

## Drug Policy Dialogue in South Eastern Europe

Publication series DIOGENIS Association Nr 6, 2015

### The UNGASS: background, aims and expectations

An opportunity for an honest and sincere assessment and  
an open transparent and forward-looking dialogue

Thanasis Apostolou\*

#### **The UNGASS and the competent UN bodies**

The idea to hold a special Session of the General Assembly on drugs 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 terms 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 the 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 are signs of a growing disagreement among states that are proposing the maintenance of the current drug policy and those that pursue policy innovation. The proposal to hold a General Assembly special session marks

this slightly different approach between the CND and the UN General Assembly.

The resolution 69/200 of the General Assembly of 2014 is explicit about the character and the content of the upcoming UNGASS. The resolution reaffirms 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 does not refer at this point to the three international drug conventions, but limits itself to the charter of the UN, international law and the universal declaration of human rights.<sup>3</sup>

In resolution 67/193 the General Assembly describes 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>4</sup>

The resolutions of the General Assembly seem to be more open and express 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) stress 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, despite criticism of the International Narcotics Control Board, are excluded from the debate.

### **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 cope with 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 most outspoken countries advocating for change are countries of the Latin American region. They bear indisputably the greatest burden of the repercussions of drug policies which have been imposed by the USA since president Nixon in the 1970s, introduce the plan on “the war on drugs”. Colombia, Brazil and Mexico were the initiators of a movement of disengagement from the traditional ways of dealing with the drugs problem and started a debate about alternative solutions . 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 points 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>

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 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 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. Factors that are inhibitory to the development of their countries, contributing to instability,

fuelling corruption and adversely affect the welfare of their citizens. The report, consists of two parts: the Analytical Report, and the Scenarios Report. The first report makes an analysis of the effects, weaknesses and challenges of policies on drug control in the region. It refers to current trends, practices and policies. The second report contains a description of alternative scenarios that could be followed in the future referring to the pros and cons of each scenario as well as the expected results.

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

In the United States a growing number of States take legislative measures for production and availability of cannabis for medical and recreational purposes. The use of both recreational and medicinal marijuana has been entirely legalized in the US states of Alaska, Colorado, Oregon, and Washington. Cannabis is also legalized by countries who are party of the UN Single convention on Narcotic drugs, 1961. Uruguay was the first country that changed its legislation. There is a large number of countries that did not legalize but have decriminalized cannabis for recreational use.<sup>6</sup>

European Countries had already in the ‘70s challenged 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 user, substitution treatment, access to syringes and other harm reduction services were in the course of time introduced with nearly always negative comments of the International Drug Control Board (INCB) but at the same time positive effects. In 2001 Portugal adopted a drug law that- although has maintained the status of illegality for using or possessing any drug for

personal use- changed the offence from a criminal one, to an administrative one. This decriminalization measure had positive effects and is 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 to be illegal. A worldwide survey of the regulations about cannabis shows that most of the countries are looking for solutions while the competent international bodies are only reacting negatively 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.

The states in the Middle East, the Persian Gulf, Central, West and South East Asia, and Africa are confronted with an 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 prevalent. 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 tremen-

dous good work in a rather unfavorable 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 numbers of joint activities on the national, regional and international level. The contribution of NGOs is more pronounced and to the point, perhaps because -although they are not at all against international agreements- they find that the current drug control conventions need to be changed and be 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) are working 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 participate in the preparatory process of UNGASS 2016 at regional and global levels. 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 to be addressed at the UNGASS, The survey has been used for the

recommendations of the CSTF for 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 58<sup>th</sup> 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 preparations for the Special Session of the UN General Assembly in 2016 took place along the lines that the 57<sup>th</sup> session of the CND was prepared. The 57<sup>th</sup> session of the CND reviewed the progress made in achieving the objectives set out in the 2009 Political Declaration and plan of action.

