

The 2014 Commission on Narcotic Drugs and its High-Level Segment

Report of Proceedings

June 2014

A faint, light blue world map is visible in the background of the lower half of the page, centered behind the date.

The 2014 Commission on Narcotic Drugs and its High-Level Segment

Report of Proceedings

Executive Summary

The year 2014 has been a highly significant one for the international drug control system. Two US states, Colorado and Washington, along with Uruguay, have established regulated markets for the recreational use of cannabis. While arguments continue concerning the legality or otherwise of such markets within the UN drug control conventions, it is clear that they depart from the letter, if not the spirit, of these treaties. At the UN level, this challenge is supplemented by growing tensions and an increasing difficulty for states parties in reaching the consensus which is supposed to underlie and characterise the drug control regime.

This year's 57th Commission on Narcotic Drugs (CND) took place between 13th and 21st March, and included a High-Level Segment (HLS) like that featured at the 2009 Commission, and was intended as a mid-term review of progress made towards the realisation of the Political Declaration and Plan Action agreed in 2009, and to map the path to the 2016 United Nations General Assembly Special Session (UNGASS) on the world drug problem. The HLS, following lengthy and often heated discussions, produced a Joint Ministerial Statement (JMS). This statement proved difficult to achieve, with disputes over the use of the death penalty for drugs offences forming the heart of wide-ranging philosophical and political differences. The passages intended to deal with the forthcoming UNGASS were abandoned and included instead in the work of the regular CND, which was left to come up with a resolution accommodating the conflicting positions.

The final JMS document was largely bland, and repeated wholesale passages from the 2009 Political Declaration. Nonetheless, largely thanks

to the efforts of Mexico, recognition of serious drug policy debates taking place around the world was eventually included. Within the debates over the JMS, the emergence of a bloc of like-minded states could be discerned, for which the reform of the international drug control system is of critical, if long-term, importance. Meanwhile – and lending a strange and paradoxical character to the proceedings – for much of the time the CND went about its usual business as though all was perfectly normal.

At the High-Level Segment's plenary debate, Uruguay explained the rationale for its cannabis policy and the ways in which it was to be implemented. Criticising 'narrow and rigid' interpretations of the conventions, the Uruguayan delegate argued that his country's decision to base its drug policy on public health and human rights was within the original spirit of the conventions. A number of other Latin American countries called for a thoroughgoing debate on the present direction of UN drug policy. The most radical of these challenges came from Ecuador, which argued that Latin America had suffered the most egregious effects of the 'war on drugs', and called for a change of paradigm when analysing drugs; these are a 'social phenomenon', and countries face complex and specific problems resistant to a one-size-fits-all policy. Ecuador therefore called repeatedly for a reform of the conventions, breaking a profound taboo that has long remained inviolable at the CND. Such reformist views were contrasted with those of countries such as Sweden, and a number of African and Asian states. These countries reiterated their warnings against a drift toward liberalisation; we must 'cover our ears' to such a message, said Algeria. The Russian Federation,

as usual leading the charge against reform, told delegates that 'the world community is at a crossroads', and warned that it is up to the CND to prevent the descent of a 'narcotic fog' and to 'liberate youth from the drugs threat'.

The regular CND Session commenced on Monday 17th March. One of the most prominent themes to feature was that of scheduling, the allocation of substances to varying levels of controls. A lively plenary debate took place on this issue, which was closely linked to another key topic at the CND, that of New Psychoactive Substances (NPS). The rapid expansion in numbers and distribution of NPS has left governments anxious, and perceiving their countries in danger of being swamped by these new drugs. These anxieties have fastened onto the World Health Organisation (WHO), which is mandated to review substances for scheduling under the 1961 and 1971 Conventions. Considerable criticism was directed at the WHO, which is perceived as responding too slowly to this new threat. In addition, it has come up with recommendations that certain countries, the INCB and the CND do not like – for example, the recommendation against placing ketamine under international control because of concerns that this would reduce its availability for medical purposes, in particular in developing countries. The Netherlands also forced a vote in the case of re-scheduling dronabinol, a substance on which the WHO has recommended that controls should be downgraded. The CND voted against the WHO recommendation, but the Netherlands' objective – to raise the issue of the CND's rejection of WHO recommendations – was realised.

The Committee of the Whole (CoW) saw 11 Resolutions and one Decision proposed and debated. These involved the usual mix of the Good, the Bad and the Ugly, and discussions over wording revealed the disparate understanding of drugs and human beings that underpin countries' policy positions. The most fiercely debated of these was the UNGASS Resolution, debates

hinging on whether the preparations should be led from Vienna; what the outcome should be; the possible engagement of other UN agencies in the debate; and the role of civil society.

NGO involvement in the CND continued to grow, this year reaching 331 representatives. In addition, several governments included NGO experts on their delegations; dialogues took place between civil society and the Executive Director of the United Nations Office on Drugs and Crime (UNODC) and the President of the International Narcotics Control Board (INCB). The latter, as usual, was less fruitful than the former, with Mr. Yans insisting on questions being pre-submitted, thereby compromising the 'dialogue' nature of the event. NGO statements were given at the Plenary, and expressed views from across the spectrum of opinion, but several made clear and powerful calls for a real debate to take place at the 2016 UNGASS.

Overall, the outcomes of this year's events were mixed, reflecting the increasingly complex, and often paradoxical, state of international drug control. It was certainly positive that the important relationship between health, human rights and drug policy was the focus of genuine discussion and that civil society engagement remained largely constructive. Moreover, in terms of open calls for reform of the existing treaty architecture, 2014 broke new ground. On the flip side, however, despite apparent realignment of the treaty system towards the 'health and welfare of mankind' the WHO remains marginalised. Moreover, countering increasing calls for reform, many states are set to steadfastly defend the status quo and maintain the separation of human rights and drug policy; a point demonstrated by different country positions on the death penalty in the JMS. As this highlighted, it is clear that the mythical 'Vienna Consensus' on drug policy is now irreparably shattered. As we approach the 2016 UNGASS, what is less clear is how the international community will deal with increasing policy pluralism.

Introduction

While recent years have seen the international drug control regime based upon the three UN conventions come under increasing strain, 2014 will no doubt be remembered as the year when the current architecture of control truly began to collapse. Having moved through ballot initiatives to establish regulated markets for the recreational use of cannabis in November 2012, the US states of Washington and Colorado began to put the structures in place to implement the new policies; the latter rolling out the freshly minted legislation on 1 January 2014. Washington State will follow later in the year. As well as creating a headache for the US federal government in relation to the issue of states' rights and the Controlled Substances Act, these policy shifts put Washington D.C. in a very awkward situation vis-à-vis the USA's relationship with the bedrock of the current prohibition-oriented regime, the 1961 Single Convention on Narcotic Drugs. Further, at national level, in December 2013, following the passage of a bill through both chambers of the Uruguayan government, President José Mujica enacted Law 19.172.¹ This made Uruguay the first country in the world to legally regulate the cannabis market from seed to sale. The law came into effect in April 2014. Under such conditions, it is difficult to argue that either the USA or Uruguay is in full compliance with the Single Convention. In fact, the term 'breach' could be considered applicable.

As if this was not enough of a challenge for all those involved with different facets of international drug control, March 2014 was also the date for the HLS of the CND – an agreed halfway point on the road to the original date for the next UNGASS on the world drug problem and an opportunity to review the progress made towards achieving the targets laid out in the Political Declaration and Plan of Action at the previous HLS in 2009. As negotiations then revealed, reaching consensus on a wide-ranging set of issues is becoming ever more complex and fraught due to the increasingly diverse

views among signatories of the conventions on the best ways to deal with the use of certain psychoactive substances.

It was with these circumstances as a backdrop that delegates met at the Vienna International Centre between 13 and 21 March 2014 for the HLS to review the 2009 Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem (13–14 March) and for the standard session of the CND (17–21 March). With many substantive issues to discuss, including adoption of a Joint Ministerial Statement within the HLS and preparations for the 2016 UNGASS within both the HLS and the 57th session, expectations for the seven days of debate and negotiations were unusually high. And, as will be discussed here, much of importance certainly took place and was said. However, the Commission remained not only in deadlock, but also in an increasingly surreal state of denial: politically calculated denial designed to give the impression that it is business as usual in Vienna and that, far from collapse, international drug control is merely undergoing modest renovation within its existing structures.

This report aims to provide a summary of what was discussed at the HLS and the CND's 57th session, including at various side events, and attempts to provide some analysis of the key interconnected discussions, debates, emerging issues of concern and recurring themes with which observers of past CNDs will be familiar. A supplementary account of the proceedings can be found on the CND blog, a project of IDPC, in collaboration with the New Zealand Drug Foundation (NZDF) and the International Association for Hospice and Palliative Care (IAHPC): <http://www.cndblog.org/> Official UN documentation relating to both the HLS and the CND session proper, including the official report of proceedings, can be found at: http://www.unodc.org/unodc/en/commissions/CND/session/57_Session_2014/CND-57-Session_Index.html

The opening of the High-Level Segment

In an eerie but perhaps inevitable echo of the 2009 HLS, delegates for the 2014 event met after months of gruelling negotiation on the text of the JMS reviewing progress made over the past five years. Manic discussions lasted almost to the eve of the event and involved the standard dilution of many hard fought governmental positions to consensus language, but crucially also the introduction of one redline on the issue of the death penalty. Nonetheless, the HLS began with all the apparently unruffled pomp that is to be expected from such an occasion. And although lower profile than initially anticipated, the event still involved royalty and a Deputy Secretary General of the UN.

Alluding to the travails of the preceding months, the Chair of the CND and President of the 57th session, the erudite and patient Khaled Abdelrahman Shemaa (Permanent Representative of Egypt to the UN in Vienna), kicked off proceedings with a nod to the 'intense' nature of negotiations leading up to the Segment and went on to inform the 128 states in attendance that they must ensure that the 2009 Political Declaration and Action Plan continue to be effectively implemented. Queen Silvia of Sweden, herself a veteran of the 2009 HLS, used her speech to frame the drug control conventions as a means to protect children and, slightly disingenuously noting that she was not a

'political person', spoke of her vision of a 'society free from drugs' and concluded with the refrain 'we have to save our children'. Less emotive contributions followed from the co-chairs of the scientific consultation (see Box 1) and the Youth Forum, which offered the intelligent observation that 'punishing people that use drugs is costly and counterproductive'. UN Deputy Secretary General Jan Eliasson then made some positive observations, but also disappointingly reverted to the simplistic semantics of 'plague' and 'scourge', terms which have long undermined a nuanced debate of drug markets and consumption. Calling for a 'comprehensive and open-minded exchange of ideas on what has worked and not worked', and mentioning the Secretary General Ban-Ki Moon's establishment of a UN System Task Force on Drugs and Crime to develop a system-wide approach to issue, the Deputy Secretary General noted the continuing centrality of the UN drug control conventions to international efforts. Observing that many of the delegations had 'serious and honest' differences of views, Mr. Eliasson also called for the inclusion of civil society in the discussions to follow and appealed to member states to continue the debate in a complementary and inclusive manner in order to deliver 'solutions'. He concluded by reminding delegates that 'in promoting health, prevention and treatment, and in confronting criminal networks, we are not only saying 'no' to drugs. We are also saying 'yes' to development, to health, to human rights and to a Life of Dignity for All (sic)'.

Box 1. Statements from the co-chairs of the 'scientific consultation'

Two scientific consultations were held prior to the HLS on 11 March 2014. Organised by UNODC, these involved a range of experts who reviewed thematic papers in order to produce two sets of recommendations to be presented at the opening session. The first set was presented by the co-chair of 'Science addressing drugs and health: State of the art', Dr. Nora Volkow (Director of the US National Institute on Drug Abuse) focused on 'Drug prevention, treatment and rehabilitation'. Her presentation was centred on the need to treat 'substance use disorders' as a medical and public health issue rather than a 'criminal justice/or moral issue'. Among other recommendations, Dr. Volkow presented the need for the CND to

'consider developing a global integrated strategy on prevention of drug disorders with the support of the UNODC in collaboration with WHO, and in close consultation with the scientific community, in preparation for the UNGASS'. To this end, there was also a call for the CND to consider creating a 'Permanent Scientific Council' with representatives from the scientific community. Dr. Michel Kazatchkine, the UN Secretary General's Special Envoy on HIV/AIDS for Eastern and Central Asia, presented the conclusions from 'Science addressing drugs and HIV: State of the art'. Having set the context, the consensus statement stressed that the sharing of injection equipment and the criminalisation of drug use are key drivers for the spread of HIV. He highlighted the compelling evidence around the effectiveness of needle and syringe programmes and opioid substitution therapy in averting HIV infections and went on to stress the inadequate coverage of harm reduction programmes, the problems associated with the incarceration of people who inject drugs and the operation of compulsory detention centres for drug users. Dr. Kazatchkine also pointed out the need to align law enforcement and harm reduction and concluded with an overview of the spread of hepatitis C through drug injection as a growing public health, and social and economic burden.²

As is to be expected, the speech of the UNODC Executive Director, Mr. Yury Fedotov, was more nuanced. Avoiding the idea of a 'solution' to what has become known as the 'world drug problem', the Executive Director's overview of the past five years was prefaced with the belief that 'There is no simple answer to the question of whether we have succeeded or failed in the implementation of the 2009 Political Declaration and Action Plan'. That said, there was no uncertainty surrounding Mr. Fedotov's faith in the extant system. He highlighted shrinkage in the global cocaine market, improvements in treatment delivery and strengthened international cooperation. But, having flagged up a number of issues of concern, including increased drug production in Afghanistan, NPS and market violence in Central America, he noted, 'The UN response to these formidable challenges is rooted in the implementation of the three international drug control conventions, as well as the UN conventions on transnational organized crime and against corruption, as informed by the foundational human rights standards and norms'. He went on to highlight that a public health response to 'the drug use problem' should consider 'alternatives to penalization' and – laying out the UNODC's position on the debate around the JMS - that

the 'application of the death penalty for drug-related offences has never been in the spirit of the conventions'. However, with an eye on policy shifts and discussions in various parts of the world, particularly within the Americas, the Executive Director observed that 'there remain many challenges in the implementation of the conventions'. Noting the importance of reaffirming 'the original spirit of the conventions, focusing on health', he stressed that 'dismantling the provisions of the conventions would not help achieve the ultimate goal of international drug control; protecting the health and welfare of people'.

Unsurprisingly, essentially the same message was at the heart of the statement of the President of the INCB, Mr. Raymond Yans. However, perhaps conscious of charges that the Board has been exceeding its mandate in recent years, Mr. Yans was careful to emphasise the centrality of member states within the decision-making processes of the UN system. Indeed, the President emphasised the fact that it was 'you' the member states that decided to limit the use of certain drugs to medical and scientific purposes. The implicit, and to a certain degree valid, message was that in deviating from the current treaty limits, 'you' are fighting with

yourselves, or former versions of yourselves (that is to say previous administrations that had signed the conventions). Bringing the role of the INCB back into the discourse, he asked, having 'contained if not resolved the problem of illicit drugs' do we have the right to weaken a system that it took over a hundred years to build? Without any direct reference to events in Uruguay or at the state level within the USA, Mr. Yans simultaneously defended the Board's oppositional stance to reform and put forward arguments against regulated cannabis markets. Regarding the former, he commented that the 'Board has never made war on anyone' and noted somewhat bizarrely, 'Not even drugs'. However, without providing specifics, Mr. Yans argued that recent scientific literature demonstrates the danger of cannabis use to the adolescent psyche before, quite rightly, pointing out that it is up to 'all of you' (the member states) to decide which policy to pursue. That said, he could not resist asking who would bear the political responsibility for creating a 'generation of young people unable to concentrate on basic tasks'.

