

# Recommendations of the Civil Society Forum on Drugs on the UNGASS outcome document

October 2015

## Introduction

The Civil Society Forum on Drugs (CSF) is a broad platform for a structured dialogue between the European Commission and the European civil society which supports drug policy formulation and implementation through practical advice.<sup>2</sup> For the period 2015-2017, the CSF is composed of 45 NGOs, networks, civil society organisations and grass-roots service providers from across Europe, representing a diversity of views on drug policy (see Annex 1 for a full list of members).

The latest meeting of the CSF took place on 5<sup>th</sup> and 6<sup>th</sup> October 2015, during which CSF members had an opportunity to discuss the key thematic areas that will be debated at the United Nations General Assembly Special Session (UNGASS) on drugs in April 2016. On the basis of these discussions, this position paper offers a set of recommendations to the Horizontal Drugs Group (HDG) and EU institutions as a whole on what CSF members consider to be key priorities for the UNGASS outcome document.

This position paper is organised under headings reflecting the key thematic areas of the UNGASS, and includes a final section on civil society participation.

## Drugs and health

- Create a stronger link between human rights and health in drug policies, interventions and programmes.
- Ensure better involvement of affected populations, including people who use drugs, families, children and youth at risk, and recovered users, in the design and implementation of policies and programmes that affect them.

### Possibilities for the EU to involve the CSF on drugs in its work on the UNGASS and other areas of drug policy

There are various ways in which the EU can involve the CSF in its deliberations:

- Invitation of the CSF to present its recommendations at upcoming HDG meetings
- Invitation of the CSF at the National Drugs Coordinators Meetings
- Read the CSF suggestions around EU positions at upcoming CND intersessionals and other preparatory UNGASS events
- Organisation by the EU Presidency of briefings with the CSF Core Group at the beginning and the end of its mandate
- Participation of HDG members in the CSF/HDG joint sessions at the annual CSF meetings
- As individual member states of the HDG, engage in constructive dialogue between the National Drug Coordinator and national civil society organisations on EU and international drug policy issues.<sup>1</sup>

<sup>1</sup> Please note that the current CSF includes a working group which is focused on engagement between civil society and national governments in relation to drug policy. Stakeholders will be kept informed of this work as it progresses.

<sup>2</sup> [http://ec.europa.eu/dgs/home-affairs/what-we-do/networks/civil-society-forum-drugs/index\\_en.htm](http://ec.europa.eu/dgs/home-affairs/what-we-do/networks/civil-society-forum-drugs/index_en.htm)

- Promote improved access to health interventions for those who need them, including access to evidence-based prevention, drug dependence treatment, risk and harm reduction services, and treatment for drug-related health harms (such as HIV, hepatitis, etc.). Services and interventions available should better address co-morbidities.
- Allocate greater funding for prevention, risk and harm reduction, treatment and care, recovery and rehabilitation interventions.
- Ensure greater access to drug demand reduction services for people in closed settings, including prisons.
- Ensure the scaling up of demand reduction services, as well as the implementation of international quality standards for demand reduction.
- Commit to ensuring adequate and affordable access to internationally controlled drugs for medical purposes, such as for pain relief, palliative care and other diseases like multiple sclerosis, etc.
- Develop a new set of human rights indicators to measure the health outcomes of drug policy and WHO recommended programmes.

## Drugs and crime

- 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<sup>3</sup> drug use and possession of small amounts of drugs for personal use.<sup>4,5</sup>
- Ensure the proportionality of sentences for drug offences, and provide a clear definition of the concept as it relates to drug control.<sup>6</sup>
- Promote the abolition of the death penalty in all circumstances.
- Consider the use of restorative justice approaches for drug-related offences.
- Adopt measures that reduce drug-related harms, in particular for children in line with article 33 in the Conventions on the Rights of the Child.
- Adopt new indicators of success, focusing on outcomes like reduced criminal activity, improved access to evidence-based and effective prevention, risk and harm reduction and treatment services, reductions in drug market-related violence, etc.<sup>7</sup>
- Reallocate a portion of drug policy funding directed at addressing crime, towards drug prevention, risk and harm reduction, treatment and care.

