

This report summarises the discussions and conclusions of the meeting, but does not reflect the institutional positions of the co-hosting parties

REPORT

2nd Brandenburg Forum on Drugs and Development Policies 'SCENARIOS AND PROPOSALS FOR A ROADMAP TOWARDS 2019'

The 2nd Brandenburg Forum on Drugs and Development Policies took place from February 6th to 8th February 2017 at the Hotel Schloss Lübbenau in Germany. The Forum was organised within the framework of the Global Partnership on Drug Policies and Development (GPDPD) – a programme aiming to enhance evidence-based development and public health-oriented approaches to drug policy.¹ GPDPD is commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) and implemented under political patronage of the German Federal Government's Drug Commissioner. The meeting was co-hosted by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of BMZ, the Drug Commissioner of the Federal Government of Germany, the Ministry of Foreign Affairs of the Netherlands, the International Drug Policy Consortium (IDPC) and the Transnational Institute (TNI).

Following a 1st Brandenburg Forum² in July 2016 with the aim to assess the outcomes of the UN General Assembly Special Session (UNGASS) on the World Drug Problem 2016,³ the partners established a meeting format which provides a forum for an open, constructive and timely discussion after the 2016 UNGASS. It also serves to identify common positions between representatives from interested Member States, UN agencies and civil society concerning the post-UNGASS process until 2019 and beyond. Hence, alliances will be further strengthened with regards to the implementation of development, public health and human rights oriented drug policy approaches.

The 2nd Brandenburg Forum brought together 54 expert participants, including government representatives from Belgium, Brazil, Canada, Colombia, France, Germany, Ghana, Guatemala, Kenya, Mexico, the Netherlands, Norway, Switzerland, Thailand and the United Kingdom – as well as the Chair of the 60th Session of the Commission on Narcotic Drugs (CND), taking place in March 2017 – and representatives from the United Nations Office on Drugs and Crime (UNODC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP), the African Union (AU), and civil society. In order to promote open dialogue, the discussions were conducted under 'Chatham House Rule' whereby the contents can be shared and used, but neither the identity nor the affiliation of any participants may be revealed.⁴

¹ For more information on the programme please visit www.gpdpd.org

² "1st Brandenburg Forum on Drugs and Development Policies: Taking Stock of UNGASS 2016 and the Challenges Ahead" – the meeting report can be obtained from contact@idpc.net upon request.

³ <http://www.unodc.org/ungass2016/>

⁴ <https://www.chathamhouse.org/about/chatham-house-rule>

Session 1: Post-UNGASS developments: Evolving reality, trends and circumstances

Following welcoming remarks from the co-hosts and a brief summary of the 1st Brandenburg Forum, there was a series of presentations from Europe, South-East Asia, Latin America and the Caribbean, as well as from UNODC, to document the developments, evolving realities and trends since the 2016 UNGASS within countries and/or regions. The presentations focused on reflections on the UNGASS processes and the Outcome Document;⁵ the steps being taken to implement its recommendations and ensure its long-term relevance on a longer term; the continuing concerns related to drug production, consumption and trafficking; current or potential policy reforms and shifts, as well as increasing polarisation between those leaning towards more development, health and human rights-based approaches, and those focused on a more punitive model at the national level; the changing priorities of governments and donors around the world; the need for enhanced cooperation between UN-entities – including linkages with the Sustainable Development Goals (SDGs); the broadening of the concept of alternative development towards urban settings; the concerns around global harm reduction funding and the increase in new HIV infections among people who inject drugs; and the need for common ground and a clear pathway to 2019, when the 2009 Political Declaration and Plan of Action⁶ is due to expire. In the subsequent discussions, participants were also keen to highlight the perspectives of Central Asia, Eastern Europe and the Middle East and North Africa – as well as punitive approaches like the continued use of the death penalty or the recent spike in extrajudicial killings, which run counter to the letter and spirit of the UNGASS Outcome Document, and the international response to this situation.

