

Recommendations for the new UNODC Executive Director: Opportunities and challenges in global drug policy

Introduction

On 3rd February 2020, Ms. Ghada Fathi Waly started in her new role as Executive Director of the United Nations Office on Drugs and Crime (UNODC), and as Director-General of the United Nations Office in Vienna.¹ The International Drug Policy Consortium (IDPC) warmly welcomes Ms. Waly as she takes up her new role and we look forward to a fruitful and constructive collaboration. We take this opportunity of new leadership at the UNODC to present key recommendations for Ms. Waly's consideration as we continue to encourage the UNODC to develop, implement and engender a truly balanced, evidence-based, human rights-centred, and development-oriented drug policy.

Ms. Waly's appointment comes at a watershed moment. Much progress has been made over the past decade in UN drug policy. The 2016 United Nations General Assembly Special Session (UNGASS) on drugs and its resulting Outcome Document² is the clearest call to date for a more balanced, evidence-based, and human rights-compliant approach to international drug policies that incorporate a stronger focus on gender and development. The goals and aspirations established within the Outcome Document were reiterated within the 2019 Ministerial Declaration.³

In addition, in November 2018 the UN Chief Executives Board for Coordination adopted the 'UN system common position on international drug control policy through effective inter-agency collaboration',⁴ a much-needed update of the previous UN system guidance that reflected the outcomes of the 1998 UNGASS. The Common Position notably incorporates many of the 2016 UNGASS outcomes. This Common Position allows the UN family to speak with one voice on drug policy issues, to share and integrate the knowledge of all UN entities that deal with the multidimensional

effects of drug control on health, human rights, security and development, and to support member states in developing drug policies aligned with the founding pillars of the UN system and the 2030 Agenda for Sustainable Development.

Despite these positive policy developments many challenges remain in global drug policy. The 2009 Political Declaration had sought to achieve a 'drug-free world', a goal that failed to materialise and appears more distant than ever. In its latest World Drug Report, the UNODC acknowledged that illicit cultivation, trafficking and use had reached record high levels.⁵ The punitive approach to drug policy has also driven widespread human rights violations,⁶ and hampered the health response for people who use drugs, with an estimated 585,000 preventable drug use-related deaths in 2017.⁷ At the same time, the majority of the world's population remains with limited or no access to controlled medicines to treat moderate or severe pain.⁸ The aim of improved security is often the justification offered for implementing punitive drug policies, but in a significant number of countries, punitive drug policies have exacerbated levels of violence, corruption and money laundering.⁹ This has had direct consequences on the achievement of the Sustainable Development Goals (SDGs), in particular SDG 1 on poverty, 3 on health, 5 on gender equality, 10 on reduced inequalities, 16 on peace, justice and strong institutions, and 17 on global partnerships.¹⁰ The global drug control debate in Vienna has also become increasingly polarised, in particular on issues such as the use of the death penalty and human rights more generally, new developments in the legal regulation of cannabis, decriminalisation and harm reduction.

In this context, the UNODC has an essential role to play and, working together with relevant UN entities, can show strong leadership by bringing a sense of urgency to the drug policy discussion. We respectfully

offer the following recommendations related to the most pressing concerns for Ms. Waly's consideration, including issues related to facilitating UN system-wide coherence in drug policy, promoting a human rights and health approach, promoting the decriminalisation of people who use drugs, improving access to controlled medicines, promoting a development-oriented approach, expanding the scope of data collection, and ensuring the meaningful participation of civil society in drug policy debates.

Continue to strengthen and facilitate UN system-wide coherence on drug policy

The UN Common Position, of which the UNODC is a signatory, is one of the most significant steps towards greater coherence on drug policy matters within the UN system,¹¹ and we congratulate the UNODC for its participation in this important process. To date, however, the Common Position remains little known and under-utilised by many actors within the UN system and by member states.

The UNODC has a particularly important role to play in improving the visibility and ensuring the implementation of the Common Position, as it has been charged with leading an inter-agency Task Team operating 'within the framework of the Secretary General's Executive Committee',¹² to ensure the realisation of the commitments made within the Common Position. This is an opportunity for the UNODC to put an end to the artificial and counter-productive siloes that separate UN drug policy in Vienna from UN policy elsewhere, including in New York and Geneva.

