convention have signed and ratified also this protocol.

After the 1961 single convention a series of international agreements, strategies and political declarations followed. The most important were:

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3. Idem, p. 59-60.

4. Idem, p. 60.



- *The 1971 Convention on Psychotropic Substances*
- *The 1981 International Drug Abuse Control Strategy*
- *The 1987 Declaration of the International Conference on Drug Abuse and Illicit Trafficking and Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control and*
- *The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic substances of 1988.*

### **The Convention on Psychotropic Substances, 1971**

The Convention on Psychotropic substances of 1971 was necessary because of the increasing use of amphetamines in Japan and later in the Scandinavian countries, the UK and the USA. Also the use and cultural influence of psychedelic drugs was a reason to negotiate a new convention in order to control these substances.

### **The 1987 international conference on Drug Abuse and Illicit Trafficking and the UN Convention against illicit traffic in Narcotic drugs and Psychotropic Substances 1988**

The 1981 strategy and the 1987 international conference on Drug Abuse and Illicit Trafficking and Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control, were reaffirming the political will to take vigorous action against drug abuse and trafficking. In reality, however, the increase of production, trafficking and use was not changing. The situation was summarized as follows: *“The upsurge of drug addiction since the 1960s represents a previously unknown phenomenon, at least as far as its dimensions are concerned. Addiction has spread over the entire planet, sparing almost no nation, no social class and no age, regardless of sex and race. The damage caused to the physical psychological and social health of individuals and of communities has made drug addiction a public hazard on the world scale. Addiction has become a matter of serious concern to many Governments, for it affects public and social health and economic resources...”*<sup>5</sup>

In commemoration of the outcome the international conference on Drug Abuse and Illicit Trafficking of 1987 the General Assembly of the UN decided by resolution A/ERS/42/112, 93rd plenary meeting December 1987 “to observe 26 June each year as the International Day against Drug Abuse and Illicit Trafficking.”<sup>6</sup>

The conference on Drug Abuse and Illicit trafficking was followed by a request of the UN General Assembly to the Commission on Narcotic drugs “to initiate, as a matter of priority, the preparation of a draft convention against illicit traffic in

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5. [https://www.unodc.org/documents/data-and-analysis/Studies/100\\_Years\\_of\\_Drug\\_Control.pdf](https://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf), p. 66.

6. Resolution A/RES/42/112, 93rd plenary meeting December 1987 <http://www.un.org/documents/ga/res/42/a42r112.htm>.

narcotic drugs and psychoactive substances” In December 1988, the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was adopted in Vienna.

Article 3, §2 of this convention defines that, “each party shall adopt such measures as may be necessary to establish as a criminal offense under its domestic law, when committed intentionally, the possession, purchase or cultivation of narcotic drugs or psychotropic substances for personal consumption contrary to the provisions of the 1961 convention the 1961 Convention as amended or the 1971 Convention”. The convention provides also possibilities for alternatives to conviction. Article 3 §4c defines that “in appropriate cases of minor nature, the parties may provide as alternatives to conviction or punishment, measures such as education, rehabilitation or social reintegration, as well as, when the offender is drug abuser, treatment and aftercare”. Several countries made a reservation to this article and it is up to now a controversial issue. Another article of this convention that created misunderstanding because of its contradictory provisions is art. 14 §2. It defines on the one hand “that each party shall take appropriate measures to prevent cultivation of and to eradicate plants containing narcotic or psychotropic substances such as opium poppy, coca bush and cannabis plants” and on the other hand states that “the adopted measures shall respect fundamental human rights and shall take due account of traditional licit uses, where there is historic evidence of such use, as well as the protection of the environment”.

### **The twentieth special session of the General assembly 1998**

The implementation of the 1988 convention resulted in dismantling some of the large drug networks, but production and trafficking of drugs was not reduced to a level, which was intended by the convention. Also the use and dependence from drugs remained at a high level. The political situation of the 1990's with the end of the cold war, the open borders, the free trade, the internet and globalisation influenced also drug policy. The traditional division between producing and consuming countries became irrelevant due to increase of drug use in the developing countries and the production of Amphetamine- type stimulants and synthetic drugs in the developed countries. The UN General Assembly adopted in its 51st session (1996-1997) the resolution A/RES/51/64 pointing out that “despite increased efforts by States and relevant international organizations, there is a global expansion of illicit demand for, production of and trafficking in narcotic drugs and psychotropic substances, including synthetic and designer drugs, which threatens the health, safety and well-being of millions of persons, in particular young people, in all countries, as well as the political and socio-economic systems and the stability, national security and sovereignty of an increasing number of States”. The Assembly decided “to convene a special session in order to consider the fight against the illicit production, sale, demand, traffic and distribution of narcotic drugs and psychotropic substances and related activities and to propose

new strategies, methods, practical activities and specific measures to strengthen international cooperation in addressing the problem of illicit drugs;<sup>7</sup>

The special session took place from 8-10 June 1998, and adopted the political declaration on countering the world Drug Problem.<sup>8</sup> This Special Session adopted also the declaration on the Guiding Principles of Drug Demand Reduction and action plans on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development, against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and their Precursors, the promotion of Judicial co-operation and countering Money Laundering.<sup>9</sup>

The ambitions of this special session were very high. The General Secretary Kofi Annan made reference to the drastic proliferation of drugs over the previous 30 years and expressed his hope that the states commit themselves “to make real progress towards eliminating drug crops by the year 2008.” In his statements he also pointed out “that this session will go down in history as the time the international community found common ground to take on this task in earnest... When historians study the work of humankind in the field of drug control, they will write about the next few days as the point where this trend was reversed.” The message of this UNGASS was “A drug free world, we can do it.” The idea was to follow strictly the agreements made and the states had to report on the progress made every two years starting by 2011. The evaluation was a self-evaluation of the member states and referred to the process and not the results of the efforts made. The UNODC study about the 100 years of drug control states that an “outcomes evaluation” which was proposed but rejected would be problematic because for the majority of the countries, the baseline data were not available in 1998. “The political Declaration”, however, according to the UNODC study, “proved to be a valuable tool as it encouraged a number of countries to renew their efforts in the area of drug control and strengthened international cooperation.”<sup>10</sup>

## Recognition of the negative aspects of the Drug Control System

The progress of the drug control system from 1909 to 2008, as reflected in the UNODC report, showed that the international community had managed to create a control system that has been accepted and applied in almost all countries of the world. The use of opium had reduced compared to the numbers of opium users in China and South-East Asia in the 19th century, the production of opium was reduced in the countries of South East Asia but a rapid expansion of opium production occurred in Afghanistan. Several new synthetic drugs, (both Amphetamine-Type

7. Resolution General Assembly [www.un.org/documents/ga/res/51/ares51-64.htm](http://www.un.org/documents/ga/res/51/ares51-64.htm).

8. [https://www.unodc.org/documents/commissions/CND/Political\\_Declaration/Political\\_Declaration\\_1998/1998-Political-Declaration\\_A-RES-S-20-2.pdf](https://www.unodc.org/documents/commissions/CND/Political_Declaration/Political_Declaration_1998/1998-Political-Declaration_A-RES-S-20-2.pdf).

9. [http://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/S-20/14\(SUPP\)](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/S-20/14(SUPP)).

10. [https://www.unodc.org/documents/data-and-analysis/Studies/100\\_Years\\_of\\_Drug\\_Control.pdf](https://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf), p. 72.

Stimulants (ATS) and New Psychoactive Substances (NPS) are now on the drugs market, which did not exist a century ago; their use is widespread. Cannabis- the most widely consumed substance - and cocaine use are also higher than they were 100 years ago. The picture of the drug situation in the world after 10 years of the UN Assembly Special Session 1998 was in blatant contrast with the ambition of a “drug free world”. The study noted moreover that the current drug control system had also a number of unintended negative consequences.

The most important negative aspect is the creation of a “lucrative and violent black market” of illicit drugs that is controlled and managed by a powerful circuit of criminal organisations.

The second negative point is what the study calls “policy displacement”. The fight against the drugs black market and sanctions of punishment and imprisonment as a means to discourage and prevent drug use was a priority. This choice required resources. The consequence was a large spending of public funds for police and the prison system. Allocating resources to address the problem of dependence, prevention and treatment programs and access to health services lagged behind compared to the repressive measures.

The Third “unintended consequence” is geo-graphical displacement. This is often called the balloon effect because squeezing (by tighter controls) one place produces a swelling (namely an increase) in another place...” The result is not a real reduction of production but a change of location.

The fourth point relates to the phenomenon of Substance displacement, for example: when the use of one drug weakens on the market, suppliers and users move on to another substance (from heroin to cocaine, or more generally, from drugs to alcohol).

The fifth negative point is the effect of the criminal justice system interventions affecting mainly people of vulnerable populations and resulting in further marginalization and shrinkage of services for treatment and social reintegration.

The executive director of UNODC in his report to the 51st Commission on Narcotic Drugs in 2008, “Making drug control ‘fit for purpose’: Building on the UNGASS decade” summarizes as follows the perception that exists in the media and the public about the effectiveness of the current drug control system:

“What many people see is:

- *too much crime;*
- *too big a criminal market;*
- *too many people in prison;*
- *too few people in treatment;*
- *too many resources in enforcement;*

- *too few resources in prevention, treatment, rehabilitation and harm reduction;*
- *too little machinery for international cooperation to reduce the demand for illicit drugs and mitigate their negative consequences;*
- *too little appreciation of the fact that the drug economy flourishes where governments are negligent or their control inadequate;*
- *too much emphasis on illicit crop destruction, and too few resources for development assistance to farmers*.<sup>11</sup>

These findings were not new. Scientists and other professionals in the field of drugs had often published about them. The reference of the UNODC report was actually confirming the views of scientists, researchers, practitioners and NGOs that the current drug control system needs to be adapted to the new realities. One of the main changes that needs to be introduced is the different approach to drug users and drug dependent people. They must not be considered criminals, but as people who have the same rights as other citizens to health and treatment.

In the paper “Making drug control ‘fit for purpose’” the UNODC director made a proposal for the way forward. He stressed that three things are important to be done in view of the drug policy of the following decade:

- *First the member states have to reaffirm the basic principles of the drug control system;*
- *secondly improve the performance of the drug control system; and*
- *thirdly face the unintended consequences, contain them and then undo them.*

He was optimistic that this plan could be a success. “There is indeed a spirit of reform in the air to make the conventions fit for purpose and adapt them to a reality on the ground that is considerably different from the time they were drafted”. “The objectives of the drug conventions have not yet been achieved, but the multilateral machinery is there to achieve them”.<sup>12</sup>

### **The 2009 political declaration**

The international discussion that followed showed that the majority of UN member states are not yet willing to make big changes to the current system. In the political declaration of 2009 is nothing that points to a spirit of reform. The member states “*Assert that the world drug problem is most effectively addressed in a multilateral setting and that the three international drug control conventions and other relevant international instruments remain the cornerstone of the international drug control system, and urge all Member States that have not yet done so to consider taking measures to ratify or accede to those instruments*” The

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11. <https://www.unodc.org/unodc/en/about-unodc/speeches/2008-03-10.html>, p. 12.

12. <https://www.unodc.org/unodc/en/about-unodc/speeches/2008-03-10.html>, p. 13.

declaration insisted also on the slogan of “a drug free world” and avoided to use the term “harm reduction.”<sup>13</sup>

The 2019 High Level Meeting that will evaluate the political declaration is an important moment for the recommendations and decisions regarding the commitment of the member states to work on the priority of “public health and respect for human rights”. In the paragraph “The UNGASS outcome document and the High level meeting in 2019” (Chapter 6) we will discuss this in more detail.

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13. Political declaration and plan of action on International Cooperation towards an Integrated and balanced Strategy to Counter the World Drug Problem. [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_52/Political-Declaration2009\\_V0984963\\_E.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009_V0984963_E.pdf).

# Chapter 2

## Signs of a policy shift

### **The mid-term review of the political declaration 2009**

In the five years that followed, the debate on the transition to a new model of policy on drugs has been more intense on the National, Regional and International level despite the Political declaration 2009. The outcomes of research, the reports and the declarations which have been submitted by organisations and agencies during the preparation of the High Level Meeting in 2014 formed the basis for further discussion and new actions. At the level of the United Nations the influence of the movement to change the current system is reflected in documents issued by the UN Office on Drugs and Crime as a contribution to the mid-term review of the political declaration of 2009 which took place in March 2014

### **Focus on public health**

The Director of the UN Office on Drugs and Crime referring to the issue of future challenges for drug policy, points out that Imprisonment of people for drug use increases their vulnerability to drug-use disorders and numerous health conditions, including HIV, tuberculosis and viral hepatitis. A public health response to the drug problem should consider alternatives to criminalization and incarceration of people with drug-use disorders.<sup>1</sup> In the same document the UNODC director urges member states “to take concrete steps to take a balanced approach between supply and demand reduction strategies by redistributing the resources allocated to drug control policies, giving more attention to public health, drug abuse prevention, treatment of drug-use disorders and access to controlled medicines for medical and scientific purposes”. “While Member States have been adopting resolutions calling for a balanced approach to demand reduction and supply reduction, the figures show clearly that the implementation of the drug conventions has been uneven and imbalanced. Evidence-based prevention, as well as treatment, risk and harm reduction and social rehabilitation and social integration programmes, should be expanded”

Another important document that has been submitted by the UNODC to the fifty –seventh session of the Commission on Narcotic drugs (CND) in 2014, as

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1. *Contribution of the Executive Director of the United Nations Office on Drugs and Crime to the high-level review of the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, to be conducted by the Commission on Narcotic Drugs in 2014 (point 52.d p. 16) <https://www.unodc.org/documents/hlr/V1388514e.pdf>.*

contribution to the deliberations on the mid-term review of the political declaration of 2009 and in view of the special session of the General Assembly on the world drug problem to be held in 2016 is the paper “*Drug policy provisions from the international drug control Conventions*”.<sup>2</sup> The paper is an attempt to point out that the approach adopted by the three Drug Control conventions is health-centred, aiming to protect public health. The paper recognizes that “several countries have indeed used imprisonment and severe punishment as sanctions for the violation of some provisions of the Conventions. Many of them have even included severe punishment and sanctions for the possession of small quantities of controlled drugs for personal use, contributing to the popular discourse of equating drug control with a purely “repressive regime” and the limitation to medical and scientific use with “prohibition”. The paper argues that “this is not the vision of the Conventions, which aim at protecting public health, providing a legislative and normative framework that addresses the use of controlled narcotic drugs and psychotropic substances within qualified clinical interventions”.

In nine paragraphs the paper answers the following questions: I. Do the drug Conventions commit governments to implement a prohibitionist regime? II. Do the Conventions hinder the availability of controlled drugs for medical purposes? III. Do the Conventions treat drug users as criminals who require punishment? IV. Do the Conventions support unqualified interventions for prevention of drug use and treatment of drug dependence? V. Do the Conventions support compulsory treatment? VI. Are the Conventions against harm reduction strategies? VII. Are the Conventions against the use of controlled narcotic drugs in the treatment of drug dependence? VIII. Are the Conventions against human rights? IX. Do the Conventions support the death penalty for drug related crimes? All these questions are answered in the negative.

“The Conventions repeatedly call” according to the UNODC paper “for social cohesion and the reintegration of drug users, and do not treat illicit drug users and dependent individuals as criminals to be marginalized. The Conventions offer the opportunity for rehabilitation and reintegration into society, not reflecting a punitive attitude. This framework serves to commit States Parties to focus on social reintegration of illicit drug users, and the treaties recognize that the people affected by drugs, in particular drug dependent patients, do not need punishment, but social protection, health care and community solidarity”. (p. 6)

“Therefore”, continues the text “the Conventions do not absolutely require the punishment of possession, purchase or cultivation for personal use. That is why, under the Conventions, depenalisation of possession, purchase or cultivation of controlled drugs for personal use is possible, under specific circumstances. It should be noted that de-penalisation does not equal decriminalization: drug possession for personal use remains illegal (a punishable offence), but the action

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2. *Drug policy provisions from the international drug control Conventions* [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_57/E-CN7-2014-CRP05\\_V1400819\\_E.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_57/E-CN7-2014-CRP05_V1400819_E.pdf).



taken in response to this offence does not necessarily lead to punishment. In fact, a more effective alternative to punishment can be social protection and detoxification services, health care, treatment of dependence and reintegration into society.” (p. 7)

On the issue of harm reduction, the text points out that “The Conventions are not against harm reduction strategies when harm reduction is not carried out in isolation or as an alternative to demand reduction. At the time the Conventions were drafted, measures to prevent the health and social consequences of drug use and dependence were not as developed as in more recent decades. Thus, the 1961 and the 1971 Conventions only mention “treatment, education, aftercare, rehabilitation or social reintegration’ and “in 2009, Member States unanimously supported the view that protecting the health of drug users and offering first line social assistance, especially when the patient is not motivated to participate in treatment interventions or has relapsed to drugs after treatment, is an essential commitment for each Member State.

In the paragraph about human rights is, among other, stated that Concerning the consequences of implementing a drug control system, the 1961 Convention provides for the possibility of not to punishing drug users who are in possession of drugs for personal use. In practice, this means moving the institutional response to this vulnerable population from the criminal justice system to the health care system. Nothing in the Conventions provides a justification for punishment or other actions directly contrary to human rights, such as torture, humiliation during treatment and coercion, which in some cases have been applied by some Member States in name of drug control. This approach flies in the face of the provisions of the Conventions and misinterprets their object and purpose. The right to be treated for drug use disorders, without stigma and discrimination is the same as the right to be treated for any other chronic disease in the health care system. This has been recently underlined by the UNODC-WHO Programme for Drug Dependence Treatment and Care. (p. 14)

These two documents deserve proper attention of Member States, especially those states that are of the opinion that the international conventions do not allow provisions for decriminalisation, harm reduction, the right to treatment and other than the current drug policy responses. Those who find it necessary to modernize the drug control system may use these texts as support for drug policy reform proposals and drug law reform in their countries.

### **Human rights and drug policy**

The issue of human rights as a basic pillar of drug policy was not self understood before 2008. It took a lot of discussion in the UN Commission on Narcotic Drugs to decide whether or not human rights had to be considered an issue that had to play a role in shaping drug policy; Some countries were opposing to the idea of human rights as an essential component of drug policy and have questioned the competence of the Commission on Narcotic Drugs to deal with this issue.

In 2008, Uruguay took the initiative -supported by Bolivia, Argentina and Switzerland- to submit a draft resolution entitled “Proper integration of the United Nations human rights system with international drug control policy”. The reactions varied mainly from countries that do not have good record on respecting human rights. During the deliberations in the Commission on Narcotic Drugs (CND) the text of the draft resolution has been changed almost entirely, from the title up to all considerations. The title was finally formulated as “Strengthening cooperation between the UNODC and other UN bodies, including the human rights agencies in accordance with Article 2 of the 1998 UNGASS Political Declaration”<sup>3</sup>.

Despite the difficulties, the acceptance of this resolution by the Commission on Narcotic Drugs was a historic event, because for the first time since the establishment of the Commission on Narcotic Drugs (1946) the issue of human rights has been discussed in and adopted by the Commission. Just the fact itself that the Commission on Narcotic Drugs dealt with human rights 62 years after its establishment is indicative for the negative climate that has prevailed all these years, with regard to this issue.