Participants feedback

As part of efforts to improve and refine ongoing GPDPD activities, evaluation forms were completed by participants. The feedback was overwhelmingly positive: 90% of the participants agreed that they had acquired new ideas on development- and health-oriented drug policy approaches and rated the overall content of the conference as either ‘extremely’ or ‘quite useful’. All participants agreed that they would most likely apply ideas from the conference to their work.

Session 2: Scenario planning – Mapping the road to 2019 and beyond

For the scenario planning, three working groups were established which conducted a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of their allocated scenario as well as a timeline between now and 2030. The discussions were then summarised by rapporteurs to the rest of the participants the following morning.

Scenario 1: ‘Keeping the status quo: Resilience of the UN-drug control system’

This group was divided on whether the ‘status quo’ being discussed was seen as positive (based on the progress made at the UNGASS in 2016) or as a means of stifling progress. Nonetheless, relevant *milestones* that would preserve the ‘status quo’ included: challenges to the modalities resolution for 2019 tabled at the 2017 UN Commission on Narcotic Drugs (CND) and an extension of the 2009 Political Declaration and Plan of Action beyond 2019 with no revisions; as well as a withdrawal from cannabis regulation in the USA, Canada and elsewhere. Advances on harm reduction and drug treatment at the national level would not be accompanied by changes at the international level and the trend in the shift of drug markets away from ‘traditional’ drugs and towards new psychoactive substances and other psychoactive alternatives would persist. In the longer run, this scenario would include a high-level meeting (2019) and mid-term review (2025) that do not result in any new steps forward and the SDG targets being missed in 2030 and ultimately dismissed.

⁵ A/RES/S-30/1: <http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/S-30/1>

⁶ <https://www.unodc.org/documents/ungass2016/V0984963-English.pdf>

The *Strengths* identified by the discussants included that it was diplomatically less resource-intensive than any reforms, it might facilitate the implementation of the UNGASS recommendations through a consensus-based and multilateral approach, it would help prevent regression in some countries, and it offered a sense of familiarity.

Amongst the *Weaknesses* it was highlighted that the 'status quo' was not the most people-centric approach, was currently under-financed, and could undermine the achievement of the SDGs.

Scenario 2: 'Towards a more health- and development-oriented interpretation of the UN conventions'

The timeline towards more health and development-oriented drug policy approaches at the international level developed by this group included the following *milestones*: the new UN Secretary-General's active participation in introducing health-oriented drug policies, as well as changes in UN agency leadership in the next 12 months; the development of new drug policy indicators that reflect the seven thematic areas of the UNGASS Outcome Document;⁷ and national reforms of cannabis laws leading to better evidence and increased international debate. Further events within this scenario could include the involvement of Ministers of Finance and Treasuries in drug policy debates to ensure funding for health and development approaches as well as increased cross-UN coordination on drug policy issues to move beyond siloes and the ongoing SDG implementation in all countries. Other steps would consist of continuous grassroots and civil society efforts to deliver and demonstrate the effectiveness of health and development responses to drugs and the provision of alternatives to incarceration and community-based approaches.

The main *strengths* which were identified in the group include support for HIV prevention, treatment and care, harm reduction and evidence-based drug treatment. The role of civil society would be strengthened and much more coordinated among health, development and harm reduction issues. Additionally, the use of medical cannabis would provide new treatment options globally.

Weaknesses to the scenario may result from changing policies in the areas of health and development in supporting frontrunner countries after the elections, as well as from a possible undermining of SDG implementation by selectively applying only certain indicators.

Scenario 3: 'Polarisation and states going separate ways with national drug policies'

The timeline depicting an increasing polarisation of the international drug control system included the following *milestones*: national and local-level cannabis regulation in some countries, thereby bringing additional evidence and experiences as well as increasing legal tensions into UN-level debates; the expansion of harm reduction measures beyond those included in the UNGASS Outcome Document (such as drug consumption rooms and drug checking); and recommendations to re-schedule cannabis (and even coca) following evidence-based review by the World Health Organisation's Expert Committee on Drug Dependence. Polarisation in the other direction, would consist of the continued adherence to harsh law enforcement practices, for example in some South-East Asian and African countries.