Moving on to stress the challenges posed by NPS, the INCB President did, raise an important point that highlights increasing systemic tensions facing the international community and the UN drug control apparatus. 'Is it not paradoxical', he asked, that at the time when many states are now considering the control of synthetic cannabinoids, some states – sometimes the same ones – are discussing the legalisation of the production, cultivation and distribution of cannabis for purely recreational purposes, 'just because it is somehow in line with the times'. Perhaps deliberately ignoring the concept of relative harms, the President then asked, 'Where is the political logic?' Regardless of such puzzlement, and particularly in light of the tension between member states on the issue, Mr. Yans then went on to flag up a significant and welcome change of the Board's stance on the death penalty. It should be 'consigned to history', he said. Mr. Yans admitted that policy positions within countries do change and argued that within this context

drug policies must be based on scientific evidence. Bringing attention back to a core theme of his speech, the President concluded that it is 'you, the member states, the CND and the General Assembly of the United Nations... it is not up to us...', that will have to 'shoulder the responsibility' for future generations. On this point, he is quite correct. However, amidst substantive disagreements and deadlock within the CND over a range of issues, including the use of the death penalty, both sessions took place within a curiously dreamlike atmosphere of denial to the fact that the international drug control regime is currently experiencing the most significant changes in its lifetime.

The general debate of the High-Level Segment

Intended as an opportunity for states and regional groups to comment upon 'progress achieved and challenges in implementing' the 2009 Political Declaration and Action Plan, for the most part the general debate was used by states to recount process indicators and regale Conference Room M with statistics concerning drug seizures and, where appropriate, hectares of drug crops destroyed. While this was the case, over the course of statements from around 106 state delegations and representatives of regional groups, specialised agencies, IGOs and NGOs, a range of 'serious and honest' differences of perspectives were soon clearly discernable.

As is the norm within the CND, nearly all states announced their 'commitment' to the existing treaties and an 'integrated and balanced approach'. Yet, building upon the momentum of the Commission's 56th session, a significant number (including Brazil, Switzerland, Norway, France, Portugal, India, New Zealand, the UK, the Czech Republic and Colombia) called in one way or another for greater exploitation of the flexibility permitted by the system and an interpretation of the treaties that put the twin issues of public health and human rights

at the centre of international drug policy. The European Union (EU) statement also reflected this position. Moreover, some states, including Guatemala and the Czech Republic, openly argued the case for the non-criminalisation of people who use drugs – a position also adopted by the Joint United Nations Programme on HIV and AIDS (UNAIDS). Pointing towards the need to modernise current approaches, the Czech Republic pointed out that, at the time of signing the Single Convention on Narcotic Drugs, evidence was unclear. ‘Now’, however, ‘we know more’, continued Jindrich Voboril, the Czech National Drug Coordinator, ‘and we know that a drug free world is based on false assumptions and is not achievable...We need an open debate based on science and best

experience to help us progress’. A number of countries from various parts of the world made similar statements regarding not only the importance of science and evidence to policy making, but also the key role of civil society, including academia. These states included the Netherlands, Portugal, Lithuania, Brazil, Austria, Colombia and Ukraine. Like their colleagues from Prague, the German delegation also noted the illusionary nature of a ‘drug-free world’, but only the Czech Republic openly encouraged the evaluation of ‘alternative regimes’ appearing in different continents. Moreover, in an oblique reference to Uruguay, Voboril argued that instead of trying to ‘push those countries’ the CND should appreciate the ‘courage’ required to make such policy shifts (see Box 2).

Box 2. Uruguay explains its historic policy shift*

Much anticipation awaited the speech by the Uruguayan government, as since the last CND the country adopted a law creating legal, regulated cannabis markets – the first country in the world to do so. As a result, Raymond Yans has been fiercely critical.³ The HLS therefore provided an ideal opportunity for rebuttal. The head of delegation, Diego Canepa, the equivalent of President Mujica’s chief of staff, began by underscoring that drug policies must be carried out with full respect for human rights. Like Ecuador, Uruguay reiterated the profound regional debate underway on the so-called war on drugs and he also noted the important contributions to the debate made by the Global Commission on Drug Policy and the report by the Organization of American States (OAS), *The drug problem in the Americas*.⁴

Canepa took advantage of the opportunity to explain the reasons for the cannabis regulation initiative and plans for its implementation. Neither drug consumption nor possession for personal use is criminalised in Uruguay, but marijuana users are forced to take risks in purchasing cannabis from illicit markets, where they are also exposed to other, more dangerous drugs. Canepa argued that present drug policies consequently do more damage than caused by drugs themselves. He also reiterated that Uruguay is not seeking to be a model for any other country, but seeking to provide for the safety and well-being of its own citizens. The government is also obligated by law to carry out education and prevention campaigns and to prohibit access to those under the age of 18. An Institute for the Regulation and Control of Cannabis is being created to implement the law.

‘Since 1961’, noted Canepa, ‘a rigid and narrow interpretation of the conventions’ had led to a misguided logic that ‘the only tool for controlling cannabis use’ is the prison system and that this has led countries to deviate from complying with the original spirit of the conventions and to a spiral of violence. Uruguay is, therefore, seeking to differentiate between substances,

the health risks that they pose, and the risks their use can impose on others. 'As long as our policies do not cause damage to third parties', he stated, 'our country has the right to implement public policies that contribute to the full respect of human rights and that improve and protect public health and the quality of life of our citizens'. In short, he argued that regulated cannabis markets are in the best interests of the Uruguayan people and that the government has 'taken all necessary precautions to ensure that our actions will not affect other countries'. Finally, Canepa concluded by noting that failing to recognise 'the profound failure of the policies implemented in recent decades' and to act accordingly would be an unpardonable mistake and that those who would suffer the consequences would no doubt be the 'weakest' among us.

*IDPC translation

Mindful of the discussions on exploiting the flexibility of the conventions as they stand, and the current predicament faced by officials in Washington D.C., it was interesting to hear the position of the USA. William Brownfield, Assistant Secretary of State for International Narcotics and Law Enforcement, gave the U.S. speech, repeating what has now become an often-heard message: any experimentation with or implementation of alternative drug policies must be carried out within the context of the existing drug control conventions. Brownfield reiterated, 'the conventions have been flexible and resilient...We believe it is more prudent to advance evidence-based reforms within the framework of the conventions than to embrace unproven ideas that undercut the system and risk greater drug use'. While the latter part of that statement appeared intended to send a message to Uruguay, it came off as rather hypocritical for a country in which two states have adopted legal, regulated cannabis markets and many more are poised to do so.

He then focused on three points, none of which were particularly noteworthy: (1) 'Addiction is a disease of the brain that can be prevented and treated'; (2) 'we need a holistic approach to combat the criminal orgs (sic) who wreak havoc on communities'; and (3) 'international cooperation among member states is essential'. While admitting in point two that 'it is not our task to incarcerate everyone who consumes drugs', Brownfield failed to provide any

information on the reforms being promoted by the US Department of Justice to change harsh mandatory minimum drug sentences, to reduce the racial disparities evident in the application of US drug laws and to reduce the number of low-level drug offenders presently incarcerated in the USA. In other words, Brownfield's international discourse has not kept pace with proposed drug policy reforms at the national level.

Reportedly, in the bilateral meetings held with Latin American countries, Brownfield sought to head off any discussion of reforms outside of the mandates of the conventions, emphasising, in this case, four points: (1) NO to convention reform; (2) U.S. willingness to accept some level of flexibility within the existing conventions; (3) any experimentation should be localised and small-scale; and (4) the need to continue combating organised crime. In other words, the US government took advantage of the CND to lay out its 'red-lines' going into the UNGASS preparation process – red-lines that will no doubt meet resistance by some reform-oriented governments.

Indeed, having been responsible for setting the date of the UNGASS, three years earlier than originally planned, some Latin American countries unsurprisingly used the HLS to call for a serious debate about the current focus of international policy. However, there was caution regarding unilateral action. For instance, admitting that there was the need

for a 'change in vision' the Mexican delegate argued for a multilateral approach. Having referred to the OAS report and recognising the individual perspectives of a 'plurality of states', Colombia noted the need for an integrated 'global approach'. And while seeing the UNGASS as an 'opportunity to look at the scope and limitations [of current policy,] and policy that goes beyond current frameworks' the Guatemalan delegate stressed that his nation 'Will take no decision outside the framework of the conventions'. As such, with the exception of Ecuador's open challenge to reform the existing control framework (see Box 3), many Latin American countries appeared to be reformist, but tentative; questioning the operation of the

existing system, but with a degree of caution in terms of how to move beyond the status quo. Brazil, for example, observed that 'Drug policy cannot be allowed to develop at the speed of the telegraph while the problem develops at the speed of broadband' and that there is 'the need for a new consensus'. Amongst complex analysis incorporating reference to Social Constructionism, neo-colonialism and drug use as a pathology, the Argentinean statement highlighted the 'need for a new diagnostic and a new policy that is committed to human development'. Yet, despite these and other more oblique discussions of change, the unequivocal calls for treaty reform from the region were limited.

Box 3. The Ecuadorian statement – Challenging the 'one-size-fits-all' approach*

Among the reform-oriented Latin American countries, Rodrigo Vélez, the Executive Director of CONSEP (Ecuador's drug agency), gave the most far reaching and explicitly change-oriented speech, beginning and ending with a call for reform of the international drug control conventions. Displaying an array of views from the region, during the negotiations over the declaration from the HLS, some countries blocked any reference at all to the drug policy debate taking place in Latin America. Yet Mr. Vélez described the high costs paid by Latin American countries for implementing prohibitionist drug policies, which has led to the many voices across the region 'calling for a change in paradigm in the understanding and approach to the drug phenomenon'. He suggested that instead of referring to the 'world drug problem', the international community should be talking about the 'social phenomenon of drugs', which better reflects the complexity of the issue. Moreover, 'the debate on drugs', explained Mr. Vélez, 'should be focused on the human being...and not on substances', and should be based on human rights, public health and social inclusion. He also stressed that the one-size-fits-all approach is totally inadequate, as such homogeneity defies the fact that countries face different realities. Towards that end, he underscored that the independence and sovereignty of states must take precedence as they seek solutions most appropriate to those realities: 'We cannot make the mistake of thinking that one country, or one particular policy, can address the problem efficiently'.

Ecuador consequently put forward six concrete proposals: 1) adopt an integral focus on drug policy within the UN; 2) reform the present conventions; 3) focus on alternative development; 4) adopt a social inclusion approach that builds on individual and community strengths; 5) demilitarise present policies; and 6) establish international cooperation agreements based on shared responsibility. He also directly criticized the INCB for taking on powers that should pertain to the CND, and hence, member states. Vélez concluded his speech with a plea for convention

reform, in order to seek more effective policies that take into account the differences between countries and respect individual and collective rights. The Ecuadorian delegation reiterated this plea in a final statement at the very end of the HLS. Though discussion of convention reform has long been considered taboo in official UN circles, as a result of Ecuador's actions, the meeting ended on that note.

*IDPC translation

That said, perhaps one of the most important outcomes of this year's CND was that, while the GRULAC itself was restrained, a group of Latin American countries for the first time worked and strategized together to promote a reform-oriented discourse and, in particular, an open and transparent process for planning the 2016 UNGASS. Mexico played a key leadership role in this effort, joined by Colombia, Guatemala, Ecuador and Uruguay. It is also important to note the support of the Caribbean island of Saint Lucia. According to Uruguay's Ambassador to the OAS, who participated in the CND, 'What emerged in Vienna was a Latin American profile in the search for alternative strategies to overcome the "war on drugs" approach', as was evident in country statements and in the work around the UNGASS resolution. Ambassador Romani noted, 'we sought to ensure that the 2016 UNGASS is not a pre-fabricated debate'. Despite criticisms of the final resolution on the UNGASS (see discussions below), the Latin American countries involved believed that because of their refusal to back down on certain key points in the negotiations, what was finally adopted was far better than the original proposal and ensures the opportunity for meaningful participation by the General Assembly and country missions in New York, other UN agencies and multilateral institutions, and civil society in the UNGASS planning process. These countries have now set their sights on the OAS General Assembly Special Session on drugs to be held on 19 September 2014 in Guatemala and are informally collaborating on the proposed agenda and possible contributions to the UN General Assembly meeting that will take place immediately thereafter. While Latin American

countries remain divided on drug policy reform – with a significant number of countries wedded to the status quo – improved coordination on the part of reform-oriented countries will no doubt help advance their cause.

While by no means representing a coherent like-minded group, many other states used their statements to (sometimes aggressively) support the status quo and oppose any perceived liberalisation or weakening of the treaty system. In this regard, and again without direct reference to Uruguay and the USA, the Africa Group noted 'with concern legalisation of drugs in some parts of the world'. The Algerian country statement echoed this message, arguing that 'we must cover our ears to calls for liberalisation and legalisation of drugs' and reminded the assembled delegates that the INCB stated that such moves 'could lead to irreversible effects'. Deploying unusually frank language, the Moroccan statement put forward the view that regulated cannabis markets had been developed on a 'trumped up pretext and poor arguments' and somewhat curiously claimed that 'thanks to the INCB we have a consensus'. Concerns regarding a liberalising trend were not confined to African states. For instance, the Swedish statement noted that the government was worried that some states are 'moving in a liberal direction'. That said, perhaps the most forthright defence of the current shape of the treaty framework came from the Russian Federation. Alexander Zmeyerovsky, Special Envoy of the President of the Russian Federation on International Cooperation in Combatting Terrorism and Transnational Organized Crime, boldly stated that the 'world community' is at a 'cross roads...our choices today will determine

whether or not a dense narcotic fog will descend or if we liberate today's and future generations from the drugs threat'. Expressing concern over the 'dismantling' of the current conventions and the 'legalisation of soft drugs', Mr. Zmeyerovsky stated that the Russian Federation 'cannot support this' since it would lead to a 'collapse of the regime'. Rather, he contended, it is time to 'strengthen the treaties'. Moscow's continuing dedication to what is becoming an increasingly anachronistic interpretation of the treaties could be clearly seen in relation to Afghanistan. Expressing understandable concern for the state of the Afghan opium market after transition at the end of this year, the Special Envoy called for 'hard-hitting measures' in relation to poppy eradication and processing laboratories, 'as is being done in Colombia'. Without such an approach, he continued, we are addressing the 'symptoms rather than the cause' of the problem.

Other 'serious and honest' differences in perspective could also be seen around the death penalty, an issue that was to become the focus of attention during the adoption of the JMS. Many states, as well as UNAIDS and the UN Office of the High Commissioner for Human Rights, explicitly included opposition to the practice within their statements. This included the EU – and therefore all individual EU member states – and Mexico, with some (notably the Netherlands) noting with regret that there was no comment upon the issue within the final draft of the JMS. While the harm reduction approach is no longer the point of tension it used to be, references to its efficacy (for example by the EU and perhaps unsurprisingly bearing in mind the broader geopolitical environment in March, Ukraine) were countered by countries like Japan, that spoke negatively of 'so-called harm reduction', and Yemen, that championed 'abstinence not the minimization of harm'. The issue was picked up by the Vienna NGO Committee on Drugs (VNGOC), which validly pointed out that the CND has 'not yet found common ground on harm reduction and encourages it to do so'.

More roundtables: Still square thinking

As has been the case in the past three years at the CND itself, the HLS adopted a round-table model within the parallel discussion to the plenary. The aim, as before, was to ensure more focused debate and move the forum away from the delivery of prepared country statements. This was, to a limited extent, successful, with the round-tables following the now familiar, if arguably increasingly inappropriate, three pillar approach to dealing with what is becoming an ever more complex and multifaceted 'world drug problem' that requires more creative and 'out of the box' thinking.

Roundtable (a) focused on **Demand reduction: reducing drug abuse and dependence through a comprehensive approach**. It was chaired by Francisco de Asís Babín Vich, Spanish delegate for the National Plan on Drugs at the Ministry of Health. During the session the importance of demand reduction, including its place within the JMS, was reaffirmed by numerous interventions. Moreover, the need to base demand reduction measures on scientific evidence was raised by several delegates. There was general agreement that such measures are an essential counter-weight against an overwhelming reliance on supply reduction and its associated policies. Portugal, which has been amongst the leading European countries in the shift toward health-oriented drug control policies, declared that: 'We fight the disease, not the people'. In addition, the Portuguese delegation pointedly drew attention to the threat that economic austerity programmes represent to health and social protection measures in the drugs field.

Switzerland likewise was supportive of a broad range of drug demand reduction measures, pointing out that its heroin prescription programme is in accord with the human rights thread linking its diverse policies, and is evidence-based and effective in reducing communicable diseases. Slovenia was one of a number of countries to state the continuing

importance of harm reduction responses to drug use. Nonetheless, as was evident in the negotiations over the JMS, harm reduction remains a powerfully controversial area despite the fact that it is endorsed by the UN and practiced across much of the contemporary world, and was backed by the EU countries and many others present at this roundtable. For some, however, harm reduction continues to be controversial.