The outcome of the ministerial statement 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 UNGASS would follow a similar process. There would be several intercessional meetings, consultations, hearings, special events, written contributions of UN agencies, of the members states, intergovernmental organisations and Non-Governmental Organisation’s (NGOs, Academia, scientific community). A website on the UNGASS was set up to “facilitate a global dialogue in an inclu-

sive 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.) would be 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 underlines in this resolution the importance of the special session of the General Assembly as a milestone on the way to 2019. The CND is 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 for the special session of the General Assembly and the Secretariat will 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 organizational 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.<sup>10</sup> 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 57<sup>th</sup> 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. 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 and at the 58<sup>th</sup> session of CND in 2015 as well as during 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 58<sup>th</sup> CND in March 2015, States agreed to approve a brief, substantive, concise and action-oriented UNGASS document.

All countries recognize that the UNGASS is an opportunity for an honest and sincere assessment of progress and setbacks, successes and failures, challenges and obstacles the current drug policy. Although there is a call for openness most of the countries feel 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 point 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 are, however, willing to see the UNGASS as an opportunity for a broad debate without restrictions, a debate which 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 organized criminality. There is further a growing consensus that Drug policy must focus on public health and not on repression and punishment. Decriminalization of the users is gaining ground despite opposition of a small number of countries and NGOs.

To get an idea of the contributions to the workshop topics we indicate 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>11</sup>

2. Consider policy alternatives that go beyond the extremes of tough prohibition and 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. ( Civil society Forum (CSF)<sup>12</sup>

3. Declare that people who use drugs should receive support, treatment and protection, rather than be punished (USA)<sup>13</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, behavioral 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>14</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 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 ser-

vices 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 cooperation 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 organizations, 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 drugs policies based on respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights.

2. States Parties should ensure that their legal framework for drug-related offences is in line with international recommendations concerning the principle of proportionality.

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.

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

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

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.

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

#### **4. Alternative development; regional, interregional and international cooperation on development oriented, balance drug control policy; addressing socio-economic issues**

1. 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..

2. 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.

#### **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 59<sup>th</sup> CND in March 2016. At the CND 59<sup>th</sup> session, the text will be finalized and will 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 59<sup>th</sup> Session of the CND.” They also point 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>15</sup> The revised version of the “zero draft” of the outcome document has already changed several paragraphs of the text, although the main unresolved issues are still missing. The phrase “harm reduction” is not in the text, the decriminalisation of the users either and the call for reform of the current system is not explicitly recognized.

The revised draft contains, however, several points that are an improvement of the “Zero draft”. The draft recognizes “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>16</sup> It reiterates 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, on, 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”. It Recognizes “drug dependence as a treatable multi-factorial 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 sub-

stance use disorders”. Is advocating 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 recommends 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 that draft recommends, 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 “recognize 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”.

In the paragraph about “new challenges, threats and realities “the draft document recommends measures about the New Psycho-active Substance (NPS), the Am-

phetamine Type Stimulants (ATS), precursors, Non-medical use and misuse of pharmaceuticals and the use of internet. In the same paragraph, the draft speaks about “new guidelines” and “revision and updates of drug policies”. It calls 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 “expresses appreciation for the important contributions received from so many stakeholders in support of the preparations for the Special Session”, reaffirms 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 makes 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 organizations 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 closing sentences of the draft outcome point clearly to 2019 as the year of decisions. This places the entire operation of the UNGASS in a perspective. The second revised draft shows to a degree some flexibility of the board. We do not exclude that in the remaining period a more balanced and challenging text will be the outcome. The recognition of Harm reduction and decriminalisation of drug users is needed 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 is not more than fair to include this existing reality in the outcome document of the UNGASS. In the remaining period to the UNGASS the text will, probably, be slightly amended and supplemented. At the UNGASS, the final text will be adopted. The core of the current text will remain anyway. With the perspective of 2019, the final outcome cannot be contrary to the current reality and to the reforms that are taking place.