Flexibility was seen as the main *strength* of this scenario, allowing the international community to innovate and to see what works and what does not without the need for extended diplomatic negotiations, as well as the emergence of like-minded country groups rather than regional bloc positions that can hamper progress.

However, identified *weaknesses* of the scenario included undermining the value of compliance with international law, the emergence of 'cannabis exceptionalism' and the implementation of harsh policies and approaches in some countries and regions in violation of human rights and rule of law. Some participants also

⁷ These are: demand reduction and related measures; the availability of and access to controlled substances for medical and scientific purposes; supply reduction and related measures; human rights, youth, children, women and communities; evolving realities and trends; strengthening international cooperation; and alternative development.

highlighted the risk of intertwining refugee and terrorism-related debates with drug policy issues and the growing popularity of xenophobic, right-populist parties in this regard.

Session 3: Looking forward – Concrete proposals for 2019 and beyond

Building on the previous discussions, participants were then invited to join thematic groups to discuss and agree on tangible and actionable proposals and recommendations related to either (alternative) development, public health, human rights or enhanced cooperation between UN entities. Following the group discussions, the list of proposals and recommendations were presented to all participants, who then had the opportunity to ‘vote’ for two recommendations in each thematic area, selecting the suggestions that merited the most attention and focus for the international community. This prioritisation process allowed the participants and co-hosts to gauge levels of support and enthusiasm for the various ideas, and to guide actions and discussions in the immediate future.

The full list of proposals from the four thematic groups can be found in the Annex to this report. Based on the participatory prioritisation process, however, the three most popular recommendations from each group were as follows:

(Alternative) development

- 1st: Alternative development could be integrated into the broader SDG framework, and vice versa – recognising sustainable development as a platform and a way to formulate better drug policies, and developing better indicators to assess alternative development efforts based on the SDGs.
- 2nd: Farmers and affected communities should be meaningfully involved in policy making processes.
- 3rd: Member States should increase funding for the development approach to drugs: including enhanced coordination to ‘tap into’ donor priorities linked to the SDG framework; the use of assets and money seized from drug control and anti-money laundering operations; and the identification of clear financial benefits and costs of implementing development-oriented drug policies.

Public health

- 1st: Member States could increase funding for public health approaches (encompassing drug prevention, drug treatment and harm reduction) by seeking to rebalance existing drug control budgets, in collaboration with Ministers of Finance and Treasuries, instead of looking for new sources of financing. Such funding could, for example, support the development of pilot programmes to demonstrate the effectiveness of health-oriented approaches in new settings.
- 2nd: UNODC and/or the International Narcotics Control Board (INCB) should clarify their respective positions in support of proportionate sentencing and the decriminalisation of low-level, non-violent drug offenders – building on the unreleased 2015 position paper by UNODC⁸ to outline the definition, scope, legality and public health benefits of such approaches.
- 3rd: Member States could build upon the network of “champion states” that support harm reduction – in particular reaching out to document new experiences with this approach, and to develop new and diverse arguments and language to support this.

Human rights

- 1st: Member States could give political and financial support for the elaboration and adoption of UN guidelines on human rights and drug policy – a process that is already underway, led by the International Centre for Human Rights and Drug Policy and UNDP.
- 2nd: The Human Rights Council should table a resolution requesting an updated report from the Office of the High Commissioner for Human Rights (OHCHR) on drug policy-related human rights violations.

⁸ <https://www.virgin.com/richard-branson/finally-a-change-in-course-on-drug-policy>

- 3rd: Member States should ensure the inclusion of the UN human rights and drug policy bodies in a coordinated review of the metrics and indicators used to assess drug policies, linked to the SDGs.