But it is the issue of cannabis policy reform that has attracted most criticism from conservative member states. Pakistan, for example, while explaining that its geographical position at the centre of a major opiate trafficking hub results in its prioritisation of supply reduction, registered its opposition to the legalisation of cannabis or any illicit drug. Likewise Maria Larsson of the Swedish Health Ministry went further in discussing her government's anxieties concerning cannabis. 'Looking at how the discussion is going about attitudes to cannabis', she said, 'I am troubled. There seems to be a growing feeling of resignation. Several countries have more or less given up, thinking that they can't influence public opinion or prevent young people from accepting cannabis'.⁵ Speaking out against what she saw as a type of defeatism – the language of war is of course still apparent in such a formulation – Ms. Larsson argued that the key factor for successful and enduring demand reduction was 'to influence youngsters to avoid all use of narcotic drugs'. Interestingly, she acknowledged that the youth of Sweden are showing an increasing interest in experimenting with cannabis, which she claims to be a 'gateway drug'. This general stance, of course, is a familiar one from Sweden, which clings to its 'restrictive drug policy' despite the shifts going on in several parts of the world. Beneath the surface of an affable and apparently consensual discussion of demand reduction, then, the underlying cracks once again showed through.

Incorporating what is perhaps an impossibly wide-range of issues, roundtable (b) was entitled **Supply reduction: reducing the**

supply of drugs; control of precursors and amphetamine-type stimulants; and international cooperation on eradicating the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances and on alternative development. Within the session, member states expressed frustration at their lack of progress in implementing the array of supply reduction strategies codified in the 2009 Political Declaration and Plan of Action.⁶ There was a general sense among speakers from the supplier and transit countries that, with a few exceptions such as UNODC's law enforcement and technical training courses, mutual and shared responsibility remains a rhetorical aspiration rather than a programmatic reality. With the exception of the representative of the Russian Federation, who stated bluntly that there had been a 'clear failure of effort on drug phenomenon, which requires new breakthrough approaches', most speakers delicately referenced their inability to control the supply of traditional drugs, precursors, and multiple NPS flooding the market.

Putting a brave face on the dismal picture, the USA and Colombia both made much of the reduced acreage devoted to coca production and the dismantling of the large 'cartels'. Both were careful, though, to clarify that the roots of the problem go much deeper than the superficial successes. Several countries stated that in order to be sustainable, alternative development programmes had to be market-driven, implying that it was up to wealthier consumer countries to create and sustain demand for crops produced under those programmes.

Venezuela led the Latin American offensive on the failure of traditional supply reduction strategies, joined by Brazil, Colombia and Argentina who criticised the lack of data to support the development of evidence-based policy. Citing their limited resources, namely taxpayers' money, to fund supply reduction strategies when it was clear these could not offset 'unlimited' demand from consumer

countries, Venezuela declared, 'our government is not an apologist for failure', and stated that ordinary citizens feel threatened by drug trafficking and related security measures. Like the Latin American speakers throughout the HLS and CND, he noted that social pressure for change is growing, particularly in those areas where basic needs are not being satisfied by the current regime.

Reflecting the increasingly dynamic nature of the market, most speakers focused on NPS, the measures some countries like Israel were taking to regulate them, and the need for joint action on precursors, be it regional cooperation, private public partnerships, technological systems to track diversion from licit supply, or a combination thereof. Ghana, Nigeria, and Pakistan suggested that ephedrine be banned completely. India gently reminded the roundtable that there were no viable substitutes for ephedrine, and banning it would not be effective in the long term and would also restrict access to an essential ingredient for the licit production of medicines – a theme that would reoccur during India's interventions this year (see Box 6).

The North African and Near Eastern countries such as Iraq and Afghanistan cited the practically impossible task of combating terrorism while promoting alternative development *and* enhancing law enforcement capacity to comply with supply reduction strategies outlined in the 2009 Plan of Action.

The roundtable concluded with an NGO intervention by Aram Barra, on behalf of Transform Drug Policy Foundation (TDPF) calling for more rational regulatory strategies in the face of the evident failure of traditional supply reduction approaches. Having the last word and after citing the negative unintended consequences referred to by the UNODC Executive Director in 2008,⁷ Mr. Barra said: 'In this historic context of demonstrably ineffective and counterproductive supply reduction efforts, talk of "rebalancing" demand and supply reduction efforts are meaningless'.

Roundtable (c) was introduced under the more manageable title, and indeed more focused issue area, **International cooperation: countering money-laundering and promoting judicial cooperation**. Perhaps unsurprisingly bearing in mind the scale and complexity of the topic, the session devoted much time to covering new trends and urging the implementation of yet more tactics to combat illicit financial transactions. In summarising the discussion, the Chair – Dubravka Simonovic, Permanent Representative of Croatia to the UN Mission in Vienna – noted concerns about the scale of illicit financial flows due to drug trafficking activities, through informal and formal transfer systems, and referred to the interception of financial flows as a major component in disrupting transnational organised crime. She highlighted the various mechanisms that could be employed to combat illicit financial flows, including the Financial Action Task Force (FATF), anti-money laundering legal frameworks, dedicated financial intelligence units, special investigative techniques, and a trained judiciary. The Chair also highlighted the close connection between drug trafficking, corruption and money laundering, insufficient resources to tackle the problem (e.g. expertise in identifying and confiscating criminal assets), and increasing numbers of offshore financial centres as ongoing challenges.

While UNODC linked money laundering to the international trade in drugs, Japan linked both to terrorism, saying that these activities provided important revenue streams for terrorist operations such as the Taliban in Afghanistan. On the other hand, Mexico connected money laundering with the threat of undermining prosperity and governance. In terms of trends, Japan noted the growing importance of 'invisible money laundering' in trades such as used car sales. The Russian Federation contributed a PowerPoint presentation showing the trafficking routes for heroin originating in Afghanistan. According to this, the drug passes through Karachi in Pakistan, and then Africa and finally the USA where the drugs are converted into

money. The Russian representative further pointed out that the money is neither spent in the consuming country, nor in the producing country, but in a fourth country. Unfortunately he did not provide details on the sources upon which these claims were built. Referring to statistics showing that only a small percentage of the vast sums laundered is intercepted, the UNODC called for more law enforcement measures in the form of support to member states to track money flows, confiscate monetary proceeds of crime, and improve information sharing and collaboration, through both informal and formal means.

The UNODC also noted that more member states have now criminalised and instituted more measures against money laundering, along with banks implementing more checks on accounts and transactions. Many countries, including Algeria, Argentina, Morocco, Burkina Faso, the USA and Kenya, referred to law enforcement and financial measures, and collaboration with regional and international institutions (such as UNODC, the World Bank and the IMF), they were undertaking to boost identification and prosecution of money laundering. Norway interestingly noted that NGOs and the press

perform watchdog functions that are important to efforts of member states in disrupting money laundering and trafficking.

As a welcome example of civil society involvement within the roundtable process, the VNGOC rounded off the discussion by stating that although NGOs are not directly involved in measures to combat money laundering, they do have experience in associated issues and emphasised the need to ensure that such measures do not disproportionately target petty crimes or people who use drugs.

Adoption of the Joint Ministerial Statement: A paper-thin consensus

Mindful of both the comments on the death penalty within the HLS general debate and the intense and prolonged nature of negotiations in the preceding months, it seemed clear that the adoption of the JMS would not be a straightforward process. Indeed, the complexity of the negotiation process became obvious when, in introducing the JMS, Ambassador Shamaa thanked everyone for their hard work and emphasised the important role played by the 26 facilitators.

Box 4. The Joint Ministerial Statement JMS: The trials and tribulations of a consensus document

In the nine months preceding the CND and the High-Level Segment, governments gathered in Vienna for a series of formal and informal negotiations to agree a JMS. This was originally due to be finalised by the end of 2013 – but after months of protracted political bartering and heated debate, it was approved just days before the HLS.

Some of these negotiations were open to civil society, and some were not. Nonetheless, IDPC was able to attend the majority of them, and witnessed first-hand the frustrations and complaints lodged by governments about the process that was being followed. Controversial paragraphs were put on hold for side discussions that never happened, while agreed paragraphs were reopened for further editing and debate. Sessions were called and cut short at the last minute – possibly in an attempt to keep the conversations limited to Vienna-based diplomats. At one stage, almost every one of the 50-plus paragraphs contained elements of contention and disagreement between countries.⁸ Slowly these were hammered down or deferred, leaving just a handful of major issues which ran until the final days of negotiations.

After several months of intense debate, however, the final JMS was a disappointment – a commitment to ‘more of the same’ that repeated whole segments of text from the 2009 Political Declaration itself:

- The Statement reaffirmed commitment to the wholly unachievable targets and goals set out in the 2009 Political Declaration and Plan of Action – namely to ‘eliminate or reduce significantly and measurably’ drug demand, cultivation, risks, supply and money laundering by 2019.
- The term ‘harm reduction’ was once-again omitted, despite strong initial support from the EU, Switzerland, Norway and others. Instead, references to ‘measures aimed at minimizing the public health and social consequences of drug abuse’ and ‘support services’ were included. However, references to the UN Technical Guide on HIV prevention, treatment and care among people who inject drugs⁹ were regarded as a partial victory.
- Mexico and others had pushed for the JMS to reflect drug policy developments around the world and ‘take note of the debate’ on the future of drug control, not least in Latin America. The final Statement notes ‘ongoing discussions in some regions on how to address the world drug problem’ – again, a partial victory.
- As noted within the main text of this report, numerous countries were defiant about ending the death penalty for drug offences. At the 11th hour, with no consensus reached, this whole issue was removed from the JMS. This resulted in the statement from Greece at the HLS.
- Preparations for the 2016 UNGASS on drugs were the subject of much debate throughout the nine months, yet this entire issue was eventually cut out of the JMS and pasted into a separate resolution for further exhaustive debate at CND (see below).

The long and demanding JMS negotiations created a tangible sense of frustration and impatience at the CND itself – with many diplomats and officials clearly tired of circular debates that had already taken up so much of their time. However disappointing the final Statement was, it may prove advantageous in the long-run as it has instilled a resolve among some countries that the UNGASS preparations cannot be run in this way.

Receiving no objections to the final version of the JMS as presented,¹⁰ the Ambassador declared ‘it is so decided’ and after much applause, thanked the assembled delegations for their cooperation and the ‘collaborative spirit’ that had ‘prevailed’ throughout the HLS and the negotiation process for the JMS (see Box 4). At this point, he gave the floor to the representative from Greece and it was then that the fragile patina of consensus began to slide. Consolidating various comments made throughout the general debate, Ambassador Themistoklis Dimidis, Permanent Representative of the Permanent Mission to the United Nations in Vienna, spoke about the death penalty on

behalf of 58 states.¹¹ He noted that this group ‘deeply regretted’ that the JMS did not include language on the death penalty and that they had a ‘strong and unequivocal opposition to the death penalty in all circumstances’. In the opinion of the group, it ‘undermined human dignity’. Further, he continued, imposing the death penalty for drug offences was against the norms of international law, specifically article 6, paragraph 2, of the International Covenant on Civil and Political Rights (ICCPR). The Ambassador also stressed the importance of the full implementation of the General Assembly resolution on a moratorium on the use of the death penalty that was adopted in

December 2012 with an unprecedented number of votes, in which, in the interim, the General Assembly called for minimum standards on its use be respected. The representative welcomed the recent decision by the INCB calling on countries still applying the death penalty to reconsider their positions and urged all member states to respect the minimum standards on the use of the death penalty and to impose a moratorium on its use as 'a step towards its final abolition'. He requested the statement be included within the report of the session, a request that was met with a round of applause from much of the room.¹²

An 'Explanation of Position' brought forward by the representative from Switzerland, who was also speaking on behalf of Liechtenstein and Norway, supported the EU statement. Here it was stated that the fight against the death penalty was a 'integral part of their human rights policies' and that the three countries opposed it in all circumstances, including for drug-related offences. In addition to references to the ICCPR, the INCB and the General Assembly, the Swiss representative also recalled statements against the use of the death penalty made by the Human Rights Committee and the Executive Director of the UNODC. As such, he stated that 'the silence of the Joint Ministerial Statement on the death penalty was indeed regrettable' and that the Statement therefore did not reflect their 'concern about the death penalty or take into account the position expressed on the subject by other entities within the UN system'. The representative requested that the report of the Session reflect that their agreement to adopt the JMS was given 'on the understanding that capital punishment was not compatible' with their 'commitment to ensuring that the drug problem was addressed with full respect for all human rights and the inherent dignity of all individuals'. The statement concluded by stressing that 'international cooperation in drug law enforcement is contingent on full respect by all parties involved for all human rights, including such a fundamental human right as the right to life'.

It was down to the representative of the Islamic Republic of Iran to put forward the opposing view. Speaking on behalf of Bahrain, China, Egypt, Indonesia, Kuwait, Libya, Malaysia, Oman, Qatar, Saudi Arabia, Singapore, Sudan, the Syrian Arab Republic, the United Arab Emirates, Viet Nam and Yemen, as well as Iran, he stated that the issue of the death penalty was not in the mandate of the CND, but since it had been raised by some delegations he would address the issue. In so doing, he argued that there was 'no international consensus on the abolition of the death penalty, that it was not prohibited under international law (including the drug control conventions) and that the application of the death penalty was a 'criminal justice matter' to be decided by the competent authorities of individual states. 'Every state has the sovereign right to decide on its own justice system, taking into account its own circumstances, and every state has the sovereign right to choose its own political, economic, social and legal systems, based on what is in its own best interests... There cannot be only one view', he said. The representative also put forward the view that the death penalty was an important part of the law that was only imposed for the most serious crimes (including drug trafficking) and that it served as a deterrent. His statement was met with stony silence.

While holding the floor, the representative also put on the record a reservation from the Iranian delegation regarding paragraph 44 of the JMS. While reiterating his country's commitment to the JMS negotiation process and a willingness to be flexible towards the aim of reaching consensus, the reservation related to references to the work of the FATF. Influenced by Tehran's longstanding hostility to the FATF, he referred to it as 'exclusive, non-transparent' and 'club like', and stated that any references to the task force that is directed by 'political and biased motives' should not be interpreted as Iran giving the body any recognition or legitimacy.

The final intervention came from Ecuador. Echoing many of the themes within its general debate statement, but this time ensuring that they were formally recorded in the report of the event, the representative pointed out that within the JMS 'there were specific references to the effect that drug problems should be addressed only in the framework of the three conventions'. In this regard, she repeated her delegation's position that the drug policy implemented by the UN needed to be revised. This was because it had been created without consideration of the 'cultural idiosyncrasies of different regions of the world,' which had led to the implementation of a model with 'high costs, especially in terms of human rights'. 'The approach was now outdated, especially in countries in Latin America', she said. The representative stated that her delegation's reservations were based on its position that the 'world drug problem should not be addressed only within the framework of those conventions' and that 'revision of those instruments had become indispensable' because 'they have been overtaken by existing reality'.

It is clear, then, from the contrasting nature of these interventions that the consensus achieved after much arduous negotiation is largely a matter of formality, having been reached through what was seen as the immediate necessity of presenting a unified face to the world in the form of a ministerial statement. To do otherwise would have been almost unthinkable for the UN and the international drug control system it administers, and which is claimed to stand above all particular political interests and to represent humanity. The fact that the unthinkable came so close to happening indicates the depth of the fractures that now underlie the paper-thin consensus of the JMS, and on the broader system of international drug control.

The 57th Session of the CND

Unlike the week following the 2009 HLS where the proceedings had been decidedly jaded, delegates reconvened on Monday 17th March with a good deal of energy and enthusiasm for the tasks ahead. This no doubt had much to do with the ongoing discussions about the preparations for UNGASS and the palpable, yet indefinable, sense of a system in flux. With the roundtable format used the previous week to discuss the three core components of the international community's response to the 'world drug problem', among the usual discussion of operational and normative issues the CND proper also included two panel discussions. Involving a number of panellist presentations to provide information of specific issues and give a structure for dialogue and additional contributions, these focused on the issues of (1) scheduling and (2) preparations for the 2016 UNGASS.