The stock-taking report published by the Task Team in March 2019¹³ shows that UN bodies such as UNAIDS, the Office of the High Commissioner for Human Rights (OHCHR), the World Health Organization (WHO) and the UN Development Programme (UNDP), possess knowledge that is indispensable to a balanced approach to drug policy. To truly implement the Common Position, the UNODC should facilitate the engagement of this expertise via the inter-agency Task Team, especially on salient issues such as health, development and human rights, both at the CND and in the UN Office in Vienna more generally. The UNODC should also use the opportunities created by the reinvigorated Resident Coordinator system, approved by the General Assembly as part of recent structural changes in the UN system, to ensure the implementation of the Common Position at the country level.

We respectfully call on Ms. Waly to show leadership in promoting and implementing the Common Position, and to elaborate a plan of action for the coming years with a set of clear activities for the Task Team to take forward. These could include:

- **Holding regular events on specific aspects of the Common Position at key UN hubs (Vienna, Geneva, New York), and in regions (for example at meetings of the European Union, the African Union, the Organization of American States, and the Association of Southeast Asian Nations) and at country level.**
- **Encouraging Task Team members to follow drug-related events from the perspective of their respective mandates, to regularly exchange information on such issues and to plan regular publications that discuss these issues from a cross-cutting and multi-dimensional perspective.¹⁴**
- **Encouraging Task Team members to submit additional data and information on how drug policy impacts upon their mandate on a yearly basis to the CND. This information would then be incorporated in the UNODC's World Drug Reports and in the biennial reports envisioned in the 2019 Ministerial Declaration.**
- **Convening regular Task Team meetings to debate key drug policy issues to enable an open and frank discussion on problems associated with drug control and all possible options for reform – including moves towards legal regulation. The UNODC would then regularly report back on these discussions to the CND, the Economic and Social Council and the General Assembly on behalf of the Task Team.**
- **In order to 'help boost coordination across the system and deliver more effective assistance'¹⁵ to member states, forming a special committee within the Task Team that would focus on resource mobilisation for drug-related programmes, particularly around joint programming.¹⁶**

Ensure the meaningful participation of civil society in drug policy making at all levels

Drug policy challenges will only be effectively addressed with the active and meaningful participation of civil society and local communities, including people who use drugs, farmers, formerly incarcerated people, women and young people. Although civil society representatives at the CND have sometimes experienced intimidation, such incidents are generally far and few between and the dialogue between

member states and civil society has become more dynamic and constructive in Vienna – especially since the 2016 UNGASS. Positively, in recent years the role of civil society at the CND has expanded considerably. We particularly welcome the formation of the UNODC-CSO Working Group which enables the UNODC to hold regular and constructive meetings with various civil society networks working on drug policy issues. The improved space accorded civil society at CND meetings is another positive step forward.

Nevertheless, the wider context for civil society participation is increasingly precarious, both at the UN and on the ground. Nationally, the arrival of authoritarian and populist regimes in various parts of the world has led to a shrinking of civil society space, and at times, the closure and persecution of civil society organisations working on drug policy and harm reduction issues.

We trust that Ms. Waly will be an ally in preserving and promoting the civil society voice in Vienna, and further champion the meaningful participation of civil society in all aspects of drug policy making at the UN and at national level, including through:

- **Preserving the space allocated for civil society to engage at the CND through informal dialogues (including with Ms. Waly), statements in the Plenary sessions, side events, and allocated seating areas for civil society representatives in the Plenary and Committee of the Whole, among others.**
- **Continued engagement of civil society in the autumn thematic intersessionals, with representation on the main panel of each session and statements made throughout the day by civil society and in-between member state declarations – as was the case throughout the UNGASS and post-UNGASS process.**
- **Continued collaboration between civil society and the UNODC through the UNODC-CSO Working Group.**
- **Regular meetings with civil society – including but not limited to the VNGOC, NYNGOC and other regional and/or thematic committees formed in affiliation with the UN substantive NGO committee system – to discuss various aspects of drug policy.**

