

IDPC recommendations on the Joint Ministerial Statement

5th Intersessional Meeting, 11th December 2013

In preparation for the High Level Segment of the Commission on Narcotic Drugs (CND) in Vienna in March 2014, and in particular the negotiation of the Joint Ministerial Statement, the International Drug Policy Consortium (IDPC) has drafted a set of recommendations to promote the drafting of a cohesive statement that reflects the changing priorities and realities of drug control around the world.

Overall structure of the Statement

The first challenge to delegates at the Intersessional Meeting on the 11th December is to address the structural problems with the current draft Joint Ministerial Statement. It is inevitable at this stage of the negotiations that the text would be ever expanding, with many repetitions and contradictions, and many of the key disagreements unresolved. This is perhaps symptomatic of the increasingly difficult task of reaching consensus on what appear to be diverging opinions on the future direction of UN drug control. The Chairman has understandably not been able to resolve these competing pressures in presenting the latest draft, so it is important that missions take action to work towards a credible and logical structure for the statement that will withstand a high level of public scrutiny, including:

- Actually including some form of **mid-term review of the objectives** set out in the 2009 Political Declaration (the primary purpose of the Statement), through a clear statement on (by adjusting and merging current paragraphs 3, 5, 10ter, 12 and 13) an overall assessment of progress in ‘significantly reducing supply and demand’, as summarized in the 2013 World Drug Report.
- Calling for a **clearer flow in the Statement**, with the Introduction focusing only on overall statements of process and progress (broadly the case in the current draft, but paragraphs 12 and 13 cover the same ground as earlier paragraphs, and only serve to complicate the structure).
- Calling for a **better balance** in the amount of paragraphs in the sections on ‘Achievements’ (currently 21 paras) and ‘Challenges and Priorities for Action’ (currently 44 paras), and also between coverage of Demand Reduction (currently 17 paras) and Supply Reduction (currently 41 paras). This imbalance is created by the many paragraphs in the current draft calling for better co-operation and co-ordination in every detailed aspect of law enforcement and judicial practice. These could be much reduced. If retained, they run the risk of simply repeating a long list of statements contained in the 2009 and 1998 documents.

To protect the credibility of a Statement that will receive a lot of attention next March, it is important that missions (while understandably focused on negotiating text on specific issues) keep the overall structure and flow of the Statement in mind.

Thematic issues

The World Drug Problem – We call on missions to change this formulation, used at several points in the text, to a broader and more nuanced formulation, such as [‘the problems associated with illicit drug markets and](#)

their control'. The use of a singular formulation is misleading, as there are many different facets of the problem, which require different strategies to respond. The use of a single catch-all phrase also supports the misconception that this is a single enemy that we should fight and eventually overcome. Most member states have moved beyond this unsophisticated analysis, and this should be reflected in the Statement.

Related to this, we are calling on missions to seek the removal or significant amendments of paragraphs 10 bis and 10 ter.

- In the current draft, **paragraph 10 bis** leans towards a strong reaffirmation of the goals (drug-free world, eradication of supply and demand), and methods articulated in previous statements, while at the same time avoiding any critical analysis of the results achieved. If a version of this paragraph is retained, it should be very clear that, while reduction of supply and demand should remain as key goals (with less ambitious objectives), other, more achievable, objectives should also be included around reducing the consequences of drug markets – health, crime, security and development harms.
- **Paragraph 10 ter** appears to add very little to the overall Statement since paragraphs 2 and 3 already underscore and reaffirm member states' commitments. In addition, paragraph 10 ter underscores a renewal of 'our commitment to persistently and fully implement the Plan of Action of 2009', which seems to imply that no lessons have been learned from the past five years, and that the strategy does not require any adaptation or improvement. It is essential that missions conduct an honest assessment of progress made and admit that it is time to consider a wider range of policies and programs.

UNGASS Preparations – The current paragraph 10 is reasonable, but could be strengthened by reference to the important role that can be played by other UN agencies in the preparatory period. At the recent UNODC/DPA Task Force meeting in New York, it was agreed that relevant agencies will prepare reports on drug control from the perspective of their own areas of responsibility, and submit them for consideration by member states. This proposal was supported by UNODC, and is a welcome move towards system wide co-operation on this issue. Recognition of the importance of this process should be noted by adding the following text to the end of paragraph 10 – 'thereby invite all UN agencies to consider the relevance of the drugs issue for their area of work and to prepare inputs based on their respective mandates for a system-wide debate at the 2016 UNGASS'.