Plenary discussion: Issues related to the scheduling of substances in accordance with the international drug conventions

This panel discussion, requested by Canada at last year's Commission, began with an introductory overview from the Chief of UNODC's Laboratory and Scientific section, Justice Tetty. The speaker located the issue of scheduling within the context of proliferating NPS, of which some 372 had been reported to UNODC by February 2014. He noted that the recent Expert Consultation on NPS, which included representatives from the INCB, the WHO, Interpol, the World Custom Organisation (WCO), the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and others¹³ had identified the main regulatory challenges posed by these substances, which were:

- The rapid proliferation of NPS, which makes prioritisation so difficult

- The problem of obtaining data on their respective levels of risk
- Obtaining a legal classification in an efficient and timely manner
- The limited resources available for risk assessment
- The differential capacities available to countries to balance risk and availability.

There followed presentations from a number of speakers. The first was from a representative of the Egyptian Ministry of Health, Dr. Fadila Amer (a specialist in the regulation of pharmaceuticals), who explained that Egypt has included tramadol under its national drug control schedules. She went on to argue that scheduling clarifies and sharpens the divide between medical use and the 'abuse' of the drug. Moreover, said Dr. Amer, scheduling does not impede medical access to tramadol, but rather facilitates and improves it, while stemming the flow of counterfeit medicines. Significantly, she stated that Egypt had taken the decision to schedule the drug in response to the INCB's calls for stricter regulation. According to the case Dr. Amer presented, medical access to tramadol has benefited from the substance's scheduling; however, this may not be the case in other territories, particularly those that are less developed. This is precisely the concern that led the WHO not to recommend the scheduling of the drug under the international conventions. The Expert Committee considered that such a move was liable to place surgeons in the invidious position of having to operate without anaesthetic.¹⁴

The next presentation was from the Asia Pacific group, and the speaker drew attention to the 'growing threat' of NPS and chemical precursors, and to some unspecified 'social threats' tied to these 'new substances of abuse'. He referred to the lack of adequate structures to deal with NPS, and called for a rationalisation of the present scheduling process, the setting of priorities in terms of risk, and the development

of temporary measures and/or activation of the provisional measures available under the conventions. Finally, he argued, national authorities need to be made fully aware of these existing measures.

The third presentation echoed these concerns, though the speaker, Mr. Wilches Guzman from the Colombian Justice Ministry, restricted his focus to the gathering of data. He called for the involvement of civil society, police, academics and so on, to develop a knowledge-base with regard to NPS: not simply knowledge 'confined to library shelves', but 'rapid-reaction knowledge', the kind that would enable police forces to 'repress' supplies of these drugs. 'We can't continue to control an infinite number of drugs' said the speaker; 'We must prioritise', with flexible standards and regulations to respond in a dynamic manner. Finally, Mr. Guzman called for greater responsibility from the licit pharmaceutical industry, as most illicit drugs and precursors, he said, come through diversion.

The discussion drew many responses from the floor. The UK delegation informed the room that it had invoked the provisional control measures under the 1971 convention in respect to mephedrone. These provisional measures, which are available under both the 1961 and 1971 Conventions, permit controls to be assigned to substances prior to their review by the WHO, which is mandated by the conventions with the task of risk-assessment. In the face of the rapid expansion of NPS, and the lack of resources that has slowed down the WHO review process, countries are seeking new methods to speed up the scheduling process. This is the first time that provisional controls have been invoked, and reflects the sense of alarm experienced by countries in the present situation. NPS are going to constitute 'the challenge of the twenty-first century', said the UK speaker. There was considerable support for the use of the provisional scheduling measures among the assembled governments. Dr. Amer, who had delivered the first presentation, thanked all those who had voiced support for the scheduling

of tramadol, and went on to call on the WHO to prioritise this matter; the WHO should just 'look at the evidence and schedule tramadol', she said. 'We must not just react, we must act, be proactive'. It was an attitude that was widespread at this year's CND, and tended in its desire to 'do something' to be rather dismissive of concerns about health and human rights.

Despite the prevalence of this enthusiasm for control, however, it is important to note that such 'proactivity' must stop short of both panic measures – the urge to schedule everything – and of pre-empting the conclusions of the WHO's ECDD: decisions which, according to the conventions, must be made on a scientific and public health basis. A similarly impatient attitude toward the WHO's previous decisions not to recommend the scheduling of ketamine and tramadol was apparent in other responses from the floor. China, for example, asked the 'WHO to respect the views of Member States' and to

'take into account social and other factors'. This intervention demonstrated a thoroughgoing, if widely shared, misunderstanding of the role of the WHO in arriving at its scheduling recommendations, which is restricted by the conventions to scientific and public health considerations. It *cannot* recommend on 'social and other' grounds – that is left to the CND itself, and it has very broad discretion in relation to the WHO's advice. Those working on the Expert Committee had obviously judged that the evidence regarding tramadol is more complex than Dr. Amer is willing to acknowledge, and capable of bearing different interpretations. With the Expert Committee due to meet in June for the next set of reviews, the pressure being exerted on it by states parties at CND is unacceptable; it is a scientific body and should be allowed to reach its conclusions without political interference (see Box 5). The fact that the WHO was not allocated a position on this panel is itself indicative of its marginalisation.

Box 5. The marginalisation of the WHO in the drug control system

As IDPC has stated previously, the drug control conventions are intended to facilitate the supply of drugs for medical and scientific purposes just as much as they are intended to restrict unauthorised use. For much of the 20th century, the balance was firmly on the side of repression rather than health, though this has begun to change in recent years. UNODC is amongst those UN agencies calling for rebalancing of the system toward health, and the placing of public health, 'the First Principle of drug control', at the centre of policy and practice.¹⁵

However, if we examine the actual situation of the representative of the health principle in the international drug control system – which is the WHO – things are not quite so rosy. In terms of human and financial resources and in terms of its standing within the drug control nexus, the WHO has been systematically pushed toward the margins over recent decades. For example, the WHO launched a new unit in the early 1990s during the preparations for the 1998 UNGASS; with six full time staff members and an ambitious set of projects, the WHO Programme on Substance Abuse (PSA) arrived with considerable fanfare, and carried out some very significant work. This included a number of highly controversial ventures such as the Cocaine Project, a large scale study whose conclusions were effectively buried after they failed to meet the requirements of its political paymasters – particularly the USA.¹⁶ The PSA's staff has been drastically reduced and stands now at one official (part-time), and its output has, understandably, greatly decreased.

Similarly, the WHO's ECDD, which undertakes reviews on substances proposed for scheduling under the international drug control conventions, was unable to meet between 2006 and 2012 because it lacked the funding to do so. The WHO has clearly been starved of funds for its drug-related work. At the same time, its recommendations to the CND on the scheduling of substances have frequently been either rejected or stymied, and the ECDD has come under sustained pressure and criticism from the CND, member states and the INCB whenever its scheduling recommendations are inconvenient.

The UN drug control regime claims it wishes to achieve a better balance between the principle of health and that of repression. If this is to be more than a merely rhetorical stance, then the rebalancing must include, among other things, taking the work of the Expert Committee seriously. At this moment, when the danger of the system sliding into a regulatory panic is growing ever more real, the value of independent scientific inquiry is especially important, and should not be sacrificed to the short-term objectives of politics.

Panel discussion: ‘Substantive issues for the special session of the General Assembly on the world drug problem in 2016’

When read in tandem with the statements made during the HLS, the panel's statements led to limited debate, but provided interesting insights into country positions on the UNGASS. Overall, it was clear that most delegations were keeping their powder dry for negotiation of the UNGASS resolution in the Committee of the Whole (CoW) (see below). As such, as part of a pedestrian set of interventions, the majority of the delegation statements agreed that key areas of attention for the UNGASS were NPS, ATS and precursor control (principally Mexico, the UK and the USA). Echoing such concerns, especially regarding NPS, Germany also noted that alternative development needed to be highlighted during the UNGASS preparations.

However, from the outset it also became clear that many states were using the panel to lay out their stance on policy reform and by association their position on the conventions in the lead up to 2016. For instance, the Mexican representative stated that ‘No one can question Mexico's commitment to the conventions’ and went on to note that recent unilateral decisions had

‘triggered uncertainty’ within the international community. Although not questioning such decisions or supporting legalisation, the representative continued, there was a need for ‘international understanding’ and to review ‘what has worked and what hasn’t’. This was a position also held by the Colombian delegation. Stressing that the Colombian president was engaged with the issue, the representative noted that there is a need to see ‘what works’. Similarly, the representative of Guatemala pointed out that the international community ‘can’t achieve results doing the same thing’ before stressing that while the country remained committed to the treaties, there is a need to look for ‘new approaches’, take account of the different policies now being explored and conduct ‘in-depth analysis if we are to move forward in 2016’. Like other states, including the USA, Uruguay and the Guatemalan representative also stressed the importance of involving civil society in the UNGASS preparatory process. The statement from the Western European and Others Group (WEOG), given by the representative from Canada, added that there is a need to better understand the nature of the problem. The representative from Israel noted concerns about the ‘cannabis debate’ and, in relation to NPS in particular, the UK representative pointed out that there is no need

to 'revisit the conventions' but rather explore their 'flexibility and 'understand what they can do'. Unsurprisingly, the representative of China stated full support for the conventions and noted that as the 'leading agency', the CND should continue to play a key role in the lead up to UNGASS, with support from the INCB and UNODC.

Mindful of their current positions vis-à-vis the 1961 Convention, the statements of both Uruguay and the USA were interesting. The representative of Uruguay stated his country's interest in the 'opening of a candid and open debate' in 2016 involving 'all voices', including the UNDP, the WHO and UNHCR. He also noted that while there was much concern about the new cannabis policy within Uruguay, this is 'sovereign public policy'. 'We don't want an argument', he continued, and stressed that although there has been much discussion about 'balance' and shared responsibility, this is not the case in Latin America. Here, he stated, policy is 'unbalanced' and 'skewed' with too much emphasis on 'supply reduction' and 'not enough on public health'. On this issue, the representative stated powerfully that there is a 'war in my hemisphere' with the region experiencing far more damage than in countries on the 'demand side'. With this in mind, he argued that there is a need to look at the problem 'openly' and to use science to establish a 'truly balanced strategy and shared approach'. The representative then requested the INCB to look at the relationship between drug consumption and the associated costs in the 'Southern Hemisphere' before concluding that in relation to 2016 member states must 'guarantee open exchange' and ensure that there is not a 'pre-cooked agenda'.

Like that responding to the INCB report (see below), the US statement on this agenda item also contained elements of denial in relation to the situation in the states of Colorado and Washington. Without irony, the US representative noted that 'Some say that the conventions need to be modified' but that 'in fact they have evolved over time'. In this vein, he continued, the USA is 'pleased to hear

discussion of reform within the framework of the conventions' and acknowledged the comments from our 'friends from Uruguay' regarding 'discussions of reform' and the need for 'genuinely open debate'. He also welcomed opportunities to discuss reform ideas at 'this CND and during the preparations for UNGASS'. On the issue of the 2016 meeting, the representative also highlighted what the US federal authorities regard to be 'positive developments', especially 'advances in neuroscience' for treating 'substance use disorders' noting that the UNGASS will be the 'ideal venue' for highlighting 'new tools in public health'.

With most of the country statements skirting around many key issues, it was left to the NGO statements at the end of the session to clearly lay out the challenges facing members states in the lead up to 2016 (see below). Thanking civil society for its contributions, the Mexican panellist commented that 'they said what we have on our minds but didn't express convincingly'. The Chair wrapped up proceedings by noting that the session had contained 'Truly enriching and diverse discussion' and, in reference to the representative of Uruguay's comments on avoiding a 'pre-cooked' agenda stated the he 'couldn't agree more'. Pointing at the JMS as evidence, 'we don't do this', he said. Offering the JMS as an example of 'collective ownership', the Chair concluded 'You like it, you hate it, it's yours!'

Dronabinol: The Netherlands moves for re-scheduling

Beyond the panel discussion, the increasingly vexed issue of scheduling also came to the fore in the Commission's consideration of the place of dronabinol within the convention framework. One of the major active ingredients of cannabis, the substance is presently classified as a schedule II substance under the 1971 Convention. It had originally been included in schedule I of that treaty, but its therapeutic uses, primarily with AIDS and chemotherapy patients, led the WHO to recommend a move to schedule II.¹⁷ The CND,

after initially rejecting this recommendation, voted to transfer dronabinol accordingly in 1991 and it is now a schedule II substance. Since then, however, the WHO has advocated a further de-escalation of dronabinol's regulatory status by recommending its inclusion in schedule III of the 1971 Convention. After discussions at the 50th CND in 2007, the Commission adopted decision 50/2, by which it decided not to vote on the WHO recommendation to transfer dronabinol from schedule II to schedule III, and to request the WHO ('in collaboration with INCB, as appropriate'¹⁸) to undertake a further review when more data became available.¹⁹

Owing to lack of resources, meanwhile, the WHO's Expert Committee was unable to meet again until 2012. Following this session, the ECDD found no new evidence to substantially alter its previous recommendation to transfer dronabinol from schedule II to schedule III, and that, as a consequence, its recommendation should stand. Debate resumed on the topic at the 56th CND in 2013, where some countries were uncomfortable with the reluctance of the CND to accept advice based on scientific evidence.²⁰ As noted above, Canada, while arguing that acting on the recommendation would 'send out the wrong signal' with respect to cannabis, did call for a debate on the scheduling issue this year.

At this year's 57th CND, the Netherlands drew on the principles of the JMS, which reiterates the need to ensure the availability of substances for medical and scientific use, to submit decision 50/2 to a vote; scheduling being one of the few areas in which the CND is required to vote. The Netherlands explained that it was doing so in order to obtain acknowledgement of the medical value of dronabinol, and to ease the restrictions that impede therapeutic access to the substance. In a context in which a sense of barely-suppressed panic underpinned much of the discussions, the IDPC deems this a welcome move, recognising and reaffirming as it did the enabling side of the drug control system, and the importance of the conventions in facilitating access to controlled drugs.

The vote itself, however, was unsuccessful, and reflected the prior discussions that took place on the question. A number of countries had argued that the data on which the Expert Committee had relied was out of date; several times, countries declared their 'respect' and 'support' for the work of the ECDD, but declined to accept its recommendation, and then went on to criticise the quality of the scientific evidence used – something which is outside the CND's mandate. In order to be approved, the vote would need a two thirds approval; that is, 36 of the 53 CND members would have to vote for it. In the event, the votes for were from: Austria, Colombia, the Czech Republic, Denmark, Guatemala, the Netherlands, Poland, Spain and Uruguay; this represented a total of 9 countries. There were several abstainers, and some that were expected to support the proposal who failed to do so. Nonetheless, by using the mechanism of voting, the Netherlands raised a vitally important principle at a key moment.

The Committee of the Whole

The CoW is the space in which draft resolutions are proposed, debated and refined to arrive at a form of words acceptable to the assembled country delegations. Resolutions are then submitted to the Plenary for adoption by the CND, and finally to the Economic and Social Council (ECOSOC) for adoption by the UN. The resolutions produced by the CND are the result of complex, highly technical and sometimes tense processes of negotiation. While observing these processes can be a demanding – and at times excruciating – experience, the CoW is the place to hear countries' views about various drug policy topics, to see delegations cooperating (or not), and to learn something of what goes on behind the more formalised presentations that take place in the theatre of the plenary.

This year the CoW was chaired by the Permanent Representative of Thailand to the UN Mission at Vienna, Princess Bajrakitiyabha Mahidol. At times she appeared to struggle somewhat to discipline the more stubborn elements on the

floor of the CoW, while at others she managed to obtain agreement with skill and a little humour. There were twelve draft resolutions to be considered, and the decision on the

rescheduling of dronabinol. As usual, IDPC will concentrate on those resolutions deemed most significant, and on key themes that emerged from the debates.