The resolution adopted by the Commission on Narcotic Drugs was the beginning of an in-depth study of the issues where the current international drug control system should take into account the human rights principles as agreed by the international community. Organisations as Human Rights Watch, Harm Reduction International and other organizations and agencies recorded in detail and thoroughly items concerning violations of human rights by the implementation of drug policies.

### **Right to Treatment**

In international conventions and in constitutions of the individual states the right of every person to have access to medical care is safeguarded. In the case of drug dependent people, however, this right is violated in many countries of the world. Violations of human rights take place often on the pre-supposition that the drug dependent people can stop using, but they do not have the motivation and the perseverance to do so. In many cases, the legislator is of the opinion that drug dependent people should be forced to detoxification and compulsory treatment. Such practices have been implemented and are still applicable in countries where the healthcare system does not provide opportunities to drug dependent people to have access to health services. Studies have also shown that no matter how strong the motivation and the will of a drug dependent person, the treatment of addiction has more chances of success when the person has access to treatment programs, substitution and harm reduction services. Moreover it has been proven that drug dependence is a condition in which users often relapse, even the drug users who

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3. *Resolution 51/12 Strengthening cooperation between the United Nations Office on Drugs and Crime and other United Nations entities for the promotion of human rights in the implementation of the international drug control treaties* [https://www.unodc.org/documents/commissions/CND/Drug\\_Resolutions/2000-2009/2008/CND\\_Res-2008-12e.pdf](https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2000-2009/2008/CND_Res-2008-12e.pdf).

participate in treatment programs and are committed to their treatment. For many people there are, additionally, biological and psychological reasons where the power and the will to overcome addiction is not enough. It is just like people, who suffer from depression and cannot overcome their condition with only the power of their will, but need medications, therapy, or a combination of both.

### **HIV/AIDS and drug policy**

Since the '90s with the spread of HIV/AIDS, syringe distribution programs have been developed to prevent the transmission of HIV or hepatitis C through sharing needles by intravenous drug users. In some countries supervised sites for drug use have been created to avoid dangerous use, prevent overdoses and provide medical care to drug dependent people.

Based on survey data, there is evidence, that the treatment of drug users in all these forms leads- in addition to the improvement of their health- also to significant savings. The comparison of the costs between law enforcement repression and incarceration of drug users, with the costs for health care of HIV, hepatitis C and other health problems associated with drugs, shows that the costs of the repressive measures is multiple in comparison to a therapeutic approach.

The success of harm reduction programmes specifically in addressing the spread of HIV, but also the improvement of the living conditions of dependent individuals in the major cities, has been recognized by institutions of the international community. The Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment for the 10th session of the Human Rights Council stated that "from a human rights perspective, drug dependence should be treated like any other health-care condition. Denial of medical treatment and/or absence of access to medical care in custodial situations may constitute cruel, inhuman or degrading treatment or punishment and is therefore prohibited under international human rights law."<sup>4</sup>

In the annual report of the International Narcotics Control Board (INCB) of 2003 is stated that "The Board maintains the position expressed by it already in 1987 that Governments need to adopt measures that may decrease the sharing of hypodermic needles among injecting drug abusers in order to limit the spread of HIV/AIDS. Furthermore, the International Narcotics Control Board stresses "the implementation of drug substitution and maintenance treatment as one of the forms of medical treatment of drug addicts (...) does not constitute any breach of treaty provisions, whatever substance may be used for such treatment in line with established national sound medical practice"<sup>5</sup>

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4. <http://www2.ohchr.org/english/bodies/hrcouncil/docs/10session/A.HRC.10.44AEV.pdf>  
Pa-ra. 71.

5. <http://www2.ohchr.org/english/bodies/hrcouncil/docs/10session/A.HRC.10.44AEV.pdf>  
Pa-ra. 71.

It is particularly interesting to see how in a decade and under the pressure of the spread of HIV/AIDS, positions and practices have been adopted that up to the period of beginning the 90s were absolutely rejected.

### **Law enforcement and drug policy**

Proposals to reform the current system of drug control are not expressed exclusively by organisations that provide health services to drugs users and advocate for human rights, but also by law enforcement and in particular the police. At times criticism has been expressed on the current drug control system, mainly by people who no longer had an active position in the police, judicial authorities or customs. Frustrated by the ineffectiveness of their interventions in the area of prosecution, punishment or impunity of smugglers, they support a profound change of the system.

### **The Frankfurt resolution**

In major European cities, drug use in conjunction with the general social climate of protest and experimenting youth in the 60s and 70s was addressed by the authorities with repressive measures. There were exceptions, as the characteristic example of the Netherlands, where policies have been applied which approached the drug user not as a violator of the law, but as a person at risk of harming its own health, eventually becoming dependent on drugs and consequently have negative consequences for his/her social wellbeing. The fact that the repressive measures were not effective, forced the law enforcement authorities to seek other responses. Unfortunately it lasted decades to convince the authorities that the punishment, outcry and disapproval of users were leading to a deadlock.<sup>6</sup>

In 1990, police representatives from several European countries, worked together to draw the text known as the “Frankfurt Resolution”, which underlines the need for policy change from repression to co-operation of all relevant local actors to effectively tackle the drug problem. Since then, a European conference of the Association of European Cities for drug policies (ECDP) is held annually in different cities. Over twenty cities from eight European countries have joined the network of “European cities for drug policy” and adopted the “Frankfurt Resolution.”

### **The Rio Declaration**

After the Frankfurt resolution several initiatives were taken by active police officers who suggested new ways of dealing with drugs, seek cooperation with service providers in the field of prevention, social rehabilitation and propose a new approach of drug users. In September 2011 gathered in Rio a number of professionals of law enforcement and public safety from seventeen countries\* (Germany, Argentina, Australia, Brazil, Chile, Colombia, El Salvador, United States, Guatemala, The Netherlands, Mexico, Nicaragua, Peru, Portugal, United Kingdom, Switzerland and Uruguay), to evaluate the effectiveness of actions in the field of law enforcement and

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6. The Frankfurt resolution, [www.diogenis.info/en/library/european-union](http://www.diogenis.info/en/library/european-union).

the trade and use of illegal drugs. In a joint declaration (Rio Declaration) they express their concerns about the results that have been achieved in the past decades. They note that their efforts have resulted in a vicious circle of actions that do not seem to be an effective response to the phenomenon of drug trafficking and organized criminality. “We are concerned”, states the declaration, “about the very few results that have been achieved in so many years of battle, as we seem to be stuck in a vicious cycle. We are even more concerned about a number of negative consequences for which we have paid a high price in resources and lives. We reaffirm the continued need for tough enforcement against organized crime, money laundering and corruption, but we are no longer satisfied with the ‘War on Drugs’ doctrine. We are looking for other, more effective and more constructive approaches”<sup>7</sup>.

The Rio Declaration is important because it reflects the desire of the police to respond effectively to criminality associated with drugs. The desperate situation in the favelas of Rio with intense armed violence, economic and social disparities and the absence of security of the citizens is the reason for seeking new ways of addressing the problem. To this end, the police officers ask in their declaration for the cooperation with all social actors and the providers of services for drug users. “Not everything is the responsibility of the police”, they say, “all parties involved have to work together”. The declaration urges to consider and apply alternative practices that are proven effective. As such practices they mention the decriminalization of drugs in Portugal, the Netherlands and Uruguay, the sale of marihuana in several US states, the harm reduction policies and therapeutic models that are applied in Switzerland, the Netherlands, Germany, the United-Kingdom, Canada, Australia, and the multidisciplinary rehabilitation programs where police cooperate with institutions of civil society in the neighbourhoods and the problematic areas of the cities. The declaration concludes with optimism, emphasizing that it is possible to overcome the adverse consequences of the drug control system. This needs a realistic approach. “We share a realistic optimism that it is possible to overcome the harm and damage created by the so-called ‘War on Drugs’. Instead of fighting tooth and nail for the fantasy of a drug free world, we want to achieve more objective goals to reduce the harmful consequences of drug use, both for individuals and society as a whole”. The declaration ends with the call of the colleagues working in the field of law enforcement and public safety to commit to promote closer cooperation with other social actors for more effective action.

### **The Centre for Law Enforcement and Public Health (CLEPH) the Law Enforcement and HIV Network (LEAN) and the International Conference on Law enforcement and Public Health (LEPH)**

Important initiatives in the field of law enforcement and co-operation with public health are currently active to promote worldwide collaboration between Law

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7. <http://www2.ohchr.org/english/bodies/hrcouncil/docs/10session/A.HRC.10.44AEV.pdf>  
Pa-ra. 71.

enforcement and public health, the academic community and practitioners in the field.

The Centre for Law Enforcement and Public Health (CLEPH) plays a central role in this. “The hallmark of CLEPH’s program is partnership with law enforcement, and its emphasis is on the translation of research and knowledge into action and practice”. “It was established by a group of interested and expert individuals for the purpose of pursuing projects and advancing knowledge in the joint fields of policing and other law enforcement and the many aspects of public health. . . . Recognising that the social and structural determinants of health operate at every level, the focus of CLEPH’s vision ranges from the very local to the global. In collaboration with others around the world, CLEPH is building capacity, interest and activities across the whole range of investigation and influence: research, teaching, advocacy, networking (including peer support and education), and engagement with and law enforcement”.

The Law Enforcement And HIV Network is an initiative of police officers aiming to connecting people involved in HIV prevention, particularly those working in law enforcement and public health. LEAHN aims to help build sustainable global and local partnerships to work more effectively with vulnerable groups. While main focus is on preventing HIV, it is acknowledged that the role of police in public health is much broader and can be extended to include substance abuse, mental health, family violence and other. The network provides the opportunity to share best practice, success stories and case studies aimed at raising awareness of the role of police in HIV prevention and harm reduction.

The Centre for Law Enforcement and Public Health and the Law enforcement And HIV Network, work closely together in the biennial International Conference on Law enforcement and Public Health (LEPH). The Conference (LEPH2012) was held in Melbourne, Australia, the second and third in Amsterdam, The Netherlands (LEPH2014 and LEPH2016), the 4th Conference (LEPH2018) will be held in Toronto (Canada.). The aim of the Conferences is to help build sustainable global and local partnerships to work more effectively with vulnerable groups. LEPH2018 will help promote healthy lives and well-being leading to peaceful and inclusive societies by an integrated approach of law enforcement and public health” (SDG 3) and will help build police-public health partnerships that are effective, accountable and inclusive” (SDG 16). The conference will pay much attention to the issue of marginalisation.

“Marginalisation is the enemy of security and health. Too often around the world, police have been agents of marginalisation. Inclusive policing works to overcome marginalisation, by according equal or greater attention and support to populations at increased risk because they are excluded and have unequal access to justice. LEPH2018 aspires to continue to contribute to the achievement of the Sustainable Development Goals (SDGs) to overcome marginalisation. Better partnerships between police and public health will contribute to the achievement of the Sustainable Development Goals.”<sup>8</sup>

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8. <https://leph2018toronto.com>.

## Economic and Social development and the cultivation, trade and use of opium, coca leaf and cannabis

One of the areas with which the international community has constantly struggled is the fight against the illegal cultivation of the opium poppy, the coca bush and the cannabis plants. There are also signs of policy shift in this area, by supporting programs that guarantee the development of viable economic alternatives.

The limitation of drugs to medical and scientific use defined in the Single Convention of Narcotic Drugs, 1961, was accompanied by the call for international cooperation and for effective measures against illegal production, trafficking and possession. Article 22 “Special provision applicable for cultivation” defines that “cultivation of opium poppy, the coca bush or the cannabis plants is prohibited and that “a party prohibiting cultivation of the opium poppy or the cannabis plant shall take appropriate measures to seize any plants illicitly cultivated and to destroy them, except for small quantities required by the party for scientific or research purposes.” Article 33 “Possession of drugs” defines that :the parties shall not permit the possession of drugs except under legal authority of drugs.” Art 36: Penal provisions, defines that any action which in the opinion of the party may be contrary to the provisions of this Convention, shall be punishable offences when committed intentionally, and that serious offences shall be liable to punishment particularly by imprisonment or other penalties of deprivation of liberty”. Paragraph b. of the same article states that “when abusers of drugs have committed such offenses, the Parties may provide, either as an alternative to conviction and punishment or in addition to conviction or punishment, that such abusers shall undergo measures of treatment, education after-care, rehabilitation and social reintegration...”<sup>9</sup>

Article 49 of the Convention defines that quasi-medical use of opium must be abolished within 15 years from the coming into force of the single Convention (in 1979), the coca leaf chewing must be abolished within 25 years (in 1989) and cannabis must be discontinued as soon as possible but in any case within 25 years ( in 1989). This ambitious goals were not achieved either in 1979 for the opium or in 1989 for the coca leaf and Cannabis. In the mean time during the ‘70s illicit production of these substances continued to rise rapidly. The UN General Assembly at its 36th session, 1981, adopted the international Drug Abuse Control Strategy, which was designed and launched as a comprehensive strategy, focusing on international cooperation to combat drug trafficking and to control precursors. The Assembly stated that “considering that the scourge of drug abuse continuous to spread and has reached epidemic proportions in many parts of the world... it is necessary to adopt scientific, technical and political measures commensurate with the gravity of the problem”<sup>10</sup>

9. [https://www.unodc.org/documents/commissions/CND/Int\\_Drug\\_Control\\_Conventions/Ebook/The\\_International\\_Drug\\_Control\\_Conventions\\_E.pdf](https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_E.pdf), Single convention on Narcotic Drugs of 1961 as am amended by the 1972 Protocol p. 5-48.

10. International Drug Abuse control Strategy <http://www.un.org/documents/ga/res/36/a36r168.htm>.

The 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances states that “the parties may co-operate to increase effectiveness of eradication efforts. Such co-operation may *inter alia*, include support, when appropriate, for integrated rural development leading to economically viable alternatives to illicit cultivation. Factors such as access to markets, the availability of resources and prevailing socio-economic conditions should be taken into account before such rural development programmes are implemented”.<sup>11</sup>

The eradication of illicit drugs remains an issue of concern. After the recognition of the poor results of the efforts undertaken since the Single Convention on Narcotic Drugs in 1961 a more “balanced approach” has been adopted in UN policy papers. The United Nations have undertaken several initiatives to meet the goals of eradication of illicit substances. At the UNGASS 1998 the ambitious “Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development” was adopted. Alternative development was defined “as a process to prevent and eliminate the illicit cultivation of plants containing narcotic drugs and psychotropic substances through specifically designed rural development measures in the context of sustained national economic growth and sustainable development”.<sup>12</sup>

In 2013 the General Assembly adopted resolution 68/196 with Guiding principles on Alternative development encouraging Member States, international organizations, international financial institutions, entities and other relevant stakeholders to take into account the United Nations Guiding Principles on Alternative Development when designing and implementing alternative development programmes.<sup>13</sup>

The wording used in UN documents starting by “crop substitution” (in the ‘70s), followed by “integrated rural development” (in the ‘80s) and subsequently “alternative development”, “preventive alternative development” (in the ‘90s) to “sustainable livelihoods” and “integration of drug control into national development plans” are an illustration of the complexity of the issue. The Commission on Narcotic Drugs has just added new methods and approaches to this subject without rejecting any of the previous notions. It is a challenge for the forthcoming discussions whether the current drug control system can serve as a good framework for the discussion about illegal cultivation and production of narcotics and psychoactive substances.

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11. [https://www.unodc.org/documents/commissions/CND/Int\\_Drug\\_Control\\_Conventions/Ebook/The\\_International\\_Drug\\_Control\\_Conventions\\_E.pdf](https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_E.pdf), Convention against illicit traffic in Narcotic Drugs and Psychoactive Substances art.14,2 and 3 p. 109.

12. <https://www.unodc.org/documents/alternative-development/UNGASSActionPlanAD.pdf> (preamble).

13. Resolution 68/196. United Nations Guiding Principles on Alternative Development (2013) [https://www.unodc.org/documents/commissions/CND/Drug\\_Resolutions/2010-2019/2013/A\\_RES\\_68\\_196.pdf](https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2013/A_RES_68_196.pdf).



# Chapter 3

## The UNGASS 2016, background, aims and expectations

### The competent UN bodies and the UNGASS

The idea to hold a special Session of the General Assembly on drug dates from 2009. In that year the General Assembly adopted resolution 64/182 which recommends that the General Assembly holds a special session to address the world drug problem;<sup>1</sup>

In 2009 at the high-level segment of the fifty second session of the Commission on Narcotic drugs the Political Declaration and Plan of Action on “International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem”, was adopted. The Political declaration of 2009 was adopted by the CND after an extensive discussion about the use of the term Harm Reduction in the declaration. In the end the words harm reduction were not accepted. The alternative was the sentence “care and related support services”.<sup>2</sup>

Twenty eight (28) States have submitted at the end of this CND session a statement in which they explicitly declared that they will read the sentence “care and related support services” as “harm reduction services“. They pointed out that many states, international organizations and NGOs call these services “harm reduction services“. These different approaches were signs of a growing disagreement among states that were proposing the maintenance of the current drug policy and those that pursue policy innovation. The resolution 64/182 of the UN General Assembly can be seen as an intervention that expresses the concern that not only the CND, but all the UN states in a special UN General Assembly have to discuss un depth the future developments of the drug control system.

In resolution 67/193 in the General Assembly 2013 described more precise the aim of the General Assembly Special Session. “The special session of the General Assembly will review the progress in the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, including an assessment of the achievements and challenges in countering the world drug problem, within the frame-work of the three international drug control conventions and other relevant United Nations instruments.”<sup>3</sup>

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1. International cooperation against the world drug problem [https://www.unodc.org/documents/drug-prevention-and-treatment/UNGA\\_RES\\_64-182\\_2009.pdf](https://www.unodc.org/documents/drug-prevention-and-treatment/UNGA_RES_64-182_2009.pdf).
  2. [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_52/Political-Declaration2009\\_V0984963\\_E.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009_V0984963_E.pdf).
  3. <http://undocs.org/A/RES/67/193>.

The resolution 69/200 of the General Assembly of 2014 was explicit about the character and the content of the upcoming UNGASS. The resolution reaffirmed that the General Assembly “at its special session on the world drug problem in 2016, will address substantive issues on the basis of the principle of common and shared responsibility and in full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights, and in particular with respect for the sovereignty and territorial integrity of all rights and mutual respect among States”. It is striking that this resolution did not refer at this point to the three international drug conventions, but limited itself to the charter of the UN, international law and the universal declaration of human rights.<sup>4</sup>

The resolutions of the General Assembly seemed to be more open and expressed the willingness to engage in an open, transparent and forward-looking discussion. The speeches of the UN Deputy Secretary General made at the CND High Level Meeting in March 2014 and at the meeting of the establishment of the Civil Society Task Force (CSTF) stressed the need for an open and comprehensive debate. “We must listen carefully to each other and engage in debates. There are different perspectives on the road and challenges ahead of us”, stated UN Deputy Secretary General at the CSTF meeting. “We must acknowledge“, he said, “that the drug trade poses threats to peace and security nationally and internationally. Nationally, criminal networks are a threat to societies, feed corruption. They are a source of funding for non-state armed groups, fuelling violence and instability, and hindering respect for human rights... The drug problem also encompasses human tragedies. The first words of the UN Charter “we the people” remind us that we must support people to live in dignity. Discrimination, stigma, debilitating effects of long prison sentences for minor offences... We must ensure access to controlled substances for pain relief; we must promote HIV prevention services and we must protect young people, prevent use without criminalising them. At international level, the UN requires a balance for drug control, and we recognise the role the conventions play. We can build a multi-sectoral approach based on partnership and cooperation. This includes civil society and the scientific community”.