HIV prevention and harm reduction – We recognize that this is again a difficult issue for missions, but the paragraphs dealing with this issue currently need a complete rewrite. We reiterate the strong view of our network that the CND must be able to adopt language and concepts that have for many years been embedded into national practice, and agreements in other UN Forums. We call on missions to ensure this consistency with UNAIDS and General Assembly terminology, and propose the following alternative text for the current paragraphs 14, 14 bis and 16:

'Recognize that the development, adoption and effective implementation of comprehensive, integrated and multisectoral drug demand reduction strategies, encompassing prevention, treatment and harm reduction, are essential for meeting the goals of the 2009 political declaration and underscore that increased investments in the area of public health and social reintegration have led to significant achievements in relation to demand reduction and reducing health and social harms.'

Note that some Member States that have expanded access to HIV prevention, treatment and care interventions report declining HIV incidence among people who inject drugs; and note that those States that have implemented these evidence-based harm reduction interventions as outlined by the WHO, UNODC and HIV technical guide, and in particular needle and syringe programs and opioid substitution therapy, have

remarkably reduced the number of HIV infections among people who inject drugs, with some countries approaching the elimination of drug-related transmission’.

Furthermore, in paragraph 31quat, the meaningless formulation in the first line can be resolved by removing the words ‘working towards’. It is impossible to ‘work towards’ a reduction - you can either reduce something or not.

The World Health Organization – There is a continuing underrepresentation of the treaty-mandated role of the WHO in the current draft. In order to protect the balanced and evidence-based ambitions of the Statement, it is important not to allow the ‘silo’ mentality to continue in Vienna – collaboration between the UNODC and INCB and other relevant multilateral entities is increasingly important. Any language that refers to the ‘principal role’ or ‘prime responsibility’ for drug control matters in the UN system that mentions CND, INCB and UNODC only and excludes the WHO from the same category at the same level – as happens again in current paragraph 8 – is simply unacceptable. This should be considered a red line in the negotiations: the treaty-based mandate of the WHO should no longer be marginalized or represented in any way as less relevant within the UN drug control system than the role of the CND, INCB and UNODC.

We also propose that references to the role of WHO are introduced or strengthened in paragraphs 7 (on NPS), 10 (on UNGASS, where all other relevant UN agencies should also be listed), 21 (by putting the role of WHO on the same level of importance as that of INCB and UNODC – the formulation in 21 bis is much preferred), and 37 (by deleting ‘cooperating, as appropriate, with the WHO, ensuring their activities to prevent of diversion and abuse as outlined in the UN drug Conventions’).

Essential medicines – The current text included in paragraphs 8 bis and 37 is good regarding access to essential medicines, but the level of profile given to this subject in the whole statement, and the sense of urgency, is still lacking. More prominence could be achieved by adding the following text to paragraph 2 (after the words ‘international drug control system’):

‘Reaffirm that the international drug control conventions seek to achieve a balance between ensuring the availability of narcotic drugs and psychotropic substances under international control for medical and scientific purposes and preventing their diversion and abuse’.

Para 37 could be strengthened by the insertion of the words ‘In many countries, this constitutes a medical emergency, and...’ after the words ‘in most countries’.

Diversion to treatment – Paragraph 15 could be made clearer by the insertion of the words ‘as alternatives to prosecution and incarceration’, after the words ‘treatment and care options’.

Death penalty – The paragraph referring to the International Covenant on Civil and Political Rights (in paragraph 45 ter of this latest version) are square bracketed. We call on missions to protect this important wording that recognizes agreements made in other, higher level, UN bodies for a – in this case the General Assembly.

Alternative development – The priority now given to eradication over a development-oriented approach in paragraph 44 is unacceptable and contradicts previous agreed language around alternative development in both the 1998 and 2009 Political Declarations and Action Plans. The wording now included in paragraph 44 that considers ‘greater international cooperation in eradicating illicit crops a priority’ should therefore be deleted to ensure that the basic purpose of the paragraph is not undermined. In addition, the caution ‘where appropriate’, now awkwardly inserted twice in paragraph 17 in relation to ‘preventive’ alternative development and ‘social control’ should equally apply to ‘eradication’, since there are also countries that regard eradication as inappropriate under certain conditions. Therefore, ‘where appropriate’ should either

be inserted for a third time, or preferably another editorial solution needs to be found to make it clear that all these interventions require certain circumstances to be appropriate.

We wish you well in the coming negotiations and our representatives remain available to discuss any of these issues, and provide specific text suggestions or background material, should you require it.

The International Drug Policy Consortium is a global network of non-government organisations and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert advice to policy makers and officials around the world.

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