Promote a human rights approach to drug policy

Over the past five years, and in particular since the 2016 UNGASS, there have been major improvements at UN level regarding the engagement of the human rights architecture in drug policy discussions. In 2015 and 2018, the Human Rights Council adopted two

resolutions on drug policy and human rights,¹⁷ enabling the OHCHR to produce two landmark reports on the issue.¹⁸ Since then, the Human Rights Council has also produced various resolutions related to drug policy issues, in particular on the death penalty¹⁹ and on the human rights situation in the Philippines,²⁰ both approved last year. In 2019 also, the Human Rights Council mandated the Working Group on Arbitrary Detention to draft a report on the issue of arbitrary detention as it relates to drug policy²¹ – which will be presented at the 47th session of the Council.²² Furthermore, the jurisprudence surrounding drug policy and human rights has largely expanded among UN human rights treaty bodies, in particular the Human Rights Committee, the Committee on Economic, Social and Cultural Rights and the Committee on the Elimination of Discriminations Against Women, and among Special Rapporteurs.

In addition to incorporating drug policy issues within their own mandate and activities, the presence and visibility of UN human rights bodies have also improved in Vienna. The participation of the OHCHR has now become a regular occurrence at CND meetings, a delegation of UN human rights treaty body representatives attended the CND 61st reconvened session to discuss human rights and drug policy issues with UN member states²³, and at the CND 59th reconvened session the Commission on the Status of Women and the CND held a joint event on the impacts of drug policies on women.²⁴ Finally, at the occasion of the 62nd session of the CND, various UN agencies, member states and civil society launched²⁵ the International Guidelines on Human Rights and Drug Policy – a joint collaborative effort endorsed by the OHCHR, UNDP, UNAIDS and the WHO.²⁶

Nevertheless, more needs to be done to put human rights at the centre of the drug policy response. Many drug policies implemented worldwide have had a devastating impact on human rights, fuelling prison overcrowding, killings and executions, arbitrary detention, ill treatment and acts of torture, or the denial of essential health services, among others.²⁷

IDPC respectfully encourages Ms. Waly:

- **To ensure the continued and meaningful participation of UN human rights bodies in drug policy debates at the CND, and in the Task Team.**
- **To ensure closer partnership working with the OHCHR to promote the observance of human rights standards and norms in drug policy, including via the Task Team.**
- **To unequivocally support the International Guidelines on Human Rights and Drug Policy.**

- **To systematically condemn instances where human rights are contravened in the name of drug control. On Ms. Waly's first day in office, IDPC, together with other civil society groups, called on the UNODC to issue a public statement to call on Bahrain to halt the imminent execution of two people suspected of drug offences.**²⁸

Promote a health approach towards people who use drugs

Undeniable progress has been made in improving the policy rhetoric around public health and drug use. At the CND, various resolutions have been adopted over the past decade on issues associated with overdose prevention, HIV (including among women who use drugs) and hepatitis, as well as recognising the need for more funding to be allocated to health services for people who use drugs.²⁹ Furthermore, the UNGASS Outcome Document includes an entire chapter on health and drug use, with sections dedicated to evidence-based prevention, harm reduction interventions and drug dependence treatment.

The UNODC is a key stakeholder for the promotion of a health approach in drug policy at the UN, as the lead UNAIDS co-sponsor for the HIV response for people who use drugs and people in prison. IDPC welcomes the efforts made by the Office, in partnership with other UN agencies such as the WHO and UNAIDS, to develop guidance on many drug use-related issues, based on available evidence and in consultation with civil society. IDPC also recognises the efforts made by the UNODC to reduce stigmatising attitudes towards drug use, as a follow up to CND Resolution 61/11, with a meeting held last month in Vienna that included the participation of networks of people who use drugs.³⁰