Reflecting on the wording used in all these resolutions we can say that the United Nations bodies and in particular, the CND and the General Assembly make real efforts to reconcile views about the objectives of the UNGASS 2016 and its function in the framework of the discussions about the current drug control system. They are referring to each other’s resolutions but at the same time maintain their positions where the CND is cautious and does not dare to distance itself from the traditional terminology that is used so far. The CND is beginning to recognize that there are challenges to be faced but is reserved to explicit identify them. Harm reduction is not mentioned, the decriminalization of the users and the application of practices as the supervised consumption sites are avoided carefully. The developments on the issue of Cannabis that are taking place worldwide and are implemented in practice, are excluded from the debate.

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4. [https://www.unodc.org/documents/ungass2016/Background/A\\_RES\\_69\\_200.pdf](https://www.unodc.org/documents/ungass2016/Background/A_RES_69_200.pdf).

## **Socio-political developments and the UNGASS**

Besides the debates on the UN level, the need to convene a General Assembly Special Session on drugs was broadly recognized and supported by several political and social actors. The changing social environment, the observation that the international and national measures to adequately address the drug phenomenon, did not lead to positive results, but on the contrary resulted to negative consequences, led several countries to advocate for the UNGASS.

### **The Latin American Commission on Drugs and democracy**

The most outspoken countries advocating for change were countries of the Latin American region. They are undoubtedly those who have suffered most of the negative effects of the drug policy imposed by US President Nixon in the 1970s through the “war on drugs” program. Colombia, Brazil and Mexico were the initiators of a movement that challenged the traditional ways of addressing the drug problem and launched a debate on alternative policies. The former presidents Fernando Henrique Cardoso (Brazil), César Gaviria (Colombia) and Ernesto Zedillo (Mexico) established the Latin American Commission on Drugs and democracy in 2009 and published the statement “Drugs and Democracy: Toward a Paradigm Shift”. The commission was aiming to “Break the silence and open up the debate”. Acknowledging the insufficient results of current policies and, without dismissing the immense efforts undertaken in the past, the commission launched a broad debate about alternative strategies. About the involvement of civil society the commission pointed out that “it is high time to involve in this discussion sectors of society that so far have remained at a distance from the drug problem under the assumption that its solution is a matter for public authorities.”<sup>5</sup>

### **The Global Commission on Drug policy**

In 2011 the Global Commission on Drug policy was established building on the successful experience of the Latin American Commission on Drugs and Democracy. The presidents Cardoso of Brazil, Gaviria of Colombia and Zedillo of Mexico became members of this new commission that consist of more former presidents, ministers, and persons from different disciplines. The Global commission issued in 2011 a report with the aim to bring to the international level an informed, science-based discussion about humane and effective ways to reduce the harm caused by drugs to people and societies.

### **The reports of the Organization of American States (OAS)**

The Organization of American States (OAS) published in 2013 a report about the future of drug policy. The OAS had asked for this report in preparation of a debate among the American States about the results and the alarming effects of current

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5. [http://www.globalcommissionondrugs.org/wp-content/uploads/2016/06/drugs-and-democracy\\_book\\_EN.pdf](http://www.globalcommissionondrugs.org/wp-content/uploads/2016/06/drugs-and-democracy_book_EN.pdf).

drugs policy and the exploration of new approaches for an effective response to the drugs problem. Many heads of state of Latin America had raised concerns about the negative impact of the current policy, the ongoing violence in their countries, with many victims, corruption and the prevalence of organized crime. These factors are inhibitory to the development of their countries, contributing to instability, fuelling corruption and adversely affect the welfare of their citizens. The report, consisted of two parts: the Analytical Report, and the Scenarios Report. The first report made an analysis of the effects, weaknesses and challenges of policies on drug control in the region. It referred to current trends, practices and policies. The second report contained a description of alternative scenarios that could be followed in the future referring to the pros and cons of each scenario as well as of the expected results.

These studies in the America's were part of a boarder movement where several states have passed laws regulating cannabis and introducing new treatment methods and harm reduction programmes and services.

### **Several USA States legalise cannabis**

In the United States of America a growing number of States took legislative measures for production and availability of cannabis for medical and recreational purposes. The use of both recreational and medicinal marijuana had been entirely legalized in the US states of Alaska, Colorado, Oregon, and Washington. Cannabis was entirely legalized in Uruguay. There was a large number of countries that did not legalize but had decriminalised cannabis for medical and recreational use.<sup>6</sup>

### **Good practices of harm reduction**

European Countries had challenged already in the '70s several aspects of the drug control system with the Netherlands and Switzerland as the most outspoken examples. The distinction between soft and hard drugs, the decriminalization of the use and the possession of drugs for personal use, substitution treatment, access to syringes and other harm reduction services were in the course of time introduced with positive results. In 2001 Portugal adopted a drug law that- although had maintained the status of illegality for using or possessing any drug for personal use- changed the offence from a criminal, to an administrative offence. This decriminalization measure had positive effects and is still broadly discussed as a good practice. In the last decade, several countries in Europe introduced legislation that permits cultivation and availability of medicinal cannabis. The international treaties permit cultivation and availability of cannabis for medical purposes under state control and under certain conditions. Here we see the effect of the practical implementation of the drug control treaties that in the past 60 years have been dominated by bans, where even permitted uses of cannabis and implementation of harm reduction programmes were considered illegal. A worldwide survey of

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6. For an overview of the legality of cannabis by country see: [https://en.wikipedia.org/wiki/Legality\\_of\\_cannabis\\_by\\_country](https://en.wikipedia.org/wiki/Legality_of_cannabis_by_country).

the regulations about cannabis shows that most of the countries are looking for solutions while the competent international bodies are mostly reacting negatively, but without any practical effect. In many European countries, new ways of dealing with users are being implemented such as supervised drug consumption sites and heroin assisted treatment. In Australia and New Zealand are similar developments as in Europe and the Americas.

### **Several states insist on repressive measures**

The states in the Middle East, the Persian Gulf, Central, West and South East Asia, and Africa are confronted with increasing drug use. There are NGO initiatives especially in the field of harm reduction that introduce new methods of treatment and challenge the existing drug policies. The national policies however of criminalization of drug use in these regions of the world remain. These policies are to a certain extent reflected in the international debate as it is conducted in international fora such as the CND. Countries from these regions find it difficult to accept the abolition of the death penalty for drug related offenses and are reluctant to introduce new methods of treatment and harm reduction. The increasing number of NGOs in these regions does tremendous good work in a rather unfavourable environment.

### **The contribution of civil society: NGOs and scientific community**

The civil society contribution to the debate is of great importance. Their contribution is qualitatively good and there is more and more recognition of their role by the vast majority of the UN member States. This recognition is officially expressed in documents of the Commission on Narcotic Drugs and is confirmed in large number of joint activities on the national, regional and international level. The contribution of NGOs is more pronounced and to the point. They find that the current drug control conventions need to be changed and adjusted to the most recent scientific insights, be evidence based and reflect the realities of everyday life. Research institutes and NGOs have published a series of research reports and policy papers in the past years. In addition, reports about the effect of innovative projects carried out by NGOs are recognized as valuable contribution to policy innovation. At the UN level the two recognized committees of NGOs, the Vienna NGO Committee (VNGOC) and the New York NGO Committee (NYNGOC) have worked together in the Civil Society Task Force (CSTF). The CSTF “was designed to ensure a balanced and inclusive civil society engagement and coordination in the preparatory process of the United Nations General Assembly Special Session (UNGASS) on the world drug problem in 2016”.<sup>7</sup>

The Civil society Task Force launched at the end of March 2015 a global survey to measure the level of awareness, knowledge and interest of civil society to actively

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7. <https://www.unodc.org/unodc/en/ngos/DCN13-civil-society-engages-in-ungass-2016-preparatory-process.html>.

participate at regional and global level in the preparatory process of the UNGASS 2016. The results of the survey provided an overview of the work of NGOs active in the drug field, areas of expertise, key priorities and concerns that had to be addressed at the UNGASS. The survey has been used for the recommendations of the CSTF of the “Zero Draft” of the Outcome Document for the UNGASS 2016. International, regional and national NGOs have organised regional and national dialogues, participated at the debates of the 58th CND in 2015 and followed the debates at the intercessional meetings. Several NGOs reacted on the “Zero draft” that has been released in January 2016 and asked for the continuation of the involvement of NGOs in the discussions that will lead the final outcome document.<sup>8</sup>

### **The preparations of the UNGASS: “An adequate, inclusive and effective preparatory process”**

The 57th CND (2014) agreed to establish “an adequate, inclusive and effective preparatory process”. The outcome of the ministerial statement 2009 was the result of discussions about the achievements and the challenges and priorities for the next four years. There was a general debate on the progress and challenges in implementing the political declaration and plan of action and round table discussions on the three pillars of the Plan of Action. The involvement of civil society was adequate. There was a reporting of the outcome of the Youth Forum and the scientific forum and the briefing of the Civil Society Hearing and the Scientific Consultation. The preparations for the 57th CND and this structured discussion of the general debate, the round tables, the Civil society hearing and the scientific consultation, during the session of the 57th CND was considered a positive process to come to conclusions.

The preparations for the UNGASS would follow a similar process. There would be several intercessional meetings, consultations, hearings, special events, written contributions of UN agencies, of the member states, intergovernmental organisations Non-Governmental Organisations (NGOs) and the Scientific Community. A website on the UNGASS was set up to “facilitate a global dialogue in an inclusive and transparent manner and function as a resource tool for the UNGASS preparations. All interested stakeholders could send contributions for posting on the UNGASS website and all relevant material in relation to the preparatory process (presentations, etc.) were posted on the UNGASS website.

Resolution 57/5 of 2014 was, in the process towards the UNGASS, an important document that resolved several of the disputes up to that moment. The CND underlined in this resolution the importance of the special session of the General Assembly as a milestone on the way to 2019. The CND was recognised as the leading body for the preparation of the special session, in order to ensure an adequate, inclusive and effective preparatory process. The UNODC would provide substantive expertise and technical support to the preparatory process

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8. <http://idpc.net/publications/2016/02/negotiating-the-ungass-outcome-document-challenges-and-the-way-forward>.

for the special session of the General Assembly and the Secretariat would prepare a report for consideration by the Commission before or at its reconvened fifty-seventh session, containing recommendations on the preparations for the possible outcomes of and organisational matters relating to that special session.<sup>9</sup>

The CND has decided to task to a Board the preparations for the special session. The Board would participate in the meetings of the extended bureau of the fifty-eight and fifty-ninth sessions of the CND and would assist the CND and the Chairs of the respective sessions in fulfilling their mandate in accordance with Commission resolution 57/5 of 21 March 2014. In that framework, where the CND would play a central role, the substantial preparations have started.

### **The scope of the UNGASS**

A first draft about the scope of the UNGASS and the provisional agenda was presented on 4 September 2014. The proposed approach follows the scope defined in resolution 67/193 of the General Assembly. The proposal reflects also the call made during the panel discussion at the 57th CND to “take a practical approach, strengthening the operational and global implementation of existing policy documents, making full use of available tools and sharing evidence and expertise that exists at the national and regional level” while also “taking into account current realities”.

The provisional agenda proposed 5 main workshops on the topics (1) drugs and health (2) Drugs and crime (3) Drugs and human rights (4) Drugs and development 5) drugs and science and technology (6) drugs and Youth. The issues for consideration per topic were also described.

The Chair of the CND submitted on 12 November 2014 a revised version of the proposals regarding the 2016 UNGASS. The adoption of that revised version was the basis for the process of the preparations. The decision was: a. To hold a High Level General Debate (Plenary) to assess achievements and challenges in addressing the world drug problem at the national, regional and global levels and discuss ways towards strengthening the operational implementation of the 2009 Political Declaration and Plan of Action b. to Hold the following workshops (1)“Drugs and health,” (2)“Drugs and Crime,” (3) “Drugs and human rights, youth, women, children and communities,” (4)“Cross-cutting issues: new challenges, threats and realities” and (5) “Alternative Development.”

### **Member states, UN entities, intergovernmental organizations and Non-governmental organizations would discuss these topics and report to the CND.**

These topics have been extensively discussed at all levels. Member states submitted written position papers at the 58th session of the CND in 2015 as well as during

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9. [https://www.unodc.org/documents/ungass2016/Background/CND\\_Res\\_57\\_5.pdf](https://www.unodc.org/documents/ungass2016/Background/CND_Res_57_5.pdf).

intersessional meetings and at the High-level Thematic Debate in support of the process towards the 2016 UNGASS on 7 May 2015. A substantive and inclusive debate has taken place. Also representatives from the scientific community, intergovernmental and regional organizations, UN agencies and NGOs reacted. After the 58th CND in March 2015, States agreed to approve a brief, substantive, concise and action-oriented UNGASS document.

All countries recognized that the UNGASS was an opportunity for an honest and sincere assessment of progress and setbacks, successes and failures, challenges and obstacles. Although there was a call for openness most of the countries felt the need to declare that the three UN Drug Control conventions, that provide the international legal framework for addressing the drugs phenomenon, are the cornerstone of the global response to the world drug problem. Many countries pointed out that besides the three UN conventions, the Universal Declaration on Human rights and the need to “implement drug control policy consistent with the core UN mandates of peace, security, human rights and development” are important. Several Latin American countries, civil society initiatives and NGOs were, however, willing to see the UNGASS as an opportunity for a broad debate without restrictions, a debate that may include even the possibility of revising the three UN Conventions on narcotics Drugs. Open debate without restrictions is the only way to set up a more humane and effective drug policy that will lead to the correction of the current “unintended consequences” of the system such as violence, corruption, money laundering, human rights violations and organised criminality. There was further a growing consensus that Drug policy must focus on public health and not on repression and punishment. Decriminalization of the users was gaining ground despite opposition of a small number of countries and NGOs.

To get an idea of the contributions to the workshops topics we list per topic some characteristic recommendations that have been proposed by member states, intergovernmental organizations and NGOs. We focus mainly on the contribution of the EU, the USA and the Civil Society Task Force.

## 1. Drugs and health

1. Dependant drug users should be first and foremost considered as people in need of attention, care and treatment to improve their health condition and social integration, tackling marginalization and stigmatization. (EU) <sup>10</sup>
2. Consider policy alternatives that go beyond the extremes of tough prohibition or complete legalisation. This includes developing alternatives to incarceration for drug offences and decriminalising drug use and possession of small amounts of drugs for personal use. [EU Civil Society Forum (CSF)]<sup>11</sup>

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10. <http://idpc.net/publications/2015/07/idpc-recommendations-for-the-zero-draft-of-the-ungass-outcome-document>.

11. [https://www.unodc.org/documents/ungass2016/Contributions/Civil/Civil\\_Society\\_Forum\\_on\\_Drugs/Zero-draft\\_CSF-recommendations.pdf](https://www.unodc.org/documents/ungass2016/Contributions/Civil/Civil_Society_Forum_on_Drugs/Zero-draft_CSF-recommendations.pdf).



3. Declare that people who use drugs should receive support, treatment and protection, rather than be punished. (USA)<sup>12</sup>
4. National drug strategies should guarantee wide and non-discriminatory access to prevention, early intervention, risk and harm reduction, diagnosis, treatment and care, rehabilitation, social reintegration and recovery (including housing and employment support), services relating notably to blood-borne diseases associated with drug use, but not limited to HIV and viral hepatitis for drug users. (EU)
5. Highlight the need to invest in comprehensive evidence-based demand reduction initiatives, including education, screening, behavioural and medication-assisted treatment, scientific research for effective treatment as well as overdose prevention programs with recovery as a goal. (EU)
6. The availability and coverage of risk and harm reduction measures should be widely increased, due to its prominent role in minimising health and social consequences of drug use and in preventing and reducing drug-related deaths and notably blood-borne diseases. (EU)
7. Access to different treatment options, such as opioid substitution treatment, should be expanded, given that available scientific evidence strongly supports their efficiency. Research in the field of drug treatments should be encouraged and promoted. (EU)
8. Access to and availability of controlled medicines should be improved, while unnecessary obstacles to access to essential medicines should be avoided. (EU)
9. The need to scale up access to controlled medicines for the relief of pain and for opioid dependence treatment in more than 83% of the world, must be central to any serious multilateral discussion of the world drug problem. Countries' failure to ensure access to controlled essential medicines for severe pain, palliative care, and dependence treatment, is a violation of their citizens' rights to the highest attainable standard of physical and mental health. The UNGASS on the World Drug Problem will be a pivotal moment to address this "other", largely unrecognised world drug problem of lack of access to opioid analgesics for medical and scientific purposes. (CSTF)<sup>13</sup>
10. The international scheduling of substances at the CND should prioritise scientific evidence provided by the WHO recommendations, in order to ensure that scheduling decisions do not undermine public health objectives. (EU)
11. Access to drug treatment services and other health care measures in prisons needs to be substantially improved, guaranteeing drug users during imprisonment

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12. [http://fileserv.idpc.net/library/Zero-Draft\\_USA-contribution.PDF](http://fileserv.idpc.net/library/Zero-Draft_USA-contribution.PDF).

13. <http://nyngoc.org/wp-content/uploads/2015/10/Civil-Society-Task-Force-Recommendations-for-Zero-Draft.pdf>.