Box 6. Resolutions, decisions and statements at this year's CND²¹

'Promoting the implementation of the United Nations Guiding Principles on Alternative Development and proposal to organize an international seminar/workshop on the implementation of the Guiding Principles' 57/1

'Drug abuse prevention through sport: promoting a society free of drug abuse through sport and the Olympic ideal' 57/2

'Promoting prevention of drug abuse based on scientific evidence as an investment in the well-being of children, adolescents, youth, families and communities' 57/3

'Supporting recovery from substance use disorders' 57/4

'Special session of the General Assembly on the world drug problem to be held in 2016' 57/5

'Education and training on drug use disorders' 57/6

'Providing sufficient health services to individuals affected by substance use disorders during long-term and sustained economic downturns' 57/7

'Raising awareness and strengthening international cooperation in combating drug trafficking, which in some cases, misuses activities related to opium poppy seeds for illicit purposes, also produced from illicit opium poppy crops' 57/8

'Enhancing international cooperation in the identification and reporting of new psychoactive substances and incidents involving such substances' 57/9

'Preventing the diversion of ketamine from legal sources, while ensuring availability for medical use' 57/10

'Strengthening and expanding international cooperation to counter the threats posed by illicit production and manufacturing, trafficking and abuse of drugs in the Greater Mekong subregion' 57/11

'Draft Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem'

The most fiercely debated of these resolutions (see Box 6), and potentially the most important in terms of strategic policy was that dealing with the preparations for the UNGASS of 2016: **'Special session of the General Assembly on the world drug problem to be held in 2016'**. This perhaps reflected frustrations felt by some governments following the JMS negotiations and eagerness by some states not to repeat the same all-too-familiar circular arguments in New York.

As stated before, many of the issues contained in this resolution were originally brought to the floor as part of the JMS negotiations, but were moved into a resolution by the CND Chair instead so as not to further delay or complicate a fraught process for the Statement itself. This appears to have been an astute move, as this resolution did not even find its way to the CoW until the final day – instead being subjected to countless 'informal' discussions during the week, which civil society and other observers are unable to attend. These meetings are known as 'informals', small scale private meetings to which the main protagonists retire to thrash out agreement when debate in the CoW has reached an impasse. Even after these informals, the debates on this resolution in the Committee of the Whole and the Plenary were long and fractious.

The discussions appeared to hinge on the following issues:

- *Whether the preparations should be led from Vienna (i.e. by the CND and UNODC), or in New York.* Several delegations – predominantly from Latin America – supported the latter option, but they were outnumbered in this view as the precedent in previous UNGASS preparations has been for the UN expert body (or CND in this case) to take the lead. Nonetheless, this was a clear expression of dissatisfaction with what might be regarded as the ideological hand-cuffs in Vienna, and of the importance that many have placed on the UNGASS as an opportunity for open, objective debate.
- *What the outcomes of the UNGASS should be.* In the end, the resolution failed to detail any specific outcomes, but instead seemingly relegates the UNGASS to a mere 'milestone on the way to 2019, which has been set as the target date in the Political Declaration and Plan of Action'. Many had hoped that the 2016 UNGASS would supersede the need for a high-level meeting in 2019.
- *The engagement of agencies from across the UN system in the debate.* The final resolution recommends that 'organs, entities and specialized agencies of the United Nations system, multilateral development banks, other relevant international organizations, including the International Narcotics Control Board, and regional organizations contribute fully to the Commission's preparations for the special session', and invites them to submit recommendations as part of 'an inclusive preparatory process'.
- *The role of civil society* – both in the preparations and at the UNGASS itself. In the end, the resolution 'recognizes the important role played by civil society... [and] the need for their active involvement', and 'requests the Chair of the Commission to consider undertaking consultations and other appropriate actions in this regard with relevant stakeholders'. As is often the case in consensus negotiations, this means a lot and nothing at the same time – but provides enough fuel for on-going civil society advocacy efforts around the UNGASS (including the possible formation of a broad Civil Society Task Force).

Overall, the resolution is more restrictive and Vienna-centric than some may have hoped, but some important gains were made and some member states clearly put their cards on the table on this issue. The resolution commits to further 'inter-sessional' CND meetings on this issue before the next CND meeting in December 2014, requests UNODC to produce

a report containing recommendations on the UNGASS preparations, confirms that the UNGASS will take place after the CND meeting in March 2016, and contains a draft resolution for the Economic and Social Council to adopt when they next meet in June. It should be noted, however, that the final decision on the shape and processes of the UNGASS remain with the General Assembly.

Another key resolution debated at this year's CoW was entitled **'Preventing the diversion of ketamine from legal sources, while ensuring availability for medical use'**. The draft resolution was submitted by Thailand, subsequently drawing co-sponsorship from Egypt, China, India, Indonesia, Sweden and the USA. The importance of this resolution is twofold, stemming from its potential impact on the availability of essential medicines – in this case ketamine – and because it represents a further step in the marginalising of the WHO within the UN drug control system at a time when the system is supposed to re-balance itself toward the greater prioritisation of public health considerations.

Ketamine is an anaesthetic widely used in, and vitally important for, medical interventions in developing countries, and is consumed as a recreational drug in a number of wealthier countries. It is not currently controlled under international law, but has been the object of considerable controversy over the past decade. The WHO conducted a critical review of ketamine in 2006 and recommended against scheduling the substance. The review found that the evidence of abuse was limited, while the medical importance of ketamine in developing countries was high.²²

The INCB and several countries at CND were unhappy with the WHO recommendation. A number of states parties, prompted by the INCB which had repeatedly raised the topic in its annual reports, called for ketamine to be controlled. Meanwhile at previous sessions of the CND, a series of resolutions have urged

countries to 'consider' scheduling ketamine under their domestic legislation. At its 2012 meeting, the WHO's ECDD, looked at the question again, but found insufficient evidence to modify its 2006 recommendation. Moreover, it believed that due to ketamine's crucial role in surgery, its scheduling was liable to precipitate a 'public health crisis'.²³ In its critical review of ketamine, the Expert Committee also expressed unease at the fact that a parallel control regime, outside the mechanisms set down in the drug control conventions, was in effect being established through these manoeuvres.²⁴

This year's ketamine resolution once again contained the elements making up this parallel regime. The text spoke of an 'increasing demand for international control of ketamine', noting that forty-eight states have already controlled the substance under their domestic legislation and urging countries to impose an import and export certification system like that operating within the UN system. As noted above, the Chinese delegation raised the issue of ketamine in the panel discussion on scheduling, demanding that the WHO 'take into account the views of member states', even though the Expert Committee's mandate is to examine the scientific and medical aspects of the question, not to tailor its recommendations to suit the 'views' of member states. While the text of the resolution does urge countries to be 'mindful' of the drug's medical and scientific availability, the emphasis remains on the side of suppression of illicit use, manufacture, trafficking and diversion from licit sources.

This resolution's passage was marked by long periods spent in 'informals'. A revised version emerged from these sessions and was brought before the Committee on its penultimate day. Egypt, in keeping with its increasingly muscular presence in this year's CoW debates, argued that any reference to ketamine's medical availability must be accompanied by a warning against diversion. Similarly, China – which has submitted a request to the Secretary General proposing the international control of ketamine,

accompanied by a weighty file of evidence documenting abuse and illicit manufacture of the drug – objected to that fact that its medical use was mentioned twice, despite multiple references to ‘abuse’.²⁵ China and Egypt were the predominant countries advocating international scheduling, and seemed unconcerned at the prospect of reduced access to the substance for legitimate medical uses in the developing world. Those delegations whose focus was more health-oriented – such as the Netherlands – managed to use the negotiations at informals to ensure that the resolution recognised the importance of ketamine as a therapeutic substance. Indeed, it is the first of the recent set of CND resolutions regarding the drug to contain such an acknowledgement, and their efforts will be appreciated by all those supporting improved access to essential medicines.

On occasion, resolutions can be relatively mundane but remain interesting or revealing for the debates and viewpoints that emerge during their refinement in the CoW. This was the case with the resolution entitled **‘Drug abuse prevention through sport: promoting a society free of drug abuse through sport and the Olympic ideal’**. Sponsored by the Russian Federation, the resolution is wholly unrealistic at best; despite this, discussion around the resolution went some way toward illuminating Russia’s underlying views on people who use drugs. The resolution’s objectives are readily apparent, seeking to use sport as a healthy alternative to drugs and drug-related lifestyles, especially for the young. But the Russian delegate had a very specific view about the species of person liable to use drugs: ‘People that abuse drugs have a different reward system in their brains...They like danger and excitement, so drug abuse could be replaced by high-risk sports such as skiing or rock-climbing...’ The UK delegate responded to this by asking whether the same logic would apply to cage-fighting? That too is a high-risk sport, but not one his government would want to recommend; even the playing of rugby, he added, would ‘push up your insurance premiums’. The point that the

Russian delegate was trying to make was not well captured by his language, suggested the UK. The discussion began to meander, taking in the question of sports people as goodwill ambassadors against drug use. Footballer Radamel Falcao was suggested as a contender for the position, though the secretariat, acknowledging its lack of expertise in football, was unsure which club Falcao plays for – was it Monaco? This was confirmed by a helpful delegate. ‘Where in the CND mandate does it mention the promotion of sport?’ asked the Dutch delegate wearily. But the discussion continued, ranging far and wide. Warming to his material, the UK delegate intervened once more with the ironic observation that the prospect of sports promoting a drug-free lifestyle was less optimistic in the case of cycling. The observation caused some amusement in view of the high-profile cases of ‘doping’ amongst top-level cyclists in recent years.

More seriously, the original draft of this resolution made several references to ‘a drug-free society’ which was supposed to be promoted through sport. It is evident from the Russian delegate’s previously quoted passage that they consider people who use drugs as possessing different brains from other people – they are a biologically distinct species. Couple this form of understanding with a project aimed at eradicating them from society and you have, potentially, the makings of something rather chilling.

Such extreme views regarding the alleged biological makeup of people who use drugs are in fact not too remote from the language that appeared in the US-sponsored resolution dealing with ‘recovery’ from drug dependence, though made with what were probably very different intentions. ‘Supporting recovery from substance use disorders’ had originally included language conceptualising drug use as an underlying ‘brain disease’. The ‘brain disease’ model is influential in the USA, where it is supported by NIDA (the National Institute on Drug Abuse), but less so in Europe and elsewhere. The model’s advocates suggest

that it presents drug dependence as an illness like any other, and thereby removes the stigma associated with the condition. However, numerous countries – including Australia, Brazil, Ecuador, France, Germany and Spain – objected to this formulation. In the event, the USA was flexible and agreed to its removal.²⁶

The Russian Federation and Pakistan were very active in the discussions surrounding this resolution. The text included the recognition that 'stigma, discrimination... dissuade many who need help from seeking it'. Russia wanted all of these references to stigma removed. 'There is no stigma in our country', it insisted. When it was pointed out by the US delegation that there is a great deal of scientific evidence for the effect of stigmatisation and marginalisation on people who use drugs, Russia denied this. 'We don't accept that this is science' he said. In a similar vein, Pakistan was wary of any reference to the human rights of people who use drugs: in a very revealing phrase, it suggested that the wording should be 'respecting human rights, provided these do not lead to legalisation'. This captures the underlying fears of Pakistan and probably some of its allies in advocating for 'tough' drug policies: if the human rights of users are recognised, it will end in the free availability of drugs in the shopping mall.

It is no coincidence that the Russian Federation, Egypt and Pakistan were the main advocates of a harsh set of policies that tended to emphasise the difference between people who use drugs and other human beings, whether explicitly or by implication. These states repeatedly intervened in resolutions where reference to 'drug use' was made and insisted that the wording was changed to 'drug abuse'. Pakistan explained that the use of language is part of a normative regime and that it was therefore a highly important issue.

Another example of such interventions occurred in the debates around the draft resolution entitled: **'Providing sufficient health services to individuals affected by substance use disorders during long-term and sustained**

economic downturns'. This draft was submitted by Greece on behalf of the EU, and sought to protect healthcare from the effects of the financial downturn; healthcare – and the healthcare of people who use drugs in particular – being an area of special vulnerability in times of state financial cuts. A number of the EU delegations mentioned discrimination against people who use drugs as a factor in this respect, causing Russia once more to deny that there was any discrimination in its country. Language agreed the previous week for the JMS was now being rejected out of hand by Russia, Pakistan and Egypt, and the Chair might have taken a firmer line with them. With the debate touching on the fraught topic of illegal immigration, the Pakistan speaker wanted clarification: 'Does that mean that someone should be able to pass the border without a passport? Will they have free access to health services? Just because he's been subject to drug abuse, will he be able to access health services?' The Portuguese delegate answered this in the affirmative, and was backed by Cameroon, who declared that, 'It's our understanding that even illegal migrants have rights to health. Someone would not just be left to die'. The stark eloquence of the Cameroonian delegate's response went to the core of the issue. The resolution was adopted with some revisions, and though these reduced the power and accuracy of the text, it remains a significant UN recognition of an important area of risk and policy.

NGO engagement: Another good year

No doubt due to the HLS but also the fast approaching UNGASS, NGO presence and engagement at this year's CND exceeded that of any previous session. According to the VNGOC, 331 NGO representatives were in attendance, an enormous leap from last year's already impressive 165. Of the organisations, 67 were ECOSOC accredited, a figure that also seems set to increase as civil society becomes more engaged with the UN beyond Vienna in the lead up to 2016. While last year IDPC had

reason to note with concern a reduction in the inclusion of NGO representatives on country delegations, this time a number of countries – including within Mexico’s sizable delegation, but also in the Swiss, Lithuanian and Saint Lucia delegations – incorporated NGO experts in their teams. It is the hope of IDPC that such a practice continues to increase between now and the UNGASS. As many country statements noted, civil society possesses much expertise of value for discussion in the lead up to and at the Special Session, which can be drawn upon as part of national as well as NGO delegations. While the drug policy sphere still lags behind other parts of the UN system in relation to civil society engagement, this year’s Commission reflected not only the increasing sophistication of NGO participation, but also, in collaboration with the VNGOC, the UNODC’s continuing efforts to reach out to civil society. To that end, in addition to NGO statements at the plenary and within the HLS roundtables, NGOs organised an unprecedented number of side events (see below) and interacted with government delegates and UN officials at another Informal Civil Society Hearing (ICSH) and dialogues with both the UNODC’s Executive Director and the President of the INCB. Unfortunately, as was the case last year, there was no dialogue with the Chair of the CND.

The Informal Civil Society Hearing: Going from strength to strength

The day before the start of the HLS, the VNGOC organised an ICSH to discuss key aspects of international drug control. Opening remarks included speeches by VNGOC Chair Michel Perron, UNODC Executive Director Yury Fedotov, and CND Chair Ambassador Shamaa – who all praised the role of NGOs, in particular in the lead up to the 2016 UNGASS.

The first panel focused on promoting a health-based approach within the UN drug conventions. The panel, which featured IDPC, Mentor International, the EU Civil Society Forum on Drugs, and the Global Centre for Drug Treatment Courts, was an opportunity to discuss available evidence in prevention, harm reduction and drug dependence treatment. All panellists agreed that these services are respectful of the UN drug conventions. However, IDPC did remind participants that some aspects of the conventions are indeed outdated and that a serious debate on drug control is therefore necessary. The final presentation on alternatives to incarceration in the USA proved to be controversial, with many participants raising concerns about the drug courts system currently implemented in the USA.²⁷



Panel discussion on health at the Informal Civil Society Hearing. From left to right: Fay Watson (EU Civil Society Forum on Drugs), Paul Romani (Mentor International), Rogers Kasirye (Uganda Youth Development Link), Graciela Touze (Intercambios), Ann Fordham (IDPC) and West Huddleston (Global Centre for Drug Treatment Courts)

At the second panel, speakers discussed the role of civil society in the lead up to the 2016 UNGASS. The Harm Reduction Coalition discussed the need to re-direct part of the law enforcement funding towards harm reduction services. A WHO representative highlighted the value of NGOs in the debate, as well as the need to decriminalise drug use and provide harm reduction services. This was followed by a speech from the International Network of People Who Use Drugs (INPUD), calling for an end of the war on people who use drugs and of the widespread and systematic human rights abuses against them. Then came a presentation from Kevin Sabet, who presented a new global platform for drug policy debate – Drug Policy Futures. It was interesting that, although the objective of the platform is to ‘reject the dichotomy between the war on drugs and legalisation’, much of Mr. Sabet’s speech referred to harm reductionists and the drug policy reform movement as legalisers, thereby reinforcing that very dichotomy. The final presentation featured a representative from the World Federation Against Drugs who called on UNODC to ensure that adequate resources be given to NGOs to ensure their meaningful participation at UNGASS.²⁸

Gilberto Gerra, Chief of the Drug Prevention and Health Branch at UNODC, then presented the recommendations of the expert scientific consultations, co-chaired by Michel Kazatchkine and Nora Volkow (see Box 1). Mr. Gerra praised the work of the committees as a key step to ‘stop the war on drugs and start the war on ignorance’. He also called for the removal of criminal sanctions against people who use drugs.²⁹

Although most participants were NGO representatives, a few government delegates were also present. During the closing ceremony, the Finnish delegate encouraged NGOs to reach out to their governments with concrete proposals in the lead up to UNGASS.³⁰

The conclusions of the hearing and the scientific committee were presented the following day at a briefing to CND delegates, at the margins of the High Level Segment. The briefing was well attended, although it was unfortunate that there was less balance in views on drug policy than at the hearing itself. Indeed, while the briefing included speeches the UN Deputy Secretary General and Michel Kazatchkine, most other speeches were abstinence based – including from the guest of honour, Queen Silvia of Sweden.³¹



Briefing to CND delegates on the Informal Civil Society Hearing and Scientific Committee

The NGO informal dialogue with the UNODC Executive Director: Diplomacy in the face of an increasingly challenging policy environment

The UNODC Executive Director handled the informal dialogue with NGOs in true diplomatic style, enabled by the efficient facilitation of VNGOC Chair, Michel Peron. The questions submitted by NGOs in advance of the CND were addressed first before opening the floor to impromptu questions.

