

Recommendations on the Joint Ministerial Statement

2nd Inter-Sessional Meeting, 16th October 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 following recommendations aim to promote a cohesive statement that reflects the changing priorities and realities of drug control around the world (based on the Chairperson’s Draft of 4th October 2013). We are available to provide more detailed text and suggestions on any issues below if required.

- **Structure.** The Statement should explicitly outline the original objectives set out in 2009, and analyse progress made towards them. The current draft does neither – avoiding any mention of the objective of significantly reducing supply and demand, or of the relevant data from the 2013 World Drug Report. Furthermore, to be consistent with CND resolution 56/12, there should be a clear delineation under each of the three substantive areas for “achievements”, “challenges” and “future opportunities”.
- **Acknowledge limited progress.** The Preamble should acknowledge that the original objectives, as set out in 2009, have not been achieved. Member states should also challenge the claims in paragraph 8 that objectives on supply and demand reduction can be achieved. Although the scale of the market for some drugs in some countries has declined, this has been outweighed by an increasing market for other drugs and in other parts of the world. The Preamble should include a paragraph expressing concern at the continuing impact of drug markets and drug policies on development, security, public health, and human rights.
- The protection of **human rights** is given prominence in paragraph 1 of the Statement. However, more attention should be given to the human rights violations that have occurred in the name of international drug control, and on the need to better protect these rights throughout the Statement, in particular with regards to access to and quality of harm reduction and treatment services (paragraphs 17-19, 21 & 22), access to essential medicines (paragraphs 23, 24), due process and proportionality of sentences (especially in relation to the death penalty) and alternative development (paragraphs 36-39). Human rights safeguards should also be included in efforts to tackle security, terrorism and money laundering (see paragraph 31); certain legal impediments to extradition are among those safeguards so need to be protected (see paragraph 57).
- **HIV/AIDS.** The original compiled draft of the Joint Ministerial Statement included this important paragraph from Switzerland: “Express concern that according to UNAIDS the global goal of reducing HIV infections among people who inject drugs by 50% by 2015 will not be reached, and that drug-related transmission is driving the expansion of the epidemic in many countries”. Linked to the point above, this paragraph should be reinserted.
- The **World Health Organisation (WHO)** should be included as one of the UN bodies with prime responsibility for drug control (e.g. in paragraphs 4 & 23), alongside UNODC and INCB. The unique mandate given to the WHO under the 1961 and 1971 Conventions to provide recommendations for scheduling needs to be clearly recognised. The Statement should mention the need for member states to ensure that WHO is allocated sufficient financial resources to fulfil its mandate in this regard.
- **Implementation of the conventions.** Paragraph 3 urges member states to fully and effectively implement the drug conventions. However, acknowledgement should be given to the flexibilities that

exist within these conventions, the positive experiences of certain member states in delivering innovative drug policy responses, and the importance of tailoring drug control to local contexts.

- Reference is made throughout the Statement to the “**world drug problem**”, but this vague concept needs to be better defined in the document. In particular, there needs to be an acknowledgement of problems and harms related to drug use, but also those related to the illicit drug market and to international drug control itself. For example, there needs to be more language around the harms to development, human rights, public health and human security.
- **New psychoactive substances (NPS)** receive significant attention but there is a need to clearly define what substances are included within this term. NPS should not be conflated with non-scheduled traditional psychoactive plants such as khat and kratom. The statement should also mention the range of innovative policy options available in response to NPS – such as existing consumer protection laws, the new European Union legislation or the approach now being taken in New Zealand. We also urge member states to emphasise the leading role of WHO – rather than INCB and UNODC – in the response to non-scheduled substances (as is the case for alcohol and tobacco) and with regard to scheduling recommendations.
- The Statement refers to the importance of **mass media and schools-based prevention programmes** (paragraph 25) – yet there is little evidence on whether these particular prevention strategies are effective at reducing levels of drug use, especially over the longer-term. Mention of these specific interventions should therefore be deleted.
- Paragraph 23 mentions the global emergency in terms of **access to essential medicines**, yet more prominence is needed on this important issue. The Statement should outline the priorities for member states, relevant UN agencies (WHO, INCB, UNODC) and donors to improve access, while paragraph 24 should also mention the importance of naloxone provision in reducing drug-related deaths.
- **Death penalty**. The Statement should include a separate paragraph which calls upon all member states to abolish the death penalty for drug offences in accordance with agreed UNGA resolutions and the International Covenant on Civil and Political Rights. There is a critical need to ensure that national and international drug control policies are in line with fundamental human rights standards.
- **Eradication and alternative development**. Paragraphs 36 to 39 mention “significant reductions” in production. Evidence shows that overall production has not substantially declined, with production increasing in some parts of the world. The Statement also omits to mention the impact of forced eradication on the human rights of subsistence farmers and on the environment. It should make explicit the need for adequate sequencing (alternative livelihoods need to be sufficiently in place before any eradication can take place), and should also caution member states on the unsustainability of eradication efforts implemented without effective development programmes.
- Paragraph 19 needs to refer to a broad range of **alternatives to arrest, prosecution and imprisonment** so as to include the positive experiences of a number of member states who have reduced or removed criminal sanctions for minor drug offences and for non-violent drug offenders.
- Paragraph 30 should acknowledge that current **drug law enforcement efforts** have, at times, exacerbated insecurity in parts of the world where drug producing and/or trafficking is common. The Statement should also recognise that, in consumer countries, repressive drug law enforcement practices can force people who use drugs away from public health services and into hidden environments where the risk of overdose, infections with hepatitis C, HIV and other blood-borne diseases is exacerbated. The Statement should recognise the need to refocus law enforcement and seek

to reduce the harms of drug markets (violence, crime, health, social marginalisation) rather than just focusing on reducing their scale.

- **Money laundering.** We recommend that the statement recognises that the lack of information about the beneficial owners of corporations, trusts and foundations is particularly hampering money-laundering investigations, and that, in accordance with recommendations 24 and 25 of the Financial Action Task Force, member states assure that the beneficial ownership be readily available on public record to facilitate effective due diligence; and that financial institutions identify the ultimate beneficial owners or controllers of any company, trust or foundation seeking to open an account.
- Finally, the existing references to **harm reduction** (paragraph 22), **opioid substitution therapy** (paragraph 24), and the **role of civil society** (paragraphs 5, 9 and 20) are welcomed – as is the call to “redirect resources in drug policies into public health approaches” (p 16). We urge member states to ensure that these remain intact, or are strengthened further, during negotiations on the text.

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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