- and after release continuity of treatment, with the aim of achieving a quality of care equivalent to that provided in the community. (EU)
12. Harm reduction is a key priority for the majority of civil society organisations working in the field of drugs. Harm reduction services should be widely available and freely accessible to all people who use drugs, regardless of nationality, race/ethnicity, age, gender, class, or any other demographic characteristic. Sterile syringes and injecting paraphernalia should be available to all people who use drugs, including incarcerated persons. (Civil Society Task Force/CSTF)
  13. Call upon member states to adopt and implement the global substance abuse treatment standards and credentialing of treatment professionals established by the International Society for Substance Use Prevention and Treatment Professionals in 2015. (USA)
  14. Recognize substance use disorders as a medical condition that can be prevented, treated and from which one can recover. (USA)
  15. Call upon member states to reinforce the human rights and public health dimensions when addressing the world drug problem and adopt measures to reach an effective balance between supply and demand reduction by redistributing the resources allocated for domestic drug control policies and international co-operation giving more to public health. (Switzerland)
  16. Governments and UN agencies (in particular UNODC) should be encouraged to examine the proportional resources going to prevention, harm reduction and treatment responses to the drug issues in the context of and in comparison with expenditure on supply reduction measures. (CSTF)

## **2. Drugs and Crime/responses to drugs related crime;**

1. Encourage law enforcement authorities to work in partnership with public health institutions to achieve better community safety as well as health outcomes; (EU)
2. Adopt preventive measures to help address the vulnerabilities that drive, enable and perpetuate organized crime. (EU)
3. Raise awareness and strengthen the technical capacity of judges, public prosecutors and law enforcement officials in the field of drugs, as well as create, strengthen or develop the mechanisms for the identification, tracing, freezing, seizure and confiscation of financial assets, property, equipment or other instrumentalities obtained through or derived from drug trafficking and related crimes. (EU)
4. Criminal justice policies should be designed and implemented with the aim of improving the health and safety of individuals while preventing and reducing violence and other harmful consequences to communities. Accordingly, law enforcement institutions should coordinate with public health and social services

agencies. Criminal justice tools should adhere to the principle of proportionality and include a full spectrum of responses including imprisonment as well as alternatives to incarceration. (USA)

5. Invite Member States to consider reviewing- their drug sentencing policies and practices to facilitate collaboration between justice and public health authorities in the development and implementation of initiatives that utilize alternative measures to conviction for drug-related offenses of a minor nature. (USA)
6. Further encourage the launching of pilot programs, research initiatives, and exchange of information on best practices in order to accelerate criminal justice reforms under the framework of the drug conventions. (USA)
7. Develop opportunities to showcase and promote community policing and a culture of lawfulness to reduce crime and violence while drawing on member states experience in Addressing drug related organisations, particularly gangs. (USA)
8. Build on the lessons learned and seek to increase efforts to promote judicial cooperation, enhance mutual legal assistance target trafficking at sea and counter money laundering. (USA)

### **3. Drugs and Human Rights, Youth, Women, Children and communities**

1. States Parties should consider abolishing the death penalty in all circumstances, including for Drug related offences, and implement effective drug policies based on respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights. (EU)
2. States Parties should ensure that their legal framework for drug related offences is in line with international recommendations concerning the principle of proportionality. (EU)
3. States Parties should consider developing and implementing, when appropriate, alternatives to incarceration and coercive sanctions that are applicable to persons who have committed drug related offences of a minor non-violent nature, with a view of promoting their rehabilitation and social reintegration. (EU)
4. Prevention strategies should also take into account the rights of children and young people to be protected from the dangers associated with drug use. (EU)
5. There is a need to integrate a gender perspective into drug policies, both regarding demand and supply, by ensuring that national strategies and plans promote the full participation, protection and access to treatment, harm reduction and related services for women. (EU)
6. One of the main priorities of civil society is the need to acknowledge the human rights of people who use drugs and to understand that they deserve to be treated with respect. Drug users should be entitled to programs to improve their health and wellbeing, access to their basic necessities for livelihood, fair legal trials, proportionate sentences, and freedom from torture or mistreatment. (CSTF)

7. The UNGASS should highlight issues which affect youth both directly and indirectly. Civil society is concerned about the need for children to be protected from illicit drugs, criminality and the influence of the drug market... the CND and UNGASS should consider commissioning UNODC to develop specific guidelines for responding to young people...(CSTF)
8. States Parties should share information on effective prevention, treatment and legislative responses to this threat to promote a balanced, evidence-based response. (EU)

#### 4. Alternative development

1. Regional, interregional and international co-operation on development oriented, balance drug control policy; addressing socio-economic issues. (EU)
2. Viable economic alternatives to illicit cultivation of crops in source countries should be elaborated, developed and implemented in close cooperation with local, national and international actors. (EU)
3. Drug issues being interlinked with sustainable development, a holistic approach of rural development for drug crop areas is required, that does not only seek to replace illicit drug crops, but which addresses the framework conditions that enable the emergence of illicit drug economies. (EU)

#### The “zero draft” of the outcome document

On 14 January 2016 the UNGASS board released the first “zero draft” of the outcome document. On 10 February 2016 the board came with a revised version on the “zero draft”. The Board proposed to negotiate about the text in informal meetings in Vienna and present the proposal at the 59th CND in March 2016. At the CND 59th session, the text would be finalized and would be presented to the UNGASS for the final approval. NGOs have protested heavily against this procedure pointing out that the negotiations on the text must not be limited to “informals”. “The successive drafts should be made available to all stakeholders, and the full draft should be kept open until the UNGASS segment of the 59th Session of the CND.” They also pointed out that “In addition, the option of negotiating language at the UNGASS itself should not be discounted. This is based on the principle that ‘nothing is agreed until everything is agreed’.”<sup>14</sup>

In the revised version of the “zero draft” of the outcome document several paragraphs of the text were changed, although the main unresolved issues were still missing. The phrase “harm reduction” was not in the text, the decriminalisation of the users either and the call for reform of the current system was not explicitly recognized.

The revised draft contained, however, several points that were an improvement of the “Zero draft”.

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14. <http://idpc.net/publications/2015/07/idpc-recommendations-for-the-zero-draft-of-the-ungass-outcome-document>.

The draft recognized “that human beings are to be placed at the centre of international and national drug policies, and underline the importance of upholding the law and its enforcement and the rule of law for the safety and security of individuals and societies as well as of strengthening public health responses and of respecting the human rights and fundamental freedoms of all individuals without any form of discrimination while taking into account specific needs of, women, children and young people and the need to mainstream gender and age-perspectives in all policies and programmes related to the world drug problem;”<sup>15</sup>

The draft reiterated the commitment “to actively promote the health, welfare and well-being of individuals and society, facilitate healthy life-styles and the well-being for all at all ages through national and international effective, comprehensive, scientific evidence-based demand reduction initiatives, treatment, care, recovery, rehabilitation and social reintegration measures, as well as measures aimed at preventing and minimizing the public health and social consequences of drug abuse”. Recognised “drug dependence as a treatable multifactorial mental and physical health disorder, which is to be addressed through effective scientific evidence-based drug treatment, care and rehabilitation programmes” and “the long-term value of voluntary participation and consent in treatment of persons who have developed substance use disorders”. Advocated to “Integrate into national treatment, recovery and reintegration programmes, effective measures aimed at minimizing the public health and social consequences of drug abuse, including, where appropriate and in accordance with national legislation and international standards, opioid substitution treatment, needle exchange programmes, and other interventions to contain the transmission of HIV and other blood-borne diseases associated with drug use, such as viral hepatitis, and enlarge access to such interventions, including in treatment and outreach services, prisons and other custodial settings, and promote in that regard the use, as appropriate, of the WHO, UNODC and UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users”.

The draft recommended, in detail, measures to promote and ensure the availability and affordability of and access to controlled substances for medical and scientific purposes, while preventing their diversion, abuse and trafficking. In the recommendations on drugs and human rights, youth, women, Children and communities the draft recommended, among other to “Develop gender-sensitive and age appropriate interventions targeting youth violence and urban violence, including gang-related violence, and take appropriate measures to provide for effective socio-economic development and alternative ways of life, including through vocational training and job opportunities” and to “recognise traditional practices of the plants used by indigenous people in accordance with the international drug control conventions, taking into account the United Nations Declaration on the Rights of Indigenous People”.

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15. [http://cndblog.org/wp-content/uploads/2015/03/UNGASS-draft-outcome-document\\_9-February-2016.pdf](http://cndblog.org/wp-content/uploads/2015/03/UNGASS-draft-outcome-document_9-February-2016.pdf).

In the paragraph about “new challenges, threats and realities” the draft document recommended measures about the New Psychoactive Substances (NPS), the Amphetamine Type Stimulants (ATS), precursors, Non-medical use and misuse of pharmaceuticals and the use of internet. In the same paragraph, the draft referred to “new guidelines” and “revision and updates of drug policies”. It called upon the Commission on Narcotic Drugs “to consider initiating the development of new guidelines on the various aspects of the world drug problem, and updating existing ones with a view to enhancing international cooperation and the capacity of relevant national authorities” and calls upon “The United Nations Office on Drug and Crime (UNODC), the International Narcotics Control Board (INCB) and the World Health Organisation (WHO) to provide legal advice and assistance to States, upon request, for the revision and update of their drug policies, taking into account their different national realities and needs through, among others, the promotion of exchange of information and best practices on scientific evidence based policies adopted by States”.

The closing paragraph of the draft “expressed appreciation for the important contributions received from so many stakeholders in support of the preparations for the Special Session”, reaffirmed the “determination to effectively promote a society free of drug abuse in order to ensure that all people can live in health, dignity and peace, with security and prosperity and made clear that it is determined to take all necessary steps to implement the operational recommendations, in close partnership with the United Nations and other intergovernmental organisations and civil society and to provide the Commission on Narcotic Drugs, as the policymaking body of the United Nations with prime responsibility for drug control matters, timely with information on progress made with the implementation of these recommendations in preparation for the review of the Political Declaration and Plan of Action in 2019”.

The concluding sentences of the draft outcome referred clearly to 2019 as the year of decisions. This placed the entire operation of the UNGASS in a perspective. The revised draft showed to a degree some flexibility of the board. Some member states and some organisations did not exclude that in the remaining period a more balanced and challenging text could be the outcome. The recognition of Harm reduction and decriminalisation of drug users had to be included in the text of the outcome of the UNGASS. The majority of the countries in the world has programmes and services of Harm reduction and more and more countries adopt legislation that in practice does not punish people for using and possessing drugs for personal use. It was not more than fair to include this existing reality in the outcome document of the UNGASS. At the remaining period before the Assembly in New York, the text could be slightly amended and adopted. The UNGASS in New York had not the opportunity to revise or add texts to the outcome document. The CND in Vienna concluded that the text will be adopted as it has been agreed at the 52nd CND. In the following chapter, we will describe the proceedings of the meeting of the UNGASS in April 2016.

# Chapter 4

## The UN General Assembly Special Session, New York, 19-21 April 2016

### Expectations and outcomes

The UNGASS aimed to hold an honest and sincere assessment of progress and setbacks, successes and failures, challenges and obstacles of the current drug policy. The expectation, however, that the outcome would be a brief, substantive, concise and action-oriented document has not been fulfilled. The final document - 24 pages long - clearly reflects the difficulties in finding the required consensus for a policy geared to future challenges. The fact that during the UNGASS there was not in all aspects a single and shared view among Member States even within the same geographical group of countries and even among the civil society organizations, indicates clearly that the international community is not yet able to articulate a common vision on several drug policy issues. This lack of consensus is particularly noticeable in the case of harm reduction. The way in which harm reduction is included in the document is indicative. There is no explicit reference to the term “harm reduction”. Instead, there is a description of a range of harm reduction interventions, but there is no common opinion that these interventions should be called “harm reduction”. This was -along with the fact that the abolition of the death penalty for drug related offenses was not included in the final document- one of the reasons for the discontent of civil society organisations with the outcome document.

Although the outcome document is not groundbreaking, encompasses many positive and innovative developments, which are implemented in several countries and regions in the world. This makes the document interesting and is a sign of progress in the discussion about change of several problematic aspects of the current drug policy. Signs of progress in the discussion are, among other:

- a. *The re-interpretation of the International Conventions. It is now accepted that public health and welfare is the main purpose of the international conventions on drugs.*
- b. *In various parts of the world the strict prohibitionist policies are questioned and governments introduce alternative measures. In several countries a major shift in drug policy takes place, from repression to public health and respect for human rights.*
- c. *Besides the fact that human rights conventions have influenced the overall framework of international agreements, the UNGASS 2016 was an important*

*moment of reflection on how human rights should be respected, promoted and interact with drug control policies.*

- d. *The outcome document devotes an entire chapter to the right of access to controlled drugs. Recalls that one of the main aims of the international drug conventions was to ensure the availability and access to these substances. This is not the reality today. The final document takes clear position: Countries have the obligation to ensure the accessibility of controlled medicines to patients who need them. The current situation where nearly 70% of the opioid controlled substances is available only in a minority of countries in the world must change.*
- e. *Recommendations concerning the proportionality of penalties are positive developments. The balanced approach plays an important role. Law enforcement and criminal justice are important, but public health and welfare of humankind should be the focus in the practice of the drug control system.*

This shift of focus from suppression to public health must, of course, be implemented. This is a challenge for the United Nations, transnational organizations and in particular the national governments.

### **Characteristic statements**

Before presenting the content of the final document, we refer to three characteristic statements made by three persons who represented at the UNGASS important institutions of the United Nations:

H.E. Mr. Mogens Lykketoft UNGASS President said at the opening session that the issue the UNGASS will discuss “requires a long term multidisciplinary approach”. He pointed out that “We must, also listen to civil society, parliamentarians, youth, women and affected communities... We must look at new approaches and reflect on our past policies.”

Mr. Yury Fedotov Executive Director of the United Nations Office on Drugs and Crime/UNODC said :“Global drug policy must put people first. We must emphasize the health and wellbeing of humankind, and this is what the drug control regulations are there for.”

Finally the President of the International Narcotics Control Board”/INCB Mr. Werner Sipp said “Let me stress that the conventions never called for a war on drugs... There is no treaty obligation to incarcerate for minor offences such as possession of small quantities for personal use... Inhumane punishments and treatment of users is not in line with the conventions.”

These three statements express the orientation of the outcome document where, although the framework of international agreements has not undergone any essential change, references are made to new directions and concerns. The active participation of citizens in shaping drug policy, the introduction of new methods of work, placing people at the centre of the interest of policies and taking distance from repressive practices, are promising guiding lines.



## **4.1 The positive points of the outcome document**

### **1. Definition of Drug Dependence**

A first positive point of the outcome document is the recognition that drug dependence is “a complex, multifactorial health disorder characterized by a chronic and relapsing nature with social causes and consequences that can be prevented and treated through, inter alia, effective scientific evidence based drug treatment, care and rehabilitation programmes, including community based programmes”<sup>1</sup>. This recognition is a significant development, given the fact that more than 60% of UN member states are facing drugs as a matter of criminal justice within the competence of the ministry of Justice or the Ministry of Public Order or National Security. This position of the UNGASS to approach the phenomenon of drugs as a health issue is a change with promising positive effects in the future.

### **2. Acceptance of harm reduction**

Second positive point is the growing acceptance of interventions of harm reduction. For the first time in a CND/UN document, are national authorities invited to consider including in their national policies, “effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, as well as consider ensuring access to such interventions including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the WHO, UNODC and UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and care for Injecting Drug Users”<sup>2</sup> The words “Harm reduction” have been avoided, but the content of this paragraph refers clearly to harm reduction activities, services and programmes.

### **3. The choice of treatment and the voluntary participation in treatment.**

This point states clearly that drug dependent people participate voluntary to drug treatment, and that drug treatment programs have to have their consent. “Member states must “encourage the voluntary participation of individuals with drug use disorders in treatment programmes, with informed consent, where consistent with national legislation, and develop and implement outreach programmes and

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1. <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>. Operational recommendations on demand reduction and related measures, including prevention and treatment, as well as other health-related issues, Treatment of drug use disorders, rehabilitation, recovery and social reintegration; prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases Chapter 1,i p. 6.
  2. Idem, chapter 1,o p. 7.

campaigns, involving drug users in long-term recovery, where appropriate, to prevent social marginalization and promote non-stigmatizing attitudes, as well as to encourage drug users to seek treatment and care, and take measures to facilitate access to treatment and expand capacity.”<sup>3</sup>

#### **4. Promotion and design of targeted interventions**

Treatment interventions have to take into account the specific needs of populations (e.g. gender-age). This emphasizes the integration and the participation of women at all stages of development, implementation, monitoring and evaluation of the policies, and treatment programs. The programs should also be tailored to concrete needs of children, young people and other vulnerable members of society.<sup>4</sup> Further is proposed to promote inclusion in national information policies of prevention and treatment of overdose of drugs, particularly overdoses of opioids, including the use of opioid receptor antagonists, such as naloxone in order to reduce mortality associated with drugs.<sup>5</sup>

#### **5. Availability and accessibility of controlled substances**

Third positive point is to ensure the availability and accessibility of controlled substances exclusively to medical and scientific purposes while preventing their diversion. According to a report of the World Health Organization (WHO) 83% of the world's population has inadequate access to treatment for moderate and severe pain. 50% of hospitalized cancer patients experience untreated pain the last 3 days of their life. Opioids are the cornerstone of pain management for cancer patients. Access to and availability of controlled medicines is highlighted in the final text of the UNGASS promoting global coverage and ensuring equal and adequate access to controlled medicines for all patients. A series of measures are listed in the special chapter on controlled substances: The member states reiterate their “strong commitment to improve access to controlled substances for medical and scientific purposes by appropriately addressing existing barriers in this regard, including those related to legislation, regulatory systems, health-care systems, affordability, the training of health-care professionals, education, awareness-raising, estimates, assessment and reporting, benchmarks for consumption of substances under control, and international cooperation and coordination, while concurrently preventing their diversion, abuse and trafficking.”<sup>6</sup>

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3. Idem, chapter 1, j p. 6.

4. <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>. Operational recommendations on cross-cutting issues: drugs and human rights, youth, children, women and communities, Chapter 4, g.

5. <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>. Chapter 1,m p. 7.

6. <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>. Operational recommendations on ensuring the availability of and access to controlled

## 6. Alternatives to imprisonment

Fourth positive point are several recommendations for the adoption of alternative measures to imprisonment and the proportionality of sentences. The member States reiterate their commitment to respect, protect and promote all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies, and recommend, among other, the following measures:

- a. Enhance the knowledge of policymakers and the capacity, as appropriate, of relevant national authorities on various aspects of the world drug problem in order to ensure that national drug policies, as part of a comprehensive, integrated and balanced approach, fully respect all human rights and fundamental freedoms and protect the health, safety and well-being of individuals, families, vulnerable members of society, communities and society as a whole.
- b. Ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes, including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community, and ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy.
- c. Promote effective supervision of drug treatment and rehabilitation facilities by competent domestic authorities to ensure adequate quality of drug treatment and rehabilitation services and to prevent any possible acts of cruel, inhuman or degrading treatment or punishment, in accordance with domestic legislation and applicable international law;<sup>7</sup> This chapter—as all chapters of the outcome document— includes in the recommendations the phrase “in accordance with the three United Nations, international drug control conventions.” Reference is made also to several provisions from the 1988 drug convention.

The UNGASS outcome document can be considered positive, because of its complementary references to recent developments like the above mentioned points, as well as the conventions on the rights of children, women and indigenous people.

## 7. The role of civil society and affected groups

The outcome document recognizes “that civil society, as well as the scientific community and academia, plays an important role in addressing and countering

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substances exclusively for medical and scientific purposes, while preventing their diversion Chapter 2. p. 8.

7. <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>. Operational recommendations on cross-cutting issues: drugs and human rights, youth, children, women and communities, Chapter 4,a,b,c. p. 14-16.

the world drug problem”.<sup>8</sup> Affected populations and NGOs should be enabled to play a participatory role in the formulation and implementation of policies. Civil society can provide relevant scientific evidence in support of the evaluation of drug control policies and programmes.

It also recognises the role of civil society in promoting cooperation at local, national and international level, and the exchange of experiences, know-how and best practices. It recommends meaningful participation, support and training for civil society organizations and institutions involved in health and welfare services.<sup>9</sup>

## **4.2 Missing points in the outcome document**

Several missing points in the outcome document can be considered as negative aspects of the UNGASS 2016. The international community is not yet in the position to reach consensus on issues that in practice are already implemented by a growing number of countries in the world. It is a serious shortcoming and a missed opportunity that the following issues are not included in the outcome document.

### **1. The abolition of the death penalty for drug related offenses**

Contradictory to the call of the UN Member States to respect and promote human rights oriented policies, a number of countries insist on the imposition of the death penalty for drug related offenses. The Commission on Narcotic Drugs (CND) had already –as we have indicated in chapter 2- difficulties to accept Human Rights as an essential pillar of Drug Policy. The UNGASS 2016 made the shift on this point. UN agencies, the International Drug Control Board and the vast majority of the member states have in vain argued for the abolition of the death Penalty for drug related offences. It remains a challenge for the CND to find common ground for an agreement of this very essential point.

### **2. The term “Harm reduction”**

Despite the positive reference to interventions aiming at reducing harm associated with drug use, the term “harm reduction” was avoided and is not included in the

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8. Outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem” <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>, p.4.
  9. <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>. Operational recommendations on demand reduction and related measures, including prevention and treatment, as well as other health-related issues, Treatment of drug use disorders, rehabilitation, recovery and social reintegration; prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases Chapter 1,q p. 7-8.

outcome document. The implementation of harm reduction programs is common practice in most Member States. Unfortunately, the wording “Harm Reduction” is still taboo for the UN Commission on Narcotic Drugs (CND). The CND remains the only UN body that does not accept the term, unlike other UN agencies as UNAIDS, the UN agency for International Development Cooperation (UNDP) and the World Health Organization (WHO).