The broad issue of cannabis was a dominant theme within the dialogue, including implications of legalisation on 'drug abuse', the UNODC's efforts to prevent and reduce demand, and access to cannabis for medical purposes. Mr. Fedotov was clear on his position about the drug, referring to research claiming to show the harms of cannabis use to the developing brain, and increased numbers of users because of legalisation. He expressed concern about cannabis being widely used by teenagers, and legalisation measures ignoring its impacts on vulnerable populations, including youth. He urged US states and Uruguay to consider the impacts of legalisation on youth, including his belief that the substance is a gateway drug to others such as heroin. The European Coalition for Just and Effective Drug Policies (ENCOD) refuted Mr. Fedotov's claims about the link between regulation and increases in cannabis use, pointing to data showing that countries with the highest rates of cannabis use in Europe (the UK, France and Denmark) do not necessarily have tolerant cannabis policies.

In terms of demand reduction, prevention and access to essential medicines, the Executive Director said that the UNODC was prepared to expand its work on developing international standards, and to work closely with the WHO. He judged the scientific consultations in the HLS a success, but argued that their continuation at CND relies on support and funding from partners. When asked about the work of the UN Task Force on transnational organised crime and drug trafficking, he

simply acknowledged that it existed and that will it contribute to the preparatory processes leading up to the 2016 UNGASS.

Kevin Sabet, of Drug Policy Futures, asked about how the voice of all NGOs can be included, not only those with plentiful resources, and how the success stories of countries could be heard more—in response to which Mr. Fedotov highlighted the success stories of clear moves from compulsory to community treatment, which can be attributed to the work of NGOs. In response to a question from the Academic Council of the United Nations System about the UNODC's efforts to engage with development of the new UN Sustainable Development Goals, Mr. Fedotov referred to a 2013 meeting it organised on measuring developments in the rule of law.

Eliot Albers, Executive Director of INPUD, asked about the UNODC's support for the continuation of OST and NSPs in Crimea, Ukraine in light of Russia's takeover. Mr. Fedotov reiterated the UNODC's support for harm reduction as an integrated part of drug prevention and treatment. On a related note, Eka Iakobishvili of the Eurasian Harm Reduction Network (EHRN) asked for assistance in the renewal of the Network's ECOSOC status. During this process the Network had been informed that its support for OST within the Russian Federation would be taken into consideration by Russian authorities due to Moscow's ban on the intervention. Mr. Fedotov said that he had spoken with Russian counterparts and asked them to be more flexible on the issue. Michel Perron added that the VNGOC will work to help EHRN with the process, along with other efforts to foster greater NGO collaboration in the lead up to the 2016 UNGASS.

The NGO informal dialogue with the INCB President: Hostile interaction continues

The INCB President Raymond Yans read from prepared statements to pre-submitted questions on harm reduction, compulsory treatment, and

access to essential medicines. Michel Peron of VNGOC both presented the pre-submitted questions and then commented on Mr. Yans' answers. There were no questions from the floor, precluding the kind of hostile interaction that took place last year. This 'dialogue' therefore fell somewhat short of the respectful exchange of views that NGOs were seeking.

When questions raised issues of human rights or health obligations that are not specifically mentioned in the treaties, such as harm reduction on the one hand, or the practice of compulsory treatment on the other, the President argued that if a practice was not specifically prohibited or recommended, INCB had no mandate to criticise it or require its implementation. In the case of what Mr. Yans referred to as 'so-called harm reduction', aspects of which he called a 'method of tertiary prevention', he said, 'what is a human right is the right to adequate health measures'. Ignoring the multiple references to harm reduction in the 2009 Political Declaration and Plan of Action (the approach, if not the phrase, within the main body of the text), he stated that since the conventions do not contain or refer to the term harm reduction, which is 'ideological', states are not required to implement it. Furthermore, 'harm reduction programmes should not be carried out at the expense of important activities such as drug abuse prevention'.

The issue of lack of access to essential medicines in the majority of member states was the topic of at least eight pre-submitted questions, reflecting the increased level of interest at this CND (see Box 7), and gave Mr. Yans the opportunity to explain the estimates system, adding that because of the 'addictive dangers' of drugs, the INCB 'limits their use around the world'. Side-stepping any responsibility for shortages of essential medicines in some parts of the world, he argued that, 'in the end, conventions say it is up to the country to decide. We can advise but not decide about the needs

of a country'. He was then told by Mr. Peron that, 'the NGO community wants to see more progress on this as we move to 2016'.

Answering a question about compulsory treatment referencing the situation in Kazakhstan and Cambodia, where the INCB conducted site visits, Mr. Yans reiterated the Board's support for community based treatment (CBT); however he stated that if a country such as Kazakhstan did not have CBT, but only compulsory treatment, the Board 'encouraged' it, since this was progress over incarceration. The 'INCB is not in a position to oblige a country to implement CBT if there is no such alternative, as there was in Cambodia'. As such, despite the fact that 12 UN organisations have made a clear call for the closure of these centres,³² the President avoided any reference to the impact of compulsory detention on human rights and health. The position also ran counter to that presented in a recent UNODC document on the provisions of the drug treaties, which noted that compulsory detention is not within the spirit of the conventions.³³ Mr. Perron suggested that the Board could denounce compulsory detention, since it was very difficult in many cases for civil society to promote CBT in some countries.

The President's presentation made it clear that the Board is still keen to 'name and shame' states that it feels are deviating from its interpretation of the conventions. Yet, despite its recent shift in position on the death penalty, he remains reluctant to pass comment when member states implement narcotics control strategies that are in tension with their obligations under human rights conventions.

In his closing remarks, Mr. Yans emphasised the importance of the Board's ongoing relationship with civil society, affirming that, 'because we are talking about human beings, the work of NGOs on primary, secondary, tertiary prevention (which we now know includes some elements of harm reduction) is essential'.

Box 7. Increased discussions on access to essential medicines

A welcome feature of deliberations at this year's events (both the HLS and the 57th CND) was an increased discussion of access to essential medicines. While inter-connected, this is an issue that has for too long been eclipsed by the consideration of efforts to control the illicit market, principally through supply side interventions and concern over diversion from the licit market. Such imbalance has contributed to a chronic shortage of medicines in many parts of the world, especially within the global south. This year saw increased engagement with the issue by a range of actors (states, NGOs and UN agencies) via side events and statements. While India is often relatively quiet within plenary debates, the statement from the Indian representative in the HLS was notable in its detailed attention to the issue and focus on what was claimed to be 'the original spirit' of the drug control conventions, the protection of the 'health and welfare of mankind'. The representative noted that public health is furthered not only by preventing illicit drug use, but also by making them adequately available for the purpose for which they are used in medicine – alleviating the pain and suffering of those in need. Speaking on the better functioning of the conventions in this regard, the WHO statement at the HLS stressed the need for the development of improved data in many parts of the world and noted that it is 'essential that all efforts to address the world drug problem do not compromise fundamental aspects of the international drug control system – protection of public health' and access to controlled medicines. 'Ensuring access to treatment for drug use disorders conditions worldwide', continued the representative of the WHO 'means rebalancing international policy on drugs with increased focus on public health, prevention, treatment, harm reduction and social determinants of drug use'.

NGO plenary statements: Engagement from across the spectrum

Despite record numbers of NGOs in attendance, only six made statements to the plenary during both the HLS and CND itself. That said, between them these speakers represented networks comprising over 300 members. In total the VNGOC made three statements, IDPC delivered two (one on behalf of Release, and the other on behalf of the Institute for Policy Studies and the Transnational Institute – TNI), Drug Policy Futures also made two, with one jointly with IOGT International, and Harm Reduction International (HRI) and the International Federation of the Red Cross made one statement each.

The only NGO statement in the plenary of the HLS was made by the VNGOC, which referred to a 'significant impact gap' in achieving the priorities identified in 2009. Michel Peron

noted the emergence of several new legislative models in the Americas and called for a critical review of the international drug control system. Key priorities were identified to help bridge the 'impact gap', including establishing collective understanding of and greater UN system wide coherence in implementing a health-based approach to drug control (while suggesting use of the WHO definition of health), scaling up harm reduction services, finding common ground on the term harm reduction and use of the death penalty, eliminating the barriers that deny access to treatment and pain relief, and ensuring debates which explore the flexibility of the conventions. In the CND plenary sessions, the VNGOC also called for a role in the preparatory processes for the 2016 UNGASS, including in the creation of a task force to ensure meaningful civil society engagement, to make it 'a landmark in evidence-based drug policy'.

Speaking on behalf of Release and IDPC, Mike Trace, highlighted the limitations of the HLS in enabling an honest, serious mid-term review of the 2009 Political Declaration and Action Plan, including its failure to openly review progress against the objectives in the 2009 Political Declaration, which was the original purpose of this mid-term review. Of course, as there was little progress to celebrate, the CND had no enthusiasm for bringing attention to that fact.³⁴ In another statement, IDPC Executive Director Ann Fordham also pointed out that the JMS did not adequately address key challenges such as access to essential medicines and harm reduction, the ineffectiveness and negative consequences of repressive drug control policies, and alternatives to prohibition and criminalisation, especially in relation to cannabis. To meet the increasing demands for transparent, inclusive and wide-ranging review of these issues at UNGASS 2016, IDPC recommended efforts to ensure the meaningful involvement of all other relevant UN agencies and civil society. IDPC then called for the consideration of real alternative policies to be discussed and implemented, in particular for cannabis, in the lead up to UNGASS.³⁵

IOGT International and Drug Policy Futures, a new platform representing 50 NGOs across 30 countries promoting drug policy debate based on health within the conventions, delivered a joint statement calling for the need to strive towards a drug-free environment, recovery and abstinence through prevention, treatment and rehabilitation interventions, especially targeting youth. They highlighted the importance of adhering to the three drug conventions, and the Convention on the rights of the child, to create a solid foundation for building drug policy innovations. They also warned of the need to avoid a public health disaster that would allegedly be caused by legalisation. In a further statement on behalf of Drug Policy Futures, Kevin Sabet said that legalisation will not solve drug-related problems, raising concerns about the legal regulation of cannabis in Colorado by referring to its 'mass bombardment of

advertising on cannabis' and an overwhelmed health system struggling to cope with the effects of incidents such as children ingesting cookies and sweets containing cannabis. He advocated for a balanced approach based on health and an appropriate role for law enforcement, instead of what he characterised as a dichotomy between a war on drugs and legalisation. He also advised against discussing alternative drug policies in ways that compromised public health priorities.

Damon Barrett spoke on behalf of HRI, presenting the two key outcomes that harm reduction organisations were calling on for agreement at the 2016 UNGASS: setting a 'harm reduction decade' for drug policy, which requires resetting goals, rethinking what 'success' looks like, and undoing decades of unnecessary damage in pursuit of a drug-free vision, and scaling up harm reduction funding by re-directing one tenth of current expenditures on drug law enforcement, including policing, border control, prosecution, and imprisonment towards health interventions by 2020. In a similar vein, the International Federation of the Red Cross called for an end to the horrors of the drug war by instead pursuing pragmatic, evidence-based policy reforms aimed at reducing the negative consequences of drug use derived from the incarceration of people who use drugs and inadequate access to harm reduction services.³⁶

NGO side events

An unprecedented amount of high-quality side events took place at this year's CND – with the UNODC secretariat having managed to make a total of 45 events fit in a four-day programme (See Box 8 for country delegation and UN side events). IDPC co-organised a number of well-attended events, and was involved in three particularly successful ones. The first event (organised with the Government of Uruguay, the Washington Office on Latin America and TNI) presented the legally regulatory models for cannabis markets currently being developed in

Uruguay, Washington and Colorado – it was the first time that regulated cannabis markets had been given so much prominence at the CND. It was attended by more than 90 participants, including high-level policy makers, and marked the launch of a new report by TNI and the Global Drug Policy Observatory (GDPO), *The rise and decline of cannabis prohibition: The history of cannabis in the UN drug control system and options for reform*.³⁷ The second event (organised with the Governments of Guatemala, Uruguay, Mexico, Colombia and the OAS) was an opportunity to present the OAS reports on drug policy, with presentations from OAS Secretary General Paul Simons and powerful interventions from the Mexican, Colombian and Uruguayan Ambassadors.³⁸ The third event (organised with the Governments of Cabo Verde and Benin, the African Union and the West Africa Commission on Drugs) focused on drug trafficking and consumption in West Africa and included presentations from UNODC Executive Director Yury Fedotov and the former President of Nigeria and Chair of the West Africa Commission on Drugs, Olusegun Obasanjo.³⁹ Other IDPC events focused on how to ensure proportionality in sentencing for drugs offences with presentations from the UK, Austria and Ecuador,⁴⁰ on the need to ensure access to essential medicines (co-organised with the International Doctors for Healthy Drug Policies, the International Association for Hospice and Palliative Care and Lithuania),⁴¹ on the need to re-think the indicators currently

being used to monitor the effectiveness of drug policies (featuring the GDPO, LSE Ideas, IDPC and the International Centre for Science in Drug Policy, and co-organised with Finland),⁴² and on strategies being implemented to modernising drug law enforcement interventions (co-organised with the International Institute for Strategic Studies, Chatham House and Switzerland).⁴³

At the margins of the CND, IDPC and TNI also organised a side event on a rather prominent topic at this year's CND – international scheduling and how to tackle new psychoactive substances. The event offered an insight into the current international scheduling processes, highlighting its successes and (mostly) its weaknesses – in particular the failure to ensure access to essential medicines, and to base scheduling decisions on scientific evidence. The event was also an opportunity to discuss the recent legislations on new psychoactive substances introduced in the EU and New Zealand.⁴⁴

Other NGO events of interest included an OSF-sponsored event on the decriminalisation models that successfully reduced prison overcrowding and health and social harms in Portugal and the Czech Republic (co-organised by the Czech and Swiss governments).⁴⁵ Another event, organised by HRI and the UNODC HIV/AIDS Section, focused on the need to provide harm reduction interventions in prison, in particular OST and NSP.⁴⁶ Yet another event presented evidence with regards to alternative



Side event on regulated cannabis markets in Uruguay, Washington and Colorado

development programmes established in Latin America, India and Afghanistan (organised by TNI, the UNODC Sustainable Livelihoods Unit and Germany). Students for Sensible Drug Policies and Law Enforcement Against Prohibition also organised an event to raise awareness of the need to decriminalise drug use in order to protect the health and social inclusion

of young people.⁴⁷ The VNGOC and the UNODC Civil Society Unit also collaborated on a side event focused on the role and participation of civil society on the road towards 2019. Finally, INPUD collaborated with the UNODC HIV/AIDS Section to organise a side event on UNODC's work on HIV prevention, treatment and care among people who use drugs.⁴⁸

Box 8. Country delegation and UN agency side events

A number of governments and UN agencies organised side events on a wide range of drug policy topics. On production issues, the Thai government gave new evidence on the implementation of their alternative development programme, while Bolivia presented its new report on the coca leaf – in light of the government's reservation on allowing coca production for traditional use.⁴⁹

On the other side of the drug policy spectrum, various events focused on consumption issues. Notably, one event, organised by UNODC, Finland and ACUNS, raised concerns about the harms caused by drug use and policies on women, with a special focus on Eastern Europe and Central Asia.⁵⁰ UNAIDS also organised an event on how to reduce HIV transmission among people who inject drugs, by presenting three case studies in Kazakhstan, Tanzania and Malaysia. The event was an opportunity to raise issues around funding for harm reduction, and the need to remove the legislative, political and ideological barriers hindering people's access to HIV prevention services.⁵¹ Another noteworthy event focused on best practices in the use of cannabis for medical purposes – organised by Austria and UNODC, and based on UNODC's latest report on the topic. The USA also collaborated with UNODC and the WHO on an event around preventing overdose deaths.