## NOTES

---

\*Thanasis Apostolou is Director of the Association DIOGENIS , Drug Policy Dialogue in South Eastern Europe

<sup>1</sup> resolution 64/182

<http://www.refworld.org/pdfid/4bfce8332.pdf>

<sup>2</sup>

[https://www.unodc.org/documents/commissions/CND/Joint\\_Ministerial\\_Statement/V1403583\\_E\\_english.pdf](https://www.unodc.org/documents/commissions/CND/Joint_Ministerial_Statement/V1403583_E_english.pdf)

<sup>3</sup> Resolution 69/200

[http://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/69/200](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/69/200)

<sup>4</sup> resolution 67/193

[http://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/67/193](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/67/193)

---

5

[http://www.drogasedemocracia.org/Arquivos/dec-laracao\\_ingles\\_site.pdf](http://www.drogasedemocracia.org/Arquivos/dec-laracao_ingles_site.pdf)

<sup>6</sup> 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)

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

8

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

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)

10

[https://www.unodc.org/documents/ungass2016/Background/CND\\_Deci\\_57\\_2.pdf](https://www.unodc.org/documents/ungass2016/Background/CND_Deci_57_2.pdf)

---

11

[https://dl.dropboxusercontent.com/u/64663568/library/Zero-Draft\\_EU-contributions.pdf](https://dl.dropboxusercontent.com/u/64663568/library/Zero-Draft_EU-contributions.pdf)

12

[https://dl.dropboxusercontent.com/u/64663568/alerts/Zero-draft\\_CSF-recommendations.pdf](https://dl.dropboxusercontent.com/u/64663568/alerts/Zero-draft_CSF-recommendations.pdf)

13

[https://dl.dropboxusercontent.com/u/64663568/library/Zero-Draft\\_USA-contribution.PDF](https://dl.dropboxusercontent.com/u/64663568/library/Zero-Draft_USA-contribution.PDF)

<sup>14</sup> <http://nyngoc.org/wp-content/uploads/2015/10/Civil-Society-Task-Force-Recommendations-for-Zero-Draft.pdf>

<sup>15</sup> <http://idpc.net/publications/2015/07/idpc-recommendations-for-the-zero-draft-of-the-ungass-outcome-document>

16

<http://drugpolicydebateradar.com/2016/02/11/draft-outcome-document-ungass-2016-revised-9-february-2016-our-joincommitment-in-effectively-addressing-and-countering-the-world-drug-problem/>

**From October 1-3, 2015 a Regional meeting of NGOs, policy makers and scientists/researchers from the countries of Southeast Europe, was organized by Diogenis Association in Belgrade, to discuss about the UN General Assembly Special Session on Drugs (UNGASS, April 2016) and its significance for Southeast Europe. The meeting closed with the formulation of some conclusions relevant for the situation in the SEE countries.**

## Statement of NGO's in South East Europe “The UNGASS 2016 and its significance for SEE”

The participants express their appreciation for the initiative of the UN Member States, the international organizations, civil society and in particular, the NGOs to discuss and openly debate key issues concerning the drugs phenomenon. It is important that the UNGASS includes besides the review of progress in the implementation of the political declaration 2009, the “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.”

The outcomes of the UNGASS should give a new impetus to the renewal of drug policies and practices in the world.

The political, economic and social situation in SEE countries makes it difficult to develop a coherent, comprehensive and workable drug policy. Drugs do not get the required priority on the political agenda of the countries in the region. The treatment of users, despite efforts in recent years to shift the focus from a punitive approach to an approach towards public health and respect for human rights, remains a responsibility of criminal justice with all the consequences of marginalization, stigma and social exclusion. In the countries of South East Europe, a large percentage of people who use drugs is imprisoned with no prospect of social integration. While scientific research and practical experience show that the inclusion of drug users and drug dependent people in harm reduction and treatment programs, is more effective and cheaper, governments do not adequately support these alternatives. On the contrary, in most countries, the providers of harm reduction services become less and in many cases, services are closing due to lack of funding. Organized crime and corruption related to drug trafficking is a huge problem in countries of the region located on trafficking routes for drugs, weapons and human beings. Cooperation with the international community to counter these problems is necessary.