### **3. The supervised drug consumption sites**

It would be consistent with the call of the outcome document that invites member states to consider “effective measures aimed at minimizing the adverse public health and social consequences of drug abuse”, to include supervised consumption sites in paragraph 1, (o). The outcome document refers explicitly to “medically assisted treatment, the injection equipment programs and interventions for prevention and treatment of overdose”. It can be argued that in this paragraph implicitly supervised drug consumption sites are included. There is indeed enough evidence that drug consumption sites, have a positive effect in preventing overdose deaths, reduce the spread of communicative diseases, reduce nuisance in neighbourhoods and public places and improve the quality of life and dignity of people who inject drugs. An explicit reference was necessary, because often, wrongly, drug consumption sites are considered to be contrary to the international drug conventions.

### **4. The decriminalisation of possession of small quantities of drugs for personal use.**

The outcome document seems to encourage the development, adoption and implementation, of alternative measures with regard to conviction or punishment. Paragraph 4,(j), of the document refers, however, several times to article 3 of the 1988 convention thus preserving the controversial character of this article. Article 3 paragraph 2 defines that each party shall “adopt such measures as may be necessary to establish a criminal offense under its domestic law, when committed intentionally, purchase or cultivation of narcotic drugs or psychoactive substances for personal consumption”. This issue is for decades now subject of discussion on the national as well as on international level. Many proposals have been done about small or threshold quantities of drug possession. There is no common agreed result of all endeavours undertaken up to now. If the possession of drugs for personal use continues to be considered a criminal act, the proposed shift in drug policy from repression to health and human rights will not be credible.

The issue of criminalisation is affecting seriously the attitude towards drug users who are considered to be subject to criminal law. The outcome document fails to offer a more favorable perspective on this point. We mentioned in the paragraph “Focus on public health” of chapter 2 the paper of UNODC “*Drug policy provisions from the international drug control Conventions*” which states that the same convention of 1988 “also indicates that States parties may provide measures for treatment, education aftercare, rehabilitation or social reintegration as an alternative to

conviction or punishment. Therefore, the Conventions do not absolutely require the punishment of possession, purchase or cultivation for personal use. That is why, under the Conventions, depenalisation of possession, purchase or cultivation of controlled drugs for personal use is possible, under specific circumstances”. This contradictory provision must be re-considered and a clear answer must be given to facilitate a consistent implementation in everyday practice.

## 5. The issue of Cannabis

The Commission on Narcotic Drugs has been silent about cannabis, during the preparations of the UNGASS. This silence is also reflected in the outcome document. No reference to an issue that is subject of broad public discussion and where several states have established practices which are not in accordance with the international drug treaties. This is an essential omission. During the preparations of the UNGASS as well as the session in New York several states have explicitly referred in their contributions and speeches as well as in side events to policy developments in their countries and their intention to change the current policy on cannabis<sup>10</sup> It is inevitable that the developments on this issue will be on the agenda of drug policy in the coming years. The reality on the ground cannot be ignored now that more and more countries regulate cannabis for medical purposes, which was allowed, but it was in very few countries a practice. Besides that, several countries and states in the USA regulated cannabis for recreational purposes.

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10. [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_59/Statements\\_15\\_March\\_AM/Canada.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/Statements_15_March_AM/Canada.pdf) and Philpott J. Statement from the Minister of Health on the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem <https://www.canada.ca/en/health-canada/news/2016/04/plenary-statement-for-the-honourable-jane-philpott-minister-of-health-ungass-on-the-world-drug-problem.html>.

## Chapter 5

### Building on the outcomes of the UNGASS 2016

The positive as well as the missing points we identified above, will be in discussion the coming years. The outcome document of the UN General Assembly Special Session on drugs contains many interesting recommendations, which must be implemented by the national states. Civil society organisations, the scientific community and in particular political actors like political parties and citizens' initiatives, including those affected by drugs have to play a decisive role, advocating and exercising pressure to their governments to implement the UNGASS 2016 recommendations and challenge them to propose solutions for the issues that are still in discussion. The result must be a drug policy and drug legislation that promotes public health and human rights, is practical and effective. Basic elements of this policy must be:

- a) *Thorough and systematic evaluation of the results achieved. What does not work must be replaced by other instruments and methods.*
- b) *take into account new scientific insights and social developments*
- c) *be prepared to adjust policies and legislation in order to respond to needs of citizens and society.*

The seven (7) paragraphs of the outcome document with operational recommendations are a good guideline for the initiatives that member states are expected to undertake in the coming period. There is, besides demand and supply reduction, alternative development and international co-operation explicit reference to new priority areas. These are the issues of availability and access to control substances; drugs and human rights, youth, children, women and communities; trends, challenges and threats, including new psychoactive substances, Internet and drugs.

The Commission on Narcotic Drugs has appointed a CND post UNAGSS facilitator<sup>1</sup> to contribute to the realisation of the commitment of the member states to implement the operational recommendations of the outcome document and to report to the CND on the progress made. All the chapters of the document have been discussed in thematic discussions organised in intersessional meetings.

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1. The facilitator for the CND post UNGASS is H.E. Ambassador Pedro Moitinho (Portugal). He is the former vice-Chair of the Board tasked by the CND with UNGASS preparations; he was involved in the negotiations on the UNGASS outcome document and chaired the round table on "Demand reduction". This organisational aspect of the work of the CND is very important and is supported by the member states of the UN.

At the discussions participated, besides the member states, UN agencies and intergovernmental organisations, also civil society organisations as observers. The civil society organisations took part at the discussions with the right to express their ideas and standpoints and inform the meetings about their experiences and programs that they are implementing.

Some points that need to be analysed and discussed more thoroughly with the aim to reach agreement.

### **a. The shift in priorities of the current drug control system from repression and punishment to public health and respect for human rights**

The policy on this issue is sufficiently formulated in UNODC and WHO documents. This priority requires specific programs in the field of public health. Its implementation needs also to be supported by secured financial resources. As it has already pointed out in 2008 by the then director of UNODC, in the period after the adoption of the Single Convention in 1961 “the funds were in many cases drawn away into public security and the law enforcement that underpins it. The consequence was that public health was displaced into the background, more honoured in lip service and rhetoric, but less in actual practice.”<sup>2</sup>

It is obvious that the approach of the drug phenomenon changes. The outcome document of the UN General Assembly Special Session (UNGASS), although does not adopt a common position on several issues, it supports dialogue to work on new approaches. The UN members have to develop initiatives for the implementation of this priority by reforming legislation, and setting up national strategies and action plans. It is not easy for the member states to distance themselves from the current system of law enforcement and punishment. But if they will not promote practical actions prioritizing public health and respect for human rights they will continue facing the same “unintended consequences” of the current system, without a perspective of a successful policy. Civil society organisations and the scientific community can support this challenge with advocacy work and proposals, reminding member states that their commitment to put people first and comply with the priority of health and wellbeing of humankind and respect for human rights, is authentic when it is implemented in every day practice.

### **b. The recognition of harm reduction programmes and practices should be enshrined in national legislation.**

The UNGASS recognizes that initiatives, which in the past have been criticized and were considered to be a violation of the international drug conventions, have become for many countries everyday practice. The paragraph on demand reduction contains -as mentioned above- almost all the harm reduction practices.

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2. “Making drug control ‘fit for purpose’: Building on the UNGASS decade” [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_51/1\\_CRPs/E-CN7-2008-CRP17\\_E.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_51/1_CRPs/E-CN7-2008-CRP17_E.pdf), p. 10.



The UNGASS calls the Member States to “examine the implementation of effective measures to minimize the adverse consequences of substance abuse, for public health and society”. Many countries have adopted harm reduction practices, but have not taken their responsibility to introduce legislation and to financially support these interventions. Usually NGOs are working systematically in this area with funds from international organizations and private grants, which do not ensure the sustainability of services. It is imperative to put pressure on governments to take their responsibility and integrate these services into the public health system. It is a matter of political will to transform the words into action.

### **c. The access to controlled substances**

The UNGASS document refers to the strong commitment of UN member states to improve access to controlled substances for medical and scientific purposes. What is at stake here is an important recognition that the current drug control system has not been implemented properly by many countries and resulted to the deprivation of almost 80% of the world population from access to opioid medications for pain relief. States must lift up restrictions on the medical use of such analgesics and at the same time prevent their diversion for illicit use. Reporting with statistical data must show that the existing restrictions have been lifted up.

### **e. The Utilization of scientific research findings.**

Evidence based policy on drugs requires the co-operation with the scientific community. The member states and the United Nations broadly recognise this. Research that takes place in various countries around the world is essential for shaping drug policies. The UN Office on Drugs and Crime took some time ago the initiative to convene an “Informal International Scientific Network” composed of scientists recommended by member states. The aim of this Network is to contribute to the scientific assessment of drug demand and supply reduction policies, drug markets and drug-related crime.<sup>3</sup>

In the paper “Dealing with the world drug problem with the help of science”, the Scientific Network points out that in the current situation “important decisions are often made with insufficient input from the scientific community” and that “Discussions and decisions are often politically and ideologically driven”. The rationale of the Network is to bridge the gap between science, policy and practices to deal with the world drug problem and to provide science based information to law makers and policy makers.<sup>4</sup>

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3. “Making drug control ‘fit for purpose’: Building on the UNGASS decade” [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_51/1\\_CRPs/ECN7-2008-CRP17\\_E.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_51/1_CRPs/ECN7-2008-CRP17_E.pdf), p. 10.

4. UNODC, Informal International Scientific Network “Dealing with the world drug problem with the help of science” [https://www.unodc.org/documents/ungass2016/CND\\_Preparations/Intersessional\\_Ocober\\_15/Scientific\\_Network.pdf](https://www.unodc.org/documents/ungass2016/CND_Preparations/Intersessional_Ocober_15/Scientific_Network.pdf).

In a statement, the informal Scientific Network summarises some essential points for an adequate drug policy. The Scientific Network can contribute to find common ground in some of the issues that member states cannot reach consensus.

*The statement of the Informal International Scientific Network to the CND*

- substance use disorders are determined by the interface of developmental, biological, neuro-psychological, social, and cultural factors
- elimination of stigma and discrimination of individuals with substance use disorders.
- criminal sanctions are not beneficial in addressing substance use disorders and discourage their use.
- collect and analyse reliable information on patterns of substance use and substance related problems
- Substance use disorders are preventable and effective prevention programs do exist.
- Effective prevention programs that should be initiated as early as possible during childhood and to implement/scale-up programs.
- Substance use disorders are treatable and should be considered as a public health issue.

### **g. Legislation on cannabis**

The issue of cannabis –as we already pointed out- is not addressed in the outcome document of the UNGASS. Since several countries, members of the United Nations, take initiatives on cannabis regulation, cannabis must be part of the agenda of the coming years. Cannabis is worldwide subject of public debate. More and more countries adopt legislation for the production and availability of cannabis for medical and scientific purposes and countries like Uruguay and several states in the USA have introduced legal provisions for cultivation and availability of cannabis for recreational use. There is a lot of experience that can be shared among the states on this issue. The annual “World Report on Drugs 2016” issued by the UN Office on Drugs and Crime, devoted, unlike the Special UN General Assembly, an entire chapter on recent developments relating to cannabis. This informative report addresses developments on legalisation as a fact that should be carefully evaluated in terms of the positive and negative impacts. At the 60th session of the CND in March 2017 several countries referred in speeches in the plenary, to cannabis policy developments and at the side events of the 60th CND session, debates and exchange of practices took place. The discussion about cannabis is not new. There is doubt about the inclusion of cannabis in the drug control system. Contrary to the single convention of 1961 most countries have prohibited cultivation of cannabis due to the provisions of the same convention that the cannabis plant for other than medical and scientific purposes had to be eliminated as soon as possible, but in any case within 25 years after the coming into force of the single convention. Several countries are now re-introducing legislation for cannabis for industrial purposes and for medical use and some also for recreational use. The detachment of the international community from the ongoing discussion about cannabis will not stop the current developments. An open dialogue can be beneficial for all parts in order to approach cannabis regulation realistically and to evaluate the models that several states are currently implementing.

## **h. Decriminalisation of drug possession for personal use**

It is generally accepted that punishment and imprisonment of users for violations of the law on drugs and specifically for possession of small quantities for personal use, does not contribute to effectively address drug use. On the contrary, punishment and imprisonment has damaging effects on individuals and society. Legislation in favour of decriminalisation will be a recognition that drug use and treatment is a health issue and not an issue of criminal justice. It will contribute greatly to combating stigma and promote education, professional progress, integration in social life and access to the labour market. Currently, many countries make major expenditures on imprisonment of drug dependent people. There are plenty of studies and research which have proven that prisons are high-risk environments for initiation into drug use or for starting to use drugs again after a period of abstinence. Relapses into drug use and fatal overdoses after release are widespread. Over-representation of drugs users in prisons is a reality worldwide, despite the resources spend in punitive measures with the aim to reduce drug use.

Article 3 paragraph 2 of the convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 is an obstacle to resolving this problem. There is, however, considerable support for decriminalisation of drug use and possession of small quantities for personal use. Recently the World Health organisation and other signatory United Nations entities made a call to all stakeholders to join them in committing to taking targeted, coordinated, time-bound, multisectoral actions. States must put in place guarantees against discrimination in law policies and regulations by reviewing and repealing punitive laws that have been proven to have negative health outcomes and that counter established public health evidence. Among these laws and regulations they include reviewing and repealing laws and regulations concerning “drug use or possession of drugs for personal use.”<sup>5</sup> It is a call that must be considered seriously by member states. They can amend their legislation and repeal this provision.

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5. <http://www.who.int/mediacentre/news/statements/2017/discrimination-in-health-care/en/>.



## Chapter 6.

### The UNGASS outcome document catalyst for change?

The text of the UNGASS is adopted unanimously. The way that this has been done in New York in April 2016 was indicative for the compromise that was reached. The General Assembly adopted without discussion, what was agreed by the Commission on Narcotic Drugs in Vienna some weeks before. From the content of the outcome document can be concluded that many issues need to be elaborated further. In many points - as we have indicated in this overview - there are recommendations with conflicting views. It is good that in the spirit of understanding and the wish to reach agreement member states made compromises. The text reflects the diversity of views and practices of member countries all over the world. Just this feature of diversity of views is the power of the document. The outcome document can be seen as an invitation to further search for the best proposals that lead to effective policies and practices. In this context, can the UNGASS outcome document function as a catalyst for renewal and modernization of Drug policy.

The choice of the central idea that health and people are the focus of drug policy should be further elaborated. All stakeholders should supplement points that are considered important and are not yet included in the text of the outcome document.

The following two Sessions of the Commission on Narcotic drugs in 2018 and 2019 and the developments of the debate on the Sustainable Development Goals must provide guidance for the next steps. The member states should continue to approach the main challenges of drug policy in openness and mutual understanding. They should make use of the experience and expertise of all stakeholders, UN agencies, intergovernmental institutions, civil society, scientific community, young people and women. All favorable conditions are there to make this process a success.

The UNGASS outcome document must remain the consensus document for the next decade up to 2030. The 60th CND in 2017 adopted resolution E/CN.7/L.9/Rev.1, stating that the member states reaffirm their commitment to implementing the 2009 political declaration and plan of action as well as the Joint ministerial statement of 2014. It is important that this resolution recognises the UNGASS 2016 as “milestone in the efforts of the international community to effectively address and counter the world drug problem”. The resolution points out also that the member states commit themselves to effectively implement the outcome document “which thus represents the most recent consensus”.<sup>1</sup>

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1. <https://documents-dds-ny.un.org/doc/UNDOC/LTD/V17/014/87/PDF/V1701487.pdf>.

In the brainstorming meetings with regional groups held in September 2017 and at the CND intersessional meeting of 17 November 2017 discussion took place about the next steps concerning the UNGASS document. Reference was made to CND resolution 60/1 where it is stated that “the 2009 Political Declaration and Plan of Action, the 2014 Joint Ministerial Statement and the 2016 UNGASS outcome document are complementary and mutually reinforcing”. The states reaffirm “the commitment to effectively implement the provisions of all three documents, recognizing that UNGASS was a milestone in the efforts of the international community to effectively address and counter the world drug problem, and represents the most recent consensus.”<sup>2</sup>

The above mentioned background paper refers also to some basic considerations, makes proposals for the preparation, the ministerial segment of the CND in 2019 and the outcome of the ministerial segment. One of the basic considerations states that that CND will “Focus on the implementation of all the commitments made including the operational recommendations contained in the UNGASS 2016 outcome document, which is recognizing the commitments made in the 2009 Political Declaration and Plan of Action and the 2014 Joint Ministerial Statement; no need to negotiate a new policy document.”<sup>3</sup>

“The 2019 review should give an overview of “where we are, why we are where we are and the road ahead. The 2019 review should identify main trends, achievements and gaps, keeping in mind the limitations in terms of financial resources” The outcome of the ministerial segment “could take the form of a chair’s summary, combined with a procedural resolution to be negotiated.”<sup>4</sup>

The proposals mentioned above sound realistic and indicate the willingness and determination of the UN member states to move forward and commit themselves to promoting more effective and humane drug policies. It has to be proven in the coming two years whether this positive attitude will become a reality. The UNGASS outcome document can work as a catalyst for change due to the focus on the seven (7) thematic areas, sharing best practices and involving besides the member states, the international and intergovernmental bodies, civil society organizations and the scientific community. Finally, we would like to underline the importance of four issues that can play a role on the way of drug policy reform.

### **Public health, the first principle of drug control**

The international community has tried to address the issue of psychotropic substances, taking into account the political, social and economic conditions prevailing in the various periods of history. The choice made during the 20th

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2. [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_60/CNDres\\_2017/Resolution\\_60\\_1\\_60CND.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_60/CNDres_2017/Resolution_60_1_60CND.pdf).

3. [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_60Reconvened/ECN72017\\_CRP9\\_V1708703.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_60Reconvened/ECN72017_CRP9_V1708703.pdf).

4. Idem.

century does not seem to have achieved its goal. The 1961 Single Convention on Narcotic Drugs begins with the phrase “we are concerned about the health and welfare of mankind.” However, the priority for health and welfare of humankind has not been the main concern of the drug control system. Public security and law enforcement took the first place. Administrative controls and penal sanctions were the provisions to prevent drugs use. The two international treaties that followed in 1971 and 1988 contain provisions that are mainly a further elaboration of the administrative and penal provisions of the Single Convention. The UNODC director in his contribution to the review of the twentieth special session of the General Assembly 1998 stated in this respect that “We must bring public health – the first principle of drug control – back to centre stage. It has, over time, receded from that position, over-shadowed by the concern with public security and the law enforcement actions that are necessary to ensure public security”.<sup>5</sup>

This call for the primacy of public health is repeated since then in different occasions and not in vain. The UNGASS outcome document has confirmed this priority. Some states make serious work of this principle and are committed to implement it. The international community as a whole is, however, still in the phase of expressing agreed principles and commitments, which have to be transformed in legislation and concrete action. Nothing must impede the process to make the next steps. An important prerequisite for this is an open and honest dialogue.