Despite such progress, the 2019 World Drug Report showed a bleak picture regarding the public health situation as it relates to drug policy – 585,000 drug use-related deaths in 2017 alone, a third of which associated with overdose deaths, and half associated with untreated hepatitis C. In the meanwhile, one in ten people who inject drugs are living with HIV,³¹ and people who inject drugs are 22 times more likely to be infected by the virus than the general population,³² with women who inject drugs being particularly vulnerable.³³ Nevertheless, the harm reduction response remains inadequate in most regions of the world, especially for women who use drugs. The UNODC harm reduction response towards the ever-increasing number of preventable opioid overdose deaths has also been insufficient. Although the UNODC has developed an Opioid Strategy to respond to the crisis, the Strategy fails to include harm reduction as

one of its key pillars, alongside 1- early warning and trend analysis, 2- rationale for prescribing and access to opioids for medical and scientific purposes, 3- prevention and treatment programmes, 4- international law enforcement operations to disrupt trafficking, and 5- strengthening national and international counter-narcotic capacity.³⁴

IDPC, alongside more than 300 NGOs previously raised these critical in an open letter published last May.³⁵ In the letter, we highlighted the fact the UNODC remains more attuned to a law enforcement response to drugs – and that previous UNODC leadership has consistently failed to unequivocally champion harm reduction. The autumn 2020 CND intersessional meeting, with a focus on how to address the outstanding health-related challenges such as continuing high rates of HIV and hepatitis C transmission and drug-related deaths,, will be an excellent opportunity for the UNODC to champion harm reduction and the right to health of people who use drugs more generally.

In order to improve the health response for people who use drugs, we respectfully call on Ms. Waly:

- **To ensure UNODC's systematic promotion of a harm reduction approach, under the agency's as mandate as the lead UNAIDS co-sponsor for the HIV response for people who use drugs. Ensuring stronger leadership on harm reduction will require closer cooperation with other UN agencies, including the WHO and UNAIDS, as called for in the 2019 Ministerial Declaration and UN Common Position.**
- **To embrace the harm reduction approach as one of the key pillars of the UNODC's Opioid Strategy.**
- **To hold further meetings and capacity building trainings on the critical issue of stigma, in partnership with relevant Task Team members (such as the WHO, OHCHR and UNAIDS) and civil society, including people with lived experience.**

Promote the decriminalisation of people who use drugs

Removing criminal sanctions for drug consumption, possession and cultivation of drugs for personal use is now widely recognised as an essential component of a health and human rights response to drug consumption. IDPC therefore welcomes the fact that the UN Common Position – and by extension, the UNODC – has explicitly endorsed the decriminalisation of drug use and possession for personal use. Many UN agencies have also released public statements in favour of this policy option³⁶ – and the INCB has recognised that decriminalisation aligns with the obligations of member states within the international

drug control bodies.³⁷ At national level, 49 jurisdictions in 29 countries have so far adopted a model of decriminalisation, with more jurisdictions likely to follow suit.³⁸

We respectfully urge Ms. Waly to use her first year in office to actively promote decriminalisation as a pressing drug policy issue by:

- **Releasing an unequivocal public written statement in support for decriminalisation – in line with the UN Common Position.**
- **Ensuring that the UNODC works with governments to encourage reforms to remove criminal sanctions for drug use and drug possession and cultivation for personal consumption on the ground, including via diplomatic channels and capacity building.**
- **Clarifying UNODC’s position on decriminalisation through a clear technical guidance note and/or elaborating this in the planned revision of the UNODC Model Drug Law in line with the UN Common Position.**

Improve access to controlled medicines

Another fundamental aspect of the health approach to drug policy is the need to ensure access to, and the availability of, internationally scheduled substances for medical and scientific purposes. Here again, some progress has been made at UN level to recognise the issue – within the UNGASS Outcome Document which dedicates an entire chapter on access to medicines, in the 2019 Ministerial Declaration which identifies the issue as one of the critical challenges to address for the coming decade of drug control, and in the UN Common Position. It is also positive that the revised draft of the Annual Report Questionnaire (ARQ) now has a rolling module on access to medicines.