Enhanced cooperation between UN entities

- 1st: A cross-UN task force on drug policy could be established as a way to consolidate the strong engagement of various UN agencies in the UNGASS preparations – but learning from the failings of previous attempts to achieve this goal. Member States and civil society have a key role here to encourage and enable UN agencies to participate in drug policy discussions.
- 2nd: The CND could increase the visibility, role and importance of UN agency participation in Vienna, offering more equal standing with UNODC and INCB (including designated places on the podium rather than on the sidelines).
- 3rd: The new UN Secretary-General could be addressed– via the CND Chair and/or a letter from Member States – and asked to pursue the issue of UN coordination on drugs, for example by appointing a special advisor or using the newly created position of Under-Secretary General for Strategic Coordination to facilitate UN system-wide coherence.

Session 4: Outlook towards the 60th CND

The Forum ended with a discussion on the forthcoming 60th Session of the CND, scheduled for 13th to 17th March in Vienna. Participants discussed their various initiatives, resolutions, events, plans and priorities for this meeting in a session led by the Chair of the upcoming CND. A modalities resolution is being drafted by the CND Chair to begin the process of defining preparations for 2019, and a number of participants highlighted the need to reinforce the outcomes and recommendations from the UNGASS 2016. Participants also highlighted the anticipated civil society presence at the CND, as well as the hopes that senior officials from other UN agencies will be able to attend. In order to inform other Member States about the Brandenburg Forum on Drugs and Development and its recommendations, GPPDP will organise a side event at the 60th CND,⁹ jointly with the Government of the Netherlands, the Transnational Institute and the International Drug Policy Consortium.

⁹ http://files.idpc.net/events/CND-Side-Event_Brandenburg.pdf

ANNEX: Proposals from Session 3

(Alternative) development

- The integration of alternative development into the broader SDG framework, and vice versa – recognising sustainable development as a platform and a way to formulate better drug policies, and developing better indicators to assess alternative development efforts based on the SDGs.
- Gather more information on alternative development in urban settings, as we need to understand the context better and don't really understand the links with violence, security, human rights, etc.
- Gain a more thorough understanding of the effects of cannabis regulation and commercialisation on the livelihoods of traditional growers and communities.
- Closer work with other UN Agencies on coordination, communication and information sharing related to drugs and development.
- Greater funding for the development approach to drugs: including enhanced coordination to 'tap into' donor priorities linked to the SDG framework; the use of assets and money seized from drug control and anti-money laundering operations; and the identification of clear financial benefits and costs of implementing development-oriented drug policies.
- The absorption of the alternative development paradigm into the SDGs, entailing a re-review of the concept of alternative development itself to move away from the terminology of the past.
- The development of more evidence-based 'key performance indicators' to justify the way forward and to ensure that alternative development fits within the SDG framework.
- The involvement of farmers and affected communities in policy making processes.

Public health

- UNODC to review the health impacts of the regulated cannabis markets emerging in several jurisdictions, for subsequent discussion and debate at CND.
- Build upon the network of member states and champions that support harm reduction – in particular reaching out to document new experiences with this approach, and develop new and diverse arguments and language to support this.
- CND should ensure a space for Geneva and Vienna-based diplomats and officials to come together to discuss access to essential medicines for the relief of pain or suffering, with a potential initial focus on just one key pain medicine as a pilot or proof of concept.
- A CND resolution in 2018 following up on the International Standards for the Treatment for Drug Use Disorders, based on recommendations from a UNODC working group looking at implementation of the Standards.
- Increase funding for public health approaches (encompassing prevention, treatment and harm reduction) – not by finding new money, but by seeking to rebalance existing drug control budgets, in collaboration with Ministers of Finance and Treasuries. Such funding could, for example, support the development of pilot programmes to demonstrate the effectiveness of these approaches in new settings.
- UNODC and/or INCB to clarify their respective positions in support of proportionate sentencing and the decriminalisation of low-level, non-violent drug offenders – building on the unreleased 2015 position paper by UNODC to outline the definition, scope, legality and public health benefits of such approaches.
- Countries are requested to explicitly prioritise SDG 3 (on health) in their country plans and funding – including the voluntary reviews being periodically submitted as part of the SDG process.
- A CND resolution on the need for countries to sensitize communities, public, religious leaders, policy makers and the media on the need for a health-based approach to drugs and what this looks like in practice.
- UN agencies to play a convening role and bring together different actors, stakeholders and Ministers at the national level to discuss health-based approaches.
- UN agencies to prioritise technical support, capacity building and knowledge exchange on public health approaches, to allow learning from experienced country successes and failures.
- CND to ensure that any new Political Declaration and Plan of Action in 2019 or beyond is fully-costed to identify the needs, budgets and gaps – facilitating a debate on the financing of the drug control system, national ownership and innovative new funding mechanisms.
- INCB and CND to develop an emergency protocol for access to essential medicines in conflict settings – for example where a competent authority cannot (or will not) follow the usual process and requirements, or when a fast-track process is required to respond to emergency situation.