There is a gap between the call to focus on health and the provisions in the drug control conventions. This gap cannot be bridged with re-interpretation of the conventions in “the spirit of the conventions”. It is fair to also bring the provisions of the conventions in line with the choice to focus on health. That public health did not get the proper attention in the past decades has been highlighted also in the report “Making drug control “fit for purpose”. The report refers to two main reasons why this has happened: a) “Probably the most important reason why public health has receded back-stage is that the power of the international conventions has not always been harnessed to give it unequivocal support. This is because the Single Convention left the issues surrounding the demand for narcotic drugs to individual States to deal with, in their own specific cultural contexts”. b) another, specifically scientific, reason for not detailing provisions on the treatment of drug addicts in the 1961 Convention was: to allow for the possibility of scientific and medical progress. It is important to reaffirm the original spirit of the conventions, focusing on health.<sup>6</sup> The protocol of 1972 made a correction to the Single Convention by amending article 38 with the provision that “the parties shall give special attention to and take all practical measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the person involved

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5. “Making drug control ‘fit for purpose’: Building on the UNGASS decade”, [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_51/1\\_CRPs/E-CN7-2008-CRP17\\_E.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_51/1_CRPs/E-CN7-2008-CRP17_E.pdf), p. 13.

6. *Idem*, p. 13-14.

and shall co-ordinate their efforts to these ends”. The above mentioned reasons as well as the amendment in the 1972 protocol, did not bring the change needed to the system of administrative controls and penal sanctions, which remained the predominant everyday practice. The International community has now once again the opportunity to give health the priority it deserves. The process of how to secure realisation of this priority must be an item on the agenda of the post UNGASS 2016 period.

### **Active participation of all stakeholders**

The 60th session of the Commission on Narcotic Drugs (13-17 March 2017) was a first positive step -after the UNGASS 2016- towards a climate of understanding and willingness for close co-operation among states, UN agencies, intergovernmental organisations, scientific community and civil society. The 60th session decided “to facilitate, in an inclusive manner, the active participation of civil society, including the scientific community and academia, in the work of the Commission, in accordance with the rules of procedure of the functional commissions of the Economic and Social Council and with the established practice of the Commission.”<sup>7</sup>

This co-operation is perhaps the most realistic framework to move forward. In the end, there will be the member states who will decide, but consultations with all stakeholders will help to reach creative and practical solutions. This broad framework will be also an opportunity to brake with the practice in the past, when initiatives for change in the drug control system came predominantly from the international community’s most powerful states.

### **The framework of the Sustainable Development Goals (SDG’s)**

The United Nations adopted the agenda 2030 “Transforming the world: the 2030 Agenda for Sustainable Development.” This UN agenda contains several points related to the drugs issue. UNODC has devoted in the World Drug Report 2016 a special Chapter on “The world drug problem and sustainable development.” The outcome document of the UNGASS “welcomes the 2030 Agenda for Sustainable Development”, and notes “that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing.”

Considering the drugs issue from a broader perspective, the active involvement in the realisation of the 2030 SDGs creates opportunities to approach drug policy in relation to issues of peace, the rule of law, human rights, development and equality. The discussions in this context may have a positive influence in the process of modernisation of the drug control system. The discussion about drug policy in the context of the Sustainable development Goals will also enhance the co-operation among the UN agencies in relation to the drugs issue.

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7. Preparations for the sixty-second session of the Commission on Narcotic Drugs in 2019, <http://ndocs.org/E/CN.7/2017/L.9/Rev.1>.



## A balance between uniformity and diversity?

During the last decade there have been some developments, which will play an important role in future drug policy. Especially developments concerning the policy on cannabis and the coca leaf have launched a heated debate, which focuses on the status of cannabis and coca in the current drug control system. There is doubt whether the international community has done the right thing including cannabis and the coca leaf in the international drug control conventions. The case of Bolivia is characteristic for the coca leaf issue. At the CND session of 2009 the president of Bolivia Evo Morales pointed out in his speech in the plenary that the inclusion of the coca leaf in the Single Convention of 1961 was “a major historical mistake.” Bolivia proposed the deletion of the paragraphs of article 49 that refer to the abolition of coca chewing.<sup>8</sup>

The proposal was initially rejected because eighteen countries<sup>9</sup> formally notified the UN Secretary General that they could not accept the proposed amendment.<sup>10</sup>

Bolivia withdrew from the 1961 convention with the intent to re-join with a new reservation. In 2013 Bolivia became again partner of the Single convention with a reservation on the paragraphs of article 49 concerning the coca leaf. The reservation applies only to the Bolivian territory, and exportation of coca internationally remains proscribed.<sup>11</sup> This was possible because of the small number of countries that notified objection to the re-accession.<sup>12</sup>

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8. Single Convention on Narcotic Drugs 1961 as amended by the 1972 Protocol art. 49 1c and 2e, [https://www.unodc.org/documents/commissions/CND/Int\\_Drug\\_Control\\_Conventions/Ebook/The\\_International\\_Drug\\_Control\\_Conventions\\_E.pdf](https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_E.pdf).
  9. The countries that objected were: The United States, the United Kingdom, Sweden, Canada, Denmark, Germany, the Russian Federation, Japan, Singapore, Slovakia, Estonia, France, Italy, Bulgaria, Latvia, Malaysia, Mexico and Ukraine.
  10. For an overview of background of the decision to ban chewing coca, the proposal of Bolivia to lift the ban and the objections against it see: *Lifting the ban on coca chewing. Bolivia's proposal to amend the 1961 Single Convention* <https://www.tni.org/files/download/dlr11.pdf>.
  11. *Reservation*: The Plurinational State of Bolivia reserves the right to allow in its territory: traditional coca leaf chewing; the consumption and use of the coca leaf in its natural state for cultural and medicinal purposes, such as its use in infusions; and also the cultivation, trade and possession of the coca leaf to the extent necessary for these licit purposes. At the same time, the Plurinational State of Bolivia will continue to take all necessary measures to control the cultivation of coca in order to prevent its abuse and the illicit production of the narcotic drugs which may be extracted from the leaf. United Nations Treaty Collection (UNTC), [https://treaties.un.org/pages/viewdetails.aspx?src=treaty&mtdsg\\_no=vi-18&chapter=6&lang=en](https://treaties.un.org/pages/viewdetails.aspx?src=treaty&mtdsg_no=vi-18&chapter=6&lang=en).
  12. The proposed reservation of Bolivia would not pass if 1/3 of the 183 states parties to the single convention -that means 61 states- would object to it. Only 15 countries objected and Bolivia won a victory on the coca leaf.

The case of Bolivia is a sign that there is change in attitude by the countries parties of the international conventions. It is positive that only 15 of the 185 countries opposed the amendment for re-accession of Bolivia.

In the case of Cannabis there is a development of a growing number of countries that adopt legislation for the production and use of cannabis for medical purposes. This is something that the conventions allow. However, most countries in the last 60 years did not allow, in practice, regulation of cannabis for medical purposes. This development indicates a positive appreciation of cannabis as a plant with therapeutic effects. Besides cannabis for medical purposes, an important phenomenon is the adoption of legislation for production of cannabis for non-medical use, which is contrary to the conventions. The regulation of cannabis in Uruguay as well as in a significant number of states in the USA and recently in Canada is a trend, which shows that several countries are distancing themselves from the provisions in the conventions and make changes in their legislation with the support of their citizens. States, under pressure of their citizens, will introduce legislation that up to now was considered to be contrary to the international drug Conventions. In the area of harm reduction services and programs become common practice while some time ago were not accepted. This is a challenge that has to be answered adequately and not only by noting, that such provisions are contrary to the conventions. Since cannabis is the most used controlled substance worldwide and the opinions about its harmfulness are diverse, it will be in the coming years necessary to examine how the international community has to respond to the growing trend to change the status of cannabis. Is the theoretically existing uniformity viable in the coming years? Is diversity an answer? The bottom up approach will prevail in the coming period. The UNGASS outcome document is a good framework to provide guidance for individual countries to shape drug policies based on its recommendations.

# ANNEX

Resolution adopted by the General Assembly on 19 April 2016 [without reference to a Main Committee (A/S-30/L.1)] S-30/1.

## **“Our joint commitment to effectively addressing and countering the world drug problem”\***

We, Heads of State and Government, ministers and representatives of Member States, are assembled at United Nations Headquarters from 19 to 21 April 2016 for the thirtieth special session of the General Assembly, convened in accordance with Assembly resolution 67/193 of 20 December 2012, to review the progress in the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,<sup>1</sup> including an assessment of the achievements and challenges in countering the world drug problem, within the framework of the three international drug control conventions and other relevant United Nations instruments;

We reaffirm our commitment to the goals and objectives of the three international drug control conventions, including concern about the health and welfare of humankind as well as the individual and public health-related, social and safety problems resulting from the abuse of narcotic drugs and psychotropic substances, in particular among children and young people, and drug-related crime, and we reaffirm our determination to prevent and treat the abuse of such substances and prevent and counter their illicit cultivation, production, manufacturing and trafficking;

We recognize that, while tangible progress has been achieved in some fields, the world drug problem continues to present challenges to the health, safety and well-being of all humanity, and we resolve to reinforce our national and international efforts and further increase international cooperation to face those challenges;

We reaffirm our determination to tackle the world drug problem and to actively promote a society free of drug abuse in order to help to ensure that all people can live in health, dignity and peace, with security and prosperity, and reaffirm our determination to address public health, safety and social problems resulting from drug abuse;

We note with concern that the availability of internationally controlled drugs for medical and scientific purposes, including for the relief of pain and suffering, remains low to non-existent in many countries of the world, and we highlight the need to enhance national efforts and international cooperation at all levels to address that situation by promoting measures to ensure their availability and accessibility for medical and scientific purposes, within the framework of national legal systems, while simultaneously preventing their

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\* *Resolution adopted by the General Assembly on 19 April 2016, A/S-30/L.1. Our joint commitment to effectively addressing and countering the world drug problem”*  
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1. See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

diversion, abuse and trafficking, in order to fulfil the aims and objectives of the three international drug control conventions;

We recognize that the world drug problem remains a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation and demands an integrated, multidisciplinary, mutually reinforcing, balanced, scientific evidence-based and comprehensive approach;

We reaffirm our unwavering commitment to ensuring that all aspects of demand reduction and related measures, supply reduction and related measures, and international cooperation are addressed in full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights,<sup>2</sup> with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States, all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States;

We underscore that the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,<sup>3</sup> the Convention on Psychotropic Substances of 1971,<sup>4</sup> the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988<sup>5</sup> and other relevant international instruments constitute the cornerstone of the international drug control system;

We reaffirm our commitment to implementing effectively the provisions set out in the Political Declaration and Plan of Action, mindful of the targets and goals set therein, as well as to addressing the general challenges and priorities for action identified in the Joint Ministerial Statement adopted at the high-level review in March 2014;<sup>6</sup>

We welcome the 2030 Agenda for Sustainable Development,<sup>7</sup> and we note that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing;

We recognize, as part of a comprehensive, integrated and balanced approach to addressing and countering the world drug problem, that appropriate emphasis should be placed on individuals, families, communities and society as a whole, with a view to promoting and protecting the health, safety and well-being of all humanity;

We recognize the importance of appropriately mainstreaming gender and age perspectives in drug-related policies and programmes;

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2. Resolution 217 A (III).

3. United Nations, *Treaty Series*, vol. 976, No. 14152.

4. *Ibid.*, vol. 1019, No. 14956.

5. *Ibid.*, vol. 1582, No. 27627.

6. Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (see *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C).

7. Resolution 70/1.

We recognize that there are persistent, new and evolving challenges that should be addressed in conformity with the three international drug control conventions, which allow for sufficient flexibility for States parties to design and implement national drug policies according to their priorities and needs, consistent with the principle of common and shared responsibility and applicable international law;

We reaffirm the need to mobilize adequate resources to address and counter the world drug problem and call for enhancing assistance to developing countries, upon request, in effectively implementing the Political Declaration and Plan of Action and the operational recommendations contained in the present document;

We recognize that transit States continue to face multifaceted challenges, and reaffirm the continuing need for cooperation and support, including the provision of technical assistance to, inter alia, enhance their capacities to effectively address and counter the world drug problem, in conformity with the 1988 Convention;

We reaffirm the principal role of the Commission on Narcotic Drugs as the policymaking body of the United Nations with prime responsibility for drug control matters, and our support and appreciation for the efforts of the United Nations, in particular those of the United Nations Office on Drugs and Crime as the leading entity in the United Nations system for addressing and countering the world drug problem, and further reaffirm the treaty-mandated roles of the International Narcotics Control Board and the World Health Organization;

We recognize that successfully addressing and countering the world drug problem requires close cooperation and coordination among domestic authorities at all levels, particularly in the health, education, justice and law enforcement sectors, taking into account their respective areas of competence under national legislation;

We welcome continued efforts to enhance coherence within the United Nations system at all levels;

We recognize that civil society, as well as the scientific community and academia, plays an important role in addressing and countering the world drug problem, and note that affected populations and representatives of civil society entities, where appropriate, should be enabled to play a participatory role in the formulation, implementation, and the providing of relevant scientific evidence in support of, as appropriate, the evaluation of drug control policies and programmes, and we recognize the importance of cooperation with the private sector in this regard;

We express deep concern at the high price paid by society and by individuals and their families as a result of the world drug problem, and pay special tribute to those who have sacrificed their lives, in particular law enforcement and judicial personnel, and to the health-care and civil society personnel and volunteers who dedicate themselves to countering and addressing this phenomenon;

We reaffirm the need to strengthen cooperation between the United Nations Office on Drugs and Crime and other United Nations entities, within their respective mandates, in their efforts to support Member States in the implementation of international drug control treaties in accordance with applicable human rights obligations and to promote protection of and respect for human rights and the dignity of all individuals in the context of drug programmes, strategies and policies;

We reaffirm the need to address the key causes and consequences of the world drug problem, including those in the health, social, human rights, economic, justice, public security and law enforcement fields, in line with the principle of common and shared responsibility, and recognize the value of comprehensive and balanced policy interventions, including those in the field of promotion of sustainable and viable livelihoods;

We reaffirm that targeted interventions that are based on the collection and analysis of data, including age- and gender-related data, can be particularly effective in meeting the specific needs of drug-affected populations and communities;

We reiterate our commitment to ending, by 2030, the epidemics of AIDS and tuberculosis, as well as to combating viral hepatitis and other communicable diseases, inter alia, among people who use drugs, including people who inject drugs.

### **Operational recommendations on demand reduction and related measures, including prevention and treatment, as well as other health-related issues**

1. We reiterate our commitment to promoting the health, welfare and well-being of all individuals, families, communities and society as a whole, and facilitating healthy lifestyles through effective, comprehensive, scientific evidence-based demand reduction initiatives at all levels, covering, in accordance with national legislation and the three international drug control conventions, prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, and we recommend the following measures:

#### *Prevention of drug abuse*

(a) Take effective and practical primary prevention measures that protect people, in particular children and youth, from drug use initiation by providing them with accurate information about the risks of drug abuse, by promoting skills and opportunities to choose healthy lifestyles and develop supportive parenting and healthy social environments and by ensuring equal access to education and vocational training;

(b) Also take effective and practical measures to prevent progression to severe drug use disorders through appropriately targeted early interventions for people at risk of such progression;

(c) Increase the availability, coverage and quality of scientific evidence-based prevention measures and tools that target relevant age and risk groups in multiple settings, reaching youth in school as well as out of school, among others, through drug abuse prevention programmes and public awareness-raising campaigns, including by using the Internet, social media and other online platforms, develop and implement prevention curricula and early intervention programmes for use in the education system at all levels, as well as in vocational training, including in the workplace, and enhance the capacity of teachers and other relevant professionals to provide or recommend counselling, prevention and care services;

(d) Promote the well-being of society as a whole through the elaboration of effective scientific evidence-based prevention strategies centred on and tailored to the needs of individuals, families and communities as part of comprehensive and balanced national drug policies, on a non-discriminatory basis;

(e) Involve, as appropriate, policymakers, parliamentarians, educators, civil society, the scientific community, academia, target populations, individuals in recovery from substance use disorders and their peer groups, families and other co-dependent people, as well as the private sector, in the development of prevention programmes aimed at raising public awareness of the dangers and risks associated with drug abuse, and involve, inter alia, parents, care services providers, teachers, peer groups, health professionals, religious communities, community leaders, social workers, sports associations, media professionals and entertainment industries, as appropriate, in their implementation;

(f) Consider enhancing cooperation between public health, education and law enforcement authorities when developing prevention initiatives;

(g) Develop and improve recreational facilities and provide access for children and youth to regular sports and cultural activities, with a view to promoting healthy lives and lifestyles, including through the recovery and improvement of public spaces, and promote the exchange of experiences and good practices in this field to further enhance effective preventive interventions;

(h) Promote and improve the systematic collection of information and gathering of evidence as well as the sharing, at the national and international levels, of reliable and comparable data on drug use and epidemiology, including on social, economic and other risk factors, and promote, as appropriate, through the Commission on Narcotic Drugs and the World Health Assembly, the use of internationally recognized standards, such as the International Standards on Drug Use Prevention, and the exchange of best practices, to formulate effective drug use prevention strategies and programmes in cooperation with the United Nations Office on Drugs and Crime, the World Health Organization and other relevant United Nations entities;

*Treatment of drug use disorders, rehabilitation, recovery and social reintegration; prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases*

(i) Recognize drug dependence as a complex, multifactorial health disorder characterized by a chronic and relapsing nature with social causes and consequences that can be prevented and treated through, inter alia, effective scientific evidence-based drug treatment, care and rehabilitation programmes, including community-based programmes, and strengthen capacity for aftercare for and the rehabilitation, recovery and social reintegration of individuals with substance use disorders, including, as appropriate, through assistance for effective reintegration into the labour market and other support services;

(j) Encourage the voluntary participation of individuals with drug use disorders in treatment programmes, with informed consent, where consistent with national legislation, and develop and implement outreach programmes and campaigns, involving drug users in long-term recovery, where appropriate, to prevent social marginalization and promote non-stigmatizing attitudes, as well as to encourage drug users to seek treatment and care, and take measures to facilitate access to treatment and expand capacity;

(k) Promote and strengthen regional and international cooperation in developing and implementing treatment-related initiatives, enhance technical assistance and capacity-building and ensure non-discriminatory access to a broad range of interventions, including psychosocial, behavioural and medication-assisted treatment, as appropriate and in accordance with national legislation, as well as to rehabilitation, social reintegration and recovery-support programmes, including access to such services in prisons and after imprisonment, giving special attention to the specific needs of women, children and youth in this regard;

(l) Develop and strengthen, as appropriate, the capacity of health, social and law enforcement and other criminal justice authorities to cooperate, within their mandates, in the implementation of comprehensive, integrated and balanced responses to drug abuse and drug use disorders, at all levels of government;

(m) Promote the inclusion in national drug policies, in accordance with national legislation and as appropriate, of elements for the prevention and treatment of drug overdose, in particular opioid overdose, including the use of opioid receptor antagonists such as naloxone to reduce drug-related mortality;

(n) Promote cooperation with and technical assistance to the States most affected by the transit of drugs in developing and implementing comprehensive and integrated policies to address, where appropriate, the impact of illicit drug trafficking on increasing drug use in such States, including by reinforcing national programmes aimed at prevention, early intervention, treatment, care, rehabilitation and social reintegration;

(o) Invite relevant national authorities to consider, in accordance with their national legislation and the three international drug control conventions, including in national prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes, in the context of comprehensive and balanced drug demand reduction efforts, effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, as well as consider ensuring access to such interventions, including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS;

(p) Promote and implement the standards on the treatment of drug use disorders developed by the United Nations Office on Drugs and Crime and the World Health Organization and other relevant international standards, as appropriate and in accordance with national legislation and the international drug control conventions, and provide guidance, assistance and training to health professionals on their appropriate use, and consider developing standards and accreditation for services at the domestic level to ensure qualified and scientific evidence-based responses;

(q) Intensify, as appropriate, the meaningful participation of and support and training for civil society organizations and entities involved in drug-related health and social treatment services, in accordance with national legislation and in the framework of



integrated and coordinated national drug policies, and encourage efforts by civil society and the private sector to develop support networks for prevention and treatment, care, recovery, rehabilitation and social reintegration in a balanced and inclusive manner;

(r) Encourage the United Nations Office on Drugs and Crime and the International Narcotics Control Board to strengthen cooperation with the World Health Organization and other competent United Nations entities, within their respective mandates, as part of a comprehensive, integrated and balanced approach to strengthening health and social welfare measures in addressing the world drug problem, including through effective prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration, in cooperation, as appropriate, with civil society and the scientific community, and to keep the Commission on Narcotic Drugs appropriately updated.