Nevertheless, the gap at country level in this regard remains severe. In 2015, the INCB estimated that 75% of the world population lived in countries with limited to no access to controlled medicines to treat moderate or severe pain. It also concluded that 92% of the world’s morphine was used by only 17% of the population, based in the Global North.³⁹

Strong leadership from Ms. Waly and the UNODC is essential to ensure that the issue remains foremost on the political agenda and that all countries provide appropriate access to controlled medicines, including:

- **By highlighting the issue regularly in the UNODC’s World Drug Report and other relevant communications.**
- **By strengthening collaboration with the INCB and**

the WHO to improve the situation on the ground.

- **By ensuring that all UNODC’s work strikes the appropriate balance between preventing non-medical use while ensuring adequate access for medical and scientific purposes.**
- **By ensuring that responses to the opioid overdose crisis fully take into account the need to improve access to and availability of controlled medicines for pain relief and palliative care.**

Promote a development-oriented approach to drug policy

The links between drug policy and development have become more prominent at the UN in recent years, with a chapter dedicated to the issue in the UNGASS Outcome Document, and in the UN Common Position. The revised ARQ draft also includes opportunities for member states to track data on the socio-economic vulnerabilities of people involved in illegal drug economies. The CND is now mandated to report back each year to the Economic and Social Council on progress made in achieving the SDGs, and an agenda item is added each year to the CND agenda. The participation of UNDP in CND debates, which has become more regular since the 2016 UNGASS, is also a key opportunity to better understand the development implications of drug policy.

Nevertheless, despite the adoption of the 2030 Agenda for Sustainable Development in 2015, these discussions remain nascent at global level and disconnected from governments’ human rights obligations related to marginalised, poor rural communities where most plants deviated to illegal markets are grown. Ultimately, governments have the obligation to ensure that their citizens’ human rights are not violated, including the right to an adequate standard of living and to be free from hunger. On the ground, evidence shows that drug control efforts have mainly consisted of eradication measures, with little attention given to the critical development issues faced by affected communities in rural and urban contexts, or to tackling gender inequalities.

Similarly, in urban areas, it is generally those in situations of extreme poverty and vulnerability who engage at the lowest levels of the drug trafficking chain who are targeted by drug law enforcement. In Latin America, where the majority of women are incarcerated for drug supply offences, female prisoners are usually imprisoned for non-violent, first time offences, have low levels of formal education and limited access to employment, are heads of household responsible for several children, and their incarceration only exacerbates their situation of poverty and marginalisation.⁴⁰

While alternative development has gained much visibility in UN forums and discussions, these programmes have failed to ensure that alternative sources of income are in place for those dependent on illegal drug economies to meet their subsistence needs, and have generally been used to justify crop eradication campaigns that push people even deeper into poverty. Sometimes harmful pesticides are used, impacting the health of local communities and damaging the environment.⁴¹ Furthermore, although expanding the concept of alternative development to urban areas has emerged during the UNGASS, these debates remain nascent.

We therefore respectfully call on Ms. Waly:

- **To ensure that more efforts are made by the UNODC for drug policies to contribute to, rather than undermine, the achievement of the 2030 Agenda for Sustainable Development. Here again, including a specific chapter on a regular basis within the World Drug Reports (as was done in 2016)⁴² and biennial reports on this issue is one way of ensuring its visibility.**
- **To ensure that alternative development projects supported by the UNODC are properly sequenced and that no forced eradication takes place until sustainable alternative livelihoods have been guaranteed.**
- **To ensure that the UNODC's technical and capacity building support for governments on the ground is based on the International Guidelines on Human Rights and Drug Policy, a key tool to use here, as the Guidelines include an entire section devoted to cultivation, rural development and indigenous uses of psychoactive plants.**
- **To improve collaborations and work in partnership with UNDP on this matter, including via the Task Team, to support this endeavour.**
- **To increase collaboration with NGOs, including affected groups of subsistence farmers, to improve understanding of the many complex factors leading to engagement in illegal activities, and to elaborate and promote responses that will be the most beneficial for communities on the ground.**

Ensure that the UNODC's goals, metrics and indicators reflect the multi-dimensional aspects of drug policy