Participants propose that the Special Session on Drugs provides guidelines and commits the

Member States to implement the following issues:

1. UN Member States commit themselves to put into practice the constantly repeated principle of a balanced approach between demand and supply reduction. For the countries in Southeast Europe this means that priority must be given to

resource allocation for harm reduction programs and strengthening prevention, treatment and social integration.

2. The criminalization of drug users has proved to be counterproductive and harmful to society and individuals and should be repealed. The UN Office on Drugs and Crime mentions in the document

“Drug policy provisions from the international drug control” that «International Conventions do not necessarily require the punishment for possession, purchase or cultivation of drugs for personal use». The Special Session should take a clear position and define the framework within which the member countries can address the decriminalization of drug users.

3. Harm reduction programs are recognized in strategic documents on drugs in most countries of Southeast Europe, but this recognition is not transposed in state legislation. Integration of harm reduction (including distribution and exchange of syringes and supervised consumption rooms) into national legislation is needed.

4. The use of so-called new psychoactive substances by young people is a priority and has to be addressed effectively. Training and education, along with the promotion of a healthy life style has to be supported.

5. Cannabis is the main substance used by young people. Cannabis as a prohibited substance is a matter of controversy. More and more countries make a distinction between cannabis and other psychotropic substances. Some countries have introduced legislation on cannabis. The Special

Session on Drugs of 2016 cannot ignore these developments and should provide guidelines to address it. South East European countries face illicit production and trafficking of cannabis which have to be solved.

6. The meeting in Belgrade identified the lack of treatment programs for minors who use opioid drugs. It is an issue that needs immediate intervention especially for certain population groups in the countries of SE Europe.

The international community has the opportunity at the forthcoming Special Session of the UN General Assembly in 2016 to propose a framework of principles which will enable Member States and civil society to conduct meaningful dialogue on drugs accompanied by the application of methods and programs that have proven to be effective. The new social conditions and challenges require policies and legislation that are consistent with scientific knowledge, promotion of a healthy life styles and respect for fundamental human rights.

Belgrade, October 2, 2015

Aktion Plus (Albania)

Viktorija (Bosnia and Herzegovina)

Diogenis (Greece)

Center for Life (Greece)

Juventas (Montenegro)

ALIAT (Romania)

SEEA.NET (Slovenia)

Margina (Bosnia and Herzegovina)

Healthy Options Skopje (HOPS) (FYR Macedonia)

Positive Voice (Greece)

NGO 4life (Montenegro)

RHRN (Romania)

Prevent (Serbia)



## Drug Policy Dialogue in South Eastern Europe

The current system of global drug control is based on the three international UN Conventions : the Single Convention on Narcotic Drugs ( 1961 ) as amended by the 1972 Protocol , the 1971 Convention on Psychotropic substances and the 1988 Convention on Illicit Drugs and Psychotropic substances.

The legislative scheme developed after the 1960s followed the repressive approach and is characterized by a restrictive interpretation of the UN Conventions which is often an obstacle for the development of innovative practices that meet the needs of our time and are constantly evaluated as to their effectiveness . Decades of repressive drug policies have not reduced the size of illegal drug markets instead they have led to violations of the human rights, caused a crisis in the judicial and prison system , stabilized organized crime and marginalized vulnerable drug users , the small traders and producers of illicit crops .

The Drug Policy Dialogue in South Eastern Europe of the DIOGENIS Association aims to promote a more humane , balanced , and effective drug policy that takes distance from the repressive approach and approaches the subject from the perspective of public health , human rights and harm reduction .The specialized project Drug Law Reform which is promoted by the Association in cooperation with scientific institutions ( universities and research centers ) in the countries of South Eastern Europe aims to reform legislation by highlighting good practices and lessons learned from experiences in areas such as decriminalization and depenalization, proportionality of sentences , alternatives to incarceration and harm reduction .

- The series of publications of the Association aims to encourage a constructive dialogue between the competent state bodies that are responsible for drug policy, agencies, services and relevant authorities that implement this policy and civil society organisations.