Yet another event of interest, organised by the USA and Mexico, focused on the controversial drug courts which are currently being widely promoted in Latin America and beyond.⁵² The event itself explained the functioning of drug courts and highlighted some of the positive impacts of the mechanism throughout the USA and the pilot project currently being implemented in Nuevo Leon in Mexico. However, what the event did not do was to respond to the various concerns related to drug courts – i.e. issues related to the fact that occasional users sent to the courts may choose treatment when they do not need it to avoid a criminal sanction, or the practice of imposing a higher penalty on a person who fails treatment than they would have received if they had gone through a 'normal' justice process, among other problems.⁵³

Finally, in addition to the NGO-run side event focused on improving access to essential medicines, another event organised by Australia, UNODC and the WHO took place on the issue, with a number high profile speakers, including Mr. Fedotov, Ms. Mathai and Mr. Gerra. This could be interpreted as another sign that access to essential medicines is starting to gain prominence within the UN drug control system (see Box 6).

The INCB: Defending a system in crisis

According to established protocol, the INCB President presented the Board's Annual Report and its report on precursor chemicals to the plenary. Mr. Yans began by informing the assembled delegations that the Annual Report for 2013 is the 45th since the Board's establishment in 1968. 'Since then, significant achievements have been seen in global drug control and new challenges have emerged' he said, presumably referring to dramatic changes in the market, rather than the policy shifts in some parts of the world away from the prohibitive confines of the existing treaty structure. The President went on to describe the key messages of the latest report's thematic chapter 1; a discussion of the economic consequences of 'drug abuse'. Mr. Yans explained that the chapter highlights how illicit drug use can 'disproportionately affect' specific populations – such as women, low-income populations and 'those most vulnerable of all: children'. 'The right of children to be protected from drug abuse is enshrined in the Convention on the Rights of the Child. Governments have an obligation to protect our most precious resource from drug abuse and its consequences,' he stressed. He also pointed out that the Board believes that investment in prevention, treatment and rehabilitation is a 'priority "investment choice"', which can lead to significant savings in 'health-care and crime-related costs and alleviate the suffering associated with drug abuse'. Nonetheless, Mr. Yans noted that 'much remains to be done' before going on to describe the best practices and recommendations aimed at 'reducing the economic consequences of drug abuse' laid out within the thematic chapter. These included prevention, treatment, rehabilitation and reintegration, more efficient justice systems and alternatives to incarceration, strengthened governance, integration of supply reduction into development programmes, 'maintaining and enhancing regulatory control systems and, not wanting to miss an opportunity to affirm the

Report's belief in the robustness of the current legal architecture, 'above all, implementation of the provisions of the three conventions and political declarations of 1998 and 2009'.

Speaking on the 'functioning of the international drug control system', while pointing out that some states, mainly in Oceania, were not signatories to all the conventions, the President devoted most of his attention to the situation within the USA and Uruguay. In a change to the running order of his written and publicly available statement, Mr. Yans began by noting the creation of regulated markets for recreational cannabis use within the US states of Washington and Colorado and noted that the 'INCB has reiterated that the 1961 Convention limits the use of cannabis to medical and scientific purposes'. In a nod towards what must remain very awkward discussions for both Washington D.C. and the Board, he stressed that the 'INCB is committed to continuing its dialogue and cooperation with the government of the United States with a view to facilitating continued compliance with treaty requirements'. The President also took the opportunity to note that the report reiterated 'the importance of ensuring medical cannabis programmes are implemented in full compliance with the provisions of the 1961 Convention' and with special mention to the USA, noted that not doing so had led to the creation of a 'worrisome situation in many states of the USA'. On Uruguay, and perhaps in some way alluding to his own ill-judged comments regarding the country's 'pirate attitude' to the conventions in December 2013,⁵⁴ he noted that the 'INCB has engaged in dialogue with the authorities in Uruguay and looks forward to *renewed* close cooperation with the government authorities of Uruguay to address the matter in accordance with the treaties to which it is a party (emphasis added)'. His stress on dialogue is of course welcome and to be expected bearing in mind the Board's mandate. However, as with the USA, how 'addressing' the serious issue of Uruguay's treaty breach will play out in reality remains to be seen and this no doubt explains the non-specific nature of his comments.

The rest of Mr. Yans' statement covered a range of other issues raised in the Annual Report. Of note was his mention of the value the Board places on 'cooperation with civil society' during its country missions, its concern for the availability of internationally controlled substances for medical and scientific purposes, the increase in 'prescription drug abuse', the expanding NPS market and the control of precursor chemicals; as noted above, the latter was the focus of a separate report in 2013. He also flagged up the growing 'abuse' of tramadol, although while recommending monitoring of the trend, noted that the drug should remain available for medical purposes. In mentioning illicit ketamine use, he picked up on the rhetorical device of his HLS statement by deliberately noting – as he had done elsewhere in the statement – that 'you', that is to say the CND rather than the Board, had encouraged member states to consider adopting a system of precautionary measures for use by their government agencies to facilitate timely detection of the diversion of ketamine'. Intriguingly, he also commented that the INCB notes that the substance is on the list to be reviewed by the WHO's ECDD in June 2014 and that 'I understand that one of the Parties to the 1971 Convention recently initiated, with regard to ketamine' the procedure considered under the 1971 Convention; that is to say, a move to reschedule the substance.

In closing, the President noted that the INCB reports (both the Annual Report and the Precursors Report) serve as a 'stock take' of achievements made and areas that need to be further addressed. 'As a conclusion' he stressed, 'you the member states have determined that the provisions of the conventions are key to addressing the global drug problem. I urge you to recall that the conventions were developed out of a concern for the health and welfare of mankind'. It is interesting to note that in delivering this section of his statement, Mr. Yans omitted the context-setting sentence: 'At this time of discussion, among some, that alternative approaches are required, or of some jurisdictions pursuing paths that are not in

compliance with the conventions, I urge you to recall...'; a line that was included in the written version. Perhaps this was in an effort to maintain cordial relations with both the USA and Uruguay in the Board's attempts to 'address' arguably its single most significant challenge regarding treaty adherence. Indeed, Mr. Yans made it abundantly clear that, despite – or perhaps because of – increasing pressure on the treaty framework, the Board remained steadfast in its defence of existing structures. 'Drug abuse and the associated illicit cultivation, manufacture and trafficking can cause an immense amount of suffering. The conventions set out the requirements for preventing and reducing such suffering while at the same time ensuring access to essential controlled medicines', he said. 'This is founded upon a balanced approach to drug control', he continued. Including a welcome refinement of position he went on to say that such balance required 'due attention to both demand reduction – prevention, treatment and rehabilitation – supply reduction – law enforcement and judicial measures founded on the principle of proportionality and respect for human rights'. Stressing the centrality of universality, and in so doing implicitly criticising states and jurisdictions that deviate – or even consider deviation – from the conventions, he concluded by stating that: 'Successfully addressing the world drug problem is contingent upon the full realization of States' commitments to implementing the three drug control conventions. I urge you to exercise your shared responsibility in drug control to prevent and address the consequences of drug abuse and illicit cultivation, manufacture and trafficking. We cannot afford to do otherwise. I urge you to step up your efforts as part of the universal undertaking to reduce drug related suffering. This should be our ultimate goal.'

In response, country statements were in the main rather bland and diplomatically appropriate expressions of gratitude to the Board for its Reports. That said, a number of country representatives noted that they shared the Board's concern over the recreational use

of cannabis and thus, although, indirectly, the developments in both the USA and Uruguay. These included Thailand, Pakistan and Japan. In addition to noting that the three conventions are as 'relevant as ever', the Pakistani representative stressed that states 'should not lose sight' of law enforcement measures. The Japanese representative also stated 'deep concern' over the recreational use of cannabis and supported the view of the Board that cannabis has a 'negative influence on brain function in young people' and that 'medical marijuana' needs to be strictly controlled so as not to become available for recreational use. Echoing its position at the HLS, Brazil used the discussion of the Report to once again note its commitment to the conventions. In what was the closest thing to a critical statement, the Norwegian representative commented that compliance to the original spirit of the conventions was of the 'utmost importance' and since the debate over policy was 'more polarized than ever' the 'role of the INCB as an independent and balanced organization is vital'.

Mindful of the situation within the USA, the much awaited statement of the US representative was as perplexing as it was underwhelming.

Among other things, the US delegate noted strong support for the INCB's position in upholding the treaties, an appreciation for the Report's thematic chapter, concern over pre-cursors and appreciation for the INCB and UNODC's efforts to address the issue. The US delegate also stated that the USA was 'looking forward to UNGASS' and INCB's 'expertise in treaty interpretation', and went on to speak directly about the state of play in Colorado and Washington. In this regard, he made three points. First, he stated that the 'US remains committed to upholding the UN drug control treaties and ensuring their aims are realised'. Second, it was noted that 'The US federal government will continue to closely monitor the developments in Colorado and Washington and will work to ensure that implementation of these laws and policies do not lead to new threats to

public safety or interfere with the international drug control objectives of the conventions'. And finally he stated that 'We respect and support the INCB's role in promoting international drug control cooperation and we continue to maintain ongoing communication with the INCB to clarify our national drug control strategic goals and to reduce misunderstanding'. Presumably this later point referred to any misunderstanding regarding the federal government's position on treaty adherence.

Mr. Yans concluded the agenda item by thanking countries for their support of the INCB, and by association its hard working secretariat. Perhaps in a veiled reference to criticism from Uruguay during previous exchanges, from Ecuador during the HLS and the extreme nature of tensions within the system, he noted that your 'warm words feel good...given the current climate'. And, once again ensuring the focus of discussions were re-directed towards the member states, he stressed that the delegations should be thanking themselves for the information they provide to the Board. As such, he reinforced what is admittedly a powerful mantra that, quite rightly although highly unlikely in practice, puts member states at the heart of the international drug control system and attempts to recast the INCB's role as their servant.

UNODC budgetary and governance issues: Ten years of financial crisis

Core UNODC personnel may have changed since last year, but the message regarding the finances of the Office remained much the same; UNODC is in a budgetary predicament. Within this context, the new Director of the UNODC Division for Policy Analysis and Public Affairs, Jean-Luc Lemahieu, explained how the Office was working hard towards restructuring and increasing efficiency in line with the new proposed Strategic Framework 2016–17 for UNODC.⁵⁵ Indeed, the plenary was informed,

UNODC budgets had already been reviewed at the UN in New York in accordance with the proposed Strategy and appropriate changes made. As has been the case during what was referred to by the Director of the Division of Management, Mr. Dennis Thatcher, as 'ten years of financial crisis', structural problems were rooted in an ongoing decline in General Purpose Funding (GPF) and an increase in the proportion of contributions to earmarked budget-lines within the UNODC's Special Purpose Fund. As the accompanying documentation for discussions revealed, the consolidated budget of UNODC for the biennium 2012–2013 stood at US\$ 618.8 million, of which only 13.8 per cent came from regular budget funds. With the lion's share of the remaining funds coming in the form of earmarked voluntary contributions, GPF continued to decline and were projected to be only US\$ 9.4 million at the end of 2013.⁵⁶ Mr. Thatcher informed the plenary that efforts to improve the efficiency, transparency and cost effectiveness of UNODC have taken on a number of forms and been rolled out at different levels across the Office. These included ensuring money is used for the allocated purposes, the review of operations within the UN Office in Vienna (UNOV) and across field offices, the review of vacancies, the development – in cooperation with the 'enterprise planning team' in New York – of a new framework for engaging with external parties and, crucially, the adoption of a Full Cost Recovery (FCR) model to all funded activities. To this end, UNODC has already been running workshops and producing internal guidance notes for member states. Concerning such developments, the Director also highlighted the ongoing activities of the open-ended intergovernmental working group on improving the governance and financial situation of UNODC (WG-FinGov).⁵⁷ In a somewhat cryptic throwaway line, he noted that after six years, FinGov 'continues to play an interesting role'.

Such a view may have had something to do with the positions held by some member states regarding UNODC finance and governance.

Indeed, during the country interventions on the agenda item, a number of key, and not always positive, messages could be discerned. Most country delegations agreed that FCR was a sensible approach (for instance, Japan, the USA, Sweden, Finland, Canada and Cameroon). That said, some regarded it to be overly complicated (Japan), recommended that it should be applied to all costs, including UNOV as well as field operations (USA and Canada), disagreed with retrospective application (Finland) and argued that the model needed to be evaluated before it was implemented (Cameroon and Afghanistan). Injecting a surreal automatic simile into the discussions, on this point the representative from Cameroon noted that 'we operate like diesel engines'. Moving beyond discussion of FCR and the internal combustion engine, other comments were far less encouraging. For example, having commended FinGov for promoting an assessment culture within the Office, GRULAC stressed that 'the role of the UNODC is to boost effectiveness of programmes', not to 'interfere in domestic affairs'. This position was not accompanied by specific examples. The Japanese delegate noted that a decline in GPF could be the result of a perceived reluctance of the UNODC to reduce management costs, while the Finnish intervention flagged up concern over a lack of transparency and 'rampant cross funding' of programmes. Indeed, a reoccurring point from member states (for example Japan, the USA and Afghanistan) was that the relatively high cost of the implementing programmes through UNODC risked making it less attractive to donors, including in comparison with other 'agencies'. Reading between the lines, this seems to include agencies within other parts of the UN as well as those outside its structures. The Finnish representative summed up this position well when he noted that 'UNODC may become priced out of the market, particularly in the field.' The USA's agreement on this point is especially significant since this year it is the single largest donor to the UNODC at US\$ 51 million. Another noteworthy, if somewhat

incongruous, point came from the Canadian representative who registered concern about the development and roll out of the UN model legislation before it has been presented to the CND. Additionally, it is interesting to note the Afghan delegation's reflections upon externally funded UNODC programmes operating within its country. 'I need to be frank' noted the representative before he went on to argue that the international community is supposed to have 'common objectives'. As such, he continued, those countries funding programmes cannot do precisely what they want without reference to the host nation. Again, no doubt due to Afghanistan's ongoing reliance on external aid, no specific examples were given.

In response to the country statements, Mr. Lemahieu spoke of the need to think about convening an inter-sessional meeting to discuss the strategic framework in order to establish the CND's position before the Commission on Crime Prevention and Criminal Justice in early June. And this will be an interesting process to monitor. Further, the UNODC Deputy Director, Mr. Elders, concurred with many of the criticisms made. Among other things, he admitted that the Office needs to undertake more reporting at programme level and, in response to a call from the Finish representative for the use of human rights indicators, pointed out that guidance notes are being implemented, although not equally across member states. On the issue of competitiveness, he agreed that 'high overheads' are 'dangerous for the health of the UNODC'. To be sure, the Office remains in an unenviable financial situation. As Mr. Lemahieu's predecessor, Mr. Sandeep Chawala, noted at last year's CND, member states are effectively asking the UNODC to engage in more programmes through the Special Purpose Fund, yet simultaneously reducing the means required to implement them by shrinking GPF contributions.⁵⁸ While value for money is clearly a prerequisite for UNODC donors, IDPC remains convinced that member states must be prepared to adequately fund the Office in its

work. Under-funding or the shift, or even threat of shifting, resources to cheaper but less expert agencies risks being a false economy in terms of programme implementation and impact.

Conclusions

Observers of this year's HLS and regular CND session can be forgiven for being in two minds about the outcome of the events. As became clear over the course of the proceedings, the current state of international drug control is increasingly complex and often paradoxical.