The UN system will be unable to promote a balanced approach to drug policies if it does not have the tools to measure the impact of these policies on critical areas such as human rights, security, health, gender

equality and socio-economic development. In the past, the UNODC's data collection system – the ARQ – focused disproportionately on the eradication of illegal drug markets, mainly as a reflection of the 2009 Political Declaration. In the new draft of the ARQ, which is to be submitted for approval at the 63rd session of the CND, efforts have been made to align data collection with the UNGASS Outcome Document. The revised ARQ is much improved compared to its predecessor, especially in terms of gathering data on women, prisons, access to medicines, development in cultivation areas, etc. But the new tool retains some serious limitations, especially in tracking progress towards the protection of human rights in drug policy.

The UN Common Position commits the UN system to 'harnessing synergies and strengthening inter-agency cooperation, making best use of the expertise within the UN system, to further enhance consistent sharing of information and lessons learned as well as the production of more comprehensive data on the impact of drug policies, including with a view to supporting the implementation of the 2030 Agenda for Sustainable Development'.⁴³ The Task Team is specifically mandated to 'coordinate research, data collection, and analysis across the UN system in order to best support Member States in making informed and evidence-based policy decisions in tackling drug-related challenges'.⁴⁴ Therefore, the UNODC – both by itself and via the Task Team – is under a very strong mandate to use every tool at its disposal to improve data collection systems around drugs and drug-related issues at the UN.

We respectfully call on Ms. Waly:

- **To increase the capacity of member states to respond to the questionnaire on a more regular basis.**
- **To complement the data collected via the ARQ by establishing a mechanism to collect additional data and information from other UN agencies relating to their specific mandates. As mentioned before, the Task Team could play a key role here – and Ms. Waly's leadership within the Task Team will be critical for this to happen.**

Conclusion

As noted above, much progress has been made towards reorienting the global drug policy debate away from a myopic focus on damaging and punitive approaches towards ensuring health, development and human rights are central guiding principles. Ms. Waly joins the UNODC at a critical juncture and has a key opportunity to provide clear leadership and balanced guidance in modernising the international

drug control system in close collaboration with other relevant UN agencies, including via the Task Team. With the right leadership in the coming years, the UNODC can play a critical role in taking forward the international community's shared responsibility for minimising the harmful impact of illegal drug markets, and ensuring appropriate responses that prioritise the health and welfare of humankind.

Acknowledgements

This advocacy note was developed thanks to inputs, contributions and feedback from Ann Fordham, Marie Nougier and Adria Cots Fernandez (IDPC), Coletta Youngers (IDPC/WOLA), Heather Haase (IDPC), John Walsh (WOLA) and Martin Jelsma (TNI).

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- 62/7. Promoting measures to prevent and treat viral hepatitis C attributable to drug use; Resolution 61/4. Promoting measures for the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs (2018); Resolution 61/11. Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users (2018); Resolution 60/8. Promoting measures to prevent HIV and other blood-borne diseases associated with the use of drugs, and increasing financing for the global HIV/AIDS response and for drug use prevention and other drug demand reduction measures (2017); Resolution 56/6. Intensifying the efforts to achieve the targets of the 2011 Political Declaration on HIV and AIDS among people who use drugs, in particular the target to reduce HIV transmission among people who inject drugs by 50 per cent by 2015 (2013); Resolution 55/7. Promoting measures to prevent drug overdose, in particular opioid overdose (2012); Resolution 54/13. Achieving zero new infections of HIV among injecting and other drug users (2011); Resolution 53/9. Achieving universal access to prevention, treatment, care and support for drug users and people living with or affected by HIV (2010)
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About this Briefing Paper

IDPC offers recommendations related to the most pressing concerns for Ms. Waly's consideration, including issues related to facilitating UN system-wide coherence in drug policy, promoting a human rights and health approach, promoting the decriminalisation of people who use drugs, improving access to controlled medicines, promoting a development-oriented approach, expanding the scope of data collection, and ensuring the meaningful participation of civil society in drug policy debates.

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About IDPC

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

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Report design: Mathew Birch - hello@whatifweconsulting.com

Funded, in part, by:



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