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<sup>3</sup> “Decriminalisation” refers to the removal of criminal penalties for drug use and possession of small amounts of drugs for personal use, although these remain illicit activities. For more information, please refer to the definitions offered by the EMCDDA: <https://www.youtube.com/watch?v=9NKhpujqOXc>

<sup>4</sup> Please note that among the 45 members of the CSF on Drugs, the following organisations do not support the proposal for decriminalisation: Celebrate Recovery, European Cities Against Drugs, European Cities Against Drugs, Foundation for a Drug-Free Europe, Icelandic Centre for Social Research and Analysis, Actis-Norwegian Policy Network on Alcohol and Drugs, San Patrignano, Women’s Organizations Committee on Alcohol and Drug Issues and World Federation Against Drugs

<sup>5</sup> cf. From coercion to cohesion, Discussion paper, UNODC, 2009

<sup>6</sup> See: Universal Declaration of Human Rights, in particular Art. 5

<sup>7</sup> There are a wide range of studies that show the gap in funding for drug prevention, risk and harm reduction and treatment services. This gap should be urgently addressed

## **Human rights, women, youth and communities**

- Commit to a strong human rights approach to drug control, to ensure that drug laws are designed and implemented in full conformity with international human rights law.
- Conduct a regular and systemic assessment within the UN human rights and drug control systems on the human rights impact of drug markets and drug control policies among members of most affected communities. We encourage the EU to call for UNODC to include an assessment of the human rights impacts of drug control in its annual World Drug Report.
- Recall Member States' obligation to protect children from illicit drug use, in accordance with the Convention on the Rights of the Child, which is a core human rights convention.
- Adopt and implement drug policies and programmes that are implemented in a non-discriminatory way and are responsive to the needs of women and girls, ethnic minorities, LGBT communities, indigenous groups, children and youth.
- Promote the meaningful participation of those affected by drugs and drug policy in the design and implementation of drug policies and programmes that affect them. Ensure the meaningful participation of women who use drugs in preparation of national reports to the Commission on the Elimination of All Forms of Discrimination against Women (CEDAW).
- Ensure access to evidence-based and human rights-based drug dependence treatment and rehabilitation such as opioid substitution treatment, as well as services for HIV, hepatitis C and STI testing, prevention, care and treatment that respond to the needs of women, children and youth. Services should also include legal support and protection from sexual, economical, physical and institutional violence, including law enforcement bodies.
- Reaffirm sexual and reproductive health and reproductive rights as human rights, integral to achieving transformative sustainable development across social, economic, and societal dimensions.
- Prioritise the systematic and coordinated data collection, analysis and use of data disaggregated by sex, age, sexual orientation and gender identity, disability, place of residence, income and other factors to effectively monitor on human rights progress in drug policies.
- Commit to making international funding conditional to a human rights-focused drug control strategy – i.e. refusing to fund any demand or supply reduction programme that may lead to a violation of basic human rights.

## **Alternative development**

- Frame alternative development programmes within a broad development approach focusing on a reduction of poverty and social inclusion, improved access to legal markets, a protection of the environment, as well as the development of basic infrastructure, education, social protection and employment opportunities.
- End aerial fumigation, which has proven ineffective and harmful to people's health and the environment.
- Ensure that alternative development programmes do not only focus on rural areas in producer countries, but also on urban areas in producer, trafficker and consumer countries, where tackling the involvement in the drug trade requires a thorough development programme focused on poverty alleviation and strengthening community resilience and solidarity.

- Remind member states of their obligation to link the UNGASS with the Sustainable Development Goals, and ensure a stronger involvement of the United Nations Development Programme in the UNGASS process.
- Ensure the meaningful participation of affected communities, including indigenous groups, in the design and implementation of programmes and policies that affect them.
- Establish new and long-term indicators for alternative development programmes based on the Human Development Index.