*Operational recommendations on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion*

2. We reiterate our strong commitment to improving access to controlled substances for medical and scientific purposes by appropriately addressing existing barriers in this regard, including those related to legislation, regulatory systems, health-care systems, affordability, the training of health-care professionals, education, awareness-raising, estimates, assessment and reporting, benchmarks for consumption of substances under control, and international cooperation and coordination, while concurrently preventing their diversion, abuse and trafficking, and we recommend the following measures:

(a) Consider reviewing, within the framework of national legal systems, domestic legislation and regulatory and administrative mechanisms, as well as procedures including domestic distribution channels, with the aim of simplifying and streamlining those processes and removing unduly restrictive regulations and impediments, where they exist, to ensure access to controlled substances for medical and scientific purposes, including for the relief of pain and suffering, as required by the three international drug control conventions and defined by national legislation, while preventing their diversion, abuse and trafficking, and encourage the exchange of information, lessons learned and best practices in designing and implementing regulatory, financial, educational, administrative and other related measures;

(b) Strengthen, as appropriate, the proper functioning of national control systems and domestic assessment mechanisms and programmes, in cooperation with the International Narcotics Control Board, the United Nations Office on Drugs and Crime, the World Health Organization and other relevant United Nations system agencies, to identify, analyse and remove impediments to the availability and accessibility of controlled substances for medical and scientific purposes, within appropriate control mechanisms, as required by the three international drug control conventions and taking into account the publication entitled “Ensuring Balance in National Policies on Controlled Substances: Guidance for Availability and Accessibility of Controlled Medicines” and, for that purpose, consider the provision of technical and financial assistance, upon request, to developing countries;

(c) Expedite, in accordance with national legislation, the process of issuing import and export authorizations for controlled substances for medical and scientific purposes

by using the above-mentioned guidance and the International Import and Export Authorization System of the International Narcotics Control Board;

(d) Address, at the national and international levels, issues related to the affordability of controlled substances for medical and scientific purposes, while ensuring their quality, safety and efficacy, including limited financial resources and problems in sourcing with regard to these substances, including in cooperation, as appropriate, with the private sector through, inter alia and where needed, expanding the national coverage of distribution networks to rural areas, addressing the link with government regulations, licences and taxation and allowing appropriately trained and qualified professionals to prescribe, dispense and administer controlled medicines based on their general professional licence, as well as, where appropriate, the manufacture of generic pharmaceutical preparations that are bioequivalent and cost-effective;

(e) Take measures, in accordance with national legislation, to provide capacity-building and training, including with the support of relevant United Nations entities such as the World Health Organization and the United Nations Office on Drugs and Crime, targeted at competent national authorities and health-care professionals, including pharmacists, on adequate access to and use of controlled substances for medical and scientific purposes, including the relief of pain and suffering, consider the development and wider implementation of relevant clinical guidelines on the rational use of controlled medicines, and conduct appropriate awareness-raising campaigns under the coordination of relevant national health authorities and in cooperation with other relevant stakeholders;

(f) Develop national supply management systems for controlled substances that comprise selection, quantification, procurement, storage, distribution and use, strengthen the capacity of competent national authorities to adequately estimate and assess the need for controlled substances and paying special attention to essential medicines, as defined by national legislation, taking due note of the *Guide on Estimating Requirements for Substances under International Control*,<sup>8</sup> and enhance domestic data-collection mechanisms in order to present the International Narcotics Control Board with estimates on the consumption of drugs used for medical and scientific purposes;

(g) Continue to regularly update the Model Lists of Essential Medicines of the World Health Organization, enhance collaboration among Member States and the treaty bodies with scheduling responsibilities, leading to informed and coordinated scheduling decisions by the Commission on Narcotic Drugs that take due account of all relevant aspects to ensure that the objectives of the conventions are met, and review national lists of controlled substances and national lists of essential medicines, as appropriate.

**Operational recommendations on supply reduction and related measures; effective law enforcement; responses to drug-related crime; and countering money-laundering and promoting judicial cooperation**

3. We reiterate our commitment to protecting the safety and assuring the security of individuals, societies and communities by intensifying our efforts to prevent and counter the illicit cultivation, production and manufacture of and trafficking in narcotic drugs and psychotropic substances, as well as drug-related crime and violence,

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8. International Narcotics Control Board and World Health Organization (Vienna, 2012).

through, inter alia, more effective drug-related crime prevention and law enforcement measures, as well as by addressing links with other forms of organized crime, including money-laundering, corruption and other criminal activities, mindful of their social and economic causes and consequences, and we recommend the following measures:

*Prevention of drug-related crime*

(a) Strengthen multidisciplinary measures at the international, regional, national, and local and community levels to prevent drug-related crime, violence, victimization and corruption and foster social development and inclusiveness, integrate such measures into overall law enforcement efforts and comprehensive policies and programmes, and promote a culture of lawfulness, as described in the Doha Declaration on Integrating Crime Prevention and Criminal Justice into the Wider United Nations Agenda to Address Social and Economic Challenges and to Promote the Rule of Law at the National and International Levels, and Public Participation;<sup>9</sup>

(b) Promote comprehensive supply reduction efforts that include preventive measures addressing, inter alia, the criminal justice and socioeconomic-related factors that may facilitate, drive, enable and perpetuate organized crime and drug-related crime;

(c) Promote data collection, research and the sharing of information, as well as the exchange of best practices on preventing and countering drug-related crime and on drug supply reduction measures and practices, in order to enhance the effectiveness of criminal justice responses, within the framework of applicable law;

*Countering illicit traffic in narcotic drugs and psychotropic substances*

(d) Increase cooperation at all levels and enhance measures to prevent and significantly and measurably reduce or eliminate the illicit cultivation of opium poppy, coca bush and cannabis plant used for the production of narcotic drugs and psychotropic substances, including through eradication, within the framework of sustainable crop control strategies and measures;

(e) Monitor current trends and drug trafficking routes and share experiences, best practices and lessons learned, in order to prevent and counter the misuse of international trade for illicit drug-related activities, and note the success achieved through United Nations Office on Drugs and Crime operational initiatives, including initiatives aimed at countering the exploitation of freight containers for drug trafficking and at preventing and countering the diversion of precursors for illicit use and illicit financial flows stemming from drug trafficking and related crimes, as well as other technical assistance activities;

(f) Promote and strengthen the exchange of information and, as appropriate, drug-related criminal intelligence among law enforcement and border control agencies, including through the United Nations Office on Drugs and Crime multilateral portals and regional information centres and networks, and promote joint investigations and coordinate operations, in conformity with national legislation, and training programmes at all levels, in order to identify, disrupt and dismantle organized criminal groups operating transnationally that are involved in any activities related to the illicit

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9. Resolution 70/174, annex.

production of and trafficking in narcotic drugs and psychotropic substances and the diversion of their precursors and related money-laundering;

(g) Strengthen coordinated border management strategies, as well as the capacity of border control and law enforcement and prosecutorial agencies, including through technical assistance, upon request, including and where appropriate, the provision of equipment and technology, along with necessary training and maintenance support, in order to prevent, monitor and counter trafficking in drugs, trafficking in precursors and other drug-related crimes such as trafficking in firearms, illicit financial flows, smuggling of bulk cash and money-laundering;

(h) Enhance the capacity of law enforcement and criminal justice agencies in forensic science in the context of drug investigations, including the quality and capacity of drug analysis laboratories to gather, preserve and present forensic evidence to effectively prosecute drug-related offences through considering, inter alia, the provision of advanced detection equipment, scanners, testing kits, reference samples, forensic laboratories and training, as requested;

(i) Strengthen regional, subregional and international cooperation in criminal matters, as appropriate, including judicial cooperation in the areas of, inter alia, extradition, mutual legal assistance and transfer of proceedings, in accordance with the international drug control conventions and other international legal instruments and national legislation, and strive to provide appropriate resources to national competent authorities, including through the provision of targeted technical assistance to requesting countries;

(j) Maximize the effectiveness of law enforcement measures against organized criminal groups and individuals involved in drug-related crimes, including by placing appropriate focus within our respective jurisdictions on those responsible for illicit activities of a larger scale or more serious nature;

*Addressing links with other forms of organized crime, including money-laundering, corruption and other criminal activities*

(k) Respond to the serious challenges posed by the increasing links between drug trafficking, corruption and other forms of organized crime, including trafficking in persons, trafficking in firearms, cybercrime and money-laundering, and, in some cases, terrorism, including money-laundering in connection with the financing of terrorism, by using an integrated, multidisciplinary approach, such as through promoting and supporting reliable data collection, research and, as appropriate, intelligence- and analysis-sharing to ensure effective policymaking and interventions;

(l) Encourage the use of existing subregional, regional and international cooperation mechanisms to combat all forms of drug-related crime, wherever committed, including, in some cases, violent crimes related to gangs, including by enhancing international cooperation to successfully counter and dismantle organized criminal groups, including those operating transnationally;

(m) Strengthen national, regional and international measures and, as appropriate, rules and regulations aimed at enhancing operational cooperation to prevent transnational organized criminal networks involved in illicit drug -related activities from trafficking and acquiring firearms, their parts and components and ammunition, explosives and other related material;

(n) Consider ratifying or acceding to relevant international legal instruments, including the United Nations Convention against Transnational Organized Crime and the Protocols thereto,<sup>10</sup> the United Nations Convention against Corruption<sup>11</sup> and the international conventions and protocols related to countering terrorism, and call upon States parties to take measures to more effectively implement those international legal instruments;

(o) Continue to foster international cooperation by implementing the provisions against money-laundering contained in all relevant international and multilateral instruments, such as the 1988 Convention, the Organized Crime Convention and the Convention against Corruption and, in accordance with national legislation, the Financial Action Task Force Recommendations on money-laundering;<sup>12</sup>

(p) Strengthen and utilize existing and relevant regional, as appropriate, subregional and international networks for the exchange of operational information to prevent and counter money-laundering, illicit financial flows and terrorist financing;

(q) Develop and strengthen, as appropriate, mechanisms of domestic coordination and timely and efficient information-sharing between authorities involved in identifying and countering drug trafficking, diversion of precursors and related money-laundering, integrate financial investigations more thoroughly into interdiction operations to identify individuals and companies involved in such activities, and encourage, in accordance with national legislation, cooperation with the private sector, including financial institutions, designated non-financial businesses and professions, as well as providers of money or value transfer services, to identify suspicious transactions, with a view to further investigating and disrupting the drug trafficking business model;

(r) Enhance national, regional, subregional, interregional and international capacity to prevent and counter money-laundering and illicit financial flows stemming from drug trafficking and related crimes, including, as appropriate, through detection, investigation and prosecution of such activities, with a view to effectively addressing safe havens, and identify and mitigate money-laundering risks linked to new technologies, as well as emerging money-laundering methods and techniques, by using, inter alia, existing United Nations Office on Drugs and Crime technical assistance tools;

(s) Develop and strengthen bilateral, subregional and international mechanisms to share information among competent authorities and promote their cooperation to effectively and in a timely manner identify, trace, freeze, seize and confiscate assets and proceeds of drug-related crime and ensure their disposal, including sharing, in accordance with the 1988 Convention, as well as their return, in appropriate drug-related corruption cases, in the framework of the Convention against Corruption, or, as appropriate, in cases of drug-related crimes involving transnational organized groups, consistent with the Organized Crime Convention; and encourage the timely sharing of operational information among relevant law enforcement and prosecutorial agencies and financial intelligence units;

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10. United Nations, *Treaty Series*, vols. 2225, 2237, 2241 and 2326, No. 39574.

11. *Ibid.*, vol. 2349, No. 42146.

12. Financial Action Task Force, *International Standards on Combating Money Laundering and the Financing of Terrorism and Proliferation* (Paris, 2015).

(t) Promote effective measures capable of addressing the links between drug -related crimes and corruption, as well as obstruction of justice, including through the intimidation of justice officials, as a part of national anti-corruption and drug control strategies;

(u) Improve the availability and quality of statistical information and analysis of illicit drug cultivation, production and manufacturing, drug trafficking, money-laundering and illicit financial flows, including for appropriate reflection in reports of the United Nations Office on Drugs and Crime and the International Narcotics Control Board, in order to better measure and evaluate the impact of such crimes and to further enhance the effectiveness of criminal justice responses in that regard.

**Operational recommendations on cross-cutting issues: drugs and human rights, youth, children, women and communities**

4. We reiterate our commitment to respecting, protecting and promoting all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies, and we recommend the following measures:

*Drugs and human rights, youth, women, children, vulnerable members of society, and communities*

(a) Enhance the knowledge of policy-makers and the capacity, as appropriate, of relevant national authorities on various aspects of the world drug problem in order to ensure that national drug policies, as part of a comprehensive, integrated and balanced approach, fully respect all human rights and fundamental freedoms and protect the health, safety and well-being of individuals, families, vulnerable members of society, communities and society as a whole, and to that end encourage cooperation with and among the United Nations Office on Drugs and Crime, the International Narcotics Control Board, the World Health Organization and other relevant United Nations entities, within their respective mandates, including those relevant to the above-mentioned issues, and relevant regional and international organizations, as well as with civil society and the private sector, as appropriate;

(b) Ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes, including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community, and ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy;

(c) Promote effective supervision of drug treatment and rehabilitation facilities by competent domestic authorities to ensure adequate quality of drug treatment and rehabilitation services and to prevent any possible acts of cruel, inhuman or degrading treatment or punishment, in accordance with domestic legislation and applicable international law;

(d) Continue to identify and address protective and risk factors, as well as the conditions that continue to make women and girls vulnerable to exploitation and participation in drug trafficking, including as couriers, with a view to preventing their involvement in drug-related crime;

(e) Promote, in accordance with domestic legislation, effective coordination among the justice, education and law enforcement sectors and social services to ensure that the specific needs, including mental and physical needs, of underage drug offenders and children affected by drug-related crime are appropriately considered, including in criminal justice proceedings where required, including by providing those in need with drug treatment and related support services;

(f) Implement age-appropriate practical measures, tailored to the specific needs of children, youth and other vulnerable members of society, in the legislative, administrative, social, economic, cultural and educational sectors, including measures to provide them with opportunities for healthy and self-sustained lives, in order to prevent their abuse of narcotic drugs and psychotropic substances, and address their involvement, use and exploitation in the illicit cultivation of crops, production and manufacturing of and trafficking in narcotic drugs, psychotropic substances and other forms of drug-related crime, including urban crime, youth and gang-related violence and crime, fulfilling the obligations as States parties to the Convention on the Rights of the Child<sup>13</sup> and taking into account the United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines);<sup>14</sup>

(g) Mainstream a gender perspective into and ensure the involvement of women in all stages of the development, implementation, monitoring and evaluation of drug policies and programmes, develop and disseminate gender-sensitive and age-appropriate measures that take into account the specific needs and circumstances faced by women and girls with regard to the world drug problem and, as States parties, implement the Convention on the Elimination of All Forms of Discrimination against Women;<sup>15</sup>

(h) Consider, on a voluntary basis, when furnishing information to the Commission on Narcotic Drugs pursuant to the three international drug control conventions and relevant Commission resolutions, the inclusion of information concerning, inter alia, the promotion of human rights and the health, safety and welfare of all individuals, communities and society in the context of their domestic implementation of these conventions, including recent developments, best practices and challenges;

(i) Ensure that measures to prevent the illicit cultivation of and to eradicate plants containing narcotic and psychotropic substances respect fundamental human rights, take due account of traditional licit uses, where there is historical evidence of such use, and of the protection of the environment, in accordance with the three international drug control conventions, and also take into account, as appropriate and in accordance with national legislation, the United Nations Declaration on the Rights of Indigenous Peoples;<sup>16</sup>

*Proportionate and effective policies and responses, as well as legal guarantees and safeguards pertaining to criminal justice proceedings and the justice sector*

(j) Encourage the development, adoption and implementation, with due regard for national, constitutional, legal and administrative systems, of alternative or additional measures with regard to conviction or punishment in cases of an appropriate nature,

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13. United Nations, *Treaty Series*, vol. 1577, No. 27531.

14. Resolution 45/112, annex.

15. United Nations, *Treaty Series*, vol. 1249, No. 20378.

16. Resolution 61/295, annex.

in accordance with the three international drug control conventions and taking into account, as appropriate, relevant United Nations standards and rules, such as the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules);<sup>17</sup>

(k) Consider sharing, through the Commission on Narcotic Drugs, information, lessons learned, experiences and best practices on the design, implementation and results of national criminal justice policies, including, as appropriate, domestic practices on proportional sentencing, related to the implementation of the three international drug control conventions, including article 3 of the 1988 Convention;

(l) Promote proportionate national sentencing policies, practices and guidelines for drug-related offences whereby the severity of penalties is proportionate to the gravity of offences and whereby both mitigating and aggravating factors are taken into account, including the circumstances enumerated in article 3 of the 1988 Convention and other relevant and applicable international law, and in accordance with national legislation;

(m) Enhance access to treatment of drug use disorders for those incarcerated and promote effective oversight and encourage, as appropriate, self-assessments of confinement facilities, taking into consideration the United Nations standards and norms on crime prevention and criminal justice, including the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules),<sup>18</sup> implement, where appropriate, measures aimed at addressing and eliminating prison overcrowding and violence, and provide capacity-building to relevant national authorities;

(n) Encourage the taking into account of the specific needs and possible multiple vulnerabilities of women drug offenders when imprisoned, in line with the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules);<sup>19</sup>

(o) Promote and implement effective criminal justice responses to drug-related crimes to bring perpetrators to justice that ensure legal guarantees and due process safeguards pertaining to criminal justice proceedings, including practical measures to uphold the prohibition of arbitrary arrest and detention and of torture and other cruel, inhuman or degrading treatment or punishment and to eliminate impunity, in accordance with relevant and applicable international law and taking into account United Nations standards and norms on crime prevention and criminal justice, and ensure timely access to legal aid and the right to a fair trial.

**Operational recommendations on cross-cutting issues in addressing and countering the world drug problem: evolving reality, trends and existing circumstances, emerging and persistent challenges and threats, including new psychoactive substances, in conformity with the three international drug control conventions and other relevant international instruments**

5. We reiterate our commitment to strengthening our efforts in addressing and countering emerging and persistent challenges and threats of all aspects of the world

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17. Resolution 45/110, annex.