Human rights

- A special event to be organised by the Human Rights Council President and the CND Chair, at the reconvened 60th CND in December 2017, on the issue of drugs and human rights.
- A resolution by the Human Rights Council requesting an updated report from the OHCHR on drug policy-related human rights violations.
- Explicit condemnation of extrajudicial killings and the death penalty in various country statements at the 60th CND – tied to a more enduring goal to build a coalition of like-minded states interested in building human rights content at the CND.
- Build political support for the human rights and drug policy guidelines – a process that is already underway.
- Joint special procedures missions to UNODC. There are 57 different procedures that can be related to drugs, and this would ensure that UNODC adheres to the guidelines that already exist, as well as to the UNGASS Outcome Document.
- Ensure the inclusion of the UN human rights and drug policy bodies in a coordinated review of the metrics and indicators used to assess drug policies, linked to the SDGs.
- Approach national human rights institutions to assess the national situation and convene a national stakeholders dialogue including affected communities, law enforcement and health institutions – beginning a movement towards institutionalising accountability at the domestic level.
- UNODC to routinely report on cross-cutting human rights dimensions in the World Drug Report – engaging with tough questions surrounding human rights and drug control, and through better engagement of the relevant UN entities.
- Use strong language from the UNGASS Outcome Document around access to essential medicines to promote the Memorandum of Understanding currently being developed between UNODC and WHO, in collaboration with the INCB.
- Encourage member states and civil society to use the Universal Periodic Review (UPR) mechanism to focus on drug control-related violations.
- Include drug policy and human rights issues in the resolutions and declarations of the Crime Congress.
- Develop a Memorandum of Understanding between OHCHR and UNODC.

Enhanced cooperation between UN entities

- A joint mission of the UN special rapporteurs to UNODC to feed into their work and make recommendations to improve UN system-wide coherence.
- Engagement with the new UN Secretary-General – via the CND Chair and/or a letter from Member States – asking him to build drug policy into his work, and the possibility of establishing the position of a special advisor to facilitate UN system-wide coherence.
- In Geneva, mainstream the drugs issue into human rights mechanisms through a new Human Rights Council resolution to update the OHCHR report.
- Use the SDG agenda item at CND, or the UNODC Executive Director's reports as a means of updating member states and meaningfully engaging other UN agencies.
- Increase the visibility, role and importance of UN agency participation at the CND in Vienna, offering equal standing with UNODC (including designated places on the podium rather than on the sidelines).
- Member States to improve their own coordination across missions and agencies – for example, ensuring better communications between teams in New York, Geneva, Vienna and capitals.
- Promote and share cross-UN projects at the national level.
- A cross-UN task force on drug policy, as a way to consolidate the strong engagement of various UN agencies in the UNGASS preparations – but learning from the failings of previous attempts to achieve this goal. Member states and civil society have a key role here to encourage and enable UN agencies to participate in drug policy discussions.