### **New challenges, threats and realities**

- Develop different approaches in service design and implementation, as well as monitoring, to tackle new market trends, including the phenomenon of new psychoactive substances.<sup>8</sup>
- Ensure a person-centred approach for service design and delivery to ensure that the needs of the target groups (for example, homelessness, mental health, use of NPS) are being adequately addressed.
- Promote an open debate on whether the current global drug control system has been effective in achieving its stated objectives. This should cover the importance of implementing the UN drug conventions based on a human rights approach, the need to use the flexibilities allowed in the conventions for alternative approaches, and an analysis of the tensions existing between international drug control obligations and new realities from the ground.

### **Promoting the meaningful participation of civil society**

CSF members wish to stress the need for the meaningful and strong involvement of civil society at the UNGASS:

- Civil society organisations should be allowed to participate in all preparatory sessions of the UNGASS, and at the Special Session itself, and be able to engage in the debates using the UNGASS Special Segment in March 2015 as an example of best practice – where each panel included an NGO representative, and NGOs were able to make statements from the floor throughout the sessions, rather than using the more common practice of only allowing NGO representatives to take the floor at the end of the session if time allows.
- Governments should support the organisation of the Civil Society Hearing which is set to take place three months ahead of the UNGASS.
- **Governments should commit to funding the Civil Society Task Force (CSTF) – the official mechanism for civil society engagement in the UNGASS process.**

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<sup>8</sup> cf. EMCDDA documentation on NPS

## **ANNEX 1. Members of the CSF on Drugs for the period 2015-2017**

1. Ana Liffey Drug Project (ALDP)
2. Association Diogenis – Drug Policy Dialogue in South Eastern Europe
3. Association Française pour la réduction des Risques (AFR)
4. Beckley Foundation
5. Celebrate Recovery
6. Citywide
7. Coalition Internationale Sida (CIS) – Coalition PLUS
8. De Regenboog Groep – Correlation Network
9. Deutsche Hauptstelle fuer Suchtfrage (DHS)
10. Eurasian Harm Reduction Network (EHRN)
11. Europe Against Drugs (EURAD)
12. European AIDS Treatment Group (EATG)
13. European Association for Palliative Care (EAPC)
14. European Association of Professionals working in the Drug Field (Itaca)
15. European Cities Against Drugs (ECAD)
16. European Forum for Urban Security (EFUS)
17. European Institute of Studies on Prevention (IREFREA)
18. European Treatment Centers for Drug Addiction Euro-TC
19. Federación Andaluza ENLACE
20. Fédération Addiction
21. Fédération Bruxelloise des Institutions pour Toxicomanes – FEDITO BXL
22. Forum Droghe
23. Foundation for a Drug-Free Europe (FD FE)
24. Fundación Atenea
25. Healthy Options Project Skopje (HOPS)
26. Hungarian Civil Liberties Union (HCLU)
27. I Can Live Coalition (ICL)
28. Icelandic Centre for Social Research and Analysis (ICSRA)
29. Institute for Research and Development "Utrip"
30. International Drug Policy Consortium (IDPC)
31. International Harm Reduction Association (IHRA)
32. Norwegian Policy Network on Alcohol and Drugs
33. Organisation Internationale Dianova
34. PARSEC Consortium
35. Piaget Agency for Development (APDES)
36. Polish Drug Policy Network
37. Romanian Harm Reduction Network (RHRN)
38. San Patrignano Community
39. Scottish Drug Forum Ltd
40. Stichting AIDS Foundation East West (AFEW)
41. Stichting European Council of Drug Helplines (FESAT)
42. Union of Entities, Associations and Institutions related to Drugs Use Care (UNAD)
43. Women's Organisations Committee on Alcohol and Drug Issues, WOCAD
44. World Federation Against Drugs (WFAD)
45. Youth Organisations for Drug Action (YODA)