To begin with, much that is positive can certainly be taken from the events. For instance, as we have seen, there was a great deal of genuine discussion among states and UN agencies concerning the important relationship between health, human rights and international drug control; both in terms of broader systems and programmatic application. Once again, the Executive Director of UNODC was particularly vocal on these twin issues and as such appears determined to ensure that they remain at the core of the Office's endeavours and relationships with member states – in rhetorical terms at least. The often side-lined and related issue of access to essential medicines also received more attention than it has in previous CND sessions. This is a welcome corrective to a preoccupation with the restrictive rather than enabling and health-oriented aspects of the conventions. Civil society engagement was impressively wide-ranging and remained, for the most part, positive. Indeed, while still playing catch-up with other parts of the UN system, the exceptionally positive reception of some NGO statements from the chair of the UNGASS panel during the 57th session, were in marked contrast to the usually unimpressed 'tick box' acknowledgments in previous years. That Mr. Fedotov took part in an NGO-organised side event beyond those with the VNGOC also signals a new level of positive engagement from UNODC with civil society. Finally, from a

reformist perspective, the proceedings this year were exceptionally positive and provided more reform-oriented language from member states than at any other point since IDPC and other NGOs have been monitoring and analysing events in Vienna. It remains to be seen how this rhetoric translates into action. A like-minded group of states, which includes some of those from Latin America that share the perception that the status quo is unacceptable, appears to be forming. However, there are differences in evidence as to how exactly to go about reform.

Such a largely positive view of the international drug policy landscape is, however, marred by the continuation, and in some cases the emergence, of other more worrisome narratives. For example, despite calls for a realignment of the control framework to its 'original goal' of protecting the 'health and welfare of mankind', the WHO continues to be pushed to the periphery of the system. Unlike the other treaty body – the INCB, which remains at the heart of deliberations – the WHO not only lacks the funds to complete adequately its mandated tasking, but is also facing increasing challenges to its authority and expertise from member states unhappy with its position on the scheduling of certain drugs; particularly dronabinol and ketamine, but also increasingly tramadol. Moreover, with the USA, if not precisely proactive on the issue of reform then at least less obstructionist than it used to be, the Russian Federation continues to grow into the role of bellicose defender of the extant treaty system. Indeed, it appears likely that Moscow will play an important role in any group that coalesces around opposition to regulated cannabis markets and what is perceived to be significant deviations from the prohibitive core of the existing regime.

Beyond divergent opinions on regulated cannabis markets and – though lower-profile – harm reduction, the stark differences in perspective were also writ large clearly demonstrated on the use of the death penalty for drug-related offences. That a significant number of states, like China (powerful in geo-

political terms), continue to regard human rights, including capital punishment, as an issue unsuitable for discussion in Vienna and as an exclusively domestic subject (despite the wider UN position on the topic) reveals what appear to be irreconcilable differences among member states. Consequently, as what should be seen as the distillation of months of difficult negotiations on a range of topics, the issue of the death penalty stands as single point of reference for an increasing array of tensions within the system. That said, even with the accompanying statements concerning states' differing stances, the JMS remains a diluted document of denial constructed by member states (and to a certain degree the UNODC secretariat) to give the impression of continued consensus on drug control.

To be sure, while arguably always somewhat fragile, the mythical 'Vienna Consensus' on drug policy is now irreparably shattered. As we approach the 2016 UNGASS it is the challenge of member states – which Mr. Yans took pains to point out are the owners of the treaties – to piece together and reconcile the ever more divergent opinions into a workable multilateral system; a system that given the truly global and ever more complex nature of the drugs market (both licit and illicit) still has a crucial role to play. In parts long overdue for modernisation, what is required – to borrow the words of the former Executive Director of UNODC – is a framework that is 'fit for purpose' for the realities of the 21st century and one that, as a number of country statements stressed, contains enough flexibility to allow authorities to deal with the urgencies of their specific circumstances.

Although arrived at via different routes and with very different driving imperatives, it is the attention to local conditions that has resulted in the creation of regulated cannabis markets within both the USA – at state level – and Uruguay. It is paradoxical therefore that, again for different reasons, both Washington D.C. and Montevideo are claiming to be operating within the boundaries of the current treaty

system. While the federal system within the USA arguably gives this position some semblance of legal validity, the adoption of such a stance is a phenomenal piece of diplomatic theatre. Clearly, the USA is not willing to accept the full consequences for the fact that domestically it can no longer abide by the strictures of the global regime it invested so much in constructing and maintaining. Indeed, the USA is now starting to distance itself from the legal regime that was long an essential instrument in disciplining other countries into closing ranks behind the 'war on drugs'; an approach that the USA itself initiated and sustained. In the case of Uruguay, the defence of the legality of its policy choices that contravene certain international drug control provisions is rooted in the claim of legal conflict between drug control and human rights treaty obligations and the precautionary principle that points to the precedence of human rights. It says much for the inertia and reputational power of the regime that even breaches of the conventions are denied for the sake of the appearance of universal adherence, compliance with international norms and, foremost, the avoidance – or at least postponement – of a debate about fundamental questions that simply raise too many political controversies for which

solutions are not easily found or negotiated in this consensus-driven political environment.

And perhaps herein lies the real test for the next few years and for the impending debates at the UNGASS in 2016. Is it feasible to bend the system to allow for more policy pluralism while pretending that the treaty architecture remains largely unscathed, or has the time arrived to break what appears to be the last unbroken taboo in the rapidly evolving drug policy debate: to acknowledge that there are errors and inconsistencies in the very foundations of the global drug control system that need to be openly discussed and addressed for the system to truly become 'fit for purpose'.

Acknowledgements

The lead authors, Dave Bewley-Taylor and Christopher Hallam, express their gratitude to members of the IDPC secretariat and Katherine Pettus for their contributions to this report. Thanks also goes to Martin Jelsma for his feedback and comments.

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 occasional briefing papers, disseminates the reports of its member organisations about particular drug-related matters, and offers expert consultancy services to policy makers and officials around the world.

Endnotes

- 1 http://archivo.presidencia.gub.uy/sci/leyes/2013/12/cons_min_803.pdf
- 2 For statements, see: https://www.unodc.org/documents/hiv-aids/publications/CND2014/LAST_VERSION_03.04.14_Statement_Science_addressing_drugs_and_HIV_State_of_the_Art.pdf and <http://www.drugabuse.gov/about-nida/noras-blog/2014/03/unodc-recommends-treating-addiction-health-not-legal-issue>
- 3 See, for example: http://incb.org/documents/Publications/PressRelease/PR2013/press_release_111213.pdf
- 4 See: http://www.oas.org/en/media_center/press_release.asp?sCodigo=E-194/13
- 5 A full transcript of Ms Larsson's speech is available here: <http://www.regeringen.se/sb/d/7699/a/237879>
- 6 See: <http://www.unodc.org/documents/hlr/V0984963-English.pdf>
- 7 See: <http://evolvecms.webfreelancersuk.co.uk/sites/default/files/Making%20drug%20control%20fit%20for%20purpose%20-%20Building%20on%20the%20UNGASS%20decade.pdf>
- 8 See: <http://www.theguardian.com/politics/2013/nov/30/un-drugs-policy-split-leaked-paper>
- 9 World Health Organisation, United Nations Office on Drugs and Crime and Joint United Nations Programme on HIV and AIDS, Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2012 revision, http://www.who.int/hiv/pub/idu/targets_universal_access
- 10 See <http://www.unodc.org/unodc/en/frontpage/2014/March/joint-ministerial-statement-stresses-health-prevention-and-treatment-in-counteracting-world-drug-problem.html>
- 11 These included the 28 EU member states as well as the following countries; Albania, Andorra, Argentina, Armenia, Australia, Bosnia and Herzegovina, Chile, Colombia, Costa Rica, El Salvador, Haiti, Iceland, Kazakhstan, Liechtenstein, Monaco, Montenegro, Namibia, New Zealand, Panama, Republic of Moldova, San Marino, Serbia, Sierra Leone, Switzerland, the former Yugoslav Republic of Macedonia, Turkey, Ukraine, Uruguay and Uzbekistan.
- 12 The statement was duly included within the report, see: http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_57/Report/E2014_28_ECN72014_16_Advance_unedited_version.pdf
- 13 E.CN.7/2014/CRP.1 Expert Consultation on New Psychoactive Substances, Vienna 3-5 September 2013. http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_57/E-CN7-2014-CRP01_V1400178_E.pdf
- 14 World Health Organisation, 'WHO intervention on INCB's Annual Report 2006', intervention to the Commission on Narcotic Drugs 50th session, Vienna 12-16 March 2007, under agenda item 7 (b) International Narcotics Control Board, delivered by Willem Scholten.
- 15 Antonio Maria Costa (2008), Making drug control 'fit for purpose': *Building on the UNGASS Decade, E/CN.7/2008/CRP.17* http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_51/1_CRPs/E-CN7-2008-CRP17_E.pdf
- 16 See: <http://www.tni.org/article/un-drug-control-and-who> and <http://www.tni.org/article/who-cocaine-project>
- 17 Under the drug control conventions of 1961 and 1971, the WHO is assigned the role of reviewing substances for scheduling purposes.
- 18 In fact, such a formulation is not 'appropriate', the review of substances for scheduling purposes is mandated by the conventions to the WHO, not the INCB.
- 19 CND Decision 50/2 available in English at: http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_57/Draft_Resolutions/Background_Dronabinol/CND-Decision-50-2_e.pdf
- 20 International Drug Policy Consortium (2013), *The 2013 Commission on Narcotic Drugs: Report of proceedings*, pp.13-14 <http://idpc.net/publications/2013/05/idpc-report-of-proceedings-the-2013-commission-on-narcotic-drugs>
- 21 For details of the resolutions, see: https://www.unodc.org/unodc/en/commissions/CND/Resolutions_Decisions/Resolutions-Decisions_2010-2019.html#a2014
- 22 World Health Organisation (2006), *WHO Expert Committee on Drug Dependence- Thirty-fourth Report*. WHO Technical Report Series 942 (Geneva: WHO), http://www.who.int/medicines/areas/quality_safety/reports/en/index.html
- 23 World Health Organisation (2012), *WHO Expert Committee on Drug Dependence- Thirty-fifth Report*. WHO Technical Report Series 973 (Geneva: WHO), http://www.who.int/medicines/areas/quality_safety/reports/en/index.html
- 24 *Ketamine: Critical Review Report*. Expert Committee on Drug Dependence, Thirty-Fifth Meeting, Hammamet, Tunisia, 4-8 June 2012, World Health Organisation, p. 36
- 25 We counted 11 direct mentions of abuse, trafficking and/or diversion
- 26 The formulation was replaced by WHO agreed language: 'substance use disorders can result in chronic, relapsing conditions requiring, like other health conditions, treatment based on scientific evidence, support for those affected and, where indicated, governmental and community initiatives to promote recovery and facilitate reintegration...'
- 27 See: <http://www.cndblog.org/2014/03/3rd-informal-civil-society-hearing.html>
- 28 See: http://www.cndblog.org/2014/03/3rd-informal-civil-society-hearing_12.html
- 29 See: http://www.cndblog.org/2014/03/3rd-informal-civil-society-hearing_3797.html
- 30 See: http://www.cndblog.org/2014/03/3rd-informal-civil-society-hearing_3139.html
- 31 See: <http://www.cndblog.org/2014/03/conclusions-from-informal-civil-society.html>
- 32 See: <http://idpc.net/alerts/2012/03/joint-un-statement-closure-of-compulsory-drug-detention-and-rehabilitation-centers>
- 33 See Drug Policy Provisions from the International Drug Control Conventions http://www.unodc.org/documents/ungass2016//Drug_policy_provisions_from_the_international_drug_control_Conventions.pdf
- 34 See: <http://www.cndblog.org/2014/03/cnd-plenary-day-2-idpc-statement-on.html>
- 35 See: <http://www.cndblog.org/2014/03/cnd-plenary-day-2-institute-for-policy.html>
- 36 See: <http://www.cndblog.org/2014/03/cnd-plenary-day-3-international-harm.html>
- 37 For a summary and a video recording of the event, see: <http://www.cndblog.org/2014/03/side-event-monitoring-and-evaluation-of.html>
- 38 For a summary and a video recording of the event, see: <http://www.cndblog.org/2014/03/side-event-oas-report-on-drug-control.html>
- 39 For a summary of the event, see: <http://www.cndblog.org/2014/03/side-event-drug-trafficking-and.html>
- 40 For a summary of the event, see: <http://www.cndblog.org/2014/03/side-event-ensuring-proportionality-of.html>
- 41 For a summary and a video recording of the event, see: <http://www.cndblog.org/2014/03/side-event-health-cornerstone-of-future.html>

- 42 For a summary of the event, see: <http://www.cndblog.org/2014/03/side-event-current-drug-policies.html>
- 43 For a summary of the event, see: <http://www.cndblog.org/2014/03/side-event-modernizing-drug-law.html>
- 44 For a summary and a video recording of the event, see: <http://www.cndblog.org/2014/03/idpc-side-event-on-scheduling.html>
- 45 For a summary of the event, see: <http://www.cndblog.org/2014/03/side-event-banking-on-evidence-drug.html>
- 46 For a summary of the event, see: <http://www.cndblog.org/2014/03/harm-reduction-in-prisons.html>
- 47 For a summary of the event, see: <http://www.cndblog.org/2014/03/side-event-protecting-youth-with-drug.html>; and for a video recording of the SSDP presentation, please see: http://www.cndblog.org/2014/03/side-event-protecting-youth-with-drug_24.html
- 48 For a summary of the event, see: <http://www.cndblog.org/2014/03/side-event-unodcs-high-priority.html>
- 49 For a summary and an audio recording of the event, in Spanish, see: <http://www.cndblogspanish.org/2014/03/evento-paralelo-estudio-integral-de-la.html>
- 50 For a summary of the event, see: <http://www.cndblog.org/2014/03/side-event-ensuring-that-womens-right.html>
- 51 For a summary of the event, see: <http://www.cndblog.org/2014/03/harm-reduction-works-side-event.html>
- 52 For a summary of the event, see: <http://www.cndblog.org/2014/03/side-event-alternatives-to.html>
- 53 For a full discussion on drug courts, please see: Guzman, D. (2012), IDPC Briefing Paper – Drug courts: Scope and challenges of an alternative to incarceration (London: International Drug Policy Consortium), <http://idpc.net/publications/2012/07/idpc-briefing-paper-drug-courts>
- 54 See: Martin Jelsma, TNI Blog, 'INCB vs Uruguay: the art of diplomacy: INCB President Yans disqualified himself and should consider stepping down', <http://druglawreform.info/en/weblog/item/5214-incb-vs-uruguay-the-art-of-diplomacy>
- 55 Economic and Social Council, Commission on Narcotic Drugs, Fifty-seventh session, Vienna 13-21 March 2014, *Proposed strategic framework 2016-2017 for the United Nations Office on Drugs and Crime*. Note by the Secretariat. E/CN.7/2014/CRP.4
- 56 Economic and Social Council, Commission on Narcotic Drugs, Fifty-seventh session, Vienna 13-21 March 2014, Commission on Crime Prevention and Criminal Justice, Twenty-Third session, 12-16 May, *Activities of the United Nations Office on Drugs and Crime: Report of the Executive Director*, E/CN.7/2014/2-E/CN.15/2014/2, pp. 18-19
- 57 Economic and Social Council, Commission on Narcotic Drugs, Fifty-seventh session, Vienna 13-21 March 2014, Commission on Crime Prevention and Criminal Justice, Twenty-Third session, 12-16 May, *Work of the open-ended intergovernmental working group on improving the governance and financial situation of the United Nations Office on Drugs and Crime: Note by the Secretariat*, E/CN.7/2014/8-E/CN.15/2014/8.
- 58 International Drug Policy Consortium (2013), *The 2013 Commission on Narcotic Drugs: Report of proceedings*, p. 29, <http://idpc.net/publications/2013/05/idpc-report-of-proceedings-the-2013-commission-on-narcotic-drugs>

Supported by grants from:



International Drug Policy Consortium
Fifth floor, 124–128 City Road, London
EC1V 2NJ, United Kingdom

telephone: +44 (0)20 7324 2975
email: contact@idpc.net
website: www.idpc.net

Copyright (C) 2014 International Drug Policy Consortium All rights reserved