18. Resolution 70/175, annex.

19. Resolution 65/229, annex.



drug problem, and note the need to effectively respond to the evolving reality, trends and existing circumstances through comprehensive, integrated and balanced drug control policies and programmes that take into account their transnational implications and that are in conformity with the three international drug control conventions and other relevant international instruments, and to strengthen our international, regional and subregional cooperation, and we recommend the following:

*Addressing new psychoactive substances, amphetamine-type stimulants, including methamphetamine, the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances*

We resolve to strengthen national and international action to address the emerging challenge of new psychoactive substances, including their adverse health consequences, and the evolving threat of amphetamine-type stimulants, including methamphetamine, and underscore the importance of enhancing information-sharing and early warning networks, developing appropriate national legislative, prevention and treatment models and supporting scientific evidence-based review and scheduling of the most prevalent, persistent and harmful substances, we note the importance of preventing the diversion and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances and precursors while ensuring their availability for legitimate purposes, and we recommend the following measures:

(a) Encourage the development and implementation of, as appropriate and in accordance with national legislation, comprehensive measures and programmes, as outlined in paragraph 1 of the present document, adapt those measures to the risks and challenges posed by the use of new psychoactive substances and amphetamine-type stimulants, including methamphetamine, and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances, and actively share information on best practices and lessons learned with regard to national health-related experiences;

(b) Enhance the capacity of law enforcement agencies to detect and identify new psychoactive substances and amphetamine-type stimulants, including methamphetamine, and promote cross-border cooperation and information-sharing to prevent their abuse and diversion, including through the use of existing International Narcotics Control Board and United Nations Office on Drugs and Crime tools and projects;

(c) Establish and strengthen partnerships and information exchange with industries, in particular with chemical and pharmaceutical industries and other relevant private sector entities, and encourage the use of the *Guidelines for a Voluntary Code of Practice for the Chemical Industry*, issued by the International Narcotics Control Board, and the Board's model memorandum of understanding between Governments and private sector partners, as and where appropriate, bearing in mind the important role these industries can play in addressing and countering the world drug problem;

*New psychoactive substances*

(d) Continue to identify and monitor trends in the composition, production, prevalence and distribution of new psychoactive substances, as well as patterns of use

and adverse consequences, and assess the risks to health and safety of individuals and society as a whole and the potential uses of new psychoactive substances for medical and scientific purposes, and on that basis to develop and strengthen domestic and national legislative, regulatory, administrative and operational responses and practices by domestic and national legislative, law enforcement, judiciary, social and welfare, educational and health authorities;

(e) Commit to implementing timely, scientific evidence-based control or regulatory measures within national legislative and administrative systems to tackle and manage the challenge of new psychoactive substances, and consider the use of interim steps while substances are under review, such as provisional measures of control, or make public health announcements, as well as share information and expertise on those measures;

(f) Share relevant information with, as appropriate, and strengthen the capacity of the World Health Organization, the United Nations Office on Drugs and Crime, the International Narcotics Control Board and other relevant international and regional organizations to prioritize the review of the most prevalent, persistent and harmful new psychoactive substances and to facilitate informed scheduling decisions by the Commission on Narcotic Drugs;

(g) Actively participate in early warning networks and promote the use of relevant surveillance lists and voluntary controls and the sharing of information through the International Narcotics Control Board, the United Nations Office on Drugs and Crime and the World Health Organization, within their respective mandates, and enhance bilateral, subregional, regional and international cooperation in the identification and reporting of new psychoactive substances and incidents involving such substances and, to that end, strengthen the use of national, regional and international established reporting and information exchange systems, such as, where appropriate, the early warning advisory on new psychoactive substances and the global Synthetics Monitoring: Analysis, Reporting and Trends (SMART) programme of the United Nations Office on Drugs and Crime and Project Ion of the International Narcotics Control Board;

(h) Enhance the capacity and effectiveness of national laboratories and promote national and regional cooperation among them, as appropriate, for the detection and identification of new psychoactive substances, including through the use of existing United Nations Office on Drugs and Crime reference standards and assistance activities;

(i) Strengthen domestic information-sharing and promote information exchange at the regional and international levels on effective prevention and treatment and related legislative measures in order to support the development of effective, scientific evidence-based responses to the emerging challenge of new psychoactive substances with regard to their adverse social and health consequences;

*Amphetamine-type stimulants, including methamphetamine*

(j) Support existing research, collection and scientific analysis of data related to amphetamine-type stimulants through the global SMART programme and relevant International Narcotics Control Board tools, such as Project Prism, and strengthen cooperation at all levels in tackling amphetamine-type stimulants, including methamphetamine;

(k) Promote the use, as appropriate, of relevant existing programmes, mechanisms and coordinated operations at all levels and continue the development and sharing of best practices and lessons learned among practitioners with regard to a balanced and integrated approach to the evolving threat of amphetamine-type stimulants;

*Precursors and pre-precursors*

(l) Strengthen national, regional and international monitoring of chemicals used in the illicit manufacture of drugs and new psychoactive substances, with a view to more effectively preventing the diversion of and trafficking in those chemicals, while ensuring that the legitimate trade in and use of those chemicals are not adversely affected, including by using national, subregional and international reporting systems and International Narcotics Control Board tools such as Project Prism, the Precursors Incident Communication System and Pre-Export Notification Online (PEN Online);

(m) Take appropriate measures to address the diversion and illicit manufacturing of and trafficking in as well as misuse of precursors under international control and to tackle the misuse of pre-precursors and substitute or alternative precursors for illicit drug manufacturing, and enhance voluntary efforts, including voluntary codes of conduct in cooperation with relevant industries and commerce at the national, regional and international levels, including through the use of relevant International Narcotics Control Board tools;

*Non-medical use and misuse of pharmaceuticals*

(n) Enhance the sharing of information on the misuse of pharmaceuticals containing narcotic drugs and psychotropic substances, and the quality and consistency of reported data, including through the annual report questionnaire of the United Nations Office on Drugs and Crime;

(o) Develop and implement countermeasures and supportive public health, education and socioeconomic strategies to effectively address and counter the non-medical use and misuse of pharmaceuticals that contain narcotic drugs and psychotropic substances, while ensuring their availability for legitimate purposes, and promote national, subregional, regional and international cooperation to prevent their diversion, trafficking and abuse, including through the use of existing World Health Organization, United Nations Office on Drugs and Crime and International Narcotics Control Board projects and tools;

*Use of the Internet in relation to drug-related activities*

(p) Support research, data collection, analysis of evidence and sharing of information and strengthen law enforcement, criminal justice and legal responses, as well as international cooperation, to prevent and counter drug-related criminal activities using the Internet, consistent with relevant and applicable law;

(q) Increase the provision of technical assistance and capacity-building at all levels to Member States, upon request, to prevent and counter the use of technologies, including the Internet, by drug trafficking networks and transnational criminal organizations, to facilitate drug-related activities;

(r) Enhance the capacity of national authorities, in particular law enforcement authorities, to preserve and analyse electronic evidence related to illicit activities, including drug trafficking and money-laundering, and to monitor sales of illicit drugs using the Internet;

(s) Encourage the use of the Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet,<sup>20</sup> as appropriate;

(t) Support measures on the use of the Internet for prevention purposes, including appropriate counselling and information provision, develop, implement and promote, in accordance with national legislation, prevention strategies, programmes and measures, including via social media and other social networks, aimed at, inter alia, protecting children and young people from the abuse of controlled substances and new psychoactive substances and from involvement in their illicit sale and purchase via the Internet, and enhance cooperation at all levels in that regard;

*Evolving reality, trends and existing circumstances, emerging and persistent challenges and threats*

(u) Promote, as appropriate, the use and analysis of relevant, reliable and objective data generated by national and regional monitoring and evaluation to improve the implementation of comprehensive, integrated and balanced national drug control strategies, policies and programmes, in conformity with the three international drug control conventions and other relevant international instruments, and encourage the sharing of best practices and lessons learned, including through the Commission on Narcotic Drugs and other relevant regional and international organizations, within their mandates, to, inter alia, better understand both their domestic and transnational implications;

(v) Intensify efforts in the context of long-term and sustainable development programmes to address the most pressing drug-related socioeconomic factors, including unemployment and social marginalization, conducive to their subsequent exploitation by criminal organizations involved in drug-related crime;

(w) Encourage the Commission on Narcotic Drugs, in cooperation with relevant United Nations entities, within their respective mandates, to consider, as appropriate, reviewing existing guidelines and, where required, developing new ones on the various aspects of the world drug problem, with a view to enhancing the capacity of relevant national authorities and strengthening international and inter-agency cooperation;

(x) Promote exchange of information to better understand the extent of adverse impacts, including the health, social and economic and safety impacts, of drug trafficking in small quantities in order to develop, where appropriate, effective responses to counter microtrafficking;

(y) Call upon the United Nations Office on Drugs and Crime, the International Narcotics Control Board, the World Health Organization and other United Nations entities with pertinent technical and operational expertise, within their mandates, to continue to provide, upon request, advice and assistance to States that are reviewing and updating their drug policies, in compliance with the international drug control conventions, taking into account their national priorities and needs through, among

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20. United Nations publication, Sales No. E.09.XI.6.

others, the promotion of the exchange of information and best practices on scientific evidence-based policies adopted by States.

### **Operational recommendations on strengthening international cooperation based on the principle of common and shared responsibility**

6. We reiterate our commitment to supporting our efforts at all levels, based on common and shared responsibility, to effectively address and counter the world drug problem and to enhance international cooperation and, to that end, we recommend the following measures:

(a) Strengthen specialized, targeted, effective and sustainable technical assistance, including, where appropriate, adequate financial assistance, training, capacity-building, equipment and technological know-how, to requesting countries, including transit countries, through and in cooperation with the United Nations Office on Drugs and Crime, as well as the World Health Organization and other relevant United Nations entities and international and regional organizations, within their respective mandates, to assist Member States to effectively address the health, socioeconomic, human rights, justice and law enforcement aspects of the world drug problem;

(b) Enhance North-South, South-South and triangular cooperation among Member States, in cooperation with the international development community and other key stakeholders, in order to effectively address and counter the world drug problem;

(c) Strengthen, including through the Commission on Narcotic Drugs and, as appropriate, its subsidiary bodies, the regular exchange of information, good practices and lessons learned among national practitioners from different fields and at all levels to effectively implement an integrated and balanced approach to the world drug problem and its various aspects and consider additional measures to further facilitate meaningful discussion among those practitioners;

(d) Encourage the Commission on Narcotic Drugs to contribute to the global follow-up and support the thematic review of progress on the Sustainable Development Goals, within its mandates, bearing in mind the integrated nature of the Goals as well as the interlinkages between them, and make that information available to the high-level political forum on sustainable development through the appropriate institutional framework, taking into account General Assembly resolution 70/1 of 25 September 2015;

(e) Encourage the Commission on Narcotic Drugs and the United Nations Office on Drugs and Crime to further increase cooperation and collaboration with all relevant United Nations entities and international financial institutions, within their respective mandates, when assisting Member States in designing and implementing comprehensive, integrated and balanced national drug strategies, policies and programmes.

### **Operational recommendations on alternative development; regional, interregional and international cooperation on development-oriented balanced drug control policy; addressing socioeconomic issues**

7. We reiterate our commitment to addressing drug-related socioeconomic issues related to the illicit cultivation of narcotic plants and the illicit manufacture and

production of and trafficking in drugs through the implementation of long-term, comprehensive and sustainable development-oriented and balanced drug control policies and programmes, including alternative development and, as appropriate, preventive alternative development programmes, which are part of sustainable crop control strategies, and we recommend the following measures:

*Socioeconomic issues and alternative development*

(a) Target the illicit cultivation of crops used for the illicit production and manufacture of drugs and address related factors by implementing comprehensive strategies aimed at alleviating poverty and strengthening the rule of law, accountable, effective and inclusive institutions and public services and institutional frameworks, as appropriate, and by promoting sustainable development aimed at enhancing the welfare of the affected and vulnerable population through licit alternatives;

(b) Encourage the promotion of inclusive economic growth and support initiatives that contribute to poverty eradication and the sustainability of social and economic development, develop measures for rural development, improving infrastructure and social inclusion and protection, addressing the consequences of illicit crop cultivation and the manufacture and production of narcotic drugs and psychotropic substances on the environment, with the incorporation and participation of local communities, and consider taking voluntary measures to promote products stemming from alternative development, including preventive alternative development, as appropriate, to gain access to markets, consistent with applicable multilateral trade rules and with national and international law, within the framework of comprehensive and balanced drug control strategies;

(c) Express concern that illicit cultivation of crops and illicit manufacture, distribution and trafficking remain serious challenges in addressing and countering the world drug problem, and recognize the need for strengthening sustainable crop control strategies that may include, inter alia, alternative development, eradication and law enforcement measures, for the purpose of preventing and reducing significantly and measurably the illicit cultivation of crops, and the need for intensifying joint efforts at the national, regional and international levels in a more comprehensive manner, in accordance with the principle of common and shared responsibility, including by means of appropriate preventive tools and measures, enhanced and better coordinated financial and technical assistance and action-oriented programmes, in order to tackle those challenges;

(d) Consider elaborating and implementing comprehensive and sustainable alternative development programmes, including preventive alternative development, as appropriate, that support sustainable crop control strategies to prevent and significantly, durably and measurably reduce illicit crop cultivation and other illicit drug-related activities, ensuring the empowerment, ownership and responsibility of affected local communities, including farmers and their cooperatives, by taking into account the vulnerabilities and specific needs of communities affected by or at risk of illicit cultivation, in cooperation with the United Nations Office on Drugs and Crime, the Food and Agriculture Organization of the United Nations, the International Labour Organization, the United Nations Development Programme and other relevant international organizations, bearing in mind national and regional development policies and action plans, with a view to contributing to the building of peaceful,

inclusive and just societies, consistent with the Sustainable Development Goals and in compliance with relevant and applicable international and national law;

(e) Strengthen subregional, regional and international cooperation to support comprehensive and sustainable alternative development programmes, including, as appropriate, preventive alternative development, as an essential part of successful prevention and crop control strategies to increase the positive outcome of such programmes, especially in the areas affected by and at risk of illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances, taking into account the United Nations Guiding Principles on Alternative Development;<sup>21</sup>

(f) Strengthen regional and international cooperation to support sustainable alternative development programmes, including, as appropriate, preventive alternative development, in close collaboration with all relevant stakeholders at the local, national and international levels, and to develop and share best practices towards implementing the United Nations Guiding Principles on Alternative Development, taking into account all the lessons learned and good practices, in particular by countries with extensive expertise in alternative development, and note, inter alia, the Second International Conference on Alternative Development, held in Thailand from 19 to 24 November 2015;

(g) Promote research by States, including through cooperation with the United Nations Office on Drugs and Crime and other relevant United Nations entities and international and regional organizations, academic institutions and civil society, to better understand factors contributing to illicit crop cultivation, taking into account local and regional specificities, and to improve impact assessment of alternative development programmes, including preventive alternative development, as appropriate, with a view to increasing the effectiveness of these programmes, including through the use of relevant human development indicators, criteria related to environmental sustainability and other measurements in line with the Sustainable Development Goals;

*Technical and financial cooperation for comprehensive and balanced development-oriented drug policies and viable economic alternatives*

(h) Consider strengthening a development perspective as part of comprehensive, integrated and balanced national drug policies and programmes so as to tackle the related causes and consequences of illicit cultivation, manufacture, production of and trafficking in drugs by, inter alia, addressing risk factors affecting individuals, communities and society, which may include a lack of services, infrastructure needs, drug-related violence, exclusion, marginalization and social disintegration, in order to contribute to the promotion of peaceful and inclusive societies;

(i) Urge relevant international financial institutions, United Nations entities, non-governmental organizations and the private sector, as appropriate, to consider increasing their support, including through long-term and flexible funding, for the implementation of comprehensive and balanced development-oriented drug control programmes and viable economic alternatives, in particular alternative development, including, as appropriate, preventive alternative development programmes, based on identified needs and national priorities, for areas and populations affected by or

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21. Resolution 68/196, annex.

vulnerable to the illicit cultivation of drug crops, with a view to its prevention, reduction and elimination, and encourage States to the extent possible to stay strongly committed to financing such programmes;

(j) Encourage the development of viable economic alternatives, particularly for communities affected by or at risk of illicit cultivation of drug crops and other illicit drug-related activities in urban and rural areas, including through comprehensive alternative development programmes, and to this end consider development-oriented interventions, while ensuring that both men and women benefit equally from them, including through job opportunities, improved infrastructure and basic public services and, as appropriate, access and legal titles to land for farmers and local communities, which will also contribute to preventing, reducing or eliminating illicit cultivation and other drug-related activities;

(k) Consider the development of sustainable urban development initiatives for those affected by illicit drug-related activities to foster public participation in crime prevention, community cohesion, protection and safety and to stimulate innovation, entrepreneurship and employment;

(l) Promote partnerships and innovative cooperation initiatives with the private sector, civil society and international financial institutions to create conditions more conducive to productive investments targeted at job creation in areas and among communities affected by or at risk of illicit drug cultivation, production, manufacturing, trafficking and other illicit drug-related activities in order to prevent, reduce or eliminate them, and share best practices, lessons learned, expertise and skills in this regard.

8. We express appreciation for the inclusive, transparent and open-ended preparatory process for the special session, led by the Commission on Narcotic Drugs with the support, guidance and involvement of the President of the General Assembly, and for all contributions to this preparatory process.

9. We resolve to take the steps necessary to implement the above-listed operational recommendations, in close partnership with the United Nations and other intergovernmental organizations and civil society, and to share with the Commission on Narcotic Drugs, as the policymaking body of the United Nations with prime responsibility for drug control matters, timely information on progress made in the implementation of these recommendations.





The international community has since more than hundred years tried to implement a system that will limit production and use of narcotic and psychoactive substances to medical and scientific purposes. In three international drug control conventions, administrative controls and penal sanctions have been established to combat illegal production and use of these substances with the purpose to protect "the health and welfare of mankind"

The book refers concisely to important developments of the drug control system since the beginning of the 20th century and the entry into force of the three international drug control conventions after 1961

This drug control system is periodically evaluated. In 2016 a special Session of the General Assembly of the UN reviewed "the achievements and challenges in countering the world drug problem within the framework of the three international drug control conventions". This special session is the main subject of the publication. The discussions that led to this special session are outlined on the basis of the official texts of UN member states' evaluations and political decisions and the contribution of civil society organizations to UN meetings.

The author considers the outcome document of the UNGASS 2016, to be a promising sign for the change in orientation of the current drug control system and a shift in drug policy from repression and punishment, to pragmatism and focus on public health and respect for human rights. Policy makers, practitioners in the field of drugs and interested readers will find in the book valuable insights about trends and possible alternatives for the current drug policy.



Thanasis Apostolou, is director of Diogenis Association, Drug Policy Dialogue, Athens (GR). He studied theology at the National Kapodistrias University of Athens and continued his studies at the University of Amsterdam (Master degree). He has worked as conference leader, at Kerk en Wereld (NL) was staff member of the Orthodox Academy of Crete (GR), director of the Centre for Migrant Workers, Utrecht (NL) and Member of the Dutch parliament for the Labour Party (1989-2002). He follows since 2003 the developments of drug policy on the European, UN and National level.